

Wimmera Primary Care Partnership

Population Health and Wellbeing Profile

October 2016



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Abbreviations

ABS	Australian Bureau of Statistics.
ACSC	Ambulatory care sensitive condition
AEDC	Australian Early Development Census
ASR	Age standardised rate
CAMHS	Child and Adolescent Area Mental Health Services
COPD	Chronic obstructive pulmonary disease
DEECD	Department of Education & Early Childhood Development - Victorian State Government (former)
DHS	Department of Human Services - Victorian State Government (former)
DHHS	Department of Health and Human Services - Victorian State Government (current)
DoH	Department of Health - Victorian State Government (former)
DPCD	Department of Planning & Community Development - Victorian State Government (former)
DSE	Department of Sustainability & Environment - Victorian State Government (former)
ERP	Estimated resident population
FWE	Full-time workload equivalence
GP	General practitioner
HACC	Home and community care
LGA	Local Government Area. E.g. West Wimmera Shire
MDC	Major diagnostic category
SEIFA	Socio-Economic Index For Areas
SLA	Statistical Local Area
VAED	Victorian Admitted Episodes Dataset
VCAMS	The Victorian Child and Adolescent Monitoring System
VEMD	Victorian Emergency Minimum Dataset
VHIS	VicHealth Indicators Survey
VHISS	Victorian Health Information Surveillance System
VISU	Victorian Injury Surveillance Unit, Monash University
VPHS	Victorian Population Health Survey

Glossary

Affected family member	The Crime Statistics Agency defines affected family member as “the individual who is deemed to be affected by events occurring during the family incident. Where an affected family member has been in a family incident with more than one other party, they will be counted for each involvement.”
Age standardised rate	A rate that has been adjusted to allow for comparison of health or demographic characteristics between populations that have different age profiles.
Ambulatory Care Sensitive Condition	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. <i>(Department of Health http://www.health.vic.gov.au/healthstatus/admin/acsc/index.htm)</i>
Avoidable mortality	Refers to “...untimely and unnecessary deaths from diseases for which effective public health and medical interventions are available.” <i>(Department of Health and Human Services, VHISS webpage)</i>
Chronic disease	Refers to “...a group of diseases that tend to be long lasting and have persistent effects.” <i>(Australian Institute of Health and Welfare)</i>
ERP	Estimated resident population. The population that is estimated to reside in a given location. ERPs are usually conducted by the ABS between census periods.
Family incident	Any situation where the police are requested to attend an incident involving a family. The incident may not involve violence.
Hospital admission	The formal process whereby the hospital accepts responsibility for the patient’s care and/or treatment. Hospital admission is based upon specific clinical criteria based on whether a patient needs same-day or overnight care / treatment.
Hospital separation	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. Note: Some data source agencies provide data based on hospital separations and not admissions.
Hospitalisation	Instances where a persons has been admitted into hospital. Persons that have presented to an emergency department but have not been admitted to hospital, <i>are not</i> counted in hospitalisations. Note: in this profile, hospitalisations refer to both hospital admission or hospital separations (owing to different methods used at different data source agencies).
Median	The median is the middle value of an ordered set of values.
Notifiable condition	Health-related conditions that the Department of Health and Human Services of the Victorian State Government are authorised by law (under the Public Health and Wellbeing Act 2008) to collect information from doctors and laboratories about diagnoses. The law exists to monitor and control the occurrence of infectious diseases and other specified conditions, and helps to prevent further illness.
Obese	A body mass index (BMI) score of 30 or above.

Other party	The Crime Statistics Agency defines other party as “the other individual involved in a family incident ... The other party could be a current partner, former partner or a family member. Where the other party is involved with multiple affected family members, they will be counted for each involvement.”
Pre-obese	A body mass index (BMI) score of 25.0 to 29.9. This range is also referred to as ‘overweight’ in some publications.
Premature mortality	Refers to “...deaths that occur at a younger age than a selected cut-off... This cut-off age produces conservative estimates of premature mortality because it is lower than the current median age at death (81 years in 2012) and life expectancy at birth (80 for males and 84 for females in 2012)...” <i>(Australian Institute of Health and Welfare, Overview of premature mortality.)</i>
Sedentary	Generally refers to a very inactive lifestyle (time spent mostly sitting).
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 <i>admissions</i> into public or private hospitals in Victoria.
VEMD	Victorian Emergency Minimum Dataset. This is data detailing <i>presentations</i> at Victorian public hospitals with 24-hour Emergency Departments.

Data notes

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, have 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 data nor explanation or consideration of why figures are higher or lower than 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 figures), a per population rate has been calculated by dividing the number of instances into the relevant estimated resident population figure for the applicable year and population group (i.e. gender or age group). In these instances, the rates are not standardised, so rates are very likely to be affected by the age and gender structure of the local population.

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 have 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 and should be subject to further investigation at the local level.

Some data provide 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 factors) and not only prevalence of a disease, condition or behaviour. Additionally, self reported data also measure how likely a person is to report they have a condition, rather than only the rate of persons with that condition. Some persons may be more likely than others (for various reasons, including awareness of having the condition in the first place) to self report a health issue.

In most cases, time-trend data have not been used in this profile, because methodology, data collection and analysis processes have often changed over the period.

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.

Red dots ● have been used in many of the *new tables* added to this profile as part of the October 2016 update. Red dots indicate where the health or wellbeing outcome is poorer than the state average and have not been used when the indicator or measure is ambiguous. The red dot *does not indicate* a statistically significant difference between the local figure and the state average figure.

Some data in this profile are provided at the Statistical Local Area (SLA) level. The Australian Bureau of Statistics (ABS) and some other agencies collate and present information at SLA level. Typically, SLAs are sub-sections of a Local Government Area (LGA). Other geographic boundaries (Statistical Areas such as SA1, SA2, SA3 etc) have been introduced by the ABS in recent years and these will eventually replace most SLA-

level data. The census dictionaries 2006 and 2016 (go to abs.gov.au and search for catalogue no. 2901.0 - Census Dictionary for the relevant year) provide additional information about ABS geographies.

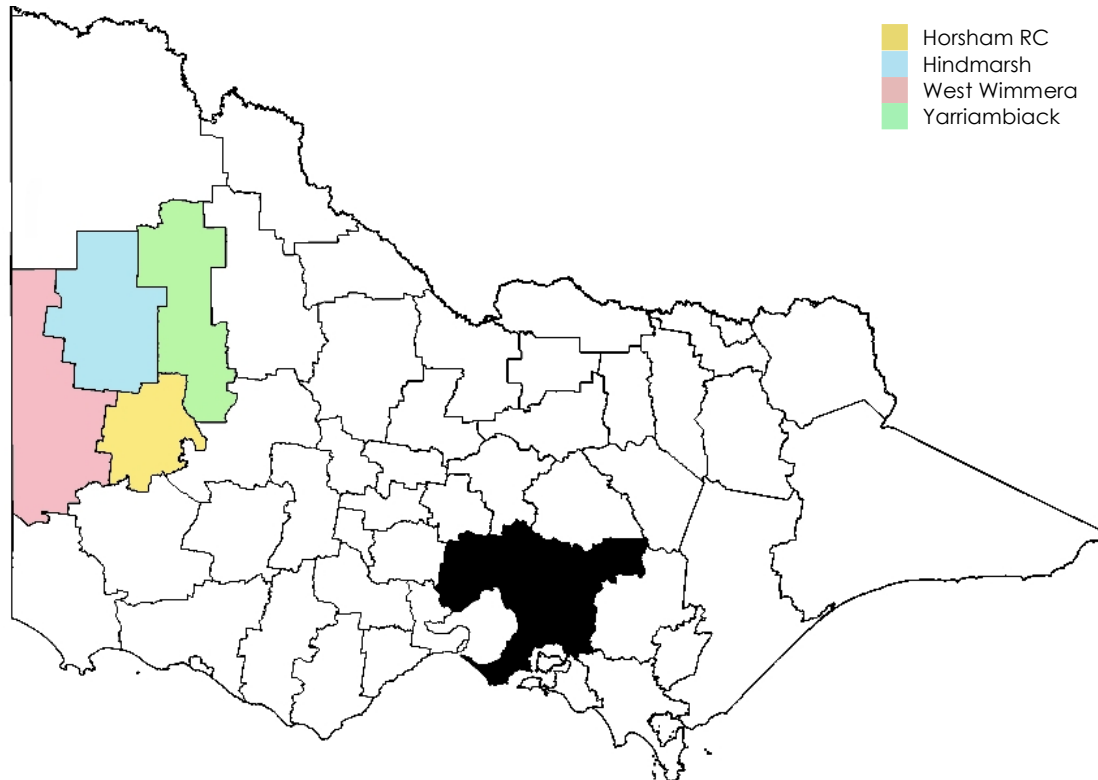
Data were correct and current at the time of writing, however much of the information contained in this profile is subject to regular change and review by the relevant agencies. When interpreting data, it is strongly recommended to refer to the original source of the data where possible. Please refer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

Introduction

The Wimmera Primary Care Partnership is made up of 29 member agencies, including local government, welfare, disability, division of general practice and education. We have four 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 35,906 including the local government areas of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

Wimmera PCP LGA boundaries



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

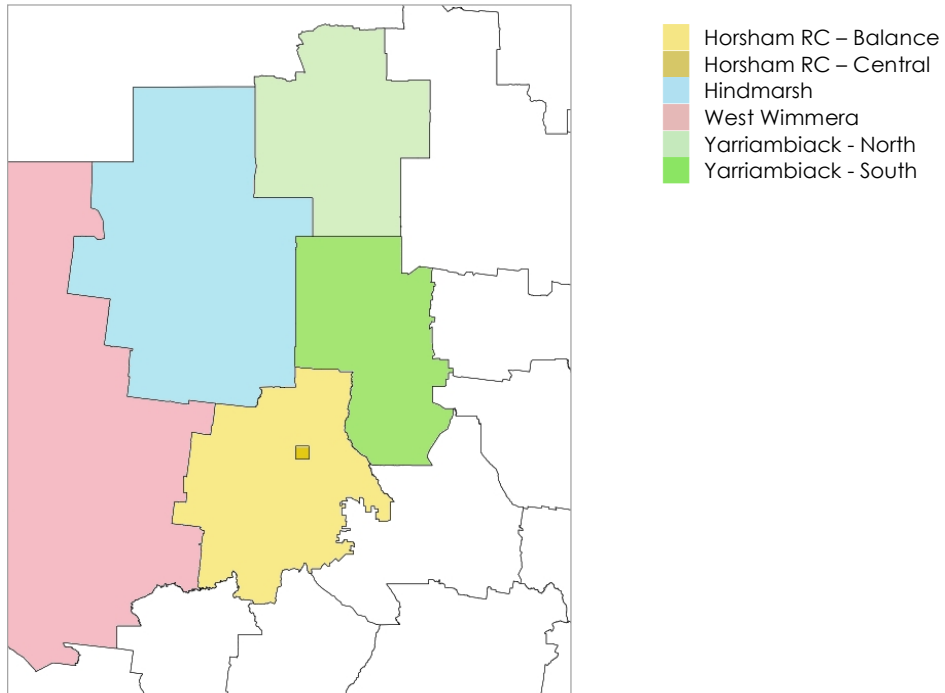
Just over half of the population resides in Horsham, with only three other towns (Nhill, Dimboola and Warracknabeal) having populations of more than 1,000 people.

Indicators in this profile provide a broad range of information about the health and wellbeing of the catchment's population. 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 comprehensive and consolidated information, 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.

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

Population groups

Indicators of poor health and wellbeing status are dispersed across population groups and LGAs in the catchment. While, poor health status occurs in a range of age groups and in both genders, the three population groups that consistently revealed notably higher rates of poor health status compared to the regional Victoria or Victoria average were:

- infants and children
- young people, and
- males.

Key issues summary

Health and wellbeing areas where the data indicated the greatest difference in rates of poor health status compared to the regional Victoria or Victoria average are set out below.

- **Obesity:** The proportion of obese population - particularly females - in Hindmarsh, West Wimmera and Yarriambiack is notably higher than the regional Victoria average.
- **Alcohol use:** Rates of alcohol consumption and alcohol related harm were often notably higher than the state average. Rates of risky alcohol consumption and alcohol related harm were higher for males than females.
- **Violence/intentional harm:** Very high rate of crimes against persons, particularly assault, sexual offences and stalking, harassment and threatening behaviour are notable in the catchment. Horsham RC and Yarriambiack, in particular, also had much higher rates of family violence. Females were more likely than males to be victims/affected family members.
- **Accidental injuries:** The rate of hospitalisations for accidental injuries overall, as well as workplace and traffic accidents, were notably higher than regional Victoria averages. Hindmarsh and Yarriambiack have particularly high rates of hospitalisations for and deaths caused by accidents. Rates are much higher for males than females.
- **Cancer:** Prevalence of and deaths caused by cancer is much more common in the Wimmera PCP catchment population, particularly West Wimmera and Hindmarsh, than the regional Victoria average. New cancer cases were more common for males.
- **Circulatory system diseases:** The available data suggest that prevalence of circulatory system diseases across the catchment is higher than the regional Victoria average. Incidence of particular conditions vary considerably between LGAs in the region. Prevalence of circulatory system diseases is higher in males than females.
- **Musculoskeletal system diseases:** The prevalence of musculoskeletal system diseases and disorders, particularly arthritis, was notably higher than the regional Victoria average.
- **Mental health:** Overall, the prevalence of mental illness is high. Females had higher rates of mental illness and intentional self harm injuries overall. Suicide rates and prevalence of depression and anxiety were particularly high in Yarriambiack.

Summary of key findings

This summary outlines key findings from the data. It covers those indicators where data revealed a notably higher prevalence of a health or risk issue. Please refer to the profile for the full range of data.

Population

The populations of Hindmarsh, West Wimmera and Yarriambiack were characterised by declining population growth, a very high proportion of population aged 40 years and over, and a very low proportion of Indigenous population or of persons born in other countries. The key characteristics of the Horsham RC population were very similar to regional Victoria averages.

Socio-economic status

Review of data covering income levels, centrelink payment recipients, education participation, labour force participation and unemployment rates, indicate that socio-economic disadvantage is largely focused in Hindmarsh and Yarriambiack and these locations generally perform poorly against regional Victoria averages. Education participation and qualifications were notably lower for males than females.

Chronic disease risk factors

Compared to regional Victoria and Victoria averages, the PCP catchment population was generally more likely to eat the recommended amount of vegetables each day and was more physically active overall.

Across the Wimmera PCP catchment, risk factors tend to be largely concentrated in the Hindmarsh and Yarriambiack populations.

High rates of smoking, and low rates of: physical activity, obesity, health screening or biomedical checks, adequate sleep, time for family and friends and work-life balance are all key risk factors in the Hindmarsh population.

Low levels of fruit consumption and of work-life balance; and high levels of sugar-sweetened soft drink consumption as well as obesity are key risk factors in the Yarriambiack population.

Both Horsham RC and West Wimmera also had a very high proportion of overweight and obese population, particularly females.

Particularly low rates were reported for pap smear tests for Hindmarsh and Yarriambiack residents, mammograms for Hindmarsh residents, cholesterol checks for Hindmarsh and West Wimmera residents, and blood glucose checks for West Wimmera residents.

Overall health status

The data suggest that, across the Wimmera PCP catchment, overall health status is poorer than the regional Victoria and Victoria average and this is particularly focused on the male population of the region and on the LGAs of Hindmarsh, Yarriambiack and West Wimmera. Rates of premature and avoidable deaths in Hindmarsh, and in the male population in general, are particularly high.

Chronic disease and other health conditions

Cancer:-A range of data indicate that prevalence of and deaths caused by cancer is more common in the Wimmera PCP catchment population than the regional Victoria average. Generally speaking, the highest rates of prevalence and premature deaths caused by cancer appear to be based in the West Wimmera and Hindmarsh populations. Across the catchment, cancer-related hospitalisations and numbers of new cancer cases were more common in the male population.

Circulatory system diseases:-The available data suggests that prevalence of circulatory system diseases across the catchment is higher than the regional Victoria average. Incidence of particular conditions vary considerably between LGAs in the region. As with cancer, it appears the overall prevalence of circulatory system diseases is higher in males than females.

Respiratory system diseases:- The various indicators for respiratory system diseases, particularly asthma, suggest that prevalence is much higher in Hindmarsh than the regional Victoria average.

Diabetes:-The highest rates of diabetes - particularly type 2 diabetes - were generally found in Hindmarsh then Yarriambiack and these were higher than the regional Victoria average.

Musculoskeletal system diseases:-The available data indicates that the prevalence of musculoskeletal system diseases and disorders, particularly arthritis, are notably higher than the regional Victoria average in all Wimmera PCP LGAs.

Notifiable infectious conditions:- Rates for most notifiable conditions were too small to be statistically reliable. However, rates of certain enteric diseases were notably higher in Hindmarsh and Yarriambiack, while the rate of pertussis (whooping cough) was notably higher than state average in Hindmarsh, and the rate of shingles was higher in Horsham RC.

Dental health:- The various dental health indicators indicate that the Hindmarsh, West Wimmera and Yarriambiack populations had poorer dental health than the regional Victoria average and were much less likely to have visited a dental professional in the previous five years. Overall, the figures for Hindmarsh suggest it has the poorest dental health in the catchment.

Mental health and wellbeing:-The data suggests that, overall, the prevalence of mental diseases and disorders is high within the catchment and that many LGAs are affected. Females had higher rates of self reported mental illness and intentional self harm injuries overall. Suicide rates and prevalence of depression and anxiety were particularly high in Yarriambiack (particularly males).

Families and children

While immunisation and breastfeeding participation rates are similar to or above state averages, most data indicates that the health and wellbeing of families, infants and children in the Wimmera PCP catchment is *notably poorer* than the regional Victoria average.

Areas that had particularly poorer outcomes include:

- the high proportion of children classified in the Australian Early Development Census as developmentally at risk or vulnerable - for all catchment LGAs, particularly Yarriambiack
- the high rates of: child abuse substantiations, children that are the subject of care and protection orders, and children that are living in out of home care - particularly in Horsham RC and Yarriambiack where rates were approximately double the state average
- the very high rate of Horsham RC children that are victims in family violence incidents
- a much lower proportion of Yarriambiack, Horsham RC and West Wimmera children that report feeling connected to school, and a higher proportions of children that report they have been bullied
- a higher rate of children that were hospitalised for accidental injuries in Horsham RC
- a higher rate of child deaths in Hindmarsh and Horsham RC
- a notably lower rate of participation rates for key age/stage visits at maternal and child health centres for Hindmarsh and Yarriambiack infants and children, and
- a higher rate of alcohol treatment services delivered for Horsham RC residents aged 0 - 14 years.

Young people

Across the range of data, it is evident that young people living in the Wimmera PCP catchment are experiencing a number of significant health and wellbeing issues, in particular:

- low rates of participation in education and engagement in education, training or work
- very high rates of violence and maltreatment as victims and alleged offenders
- very high rates of being injured in an accident, and
- very high rates of alcohol related harm.

Horsham RC rates of violence and maltreatment and alcohol related harm were frequently double or more the regional Victoria average. The 'gap' between Horsham RC rates and regional Victoria rates are some of the most substantial of all the data presented in this profile. Yarriambiack also recorded notably higher rates over many indicators in the same themes.

Older people

Health and wellbeing data for the older population were subject to very low cell sizes and much of the data were not statistically reliable for this reason. Key findings from the available data indicate that:

- Hindmarsh, West Wimmera and Yarriambiack had a higher rate of hospitalisations for total accidental injuries in the 65 years and over age group, compared to the regional Victoria and Victoria average
- compared to the state average, Hindmarsh, West Wimmera and Yarriambiack had a higher rate of hospitalisations for injuries caused by falls (which are the biggest sub-set of accidental injuries) in population aged 65 years and over. Females made up 59% of all hospitalisations for injuries caused by falls, and
- persons aged 55 years and over made up the greatest proportion of workplace fatalities and this proportion was much higher than the Victoria average.

Alcohol and other drugs

Overall, rates of alcohol consumption and alcohol related harm, including high rates of alcohol related assault and family violence, were often notably higher than state average. The apparent linkages between high rates of alcohol consumption and very high rates of assault and family violence incidents are particularly notable.

Alcohol consumption at levels that risk short and long term health outcomes were higher than average in Hindmarsh, West Wimmera and Yarriambiack. Hindmarsh males had particularly high rates for drinking at levels that risk short-term health.

Across various alcohol related harm data, Horsham RC and Hindmarsh (where data was available) consistently had rates that were substantially higher than state averages, especially for young people. However, the rate of alcohol related deaths was four times the state average in Yarriambiack.

Rates of alcohol related assaults were particularly high in Horsham RC and Yarriambiack; while rates of alcohol related family violence incidents were particularly high in Hindmarsh and Horsham RC.

The rate of alcohol treatment client episodes provided to residents of Horsham RC was more than double the state average and was also notably higher in Hindmarsh and Yarriambiack. Rates for male population were much higher than female.

Rates of pharmaceutical related harm were much higher than illicit drug related harm and were largely focused in Horsham RC. Rates in Horsham RC were often double or more the state average. Young people and females were significantly more likely to experience pharmaceutical related harm in the catchment (mostly Horsham RC) than the state average. Females generally had much higher rates than males.

Social inclusion and participation

While residents of all Wimmera PCP LGAs are more likely to live alone than the state average, residents were much more likely to report they could definitely get help from neighbours when needed, compared to regional Victoria averages. Generally speaking, the data indicates strong community cohesion across the catchment with much higher levels of participation in various community activities, groups and events, compared to regional Victoria.

Crime

Crimes against persons

The very high rate of crimes against persons are particularly notable in the PCP catchment, especially in Horsham RC (where rates of assaults and of sexual offences were approximately three times the state average) and in Yarriambiack. The very high rates of assault, sexual offences and stalking, harrassment and threatening behaviour in Horsham RC as well as other LGAs in the catchment are of particular note.

The rate of assaults and of sexual offences has increased by a substantially higher proportion than the state average in Hindmarsh, Horsham RC and Yarriambiack; while the rate of stalking, harrassment and threatening behaviour increased by a substantially higher proportion in West Wimmera and Yarriambiack.

Compared to the state average, females living in the catchment were much more likely to be victims of crimes against persons; and females in the catchment were much more likely to be victims than males.

Data for hospitalisations for injuries caused by assaults, maltreatment and neglect indicate that 86% of catchment residents hospitalised were male and this was a much higher proportion than the state average. Compared to the Victoria average, Horsham RC had a greater proportion of hospitalised residents that were aged 15 to 24 years.

Other crime

Property and deception offence and drug offence rates were much higher in Horsham RC compared to the state average, while the rate in other PCP LGAs was much lower.

Reported family violence incidents

Data indicate that family violence incidents are much more prevalent in Horsham RC (more than double) than the regional Victoria average. Yarriambiack rates were also high.

Victims* in family violence incidents are much more likely to be females than males; however, compared to the regional Victoria male average, the catchment has a notably higher proportion of male victims.

While most victims are aged 35 years and over, more than 27% of Horsham RC victims were aged less than 25 years. Comparison of per population rates of victims aged less than 25 years indicate that Horsham RC population in this age group are much more likely to be victims compared to the regional Victoria average.

Males were substantially more likely than females to be the 'other party' (alleged offender). Compared to the Victorian average, however, the proportion of other parties that were female was actually higher in all Wimmera PCP LGAs.

The rate of Horsham RC residents aged up to 24 years that were other parties in a family violence incident was substantially higher than the regional Victoria and Victoria average.

The most common relationship that the victim had to the 'other party' was a defacto partner, followed by a parent.

** The term victim in this instance refers to the "affected family member in a reported family incident".*

Accidental injuries

Compared to regional Victoria and Victoria, the rate of hospitalisations for all accidental injuries was much higher in Hindmarsh, West Wimmera and Yarriambiack. The highest rate occurred in Yarriambiack, followed by Hindmarsh. Rates were often notably higher for males than for females, especially for traffic accident injuries and fatalities and for workplace accident injuries and fatalities.

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.

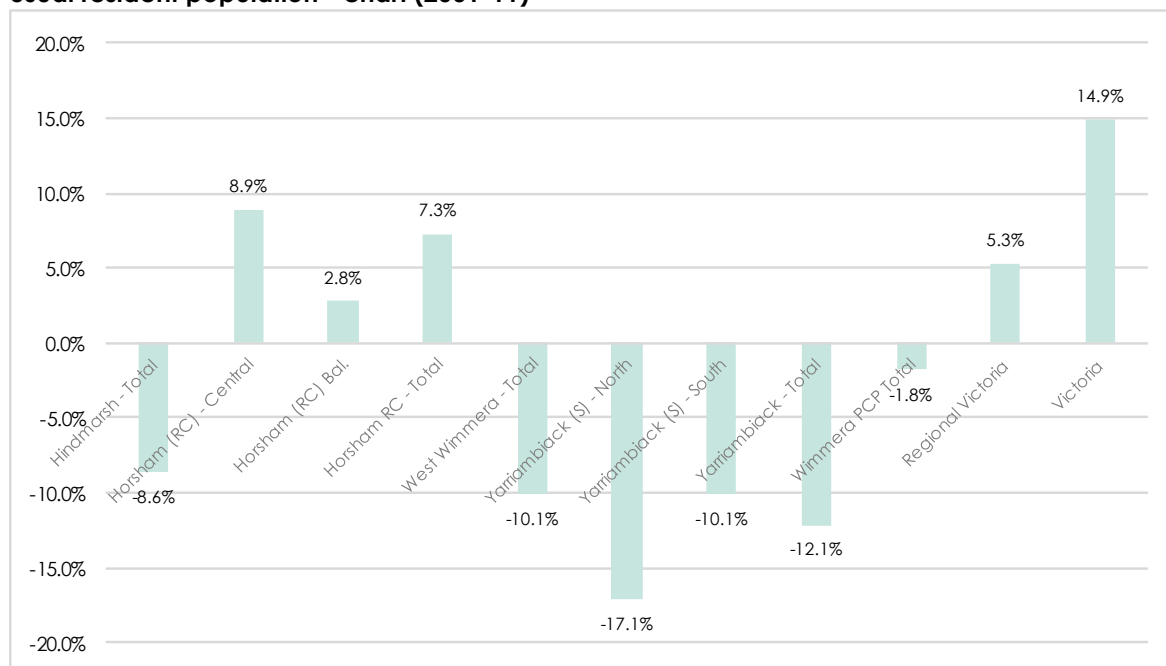
Between 2001 and 2011, Horsham RC had the greatest population growth (1,308 people) and Yarriambiack had the greatest population decline (-974 people). The Hindmarsh and West Wimmera populations also declined between 2001 and 2011 (by -544 people and -475 people respectively). Compared to regional Victoria,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

Usual resident population by SLA (2001-11)

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%
Wimmera PCP Total	37,100	36,528	36,415	-685	-1.8%
Regional Victoria	1,278,408	1,333,435	1,345,715	67,307	5.3%
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 (2001-11)



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

Estimated resident population in 2015

The 2015 estimated resident population (ERP) is prepared by the ABS. Estimates are based on the 2011 usual resident population together with births, deaths and migration figures.

The 2015 ERP of the Wimmera PCP region was 35,906. Since 2011, the ERP has decreased by 943 people. The Horsham RC 2015 ERP was slightly higher than the 2011 ERP (251 additional persons), while the ERPs of Hindmarsh, West Wimmera and Yarriambiack all declined. West Wimmera had the greatest decrease in ERP (408 persons).

Estimated resident population change by LGA (2011-15)

Location	2011	2015	2011 - 2015 change	
			Number	%
Hindmarsh	5,856	5,494	-362	-6.2%
Horsham RC	19,523	19,774	251	1.3%
West Wimmera	4,287	3,879	-408	-9.5%
Yarriambiack	7,183	6,759	-424	-5.9%
Wimmera PCP Total	36,849	35,906	-943	-2.6%
Regional Victoria	1,428,211	1,475,107	46,896	3.3%
Victoria	5,537,817	5,937,481	399,664	7.2%

3218.0 Regional Population Growth, Australia, 2014-2015, Australian Bureau of Statistics, March 2016

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 towns, except Horsham, Jeparit, Kaniva, Murtoa and Rainbow. The Warracknabeal population, followed by Dimboola then Edenhope, decreased by the largest number. The Goroke population, followed by Rupanyup then Natimuk, decreased by the *greatest proportion*.

Town populations (2006 and 2011)

Town	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%
Regional Victoria	1,333,435	1,345,715	12,280	0.92%

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

Indigenous population

In 2015, the estimated resident Indigenous population of the Wimmera PCP catchment was 616. Horsham RC had the greatest number of Indigenous residents (382), followed by Hindmarsh (116).

Within the Wimmera PCP catchment, Hindmarsh had the greatest proportion of estimated resident population that was Indigenous (2.1%), followed by Horsham RC (1.9%). Compared to the Victorian average, Hindmarsh, Horsham RC and Yarriambiack had a greater proportion of population that is Indigenous.

Proportion of total estimated resident population that is Indigenous (2015)

Location	Indigenous population#	Total population	%
Hindmarsh	116	5,494	2.1%
Horsham RC	382	19,774	1.9%
West Wimmera	28	3,879	0.7%
Yarriambiack	90	6,759	1.3%
Wimmera PCP Total	616	35,906	1.7%
Regional Victoria	27,180	1,475,107	1.8%
Victoria	52,299	5,937,481	0.9%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Projected population change

According to the Victorian Government's 2015 *Victoria in Future* population projections, the population of the Wimmera PCP region will increase to 36,995 by 2031, representing a 2.8% increase from the 2016 estimated resident population.

The Horsham RC population is projected to increase by 2,338 people (11.8% increase) although this growth is markedly lower than the Victoria and regional Victoria average projection.

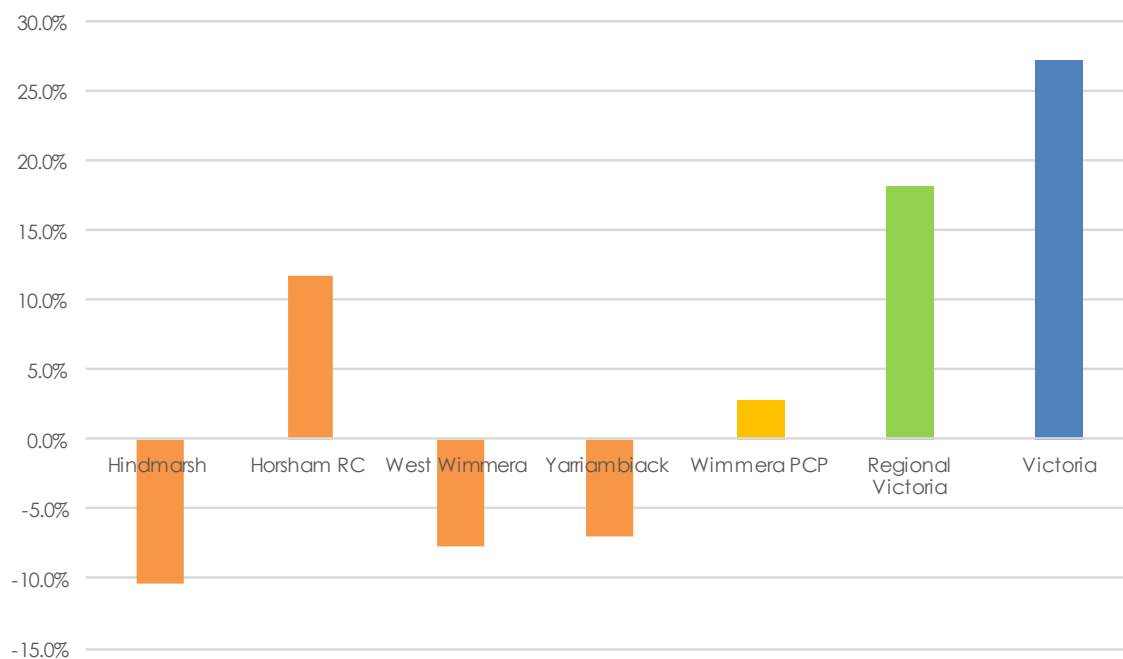
The populations of Hindmarsh, West Wimmera and Yarriambiack are each projected to decrease over the period. Hindmarsh is projected to have the greatest decline in population, with a reduction of 565 persons (10.3%).

Projected population (2016-31)

Location	2016	2021	2026	2031	2016 - 2031 change	
					No.	%
Hindmarsh	5,497	5,352	5,125	4,932	-565	-10.3%
Horsham RC	19,886	20,509	21,371	22,223	2,338	11.8%
West Wimmera	3,933	3,828	3,696	3,631	-303	-7.7%
Yarriambiack	6,674	6,434	6,264	6,208	-465	-7.0%
Wimmera PCP	35,990	36,123	36,456	36,995	1,005	2.8%
Regional Victoria	1,368,451	1,430,216	1,519,988	1,617,057	248,606	18.2%
Victoria	6,052,573	6,597,562	7,147,157	7,700,265	1,647,692	27.2%

Victoria in Future (VIF) 2015, DPCD 2015

Projected % population change - chart (2016-31)



Victoria in Future (VIF) 2015, DPCD 2015

Internal migration

Internal migration measures the movement of population between local government areas (LGAs) by comparing the 2006 place of usual residence with the 2011 place of usual residence (the comparison excludes children aged 5 years or less).

Patterns of migration in rural areas often show movement between neighbouring LGAs, particularly movement from those that have small townships into neighbouring LGAs (such as Horsham RC) that have larger service hubs that may offer more employment, services, education, and health services.

Hindmarsh

In 2011, the most common other 2006 LGA of residence for Hindmarsh residents was Horsham RC, followed by Yarriambiack, Greater Geelong and West Wimmera.

Horsham RC

In 2011, the most common other 2006 LGA of residence for Horsham RC residents was Yarriambiack, followed by Hindmarsh, West Wimmera and Ballarat.

West Wimmera

In 2011, the most common other 2006 LGA of residence for West Wimmera residents was Horsham RC, followed by Southern Grampians, Ballarat and Hindmarsh.

Yarriambiack

In 2011, the most common other 2006 LGA of residence for Yarriambiack residents was Horsham RC, followed by Frankston, Buloke and Northern Grampians.

The most common 2006 LGAs of residence (2011)

Hindmarsh current residents		Horsham current residents		West Wimmera current residents		Yarriambiack current residents	
2006 LGA of residence	% of 2011 pop.	2006 LGA of residence	% of 2011 pop.	2006 LGA of residence	% of 2011 pop.	2006 LGA of residence	% of 2011 pop.
Hindmarsh	89.6%	Horsham RC	87.5%	West Wimmera	91.7%	Yarriambiack	88.3%
Horsham RC	1.3%	Yarriambiack	1.9%	Horsham RC	1.5%	Horsham RC	1.2%
Yarriambiack	0.7%	Hindmarsh	1.3%	Southern Grampians	0.7%	Frankston	0.6%
Greater Geelong	0.5%	West Wimmera	0.7%	Ballarat	0.5%	Buloke	0.5%
West Wimmera	0.5%	Ballarat	0.6%	Hindmarsh	0.5%	Northern Grampians	0.5%
Ballarat	0.4%	Greater Geelong	0.5%	Glenelg	0.4%	Mornington Peninsula	0.4%
Greater Bendigo	0.4%	Northern Grampians	0.4%	Greater Geelong	0.3%	Ballarat	0.4%
Brimbank	0.3%	Buloke	0.4%	Moorabool	0.3%	Greater Geelong	0.4%
Mildura	0.3%	Southern Grampians	0.3%	Moyne	0.3%	Latrobe	0.3%
2011 total population*	4,910	2011 total population*	16,179	2011 total population*	3,519	2011 total population*	5,873

Prepared from data from 2006 and 2011 Census of Population and Housing, ABS 2012 using Tablebuilder. * Aged over 5 years.

Births

In 2013, there were 418 births in the Wimmera PCP catchment and this figure was slightly higher than the number of births in 2009 (411). Compared to 2009, the number of births in 2013 was also greater in Hindmarsh and Horsham RC. The total fertility rate has increased in Hindmarsh, Horsham RC and Yarriambiack, while it remained the same in West Wimmera. In 2013, each of the Wimmera PCP LGAs had a higher total fertility rate than the regional Victoria and Victorian average.

Numbers of births and fertility rate (2009 and 2013)

Location	No. of births		Total fertility rate*	
	2009	2013	2009	2013
Hindmarsh	59	60	2.3	2.5
Horsham RC	234	254	2.2	2.3
West Wimmera	46	43	2.4	2.4
Yarriambiack	72	61	2.5	2.6
Wimmera PCP	411	418	N/a	N/a
Regional Victoria	16,417	16,556	2.2	2.1
Victoria	70,298	73,969	1.9	1.8

ABS National Regional Profiles 2009-13, ABS 2016 * 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

In 2013, there were 396 deaths in the Wimmera PCP catchment. Compared to 2009 figures, the number of deaths was higher in 2013 in Hindmarsh, Horsham RC and Yarriambiack. Standardised death rates per 1,000 population, however, decreased in Horsham RC, West Wimmera and Yarriambiack and remained the same in Hindmarsh.

In 2013, each of the Wimmera PCP catchment LGAs had a higher standardised death rate than the Victorian average. Hindmarsh had the highest standardised death rate, followed by West Wimmera and Yarriambiack.

Numbers of deaths and standardised death rate (2009 and 2013)

Location	No. of deaths		Rate*	
	2009	2013	2009	2013
Hindmarsh	89	97	7.0	7.0
Horsham RC	140	168	5.8	5.7
West Wimmera	50	42	7.0	6.2
Yarriambiack	79	89	6.4	6.2
Wimmera PCP	358	396	N/a	N/a
<i>Regional Victoria</i>	<i>11513</i>	<i>11683</i>	<i>6.5</i>	<i>6.0</i>
Victoria	35640	35916	6.0	5.4

ABS National Regional Profiles 2009-13, ABS 2016 *Standardised Rate per 1,000

Age structure

In 2014, compared to regional Victoria and Victoria, the Wimmera PCP catchment had a higher proportion of population aged 49 years and over and a lower proportion of population aged 44 years and under.

