

Wimmera Primary Care Partnership

Population Health and Wellbeing Profile

Updated June, 2013



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Glossary

ABS	Australian Bureau of Statistics.
ACSC	Ambulatory Care Sensitive Condition
AEDI	Australian Early Development Index
CAMHS	Child and Adolescent Area Mental Health Services
COPD	Chronic Obstructive Pulmonary Disease
DEECD	Department of Education & Early Childhood Development (State Gov.)
DPCD	Department of Planning & Community Development (State Government)
DSE	Department of Sustainability & Environment (State Government)
ERP	Estimated resident population. The population that is estimated to reside in a given location. This figure is calculated annually by the ABS.
Family incident	Any situation where the police are requested to attend an incident involving a family. The incident may not involve violence.
FWE	Full-time workload equivalence
HACC	Home and Community Care
IVO	Intervention Order. An intervention order has conditions to stop a person behaving in a way that makes another person feel unsafe. <i>(Victoria Legal Aid website)</i>
LGA	Local Government Area. E.g. West Wimmera Shire
MDC	Major diagnostic category
Median	The median is the middle value of an ordered set of values - e.g. the median value of 12, 62, 33, 40 and 20 is 33 - as it is the middle point.
PCP	Primary Care Partnership. A partnership of health and related service providers committed to strengthening the planning, co-ordination and delivery of primary care services within a defined region.
RC	Rural City (as in the LGA of Horsham Rural City)
Regional Victoria	Essentially means the Regional part of Victoria. This is also described in data sources as: Balance of Victoria, Regional Victoria, Country Victoria, Rural Victoria or Regional Victoria.
Separation	A hospital separation is when an episode of care for an admitted patient ceases. It may include: a discharge to home, discharge to another hospital or nursing home, death of a patient, or change in type of care within a period of hospitalisation.
SEIFA	Socio-Economic Index For Areas
SLA	Statistical Local Area. The ABS and some other agencies provide information at the Statistical Local Area level. A Local Government Area (LGA) is typically made up of one or more SLA.
VAED	Victorian Admitted Episodes Dataset. This is the data from admissions into public or private hospitals in Victoria.
VEMD	Victorian Emergency Minimum Dataset. This is data for presentations at Victorian public hospitals within 24-hour Emergency Departments.

Acknowledgements

The Wimmera Primary Care Partnership Community Health and Wellbeing Profile could not have been developed without the generous support and assistance provided by a wide range of agencies and organisations, including (but not limited to): the Department of Health; the Department of Health – Housing and Community Building Division; the Australian Bureau of Statistics (ABS); Worksafe Victoria; Centrelink; Turning Point Drug and Alcohol Centre; Australian Childhood Immunisation Register (ACIR); the Public Health Information Development Unit (PHIDU) - University of Adelaide; Department of Planning & Community Development (DPCD) - Policy and Strategy Unit; Victoria Police – Corporate Statistics; Diabetes Victoria – Australia; and the Victorian Cervical Cytology Registry (VCCR).

Data Notes

All data contained in this report should be used as a guide only and be used in conjunction with further investigation, including consultation with local and regional health agencies.

Data for locations and population groups with smaller populations, should be interpreted with particular caution. In many instances, actual numbers are very low and/or data has been aggregated over a number of years. Many agencies, including the ABS, use random errors for small numbers, to ensure privacy of individuals is protected. For this reason, small numbers (e.g. under 20) should be treated as a preliminary indicator only and should be subject to further investigation at the local level.

Within the document, some per population rates are not standardised. In these cases, prevalence of disease or other wellbeing data are very likely to be affected by the age and gender structure of the local population.

Some data provides an indicator of how often a condition or disease is reported (e.g. sexually transmitted infections) rather than actual prevalence of the condition or disease. Additionally, figures for hospital separations, screening of various diseases and GP service delivery may be affected by accessibility (geographic, financial, cultural and other potential barriers) and not only prevalence of a disease, condition or behaviour.

It has not always been possible to include trend data (comparing figures over time) in this profile, as methodology and geographic boundaries have changed.

Some data in the profile, sourced from the PHIDU, is based on estimates using data from the 2007-08 National Health Survey (NHS), conducted by the ABS: a description of the synthetic estimation process is at http://www.publichealth.gov.au/data_online/notes_estimates_Aust_2007-08.pdf.

In some tables, figures have been highlighted using red text. This red text denotes where the figure represents a health or wellbeing outcome that is worse than the regional Victoria or Victoria average.

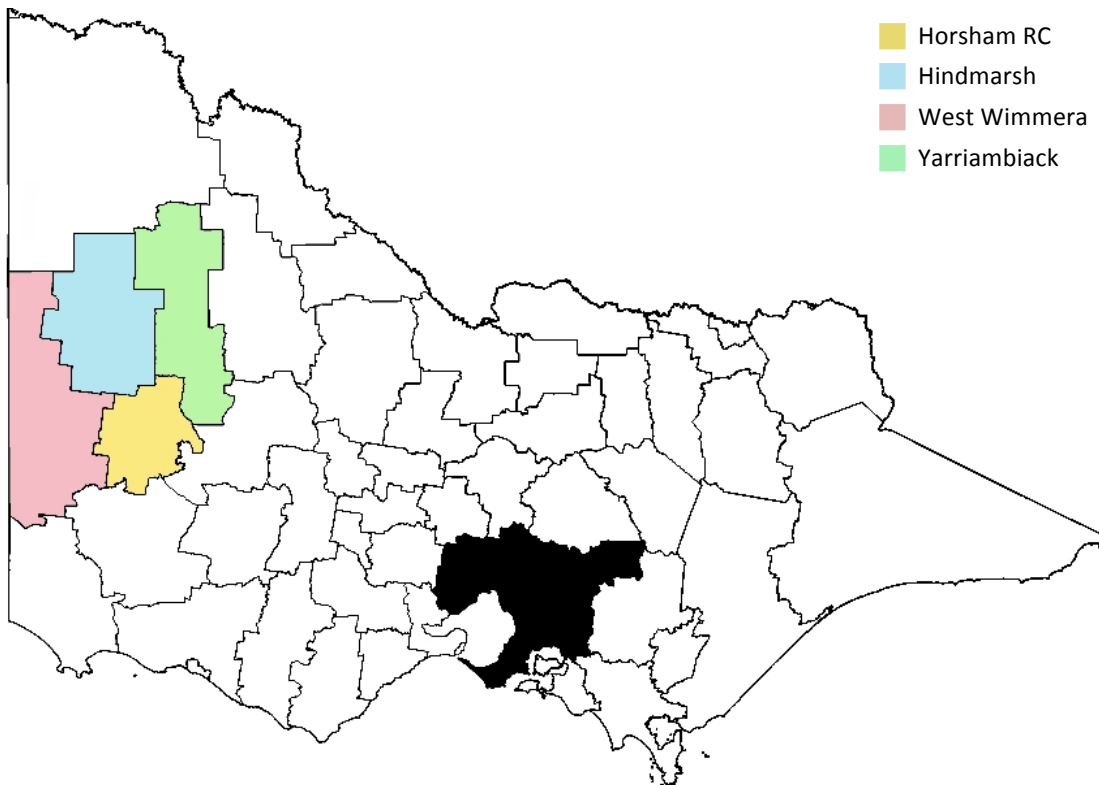
Data was correct and current at the time of writing, however much of the information contained in this profile is subject to regular change and review by the relevant agencies. When interpreting data, it is strongly recommended to refer to the original source of the data where possible. Please refer to data notes, where applicable, for each data set.

Introduction

The Wimmera Primary Care Partnership is made up of 30 member agencies, including local government, welfare, disability, division of general practice and education. We have five health services spread over fourteen campuses, and two bush nursing centres.

The Wimmera PCP region covers some 28,041 square kilometres and services a population of 38,375 including the Local Government Areas of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

Wimmera PCP LGA Boundaries (April 2012)



LGA Boundaries taken from maps provided on the www.abs.gov.au website (at April 2012)

Just over half of the population resides in Horsham, with only three other towns, Nhill, Dimboola and Warracknabeal having populations of more than 1,000 people.

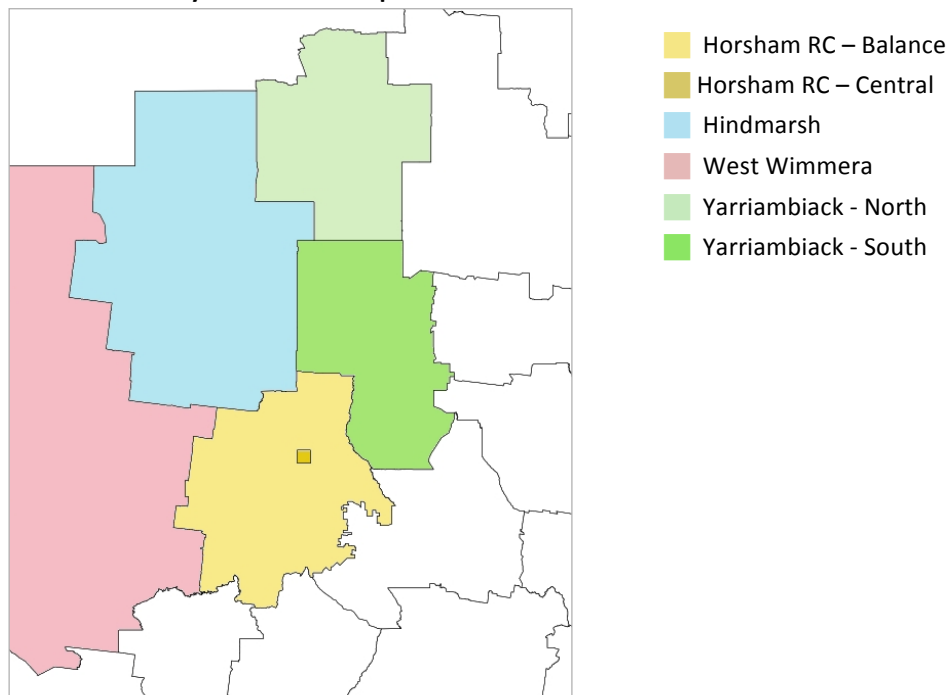
The Wimmera PCP Population Health Profile has been developed as part of a joint initiative with the Grampians Pyrenees and Central Highlands PCPs. This initiative has ensured that data selection and presentation has been consistent for each of the PCPs in the Grampians region.

Data has been selected for the profile to provide a broad range of information about the health and wellbeing of the region's residents. Population change, demographic characteristics, socio-economic indicators, community and other environmental characteristics, health behaviours and prevalence of a very wide range of health conditions have been covered in this profile.

The purpose of the profile is to provide a comprehensive and consolidated set of statistics about the health and wellbeing of our region's residents, so that it may be used by our members and other stakeholders for: forward planning and setting health priorities, providing supporting data for funding submissions, and for gauging the development and success of long term health promotion projects.

Some data in this profile is provided at the Statistical Local Area (SLA) level. The Australian Bureau of Statistics and some other agencies collate and present information at SLA level. A Local Government Area (LGA) is typically made up of one or more SLA. The Wimmera PCP region is broken up into the following SLAs: Horsham RC – Balance, Horsham RC – Central, Hindmarsh, West Wimmera, Yarriambiack – North, and Yarriambiack – South.

Wimmera Primary Care Partnership SLA boundaries



Statistical Local Area boundaries taken from maps provided on the www.abs.gov.au website (at May 2012)

Executive Summary

Background

The Wimmera Primary Care Partnership (Wimmera PCP) is located in western Victoria. Its region takes in the Hindmarsh, West Wimmera and Yarriambiack Shires and Horsham Rural City. The Wimmera PCP region includes a broad range of populations and living situations that have different characteristics.

The Wimmera PCP Community Health and Wellbeing Profile presents a broad range of data that illustrates the social and health status of the Wimmera PCP population. The Profile will underpin the development of the Wimmera PCP Strategic Plan.

The socio-economic and health status of Wimmera PCP residents varies both between and within the Wimmera PCP local government areas. However, rural areas and many of the small towns are typified by declining populations, a high proportion of ageing population, high levels of certain chronic disease (generally associated with ageing) and relatively high levels of socio-economic disadvantage.

Changes in the way rural areas are used, managed and owned, as well as other significant rural changes are changing the demographic and socio-economic profiles of the region's rural areas and traditional service towns. As populations continue to decline in rural areas and many small towns, some services are gradually becoming centralised in larger townships and this perpetuates the cycle of population and local services decline. These population changes also influence accessibility to health and community services.

The key findings for health and wellbeing for the Wimmera PCP region are presented below.

Population Snapshot

- **2011 Estimated Resident Population:** In 2011, the Wimmera PCP region had a total usual resident population of 36,415. Within the PCP region, the population of Hindmarsh was 5,798; while it was 19,278 in Horsham RC; 4,251 in West Wimmera and 7,088 in Yarriambiack. At the township level, Horsham had the largest population of all towns in the Wimmera PCP region. After Horsham, the towns with the largest populations were Warracknabeal, Nhill and Dimboola.

- **Population Change:** Between 2001 and 2011, Horsham RC had the greatest population growth (1,308 people) and Yarriambiack had the greatest population decline (-974 people). The Hindmarsh and West Wimmera populations also declined between 2001 and 2011 (by -544 people and -475 people respectively).

Between 2006 and 2011, the population declined in all Wimmera PCP region towns, except Horsham, Jeparit, Kaniva, Murtoa and Rainbow. The Warracknabeal population, followed by Dimboola then Edenhope populations, decreased by the largest number; while the Horsham population, followed by Rainbow then Kaniva, increased by the largest number.

- **Indigenous Population:** In 2011, within the Wimmera PCP region, there were approximately 471 Indigenous residents. Hindmarsh had the highest proportion (1.5%) of Indigenous population in the region, compared to Regional Victoria (1.5%) and Victoria (0.7%). Horsham RC had the second highest proportion (1.4%) of Indigenous population, followed by West Wimmera (0.7%) and then Yarriambiack (1.0%).

- **Population Forecast:** According to the Victorian Government's 2012 *Victoria in Future* population projections, the population of the Wimmera PCP region will increase to 39,145 by 2026, representing a 1.8% increase from 2011. The Horsham (RC) – Central SLA population is projected to increase by the greatest number (1,284) and percentage (8.7%), followed by Horsham (RC) – Balance SLA. All other PCP region SLAs or LGAs are projected to have a decrease in population over this period. Projected population growth in the PCP region, particularly in Hindmarsh, West Wimmera and Yarriambiack, is significantly lower than the regional Victoria and Victoria average.
- **Age Structure:** In 2011, compared to regional Victoria, the Wimmera PCP region had a higher proportion of population aged 45 years and over and a lower proportion of population aged 44 years and younger.

In each of the Wimmera PCP region LGAs, the 45 – 54 year age group formed the highest proportion of population. The 55-64 year age bracket also had a high proportion of population. Within the Wimmera PCP region, Yarriambiack had the highest proportion of population aged 45 years and older, followed by Hindmarsh. Generally speaking, however, the age structure of the population was similar in Hindmarsh, West Wimmera and Yarriambiack; while Horsham RC had a higher proportion of population aged 44 years and under and a lower proportion of population aged 45 years and older.

Population Groups Key Findings

Data collected for this profile indicates that certain population groups within the Wimmera PCP region have a higher prevalence of health and wellbeing concerns, compared to Victoria and/or Regional Victoria and to the broader Wimmera PCP population. The key health and wellbeing inequities by the main population groups are as follows:

Males

Unfortunately, not all data is available broken down by sex. The data collected in this profile suggests that males and females within the Wimmera PCP region have tendencies towards different high risk health behaviours or characteristics (such as smoking or obesity). Additionally, residents in Yarriambiack tend to exhibit higher rates of many key health indicators, in comparison to the State as a whole.

- **Life Expectancy:** Life expectancy for males is much lower in all Wimmera PCP LGAs, particularly West Wimmera, than the Victorian average and these figures were less than the life expectancy for Wimmera PCP females.

- **Hospital Separations:**

Hindmarsh: In 2010/11, across Victorian hospitals, there were 1,860 hospital separations for male residents of Hindmarsh. This figure represents a rate of 61 separations per 100 population and is significantly higher than the Victorian total rate of 41.6 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; diseases and disorders of the circulatory system; neoplastic disorders; diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the digestive system.

Horsham RC: In 2010/11, across Victorian hospitals, there were 4,668 hospital separations for male residents of Horsham RC. This figure represents a rate of 47.1 separations per 100 population and is higher than the Victorian total rate of 41.6 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; diseases and disorders of the musculoskeletal system and connective tissue; diseases and disorders of the digestive system; neoplastic disorders; diseases and disorders of the circulatory system.

West Wimmera: In 2010/11, across Victorian hospitals, there were 1,068 hospital separations for male residents of West Wimmera. This figure represents a rate of 46.1 separations per 100 population and is higher than the Victorian total rate of 41.6 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; diseases and disorders of the musculoskeletal system and connective tissue; diseases and disorders of the digestive system; diseases and disorders of the circulatory system; and diseases and disorders of the respiratory system.

Yarriambiack: In 2010/11, across Victorian hospitals, there were 1,585 hospital separations for male residents of Yarriambiack. This figure represents a rate of 42.3 separations per 100 population and is higher than the Victorian total rate of 41.6.

The five most common major diagnostic categories were, in order: diseases and disorders of the digestive system; diseases and disorders of the circulatory system; diseases and disorders of the musculoskeletal system and connective tissue; neoplastic disorders; and diseases and disorders of the respiratory system.

- **ACSCs:** In 2009/10 across the Wimmera PCP region males had a significantly higher number and standardised rate of total ACSCs, chronic ACSCs and vaccine preventable ACSCs, compared to females. Compared to females males had particularly high rates of diabetes complications - as well as prevalent conditions such as COPD, congestive cardiac failure, dental conditions, ear nose and throat infections and angina. Females had higher rates of conditions such as asthma, pyelonephritis, convulsions and epilepsy, iron deficiency anaemia and hypertension.
- **Smoking:** Males in all Wimmera PCP LGAs were more likely to be current smokers than Victorian males. West Wimmera had the highest rate of current smokers in the region. Wimmera PCP region males were less likely to be current smokers than Wimmera PCP females.
- **Obesity:** Males in the region are significantly more likely to be overweight or obese than females. Horsham RC, West Wimmera and Yarriambiack males are more likely to be overweight than the Victorian average for males; and Hindmarsh, West Wimmera and Yarriambiack males were more likely to be obese than the Victorian average. Within the region, West Wimmera had the highest rate of males who were overweight or obese.
- **Cancers:** In all Wimmera PCP LGAs males made up a significantly higher proportion of all new cancer cases, compared to Wimmera PCP females.
- **GP Visits:** Males from all Wimmera PCP LGAs were more likely to have seen a GP than the regional Victorian average for males, and all Wimmera PCP LGA males were significantly less likely than Wimmera PCP females to have seen a GP in 2009/10. Within the PCP region, Horsham RC had the lowest rate of GP services delivered to males and Yarriambiack had the highest.

- **Self Reported Health:** Compared to Victoria, all Wimmera PCP region males (particularly males in Yarriambiack) were less likely to state they had excellent or very good health and males from Yarriambiack were more likely to report having fair or poor health.
- **Mental Health:** Within all Wimmera PCP LGAs, males were more likely to have mental and behavioural problems than the Victorian average. In Hindmarsh, Horsham RC and Yarriambiack LGAs, males were more likely to have mood (affective) problems than the Victorian average. Within the Wimmera PCP region, Yarriambiack had the highest rate for mental and behavioural problems and mood (affective) problems.
- **Education:** In all LGAs, males were less likely than females to have completed year 12 or equivalent. Yarriambiack had the lowest year 12 completion rates within the region. In 2011, compared to regional Victoria, males aged 15 to 64 years from all Wimmera PCP region LGAs were less likely to have any non-school qualification

Females:

- **Hospital Separations:**

Hindmarsh: The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; neoplastic disorders; diseases and disorders of the digestive system; diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the circulatory system.

The following conditions were notably more common in females than males (per population): diseases and disorders of the female reproductive system; pregnancy, childbirth and the puerperium; diseases and disorders of the hepatobiliary system and pancreas; endocrine, nutritional and metabolic diseases and disorders; mental diseases and disorders; diseases and disorders of the skin, subcutaneous tissue and breast; and diseases and disorders of the nervous system.

Horsham RC: In 2010/11, across Victorian hospitals, there were 4,929 hospital separations for female residents of Horsham RC. This figure represents a rate of 47.8 separations per 100 population and is higher than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: neoplastic disorders; diseases and disorders of the digestive system; pregnancy, childbirth and the puerperium; diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the female reproductive system.

West Wimmera: In 2010/11, across Victorian hospitals, there were 760 hospital separations for female residents of West Wimmera. This figure represents a rate of 33.4 separations per 100 population and is much lower than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the digestive system; diseases and disorders of the musculoskeletal system and connective tissue; neoplastic disorders; diseases and disorders of the circulatory system; and diseases and disorders of the respiratory system.

Yarriambiack: In 2010/11, across Victorian hospitals, there were 1918 hospital separations for female residents of Yarriambiack. This figure represents a rate of 49.6 separations per 100 population and is higher than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the digestive system; diseases and disorders of the musculoskeletal system and

connective tissue; neoplastic disorders; diseases and disorders of the circulatory system; and pregnancy, childbirth and the puerperium.

- **ACSCs:** In 2009/10, across the Wimmera PCP region, females had a higher rate than males of admissions for acute ACSCs. Females also had a higher rate of conditions such as asthma, pyelonephritis, convulsions and epilepsy, iron deficiency anaemia and hypertension.
- **Teenage Pregnancies:** In 2008, Horsham RC (8.2) had a much higher rate of teenage pregnancies compared to Victoria (2.7). Data was unavailable for other LGAs in the region.
- **Smoking:** The rate of current smokers in all Wimmera PCP LGA female populations was significantly higher than the average for Victorian females. The rate for current female smokers was higher than the rate for males in all Wimmera PCP LGAs except West Wimmera. Within the region, Hindmarsh had the highest rate of female smokers.
- **Obesity:** Compared to Victoria, females from the Wimmera PCP region were more likely to be obese or overweight, Hindmarsh had the highest rate of overweight and obese females. Females were less likely to be overweight or obese than Wimmera PCP males.
- **Mammograms:** Breast cancer screening rates were lower than the Victorian average in Horsham RC and West Wimmera LGAs. Horsham RC had the lowest rate within the region.
- **Pap Smear Tests:** Cervical cancer screening rates were lower in Yarriambiack and Horsham RC, compared to the Victorian average. Yarriambiack had the lowest rate, which was substantially less than that for Victoria.
- **Self Reported Health:** Compared to Victoria, females from Hindmarsh, Horsham RC or West Wimmera were less likely to state they had excellent or very good health and females from Hindmarsh and Horsham RC were more likely to state they had fair or poor health. Hindmarsh had the lowest rate for reporting excellent or very good health.
- **Mental health:** Within all Wimmera PCP LGAs, females were more likely than males to have mental and behavioural problems and mood (affective) problems. Females from Horsham RC and Yarriambiack were more likely to have mental and behavioural problems than the Victorian average. In Hindmarsh, West Wimmera and Yarriambiack, females were more likely to have mood (affective) problems than the Victorian average. Within the Wimmera PCP region, Yarriambiack had the highest rate for mental and behavioural problems and mood (affective) problems.

Children

Certain health and wellbeing data collected in this profile suggests that the Wimmera PCP region's children and young people have some significant health and wellbeing problems compared to Regional Victoria and/or Victoria. Yarriambiack, in particular, had higher rates compared to Victoria for many of the key indicators.

- **Hospital Admissions:** In 2008-09, the hospital separation rate for children aged 0 – 8 years in Horsham RC was lower than the Victorian average. In Horsham RC, the rate was higher than Victoria for the following principal diagnoses: dental caries unspecified, chronic tonsillitis, routine and ritual circumcision, chronic mucoid otitis media, and nonsuppurative otitis media unspecified. Data was not available for Hindmarsh, West Wimmera or Yarriambiack.
- **AEDI:** Overall, Wimmera PCP LGAs had much higher proportions of children who were developmentally vulnerable or developmentally at risk across the AEDI domains compared to

the Victorian average. Yarriambiack had higher rates of children who were developmentally vulnerable for all five AEDI domains and developmentally at risk for four of five domains.

- **Immunisation Rates:** Compared to Victoria, immunisation rates were higher in all Wimmera PCP LGAs, except West Wimmera for the 12-15 month immunisation stages.
- **Maternal and Child Health Centre Visits:** Hindmarsh and Yarriambiack had lower participation rates for many of the key age and stage visits, particularly for visits where babies were aged four weeks and under. Generally, Hindmarsh had the lowest participation rates within the region.
- **Breastfeeding:** All Wimmera PCP LGAs had a higher rate of infants that were fully breastfed from birth to 6 months of age, compared to the Victorian average. Generally, Hindmarsh had the lowest rates of fully breastfed infants across the region.
- **Mental Health:** Compared to Victoria, Horsham RC and Yarriambiack had a higher proportion of Child and Adolescent Area Mental Health Services (CAMHS) clients, particularly Yarriambiack, which had the highest rate.
- **Low Birth Weight:** There was a greater proportion of low birth weight babies (<2,500 gms) in Yarriambiack than the Victoria and Regional Victoria average
- **Child Abuse Substantiations:** In 2008-09 the rate of substantiated child abuse cases was significantly higher in Horsham RC (13.3 per 1000 children) and higher in Yarriambiack (8.3 per 1000 children), compared to the Victorian average (7.0 per 1000 children). Figures were not available for Hindmarsh and West Wimmera.

Young People

- **Teenage Pregnancies:** In 2008, Horsham RC (8.2) had a significantly higher rate of teenage pregnancies compared to the Victorian average (2.7). Data was not available for other LGAs within the region.
- **Youth Engagement:** In 2006 all Wimmera PCP LGAs had a higher rate of males and females aged 15-19 years who were not engaged at all in work or study, with the exception of West Wimmera males. Hindmarsh had the highest rate of disengaged young people within the region.
- **Benefit Recipients:** Compared to regional Victoria and Victoria, Horsham RC had a higher proportion of population aged 15 to 24 years that was receiving an unemployment benefit in June 2009.

Older Population

- **Older people living alone:** In 2011, compared to regional Victoria, females aged 65 years and over from all Wimmera PCP region LGAs and males from Hindmarsh, West Wimmera and Yarriambiack, were more likely to be living alone. Within the PCP region, Yarriambiack had the highest proportion of males aged 65 years and over living alone while Horsham RC had the highest proportion of females.
- **Income:** In 2011, more than half of Wimmera PCP region males and females aged 65 years and over had a total weekly personal income of between \$200 and \$599 per week.

Compared to regional Victoria, Wimmera PCP region residents aged 65 years and over were generally less likely to be earning an income of less than \$300 per week. Across each LGA, females were typically more likely to be earning less than males.

- **Health Factors:** Compared to Victoria Wimmera PCP LGAs – especially Yarriambiack - had a higher proportion of certain health conditions that are typically more prevalent with age; including musculoskeletal conditions, cardiovascular disease and respiratory system diseases.
- **Residential Aged Care Places:** Compared to the Victorian average Hindmarsh, West Wimmera and Yarriambiack had a higher proportion of population aged 70 years and over living in high level residential aged care; while Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of population aged 70 years and over living in low level residential aged care. Hindmarsh had the highest rates of older people living in either type of care. These figures reflect the age structure of the Wimmera PCP population as well as availability of aged care places at various levels.
- **Home and Community Care (HACC) Service Clients:** Compared to Victoria, all Wimmera PCP LGAs had a higher rate per 1000 people aged 70 years and over that were receiving HACC services.

Selected Socio-Economic Characteristics

- **SEIFA:** In 2011, Hindmarsh and Yarriambiack had an index of relative socio-economic disadvantage (IRSD) score that was in the bottom 25 percent of all LGA scores in Victoria, while Horsham RC and West Wimmera had IRSD scores that were in the bottom 50 percent. Within the PCP region, Hindmarsh had the lowest score, followed by Yarriambiack. At the township level, Jeparit had the lowest score, followed by Dimboola, Minyip then Warracknabeal.

- **Low Income:** In 2011, Hindmarsh, West Wimmera and Yarriambiack residents aged 15 years and over had a lower median individual income compared to regional Victoria and Victoria. Within the PCP region, Yarriambiack residents had the lowest median individual weekly income, followed by Hindmarsh.

In 2011, Hindmarsh, West Wimmera and Yarriambiack households had a lower median income compared to regional Victoria and Victoria. Within the PCP region, Yarriambiack households had the lowest median weekly income, followed by Hindmarsh.

- **Year 12 Completion:** In 2011, males and females aged 20 to 64 years from Hindmarsh, West Wimmera and Yarriambiack as well as females from Horsham RC were less likely to have completed Year 12 or equivalent than the regional Victoria average for each sex; while males and females from all LGAs were much less likely to have completed Year 12 or equivalent than the Victorian average for either sex.
- **Post Secondary Qualifications:** In 2011, compared to regional Victoria, males aged 15 to 64 years from all Wimmera PCP region LGAs were less likely to have any non-school qualification. Females aged 15 to 64 years from Hindmarsh were also less likely to have any non-school qualification, while females from Horsham RC and Yarriambiack were generally equally as likely and females from West Wimmera were more likely to have any non-school qualification compared to regional Victorian averages.

Between 2006 and 2011, the proportion of population that had any non-school qualification increased notably for all LGA males and females in the age group.

- **Unemployment:** Unemployment rates decreased across the Wimmera PCP region between September 2011 and September 2012. Within the region, Horsham (RC) – Central SLA had the highest unemployment rate (4.8) followed by Hindmarsh (3.8). All SLAs in the Wimmera PCP region had lower unemployment rates than the regional Victoria and Victoria average.
- **Homelessness:** In 2011, the Grampians Statistical Area Level 3 (SAL3) region - which comprises the LGAs of Hindmarsh, Horsham, West Wimmera and Yarriambiack - had an estimated 147 homeless people. Figures for smaller geographic areas have not yet been released by the ABS (*as at February 2nd, 2013*).

Of the 147 homeless persons, those in supported accommodation for the homeless made up 42.9% while those staying temporarily with other households made up 25.2%.
- **Affordable Lettings:** In September 2011, all Wimmera PCP LGAs had a higher proportion of affordable lettings than the Regional Victoria and Victoria average.

Selected Health Behaviours

- **Smoking:** Compared to Victoria, all Wimmera PCP LGAs had a higher proportion of population aged 18 years and over who described themselves as current smokers. Within the region, Hindmarsh had the highest proportion of current smokers.
- **Nutrition:** Compared to Victoria, a lower proportion of all Wimmera PCP region LGA populations met the vegetable and fruit consumption guidelines. Within the region, Hindmarsh had the lowest proportion that met vegetable consumption guidelines, whilst West Wimmera had the lowest proportion that met fruit consumption guidelines.
- **Physical Inactivity:** Compared to Victoria, a higher proportion of all Wimmera PCP region population was sedentary (no time spent on any physical activity). Residents of Hindmarsh were most likely to be sedentary.
- **Obesity:** Overall, the Wimmera PCP population was more likely to be obese or overweight than the Victorian and regional Victorian population averages. West Wimmera had the highest rate of obese or overweight males, while Hindmarsh had the highest proportion of overweight or obese than females.
- **Health Checks:** Horsham RC had the lowest rates, overall, of blood glucose checks in the Wimmera PCP region and these rates were lower than the Victorian and Regional Victorian average figures. Compared to Victoria and Regional Victoria Hindmarsh and Horsham RC had lower rates of cholesterol checks, with Hindmarsh having the lowest rate for 18-49 year olds and Horsham RC the lowest rate for residents aged 50 years and older. Hindmarsh also had the lowest rate of blood pressure checks for 18-49 year olds and this rate was also lower than Victoria and Regional Victoria.

Selected Conditions

- **Infectious Diseases:** In the 12 months to December 2011 the Wimmera PCP region had a comparatively high rate of many infectious diseases, with particularly high rates of enteric diseases and vector borne diseases. West Wimmera had the highest rates of campylobacter infection and salmonellosis; Yarriambiack had significantly higher rates of other notifiable conditions such as blood lead greater than 10mg/dL, invasive meningococcal disease and legionella pneumophila compared to Victoria; and all Wimmera PCP LGAs had significantly high rates (at approximately 40 times the State average) of Ross River fever.

- **Diabetes:** The number and proportion of residents with diabetes increased substantially between 2001 and 2011 for all Wimmera PCP LGAs. In 2011, all Wimmera PCP LGAs had a higher proportion of population with diabetes than the Victorian average. Within the region, Hindmarsh had the highest proportion.
- **Type 2 Diabetes:** Compared to Victoria, all Wimmera PCPs had a lower proportion of population aged 18 years and over that reported having doctor-diagnosed type 2 diabetes. Within the region, Hindmarsh had the highest proportion of population with doctor-diagnosed type 2 diabetes.
- **Cancers:** Across all LGAs, males were significantly more likely to have been diagnosed with cancer than females. Between 2006 and 2010, the most common type of cancer in the region was prostate cancer, followed by bowel cancer and then breast cancer.
West Wimmera population aged 0 – 74 years had a substantially higher rate of avoidable deaths caused by cancer than the Victorian average. West Wimmera population aged 0 – 74 years had a higher average annual rate of avoidable mortality from colorectal cancer compared to Victoria and Regional Victoria; while West Wimmera and Yarriambiack populations aged 0 – 74 years had a higher average annual rate of avoidable mortality from lung cancer compared to Victoria and Regional Victoria.
- **Cardiovascular Disease:** In 2007-08, Horsham RC had the highest rate of circulatory system diseases within the Wimmera PCP region. This was also higher than the Regional Victorian average.
- **Hypertensive Disease:** In 2007-08, all Wimmera PCP LGA populations had a lower rate of hypertensive diseases compared to Regional Victoria. Within the region, West Wimmera had the highest rate.
- **High Cholesterol:** In 2007-08, Hindmarsh, Horsham RC and Yarriambiack had a higher rate of high cholesterol compared to Victoria and Regional Victoria.
- **Respiratory Diseases:** In 2007-08, Hindmarsh, West Wimmera and Yarriambiack had a higher rate of respiratory system diseases, compared to Victoria and Regional Victoria. All Wimmera PCP LGAs had a higher rate of asthma compared to Victoria and regional Victoria. Within the region, Yarriambiack had the highest rate for all respiratory system diseases.
- **Musculoskeletal System Diseases:** In 2007-08, Horsham RC and Yarriambiack had a higher rate of Musculoskeletal system diseases compared to Victoria. Within the region, Horsham RC had the highest rate
- **Dental Conditions:** In 2009/10, compared to Victoria and regional Victoria, the admission rate for dental conditions (as an ACSC) was higher in all Wimmera PCP LGAs except West Wimmera. Within the region, Hindmarsh had the highest admission rate for dental conditions.

Mental Health

- **Avoidable Deaths From Suicide and Self-inflicted Injuries:** Between 2003 and 2007, compared to the Regional Victoria and Victoria average, Horsham RC had a lower rate of deaths from suicide or self-inflicted injuries in population aged 0 – 74 years.
- **Mental and Behavioural Problems:** Yarriambiack had the highest rate of females and males with mental and behavioural problems. Compared to Victoria, all Wimmera PCP LGAs had a higher rate of males with mental and behavioural problems; while Horsham RC and Yarriambiack had a higher rate of females with mental and behavioural problems.

- **Mood (affective) Problems:** Compared to Victorian, all Wimmera PCP LGAs (with the exception of West Wimmera) had a higher rate of male population that reported having mood problems; while Hindmarsh, West Wimmera and Yarriambiack had a higher rate of females that reported having mood problems. Within the region, Yarriambiack had the highest rates for both males and females.
- **Psychological Distress:** All Wimmera PCP region residents were less likely to report having a high or very high level of psychological distress, compared to the Regional Victoria and Victoria average.
- **Mental Health Care Plans:** In 2009/10, the rate of Mental Health Care Plans by GPs prepared per 100,000 population was significantly lower than the Regional Victoria and Victoria average for all Wimmera PCP LGAs. West Wimmera had the lowest rate at less than a third the rate for Victoria.
- **Mental Health Clients:** In 2010/11, there were 544 mental health clients who were Wimmera PCP residents, representing 1.4% of the 2010 estimated resident population. Within the region, Horsham RC had the greatest number and proportion of population that were mental health clients and this figure was higher than the Victorian average. Hindmarsh, Horsham RC and Yarriambiack shared the highest proportion of population that were aged mental health clients and this figure was higher than the Victoria average. Yarriambiack had the highest proportion of CAMHS mental health clients.
- **Alcohol Consumption:** In 2008, all Wimmera PCP region LGAs had a higher proportion of population that had consumed alcohol at risky or high risk levels for health in the short term compared to the Victoria average. Within the region, Hindmarsh had the highest proportion.

Environment

- **Crime:** In 2010/11, Horsham RC had a higher rate of crimes (particularly assaults) against persons than the Victorian average. Between 2009/10 and 2010/11, this rate declined by 9.6%.

In 2010/11, Horsham RC had a higher rate of crimes against property than the Victorian average. Between 2009/10 and 2010/11, this rate increased by 39.2%.

In 2010/11, Horsham RC and Hindmarsh had significantly higher rates of drug offenses compared to the Victorian average. Hindmarsh had the highest rate within the region. The rate for Horsham RC declined by 22.3% between 2009/10 and 2010/11.
- **Family Incidents:** In 2010/11, Horsham RC had a higher rate of family incidents overall than the Victorian average. Horsham RC also had a higher rate of incidents where charges were laid or where an IVO was applied for. These rates were the highest within the region. Compared to Victoria, Hindmarsh also had a higher rate of family incidents where an IVO was applied for.
- **Journey to Work:** In 2011, the most common method of travel to work for Wimmera PCP region residents was driving a car, followed by 'walk only'. A very small number of Wimmera PCP region workers used a bus to travel to work and no workers used a train. Compared to the regional Victoria and Victoria average, a higher proportion of Wimmera PCP region workers worked from home, walked only, or used a bicycle.

- **Transport Limitations:** The VicHealth Indicators Survey 2011 results indicate that all Wimmera PCP region LGAs had a higher proportion of residents who stated they had experienced transport limitations in the last 12 months. Hindmarsh had the largest proportion of residents who reported having experienced transport limitations. People aged 18 to 34 years reported the highest levels of experiencing transport limitations.
- **Social Housing:** In 2011, Hindmarsh, West Wimmera and Yarriambiack had a lower proportion of all rented private dwellings that were owned by the government or a community/church group, compared to the regional Victorian average. Within the region, West Wimmera had the lowest proportion while Horsham RC had the highest.
- **Affordable Lettings:** In September 2011, Wimmera PCP LGAs generally had a higher proportion of lettings that were classed as affordable than the Regional Victoria and Victoria average.

Methodology

The Wimmera PCP Population Health and Wellbeing Profile is a set of health and wellbeing indicators for the population of the Wimmera PCP catchment area. The most recent data available, at the time of writing, has been sourced for each indicator and a basic description of this data together with any relevant data notes has been added to each table. The profile does not include analysis of the data nor explanation or consideration of why figures are higher or lower than Victorian averages.

The Population Health and Wellbeing Profile supplies figures and rates, as provided by the data source agency or document (e.g. the Victorian Population Health Survey). At times where raw figures only were provided by the data source agency (e.g. hospital separation rates for major diagnostic categories) only as a per population rate has been prepared by dividing the figure into the relevant estimated resident population figure. Per population rates enable comparison between local figures and Victorian or regional/rural Victorian average figures.

In summary, the Wimmera PCP Health and Wellbeing Profile was developed using the following method:

- 1) Initially, before the consultant was appointed, a series of meetings were held between the Grampians Region PCP Executive Officers to identify and agree upon the desired health and wellbeing indicators which were then developed into a project brief.
- 2) A consultant was appointed to undertake the three PCP Population Health and Wellbeing Profiles.
- 3) The consultant attended a meeting in Ararat with the Executive Officers of Grampians-Pyrenees PCP and Central Highlands PCP (the Wimmera PCP Executive Officer could not attend) to further discuss and refine the health and wellbeing indicators listed in the project brief and to discuss the likely availability of certain local area indicators.
- 4) At the above meeting, agreement was reached on which data the consultant would source and which data the PCP would source (local area data from PCP members).
- 5) Based on known lead times for particular data-sets, the consultant completed and submitted a range of data-ordering forms to different government agencies. All such data was ordered by mid November 2011. The data ordering process for some agencies is complex. For instance, there is a fifteen page application form involved in ordering VAED or VEMD figures from the Department of Health.
- 6) One or more sets of indicators were sourced from a wide range of data sources to provide, where possible, a range of indicators for key health and wellbeing areas.
- 7) Where applicable and possible, figures from data were converted into per population rates and added to data tables and data descriptions in the document.
- 8) Where data appeared to be out of date or there were apparent anomalies concerning data, the consultant contacted the relevant agency to clarify the currency and accuracy of the data.
- 9) Formatting of the document then took place, and a draft document was submitted to the Wimmera PCP EO for review. This draft excluded certain data items that had not been supplied yet by the data source agencies.
- 10) Changes to the draft document were made, based on the PCP review, and the document was finalised.

Consultation Results

Consultation with the Primary Care Partnerships

The Wimmera PCP consulted with member agencies to identify a list of preferred indicators to be included in the population health profile.

The consultant then met with the Executive Officers of each PCP to discuss the data indicators list and suggest additions or revisions to this list, based on data integrity, timeframes, budget and accessibility factors.

The consultant liaised with the nominated project contact, Executive Officer of Grampians-Pyrenees PCP, for the beginning of the project and then with the Executive Officer of the Wimmera PCP for the remainder of the project. Individual discussions to clarify specific queries were also undertaken at the PCP level, as required.

The draft population health profile was provided to each PCP Executive Officer for review and comments, based on meeting the agreed scope and data agreement for the project.

Consultation with Data Agencies

The consultant engaged extensively with a wide range of government departments and agencies to ensure that the data in this profile is correct and appropriate, as well as to ensure there was an understanding of what 'story' the data is telling the reader. Individual queries, based on apparent data anomalies, were followed up with source agencies as required.

Most data in the document is contained in existing resources provided by each agency, however some data is commissioned based on tailored data requests (e.g. Centrelink data, mental health client figures). Commissioned data is identified with each commissioned data table.

Policy Context

The Wimmera PCP Population Health and Wellbeing Profile is a collection of information and does not make recommendations or set priorities or objectives. However, the selection of the content for the profile is informed by the current and future role of the Wimmera Primary Care Partnership and this establishes an important link to policy context.

The Wimmera PCP Population Health and Wellbeing Profile will play a central role in identifying priority areas for the PCP Strategic Plan, as well as informing other local and regional plans and strategies prepared by community and health agencies and local governments within the region.

The following is a summary of the key policies that have guided the Wimmera PCP in the selection of content for this Profile.

National Primary Health Care Strategy

The National Primary Health Care Strategy takes a broad view of comprehensive primary health care, extending beyond the 'general practice' focus of traditional Australian Government responsibility. It includes consideration of services which until now have been predominantly the responsibility of the states and territories, and those services entirely delivered through private providers, including those supported by private health insurance.

Recognising the growing importance and complexity of community-based care, the Strategy also acknowledges the important role of medical specialists, and the need for integration of primary health care with ambulatory specialist care, as well as with other health sectors, including acute care, aged care and Indigenous health services.

The National Primary Health Care Strategy (2010) has four key priority areas:

1. Improving access and reducing inequity
2. Better management of chronic conditions
3. Increasing the focus on prevention
4. Improving quality, safety, performance and accountability

Source: Building a 21st Century Primary Health Care System Australia's First National Primary Health Care Strategy, Commonwealth of Australia 2010

National Partnerships Agreement on Preventative Health (NPAPH)

The NPAPH builds on the COAG Australian Better Health Initiative and the National Reform Agenda's Type II Diabetes Initiative, and supplements the National Health Care Agreement.

It seeks to address the rising prevalence of lifestyle related chronic disease, such as diabetes and heart disease, by laying the foundations for healthy behaviours in the daily lives of Australians through settings such as communities, early childhood education and care environments, schools and workplaces, supported by national social marketing campaigns. In Victoria this will involve significant building and reform of the prevention system, closely linked to the *Public Health and Wellbeing Plan 2011-15*. The NPAPH consists of 11 initiatives:

1. Healthy Communities
2. Healthy Children
3. Healthy Workers
4. Industry Partnership

5. National Health Risk Survey
6. Social Marketing – *MeasureUp*
7. Social Marketing – Tobacco
8. Enabling Infrastructure
9. Workforce Audit and Strategy
10. Australian National Preventive Health Agency and Research Fund
11. Eating Disorders Collaboration

Source: "Primary Care Partnerships 'Bridging year' 2012-2013 Guidelines (DRAFT) April 2012 and www.health.vic.gov.au

Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014

Endorsement of the plan represents commitment by all governments to implementation of the following vision for mental health set out in the National Mental Health Policy 2008:

"... a mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community."

The plan takes a whole of government approach through involving sectors other than just health. The plan provides a basis for governments to advance mental health activities within the various portfolio areas in a more integrated way, recognizing that many sections can contribute to better outcomes for people living with mental illness.

The plan has five priority areas for government action in mental health:

- Social inclusion and recovery
- Prevention and early intervention
- Service access, coordination and continuity of care
- Quality improvement and innovation and
- Accountability - measuring and reporting progress.