In each of the Wimmera PCP region LGAs, the 50 – 59 year age group had the greatest proportion of population.

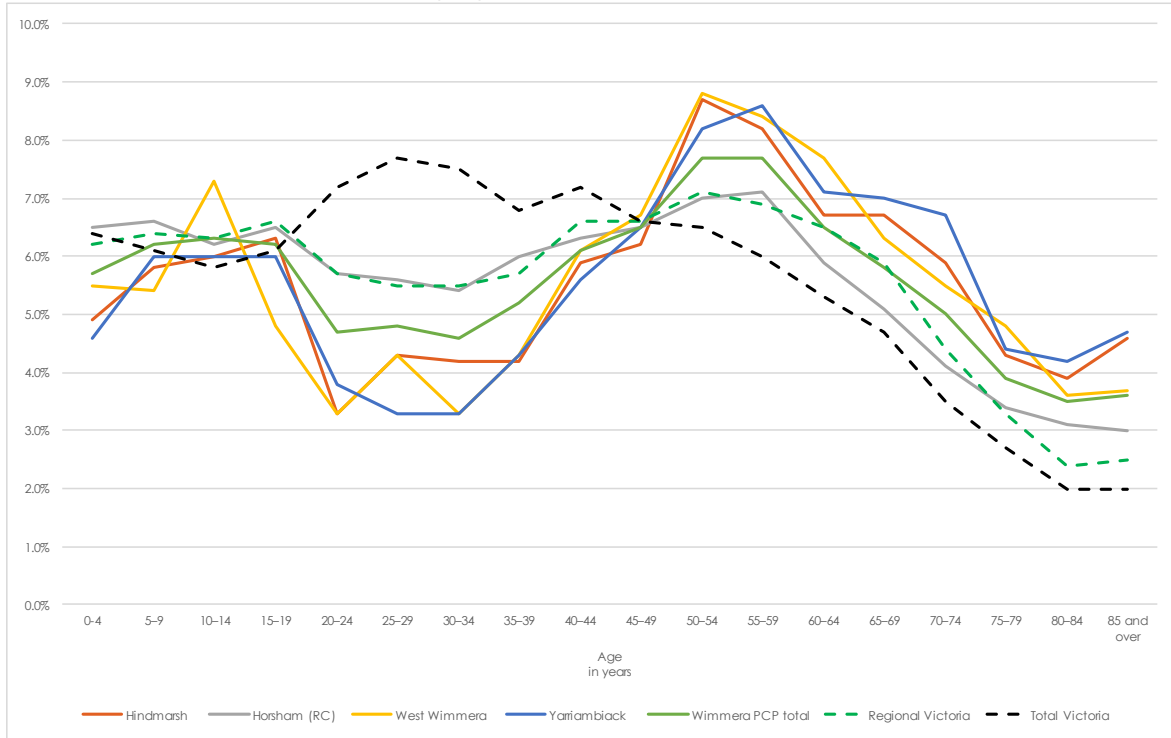
The age structure of the Horsham RC estimated resident population was largely similar to that of regional Victoria, while the age structure of West Wimmera, Yarriambiack and Hindmarsh had a notably lower proportion of population aged 0 - 44 years and a notably higher proportion of population aged 49 years and over compared to regional Victoria (and Victoria).

Estimated resident population by age group (2014)

Age group in years	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Wimmera PCP total	Regional Victoria	Victoria
0-4	4.9%	6.5%	5.5%	4.6%	5.7%	6.2%	6.4%
5-9	5.8%	6.6%	5.4%	6.0%	6.2%	6.4%	6.1%
10-14	6.0%	6.2%	7.3%	6.0%	6.3%	6.3%	5.8%
15-19	6.3%	6.5%	4.8%	6.0%	6.2%	6.6%	6.1%
20-24	3.3%	5.7%	3.3%	3.8%	4.7%	5.7%	7.2%
25-29	4.3%	5.6%	4.3%	3.3%	4.8%	5.5%	7.7%
30-34	4.2%	5.4%	3.3%	3.3%	4.6%	5.5%	7.5%
35-39	4.2%	6.0%	4.3%	4.3%	5.2%	5.7%	6.8%
40-44	5.9%	6.3%	6.1%	5.6%	6.1%	6.6%	7.2%
45-49	6.2%	6.5%	6.7%	6.5%	6.5%	6.6%	6.6%
50-54	8.7%	7.0%	8.8%	8.2%	7.7%	7.1%	6.5%
55-59	8.2%	7.1%	8.4%	8.6%	7.7%	6.9%	6.0%
60-64	6.7%	5.9%	7.7%	7.1%	6.5%	6.5%	5.3%
65-69	6.7%	5.1%	6.3%	7.0%	5.8%	5.9%	4.7%
70-74	5.9%	4.1%	5.5%	6.7%	5.0%	4.4%	3.5%
75-79	4.3%	3.4%	4.8%	4.4%	3.9%	3.3%	2.7%
80-84	3.9%	3.1%	3.6%	4.2%	3.5%	2.4%	2.0%
85 and over	4.6%	3.0%	3.7%	4.7%	3.6%	2.5%	2.0%
Total Persons	5,644	1,9691	3,982	6,892	36,209	1,466,739	5,841,667
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

3235.0 Population by Age and Sex, Regions of Australia, Australian Bureau of Statistics, August 2015

Estimated resident population by age group - chart (2014)



3235.0 Population by Age and Sex, Regions of Australia, Australian Bureau of Statistics, August 2015

Indigenous population age structure

In 2015, the age structure of the Wimmera PCP catchment's estimated resident Indigenous population generally reflected the state-wide age distribution pattern. That is, approximately 45% of the Indigenous population was aged less than 20 years, while only 4% was aged 65 years and over.

As the total Indigenous population is quite small, particularly in West Wimmera, numbers for age-brackets should be interpreted with caution. Within the catchment, Horsham RC had a notably higher proportion of Indigenous persons aged 20-44 years. Figures from the 2011 census for the Wimmera PCP catchment demonstrate the significant difference in age structures between the Indigenous and total populations.

Estimated resident Indigenous population by age group (2015)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Wimmera PCP	Victoria
0-4 years	12.9%	13.1%	10.7%	10.0%	12.5%	12.2%
5-9 years	12.1%	12.0%	10.7%	14.4%	12.3%	11.3%
10-14 years	10.3%	9.9%	10.7%	11.1%	10.2%	10.4%
15-19 years	10.3%	9.7%	10.7%	12.2%	10.2%	10.8%
20-24 years	7.8%	12.3%	7.1%	7.8%	10.6%	10.4%
25-29 years	6.0%	8.1%	7.1%	6.7%	7.5%	8.5%
30-34 years	5.2%	5.8%	3.6%	5.6%	5.5%	6.4%
35-39 years	4.3%	5.0%	3.6%	4.4%	4.7%	5.3%
40-44 years	6.0%	5.8%	3.6%	4.4%	5.5%	5.4%
45-49 years	4.3%	5.2%	3.6%	5.6%	5.0%	5.1%
50-54 years	6.9%	3.7%	7.1%	5.6%	4.7%	4.4%
55-59 years	4.3%	3.4%	3.6%	5.6%	3.9%	3.3%
60-64 years	3.4%	2.4%	3.6%	2.2%	2.6%	2.7%
≥65 years	5.2%	3.1%	7.1%	5.6%	4.1%	4.0%
Total no.	116	382	28	90	616	52,299

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Indigenous and total population age structure - chart (2011)



2011 Census of population and housing, ABS 2012

Projected change to population age structure

Between 2016 and 2031, across the catchment, the number of people aged less than 64 years is projected to decrease and the number aged 65 years and over is projected to increase substantially (26%). Population aged 0 to 14 years is projected to decrease by the greatest percentage (-6%), followed by the 15 to 24 years age group (-4%). Projected growth in all age groups is substantially lower than the projections for Victoria.

Projected population aged 0 - 14 years by LGA (2011-31)

Location	2016	2021	2026	2031	2016 - 2031 change	
					No.	%
Hindmarsh	1,013	925	863	840	-174	-17%
Horsham RC	3,776	3,759	3,769	3,838	62	2%
West Wimmera	707	642	594	568	-139	-20%
Yarriambiack	1,062	972	899	946	-116	-11%
Wimmera PCP total	6,558	6,298	6,124	6,191	-367	-6%
Victoria	1,109,215	1,216,620	1,307,744	1,377,455	268,240	24%

Victoria in Future (VIF) 2016, DPCD 2016

Projected population aged 15-24 years by LGA (2011-31)

Location	2016	2021	2026	2031	2016 - 2031 change	
					No.	%
Hindmarsh	487	554	537	481	-7	-1%
Horsham RC	2,478	2,384	2,461	2,489	10	0%
West Wimmera	350	353	341	318	-32	-9%
Yarriambiack	693	672	638	567	-126	-18%
Wimmera PCP total	4,009	3,964	3,976	3,855	-154	-4%
Victoria	774,870	800,078	861,213	937,336	162,466	21%

Victoria in Future (VIF) 2016, DPCD 2016

Projected population aged 25-64 years by LGA (2011-31)

Location	2016	2021	2026	2031	2016 - 2031 change	
					No.	%
Hindmarsh	2,618	2,453	2,238	2,086	-532	-20%
Horsham RC	9,913	10,262	10,481	10,762	849	9%
West Wimmera	2,036	1,927	1,790	1,704	-333	-16%
Yarriambiack	3,129	2,956	2,771	2,699	-430	-14%
Wimmera PCP total	17,697	17,597	17,280	17,251	-446	-3%
Victoria	3,247,142	3,501,242	3,715,898	3,939,757	692,615	21%

Victoria in Future (VIF) 2016, DPCD 2016

Projected population aged 65 years and over by LGA (2011-31)

Location	2016	2021	2026	2031	2016 - 2031 change	
					No.	%
Hindmarsh	1,378	1,419	1,488	1,526	148	11%
Horsham RC	3,718	4,104	4,660	5,135	1,417	38%
West Wimmera	840	906	972	1,041	201	24%
Yarriambiack	1,790	1,834	1,957	1,996	207	12%
Wimmera PCP total	7,726	8,264	9,076	9,698	1,971	26%
Victoria	922,125	1,080,420	1,263,122	1,446,561	524,436	57%

Victoria in Future (VIF) 2016, DPCD 2016

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. Yarrimabiack had the highest proportion.

Compared to regional Victoria and Victoria; Yarrimabiack and Hindmarsh had a lower proportion of couple families with children under 15.

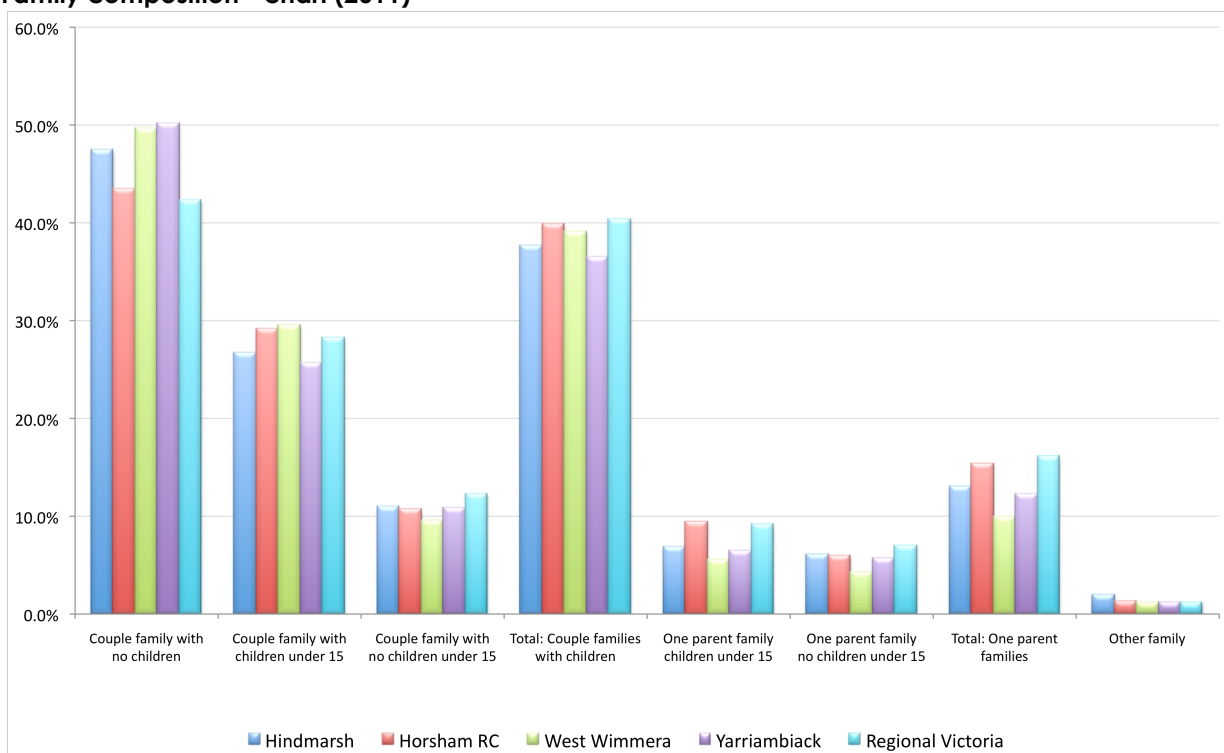
All Wimmera PCP LGAs had a lower proportion of couple families with no children aged under 15, compared to regional Victoria and Victoria. All Wimmera PCP LGAs also had a lower proportion of one parent families compared to regional Victoria. Horsham RC had the highest proportion of one parent families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

Family composition (2011)

Family composition	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 2012 % = % of all families

Family composition - chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS 2012

% = % 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)

Country	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 2012

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 - *"Life expectancy is shorter and most diseases are more common further down the social ladder in each society."*

2. Stress - *"Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death."*

3. Early life - *"A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime."*

4. Social exclusion - *"Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives."*

5. Work - *"Stress in the workplace increases the risk of disease. People who have more control over their work have better health."*

6. Unemployment - *Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness and premature death.*

7 Social Support - *"Friendship, good social relations and strong supportive networks improve health at home, at work and in the community."*

8 Addiction - *"Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health."*

9. Food - *"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."*

10. Transport - *"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."*

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

The social gradient

SEIFA

The 2011 Socio-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.

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, 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 Goroce, Kaniva and Rupanyup.

SEIFA scores for relative socio-economic disadvantage (2011)

Location	IRSD Score	State Percentile
Kaniva	978	24
Goroce	986	29
Edenhope	938	12
Rainbow	969	20
Jeparit	884	4
Nhill	963	19
Dimboola	915	8
Horsham	968	20
Natimuk	989	30

Location	IRSD Score	State Percentile
Hopetoun	967	20
Beulah	1004	38
Warracknabeal	935	11
Minyip	926	9
Murtoa	951	15
Rupanyup	973	23

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

Food insecurity and access

In 2011-12, compared to Victoria and regional Victoria, a higher proportion of residents from Hindmarsh reported they had ran out of food in the previous 12 months.

Compared to Victoria and regional Victoria, a higher proportion of residents from all Wimmera PCP LGAs reported they were not always able to have the food they wanted because some foods were too expensive.

Residents of Hindmarsh, West Wimmera and Yarriambiack were much more likely than the regional Victoria and Victoria average to report they were not always able to have the food they wanted because:

- they couldn't get the right quality food;
- they couldn't get the variety of food, or
- inadequate and unreliable public transport.

Within the catchment, residents of Yarriambiack were most likely to report they were not always able to have the food they wanted because: some foods were too expensive; they couldn't get the right quality food; they couldn't get the variety of food; or inadequate and unreliable public transport.

Compared to Victoria and regional Victoria, a higher proportion of residents from West Wimmera and Yarriambiack reported they were not always able to have the food they wanted because culturally appropriate foods aren't available.

Persons who ran out of food in the previous 12 months# (2011-12)

Location	No %	Yes %
Hindmarsh	94.1	5.4* ●
Horsham RC	96.9	3.1*
West Wimmera	96.5	3.5*
Yarriambiack	95.4	4.6*
Regional Victoria	93.7	6.1
Victoria	95.3	4.6

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population. * Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution

Reason for not having the food they wanted (2011-12)

	Some foods too expensive	Can't get right quality food	Can't get a variety of food	Culturally appropriate foods aren't available	Inadequate & unreliable public transport
Hindmarsh	26.7 ●	34.4 ●	17.9 ●	4.2*	13.0 ●
Horsham RC	23.4 ●	18.6	6.0	3.5*	**
West Wimmera	24.2 ●	37.4 ●	19.9 ●	6.9* ●	10.5 ●
Yarriambiack	29.7 ●	42.1 ●	26.9 ●	4.8 ●	13.4 ●
Regional Victoria	22.8	23.4	8.8	3.7	6.5
Victoria	21.3	19.7	9.3	4.3	5.8

Victorian Population Health Survey 2011-12, Department of Health Victoria 2014 * Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution

Findings from the Victorian Population Health Survey also indicate that across Victoria:

- Females were more likely to have experienced food insecurity than males
- 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.

Welfare recipients

In June 2010, compared to the Victorian average, all Wimmera PCP LGAs had a higher proportion of population aged 18 years and over that had government support as their main source of income. Within the catchment, Hindmarsh had the highest proportion, followed by Yarriambiack.

Persons who had government support as main source of income# (2010)

Location	No.	Rate*
Hindmarsh	2,024	33.9 ●
Horsham RC	5,081	30.5 ●
West Wimmera	1,170	28.5 ●
Yarriambiack	2,498	33.6 ●
Regional Victoria	392,767	32.8
Victoria	1,216,729	28.2

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

* Age standardised rate per 100 # In the last 2 years

Age Pension recipients

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 June 2014, Horsham RC had a higher proportion of population aged 65 years and over that was receiving the Age Pension, compared to the Victorian average.

Please refer to Centrelink for further details regarding eligibility.

Age Pension recipients (June 2014)

Location	No. receiving age pension	Population aged ≥65 yrs	%
Hindmarsh	989	1,433	69.0%
Horsham RC	2,652	3,635	73.0% ●
West Wimmera	671	958	70.0%
Yarriambiack	1,184	1,830	64.7%
Wimmera PCP	5,496	7,856	70.0%
Regional Victoria	192,171	255,463	75.2%
Victoria	591,323	838,988	70.5%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

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 June 2014, each of the Wimmera PCP LGAs had a significantly higher proportion of population aged 16 to 64 years that received the disability support pension, compared to Victoria. Within the region, Yarriambiack had the highest proportion (12.8%) followed by Hindmarsh (10.8%).

Please refer to Centrelink for further details regarding eligibility.

Disability Support Pension recipients (June 2014)

Location	No.	Persons aged 16 to 64 years	%
Hindmarsh	348	3,219	10.8% ●
Horsham RC	983	11,988	8.2% ●
West Wimmera	184	2,330	7.9% ●
Yarriambiack	499	3,896	12.8% ●
Wimmera PCP	2,014	21,433	9.4% ●
Regional Victoria	69,418	854,446	8.1%
Victoria	203,042	3,779,688	5.4%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Carer payment

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 June 2014, compared to the Victorian average, Hindmarsh and Yarriambiack had a higher proportion of population receiving the Carer Payment.

Please refer to Centrelink for further details regarding eligibility.

Care Payment (June 2014)

Location	No.	Persons aged 16 to 64 years	%
Hindmarsh	91	4,262	2.1% ●
Horsham RC	197	16,052	1.2%
West Wimmera	38	3,131	1.2%
Yarriambiack	139	5,188	2.7% ●
Wimmera PCP	465	28,633	1.6% ●
Regional Victoria	na	1,135,923	na
Victoria	61,632	4,900,353	1.3%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

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 June 2014, residents of Hindmarsh, Horsham RC and Yarriambiack were more likely to have a health care card, compared to the Victorian average.

Please refer to Centrelink for further details regarding eligibility.

Health Care Card holder (June 2014)

Location	No.	Persons aged 16 to 64 years	%
Hindmarsh	442	4,262	10.4% ●
Horsham RC	1,579	16,052	9.8% ●
West Wimmera	227	3,131	7.3%
Yarriambiack	458	5,188	8.8% ●
Wimmera PCP	2,706	28,633	9.5% ●
Regional Victoria	115,151	1,135,923	10.1%
Victoria	420,883	4,900,353	8.6%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Rent Assistance

Rent Assistance is an income supplement payable to eligible people who rent in the private or community housing rental markets. Pensioners, allowees and those receiving more than the base rate of Family Tax Benefit Part A may be eligible for Rent Assistance. In June 2014, Horsham RC had a slightly higher proportion of households that received rental assistance compared to the Victorian average.

Please refer to Centrelink for further details regarding eligibility.

Households in dwellings receiving Rent Assistance (June 2014)

Location	Households in dwellings receiving rent assistance	Total dwellings	% households in dwellings receiving rent assistance
Hindmarsh	261	2,340	11.2%
Horsham RC	1,272	7,633	16.7% ●
West Wimmera	128	1,757	7.3%
Yarriambiack	308	2,851	10.8%
Wimmera PCP	1,969	14,581	13.5%
Regional Victoria	96,368	514,040	18.7%
Victoria	319,262	1,944,690	16.4%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Female Sole Parent Payment

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 June 2014, Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of female population aged 15 to 64 years that received the single parenting payment compared to the Victorian average. Yarriambiack had the highest estimated proportion of females receiving the sole parent benefit, followed by Horsham RC.

Please refer to Centrelink for further details regarding eligibility.

Female Sole Parent Payment recipients (June 2014)

Location	No.	Females aged 15 to 54 years	%
Hindmarsh	47	1,207	3.9% ●
Horsham RC	238	4,885	4.9% ●
West Wimmera	20	843	2.4%
Yarriambiack	69	1,389	5.0% ●
Wimmera PCP	374	8,324	4.5%
Regional Victoria	18,177	343,800	5.3%
Victoria	52,750	1,604,619	3.3%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Newstart Allowance

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. In June 2014, Hindmarsh, Horsham RC and Yarriambiack residents were more likely to be receiving the Newstart Allowance than the Victorian average. Within the catchment, Hindmarsh residents were most likely to be receiving the Newstart Allowance.

Please refer to Centrelink for further details regarding eligibility.

Newstart Allowance recipients and long-term unemployment benefit recipients (June 2014)

Location	People receiving an unemployment benefit			People receiving an unemployment benefit long-term		
	No.	Persons aged 16 to 64 years	%	No.	Persons aged 16 to 64 years	%
Hindmarsh	234	3,219	7.3% ●	194	3,219	6.0% ●
Horsham RC	656	11,988	5.5% ●	542	11,988	4.5% ●
West Wimmera	103	2,330	4.4%	97	2,330	4.2%
Yarriambiack	232	3,896	6.0% ●	194	3,896	5.0% ●
Wimmera PCP	1,225	21,433	5.7% ●	1,027	21,433	4.8% ●
Regional Victoria	58,601	854,446	6.9%	48,357	854,446	5.7%
Victoria	197,513	3,779,688	5.2%	158,775	3,779,688	4.2%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

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.

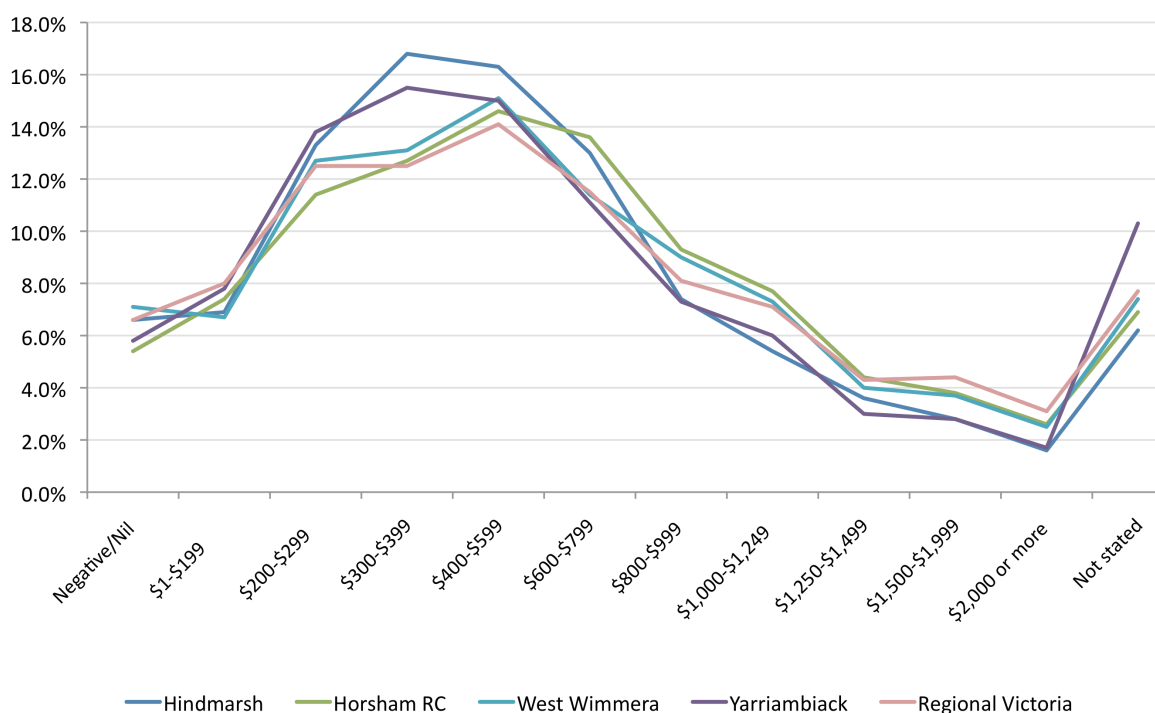
Horsham RC residents, compared to regional Victoria, had a higher proportion of population with a total weekly income of between \$300 and \$1,499. All Wimmera PCP residents were less likely to have a negative/nil income or to earn between \$1 and \$199 per week, compared to the regional Victoria average.

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 2012

Total personal weekly income by LGA - chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS 2012

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%
Regional Victoria	\$399	\$493	23.6%
Victoria	\$456	\$561	23.0%

2006 and 2011 Census of Population and Housing, Basic Community Profiles, ABS 2012

Household income

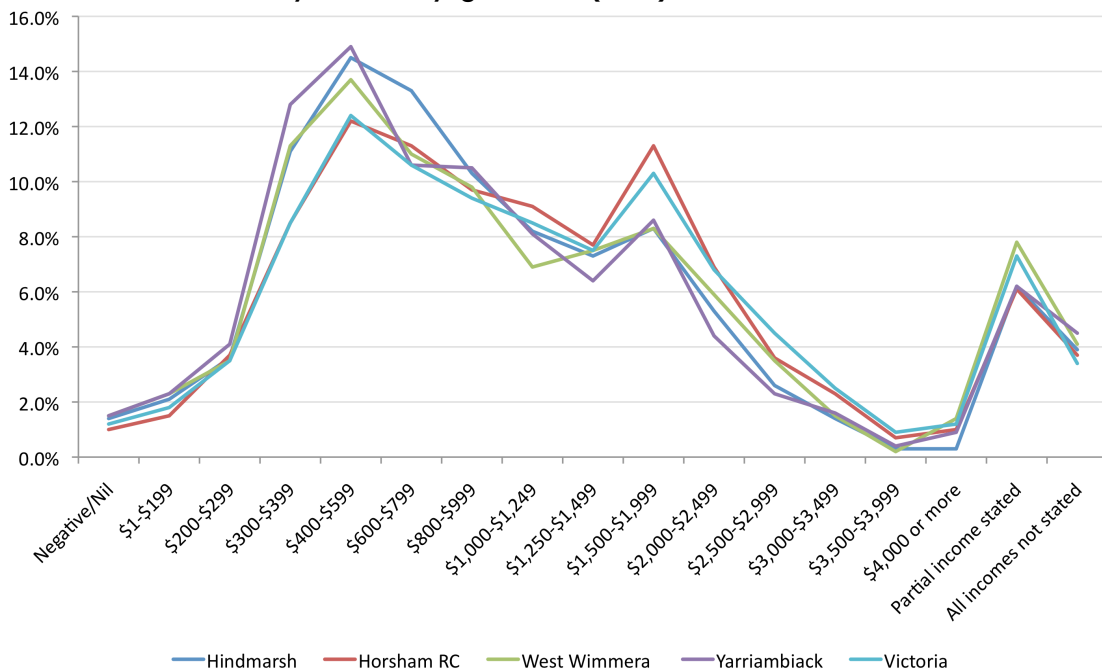
In 2011, Hindmarsh, West Wimmera and Yarriambiack households were more likely to have an income of \$999 or less per week and were less likely to have an income of \$1,000 or more per week, compared to the regional Victoria average and to Horsham RC. Compared to regional Victoria, Horsham RC households 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 2012

Gross household weekly income by lga – chart (2011)



2011 Census of Population and Housing, Basic Community Profiles, ABS 2012

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%
Regional Victoria	\$820	\$945	15.2%
Victoria	\$1,022	\$1,216	19.0%

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

Financial stress

In 2010, compared to the regional Victoria and Victoria average, a lower proportion of Hindmarsh and Yarriambiack residents reported that their household could raise \$2,000 in one week if needed. Within the catchment, Hindmarsh had the lowest proportion, followed by Yarriambiack.

Compared to the Victoria average, residents of all Wimmera PCP LGAs were more likely to report their household had at least one cash flow problem in the last 12 months. Within the Wimmera PCP catchment, Hindmarsh had the highest proportion, followed by Yarriambiack.

Population* whose household could raise \$2,000 in one week (2010)

Location	%
Hindmarsh	81.1 ●
Horsham RC	86.2
West Wimmera	86.5
Yarriambiack	81.6 ●
Regional Victoria	83.1
Victoria	84.0

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

*Age Standardised modelled estimate; of persons aged 18 years and over.

Households that had at least one cash flow problem in last 12 months (2010)

Location	No.	Rate*
Hindmarsh	949	24.2 ●
Horsham RC	3,137	21.7 ●
West Wimmera	654	21.2 ●
Yarriambiack	1,185	23.9 ●
Regional Victoria	231,635	21.9
Victoria	811,486	18.8

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

*Age Standardised modelled estimate; of persons aged 18 years and over.

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.

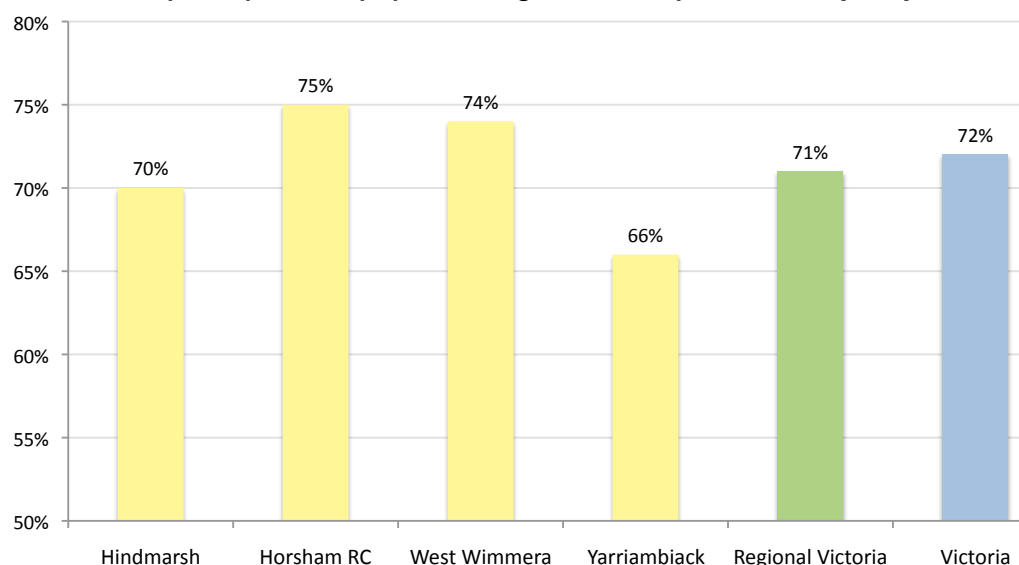
Compared to regional Victoria and Victoria, Yarriambiack and Hindmarsh had a lower proportion of population aged 15 to 64 years that was participating in the labour force (either employed or seeking employment). Within the PCP region, Yarriambiack had the lowest proportion of population aged 15 to 64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

Occupation	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)

Industry sector	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 services	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 svces	0%	0%	1%	1%	0%	0%	0%	0%	1%	1%	1%	1%
Prof., scientific & tech. svces	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

Businesses

In 2013, there were 4,773 businesses registered in the Wimmera PCP catchment. Horsham RC had the greatest number of businesses, followed by Yarriambiack. Between 2009 and 2013, the number of businesses registered in Horsham RC increased by 2%, while it decreased in Hindmarsh, West Wimmera and Yarriambiack. Overall, the number of businesses in the Wimmera PCP catchment decreased by 0.9%, compared to a 0.6% increase across regional Victoria and a 4.6% increase across Victoria.

Number of businesses (2009 and 2013)

Location	2009	2013	Change	
			No.	%
Hindmarsh	886	860	-26	-2.9%
Horsham RC	2,098	2,139	41	2.0%
West Wimmera	752	735	-17	-2.3%
Yarriambiack	1,081	1,039	-42	-3.9%
Wimmera PCP	4,817	4,773	-44	-0.9%
Regional Victoria	128,688	129,487	799	0.6%
Victoria	515,239	538,755	23,516	4.6%

ABS National Regional Profiles 2009-13, ABS 2016

Business entries and exits (2009 and 2013)

Location	Business entries		Business exits	
	2009	2013	2009	2013
Hindmarsh	56	50	71	58
Horsham RC	198	175	235	172
West Wimmera	77	39	67	45
Yarriambiack	81	80	77	120
Wimmera PCP	412	344	450	395
Regional Victoria	14,273	11,893	16,328	14,952
Victoria	74,586	62,820	78,147	75,516

ABS National Regional Profiles 2009-13, ABS 2016

Business by sector - Wimmera PCP catchment (2011)

	Wimmera PCP	Regional Victoria	Victoria
Agri., Forestry & Fishing	2291	33,172	42,805
Mining	3	311	842
Manufacturing	115	4,886	23,207
Elec., gas, water & waste svcs	6	362	1,463
Construction	415	20,477	85,652
Wholesale trade	113	3,083	21,440
Retail trade	265	8,389	35,278
Accomm. & food services	139	5,522	21,604
Transp., postal & w'housing	225	6,672	31,712
Info. media & telecomm.	7	508	4,696
Fin. & insurance svcs	212	7,329	44,554
Rent., hiring & r. estate svcs	325	10,281	55,060
Prof. scien. & tech. svcs	148	8,526	64,995
Admin. & support services	78	3,187	19,353
Public admin. & safety	3	286	1,684
Education and training	23	1,189	6,588
Health care & social assist.	81	4,771	26,778
Arts & recreation svcs	31	1,361	7,064
Other services	182	5,391	21,335
Not classified	99	3,784	22,665

ABS National Regional Profiles 2009-13, ABS 2016

Business by sector - by LGA (2011)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Agri., Forestry & Fishing	515	664	496	616	33,172	42,805
Mining	-	-	-	3	311	842
Manufacturing	19	68	12	16	4,886	23,207
Elec., gas, water & waste svcs	-	3	-	3	362	1,463
Construction	42	274	38	61	20,477	85,652
Wholesale trade	15	69	8	21	3,083	21,440
Retail trade	47	149	22	47	8,389	35,278
Accomm. & food services	13	85	13	28	5,522	21,604
Transp., postal & w'housing	46	107	35	37	6,672	31,712
Info. media & telecomm.	-	4	-	3	508	4,696
Fin. & insurance svcs	29	137	18	28	7,329	44,554
Rent., hiring & r. estate svcs	49	178	29	69	10,281	55,060
Prof. scien. & tech. svcs	16	105	11	16	8,526	64,995
Admin. & support services	8	48	5	17	3,187	19,353
Public admin. & safety	-	3	-	-	286	1,684
Education and training	-	15	-	8	1,189	6,588
Health care & social assist.	10	49	10	12	4,771	26,778
Arts & recreation svcs	5	23	-	3	1,361	7,064
Other services	30	100	15	37	5,391	21,335
Not classified	10	58	15	16	3,784	22,665

ABS National Regional Profiles 2009-13, ABS 2016

Commuting

In 2011, for all Wimmera PCP LGAs, the most common LGA where people worked was the same LGA where those people lived. Horsham RC had the greatest proportion of residents that worked and lived in the same LGA, followed by West Wimmera then Hindmarsh. Yarriambiack had the lowest proportion of residents that worked in the same LGA. Horsham RC was the second most common LGA location of work for Yarriambiack, Hindmarsh and West Wimmera.

Most common LGA of work by LGA of residence (2011)

Hindmarsh		Horsham RC		West Wimmera		Yarriambiack	
Hindmarsh	81.6%	Horsham RC	86.7%	West Wimmera	86.2%	Yarriambiack	78.9%
Horsham RC	6.5%	Undefined (Victoria)	4.8%	Undefined (Victoria)	3.7%	Horsham RC	7.7%
Undefined (Victoria)	4.5%	No Fixed Address (Victoria)	3.1%	No Fixed Address (Victoria)	2.8%	Undefined (Victoria)	4.8%
No Fixed Address (Victoria)	2.9%	Yarriambiack	1.9%	Horsham RC	2.6%	No Fixed Address (Victoria)	3.1%
Yarriambiack	2.3%	Hindmarsh	1.2%	Hindmarsh	2.3%	Buloke	1.8%
West Wimmera	1.1%	Northern Grampians	0.6%	Southern Grampians	1.0%	Hindmarsh	1.2%
		Southern Grampians	0.3%			Mildura RC	0.9%
		West Wimmera	0.3%			Northern Grampians	0.7%
		Ballarat (C)	0.1%				

2011 Census of Population and Housing, ABS 2012

In 2011, Wimmera PCP catchment workers that lived and worked in the same LGA were more likely to be male than female and were more likely to be aged 40 - 60 years.