Source: <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09#bac>

Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan and Rural and Regional Health Plan

The Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan and Rural and Regional Health Plan articulates the long-term planning and development priorities for Victoria's health services throughout the next decade. The Health Plans focus on Victoria's health system and are supported by companion documents, the Metropolitan Health Plan Technical Paper and the Rural and Regional Health Plan Technical Paper. The new *Victorian Health Priorities Framework 2012-2022* (VHPF) sets out the following five key outcomes the health system should strive to achieve by 2022:

- People are as healthy as they can be (optimal health status)
- People are managing their own health better
- People enjoy the best possible healthcare service outcomes
- Care is clinically effective, cost-effective, and delivered in the most clinically and cost-effective service settings, and
- The health system is highly productive and health services are cost-effective and affordable.

In addition, the VHPF articulates a set of principles and seven reform priorities which will guide the future development and operation of the Victorian health system. The seven priorities outlined in the VHPF are:

1. Developing a system that is responsive to people's needs
2. Improving every Victorian's health status and health experiences
3. Expanding service, workforce and system capacity
4. Increasing the system's financial sustainability and productivity
5. Implementing continuous improvements and innovation
6. Increasing accountability and transparency, and
7. Improving utilisation of e-health and communications technology.

Source: Primary Care Partnerships 'Bridging year' 2012-2013 Guidelines (DRAFT) April 2012 and www.health.vic.gov.au

Victorian Health Priorities Framework 2012–2022: Rural and Regional Health Plan

The priorities set out in the Victorian Health Priorities Framework 2012–2022: Rural and Regional Health Plan are the same as those listed for the overall framework (listed above), however the document also lists a number of key challenges for the healthcare system in rural and regional Victoria:

- reducing the disparity in health behaviours and health outcomes among rural Victorians
- addressing the social determinants and relative disadvantage experienced by some rural and regional communities
- improving the health literacy of all rural and regional Victorians, with a particular focus on those most disadvantaged.
- reducing unnecessary and avoidable variability of service access across rural and regional areas
- ensuring service design and capacity is flexible enough to respond to the changes in demand across rural and regional Victoria
- developing a better understanding of rural and regional health outcomes
- ensuring a viable rural and regional health service system.

Source: Victorian Health Priorities Framework 2012–2022: Rural and Regional Health Plan, Victorian Government 2011

Victorian Public Health and Wellbeing Plan 2011-2015 (VPHWP)

The VPHWP provides a comprehensive high-level view of the scope of preventive health activity undertaken in Victoria and sets the prevention agenda for the state for 2011-15. Partnership work is a major focus of the VPHWP.

The plan acknowledges the central role of local government in development of Municipal Public Health and Wellbeing Plans. The VPHWP recognises that Victoria has had success in encouraging organisations to work together to coordinate prevention and health promotion efforts around the needs of local communities and supports organisations working together.

Nine strategic directions for prevention in Victoria are identified.

- Build prevention infrastructure to support evidence-based policy and practice.
- Develop leadership and strengthen partnerships to maximise prevention efforts across sectors.
- Review financing and priority-setting mechanisms to ensure available resources are based on population need and potential for impact.
- Develop effective modes of engagement and delivery of evidence-based interventions in key settings.
- Strengthen local government capacity to develop and implement public health and wellbeing plans.
- Improve health service capacity to promote health and wellbeing.
- Integrate state-wide policy and planning to strengthen public health and wellbeing interventions.
- Increase the health literacy of all Victorians and support people to better manage their own health.
- Tailor interventions for priority populations to reduce disparities in health outcomes.

The plan proposes four priority settings as a major focus for action:

- local communities
- workplaces
- early childhood and education settings
- health services

The plan also sets out the following interventions in established public health practice:

- continue to protect the health of Victorians (health protection) – including environmental health and communicable disease control
- keep people well (health promotion and primary prevention) – focusing on lifestyle- related risk factors such as smoking, diet and physical activity
- strengthen preventive healthcare – including cancer screening, newborn screening, and early detection and intervention.

Source: "Primary Care Partnerships 'Bridging year' 2012-2013 Guidelines (DRAFT) April 2012 and www.health.vic.gov.au

Wimmera Primary Care Partnership Strategic Directions 2009 – 2012

The Wimmera Primary Care Partnership Strategic Plan 2009 – 2012 outlines a shared direction for partner agencies in addressing the local priority health and wellbeing issues. The Strategic Plan was informed by a series of workshops with partner agencies. Workshops included two workshops on health promotion opportunities, arising out of climate change and rural adjustment, followed by two further sessions focusing on priority setting for integrated health planning in the catchment.

Strategic Priorities 2009 - 2012

Reduce health inequities

- Refocus partnership work to ensure that we are working with communities where the most disadvantage exists. Nearly all of our small towns fall within the lowest Socio Economic Indexes of Areas (SEIFA). Horsham North area is also in the lowest index.
- Supporting the regional implementation plan on “Closing the gap on Indigenous disadvantage” is part of this work.

Be responsive to local issues including:

- Climate change and rural adjustment with an emphasis on mental health now described as Solastalgia: the distress caused by environmental change (Albrecht G, Sartore GM, Connor L, Higginbottom N, Freeman S, Kelly B, Stain H, Tonna A and Pollard G. Solastalgia: the distress caused by environmental change. *Australasian Psychiatry* 2007; 15: s95-s98).
- The impact of natural disasters, i.e. heatwave and fire

Support agencies, services and community to cater for increasing regional migration including migrants from overseas and expected refugee arrivals

Integrated Health Promotion Priorities:

All priorities have a focus on health equity, aiming to reduce disadvantage. These are outlined in the IHP action plan (p. 17) and are as follows:

To reduce health inequalities through a partnership approach to increase:

- physical activity of young families
- social connection of older adults, and
- social connection of youth.

Problem gambling is also included in the Integrated Health Promotion Plan as a priority for integrated health promotion and service coordination.

Demographic Characteristics

Population

In 2011, the Wimmera PCP region had a total usual resident population of 36,415. Within the PCP region, the population of Hindmarsh was 5,798; while it was 19,278 in Horsham RC; 4,251 in West Wimmera and 7,088 in Yarriambiack.

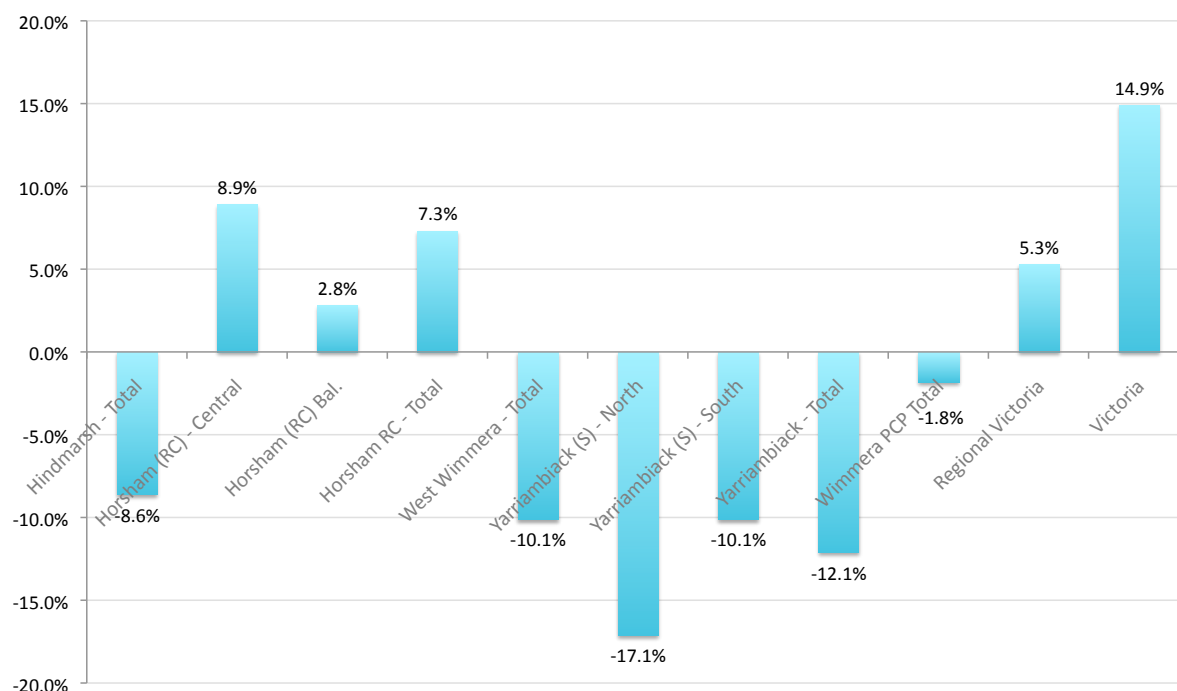
Between 2001 and 2011, Horsham RC had the greatest population growth (1,308 people) and Yarriambiack had the greatest population decline (-974 people). The Hindmarsh and West Wimmera populations also declined between 2001 and 2011 (by -544 people and -475 people respectively). Compared to regional Victoria, all Wimmera PCP LGAs except Horsham RC experienced lower or negative (decline) population growth between 2001 and 2011.

Usual Resident Population - Table (2001 – 2011)

Location	2001	2006	2011	2001 – 11 change	
				No.	%
Hindmarsh - Total	6,342	6,039	5,798	-544	-8.6%
Horsham (RC) - Central	13,114	13,479	14,285	1,171	8.9%
Horsham (RC) Bal.	4,856	5,016	4,993	137	2.8%
Horsham RC - Total	17,970	18,495	19,278	1,308	7.3%
West Wimmera - Total	4,726	4,475	4,251	-475	-10.1%
Yarriambiack (S) - North	2,235	1,980	1,853	-382	-17.1%
Yarriambiack (S) - South	5,827	5,539	5,238	-589	-10.1%
Yarriambiack - Total	8,062	7,519	7,088	-974	-12.1%
<i>Wimmera PCP Total</i>	<i>37,100</i>	<i>36,528</i>	<i>36,415</i>	<i>-685</i>	<i>-1.8%</i>
<i>Regional Victoria</i>	<i>1,278,408</i>	<i>1,333,435</i>	<i>1,345,715</i>	<i>67,307</i>	<i>5.3%</i>
Victoria	4,660,991	4,932,422	5,354,042	693,051	14.9%

2001 Usual Resident Profiles, 2006 and 2011 Basic Community Profiles - ABS November 2012.

Usual Resident Population - Chart (2001 – 2011)



2001 Usual Resident Profiles, 2006 and 2011 Basic Community Profiles - ABS November 2012.

Population by Town

In 2011, Horsham had the largest population of all towns in the Wimmera PCP region. After Horsham, the towns with the largest populations were Warracknabeal, Nhill and Dimboola.

Between 2006 and 2011, the population declined in all Wimmera PCP region towns, except Horsham, Jeparit, Kaniva, Murtoa and Rainbow.

The Warracknabeal population, followed by Dimboola then Edenhope populations, decreased by the largest number; while the Horsham population, followed by Rainbow then Kaniva, increased by the largest number.

The Goroke population, followed by Rupanyup then Natimuk, decreased by the greatest proportion; while the Horsham population, followed by Rainbow then Jeparit, increased by the greatest proportion.

Town Populations (2006 and 2011)

Town (listed alphabetically)	2006	2011	2006 - 2011 change	
			Number	%
Beulah	219	207	-12	-5.5%
Dimboola	1,494	1,390	-104	-7.0%
Edenhope	783	716	-67	-8.6%
Goroke	250	217	-33	-13.2%
Hopetoun	589	555	-34	-5.8%
Horsham	14,125	15,262	1,137	8.0%
Jeparit	373	394	21	5.6%
Kaniva	740	763	23	3.1%
Minyip	461	440	-21	-4.6%
Murtoa	792	809	17	2.1%
Natimuk	449	409	-40	-8.9%
Nhill	1,915	1,872	-43	-2.2%
Rainbow	497	525	28	5.6%
Rupanyup	397	359	-38	-9.6%
Warracknabeal	2,490	2,340	-150	-6.0%
<i>Regional Victoria</i>	<i>1,333,435</i>	<i>1,345,715</i>	<i>12,280</i>	<i>0.92%</i>

2011 Census of Population and Housing, Basic Community Profiles - second release, ABS, November 2012

Indigenous Population

In 2011, within the Wimmera PCP region, there were 471 Indigenous residents. Hindmarsh had the highest proportion (1.5%) of Indigenous population in the region, compared to Regional Victoria (1.5%) and Victoria (0.7%). Horsham RC had the second highest proportion (1.4%) of Indigenous population, followed by West Wimmera (0.7%) and then Yarriambiack (1.0%).

Number and Proportion of Indigenous Population (2011)

	Male		Female		Total	
	No.	%	No.	%	No.	%
Hindmarsh	38	1.3%	51	1.7%	89	1.5%
Horsham RC	138	1.5%	141	1.4%	279	1.4%
West Wimmera	18	0.8%	12	0.6%	30	0.7%
Yarriambiack	36	1.0%	37	1.0%	73	1.0%
<i>Regional Victoria</i>	<i>9,559</i>	<i>1.4%</i>	<i>10,123</i>	<i>1.5%</i>	<i>19,682</i>	<i>1.5%</i>
Victoria	18,674	0.7%	19,314	0.7%	37,988	0.7%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Indigenous Population by Age

In 2011, the age structure of the Wimmera PCP region Indigenous population varied considerably across each LGA. Small population numbers, and the consequent randomisation of small cell sizes, in West Wimmera also make age distribution comparisons very difficult. Compared to regional Victoria, Hindmarsh had a higher proportion of Indigenous population aged 0 – 4 years and 45 to 64 years, while Horsham RC had a higher proportion aged 0 to 4 years, 15 to 24 years and 45 to 64 years. In West Wimmera, there was a higher proportion of population aged 45 to 64 years and 65 years and older; while Yarriambiack had a higher proportion of population aged 5 to 14 years, 45 to 64 years and over 65 year.

Indigenous Population by Age (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
0-4 years	13	14.9%	36	12.9%	3	10.3%	5	6.8%	13.6%	12.3%
5-14 years	19	21.8%	56	20.0%	6	20.7%	19	26.0%	24.5%	22.9%
15-24 years	8	9.2%	66	23.6%	0	0.0%	10	13.7%	19.2%	19.5%
25-44 years	16	18.4%	70	25.0%	7	24.1%	15	20.5%	22.6%	25.0%
45-64 years	24	27.6%	49	17.5%	7	24.1%	16	21.9%	15.7%	16.1%
65 years and over	7	8.0%	3	1.1%	8	27.6%	9	12.3%	4.4%	4.3%
Total	87	100%	280	100%	29	100%	73	100%	100%	100%

2011 Census of Population and Housing, Indigenous Community Profiles, ABS

Projected Population Change

According to the Victorian Government's 2012 *Victoria in Future* population projections, the population of the Wimmera PCP region will increase to 39,145 by 2026, representing a 1.8% increase from 2011. The Horsham (RC) – Central SLA population is projected to increase by the greatest number (1,284) and percentage (8.7%), followed by Horsham (RC) – Balance SLA. All other PCP region SLAs or LGAs are projected to have a decrease in population over this period. Projected population growth in the PCP region, particularly in Hindmarsh, West Wimmera and Yarriambiack, is significantly lower than the regional Victoria and Victoria average.

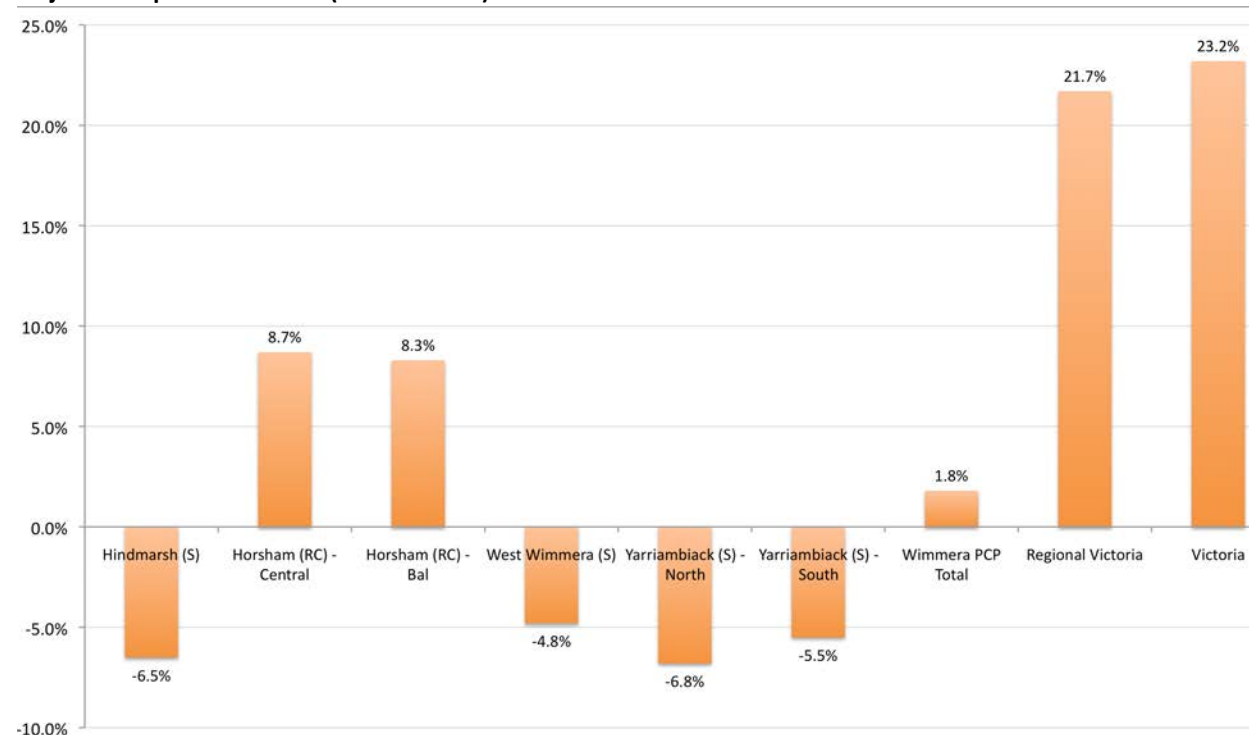
Please note that these projections were calculated using the 2006 census figures as the base for the 2011 estimated resident population. A revised set of projections will be released by DPCD in 2013 and these projections will use the 2011 census as the base.

Projected Population (2011 to 2026)

Location	2011	2016	2021	2026	2011-2026 change	
	No.	No.	No.	No.	No.	%
Hindmarsh (S)	6,054	6,003	5,826	5,662	-392	-6.5%
Horsham (RC) - Central	14,839	15,288	15,729	16,123	1,284	8.7%
Horsham (RC) Bal	5,536	5,714	5,857	5,994	458	8.3%
West Wimmera (S)	4,521	4,505	4,404	4,305	-216	-4.8%
Yarriambiack (S) - North	1,946	1,926	1,870	1,813	-133	-6.8%
Yarriambiack (S) - South	5,552	5,514	5,381	5,248	-304	-5.5%
Wimmera PCP Total	38,448	38,950	39,067	39,145	697	1.8%
Regional Victoria	1,483,781	1,584,097	1,691,817	1,805,693	321,912	21.7%
Victoria	5,621,210	6,067,702	6,500,653	6,924,141	1,302,931	23.2%

Victoria in Future (VIF) 2012, DPCD April 2012

Projected Population - chart (2011 to 2026)



Victoria in Future (VIF) 2012, DPCD April 2012

Internal Migration

Hindmarsh

In 2011, the most common 2006 LGA of residence (not including Hindmarsh) for Hindmarsh residents was Horsham RC, followed by Yarriambiack, Greater Geelong and West Wimmera.

Horsham RC

In 2011, the most common 2006 LGA of residence (not including Horsham RC) for Horsham RC residents was Yarriambiack, followed by Hindmarsh, West Wimmera and Ballarat.

West Wimmera

In 2011, the most common 2006 LGA of residence (not including West Wimmera) for West Wimmera residents was Horsham RC, followed by Southern Grampians, Ballarat and Hindmarsh.

Yarriambiack

In 2011, the most common 2006 LGA of residence (not including Yarriambiack) for Yarriambiack residents was Horsham RC, followed by Frankston, Buloke and Northern Grampians.

Most Common 2006 LGAs of Residence (2011)

Hindmarsh		Horsham		West Wimmera		Yarriambiack	
Total Population aged 5 years and over	4,910	Total Population aged 5 years and over	16,179	Total Population aged 5 years and over	3,519	Total Population aged 5 years and over	5,873
Hindmarsh	4398	Horsham RC	14156	West Wimmera	3226	Yarriambiack	5185
Horsham RC	64	Yarriambiack	301	Horsham RC	54	Horsham RC	72
Yarriambiack	35	Hindmarsh	214	Sthrn Gramp'ns	26	Frankston	36
Gr. Geelong	26	West Wimmera	116	Ballarat	19	Buloke	31
West Wimmera	26	Ballarat	98	Hindmarsh	18	Nrthn Gramp'ns	30
Ballarat	19	Gr. Geelong	76	Glenelg	13	Morn. Peninsula	26
Gr. Bendigo	18	Nrthn Gramp'ns	67	Gr. Geelong	12	Ballarat	23
Brimbank	15	Buloke	64	Moorabool	10	Gr. Geelong	22
Mildura	15	Sthrn Gramp'ns	56	Moyne	10	Latrobe	20
Glenelg	12	Glenelg	45	Swan Hill	10	Hindmarsh	19
Hume	12	Mildura	44	Ararat	8	Gr. Bendigo	18
Latrobe	12	Casey	39	Gr. Bendigo	8	Kingston	18
Moorabool	12	Gr. Bendigo	39	Frankston	7	Mildura	18
Wyndham	12	Yarra Ranges	35	Melton	6	Cardinia	16
Morn. Peninsula	11	Warrnambool	34	Casey	5	Yarra Ranges	16
Maribyrnong	10	Wyndham	32	Surf Coast	5	Brimbank	14
Melton	10	Swan Hill	28	Wyndham	5	Knox	14
Moir	10	Frankston	25	Hepburn	4	Sthrn Gramp'ns	13
Gr. Shepparton	9	Maribyrnong	25	Knox	4	Ararat	11
Monash	9	Whitehorse	23	Manningham	4	Campaspe	11
Yarra Ranges	9	Banyule	22	Maroondah	4	C. Goldfields	11

Prepared from data from 2011 Census of Population and Housing, ABS 2012

Births

Between 2006 and 2009, the number of births increased in Hindmarsh, Horsham RC and West Wimmera. More importantly, the total fertility rate has increased in the same local government areas. The number of births and the total fertility rate decreased in Yarriambiack Shire between 2006 and 2009. In each of the four years, all LGAs in the region had a higher total fertility rate than the Victorian average.

Numbers of Births and Fertility Rate (2006 – 2009)

		2006	2007	2008	2009
Hindmarsh	No. of births	53	54	73	59
	Total fertility rate*	2.0	2.0	2.1	2.2
Horsham RC	No. of births	222	260	251	234
	Total fertility rate*	2.0	2.1	2.1	2.1
West Wimmera	No. of births	35	45	39	46
	Total fertility rate*	1.9	2.0	2.1	2.3
Yarriambiack	No. of births	86	72	76	71
	Total fertility rate*	2.6	2.5	2.4	2.2
Victoria	No. of births	65,236	70,313	71,175	70,920
	Total fertility rate*	1.7	1.8	1.8	1.8

ABS National Regional Profiles, ABS, January 2012 * The total fertility rate (TFR) represents the average number of babies that a woman could expect to bear during her reproductive lifetime, assuming current age-specific fertility rates were experienced. The TFR measures the average number of children per woman, including those who have no children, rather than the average number of children per mother.

Deaths

Between 2006 and 2010, the number of deaths increased in all Wimmera PCP region LGAs. The standardised death rate has also increased in Hindmarsh and West Wimmera, despite the Victorian overall rate decreasing. The standardised death rate in Horsham RC decreased between 2006 and 2010 and did not change in Yarriambiack. All Wimmera PCP region LGAs had a higher standardised death rate than the Victorian average. West Wimmera had the highest rate, followed by Hindmarsh. The high proportion of older population living in some LGAs will influence the standardised death rate, despite the figure being standardised as the total Australian population in 2001 is used as the standard population. Please refer to Deaths Australia 2010 (3302.0) on the ABS website for further detail.

Numbers of Deaths and Standardised Death Rate (2006 - 2009)

		2006	2007	2008	2009	2010
Hindmarsh	No. of deaths	65	78	83	89	92
	Standardised death rate*	5.5	5.7	5.8	6.3	6.5
Horsham RC	No. of deaths	171	150	168	140	175
	Standardised death rate*	6.7	6.4	6.3	5.7	5.8
West Wimmera	No. of deaths	44	35	57	50	48
	Standardised death rate*	6.7	5.8	6.7	6.8	7.3
Yarriambiack	No. of deaths	91	83	102	79	99
	Standardised death rate*	6.2	6.1	6.5	6.0	6.2
Victoria	No. of deaths	33,311	33,930	35,497	35,640	35,623
	Standardised death rate*	6.0	5.9	5.9	5.8	5.7

ABS National Regional Profiles and Deaths Australia 2010 * Deaths per 1,000 standard population. Standardised death rates use total persons in the 2001 Australian population as the standard population.

Age Structure

In 2011, compared to regional Victoria, the Wimmera PCP region had a higher proportion of population aged 45 years and over and a lower proportion of population aged 44 years and younger.

In each of the Wimmera PCP region LGAs, the 45 – 54 year age group formed the highest proportion of population. The 55-64 year age bracket also had a high proportion of population.

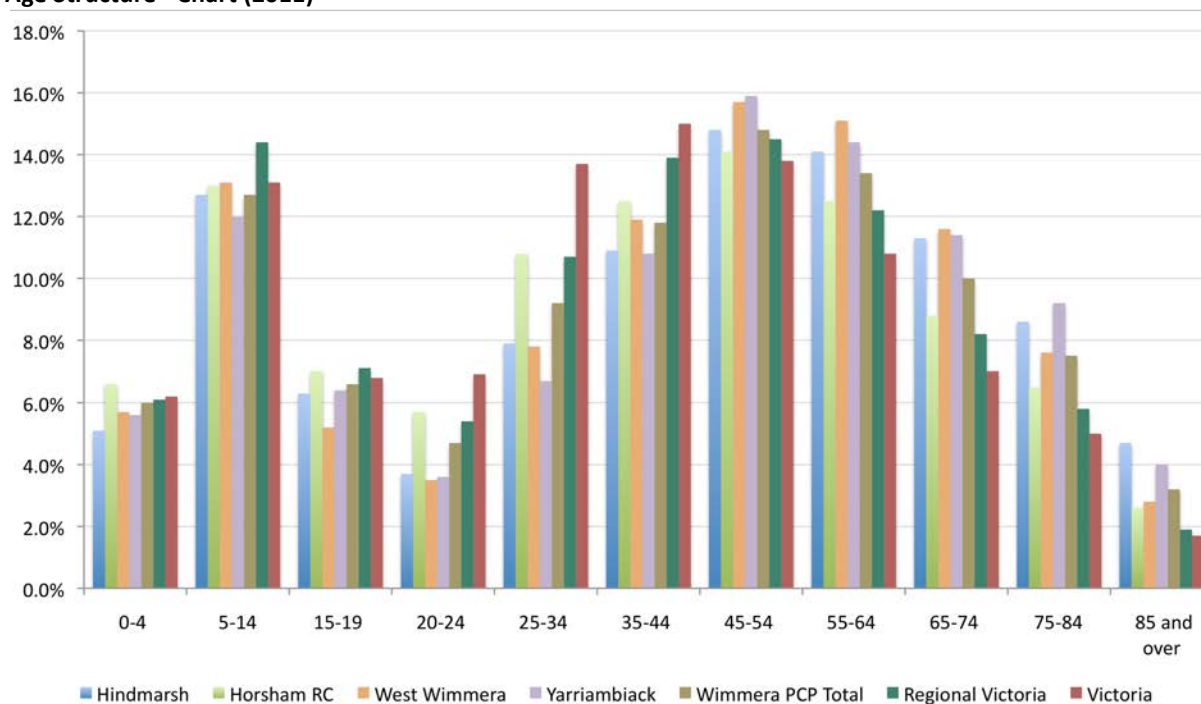
Within the Wimmera PCP region, Yarriambiack had the highest proportion of population aged 45 years and older, followed by Hindmarsh. Generally speaking, however, the age structure of the population was similar in Hindmarsh, West Wimmera and Yarriambiack; while Horsham RC had a higher proportion of population aged 44 years and under and a lower proportion of population aged 45 years and older.

Age Structure (2011)

Age in years	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Wimmera PCP total		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-4	295	5.1%	1,264	6.6%	241	5.7%	396	5.6%	2,196	6.0%	6.1%	6.2%
5-14	735	12.7%	2,497	13.0%	556	13.1%	848	12.0%	4,636	12.7%	14.4%	13.1%
15-19	364	6.3%	1,350	7.0%	223	5.2%	455	6.4%	2,392	6.6%	7.1%	6.8%
20-24	215	3.7%	1,095	5.7%	148	3.5%	253	3.6%	1,711	4.7%	5.4%	6.9%
25-34	457	7.9%	2,091	10.8%	331	7.8%	477	6.7%	3,356	9.2%	10.7%	13.7%
35-44	630	10.9%	2,409	12.5%	505	11.9%	765	10.8%	4,309	11.8%	13.9%	15.0%
45-54	861	14.8%	2,721	14.1%	667	15.7%	1,124	15.9%	5,373	14.8%	14.5%	13.8%
55-64	816	14.1%	2,404	12.5%	641	15.1%	1,023	14.4%	4,884	13.4%	12.2%	10.8%
65-74	655	11.3%	1,691	8.8%	495	11.6%	811	11.4%	3,652	10.0%	8.2%	7.0%
75-84	496	8.6%	1,258	6.5%	323	7.6%	651	9.2%	2,728	7.5%	5.8%	5.0%
≥85	274	4.7%	499	2.6%	121	2.8%	285	4.0%	1,179	3.2%	1.9%	1.7%
Total	5,798	100%	19,279	100%	4,251	100%	7,088	100%	36,416	100%	100%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Age Structure - Chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS

Projected Change to Population Age Structure

By 2026, across the Wimmera PCP region, the number of people aged under 64 years will decrease and the number of people aged 65 years and over will increase. Population aged 15 to 24 years will decrease by the greatest percentage (-10%), followed by the 0 to 14 years age group (-7%).

Within the PCP region, the two Yarriambiack SLAs are projected to have the greatest decrease in population aged 0 to 14 years, while Horsham RC – Balance and Yarriambiack – South SLAs are projected to have the greatest decrease in population aged 15 to 24 years. Yarriambiack – North SLA, followed by West Wimmera, are projected to have the greatest decrease in population aged 25 to 64 years. Horsham RC – Central SLA is projected to have the greatest increase in population aged 65 years and over. Compared to regional Victoria, the PCP region is projected to have significantly less growth in population aged 0 to 64 years.

Projected Population Aged 0-14 years (2011 to 2026)

	2011	2016	2021	2026	2011-2026 change	
	No.	No.	No.	No.	No.	%
Hindmarsh	2,818	2,844	2,875	2,828	10	0%
Horsham (RC) – Central	1,133	1,115	1,118	1,067	-66	-6%
Horsham (RC) Bal	811	738	688	723	-88	-11%
West Wimmera	1,049	984	960	934	-115	-11%
Yarriambiack – North	347	304	292	270	-77	-22%
Yarriambiack – South	906	808	763	722	-184	-20%
<i>Total Wimmera PCP Region</i>	<i>7,063</i>	<i>6,792</i>	<i>6,695</i>	<i>6,543</i>	<i>-520</i>	<i>-7%</i>
<i>Regional Victoria</i>	<i>282,811</i>	<i>293,598</i>	<i>310,498</i>	<i>322,525</i>	<i>39,714</i>	<i>14%</i>
Victoria	1,027,386	1,094,347	1,168,083	1,213,812	186,426	18%

Victoria in Future (VIF) 2012, DPCD April 2012

Projected Population Aged 15-24 years (2011 to 2026)

	2011	2016	2021	2026	2011-2026 change	
	No.	No.	No.	No.	No.	%
Hindmarsh	1,907	1,879	1,815	1,859	-48	-3%
Horsham (RC) - Central	607	582	560	557	-50	-8%
Horsham (RC) Bal	471	509	458	342	-129	-27%
West Wimmera	543	635	548	468	-75	-14%
Yarriambiack - North	160	215	214	190	30	19%
Yarriambiack - South	554	589	497	399	-155	-28%
<i>Total Wimmera PCP Region</i>	<i>4,243</i>	<i>4,409</i>	<i>4,092</i>	<i>3,815</i>	<i>-428</i>	<i>-10%</i>
<i>Regional Victoria</i>	<i>190,545</i>	<i>194,369</i>	<i>193,344</i>	<i>203,907</i>	<i>13,362</i>	<i>7%</i>
Victoria	785,578	794,426	803,384	851,260	65,682	8%

Victoria in Future (VIF) 2012, DPCD April 2012

Projected Population Aged 25-64 years (2011 to 2026)

	2011	2016	2021	2026	2011-2026 change	
	No.	No.	No.	No.	No.	%
Hindmarsh	7,255	7,391	7,433	7,362	107	1%
Horsham (RC) - Central	3,090	3,174	3,133	3,079	-11	0%
Horsham (RC) Bal	2,281	2,215	2,124	2,040	-241	-11%
West Wimmera	2,910	2,747	2,585	2,461	-449	-15%
Yarriambiack - North	933	858	797	764	-169	-18%
Yarriambiack - South	2,714	2,705	2,613	2,387	-327	-12%
<i>Total Wimmera PCP Region</i>	<i>19,183</i>	<i>19,090</i>	<i>18,687</i>	<i>18,093</i>	<i>-1,090</i>	<i>-6%</i>
<i>Regional Victoria</i>	<i>762,676</i>	<i>796,808</i>	<i>832,552</i>	<i>864,793</i>	<i>102,117</i>	<i>13%</i>
Victoria	3,026,319	3,244,389	3,439,627	3,601,630	575,311	19%

Victoria in Future (VIF) 2012, DPCD April 2012

Projected Population Aged 65+ years (2011 to 2026)

	2011	2016	2021	2026	2011-2026 change	
					No.	%
Hindmarsh	2,859	3,174	3,606	4,074	1,215	42%
Horsham (RC) - Central	706	843	1,047	1,291	585	83%
Horsham (RC) Bal	958	1,044	1,134	1,200	242	25%
West Wimmera	1,552	1,636	1,732	1,799	247	16%
Yarriambiack - North	505	550	566	590	85	17%
Yarriambiack - South	1,378	1,412	1,507	1,740	362	26%
<i>Total Wimmera PCP Region</i>	<i>7,959</i>	<i>8,659</i>	<i>9,593</i>	<i>10,694</i>	<i>2,735</i>	<i>34%</i>
<i>Regional Victoria</i>	<i>247,748</i>	<i>299,322</i>	<i>355,424</i>	<i>414,469</i>	<i>166,721</i>	<i>67%</i>
Victoria	781,927	934,540	1,089,558	1,257,439	475,512	61%

Victoria in Future (VIF) 2012, DPCD April 2012

Family Structure

In 2011 all Wimmera PCP LGAs had a higher proportion of couple families with no children than the regional Victoria and Victoria average. Yarriambiack had the highest proportion.

Compared to regional Victoria and Victoria; Yarriambiack and Hindmarsh had a lower proportion of couple families with children under 15, and Yarriambiack had the lowest proportion in the PCP region.

All Wimmera PCP LGAs had a lower proportion of couple families with no children under 15, compared to regional Victoria and Victoria. All Wimmera PCP LGAs also had a lower proportion of one parent families compared to regional Victoria. Horsham RC had the highest proportion of one parent families in the PCP region.

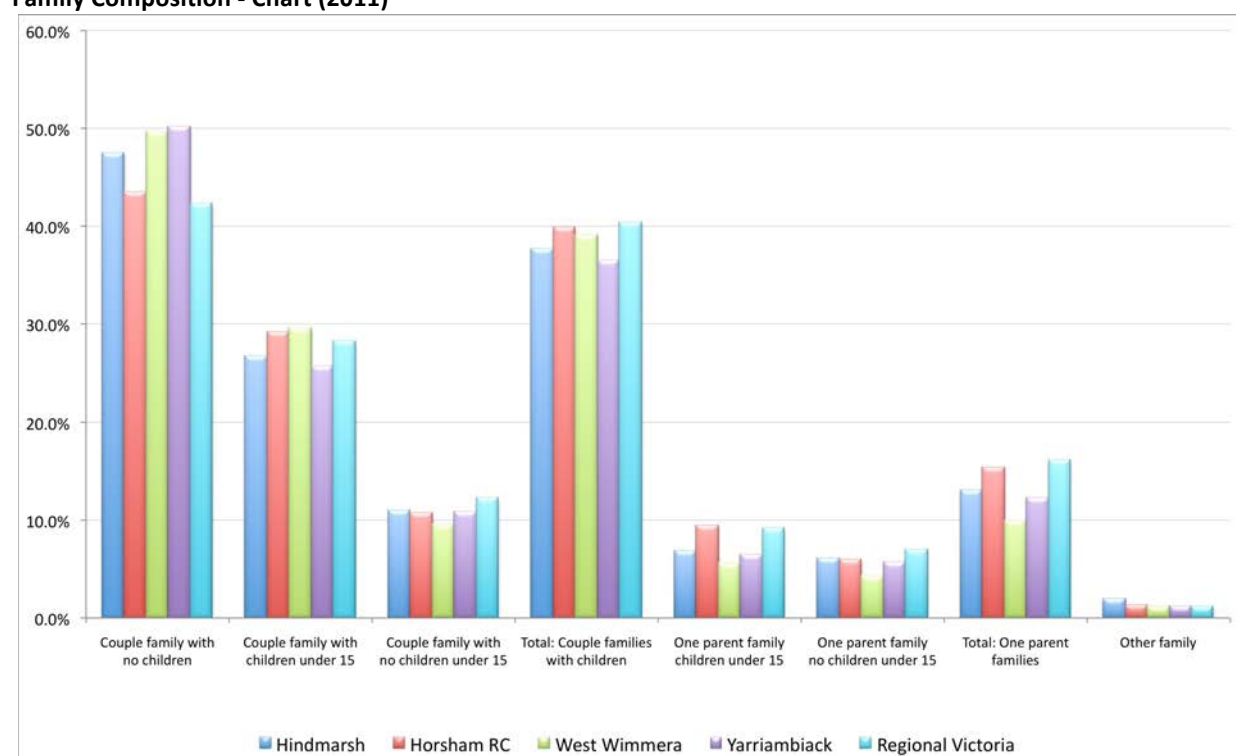
Family Composition (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
Couple family with no children	737	47.4%	2,258	43.4%	583	49.7%	936	50.1%	42.3%	36.7%
Couple family with children under 15	415	26.7%	1,518	29.2%	346	29.5%	481	25.7%	28.2%	30.8%
Couple family with no children under 15	171	11.0%	555	10.7%	113	9.6%	201	10.8%	12.2%	15.2%
Total: Couple families with children	586	37.7%	2,073	39.9%	459	39.1%	682	36.5%	40.4%	46.0%
One parent family children under 15	108	6.9%	489	9.4%	66	5.6%	122	6.5%	9.1%	7.5%
One parent family no children under 15	95	6.1%	312	6.0%	51	4.3%	106	5.7%	7.0%	8.0%
Total: One parent families	203	13.0%	801	15.4%	117	10.0%	228	12.2%	16.1%	15.5%
Other family	30	1.9%	67	1.3%	14	1.2%	22	1.2%	1.2%	1.8%
Total	1,556	100.0%	5,199	100.0%	1,173	100.0%	1,868	100.0%	100.0%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

% = % of all families

Family Composition - Chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS

% = % of all families

Cultural Diversity

In 2011, most Wimmera PCP region residents were born in Australia. After Australia, the most common countries of birth in Hindmarsh were (in order): United Kingdom, India, Philippines, New Zealand and South Africa. In Horsham RC, the most common countries of birth were: United Kingdom, New Zealand, India, Italy and the Netherlands. The most common countries of birth in West Wimmera were: United Kingdom, New Zealand and Germany; while in Yarriambiack they were: United Kingdom, New Zealand, Germany, Philippines and India.

Country of Birth (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria
	No.	%	No.	%	No.	%	No.	%	%
Australia	5,161	89.0%	17,250	89.5%	3,802	89.4%	6,219	87.7%	84.3%
Bosnia & Herzegovina	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Cambodia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Canada	6	0.1%	18	0.1%	3	0.1%	6	0.1%	0.1%
China (excl. SARs & Taiwan)	5	0.1%	20	0.1%	3	0.1%	13	0.2%	0.2%
Croatia	0	0.0%	3	0.0%	0	0.0%	6	0.1%	0.2%
Egypt	0	0.0%	0	0.0%	0	0.0%	8	0.1%	0.0%
Fiji	3	0.1%	3	0.0%	0	0.0%	0	0.0%	0.0%
Former Yugoslav Republic of Macedonia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.1%
Germany	12	0.2%	32	0.2%	24	0.6%	25	0.4%	0.5%
Greece	5	0.1%	3	0.0%	3	0.1%	9	0.1%	0.1%
Hong Kong (SAR of China)	0	0.0%	7	0.0%	0	0.0%	0	0.0%	0.0%
India	30	0.5%	85	0.4%	8	0.2%	23	0.3%	0.4%
Indonesia	0	0.0%	9	0.0%	0	0.0%	0	0.0%	0.1%
Iraq	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.1%
Ireland	6	0.1%	10	0.1%	3	0.1%	10	0.1%	0.2%
Italy	6	0.1%	82	0.4%	0	0.0%	10	0.1%	0.6%
Japan	0	0.0%	10	0.1%	0	0.0%	3	0.0%	0.0%
Korea, Republic of (South)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Lebanon	0	0.0%	6	0.0%	0	0.0%	0	0.0%	0.0%
Malaysia	6	0.1%	5	0.0%	0	0.0%	4	0.1%	0.1%
Malta	0	0.0%	0	0.0%	3	0.1%	3	0.0%	0.1%
Netherlands	14	0.2%	76	0.4%	9	0.2%	16	0.2%	0.6%
New Zealand	24	0.4%	108	0.6%	39	0.9%	46	0.6%	1.0%
Philippines	29	0.5%	44	0.2%	10	0.2%	23	0.3%	0.3%
Poland	0	0.0%	10	0.1%	4	0.1%	6	0.1%	0.1%
Singapore	4	0.1%	6	0.0%	0	0.0%	0	0.0%	0.0%
South Africa	21	0.4%	35	0.2%	3	0.1%	6	0.1%	0.2%
Sth East Europe nfd	0	0.0%	4	0.0%	0	0.0%	0	0.0%	0.1%
Sri Lanka	3	0.1%	17	0.1%	0	0.0%	4	0.1%	0.1%
Thailand	18	0.3%	11	0.1%	3	0.1%	0	0.0%	0.1%
Turkey	0	0.0%	22	0.1%	0	0.0%	0	0.0%	0.1%
United Kingdom	115	2.0%	296	1.5%	92	2.2%	164	2.3%	3.5%
USA	7	0.1%	13	0.1%	9	0.2%	7	0.1%	0.2%
Vietnam	0	0.0%	0	0.0%	0	0.0%	3	0.0%	0.1%
Born elsewhere	83	1.4%	172	0.9%	35	0.8%	49	0.7%	1.4%
Not stated	240	4.1%	920	4.8%	198	4.7%	425	6.0%	5.0%
Total	5,798	100.0%	19,277	100.0%	4,251	100.0%	7,088	100.0%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Social Determinants of Health

A social model of health recognises that a person's health is determined by social and economic factors and not just biological and medical factors. These social and economic factors may include: wealth, income, unemployment, early childhood development, housing, nutrition, education, work, social connection and support, gender, culture, transport and stress.

Many determinants of health are inter-connected. For instance a person living on a very low income may have less access to nutritious food, housing or education opportunities. Similarly, low education levels generally decrease the chance of securing permanent, stable and well-paid employment; and in turn this can impact upon the person's income, stress levels, quality of housing and social connection. Race, culture, gender and disability may also impact upon a person's access to permanent and well-paid employment with the related impacts set out above.

The Social Determinants of Health, developed by the WHO, are listed below.

1. The Social Gradient - <i>"Life expectancy is shorter and most diseases are more common further down the social ladder in each society."</i>
2. Stress - <i>"Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death."</i>
3. Early life - <i>"A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime."</i>
4. Social exclusion - <i>"Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives."</i>
5. Work - <i>"Stress in the workplace increases the risk of disease. People who have more control over their work have better health."</i>
6. Unemployment - <i>Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness and premature death.</i>
7 Social Support - <i>"Friendship, good social relations and strong supportive networks improve health at home, at work and in the community."</i>
8 Addiction - <i>"Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health."</i>
9. Food - <i>"A good diet and adequate food supply are central for promoting health and well-being. A shortage of food and lack of variety cause malnutrition and deficiency diseases."</i>
10. Transport - <i>"Healthy transport means less driving and more walking and cycling, backed up by better public transport. Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution."</i>

Social Determinants of Health: the Solid Facts - 2nd edition - World Health Organization 2003

The Social Gradient

SEIFA

The 2011 Social Economic Indexes for Areas (SEIFA) is based on social and economic data from the 2011 Census, providing a socio-economic snap-shot of a geographical area. SEIFA 2011 consists of four separate indexes that each concentrate on a different aspect of the social and economic conditions in an area. The index is a continuum of advantage to disadvantage with low values indicating relatively high levels of socio-economic disadvantage and high values indicating relatively high levels of socio-economic advantage.

Hindmarsh and Yarriambiack had an index of relative socio-economic disadvantage (IRSD) score that was in the bottom 25 percent of all LGA scores in Victoria, while Horsham RC and West Wimmera had IRSD scores that were in the bottom 50 percent of all LGA scores in Victoria. Within the PCP region, Hindmarsh had the lowest score, followed by Yarriambiack.

Note that the ABS has advised it will not be releasing 2011 scores for regional Victoria or Victoria.

SEIFA Index of Relative Socio-economic Disadvantage (2011)

Location	IRSD Score	State Percentile
Hindmarsh	947	12
Horsham RC	987	45
West Wimmera	986	41
Yarriambiack	952	18

Socio-economic Index for Areas (SEIFA) 2011, Data only ABS 2013

SEIFA Index of Relative Socio-Economic Disadvantage - by Small Areas

All key towns in the Wimmera PCP region had IRSD scores that were in the bottom 50 percent of all state suburb scores in Victoria, indicating a higher level of relative socio-economic disadvantage. Within the region, Jeparit had the lowest score, followed by Dimboola, Minyip then Warracknabeal. Beulah had the highest score in the region, followed by Natimuk then Gorokey, Kaniva and Rupanyup.

SEIFA Scores for Relative Socio-Economic Disadvantage (2011)

	IRSD Score	State Percentile		IRSD Score	State Percentile
Kaniva	978	24	Hopetoun	967	20
Gorokey	986	29	Beulah	1004	38
Edenhope	938	12	Warracknabeal	935	11
Rainbow	969	20	Minyip	926	9
Jeparit	884	4	Murtoa	951	15
Nhill	963	19	Rupanyup	973	23
Dimboola	915	8			
Horsham	968	20			
Natimuk	989	30			

Socio-economic Index for Areas (SEIFA), Data only, 2011 ABS 2013

Food Insecurity and Access

In 2008, compared to Victoria and regional Victoria, Yarriambiack had a higher proportion of population that stated they ran out of food in the previous 12 months and could not afford to buy more.

Compared to Victoria and regional Victoria, all Wimmera PCP LGAs had a higher proportion of population that reported not being able to access the quality or variety of foods they wanted, because some foods are too expensive or they couldn't always get the right quality. The Yarriambiack population had the highest proportion of population reporting food insecurity due to all reasons except for expense. Horsham RC population had the lowest proportion of population reporting food insecurity due to all reasons except expense.

Access to Food (2008)

	Ran out of food in the previous 12 months and couldn't afford to buy anymore	Stated reasons why people don't always have the quality or variety of foods they want:				
		Some foods are too expensive	Can't always get right quality	Can't always get right variety	Can't always get culturally appropriate	Inadequate and unreliable public transport
Hindmarsh	4.8*	42.9	40.0	21.5	8.5	13.5
Horsham RC	4.1*	33.5	30.8	6.7	5.6*	3.2*
West Wimmera	4.5	34.4	38.1	19.4	6.3	12.0
Yarriambiack	8.3*	32.9	44.8	22.2	13.0	14.4
regional Victoria	6.0	30.2	27.3	11.7	6.1	8.4
Victoria	5.6	28.3	25.5	10.9	6.8	8.0

Victorian Population Health Survey 2008, Department of Health 2010 * Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution

State-wide findings from the Victorian Population Health Survey also indicate that across Victoria:

- Females were more likely to have experienced food insecurity than males in the last 12 months
- Persons aged 25–34 years reported the highest rate of food insecurity, and
- Most common reason stated for why people don't always have the quality or variety of foods they want was that some foods are too expensive.

Financial Stress

Yarriambiack had the lowest proportion of population (83.2%) that reported they could raise \$2000 in two days in an emergency. Hindmarsh had the second lowest proportion (85.2%) and the figure for both LGAs was lower than the Regional Victoria and Victoria average.

Can Raise \$2000 in Two days in an Emergency (2008)

Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
85.2%	86.8%	86.4%	83.2%	85.7%	85.6%

Community Indicator Victoria (from the DPCD Indicators of Community Strength Survey 2008)

Welfare Recipients

Age Pensioners and Carers

The Age Pension is an income support payment for people who have reached retirement age. Men must be aged 65 years or over and women must be 63 and one half years or over. In December 2011 Horsham RC had a slightly higher proportion of population* aged 65 years and over that was receiving the Age Pension, compared to the Victorian average. All other LGAs in the region recorded significantly lower proportions than the Victoria average.

The Carer Payment is an income support payment for people who are unable to support themselves through participation in the workforce because they are caring for someone with a disability, severe medical condition or who is frail aged. In December 2011, compared to the Victorian average, Hindmarsh and Yarriambiack had a significantly higher proportion of population* aged 15 years and over receiving the Carer Payment.

Please refer to Centrelink for further details regarding eligibility.

Age Pension and Carer Payment (December 2011)

Location	Age Pension			Carer Payment		
	No.	Pop.* 65yrs & over	%	No.	Pop.* 15yrs & over	%
Hindmarsh	989	1,564	63.2%	77	5,094	1.51%
Horsham RC	2,518	3,455	72.9%	155	16,304	0.95%
West Wimmera	619	945	65.5%	33	3,771	0.88%
Yarriambiack	1,135	1,879	60.4%	127	6,371	1.99%
Victoria	552,977	759,917	72.8%	49,318	4,528,661	1.09%

Commissioned data from Centrelink * based on 2010 ERP – (ABS 3235.0 Population by Age and Sex, Regions of Australia, ABS August 2011)

Newstart Allowance Recipients

Newstart is an income support payment for people who are looking for work. It allows them to participate in activities designed to increase their chances of finding work. A person must be aged 21 to 64 to qualify. In December 2011, compared to Victoria, Hindmarsh had a higher proportion of population* aged 20 to 64[#] years that was receiving a Newstart Allowance. Within the region, Hindmarsh had the highest proportion, followed by Yarriambiack.

Please refer to Centrelink for further details regarding eligibility.

Newstart Allowance Recipients (December 2011)

Location	No.	Pop.* 20 - 64yrs	%
Hindmarsh	128	3,148	4.1%
Horsham RC	385	11,476	3.4%
West Wimmera	84	2,530	3.3%
Yarriambiack	143	4,048	3.5%
Victoria	124,465	3,403,356	3.7%

Commissioned data from Centrelink * based on 2010 ERP – (ABS 3235.0 Population by Age and Sex, Regions of Australia, ABS August 2011)
[#] figure for 20 to 64 years was the closest range available for 2010 ERP

Disability Support Pension

The purpose of the Disability Support Pension is to provide income support for people who have a permanent physical, intellectual or psychiatric impairment. In December 2011, all Wimmera PCP LGAs had a significantly higher proportion of population* aged 15 to 64 years that were receiving the disability support pension, compared to Victoria. Within the region, Yarriambiack had the highest proportion, followed by Hindmarsh.

Please refer to Centrelink for further details regarding eligibility.

Disability Support Pension Recipients (December 2011)

Location	No.	Pop.* aged 15 to 64 yrs	%
Hindmarsh	358	3,530	10.1%
Horsham RC	1,020	12,849	7.9%
West Wimmera	199	2,826	7.1%
Yarriambiack	544	4,492	12.1%
Victoria	201,276	3,768,744	5.3%

Commissioned data from Centrelink www.centrelink.gov.au * based on 2010 ERP – (ABS 3235.0 Population by Age and Sex, Regions of Australia, ABS August 2011)

Health Care Card Holders

A Health Care Card entitles cardholders to cheaper medicines under the Pharmaceutical Benefits Scheme (PBS) and various concessions from the Australian Government. Cardholders are generally Centrelink benefit recipients or people who have a low income. In December 2011, all Wimmera PCP LGAs had a higher proportion of population* aged 16 to 64 years that held a health care card, compared to Victoria. Within the region, Hindmarsh had the highest proportion, followed by Horsham RC.

Please refer to Centrelink for further details regarding eligibility.

Health Care Card Holders (December 2011)

Location	No.	Pop.* aged 16 to 64 yrs	%
Hindmarsh	509	3,530	14.4%
Horsham RC	1,782	12,849	13.9%
West Wimmera	349	2,826	12.3%
Yarriambiack	588	4,492	13.1%
Victoria	427,300	3,768,744	11.3%

Commissioned data from Centrelink * based on 2010 ERP – (ABS 3235.0 Population by Age and Sex, Regions of Australia, ABS August 2011)

Parenting Payments

The Parenting Payment is to help with the costs of caring for children. It is paid to the person who is the main carer of a child. In December 2011, Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of female population aged 15 to 64 years receiving the single parenting payment; while Yarriambiack had a higher estimated proportion receiving the partnered parenting payment, compared to the Victorian estimated average. Horsham RC had the highest estimated proportion of females receiving either benefit.

Due to small cell sizes (<20), Centrelink could not publish figures for male recipients of either benefit. Average figures for Ballarat, however, suggest that males make up 10% of partnered parenting payments and 5% of single parenting payments. Figures should be interpreted with caution.

Please refer to Centrelink for further details regarding eligibility.

Parenting Payments (December 2011)

Location	Single Parenting Payment			Partnered Parenting Payment		
	No.	Female Pop.* 15 – 64yrs	%	No.	Female Pop.* 15 – 64yrs	%
Hindmarsh	67	1,737	3.9%	24	1,737	1.4%
Horsham RC	303	6,455	4.7%	116	6,455	1.8%
West Wimmera	40	1,344	3.0%	<20	1,344	-
Yarriambiack	88	2,249	3.9%	39	2,249	1.7%
Victoria	64,121#	1,884,380	3.4%	26,431#	1,884,380	1.4%

Commissioned data from Centrelink * based on 2010 ERP – (ABS 3235.0 Population by Age and Sex, Regions of Australia, ABS August 2011)
#synthetic estimate based on proportion of female recipients figure at LGA/Regional level.

Young People Receiving Unemployment Benefits

Compared to regional Victoria and Victoria, Horsham RC had a higher proportion of population aged 15 to 24 years that was receiving an unemployment benefit in June 2009. Within the PCP region, Horsham RC had the highest proportion, followed by Hindmarsh.

Young People* Receiving an Unemployment Benefit (June 2009)

	No.	ERP aged 15 to 24 years	%
Hindmarsh	32	575	5.6
Horsham (RC)	162	2,546	6.4
West Wimmera	21	496	4.2
Yarriambiack	32	756	4.2
Regional Victoria	12,130	191,210	6.3
Victoria	34,176	780,067	4.4

Public Health Information Development Unit – 2011 *aged 15 to 24 years

Income

Personal Income

In 2011, Hindmarsh, West Wimmera and Yarriambiack residents were more likely to be earning an income of between \$200 and \$599 per week and were less likely to be earning an income of \$600 or more per week, compared to the regional Victoria average and to Horsham RC residents.

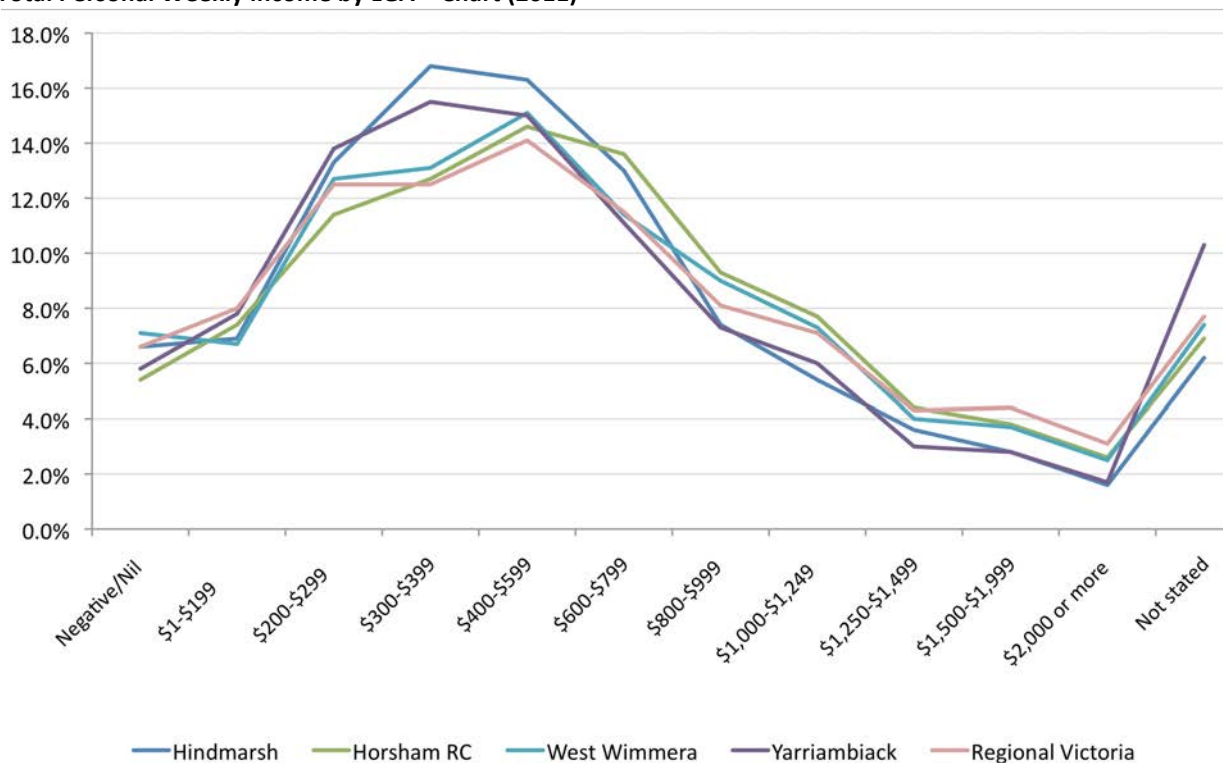
Horsham RC residents, compared to regional Victoria, had a higher proportion of population with a total weekly income of between \$300 and \$1,499. All Wimmera PCP residents were less likely to have a negative/nil income or to earn between \$1 and \$199 per week, compared to the regional Victoria average.

Total Personal Weekly Income by LGA (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria
	No.	%	No.	%	No.	%	No.	%	%
Negative/Nil	314	6.6%	838	5.4%	246	7.1%	340	5.8%	6.6%
\$1-\$199	331	6.9%	1,156	7.4%	233	6.7%	453	7.8%	8.0%
\$200-\$299	636	13.3%	1,769	11.4%	439	12.7%	805	13.8%	12.5%
\$300-\$399	803	16.8%	1,976	12.7%	452	13.1%	907	15.5%	12.5%
\$400-\$599	777	16.3%	2,270	14.6%	522	15.1%	874	15.0%	14.1%
\$600-\$799	620	13.0%	2,118	13.6%	393	11.4%	650	11.1%	11.5%
\$800-\$999	351	7.4%	1,442	9.3%	309	9.0%	427	7.3%	8.1%
\$1,000-\$1,249	259	5.4%	1,201	7.7%	252	7.3%	352	6.0%	7.1%
\$1,250-\$1,499	171	3.6%	679	4.4%	138	4.0%	174	3.0%	4.3%
\$1,500-\$1,999	134	2.8%	596	3.8%	126	3.7%	161	2.8%	4.4%
\$2,000 or more	76	1.6%	396	2.6%	86	2.5%	100	1.7%	3.1%
Not stated	297	6.2%	1,077	6.9%	256	7.4%	602	10.3%	7.7%
Total	4,769	100%	15,518	100%	3,452	100%	5,845	100%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Total Personal Weekly Income by LGA – Chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS

Median Individual Weekly Income

In 2011, Hindmarsh, West Wimmera and Yarriambiack residents aged 15 years and over had a lower median individual income compared to regional Victoria and Victoria. Within the PCP region, Yarriambiack residents had the lowest median individual weekly income, followed by Hindmarsh.

Between 2006 and 2011, Horsham RC incomes increased by the greatest proportion and Yarrimabiack incomes increased by the lowest. Median individual incomes in all Wimmera PCP LGAs increased by a lower proportion than the regional Victoria and Victoria average between 2006 and 2011.

Median Individual Weekly Income (2006 and 2011)

Location	2006	2011	% Difference
Hindmarsh	\$359	\$439	22.3%
Horsham RC	\$433	\$530	22.4%
West Wimmera	\$401	\$487	21.4%
Yarriambiack	\$353	\$426	20.7%
<i>Regional Victoria</i>	\$399	\$493	23.6%
Victoria	\$456	\$561	23.0%

2006 and 2011 Census of Population and Housing, Basic Community Profiles, ABS

Household Income

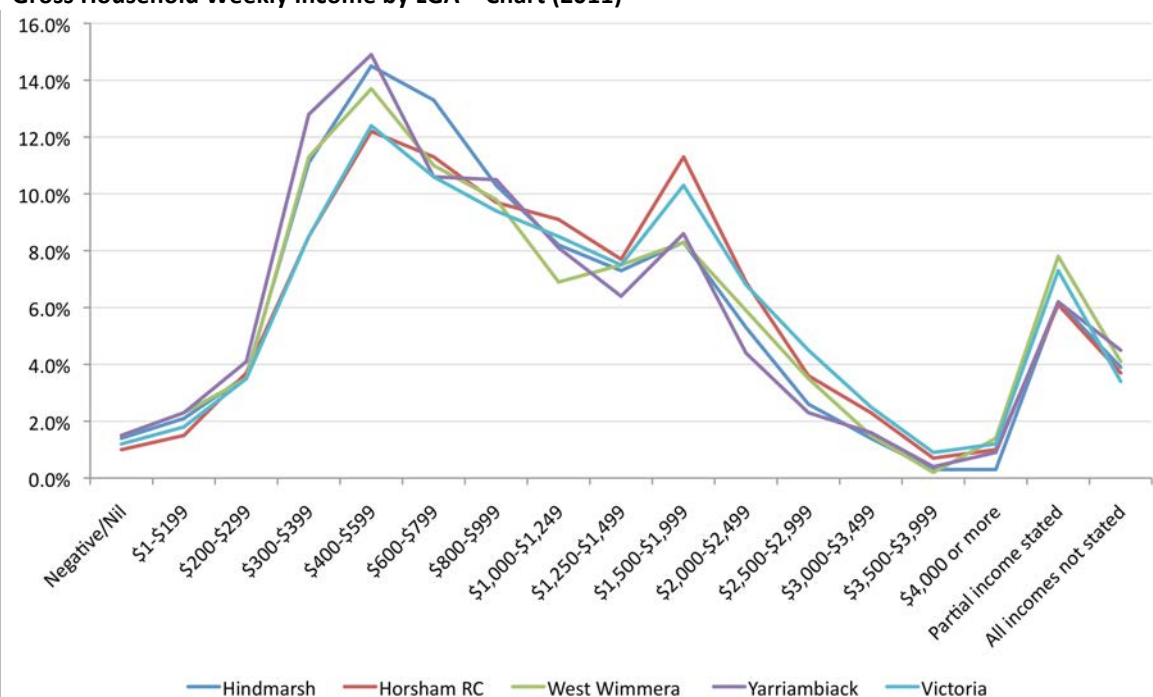
In 2011, Hindmarsh, West Wimmera and Yarriambiack households were more likely to have an income of \$999 or less per week and were less likely to have an income of \$1,000 or more per week, compared to the regional Victoria average and to Horsham RC. Compared to regional Victoria, Horsham RC households were more likely have an income of between \$200 and \$399 per week as well as an income of between \$600 and \$2,499 per week; and were less likely to have an income of more than \$2,499 per week. Within the PCP region, Yarriambiack had the highest proportion of households that earned less than \$600 per week, while Horsham RC had the highest.

Gross Household Weekly Income by LGA (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria
	No.	%	No.	%	No.	%	No.	%	%
Negative/Nil	33	1.4%	79	1.0%	27	1.5%	42	1.5%	1.2%
\$1-\$199	48	2.1%	112	1.5%	40	2.3%	67	2.3%	1.8%
\$200-\$299	85	3.6%	279	3.7%	61	3.5%	118	4.1%	3.5%
\$300-\$399	259	11.1%	646	8.5%	198	11.3%	364	12.8%	8.5%
\$400-\$599	340	14.5%	934	12.2%	240	13.7%	424	14.9%	12.4%
\$600-\$799	311	13.3%	859	11.3%	194	11.0%	302	10.6%	10.6%
\$800-\$999	240	10.3%	739	9.7%	173	9.8%	299	10.5%	9.4%
\$1,000-\$1,249	192	8.2%	695	9.1%	121	6.9%	231	8.1%	8.5%
\$1,250-\$1,499	170	7.3%	585	7.7%	131	7.5%	183	6.4%	7.5%
\$1,500-\$1,999	194	8.3%	860	11.3%	145	8.3%	245	8.6%	10.3%
\$2,000-\$2,499	123	5.3%	525	6.9%	104	5.9%	125	4.4%	6.8%
\$2,500-\$2,999	60	2.6%	277	3.6%	61	3.5%	66	2.3%	4.5%
\$3,000-\$3,499	33	1.4%	172	2.3%	26	1.5%	47	1.6%	2.5%
\$3,500-\$3,999	8	0.3%	51	0.7%	3	0.2%	10	0.4%	0.9%
\$4,000 or more	8	0.3%	73	1.0%	24	1.4%	25	0.9%	1.2%
Partial income stated	145	6.2%	467	6.1%	137	7.8%	177	6.2%	7.3%
All incomes not stated	92	3.9%	282	3.7%	72	4.1%	127	4.5%	3.4%
Total	2,341	100%	7,635	100%	1,757	100%	2,852	100%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Gross Household Weekly Income by LGA – Chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS

Median Household Income

In 2011, Hindmarsh, West Wimmera and Yarriambiack households had a lower median income compared to regional Victoria and Victoria. Within the PCP region, Yarriambiack households had the lowest median weekly income, followed by Hindmarsh.

Between 2006 and 2011, Hindmarsh household incomes increased by the greatest proportion and West Wimmera incomes increased by the lowest. Median household incomes in Horsham RC and West Wimmera increased by a lower proportion than the regional Victoria and Victoria average between 2006 and 2011.

Median Household Weekly Income (2006 and 2011)

Location	2006	2011	% Difference
Hindmarsh	\$631	\$785	24.4%
Horsham RC	\$832	\$946	13.7%
West Wimmera	\$729	\$815	11.8%
Yarriambiack	\$629	\$773	22.9%
<i>Regional Victoria</i>	<i>\$820</i>	<i>\$945</i>	<i>15.2%</i>
Victoria	\$1,022	\$1,216	19.0%

2006 and 2011 Census of Population and Housing, Basic Community Profiles, ABS

Employment

Labour Force Participation

In 2011, compared to the regional Victoria average, the population aged 15 to 64 years from West Wimmera and Horsham RC was more likely to be employed; while population in this age group from Yarriambiack was less likely and population from Hindmarsh was equally as likely.

Population aged 15 to 64 years from Hindmarsh, Horsham RC and West Wimmera was more likely to be working full-time, compared to the regional Victoria average; while population in this age group from Yarriambiack was less likely. Part-time employment for the 15 to 64 years age bracket was more common in Horsham RC, compared to regional Victoria; whereas it was less common in the other Wimmera PCP LGAs.

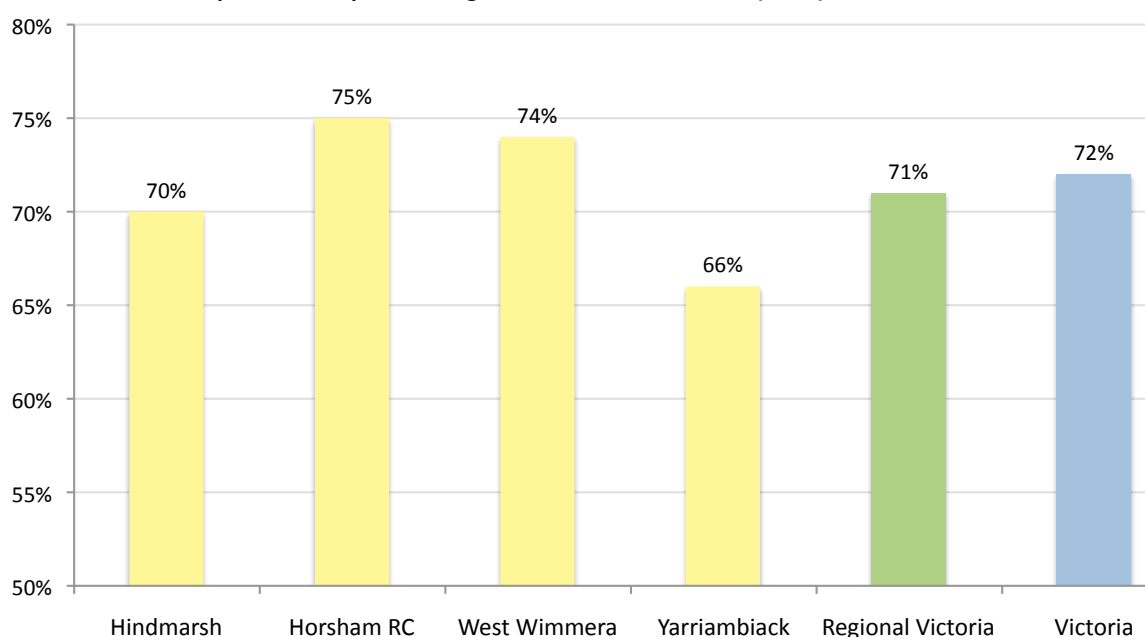
Compared to regional Victoria and Victoria, Yarriambiack and Hindmarsh had a lower proportion of population aged 15 to 64 years that was participating in the labour force (either employed or seeking employment). Within the PCP region, Yarriambiack had the lowest proportion of population aged 15 to 64 years that was participating in the labour force and Horsham RC had the highest.

Labour Force* Participation - Population Aged 15 to 64 Years (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Reg. Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
Total employed persons:	2,254	67%	8,728	72%	1,804	72%	2,589	63%	67%	68%
- Employed full-time ^(a)	1,446	43%	5,409	45%	1,147	46%	1,622	40%	41%	43%
- Employed part-time	672	20%	2,771	23%	527	21%	807	20%	22%	21%
- Employed, away from work ^(b)	83	2%	379	3%	88	4%	112	3%	3%	3%
- Hours worked not stated	53	2%	169	1%	42	2%	48	1%	1%	1%
Total labour force*	2,335	70%	9,073	75%	1,858	74%	2,700	66%	71%	72%
Not in labour force	906	27%	2,575	21%	589	23%	1,162	28%	25%	23%
Not stated	101	3%	422	3%	67	3%	235	6%	4%	5%
Total Population aged 15 to 64 years	3,342	100%	12,070	100%	2,514	100%	4,097	100%	100%	100%

2011 Census of Population and Housing, Basic Community Profiles - second release, ABS, November 2012 *Employed or looking for employment. (a) having worked 35 hours or more in all jobs during the week prior to Census Night. (b) Comprises employed persons who did not work any hours in the week prior to Census Night.

Labour Force Participation* - Population Aged 15 to 64 Years - Chart (2011)



2011 Census of Population and Housing, Basic Community Profiles - second release, ABS, November 2012 *Employed or looking for employment.

Occupation

In 2011, the Wimmera PCP region labour force had the following key occupation characteristics:

- The Hindmarsh and West Wimmera labour force was most likely to be employed as managers, followed by labourers and then professionals.
- The Horsham RC labour force was most likely to be employed as managers or professionals, followed by technicians and trade workers then clerical and administration workers.
- The Yarriambiack labour force was most likely to be employed as managers, then followed by professionals and labourers.
- Compared to regional Victoria, all Wimmera PCP region LGA labour forces were more likely to be employed as managers.
- Compared to regional Victoria, the West Wimmera and Hindmarsh labour forces were more likely to be labourers and the Hindmarsh labour force was more likely to be machine operators.
- Compared to regional Victoria, the Hindmarsh, West Wimmera and Yarriambiack labour force was less likely to be professionals, technicians and trade workers, clerical and administration workers or sales worker.
- Compared to regional Victoria, the Horsham RC labour force was equally as likely to be professionals, technicians and trade workers, or clerical and administration workers and it was slightly more likely to be sales workers.
- Compared to regional Victoria, the Yarriambiack and Horsham RC labour force was equally as likely to be employed as community and personal service workers.

Occupation of Labour Force (2011)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
	%	%	%	%	%	%
Managers	27%	17%	41%	31%	15%	13%
Professionals	12%	17%	11%	13%	17%	22%
Technicians & trade workers	11%	15%	8%	10%	15%	14%
Community & personal srvc workers	9%	10%	7%	10%	10%	9%
Clerical & admin. workers	9%	12%	7%	9%	12%	14%
Sales workers	6%	11%	4%	6%	10%	10%
Machinery operators & drivers	9%	7%	6%	7%	7%	6%
Labourers	15%	10%	14%	12%	12%	9%
Inadeq. Described/ not stated	2%	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%
Total Number	2,435	9,176	2,036	2,844	600,189	2,530,633

2011 Census of Population and Housing, Basic Community Profiles - second release, ABS, November 2012

Industry of Employment

In 2011, agriculture, forestry and fishing was the most common industry of employment for workers who lived in Hindmarsh, West Wimmera and Yarriambiack and the proportion of workers employed in this sector was significantly higher than the regional Victoria average.

Health care and social assistance was the most common industry of employment for workers who lived in Horsham RC and it was the second most common sector for workers who lived in Hindmarsh, West Wimmera and Yarriambiack. The proportion of workers employed in this sector was higher (except in West Wimmera) than the regional Victoria average.

Retail trade was the second most common sector for workers who lived in Horsham RC and it was the third most common sector for workers who lived in Hindmarsh and Yarriambiack. In West Wimmera, the third most common industry sector was shared by retail trade, public administration and safety and education and training.

Between 2006 and 2011, the proportion of workers employed in the agriculture, forestry and fishing sector declined in all Wimmera PCP region LGAs. West Wimmera and Yarriambiack had the greatest decline in this sector. The proportion of workers employed in the retail trade sector also declined in all LGAs except West Wimmera. The proportion of workers employed in the health care and social assistance sector increased in Hindmarsh, Horsham RC and Yarriambiack.

Industry of Employment (2006 and 2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria		Victoria	
	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011
	%	%	%	%	%	%	%	%	%	%	%	%
Agriculture, forestry & fishing	28%	27%	11%	10%	47%	44%	31%	28%	9%	8%	3%	2%
Mining	0%	0%	1%	1%	1%	1%	0%	0%	1%	1%	0%	0%
Manufacturing	8%	8%	5%	5%	5%	4%	4%	4%	12%	10%	13%	11%
Elec., gas, water & waste srvc	1%	1%	2%	2%	0%	0%	1%	1%	1%	2%	1%	1%
Construction	4%	3%	8%	8%	4%	4%	4%	5%	8%	9%	8%	8%
Wholesale trade	3%	3%	4%	4%	2%	2%	3%	4%	3%	3%	5%	5%
Retail trade	9%	8%	14%	13%	6%	6%	10%	9%	12%	12%	12%	11%
Accomm. & food services	4%	3%	6%	6%	3%	3%	3%	3%	6%	7%	6%	6%
Transport, postal & warehousing	8%	7%	4%	5%	4%	4%	6%	6%	4%	4%	5%	5%
Information media & telecomms	0%	1%	1%	1%	0%	0%	1%	0%	1%	1%	2%	2%
Financial & insurance services	1%	1%	2%	2%	1%	1%	1%	1%	2%	2%	4%	4%
Rental, hiring & real estate srvc	0%	0%	1%	1%	0%	0%	0%	0%	1%	1%	1%	1%
Prof., scientific & tech. srvc	2%	2%	3%	3%	1%	1%	2%	2%	4%	4%	7%	8%
Admin. & support services	1%	1%	3%	3%	1%	1%	1%	1%	3%	3%	3%	3%
Public administration & safety	4%	5%	7%	6%	4%	6%	4%	4%	6%	6%	5%	5%
Education & training	6%	7%	7%	6%	6%	6%	7%	7%	8%	8%	8%	8%
Health care & social assistance	16%	17%	13%	16%	11%	11%	16%	17%	11%	13%	10%	12%
Arts & recreation services	1%	1%	1%	1%	1%	0%	1%	0%	1%	1%	2%	2%
Other services	3%	3%	5%	5%	2%	1%	3%	3%	4%	4%	4%	4%
Inadeq. described/Not stated	2%	2%	2%	2%	2%	3%	3%	2%	2%	2%	3%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Number	2,532	2,436	8,778	9,175	2,148	2,038	3,113	2,845	na	na	na	na

2011 Census of Population and Housing, Basic Community Profiles - second release, ABS, November 2012

Commuting

In 2006, compared to the regional Victoria and Victoria average figures, residents of all Wimmera PCP region LGAs were more likely to work in the same LGA as they lived. West Wimmera residents, followed by Yarriambiack residents, were most likely to commute beyond their LGA of residence to a work place. Females living in Hindmarsh, West Wimmera and Yarriambiack were more likely than males in these LGAs to commute to work in a different LGA.

Excluding Horsham RC residents, younger workers were generally more likely to travel to work outside of their LGA and workers employed in high skilled occupations were less likely than those employed in low skilled occupations to travel to work outside of their LGA.

People Working and Living in the Same LGA (2006)

Employed residents:	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
All	88.6	93.4	83.4	85.4	80.1	43.7
Males	88.7	92.2	85.4	86.8	78.0	41.4
Females	88.6	94.8	80.9	83.7	82.5	46.3
Aged 15-24 years	83.1	95.9	70.4	81.9	82.6	50.2
Aged 25-34 years	81.7	92.9	77.6	81.3	78.3	34.7
Aged 35-44 years	89.6	93.0	84.8	82.7	78.7	41.4
Aged 45-54 years	90.6	92.8	83.0	87.0	79.4	45.6
Aged 55-64 years	89.6	93.0	86.5	87.0	81.3	49.2
Aged 65 years & over	100.0	93.8	96.6	94.1	89.3	62.0
Employed in high skilled occupations	90.0	92.9	90.0	87.4	79.2	40.8
Employed in low skilled occupations	86.7	94.1	71.5	82.0	81.4	47.5

Community Indicators Victoria 2011 – original data sourced from the 2006 Census (ABS)

Unemployment

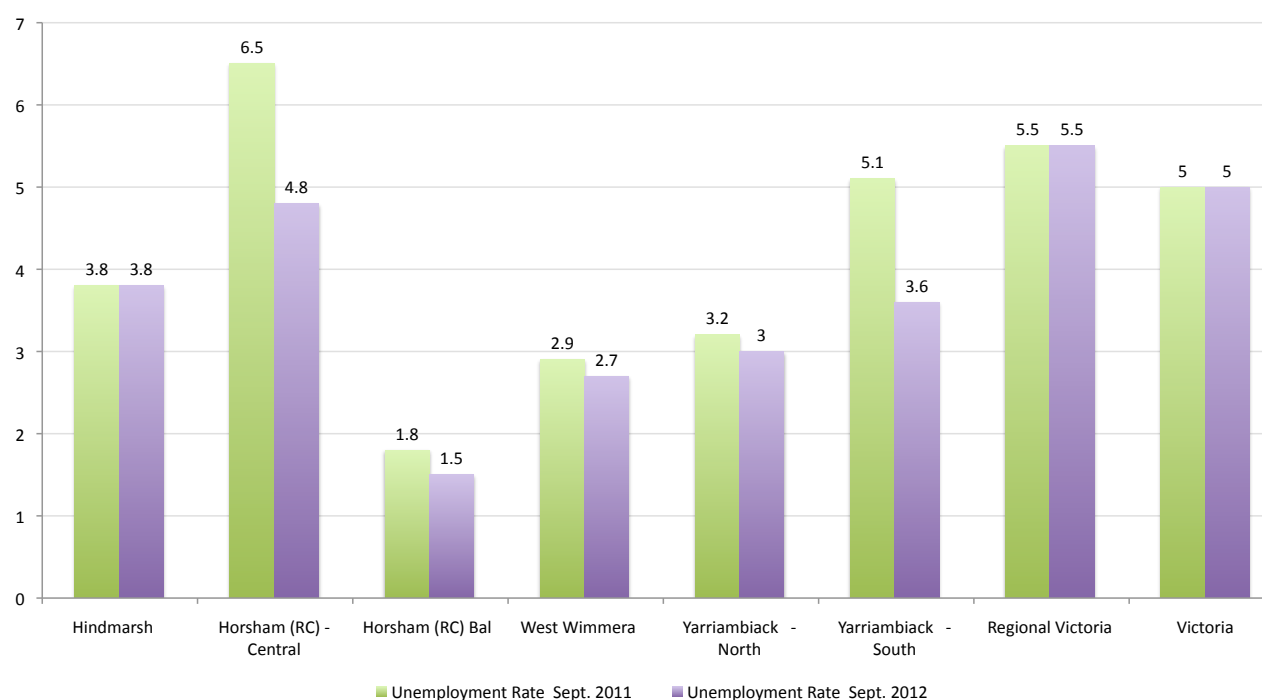
Unemployment rates decreased across the Wimmera PCP region between September 2011 and September 2012. Within the region, Horsham (RC) – Central SLA had the highest unemployment rate (4.8) followed by Hindmarsh (3.8). All SLAs in the Wimmera PCP region had lower unemployment rates than the regional Victoria and Victoria average.

Unemployment (September 2011 and September 2012 Quarters)

Location	Number		Unemployment Rate		Total labour force	
	Sept. 2011	Sept. 2012	Sept. 2011	Sept. 2012	Sept. 2011	Sept. 2012
Hindmarsh	127	124	3.8	3.8	3,360	3,297
Horsham (RC) - Central	535	388	6.5	4.8	8,212	8,062
Horsham (RC) Bal	63	49	1.8	1.5	3,422	3,358
West Wimmera	80	74	2.9	2.7	2,781	2,728
Yarriambiack - North	35	32	3.2	3.0	1,100	1,079
Yarriambiack - South	153	105	5.1	3.6	2,999	2,943
Regional Victoria	42,600	42,746	5.5	5.5	775,900	777,200
Victoria	152,200	152,273	5.0	5.0	3,028,300	3,043,482

Small Area Labour Markets - September quarter 2011

Unemployment Rates (September 2011 and September 2012 Quarters) - Chart



Small Area Labour Markets - September quarter 2012

Education

Preschool Participation

In 2010, compared to the Victorian average, West Wimmera and Hindmarsh had a lower proportion of young children who had attended preschool in the year before they commenced school. Within the region, West Wimmera had the lowest proportion (79.6%) and Yarriambiack had the highest proportion (94.6%). Participation levels can be linked to a number of factors, including availability, accessibility (cost, proximity, transport options etc) and suitability of preschools in the region.

Attended Preschool* in the Year Before Commencing School (2010)

Location	%
Hindmarsh	88.1%
Horsham RC	94.1%
West Wimmera	79.6%
Yarriambiack	94.6%
Victoria	90.7%

*AEDI Community Profiles (each LGA) * includes preschool in a day care centre*

Highest Year of School Completed

In 2011, of the population aged 20 to 64 years, 34.1% of Hindmarsh residents, 41.9% of Horsham RC residents, 35.5% of West Wimmera residents and 33.1% of Yarriambiack residents had completed Year 12 or equivalent. In each PCP LGA, females were significantly more likely than males to have completed Year 12 or equivalent.

Males and females aged 20 to 64 years from Hindmarsh, West Wimmera and Yarriambiack as well as females from Horsham RC were less likely to have completed Year 12 or equivalent than the regional Victoria average for each sex; while males and females from all LGAs were much less likely to have completed Year 12 or equivalent than the Victorian average for either sex.

Between 2006 and 2011, the proportion of males and females aged 20 to 64 years that had completed Year 12 or equivalent increased, however the increase was less for both sexes than the regional Victoria and Victoria increase figures.

Highest Year of School Completed - Persons Aged 20 – 64 Years (2006)

School Year or Equivalent	Hindmarsh			Horsham RC			West Wimmera			Yarriambiack			Regional Victoria			Victoria		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Year 12	24.9%	35.7%	30.3%	34.8%	41.2%	38.1%	26.0%	38.2%	31.9%	24.2%	34.9%	29.6%	33.3%	41.4%	37.4%	48.9%	53.4%	51.2%
Year 11	21.4%	23.2%	22.3%	23.5%	23.1%	23.3%	24.7%	25.8%	25.2%	24.0%	24.4%	24.2%	19.7%	19.5%	19.6%	14.9%	14.4%	14.6%
Year 10	26.2%	21.0%	23.6%	21.9%	18.6%	20.2%	26.8%	20.0%	23.5%	25.4%	19.3%	22.3%	23.5%	19.9%	21.7%	16.4%	14.3%	15.4%
Year 9	13.0%	9.4%	11.2%	9.9%	8.1%	9.0%	8.8%	6.7%	7.8%	11.9%	8.2%	10.0%	9.8%	8.1%	8.9%	6.2%	5.4%	5.8%
Year 8 or below	8.8%	5.8%	7.3%	4.6%	4.1%	4.3%	7.5%	4.8%	6.2%	7.3%	6.3%	6.8%	5.8%	4.8%	5.3%	4.5%	4.8%	4.6%
Did not go to school	0.8%	0.0%	0.4%	0.2%	0.2%	0.2%	0.6%	0.0%	0.3%	0.8%	0.8%	0.8%	0.4%	0.4%	0.4%	0.7%	0.9%	0.8%
Not stated	4.9%	4.9%	4.9%	5.1%	4.6%	4.9%	5.5%	4.5%	5.1%	6.5%	6.2%	6.3%	7.5%	5.8%	6.6%	8.3%	6.8%	7.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total pop. aged 20 to 64	1,559	1,541	3,100	5,072	5,256	10,328	1,248	1,166	2,414	1,925	1,944	3,869	371,712	382,205	753,917	1,462,097	1,509,851	2,971,948

2006 Census of Population and Housing, Basic Community Profiles, ABS

Highest Year of School Completed - Persons Aged 20 – 64 Years (2011)

School Year or Equivalent	Hindmarsh			Horsham RC			West Wimmera			Yarriambiack			Regional Victoria			Victoria		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Year 12	28.1%	40.3%	34.1%	37.7%	46.0%	41.9%	27.7%	43.7%	35.5%	28.7%	37.6%	33.1%	37.7%	47.7%	42.8%	55.3%	61.0%	58.2%
Year 11	22.2%	21.8%	22.0%	23.4%	21.9%	22.6%	26.0%	25.4%	25.7%	24.2%	22.8%	23.5%	19.4%	18.3%	18.9%	13.7%	12.6%	13.2%
Year 10	25.0%	19.5%	22.3%	20.1%	17.1%	18.6%	23.8%	18.2%	21.1%	22.6%	19.1%	20.9%	22.3%	18.1%	20.2%	14.9%	12.3%	13.6%
Year 9	11.7%	8.0%	9.9%	7.9%	6.6%	7.3%	10.0%	5.9%	8.0%	10.6%	8.2%	9.4%	8.5%	6.7%	7.6%	5.1%	4.3%	4.7%
Year 8 or below	6.4%	4.3%	5.3%	4.1%	3.3%	3.7%	6.8%	1.6%	4.3%	5.1%	3.5%	4.3%	4.3%	3.3%	3.8%	3.2%	3.2%	3.2%
Did not go to school	0.7%	0.8%	0.7%	0.2%	0.3%	0.2%	0.0%	0.3%	0.1%	0.4%	0.6%	0.5%	0.5%	0.4%	0.4%	0.7%	0.8%	0.8%
Not stated	6.0%	5.3%	5.6%	6.6%	4.8%	5.7%	5.6%	4.8%	5.2%	8.3%	8.2%	8.3%	7.3%	5.5%	6.4%	7.1%	5.8%	6.4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total pop. aged 20 to 64	1,507	1,472	2,979	5,288	5,420	10,708	1,176	1,116	2,292	1,848	1,786	3,634	na	na	na	na	na	na

2011 Census of Population and Housing, Basic Community Profiles, ABS

Post Secondary Education

In 2011, compared to regional Victoria, males aged 15 to 64 years from all Wimmera PCP region LGAs were less likely to have any non-school qualification. Females aged 15 to 64 years from Hindmarsh were also less likely to have any non-school qualification, while females from Horsham RC and Yarriambiack were generally equally as likely and females from West Wimmera were more likely to have any non-school qualification compared to regional Victorian averages.

Compared to regional Victoria; Hindmarsh males and females were less likely to have any of the non school qualifications listed; Yarriambiack males were less likely to have any of the listed non-school qualifications and females were less likely to have to have all non-school qualifications except a certificate level; West Wimmera males were also less likely to have any of the listed non-school qualifications and West Wimmera females were less likely to have a postgraduate degree or graduate diploma or graduate certificate; Horsham RC males were less likely to have a graduate diploma or graduate certificate or a bachelor degree and Horsham RC females were less likely to have a postgraduate degree or a bachelor degree (only slightly less likely).

Generally speaking, females were more likely than males to have a graduate diploma or graduate certificate, a bachelor degree or advanced diploma or diploma; while males were much more likely to have a certificate level qualification. Between 2006 and 2011, the proportion of population that had any non-school qualification increased notably for all LGA males and females in the age group.