Characteristics of workers that lived and worked in the same LGA (2011)

	Horsham RC	Hindmarsh	West Wimmera	Yarriambiack
	% of workers	% of workers	% of workers	% of workers
Male	51%	55%	57%	55%
Female	49%	45%	43%	45%
10-19 years	8%	5%	4%	5%
20-29 years	18%	12%	10%	10%
30-39 years	18%	17%	13%	13%
40-49 years	23%	24%	25%	24%
50-59 years	22%	27%	26%	29%
60-69 years	9%	12%	16%	14%
70-79 years	2%	3%	6%	4%
80-89 years	0%	1%	1%	1%
Total no persons who live and work in same LGA.	7,736	1,919	1,534	2,174

2011 Census of Population and Housing, ABS 2012

Unemployment

In March 2016, Hindmarsh and Yarriambiack had a higher rate of unemployment than the Victorian average. Within the Wimmera PCP catchment, Yarriambiack had the highest unemployment rate (6.7%).

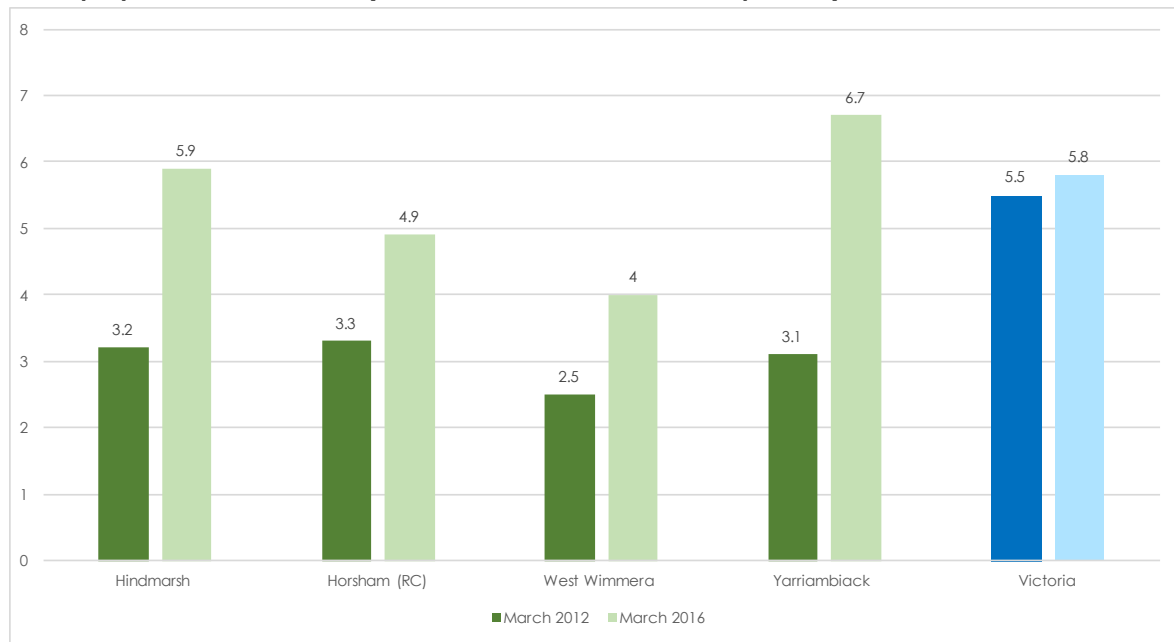
Unemployment rates increased notably across the Wimmera PCP region between March 2012 and March 2016. The 2016 rate in Yarriambiack is more than double the 2012 rate. Rates for all Wimmera PCP LGAs have increased by a greater proportion than the Victorian average increase.

Unemployment rate* March (2012-16)

Location	2012	2013	2014	2015	2016
Hindmarsh	3.2	3.2	3.9	4.6	5.9 ●
Horsham RC	3.3	3.0	3.4	4.1	4.9
West Wimmera	2.5	2.5	2.5	3.3	4.0
Yarriambiack	3.1	3.2	3.4	4.6	6.7 ●
Victoria	5.5	5.6	6.3	6.0	5.8

*Small Area Labor markets Australia, Dept of Employment 2016 * Smoothed / seasonally adjusted.*

Unemployment rates - chart (March 2012 and March 2016 quarters)



*Small Area Labor markets Australia, Dept of Employment 2016 * Smoothed / seasonally adjusted.* Smoothed / seasonally adjusted.*

Education

Numeracy and literacy benchmarks

In 2014, compared to the Victorian average, Year 5, 7 and 9 school students living in the PCP catchment were less likely to meet or exceed the benchmarks for numeracy.

Within the catchment, students living in the following LGAs were less likely to have met or exceeded the numeracy benchmarks: Hindmarsh Year 9 students; Horsham RC Year 5, 7 and 9 students; and, Yarriambiack Year 3, 5 and 9 students.

Compared to the Victorian average, Year 3, 5, 7 and 9 school students living in the catchment were less likely to meet or exceed the benchmarks for literacy.

Within the catchment, students living in the following LGAs were less likely to have met or exceeded the literacy benchmarks: Hindmarsh Year 3, 7 and 9 students; Horsham RC Year 3, 5, 7 and 9 students; West Wimmera Year 5 and 9 students; and, Yarriambiack Year 3, 5, 7 and 9 students.

Students who meet or exceeded the benchmarks for numeracy (2014)

Location	Year 3		Year 5		Year 7		Year 9	
	No.	%	No.	%	No.	%	No.	%
Hindmarsh	67	97.1%	60	95.2%	65	95.6%	71	89.9% ●
Horsham RC	253	97.7%	204	91.1% ●	206	94.1% ●	200	93.5% ●
West Wimmera	28	96.6%	38	95.0%	42	100.0%	57	98.3%
Yarriambiack	71	94.7% ●	73	84.9% ●	59	96.7%	79	91.9% ●
Wimmera PCP	419	97.0%	375	90.8% ●	372	95.4% ●	407	93.1% ●
Victoria	na	95.5%	na	94.7%	na	95.5%	na	94.8%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Students who meet or exceeded the benchmarks for literacy (2014)

Location	Year 3		Year 5		Year 7		Year 9	
	No.	%	No.	%	No.	%	No.	%
Hindmarsh	63	91.3% ●	60	95.2%	65	94.2% ●	65	84.4% ●
Horsham RC	242	93.8% ●	207	92.4% ●	196	90.3% ●	191	88.8% ●
West Wimmera	28	96.6%	38	90.5% ●	44	100.0%	55	93.2% ●
Yarriambiack	68	90.7% ●	70	85.4% ●	55	90.2% ●	77	90.6% ●
Wimmera PCP	401	93.0% ●	375	91.2% ●	360	92.1% ●	388	89.0% ●
Victoria		94.6%		94.2%		95.6%		93.3%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Highest year of school completed

In 2011, in each Wimmera 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.

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	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	na	na	na	na	na	na

2006 Census of Population and Housing, Basic Community Profiles, ABS 2008

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	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 2012

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.

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

In 2014, Horsham RC, West Wimmera and Yarriambiack all had a higher number of average absent days for Year 5 students, compared to the Victorian average. Yarriambiack had the highest number, followed by Horsham RC. Horsham RC had a higher average number of absent days for year 9 students, compared to the Victorian average.

Average number of school absent days for Year 5 students* (2014)

Location	Total no. school absent days	Total no. students#	Average no. days per FTE student
Hindmarsh	783	57	13.7
Horsham RC	2,732	175	15.6 ●
West Wimmera	633	41	15.3 ●
Yarriambiack	1,068	67	15.9 ●
Wimmera PCP	5,216	340	15.3 ●
Victoria	634,364	44,597	14.2

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Government schools only #By full time enrolment fraction

Average number of school absent days for Year 9 students* (2014)

Location	Total no. school absent days	Total no. students#	Average no. days per FTE student
Hindmarsh	1,893	92	20.7
Horsham RC	3,832	150	25.5 ●
West Wimmera	1,039	59	17.5
Yarriambiack	2,167	98	22.0
Wimmera PCP	8,931	399	22.4 ●
Victoria	838,961	38,023	22.1

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Government schools only #By full time enrolment fraction

Access to health services

In 2013, compared to regional Victoria and Victoria there was a lower rate of GPs per 1,000 population in Horsham RC, West Wimmera and Yarriambiack. West Wimmera had the lowest rate, followed by Yarriambiack.

The rate of allied health sites per 1,000 population was higher in Wimmera PCP LGAs compared to the regional Victoria and Victoria averages; while the rate of dentists was lower in Horsham RC and Yarriambiack.

GPs per population (2013)

Location	Rate*
Hindmarsh	1.4
Horsham RC	1.0 ●
West Wimmera	0.3 ●
Yarriambiack	0.7 ●
Regional Victoria	1.2
Victoria	1.2

2013 LGA Profiles, Department of Health & Human Services Victoria, December 2014 * Age standardised rate per 1,000 population.

Allied health# sites per population (2013)

Location	Rate*
Hindmarsh	0.9
Horsham RC	0.8
West Wimmera	1.9
Yarriambiack	1.5
Regional Victoria	0.7
Victoria	0.5

2013 LGA Profiles, Department of Health & Human Services Victoria, December 2014 * Age standardised rate per 1,000 population.
Allied health services include services such as audiology, chiropractic, physiotherapy and podiatry, but exclude complementary therapies such as homeopathy and naturopathy.

Dental services per population (2013)

Location	Rate*
Hindmarsh	0.5
Horsham RC	0.1 ●
West Wimmera	0.7
Yarriambiack	0.0 ●
Regional Victoria	0.2
Victoria	0.2

2013 LGA Profiles, Department of Health & Human Services Victoria, December 2014 * Age standardised rate per 1,000 population.

Pharmacies per population (2013)

Location	Rate*
Hindmarsh	0.5
Horsham RC	0.2
West Wimmera	1.2
Yarriambiack	0.8
Regional Victoria	0.2
Victoria	0.2

2013 LGA Profiles, Department of Health & Human Services Victoria, December 2014 * Age standardised rate per 1,000 population.

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 males 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)

Location	Males		Females		Persons*	
	No.	Rate#	No.	Rate#	No.	Rate#
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, Victorian Local Government Areas, May 2016 release, PHIDU 2016 *Figures for persons are higher than the sum of males and females as not all Medicare data included a male / female breakdown. # ASR per 100,000 persons

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)

Location	Males		Females		Persons*	
	Number	Rate**	Number	Rate**	Number	Rate**
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, Victorian Local Government Areas, May 2016 release, PHIDU 2016

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. ** Rate per 100,000 population

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)

Location	Number	Rate**
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, Victorian Local Government Areas, May 2016 release, PHIDU 2016 ** Rate per 100,000 population

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)

Location	Number	Rate**
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, Victorian Local Government Areas, May 2016 release, PHIDU 2016

**Rate per 100,000 population

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**
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, Victorian Local Government Areas, May 2016 release, PHIDU 2016

**Rate per 100,000 population

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)

Location	Number	Rate**
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
Regional Victoria	566,049	36,261.0
Victoria	1,517,258	27,533.7

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

**Rate per 100,000 population

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)

Location	Preparation of Mental Health Care Plan by GPs		Psychiatrists		Psychologists		General Psychologists		Clinical Psychologists		Social Workers	
	No.	Rate**	No.	Rate**	No.	Rate**	No.	Rate**	No.	Rate**	No.	Rate**
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, Victorian Local Government Areas, May 2016 release, PHIDU 2016 * Rate per 100,000 population*

Health behaviours

Chronic disease risk factors

Smoking

Data from the 2014 Victorian Population Health Survey indicates the rate of current smokers is higher in Hindmarsh and West Wimmera than the Victoria average. However, results of the 2011-13 Australian Health Survey suggest all LGAs have a higher rate of smokers compared to Victoria. The Australian Health Survey results also indicate that Wimmera PCP males are more likely to be current smokers than females.

Note that the population sample used in the 2014 Victorian Population Health Survey (VPHS) was larger than that used in the 2011-13 Australian Health Survey (both used a sample of 32,000 (AHS) - 34,000 (VPHS) persons, however the sample covered all of Australia for the Australian Health Survey compared to Victoria only for the VPHS.

Persons* (%) who are smokers (2014)

Location	Current smoker	Ex-smoker	Non-smoker
Hindmarsh	17.2 ●	22.9	59.3
Horsham RC	9.2	22.7	67.5
West Wimmera	14.6 ●	26.4	58.9
Yarriambiack	12.1	27.4	60.3
Regional Victoria	15.5	25.9	57.8
Victoria	13.1	24.8	61.5

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne* Age standardised to 2011 Victorian population.

Current smokers# (synthetic prediction) (2011-13)

Location	Males		Females		Persons	
	No.	Rate	No.	Rate*	No.	Rate*
Hindmarsh	552	27.2 ●	415	21.3 ●	967	24.3 ●
Horsham RC	1,735	24.8 ●	1,497	20.9 ●	3,232	22.9 ●
West Wimmera	405	27.1 ●	304	21.3 ●	709	24.3 ●
Yarriambiack	675	27.1 ●	507	21.3 ●	1,182	24.3 ●
Regional Victoria	123,591	25.2	101,708	20.2	225,299	22.6
Victoria	447,751	21.0	343,735	15.7	791,486	18.3

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 - based on results of the 2011-13 Australian Health Survey #Population aged 18 years and over *Age Standardised estimated rate per 100 persons aged 18 years and over.

Frequency of smoking for current smokers# (2014)

Location	Daily	Occasional
Hindmarsh	15.2 ●	2.1*
Horsham RC	7.5*	1.7*
West Wimmera	9.3	5.3*
Yarriambiack	10.9 ●	1.2*
Regional Victoria	12.6	2.9
Victoria	9.8	3.4

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of between 25 - 50% and should be interpreted with caution.

Findings from the Victorian Population Health Survey 2014 indicate that across Victoria:

- “Overall the prevalence of smoking was significantly higher among men compared with women”, and
- The proportion of current smokers was higher in adults living in rural areas (15.5 per cent) compared with metropolitan areas (13.1 per cent).

Nutrition

"The 2013 Australian guidelines recommend a minimum daily vegetable intake of five and a half serves for men 18 years of age or 51–70 years of age, six serves for men 19–50 years of age and five serves for men 71 years of age or older. The recommended minimum daily vegetable intake for women 18 years of age or older is five serves, where a serve is defined as half a cup of cooked vegetables or a cup of green leafy or raw salad vegetables (NHMRC 2013)."

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne.

In 2014, compared to regional Victoria and Victoria, a higher proportion of Wimmera PCP LGA residents met recommended vegetable minimum consumption guidelines. Within the Wimmera PCP catchment, West Wimmera had the highest proportion of population that met the guidelines, while Yarriambiack had the lowest.

Compared to regional Victoria and Victoria, a lower proportion of Horsham RC, West Wimmera and Yarriambiack populations met recommended fruit minimum consumption guidelines. Within the Wimmera PCP catchment, Yarriambiack had the lowest proportion of population that met the guidelines, while Hindmarsh had the highest.

Serves of vegetables consumed each day (%)[#] (2014)

Location	< 1	1-2	3-4	5+
Hindmarsh	**	57.1	27.1	11.3
Horsham RC	**	60.3	25.7	9.2*
West Wimmera	1.8*	55.6	29.1	12.7*
Yarriambiack	6.1*	53.7	30.4	9.0
Regional Victoria	4.6	56.6	28.4	9.0
Victoria	5.8	59.1	26.2	7.4

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. [#]Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution. ** RSE greater than, or equal to 50 per cent; point estimate (%) is unreliable, hence not reported

Serves of fruit consumed each day (%)[#] (2014)

Location	<2	>2
Hindmarsh	55.0	44.7 ●
Horsham RC	51.8	47.5 ●
West Wimmera	52.8	45.9 ●
Yarriambiack	62.4	37.1 ●
Regional Victoria	51.7	47.4
Victoria	51.2	47.8

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. [#]Age standardised to 2011 Victorian population.

Findings from the Victorian Population Health Survey 2014 indicate that across Victoria:

- Females were much more likely to meet the daily vegetable consumption guidelines as well as the daily fruit consumption guidelines, compared with males, and
- Persons aged 55 years and over were more likely than younger persons to meet the daily daily vegetable consumption guidelines; while persons aged 65 years and over were more likely than younger persons to meet the daily fruit consumption guidelines.

Sugar-sweetened soft drink consumption

The 2014 Victorian Population Health Survey defines sugar-sweetened soft drinks as “any beverage with added sugar, and includes carbonated drinks, flavoured mineral water, cordial, sports drinks and energy drinks. Ready-to-drink alcoholic beverages were also included as sugar-sweetened beverages because they are mixed with other flavours such as fruit juice or soft drink.”

“Dissolved and invisible but not benign, the excess sugar intake from sugary drinks is contributing to many preventable diseases for Australians. A high intake of sugar-sweetened beverages is associated with poor health outcomes, such as increased risk of weight gain and tooth decay.” - H30 Challenge, Switch to water for health, VicHealth, May 2015

In 2014, Horsham RC, West Wimmera and Yarriambiack had a higher proportion of population that consumed sugar-sweetened soft drink on a daily basis compared to regional Victoria and Victoria. Within the PCP catchment, Yarriambiack had the highest proportion and this was notably higher than the Victorian average.

The quantity of sugar-sweetened soft drink consumed by 'daily' consumers was higher in Hindmarsh, Horsham RC and Yarriambiack compared to the Victorian average. The highest quantity was recorded in Yarriambiack.

Proportion (%) of persons that consume sugar-sweetened soft drink daily# (2014)

Location	%
Hindmarsh	7.9
Horsham RC	14.4* ●
West Wimmera	12.6 ●
Yarriambiack	20.2 ●
Regional Victoria	13.8
Victoria	11.2

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. #Age standardised to 2011 Victorian population

Mean no. of millilitres consumed each day by 'daily' consumers¹# (2011-12)

Location	Mean daily ml.
Hindmarsh	600 ●
Horsham RC	606 ●
West Wimmera	567
Yarriambiack	669 ●
Regional Victoria	649
Victoria	595

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12, ¹Of sugar-sweetened soft drinks #Age standardised to 2011 Victorian population.

Findings from the Victorian Population Health Survey 2014 and 2011-12 indicate that across Victoria:

- Males (15.3%) were more than twice as likely than females (7.2%) to report they consumed sugar-sweetened soft drink daily
- Persons aged 25 to 34 years were most likely to report they consumed sugar-sweetened soft drink daily
- Persons living in regional Victoria were more likely to report they consumed sugar-sweetened soft drink daily compared to persons living in metropolitan Melbourne. -

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne.

Water consumption

In 2011-12, all Wimmera PCP LGAs recorded a higher average daily quantity of water consumed than the Victoria or regional Victoria average. The highest quantity was recorded in Hindmarsh.

Mean quantity (litres) of water consumed each day# (2011-12)

Location	Litres
Hindmarsh	1.48
Horsham RC	1.31
West Wimmera	1.38
Yarriambiack	1.38
Regional Victoria	1.24
Victoria	1.25

Victoria Population Health Survey 2011-12, DoH 2014 #Age standardised to 2011 Victorian population.

State-wide findings from the Victorian Population Health Survey 2011-12 indicate that across Victoria:

- Males had a higher mean daily water intake compared to women
- Males and females aged 18–34 years had a significantly higher mean daily intake of water compared with all Victorian males and females, and
- Males and females aged 55 years or over had a significantly lower mean daily intake of water compared with the means for all Victorian males and females. -

Victoria Population Health Survey 2011-12, DoH 2014

Physical activity

In 2014, compared to regional Victoria and Victoria, a notably lower proportion of residents from Hindmarsh undertook sufficient** time and sessions of physical activity. Within the Wimmera PCP catchment, Hindmarsh had the lowest proportion of population that reported undertaking sufficient time and sessions of physical activity, while Horsham RC had the highest. Hindmarsh also had the highest proportion of population that was sedentary##.

Residents of all Wimmera PCP LGAs were notably less likely to report that their occupation involved mostly sitting, compared to the Victoria averages; whereas they were notably more likely than the Victorian average to report that their occupation involved mostly heavy labour or was physically demanding.

Physical activity levels (%)# (2014)

Location	Sedentary##	Insufficient time and sessions	Sufficient** time and sessions
Hindmarsh	4.6	52.6	34.0
Horsham RC	1.8*	44.5	48.5
West Wimmera	6.0*	44.6	42.3
Yarriambiack	3.0	46.0	46.4
Regional Victoria	3.2	50.3	41.3
Victoria	3.6	50.4	41.4

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution. ** For persons aged 18-64 years: 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities and muscle strengthening activities on at least 2 days each week; and, for persons 65 years and over: 30 minutes of moderate intensity physical activity every day. ## 0 minutes of moderate or vigorous intensity physical activity and 0 muscle strengthening sessions

Occupational physical activity (%)# (2014)

Location	Mostly sitting	Mostly standing	Mostly walking	Mostly heavy labour/physically demanding
Hindmarsh	40.0	23.2	12.9	16.7
Horsham RC	29.5	18.0*	13.9	29.3*
West Wimmera	28.9	12.2	29.4	20.4
Yarriambiack	37.5	12.8	21.1	21.1
Regional Victoria	37.9	19.4	19.6	19.1
Victoria	49.6	18.4	16.0	12.8

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution.

Findings from the Victorian Population Health Survey 2014 indicate that across Victoria:

- Females were much more likely than males to engage in sedentary behaviour
- Persons aged 18–34 years were least likely to engage in sedentary behaviour; while persons aged 45 to 64 years were most likely to have insufficient time and sessions of physical activity
- Males from rural Victoria were much more likely to have a job that involved mostly walking or heavy labour/physically demanding activity and were much less likely to have a job that involved mostly sitting, compared to males from metropolitan Melbourne.

– Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne

Time spent sitting on week days

In 2014, residents of the Wimmera PCP LGAs were less likely to spend more than 6 hours sitting per weekday. Within the region, West Wimmera residents were mostly likely to spend more than 8 hours sitting per weekday. However, Hindmarsh, West Wimmera and Yarriambiack residents were more likely to report they sat more than 8 hours per day on weekend days and this proportion was higher than the regional Victoria and Victoria averages. Note that many LGA figures for 6 hours or more have a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution.

Time (hours) spent sitting each week day (2014)

Location	<2	2 to 4	4 to 6	6 to 8	>8
Hindmarsh	5.6*	34.5	23.4	11.9	21.0
Horsham RC	14.4*	30.4	25.0	12.2*	15.7
West Wimmera	4.5	27.7	31.2	11.4	21.4
Yarriambiack	6.1*	31.4	30.8	7.4	19.3*
Regional Victoria	6.9	31.1	25.8	14.1	17.4
Victoria	5.9	27.0	24.7	14.4	23.8

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution.

Time spent sitting on weekend days (2014)

Location	<2	2 to 4	4 to 6	6 to 8	>8
Hindmarsh	5.4	32.3	28.7	12.1* ●	16.6* ●
Horsham RC	7.4	51.1	24.8	10.8*	2.5
West Wimmera	6.9	41.0	24.2	9.6*	12.9* ●
Yarriambiack	8.8	32.1	34.5	7.9	11.9* ●
Regional Victoria	9.5	37.6	29.4	9.8	8.9
Victoria	8.5	36.1	28.9	11.1	10.4

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution.

Visit to green space

The VicHealth Indicators Survey 2011 included visits to green space, due to research that supports the positive relationship between access to green space and a range of health benefits. The question concerning access to green space is particularly relevant to people living in urban areas, including towns and suburbs. Green space was defined as “any area within an urban environment that is dedicated to nature and can be used as a space for play, recreation and socialisation.”

In 2011, compared to the Victorian average, residents of West Wimmera, Yarriambiack and Horsham RC were less likely to report they visit green space once or more per week.

Visit to green space once or more per week (2011)

Location	Rate
Hindmarsh	60.7
Horsham RC	44.6 ●
West Wimmera	43.0 ●
Yarriambiack	40.9 ●
Victoria	50.7

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 *Rate per 1,000 age standardised to 2011 Victorian population.

Obesity and body weight status

In 2014, compared to the state average, all Wimmera PCP LGAs had a higher proportion of persons that were obese. Within the region, Yarriambiack had the highest proportion, followed by Hindmarsh.

Yarriambiack, Hindmarsh and West Wimmera also had a higher proportion of population with a BMI that classified them as 'pre-obese'. West Wimmera had the highest proportion, followed by Yarriambiack.

Note that while 'class of obesity' data was measured in the VPHS 2014, data has not been included in this profile, as numbers were too low to be statistically reliable.

Persons (%) who are pre-obese or obese# (2014)

Location	Underweight	Normal	Pre-obese##	Obese
	<18.5 kg/m ²	18.5 - 24.9 kg/m ²	25.0 - 29.9 kg/m ²	>30.0 kg/m ²
	%	%	%	%
Hindmarsh	0.5*	34.8	36.1	23.0 ●
Horsham	**	41.4	26.6	19.6 ●
West Wimmera	**	24.1	45.0	22.9 ●
Yarriambiack	1.8*	27.5	38.3	25.2 ●
Regional Victoria	1.5*	35.3	32.1	22.0
Victoria	1.8	39.8	31.2	18.8

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. #Age standardised to the 2011 Victorian population. * Estimate has a relative standard error (RSE) of 25 - 50 per cent and should be interpreted with caution. ** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use. ## This category was referred to as 'overweight' in the VPHS 2011-12

Sex breakdown

In 2011-12, residents of all Wimmera PCP LGAs were more likely to be obese than the regional Victoria or Victoria average; while residents of Hindmarsh, West Wimmera and Yarriambiack were more likely to be overweight.

Within the Wimmera PCP catchment, Yarriambiack recorded the highest proportion (30.9%) of population that was obese, while Hindmarsh recorded the highest proportion (38.5%) that was overweight.

Excluding in Yarriambiack, females were more likely to be obese than males in the Wimmera PCP catchment. In all Wimmera PCP LGAs, males were notably more likely to be overweight compared to females.

Males

In 2011-12, compared to regional Victoria; a higher proportion of males were overweight in Hindmarsh and West Wimmera; and a higher proportion of males were obese in Yarriambiack.

Within the catchment, Hindmarsh recorded the highest proportion of overweight males and Yarriambiack recorded the highest proportion of obese males.

Females

Compared to regional Victoria and Victoria, a higher proportion of females were overweight in Hindmarsh and Yarriambiack; and a higher proportion of females were obese in all Wimmera PCP LGAs.

Within the catchment, Yarriambiack recorded the highest proportion of females who were overweight and West Wimmera recorded the highest proportion who were obese.

Persons (%) who are overweight or obese - by sex# (2011-12)

Location	Males		Females		Persons	
	Overweight ¹	Obese ²	Overweight ¹	Obese ²	Overweight ¹	Obese ²
	%	%	%	%	%	%
Hindmarsh	49.8 ●	19.9 ●	28.1 ●	23.7 ●	38.5 ●	22.0 ●
Horsham RC	36.2	15.9	24.6	27.5 ●	30.5	21.4 ●
West Wimmera	43.3 ●	17.2	24.2	32.1 ●	34.1 ●	24.3 ●
Yarriambiack	40.8 ●	34.2 ●	31.6 ●	28.3 ●	36.0 ●	30.9 ●
Regional Victoria	41.6	20.6	27.3	20.7	34.3	20.7
Victoria	40.6	17.4	24.6	17.2	32.5	17.3

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
#Age standardised to the 2011 Victorian population

Findings from the Victorian Population Health Survey 2014 indicate that across Victoria:

- There was a significantly higher proportion of people who lived in rural Victoria who were obese, compared with people who lived in metropolitan Melbourne
- There was a significantly higher proportion of males who were pre-obese (overweight) and obese compared with their female counterparts.
- A significantly higher proportion of 55–74 year old people were pre-obese (overweight)
- A significantly higher proportion of 45–54 year old men were obese compared with all Victorian men.
- A significantly higher proportion of 55–74 year old women were obese compared with all Victorian women.

- Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. #Age standardised to the 2011 Victorian population

Health screening and checks

Last visit to a doctor

In 2011-12, compared to the Victorian average, residents of Hindmarsh, Horsham RC and West Wimmera were more likely to have last visited a doctor 12 or more months ago. West Wimmera had the highest proportion of residents that had last visited a doctor 12 or more months ago.

Last visit to a doctor or GP (%)# (2011-12)

Location	< 3 mnths ago	3 to < 6 mnths ago	6 to < 12 months ago	≥12 months ago
Hindmarsh	49.2	24.7	13.0*	11.5*
Horsham RC	55.9	22.9	7.5	11.9 ●
West Wimmera	55.6	14.0	15.2	14.6 ●
Yarriambiack	61.9	20.1	9.4*	8.5
Regional Victoria	57.5	17.5	10.7	13.1
Victoria	59.8	17.6	10.3	11.8

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
* Estimate has a RSE of between 25 and 50% and should be interpreted with caution. #Age standardised to 2011 Victorian population. Self reported.

Findings from the Victorian Population Health Survey 2011-12 indicate that across Victoria:

- A significantly higher proportion of women had visited a doctor or GP less than three months prior to the survey compared with their male counterparts
- A significantly higher proportion of men, particularly those aged 45–54 and 65 years or over, had visited a doctor/GP 6-<12 months prior to the survey interview compared with females, and
- A significantly higher proportion of men had visited a doctor or GP ≥12 months prior to the survey interview compared with females.

Biomedical checks

In 2011-12, compared to regional Victoria and Victoria, a lower proportion of Hindmarsh, Horsham RC and West Wimmera population had their blood pressure checked in the last two years. Within the catchment, West Wimmera had the lowest proportion.

Compared to regional Victoria and Victoria, a lower proportion of all Wimmera PCP LGA populations had their cholesterol checked in the last two years. Compared to regional Victoria and Victoria, a lower proportion of Hindmarsh and West Wimmera populations had their blood glucose checked in the last two years.

Biomedical checks in last two years (%)# (2011-12)

Location	Blood pressure check	Cholesterol check	Blood glucose check
Hindmarsh	80.6 ●	51.4 ●	52.5 ●
Horsham RC	78.8 ●	56.5 ●	57.3
West Wimmera	78.7 ●	53.2 ●	52.0 ●
Yarriambiack	86.6	57.7 ●	56.5
Regional Victoria	80.9	57.0	54.7
Victoria	81.9	60.4	55.6

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
#Age standardised to the 2011 Victorian population

Findings from the Victorian Population Health Survey 2011-12 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 any of the checks in the last 2 years increased significantly with age
- Males were more likely than females to have had a cholesterol check in the last 2 years, and
- Males and females were equally likely to have had a blood glucose check in the last 2 years.

Breast cancer screening

In 2011-12, compared to Victoria and regional Victoria, Hindmarsh females aged 50 years and over were less likely to report having had a mammogram in the previous two years. Within the Wimmera PCP catchment, Hindmarsh females had the lowest mammogram participation rate and Yarriambiack females had the highest.

Mammogram in last two years (%)#* (2011-12)

Location	%
Hindmarsh	64.5 ●
Horsham RC	73.8
West Wimmera	71.0
Yarriambiack	74.8
Regional Victoria	69.9
Victoria	70.1

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to the 2011 Victorian population *Women aged 50 years and over who reported they had a mammogram in the two years previous to the survey.

Cervical cancer screening

In the 24 month period of 2013 to 2014, compared to the Victorian average, Hindmarsh, West Wimmera and Yarriambiack females aged 20 - 69 years were less likely to have had a pap screen in the past two years. Within the Wimmera PCP catchment, Hindmarsh females had the lowest participation rate for pap screens and Horsham RC had the highest. Between 2012-13 (24 months) and 2013-14 (24 months) pap screen participation rates decreased in Hindmarsh and Horsham RC.

Proportion (%) of eligible women (a) screened for cervical cancer (2008)*

Location	2012-13	2013-14
Hindmarsh	57.6 ●	52.2 ●
Horsham RC	62.0	59.5
West Wimmera	54.5 ●	56.1 ●
Yarriambiack	54.9 ●	55.1 ●
Victoria	60.4	59.2

Statistical Report 2014, Victorian Cervical Cytology Registry (a) Two year participation rate of women aged 20-69 years

Bowel cancer screening

In 2012-13, compared to regional Victoria and Victoria, Yarriambiack had a lower participation rate of bowel cancer testing in the last two years. Participation rates were highest in Horsham RC and West Wimmera.

Participation in the National Bowel Cancer Screening Program (2012-13)

LGA	%*
Hindmarsh	35.8
Horsham RC	38.8
West Wimmera	38.7
Yarriambiack	31.7 ●
Wimmera PCP total	36.6
Regional Victoria	36.6
Victoria	33.5

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016
% of persons that participated in screening out of the total number of persons that were invited to participate.

Sun protective behaviour

In 2011-12, compared to Victoria and regional Victoria, residents of all Wimmera PCP LGAs were more likely to report they wear both a hat and sunglasses when out in the sun. Within the Wimmera PCP catchment, Horsham RC residents were most likely to report they wore both a hat and sunglasses when out in the sun, while Yarriambiack residents were least likely.

Sun protective behaviours (%)# (2011-12)

Location	Wore both a hat and sunglasses	Wore neither
Hindmarsh	50.6	14.6
Horsham RC	56.1	7.0
West Wimmera	53.4	10.0
Yarriambiack	48.6	11.6
Regional Victoria	46.4	10.9
Victoria	39.0	15.8

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
#Age standardised to 2011 Victorian population.

Findings from the Victorian Population Health Survey 2011-12 indicate that across Victoria:

- A higher proportion of men wear both a hat and sunglasses compared with their female counterparts; however, men were also more likely than women not to wear either
- The proportion of women and Victorian adults overall who usually wear a hat and sunglasses declined between 2003 and 2011-12, while no such decline was observed in men, and
- A higher proportion of men and women living in rural Victoria wore both a hat and sunglasses when exposed to sunlight compared with their metropolitan counterparts.

Life, work and time impacts

In 2011, residents of Hindmarsh were more likely to report they had inadequate sleep than the Victorian average. Within the Wimmera PCP catchment, residents of Hindmarsh were most likely to report they had inadequate sleep, while residents of Yarriambiack were least likely.

Residents of Hindmarsh were also notably more likely to report they lacked time for friends and family, compared to the Victorian average. Within the catchment, residents of Hindmarsh were most likely to report they lacked time for friends and family, while residents of Horsham RC were least likely.

Residents of all Wimmera PCP LGAs were less likely to report they were under time pressure, compared to the Victorian average. Within the catchment, residents of Horsham RC were most likely to report they were under time pressure, while residents of Hindmarsh were least likely.

Residents of all Wimmera PCP LGAs were less likely to report they had adequate work-life balance, compared to the Victorian average. Within the catchment, residents of Yarriambiack were least likely to report they had adequate work-life balance, while residents of Hindmarsh were most likely.

Work, life and time impacts (2011)

	Inadequate sleep (<7 hours per weekday)	Lack time for friends/family	Time pressure	Adequate work-life balance**
Location	%	%	%	%
Hindmarsh	35.1 ●	34.5 ●	34.4	53.1 ●
Horsham RC	26.2	21.7	41.2	49.9 ●
West Wimmera	26.2	23.6	38.7	43.6 ●
Yarriambiack	21.9	24.4	37.9	38.0 ●
Victoria	31.0	27.6	41.3	57.3

*VicHealth Indicators Survey 2011, VicHealth 2012 *age-standardised rate per 100 persons ** Employed persons who disagreed or strongly disagreed that their work and family life often interfere with each other.*

Overall health status

Self-rated health status

As part of the Victorian Population Health Survey 2011-12, respondents were asked to describe their overall health status. The results indicate that, compared to the regional Victoria and Victoria average, residents of all Wimmera PCP LGA were more likely to state their health status was fair/poor. Within the Wimmera PCP catchment, Yarriambiack residents were most likely to report their health status was fair/poor (26.7%), while Horsham RC residents were least likely (18.7%).

Self-reported health status (2011-12)

Location	Excellent / Very good %	Good %	Fair / Poor %
Hindmarsh	44.0	36.0	19.6 ●
Horsham RC	43.9	37.0	18.7 ●
West Wimmera	42.0	37.2	19.9 ●
Yarriambiack	40.0	33.2	26.7 ●
Regional Victoria	45.9	39.1	14.7
Victoria	46.6	37.3	15.9

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population.

Median age at death

Over the period 2009 to 2013, the median age at death for West Wimmera and Horsham RC residents was younger than the Victorian average. Within the PCP catchment, West Wimmera residents had the youngest median age at death (79 years), followed by Horsham RC residents (81 years); while Hindmarsh residents had the oldest (83 years).

For all Wimmera PCP LGAs, the median age at death for males was notably lower than that for females and this difference was greater than the Victorian average (5 year difference) in Hindmarsh, West Wimmera (both 8 year difference) and Yarriambiack (6 year difference).

Within the Wimmera PCP catchment, Horsham RC and West Wimmera females shared the youngest median age at death (83 years); while Hindmarsh had the oldest median age at death (88 years).

West Wimmera males had the youngest median age at death (75 years) in the Wimmera PCP catchment; while Hindmarsh had the oldest median age at death (80 years).

Note that median age at death may be affected by out-migration of persons with high care needs for health service and accommodation options from rural areas into larger regional centres. It is also possible that age structure may impact the median age at death. Premature mortality rates may offer a more accurate measure of health and mortality in the population.

Median age at death (2009-13)

Location	Males	Females	Persons
Hindmarsh	80.0	88.0	83.0
Horsham RC	78.0 ●	83.0 ●	81.0 ●
West Wimmera	75.0 ●	83.0 ●	79.0 ●
Yarriambiack	79.0	85.0	82.0
Regional Victoria	78.0	84.0	81.0
Victoria	79.0	84.0	82.0

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

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

Between 2009 to 2013, avoidable death rates were much higher in all Wimmera PCP LGAs compared to the Victoria and regional Victoria average. Within the Wimmera PCP catchment, Hindmarsh had the highest rate of avoidable deaths per population, followed by West Wimmera.