Non School Qualifications - Population aged 15 to 64 years (2006 and 2011)

		Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria		Victoria	
		M	F	M	F	M	F	M	F	M	F	M	F
Postgrad. Degree	2006	0.5%	0.2%	1.6%	1.0%	0.0%	0.5%	0.6%	0.5%	1.4%	1.2%	3.5%	2.6%
	2011	1.1%	1.0%	1.7%	1.4%	0.2%	1.2%	1.0%	0.9%	1.7%	1.8%	4.6%	4.2%
Grad. Dip./Grad.Cert	2006	1.0%	1.8%	1.0%	2.3%	0.5%	1.6%	0.7%	2.1%	1.2%	2.3%	1.5%	2.7%
	2011	0.8%	2.1%	1.0%	2.8%	0.6%	1.9%	0.9%	1.9%	1.3%	2.7%	1.8%	3.1%
Bachelor Degree	2006	4.4%	9.8%	6.2%	11.7%	2.8%	10.3%	3.9%	8.6%	7.0%	10.9%	12.8%	15.6%
	2011	4.2%	10.6%	6.5%	12.5%	4.4%	13.4%	4.4%	9.5%	8.0%	12.7%	14.8%	18.3%
Adv. Dip. & Diploma	2006	3.5%	6.8%	5.9%	9.0%	5.8%	6.8%	3.5%	7.4%	5.6%	7.7%	6.7%	8.8%
	2011	4.0%	7.8%	6.6%	9.7%	5.8%	9.5%	4.7%	8.8%	6.2%	9.1%	7.7%	10.0%
Certificate Level Total	2006	22.4%	15.4%	27.3%	15.4%	22.6%	14.9%	24.6%	15.6%	27.5%	13.9%	21.8%	10.9%
	2011	25.4%	17.0%	30.2%	17.7%	26.8%	18.5%	27.2%	18.4%	29.2%	17.2%	22.1%	12.8%
Inadeq. described	2006	1.5%	1.8%	1.1%	1.2%	1.3%	1.9%	0.6%	1.3%	1.1%	1.4%	1.2%	1.4%
	2011	0.7%	1.0%	0.7%	1.1%	0.5%	1.4%	0.5%	1.1%	0.7%	1.1%	0.9%	1.1%
Not stated	2006	6.5%	6.4%	6.9%	6.6%	7.2%	7.8%	8.1%	8.7%	8.9%	8.5%	9.6%	9.2%
	2011	7.2%	7.5%	7.6%	6.6%	6.7%	6.4%	10.1%	10.9%	8.4%	7.3%	8.2%	7.4%
% of pop. aged 15-64 with non school qualification	2006	39.8%	42.3%	50.1%	47.3%	40.3%	43.9%	42.1%	44.2%	52.7%	45.8%	57.2%	51.2%
	2011	43.4%	47.0%	54.4%	51.7%	45.0%	52.3%	48.8%	51.5%	55.6%	51.9%	60.0%	56.8%
Pop. aged 15 - 64yrs	2011	1,707	1,636	5,977	6,093	1,303	1,212	2,079	2,018	na	na	na	na

2006 and 2011 Census of Population and Housing, Basic Community Profiles - second release, ABS November 2012

School Absent Days

Primary

All Wimmera PCP region LGAs had a higher number of average absent days for year Prep, compared to the Victorian average. Hindmarsh had the highest number, followed by Yarriambiack.

Hindmarsh and West Wimmera had a higher average number of absent days for year 1 students, compared to the Victorian average. West Wimmera had the highest number, followed by Hindmarsh.

Hindmarsh, West Wimmera and Yarriambiack had a higher number of average absent days for year 2 students, compared to the Victorian average. West Wimmera had the highest number, followed by Yarriambiack.

For further information about this indicator, please refer to the Early Childhood Community Profiles available on the DEECD website <http://www.education.vic.gov.au/about/directions/children/vcams/eccommunity.htm>

Average School Absent Days for Years Prep to Year 2 Students* (2009)

	Prep	Year 1	Year 2
Hindmarsh	18.0	15.1	14.4
Horsham RC	15.4	12.1	11.4
West Wimmera	16.3	19.4	18.6
Yarriambiack	17.0	13.9	15.9
Victoria	14.7	14.4	14.0

*Early Childhood Community Profiles, DEECD 2010 * enrolled in government schools*

Secondary

For years 5 through to 7 and 9 through to 12, Horsham RC had a higher number of average absent days compared to the Victoria average and the figures were also generally the highest in the PCP region. For Years 5, 7, 9, 10 and 11 Horsham RC had average absent day figures that were substantially higher than the Victoria average.

Hindmarsh had average absent day figures below the Victorian average for all years, excluding year 5 and West Wimmera had average absent day figures below the Victorian average for all years, excluding year 11.

Yarriambiack had average absent day figures below the Victorian average for years 5,7,8,9,10 and 12.

For further information about this indicator and many others, please refer to the Adolescent Community Profiles available on the DEECD website.

www.education.vic.gov.au/about/directions/children/vcams/Adolescent_Community_Profiles.htm

Average School Absent Days For Years 5 to 12* (2009)

	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Hindmarsh	17.0	13.0	15.5	15.8	16.6	14.7	10.1	10.3
Horsham RC	16.4	14.9	22.4	19.7	25.8	25.6	19.2	16.1
West Wimmera	13.4	12.8	15.7	19.2	18.0	15.4	22.5	9.3
Yarriambiack	11.6	16.2	14.0	16.2	19.5	19.0	17.3	8.3
Victoria	14.0	14.4	16.2	19.8	22.5	20.9	15.8	13.0

*Adolescent Community Profiles – DEECD 2011 * enrolled in government schools*

Access to Health Services

GP Availability

The Wimmera PCP area sits within the Western Victoria Division of General Practice. As at 30 June, 2010, there were an estimated 84 doctors in the division and 23 of these were female. The full-time work equivalent GP:population ratio for the Division was one GP per 1,032 population (1:1032). This ratio placed the West Victoria Division as having a relatively high number of GPs per population, ranking it as the 23rd highest (number of GPs per population) out of the total 29 Victorian divisions.

Number of GPs by General Practice Division (June 2010)

Name of Division of General Practice	Estimated no. of practising GPs	No. of female GPs	FWE GPs as at	FWE GP: population ratio	Ranking out of all (n = 29) Victorian Divisions
West Victoria	84	23	80	1:1032	23

Source: Key Division of General Practice characteristics 2010-11, Primary Health Care Research and Information Service

GP Services

Note: all data below is based on the LGA of residence not location of GP practice.

In 2009/10, the rate of GP services delivered to male and females was higher for all Wimmera PCP LGAs, compared to the Regional Victoria average. The rates for females were significantly higher (reflecting state trends) than for males for each of the LGAs. Within the PCP region, Yarriambiack had the highest rate of GP services delivered per population for males and females.

GP Services Delivered (MBS and DVA) (2009/10)

	Males		Females		Persons*	
	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000
Hindmarsh	18,696	503,114.9	23,623	659,012.0	42,319	581,529.3
Horsham (RC)	44,280	424,574.4	66,555	618,308.1	110,856	522,748.5
West Wimmera	12,241	477,594.5	15,143	611,416.4	27,384	542,201.2
Yarriambiack	24,595	535,284.4	33,286	756,722.3	57,890	646,642.9
Regional Victoria	-	404,336.1	-	562,339.3	-	483,685.6
Victoria	-	457,269.7	-	619,754.5	-	539,074.4

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *figures for persons are higher than the sum of males and females as not all Medicare data included a male / female breakdown.

45 Year Old Health Checks

In 2009/10, the rate of 45 year old Health Checks delivered to male and female population (aged 45 – 49 years) was lower in Hindmarsh, Horsham RC and Yarriambiack than the Regional Victoria and Victoria average. West Wimmera had a rate higher than the Regional Victoria and Victoria average and had, by a significant margin, the highest rate within the PCP region. Note: the PHIDU has confirmed that the figures for Horsham RC are correct.

45 Year Old Health Checks by GPs - Persons Aged 45 to 49 years – (2009/10)

	Males		Females		Persons*	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Hindmarsh	12	4,562.1	7	3,918.2	19	4,288.2
Horsham (RC)	#	.	#	..	21	1,521.7
West Wimmera	11	5,615.7	18	11,230.4	30	8,095.7
Yarriambiack	6	1,828.4	6	2,331.0	21	3,634.4
Regional Victoria	2,486	4,813.5	2,579	4,844.0	5,321	5,073.1
Victoria	9,942	5,222.0	9,740	4,986.1	19,938	5,168.9

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 # number too small to publish *figures for persons are higher than the sum of males and females as not all Medicare data included a male / female breakdown.

75 Year Old and Over Annual Health Assessment

In 2009/10, the rate of annual health assessments for population aged 75 years and over was higher in Yarriambiack and West Wimmera than the Regional Victoria and Victoria average, while it was lower in Hindmarsh and Horsham RC. Within the region, West Wimmera had the highest rate of delivery.

Annual Health Assessments by GPs - Persons Aged ≥ 75 years (2009/10)

	Number	Rate per 100,000
Hindmarsh	98	12,184.8
Horsham (RC)	236	13,608.4
West Wimmera	145	35,440.6
Yarriambiack	250	25,477.4
Regional Victoria	19,261	17,192.5
Victoria	63,916	18,001.2

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Other Services by GPs for Enhanced Primary Care Items

In 2009/10, the rate of delivery of other services by GPs for enhanced primary care items was lower in all PCP region LGAs than the Regional Victoria and Victoria average. Within the region, West Wimmera had the highest rate of delivery.

Other Services by GPs for Enhanced Primary Care Items (2009/10)

	Number	Rate per 100,000
Hindmarsh	58	615.5
Horsham (RC)	124	532.3
West Wimmera	39	730.0
Yarriambiack	61	568.2
Regional Victoria	13,308	835.2
Victoria	45,334	815.5

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Total Services by GPs for Enhanced Primary Care Items

In 2009/10, the rate of delivery of total services by GPs for enhanced primary care items was lower in Hindmarsh and Horsham RC than the Regional Victoria and Victoria average, while it was higher in West Wimmera and Yarriambiack.

Total Services by GPs for Enhanced Primary Care Items (2009/10)

	Number	Rate per 100,000
Hindmarsh	175	1,634.6
Horsham (RC)	381	1,522.9
West Wimmera	213	3,621.0
Yarriambiack	332	2,587.1
Regional Victoria	37,890	2,256.4
Victoria	129,188	2,299.1

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Practice Nurse services Under the MBS

In 2009/10, the rate of delivery of practice nurse services under the MBS was lower in Hindmarsh, Horsham RC and Yarriambiack than the Regional Victoria average. The rate for West Wimmera was higher than both the Regional Victoria average and the Victoria average and was the highest within the region.

Practice Nurse Services Under the MBS (2009/10)

	Number	Rate per 100,000
Hindmarsh	2,238	28,664.4
Horsham (RC)	7,001	31,953.6
West Wimmera	2,031	38,411.7
Yarriambiack	2,191	22,740.2
<i>Regional Victoria</i>	<i>566,049</i>	<i>36,261.0</i>
Victoria	1,517,258	27,533.7

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Better Access Program

The Better Access initiative aims to provide better access to mental health practitioners through Medicare. It aims to increase community access to mental health professionals and team-based mental health care; by encouraging general practitioners to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.

In 2009/10, the rate of preparation of Mental Health Care Plans by GPs was significantly lower than the Regional Victoria and Victoria average for all Wimmera PCP LGAs. Within the region, Yarriambiack had the highest rate and West Wimmera had the lowest rate.

The rate of services delivered by Psychiatrists through the Better Access Program was lower than the Regional Victoria and Victoria average for residents of Horsham RC, West Wimmera and Yarriambiack. Within the region, Hindmarsh had the highest rate and West Wimmera had the lowest rate.

The rate of services delivered by Psychologists through the Better Access Program was lower than the Regional Victoria and Victoria average for residents of all Wimmera PCP LGAs. Within the region, Horsham RC had the highest rate and Yarriambiack had the lowest.

The rate of services delivered by General Psychologists through the Better Access Program was lower than the Regional Victoria and Victoria average for residents of all Wimmera PCP LGAs. Within the region, Horsham RC had the highest rate and Yarriambiack had the lowest.

The rate of services delivered by Clinical Psychologists through the Better Access Program was lower than the Regional Victoria and Victoria average for residents of all Wimmera PCP LGAs. Within the region, Hindmarsh had the highest rate and Yarriambiack had the lowest.

The rate of services delivered by Social Workers through the Better Access Program was lower than the Regional Victoria and Victoria average for residents of Hindmarsh, West Wimmera and Yarriambiack. Within the region, Horsham RC had the highest rate and Yarriambiack had the lowest.

Better Access Program (2009/10)

	Preparation of Mental Health Care Plan by GPs		Psychiatrists		Psychologists		General Psychologists		Clinical Psychologists		Social Workers	
	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000
Hindmarsh	190	3,380.5	36	623.0	197	3,599.9	138	2,507.2	59	1,089.9	42	751.3
Horsham (RC)	752	3,889.0	71	364.3	765	3,976.4	610	3,165.3	155	808.7	236	1,226.5
West Wimmera	123	2,827.4	12	278.5	117	2,722.1	81	1,880.4	36	840.0	17	387.0
Yarriambiack	487	6,905.9	29	396.2	142	2,073.6	100	1,460.7	41	611.0	19	281.6
Regional Victoria	124,700	8,838.4	6,030	424.7	170,479	12,137.4	126,453	8,987.8	44,026	3,143.6	15,575	1,106.5
Victoria	498,786	9,030.3	31,322	566.6	918,557	16,668.7	640,812	11,630.5	277,745	5,038.7	58,432	1,059.7

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Health Behaviours

Chronic Disease Risk Factors

Smoking

Data from the 2007-08 National Health Survey indicates the rate of current smokers in the male population was higher in West Wimmera than the Regional Victoria and Victoria population and that the rate of current smokers in the female population was significantly higher in all Wimmera PCP LGAs than the Regional Victoria and Victoria population. Within the region, Hindmarsh had the highest rate of female smokers and West Wimmera had the highest rate of male smokers.

Current Smokers, Population Aged 18 Years And Over (synthetic prediction) - (2007-08)

	Males		Females		Persons	
	No.	Rate per 100	No.	Rate* per 100	No.	Rate* per 100
Hindmarsh	493	24.1	520	25.0	1,013	24.5
Horsham RC	1,647	24.1	1,771	24.5	3,419	24.3
West Wimmera	402	24.7	375	24.1	777	24.4
Yarriambiack	586	23.4	633	23.9	1,219	23.6
Regional Victoria	121,605	24.5	109,259	20.9	230,864	22.7
Victoria	435,529	21.9	367,910	17.8	803,439	19.8

Public Health Information Development Unit – Social Health Atlas of Victorian Local Government Areas, 2011 *Indirectly age-standardised

Nutrition

The current Australian guidelines recommend a minimum daily vegetable intake of five serves and a recommended minimum daily fruit intake of two serves for persons aged 19 years and over. In 2008, compared to Regional Victoria and Victoria, a lower proportion of all Wimmera PCP LGA populations met the fruit or vegetable consumption guidelines. Hindmarsh had the lowest proportion of population that met the recommended fruit daily intake, while West Wimmera had the lowest proportion of population that met the recommended vegetable daily intake.

Fruit and Vegetable Intake, Population Aged 18 Years and Over (2008)

	2 or more serves of fruit per day	5 or more serves of vegetables per day
	%	%
Hindmarsh	41.5	8.4
Horsham RC	46.5	9.0
West Wimmera	42.0	8.2
Yarriambiack	44.1	8.6
Regional Victoria	46.9	9.7
Victoria	48.6	7.7

Victorian Population Health Survey 2008, Department of Health 2010 * Estimate has a relative standard error between 25 and 50 per cent and should be interpreted with caution. ^(a) A serve is half a cup of cooked vegetables or a cup of salad vegetables ^(b) A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces.

State-wide findings from the Victorian Population Health Survey also indicate that across Victoria:

- 90% of people aged ≥18 years did not meet the guidelines for vegetable intake in 2008
- More males than females did not meet the vegetable intake guidelines,
- The 18-24 years age group, for males and females, had the lowest intake of 3 or more daily serves of vegetables
- 53% of persons aged ≥18 years did not meet the guidelines for fruit intake
- More males than females did not meet the fruit intake guidelines, and
- The 25-34 years age group had the lowest intake of 2 or more daily serves of fruit.

Physical Inactivity

In 2008, compared to Regional Victoria and Victoria, a higher proportion of all Wimmera PCP LGA populations were sedentary (no physical exercise) and Hindmarsh and Horsham RC populations had insufficient time and/or number of activity sessions to meet health guidelines. Within the region, Horsham RC had the lowest proportion of sedentary population and West Wimmera had the lowest proportion of population that had not met time or activity session guidelines.

Physical Activity Levels ^(a) Population Aged 18 Years and Over* (2007-08)

	Sedentary ^(b)	Insufficient time and/or activity sessions
	%	%
Hindmarsh	9.1	32.7
Horsham RC	5.7	29.6
West Wimmera	7.0	21.4
Yarriambiack	8.0*	21.8
Regional Victoria	5.0	25.9
Victoria	5.3	27.4

Victorian Population Health Survey 2008, Department of Health 2010 ^(a) Based on national guidelines (DoHA 1999) and excludes adults aged less than 19 years. ^(b) No physical activity *Age standardised

State-wide findings from the Victorian Population Health Survey also indicate that *across Victoria*:

- Males aged 19-24 years had the highest incidence of sufficient physical activity sessions/time – out of all age groups for males and females
- Females aged 19-24 years had the highest incidence of sufficient physical activity sessions/time – out of all female age groups
- Population aged 65 years and over had the lowest incidence of sufficient physical activity sessions/time, and

Obesity and Body Weight Status

In 2008, compared to Regional Victoria and Victoria; a higher proportion of males were overweight in Horsham RC, West Wimmera and Yarriambiack and a higher proportion of males were obese in Hindmarsh, West Wimmera and Yarriambiack. Within the region, West Wimmera had the highest proportion of overweight or obese male population.

Compared to Regional Victoria and Victoria, a higher proportion of females were overweight or obese in all Wimmera PCP LGAs. Within the region, Hindmarsh had the highest proportion of females who were overweight or obese.

Overweight and Obese ^(a) Population Aged 18 Years and Over (synthetic prediction) - (2008)

	Males				Females			
	Overweight		Obese		Overweight		Obese	
	No.	Rate* per 100	No.	Rate* per 100	No.	Rate* per 100	No.	Rate* per 100
Hindmarsh	871	35.3	543	21.7	595	24.2	486	19.5
Horsham (RC)	2,667	36.8	1,501	20.6	1,828	23.8	1,349	17.5
West Wimmera	686	37.1	420	22.0	428	23.9	356	19.3
Yarriambiack	1,092	36.0	673	21.7	745	23.8	618	19.4
Regional Victoria	189,696	35.8	111,020	20.7	130,217	23.6	97,116	17.4
Victoria	709,572	35.7	355,824	18.0	467,525	22.6	330,289	16.0

Public Health Information Development Unit – Social Health Atlas of Victorian Local Government Areas, 2011 ^(a) Determined by calculation of body mass index (BMI). *Indirectly age-standardised

State-wide findings from the Victorian Population Health Survey also indicate that *across Victoria*:

- Between the sexes, the proportion of males who were overweight was higher than females
- The proportion of persons who were overweight or obese increased between 2002 and 2008
- Overweight and obesity were more prevalent among persons aged 45 years and over, and
- More people from rural areas were overweight or obese, compared with metro areas.

Health Screening and Checks

Breast Cancer Screening

Compared to Victoria and Regional Victoria, females aged 50-69 years from Horsham RC and West Wimmera were less likely to have had a mammogram in the two years preceding 2008. Within the region, Yarriambiack had the highest mammogram participation rate for the target population and Horsham RC had the lowest.

Had Mammogram in Last Two Years, Women^(a) Aged 50-69 Years (2008)*

Area	% of surveyed women aged 50-69 years
Hindmarsh	77.4
Horsham (RC)	66.9
West Wimmera	68.6
Yarriambiack	82.0
Regional Victoria	74.4
Victoria	75.9

Victorian Population Health Survey 2008, Department of Health 2010. * self reported ^(a) out of surveyed women aged 50 – 69 years.

Cervical Cancer Screening

Compared to Victoria and regional Victoria, females aged 20-69 years from Yarriambiack and Horsham RC were less likely to have had a pap screen in the past two years. Within the region, Hindmarsh had the highest participation rate for pap screens and Yarriambiack had the lowest.

Proportion of Women^(a) Screened for Cervical Cancer (2008)*

Area	%
Hindmarsh	74.8
Horsham (RC)	70.4
West Wimmera	73.5
Yarriambiack	64.8
Regional Victoria	71.4
Victoria	71.1

Victorian Population Health Survey 2008, Department of Health 2010. * self reported ^(a) out of surveyed women aged 50 – 69 years.

Bowel Cancer Screening

Compared to Regional Victoria and Victoria; Hindmarsh, Horsham RC and West Wimmera populations aged 50 years and over, were less likely to had a test to detect bowel cancer in the last two years.

Bowel Cancer Screening*, Population Aged 50 Years and Over (2008) ^{(a) (b)}

Area	%
Hindmarsh	28.9
Horsham (RC)	21.7
West Wimmera	29.0
Yarriambiack	32.0
Regional Victoria	30.0
Victoria	29.4

Victorian Population Health Survey 2008, Department of Health 2010. * self reported ^(a) Only respondents aged 50 years and over were asked whether they had had a test for bowel cancer in the past 2 years. ^(b) Based on persons for whom a bowel examination to detect bowel cancer was applicable at the time of the survey.

State-wide findings from the Victorian Population Health Survey also indicate that *across Victoria*:

- More males than females had a bowel cancer detection test in the past 2 years
- The 65-69 years age group was most likely to have had a detection test in the past 2 years, and
- The 50-54 years age group was least likely to have had had a detection test in the past 2 years.

Other Health Checks

Compared to Regional Victoria and Victoria, a lower proportion of Hindmarsh population aged 18 to 49 years had had their blood pressure checked in the last two years. Within the region, Hindmarsh had the lowest proportion of population aged 18-49 and Horsham RC had the lowest proportion of population aged 50 years and over who had their blood pressure checked in the last two years.

Compared to Regional Victoria and Victoria a lower proportion of Hindmarsh and Horsham RC populations aged 18 years and over had their cholesterol checked in the last two years. Within the region, Hindmarsh had the lowest participation rate for population aged 18-49 and Horsham RC had the lowest participation rate for population aged 50 years and over.

Compared to Regional Victoria and Victoria a lower proportion of Horsham RC populations aged 18 years and over had their blood glucose checked in the last two years.

Self Reported Health Checks in last two years (2008)

	Blood pressure		Cholesterol		Blood glucose	
	18 – 49 years old	50 years and older	18 – 49 years old	50 years and older	18 – 49 years old	50 years and older
	%	%	%	%	%	%
Hindmarsh	66.2	96.0	28.1	77.1	38.1	72.2
Horsham RC	70.7	92.7	29.7	75.9	35.3	69.5
West Wimmera	74.9	94.3	37.3	83.4	44.1	78.6
Yarriambiack	73.6	95.9	39.0	89.5	48.8	77.3
Regional Victoria	70.2	92.4	35.6	79.0	38.1	69.8
Victoria	70.6	93.1	39.7	81.9	39.1	72.1

Victorian Population Health Survey 2008, Department of Health 2010

State-wide findings from the Victorian Population Health Survey also indicate that *across Victoria*:

- Females were more likely than males to have had a blood pressure check in the last 2 years
- The probability of having had a blood pressure check in the last 2 years increased with age
- Males were more likely than females to have had a blood test for cholesterol in the last 2 years
- The probability of having had a blood test for cholesterol in the last 2 years increased with age
- Males and females were equally likely to have had a blood glucose check in the last 2 years, and
- Generally speaking, the likelihood of having had a blood glucose check in the last 2 years increased with age for males and females.

Sun Protective Behaviour

Compared to Victoria and Regional Victoria, Horsham RC had a lower proportion of population that usually wears a hat. Within the PCP region, West Wimmera had the highest proportion of population that usually wears a hat and Horsham RC had the lowest.

Hindmarsh, West Wimmera and Yarriambiack, compared to Regional Victoria and Victoria, had a lower proportion of population that usually wears sunglasses.

All Wimmera PCP region LGA populations were more likely to usually wear hat and sunglasses and less likely to wear neither hat nor sunglasses than the Victorian average.

Sun Protective Behaviour, 18 Years and Over[#] (2008)

	Usually wears a hat ^{**}	Usually wears sunglasses ^{**}	Usually wears hat & sunglasses	Wears neither hat nor sun-glasses
	%	%	%	%
Hindmarsh	59.0	72.9	45.6	13.3
Horsham RC	56.9	77.8	45.6	10.8
West Wimmera	67.7	68.0	49.1	13.4
Yarriambiack	63.6	73.2	48.0	10.9
Regional Victoria	59.5	76.1	NA	NA
Victoria	52.6	74.0	41.0	14.1

Victorian Population Health Survey 2008, Department of Health 2010 ** when out in the sun # Age standardised

State-wide findings from the Victorian Population Health Survey also indicate that *across Victoria*:

- Males were more likely to usually wear a hat when out in the sun, compared to females
- Out of all males and females, males aged 65 yrs and over were most likely to report they usually wear a hat and females aged 18 – 24 were least likely
- Females were more likely to wear sunglasses when out in the sun, compared to males, and
- Out of all males and females, females aged 35-44 were most likely to report they usually wear sunglasses and males aged 65 years and over were least likely.

Prevalence of Health Conditions

All Conditions

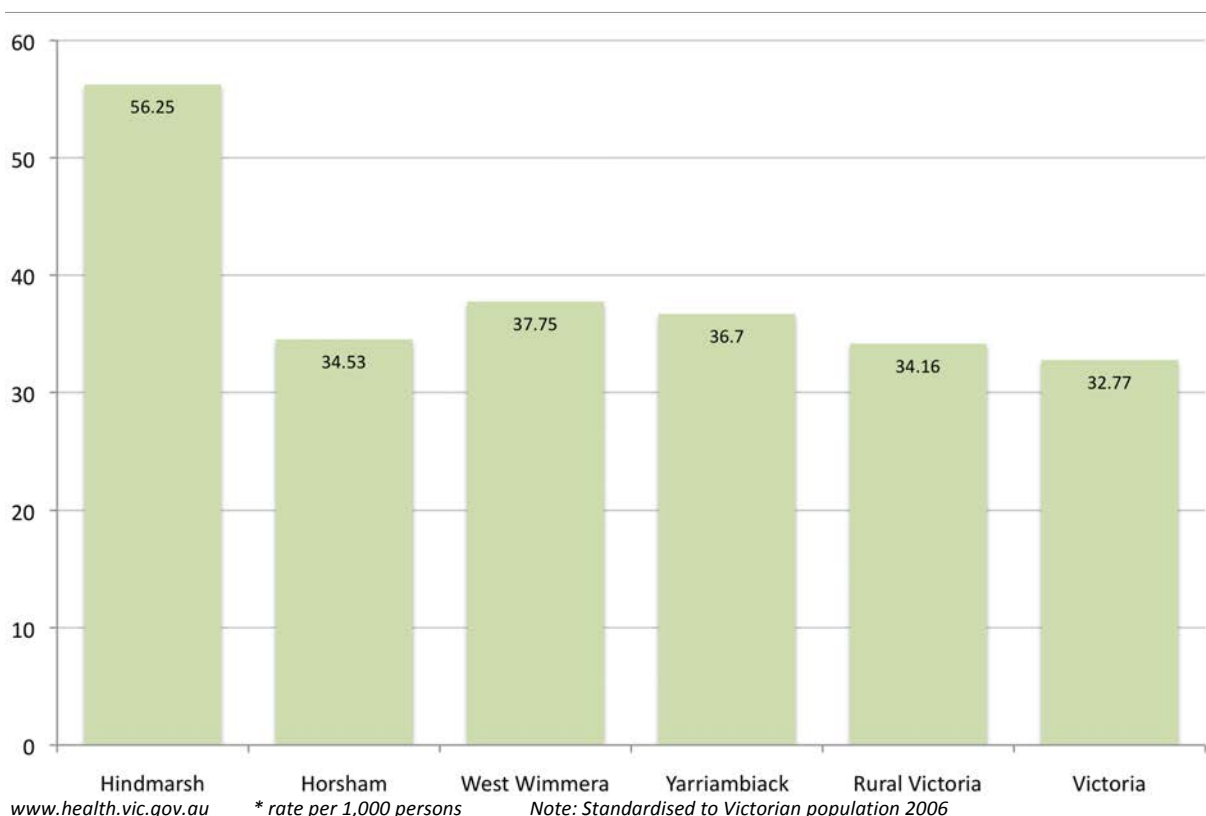
Ambulatory Care Sensitive Conditions (ACSC)

Ambulatory care sensitive conditions are those for which hospitalisation is thought to be avoidable with the application of public health interventions and early disease management, usually delivered in ambulatory settings such as primary care. (Department of Health <http://www.health.vic.gov.au/healthstatus/admin/acsc/index.htm>)

Hospitalisation rates for ACSCs can be used as an indicator of access to, and quality of, primary health care. A range of factors, including disease prevalence in a community, personal choices, socio-economic factors and hospital admission and coding practices may also influence these rates.

In 2010/11, the total standardised admission rate for total ACSCs in all of the Wimmera PCP LGAs was higher than the Regional Victoria and Victoria average. The rate for Hindmarsh was significantly higher than the other PCP LGAs as well as the regional Victoria and Victoria average. Within the region, Horsham RC had the lowest admission rate and Hindmarsh had the highest. Further information about ACSCs can be found at www.health.vic.gov.au/healthstatus/acsc/index.htm

Total Standardised[#] ACSCs Admission Rates* (2010/11)



Victorian Health Information Surveillance System # Age standardised to Victorian population 2006 * rate per 1,000 person

Most Common ACSCs

The table below sets out the ten most common ACSCs for each LGA in the Wimmera PCP Region. These have also been ranked. Red coloured rates denote that the rate was higher than the Regional Victoria average. Sometimes conditions are not listed in the Regional Victoria top ten, or visa versa, as they are less common for that region.

In 2010/11, the most common ACSC across the Wimmera PCP region, as well as state-wide, was diabetes complications. Hindmarsh, Horsham RC and Yarriambiack had rates higher than the regional Victoria and Victoria average. The rate in Hindmarsh was significantly higher.

The next most common ACSC (excluding for West Wimmera) was dental conditions and rates for this condition in Hindmarsh, Horsham RC and Yarriambiack were higher than the regional Victoria and Victoria average. Within the region, Hindmarsh had the highest admission rate.

COPD also ranked high in admission rates across the region. Hindmarsh and West Wimmera all had higher rates than the regional Victoria and Victoria average. Within the region, West Wimmera had the highest rate.

All Wimmera PCP region LGAs had a higher rate of admissions for ear, nose and throat infections, compared to the regional Victoria and Victoria average. Within the region, West Wimmera had the highest rate, followed by Hindmarsh.

Top Ten ACSC Standardised[#] Admission Rates^{*} by LGA (2010 – 2011)

Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria		Victoria	
ACSC	Rate	ACSC	Rate	ACSC	Rate	ACSC	Rate	ACSC	Rate	ACSC	Rate
Diabetes complications	21.44	Diabetes complications	11.58	Diabetes complications	9.77	Diabetes complications	12.24	Diabetes complications	11.04	Diabetes complications	11.42
Dental conditions	5.45	Dental conditions	4.73	COPD	5.22	Dental conditions	3.92	Dental conditions	3.90	Dental conditions	3.03
COPD	4.87	COPD	2.79	Ear, nose & thrt infectns	5.17	Convulsions & epilepsy	2.63	COPD	3.05	COPD	2.61
Ear, nose & thrt infectns	4.17	Cong. cardiac failure	2.36	Angina	4.47	Asthma	2.46	Pyelonephritis	2.39	Pyelonephritis	2.55
Pyelonephritis	3.60	Ear, nose & thrt infectns	2.33	Cong. cardiac failure	2.92	Ear, nose & thrt infectns	2.20	Cong. cardiac failure	2.17	Cong. cardiac failure	2.29
Asthma	3.50	Iron def. anaemia	2.06	Asthma	2.33	COPD	2.01	Cellulitis	1.96	Asthma	1.80
Cong. cardiac failure	2.90	Convulsions & epilepsy	1.81	Pyelonephritis	2.22	Cong. cardiac failure	2.00	Asthma	1.81	Cellulitis	1.73
Cellulitis	2.83	Cellulitis	1.73	Dental conditions	2.02	Pyelonephritis	1.88	Angina	1.81	Iron defic. anaemia	1.68
Angina	2.43	Pyelonephritis	1.64	Cellulitis	1.89	Iron defic. anaemia	1.60	Ear, nose & thrt infectns	1.67	Angina	1.52
Convulsions & epilepsy	2.28	Angina	1.32	na	na	Influenza & pneumonia	1.56	Convulsions & epilepsy	1.52	Convulsions & epilepsy	1.38

Victorian Health Information Surveillance System # Age standardised to Victorian population 2006 * Rate per 1,000 person

ACSC by Sex

In 2009/10, across the Wimmera PCP region, males had a significantly higher number and standardised rate of total ACSCs, chronic ACSCs and vaccine preventable ACSCs, compared to females. Compared to females, males had particularly high rates of diabetes complications, as well as prevalent conditions such as COPD, congestive cardiac failure, dental conditions, ear nose and throat infections and angina. Females had higher rates of conditions such as asthma, pyelonephritis, convulsions and epilepsy, iron deficiency anaemia and hypertension.

Wimmera PCP Region Total – ACSC Numbers and Rates^{#*} by Sex (2009 - 10)

Males			Females		
Condition	No. of Admissions	Rate *	Condition	Number of Admissions	Rate *
Diabetes complications	376	15.03	Diabetes complications	274	11.00
Dental conditions	81	4.56	Dental conditions	76	4.13
Chronic Obstr. Pulmonary Disease (COPD)	104	3.66	Pyelonephritis	70	2.93
Ear, nose and throat infections	58	3.26	Chronic Obstr. Pulmonary Disease (COPD)	76	2.75
Congestive cardiac failure	78	2.68	Ear, nose and throat infections	46	2.47
Angina	68	2.54	Congestive cardiac failure	68	2.14
Cellulitis	41	1.99	Asthma	42	2.13
Convulsions and epilepsy	32	1.85	Convulsions and epilepsy	38	2.04
Asthma	28	1.64	Cellulitis	42	1.97
Iron deficiency anaemia	36	1.46	Iron deficiency anaemia	41	1.69
Pyelonephritis	36	1.31	Angina	32	1.26
Influenza and pneumonia	27	1.17	Hypertension	22	0.80
Gangrene	16	0.69	Dehydration and gastroenteritis	19	0.73
Dehydration and gastroenteritis	12	0.50	Influenza and pneumonia	11	0.51
Perforated/bleeding ulcer	10	0.47	Pelvic inflammatory disease	6	0.39
Hypertension	11	0.46	Gangrene	6	0.20
Total ACSCs	969	41.54	Total ACSCs	841	36.07
Acute ACSCs	306	15.39	Acute ACSCs	344	16.53
Chronic ACSCs	651	25.50	Chronic ACSCs	498	19.47
Vaccine Preventable ACSCs	27	1.17	Vaccine Preventable ACSCs	11	0.51

Victorian Health Information Surveillance System - 2012 # Age standardised to Victorian population 2006 * Rate per 1,000 person

Deaths

Avoidable Mortality

The Public Health Information Development Unit, in its *Australian and New Zealand Atlas of Avoidable Mortality* (2006) report, defines Avoidable Mortality as: comprising “those causes of death that are potentially avoidable at the present time, given available knowledge about social and economic policy impacts, health behaviours, and health care ...”

The report, which analyses mortality across Australia, found that:

“Rates of avoidable mortality were approximately 80% higher in the most disadvantaged areas compared to the least disadvantaged areas. There was also a clear socioeconomic gradient in rates for all causes of avoidable mortality and for most conditions examined...”

Amongst others, the key causes of death contributing to avoidable mortality statistics include neoplasms (cancers); cardiovascular diseases; infections; nutritional, endocrine and metabolic conditions (such as diabetes); respiratory diseases; drug use disorders; and unintentional and intentional injuries. For further information about avoidable mortality, refer to the PHIDU website: www.publichealth.gov.au

All Causes

Between 2003 and 2007, West Wimmera had the highest average annual rate of avoidable deaths (all causes) for people aged 0 to 74 years. This figure was also higher than the Regional Victoria and Victoria average. Within the region, Yarriambiack had the lowest rate.

Avoidable Deaths at Ages 0 to 74 Years: All Causes (2003 - 2007)

SLA	No.	Rate*
Hindmarsh	66	176.7
Horsham (RC)	176	181.2
West Wimmera	58	205.0
Yarriambiack	83	171.3
Regional Victoria	12,790	182.1
Victoria	37,738	158.2

Public Health Information Development Unit- 2011 *Indirectly age-standardised average annual rate per 100,000 population.

Life Expectancy at Birth

Life expectancy at birth for males born in any of the Wimmera PCP region LGAs is lower than the Regional Victoria and Victoria average. Within the region, West Wimmera had the lowest life expectancy for males and Yarriambiack had the highest.

Life expectancy at birth for females born in Hindmarsh is lower than the Regional Victoria and Victoria average. Within the region, Hindmarsh had the lowest life expectancy for females and West Wimmera had the highest.

Life Expectancy at Birth (2007)

	Male	Female
Hindmarsh	77.7	83.6
Horsham RC	77.8	84.1
West Wimmera	76.7	85.0
Yarriambiack	78.1	84.8
Regional Victoria	78.9	83.8
Victoria	80.3	84.4

Department of Human Services 2011

Hospital Separations

Main Hospital Attended

A hospital separation is the process by which an episode of care for an admitted patient ceases. A separation may include: a discharge to home, discharge to another hospital or nursing home, death of a patient, or change in type of care within a period of hospitalisation.

The following table sets out the main hospital (highest number of separations) attended by residents of each of the Wimmera PCP region LGAs.

Main Hospital Attended (2009-10)

LGA	Hospital
Hindmarsh	Wimmera Base Hospital (Horsham)
Horsham RC	Wimmera Base Hospital (Horsham)
West Wimmera	Edenhope & District Hospital
Yarriambiack	Wimmera Base Hospital (Horsham)

2010 Local Government Area Statistical Profiles, DoH 2011

Total Number of Separations

Note: figures refer to separations and presentations and not to individuals. Thus, one individual could have multiple separations or presentations in 2009-10. Figures are for place of residence and not location of the health service. Figures are for separations or presentations across Victorian public and private hospitals.

In 2009-10, all Wimmera PCP region LGAs had a higher rate of hospital separations than the Victoria average. Within the region, Hindmarsh had the highest rate of separations, followed by Horsham.

Hindmarsh, West Wimmera and Yarriambiack all had longer average length stays than the Victoria average. Within the region, Hindmarsh had the longest length of stay, followed by West Wimmera. Note that same day stays have not been included in these figures.

Horsham RC and Yarriambiack had a higher rate of emergency department (ED) presentations compared to the Victoria average. Within the region, Horsham RC had the highest rate and West Wimmera had the lowest. The rate in Horsham RC was significantly higher than the state average (more than double).

Horsham RC and Yarriambiack had a higher rate of primary care type presentations to emergency, compared to the Victoria average. The rate in Horsham, again, was significantly higher than the state average (almost double). Primary care type presentations are presentations that were "assessed as of low urgency and acuity, did not arrive by ambulance, were self-referred, were presenting for a new episode of care and were not expecting to be admitted." 2010 Local Government Area Statistical Profiles, DoH 2011.

Public Hospital Separations (2009-10)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Hospital separations per 1,000 population	609.0	482.0	429.4	451.0	422.0
Average length of stay (multi-day stays)	8.0	4.8	6.5	6.0	5.9
ED presentations per 1,000 population.	221.5	555.5	128.3	257.1	249.9
Primary care type presentation to emergency, per 1000 population	95.5	330.9	58.7	122.4	115.6

2010 Local Government Area Statistical Profiles, DoH 2011

Between 1999-2000 and 2009-10, hospital separations for Horsham RC residents increased by a greater percentage than the Victorian average. Within the region, Horsham RC had the greatest increase and Yarriambiack had the smallest increase.

The predicted change in hospital separations between 2009-10 and 2018-19 for all Wimmera PCP region LGAs is less than the state average.

Change to Hospital Separations (1999/2000 to 2009/10) and Forecast (2009/10 to 2018/19)

	Per annum change between 1999-2000 to 2009-10	Predicted per annum change 2009-10 to 2018- 19
Hindmarsh	2.9%	-0.1%
Horsham	4.7%	2.0%
West Wimmera	2.7%	0.1%
Yarriambiack	0.3%	0.6%
Victoria	4.1%	3.7%

2010 Local Government Area Statistical Profiles, DoH 2011

Hospital Separations by Major Diagnostic Category

Note that figures in this section are not age or sex standardised.

Hindmarsh

Males

In 2010/11, across all Victorian public and private hospitals, there were 1,860 hospital separations for male residents of Hindmarsh. This figure represents a rate of 61 separations per 100 population and is significantly higher than the Victorian total rate of 41.6 per 100. Please note that figures are for the number of separations and not for individual people and that one person may have multiple separations within a 12 month period.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; diseases and disorders of the circulatory system; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the digestive system.

The following conditions were notably more common in males than females (per population): infectious and parasitic diseases, systemic or unspecified sites; diseases and disorders of the circulatory system; and diseases and disorders of blood, blood forming organs, and immunological disorders.

Compared to Victoria, Hindmarsh males had a higher rate per population of separations for all major diagnostic categories. Rates were more than 50% higher than Victorian figures for the following: infectious and parasitic diseases, systemic or unspecified sites; diseases and disorders of the respiratory system; and neoplastic disorders (haematological and solid neoplasms).

** not including conditions restricted to males only*

Females

In 2010/11, across all Victorian public and private hospitals, there were 2,121 hospital separations for female residents of Hindmarsh. This figure represents a rate of 68.4 separations per 100 population and is significantly higher than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the digestive system; diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the circulatory system.

The following conditions were notably more common in females than males (per population): diseases and disorders of the hepatobiliary system and pancreas; endocrine, nutritional and metabolic diseases and disorders; mental diseases and disorders; diseases and disorders of the skin, subcutaneous tissue and breast; and diseases and disorders of the nervous system.

Compared to Victoria, Hindmarsh females had a higher rate per population of separations for most major diagnostic categories. Rates were more than 50% higher than Victorian figures for the following: diseases and disorders of the kidney and urinary tract; neoplastic disorders (haematological and solid neoplasms); and diseases and disorders of the respiratory system.

** not including conditions restricted to females only*

Horsham RC

Males

In 2010/11, across all Victorian public and private hospitals, there were 4,668 hospital separations for male residents of Horsham RC. This figure represents a rate of 47.1 separations per 100 population and is higher than the Victorian total rate of 41.6 per 100. Please note that figures are for the number of separations and not for individual people and that one person may have multiple separations within a 12 month period.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; diseases and disorders of the musculoskeletal system and connective tissue; diseases and disorders of the digestive system; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the circulatory system.

The following conditions were notably more common in males than females (per population): diseases and disorders of the kidney and urinary tract; diseases and disorders of blood, blood forming organs, immunological disorders; diseases and disorders of the respiratory system; and diseases and disorders of the circulatory system.

Compared to Victoria, Horsham RC males had a higher rate per population of separations for many major diagnostic categories. Rates were more than 20% higher than Victorian figures for the following: diseases and disorders of blood, blood forming organs, immunological disorders; diseases and disorders of the male reproductive system; diseases and disorders of the musculoskeletal system and connective tissue; neoplastic disorders (haematological and solid neoplasms); and diseases and disorders of the kidney and urinary tract.

** not including conditions restricted to males only*

Females

In 2010/11, across all Victorian public and private hospitals, there were 4,929 hospital separations for female residents of Horsham RC. This figure represents a rate of 47.8 separations per 100 population and is higher than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the digestive system; pregnancy, childbirth and the puerperium; diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the female reproductive system.

The following conditions were notably more common* in females than males (per population): neoplastic disorders (haematological and solid neoplasms); endocrine, nutritional and metabolic diseases and disorders; and mental diseases and disorders.

Compared to Victoria, Horsham RC females had a higher rate per population of separations for some major diagnostic categories. Rates were more than 20% higher than Victorian figures for the following: neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the female reproductive system; infectious and parasitic diseases, systemic or unspecified sites; and newborns and other neonates.

** not including conditions restricted to females only*

West Wimmera

Males

In 2010/11, across all Victorian public and private hospitals, there were 1,068 hospital separations for male residents of West Wimmera. This figure represents a rate of 46.1 separations per 100 population and is higher than the Victorian total rate of 41.6 per 100. Please note that figures are for the number of separations and not for individual people and that one person may have multiple separations within a 12 month period.

The five most common major diagnostic categories were, in order: diseases and disorders of the kidney and urinary tract; diseases and disorders of the musculoskeletal system and connective tissue; diseases and disorders of the digestive system; diseases and disorders of the circulatory system; and diseases and disorders of the respiratory system.

The following conditions were notably more common in males than females (per population): diseases and disorders of the kidney and urinary tract; endocrine, nutritional and metabolic diseases and disorders; diseases and disorders of blood, blood forming organs; and diseases and disorders of the hepatobiliary system and pancreas.

Compared to Victoria, West Wimmera males had a higher rate per population of separations for a number of the major diagnostic categories. Rates were more than 20% higher than Victorian figures for the following: diseases and disorders of the kidney and urinary tract; diseases and disorders of the hepatobiliary system and pancreas; endocrine, nutritional and metabolic diseases and disorders; diseases and disorders of blood, blood forming organs; and diseases and disorders of respiratory system.

** not including conditions restricted to males only*

Females

In 2010/11, across all Victorian public and private hospitals, there were 760 hospital separations for female residents of West Wimmera. This figure represents a rate of 33.4 separations per 100 population and is much lower than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the digestive system; diseases and disorders of the musculoskeletal system and connective tissue; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the circulatory system; and diseases and disorders of the respiratory system.