Across each of the Wimmera PCP LGAs, the rate of avoidable deaths in the male population was substantially higher (approximately double) than the rate in the female population.

Within the catchment, the rate of avoidable deaths of males was highest in Hindmarsh, at a rate that was almost double the Victorian average, followed by West Wimmera. The rate of avoidable deaths of females was highest in West Wimmera, followed by Horsham RC.

Avoidable deaths* - ages 0 to 74 years - all causes (2009-13)

Location	Males		Females		Persons	
Hindmarsh	40	238.7 ●	15	90.4 ●	55	167.0 ●
Horsham RC	88	182.1 ●	47	96.5 ●	135	139.3 ●
West Wimmera	26	190.1 ●	13	106.5 ●	39	150.3 ●
Yarriambiack	39	183.2 ●	17	81.3 ●	57	133.3 ●
Regional Victoria	5,623	156.7	3,277	92.4	8,900	125.0
Victoria	16,660	129.0	10,197	78.6	26,857	103.8

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

*Age-standardised rate per 100,000 persons aged 0 to 74 years

Premature mortality

“Premature mortality refers to deaths that occur at a younger age than a selected cut-off... This cut-off age produces conservative estimates of premature mortality because it is lower than the current median age at death (81 years in 2012) and life expectancy at birth (80 for males and 84 for females in 2012)...” Australian Institute of Health and Welfare, Overview of premature mortality. <http://www.aihw.gov.au/deaths/premature-mortality/overview/>

Premature mortality rates for all Wimmera PCP LGAs are notably higher than the regional Victoria and Victoria average. The highest rate of male premature mortality was in West Wimmera, followed by Hindmarsh. The highest rate of female premature mortality was in Yarriambiack, followed by Hindmarsh.

The rate of premature mortality, as with avoidable mortality, was substantially higher for males compared to females.

Premature mortality# (2009-13)

Location	Males		Females		Persons	
	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	69	392.2 ●	34	205.8 ●	103	303.0 ●
Horsham RC	166	337.2 ●	99	201.1 ●	265	269.3 ●
West Wimmera	56	398.7 ●	26	201.1 ●	82	305.0 ●
Yarriambiack	82	361.4 ●	45	208.7 ●	127	287.1 ●
Regional Victoria	11,743	318.7	7,006	194.9	18,749	257.7
Victoria	35,247	273.7	21,895	168.9	57,142	221.1

Social Health Atlas of Australia, May 2016, PHIDU * Average annual ASR per 100,000 #Ages 0 - 74 years

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 as well as prevalence of certain health conditions in the population. A range of factors, including disease prevalence in a community, personal choices, socio-economic factors, factors influencing accessibility to a hospital, and hospital admission and coding practices may also influence rates.

In 2013-14, the standardised admission rate for total ACSCs in each of the Wimmera PCP LGAs was higher than the regional Victoria and Victoria average. The rate for Hindmarsh was notably higher than the other PCP LGAs as well as the regional Victoria and Victoria average. Within the catchment, Hindmarsh had the highest rate of total, acute and vaccine preventable ACSC hospital admissions; while Yarriambiack had the highest rate of chronic ACSC hospital admissions.

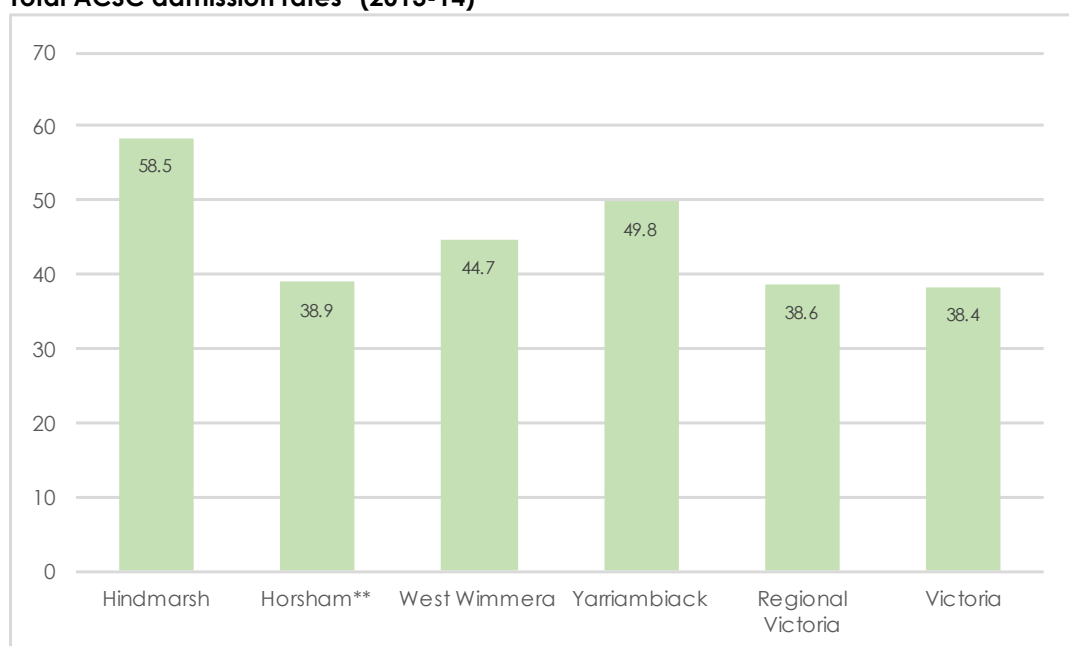
Further information about ACSCs, including the most recently published figures, can be found at <https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ViewContent.aspx?TopicID=1&SubTopicID=10>

ACSC total admission rates by LGA (2013-14)

ACSC Type	Hindmarsh		Horsham RC#		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No	Rate*	No	Rate*	No	Rate*	No	Rate*	Rate*	Rate*
Total	433	58.5 ●	843	38.9 ●	246	44.7 ●	525	49.8 ●	38.6	38.4
Acute	155	25.7 ●	255	12.8	73	17.6 ●	130	17.3 ●	13.9	13.3
Chronic	269	31.3 ●	585	25.9 ●	172	26.9 ●	387	31.7 ●	24.6	24.7
Vaccine Preventable	12	1.7 ●	21	1.0	0	0.0	13	1.3	1.0	1.5

Victorian Health Information Surveillance System, accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. # Due to an unusually high number of presentations, the Horsham totals for 'Chronic ACSCs' and 'Total ACSCs' in the age group 85 years or older, among males, were larger than the population numbers. Males 85 years and over have been excluded from the data to remove the statistical anomaly.

Total ACSC admission rates* (2013-14)



Victorian Health Information Surveillance System *Rate per 1,000 persons Note: Standardised to Victorian population 2011 ** Due to an unusually high number of presentations, the Horsham totals for 'Chronic ACSCs' and 'Total ACSCs' in the age group 85 years or older, among males, were larger than the population numbers. Males 85 years and over have been excluded from the data to remove the statistical anomaly.

Most common ACSCs

In 2013-14, Wimmera PCP LGAs had a higher rate of admissions for many of the most common ACSCs, compared to Victorian average figures.

Compared to the Victorian average figures, particularly high comparative rates were recorded for:

- Hindmarsh: asthma, cellulitis, COPD, convulsions and epilepsy, dental conditions, ear nose and throat infections and pyelonephritis
- Horsham RC: dental conditions and diabetes complications
- West Wimmera: COPD, dental conditions, ear nose and throat infections, and pyelonephritis
- Yarriambiack: asthma, cellulitis, convulsions and epilepsy, dental conditions, diabetes complications, and ear nose and throat infections.

Top ten ACSC standardised# admission rates* by LGA (2013-14)

ACSC	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
	Rate*	Rate* **	Rate*	Rate*	Rate*	Rate*
Asthma	2.9 ●	1.3	N/a	2.9 ●	1.6	1.8
Cellulitis	3.4 ●	1.3	1.9 ●	3.2 ●	2.1	1.8
COPD	5.2 ●	2.5	4.6 ●	1.9	3.2	2.6
Congestive cardiac failure	2.5 ●	1.4	2.8 ●	2.5 ●	2.2	2.4
Convulsions and epilepsy	2.7 ●	1.5 ●	N/a	4.0 ●	1.3	1.3
Dental conditions	5.1 ●	3.9 ●	4.2 ●	4.3 ●	3.3	2.7
Diabetes complications	18.7 ●	20.0 ●	15.3	22.9 ●	17.0	17.5
Ear, nose & throat infect.	4.7 ●	1.6 ●	3.0 ●	2.5 ●	1.5	1.3
Iron deficiency anaemia	N/a	1.9	1.5	1.3	2.2	2.4
Pyelonephritis	4.1 ●	1.4	4.4 ●	N/a	2.3	2.6

Victorian Health Information Surveillance System, accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. ** Due to an unusually high number of presentations, the Horsham totals for 'Chronic ACSCs' and 'Total ACSCs' in the age group 85 years or older, among males, were larger than the population numbers. Males 85 years and over have been excluded from the data to remove the statistical anomaly. n/a. This ACSC is not in the top ten for the LGA. The additional top ten condition is shown below. COPD = Chronic Obstructive Pulmonary Disease

ACSC by sex

In 2013-14, in Hindmarsh, Horsham RC and West Wimmera, males had a higher rate of admissions for total ACSCs and for chronic ACSCs per population; while females had a higher rate in Yarriambiack. Males also had a higher rate of admissions for vaccine preventable ACSCs in those Wimmera PCP LGAs that recorded any rate in this ACSC group (Hindmarsh, Horsham RC and Yarriambiack). Across all Wimmera PCP LGAs, females had a higher rate of admissions for acute ACSCs.

The gender difference seen in admissions rates for most common individual ACSCs was highly variable at the LGA level.

ACSC group rates* by sex (2013-14)

ACSC group	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack	
	Male	Female	Male#	Female	Male	Female	Male	Female
Total	62.0	55.2	43.1	37.2	45.5	45.1	43.4	55.9
Acute	22.7	28.8	11.1	15.1	14.4	21.4	16.3	18.7
Chronic	37.4	25.4	31.9	22.0	30.1	23.6	25.2	37.2
Vaccine preventable	1.9	1.5	1.2	0.8	-	-	2.2	-

Victorian Health Information Surveillance System accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. # Due to an unusually high number of presentations, the figures for Horsham males 85 years and over have been excluded from the data to remove a statistical anomaly.

Top Ten ACSCs for males and females in Hindmarsh (2013-14)

Males	No	Rate*	Females	No	Rate*
Diabetes complications	99	24.0	Diabetes complications	63	13.8
COPD	27	5.9	Pyelonephritis	20	6.0
Ear, nose & throat infections	12	5.1	Dental conditions	14	5.5
Dental conditions	12	4.6	Dehydration & gastroenteritis	12	4.7
Cellulitis	17	4.3	COPD	21	4.5
Convulsions and epilepsy	6	2.9	Ear, nose & throat infections	10	4.3
Asthma	7	2.9	Asthma	9	3.0
Congestive cardiac failure	13	2.7	Convulsions and epilepsy	6	2.3
Pyelonephritis	10	2.4	Cellulitis	11	2.3
Angina	9	2.1	Iron deficiency anaemia	10	2.2

Victorian Health Information Surveillance System accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. COPD = Chronic Obstructive Pulmonary Disease

Top Ten ACSCs for males and females in Horsham RC# (2013-14)

Males#	No	Rate*	Females	No	Rate*
Diabetes complications	292	26.2	Diabetes complications	193	15.4
Dental conditions	26	2.7	Dental conditions	48	5.1
COPD	28	2.4	COPD	33	2.6
Ear, nose and throat infections	17	1.8	Iron deficiency anaemia	30	2.4
Iron deficiency anaemia	18	1.7	Congestive cardiac failure	32	2.0
Angina	18	1.6	Asthma	16	1.8
Convulsions and epilepsy	15	1.6	Pyelonephritis	19	1.7
Cellulitis	14	1.4	Ear, nose and throat infections	15	1.5
Congestive cardiac failure	16	1.4	Convulsions and epilepsy	15	1.4
Pyelonephritis	12	1.2	Cellulitis	14	1.2

Victorian Health Information Surveillance System accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. #Due to an unusually high number of presentations, the Horsham totals for 'Chronic ACSCs' and 'Total ACSCs' in the age group 85 years or older, among males, were larger than the population numbers. Males 85 years and over have been excluded from the data to remove the statistical anomaly. (does this apply to all Horsham ACSC figures?) COPD = Chronic Obstructive Pulmonary Disease

Top Ten ACSCs for males and females in West Wimmera (2013-14)

Males	No	Rate*	Females	No	Rate*
Diabetes complications	45	15.2	Diabetes complications	53	15.8
COPD	24	7.4	Dental conditions#	6	5.2
Pyelonephritis	10	3.9	Pyelonephritis	16	4.9
Congestive cardiac failure	12	3.6	Ear, nose and throat infections	5	4.0
Dental conditions	6	3.5	Hypertension	8	2.3
Angina	10	3.0	COPD	7	2.1
Cellulitis	5	2.4	Congestive cardiac failure	7	1.9
			Cellulitis	6	1.6

Victorian Health Information Surveillance System accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. COPD = Chronic Obstructive Pulmonary Disease

Top Ten ACSCs for males and females in Yarrambiack (2013-14)

Males	No	Rate*	Females	No	Rate*
Diabetes complications	90	16.4	Diabetes complications	197	27.7
Dental conditions	17	4.7	Convulsions and epilepsy	15	5.6
Congestive cardiac failure	23	3.6	Asthma	12	4.4
Cellulitis	12	3.5	Dental conditions	12	4.0
Convulsions and epilepsy	11	2.8	Cellulitis	15	2.7
Ear, nose and throat infections	7	2.3	Ear, nose and throat infections	7	2.6
COPD	13	2.1	COPD	11	1.9
Asthma	7	1.8	Iron deficiency anaemia	7	1.6
Other vaccine-prev. conditions	7	1.6	Congestive cardiac failure	14	1.6
Angina	7	1.2	Angina	10	1.2

Victorian Health Information Surveillance System accessed online July 2016. *Standardised rate per 1000 population, based on 2011 Estimated Resident Population. COPD = Chronic Obstructive Pulmonary Disease

Hospital separations

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 (2012-13)

Location	Hospital
Hindmarsh	Wimmera Base Hospital (Horsham)
Horsham RC	Wimmera Base Hospital (Horsham)
West Wimmera	Wimmera Base Hospital (Horsham)
Yarriambiack	Wimmera Base Hospital (Horsham)

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014

In 2012-13, compared to regional Victoria and Victoria, residents of Hindmarsh, West Wimmera and Yarriambiack had a longer average length of stay in public hospital. Within the Wimmera PCP catchment, West Wimmera residents had the longest average length of stay, and Horsham RC residents had the shortest.

Average length of stay - public hospital separations (2012-13)

Location	Days
Hindmarsh	3.3 ●
Horsham RC	2.9
West Wimmera	4.1 ●
Yarriambiack	3.7 ●
Regional Victoria	3.0
Victoria	2.9

2013 Local Government Area Statistical Profiles, DoH 2014

Total separation rates

Over the three-year period 2011-12 to 2013-14, all Wimmera PCP LGAs had a higher average annual rate of hospital separations per population than the Victoria or regional Victoria average. Within the Wimmera PCP catchment, Hindmarsh had the highest rate of hospital separations, followed by West Wimmera. The rate of separations for the Indigenous population was notably higher in Hindmarsh than for the total population.

Note: data is not age-standardised and age structure of the population is likely to impact hospital separation figures, with the increased prevalence of many conditions that may require hospitalisations. Additionally, count is of separations and not individuals. Thus, multiple separations for one individual (e.g. for dialysis) may affect figures. Other factors, including barriers to accessing health services, may also impact upon separation rates.

Total hospital separations by LGA and Indigenous status (2011-12 to 2013-14)

Location	No. of separations		Rate* of separations per population	
	Total population	Indigenous population	Total population	Indigenous population
Hindmarsh	10,544	525	556.6 ●	1,595.3 ●
Horsham RC	24,305	352	411.1 ●	322.7
West Wimmera	5,643	22	537.4 ●	216.7
Yarriambiack	8,925	65	426.8 ●	235.4
Regional Victoria	1,427,185	33,494	327.0	424.8
Victoria	49,417	964	260.4	346.9

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16
*Average annual rate per 1,000 2013 estimated resident population - not age standardised

Total hospital separations by LGA and sex (2011-12 to 2013-14)

Location	Sex	No. of separations	% of total
Hindmarsh	Female	5,847	55.5% ●
	Male	4,697	44.5%
Horsham RC	Female	12,345	50.8%
	Male	11,960	49.2%
West Wimmera	Female	2,250	39.9%
	Male	3,393	60.1% ●
Yarriambiack	Female	4,673	52.4% ●
	Male	4,252	47.6%
Regional Victoria	Female	729,833	51.1%
	Male	697,339	48.9%
Victoria	Female	2,273,725	50.7%
	Male	2,208,451	49.3%

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16
*Average annual rate per 1,000 2013 estimated resident population - not age standardised

Indigenous hospital separations by LGA and sex (2011-12 to 2013-14)

Location	Sex	No. of separations	% of total
Hindmarsh	Female	404	54.2%
	Male	121	45.8% ●
Horsham RC	Female	229	56.1% ●
	Male	123	43.9%
West Wimmera	Female	17	42.9%
	Male	5	57.1% ●
Yarriambiack	Female	39	41.7%
	Male	26	58.3% ●
Regional Victoria	Female	18,360	54.8%
	Male	15,133	45.2%
Victoria	Female	28,606	55.3%
	Male	23,113	44.7%

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16
*Average annual rate per 1,000 2013 estimated resident population - not age standardised

Between 2002-03 and 2012-13, hospital separations of Hindmarsh residents increased by a greater percentage than the regional Victoria and Victorian average. Within the Wimmera PCP catchment, Hindmarsh had the greatest increase and Yarriambiack had the smallest increase (a decline of 1.48%).

The projected change in hospital separations between 2012-13 and 2021-22 for all Wimmera PCP LGAs is less than the Victoria average.

Change to hospital separations (2002-03 to 2012-13) and projected (2012-13 to 2021-22)

Location	Per annum change 2002-03 to 2012-13	Projected per annum change 2012-13 to 2021-22
Hindmarsh	2.98% ●	-2.31%
Horsham RC	1.79%	0.72%
West Wimmera	1.84%	-1.59%
Yarriambiack	-1.48%	-2.67%
Regional Victoria	2.35%	1.50%
Victoria	2.76%	2.78%

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014

Emergency department presentations

Over the three-year period 2011-12 to 2013-14, Horsham RC had a much higher rate (more than double) of emergency department (ED) presentations than the regional Victoria and Victoria average. Within the Wimmera PCP catchment, Horsham RC had the highest rate of ED presentations, while West Wimmera had the lowest.

Compared to regional Victoria and Victoria, the Horsham RC Indigenous population had a much higher rate of ED presentations. Rates were higher than total population rates in Hindmarsh, Horsham RC and West Wimmera. In Hindmarsh, West Wimmera and Yarriambiack, males made up a greater proportion of ED presentations than females.

Note: data is not age-standardised and age structure of the population is likely to impact presentation figures. Count is of presentations and not individuals. Other factors, including proximity to an ED, may impact figures.

Total emergency department presentations by LGA and Indigenous status (2011-12 to 2013-14)

Location	No. of presentations		Rate* of presentations	
	Total	Indigenous	Total	Indigenous
Hindmarsh	4,144	132	218.8	401.1
Horsham RC	30,884	776	522.4 ●	711.5 ●
West Wimmera	1,606	18	152.9	177.3
Yarriambiack	5,080	59	242.9	213.6
Regional Victoria	1,347,087	37,255	308.7	472.5
Victoria	4,394,317	60,286	255.3	404.4

*Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised*

Total emergency department presentations by LGA and sex (2011-12 to 2013-14)

Location	Sex	No. of presentations	% of total
Hindmarsh	Female	1,952	47.1%
	Male	2,192	52.9% ●
Horsham RC	Female	15,549	50.3%
	Male	15,335	49.7% ●
West Wimmera	Female	702	43.9%
	Male	898	56.1% ●
Yarriambiack	Female	2,369	46.7%
	Male	2,708	53.3% ●
Regional Victoria	Female	669,179	49.7%
	Male	677,874	50.3%
Victoria	Female	2,217,616	50.5%
	Male	2,176,659	49.5%

*Department of Health and Human Services, VEMD public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised*

Indigenous emergency department presentations by LGA and sex (2011-12 to 2013-14)

Location	Sex	No. of presentations	% of total
Hindmarsh	Female	61	46.2%
	Male	71	53.8% ●
Horsham RC	Female	429	55.3% ●
	Male	347	44.7%
West Wimmera	Female	na	na
	Male	na	na
Yarriambiack	Female	39	66.1% ●
	Male	20	33.9%
Regional Victoria	Female	19,160	51.4%
	Male	18,091	48.6%
Victoria	Female	31,192	51.7%
	Male	29,090	48.3%

*Department of Health and Human Services, VEMD public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised na = numbers too small to be statistically reliable*

In 2012-13, compared to regional Victoria and Victoria, Horsham RC residents were significantly more likely (almost three times the state average) to have presented to an emergency department with a primary care type presentation.

Primary care type presentations* to emergency departments (2012-13)

Location	Rate*
Hindmarsh	104.2
Horsham RC	294.2 ●
West Wimmera	50.2
Yarriambiack	100.5
Regional Victoria	144.7
Victoria	107.5

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 *Rate per 1,000 age standardised to 2011 Victorian population.

Hospital separations by Major Diagnostic Category

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

Hindmarsh

Over the three-year period 2011/12 to 2013/14, across all Victorian public hospitals, there were 9,925 hospital separations for Hindmarsh residents.

The five most common MDCs 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 circulatory system; and diseases and disorders of the musculoskeletal system and connective tissue.

Compared to regional Victoria, Hindmarsh residents had a higher rate of separations for all major diagnostic categories except: pregnancy, childbirth and the puerperium; and, newborns and other neonates. However rates would largely be influenced by the age structure of the population as data is not age-standardised.

Rates were much higher (50% higher or more) than the regional Victoria average in the following major diagnostic categories:

- neoplastic disorders (haematological and solid neoplasms)
- diseases and disorders of the respiratory system
- diseases and disorders of the ear, nose, mouth and throat
- endocrine, nutritional and metabolic diseases and disorders
- burns
- diseases and disorders of the eye
- diseases and disorders of blood, blood forming organs, immunological disorders
- diseases and disorders of the circulatory system
- infectious and parasitic diseases, systemic or unspecified sites
- diseases and disorders of the nervous system
- diseases and disorders of the musculoskeletal system and connective tissue
- diseases and disorders of the skin, subcutaneous tissue and breast
- diseases and disorders of the kidney and urinary tract
- diseases and disorders of the digestive system, and
- injuries, poisonings and toxic effects of drugs.

Hospital separation rates for the Hindmarsh Indigenous population were more common than for the Hindmarsh total population in the following major diagnostic categories:

- diseases and disorders of the circulatory system
- diseases and disorders of the digestive system
- diseases and disorders of the kidney and urinary tract
- diseases and disorders of the musculoskeletal system and connective tissue
- diseases and disorders of the respiratory system
- neoplastic disorders (haematological and solid neoplasms), and
- newborns and other neonates.

Hospital separation rates for the Hindmarsh Indigenous population were substantially more common than the Victorian total Indigenous population in all major diagnostic categories where a total was recorded (some figures were removed due to small cell sizes).

Horsham RC

Over the three-year period 2011/12 to 2013/14, across all Victorian public hospitals, there were 22,959 hospital separations for Horsham RC residents.

The five most common MDCs were, in order: neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the kidney and urinary tract; 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.

Compared to regional Victoria, Horsham RC residents had a higher rate of separations for all MDCs except diseases and disorders of the kidney and urinary tract; mental diseases and disorders; and, alcohol/drug use and alcohol/drug induced organic mental disorders. However, as with all Wimmera PCP LGAs, separation rates would be influenced by the age structure of the population as data is not age-standardised.

Rates were much higher (50% higher or more) than the regional Victoria average in the following MDCs:

- neoplastic disorders (haematological and solid neoplasms)
- burns
- diseases and disorders of the ear, nose, mouth and throat
- diseases and disorders of the eye, and
- diseases and disorders of the skin, subcutaneous tissue and breast.

Hospital separation rates for the Horsham RC Indigenous population were higher than for the Horsham RC total population in the following MDCs:

- diseases and disorders of the ear, nose, mouth and throat
- diseases and disorders of the respiratory system
- mental diseases and disorders
- newborns and other neonates, and
- pregnancy, childbirth and the puerperium.

Hospital separation rates for the Hindmarsh Indigenous population were notably higher than for the Victorian total Indigenous population in the MDCs:

- diseases and disorders of the ear, nose, mouth and throat
- diseases and disorders of the respiratory system
- mental diseases and disorders
- neoplastic disorders (haematological and solid neoplasms)
- newborns and other neonates, and
- pregnancy, childbirth and the puerperium.

West Wimmera

Over the three-year period 2011/12 to 2013/14, across all Victorian public hospitals, there were 5,214 hospital separations for West Wimmera residents.

The five most common MDCs were, in order: neoplastic disorders (haematological and solid neoplasms); diseases and disorders of the kidney and urinary tract; 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.

Compared to regional Victoria, West Wimmera residents had a higher rate of separations for all MDCs except: pregnancy, childbirth and the puerperium; newborns and other neonates; alcohol/drug use and alcohol/drug induced organic mental disorders; burns; and, diseases and disorders of the male reproductive system. However, as with all Wimmera PCP LGAs, separation rates would be influenced by the age structure of the population as data is not age-standardised.

Rates were much higher (50% higher or more) than the regional Victoria average in the following MDCs:

- neoplastic disorders (haematological and solid neoplasms)
- infectious and parasitic diseases, systemic or unspecified sites
- diseases and disorders of the respiratory system
- diseases and disorders of the ear, nose, mouth and throat
- mental diseases and disorders
- diseases and disorders of the musculoskeletal system and connective tissue
- diseases and disorders of blood, blood forming organs, immunological disorders
- diseases and disorders of the eye
- diseases and disorders of the digestive system
- endocrine, nutritional and metabolic diseases and disorders, and
- diseases and disorders of the circulatory system.

Note that numbers of admissions were not large enough for Indigenous population to allow for reliable analysis.

Yarriambiack

Over the three-year period 2011/12 to 2013/14, across all Victorian public hospitals, there were 8,358 hospital separations for Yarriambiack residents.

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

Compared to regional Victoria, Yarriambiack residents had a higher rate of separations for all MDCs except: pregnancy, childbirth and the puerperium; newborns and other neonates; diseases and disorders of the kidney and urinary tract; and, diseases and disorders of the female reproductive system. However, as with all Wimmera PCP LGAs, separation rates would be influenced by the age structure of the population as data is not age-standardised.

Rates were much higher (50% higher or more) than the regional Victoria average in the following MDCs:

- neoplastic disorders (haematological and solid neoplasms)
- diseases and disorders of the ear, nose, mouth and throat
- diseases and disorders of the eye
- diseases and disorders of blood, blood forming organs, immunological disorders
- diseases and disorders of the respiratory system
- diseases and disorders of the musculoskeletal system and connective tissue
- diseases and disorders of the skin, subcutaneous tissue and breast
- infectious and parasitic diseases, systemic or unspecified sites, and
- diseases and disorders of the circulatory system.

Note that numbers of admissions were not large enough for Indigenous population to allow for reliable analysis.

Hospital separations# by MDC - Hindmarsh (2011-12 to 2013-14)

Major diagnostic category	Hindmarsh		Regional Victoria	Victoria
	No.	Rate*	Rate*	Rate*
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	27	1.4 ●	1.0	1.0
Burns	12	0.6 ●	0.3	0.2
Diseases & Disorders of Blood, Blood Forming Organs, Imm. Disorders	273	14.4 ●	7.6	6.2
Diseases & Disorders of the Circulatory System	787	41.5 ●	23.2	18.2
Diseases & Disorders of the Digestive System	1,089	57.5 ●	36.4	24.8
Diseases & Disorders of the Ear, Nose, Mouth & Throat	512	27.0 ●	12.1	8.8
Diseases & Disorders of the Eye	262	13.8 ●	7.1	4.9
Diseases & Disorders of the Female Reproductive System	220	11.6 ●	8.2	6.1
Diseases & Disorders of the Hepatobiliary System & Pancreas	152	8.0 ●	5.9	4.6
Diseases & Disorders of the Kidney & Urinary Tract	1,949	102.9 ●	64.0	58.8
Diseases & Disorders of the Male Reproductive System	73	3.9 ●	3.1	2.1
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	727	38.4 ●	22.7	17.1
Diseases & Disorders of the Nervous System	515	27.2 ●	15.8	13.4
Diseases & Disorders of the Respiratory System	714	37.7 ●	16.1	12.6
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	373	19.7 ●	11.8	8.4
Endocrine, Nutritional & Metabolic Diseases & Disorders	173	9.1 ●	4.4	3.5
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	110	5.8 ●	3.3	2.8
Injuries, Poisonings & Toxic Effects of Drugs	196	10.3 ●	6.7	6.3
Mental Diseases & Disorders	149	7.9 ●	6.2	6.1
Neoplastic Disorders (Haematological & Solid Neoplasms)	1,195	63.1 ●	26.8	18.3
Newborns & Other Neonates	170	9.0	11.8	10.7
Pregnancy, Childbirth & the Puerperium	247	13.0	16.8	14.5

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

Hospital separations# by selected MDC and Indigenous status - Hindmarsh (2011-12 to 2013-14)

Major diagnostic category	Hindmarsh			Victoria
	Indigenous		All Population	Indigenous
	No.	Rate*	Rate*	Rate*
Diseases & Disorders of the Circulatory System	23	69.7 ●	41.5	15.4
Diseases & Disorders of the Digestive System	16	48.5 ●	57.5	23.6
Diseases & Disorders of the Hepatobiliary System & Pancreas	5	15.2	8.0	6.3
Diseases & Disorders of the Kidney & Urinary Tract	282	854.5 ●	102.9	125.0
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	12	36.4 ●	38.4	15.2
Diseases & Disorders of the Respiratory System	16	48.5 ●	37.7	15.9
Mental Diseases & Disorders	<5	na	7.9	10.8
Neoplastic Disorders (Haematological & Solid Neoplasms)	99	300.0 ●	63.1	10.1
Newborns & Other Neonates	9	27.3 ●	9.0	19.1
Pregnancy, Childbirth & the Puerperium	<5	na	13.0	25.7

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

Hospital separations* by MDC - Horsham RC (2011-12 to 2013-14)

Major diagnostic category	Horsham RC		Regional Victoria	Victoria
	No.	Rate*	Rate*	Rate*
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	36	0.6	1.0	1.0
Burns	30	0.5 ●	0.3	0.2
Diseases & Disorders of Blood, Blood Forming Organs, Immun. Disorders	643	10.9 ●	7.6	6.2
Diseases & Disorders of the Circulatory System	1,455	24.6 ●	23.2	18.2
Diseases & Disorders of the Digestive System	2,857	48.3 ●	36.4	24.8
Diseases & Disorders of the Ear, Nose, Mouth & Throat	1,174	19.9 ●	12.1	8.8
Diseases & Disorders of the Eye	658	11.1 ●	7.1	4.9
Diseases & Disorders of the Female Reproductive System	651	11.0 ●	8.2	6.1
Diseases & Disorders of the Hepatobiliary System & Pancreas	410	6.9 ●	5.9	4.6
Diseases & Disorders of the Kidney & Urinary Tract	3,211	54.3	64.0	58.8
Diseases & Disorders of the Male Reproductive System	199	3.4 ●	3.1	2.1
Diseases & Disorders of the Musculoskeletal System & Connective Tissue	1,850	31.3 ●	22.7	17.1
Diseases & Disorders of the Nervous System	981	16.6 ●	15.8	13.4
Diseases & Disorders of the Respiratory System	1,114	18.8 ●	16.1	12.6
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	1,073	18.2 ●	11.8	8.4
Endocrine, Nutritional & Metabolic Diseases & Disorders	279	4.7 ●	4.4	3.5
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	248	4.2 ●	3.3	2.8
Injuries, Poisonings & Toxic Effects of Drugs	415	7.0 ●	6.7	6.3
Mental Diseases & Disorders	239	4.0	6.2	6.1
Neoplastic Disorders (Haematological & Solid Neoplasms)	3,340	56.5 ●	26.8	18.3
Newborns & Other Neonates	853	14.4 ●	11.8	10.7
Pregnancy, Childbirth & the Puerperium	1,243	21.0 ●	16.8	14.5

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

Hospital separations* by selected MDC and Indigenous status - Horsham RC (2011-12 to 2013-14)

Major diagnostic category	Horsham RC			Victoria
	No.	Indigenous	All Population	Indigenous
		Rate*	Rate*	Rate*
Diseases & Disorders of the Circulatory System	22	20.1 ●	24.6	15.4
Diseases & Disorders of the Digestive System	19	17.4	48.3	23.6
Diseases & Disorders of the Ear, Nose, Mouth & Throat	35	32.1 ●	19.9	15.1
Diseases & Disorders of the Hepatobiliary System & Pancreas	5	4.6	6.9	6.3
Diseases & Disorders of the Kidney & Urinary Tract	20	18.3	54.3	125.0
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	17	15.6 ●	31.3	15.2
Diseases & Disorders of the Respiratory System	29	26.6 ●	18.8	15.9
Mental Diseases & Disorders	19	17.4 ●	4.0	10.8
Neoplastic Disorders (Haematological & Solid Neoplasms)	25	22.9 ●	56.5	10.1
Newborns & Other Neonates	28	25.6 ●	14.4	19.1
Pregnancy, Childbirth & the Puerperium	36	33.0 ●	21.0	25.7

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

Hospital separations# by MDC - West Wimmera (2011-12 to 2013-14)

Major diagnostic category	West Wimmera		Regional Victoria	Victoria
	No.	Rate*	Rate*	Rate*
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	8	0.8	1.0	1.0
Burns	0	0.0	0.3	0.2
Diseases & Disorders of Blood, Blood Forming Organs, Immun. Disorders	135	12.9 ●	7.6	6.2
Diseases & Disorders of the Circulatory System	372	35.4 ●	23.2	18.2
Diseases & Disorders of the Digestive System	624	59.4 ●	36.4	24.8
Diseases & Disorders of the Ear, Nose, Mouth & Throat	231	22.0 ●	12.1	8.8
Diseases & Disorders of the Eye	125	11.9 ●	7.1	4.9
Diseases & Disorders of the Female Reproductive System	106	10.1 ●	8.2	6.1
Diseases & Disorders of the Hepatobiliary System & Pancreas	75	7.1 ●	5.9	4.6
Diseases & Disorders of the Kidney & Urinary Tract	829	79.0 ●	64.0	58.8
Diseases & Disorders of the Male Reproductive System	33	3.1 ●	3.1	2.1
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	411	39.1 ●	22.7	17.1
Diseases & Disorders of the Nervous System	247	23.5 ●	15.8	13.4
Diseases & Disorders of the Respiratory System	319	30.4 ●	16.1	12.6
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	180	17.1 ●	11.8	8.4
Endocrine, Nutritional & Metabolic Diseases & Disorders	74	7.0 ●	4.4	3.5
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	67	6.4 ●	3.3	2.8
Injuries, Poisonings & Toxic Effects of Drugs	101	9.6 ●	6.7	6.3
Mental Diseases & Disorders	116	11.0 ●	6.2	6.1
Neoplastic Disorders (Haematological & Solid Neoplasms)	947	90.2 ●	26.8	18.3
Newborns & Other Neonates	78	7.4	11.8	10.7
Pregnancy, Childbirth & the Puerperium	136	13.0	16.8	14.5

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

NOTE: The number of hospital separations of Indigenous residents of West Wimmera was too small to allow for statistical analysis

Hospital separations# by MDC - Yarriambiack (2011-12 to 2013-14)

Major diagnostic category	Yarriambiack		Regional Victoria	Victoria
	No.	Rate*	Rate*	Rate*
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	23	1.1 ●	1.0	1.0
Burns	9	0.4 ●	0.3	0.2
Diseases & Disorders of Blood, Blood Forming Organs, Immun. Disorders	281	13.4 ●	7.6	6.2
Diseases & Disorders of the Circulatory System	734	35.1 ●	23.2	18.2
Diseases & Disorders of the Digestive System	1,025	49.0 ●	36.4	24.8
Diseases & Disorders of the Ear, Nose, Mouth & Throat	454	21.7 ●	12.1	8.8
Diseases & Disorders of the Eye	264	12.6 ●	7.1	4.9
Diseases & Disorders of the Female Reproductive System	170	8.1 ●	8.2	6.1
Diseases & Disorders of the Hepatobiliary System & Pancreas	157	7.5 ●	5.9	4.6
Diseases & Disorders of the Kidney & Urinary Tract	373	17.8	64.0	58.8
Diseases & Disorders of the Male Reproductive System	71	3.4 ●	3.1	2.1
Diseases & Disorders of the Musculoskeletal System & Conn. Tissue	739	35.3 ●	22.7	17.1
Diseases & Disorders of the Nervous System	484	23.1 ●	15.8	13.4
Diseases & Disorders of the Respiratory System	572	27.4 ●	16.1	12.6
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	375	17.9 ●	11.8	8.4
Endocrine, Nutritional & Metabolic Diseases & Disorders	105	5.0 ●	4.4	3.5
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	105	5.0 ●	3.3	2.8
Injuries, Poisonings & Toxic Effects of Drugs	182	8.7 ●	6.7	6.3
Mental Diseases & Disorders	157	7.5 ●	6.2	6.1
Neoplastic Disorders (Haematological & Solid Neoplasms)	1,618	77.4 ●	26.8	18.3
Newborns & Other Neonates	190	9.1	11.8	10.7
Pregnancy, Childbirth & the Puerperium	270	12.9	16.8	14.5

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

NOTE: The number of hospital separations of Indigenous residents of Yarriambiack was too small to allow for statistical analysis

Hospital admissions by sex

Males

Age-standardised data prepared by the Public Health Information Development Unit (PHIDU) indicates that the rate of Wimmera PCP catchment males that were admitted to hospital for circulatory system diseases and for musculoskeletal system diseases was notably higher than the regional Victoria average.