The following conditions were notably more common in females than males (per population): diseases and disorders of the eye; mental diseases and disorders; and neoplastic disorders (haematological and solid neoplasms).

Compared to Victoria, West Wimmera females had a higher rate per population of separations for some major diagnostic categories. Rates were more than 20% higher than Victorian figures for the following: infectious and parasitic diseases, systemic or unspecified sites; and diseases and disorders of the respiratory system.

** not including conditions restricted to females only*

Yarriambiack

Males

In 2010/11, across all Victorian public and private hospitals, there were 1,585 hospital separations for male residents of Yarriambiack. This figure represents a rate of 42.3 separations per 100 population and is higher than the Victorian total rate of 41.6. Please note that figures are for the number of separations and not for individual people and that one person may have multiple separations within a 12 month period.

The five most common major diagnostic categories were, in order: diseases and disorders of the digestive system; diseases and disorders of the circulatory system; diseases and disorders of the musculoskeletal system and connective tissue; neoplastic disorders (haematological and solid neoplasms); and diseases and disorders of the respiratory system.

The following conditions were notably more common in males than females (per population): diseases and disorders of blood, blood forming organs; endocrine, nutritional and metabolic diseases and disorders; diseases and disorders of the respiratory system; and diseases and disorders of the circulatory system.

Compared to Victoria, Yarriambiack males had a higher rate per population of separations for many major diagnostic categories. Rates were more than 30% higher than Victorian figures for the following: diseases and disorders of blood, blood forming organs; endocrine, nutritional and metabolic diseases and disorders; diseases and disorders of the respiratory system; diseases and disorders of the skin, subcutaneous tissue and breast; diseases and disorders of the nervous system; diseases and disorders of the circulatory system; and infectious and parasitic diseases, systemic or unspecified sites.

** not including conditions restricted to males only*

Females

In 2010/11, across all Victorian public and private hospitals, there were 1918 hospital separations for female residents of Yarriambiack. This figure represents a rate of 49.6 separations per 100 population and is higher than the Victorian total rate of 45.1 per 100.

The five most common major diagnostic categories were, in order: diseases and disorders of the digestive system; diseases and disorders of the musculoskeletal system and connective tissue; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the circulatory system; and pregnancy, childbirth and the puerperium.

The following conditions were notably more common in females than males (per population): diseases and disorders of the hepatobiliary system and pancreas; injuries, poisonings and toxic effects of drugs; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the kidney and urinary tract; diseases and disorders of the eye; and diseases and disorders of the musculoskeletal system and connective tissue.

Compared to Victoria, Yarriambiack females had a higher rate per population of separations for many major diagnostic categories. Rates were more than 30% higher than Victorian figures for the following: infectious and parasitic diseases, systemic or unspecified sites; neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the musculoskeletal system and connective tissue; and diseases and disorders of the hepatobiliary system and pancreas.

** not including conditions restricted to females only*

Total Hospital (Public And Private) Separations by Major Diagnostic Category (MDC) (2010/11)

MDC	Hindmarsh				Horsham RC				West Wimmera				Yarriambiack			
	M	M	F	F	M	M	F	F	M	M	F	F	M	M	F	F
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Unknown	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	8	0.3%	#	#	9	0.1%	9	0.1%	#	#	#	#	#	#	#	#
Burns	#	#	#	#	12	0.1%	#	#	#	#	#	#	#	#	#	#
Diseases & Disorders of Blood, Blood Forming Organs, Immun. Disorders	32	1.0%	26	0.8%	153	1.5%	95	0.9%	31	1.3%	18	0.8%	92	2.5%	25	0.6%
Diseases & Disorders of the Circulatory System	193	6.3%	148	4.8%	292	2.9%	203	2.0%	71	3.1%	61	2.7%	188	5.0%	142	3.7%
Diseases & Disorders of the Digestive System	169	5.5%	171	5.5%	470	4.7%	491	4.8%	78	3.4%	92	4.0%	212	5.7%	238	6.2%
Diseases & Disorders of the Ear, Nose, Mouth & Throat	86	2.8%	89	2.9%	225	2.3%	228	2.2%	43	1.9%	44	1.9%	74	2.0%	74	1.9%
Diseases & Disorders of the Eye	55	1.8%	56	1.8%	127	1.3%	112	1.1%	18	0.8%	30	1.3%	37	1.0%	54	1.4%
Diseases & Disorders of the Female Reproductive System	na	na	105	3.4%	na	na	402	3.9%	na	na	47	2.1%	na	na	102	2.6%
Diseases & Disorders of the Hepatobiliary System & Pancreas	26	0.9%	36	1.2%	61	0.6%	73	0.7%	26	1.1%	15	0.7%	18	0.5%	43	1.1%
Diseases & Disorders of the Kidney & Urinary Tract	376	12.3	437	14.1	1,144	11.5	265	2.6%	381	16.5	31	1.4%	51	1.4%	83	2.1%
Diseases & Disorders of the Male Reproductive System	36	1.2%	na	na	145	1.5%	na	na	15	0.6%	na	na	40	1.1%	na	na
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	171	5.6%	164	5.3%	470	4.7%	429	4.2%	86	3.7%	88	3.9%	163	4.4%	234	6.1%
Diseases & Disorders of the Nervous System	80	2.6%	95	3.1%	175	1.8%	212	2.1%	23	1.0%	24	1.1%	96	2.6%	96	2.5%
Diseases & Disorders of the Respiratory System	132	4.3%	109	3.5%	227	2.3%	150	1.5%	68	2.9%	51	2.2%	129	3.4%	88	2.3%
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	61	2.0%	74	2.4%	170	1.7%	210	2.0%	32	1.4%	24	1.1%	92	2.5%	89	2.3%
Edit DRGs	#	#	#	#	10	0.1%	8	0.1%	#	#	#	#	#	#	#	#
Endocrine, Nutritional & Metabolic Diseases & Disorders	22	0.7%	28	0.9%	39	0.4%	75	0.7%	16	0.7%	10	0.4%	34	0.9%	21	0.5%
Factors Infl. Health Status & Other Contacts with Health Services	109	3.6%	157	5.1%	259	2.6%	479	4.6%	56	2.4%	80	3.5%	87	2.3%	137	3.5%
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	29	1.0%	19	0.6%	40	0.4%	41	0.4%	11	0.5%	9	0.4%	24	0.6%	25	0.6%
Injuries, Poisonings & Toxic Effects of Drugs	43	1.4%	45	1.5%	77	0.8%	70	0.7%	26	1.1%	18	0.8%	27	0.7%	42	1.1%
Mental Diseases & Disorders	25	0.8%	32	1.0%	56	0.6%	85	0.8%	15	0.6%	21	0.9%	42	1.1%	51	1.3%
Neoplastic Disorders (Haematological & Solid Neoplasms)	180	5.9%	213	6.9%	376	3.8%	693	6.7%	64	2.8%	79	3.5%	139	3.7%	216	5.6%
Newborns & Other Neonates	37	1.2%	34	1.1%	123	1.2%	146	1.4%	17	0.7%	12	0.5%	44	1.2%	40	1.0%
Pregnancy, Childbirth & the Puerperium	na	na	89	2.9%	na	na	453	4.4%	na	na	36	1.6%	na	na	114	2.9%
Unassignable to MDC	#	#	#	#	19	0.2%	10	0.1%	#	#	#	#	8	0.2%	#	#
Total **	1,860	61.0%	2,121	68.4%	4,668	47.1%	4,929	47.8%	1,068	46.1%	760	33.4%	1,585	42.3%	1,918	49.6%

Source: Victorian Admitted Episode Dataset (VAED) 2010/11 (Public and Private Hospital files) commissioned data. * Rate per 100 persons - population figures taken from 2010 estimated resident population figures in ABS cat. 3235.0 # Value between 0 and 6 cannot be published and is not comparable. **figures may not add up to total due to conversion of <5 cells to number 3. na = not applicable

Hospital (Public and Private) Separation Rates Comparison by MDC (2010/11)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria	
	M	F	M	F	M	F	M	F	M	F
	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*	Rate*
Unknown	#	#	#	#	#	#	#	#	#	#
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	0.3%	#	0.1%	0.1%	#	#	#	#	0.3%	0.2%
Burns	#	#	0.1%	#	#	#	#	#	0.0%	0.0%
Diseases & Disorders of Blood, Blood Forming Organs, Immun. Disorders	1.0%	0.8%	1.5%	0.9%	1.3%	0.8%	2.5%	0.6%	0.8%	0.8%
Diseases & Disorders of the Circulatory System	6.3%	4.8%	2.9%	2.0%	3.1%	2.7%	5.0%	3.7%	3.3%	2.6%
Diseases & Disorders of the Digestive System	5.5%	5.5%	4.7%	4.8%	3.4%	4.0%	5.7%	6.2%	5.4%	5.9%
Diseases & Disorders of the Ear, Nose, Mouth & Throat	2.8%	2.9%	2.3%	2.2%	1.9%	1.9%	2.0%	1.9%	1.9%	2.0%
Diseases & Disorders of the Eye	1.8%	1.8%	1.3%	1.1%	0.8%	1.3%	1.0%	1.4%	1.2%	1.5%
Diseases & Disorders of the Female Reproductive System	na	3.4%	na	3.9%	na	2.1%	na	2.6%	0.0%	2.8%
Diseases & Disorders of the Hepatobiliary System & Pancreas	0.9%	1.2%	0.6%	0.7%	1.1%	0.7%	0.5%	1.1%	0.6%	0.7%
Diseases & Disorders of the Kidney & Urinary Tract	12.3%	14.1%	11.5%	2.6%	16.5%	1.4%	1.4%	2.1%	8.8%	5.2%
Diseases & Disorders of the Male Reproductive System	1.2%	na	1.5%	na	0.6%	na	1.1%	0.0%	1.1%	0.0%
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	5.6%	5.3%	4.7%	4.2%	3.7%	3.9%	4.4%	6.1%	3.5%	3.5%
Diseases & Disorders of the Nervous System	2.6%	3.1%	1.8%	2.1%	1.0%	1.1%	2.6%	2.5%	1.7%	1.8%
Diseases & Disorders of the Respiratory System	4.3%	3.5%	2.3%	1.5%	2.9%	2.2%	3.4%	2.3%	2.1%	1.7%
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	2.0%	2.4%	1.7%	2.0%	1.4%	1.1%	2.5%	2.3%	1.6%	1.9%
Edit DRGs	#	#	0.1%	0.1%	#	#	#	#	0.0%	0.0%
Endocrine, Nutritional & Metabolic Diseases & Disorders	0.7%	0.9%	0.4%	0.7%	0.7%	0.4%	0.9%	0.5%	0.4%	0.6%
Factors Influencing Health Status & Other Contacts with Health Services	3.6%	5.1%	2.6%	4.6%	2.4%	3.5%	2.3%	3.5%	2.4%	2.5%
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	1.0%	0.6%	0.4%	0.4%	0.5%	0.4%	0.6%	0.6%	0.4%	0.3%
Injuries, Poisonings & Toxic Effects of Drugs	1.4%	1.5%	0.8%	0.7%	1.1%	0.8%	0.7%	1.1%	0.9%	0.8%
Mental Diseases & Disorders	0.8%	1.0%	0.6%	0.8%	0.6%	0.9%	1.1%	1.3%	0.8%	1.4%
Neoplastic Disorders (Haematological & Solid Neoplasms)	5.9%	6.9%	3.8%	6.7%	2.8%	3.5%	3.7%	5.6%	2.9%	3.0%
Newborns & Other Neonates	1.2%	1.1%	1.2%	1.4%	0.7%	0.5%	1.2%	1.0%	1.2%	1.1%
Pregnancy, Childbirth & the Puerperium	na	2.9%	na	4.4%	na	1.6%	na	2.9%	0.0%	4.5%
Unassignable to MDC	#	#	0.2%	0.1%	#	#	0.2%	#	0.1%	0.1%
Total**	61.0%	68.4%	47.1%	47.8%	46.1%	33.4%	42.3%	49.6%	41.6%	45.1%

Source: Victorian Admitted Episode Dataset (VAED) 2010/11 (Public and Private Hospital files) commissioned data. * Rate per 100 persons - population figures taken from 2010 estimated resident population figures in ABS cat. 3235.0 #Value between 0 and 6 cannot be published and are not comparable. **figures may not add up to total due to conversion of <5 cells to number 3. na = not applicable

Selected Health Conditions

Diabetes

Across the Wimmera PCP region, the number of residents with diabetes* more than doubled between 2001 and 2011. In 2011, all Wimmera PCP region LGAs had a higher proportion of population with diabetes than the Victorian average. Within the region, Horsham RC had the lowest proportion of population with diabetes and Hindmarsh had the highest. Hindmarsh has the highest proportion of population with diabetes in Victoria.

Diabetes Prevalence (2001 – 2011)

Location		2001	2011
Hindmarsh	Number of people with diabetes	210	471
	Proportion of population with diabetes	3.2%	7.7%
Horsham RC	Number of people with diabetes	287	1,036
	Proportion of population with diabetes	1.5%	5.1%
West Wimmera	Number of people with diabetes	99	260
	Proportion of population with diabetes	2.0%	5.7%
Yarriambiack	Number of people with diabetes	194	478
	Proportion of population with diabetes	2.3%	6.3%
Victoria	Proportion of population with diabetes	2.0%	4.5%

*Diabetes Australia - Victoria 2011 *includes diabetes type 1, type 2, gestational diabetes, and other forms of diabetes*

Type 2 Diabetes

The Victorian Population Health Survey 2008 gathered information at the LGA level on prevalence of doctor-diagnosed Type 2 Diabetes. The Survey found that, compared to Victoria, all Wimmera PCP region LGAs had a lower proportion of population aged 18 years that reported having doctor-diagnosed Type 2 Diabetes. Given the diabetes Australia figures set out above, these figures suggest that there is a very high proportion of population in the Wimmera PCP region that has Diabetes Type 1, gestational diabetes or other forms of diabetes.

Type 2 Diabetes Prevalence* (2008)

Location	%
Hindmarsh	4.0%
Horsham (RC)	3.7%
West Wimmera	3.5%
Yarriambiack	3.5%
Victoria	4.8%

*Victorian Population Health Survey 2008, Department of Health 2010 * age standardised*

State-wide findings from the Victorian Population Health Survey also indicate that across Victoria:

- The prevalence of type 1 diabetes remained relatively steady over the period 2005–2008 for males and females
- Prevalence of type 2 diabetes did not change for females between 2005 and 2008
- Prevalence of type 2 diabetes in males increased from 3.9% in 2005 to 5.8% in 2008, and
- The prevalence of type 2 diabetes increased with age.

Cancer

New Cases

The table below sets out the total average new cases of malignant cancers per year over the period 2006 – 2010. The figures indicate that there were more new malignant cancer diagnoses for males than there were for females across the Wimmera PCP region and that Horsham RC had the highest number of diagnoses, followed by Yarriambiack. *Note that figures are not age or sex standardised.*

Total Average Malignant Cancers Diagnosed Each Year (2006 – 2010)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack
	Average annual number	Average annual number	Average annual number	Average annual number
Males	25	61	20	40
Females	24	52	12	23
Total	50	114	32	64

Victorian Cancer Registry 2011

Between 2006 and 2010, the most common type of cancer in the region was prostate cancer, followed by bowel cancer and then breast cancer. *Note that figures are not age or sex standardised.*

Diagnoses Per Year of the Leading Cancers (2006 – 2010)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack
	Average annual number	Average annual number	Average annual number	Average annual number
Bowel	7	16	*	7
Prostate	6	19	7	14
Breast	*	12	*	*
Lung	*	9	*	*
Melanoma	*	9	*	*

Victorian Cancer Registry 2011 * number of cases was 5 or less.

Avoidable Deaths

All Cancers

Between 2003 and 2007, compared to Regional Victoria and Victoria, West Wimmera had a higher rate of avoidable deaths from cancers for population aged 0 to 74 years. Within the region, Horsham RC had the lowest rate and West Wimmera had the highest rate and this rate was significantly higher than the state average.

Colorectal Cancer

Between 2003 and 2007, compared to Regional Victoria and Victoria, West Wimmera had a higher rate of avoidable deaths from colorectal cancer for population aged 0 to 74 years. Within the region, Yarriambiack had the lowest rate and West Wimmera had the highest rate and this rate was significantly higher than the state average.

Lung Cancer

Between 2003 and 2007, compared to Regional Victoria and Victoria, West Wimmera and Yarriambiack had a higher rate of avoidable deaths from lung cancer for population aged 0 to 74 years. Within the region, Horsham RC had the lowest rate and West Wimmera had the highest rate and this rate was significantly higher than the state average.

Avoidable Deaths at Ages 0 to 74 Years: Cancers (2003 to 2007)

	Cancers		Colorectal cancer		Lung cancer	
Location	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	27	68.9	5	12.5	8	19.7
Horsham (RC)	60	60.7	15	15.0	19	18.9
West Wimmera	24	80.6	6	19.8	9	29.2
Yarriambiack	32	62.9	6	11.6	14	26.4
Regional Vic	4,732	65.9	903	12.5	1,646	22.6
Victoria	14,617	61.4	2,693	11.3	4,916	20.6

Public Health Information Development Unit- 2011 * average annual rate per 100,000 population.

High Cholesterol

In 2007-08 compared to Regional Victoria and Victoria; Hindmarsh, Horsham RC and West Wimmera all had a higher estimated rate of high cholesterol per 100 population than the Victoria average. Within the region, West Wimmera had the lowest estimated rate.

High Cholesterol (Synthetic Prediction) - (2007-08)

SLA	No.	Rate*
Hindmarsh	467	5.6
Horsham (RC)	1,211	5.6
West Wimmera	324	5.5
Yarriambiack	578	5.6
Regional Vic	86,578	5.5
Victoria	284,371	5.4

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 * Indirectly age-standardised average annual rate per 100 population.

Cardiovascular Disease

In 2007-08, compared to Regional Victoria, Horsham RC had a higher estimated rate of circulatory system diseases than the Regional Victoria and Victoria average.

Hypertensive disease

In 2007-08, compared to regional Victoria, all Wimmera PCP region LGAs had a lower estimated rate of hypertensive disease.

Circulatory System Diseases (Synthetic Prediction) - (2007-08)

	Circulatory system diseases		Hypertensive disease	
SLA	No.	Rate*	No.	Rate*
Hindmarsh	1,507	17.8	921	10.4
Horsham (RC)	3,955	18.2	2,370	10.7
West Wimmera	1,029	17.8	656	10.8
Yarriambiack	1,860	17.8	1,135	10.3
Regional Vic	280,266	18.0	173,284	10.9
Victoria	915,371	17.3	544,640	10.3

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Indirectly age-standardised average annual rate per 100 population.

Avoidable Deaths Due to Cardiovascular Disease

Between 2003 and 2007, Horsham, West Wimmera and Yarriambiack had a higher average annual rate of avoidable mortality from cardiovascular disease for population aged 0 to 74 years than Regional Victoria and Victoria. Within the region, Hindmarsh had the lowest rate and West Wimmera had the highest rate and this figure was significantly higher than the state average.

Avoidable Deaths Due to Ischaemic Heart Disease

Between 2003 and 2007, Horsham RC and West Wimmera had a higher average annual rate of avoidable mortality from Ischaemic heart disease for population aged 0 to 74 years, than Victoria. Within the region, Hindmarsh had the lowest rate and West Wimmera had the highest rate and this figure was significantly higher than the state average.

Avoidable Deaths at Ages 0 to 74 Years: Cardiovascular Disease (2003 - 2007)

SLA	Cardiovascular disease		Ischaemic heart disease	
	No.	Rate*	No.	Rate*
Hindmarsh	17	42.0	10	24.8
Horsham (RC)	51	50.5	35	34.8
West Wimmera	20	65.6	17	55.9
Yarriambiack	26	49.1	16	30.4
Regional Vic	3,395	46.8	2,453	33.9
Victoria	9,515	39.8	6,648	27.8

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 * Indirectly age-standardised average annual rate per 100,000 population

Cerebrovascular Diseases

Between 2003 and 2007 Horsham RC and Yarriambiack had a higher average annual rate of avoidable mortality from cerebrovascular disease for population aged 0 to 74 years, compared to Regional Victoria and Victoria. Within the region, figures for Hindmarsh and West Wimmera were too low to publish. The figure for both Yarriambiack and Horsham RC was significantly higher than the state average.

Avoidable Deaths at Ages 0 to 74 Years: Cerebrovascular Diseases (2003 - 2007)

SLA	No.	Rate*
Hindmarsh	#	..
Horsham (RC)	15	14.7
West Wimmera	#	..
Yarriambiack	9	16.7
Regional Vic	745	10.2
Victoria	2,246	9.4

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Indirectly age-standardised average annual rate per 100,000 population.. # number too small to be published.

Respiratory System Diseases

In 2007-08, compared to Regional Victoria; Hindmarsh, West Wimmera and Yarriambiack had a higher estimated rate of all respiratory system diseases. Within the region, Yarriambiack had the highest rate and Horsham RC had the lowest rate.

Asthma

In 2007-08, compared to Regional Victoria; all Wimmera PCP LGAs had a higher estimated rate of asthma. Within the region, Yarriambiack had the highest rate and West Wimmera had the lowest rate.

In 2009-10, Yarriambiack had a higher hospital admission rate for asthma than the Victorian average.

COPD

In 2007-08, compared to Regional Victoria, Yarriambiack had a higher estimated rate of COPD. Within the region, Yarriambiack had the highest rate and West Wimmera had the lowest rate.

Respiratory System Diseases (Synthetic prediction) - (2007 – 08)

SLA	Respiratory system diseases		Asthma		COPD	
	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	1,934	31.4	632	10.3	195	2.5
Horsham (RC)	5,925	30.5	2,020	10.4	533	2.5
West Wimmera	1,426	31.0	466	10.2	129	2.4
Yarriambiack	2,415	31.5	798	10.5	245	2.6
Regional Vic	430,710	30.7	142,558	10.1	37,997	2.5
Victoria	1,442,803	27.3	479,498	9.1	118,482	2.2

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 * indirectly age-standardised average annual rate per 100 population.

Admission Rate Ratio for Asthma (2009-10)

Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
0.68	0.65	0.24	1.23	1.0

2010 Local Government Area Statistical Profiles, DoH 2011

Avoidable Deaths Due to Respiratory System Diseases

Between 2003 and 2007 Hindmarsh, Horsham RC and Yarriambiack had a higher average annual rate of avoidable mortality from Respiratory system diseases for population aged 0 to 74 years compared to Regional Victoria and Victoria. Within the region, figures for West Wimmera were too low to publish. The figure for Horsham RC was significantly higher than the state average.

Avoidable Deaths Due to Chronic Obstructive Pulmonary Disease (COPD)

Between 2003 and 2007 Hindmarsh, Horsham RC and Yarriambiack had a higher average annual rate of avoidable mortality from COPD for population aged 0 to 74 years compared to Regional Victoria and Victoria. Within the region, figures for West Wimmera were too low to publish. The figure for Horsham RC was significantly higher than the state average.

Avoidable Deaths at Ages 0 to 74 Years: Respiratory System Diseases (2003 - 2007)

SLA	respiratory system diseases		COPD	
	No.	Rate*	No.	Rate*
Hindmarsh	5	11.9	5	34.5
Horsham (RC)	15	14.6	15	43.0
West Wimmera	#	..	#	..
Yarriambiack	7	12.7	6	31.5
Regional Vic	837	11.4	735	29.7
Victoria	2,014	8.4	1,726	21.6

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011
standardised average annual rate per 100,000 population.

* Indirectly age-

Musculoskeletal System Diseases

In 2007-08, compared to Regional Victoria; Horsham RC and Yarriambiack had a higher estimated rate of musculoskeletal system diseases. Within the region, Horsham RC had the highest rate and West Wimmera had the lowest rate.

Arthritis

In 2007-08, compared to Regional Victoria; Hindmarsh and Yarriambiack had a higher estimated rate of arthritis. Within the region, Hindmarsh had the highest rate and West Wimmera had the lowest.

Rheumatoid Arthritis

In 2007-08, compared to Regional Victoria; Hindmarsh and Yarriambiack had a higher estimated rate of rheumatoid arthritis. Within the region, Hindmarsh and Yarriambiack shared the highest rate and Horsham RC had the lowest.

Osteoarthritis

In 2007-08, compared to Regional Victoria; all Wimmera PCP region LGAs had a lower estimated rate of osteoarthritis. Within the region, Hindmarsh and Yarriambiack shared the highest rate and West Wimmera had the lowest.

Musculoskeletal System Diseases (Synthetic Prediction) - (2007- 08)

SLA	Musculoskeletal system diseases		Arthritis		Rheumatoid arthritis		Osteoarthritis	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	2,327	31.5	1,379	16.4	167	2.1	699	8.0
Horsham (RC)	6,586	32.1	3,326	15.4	394	1.9	1,745	7.9
West Wimmera	1,649	31.3	866	14.8	115	2.0	462	7.7
Yarriambiack	2,916	31.8	1,680	16.1	212	2.1	868	8.0
Regional Vic	470,782	31.7	243,62	15.6	30,837	2.0	149,53	9.5
Victoria	1,574,682	29.8	769,68	14.6	98,282	1.9	457,77	8.7

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011
average annual rate per 100 population.

* Indirectly age-standardised

Females With Osteoporosis

In 2007-08, compared to Regional Victoria, all Wimmera PCP region LGA female populations had a lower estimated rate of osteoporosis. Within the region, Hindmarsh had the highest rate and Horsham RC had the lowest.

Females With Osteoporosis (Synthetic Prediction) - (2007–08)

SLA	No.	Rate*
Hindmarsh	194	4.1
Horsham (RC)	394	3.4
West Wimmera	115	3.7
Yarriambiack	232	4.0
Regional Vic	37,353	4.6
Victoria	130,757	4.9

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 * Indirectly age-standardised average annual rate per 100 population.

Eye Health

In 2008, compared to regional Victoria and Victoria, Yarriambiack had a higher proportion of population that had noticed a change in vision in the past 12 months. Within the region, Yarriambiack had the highest rate and Hindmarsh had the lowest.

Noticed a Change in Vision* in Past 12 Months - Persons Aged 18 Years and Over (2008)

Area	%
Hindmarsh	33.8
Horsham (RC)	38.9
West Wimmera	38.1
Yarriambiack	44.4
<i>Regional Victoria</i>	40.4
Victoria	41.0

Victorian Population Health Survey 2008, Department of Health 2010. *Age standardised

In 2008, compared to regional Victoria and Victoria; Yarriambiack had a higher proportion of population that reported having ever consulted an eye care specialist or attending an eye clinic. Within the region, Yarriambiack had the highest rate and Hindmarsh had the lowest.

Ever Consulted an Eye Care Specialist or Attended an Eye Clinic* - Persons Aged ≥18 Years (2008)

Area	%
Hindmarsh	74.4
Horsham (RC)	77.4
West Wimmera	76.1
Yarriambiack	84.9
<i>Regional Victoria</i>	78.0
Victoria	77.7

Victorian Population Health Survey 2008, Department of Health 2010. * Age standardised

Infectious Diseases

The following background information about infectious diseases has been extracted from the Strategic Directions for Communicable Disease Prevention and Control 2009-12 document, Division of the Chief Health Officer, Queensland Government (2009).

While the incidence of most communicable diseases has decreased with improved living conditions and immunisation, some have increased (e.g. campylobacter enteritis, dengue, pertussis and salmonellosis). In addition, the changing world environment has resulted in an increased risk of bioterrorism, critical incidents and emerging communicable diseases (eg. Australian bat lyssavirus, Hendra virus, Murray Valley encephalitis and Japanese encephalitis). The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) illustrates the vulnerability of Australians to the emergence of a novel influenza virus capable of causing a pandemic.

Communicable disease and environmental health professionals work with a range of partners to prevent diseases spreading from person to person, from animals to people, and from the environment to people, as well as controlling communicable disease outbreaks when they occur.

Some disease control and prevention methods include:

- immunisation
- community and health provider education
- surveillance and case finding
- post exposure prophylaxis
- hygiene and other disease transmission prevention activities
- ensuring food and water are free of organisms that cause disease
- controlling animals and vectors that carry disease (eg. mosquitoes)
- legislation, and
- outbreak control strategies.

Infectious Diseases

Note that figures in this section are not age or sex standardised.

The Victorian Government's Department of Human Services conducts surveillance on infectious diseases. Data is obtained from medical practitioners and laboratories and reports are produced on a regular basis. It should be noted that this is only a measurement of the diseases that are presented at medical practices and laboratories and that, in many instances, diseases are not presented and, thus, not recorded in this data collection. Also, this is only a record of infectious disease that are required to be notified. As such, the data should only be interpreted in terms of what notifiable diseases were presented and not actual prevalence of all infectious diseases in the population. Data is updated regularly on the Department's website and should be referred to for the most up to date figures.

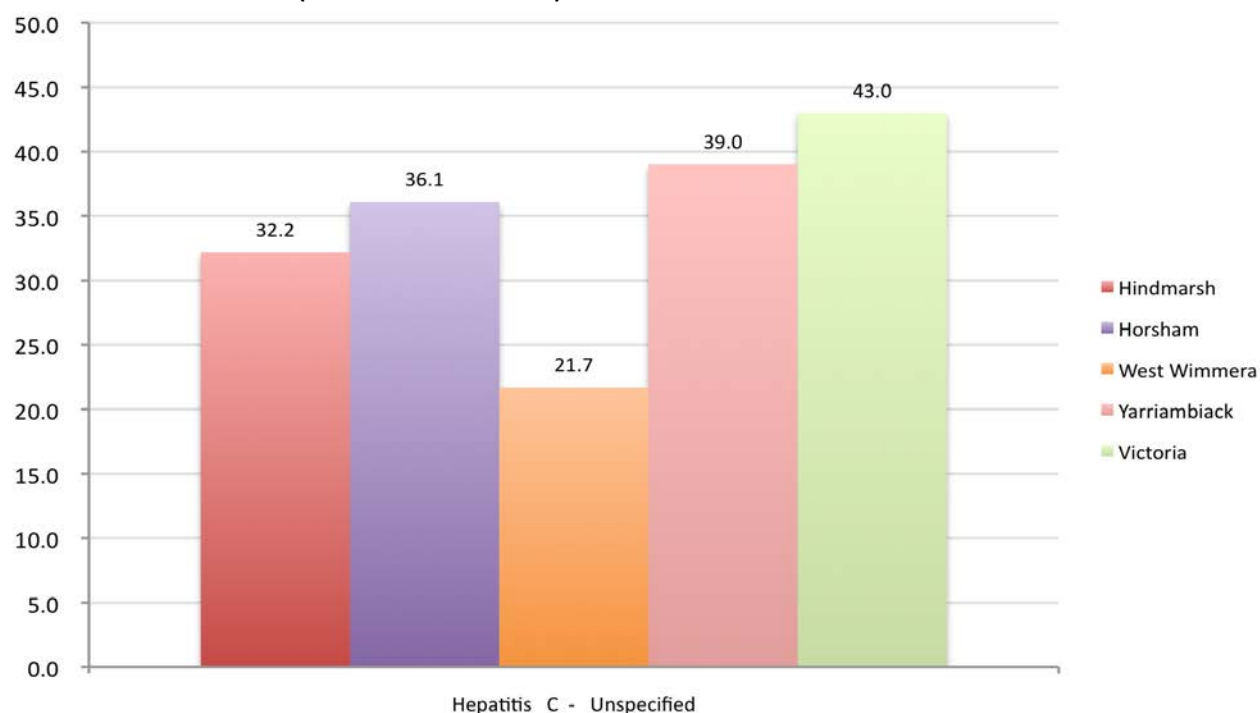
Please refer to <http://ideas.health.vic.gov.au/surveillance/tabulated-summaries.asp> website for further information about notifiable infectious diseases. Reports are updated regularly on the website.

Blood Borne Diseases

"Blood borne diseases are those in which an infectious agent present in the blood of an infected individual is transmitted by contact with the blood of a susceptible individual." - Infectious Diseases Epidemiology and Surveillance Unit – Department of Health, Victorian Government.

Between December 2010 and 2011, all Wimmera PCP region LGAs had a lower rate of blood borne diseases compared to the Victorian average.

Blood Borne Disease Rates (December 2010 - 2011)



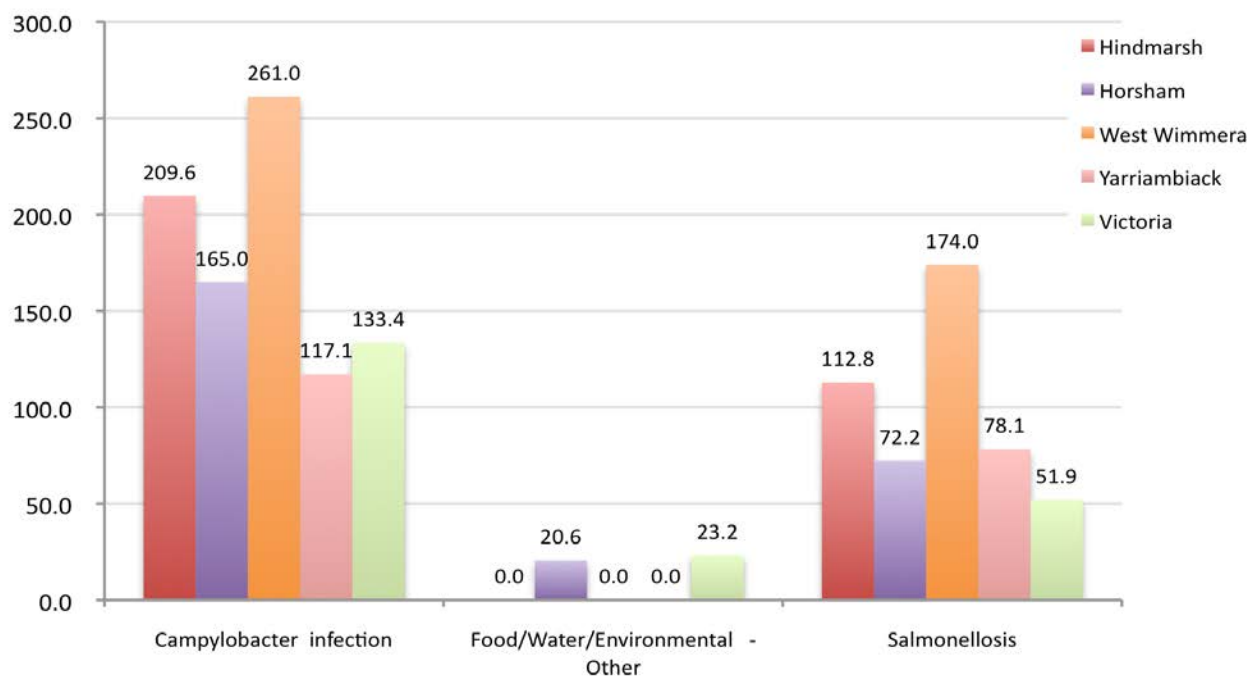
*Infectious Diseases Epidemiology & Surveillance, Department of Health - January 2012 * Rate per 100,000 for the 12 month period 13-Dec-2010 to 12-Dec-2011 calculated using ABS 2007 estimated resident population*

Enteric Diseases

"Enteric diseases are most commonly caused by an infectious agent entering the body through the mouth and intestinal tract. They are usually spread through contaminated food or water, or by contact with vomit or faeces." - Infectious Diseases Epidemiology and Surveillance Unit – Department of Health, Victorian Government.

Between December 2010 and 2011, compared to Victoria; all Wimmera PCP region LGAs had a lower rate of food/water/environmental – other diseases and had a higher rate of salmonellosis. Yarriambiack had a lower rate of campylobacter infection while all other PCP region LGAs had a higher rate.

Enteric Diseases Rates (December 2010 to 2011)

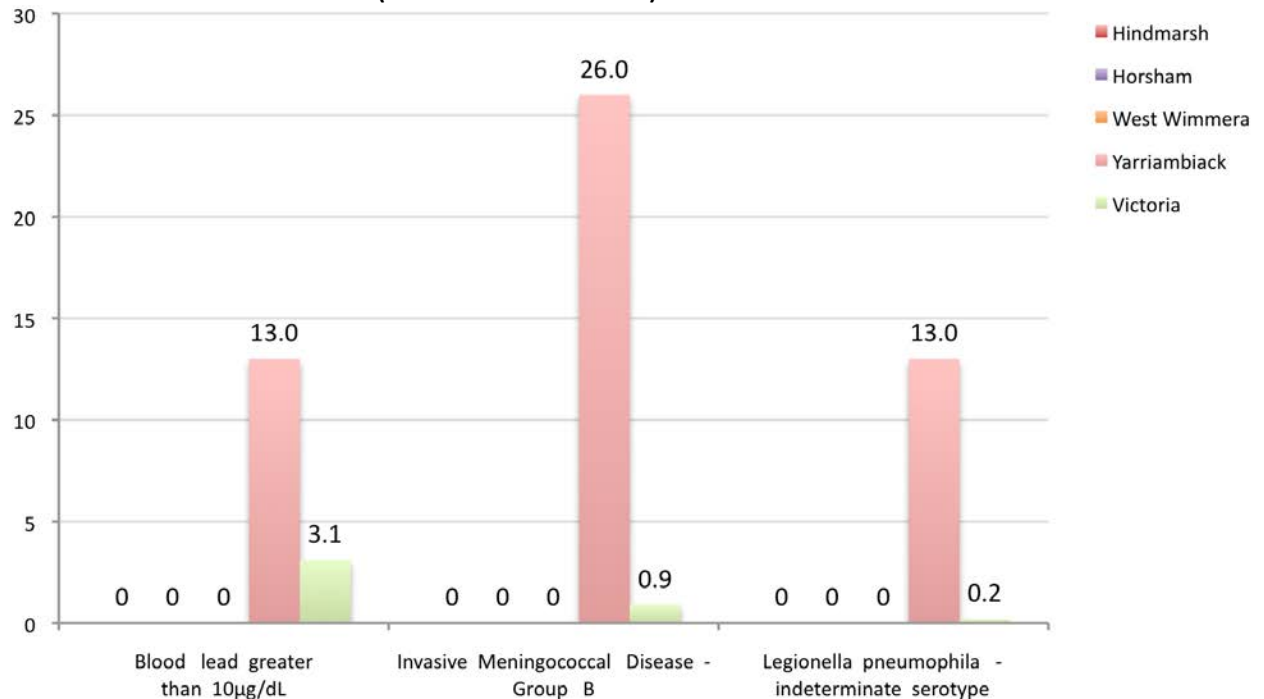


*Infectious Diseases Epidemiology & Surveillance, Department of Health - January 2012 * Rate per 100,000 for the 12 month period 13-Dec-2010 to 12-Dec-2011 calculated using ABS 2007 estimated resident population*

Other Notifiable Conditions

Between December 2010 and 2011, compared to Victoria; Yarriambiack had a higher rate of blood lead greater than 10µg/dL; invasive meningococcal disease – group B; and legionella pneumophila – intermediate serotype. All other PCP region LGAs had a zero rate.

Other Notifiable Conditions Rates (December 2010 to 2011)



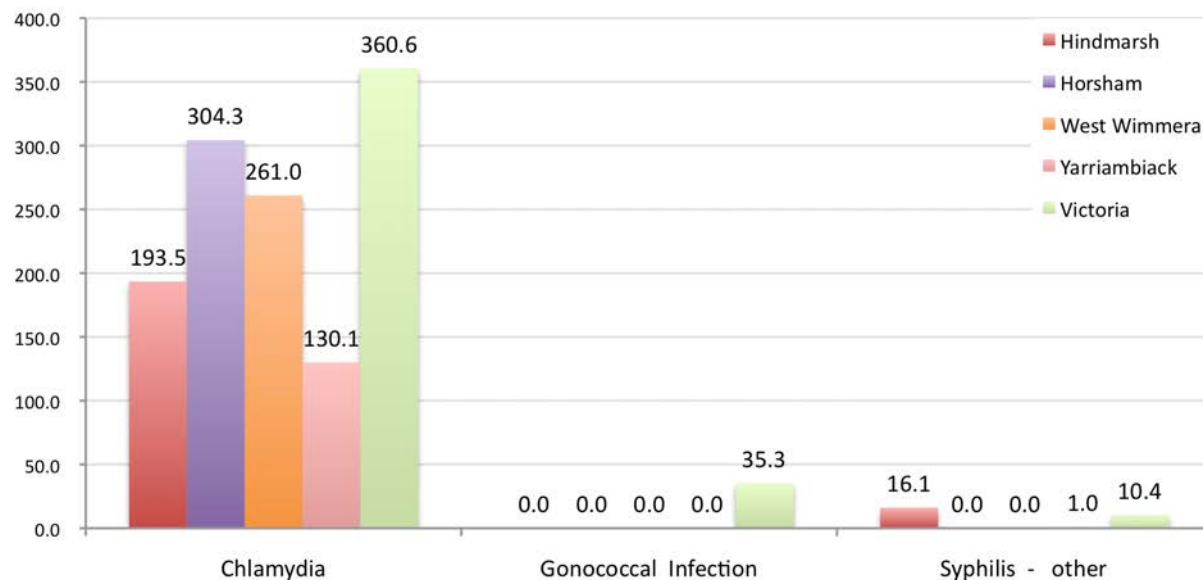
*Infectious Diseases Epidemiology & Surveillance, Department of Health - January 2012 * Rate per 100,000 for the 12 month period 13-Dec-2010 to 12-Dec-2011 calculated using ABS 2007 estimated resident population*

Sexually Transmitted Infections

"Sexually transmissible infections are those diseases in which an infectious agent is transmitted from an infected individual to a susceptible individual through body fluids during sexual contact; including vaginal intercourse, oral sex, and anal sex." - Infectious Diseases Epidemiology and Surveillance Unit – Department of Health, Victorian Government.

Between December 2010 and 2011, compared to Victoria; all Wimmera PCP region LGAs had a lower rate of chlamydia and gonococcal infection. Hindmarsh had a higher rate of syphilis – other, compared to Victoria.

Sexually Transmitted Infections (December 2010 - 2011)



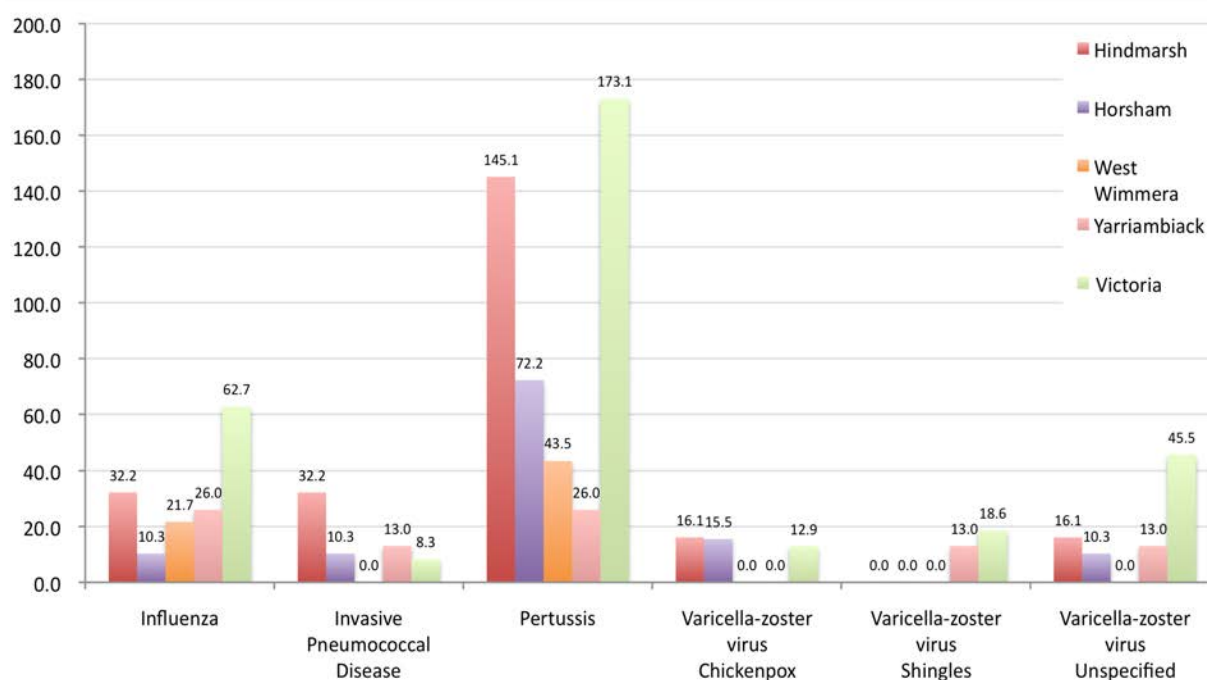
*Infectious Diseases Epidemiology & Surveillance, Department of Health - January 2012 * Rate per 100,000 for the 12 month period 13-Dec-2010 to 12-Dec-2011 calculated using ABS 2007 estimated resident population*

Vaccine Preventable Diseases

"Vaccine Preventable Diseases are those diseases that can be prevented by vaccines included on the National Immunisation Program" - Infectious Diseases Epidemiology and Surveillance Unit – Department of Health, Victorian Government.

Between December 2010 and 2011, compared to Victoria; all Wimmera PCP LGAs had a lower rate of influenza, pertussis, varicella-zoster virus – shingles, and varicella-zoster virus unspecified. Hindmarsh, Horsham RC and Yarriambiack had a higher rate of invasive pneumococcal disease; while Hindmarsh and Horsham RC had a higher rate of varicella-zoster virus chickenpox.

Vaccine Preventable Disease Rates (December 2010 - 2011)



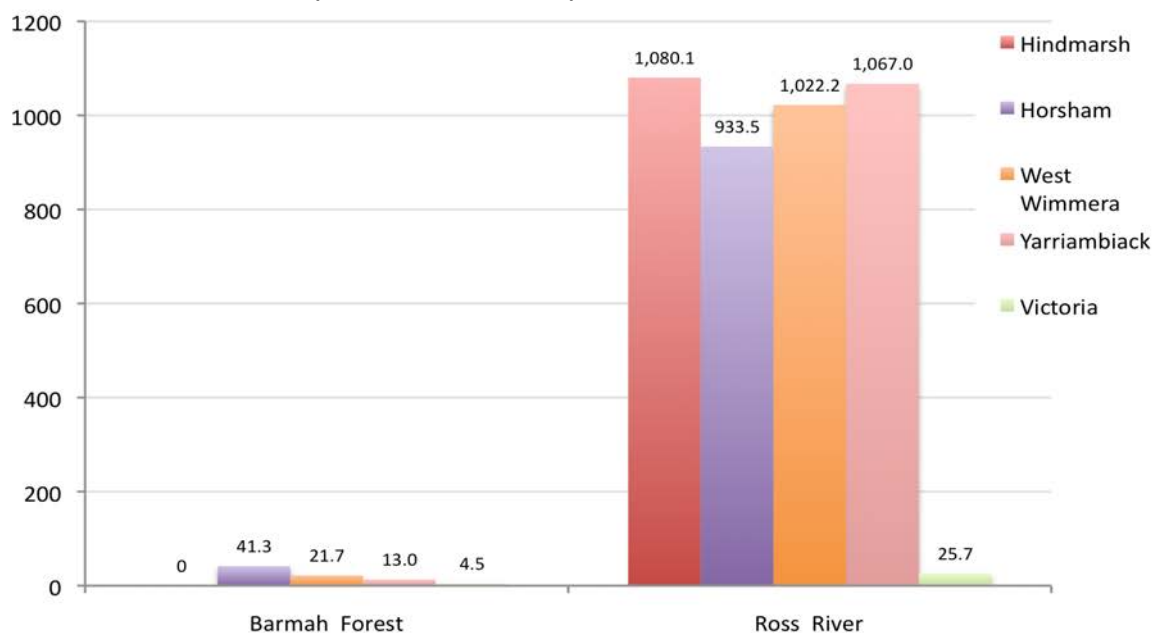
*Infectious Diseases Epidemiology & Surveillance, Department of Health - January 2012 * Rate per 100,000 for the 12 month period 13-Dec-2010 to 12-Dec-2011 calculated using ABS 2007 estimated resident population*

Vector Borne Diseases

"Vaccine Preventable Diseases are those diseases that can be prevented by vaccines included on the National Immunisation Program" - Infectious Diseases Epidemiology and Surveillance Unit – Department of Health, Victorian Government.

Between December 2010 and 2011, compared to Victoria; all Wimmera PCP LGAs had a higher rate of Ross River Virus; while Horsham, West Wimmera and Yarriambiack had a higher rate of Barmah Forest virus.

Vector Borne Disease Rates (December 2010 - 2011)



*Infectious Diseases Epidemiology & Surveillance, Department of Health - January 2012 * Rate per 100,000 for the 12 month period 13-Dec-2010 to 12-Dec-2011 calculated using ABS 2007 estimated resident population*

Self Reported Health Status

As part of the Victorian Population Health Survey 2008, respondents were asked to describe their overall health status. The results indicate that, compared to the Victorian average, all Wimmera PCP region males were less likely to state they had excellent or very good health and that males from Yarriambiack were more likely to report having fair or poor health.

Compared to the Victorian average, females from Hindmarsh, Horsham RC or West Wimmera were less likely to state they had excellent or very good health and females from Hindmarsh and Horsham RC were more likely to state they had fair or poor health.

Self Reported Health Status (2008)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
Males					
Excellent/very good	37.9	39.9	37.3	36.1	41.4
Good	47.3	44.1	45.8	41.3	39.2
Fair/poor	14.6	15.8	16.9	21.4	19.2
Females					
Excellent/very good	36.7	41.6	43.4	48.5	45.9
Good	45.1	37.9	38.7	34.2	36.4
Fair/poor	18.1	20.4	17.5	16.9	17.5

Victorian Population Health Survey 2008, Department of Health 2010

Dental Health

Dental caries, the disease process which leads to tooth decay, has significant impacts upon the overall health and wellbeing of the population. In 2009/10 the admission rate for dental conditions for Hindmarsh, Horsham RC and Yarriambiack residents was higher than the regional Victoria and Victoria average. Within the region, Hindmarsh had the highest admission rate.

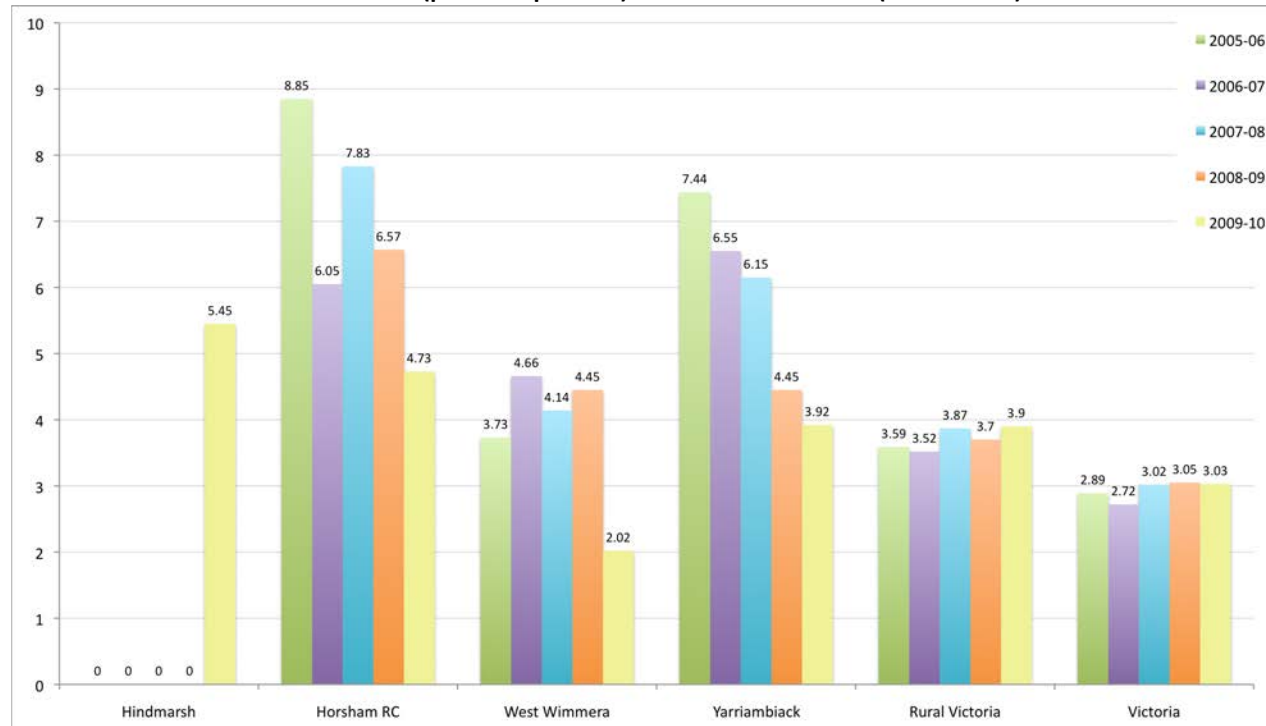
Since 2005-06, the admission rates for dental caries have decreased in Yarriambiack, West Wimmera and Horsham RC (figures were not available for Hindmarsh).

ACSC Standardised Admission rates* (per 1000 persons) for Dental Conditions (2005 - 2010)

Year	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
2005-06	#	8.85	3.73	7.44	3.59	2.89
2006-07	#	6.05	4.66	6.55	3.52	2.72
2007-08	#	7.83	4.14	6.15	3.87	3.02
2008-09	#	6.57	4.45	4.45	3.70	3.05
2009-10	5.45	4.73	2.02	3.92	3.90	3.03

*Victorian Health Information Surveillance System 2012 * Standardised Admission Rate selected group per 1,000 Persons # The combination of target group characteristics selected resulted in the number of ACSC admissions being greater than the population of the geographical area selected. This can happen when an individual in the selected target group has a large number of admissions (potentially hundreds) In such a case the 95% Confidence Intervals cannot be reliably estimated using the usual statistical formulae.*

ACSC Standardised Admission Rates* (per 1000 persons) for Dental Conditions (2005 - 2010)



Victorian Health Information Surveillance System 2012 * Rate per 1,000 persons # Age-standardised to Victorian population 2006

Dental Conditions in Young People

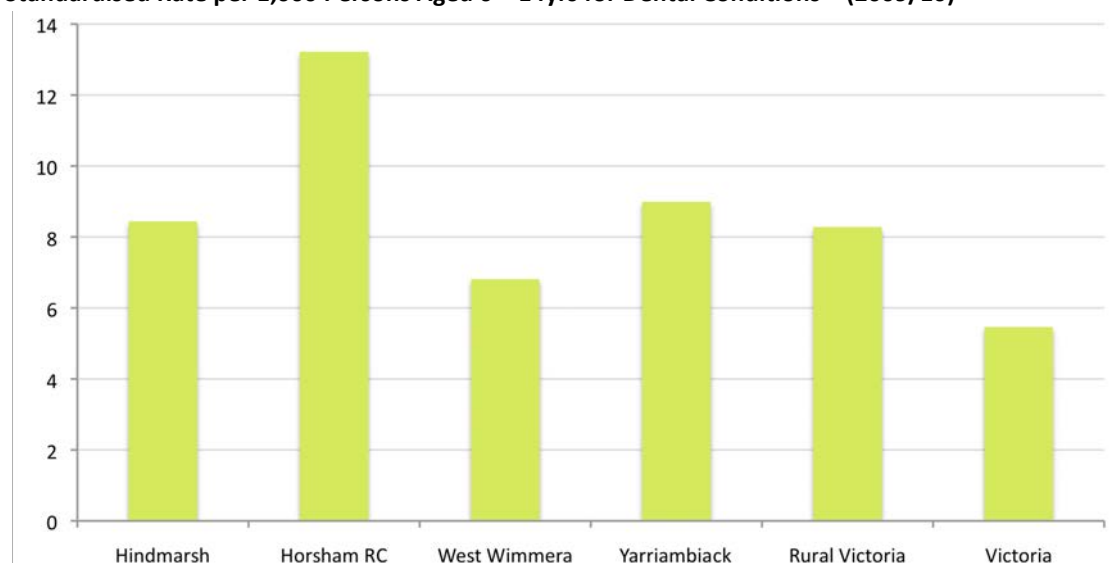
In 2009/10, Hindmarsh, Horsham RC and Yarriambiack had higher dental caries admission rates for population aged 0 – 14 years, than the regional Victoria and Victoria average. Within the region, Horsham RC had the highest rate and West Wimmera had the lowest.

Standardised Rate per 1,000 Persons Aged 0 – 14yrs for Dental Conditions (2009/10)

Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
8.44	13.22	6.81	8.99	8.28	5.46

Victorian Health Information Surveillance System 2012 * Rate per 1,000 persons # Age-standardised to Victorian population 2006

Standardised Rate per 1,000 Persons Aged 0 – 14yrs for Dental Conditions – (2009/10)



Victorian Health Information Surveillance System 2012 * Rate per 1,000 persons # Age-standardised to Victorian population 2006

Community Dental Health Program – Waiting Times

The dental health program provides emergency, general and denture care to eligible Victorians; through community dental clinics in community health services, rural hospitals and the Royal Dental Hospital of Melbourne. According to the community dental health website people requiring emergency care will generally be assessed within 24 hours of making contact with a community dental clinic (within business hours), and people with urgent denture needs will be prioritised and generally appointments are made within three months.

For further information regarding the dental health program, please visit the Dentistry in Victoria web site, www.health.vic.gov.au/dentistry.

General Dental Care Waiting Times

Between July 2010 and June 2011, many of the health services offering community dental health program services in the Wimmera region had general dental care waiting lists that were significantly longer than the Victorian average. In the April to June 2011 quarter, Wimmera Health Care Group had the longest waiting time (almost three years) followed by Ballarat Health Services. Waiting times at these locations were almost twice the state average.

Average Time to Treatment for General Dental Care – Months (2010/11)

	July – Sep 2010	Oct – Dec 2010	Jan – March 2011	Apr – June 2011
Ballarat Health Services	31	30	29	32
Barwon Health - Belmont	25	26	23	23
Barwon Health - Corio	26	29	26	25
Barwon Health - Newcomb	20	21	18	16
East Grampians Health Service	25	18	6	4
Edenhope & District Hospital	2	4	4	3
Hepburn Health Service – Creswick	5	5	2	5
Hepburn Health Service – Daylesford	18	17	7	5
West Wimmera Health Service	23	25	20	11
Wimmera Health Care Group	31	33	35	34
State-wide average	18	18	17	17

Victorian Health Services Performance Report - September 2011 Quarter

Denture Care Waiting Times

Between July 2010 and June 2011, many of the health services offering community dental health program services in the Wimmera region, had denture care waiting lists that were significantly longer than the Victorian average. In the April to June 2011 quarter, East Grampians Health Service had the longest waiting time (three years) followed by Barwon Health - Newcomb.

Average Time to Treatment For Denture Care – Months (2010/11)

	July – Sep 2010	Oct – Dec 2010	Jan – March 2011	Apr – June 2011
Ballarat Health Services	20	21	23	22
Barwon Health - Belmont	37	35	35	32
Barwon Health - Corio	32	34	33	32
Barwon Health - Newcomb	31	34	34	35
East Grampians Health Service	35	32	34	36
Edenhope & District Hospital	12	15	10	13
Hepburn Health Service – Creswick	19	22	25	21
Hepburn Health Service – Daylesford	8	11	13	16
West Wimmera Health Service	1	4	1	0
Wimmera Health Care Group	15	14	15	14
State-wide average	19	18	17	17

Victorian Health Services Performance Report - September 2011 Quarter

Agency Service Mapping of Dental Services

The following information about regional dental health services has been extracted directly from the Grampians oral health strategy and action plan, August 2010.

Dental Services – Agency Service Mapping (2010)

Agency	Current Service Provision	Workforce	Fluoridation	Health Promotion	Comments
Wimmera Health Care Group – Horsham & Dimboola Provides public oral health services through clinics at	<p>The Horsham clinic comprises two dental chairs and one prosthetic chair</p> <ul style="list-style-type: none"> Services are provided five days per week Dimboola has a single chair clinic which is open one day per week and is managed from Horsham – potential for Dimboola to increase to two days Recent delivery of a new dental van with 1 adult chair. No plan for how this service will be used and it is expected that it will remain on site at Horsham 	<p>There is a full range of workforce available – the services of the dental therapist are shared with WWHS</p> <p>Staffing for the Dimboola clinic is supplied from Horsham</p> <p>Recruitment is an issue but not retention</p>	<p>Yes</p> <p>Only immediate City of Horsham</p>	<p>WHCG works with the PCP to provide Smiles4Miles</p>	<p>WHCG indicate that there are a disproportionate number of emergency clients</p> <ul style="list-style-type: none"> Almost all clients require extensive work and this adds to the waiting list issue There are a large number of referrals for paediatric oral health surgery including referrals from Ararat and Nhill Failure to attend is an issue – particularly for Koori community Provision of oral health care for mental health patients – extended visit times WHCG has developed a new plan for provision of dental service independent of other stakeholders. The status of this plan is unknown Children are seen for checkups and then placed on a two-year recall system Commonwealth funded Teen Dental program, which sees health care cardholders
West Wimmera Health Service	<p>Provides public oral health services through a two chair clinic at Nhill (refurbished 2007)</p> <ul style="list-style-type: none"> Dental services in Nhill are provided four days per week. Fifth day reception only There is a functional dental laboratory at Nhill – non operational at present Model is a public/private mix under which the 	<p>Private dental officer from Melbourne provides public service three days per week.</p> <p>No dental technician or prosthetist.</p> <p>Insufficient staff to</p>	No	<p>Provides no specific health promotion activities</p>	<p>Currently only one surgery utilized (concerns with infection control standard in the second surgery).</p> <p>Commonwealth funded single chairs and equipment at Rainbow and Kaniva (2009).</p> <p>Neither chair is operational (non recurrent funding for capital).</p>

	<p>dentist pays rental and WWHS provides the staffing. Under this arrangement, the dental officer undertakes 1.5 days per week of public dental work and the remainder is private.</p> <p>All public patients are voucher patients.</p> <ul style="list-style-type: none"> · An oral surgeon from Melbourne provides a public/private service one afternoon (pre surgery) and one morning per week (theatre list). 	operate second chair			<p>Capital funding to establish a third chair in Goroke not progressed at this stage.</p> <p>Emergency services are triaged using the DHSV triage system (majority managed at Horsham).</p> <p>WWHS has had discussions with DHSV and DH regarding opportunities for two dentists (and associated staffing). Any opportunity to reconfigure staffing and hours would take into account all four clinics (Nhill, Kaniva, Rainbow and Goroke).</p> <p>WWHS believes that there is sufficient work for utilisation of the dental laboratory one day per week.</p>
Edenhope & District Memorial Hospital	<p>Service provided by visiting dentist from Casterton one day per week</p> <p>Dentist manages the appointment schedule – both public and private dental patients are seen</p> <p>All public patients are managed through general voucher system</p>	Serviced by private dentist who brings own staff. Edenhope & District Memorial Hospital provides administration of the service but no other staff	Cross	Provides no specific health promotion activities	<p>The hospital, DHSV and the dentist jointly own the dental chair and equipment at Edenhope.</p> <ul style="list-style-type: none"> · Maintenance is managed by the hospital. · Unable to meet emergency requirements for dental services. In some cases emergency patients have to travel to Nhill or Horsham · No wait list – dentist provides hospital with a list of who is to be seen. · There are no plans for alterations to this service, which has been in place for some ten years. Edenhope reports that it would not have a requirement for a service more than one day per week.

Families, Children and Young People

Low Income Families

In June 2009, all Wimmera PCP region LGAs had a lower proportion of families that were welfare-dependent or other low income families with children. Within the region Horsham RC had the highest proportion, followed by Yarriambiack.

Welfare-Dependent and Other Low Income Families With Children (June 2009*)

Location	Number	% of all families
Hindmarsh	117	7.1
Horsham	467	9.4
West Wimmera	71	5.8
Yarriambiack	178	8.8
Regional Victoria	36,430	10.2
Victoria	116,829	9.0

*Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Compiled by PHIDU using data from Centrelink as agent for the Department of Families, Housing, Community Services and Indigenous Affairs, June 2009; and ABS Estimated Resident Population, 30 June 2009*

Low Birth Weight Babies

Low birth weight is an important indicator of a newborn's overall health. Over 2006 and 2008 Yarriambiack had a higher proportion of babies born that were low birth weight (<2,500 gms). Within the region, Yarriambiack had the highest rate, followed by Horsham.

Low Birth Weight Babies (2006 – 2008)

LGA name	Low birth weight babies	All births	% low birth weight babies
Hindmarsh	9	181	5.0
Horsham	41	723	5.7
West Wimmera	#
Yarriambiack	17	228	7.5
Country Vic	3,547	51,812	6.8
Victoria	13,765	209,641	6.6

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Maternal and Child Health Centre Visits

Participation Rates

In 2010/11, Yarriambiack and Hindmarsh Shires had a number of key ages and stage visits where participation rates were below the Victorian average. Yarriambiack had the highest number of stage visits that had below the state average participation rate.

Maternal and Child Health Centres - Participation Rates (%) for Key Ages and Stage Visits (2010/11)

	Home consult.	2 weeks	4 weeks	8 weeks	4 months	8 months	12 months	18 months	2 years	3.5 years
Hindmarsh	90.5	82.5	90.5	96.8	98.4	100.9	73.9	96.7	58.3	67.2
Horsham	103.2	103.2	100.8	96.4	99.2	89.4	88.6	71.9	63.5	71.3
West Wimmera	105.0	105.0	100.0	102.5	82.5	94.0	101.2	100.0	85.7	120.5
Yarriambiack	91.8	89.0	86.3	95.9	106.8	77.3	102.7	88.5	86.4	61.0
Victoria	100.1	97.6	96.8	96.3	93.7	85.0	81.9	71.5	68.9	62.8

Maternal & Child Health Services Annual Report, 2010/11 Grampians Region and Victoria

Reasons for Counselling (Child Wellbeing)

In 2010/11, across the Wimmera PCP region, the most common reasons for counselling (child wellbeing) were communication, development, illness and dental/oral. Within the region, dental/oral and then communication were the most common reasons for counselling in Horsham; while nutrition altered and then illness were the most common reasons for counselling in West Wimmera. Hindmarsh had zero counselling sessions and Yarriambiack had one (for communication).

Reasons for Counselling - Child Wellbeing - (2010/11)

	Visual	Auditory	Communication	DDH	Congenital Anomaly	Growth	Development	Potent. Disabling Condition	Accident	Illness	Nutrition Altered	Dental/ Oral	Total Number
Hindmarsh	0	0	0	0	0	0	0	0	0	0	0	0	0
Horsham	9.4%	8.8%	12.4%	2.9%	7.6%	8.8%	11.2%	2.4%	0.0%	10.6%	11.8%	14.1%	170
West Wimmera	0.0%	0.0%	17.4%	0.0%	0.0%	0.0%	21.7%	4.3%	0.0%	26.1%	30.4%	0.0%	23
Yarriambiack	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1
Victoria	2.5%	2.7%	8.1%	3.1%	1.2%	18.5%	21.3%	7.3%	0.5%	7.2%	20.5%	7.2%	100.0%

Maternal & Child Health Services Annual Report, 2010/11 Loddon Mallee Region and Victoria, DEECD 2011

Reasons for Referral (Child Health and Wellbeing)

In 2010/11, across the Wimmera PCP region, the most common reasons for referral (child health and wellbeing) were visual, auditory, illness, communication and development. Across the region, the proportion of referrals that were for visual, auditory, illness and communication were generally higher than the State average. Within the region, visual and auditory were the most common reason for referral in Hindmarsh; illness then auditory were the most common reason for referral in Horsham; visual and DDH were the most common reason for referral in West Wimmera; and communication then development were the most common reason for referral in Yarriambiack.

Reasons for Referral - Child Health And Wellbeing (2010/11)

	Visual	Auditory	Communication	DDH	Congenital Anomaly	Growth	Development	Potent. Disabling Condition	Accident	Illness	Nutrition Altered	Dental/ Oral	Protective Notification	Total Number
Hindmarsh	30.0%	30.0%	10.0%	10.0%	0.0%	0.0%	10.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	10
Horsham	12.4%	19.7%	19.0%	0.7%	2.2%	0.0%	6.6%	3.6%	0.7%	20.4%	2.2%	12.4%	0.0%	137
West Wimmera	33.3%	11.1%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	0.0%	0.0%	9
Yarriambiack	4.5%	18.2%	31.8%	0.0%	0.0%	0.0%	20.5%	15.9%	4.5%	2.3%	0.0%	0.0%	2.3%	44
Victoria	6.3%	14.6%	13.4%	14.2%	2.1%	6.0%	14.6%	10.1%	0.6%	7.0%	4.7%	5.8%	0.5%	100%

Maternal & Child Health Services Annual Report, 2010/11 Loddon Mallee Region and Victoria, DEECD 2011

Reasons for Counselling (Mother or Family)

In 2010/11, across the Wimmera PCP region, the most common reasons for counselling (mother or family) were physical and then emotional. In Horsham RC and West Wimmera, the proportion of counselling that as for physical or family planning reasons was higher than the State average; while the proportion of counselling for emotional reasons was higher in Hindmarsh than the Victorian average.

Reasons for Counselling - Mother or Family (2010/11)

	Emotional	Physical	Social Interaction Impaired	Domestic Violence	Family Planning	Total
Hindmarsh	75.0%	25.0%	0.0%	0.0%	0.0%	8
Horsham	32.4%	56.8%	2.7%	0.0%	8.1%	37
West Wimmera	26.3%	63.2%	0.0%	0.0%	10.5%	19
Yarriambiack	0	0	0	0	0	0
Victoria	49.0%	36.7%	5.9%	1.8%	6.5%	100.0%

Maternal & Child Health Services Annual Report, 2010/11 Loddon Mallee Region and Victoria, DEECD 2011

Reasons for Referral (Mother or Family)

In 2010/11, across the Wimmera PCP region, the most common reasons for referral (mother or family) were emotional and then physical. In Hindmarsh, the proportion of referrals that were for social interaction impaired and domestic violence were higher than the State average; In Horsham, the proportion of referrals for emotional reasons was higher than the State average; in West Wimmera the proportion of referrals for domestic violence was higher; while in Yarriambiack, the proportion of referrals for physical and impaired social interaction reasons were higher.

Reasons For Referral - Mother Or Family (2010/11)

	Emotional	Physical	Social Interaction Impaired	Domestic Violence	Family Planning	Total
Hindmarsh	40.0%	20.0%	20.0%	20.0%	0.0%	5
Horsham	72.2%	25.0%	2.8%	0.0%	0.0%	36
West Wimmera	33.3%	33.3%	0.0%	33.3%	0.0%	3
Yarriambiack	40.0%	40.0%	20.0%	0.0%	0.0%	5
Victoria	47.9%	37.1%	10.7%	2.5%	1.8%	14,135

Maternal & Child Health Services Annual Report, 2010/11 Loddon Mallee Region and Victoria, DEECD 2011

Breastfeeding Rates

In 2010/11, the rate of infants that were fully breastfed from hospital discharge through to 6 months of age was higher than the State average for all Wimmera PCP region LGAs, while partly breastfed rates were typically much lower.

Breastfeeding Rates (2010/11)

LGA	Total Record Cards Drawer 2	Fully Breastfed				Partly Breastfed			
		On Discharge	At 2 Weeks	At 3 Months	At 6 Months	On Discharge	At 2 Weeks	At 3 Months	At 6 Months
		%	%	%	%	%	%	%	%
Hindmarsh	48	79.2	68.8	54.2	43.8	10.4	6.3	4.2	6.3
Horsham	266	80.5	75.6	59.4	41.0	1.5	3.4	3.8	7.9
West Wimmera	43	79.1	69.8	62.8	44.2	4.7	4.7	2.3	7.0
Yarriambiack	77	85.7	83.1	55.8	36.4	3.9	5.2	5.2	14.3
Victoria	74,621	73.9	67.8	51.8	35.7	13.7	14.2	10.4	11.1

Maternal & Child Health Services Annual Report, 2010/11 Loddon Mallee Region and Victoria, DEECD 2011

Immunisation Participation

In the December 2011 quarter, compared to the Victorian average and across each age group; Hindmarsh, Horsham RC and Yarriambiack all had a higher proportion of children that were fully immunised than the State average. West Wimmera had a higher proportion of children that were fully immunised in the 24-27 months and 60-63 months age group but a lower proportion in the 12-15 month age group.

Children Fully Immunised (December 2011)

Location	12-15 months			24-27 months			60-63 months		
	LGA total	No.	%	LGA total	No.	%	LGA total	No.	%
Hindmarsh	20	20	100.0	12	12	100.0	8	8	100.0
Horsham	56	52	92.9	61	61	100.0	69	66	95.7
West Wimmera	11	10	90.9	11	11	100.0	14	14	100.0
Yarriambiack	17	17	100.0	22	22	100.0	24	23	95.8
Victoria	18,354	17,056	92.9	18,463	17,193	93.1	18,844	17,253	91.6

Australian Childhood Immunisation Register - Coverage Report December Quarter 2011

Child Abuse Substantiations

Between 2004/05 and 2008/09, Horsham RC and Yarriambiack had a significantly higher rate of child abuse substantiations than the Victorian average. Between 2004/05 and 2006/07, Hindmarsh also had a rate significantly higher than the Victorian average. Hindmarsh figures are not available for 2007/08 and 2008/09 and there are no West Wimmera figures available.

Child Protection Substantiations for Children Aged 0 to 8 Years (2004-05 to 2008-09)

	Horsham		Hindmarsh		Yarriambiack		Victoria
	No.	%	No.	%	No.	%	%
2004/05	28	12.4	10	14.6	11	12.7	7.6
2005/06	24	10.8	9	13.6	6	7.2	7.7
2006/07	24	10.9	7	10.8	15	19.2	7.3
2007/08	21	9.4	Np	Np	12	15.9	7.4
2008/09	30	13.3	np	np	6	8.3	7.0

Early Childhood Community Profiles, DEECD, 2010.

Children in Good Health

In 2008, compared to the Victorian average figure, prep aged children from Yarriambiack were less likely to be reported by their parents as having very good or excellent health. Within the PCP region, children from West Wimmera were most likely to be reported as having very good or excellent health. Figures were not available, due to small cell sizes, for the proportion of children who were reported to have fair or poor health.

Children in Good Health (2008)

	Fair/Poor	Good	Very Good/Excellent
	%	%	%
Hindmarsh	**	**	92.5
Horsham RC	**	5.1	92.2
West Wimmera	**	**	97.8
Yarriambiack	**	6.3	90.5
Grampians Region	0.7	6.3	92.2
Victoria	0.6	7.1	91.4

Early Childhood Community Profiles for relevant LGA, DEECD 2010 Note: Percentages may not sum to 100% as not all respondents completed this question

Fruit and Vegetable Consumption

In 2009, compared to rural Victoria and Victoria, children aged 5 to 12 years from the Grampians region were reported as more likely to usually eat the minimum recommended serves of fruit and vegetables every day.

Consumption of at Least the Minimum Recommended Daily Serves of Fruit and Vegetables (2009)

Grampians Region	Rural Victoria	Victoria
%	%	%
35.1	34.5	34.7

Early Childhood Community Profiles, DEECD 2010

Physical Activity

In 2009, compared to rural Victoria and Victoria, children aged 5 to 12 years from the Grampians region were more likely to have had adequate levels of exercise and physical activity.

Adequate Exercise and Physical Activity (2009)

Grampians Region	Rural Victoria	Victoria
%	%	%
67.0	66.2	60.3

Early Childhood Community Profiles, DEECD 2010

Child Hospitalisations

In 2008/09, the most common principal diagnosis for hospitalised Horsham RC children aged 0 to 8 years was dental caries unspecified, followed by chronic tonsillitis. In Horsham, the separation rate was higher for the following principal diagnoses: dental caries unspecified, chronic tonsillitis, routine and ritual circumcision, chronic mucoid otitis media, and nonsuppurative otitis media unspecified. Data was not available for Hindmarsh, West Wimmera or Yarriambiack. Across the Grampians region, the separation rate was much higher than the Victorian average for: dental caries unspecified, routine and ritual circumcision, chronic tonsillitis, and chronic mucoid otitis media.

Top 20 Hospital Separations for Children Aged 0 to 8 Years (2008 – 2009)

ICD principal diagnosis	Horsham		Grampians Region		Victoria
	No.	Rate	No.	Rate	Rate
Asthma unspecified	17	5.1	187	7.6	7.9
Neonatal difficulty in feeding at breast	np	np	52	2.1	2.5
Other pret infnt >=32 but <37 compl wk	24	7.2	210	8.5	7.7
Dental caries unspecified	34	10.2	318	12.9	6.3
Acute bronchiolitis unspecified	6	1.8	107	4.4	3.6
Feeding difficulties & mismanagement	np	np	38	1.5	1.0
Neonatal jaundice unspecified	np	np	76	3.1	3.4
Routine and ritual circumcision	13	3.9	189	7.7	2.0
Viral infection unspecified	6	1.8	47	1.9	2.3
Acute obstructive laryngitis [croup]	np	np	50	2.0	1.9
Chronic tonsillitis	26	7.8	192	7.8	4.2
Disorders of the sleep-wake schedule	np	np	26	1.1	1.0
Acute URTI unspecified	np	np	39	1.6	2.2
Pneumonia unspecified	np	np	44	1.8	1.7
Chronic mucoid otitis media	14	4.2	140	5.7	3.1
Neonatal conjunctivitis & dacryocystitis	np	np	32	1.3	1.5
Disorders initiating & maintaining sleep	np	np	25	1.0	2.4
Nonsuppurative otitis media unspecified	13	3.9	72	2.9	2.9
Nonspecific symptoms peculiar to infancy	np	np	11	0.4	1.9
All hospital separations	715	214.9	6,309	256.8	231.2

Early Childhood Community Profiles, DEECD, 2010. Note: The leading cause of hospital admissions was for 'Singleton born in hospital'. This was excluded from the above analysis. (a) The population estimate used to calculate the rate of separations during 2008 - 2009 was the preliminary 2008 ERP at 30 June.

Child Deaths

Between 2003 and 2007, Hindmarsh and Horsham RC had an average annual rate of child deaths that was significantly higher than the Country Victoria and Victoria average. Figures were not available for West Wimmera and Yarriambiack.

Child Mortality - Under 5 Years (2003 – 2007)

LGA name	Number	Average annual rate per 100,000
Hindmarsh	6	346.9
Horsham	9	150.5
West Wimmera	#	..
Yarriambiack	#	..
Country Vic	493	117.2
Victoria	1,687	107.8

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

The Australian Early Development Index (AEDI)

The Australian Early Development Index (AEDI) helps to create a snapshot of early childhood development across Australia. Completed by a teacher as a child enters their first year of school, the AEDI measures the following five areas of early childhood development:

1. Physical health and wellbeing:

Physical readiness for the school day, physical independence, gross and fine motor skills.

2. Social competence:

Overall social competence, responsibility and respect, approaches to learning, readiness to explore new things.

3. Emotional maturity:

Pro-social and helping behaviour, anxious, fearful and aggressive behaviour, hyperactivity and inattention.

4. Language and cognitive skills (school-based):

Basic literacy, interest in literacy/numeracy and memory, advanced literacy, basic numeracy.

5. Communication skills and general knowledge:

Storytelling ability, communication with adults and children.

In 2010, Yarriambiack had a higher proportion of children classified as developmentally vulnerable across each of the five domains and a higher proportion of children classified as developmentally at risk across four of the five domains. West Wimmera had a higher proportion of children classified as developmentally vulnerable across three of the five domains and a higher proportion of children classified as developmentally at risk across one of the five domains. Hindmarsh had a higher proportion of children classified as developmentally vulnerable across three of the five domains and a higher proportion of children classified as developmentally at risk across three of the five domains. Horsham RC had no children classified as developmentally vulnerable across any of the five domains while it had a higher proportion of children classified as developmentally at risk across two of the five domains.

AEDI results (2010)

Location	% of children - developmentally vulnerable below the 10th percentile					% of children - developmentally at risk between 10th & 25th percentile				
	Physical health & wellbeing	Social competence	Emotional maturity	Language & cognitive skills	Communication skills & general knowledge	Physical health & wellbeing	Social competence	Emotional maturity	Language & cognitive skills	Communication skills & general knowledge
Hindmarsh	17.6	22.1	7.4	1.5	14.7	19.1	11.8	19.1	8.8	23.5
Horsham RC	6.7	7.2	8.5	4.9	4.5	9.0	17.5	17.5	9.9	13.9
West Wimmera	10.4	8.3	10.4	8.3	6.3	0.0	6.3	6.3	12.5	8.3
Yarriambiack	17.4	15.9	18.8	10.1	17.4	15.9	17.4	14.5	15.9	15.9
<i>Regional Victoria</i>	8.5	9.1	9.0	6.8	7.7	12.3	15.1	15.1	10.7	16.2
Victoria	7.7	8.4	8.3	6.1	8.3	11.7	14.1	14.5	9.9	15.1

AEDI Community Profiles - 2010 and 2011

Young People

Teenage Births

In 2008, LGA level data on teenage births was only available for Horsham RC. The rate of teenage births in Horsham RC was more than three times the average Victorian rate.

Teenage Births (2005 – 2008)

	2008		
	All births	Mother aged < 20 years	Rate
Hindmarsh	76	<10	-
Horsham RC	233	18	8.2
West Wimmera	23	<10	-
Yarriambiack	75	<10	-
Victoria	-	-	2.7

Births in Victoria 2007 and 2008 – January 2011

Youth Engagement

In 2006 the rate of people aged 15-19 years that were not engaged at all in work or study was significantly higher in Hindmarsh, Yarriambiack and Horsham RC compared to the Regional Victoria average. Females were significantly more likely than males to be disengaged from work or study. Within the region; Hindmarsh had the highest rate of disengaged young males, followed by Yarriambiack; whereas Yarriambiack had the highest rate of disengaged young females, followed by Hindmarsh.

People aged 15-19 Years Not Engaged At All in Work or Study (2006)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Regional Victoria	Victoria
	%	%	%	%	%	%
All	28.7	20.7	16.7	28.2	15.4	19.9
Males	24.0	19.7	6.3	22.4	15.7	18.7
Females	35.1	21.8	33.3	36.0	15.1	21.4

Community Indicators Victoria – data from ABS (2006 census)

Youth Allowance Recipients

Youth Allowance can assist young people who are studying, undertaking training or an Australian Apprenticeship, looking for work, or sick. In December 2011, compared to Victoria, all Wimmera PCP LGAs had a higher proportion of population aged 15 - 24 years that were receiving the Full-Time Student (FTS) Youth Allowance. Within the region, Yarriambiack had the highest proportion, followed by Hindmarsh.

Please refer to Centrelink for further details regarding the somewhat complex eligibility criteria.

Youth Allowance (FTS) Recipients (December 2011)

Location	No.	Pop.* 15 - 24yrs	%
Hindmarsh	88	574	15.3%
Horsham RC	333	2554	13.0%
West Wimmera	63	501	12.6%
Yarriambiack	127	752	16.9%
Victoria	86,319	789,056	10.9%

Commissioned data from Centrelink www.centrelink.gov.au based on 2011 projected population figures – VIF 2008

Fruit and Vegetable Consumption

In 2009, compared to Victoria, adolescents from the Grampians region were reported as less likely to usually eat the minimum recommended serves of fruit and vegetables every day. Data was not available at LGA level in the source document.

Consumption of at least the minimum recommended daily serves of fruit and vegetables (2009)

Grampians Region	Rural Victoria	Victoria
16.7%	20.3%	19.0%

Adolescent Community Profiles, DEECD 2010

Physical Activity

In 2009, compared to Victoria, adolescents from the Grampians region were less likely to have had adequate levels of exercise and physical activity. Data was not available at the LGA level in the source document.

Adequate Exercise and Physical Activity (2009)

Grampians Region	Rural Victoria	Victoria
9.0%	12.8%	12.3%

Adolescent Community Profiles, DEECD 2010

Injuries and Poisoning

The following data explanation has been taken from the Adolescent Community Profiles 2010, DEECD 2011. Please refer to the DEECD website for further information about the Adolescent Community Profiles and the data they contain.

‘Injury is the leading cause of death of children aged 1–14 years in every industrialised country, including Australia (Mercy et al. 2006), and is also a major cause of hospitalisation. For each death and hospitalisation due to injury, there are many more visits to emergency departments and health professionals outside hospital settings. Injuries sustained during childhood can have profound and lifelong effects on health and development, by causing permanent physical disabilities or long-term cognitive or psychological damage (for example, traumatic brain injury) (Mercy et al 2006).’

In 2008/09, compared to Victoria, all Wimmera PCP LGAs had a much higher rate of adolescents who had been hospitalised for injuries and poisoning.

Hospitalisation Rate for Injury and Poisoning for Adolescents[#] (2008/09)

	Number	Rate*
Hindmarsh	11	15.5
Horsham RC	33	14.7
West Wimmera	7	12.3
Yarriambiack	14	16.4
Victoria	4,595	8.4

*Adolescent Community Profiles 2010, DEECD. * per 1000 adolescent children #children aged 10 – 17 years*

Hospital Separations

In 2009/10, compared to Victoria, the total Grampians region had a higher rate of adolescent hospitalisations for a large number of conditions, most notably: impacted teeth, dental caries, acute tonsillitis unspecified, chronic tonsillitis, nausea and vomiting, and other and unspecified abdominal pain. The most common cause of hospitalisation for adolescents in the Grampians region was shared by chronic tonsillitis and impacted teeth, followed by other and unspecified abdominal pain and acute appendicitis unspecified. Data was not available at the LGA level in the source document.

Top 25 Principal Causes for Hospitalisation In Adolescents (2009 – 2010)

	Grampians Region		Victoria		Difference between rates
	No.	Rate*	No.	Rate*	
Acute appendicitis unspecified	56	220.2	1,118	204.0	7.4%
Chronic tonsillitis	84	330.3	1,076	196.3	40.6%
Other and unspecified abdominal pain	60	235.9	861	157.1	33.4%
Extracorporeal dialysis	–	–	576	105.1	-
Pharmacotherapy session for neoplasm	28	110.1	661	120.6	-9.5%
Asthma unspecified	30	118.0	617	112.6	4.6%
Pain localised to other parts low abdomen	23	90.4	548	100.0	-10.6%
Impacted teeth	84	330.3	500	91.2	72.4%
F/U care r/o fx plate oth int fix dev	20	78.6	467	85.2	-8.4%
Gastroenteritis & colitis unspecified origin	24	94.4	431	78.6	16.7%
Fracture low end radius w dorsal angulation	14	55.0	425	77.5	-40.9%
Mental & behavioural disorder due to alcohol	19	74.7	360	65.7	12.0%
Acute tonsillitis unspecified	36	141.5	358	65.3	53.9%
Dental caries unspecified	44	173.0	352	64.2	62.9%
Ingrowing nail	21	82.6	348	63.5	23.1%
Crohn's disease unspecified	6	23.6	329	60.0	-154.2%
Viral infection unspecified	13	51.1	304	55.5	-8.6%
Fracture of lower end of radius unspecified	17	66.8	292	53.3	20.2%
Torsion of testis	9	35.4	276	50.4	-42.4%
Medical abortion complete unspecified without	16	62.9	267	48.7	22.6%
Nausea and vomiting	18	70.8	255	46.5	34.3%
LOC brief dur [less than 30 minutes]	6	23.6	245	44.7	-89.4%
Type 1 diabetes mellitus without complication	14	55.0	251	45.8	16.7%
Pneumonia unspecified	12	47.2	247	45.1	4.4%
Fracture lower end both ulna & radius	14	55.0	242	44.2	19.6%
Adolescent population at 30 June 2009	25,433		548,041		

Adolescent Community Profiles, DEECD 2010 * Rate of hospital separations per 100,000 adolescents

Older People

Older People Living Alone

In 2011, compared to regional Victoria, females aged 65 years and over from all Wimmera PCP region LGAs and males from Hindmarsh, West Wimmera and Yarriambiack, were more likely to be living alone. Within the PCP region, Yarriambiack had the highest proportion of males aged 65 years and over living alone while Horsham RC had the highest proportion of females.

Between 2006 and 2011, the proportion of male population aged 65 years and over that lived alone increased in Horsham RC, West Wimmera and Yarriambiack, while the proportion of female population aged 65 years and over that lived alone increased in West Wimmera only.

Proportion of Population[#] Aged ≥65 Years Living Alone (2006 and 2011)

		Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria
		No.	%	No.	%	No.	%	No.	%	%
Male	2006	143	25.1%	244	20.0%	79	20.8%	169	23.8%	20.1%
	2011	139	24.5%	272	20.6%	99	25.0%	179	25.6%	20.7%
Female	2006	282	43.5%	612	41.4%	149	36.2%	314	39.3%	39.4%
	2011	241	38.1%	696	41.4%	177	41.3%	312	38.6%	37.9%

2006 and 2011 Census of Population and Housing, Basic Community Profiles, ABS # Count of persons in occupied private dwellings

Income for Population Aged 65 yrs and Over

In 2011, more than half of Wimmera PCP region males and females aged 65 years and over had a total weekly personal income of between \$200 and \$599 per week. Females were more likely than males to be in this income bracket. Within the PCP region, Hindmarsh had the highest proportion of males and females who had this income (67.2%) and West Wimmera had the lowest (57.1%).

Compared to regional Victoria, Wimmera PCP region residents aged 65 years and over were generally less likely to be earning an income of less than \$300 per week. Across each LGA, females were typically more likely to be earning less than males.

Very small numbers in the higher income range (above \$1000 per week), as well as a high proportion of 'not stated' responses in West Wimmera and Yarriambiack, mean that these figures are not reliable enough to make meaningful comparisons or conclusions.