Admission rates for cancers were also notably higher in Hindmarsh, West Wimmera and Yarriambiack; while admission rates for digestive system diseases were notably higher in Horsham RC. Both Hindmarsh and Yarriambiack males had a much higher admission rate for injury, poisoning and other external causes compared to the regional Victoria average.

Compared to females in each corresponding LGA, males had a notably higher admission rate for circulatory system diseases, cancers, musculoskeletal system diseases, and for injury, poisoning and other external causes.

Females

Compared to regional Victoria female averages, admission rates for circulatory system diseases were notably higher in Hindmarsh, West Wimmera and Yarriambiack; while the rate of musculoskeletal system diseases was notably higher in all LGAs in the catchment. Yarriambiack also had a notably higher admission rate for pregnancy and childbirth as well as for injury, poisoning and other external causes.

A slightly higher admission rate was recorded for Hindmarsh, West Wimmera and Yarriambiack females for cancers and for genitourinary system diseases.

Compared to males in each corresponding LGA, females had a notably higher admission rate for genitourinary system diseases; and for digestive system diseases (except for in Horsham RC).

Rate* of hospital admissions by principal diagnosis, males (2012-13)

Principal diagnosis	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Infectious and parasitic diseases	..	..	..	..	493.3	494
All cancers	3,231 ●	2,726	3,231 ●	3,228 ●	2,854	2,936
Mental health related conditions	..	..	..	..	817	1,007
Circulatory system diseases	3,161 ●	2,967 ●	3,161 ●	3,159 ●	2,575	2,554
Respiratory system diseases	.	1,415	..	..	1,954	1,670
Digestive system diseases	3,909	4,590 ●	..	3,910	4,113	4,289
Musculoskeletal system and connective tissue diseases	3,151 ●	3,275 ●	3,151 ●	3,149 ●	2,503	2,153
Genitourinary system diseases	..	976	..	1,242	1,281	1,467
Injury, poisoning and other external causes	3,022 ●	2,604 ●	..	3,017 ●	2,635	2,426

Social Health Atlas of Australia, Local Government Areas - Victoria, May 2016 release, PHIDU *Age-standardised rate per 100,000 persons
 ** data not available

Rate* of hospital admissions by principal diagnosis, females (2012-13)

Principal diagnosis	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Infectious and parasitic diseases	..	..	..	..	589	574
All cancers	2,701 ●	2,564	2,700 ●	2,698 ●	2,563	2,590
Mental health related conditions	..	..	..	..	1,092	1,535
Circulatory system diseases	2,343 ●	1,988 ●	2,342 ●	2,339 ●	1,953	1,960
Respiratory system diseases	..	1,410	..	..	1,793	1,516
Digestive system diseases	4,552	4,574	4,550	4,545	4,388	4,587
Musculoskeletal system and connective tissue diseases	3,071 ●	3,184 ●	3,071 ●	3,068 ●	2,529	2,349
Genitourinary system diseases	2,624 ●	2,360	2,623 ●	2,622 ●	2,504	2,425
Pregnancy and childbirth	..	11,708 ●	..	13,662 ●	11,625	9,866
Injury, poisoning and other external causes	..	2,082	..	2,401 ●	2,094	2,131

Social Health Atlas of Australia, Local Government Areas - Victoria, May 2016 release, PHIDU *Age-standardised rate per 100,000 persons
 ** data not available

Selected health conditions

Diabetes

In June 2016, all Wimmera PCP LGAs had a higher proportion of population with diabetes than the Victorian average. Within the Wimmera PCP catchment, Hindmarsh had the highest proportion of population with diabetes, followed by Yarriambiack. Out of all 79 Victorian LGAs, Hindmarsh has the second highest rate of diabetes per population (Central Goldfields has the highest).

Compared to the Victorian average (86.8%), Hindmarsh, Yarriambiack and West Wimmera have a greater proportion of all persons with diabetes that have type 2 diabetes. As a proportion of all population (not just persons with any type of diabetes), Hindmarsh and Yarriambiack residents also had a higher incidence of type 2 diabetes compared to regional Victoria and Victoria.

In 2009-13, the rate of avoidable deaths caused by diabetes was higher in Horsham RC than the regional Victoria and Victoria average.

Population* with type 2 diabetes - self reported** (2011-12)

Location	%
Hindmarsh	5.7 ●
Horsham RC	3.4
West Wimmera	4.6
Yarriambiack	5.7 ●
Regional Victoria	4.7
Victoria	5.0

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
*Age standardised to 2011 Victorian population. **Doctor diagnosed, self reported.

Population with diabetes (June 2016)

Location	Total registered cases	% of population
Hindmarsh	489	7.6 ●
Horsham RC	1,206	5.5 ●
West Wimmera	261	5.9 ●
Yarriambiack	533	6.8 ●
Victoria	300,906	5.0

National Diabetes Support Scheme, NDSS, accessed online June 2016 Note that the NDSS advises it is possible that some persons with diabetes other than Type 1 and not requiring ongoing treatment may not be registered. NDSS data is updated regularly. Please visit <http://www.diabetesmap.com.au> for most current LGA data.

Breakdown (%) of diabetes type (June 2016)

Location	Type 2	Type 1	Gestational	Other
Hindmarsh	89.0	9.2	1.2	0.6
Horsham RC	86.2	10.3	3.1	0.4
West Wimmera	90.0	8.0	1.9	0.0
Yarriambiack	90.4	8.4	0.6	0.6
Victoria	86.8	9.5	3.1	0.6

National Diabetes Support Scheme, NDSS, accessed online June 2016 Note that the NDSS advises it is possible that some persons with diabetes other than Type 1 and not requiring ongoing treatment may not be registered. NDSS data is updated regularly. Please visit <http://www.diabetesmap.com.au> for most current LGA data.

Avoidable deaths from diabetes, persons aged 0 to 74 years (2009-13)

Location	No	Rate*
Hindmarsh	#	..
Horsham RC	12	11.9 ●
West Wimmera	#	..
Yarriambiack	#	..
Regional Victoria	495	6.6
Victoria	1,388	5.4

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

* Average annual age-standardised rate per 100,000 population.

Cancer

In 2011-12, compared to regional Victoria and Victoria, residents of all Wimmera PCP LGAs were more likely to report having been diagnosed with cancer in their life-time. Within the PCP catchment, West Wimmera had the highest proportion, followed by Horsham RC.

Population* with life time prevalence of cancer** (2011-12)

Location	%
Hindmarsh	7.9 ●
Horsham RC	8.4 ●
West Wimmera	8.5 ●
Yarriambiack	7.8 ●
Regional Victoria	7.2
Victoria	7.0

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
* Age standardised to 2011 Victorian population. ** Doctor-diagnosed and self reported.

New cases of cancer

Over the period 2007 – 2011, Horsham RC had the highest average annual number of malignant cancer diagnoses, followed by Yarriambiack. Over the period, new diagnoses were consistently more common in males than females across the Wimmera PCP LGAs. The proportion of all new cancer cases that were for males was higher than the regional Victoria and Victoria average in Horsham RC, West Wimmera and Yarriambiack.

Of the most common types of cancers diagnosed in Victoria over the period (bowel, prostate, breast, lung and melanoma), the most common cancer type diagnosed in Hindmarsh was bowel cancer, followed by breast cancer. The most common cancer type diagnosed in Horsham RC was bowel, followed by prostate then breast then lung. In West Wimmera, the most common cancer type diagnosed was prostate cancer, while the most common cancer type diagnosed in Yarriambiack was prostate, then bowel then breast.

Note figures are not age standardised and prevalence of most cancer types increases significantly with age.

Total average malignant cancers diagnosed each year (2007-11)

Location	All new cases		Males		Females	
	No.	%	No.	%	No.	%
Hindmarsh	49		25	51.0	24	49.0
Horsham RC	118		69	58.5	49	41.5
West Wimmera	34		22	64.7	12	35.3
Yarriambiack	63		38	60.3	25	39.7
Wimmera PCP	264		154	58.3	110	41.7
Regional Victoria	9,184		5,087	55.4	4,097	44.6
Victoria	29,644		16,181	54.6	13,463	45.4

Victoria Cancer Registry interactive Statistics, Cancer Council Victoria, accessed June 2016

Average annual new cases of most common cancers in Victoria by LGA (2007-11)

Location	Bowel		Prostate		Breast		Lung		Melanoma	
	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*
Hindmarsh	7	14.3%	0	0.0%	6	12.2%	0	0.0%	0	0.0%
Horsham RC	26	22.0%	22	18.6%	12	10.2%	10	8.5%	8	6.8%
West Wimmera	0	0.0%	7	20.6%	0	0.0%	0	0.0%	0	0.0%
Yarriambiack	8	12.7%	13	20.6%	6	9.5%	0	0.0%	0	0.0%
Wimmera PCP	41	15.5%	42	15.9%	24	9.1%	10	3.8%	8	3.0%
Regional Victoria	1,282	14.0%	1,361	14.8%	1,126	12.3%	872	9.5%	810	8.8%
Victoria	4,585	15.5%	3,879	13.1%	3,712	12.5%	2,644	8.9%	2,284	7.7%

Victoria Cancer Registry interactive Statistics, Cancer Council Victoria, accessed June 2016 *% of all new cancers diagnosed over the period in that LGA

Avoidable deaths caused by cancer

All cancers

Between 2009 and 2013, compared to regional Victoria and Victoria, Hindmarsh had a higher rate of avoidable deaths from cancers. Within the Wimmera PCP catchment, Hindmarsh had the highest rate and this rate was significantly higher than the state average.

Colorectal cancer

Between 2009 and 2013, compared to regional Victoria and Victoria, Hindmarsh and Horsham RC had a higher rate of avoidable deaths from colorectal cancer. Hindmarsh had the highest rate, followed by Horsham RC.

Breast cancer

Between 2009 and 2013, compared to regional Victoria and Victoria, Yarriambiack had a higher rate of avoidable deaths from breast cancer. Within the region, Yarriambiack had the highest rate. Note that numbers are very small and should be interpreted with caution.

Avoidable deaths** from cancer (2009-13)

Location	Cancer		Colorectal cancer		Breast cancer	
	No	Rate*	No	Rate*	No	Rate*
Hindmarsh	14	39.6 ●	9	24.8 ●	#	..
Horsham RC	18	18.2	11	11.0 ●	5	10.3
West Wimmera	6	22.7	#	..	#	..
Yarriambiack	8	18.1	#	..	5	23.7 ●
Regional Victoria	1,852	25.2	787	10.5	635	17.7
Victoria	6,004	23.3	2,500	9.7	2,184	16.9

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 * Average annual age-standardised rate per 100,000 population. ** Persons aged 0 - 74 years # Data withheld due to small total number

Premature deaths caused by cancer

All cancers

Between 2009 and 2013, compared to regional Victoria and Victoria, all Wimmera PCP LGAs had a higher rate of premature deaths caused by cancer. Within the Wimmera PCP catchment, Hindmarsh had the highest rate, followed by West Wimmera. Both rates were much higher than regional Victoria and Victoria.

Lung cancer

Between 2009 and 2013, compared to regional Victoria and Victoria, all Wimmera PCP LGAs had a higher rate of premature deaths caused by lung cancer. Within the Wimmera PCP catchment, West Wimmera had the highest rate and this was notably higher than the Victorian average. Note that numbers are very small and should be interpreted with caution.

Premature deaths from cancer (2009-13)

Location	All cancer		Lung cancer	
	No	Rate	No	Rate
Hindmarsh	50	139.7 ●	8	21.9 ●
Horsham RC	111	110.7 ●	23	22.7 ●
West Wimmera	40	139.6 ●	10	33.7 ●
Yarriambiack	55	116.5 ●	10	20.9 ●
Regional Victoria	8,188	109.4	1,669	21.9
Victoria	25,219	97.8	4,890	19.0

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 * Average annual age-standardised rate per 100,000 population. ** Persons aged 0 - 74 years

High cholesterol

In 2011-13, compared to regional Victoria and Victoria, residents of all Wimmera PCP LGAs had a higher rate of high blood cholesterol. Within the Wimmera PCP catchment, Hindmarsh, Yarriambiack and West Wimmera shared the highest rate.

Population* with high blood cholesterol (2011-13)

Location	Rate
Hindmarsh	36.3 ●
Horsham RC	33.4
West Wimmera	36.3 ●
Yarriambiack	36.3 ●
Regional Victoria	34.1
Victoria	33.4

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016
 *Age standardised modelled estimate rate per 100 of persons aged 18 years and over.

Cardiovascular disease

In 2011-12, compared to regional Victoria and Victoria, residents of Hindmarsh, West Wimmera and Yarriambiack were more likely to report they had been diagnosed by a doctor with heart disease in their life-time. Within the catchment, Yarriambiack had the highest rate.

Population* with lifetime prevalence** of heart disease (2011-12)

Location	%
Hindmarsh	7.8 ●
Horsham RC	6.5
West Wimmera	7.4 ●
Yarriambiack	9.6 ●
Regional Victoria	7.3
Victoria	7.0

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
 *Age standardised to 2011 Victorian population. **Doctor diagnosed, self reported.

Hypertensive disease

In 2011-12, compared to regional Victoria, Horsham RC, West Wimmera and Yarriambiack had a higher proportion of residents that reported they had been diagnosed by a doctor with high blood pressure. Within the catchment, West Wimmera had the highest rate, followed by Yarriambiack.

Percentage of adult population# with high blood pressure (2014)

Location	%
Hindmarsh	22.9
Horsham RC	28.2 ●
West Wimmera	30.0 ●
Yarriambiack	28.3 ●
Regional Victoria	26.2
Victoria	25.9

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. #Age standardised to 2011 Victorian population

Stroke

In 2011-12, compared to Victoria, Horsham RC, West Wimmera and Yarriambiack had a higher proportion of residents that reported they had been diagnosed by a doctor as having had a stroke in their life-time. Within the Wimmera PCP catchment, West Wimmera and Horsham RC shared the highest rate; while Hindmarsh had the lowest rate.

Population* with lifetime prevalence** of stroke (2011-12)

Location	%
Hindmarsh	2.0
Horsham RC	3.3 ●
West Wimmera	3.3 ●
Yarriambiack	2.6 ●
Wimmera PCP	N/a
Regional Victoria	2.6
Victoria	2.4

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
*Age standardised to 2011 Victorian population. **Doctor diagnosed, self reported.

Avoidable deaths caused by cardiovascular disease

Over the period 2009 to 2013, compared to regional Victoria and Victoria, the rate of avoidable deaths caused by circulatory system diseases was notably higher in all Wimmera PCP LGAs. Within the catchment, Hindmarsh recorded the highest rate, followed by West Wimmera.

Rates of avoidable deaths caused by ischaemic heart disease were higher in all Wimmera PCP LGAs, compared to the regional Victoria and Victoria average. The highest rates were recorded for Hindmarsh, followed by West Wimmera.

Horsham RC had the highest rate of avoidable deaths caused by cerebrovascular diseases, followed by Yarriambiack, and both rates were higher than the regional Victoria and Victoria average.

Avoidable deaths** from circulatory system diseases(2009-13)

Location	Circulatory system diseases		Ischaemic heart disease		Cerebrovascular diseases	
	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	20	56.1 ●	15	42.7 ●	#	..
Horsham RC	50	49.6 ●	31	30.8 ●	15	14.8 ●
West Wimmera	16	54.7 ●	11	37.0 ●	#	..
Yarriambiack	24	51.3 ●	17	36.5 ●	5	10.6 ●
Regional	2,968	39.6	1,955	26.1	656	8.7
Victoria	8,735	33.8	5,643	21.9	2,077	8.0

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 * Indirectly age-standardised average annual rate per 100,000 population # Data withheld due to small total number **Of persons aged 0 - 74 years

Respiratory system diseases

In the three-year period 2011/12 to 2013/14, the rate of hospital separations for diseases and disorders of the respiratory systems was much higher in all Wimmera PCP LGAs than the regional Victoria and Victoria average. Within the Wimmera PCP catchment, Hindmarsh had the highest rate of separations, followed by West Wimmera.

Note that data is not age standardised.

Hospital separations for diseases and disorders of the respiratory system (2011-12 to 2013-14)

Location	No.	Rate*
Hindmarsh	714	37.7 ●
Horsham RC	1,114	18.8 ●
West Wimmera	319	30.4 ●
Yarriambiack	572	27.4 ●
Regional Victoria	-	16.1
Victoria	-	12.6

*Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised*

Asthma

In 2011-12, compared to regional Victoria and Victoria; residents of Hindmarsh, Horsham RC and Yarriambiack were more likely to report, in their life-time, they had been diagnosed by a doctor as having had asthma *and* that they had experienced symptoms in the past 12 months. Within the catchment, Hindmarsh had the highest proportion of residents, followed by Horsham RC.

Population* with current** asthma (2011-12)

Location	%
Hindmarsh	13.2 ●
Horsham RC	12.5 ●
West Wimmera	9.8
Yarriambiack	11.9 ●
Wimmera PCP	N/a
Regional Victoria	11.6
Victoria	10.9

*Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 * Age standardised to the 2011 Victorian population. ** Reported ever having been diagnosed with asthma by a doctor and have experienced asthma symptoms in the past 12 months.*

Chronic obstructive pulmonary disease (COPD)

In 2011-12, compared to Victoria, all Wimmera PCP LGAs had a slightly higher estimated rate of COPD per population. Within the catchment, Horsham RC had the highest rate.

Population* with COPD# (2011-12)

Location	Rate
Hindmarsh	2.0 ●
Horsham RC	2.1 ●
West Wimmera	2.0 ●
Yarriambiack	2.0 ●
Wimmera PCP	N/a
Regional Victoria	2.1
Victoria	1.9

*Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 *Age Standardised modelled estimate rate per 100 persons aged 18 years and over.*

Avoidable deaths due to respiratory system diseases

Between 2009 and 2013, the rate of avoidable deaths due to respiratory system diseases and for COPD was higher in Yarriambiack than the Victoria average. Note that numbers are very low and should be interpreted with caution.

Avoidable deaths^{##} from respiratory system diseases (2009-13)

Location	Respiratory system diseases		COPD ^{**}	
	No.	Rate*	No.	Rate*
Hindmarsh	#	..	#	..
Horsham RC	7	6.8	7	6.8
West Wimmera	#	..	#	..
Yarriambiack	5	10.2 ●	5	10.0 ●
Regional Victoria	795	10.3	721	9.3
Victoria	1,970	7.6	1,769	6.8

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

*Indirectly age-standardised average annual rate per 100,000 population **Chronic obstructive pulmonary disease # Data withheld due to small total number ## Persons aged 0 - 74 years

Musculoskeletal system diseases

In the three-year period 2011/12 to 2013/14, the rate of hospital separations for diseases and disorders of the musculoskeletal system and connective tissue in all Wimmera PCP LGAs was much higher than the regional Victoria and Victoria average. West Wimmera had the highest rate, followed by Hindmarsh.

Note that data is not age standardised.

Hospital separations for diseases and disorders of the musculoskeletal system and connective tissue (2011-12 to 2013-14)

Location	No.	Rate*
Hindmarsh	727	38.4 ●
Horsham RC	1,850	31.3 ●
West Wimmera	411	39.1 ●
Yarriambiack	739	35.3 ●
Regional Victoria		22.7
Victoria		17.1

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16 *Average annual rate per 1,000 2013 estimated resident population - not age standardised

Arthritis

In 2011-12, compared to Victoria, residents of all Wimmera PCP LGAs were more likely to report that, in their life-time, they had been diagnosed with arthritis by a doctor. Within the catchment, Yarriambiack had the highest proportion of residents, followed by West Wimmera.

Osteoporosis

In 2011-12, compared to regional Victoria and Victoria; residents of Hindmarsh were more likely to report that, in their life-time, they had been diagnosed with osteoporosis by a doctor.

Lifetime prevalence* of arthritis (2011-12)

Location	Rate*
Hindmarsh	21.0 ●
Horsham RC	26.3 ●
West Wimmera	26.4 ●
Yarriambiack	26.5 ●
Regional Victoria	22.4
Victoria	19.9

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
* Doctor diagnosed, self-reported. Note: In Victoria overall, approximately 80% of all reported arthritis was osteoarthritis; and approximately 20% was rheumatoid arthritis

Lifetime prevalence* of osteoporosis (2011-12)

Location	Rate*
Hindmarsh	5.5 ●
Horsham RC	5.3
West Wimmera	4.6
Yarriambiack	5.1
Regional Victoria	5.3
Victoria	5.3

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
* Doctor diagnosed, self-reported.

Eye health

In 2011-12, compared to regional Victoria and Victoria, residents of Horsham RC were more likely to report they had noticed a change in their vision in the past 12 months. However, residents of Horsham RC - together with residents of Hindmarsh - were less likely to report that they had ever seen an eye professional compared to the regional Victoria and Victoria average.

Hindmarsh residents were also much less likely to report they had visited an eye clinic or specialist in the last 12 months; while they were much more likely to report their last visit to an eye clinic or specialist was five or more years ago.

Persons that noticed a change in vision in the previous 12 months (2011-12)

Location	Rate*
Hindmarsh	39.5
Horsham RC	44.0 ●
West Wimmera	41.5
Yarriambiack	41.5
Regional Victoria	42.4
Victoria	42.1

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
* Age standardised to the 2011 Victorian population. Self-reported.

Ever seen an eye health professional (2011-12)

Location	Rate*
Hindmarsh	78.6 ●
Horsham RC	78.5 ●
West Wimmera	80.2
Yarriambiack	83.1
Regional Victoria	78.9
Victoria	79.6

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
* Age standardised to the 2011 Victorian population. Self-reported.

Last visited an eye clinic or specialist (2011-12)

Location	< 6 months	6-12 months	1-2 years	2-5 years	> 5 years
	%	%	%	%	%
Hindmarsh	18.8	21.1	22.5	14.8	22.9
Horsham RC	27.4	21.0	26.4	13.0	12.1
West Wimmera	27.3	17.8	21.0	17.1	16.8
Yarriambiack	25.8	23.4	16.4	20.0	13.9
Regional Victoria	26.3	24.6	20	14.6	14.4
Victoria	29.3	25.0	19.7	15.1	10.6

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
* Age standardised to the 2011 Victorian population. Self-reported.

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.

Notifiable conditions

Under the Public Health and Wellbeing Act 2008, the Department of Health and Human Services of the Victorian State Government is authorised by law to collect information from doctors and laboratories about diagnoses of certain health-related conditions in Victoria. The law exists to monitor and control the occurrence of infectious diseases and other specified conditions, and helps to prevent further illness. <https://www2.health.vic.gov.au/public-health/infectious-diseases/infectious-diseases-surveillance/infectious-diseases-surveillance-in-victoria>

Data is obtained from medical practitioners and laboratories and reports are produced on a regular basis. It should be noted that data is only for notifications received by the Department and do not necessarily reflect the full incidence of the disease. Data is based on the place of residence of the person affected and not the place where the condition was acquired.

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.

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

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.

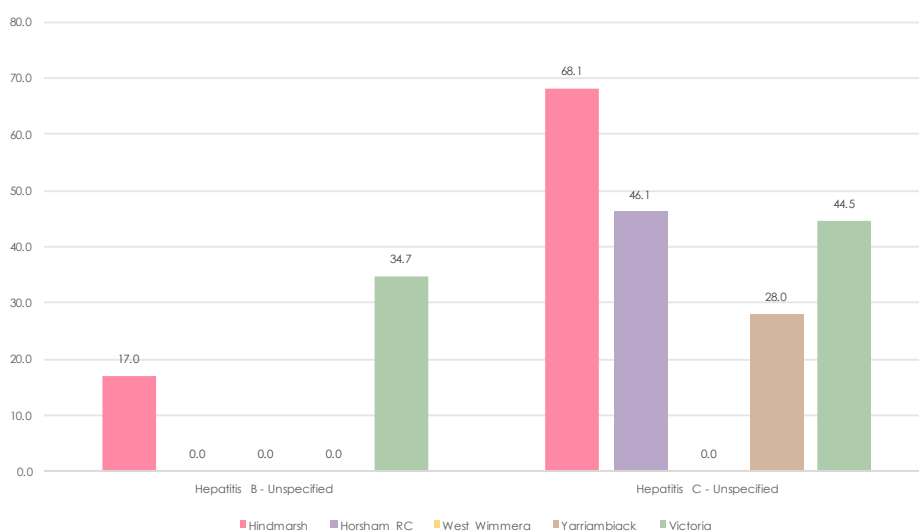
Between July 2015 and 2016, compared to Victoria, all Wimmera PCP region LGAs had a lower rate of hepatitis B - unspecified; while Hindmarsh and Horsham RC had a higher rate of hepatitis C - unspecified. Note that actual numbers are very small and should be interpreted with caution.

Blood borne viruses (10th July 2015 to 9th July 2016)

	Hindmarsh		Horsham		West Wimmera		Yarriambiack		Victoria
	No.	Rate#	No.	Rate#	No.	Rate#	No.	Rate#	Rate#
Hepatitis B - Unspecified	*	17.0	0.0	0.0	0.0	0.0	0.0	0.0	34.7
Hepatitis C - Unspecified	*	68.1 ●	9	46.1 ●	0.0	0.0	*	28.0	44.5

Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population. *Number not published so as to protect confidentiality.

Blood borne virus rates - chart (10th July 2015 to 9th July 2016)



Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 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.

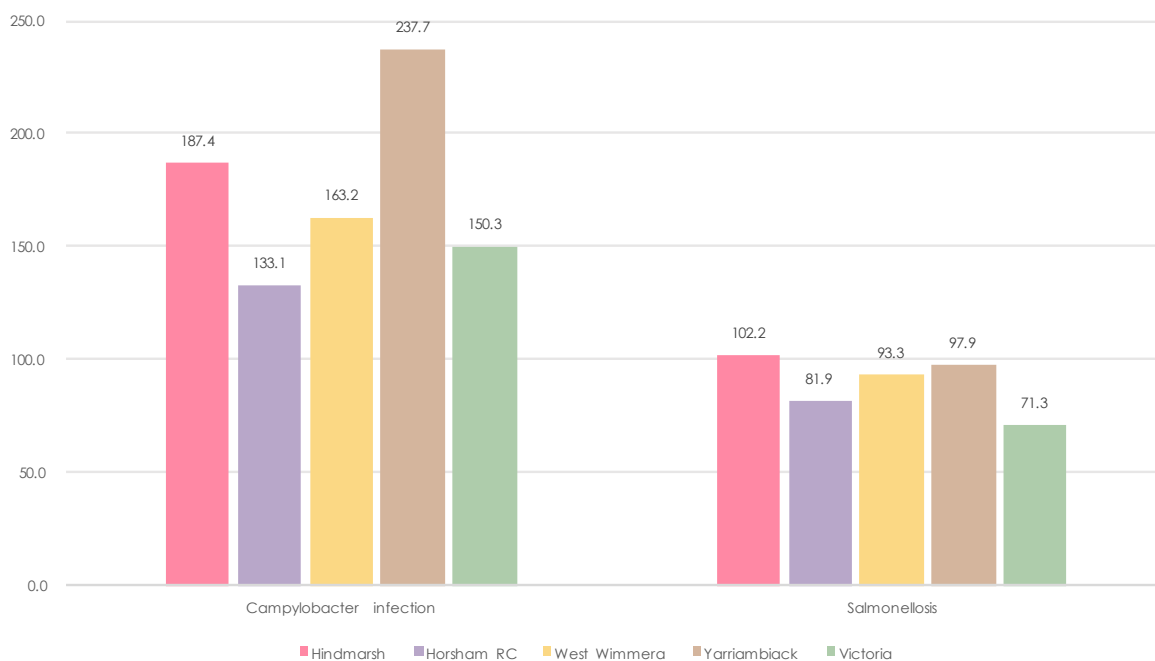
Between July 2015 and 2016, compared to Victoria, all Wimmera PCP LGAs had a higher rate of salmonellosis per population while Hindmarsh, West Wimmera and Yarriambiack also had a higher rate of campylobacter infection. Note that actual numbers are very small and should be interpreted with caution.

Enteric disease rates (10th July 2015 to 9th July 2016)

	Hindmarsh		Horsham		West Wimmera		Yarriambiack		Victoria
	No.	Rate#	No.	Rate#	No.	Rate#	No.	Rate#	Rate#
Campylobacter infection	11	187.4 ●	26	133.1	7	163.2 ●	17	237.7 ●	150.3
Salmonellosis	6	102.2 ●	16	81.9 ●	*	93.3 ●	7	97.9 ●	71.3

Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population.*Number not published so as to protect confidentiality.

Enteric disease rates - chart (10th July 2015 to 9th July 2016)



Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population.

Other notifiable conditions

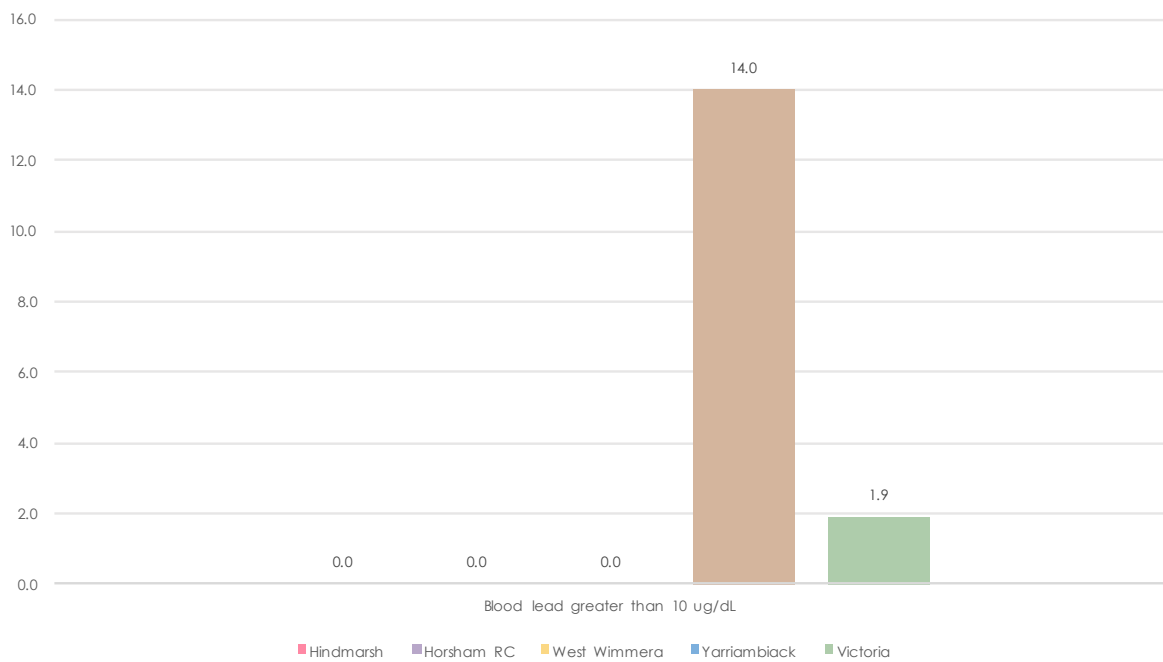
Between July 2015 and 2016, compared to Victoria; Yarriambiack had a higher rate of blood lead greater than 10µg/dL. Note that actual numbers are very small and should be interpreted with caution.

Other notifiable conditions (10th July 2015 to 9th July 2016)

	Hindmarsh		Horsham		West Wimmera		Yarriambiack		Victoria
	No.	Rate#	No.	Rate#	No.	Rate#	No.	Rate#	Rate#
Blood lead greater than 10µg/dL	0.0	0.0	0.0	0.0	0.0	0.0	*	14.0	1.9

Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population. *Number not published so as to protect confidentiality.

Other notifiable condition rate - chart (10th July 2015 to 9th July 2016)



Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 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.

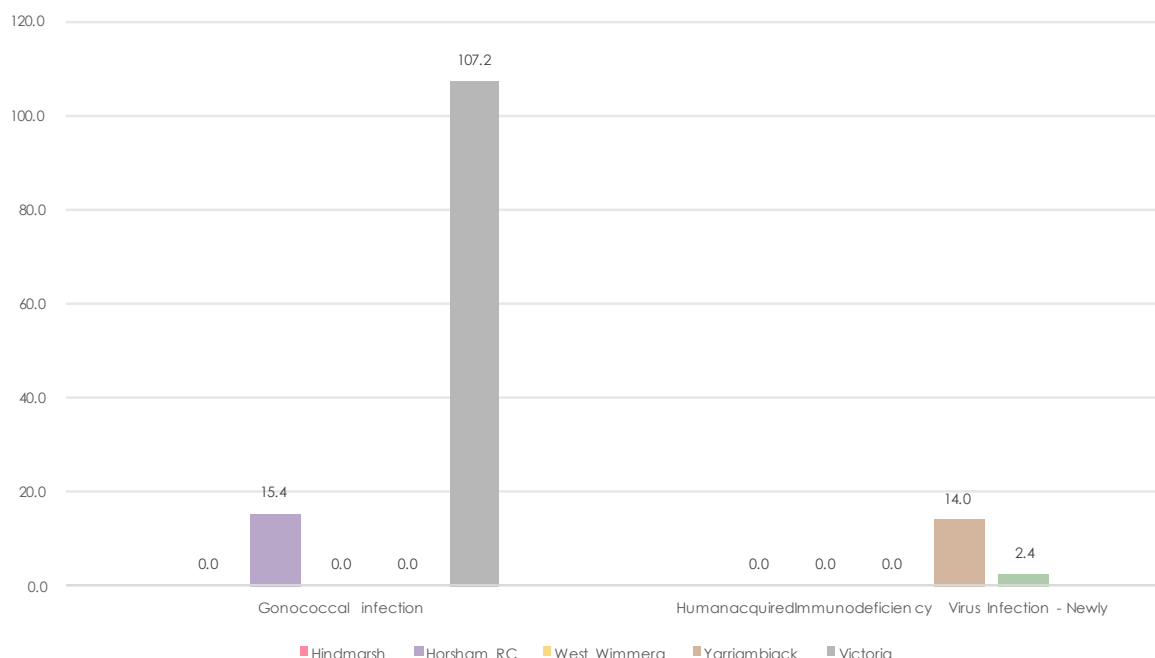
Between July 2015 and 2016, Yarriambiack had a higher rate of Human Acquired Immunodeficiency Virus Infection - newly acquired compared to the Victorian average. Note that actual numbers are very small and should be interpreted with caution.

Sexually transmitted infection rates (10th July 2015 to 9th July 2016)

	Hindmarsh		Horsham		West Wimmera		Yarriambiack		Victoria
	No.	Rate#	No.	Rate#	No.	Rate#	No.	Rate#	Rate#
Gonococcal infection	0	0.0	*	15.4	0	0.0	0	0.0	107.2
Human acquired Immunodef. Virus Infection - Newly acq'rd	0	0.0	0	0.0	0	0.0	*	*	2.4

Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population. *Number not published so as to protect confidentiality.

Sexually transmitted infection rates - chart (10th July 2015 to 9th July 2016)



Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population.

In 2012, compared to the Victoria average, Horsham RC had a much higher (more than double) rate of young persons who had sexually transmitted infections.

Sexually transmitted infections in young people* (12 - 17 yrs) by LGA (2012)

Location	Number	Rate*
Hindmarsh	NDP	NDP
Horsham RC	16	1001.3 ●
West Wimmera	NDP	NDP
Yarriambiack	NDP	NDP
Victoria	1,569	385.3

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> * Rate of sexually transmissible infections in young people (per 100,000 young people)

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.

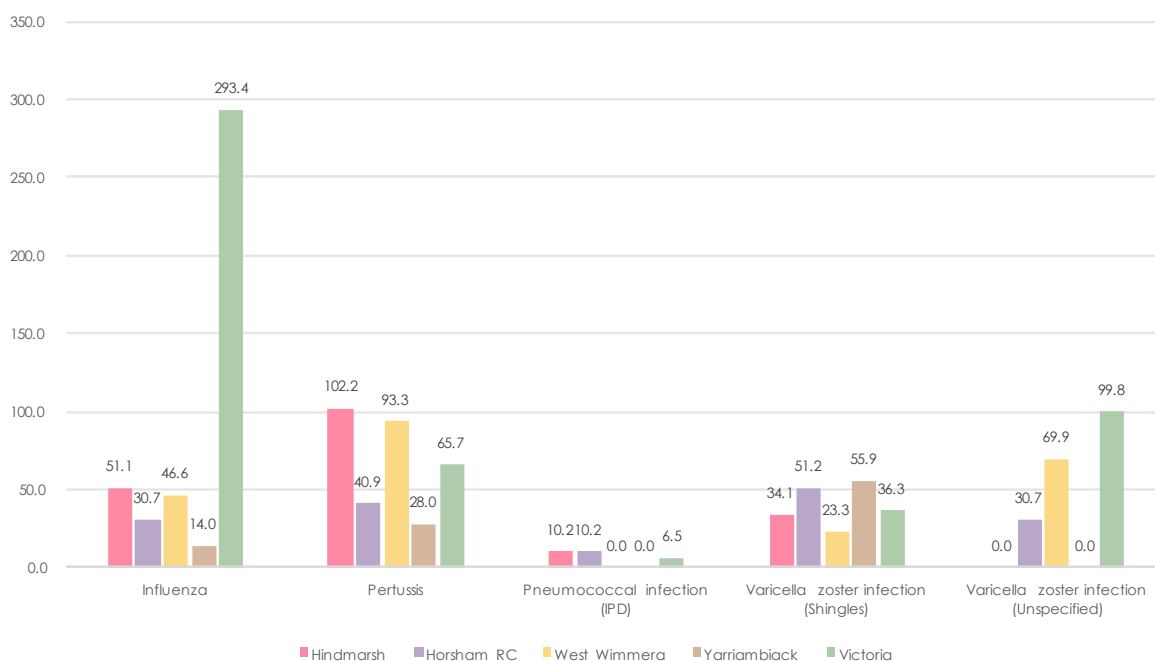
Between July 2015 and 2016, Hindmarsh and West Wimmera had a higher rate of pertussis compared to the Victoria average; while Hindmarsh and Horsham RC had a higher rate of pneumococcal infection. Horsham RC and Yarriambiack also had a higher rate of varicella zoster infection (shingles). Note that actual numbers are typically very small and should be interpreted with caution.