Individual Weekly income for Population Aged 65 Years and Over (2011)

	Hindmarsh		Horsham		West Wimmera		Yarriambiack		Regional Victoria		Victoria	
	M	F	M	F	M	F	M	F	M	F	M	F
Negative/Nil	2.3%	2.1%	2.4%	2.9%	0.9%	3.3%	1.2%	1.4%	2.3%	2.6%	3.0%	3.6%
\$1-\$199	4.1%	3.9%	3.9%	4.7%	5.2%	2.8%	5.0%	4.0%	4.4%	4.8%	4.8%	5.4%
\$200-\$299	23.5%	20.5%	22.7%	21.5%	20.2%	17.7%	23.3%	22.5%	25.4%	23.3%	24.8%	22.3%
\$300-\$399	26.9%	32.3%	21.3%	29.0%	21.7%	29.7%	23.1%	29.3%	21.3%	29.7%	18.7%	27.7%
\$400-\$599	16.8%	21.7%	18.9%	18.6%	15.2%	18.1%	18.0%	16.3%	17.7%	17.8%	16.1%	16.5%
\$600-\$799	7.3%	6.4%	8.9%	5.7%	10.1%	5.7%	8.2%	5.3%	8.1%	5.3%	7.9%	5.5%
\$800-\$999	4.7%	0.8%	4.6%	3.5%	4.5%	2.8%	3.4%	2.0%	4.2%	2.1%	4.6%	2.5%
\$1,000-\$1,249	1.7%	1.8%	2.3%	1.2%	3.1%	2.6%	2.1%	1.7%	2.7%	1.2%	3.4%	1.6%
\$1,250-\$1,499	2.0%	0.8%	1.9%	1.0%	1.8%	0.8%	1.0%	0.7%	1.4%	0.6%	2.0%	0.9%
\$1,500-\$1,999	1.1%	0.5%	1.6%	0.8%	1.3%	1.2%	0.9%	0.7%	1.2%	0.5%	1.9%	0.8%
\$2,000 or more	1.8%	0.0%	2.2%	0.4%	3.8%	0.6%	1.0%	0.7%	1.5%	0.6%	2.8%	1.0%
Not stated	7.8%	9.3%	9.3%	10.7%	12.1%	14.6%	12.7%	15.3%	9.8%	11.5%	10.0%	12.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total population aged ≥ 65 years.	655	771	1515	1,934	446	492	801	946	na	na	na	na

2011 Census of Population and Housing, Basic Community Profiles, ABS

Home and Community Care (HACC) Clients (2009/10)

In 2009/10, all Wimmera PCP region LGAs had a higher proportion of residents aged 0 – 69 years and 70 years and over who were HACC clients, compared to the Victorian average.

HACC Service Clients (2009-10)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
HACC clients aged 0-69 per 1,000 target population	321.4	332.3	915.3	758.3	257.3
HACC clients aged 70 and over per 1,000 target	499.2	383.3	503.2	600.9	368.3

2010 Local Government Area Statistical Profiles, DoH 2011

Residential Aged Care

High Level Aged Care Places

The following explanation has been extracted directly from the Social Atlas of Victorian Local Government Areas, 2011 (Public Health Information Development Unit).

High-level care is nursing home care provided when health deteriorates to such a degree that a person becomes very frail or ill and can no longer be cared for adequately in their present accommodation. It provides 24-hour nursing and personal care for the very frail or ill, with support for the activities of daily living - dining, showering, continence management, rehabilitation, medications etc. Allocation is based on availability and the assessment of an individual's needs, as compared with other residents.

In June 2010, Hindmarsh, West Wimmera and Yarriambiack all had a higher rate of population aged 70 years and over that was living in high level residential aged care, compared to the Regional Victoria and Victoria average. Within the region, Hindmarsh had the highest rate

Population Aged 70 Years and Over in High Level Residential Aged Care (June 2010)

Location	Number	Rate per 1,000
Hindmarsh	66	56.9
Horsham	90	35.9
West Wimmera	29	42.1
Yarriambiack	65	46.1
Regional Victoria	6,753	39.7
Victoria	22,384	41.6

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Low Level Care Places

The following explanation has been extracted directly from the Social Atlas of Victorian Local Government Areas, 2011 (Public Health Information Development Unit).

Low-level care is hostel accommodation, offering a greater quality of life for people who benefit significantly from supportive services, companionship and activities, and for whom living without assistance is difficult. Independence is encouraged in maintaining daily living skills. Services provided may include showering, dressing, bed making, room cleaning, supervision of medication, provision of all meals and laundry.

In June 2010, Hindmarsh, Horsham RC and Yarriambiack all had a higher rate of population aged 70 years and over that was living in low level residential aged care, compared to the Regional Victoria average. Within the region, Hindmarsh had the highest rate, followed by Yarriambiack.

Population Aged 70 Years and Over in Low Level Care Residential Aged Care (June 2010)

Location	Number	Rate per 1,000 people in age group
Hindmarsh	82	70.7
Horsham	132	52.6
West Wimmera	32	46.4
Yarriambiack	89	63.1
Regional Victoria	8,148	47.9
Victoria	24,907	46.3

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Community Care Places

The following explanation has been extracted directly from the Social Atlas of Victorian Local Government Areas, 2011 (Public Health Information Development Unit).

Community Aged Care Packages offer low dependency level care for older people who are frail and/or disabled, in their own home, whether they live with their spouse, family or on their own. Trained staff provide flexible and coordinated support, which may include assistance with personal care (e.g., showering, grooming); household help (e.g., shopping, cleaning); linking with activities and pursuits in the community; and other assistance as negotiated according to individual need.

In June 2010, Yarriambiack had a higher rate of population aged 70 years and over that was receiving community care packages, compared to the regional Victoria and Victoria average.

Population Aged 70 Years and Over Receiving Community Care Packages (June 2010)

Location	Number	Rate per 1,000 people in age group
Hindmarsh	0	0.0
Horsham	44	17.5
West Wimmera	15	21.8
Yarriambiack	40	28.3
Regional Victoria	3,810	22.4
Victoria	12,640	23.5

Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011

Mental Health and Wellbeing

Self Assessed Mental, Behavioural and Mood Problems

Estimates of mental and behavioural problems and mood problems were undertaken in 2008 by the Public Health Information Development Unit using self-reported data from the 2007-08 National Health Survey.

All Wimmera PCP Region LGA males were more likely to report they had mental and behavioural problems (self assessed) than the Victorian average. Yarriambiack males were also more likely to report this than the Regional Victoria average. Within the region, Yarriambiack had the highest rate.

Females from Horsham RC and Yarriambiack were more likely to report having a mental and behavioural problems (self assessed) than the Victorian average. Within the region, Yarriambiack had the highest rate.

Reflecting state patterns, the rate for females was higher than the rate for males.

Estimated Number of People With Mental and Behavioural Problems (synthetic prediction) - (2007-08)

Location	Males		Females	
	Number	Rate* per 100	Number	Rate* per 100
Hindmarsh	329	10.8	346	11.6
Horsham (RC)	1,024	10.8	1,149	11.8
West Wimmera	249	10.5	236	10.8
Yarriambiack	424	11.4	453	12.1
Regional Victoria	76,428	11.0	85,688	12.2
Victoria	257,746	9.9	309,046	11.6

*Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Indirectly age-standardised rate per 100 persons*

Males from Hindmarsh, Horsham RC and Yarriambiack were more likely to report having mood problem (self assessed) than the Victorian average. Yarriambiack males were also more likely to report this than the Regional Victoria average. The rate for Yarriambiack males was also higher than the Regional Victoria average. Within the region, Yarriambiack had the highest rate.

Females from Hindmarsh, West Wimmera and Yarriambiack were more likely to report having mood problems (self assessed) than the Victorian average. The rate for females from Hindmarsh and Yarriambiack was also higher than the Regional Victoria average. Within the region, Yarriambiack had the highest rate.

Reflecting state patterns, the rate for females was higher than the rate for males.

Estimated Number of People With Mood Problems – (synthetic prediction) - (2007-08)

Statistical Local Area	Males		Females	
	Number	Rate per 100	Number	Rate per 100
Hindmarsh	192	6.2	270	9.2
Horsham (RC)	584	6.2	764	7.9
West Wimmera	142	6.0	181	8.4
Yarriambiack	245	6.5	349	9.5
Regional Victoria	44,352	6.4	59,109	8.5
Victoria	156,455	6.0	222,683	8.3

*Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Indirectly age-standardised rate per 100 population*

Psychological Distress Levels

The Kessler 10 Psychological Distress Scale (K10) categorises levels of psychological distress and has been validated as a simple measure of anxiety, depression and worry. Based on their score, individuals are categorised as having low, moderate, high or very high levels of psychological distress.

All Wimmera PCP region residents were less likely to report having a high or very high level of psychological distress, compared to the Regional Victoria and Victoria average. Within the region, Yarriambiack had the highest rate, followed by Horsham.

High or Very High Levels of Psychological Distress, Persons Aged ≥18 Years (synthetic prediction) - (2007-08)

Location	No.	Rate per 100
Hindmarsh	513	11.0
Horsham (RC)	1,624	11.1
West Wimmera	369	10.6
Yarriambiack	652	11.2
Regional Victoria	123,588	11.7
Victoria	487,418	12.0

*Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Indirectly age-standardised rate per 100 population*

State-wide findings from Victorian Population Health Survey:

- Females had higher rates of moderate, high and very high levels of psychological distress compared with males
- Persons aged 18–24 years had higher rates of moderate and high levels of psychological distress, compared with the average for Victoria.
- Persons aged 25–34 years also had higher rates of moderate psychological distress, compared with the state average
- Persons from older age groups (aged 55–64 years and 65 years and over) had higher rates of low psychological distress, compared with the rate for Victoria.

Avoidable Mortality – Self Inflicted Injuries

Between 2003 and 2007, Wimmera PCP region residents aged 0 – 74 years were less likely to have died from suicide or self inflicted injury than the Regional Victoria or Victoria average. Within the region, Horsham RC was the only LGA that had numbers that were large enough to publish.

Avoidable Deaths at Ages 0 to 74 Years: Suicide and Self-Inflicted Injuries (2003 to 2007)

SLA	No.	Rate*
Hindmarsh	#	..
Horsham (RC)	7	8.3
West Wimmera	#	..
Yarriambiack	#	..
Regional Vic	822	13.3
Victoria	2,628	11.0

*Public Health Information Development Unit- * Indirectly age-standardised average annual rate per 100,000 population*

Mental Health Client Figures

In 2010/11, Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of population that were mental health clients compared to the Victorian average. Within the region, Hindmarsh and Horsham RC had the highest rates.

Hindmarsh and Horsham RC had a higher proportion of population that were adult mental health service clients compared to the Victorian average.

Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of population that were aged mental health service clients compared to the Victorian average.

Horsham RC and Yarriambiack had a higher proportion of population that were CAMHS mental health service clients, compared to the Victorian average.

Mental Health Clients by LGA and Type of Service (2010/11)

LGA Name	2010 est. population#	ADULT		AGED		CAMHS*		FORENSIC		SPECIALIST		TOTAL	
		No. Clients	% of 2008 est. pop.	No. Clients	% of 2008 est. pop.	No. Clients	% of 2008 est. pop.	No. Clients	% of 2008 est. pop.	No. Clients	% of 2008 est. pop.	No. Clients	% of 2008 est. pop.
Hindmarsh	6,150	69	1.1%	15	0.2%	9	0.1%	0	0	0	0.0%	93	1.5%
Horsham	20,232	224	1.1%	35	0.2%	42	0.2%	<5	-	<5	-	304	1.5%
West Wimmera	4,591	36	0.8%	6	0.1%	5	0.1%	0	0.0%	0	0.0%	47	1.0%
Yarriambiack	7,614	64	0.8%	14	0.2%	20	0.3%	<5	-	0	0.0%	100	1.3%
Victoria	5,545,932	44,663	0.8%	7,961	0.1%	7,835	0.1%	621	0.0%	543	0.0%	61,623	1.1%

Commissioned data from DoH. Source: Case Files 2010-11, MH&DD, DoH

Estimated Resident Population ABS 2010

* CAMHS = Child and adolescent mental health services

Substance Abuse and Alcohol Consumption

Alcohol Consumption

Regular, excessive consumption of alcohol over time places people at increased risk of chronic ill health and premature death, and episodes of heavy drinking may place the drinker (and others) at risk of injury or death. The consequences of heavy, regular use of alcohol may include cirrhosis of the liver, cognitive impairment, heart and blood disorders, ulcers, cancers and damage to the pancreas.

Victorian Population Health Survey 2008

Excessive consumption of alcohol also has wide-reaching consequences on families, communities, workplaces and the economy. Economic impacts include costs to government health and welfare systems and industry through factors such as crime and violence, treatment costs, loss of productivity and premature death.

The 2001 Australian Alcohol Guidelines: Health Risks and Benefits were used for the 2008 Victorian Population Health Survey. The guidelines identified two main patterns of drinking behaviour as creating a risk to an individual's health:

1. excessive alcohol intake on a particular occasion; and,
2. consistent high-level intake over months and years.

The guidelines specified the risks for various drinking levels for males and females over the short and long term. The guidelines categorised risk according to three levels:

1. low risk— a level of drinking at which the risk of harm is minimal and there are possible benefits for some of the population;
2. risky— a level of drinking at which the risk of harm outweighs any possible benefit; and,
3. high risk— a level of drinking at which there is substantial risk of serious harm and above which risk increases rapidly.

Victorian Population Health Survey 2008, Department of Health 2010

Risk of Alcohol-Related Harm in the Short Term

The 2001 guidelines indicate that males who drink up to six standard drinks and females who drink up to four standard drinks are at *low risk* of alcohol related harm in the short-term. Males who drink 11 or more drinks and females who consume seven or more drinks are categorised as being at *high risk* of alcohol related harm. Between these levels, alcohol consumption behaviour is classified as risky in the short-term. Victorian Population Health Survey 2008, Department of Health 2010

2001 Australian Alcohol Guidelines For Risk To Health In *The Short Term*^(a)

	Low Risk	Risky	High Risk
Males	Up to six on any one day; no more than three days per week	seven to 10 on any one day	11 or more on any one day
Females	Up to four on any one day; no more than three days per week	Five to six on any one day	Seven or more on any one day

Victorian Population Health Survey 2008, Department of Health 2010 (a) Quantities in standard drinks

In 2008, all Wimmera PCP region LGAs had a higher proportion of population that had consumed alcohol at risky or high risk levels for health in the short term compared to the Victoria average. Within the region, Hindmarsh had the highest proportion, followed by West Wimmera.

Consumption of Alcohol at Risky or High Risk Levels for Health in *The Short Term*^{*#} (2008)

Location	%
Hindmarsh	51.7
Horsham RC	49.4
West Wimmera	51.3
Yarriambiack	46.8
Regional Victoria	51.7
Victoria	45.2

Victorian Population Health Survey 2008, Department of Health 2010 * Age standardised #Includes those who consumed alcohol at risky or high risk levels weekly, monthly or yearly

In 2008, all Wimmera PCP region LGAs had a higher proportion of population that had consumed alcohol *at least monthly* at risky or high risk levels for health in the short term compared to the Victoria average. Yarriambiack had the highest proportion of population that had consumed alcohol *at least monthly*, while West Wimmera had the highest proportion of population that had consumed alcohol *at least weekly* at risky or high risk levels for health in the short term.

Frequency of Drinking Alcohol at Risky or High Risk Levels for Health in *The Short Term*^{*} (2008)

	At least yearly	At least monthly	At least weekly
Hindmarsh	26.3	16.7	8.8
Horsham RC	25.1	14.5	9.8
West Wimmera	20.5	18.4	12.4
Yarriambiack	13.6	22.1	11.1
Regional Victoria	Not available	Not available	Not available
Victoria	22.0	13.0	10.2

Victorian Population Health Survey 2008, Department of Health 2010 *Age standardised

Risk of Alcohol-related Harm in the Long Term

Based on the 2001 guidelines, long-term risk of harm due to alcohol consumption is associated with regular daily patterns of drinking alcohol, defined in terms of the amount typically consumed each week. – Victorian Population Health Survey 2008, Department of Health 2010

2001 Australian Alcohol Guidelines for Risk to Health in The Long Term^(a)

		Low Risk	Risky	High Risk
Males	On an average day	Up to 4	5 – 6	7 or more
	Overall weekly level	Up to 28	29 – 42	43 or more
Females	On an average day	Up to 2	3 – 4	5 or more
	Overall weekly level	Up to 14	15 - 28	29 or more

Victorian Population Health Survey 2008, Department of Health 2010 (a) Quantities in standard drinks

In 2008, compared to the Victoria average, Hindmarsh and Yarriambiack had a smaller proportion of population that did not consume alcohol at above long-term risk levels. Within the Wimmera PCP region, Yarriambiack had the smallest proportion and West Wimmera had the largest proportion.

Did not Consume Alcohol at Above Long-term Risk^(a) Levels* (2008)

Location	Proportion
Hindmarsh	96.0
Horsham RC	97.2
West Wimmera	97.5
Yarriambiack	95.6
Victoria	96.3

Victorian Population Health Survey 2008, DHS 2010 (a) Based on national guidelines (NHMRC 2001). Includes those who were abstainers (non-drinkers) and those at low risk of long-term harm. *Age standardised

State-wide findings from the Victorian Population Health Survey also indicate that *across Victoria*:

- Males and females aged 18-24 were most likely to be consuming alcohol monthly or more frequently at above short-term risk levels, and
- Males aged 45-54 years and females aged 25-34 years were most likely to be consuming alcohol at high risk levels for long term alcohol-related harm.

Hospital Separations

In 2010/11, there were 739 hospital separations for Wimmera PCP region residents who had alcohol or drug-related conditions or injuries (not necessarily as the primary diagnosis).

Compared to Victoria, males and females from Yarriambiack and males from Hindmarsh had a higher rate per population of hospital separations treated for an alcohol or drug problem. Within the region, Yarriambiack had the highest rate for females, while Hindmarsh had the highest rate for males.

Note: Figures include both separations where alcohol or drug consumption was the primary diagnosis and admissions where alcohol or drug consumption was considered relevant to the primary diagnosis (e.g. intoxicated person falling out of a tree and breaking a leg).

Note that figures are not age standardised

Hospital separations treated for an alcohol or drug problem by LGA and Sex (2010/11)

	Female			Male		
	No.	2010 female ERP	Rate*	No.	2010 female ERP	Rate*
Hindmarsh	73	3,102	2.4%	66	3,048	2.2%
Horsham RC	182	10,318	1.8%	138	9,914	1.4%
West Wimmera	49	2,275	2.2%	29	2,316	1.3%
Yarriambiack	126	3,867	3.3%	76	3,747	2.0%
Victoria	65,265	2,750,866	2.4%	52,352	2,795,046	1.9%

Victorian Admitted Episode Dataset (VAED) 2010/11 (Public and Private Hospital files) – commissioned data *Rate per 100 persons, based on 2010 estimated population figures from ABS 3235.0

Alcohol Related Harm

Between 2002/03 and 2003/04, Horsham RC had higher rates for most alcohol related assaults and injuries compared to the Victorian average.

Horsham RC had a significantly higher rate for alcohol-related assault and family incidents compared to the Victorian average. Hindmarsh, Horsham RC and West Wimmera had a higher rate of alcohol-related serious road injuries; Hindmarsh had a higher rate of alcohol-related medical hospital admissions; Hindmarsh, Horsham RC and Yarriambiack had a higher rate of alcohol-related external cause hospital admissions; and Hindmarsh and Horsham RC had a higher rate of alcohol-related deaths compared to Victoria.

Alcohol-related Assault and Injuries (2002/03 – 2003/04)

	Assault		Family incidents		Serious road injury		Medical hospital admissions**		External cause hospital admissions [#]		Deaths	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*			No.	Rate*
Hindmarsh	8	6.14	20	15.34	6	4.60	18	27.30	12	19.20	8	2.91
Horsham RC	65	17.38	113	30.09	16	4.21	28	14.93	34	18.19	11	1.53
West Wimmera	5	5.19	10	10.39	<6	5.19	8	16.13	7	14.38	<6	0.77
Yarriambiack	13	7.72	24	14.72	<6	1.29	19	23.47	19	22.82	6	0.38
Victoria	9,445	9.7	15,465	15.8	3,346	3.4	13,234	26.9	7,897	16.06	2,879	1.5

*The Victorian Alcohol Statistics Handbook Volume 7 (Turning Point Alcohol and Drug Centre - 2005) * per 10,000 per ** Alcohol-related 'medical' hospital admissions are typically those associated with long-term heavy alcohol consumption such as stroke, hypertension, cancer, and mental and behavioural disorders due to the use of alcohol. # 'External cause' hospital admissions are those hospital admissions where environmental events, circumstances and conditions have resulted in poisoning, injury or other adverse effects. They include road injuries, alcoholic beverages poisoning, fall injuries, suicide, assault and child abuse. Figures do not include emergency department presentations where patient is not admitted.*

Drug and Alcohol Clients

In 2009-10, Hindmarsh and Horsham RC had a higher rate of population that were drug and alcohol clients compared to Victoria. The rate for Horsham RC was more than double the Victorian average. Within the region, Horsham RC had the highest rate and West Wimmera had the lowest rate.

Drug and Alcohol Clients per 1,000 Population (2009-10)

Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
6.8	14.2	3.7	4.9	5.3

2010 Local Government Area Statistical Profiles, DoH 2011

Grampians Region Alcohol and Drug Treatment Services

Residence of Client

In the December quarter (Q3) of 2011/12, of the LGAs located in the Wimmera PCP region, Horsham RC residents had the largest number of clients that had received an alcohol and drug course of treatment, followed by Hindmarsh then Yarriambiack.

Between the March quarter (Q4) of 2010/11 and the December quarter (Q3) of 2011/12, the number of clients from each PCP region LGA fluctuated, with numbers generally down a little in the December quarter (Q3) of 2011/12.

A course of treatment is a period of service provision between a client and alcohol and drug worker , with specified dates of commencement and cessation.

Residence of Client (2010/11 to 2011/12)

LGA	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	COTs	%	COTs	%	COTs	%	COTs	%
Ararat RC	40	6.9 %	42	7.2 %	38	6.7 %	48	8.1 %
Ballarat	230	39.7 %	249	42.9 %	249	43.7 %	255	43.0 %
Buloke	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5
Campaspe	n<5	n<5	0	0	n<5	n<5	n<5	n<5
Colac-Otway	n<5	n<5	0	0	0	0	0	0
Golden Plains	14	2.4 %	11	1.9 %	5	0.9 %	16	2.7 %
Greater Bendigo	n<5	n<5	5	0.9 %	n<5	n<5	7	1.2 %
Greater Geelong	n<5	n<5	5	0.9 %	n<5	n<5	0	0
Hepburn	27	4.7 %	46	7.9 %	29	5.1 %	11	1.9 %
Hindmarsh	17	2.9 %	15	2.6 %	19	3.3 %	15	2.5 %
Horsham RC	126	21.7 %	100	17.2 %	111	19.5 %	109	18.4 %
Melton	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5
Mildura	8	1.4 %	9	1.6 %	8	1.4 %	6	1.0 %
Moorabool	22	3.8 %	17	2.9 %	19	3.3 %	21	3.5 %
Northern Grampians	58	10.0 %	42	7.2 %	46	8.1 %	70	11.8 %
Pyrenees	5	0.9 %	6	1.0 %	n<5	n<5	n<5	n<5
Southern Grampians	n<5	n<5	0	0	0	0	n<5	n<5
West Wimmera	6	1.0 %	6	1.0 %	5	0.9 %	6	1.0 %
Yarra	n<5	n<5	n<5	n<5	n<5	n<5	0	0
Yarriambiack	14	2.4 %	15	2.6 %	16	2.8 %	11	1.9 %
Cardinia	0	0	n<5	n<5	n<5	n<5	0	0
Loddon	0	0	n<5	n<5	n<5	n<5	n<5	n<5
Macedon Ranges	0	0	n<5	n<5	0	0	0	0
Melbourne	0	0	n<5	n<5	0	0	0	0
South Gippsland	0	0	n<5	n<5	0	0	0	0
Swan Hill	0	0	n<5	n<5	0	0	0	0
Brimbank	0	0	0	0	n<5	n<5	0	0
Glenelg	0	0	0	0	n<5	n<5	0	0
Greater Shepparton	0	0	0	0	n<5	n<5	n<5	n<5
Corangamite	0	0	0	0	0	0	n<5	n<5
Mount Alexander	0	0	0	0	0	0	n<5	n<5
Surf Coast	0	0	0	0	0	0	n<5	n<5
Wyndham	0	0	0	0	0	0	n<5	n<5
Total	580	100 %	580	100 %	570	100 %	593	100 %

Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY), Unpublished, Department of Health, June 2012

Clients By Sex

In the December quarter (Q3) of 2011/12, some 65.7% of clients were male and 34.3% were female. These proportions did not change significantly between the March quarter (Q4) of 2010/11 and the December quarter (Q3) of 2011/12.

Client Sex (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
Male	292	65.3 %	298	65.8 %	295	66.1 %	302	65.7 %
Female	155	34.7 %	155	34.2 %	151	33.9 %	158	34.3 %
Total	447	100.0 %	453	100.0 %	446	100.0 %	460	100.0 %

Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY), Unpublished, Department of Health, June 2012

Client By Age Group

In the December quarter (Q3) of 2011/12, the 15 – 19 year old age group had the highest number of clients, followed by the 30 – 34 years age group. While numbers did fluctuate over the previous 12 months, clients were typically most likely to be aged between 15 and 34 years.

Client Age Group (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
5-9 yrs	n<5	n<5	0	0.0%	0	0.0%	0	0.0%
10-14 yrs	11	2.4 %	15	3.3 %	11	2.4 %	13	2.8 %
15-19 yrs	68	15.0 %	77	16.8 %	55	12.2 %	76	16.3 %
20-24 yrs	71	15.7 %	45	9.8 %	76	16.9 %	62	13.3 %
25-29 yrs	52	11.5 %	53	11.5 %	46	10.2 %	48	10.3 %
30-34 yrs	56	12.4 %	67	14.6 %	58	12.9 %	72	15.5 %
35-39 yrs	50	11.0 %	49	10.7 %	58	12.9 %	50	10.8 %
40-44 yrs	52	11.5 %	59	12.9 %	43	9.6 %	43	9.2 %
45-49 yrs	28	6.2 %	33	7.2 %	32	7.1 %	37	8.0 %
50-54 yrs	28	6.2 %	28	6.1 %	33	7.3 %	25	5.4 %
55-59 yrs	18	4.0 %	17	3.7 %	25	5.6 %	17	3.7 %
60-64 yrs	9	2.0 %	9	2.0 %	5	1.1 %	5	1.1 %
65-69 yrs	5	1.1 %	n<5	n<5	7	1.6 %	10	2.2 %
70-74 yrs	n<5	n<5	n<5	n<5	0	0.0%	5	1.1 %
75-79 yrs	n<5	n<5	0	0.0%	0	0.0%	0	0.0%
80-84 yrs	0	0.0%	0	0.0%	0	0.0%	n<5	n<5
85+	0	0.0%	0	0.0%	0	0.0%	n<5	n<5
Total	453	100.0 %	459	100.0 %	449	100.0 %	465	100.0 %

Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY), Unpublished, Department of Health, June 2012

Cultural Background

In the December quarter (Q3) of 2011/12, clients were most likely to describe themselves as having an Australian cultural background. The next most common cultural background was Australian Aboriginal.

Client Cultural Background* (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
Australian	414	92.8 %	418	93.7 %	407	92.5 %	424	93.2 %
Australian Aboriginal	19	4.3 %	23	5.2 %	23	5.2 %	21	4.6 %
English	6	1.3 %	5	1.1 %	n<5	n<5	5	1.1 %
British, n.e.c.	0	0.0%	0	0.0%	0	0.0%	n<5	n<5
Scottish	n<5	n<5	0	0.0%	0	0.0%	n<5	n<5
Croatian	0	0.0%	0	0.0%	n<5	n<5	0	0.0%
Dutch	0	0.0%	0	0.0%	n<5	n<5	0	0.0%
New Zealander	n<5	n<5	0	0.0%	0	0.0%	0	0.0%
Italian	n<5	n<5	0	0.0%	0	0.0%	0	0.0%

Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY),
Unpublished, Department of Health, June 2012

Living Arrangements

In the December quarter (Q3) of 2011/12, clients were most likely to be living with family, followed by living alone. Figures for living arrangements fluctuated considerably over the previous 12 months.

Client Living Arrangements (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
Lives with others	84	19.2 %	72	16.4 %	77	18.0 %	66	14.9 %
Lives with family	251	57.3 %	268	60.9 %	234	54.8 %	292	65.8 %
Lives Alone	103	23.5 %	100	22.7 %	116	27.2 %	86	19.4 %
Total	438	100.0 %	440	100.0 %	427	100.0 %	444	100.0 %

Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY),
Unpublished, Department of Health, June 2012

Parental Status

In the December quarter (Q3) of 2011/12, a large number of clients had dependent children. The proportion of clients with dependent children has decreased since the March quarter of 2010/11.

Client Parental Status (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
Has dependent children	167	36.7 %	184	40.0 %	170	37.8 %	153	32.8 %
No dependent children	239	52.5 %	246	53.5 %	227	50.4 %	246	52.8 %
Unknown	49	10.8 %	30	6.5 %	53	11.8 %	67	14.4 %
Total	455	100.0 %	460	100.0 %	450	100.0 %	466	100.0 %

Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY),
Unpublished, Department of Health, June 2012

Concurrent Conditions

In the December quarter (Q3) of 2011/12, a large number of clients had a concurrent condition. The most common stated concurrent condition was a psychiatric illness and this accounted for more than 48% of clients.

Client Concurrent Conditions (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
ABI Diagnosed	5	1.1 %	9	2.0 %	8	1.8 %	7	1.5 %
Chronic Pain	11	2.4 %	10	2.2 %	18	4.0 %	21	4.5 %
Psychiatric Illness	196	43.1 %	208	45.2 %	205	45.6 %	224	48.1 %
Physical Disability	n<5	n<5	n<5	n<5	n<5	n<5	0	0
Pregnancy	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5
Other Medical	73	16.0 %	60	13.0 %	65	14.4 %	56	12.0 %
Other	6	1.3 %	10	2.2 %	8	1.8 %	7	1.5 %
None	118	25.9 %	114	24.8 %	96	21.3 %	106	22.7 %
Unknown	41	9.0 %	44	9.6 %	47	10.4 %	43	9.2 %
Total	455	100.0 %	460	100.0 %	450	100.0 %	466	100.0 %

*Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY),
Unpublished, Department of Health, June 2012*

Primary Drug Used

In the December quarter (Q3) of 2011/12, the most common primary drug used amongst clients who were substance abusers was alcohol, followed by cannabis.

Client Primary Drug Use (Substance Abusers Only) (2010/11 to 2011/12)

	10/11 Q4		11/12 Q1		11/12 Q2		11/12 Q3	
	Clients	%	Clients	%	Clients	%	Clients	%
Alcohol	231	54.9 %	232	54.7 %	238	56.0 %	238	54.3 %
Amphetamines	17	4.0 %	28	6.6 %	23	5.4 %	20	4.6 %
Analgesics n.f.d.	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5
Barbiturates	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5
Benzodiazepines	n<5	n<5	n<5	n<5	6	1.4 %	6	1.4 %
Cannabis	105	24.9 %	101	23.8 %	97	22.8 %	111	25.3 %
Cocaine	n<5	n<5	n<5	n<5	0	0	n<5	n<5
Codeine	n<5	n<5	n<5	n<5	0	0	n<5	n<5
Ecstasy	n<5	n<5	0	0	0	0	n<5	n<5
Heroin	10	2.4 %	12	2.8 %	10	2.4 %	8	1.8 %
Methadone	n<5	n<5	n<5	n<5	n<5	n<5	n<5	n<5
Morphine	5	1.2 %	n<5	n<5	5	1.2 %	n<5	n<5
Nicotine	8	1.9 %	8	1.9 %	8	1.9 %	6	1.4 %
Opioid Analgesics n.f.d.	n<5	n<5	n<5	n<5	7	1.6 %	n<5	n<5
Sedatives and Hypnotics	21	5.0 %	21	5.0 %	19	4.5 %	26	5.9 %
Volatile Substances	n<5	n<5	n<5	n<5	n<5	n<5	0	0
Anabolic steroids and selected hormones	0	0	n<5	n<5	0	0	0	0
Caffeine	0	0	0	0	n<5	n<5	0	0
Other Stimulants and Hallucinogens nfd	0	0	0	0	0	0	n<5	n<5
Total	421	100.0 %	424	100.0 %	425	100.0 %	438	100.0 %

*Alcohol and Drug Treatment Services Quarterly Regional Trends Report – Grampians Region 10/11 Q4 – 11/12 Q3 (DRAFT ONLY),
Unpublished, Department of Health, June 2012*

Social Exclusion and Support

Social Contact

In 2008, Grampians region residents were more likely to have spoken to no people or less than five people the previous day than the regional Victoria average. Within the region, males were more likely than females to have spoken to no people the previous day.

Number of Persons Spoken With the Previous Day (2008)

	None at all		Less than 5		5 to 9		10 or more	
	Males	Females	Males	Females	Males	Females	Males	Females
Barwon-South Western	1.7*	1.9*	20.9	17.9	24.5	28.7	52.7	50.9
Eastern Metropolitan	2.3	1.8	19.4	19.2	23.9	30.1	54.0	48.7
Gippsland	1.4*	1.8	17.7	16.9	25.7	32.4	55.2	48.2
Grampians	2.7*	1.7*	19.0	19.3	24.9	30.0	53.2	48.7
Hume	1.6	1.2*	18.5	20.4	24.6	28.5	55.1	49.8
Loddon Mallee	1.3	1.4*	16.3	15.2	25.0	32.3	57.1	50.9
North & West Metropolitan	2.9	2.7	19.5	22.7	27.3	30.0	49.8	44.3
Southern Metropolitan	3.1	2.4	18.4	19.2	26.5	30.3	51.7	47.8
Regional Victoria	1.7	1.6	18.6	17.8	24.9	30.2	54.6	49.9
Victoria	2.6	2.2	19.0	19.8	25.8	30.1	52.2	47.6

Victorian Population Health Survey 2008, Department of Health 2010 *Estimate has a relative standard error between 25 and 50 per cent and should be interpreted with caution. # Age standardised

Able to Get Help from Family, Friends and Neighbours When Needed

In 2008, Grampians region residents were much more likely to report that they could definitely get help from family when needed. Within the region, males and females were generally equally as likely to report that they could definitely get help from family when needed.

Able to Get Help From Family When Needed[#] (2008)

	No, not at all		Not often		Sometimes		Yes, definitely	
	Males	Females	Males	Females	Males	Females	Males	Females
Barwon-South Western	3.1*	4.1	1.9*	5.3	11.0	12.5	83.2	77.7
Eastern Metropolitan	3.6	4.4	2.3	3.7	13.1	10.1	80.1	81.5
Gippsland	3.8	3.5	3.6	3.2	10.8	10.3	81.5	82.7
Grampians	2.6	3.8	2.1	2.6	10.8	9.2	84.3	84.2
Hume	5.8	3.7	3.1	3.1	12.6	12.2	78.0	80.7
Loddon Mallee	3.4	4.4	1.3	4.2	9.0	12.6	86.2	78.6
North & West Metropolitan	4.3	4.3	2.4	3.7	12.0	12.5	80.5	79.1
Southern Metropolitan	3.8	4.6	3.0	3.8	12.7	12.2	80.0	78.9
Regional Victoria	3.7	3.9	2.3	3.9	10.7	11.5	82.8	80.4
Victoria	3.9	4.3	2.5	3.8	12.1	11.6	80.8	79.9

Victorian Population Health Survey 2008, Department of Health 2010 *Estimate has a relative standard error between 25 and 50 per cent and should be interpreted with caution. # Age standardised

In 2008, Grampians region males reported that they were more likely to not be able to get help from friends when needed, compared to the regional Victoria and Victoria average; while more males and females reported that they could get help from friends 'not often'. Grampians males and females, however, were also more likely to report that they could definitely get help from friends when needed, compared to the regional Victoria and Victoria average. Males were more likely than females to report they could not get help or could not often get help from friends when needed.

Able to Get Help From Friends When Needed[#] (2008)

	No, not at all		Not often		Sometimes		Yes, definitely	
	Males	Females	Males	Females	Males	Females	Males	Females
Barwon-South Western	1.3	2.8*	1.8*	1.2*	9.5	11.3	86.8	84.3
Eastern Metropolitan	2.0	2.4	2.9	2.6	15.6	12.6	78.3	82.0
Gippsland	2.9*	3.0	2.0*	1.0*	14.3	12.3	80.4	83.4
Grampians	2.9	1.8	2.2*	1.4	11.9	12.2	82.7	83.7
Hume	2.2	2.4	1.6	1.5*	16.7	10.7	78.8	85.0
Loddon Mallee	1.7	2.7	2.3*	1.5	10.3	12.5	85.5	83.0
North & West Metropolitan	2.9	3.8	2.9	3.1	16.4	13.7	77.2	78.6
Southern Metropolitan	2.4	2.1	2.9	2.5	14.8	13.1	79.0	82.0
Metropolitan	2.5	2.8	2.9	2.7	15.5	13.1	78.2	80.8
Regional Victoria	2.1	2.6	2.0	1.3	12.1	11.7	83.4	83.9
Victoria	2.4	2.8	2.7	2.3	14.7	12.7	79.5	81.7

Victorian Population Health Survey 2008, Department of Health 2010 *Estimate has a relative standard error between 25 and 50 per cent and should be interpreted with caution. # Age standardised

In 2008, Grampians region males reported that they were more likely than the regional Victoria average to be able to get help from neighbours 'not often', compared to the regional Victoria and Victoria average. Grampians region males were also less likely to report they could definitely get help from neighbours when needed, compared to the Rural Victoria average. Within the region, females were more likely than males to report they could not get help from neighbours when needed.

Able to Get Help From Neighbours When Needed[#] (2008)

	No, not at all		Not often		Sometimes		Yes, definitely	
	Males	Females	Males	Females	Males	Females	Males	Females
Barwon-South Western	11.5	12.3	4.3	5.9	18.1	22.9	62.5	56.3
Eastern Metropolitan	16.1	16.0	6.5	7.6	23.1	24.2	50.0	49.5
Gippsland	13.0	14.2	8.6	6.4	18.1	19.2	56.0	57.7
Grampians	12.3	13.4	7.8	6.4	19.8	18.0	55.6	59.2
Hume	12.5	13.1	6.7	5.9	21.0	17.7	57.2	61.0
Loddon Mallee	14.0	14.5	7.5	7.7	17.5	19.2	56.6	56.1
North & West Metropolitan	19.7	20.5	8.1	7.7	22.1	22.2	45.8	45.8
Southern Metropolitan	16.7	17.4	9.5	8.3	22.2	20.9	47.2	48.7
Metropolitan	17.9	18.3	8.1	7.9	22.2	22.3	47.4	47.7
Regional Victoria	12.5	13.5	6.7	6.4	18.9	19.7	58.0	57.8
Victoria	16.6	17.1	7.7	7.5	21.3	21.6	50.2	50.3

Victorian Population Health Survey 2008, Department of Health 2010 *Estimate has a relative standard error between 25 and 50 per cent and should be interpreted with caution. # Age standardised

Able To Get Help From Friends, Family Or Neighbours When Needed – By LGA

In 2008, in total, residents from Hindmarsh, Horsham RC and Yarriambiack were less likely to be able to get help from friends, family or neighbours when needed, compared to the Regional Victoria average.

People Who Can Get Help From Friends, Family or Neighbours When Needed – by LGA (2008)

Hindmarsh	Horsham	West Wimmera	Yarriambiack	Regional Victoria	Victoria
90.4	89.6	92.1	91.0	91.7	92.3

Community Indicators Victoria - from DPCD 2008

Feeling Part of the Community

In 2007, males and females from the Wimmera PCP region were more likely to report they felt satisfied with feeling part of the community, compared to the Regional Victoria average.

Satisfaction With Feeling Part of The Community (2007)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Males	82.9	74.6	81.0	81.2	69.1	74.5
Females	81.4	79.3	82.2	85.3	72.2	76.8

Community Indicators Victoria - 2007 CIV Survey

Citizen Engagement

In 2007, males and females from the Wimmera PCP region were significantly more likely to report they participated in citizen engagement activities, compared to the Regional Victoria average.

Participated in Citizen Engagement Activities in the Last 12 Months (2007)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Males	77.1	64.1	79.2	83.5	53.1	65.5
Females	69.6	59.6	66.6	74.3	54.4	66.2

Community Indicators Victoria - 2007 CIV Survey

Internet Access

In 2007, overall, residents of the Wimmera PCP region were less likely to have internet access at home compared to the Regional Victoria average. Horsham RC males and West Wimmera residents aged 18-34 years were more likely to have internet access at home than the Victorian average. Within the region, males were more likely than females to have internet access at home and residents aged 18 – 34 years were generally more likely to have internet access at home compared to older age groups.

People With Internet Access at Home - % Of Adult Population (2007)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Regional Victoria	Victoria
All	70.7	73.3	68.5	66.1	78.9	73.7
Males	79.6	83.3	73.6	75.0	81.8	77.5
Females	62.1	63.7	63.2	57.6	76.1	70.0
People aged 18-34 Years	81.2	86.9	89.7	85.7	87.4	82.2
People aged 35-54 Years	83.7	82.8	82.2	80.5	86.5	84.1
People aged ≥55 Years	56.3	54.3	46.5	46.6	60.9	56.8

Community Indicators Victoria - 2007 CIV Survey

Internet Access

In 2011, homes in all Wimmera PCP region LGAs (particularly in marsh, West Wimmera and Yarriambiack) were less likely to be connected to the internet than the regional Victoria and Victoria average. More than a third of homes in Hindmarsh, West Wimmera and Yarriambiack did not have any internet connection in 2011, compared to 25.8% of regional Victoria home sand 19.6% of Victorian homes.

Type of Internet Connection at Home (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
									%	%
No connection	829	35.4%	2,170	28.4%	580	33.0%	982	34.4%	25.8%	19.6%
Broadband connection	1,260	53.8%	4,604	60.3%	975	55.5%	1,535	53.8%	62.9%	70.0%
Dial-up connection	88	3.8%	301	3.9%	80	4.6%	131	4.6%	3.7%	3.0%
Other connection	73	3.1%	293	3.8%	48	2.7%	88	3.1%	3.9%	3.8%
<i>Total</i>	<i>1,421</i>	<i>60.7%</i>	<i>5,198</i>	<i>68.1%</i>	<i>1,103</i>	<i>62.8%</i>	<i>1,754</i>	<i>61.5%</i>	<i>70.5%</i>	<i>76.9%</i>
Not stated	90	3.8%	266	3.5%	73	4.2%	115	4.0%	3.7%	3.5%
Total	2,340	100.0%	7,634	100.0%	1,756	100.0%	2,851	100.0%	100%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Disability

The Core Activity Need for Assistance variable was developed by the ABS to measure the number of people with a profound or severe disability. The Census of Population and Housing defines the profound or severe disability population as: *'those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age.'*

In 2011, Hindmarsh had 197 males and 262 females who had a core activity need for assistance, Horsham RC had 460 males and 590 females, West Wimmera had 123 males and 120 females and Yarriambiack had 287 males and 320 females.

Except for West Wimmera, each LGA had more females than males who had a core activity need for assistance. However, of the population aged 0 to 64 years, males were more likely than females in all PCP LGAs to have a core activity need for assistance.

In each of the PCP region LGAs, the 85 years and older age group had the highest proportion of population with a core activity need for assistance.

Compared to regional Victoria and Victoria, males and females aged 0 to 64 years in each LGA (except females in West Wimmera) were more likely to have a core activity need for assistance. However, males aged 65 to 84 years in Horsham RC and West Wimmera, males aged 75 to 84 years in Hindmarsh and males aged 65 years and over in Yarriambiack were all less likely than regional Victoria and Victoria to have a core activity need for assistance. Meanwhile, females aged 65 to 84 years in Hindmarsh and Horsham RC, females aged 65 years and over in West Wimmera and females aged 85 years and over in Yarriambiack were also all less likely than regional Victoria and Victoria to have a core activity need for assistance.

Core Activity Need For Assistance (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
MALES										
0-64 years	89	4.0%	257	3.3%	61	3.6%	161	5.9%	3.7%	2.7%
65-74 years	33	10.2%	56	7.0%	16	6.5%	35	9.0%	8.8%	9.0%
75-84 years	36	14.8%	83	15.1%	29	18.2%	55	17.7%	16.7%	18.9%
85 years and over	39	44.8%	64	39.0%	17	41.5%	36	36.7%	38.8%	39.7%
Total	197	6.8%	460	4.9%	123	5.7%	287	8.1%	5.4%	4.3%
FEMALES										
0-64 years	74	3.4%	240	3.0%	45	2.8%	127	4.9%	2.9%	2.3%
65-74 years	19	5.7%	42	4.7%	8	3.2%	35	8.3%	7.6%	9.1%
75-84 years	48	19.1%	134	18.9%	27	16.6%	71	20.9%	20.1%	24.2%
85 years and over	121	64.7%	174	51.6%	40	50.0%	87	46.5%	51.4%	52.3%
Total	262	9.0%	590	6.0%	120	5.7%	320	9.0%	5.9%	5.2%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Language Spoken at Home

In 2011, reflecting the high proportion of the region's residents who were born in Australia, more than 90% of the Wimmera PCP region population speak English only at home. In all PCP region LGAs, the proportion was higher than the regional Victoria and Victoria average.

Only Speaks English at Home (2011)

	Number	Percentage of population
Hindmarsh	5,401	93.2%
Horsham	18,016	93.4%
West Wimmera	4,048	95.2%
Yarriambiack	6,609	93.2%
<i>Regional Victoria</i>	<i>1,217,023</i>	<i>90.4%</i>
Victoria	3,874,863	72.4%

2011 Census of Population and Housing, Basic Community Profiles, ABS

People Living Alone

In 2011, all Wimmera PCP region households were more likely to be lone person households than the regional Victoria and Victoria average. Within the PCP region, the highest proportion of lone person households was in Yarriambiack and West Wimmera.

Proportion of Lone Person Households (2011)

Location	Number	% of all occupied dwellings
Hindmarsh	741	13.9%
Horsham	2,269	12.6%
West Wimmera	571	14.5%
Yarriambiack	936	14.5%
<i>Regional Victoria</i>	<i>143,589</i>	<i>11.6%</i>
Victoria	476,872	9.6%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Other Social Connection Indicators

Compared to Regional Victoria and Victoria averages; Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of residents who reported connecting or engaging with their local community in the ways set out below. Compared to the Regional Victoria average, Horsham RC had a lower proportion of residents who reported they were members of organised groups that had taken local action or who were on a decision making board or committee.