Vaccine preventable disease rates (10th July 2015 to 9th July 2016)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria
	No.	Rate#	No.	Rate#	No.	Rate#	No.	Rate#	Rate#
Influenza	*	51.1	6	30.7	*	46.6	1	14.0	293.4
Pertussis	6	102.2 ●	8	40.9	*	93.3 ●	*	28.0	65.7
Pneumococcal infection (IPD)	*	10.2 ●	*	10.2 ●	0	0.0	0	0.0	6.5
Varicella zoster infection (Shingles)	*	34.1	10	51.2 ●	*	23.3	*	55.9 ●	36.3
Varicella zoster infection (Unspecified)	0	0.0	6	30.7	*	69.9	0	0.0	99.8

Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population. *Number not published so as to protect confidentiality.

Vaccine preventable disease rates - chart (10th July 2015 to 9th July 2016)



Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016. #Rate per 100,000 persons calculated using ABS 2011 estimated resident population.

Vector borne diseases

Diseases in which a carrier (vector) - which is usually an arthropod such as a mosquito - transfers an infective agent from one host to another.

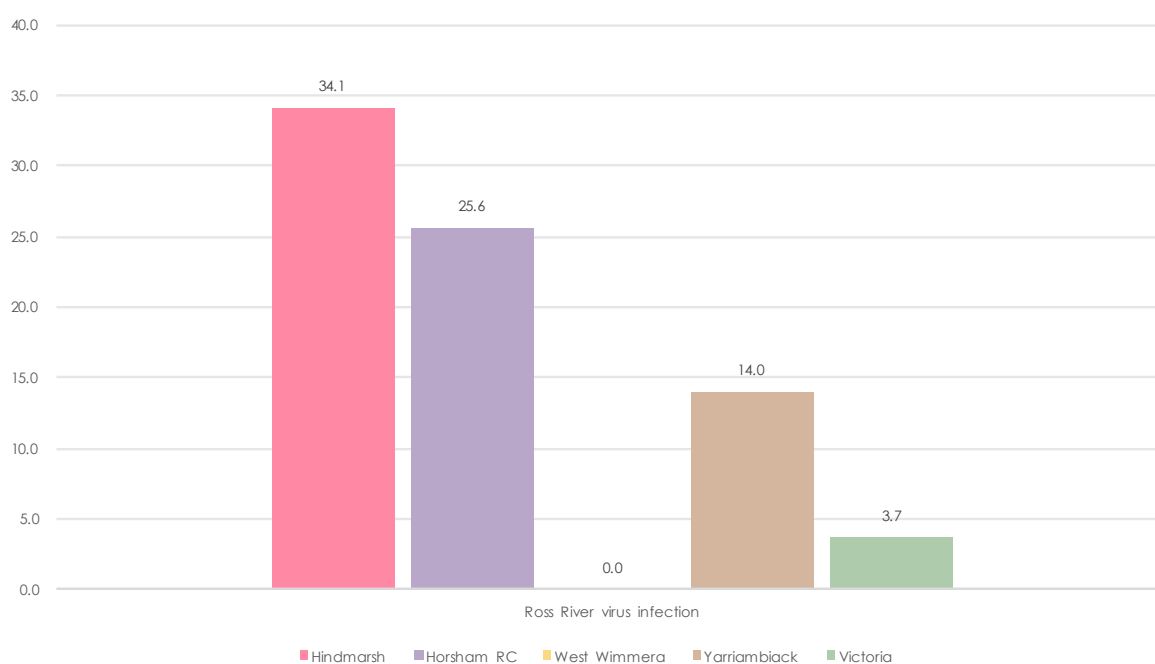
Between July 2015 and 2016, Hindmarsh, Horsham RC and Yarriambiack had a higher rate of Ross River Virus compared to Victoria. Note that actual numbers are very small and should be interpreted with caution.

Vector borne disease rates (10th July 2015 to 9th July 2016)

	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria
	No.	Rate#	No.	Rate#	No.	Rate#	No.	Rate#	Rate#
Ross River Virus	*	34.1	5	25.6	0	0.0	*	14.0	3.7

Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016.
#Rate per 100,000 persons calculated using ABS 2011 estimated resident population.*Number not published so as to protect confidentiality.

Vector borne disease rates - chart (10th July 2015 to 9th July 2016)



Surveillance of notifiable conditions in Victoria LGA tabulated summaries as at 9th July 2016. Department of Health & Human Services, 2016.
#Rate per 100,000 persons calculated using ABS 2011 estimated resident population.

Dental health

In 2011-12, compared to regional Victoria and Victoria, a lower proportion of residents of Hindmarsh, West Wimmera and Yarriambiack assessed their own dental health as being good/very good/excellent (total). Within the catchment, residents of Hindmarsh were least likely and this proportion was notably lower than both regional Victoria and Victoria averages.

Compared to regional Victoria and Victoria, residents of all Wimmera PCP LGAs were more likely to report that their last visit to a dental professional was more than 10 years ago. Residents of all Wimmera PCP LGAs were also less likely to report that their last visit to a dental professional was in the past 2 years.

Hindmarsh residents, closely followed by West Wimmera residents, were most likely to report their last visit to a dental professional was more than 10 years ago.

Compared to regional Victoria and Victoria, a lower proportion of all Wimmera PCP LGA residents reported they had avoided or delayed visiting a dental professional due to cost.

Self-assessed dental health (2011-12)

Location	Excellent %	Very Good %	Good %	Fair %	Poor %
Hindmarsh	7.7*	26.2	25.6	16.8	11.1*
Horsham RC	15.8	35.0	26.5	9.8	4.5
West Wimmera	13.9	27.8	24.4	18.0	5.7*
Yarriambiack	9.3	32.9	24.5	11.7	10.9*
Regional Victoria	14.0	26.5	33.7	12.9	5.3
Victoria	15.9	27.4	31.7	13.5	5.7

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014
*Estimate has a RSE of between 25 and 50 percent and should be interpreted with caution

Last visited a dental professional (2011-12)

Location	< 12 Months %	1-2 Years %	2-5 Years %	5-10 Years %	> 10 Years %
Hindmarsh	51.7	14.5	14.7 ●	9.5* ●	8.5 ●
Horsham RC	46.0	23.9	17.2 ●	5.2	6.4 ●
West Wimmera	50.6	18.4	12.2	9.3 ●	8.4 ●
Yarriambiack	47.5	18.9	16.6 ●	8.0 ●	7.9 ●
Regional Victoria	50.2	20.0	15.7	6.1	7.1
Victoria	56.7	18.2	14.2	5.1	5.0

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014

Avoided or delayed visiting a dental professional due to cost (2011-12)

Location	Yes %	No %
Hindmarsh	19.1	80.9
Horsham RC	19.6	80.4
West Wimmera	22.4	77.1
Yarriambiack	23.1	76.3
Rural Victoria	31.2	69.6
Victoria	29.8	70.0

Victorian Population Health Survey 2011-12, Survey findings. Department of Health and Human Services, State Government of Victoria 2014

ACSC hospital admissions

Dental caries, the disease process which leads to tooth decay, has significant impacts upon the overall health and wellbeing of the population. In 2013/14, the admission rate for ACSC dental conditions for all Wimmera PCP LGA residents was higher than the regional Victoria and Victoria average. Hindmarsh and West Wimmera shared the highest admission rate and this was more than double the Victorian average.

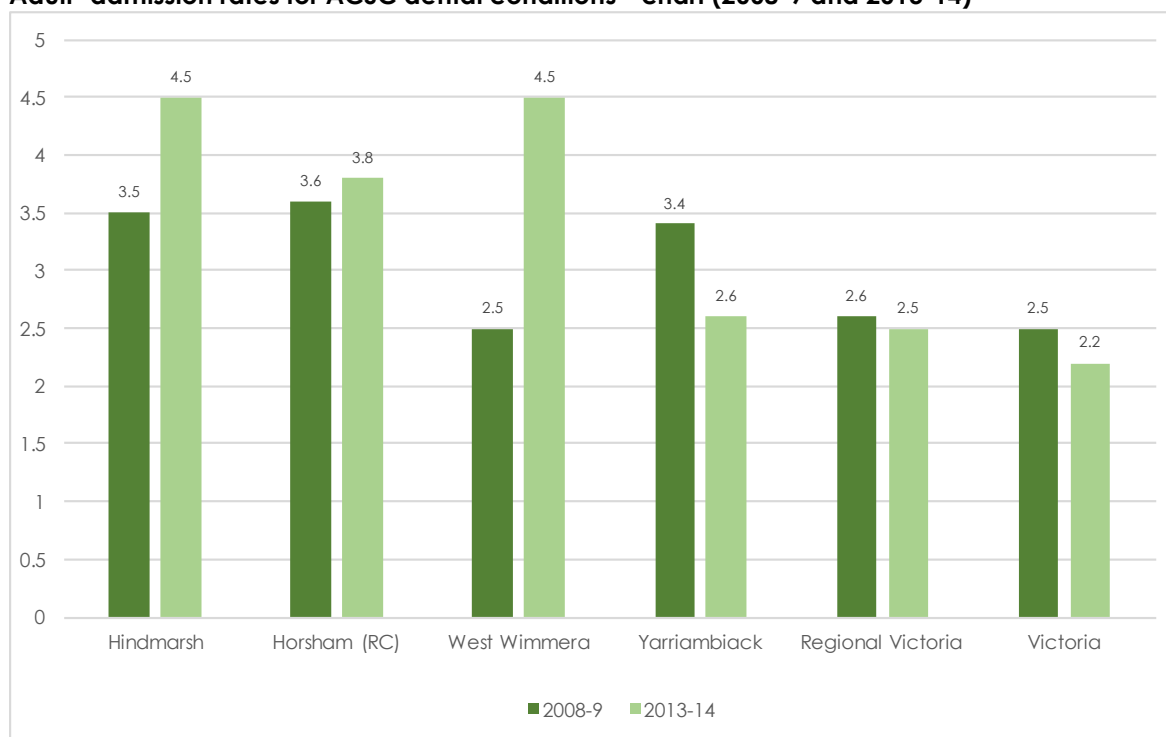
Since 2008/09, the admission rates for ACSC dental conditions have increased in all Wimmera PCP LGAs.

Adult# admission rates for ACSC dental conditions (2008-9 and 2013-14)

Location	2008-9		2013-14	
	No	Rate*	No	Rate*
Hindmarsh	18	3.5 ●	18	4.5 ●
Horsham RC	55	3.6 ●	74	3.8 ●
West Wimmera	9	2.5	10	4.5 ●
Yarriambiack	16	3.4 ●	15	2.6 ●
Regional Victoria	2,930	2.6	2,986	2.5
Victoria	10,774	2.5	10,436	2.2

Victorian Health Information Surveillance System, accessed online July 2016. *Standardised rate per 1,000 population # 15 years & over.

Adult# admission rates for ACSC dental conditions - chart (2008-9 and 2013-14)



Victorian Health Information Surveillance System, accessed online July 2016. *Standardised rate per 1,000 population # 15 years & over.

Dental conditions in young people

In 2013/14, the admission rate for dental ACSCs was higher than the Victoria average in Hindmarsh, Horsham RC and Yarriambiack. Within the catchment, Yarriambiack had the highest rate, followed by Hindmarsh.

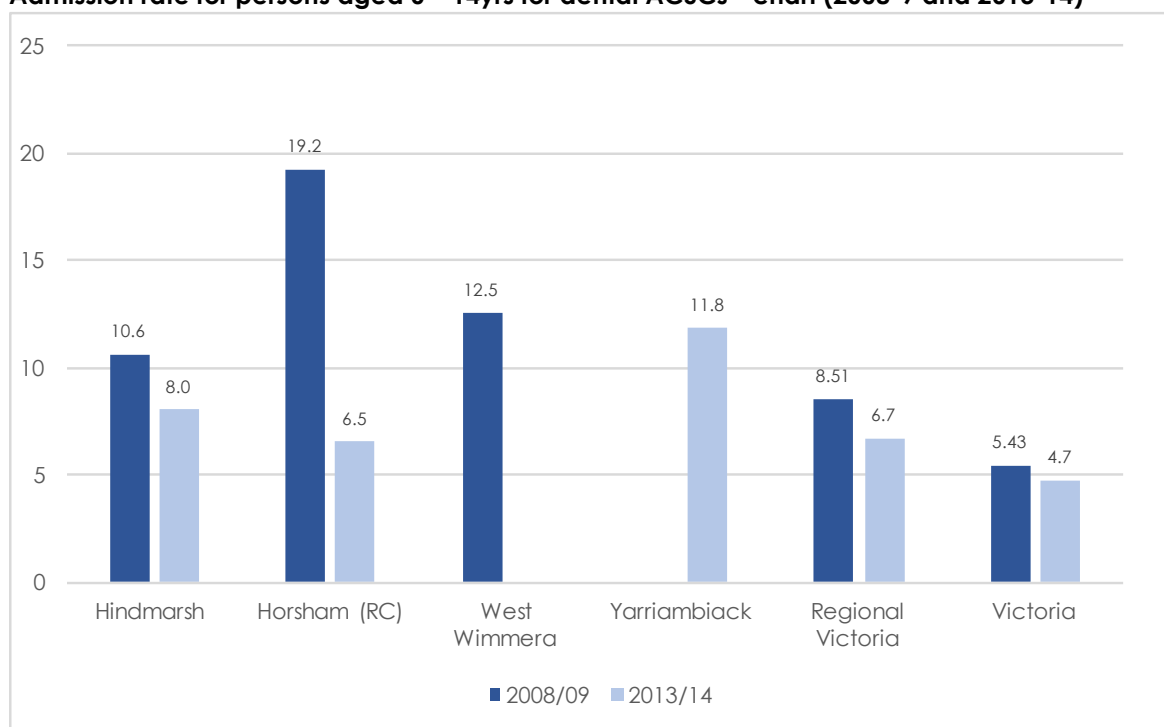
Between 2008/09 and 2013/14, the admission rate for dental ACSCs decreased in Hindmarsh and Horsham RC. Figures were not comparable for West Wimmera or Yarriambiack.

Admission rate for persons aged 0 – 14yrs for dental ACSCs (2008-9 and 2013-14)

Location	2008/09		2013/14	
	No	Rate*	No	Rate*
Hindmarsh	11	10.6 ●	8	8.0 ●
Horsham RC	74	19.2 ●	25	6.5 ●
West Wimmera	11	12.5 ●	N/a	N/a
Yarriambiack	N/a	N/a	14	11.8 ●
Regional Victoria	2,350	8.5	1,850	6.7
Victoria	5,385	5.4	4,970	4.7

Victorian Health Information Surveillance System, accessed online July 2016. *Standardised rate per 1,000 population

Admission rate for persons aged 0 – 14yrs for dental ACSCs - chart (2008-9 and 2013-14)



Victorian Health Information Surveillance System, accessed online July 2016. *Standardised rate per 1,000 population

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 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 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 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>All public patients are voucher patients.</p>	<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 operate second chair</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>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</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). 				<p>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>	<p>Serviced by private dentist who brings own staff. Edenhope & District Memorial Hospital provides administration of the service but no other staff</p>	Cross	<p>Provides no specific health promotion activities</p>	<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 and children

Families

Low income families

In June 2014, Horsham RC and Yarriambiack had a higher proportion of families with children that were welfare-dependent or other low income families. Within the region, Horsham RC (11.3% of families) had the highest proportion, followed by Yarriambiack (10.4% of families).

Low income, welfare-dependent families with children (June 2014)

Location	No.	Total families	%
Hindmarsh	123	1,556	7.9%
Horsham RC	585	5,199	11.3% ●
West Wimmera	86	1,172	7.3%
Yarriambiack	195	1,868	10.4% ●
Wimmera PCP	989	9,795	10.1% ●
Regional Victoria	41,594	358,988	11.6%
Victoria	138,028	1,414,574	9.8%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Children in families experiencing high levels of stress

In 2014, compared to the Victoria average, children living in Hindmarsh, West Wimmera and Yarriambiack were slightly more likely to have parents who reported high levels of family stress in the past month. Within the PCP catchment, Yarriambiack had the highest proportion, followed by Hindmarsh. *Note that actual numbers are very low and should be interpreted with caution.*

Children whose parents report high levels of family stress in the past month* (2014)

Location	No.	%#
Hindmarsh	8	11.6% ●
Horsham RC	27	10.6%
West Wimmera	5	11.1% ●
Yarriambiack	9	11.8% ●
Wimmera PCP	49	11.0%
Victoria	6,955	11.0%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Rate per 1,000 children aged 0-17 years * Based on the question 'Sometimes, families have times when there is more stress/pressure than usual. Overall, how would you rate your own family's stress level over the last month?' Answers are on a 5 point scale and this indicator counts responses in the highest two categories) # Percent of children who complete the School Entrant Health Questionnaire (SEHQ)

Pregnancy and infants

Low birth weight is an important indicator of a newborn's overall health. Over 2009 to 2011, compared to the regional Victoria and Victoria average, Horsham RC had a higher proportion of babies born that were low birth weight (<2,500 gms).

Low birth weight* babies (2009-11)

Location	Low birth weight births	Total births	% low birth weight babies
Hindmarsh	5	156	3.2%
Horsham RC	57	759	7.5% ●
West Wimmera	#	..	
Yarriambiack	10	226	4.4%
Wimmera PCP	72	1,141	6.3%
Regional Victoria	3,471	51,222	6.8%
Victoria	13,863	209,998	6.6%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016
 *Less than 2,500 gms # Data withheld due to small total number

In 2009-2011, compared to Victoria, all Wimmera PCP LGAs had a higher proportion of pregnancies where there was smoking during pregnancy. The proportion in Yarriambiack, West Wimmera and Horsham RC was more than double the Victorian average. Within the catchment, Yarriambiack had the highest proportion, followed by Horsham RC.

Women who smoked during pregnancy (2009-11)

Location	Smoking during pregnancy	Number of pregnancies	% smoking during pregnancy
Hindmarsh	27	155	17.4% ●
Horsham RC	187	743	25.2% ●
West Wimmera	20	84	23.8% ●
Yarriambiack	64	224	28.6% ●
Wimmera PCP	298	1,206	24.7% ●
Regional Victoria	8,920	50,406	17.7%
Victoria	23,520	206,515	11.4%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Over the period 2009 to 2013, compared to regional Victoria and Victoria, Horsham RC had a higher rate of deaths per 1,000 infants aged under 12 months. Note the number is very low and should be interpreted with extreme caution.

Infant deaths* (2009-13)

Location	Infant deaths	Births	Rate**
Hindmarsh	#	..	..
Horsham RC	5	1,215	4.1 ●
West Wimmera	#	..	..
Yarriambiack	#	..	..
Regional Victoria	291	82,110	3.5
Victoria	1,194	364,318	3.3

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

*Deaths that occurred before 12 months of age ** Infant death rate: deaths under 12 months of age per 1,000 live births # Data withheld due to small total number

In 2014-15, across the Wimmera PCP catchment, the proportion of infants that were fully breastfed from discharge from hospital up to and including 6 months of age, was higher than the Victorian average. Within the catchment, Hindmarsh had a lower proportion of infants that were fully breastfed on discharge from hospital, while Yarriambiack had a lower proportion of infants that were fully breastfed at two weeks of age.

The proportion of infants that were only partially breastfed on discharge from hospital up to and including 6 months of age was notably lower than the Victorian average.

Rate (proportion) of infants fully breastfed (2014-15)

Location	Total record cards	On discharge	At 2 weeks	At 3 months	At 6 months
Hindmarsh	50	70.0% ●	72.0%	62.0%	48.0%
Horsham	288	73.2%	68.8%	54.2%	40.3%
West Wimmera	36	86.1%	72.2%	52.8%	38.9%
Yarriambiack	70	74.3%	64.3% ●	52.9%	35.7%
Victoria	78,550	72.8%	66.1%	51.4%	34.0%

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015

Rate of infants partially breastfed (2014-15)

Location	On discharge	At 2 weeks	At 3 months	At 6 months
Hindmarsh	6.0% ●	2.0% ●	4.0% ●	6.0% ●
Horsham	4.2% ●	4.2% ●	3.5% ●	3.8% ●
West Wimmera	2.8% ●	11.1% ●	11.1% ●	5.6% ●
Yarriambiack	7.1% ●	11.4% ●	2.9% ●	12.9% ●
Victoria	17.0%	18.1%	13.1%	15.6%

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015

Maternal and child health centre visits

Participation rates

In 2014/15, participation rates for key age and stage visits at maternal and child health centres were below the Victoria average in eight out of the ten possible key age/stage visits in Hindmarsh; and five out of then ten possible visits in Yarriambiack.

Compared to the Victorian average, participation rates were notably lower in Hindmarsh for the home consultation, 2 weeks, 4 weeks, 8 weeks, 4 months, 2 years and 3.5 year key age and stage visits.

Within the Wimmera PCP catchment, Hindmarsh had the lowest participation rates for the home consultation, 2 weeks, 4 weeks, 8 weeks, 2 years and 3.5 years key age/stage visits; while Horsham RC had the lowest participation rates for the 8 months and 18 months key age/stage visits. West Wimmera had the lowest participation rate for the 12 months key age/stage visit; while Yarriambiack had the lowest rate for the 4 months key age/stage visit.

Maternal and child health centres, key age/stage visit participation - Part A (2014-15)

Location	Home Consultation		2 Weeks		4 Weeks		8 Weeks		4 Months	
	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate
Hindmarsh	49	92.5 ●	43	81.1 ●	44	83.0 ●	42	79.2 ●	44	83.0 ●
Horsham RC	237	95.6 ●	241	97.2 ●	241	97.2	228	91.9 ●	242	97.6
West Wimmera	42	102.4	39	95.1 ●	37	90.2 ●	36	87.8 ●	43	104.9
Yarriambiack	69	98.6 ●	66	94.3 ●	64	91.4 ●	60	85.7 ●	58	82.9 ●
Victoria	76,265	100.9	73,670	97.4	73,466	97.2	72,758	96.2	71,398	94.4

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015

Maternal and child health centres, key age/stage visit participation - Part B (2014-15)

Location	8 Months		12 Months		18 Months		2 Years		3.5 Years	
	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate
Hindmarsh	44	85.4 ●	45	87.4	53	86.2	45	61.6 ●	38	59.4 ●
Horsham RC	225	84.0 ●	241	89.9	245	85.2	218	76.0	205	73.7
West Wimmera	36	93.5	33	85.7	34	86.1	35	81.4	35	111.1
Yarriambiack	62	88.6	65	92.9	70	99.3	64	90.1	72	98.0
Victoria	66,621	86.4	64,259	83.4	59,115	75.0	57,641	72.8	50,842	66.1

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015

Reasons for counselling - child wellbeing

In 2014/15, the most common reason for child wellbeing counselling for Hindmarsh residents was development, followed by communication and illness. In Horsham RC, the most common reason was visual, followed by dental/oral then communication. The most common reason for child wellbeing counselling in West Wimmera was illness.

Note that numbers in Hindmarsh and West Wimmera are very low and should be interpreted with caution.

Reasons for counselling -child wellbeing (2014-15)

Reason	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Visual	8.3% ●	23.1% ●	0.0%	na	2.2%
Auditory	8.3% ●	3.7% ●	0.0%	na	2.3%
Communication	16.7% ●	15.7% ●	2.5%	na	8.8%
Ddh	8.3% ●	1.7%	0.0%	na	3.6%
Congenital anomaly	4.2% ●	2.1% ●	0.0%	na	1.0%
Growth	4.2%	5.4%	0.0%	na	19.2%
Development	20.8%	11.2%	4.9%	na	23.5%
Potentially disabling condition	0.0%	2.1%	1.2%	na	8.0%
Accident	0.0%	0.0%	0.0%	na	0.8%
Illness	16.7% ●	5.8% ●	55.6% ●	na	4.8%
Nutrition altered	4.2%	7.0%	8.6%	na	17.9%
Dental/oral	8.3% ●	22.3% ●	27.2% ●	na	7.9%
Total count of counselling	16	181	10	na	55,814

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015

Reasons for referral - child wellbeing

In 2014/15, the most common reason for child wellbeing referrals for Hindmarsh residents was auditory reasons. In Horsham RC, the most common reason was visual, followed by dental/oral reasons. The most common reason for child wellbeing referral in West Wimmera and Yarriambiack was communication.

Note that numbers in Hindmarsh, West Wimmera and Yarriambiack are very low and should be interpreted with caution.

Reasons for referral - child wellbeing (2014-15)

Reason for referral	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
Visual	6.3%	32.0% ●	0.0%	0.0%	6.3%
Auditory	31.3% ●	5.5%	10.0%	9.3%	10.7%
Communication	12.5% ●	17.1% ●	70.0% ●	51.2% ●	11.8%
DDH*	6.3%	1.7%	0.0%	0.0%	17.9%
Congenital anomaly	0.0%	1.7%	0.0%	0.0%	2.1%
Growth	6.3% ●	0.6%	10.0% ●	0.0%	6.1%
Development	12.5%	5.5%	10.0%	18.6% ●	16.5%
Potentially disabling condition	0.0%	1.1%	0.0%	0.0%	13.1%
Accident	0.0%	0.0%	0.0%	2.3% ●	0.2%
Illness	6.3% ●	6.1% ●	0.0%	7.0% ●	4.5%
Nutrition altered	6.3% ●	1.1%	0.0%	0.0%	4.1%
Dental/ oral	12.5% ●	27.6% ●	0.0%	11.6% ●	6.2%
Protective notification	0.0%	0.0%	0.0%	0.0%	0.6%
Total	16	181	10	43	55,814

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015

* Developmental dysplasia of the hip

Reasons for counselling - mother or family

In 2014/15, the most common reason for mother or family counselling for all Wimmera PCP LGA residents was emotional, followed by physical.

Note that numbers are very low and should be interpreted with caution.

Reasons for counselling - mother or family (2014-15)

Reason	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Emotional	46.2%	53.7% ●	52.6% ●	#	50.5%
Physical	23.1%	37.0% ●	31.6%	#	36.7%
Social interaction impaired	7.7% ●	3.7%	0.0%	#	6.0%
Domestic violence	7.7% ●	3.7% ●	0.0%	#	2.5%
Family planning	15.4% ●	1.9%	15.8% ●	#	4.4%
Total	13	54	19	#	63,620

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015 # Number less than 5 and not publishes

Reasons for referral - mother or family

In 2014/15, the most common reason for mother or family referral for all Wimmera PCP LGA residents was emotional. The second most common reason for Hindmarsh, Horsham RC and Yarriambiack residents was physical reasons.

Note that numbers are very low and should be interpreted with caution.

Reasons for referral - mother or family (2014-15)

Reason	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Emotional	42.9%	72.2% ●	#	66.7% ●	46.4%
Physical	28.6%	25.0%	#	33.3%	35.8%
Social interaction impaired	14.3% ●	2.8%	#	0.0%	12.5%
Domestic violence	14.3% ●	0.0%	#	0.0%	3.7%
Family planning	0.0%	0.0%	#	0.0%	1.5%
Total	7	36	#	12	12,898

Maternal & Child Health Services Annual Report, 2014/15 South Western Victoria Region and Victoria Statewide Report, DEECD 2015 # Number less than 5 and not publishes

Immunisation participation

In 2014, compared to the Victorian average and across each age group, all Wimmera PCP LGAs had a higher rate of children that were fully immunised.

Children fully immunised (2014-15)

Location	12 -<15 months		24 -<27 months		60-<63 months	
	No.	% *	No.	% *	No.	% *
Hindmarsh	49	94.2%	57	95.0%	61	95.3%
Horsham RC	241	96.0%	247	95.0%	242	97.2%
West Wimmera	45	95.7%	41	100.0%	47	97.9%
Yarriambiack	63	95.5%	69	94.5%	85	96.6%
Wimmera PCP	398	95.7%	373	94.9%	435	96.9%
Victoria	69,386	91.2%	68,893	89.6%	70,418	92.6%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

In 2014, compared to the regional Victoria and Victoria average, Hindmarsh had a lower proportion of females who were aged 12 - 13 years in mid-2011 that had received dose 3 of the HPV vaccine by 2014. Within the Wimmera PCP catchment, Hindmarsh had the lowest proportion and West Wimmera had the highest proportion.

HPV vaccine coverage: females aged 12-13 years* (2014)

Location	No.*	%**
Hindmarsh	58	77.9% ●
Horsham RC	198	80.3%
West Wimmera	61	95.1%
Yarriambiack	78	87.3%
Regional Victoria	13,977	79.1%
Victoria	49,891	78.3%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

*No. of females aged 12-13 years at 30 June 2011 who received Dose 3 of the HPV vaccine ** % of the 2011 female usual resident population aged 12 - 13 years who received Dose 3 of the HPV vaccine by 2014

Children

Early development

Kindergarten participation

In 2013, kindergarten participation rates in Hindmarsh and West Wimmera were lower than the Victorian average. Within the region, Horsham RC had the highest participation rate, followed by Yarriambiack. Note that actual counts are low and rates should be interpreted with caution.

Kindergarten participation rate (2013)

Location	First year kindergarten enrolments	Enrolled in Prep following year	Participation rate
Hindmarsh	62	74	83.8% ●
Horsham RC	278	268	103.7%
West Wimmera	40	45	88.9% ●
Yarriambiack	84	83	101.2%
Wimmera PCP	464	470	98.7%
Victoria	69,948	71,230	98.2%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

The Australian Early Development Census (AEDC)

The Australian Early Development Census (AEDC) 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 AEDC 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 2015, Horsham RC and Yarriambiack had a higher proportion of children classified as developmentally vulnerable (below the 10th percentile) across each of the five domains; while West Wimmera had a higher proportion in three of the five domains.

Within the PCP catchment, Yarriambiack had the highest proportion of children classified as developmentally vulnerable in each of the five domains and these proportions were much higher than the Victorian average. Both Horsham RC and West Wimmera also had notably higher proportions of children classified as developmentally vulnerable in many of the domains.

Compared to the Victoria average, Hindmarsh had a higher proportion of children classified as developmentally at risk (in the 10th - 25th percentile) in each of the five domains; while Horsham RC and Yarriambiack had a higher proportion in four of the five domains, and West Wimmera had a higher proportion in three of the five domains.

Children that are developmentally vulnerable or at risk (%) by LGA (2015)

	Hindmarsh**	Horsham RC	West Wimmera	Yarriambiack	Victoria
Vulnerable (below the 10th percentile)					
Physical	4.0	9.8 ●	10.3 ●	13.9 ●	7.9
Social	6.0	12.9 ●	3.4	13.9 ●	8.7
Emotional	4.0	12.5 ●	13.8 ●	15.2 ●	8.0
Language	4.0	10.5 ●	12.1 ●	15.2 ●	6.3
Communication	2.0	9.8 ●	1.7	13.9 ●	7.6
Vulnerable in one domain	14.0	25.1 ●	24.1 ●	30.4 ●	19.9
Vulnerable in two or more domains	4.0	18.0 ●	10.3 ●	25.3 ●	9.9
At risk (10th to 25th percentile)					
Physical	38.0 ●	10.9	3.4	16.5 ●	11.2
Social	22.0 ●	19.9 ●	31.0 ●	21.5 ●	14.1
Emotional	22.0 ●	20.8 ●	29.3 ●	22.8 ●	14.5
Language	10.0 ●	12.9 ●	10.3 ●	10.1 ●	8.9
Communication	30.0 ●	15.2 ●	10.3	12.7	13.6

Australian Early Development Census 2015, Department of Education and Training, Commonwealth Government. Accessed online March 2016 at <http://www.aedc.gov.au/>

**AEDC data collection is greater than or equal to 60% and less than 80% of the ABS five-year-old population; interpret with caution.

Child health and welfare

Child abuse substantiations

In 2010/11, Horsham RC, West Wimmera and Yarriambiack had a higher rate of child abuse substantiations compared to the Victorian average. The rate in Horsham RC was more than double the Victorian average, while it was almost double in Yarriambiack. Since 2009/10, rates of child abuse substantiations increased in Horsham RC, West Wimmera and Yarriambiack. Note that actual numbers are very low in Hindmarsh and West Wimmera and data should be interpreted with caution.

Child abuse substantiations (2009-10 and 2010-11)

Location	2009/10			2010/11		
	No.	Population#	Rate*	No.	Population#	Rate*
Hindmarsh	8	1,331	6.0 ●	7	1,303	5.4
Horsham RC	37	4,630	8.0 ●	69	4,610	15.0 ●
West Wimmera	7	968	7.2 ●	7	951	7.4 ●
Yarriambiack	16	1,652	9.7 ●	21	1,599	13.1 ●
Wimmera PCP Total	68	8,581	7.9	104	8,463	12.3 ●
Victoria	6,946	1,202,300	5.8	8,107	1,213,558	6.7

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Estimated resident population for relevant year of children aged 0 - 17 years *Rate per 1,000 children aged 0-17 years

Child care and protection orders

In 2010, Hindmarsh, Horsham RC and Yarriambiack had a higher rate of children who were the subject of care and protection orders compared to the Victoria average.

The rate in Horsham RC was more than double the Victorian average. Within the Wimmera PCP catchment, Horsham RC had the highest rate, followed by Yarriambiack. Note that actual numbers are low in Hindmarsh and Yarriambiack and data should be interpreted with caution.

Children who are the subject of care and protection orders (2010)

Location	No.	Population#	Rate*
Hindmarsh	12	1,303	9.2 ●
Horsham RC	53	4,610	11.5 ●
West Wimmera	NDP	951	NDP
Yarriambiack	15	1,599	9.4 ●
Wimmera PCP Total	80	8,463	9.5 ●
Victoria	6,515	1,213,558	5.4

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Estimated resident population for relevant year of children aged 0 - 17 years *Rate per 1,000 children aged 0-17 years

Children living in out of home care

In June 2011, Hindmarsh, Horsham RC and Yarriambiack had a higher rate of children who were in out of home care compared to the Victorian average. The rate in Horsham RC was almost three times the Victorian average, while Yarriambiack was more than double. Note that actual numbers are low in Hindmarsh and Yarriambiack and data should be interpreted with caution.

Children in out of home care (June 2011)

Location	No.	Population#	Rate*
Hindmarsh	6	1,280	4.7 ●
Horsham RC	64	4,655	13.7 ●
West Wimmera	NDP	950	NDP
Yarriambiack	19	1,577	12.0 ●
Wimmera PCP Total	89	8,462	10.5 ●
Victoria	5,678	1,222,834	4.6

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>
Estimated resident population for relevant year of children aged 0 - 17 years *Rate per 1,000 children aged 0-17 years

Children who report feeling connected to school

In 2015, compared to Victoria, children in Years 5 and 6 that live in West Wimmera and Yarriambiack were less likely to report they felt connected to school. Yarriambiack children from Years 5 and 6 were least likely to report they felt connected to school.

Horsham RC and West Wimmera children in Years 7, 8 and 9 were less likely to report they felt connected to school compared to Victoria. West Wimmera children from Years 7, 8 and 9 were the least likely.

The sum of children who report feeling connected to school (2015)

Location	Years 5 and 6		Years 7 to 9	
	No.	%	No.	%
Hindmarsh	85	91.4%	163	79.9%
Horsham RC	274	85.9%	172	56.8% ●
West Wimmera	58	78.4% ●	66	52.8% ●
Yarriambiack	94	77.0% ●	131	69.3%
Wimmera PCP	511	84.0% ●	532	64.8%
Victoria	67,827	84.8%	57,119	62.3%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Bullying

In 2015, the proportion of children in Years 5 and 6 that reported being bullied was higher than the Victoria average in Yarriambiack and West Wimmera. Yarriambiack had the highest proportion and this was notably higher than the state average. Students in Years 7 to 9 in Horsham RC and West Wimmera were also more likely to report being bullied than the Victoria average. Within the PCP catchment, Horsham RC had the highest proportion.

Number of school students who report being bullied (2015)

Location	Years 5 and 6		Years 7 to 9	
	No.	%	No.	%
Hindmarsh	8	8.6%	25	12.3%
Horsham RC	47	14.7%	74	24.4% ●
West Wimmera	16	21.6% ●	25	20.0% ●
Yarriambiack	34	27.9% ●	32	16.9%
Wimmera PCP	105	17.3% ●	156	19.0% ●
Victoria	11,978	15.0%	16,545	18.0%

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

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. Compared to Victoria, the Horsham RC 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 (2008-09)

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 regional Victoria and Victoria average. Figures were not available for West Wimmera and Yarriambiack.

Child mortality - under 5 years (2003-07)

Location	Number	Average annual rate per 100,000
Hindmarsh	6	346.9
Horsham RC	9	150.5
West Wimmera	#	..
Yarriambiack	#	..
Regional Victoria	493	117.2
Victoria	1,687	107.8

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016 # Data withheld due to small total number

Young people

Teenage births

In 2012, due to low numbers, data on teenage births was only available for Horsham RC. The rate of teenage births in Horsham RC was more than double the average Victorian rate. Compared to 2011, the rate of teenage births in 2012 was lower in Horsham RC.

Teenage fertility rate* (2012)

Location	2011	2012
Hindmarsh	ndp	ndp
Horsham RC	33.7 ●	27.1 ●
West Wimmera	ndp	ndp
Yarriambiack	ndp	ndp
Victoria	10.6	10.4

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Rate of live births by mothers 15-19 years per 1,000 women in this age group NOTE: 2010 figures from VCAMS are inaccurate and have been excluded from this table.