Community Connection Indicators (2008)

	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Attendance at a local community event in last 6 months	74.1	69.6	78.4	79.4	65	53
Participation in organised sport	-	-	-	-	43	41
Members of organised community/social groups	70.3	66.0	76.8	73.4	64	61
Members of organised groups that have taken local action	59.7	42.3	56.3	62.7	49	41
Volunteers (yes definitely and sometimes)	55.5	50.0	68.0	65.9	43	33
Parental participation in schools	55.6	54.9	63.2	65.2	47	49
On decision making board or committee	37.4	21.3	41.5	37.9	23	19
Feels valued by society	58.4	56.3	61.8	55.9	54	52

Source: Department for Victorian Communities (2010) Indicators of Community Strength at the Local Government Area Level in Victoria 2008. The report includes a description of the rationale and method for the creation of these data and can be found at www.dvc.vic.gov.au

Gambling Participation

In 2003, the Centre for Gambling Research Australian National University prepared the Victorian Longitudinal Community Attitudes Survey. This survey includes participation rates for different forms of gambling by individual Local Government Areas. Thirty-two Regional local government areas, including all of the Wimmera PCP region LGAs, were excluded from the survey analysis and table as the sample size was too small for the results to provide meaningful analysis.

However, it is useful to note that, among the Victorians surveyed, gambling participation levels were highest among:

- Separated or divorced people (84.3 per cent);
- Single parents (86.0 per cent);
- Full-time workers (80.1 per cent);
- Self-supporting retirees (79.2 per cent);
- People on medium incomes (83.4 per cent);
- Rural residents (78.9 per cent).

The survey also found that, compared to non gamblers or non-regular gamblers, regular gamblers were more likely to be: male, aged over 50, have lower levels of education, have lower incomes, be receiving aged and invalid pensions or self-supporting retirees.

Gaming Machine Expenditure

Reflecting state trends, net electronic gaming machine (EGM) expenditure per adult (18yrs and over) population in Horsham RC venues decreased from \$651.20 in 2008/09 to \$623.00 in 2010/11. This expenditure was higher than the Victorian state average, however expenditure across Victoria decreased in the same timeframes. In 2008/09, the number of EGMs per 1000 adult population in Horsham RC was 9.9 and this decreased slightly to 9.8 in 2010/11. Horsham RC has significantly more EGMs per 1000 adult population than the state average.

Gaming Machine Expenditure (2010/11)

Location	Total net EGM expenditure		Net EGM expend. per population		EGMs p/1000 pop	
	2008/09	2010/11	2008/09	2010/11	2008/09	2010/11
Horsham	\$9,632,694.70	\$9,384,387.80	\$651.20	\$623.00	9.9	9.8
Total Victoria	\$2,707,278,436	\$2,651,368,38	\$649.00	\$613.00	6.4	6.2

www. vcgr.vic.gov.au *Expenditure after winnings deducted ** no data recorded #from Victorian in Future 2008 population projects

Environment

Community Characteristics

Wimmera PCP region residents were less likely than the Regional Victoria average to report their local recreational and leisure facilities as easy to access. Hindmarsh, West Wimmera and Yarriambiack residents were all less likely to agree that there were good local facilities and services; there was a wide range of community and support groups and that multiculturalism made life in the area better.

Compared to the Regional Victoria average, a lower proportion of Hindmarsh and Yarriambiack residents reported that they lived in a pleasant environment with nice streets, was well-planned and had open spaces.

All Wimmera PCP region LGAs had a higher proportion of residents who reported that: there were opportunities to volunteer in local groups; they had opportunities to have a real say on issues that are important, and that they lived in an active community where people do things and get involved in local issues/activities.

Community Characteristics (2008)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Easy access to recreational & leisure facilities	69.1	89.8	67.7	63.3	79	82
Good facilities and services like shops, childcare, schools, libraries	66.1	88.4	63.8	61.5	78	85
Opportunities to volunteer in local groups	78.6	87.4	80.8	82.3	76	65
A wide range of community & support groups	64.0	81.9	61.1	60.6	68	60
An active community, people do things & get involved in local issues/activities	73.0	82.3	71.5	76.6	70	59
Is a pleasant environment, nice streets, well planned, open spaces	78.3	85.3	88.1	78.3	84	81
Multiculturalism makes life in the area better	55.0	69.3	49.8	54.7	65	76
Opportunities to have a real say on issues that are important	55.6	54.0	53.1	50.0	47	42

Source: Department for Victorian Communities (2010) Indicators of Community Strength at the Local Government Area Level in Victoria 2008. The report includes a description of the rationale and method for the creation of these data and can be found at www.dvc.vic.gov.au

Road accidents

Deaths From Road Traffic Accident Injuries

Between 2003 and 2007, Horsham RC and West Wimmera had a significantly higher rate of deaths from road traffic injuries (ages 0 – 74 years), compared to the Regional Victoria and Victoria average. Figures for Hindmarsh and Yarriambiack were too small to publish.

Deaths From Road Traffic Injuries Persons Aged 0-74 Years (2003 – 2007)

	Number	Average annual rate per 100,000*
Hindmarsh	#	..
Horsham (RC)	14	16.7
West Wimmera	5	25.5
Yarriambiack	#	..
Regional Victoria	678	11.1
Victoria	1,483	6.2

*Social Health Atlas of Australia, Victoria 2011, Public Health Information Development Unit 2011 *Indirectly age standardised*

Crime

Crime Rates

In 2009/10 and 2010/11, the rate of crimes against persons (particularly assaults) was higher in Horsham RC than the Victorian average. Within the region, in 2010/11, Horsham RC had the highest rate of crimes against persons, followed by Hindmarsh.

In 2010/11, the rate of crimes against property was higher in Horsham RC than the Victorian average. Within the region, Horsham RC had the highest rate of crimes against property, followed by Yarriambiack.

In 2009/10 and 2010/11, the rate of drug offences was higher in Hindmarsh and Horsham RC than the Victorian average. Within the region, in 2010/11, Hindmarsh had the highest rate, followed by Horsham.

In 2009/10 and 2010/11, the rate of other crimes was higher in Horsham RC than the Victorian average. Rates were particularly high for justice procedures, behaviour in public and other offences.

In Hindmarsh, between 2009/10 and 2010/11, crime rates went down for all crimes except drug offences. Rates for crimes against persons and drug offences went down in Horsham RC but rates went up for crimes against property and other crimes. Rates for all crimes went down in West Wimmera, while rates for all crimes except drug offences went down in Yarriambiack.

Crime Rates by LGA (2009/10 and 2010/11)

	Hindmarsh			Horsham RC			West Wimmera			Yarriambiack			Victoria		
	09/10	10/11	% change	09/10	10/11	% change	09/10	10/11	% change	09/10	10/11	% change	09/10	10/11	% change
Homicide	0.0	0.0	----	5.0	0.0	----	0.0	0.0	----	13.0	0.0	----	3.7	2.7	-27.3
Rape	16.1	0.0	----	34.9	64.3	----	0.0	0.0	----	0.0	13.1	----	30.4	32.7	7.7
Sex (non rape)	96.7	65.0	----	84.8	113.7	----	86.7	87.1	----	117.1	13.1	----	98.6	102.7	4.2
Robbery	0.0	0.0	----	15.0	4.9	----	0.0	0.0	----	0.0	0.0	----	56.4	59.9	6.3
Assault	483.4	487.8	0.9	1,042.2	869.9	-16.5	325.0	239.6	----	676.6	367.7	-45.6	638.2	661.7	3.7
Abduction / Kidnap	0.0	0.0	----	15.0	29.7	----	0.0	0.0	----	0.0	0.0	----	7.8	8.8	12.8
Sub-total	596.2	552.8	-7.3	1,196.8	1,082.4	-9.6	411.6	326.7	----	806.7	394.0	-51.2	835.0	868.5	4.0
Arson	64.5	16.3	----	74.8	69.2	----	21.7	43.6	----	39.0	13.1	----	55.2	51.7	-6.2
Property damage	709.0	260.2	----	952.4	1,853.5	94.6	498.3	130.7	----	819.7	577.9	-29.5	952.2	861.2	-9.6
Burglary (aggravated)	16.1	32.5	----	34.9	69.2	----	43.3	0.0	----	39.0	0.0	----	39.6	38.5	-2.8
Burglary (residential)	112.8	162.6	----	339.1	459.7	35.6	43.3	152.5	----	468.4	210.1	----	497.2	492.9	-0.9
Burglary (other)	112.8	113.8	----	359.0	504.2	40.4	216.6	239.6	----	247.2	433.4	----	295.0	267.1	-9.5
Deception	32.2	65.0	----	209.4	266.9	27.4	21.7	43.6	----	13.0	91.9	----	351.2	351.2	0.0
Handle stolen goods	32.2	81.3	----	94.7	113.7	----	21.7	0.0	----	39.0	65.7	----	107.2	100.5	-6.2
Theft from motor vehicle	48.3	113.8	----	513.6	494.3	-3.8	43.3	239.6	----	156.1	328.3	----	826.0	799.6	-3.2
Theft (shopsteal)	32.2	16.3	----	244.3	222.4	-9.0	21.7	43.6	----	65.1	39.4	----	390.0	365.5	-6.3
Theft of motor vehicle	48.3	81.3	----	154.6	158.2	2.3	130.0	43.6	----	78.1	78.8	----	274.0	257.3	-6.1
Theft of bicycle	16.1	16.3	----	199.5	93.9	----	0.0	0.0	----	39.0	39.4	----	79.9	72.1	-9.8
Theft (other)	837.9	422.8	-49.5	683.2	1,067.6	56.3	498.3	522.8	4.9	611.5	669.8	9.5	882.8	861.6	-2.4
Sub-total	2,062.5	1,382.1	-33.0	3,859.6	5,372.7	39.2	1,559.8	1,459.4	-6.4	2,615.1	2,547.9	-2.6	4,750.3	4,519.1	-4.9
Drug (cult., manuf., traff.)	0.0	32.5	----	64.8	74.1	----	43.3	65.3	----	39.0	13.1	----	81.3	74.4	-8.6
Drug (possess, use)	354.5	455.3	----	488.7	355.9	-27.2	108.3	65.3	----	52.0	105.1	----	185.3	190.4	2.8
Sub-total	354.5	487.8	----	553.5	430.0	-22.3	151.6	130.7	----	91.1	118.2	----	266.6	264.8	-0.7
Going equipped to steal	0.0	0.0	----	0.0	0.0	----	0.0	0.0	----	0.0	0.0	----	10.1	7.1	-29.6
Justice procedures	193.4	81.3	----	618.3	568.4	-8.1	108.3	217.8	----	182.1	78.8	----	355.9	353.8	-0.6
Regulated public order	16.1	16.3	----	69.8	59.3	----	21.7	0.0	----	13.0	0.0	----	36.0	23.1	-35.8
Weapons/Explosives	209.5	65.0	----	169.5	173.0	2.0	151.6	0.0	----	195.2	118.2	----	124.8	122.7	-1.7
Harassment	16.1	16.3	----	54.9	59.3	----	0.0	0.0	----	39.0	13.1	----	53.4	51.9	-2.8
Behaviour in public	48.3	130.1	----	379.0	474.5	25.2	108.3	108.9	----	91.1	315.2	----	151.0	122.6	-18.8
Other	112.8	97.6	----	314.2	454.7	44.7	43.3	21.8	----	247.2	65.7	----	108.0	95.1	-12.0
Sub-total	596.2	406.5	-31.8	1,605.7	1,789.2	11.4	433.3	348.5	----	767.6	591.0	-23.0	839.2	776.3	-7.5
TOTAL	3,609.4	2,829.3	-21.6	7,215.5	8,674.4	20.2	2,556.3	2,265.3	-11.4	4,280.5	3,651.2	-14.7	6,691.1	6,428.7	-3.9

Victoria Police 2010/11 Crime Statistics * Rates for 2009/10 are rates per 100,000 population and were calculated using estimated resident population figures as at 31 December 2009 from the Australian Bureau of Statistics (ABS Cat. No. 3101.0).

* Rates for 2010/11 were calculated using estimated resident population figures as at 31 December 2010 and obtained from the Australian Bureau of Statistics (ABS Cat. No. 3101.0). The % change column is the percentage change in the rate per 100,000 population from 2009/2010. ---- % changes are not displayed when values are too small to draw any meaningful conclusions. Figures were extracted from the Victorian Police LEAP database on 18 July 2011, and are subject to variation.

Family Incidents

In 2010/11, the rate of family incidents and family incidents where charges were laid was higher in Horsham RC than the Victorian average. Hindmarsh and Horsham RC had a higher rate of family incidents where an IVO was applied for, compared to the Victorian average. Between 2009/10 and 2010/11 the rate of family incidents decreased in Horsham RC but increased in the other Wimmera PCP LGAs. Rates for family incidents where charges were laid increased in Hindmarsh and Yarriambiack and rates for family incidents where an IVO was applied for decreased in all Wimmera PCP LGAs.

Note: A family incident is any situation involving a family, where the police are requested to attend. This may or may not involve violence. Families may involve the following relationships: married, de-facto, child/parent, separated, divorced, other family member, boyfriend/girlfriend, gay and lesbian.

Family Incidents (2009-10 and 2010-11)

Location	2009-10			2010-11		
	Family Incidents	Where Charges Laid	Where IVO Applied for	Family Incidents	Where Charges Laid	Where IVO Applied for
Hindmarsh	435.1	80.6	193.4	552.8	97.6	130.1
Horsham RC	1,112.0	264.3	384.0	1,087.4	232.3	286.7
West Wimmera	519.9	130.0	108.3	544.5	43.6	65.3
Yarriambiack	416.3	52.0	104.1	472.8	105.1	78.8
Victorian Total	641.1	168.3	105.0	732.1	209.8	120.7

Reported family incident reports - rates per 100,000 population, Victoria Police Corporate Statistics 2011. Data extracted from LEAP on 18 July 2011 and subject to variation.

Perception of Safety

Compared to the Regional Victoria average, all Wimmera PCP LGAs had a higher proportion of residents who reported they felt safe on the street after dark.

Feel Safe on Street After Dark (2008)

Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria
74.5	66.3	79.6	75.5	65

www.dvc.vic.gov.au

Transport

Method of Travel to Work

In 2011, the most common method of travel to work for PCP region residents was driving a car, followed by 'walk only'. A very small number of Wimmera PCP region workers used a bus to travel to work and no workers used a train. Compared to the regional Victoria and Victoria average, a high proportion of Wimmera PCP region workers worked from home, walked only, or used a bicycle. Figures for method of travel to work reflect a range of factors including how many people work from home (i.e. on a farm), availability of public transport and location of workplace (i.e. if it is walking or cycling distance).

Method of Travel to Work - Selected Modes of Travel (2011)

	Train	Bus	Walked only	Bicycle	Car, as driver	Car, as passenger	Worked from home	Total* Number
Hindmarsh	**	**	10.0%	0.6%	54.3%	4.9%	13.3%	2,437
Horsham RC	**	0.8%	5.0%	1.4%	65.5%	5.4%	6.2%	9,176
West Wimmera	**	**	8.4%	0.7%	48.3%	2.8%	21.5%	2,036
Yarriambiack	**	0.4%	9.4%	0.9%	57.9%	3.3%	13.3%	2,844
Regional Victoria	1.3%	0.8%	4.5%	0.9%	64.9%	5.5%	6.3%	na
Victoria	7.9%	2.0%	3.3%	1.2%	62.5%	4.9%	4.3%	na

2011 Census of Population and Housing, Basic Community Profiles - second release, ABS November 2012 * Employed persons 15yrs and over who went to work on the day of the census

Motor Vehicle Ownership

In 2011, compared to the regional Victorian average, Horsham RC had a higher proportion and Hindmarsh had an equal proportion of occupied private dwellings that did not have a motor vehicle. All Wimmera PCP region households were more likely than the regional Victoria or Victoria average to have three or more motor vehicles.

Number of Motor Vehicles per Private Occupied Dwelling (2011)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
None	152	6.5%	573	7.5%	80	4.6%	174	6.1%	6.5%	8.4%
1 motor vehicle	720	30.7%	2,539	33.3%	494	28.1%	946	33.2%	33.6%	34.7%
2 motor vehicles	844	36.0%	2,788	36.5%	628	35.7%	930	32.6%	37.4%	37.0%
3 motor vehicles	316	13.5%	962	12.6%	280	15.9%	410	14.4%	12.5%	11.2%
≥ 4 motor	228	9.7%	533	7.0%	219	12.5%	270	9.5%	6.6%	5.6%
Not stated	82	3.5%	238	3.1%	56	3.2%	123	4.3%	3.4%	3.0%
Total	2,342	100%	7,633	100%	1,757	100%	2,853	100%	100%	100%

2011 Census of Population and Housing, Basic Community Profiles, ABS

Transport Limitations

The VicHealth Indicators Survey 2011 results indicate that all Wimmera PCP region LGAs had a higher proportion of residents who stated they had experienced transport limitations in the last 12 months. Hindmarsh had the largest proportion of residents who reported having experienced transport limitations. People aged 18 to 34 years reported the highest levels of experiencing transport limitations. Refer to www.communityindicators.net.au for further details.

Experienced Transport Limitations in Last 12 Months (2011)

Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
34.7	32.0	28.1	32.0	25.0	23.7

Community Indicators Victoria 2011 - added free of charge

Housing

Social Housing

In 2011, Hindmarsh, West Wimmera and Yarriambiack had a lower proportion of all rented private dwellings that were owned by the government or a community/church group, compared to the regional Victorian average. Within the region, West Wimmera had the lowest proportion while Horsham RC had the highest.

Social Housing by LGA (2011)

	State Government housing authority	Housing cooperative, cmnty or church group [#]	Total	Percentage of all renting households
Hindmarsh	28	17*	45	10.6%
Horsham RC	311	38	349	17.8%
West Wimmera	18*	14*	32	9.9%
Yarriambiack	38	20	58	11.9%
Regional Victoria	17,980	3,144	21,124	16.8%

2011 Census of Population and Housing, Basic Community Profiles, ABS *This figure should be interpreted with caution due to introduction of random errors by ABS into small numbers.

Household Sizes

In 2011, compared to regional Victoria, Hindmarsh, West Wimmera and Yarriambiack had a smaller average household size (number of people living in each dwelling). Between 2006 and 2011, the household size decreased in West Wimmer and Yarriambiack and did not change in Hindmarsh or Horsham RC.

Average Household Sizes (2006 and 2011)

Location	2006	2011
Hindmarsh	2.3	2.3
Horsham RC	2.4	2.4
West Wimmera	2.4	2.3
Yarriambiack	2.4	2.3
Regional Victoria	2.5	2.4
Victoria	2.6	2.6

2006 and 2011 Census of Population and Housing, Basic Community Profiles, ABS

Affordable Lettings

In September 2011, Wimmera PCP LGAs generally had a higher proportion of lettings that were classed as affordable than the Regional Victoria and Victoria average.

Affordable Lettings by LGA (September 2011)

	1 bedroom		2 bedroom		3 bedroom	
	No.	%	No.	%	No.	%
Hindmarsh	7	87.5%	3	100.0%	17	100.0%
Horsham	6	54.5%	38	86.4%	70	82.4%
West Wimmera	0	0.0%	2	100.0%	6	100.0%
Yarriambiack	5	83.3%	4	100.0%	22	100.0%
Regional Victoria	212	35.8%	1,339	50.3%	2,968	61.8%
Victoria	239	4.0%	1,597	11.4%	4,731	27.5%

Rental Report December 2011, DHS

Homelessness

In 2011, the Grampians Statistical Area Level 3 (SAL3) region had an estimated 147 homeless people. The SAL3 region comprises the Wimmera PCP region LGAs (Hindmarsh, Horsham, West Wimmera and Yarriambiack) together with Northern Grampians and Ararat. Figures for smaller geographic areas have not yet been released by the ABS (*as at February 2nd, 2013*).

Of the estimated 147 homeless persons, those in supported accommodation for the homeless made up the largest proportion (42.9%), followed by those staying temporarily with other households (25.2%). In total, homeless persons made up 0.2% of the total 2011 estimated resident population for the Grampians SAL3 region.

Compared to regional Victoria, the Grampians SAL3 region had a higher proportion of homeless people who were persons who were in improvised dwellings, tents or sleeping out or who were temporarily staying with other households and a notably higher proportion of persons living in 'severely' crowded dwellings. For further information about how the ABS defines and counts homelessness, refer to catalogue no. 2049.0 - Census of Population and Housing: Estimating homelessness, 2011 on the ABS website <http://www.abs.gov.au>.

Figure 1. Estimated Homelessness (2011)

	Grampians - Statistical Area Level 3			Regional Victoria		
Homelessness Group:	No.	% of total	% of 2011 ERP	No.	% of total	% of 2011 ERP
Persons who are in improvised dwellings, tents or sleeping out	15	10.2%	0.0%	401	9.6%	0.0%
Persons in supported accommodation for the homeless	63	42.9%	0.1%	1,848	44.2%	0.1%
Persons staying temporarily with other households	37	25.2%	0.1%	938	22.4%	0.1%
Persons staying in boarding houses	0	0.0%	0.0%	220	5.3%	0.0%
Persons in other temporary lodging	0	0.0%	0.0%	7	0.2%	0.0%
Persons living in 'severely' crowded dwellings	32	21.8%	0.1%	213	5.1%	0.0%
All homeless persons	147	100%	0.2%	4,180	100%	0.3%
2011 Estimated Resident Population (ERP) *	60,091			1,426,851		

Census of Population and Housing: Estimating homelessness, 2011, Cat. no. 2049.0, ABS November 2012 *ABS 3218.0 July 2012

Dwelling Type

On the night of the 2006 census, a higher proportion of population in Hindmarsh, Horsham RC and West Wimmera had a caravan, cabin or houseboat as their usual place of residence (i.e. not on a vacation) compared to the Victorian average. The proportion of population that was living in an improvised home, tent or who were sleepers out was also higher in Hindmarsh, Horsham RC and West Wimmera compared to the Victorian average.

Dwelling Type (2006)

	Hindmarsh		Horsham		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
Caravan, cabin, houseboat	21	0.37%	62	0.36%	18	0.43%	9	0.13%	0.53%	0.24%
Improvised home, tent, sleepers out	4	0.07%	25	0.15%	4	0.10%	0	0.00%	0.11%	0.05%

2006 Census of Population and Housing, Basic Community Profiles, ABS

Grampians Region Supported Accommodation Assistance Program

The following tables and charts provide a summary of client demographic details and agency services for the Supported Accommodation Assistance Program (SAAP) in the Grampians region level over the 2010/11 financial year. The SAAP aims to provide transitional, supported accommodation and a range of related support services in order to help people who are homeless, or who are experiencing domestic violence and are at imminent risk of becoming homeless, to achieve a maximum degree of self reliance and independence. From 1 July 2011, the Specialist Homelessness Services (SHS) collection replaced the Supported Accommodation Assistance Program (SAAP).

A support period is the period of time a client receives ongoing support from a SAAP agency. It relates to the provision of support and/or supported accommodation. It does not relate to one-off assistance. The support period commences when the client begins to receive support from the SAAP agency and ends when the relationship between the client and the agency ends. Transitional housing operates on short to medium-term tenancies and is for people who are homeless or at risk of homelessness. This may include people who are:

- staying in crisis, refuge or emergency accommodation
- staying with friends and family temporarily, or
- escaping domestic violence, leaving institutions, or other situations where current housing is inappropriate or unsafe.

It aims to provide safe and affordable accommodation, combined with support from certain agencies, to help people address issues that may have contributed to their situation and work towards re-establishing secure housing as soon as possible.

Age Structure

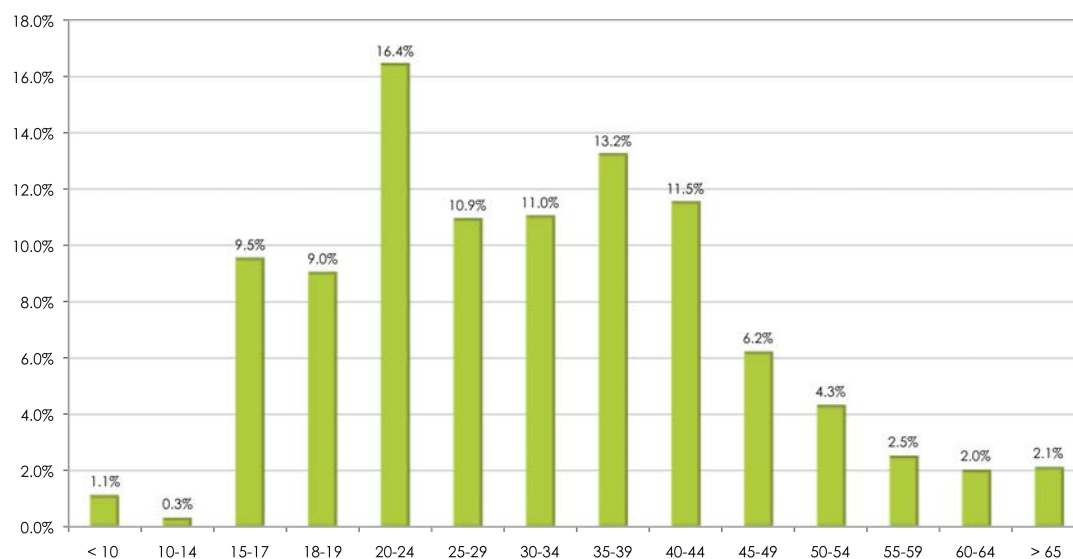
In 2010/11, there were 2,032 SAAP clients across the entire Grampians region. The 20-24 years age bracket had the greatest proportion of Grampians region SAAP clients. The next most common age bracket was 35-39 years and then 40-44 years.

Grampians Region SAAP clients by Age (2010/11)

Age in Years	Number	Percent
< 10	23	1.1
10-14	6	0.3
15-17	194	9.5
18-19	183	9.0
20-24	333	16.4
25-29	221	10.9
30-34	223	11.0
35-39	268	13.2
40-44	233	11.5
45-49	126	6.2
50-54	88	4.3
55-59	51	2.5
60-64	40	2.0
> 65	43	2.1
Total	2032	100.0

Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Grampians Region SAAP Clients by Age (2010/11) - Chart



Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Sex of Clients

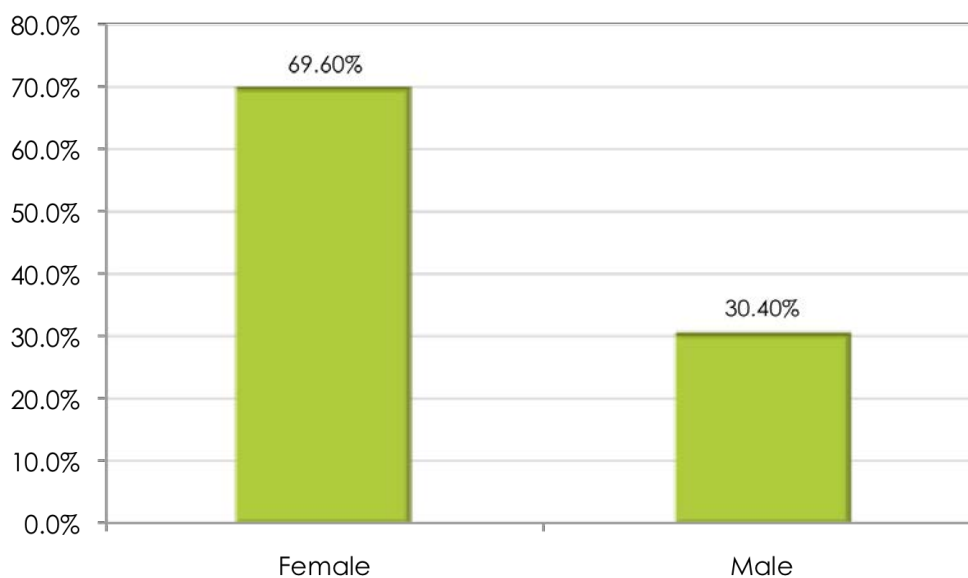
In 2010/11, 69.6% of Grampians region SAAP clients were female and 30.4% were male.

Grampians Region SAAP Clients by Sex (2010/11)

Sex	Number	Percent
Female	1,415	69.6%
Male	617	30.4%
Total	2,032	100.0%

Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Grampians Region SAAP Clients by Sex (2010/11) - Chart



Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Indigenous Status

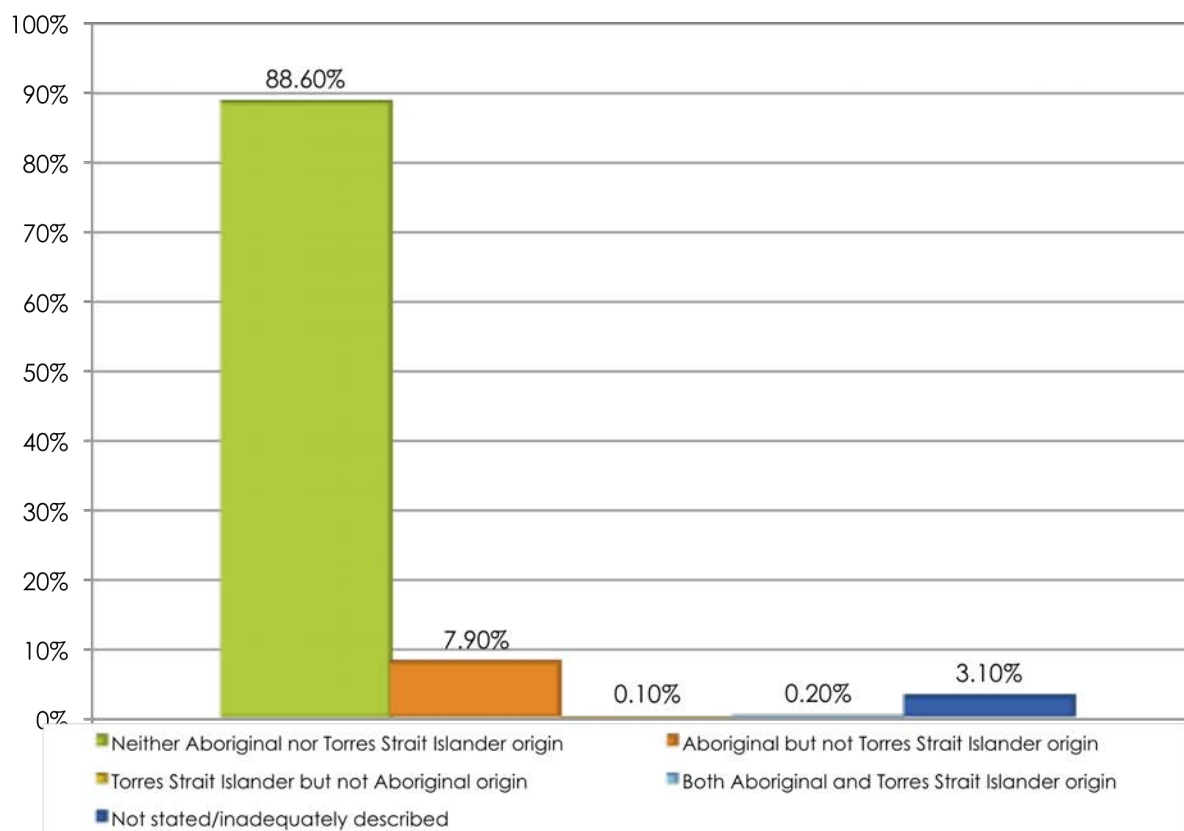
In 2010/11, 88.6% of Grampians region SAAP clients were of neither Aboriginal nor Torres Strait Islander origin, while 7.9% were Aboriginal, 0.1% were Torres Strait Islander and 0.2% were both. In 2006, Indigenous population made up less than 1% of the Grampians Pyrenees PCP total population, therefore the figures below indicate a significant over-representation of Indigenous SAAP clients.

Grampians Region SAAP Clients by Indigenous Status (2010/11)

Indigenous status	Number	Percent
Neither Aboriginal nor Torres Strait Islander origin	1,801	88.6%
Aboriginal but not Torres Strait Islander origin	160	7.9%
Torres Strait Islander but not Aboriginal origin	3	0.1%
Both Aboriginal and Torres Strait Islander origin	5	0.2%
Not stated/inadequately described	63	3.1%

Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Grampians Region SAAP Clients by Indigenous Status (2010/11) - Chart



Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Household/Family Structure

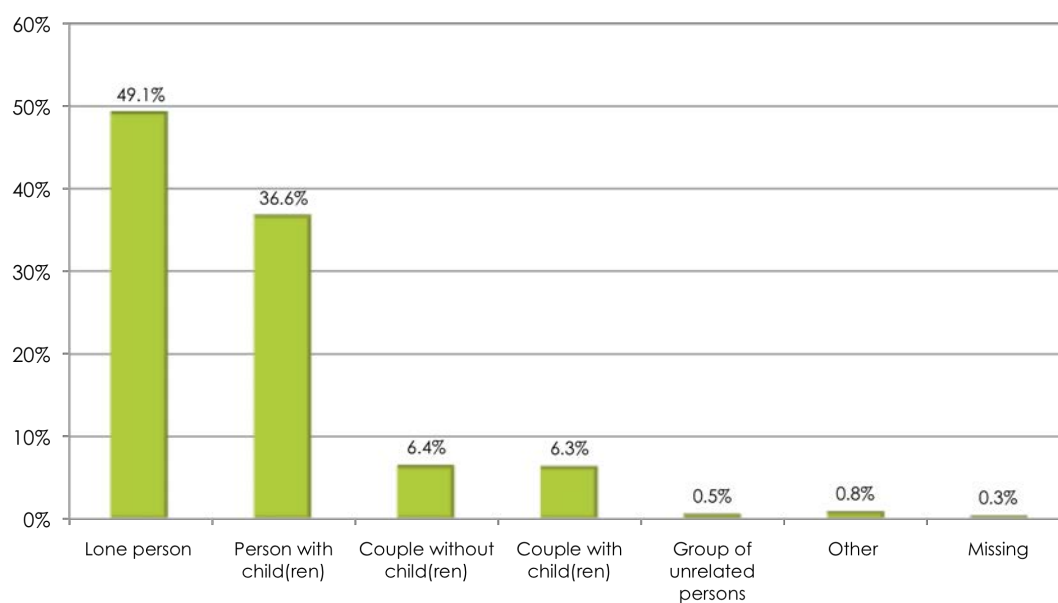
In 2010/11, 49.1% of Grampians region SAAP clients were lone persons, while 36.6% were a (single) person with a child.

Grampians Region SAAP Clients by Household/Family Structure (2010/11)

Person receiving assistance	Number	Percent
Lone person	1,564	49.1%
Person with child(ren)	1,166	36.6%
Couple without child(ren)	205	6.4%
Couple with child(ren)	202	6.3%
Group of unrelated persons	15	0.5%
Other	25	0.8%
Missing	10	0.3%
Total	3,187	100%

Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Grampians Region SAAP Clients by Household/Family Structure (2010/11) - Chart



Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11

Last Place of Permanent Residence

In 2010/11, almost 18% of Grampians region SAAP clients had last lived in Ballarat/Ballarat Central, while 10.3% had previously lived in outlying areas of Ballarat (Wendouree and Sebastopol).

Grampians Region SAAP Clients by – Last Place of Permanent Residence* (2010/11)

Location	Number	Percent
Ballarat	475	16.2%
Bacchus Marsh	369	12.6%
Horsham	287	9.8%
Suburb not recorded	210	7.1%
Wendouree	188	6.4%
Stawell	152	5.2%
Ararat	136	4.6%
Sebastopol	115	3.9%
Daylesford	100	3.4%
Ballarat central	51	1.7%
Others	857	29.1%
Total	2,940	100.0%

*Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11 *top ten, consented records only*

Main Reason For Seeking Assistance

In 2010/11, the most common main reason listed by Grampians region SAAP clients as the reason for seeking assistance was family violence. The next most common reasons were relationship/family breakdown, being evicted/asked to leave, and time out from family/other situation.

Grampians Region SAAP Clients by – Main Reason For Seeking Assistance* (2010/11)

Reason	Number	Percent
Family violence	916	31.0%
Relationship/family breakdown	511	17.0%
Eviction/asked to leave	219	7.0%
Time out from family/other situation	216	7.0%
Previous accommodation ended	182	6.0%
Overcrowding issues	164	6.0%
Loss of income	123	4.0%
Rent too high	96	3.0%
Interpersonal conflict	93	3.0%
Budgeting problems	65	2.0%

*Victorian Homelessness Data Collection – SAAP report for Grampians Region 2010/11 *top ten, consented records only*

Specialist Homelessness Services

From 1 July 2011, the Specialist Homelessness Services (SHS) collection replaced the Supported Accommodation Assistance Program (SAAP). At the time of writing, SHS collection data was only available for the first 6 months of the 2011/12 financial year. The following are Specialist Housing Information Platform figures for the Housing Support Program (HSP) services provided through Grampians Community Health Services (GCHS) only. Please note that other agencies in the region also provide similar services, however this data was not readily available at the time of writing.

Housing Support Program Clients by Sex

Between 01/07/2011 and 30/12/2011, Grampians CHS supplied housing support program services to 147 clients. While 52.4% of the clients were males, females had a greater proportion (59.5%) of all contacts. In total, the program provided 51 stays and 56.9% of these were for females.

GCHS HSP Clients by Sex (01/07/11 to 30/12/11)

	Distinct persons	Person contacts*	Open plans**	Stays
Male	77	782	6	22
Female	70	1,151	7	29
Total	147	1,933	13	51

Specialist Housing Information Platform, Demographic Report for Housing Support Program – Grampians CHS (01/07/11 to 30/12/2011)

**If more than one person selected for inclusion in the report was associated with a single contact, this was counted as if there was a separate contact with each person. ** Records number of clients with an open plan during the reporting period. If the same client had more than one plan with this workgroup, it was still only counted as one.*

Housing Support Program Clients By age

Between 01/07/2011 and 30/12/2011, the 26 – 35 years age group had the greatest number of clients and contacts. The 36 – 45 age group had the second largest number of clients and contacts. The greatest number of stays were for the 9 – 11 and the 26-35 year age groups, reflecting the high proportion of families receiving housing support.

GCHS HSP Clients by Age (01/07/11 to 30/12/11)

Age in years	Distinct persons	Person contacts*	Open plans**	Stays
0-2	7	142	0	3
3-5	4	31	1	0
6-8	4	138	1	3
9-11	8	98	2	10
12-14	3	43	1	4
15-17	3	84	0	2
18-20	18	208	0	3
21-25	28	238	2	7
26-35	33	477	3	10
36-45	20	318	2	7
46-55	12	81	1	2
56-65	4	24	0	0
66-85	3	51	0	0
>85	0	0	0	0
Total	147	1933	13	51

Specialist Housing Information Platform, Demographic Report for Housing Support Program – Grampians CHS (01/07/11 to 30/12/2011)

**If more than one person selected for inclusion in the report was associated with a single contact, this was counted as if there was a separate contact with each person. ** Records number of clients with an open plan during the reporting period. If the same client had more than one plan with this workgroup, it was still only counted as one.*

Last Place Of Permanent Residence

Between 01/07/2011 and 30/12/2011, Ararat (n = 57) was the most common location where a client had last lived permanently. Stawell, followed by Horsham, were the next most common locations.

GCHS HSP – Client's Last Place of Permanent Residence[#] (01/07/11 to 30/12/11)

Location	Distinct persons	Person contacts*	% of persons
Haven	1	2	0.7%
Stawell	37	519	25.2%
Dimboola	1	1	0.7%
Pimpinio	1	3	0.7%
Warracknabeal	1	76	0.7%
Landsborough	1	15	0.7%
Ararat	57	899	38.8%
Horsham	10	77	6.8%
Ballarat	1	11	0.7%
Halls Gap	1	3	0.7%
Tullamarine	1	1	0.7%
Crowlands	1	30	0.7%
St Arnaud	8	63	5.4%
Not recorded	26	233	17.7%
Total	147	1,933	100%

Specialist Housing Information Platform, Demographic Report for Housing Support Program – Grampians CHS (01/07/11 to 30/12/2011)

**If more than one person selected for inclusion in the report was associated with a single contact, this was counted as if there was a separate contact with each person. # Last permanent place of residence*

Regional Infrastructure

Wimmera PCP Membership

The Wimmera PCP region is made up of 30 partner agencies including local government, welfare, disability, division of general practice and education. The PCP region has five health services, spread over 14 campuses, two bush nursing centres and an Aboriginal controlled health service. The current list of Wimmera PCP members is below:

1. Benetas
2. Community AXIS
3. Dunmunkle Health Services
4. Edenhope and District Memorial Hospital
5. University Of Ballarat Horsham Campus
6. West Vic Division of General Practice
7. West Wimmera Health Services
8. West Wimmera Shire Council
9. Wimmera Uniting Care
10. Goolum Goolum Aboriginal Co-operative
11. Grampians Community Health
12. Harrow Bush Nursing Centre
13. Hindmarsh Shire Council
14. Wimmera Health Care Group
15. Wimmera Hearing Society
16. Wimmera HUB Inc.
17. Wimmera Regional Library Corporation
18. Wimmera Regional Sports Assembly
19. Wimmera Southern Mallee Local Learning Employment Network
20. Wimmera Volunteers Inc.
21. Hopetoun & District Neighbourhood House
22. Horsham Rural City Council
23. Horsham Regional Arts Association
24. Horsham Salvation Army Family Services
25. Women's Health Grampians
26. Woomelang & District Bush Nursing
27. Yarriambiack Shire Council
28. YMCA, Horsham Aquatic Centre
29. Rural North West Health
30. SLAAM, Murtoa Neighbourhood House

Services in the Region

A range of health and community services are available across the region. The following sets out some of the key services available across the region. Further information is available by contacting the Wimmera PCP office.

Health Services

- West Wimmera Health Services - The Service comprises six separate campuses based at Nhill, Kaniva, Jeparit, Rainbow, Goroke and Natimuk
- Wimmera Health Care Group - Dimboola and Horsham
- Rural North West Health (Warracknabeal, Beulah and Hopetoun)
- Edenhope and District Memorial Hospital
- Dunmunkle Health Services - Minyip, Rupanyup, Murtoa

Community Health Centres

- Grampians Community Health

Bush Nursing Centres

- Harrow Bush Nursing Centre
- Woomelang & District Bush Nursing

Key Health Service Figures from 2010/11:

Wimmera Health Care Group

84 acute beds

7 sub-acute beds

124 residential aged care beds

Category: sub-regional health service

West Wimmera Health Services

52 acute beds

127 residential aged care beds

Small Rural Health Services

Edenhope and District Memorial Hospital

20 acute beds

40 residential aged care beds

Small Rural Health Services

Rural North West Health

20 acute beds

90 residential aged care beds

Small Rural Health Services

Aboriginal Services

Goolum Goolum Aboriginal Co-operative

Local Governments

Hindmarsh Shire Council (Nhill)

West Wimmera Shire Council (Edenhope and Kaniva)

Yarriambiack Shire Council (Warracknabeal, Hopetoun and Rupanyup)

Horsham Rural City Council (Horsham)

Disability Services

Wimmera Uniting Care Disability Services

Wimmera Horizons

Cooinda Disability Services (WWHS) education, training and employment Wimmera Hearing Society

Community Axis (employment)

Western District Employment Access (employment)

The Wool Factory (Horsham) Horsham

Hindmarsh Shire, Aged and Disability Services

Yarriambiack Shire, Aged and Disability Services

Multicultural Services

Settlement Officer – based with Wimmera Development Association in Horsham

Mental Health Services

Horsham Psychiatric Services (Ballarat Health Services) - Horsham

Wimmera Uniting Care – Horizons' Services (PDSA) - Horsham

GPs

Most of the Wimmera PCP region is located within the West Victoria Division of General Practice. As at 30 June, 2010, there were an estimated 84 doctors in the division and 23 of these were female. The full-time work equivalent GP:population ratio for the Division was 1:1032 and this ranked the division 23rd highest out of the total 29 Victorian divisions. (*Key Division of General Practice characteristics 2010-2011* - <http://www.phcris.org.au/>)

Within the Wimmera PCP Region component of the West Victoria Division of General Practice there are 20 medical practices. Please note that the number of doctors listed does not necessarily equate to full-time doctors.

Practice	No. of doctors at practice
Edenhope – Edenhope Medical Clinic	2
Edenhope - R.W. Bade	1
Warracknabeal - Warracknabeal Medical Centre	2
Yarriambiack - Yarriambiack Medical Clinic	3
Rupanyup - Rupanyup Medical Centre (Dunmunkle HS)	1
Rainbow - Tristar Medical Group, Rainbow	1
Nhill - Tristar Medical Group, Nhill	4
Natimuk - Natimuk Surgery	2
Murtoa - Community Health Centre Murtoa	1
Minyip - Community Health Centre Minyip	0
Kaniva - Tristar Medical Group, Kaniva	1
Jeparit - Tristar Medical Group, Jeparit	1
Horsham - Drs O'Brien and Jinks Surgery	2
Horsham - Goolum Goolum Aboriginal Cooperative Medical Practice	3
Horsham - Horsham Medical Centre	8
Hopetoun - Hopetoun Medical Clinic	3
Donald - Donald Family Clinic	2
Dimboola - Dimboola Medical Centre	3
Birchip - Birchip Medical Clinic	1
Beulah - Beulah Medical Clinic	1

West Victoria Division of GPs Website – as at April 2012