Youth engagement

Compared to the state average, results of the On Track Survey 2015 indicate that students (at schools located in the Wimmera PCP catchment) that had completed Year 12 or equivalent were much less likely to be studying a bachelor degree six months after leaving school while they were much more likely to be working or to be an apprentice/trainee.

Young people from Hindmarsh schools were the most likely to be looking for work, six months after completing Year 12 or equivalent, followed by young people from Yarriambiack schools, and these figures were more than three times the state average.

The most common reason for not being engaged in study six months after completing Year 12 or equivalent, was that the person wanted to start working / earning money.

Destinations of Year 12 or equivalent completers* six months after leaving school (2015)

Location	Bachelor degree	Certificates/ Diplomas	Apprentice/ Trainee	Employed	Looking for work	NILFET
	%	%	%	%	%	%
Hindmarsh	28.2	12.8	7.7	30.8	20.5	
Horsham RC	27.4	12.8	12.0	40.2	7.7	
West Wimmera	22.2	16.7	22.2	33.3	5.6	
Yarriambiack	33.3	16.7	33.3		16.7	
Victoria	53.2	16.3	7.5	17.0	4.9	1.0

The On Track Survey 2015, Department of Education and Training, Victoria State Government 2015 *Students who consent to participate in the survey are contacted six months after leaving school. Participation in the survey is voluntary and school leavers may opt-out of completing the survey when contacted. Note - data is based on location of school and not residence of student.

Reasons for not continuing study: Year 12/equiv. completers (2015)

Location	wanted to start working / earning own money	Just needed a break from study	Never planned / intended to study	Courses interested in not available locally
	%	%	%	%
Hindmarsh	100.0	46.2	38.5	38.5
Horsham RC	77.8	69.4	44.4	30.6
West Wimmera	60.0	40.0	20.0	
Yarriambiack	87.5	37.5	62.5	37.5

The On Track Survey 2015, Department of Education and Training, Victoria State Government 2015 *Students who consent to participate in the survey are contacted six months after leaving school. Participation in the survey is voluntary and school leavers may opt-out of completing the survey when contacted **Note:** Respondents may have agreed to more than one statement.

In 2015, compared to the Victoria average, a greater proportion of early school leavers from Hindmarsh, Horsham RC or Yarriambiack schools were not in learning, employment or training; while a greater proportion from Hindmarsh, Horsham RC and Yarriambiack schools were more likely to be looking for work. The proportion of early school leavers from Horsham RC schools that were looking for work was more than double the state average.

Compared to the Victoria average, a greater proportion of early school leavers from Hindmarsh and West Wimmera schools were employed; while a greater proportion from West Wimmera and Yarriambiack were studying in a certificate or diploma course.

The most common reason for leaving school given by early school leavers from Wimmera PCP catchment schools, was for work or career reasons. Compared to the Victoria average, a much higher proportion (4 to 5 times higher) of early school leavers stated their reason for leaving school was bullying or peer relationship problems.

Post-school destinations of early school leavers* (2015)

Location	Bachelor degree	Certificates/diplomas	Apprentice/trainee	Employed	Looking for work	NILFET
	%	%	%	%	%	%
Hindmarsh		13.3	20.0	40.0	20.0	6.7
Horsham RC	4.0	20.0	24.0	20.0	32.0	
West Wimmera		33.3	16.7	33.3		16.7
Yarriambiack		43.8	25.0	18.8	6.2	6.2
Victoria	0.9	25.8	28.2	23.7	15.6	5.5

The On Track Survey 2015, Department of Education and Training, Victoria State Government 2015 * early school leavers are defined as students who had registered in but had left school without completing: VCE, IB, VCAL Senior or VCAL Intermediate. In general, early school leavers had been in Year 10, 11 or 12 when they left school. As such, the sample does not represent all early leavers from Victorian schools. Findings based on the early school leavers' data should be treated with caution due to the relatively low response rate

Most common reasons given by early school leavers for leaving school (2015)

Reason	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
	%	%	%	%	%
Asked to leave/expelled/got in trouble	7.1				2.7
Bullying/peer relationships problems	14.3	13.6	16.7		2.8
Did not like school/teachers/not interested in going	7.1	13.6	16.7	33.3	17.4
Not coping well at school/failed/failing subjects/too hard		4.5	16.7		9.8
Did not need school for chosen pathway	7.1		16.7		4.6
Finished/finished VCAL		4.5			1.5
Going off to do something else	7.1				0.2
Study elsewhere/TAFE/different course	14.3	4.5	16.7		4.2
Travel/went overseas/moved				13.3	1.3
Work reasons/career reasons	35.7	45.5		26.7	22.8
Family/personal reasons				6.7	7.1
Ill health	7.1	4.5		6.7	7.8
Total	100	100	100	100	100

The On Track Survey 2015, Department of Education and Training, Victoria State Government 2015 * early school leavers are defined as students who had registered their details with the VCAA by enrolling in an IB program or a VCE or VCAL unit, and who left school without completing one of the following certificates: VCE, IB, VCAL Senior or VCAL Intermediate. In general, early school leavers had been in Year 10, 11 or 12 when they left school. As such, the sample does not represent all early leavers from Victorian schools. Findings based on the early school leavers' data should be treated with caution due to the relatively low response rate

Young people receiving unemployment benefits

In June 2014, compared to the Victoria average, Hindmarsh, Horsham RC and Yarriambiack had a higher proportion of population aged 15 to 24 years that was receiving an unemployment benefit. Yarriambiack had the highest proportion, followed by Hindmarsh. All Wimmera PCP LGAs had a lower proportion of young people receiving the benefit compared to the regional Victoria average.

Young people* receiving an unemployment benefit (June 2014)

Location	No.	Persons aged 16 to 24 years	%
Hindmarsh	24	478	5.0% ●
Horsham RC	96	2,184	4.4% ●
West Wimmera	##	..	
Yarriambiack	35	610	5.7% ●
Wimmera PCP	155	3,272	4.7% ●
Regional Victoria	8,913	153,140	5.8%
Victoria	23,884	701,931	3.4%

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016
*Aged 16 to 24 years

Youth Allowance recipients

The Youth Allowance is intended to assist young people who are studying, undertaking training or an Australian Apprenticeship, looking for work, or sick. In June 2014, compared to Victoria, all Wimmera PCP LGAs had a much lower proportion of population aged 15 - 24 years who were receiving the Youth Allowance for students and apprentices; however, all LGAs had a much *higher* proportion of young people receiving the other forms of Youth Allowance.

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

Young people (15 - 24 years) receiving the Youth Allowance (March 2016)

Location	Youth Allowance (other)			Youth Allowance (student & apprentice)		
	No.	Persons aged 15-24 years	%	No.	Persons aged 15-24 years	%
Hindmarsh (S)	33	546	6.0% ●	17	546	3.1%
Horsham RC	113	2,400	4.7% ●	116	2,400	4.8%
West Wimmera (S)	15	324	4.6% ●	8	324	2.5%
Yarriambiack (S)	39	677	5.8% ●	25	677	3.7%
Victoria	21,095	777,808	2.7%	60,415	777,808	7.8%

DSS Payments by Local Government Area, Department of Social Services, July 2016. Accessed at data.gov.au October 2016

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)

Location	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 (2009-10)

	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

Crime and young people

In 2012-13, the rate of young people aged 12 to 18 years that were on community-based supervision orders was substantially higher (more than nine times) in Horsham RC than the Victorian average.

Young people (12-18 years) on community based supervision orders (2012-13)

Location	Number*	Rate#
Hindmarsh	NDP	NDP
Horsham RC	47	22.5 ●
West Wimmera	NDP	NDP
Yarriambiack	NDP	NDP
Victoria	1,296	2.4

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Of young people aged 12-18 years of age convicted and placed on a community order #Rate1,000 young people aged 12 - 18 years

In 2014-15, the rate of crime offenders that were children or young people was much higher than the Victorian average in Horsham RC and Yarriambiack. The rate in Horsham RC was more than three times the Victorian average.

Crime where offender was a child or young person (2014-15)

Location	Number*	Rate#
Hindmarsh	22	18.7
Horsham RC	327	71.4 ●
West Wimmera	0	0.0
Yarriambiack	46	32.5 ●
Wimmera PCP Total	395	49.2 ●
Victoria	1,757	22.7

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Number of crimes where the offender was a child or young person aged 0-17 #Rate per 1,000 persons aged 0 - 17 years

In 2014-15, the rate of crime victims that were children or young people was much higher than the Victorian average in Horsham RC, West Wimmera and Yarriambiack. The rate in West Wimmera was more than four times the Victorian average, while the rate in Horsham RC was more than three times the Victorian average.

Crime where the victim was a child or young person (2014-15)

Location	Number*	Rate#
Hindmarsh	10	8.5
Horsham RC	143	31.2 ●
West Wimmera	36	42.1 ●
Yarriambiack	16	11.3 ●
Wimmera PCP Total	205	25.5 ●
Victoria	12,306	9.6

Victorian Child and Adolescent Monitoring System (VCAMS), accessed via the VCAMS Portal online August 2016 at <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

*Number of crimes where the offender was a child or young person aged 0-17 #Rate per 1,000 persons aged 0 - 17 years

Older people

Older people living alone

In 2011, compared to the regional Victoria average, females aged 65 years and over from all PCP 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 increased in West Wimmera.

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

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 catchment, 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 (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	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 pop. 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

In 2012/13, all Wimmera PCP LGAs had a higher proportion of residents aged 0 – 69 years and 70 years and over who were HACC clients, compared to the Victoria average. The rate of clients aged 0 to 69 years in West Wimmera was the highest in Victoria, and the rate of clients aged 70 years and over in West Wimmera was the second highest in Victoria.

HACC service clients (2012-13)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
HACC clients aged 0-69 per 1,000 target population	166.3	154.9	615.5	443.9	181.2	142.3
HACC clients aged ≥70 per 1,000 target population	706.9	508.3	861.4	711.0	501.7	407.9

2013 LGA Profiles, Department of Health & Human Services Victoria, December 2014

In 2012/13, the proportion of all HACC clients that lived alone or that lived with a carer was higher in Horsham RC than the Victorian average. The rate of Indigenous HACC clients per Indigenous population was notably higher in Hindmarsh and West Wimmera compared to the Victoria average. The rate was also higher for Horsham RC Indigenous residents.

Selected characteristics of HACC clients (2012-13)

Location	Clients living alone		Clients with carer		Indigenous clients (per population)	
	No.	%	No.	%	No.	%
Hindmarsh	230	27.3	127	15.1	26	30.0
Horsham RC	528	35.5	575	38.7	29	10.4
West Wimmera	164	24.3	140	20.8	7	23.8
Yarriambiack	270	20.1	120	9.0	6	7.3
Rest of Victoria	36,173	34.8	25,075	24.1	1,512	7.7
Victoria	98,683	34.6	69,846	24.5	2,782	7.4

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

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 2013, Hindmarsh and Yarriambiack 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 PCP catchment, Hindmarsh had the highest rate.

Aged care high-care beds per 1,000 eligible population* (2013)

Location	Rate
Hindmarsh	63.4
Horsham RC	34.0
West Wimmera	38.8
Yarriambiack	48.4
Regional Victoria	40.8
Victoria	40.9

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 * People aged 70 or over plus Indigenous people aged 50-69 years.

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 2013, 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 catchment, Hindmarsh had the highest rate, followed by Yarriambiack.

Aged care low-care beds per 1,000 eligible population* (2013)

Location	Rate
Hindmarsh	78.8
Horsham RC	49.9
West Wimmera	42.8
Yarriambiack	66.3
Regional Victoria	46.9
Victoria	44.4

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 * People aged 70 or over plus Indigenous people aged 50-69 years.

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 2011, 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.

Aged care community places per 1,000 persons aged \geq 70 years (2011)

Location	Rate
Hindmarsh	4.8
Horsham RC	17.3
West Wimmera	22.5
Yarriambiack	31.1
Regional Victoria	24.4
Victoria	25.0

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

Injuries caused by falls

Over the period 2011-12 to 2013-14, there were 1,215 hospitalisations of Wimmera PCP residents for injuries caused by a fall. Compared to the Victorian average, all Wimmera PCP LGAs had a higher rate of hospitalisations for injuries caused by falls in the total population. The highest rate of hospitalisation was seen in Yarriambiack, followed by Hindmarsh. Hospitalisation rates for Hindmarsh, West Wimmera and Yarriambiack residents were all notably higher than the Victorian average.

Over the period, there were 844 hospitalisations of Wimmera PCP residents aged 65 years and over for injuries caused by a fall and this figure made up 69% of all hospitalisations for falls. Compared to the Victorian average, Hindmarsh, West Wimmera and Yarriambiack had a higher rate of hospitalisations for injuries caused by falls in population aged 65 years and over. The highest rate of hospitalisation was seen in Yarriambiack, followed by Hindmarsh.

Within the catchment, females made up 59% of all hospitalisations for injuries caused by falls.

Note that rates are not age standardised.

Rate of hospital separations for falls by LGA (2011-12 to 2013-14)

Location	Total Population		Population aged 65 years and over	
	Number	Rate*	Number	Rate**
Hindmarsh	227	1,305.9	172	3,995.4 ●
Horsham RC	528	895.3	344	3,237.3
West Wimmera	145	1,146.2	107	3,746.5 ●
Yarriambiack	315	1,475.8	221	4,052.1 ●
Wimmera PCP Total	1,215	1,101.0	844	3,631.5 ●
Victoria	137,976	817.1	81,538	3,356.6

*Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 *Per 2012 estimated total resident population ** Per 2012 estimated resident population aged 65 years and over*

Total hospital separations for falls by LGA and sex (2011-12 to 2013-14)

Location	Sex	No. of separations	% of total
Hindmarsh	Male	90	39.6%
	Female	137	60.4%
Horsham RC	Male	215	40.7%
	Female	313	59.3% ●
West Wimmera	Male	63	43.4% ●
	Female	82	56.6%
Yarriambiack	Male	129	41.0%
	Female	186	59.0% ●
Wimmera PCP Total	Male	497	40.9%
	Female	718	59.1% ●
Victoria	Male	60,389	42.9%
	Female	80,497	57.1%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015

Accidental injuries

Between 2009 and 2013, compared to regional Victoria and Victoria, all Wimmera PCP LGAs had a much higher rate of premature deaths that were caused by external causes. Within the catchment, Yarriambiack had the highest rate, followed by Hindmarsh. Note that actual counts are very low and rates should be interpreted with caution.

Premature deaths caused by external causes (2009-13)

Location	No.	Rate
Hindmarsh	12	47.0 ●
Horsham RC	36	41.0 ●
West Wimmera	9	45.4 ●
Yarriambiack	16	50.5 ●
Regional Victoria	2,196	35.0
Victoria	6,710	25.7

Social Health Atlas of Australia, May 2016, PHIDU * Average annual ASR per 100,000

Hospitalisations for accidental injuries

Over the period 2011-12 to 2013-14, in the Wimmera PCP catchment, the rate of male hospitalisations for accidental injuries was higher than the rate for females. Compared to regional Victoria and Victoria, the rate of male and female hospitalisations for accidental injuries was much higher in the Wimmera PCP. Within the catchment, the highest hospitalisation rate for males and females occurred in Yarriambiack, followed by Hindmarsh.

The rate of hospitalisations for accidental injuries for Wimmera PCP children (aged 0 - 14 years) was higher than the Victoria average. Within the PCP catchment, Horsham RC had the highest rate. Compared to regional Victoria and Victoria, the rate of hospitalisations for accidental injuries for Wimmera PCP young people (residents age 15 to 24 years) was notably higher in each LGA. Within the PCP catchment, Yarriambiack had the highest hospitalisation rate, followed by Hindmarsh.

All Wimmera PCP LGAs also had a higher rate of hospitalisations for accidental injuries in the 25 to 64 years age group, compared to Victoria. Yarriambiack had the highest rate, followed by Hindmarsh.

Hindmarsh, West Wimmera and Yarriambiack had a higher rate of hospitalisations for accidental injuries in the 65 years and over age group, compared to the regional Victoria and Victoria average. Yarriambiack had the highest rate of hospitalisations, followed by Hindmarsh.

Note that these are crude rates and data is not standardised.

Rate of hospital separations for accidental injuries by sex (2011-12 to 2013-14)

Location	Male		Female	
	Number	Rate*	Number	Rate*
Hindmarsh	253	2,915.1	237	2,723.2 ●
Horsham RC	642	2,197.8	561	1,884.9 ●
West Wimmera	170	2,630.8	137	2,213.6 ●
Yarriambiack	336	3,106.8	322	3,057.9 ●
Wimmera PCP Total	1,401	2,539.6	1,257	2,277.8 ●
Regional Victoria	46,774	2,171.6	36,980	1,701.6
Victoria	166,597	1,993.9	139,071	1,630.4

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 *Per 100,000 2012 male/female ERP

Rate of hospital separations for accidental injuries by age group (2011-12 to 2013-14)

Location	0 - 14 years		15 - 24 years		25 - 64 years		65 years & over	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	38	1,264 ●	45	2,604 ●	146	1,750 ●	261	6,063 ●
Horsham RC	164	1,445 ●	163	2,153 ●	385	1,308 ●	491	4,621
West Wimmera	19	815	25	2,199 ●	94	1,486 ●	169	5,917 ●
Yarriambiack	43	1,202	61	2,729 ●	201	1,994 ●	353	6,472 ●
Wimmera PCP Total	264	1,303 ●	294	2,320 ●	826	1,525 ●	1,274	5,482 ●
Regional Victoria	10,821	1,312	10,795	1,978	31,222	1,422	30,916	4,059
Victoria	37,153	1,202	36,932	1,605	118,001	1,302	113,582	4,676

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 *Per 100,000 2012 ERP in age group

Compared to the accidental injury hospitalisation rate in the total Horsham RC population, the rate of hospitalisations in the Indigenous population was slightly lower. Compared to the Victorian average Indigenous hospitalisation rate, the Horsham RC Indigenous hospitalisation rate was higher.

Rate of hospital separations for accidental injuries by Indigenous status (2011-12 to 2013-14)

Location	Indigenous separations#		All separations	
	No.	Rate*	No.	Rate**
Hindmarsh	np	np	490	2,853 ●
Horsham RC	21	1,925	1,203	2,023 ●
West Wimmera	np	np	307	2,507 ●
Yarriambiack	np	np	658	3,114 ●
Victoria	2,251	1,510	305,668	1,776

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 # Patient identified self as Indigenous, Aboriginal or Torres Strait Islander *Per 100,000 of 2013 Indigenous ERP ** Per 100,000 of 2013 ERP NOTE that 0% to 3% of separations had no Indigenous status identified.

Hospitalisations for accidental Injuries by setting

Over the period 2011-12 to 2013-14, the most common setting for an accidental injury that caused hospitalisation was the home. The proportion of Wimmera PCP catchment population that sustained their injury at home was similar to the Victorian average. The second most common setting was a health service area and the proportion of Wimmera PCP catchment population that sustained their injury in a health service area was more than double the Victorian average. Hospitalised residents of Horsham RC and Yarriambiack were more likely to have sustained their injury in a sports setting; while Hindmarsh, Horsham RC and West Wimmera residents were much more likely to have sustained their injury in a farm setting compared to the Victoria average.

Hospital separations for accidental injuries by setting - part A (2011-12 to 2013-14)

Location	Home		Sports		Road/ street/ highway		Residential institution	
	No.	% of all	No.	% of all	No.	% of all	No.	% of all
Hindmarsh (S)	112	22.9%	14	2.9%	43	8.8%	39	8.0% ●
Horsham RC	309	25.7% ●	78	6.5% ●	69	5.7%	41	3.4%
West Wimmera (S)	79	25.7% ●	15	4.9%	15	4.9%	13	4.2%
Yarriambiack (S)	152	23.1%	36	5.5% ●	32	4.9%	36	5.5%
Wimmera PCP	652	24.5% ●	143	5.4% ●	159	6.0%	129	4.9%
Regional Victoria	20,730	24.8%	4,845	5.8%	6,597	7.9%	3,913	4.7%
Victoria	72,836	23.8%	15,949	5.2%	28,242	9.2%	18,717	6.1%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015

Hospital separations for accidental injuries by setting - part B (2011-12 to 2013-14)

Location	Working for income		Health service area		Farm	
	No.	% of all	No.	% of all	No.	% of all
Hindmarsh	16	3.3%	50	10.2% ●	9	1.8% ●
Horsham RC	66	5.5%	95	7.9% ●	17	1.4% ●
West Wimmera	19	6.2%	30	9.8% ●	9	2.9% ●
Yarriambiack	np		65	9.9% ●	np	
Wimmera PCP Total	101	3.8%	240	9.0% ●	35	1.3% ●
Regional Victoria	5,647	6.7%	4,509	5.4%	847	1.0%
Victoria	19,895	6.5%	13,067	4.3%	1,112	0.4%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015

Hospitalisations for accidental injuries by main cause

Over the period 2011-12 to 2013-14, for residents of all Wimmera PCP LGAs, the most common cause of an accidental injury that caused hospitalisation was a fall, accounting for 45.7% of all hospitalisations for accidental injuries. The proportion of all accidental injury hospitalisations that were caused by falls was similar to the Victoria average. The second most common cause of hospitalisation was transport. The proportion of hospitalisations for accidental injuries caused by transport was lower in all Wimmera PCP LGAs than the Victoria average.

Compared to the Victoria average, a greater proportion of accidental injury hospitalisations of Wimmera PCP residents were caused by overexertion/strenuous movements or foreign body. Hindmarsh and West Wimmera also had a notably higher proportion of accidental injury hospitalisations that were caused by natural/environmental/animals; while Hindmarsh and Horsham RC had a higher proportion caused by (accidental) poisoning.

Hospital separations for accidental injuries by cause* - Part A (2011-12 to 2013-14)

Location	Fall		Transport		Hit struck or crush		Cutting /piercing	
	No.	% of all	No.	% of all	No.	% of all	No.	% of all
Hindmarsh	227	46.3% ●	52	10.6%	31	6.3%	19	3.9%
Horsham RC	528	43.9%	125	10.4%	85	7.1%	55	4.6%
West Wimmera	145	47.2% ●	28	9.1%	18	5.9%	14	4.6%
Yarriambiack	315	47.9% ●	46	7.0%	42	6.4%	19	2.9%
Wimmera PCP Total	1,215	45.7% ●	251	9.4%	176	6.6%	107	4.0%
Victoria	137,983	45.1%	36,130	11.8%	25,186	8.2%	18,846	6.2%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 *Excludes not specified causes

Hospital separations for accidental injuries by cause* - Part B (2011-12 to 2013-14)

Location	Overexertion and/or strenuous movements		Natural/environmental/animals		Foreign body - natural orifice		Poisoning	
	No.	% of all	No.	% of all	No.	% of all	No.	% of all
Hindmarsh	14	2.9% ●	25	5.1% ●	11	2.2% ●	11	2.2% ●
Horsham RC	42	3.5% ●	35	2.9%	42	3.5% ●	29	2.4% ●
West Wimmera	12	3.9% ●	21	6.8% ●	5	1.6%	*	
Yarriambiack	24	3.6% ●	#		12	1.8%	13	2.0%
Wimmera PCP Total	92	3.5% ●	81	3.0%	70	2.6% ●	53	2.0%
Victoria	8,567	2.8%	9,302	3.0%	6,199	2.0%	6,421	2.1%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 *Excludes not specified causes

Mental health and wellbeing

Self reported mental, behavioural and mood problems

Estimates of mental and behavioural problems, undertaken by the Public Health Information Development Unit estimate that residents of Hindmarsh, West Wimmera and Yarriambiack were more likely to have a mental or behavioural problem than the Victorian average; and, that females living in the catchment were more likely to have a mental or behavioural problem compared to males.

The 2011-12 Victorian Population Health Survey indicates that, compared to Victoria, residents of West Wimmera and Yarriambiack were more likely to report that, during their life-time, a doctor had diagnosed them with depression or anxiety. Within the catchment, Yarriambiack had the highest proportion. The proportion of persons who reported seeking professional help for a mental health-related problem in the last 12 months was lower in Hindmarsh, West Wimmera and Yarriambiack compared to Victoria. Within the catchment, Yarriambiack had the lowest rate.

Females were much more likely than males to report doctor-diagnosed depression or anxiety. Within the catchment, Horsham RC females had the highest rate; while Yarriambiack males had the highest rate, which was almost double the state average.

Estimated population with mental and behavioural problems (2011-13)

Location	Males		Females		Persons	
	Number	Rate*	Number	Rate*	Number	Rate*
Hindmarsh	346	11.5 ●	466	16.3 ●	813	13.8 ●
Horsham RC	1,126	11.6 ●	1,354	13.9	2,479	12.7
West Wimmera	254	11.5 ●	342	16.3 ●	595	13.8 ●
Yarriambiack	423	11.5 ●	570	16.3 ●	993	13.8 ●
Regional Victoria	82,111	12.0	109,671	16.0	191,782	14.0
Victoria	296,800	10.8	410,739	14.6	707,539	12.7

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016
*Indirectly age-standardised rate per 100 persons

Persons* (%) with lifetime prevalence of depression and anxiety** (2011-12)

Location	Males	Females	Persons
Hindmarsh	13.8	25.2 ●	19.5
Horsham RC	7.2	33.4 ●	19.8
West Wimmera	13.6	30.4 ●	21.9 ●
Yarriambiack	25.2 ●	29.1 ●	26.4 ●
Regional Victoria	16.4	28.3	22.4
Victoria	14.6	25.0	19.9

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
#Age standardised to 2011 Victorian population. ** Doctor-diagnosed, self reported

Persons# who sought professional help for a mental health related problem last 12 months (2011-12)

Location	%
Hindmarsh	8.5
Horsham RC	13.4* ●
West Wimmera	11.3
Yarriambiack	8.3
Regional Victoria	13.2
Victoria	12.4

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
#Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution.

Psychological distress levels

Psychological distress is a key risk factor for a wide range of health conditions and diseases, including migraine, cardiovascular disease, COPD, cerebrovascular disease, injury, self harm, obesity, depression and anxiety. Psychological distress is also a significant risk factor for risky drinking, smoking and drug use. (Victorian Population Health Survey 2011-12, Department of Health, Victoria State Government 2014).

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.

In 2014, compared to the regional Victoria and Victoria average, residents of Yarriambiack were slightly more likely to report high or very high levels of psychological distress; while residents of the remaining LGAs were notably less likely.

Population with a high or very high level of psychological distress (2014)

Location	Rate*
Hindmarsh	5.5
Horsham RC	6.5*
West Wimmera	9.4
Yarriambiack	13.0 ●
Regional Victoria	13.1
Victoria	12.6

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. *Age standardised rate per 100 persons

State-wide findings from the 2014 Victorian Population Health Survey indicate that:

- females were more likely to have high / very high levels of psychological distress compared with males
- males and females aged 18-24 years were most likely to have high / very high levels of psychological distress, and
- generally speaking, the proportion of population with high / very high levels of psychological distress decreased with age until the age of 85 years (when it increased slightly).

- Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne.

In 2011-12, compared to Victoria, the proportion of persons who reported they were totally unable to work, study or manage day to day activities for *any number of days* due to psychological distress was higher in Yarriambiack than the Victoria average.

No. of days totally unable to work, study or manage daily activities due to psychological distress# (2011-12)

Location	None	1 - 7 days	8 - 14 days	15 - 28 days
Hindmarsh	90.5	6.2*	**	**
Horsham RC	93.3	3.4*	1.5* ●	1.0*
West Wimmera	90.4	6.6	**	**
Yarriambiack	84.7 ●	11.2* ●	**	3.3* ●
Regional Victoria	88.6	7.5	1.3	1.8
Victoria	87.2	9.0	1.1	1.4

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution. ** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use.

The proportion of persons who reported they *did not* have to cut down on work, study or managing day to day activities for any days at all due to psychological distress was higher in all Wimmera PCP LGAs than the Victoria average.

No. of days had to cut down on work, study or manage daily activities due to psychological distress# (2011-12)

Location	None	1 - 7 days	8 - 14 days	15 - 28 days
Hindmarsh	80.7	12.8	0.9*	4.9*
Horsham RC	84.2	12.3	1.4*	1.6*
West Wimmera	81.5	13.1	**	3.5*
Yarriambiack	81.4	13.6	3.0*	1.4*
Regional Victoria	81.9	12.7	2.4	2.2
Victoria	79.0	15.3	2.0	2.3

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution. ** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use.

Compared to Victoria, the proportion of Hindmarsh, Horsham RC or West Wimmera residents who reported they had visited a health professional for *any number* of visits due to psychological distress was lower than the Victoria average. Yarriambiack had the lowest proportion.

The proportion of Wimmera PCP residents that reported physical ill health was the main cause of psychological distress all or most of the time was higher in Horsham RC, West Wimmera and Yarriambiack compared to the Victoria average. Within the catchment, Yarriambiack had the highest proportion.

No. of visits to a health professional due to psychological distress# (2011-12)

Location	None	Once	Twice	> twice
Hindmarsh	89.1	6.7*	**	**
Horsham RC	89.0	6.8*	2.7*	1.2*
West Wimmera	88.0	6.6	2.7*	1.1*
Yarriambiack	85.1 ●	4.7	3.4*	**
Regional Victoria	88.2	6.3	2.7	2.3
Victoria	88.1	6.2	2.6	2.3

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population. * Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution. ** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use.

Physical ill health as the main cause of psychological distress all or most of the time (2011-12)

Location	% all or most of the time
Hindmarsh	7.6
Horsham RC	9.2 ●
West Wimmera	9.4 ●
Yarriambiack	11.0 ●
Regional Victoria	9.6 ●
Victoria	9.0

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria.
#Age standardised to 2011 Victorian population.

Hospital admissions

Hospitalisation figures over the period 2011-12 to 2013-14 indicate that Hindmarsh, West Wimmera and Yarriambiack had a higher rate of hospitalisations for mental diseases and disorders. Within the catchment, West Wimmera had the highest rate, followed by Hindmarsh.

Compared to rates for the total population, rates for the Indigenous population in Horsham RC and Yarriambiack were substantially higher. Rates were also notably higher than the Victoria Indigenous average.

Hospital separations* for mental diseases and disorders MDC (2011-12 to 2013-14)

Location	Indigenous population		Total population	
	No.	Rate#	No.	Rate#
Hindmarsh	<5	np	149	787 ●
Horsham RC	19	1,742 ●	239	404
West Wimmera	0	0	116	1,105 ●
Yarriambiack	5	1,811 ●	157	751 ●
Wimmera PCP Total	24	1,335 ●	661	604
Victoria	1,609	1,079	105,785	615

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16. * Public hospitals only #Average annual rate per 100,000 2013 estimated resident population - not age standardised

Emergency department presentations

Over the three year period 2011-12 to 2013-14, there were 801 emergency department presentations of Wimmera PCP residents in the psychiatric illness MDC. Compared to the Victorian average, Horsham RC had a substantially higher rate of presentations.

Over the period, the rate of presentations for Indigenous Horsham RC residents for this category was more than double the rate for the total Wimmera RC population and almost double the Victorian Indigenous figure.

Emergency department presentations* for psychiatric illness MDC (2011-12 to 2013-14)

Location	Indigenous Population		Total Population	
	No.	Rate#	No.	Rate#
Hindmarsh	<5	np	67	354
Horsham RC	31	2,606 ●	632	1,069 ●
West Wimmera	<5	np	16	152
Yarriambiack	0	0.0	86	411
Wimmera PCP Total	np	np	801	732 ●
Regional Victoria	986	1,251	27,330	626
Victoria	1,989	1,334	99,206	576

Department of Health and Human Services, VEMD public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16. * Public hospitals only #Average annual rate per 100,000 2013 estimated resident population - not age standardised

Mental health service clients

In 2012/13, compared to the Victoria average, Hindmarsh, Horsham RC and Yarriambiack had a higher rate of mental health clients. Within the catchment, Horsham RC had the highest rate, followed by Hindmarsh. *Note that updated service type breakdown was not available due to the current data ordering requirements with Department of Health and Human Services.*

Mental health clients per population (2012-13)

Location	Rate
Hindmarsh	14.3 ●
Horsham RC	16.4 ●
West Wimmera	10.7
Yarriambiack	12.7 ●
Regional Victoria	15.7
Victoria	11.1

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 *Rate per 1,000 age standardised to 2011 Victorian population.

Mental health clients by service type

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)

		Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
Adult	No. Clients	69	224	36	64	44,663
	% of 2008 est. pop.	1.1%	1.1%	0.8%	0.8%	0.8%
Aged	No. Clients	15	35	6	14	7,961
	% of 2008 est. pop.	0.2%	0.2%	0.1%	0.2%	0.1%
CAMHS*	No. Clients	9	42	5	20	7,835
	% of 2008 est. pop.	0.1%	0.2%	0.1%	0.3%	0.1%
Forensic	No. Clients	0	<5	0	<5	621
	% of 2008 est. pop.	0.0%	-	0.0%	-	0.0%
Specialist	No. Clients	0	<5	0	0	543
	% of 2008 est. pop.	0.0%	-	0.0%	0.0%	0.0%
Total	No. Clients	93	304	47	100	61,623
	% of 2008 est. pop.	1.5%	1.5%	1.0%	1.3%	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

Self harm

Over the three year period 2011-12 to 2013-14, there were 186 hospitalisations of Wimmera PCP* catchment residents for injuries caused by self harm. The average annual rate of hospitalisations per year was notably higher than the Victorian average. Horsham RC had the highest rate of hospitalisations and this was more than double the Victorian average.

Females accounted for 81% of hospitalisations in Horsham RC and this proportion was much higher than the Victorian figure for females. The proportion of hospitalisations that were males was slightly higher than the Victorian average in Hindmarsh and Yarriambiack.

The rate of hospitalisations for Horsham RC Indigenous residents was almost double the rate for the total Horsham RC population, while it was more than double the Victorian Indigenous figure.

In Hindmarsh, more than half of the hospitalisations for injuries from self harm were for persons aged 15 to 24 years and this figure was much higher than the Victorian average for the age group. In Horsham RC, just over one fifth of hospitalisations were for the 15 to 24 years age group.

Just over 75% of hospitalisations of Horsham RC residents were in the 25 to 64 years age group, while 100% of West Wimmera hospitalisations were in this age group. Both proportions were greater than the Victorian average. Figures for other age groups were not published due to low numbers.

* Excluding West Wimmera

Hospital separations for self harm injuries - by sex (2011-12 to 2013-14)

Location	Total Separations			Males		Female	
	No.	Rate#		No.	%	No.	%
Hindmarsh	23	121	●	8	35%	15	65%
Horsham RC	140	237	●	27	19%	113	81% ●
West Wimmera	np	np		np	np	12	np
Yarriambiack	23	110	●	9	39%	14	61%
Wimmera PCP Total*	186	188	●	44	24%	142	76% ●
Regional Victoria	4,922	113		1,610	33%	3,312	67%
Victoria	16,922	98		5,543	33%	11,379	67%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 #Per 2012 estimated total resident population *Excluding West Wimmera np = not published by data source agency as number was between 1 and 4 or suppressed to maintain confidentiality.

Hospital separations for self harm injuries - by Indigenous status (2011-12 to 2013-14)

Location	Indigenous Separations*			Total Separations**	
	No.	Rate#		No.	Rate#
Hindmarsh	np			23	121 ●
Horsham RC	5	458	●	140	237 ●
West Wimmera	0			np	np
Yarriambiack	0			23	110 ●
Victoria	335	225		16,922	98

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 *Per 2013 estimated Indigenous resident population ** Per 2012 estimated total resident population np = not published by data source agency as number was between 1 and 4 or suppressed to maintain confidentiality.

Hospital separations for self harm injuries - % age group (2011-12 to 2013-14)

Location	0 - 14 years		15 - 24 years		25 - 64 years		65 years and over	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Hindmarsh	0	0.0%	12	52.2% ●	11	47.8%	0	0.0%
Horsham RC	np	np	29	20.7%	106	75.7% ●	np	np
West Wimmera	0	0.0%	0	0.0%	13	100.0% ●	0	0.0%
Yarriambiack	0	0.0%	np	np	12	52.2%	np	np
Victorian Total	434	2.5%	5,412	31.4%	10,635	61.6%	782	4.5%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 np = not published by data source agency as number was between 1 and 4 or suppressed to maintain confidentiality.

Avoidable mortality – self inflicted injuries

Between 2009 and 2013, the rate of avoidable deaths due to self-inflicted injuries was much higher (more than triple) for Yarriambiack residents than the Victorian average. The rate was also higher for Horsham RC residents.

Within the PCP catchment, Yarriambiack had the highest rate. Figures for Hindmarsh and West Wimmera were too small to publish.

Sex and age breakdown of figures are not available for the Wimmera PCP catchment due to small numbers, however, across Victoria, males accounted for 77% of all deaths caused by self-inflicted injuries (suicides) that took place in 2014.¹

National figures for 2014 indicate that the greatest number of suicides in males and females occurred in the 30 to 54 year age cohort. However, as a rate of population in the respective age group, the highest rate of male suicides was in the 85 years and over age group, while the highest rate of female suicides was seen in the 35 to 44 years age group.¹

¹ Causes of death, Australia, 2014, ABS 3303.0

Avoidable deaths** from suicide and self-inflicted injuries (2009-13)

Location	Number	Rate*
Hindmarsh (S)	#	..
Horsham RC	9	10.4 ●
West Wimmera (S)	#	..
Yarriambiack (S)	9	29.1 ●
Regional Victoria	739	11.9
Victoria	2,453	9.4

Social Health Atlas of Australia, Victorian Local Government Areas, May 2016 release, PHIDU 2016

** In persons aged 0 to 74 yrs * Indirectly age-standardised average annual rate per 100,000 population # Number not published by data source agency # Data withheld due to small total number

Alcohol and other drugs

Alcohol consumption guidelines

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 2011-12

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 2011-12 Victorian Population Health Survey.

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 2011-12, Department of Health 2014

Alcohol purchasing frequency and expenditure

In 2011, Horsham RC residents were more likely than the Victorian average to report they had purchased alcohol in the last seven days. Horsham RC had the highest rate.

West Wimmera residents that reported purchasing alcohol in the last seven days spent a similar average amount on packaged liquor to the Victorian average.

Of those Wimmera PCP LGA residents that reported purchasing alcohol in the previous seven days, all reported spending a lower average amount on alcohol at licensed premises compared to the Victorian average.

Alcohol purchasing (2011)

Location	Purchased alcohol in the last seven days	Seven day \$ spend on packaged liquor (of those purchasing)	Seven day \$ spend at a licensed premises (of those purchasing)
	Rate per 100 persons	Average \$ spend	Average \$ spend
Hindmarsh	35.5	\$23.6	\$39.2#
Horsham RC	41.2 ●	\$37.0	\$16.7
West Wimmera	30.8	\$44.9 ●	\$37.5
Yarriambiack	22.2	\$32.3	\$16.8
Victoria	36.6	\$44.0	\$42.0

*VicHealth Indicators Survey 2011 *age-standardised data # caution (RSE 25-50%)" indicates that the estimate should be used with caution, as it is not reliable for general use (as the relative standard error is between 25-50%)*

Alcohol consumption

Risk of alcohol-related harm in the short term

'Risk of alcohol-related injury on a single occasion refers to the acute effects of excess alcohol consumption that can result in death or injury due to road traffic accidents, falls, drowning, assault, suicide and acute alcohol toxicity. The risk of alcohol-related injury increases with the amount of alcohol consumed on a single occasion.- Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne

National Health and Medical Research Council (NHMRC) guidelines to reduce health risks from drinking alcohol

NHMRC (2009) guidelines

Guideline 1: Reducing the risk of alcohol-related harm over a lifetime	For healthy men and women, drinking no more than TWO standard drinks ^(a) on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
Guideline 2: Reducing the risk of injury on a single occasion of drinking	For healthy men and women, drinking no more than FOUR standard drinks ^(a) on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne (a) Quantities based on a standard drink containing 10 grams or 12.5 millilitres of alcohol

In 2014, compared to the Victoria average, a greater proportion of residents from all Wimmera PCP LGAs were more likely to be at risk of alcohol related injury on a single occasion. Within the PCP catchment, West Wimmera had the highest proportion, followed by Hindmarsh.

Figures from the 2011-12 Victorian Population Health Survey indicate that, across the catchment, males were much more likely than females to report consuming alcohol at risky or high risk levels for health in the short term. Male residents of Hindmarsh, West Wimmera and Yarriambiack were notably more likely than the Victorian male average to report consuming alcohol at risky or high risk levels for health in the short term; while female residents of West Wimmera and Yarriambiack were notably more likely than the Victorian female average.

Proportion (%) of adult population at risk of alcohol related injury on a single occasion* (2014)

Location	Abstainer or no longer drinks alcohol %	Reduced risk %	Increased risk: yearly, monthly or weekly %
Hindmarsh	22.6	25.6	51.4 ●
Horsham RC	11.7	38.0	49.8 ●
West Wimmera	18.0	25.0	53.5 ●
Yarriambiack	18.1	32.3	46.9 ●
Regional Victoria	18.9	32.4	47.8
Victoria	20.8	35.8	42.5

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne # Age standardised to the 2011 Victorian population. *Based on the NHMRC 2009 guidelines.

Short term risk of alcohol-related harm by sex[#] (2011-12)

Location	Males			Females		
	Abstainer	Low risk	Risky or high risk	Abstainer	Low risk	Risky or high risk
Hindmarsh	13.8	17.0	68.7 ●	32.3	31.4	36.3
Horsham RC	10.8*	39.9	49.3	24.7	41.9	33.4
West Wimmera	7.2	25.4	67.3 ●	23.6	28.2	48.2 ●
Yarriambiack	8.8	28.5	62.1 ●	22.0	27.7	50.3 ●
Rural Victoria	13.6	27.0	59.3	20.6	36.4	42.6
Victoria	14.0	33.2	52.6	22.9	38.4	38.3

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population. ¹Based on national guidelines. * Estimate has a relative standard error (RSE) off between 25 and 50 per cent and should be interpreted with caution.

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

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. *Age standardised to 2011 Victorian population.

Results of the Victorian Population Health Survey 2011-12, indicate that at the state level:

- A much higher proportion of males (52.5 %) compared to females (38.1%) consumed alcohol on at least one occasion in the past 12 months at levels that put them at risk of short-term alcohol-related harm
- The prevalence of short-term risk of alcohol-related harm, on a monthly or weekly basis, was significantly greater in males and females aged 18–24 years compared with all Victorian men and women, and declined with age, and in all age groups, the prevalence of short-term risk of alcohol-related harm on a weekly basis was a significantly higher in men compared with women.

Long term risk to health

Risk of alcohol related harm in the long term

'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.' ¹ Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne

In 2014, compared to the Victoria average, the Wimmera PCP LGAs had a higher proportion of population that had an increased lifetime risk of alcohol-related harm. Within the PCP catchment, Yarriambiack had the highest proportion.

Adult population with lifetime risk of alcohol-related harm by risk category* (2014)

Location	Abstainer / no longer drinks %	Reduced lifetime risk %	Increased lifetime risk %
Hindmarsh	22.6	14.8	62.0 ●
Horsham RC	11.7	22.0	62.3 ●
West Wimmera	18.0	13.9	63.1 ●
Yarriambiack	18.1	13.2	64.6 ●
Regional Victoria	18.9	16.1	62.9
Victoria	20.8	18.3	59.2

Department of Health and Human Services 2016, Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria, Melbourne. #Age standardised to the 2011 Victorian population. * Based on the NHMRC 2009 guidelines.

Results of the Victorian Population Health Survey 2014, indicate that at the *state level*:

- except for in the 18 - 24 years age group, the proportion of males at 'increased risk' of alcohol-related harm was significantly higher than in females
- for females, the highest proportion of 'increased risk' of alcohol-related harm was seen in the 18 - 24 years age group, followed by the 25 - 34 years age group
- for males, the highest proportion of 'increased risk' of alcohol-related harm was seen in the 35 - 44 years age group, followed by the 18 - 24 years age group, and
- males and females living in rural Victoria were more likely than those living in metropolitan Melbourne to be at 'increased risk' of alcohol-related harm.

Alcohol related harm

Hospital separations

Over the three-year period 2011-12 to 2013-14, compared to the Victoria and regional Victoria average, Hindmarsh and Yarriambiack had a higher rate of hospital separations for alcohol/drug use and alcohol/drug use induced organic mental disorders per population. The rate in Hindmarsh and Yarriambiack was notably higher than the Victoria and regional Victoria average.

Hospital separations for alcohol/drug use and alcohol/drug use induced organic mental disorders (2011-12 to 2013-14)

Location	Indigenous population		Total population	
	No.	Rate*	No.	Rate*
Hindmarsh	<5	np	27	142.6 ●
Horsham RC	<5	np	36	60.9
West Wimmera			8	76.2
Yarriambiack			23	110.0 ●
Wimmera PCP Total	np	np	94	85.9
Regional Victoria			4,183	95.8
Victoria	505		16,633	96.6

Department of Health and Human Services, VAED public hospital data for the period 2011/12 to 2013/14. Commissioned from HosData 2015/16
*Average annual rate per 100,000 2013 estimated resident population - not age standardised

Emergency department presentations and ambulance attendances

In 2012-13, compared to Victoria, the emergency department presentation rate for alcohol-related harm for Hindmarsh and Horsham RC residents was notably higher. Horsham RC also had a much higher rate of alcohol-related harm ambulance attendances, compared to the Victoria average.

Alcohol related harm and need for medical attention (2012-13)

Location	Emergency dept. presentations rate* (2012-13)				Ambulance attendance rate* (2013/14)		
	Persons	Males	Females	15-24 years	Persons	Males	Females
Hindmarsh	20.7 ●	27.7 ●			22.8	38.3	
Horsham RC	27.0 ●	23.6 ●	30.2 ●	35.7 ●	56.9 ●	58.5 ●	55.3 ●
West Wimmera	N/a		0		N/a		
Yarriambiack	12.7		14.3 ●	0	22.8	33.6	
Victoria	13.8	17.2	10.4	25.2	34.4	44.3	24.7

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

Ambulance attendance by age group (2013-14)

Location	0-14	15-24	25-39	40-64 yrs	≥65 yrs
Hindmarsh				34.7	
Horsham RC	0	93.4 ●	100.6 ●	71.6 ●	13.8
West Wimmera	0	0	0		
Yarriambiack	0			27.8	
Victoria	1.1	55.8	41.9	45.2	19.0

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

Alcohol related harm: violence, injuries and death

In 2012-13, compared to the Victoria average, Yarriambiack had a much higher rate per population of alcohol related deaths. Both Yarriambiack and Horsham RC, compared to the Victoria average, had a higher rate per population of assaults that occurred during high alcohol hours[#], and both rates were notably higher than the Victoria average.

Compared to Victoria, rates of definite alcohol family violence incidents in Hindmarsh, Horsham RC and Yarriambiack were higher. The rate in Horsham RC was more than double the Victoria average. Please refer to <http://www.aodstats.org.au/#data> for more information about data and methodology.

Note: numbers were not large enough to enable reliable analysis of sex and age breakdown.

Alcohol related harm: violence, injuries and death rates* (2012-13)

Location	Alcohol related deaths	Serious road injury (2013-14)	Assaults during high alcohol hours [#]	Definite alcohol family violence incidents
Hindmarsh	N/a	N/a	12.9	34.5 ●
Horsham RC	N/a	N/a	38.9 ●	46.5 ●
West Wimmera	N/a	0	0	21.3
Yarriambiack	6.5 ●	0	23.2 ●	25.3 ●
Victoria	1.5	1.7	13.1	21.9

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13 # High alcohol hour assaults (HAH) - Fridays or Saturdays between 8 pm and 6 am. Alcohol involvement was noted in 65 per cent of these incidents. Please refer to http://aodstats.org.au/Documents/AODstats%20Methods_final%202014.10.02.pdf for further information.

Alcohol treatment episodes

In 2013-14, Hindmarsh, Horsham RC and Yarriambiack had a higher rate of episodes of care for alcohol treatment per population than the Victoria average. The rate in Horsham RC was more than double the Victoria average. Within the PCP catchment, Horsham RC had the highest rate, followed by Yarriambiack.

Horsham RC and Yarriambiack had a higher rate of episodes of care for illicit drug treatment per population than the Victoria average; while Horsham RC had a higher rate of episodes of care for pharmaceutical drug treatment per population. For both illicit and pharmaceutical drug treatment episodes of care, the rate for Horsham RC was more than double the Victoria average.

Treatment episodes of care rates* for alcohol, by sex (2013-14)

Location	Persons	Males	Females
Hindmarsh	55.7 ●	97.7 ●	
Horsham RC	120.8 ●	170.0 ●	72.7 ●
West Wimmera	23.9	41.4	
Yarriambiack	57.9 ●	82.0 ●	32.9 ●
Victoria	45.1	59.3	31.1

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2013-14

Treatment episodes of care rates* for alcohol, by age group (2013-14)

Location	0-14 yrs	15-24 yrs	25-39 yrs	40-64 yrs	≥65 yrs
Hindmarsh			80.4 ●	99.6 ●	
Horsham RC	26.4 ●	125.3 ●	267.7 ●	159.7 ●	
West Wimmera	0.2		94.2 ●		0
Yarriambiack	0	98.1 ●	227.4 ●	59.5	
Victoria	3.3	53.7	70.6	64.0	9.5

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2013-14

Drug related harm

Illicit drug related harm

In 2012-13, compared to the Victoria average, Horsham RC had a slightly higher rate of ED presentations for illicit drug related harm. The rate of hospital admissions for illicit drug related harm was lower for all Wimmera PCP LGAs than the Victoria average. Within the PCP catchment, Horsham RC had the highest rate, followed by West Wimmera. Rates of ambulance attendances for illicit drug-related harm were lower for Wimmera PCP LGAs than the Victoria average.

Illicit drug-related harm episodes* (2012-13)

Location	ED presentations	Hospital admissions	Ambulance attendances
Hindmarsh	0	10.4	N/a
Horsham RC	2.5 ●	13.2	10.7
West Wimmera	N/a	11.9	N/a
Yarriambiack	0	7.0	7.1
Victoria	2.1	14.4	12.2

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

Pharmaceutical drug-related harm

In 2012-13, compared to the Victoria average, Hindmarsh and Horsham RC had a higher rate of ED presentations for pharmaceutical drug-related harm. The rate in Horsham RC was the highest in the PCP catchment and was almost four times the Victorian average. The data also indicates that rates for young people and for females were significantly more common in the catchment (mostly Horsham RC) than the state average.

The rate of hospital admissions for pharmaceutical drug related harm was higher in Horsham RC, West Wimmera and Yarriambiack compared to the Victoria average. Again, Horsham RC had the highest rate in the PCP catchment and the rate was almost double the Victoria average. The rate of hospitalisations was particularly high for Horsham RC young people and females.

Rates of ambulance attendances for pharmaceutical drug related harm were higher in Hindmarsh, Horsham RC and Yarriambiack compared to the Victoria average. The rate in Horsham RC was the highest in the PCP catchment. Hindmarsh had a notably higher rate for males and for young people, while Horsham RC had a notably higher rate for females and the 25 - 64 years age group.

Pharmaceutical drug-related harm episodes* (2012-13)

Location	ED presentations	Hospital admissions	Ambulance attendances
Hindmarsh	13.8 ●	N/a	21.1 ●
Horsham RC	43.8 ●	23.4 ●	23.3 ●
West Wimmera	N/a	14.2 ●	N/a
Yarriambiack	11.2	14.1 ●	17.1 ●
Victoria	12.6	12.0	16.9

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

ED presentations for pharmaceutical drug related harm (2012-13)

Location	Total	15-24 yrs	Male	Female
Hindmarsh	13.8 ●	86.8 ●		
Horsham	43.8 ●	122.8 ●	18.5 ●	68.5 ●
West Wimmera	na	0	0	na
Yarriambiack	11.2	na	na	na
Victoria	12.6	28.3	8.8	16.3

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

Hospitalisations for pharmaceutical drug related harm (2012-13)

Location	Total	15-24yrs	Male	Female
Hindmarsh	na	na	na	na
Horsham	23.4 ●	59.4 ●	13.4 ●	33.3 ●
West Wimmera	14.2 ●	na	na	na
Yarriambiack	14.1 ●	na	na	na
Victoria	12.0	22.2	8.7	15.2

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

Ambulance attendances for pharmaceutical drug related harm (2012-13)

Location	Total	Male	Female	15-24yrs	25-39yrs	40-64yrs
Hindmarsh	21.1 ●	24.4 ●	17.7	107.0 ●	na	na
Horsham	23.3 ●	13.3	33.2 ●	na	67.9 ●	26.5 ●
West Wimmera	na	na	na	na	na	na
Yarriambiack	17.1 ●	16.8 ●	17.4	70.1 ●	na	na
Victoria	16.9	13.5	20.3	29.4	25.2	18.7

AODstats, Turning Point - Eastern Health, accessed July 2016 *Rate per 10,000 population, 2012-13

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 inclusion and participation

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 catchment, 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%
Regional Victoria	143,589	11.6%
Victoria	476,872	9.6%

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

Persons with a 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)

Age in years	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
Males										
0-64	89	4.0%	257	3.3%	61	3.6%	161	5.9%	3.7%	2.7%
65-74	33	10.2%	56	7.0%	16	6.5%	35	9.0%	8.8%	9.0%
75-84	36	14.8%	83	15.1%	29	18.2%	55	17.7%	16.7%	18.9%
≥85	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	74	3.4%	240	3.0%	45	2.8%	127	4.9%	2.9%	2.3%
65-74	19	5.7%	42	4.7%	8	3.2%	35	8.3%	7.6%	9.1%
75-84	48	19.1%	134	18.9%	27	16.6%	71	20.9%	20.1%	24.2%
≥85	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, 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)

Location	Number	Percentage of population
Hindmarsh	5,401	93.2%
Horsham RC	18,016	93.4%
West Wimmera	4,048	95.2%
Yarriambiack	6,609	93.2%
Regional Victoria	1,217,023	90.4%
Victoria	3,874,863	72.4%

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

New settler arrivals

In 2012-13, compared to the Victoria and regional Victoria average, all Wimmera PCP LGAs had a lower rate of new settler arrivals per population.

New settler arrivals per 100,000 population (2012-13)*

Location	Rate
Hindmarsh	310.5
Horsham RC	315.4
West Wimmera	47.4
Yarriambiack	337.5
Regional Victoria	383.5
Victoria	1,415.1

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 * Data is based on the stated LGA of intended residence, not the actual LGA of residence after arrival.

Nhill new settler snapshot

The following information was provided by the Wimmera PCP:

- Nhill is home to 186 Karen residents, including children
- there is a growing number of Thai residents and an Italian family has recently moved into Nhill
- current estimate is that over 10% of Nhill's population is newly arrived migrants.
- Luv-A-Duck's Karen workforce is approximately 50 - 60 employees, and over 12 local businesses now employ Karen refugees
- all three schools have Karen students enrolled, and the Nhill Lutheran School is teaching Karen as their language class, and
- there are approximately 25 - 30 Karen students across the three schools.

Social contact

In 2011-12, residents of Hindmarsh were more likely than the regional Victoria or Victoria average to report they had only spoken to 0 to 4 people the previous day. Residents of all Wimmera PCP LGAs were less likely than the Victoria average to report they used social networking to organise time with family or friends.

Number of people spoken to previous day* (2011-12)

Location	0 - 4 people	5 - 9 people	≥10 people
Hindmarsh	25.3 ●	22.2	52.2
Horsham RC	17.2	24.0	58.5
West Wimmera	20.4	31.4	46.9
Yarriambiack	19.9	24.7	55.0
Regional Victoria	21.6	27.4	52.4
Victoria	21.4	27.1	51.2

Department of Health and Human Services 2014, Victorian Population Health Survey 2011-12 Survey findings, State Government of Victoria. #Age standardised to 2011 Victorian population.

Persons that used social networking to organise time with friends or family (2011)

Location	Rate per 100
Hindmarsh	31.1
Horsham	33.7
West Wimmera	36.3
Yarriambiack	35.9
Victoria	37.4

VicHealth Indicators Survey 2011, VicHealth 2012

Able to get help from friends, family or neighbours when needed

In 2011-12, residents of Hindmarsh, West Wimmera and Yarriambiack were less likely than the regional Victoria or Victoria average to report that they could definitely get help from family when needed. Residents of Hindmarsh were also less likely than the regional Victoria or Victoria average to report that they could definitely get help from friends when needed. However, all Wimmera PCP LGAs were much more likely to report that they were definitely able to get help from neighbours when needed compared to the regional Victoria and Victoria average.

Able to get help from friends, family or neighbours when needed by LGA (2011-12)

Location	Family			Friends			Neighbors		
	No / not often	Some-times	Yes definitely	No / not often	Some-times	Yes definitely	No / not often	Some-times	Yes definitely
	%	%	%	%	%	%	%	%	%
Hindmarsh	9.3*	12.1	78.4 ●	7.2*	14.6	78.1 ●	11.3	17.4	69.4
Horsham RC	4.7	7.4	87.7	3.7	9.9	86.2	11.4	15.4	72.5
West Wimmera	6.0	12.3	81.7 ●	6.1	11.3	82.4	11.5	16.8	71.3
Yarriambiack	4.6	13.4*	80.7 ●	4.2*	6.5	88.8	10.4	17.5	70.1
Regional Victoria	6.7	10.4	82.7	4	12.4	83.3	18.1	18.1	62.0
Victoria	6.3	10.6	82.6	5.2	12.9	81.9	21.2	22.1	54.4

Victorian Population Health Survey 2011-12, Survey findings, Social capital, Department of Health and Human Services, State Government of Victoria 2015 * Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution

Community participation and social connection

In 2011-12, compared to Victoria and regional Victoria averages, residents of all Wimmera PCP LGAs were much more likely to report they participated in their community by: attending a local event in the last 6 months, being a member of a sports group, being a member of a religious group, being a member of another kind of community/action group, being a member of an organised group that has taken local action, volunteering once or more per month, or being on a decision-making board or committee.

Residents of all Wimmera PCP LGAs were also much more likely to report that they definitely feel valued by society.

Community participation indicators (2011-12)

Type of participation	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Regional Victoria	Victoria
Attended a local community event in last 6 mnths	78.8	68.7	85.6	79.8	68.4	55.3
Member of sports group	41.8	42.0	43.8	43.8	31.3	26.5
Member of religious group	26.4	22.4	21.2	24.1	17.1	18.0
Member of school group	14.2	12.1	25.5	18.6	13.6	12.5
Member of professional group	9.8	15.1	19.7	28.1	20.0	24.0
Member of other community/action group	34.2	34.0	40.8	35.9	22.7	18.7
Member of organised groups that has taken local action	42.4	46.8	47.9	56.6	30.3	25.8
Volunteers (once a month or more)**	49.9	51.2	62.3	51.8	na	33.9
Actively involved in children's school	17.5	14.1	22.1	19.5	15.6	14.2
On decision making board or committee	28.0	22.3	38.4	34.8	21.4	17.8
Feels valued by society (yes, definitely response)	62.2	64.4	60.5	56.9	52.8	52.6

Victorian Population Health Survey 2011-12, Survey findings, Social capital, Department of Health and Human Services, State Government of Victoria 2015 * Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution

** From the Vichealth Indicators Survey 2011

Participation in arts activities

The VicHealth Indicators Survey 2011, included questions concerning participation in arts activities based on the documented benefits that such participation brings to health and wellbeing, particularly by enhancing social connection and mental health. Please refer to the VicHealth website for more information about this and other indicators.

<https://www.vichealth.vic.gov.au/programs-and-projects/indicator-overview-sheets>

In 2011, compared to Victoria, a lower proportion of Wimmera PCP catchment, except Yarriambiack, residents reported attending an arts activity or event in the previous 3 months. Compared to Victoria, a lower proportion of Wimmera PCP catchment, except West Wimmera, residents reported they had made or created art or crafts in the previous 3 months.

Persons (%) that attended arts activities or events in the last 3 months (2011)

Location	Persons that attended arts activities or events in the last 3 months	Persons that made or created art or crafts in the last 3 months
Hindmarsh	49.8	30.9
Horsham RC	50.4	29.5
West Wimmera	44.1	43.7
Yarriambiack	64.4	30.5
Victoria	63.8	35.2

VicHealth Indicators Survey 2011, VicHealth 2012

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 - by age and sex (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

In 2011, homes in all Wimmera PCP region LGAs (particularly in Hindmarsh, 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 homes and 19.6% of Victorian homes.

Type of internet connection at home (2011)

Connection type	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Regional Victoria	Victoria
	No.	%	No.	%	No.	%	No.	%	%	%
No connection	829	35%	2,170	28%	580	33%	982	34%	26%	20%
Broadband connection	1,260	54%	4,604	60%	975	56%	1,535	54%	63%	70%
Dial-up connection	88	4%	301	4%	80	5%	131	5%	4%	3%
Other connection	73	3%	293	4%	48	3%	88	3%	4%	4%
Total	1,421	61%	5,198	68%	1,103	63%	1,754	62%	71%	77%
Not stated	90	4%	266	4%	73	4%	115	4%	4%	4%
Total	2,340	100%	7,634	100%	1,756	100%	2,851	100%	100%	100%

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

Gambling

Characteristics of 'problem gamblers'

The Victorian Gambling Study, A Longitudinal Study of gambling and public health - Wave Two Findings (DoJ, 2011) found that a number of variables were found to be associated with the increased risk of 'transitioning' from a non-gambler/non-problem gambler to a low or moderate risk or problem gambler. These variables were:

- poor general health
- poor psychological health
- past year smoking
- group households (with non-relatives)
- one-parent families
- speaking a language other than English at home
- year 10 or lower education levels
- betting weekly or greater on horse, harness racing or greyhounds, and
- troubles with work, boss or superiors and an increase in the number of arguments with someone close.

The study also found that males are significantly more likely to be problem gamblers or moderate risk gamblers than females. For males, those aged 25-34 years have the highest prevalence of problem gambling, followed by those aged 50-64 years.

The 25-34 years age group also had the highest prevalence of problem gambling for females, along with the 35-49 year age group, then closely followed by females aged 60-64 years.

Gaming machine expenditure

In 2014-15, compared to Victoria, Horsham RC had a net electronic gaming machine (EGM) expenditure per person of \$627 and this figure was higher than the regional Victoria and Victoria average. Note that figures are based on the location of the EGM and not the residence of the person using the EGM.

Compared to 2012-13, the net expenditure in 2014-15 on EGMs per person increased in Horsham RC by \$40 per person.

In 2014-15, in Horsham RC, there were 9.7 EGMs per 1,000 population and this figure was markedly higher than the regional Victoria and Victoria averages (6.7 and 5.7 respectively).

Net EGM expenditure* by LGA (2014-15 and 2015-16)

Location	Total net EGM expenditure*		EGMs per 1,000 population		Net EGM expenditure per person	
	2012-13	2014-15	2012-13	2014-15	2012-13	2014-15
Hindmarsh	\$-	\$-	0	0	\$-	\$-
Hindmarsh	\$-	\$-	0	0	\$-	\$-
Horsham RC	\$9,291,228	\$9,531,131	9.4 ●	9.7 ●	\$587 ●	\$627 ●
West Wimmera	\$-	\$-	0	0	\$-	\$-
Yarriambiack	\$-	\$-	0	0	\$-	\$-
Regional Victoria	\$535,999,090	\$551,727,941	6.5	6.7	\$458	\$483
Victoria	\$2,490,488,907	\$2,571,926,031	5.8	5.7	\$550	\$553

Victorian Commission for Gambling and Liquor Regulation, 2016 # Based on location of EGM not place of residence. Some LGAs do not have any EGMs, however some residents may travel to other areas to use EGMs. *The total amount lost by players

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)

Indicator	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
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

Citizen engagement

“Broadly, citizen engagement refers to a range of activities and affiliations undertaken by people within their communities... The involvement of citizens in a community allows for their engagement in decision-making processes, and is essential for the development of appropriate policies and decisions in government, the private sector and the community”

Participation in citizen engagement - Indicator overview, VicHealth indicators survey 2011, accessed online at <https://www.vichealth.vic.gov.au/programs-and-projects/indicator-overview-sheets>

In 2011, residents of all Wimmera PCP LGAs were much more likely to report they had participated in citizen engagement in the previous year. Yarriambiack had the highest proportion, followed by Hindmarsh.

Community participation figures (set out in the social connection section of this document) indicate that communities in the Wimmera PCP catchment benefit from a very high level of volunteerism and participation in community groups compared to regional Victoria and Victoria.

In 2011, the rate of Wimmera PCP residents that accepted diverse cultures was lower than the Victorian average. Within the catchment, Hindmarsh had the lowest proportion, followed by West Wimmera.

Compared to the Victoria average, residents of all Wimmera PCP LGAs were equally or more likely to report they felt safe walking alone during the day, while they were much more likely than the Victorian average to report they felt safe walking alone during the night.

Persons that participated in citizen engagement in the previous year (2011)

Location	Rate per 100
Hindmarsh	67.4
Horsham RC	66.8
West Wimmera	66.9
Yarriambiack	71.3
Victoria	50.1

VicHealth Indicators Survey 2011, VicHealth 2012

Community acceptance of diverse cultures (2011)

Location	Rate per 100
Hindmarsh	29.7 ●
Horsham RC	42.4 ●
West Wimmera	35.2 ●
Yarriambiack	45.8 ●
Victoria	51.0

VicHealth Indicators Survey 2011, VicHealth 2012

Perception of safety (2011)

Location	Feel safe walking alone during day	Feel safe walking alone during night
	Rate	Rate
Hindmarsh	97.0 ●	86.6
Horsham RC	98.1	76.4
West Wimmera	100.0	90.5
Yarriambiack	99.0	88.8
Victoria	97.1	69.9

VicHealth Indicators Survey 2011, VicHealth 2012

In 2011, residents of Hindmarsh and Horsham RC were slightly less likely to report that they were prepared to intervene in a domestic violence situation compared to the Victoria average.

Residents of Horsham RC and West Wimmera were less likely to report that they supported the smoking ban in outside dining areas.

Prepared to intervene in a domestic violence situation (2011)

Location	Rate per 100
Hindmarsh	90.5 ●
Horsham RC	90.8 ●
West Wimmera	93.0
Yarriambiack	95.0
Victoria	92.9

VicHealth Indicators Survey 2011, VicHealth 2012

Support for smoking ban in outside dining areas (2011)

Location	Rate per 100
Hindmarsh	69.8
Horsham RC	68.3 ●
West Wimmera	58.4 ●
Yarriambiack	78.3
Victoria	69.8

VicHealth Indicators Survey 2011, VicHealth 2012

Road accidents

Road accident hospitalisations

Over the period 2011 to 2016, Horsham RC had the greatest number of hospitalisations for car accident injuries. Hindmarsh had the next highest number, followed by West Wimmera.

For all Wimmera PCP LGAs, and reflecting the Victorian average figure, males made up a greater proportion of all hospitalisations.

The most common age of persons hospitalised varied between each LGA and is likely to be largely connected to age structure of the population, as data is not age-standardised.

Between 2011 and 2016, compared to Victoria, a much larger proportion of West Wimmera residents hospitalised were the driver; while a larger proportion of Hindmarsh, Horsham RC and Yarriambiack residents hospitalised were motorcyclists or car passengers.

Saturday was the most common day for a car accident injury to occur for Hindmarsh and Horsham RC residents, while Tuesday and Wednesday were most common for West Wimmera residents and Sunday, Monday and Wednesday were most common for Yarriambiack residents. For all Wimmera PCP LGAs, the most common time of day for a car accident injury to occur was between midday and 6pm.

Hospitalisations for car accident injuries - by sex and age (2011-16*)

Sex and age	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Total number	43	109	30	27	29,245
Female	47%	44%	23%	26%	42%
Male	53%	56%	77%	74%	57%
Unknown	0%	0%	0%	0%	0%
0 to 17 years	23%	8%	10%	19%	6%
18 to 25 years	26%	33%	20%	19%	21%
26 to 39 years	30%	20%	13%	19%	23%
40 to 59 years	14%	19%	37%	26%	27%
60 years and over	7%	19%	20%	19%	22%
unknown	0%	0%	0%	0%	0%

Road Trauma Statistics for Serious Injuries, Traffic Accident Commission (TAC), July 2016 * 31st December 2010 to 31st December 2015

Hospitalisations for car accident injuries - by road user (2011-16*)

Road user	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Bicyclist	2%	2%	0%	0%	6%
Driver	37%	43%	77%	41%	46%
Motorcyclist	28%	23%	7%	26%	17%
Passenger	30%	27%	13%	22%	18%
Pedestrian	0%	5%	0%	11%	11%
Unknown	2%	1%	3%	0%	2%

Road Trauma Statistics for Serious Injuries, Traffic Accident Commission (TAC), July 2016 * 31st December 2010 to 31st December 2015

Hospitalisations for car accident injuries - by day and time (2011-16*)

Day and time	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Monday	9%	17%	13%	22%	13%
Tuesday	7%	11%	20%	4%	13%
Wednesday	7%	13%	20%	22%	14%
Thursday	14%	13%	10%	15%	14%
Friday	5%	11%	7%	4%	15%
Saturday	44%	18%	13%	11%	17%
Sunday	14%	17%	17%	22%	15%
00:00 to 05:59	2%	5%	3%	11%	6%
06:00 to 11:59	19%	16%	10%	19%	27%
12:00 to 17:59	42%	50%	60%	37%	40%
18:00 to 23:59	26%	23%	23%	26%	21%
unknown	12%	7%	3%	7%	6%

Road Trauma Statistics for Serious Injuries, Traffic Accident Commission (TAC), July 2016 * 31st December 2010 to 31st December 2015

Road accident deaths

Over the period 2006 to 2016, Horsham RC had the greatest number of deaths resulting from car accident injuries. West Wimmera had the next highest number.

For all Wimmera PCP LGAs, and reflecting the Victorian average figure, males made up a much greater proportion of all deaths.

The most common age group for car accident fatalities was 30 to 49 years, except for in Yarriambiack, where the 18 to 20 years and the 26 to 29 years age group made up the greatest proportion of fatalities.

Compared to the Victoria average, a much larger proportion of Wimmera PCP fatalities were for drivers.

Note data is not standardised and the age and sex structure of the population will influence the data; also that numbers are very small and should be interpreted with caution.

Deaths from car accident injuries - by sex and age (2006-16*)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Total number	6	18	13	7	2,856
Female	17%	39%	23%	29%	29%
Male	83%	61%	77%	71%	71%
Unknown	0%	0%	0%	0%	0%
0 to 4 years	0%	0%	0%	0%	1%
5 to 15 years	0%	0%	0%	0%	3%
16 to 17 years	0%	0%	0%	0%	3%
18 to 20 years	0%	11%	15%	29%	10%
21 to 25 years	17%	6%	0%	14%	11%
26 to 29 years	0%	17%	8%	29%	8%
30 to 39 years	33%	22%	23%	0%	14%
40 to 49 years	17%	17%	38%	0%	13%
50 to 59 years	0%	11%	0%	14%	12%
60 to 69 years	0%	6%	8%	0%	9%
70 and over years	33%	11%	8%	14%	16%
unknown	0%	0%	0%	0%	0%

Road Trauma Statistics for Serious Injuries, Traffic Accident Commission (TAC), July 2016 * 1st July 2006 to 1st July 2016

Deaths from car accident injuries - by road user (2006-16*)

	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Bicyclist	0%	0%	0%	0%	3%
Driver	67%	67%	85%	100%	48%
Motorcyclist	0%	11%	8%	0%	15%
Passenger	33%	17%	0%	0%	19%
Pedestrian	0%	6%	8%	0%	15%
Unknown	0%	0%	0%	0%	0%

Road Trauma Statistics for Serious Injuries, Traffic Accident Commission (TAC), July 2016 * 1st July 2006 to 1st July 2016

Crime

Crimes against persons: sub-categories

In 2015-16, the rate of crimes against persons was higher in all Wimmera PCP LGAs compared to the Victorian average.

The rate of assaults and related offences was higher than the Victoria average in Hindmarsh, Horsham RC and Yarriambiack. Within the catchment, Horsham RC had the highest rate and this was almost three times the Victoria average.

The rate of sexual offences was higher than the Victoria average in all Wimmera PCP LGAs. Within the catchment, Horsham RC had the highest rate and this, again, was almost three times the Victoria average. The rate in Yarriambiack was more than double the Victoria average, while rates in Hindmarsh and in West Wimmera were also notably (approx. 50%) higher than the state average.

Rates of stalking, harassment and threatening behaviour were also much higher than the Victoria average in Horsham RC, West Wimmera and Yarriambiack. The rate in West Wimmera was more than double the Victorian average.

Crimes against persons: change over time

Between 2014-15 and 2015-16, the rate of assaults and related offences as well as for sexual offences per population increased in Hindmarsh, Horsham RC and Yarriambiack. All increases were greater than the Victoria average.

Rates of stalking, harassment and threatening behaviour also increased substantially between 2014-15 and 2015-16 in West Wimmera and Yarriambiack.

Crimes against persons: sex breakdown

Between July 2012 and June 2015, females made up a greater proportion than males of victims of crimes against persons in all Wimmera PCP LGAs and these proportions were each greater than the Victoria average (51%). Within the PCP catchment, West Wimmera had the greatest proportion of victims that were female (62%), followed by Hindmarsh (61%).

Between July 2012 and June 2015, females made up a much greater proportion (between 82% and 92%) of victims of sexual offences compared to males in the Wimmera PCP LGAs. Females also made up a greater proportion of victims of stalking, harassment and threatening behaviour, compared to males in the Wimmera PCP LGAs except Yarriambiack.

Crimes against persons - selected (2015-16*)

Offence	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate
Homicide & rel. offences	0	0.0	0	0.0	0	0.0	0	0.0	3.1
Assault & rel. offences	41	745.9 ●	389	1,956.2 ●	16	406.8	59	884 ●	676.3
Sexual offences	16	291.1 ●	112	563.2 ●	11	279.7 ●	31	464.5 ●	193.3
Abduction & rel. offences	1	18.2 ●	6	30.2 ●	0	0.0	0	0.0	12.8
Robbery	0	0.0	1	5.0	0	0.0	1	15.0	45.2
Stalking, harassment and threatening behaviour	10	181.9	77	387.2 ●	21	533.9 ●	19	284.7 ●	209.9
Dangerous & negligent acts endangering people	2	36.4	19	95.5 ●	5	127.1 ●	4	59.9	84.0
Total	70	1,273.4 ●	604	3,037.3 ●	53	1,347.6 ●	114	1,708.10 ●	1,228.10

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 2014 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time.

Crimes against persons - % change in rate (2014-15 to 2015-2016*)

Offence	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
	na	-100%	na	na	5.3%
Assault and rel. offences	17% ●	39% ●	-39%	49% ●	7.4%
Sexual offences	100% ●	55% ●	-67%	74% ●	-0.4%
Abduction & rel. offences	na	-15%	na	na	11.0%
Robbery	na	-88%	na	1%	11.3%
Stalking, harassment and threatening behaviour	-9%	-36%	196% ●	541% ●	4.1%
Dangerous & negligent acts endangering people	na	-33%	23% ●	305% ●	15.9%
Total	30% ●	16% ●	-25%	83% ●	6.2%

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 2014 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time.

Crimes against persons by sex (July 2012 - June 2015)

Location	Male		Female		Not known		Total Victims	
	No.	%	No.	%	No.	%	No.	%
Hindmarsh	43	35%	75	61%	4	3%	122	100%
Horsham RC	450	37%	716	59%	43	4%	1,209	100%
West Wimmera	22	35%	39	62%	≤ 3	3%	63	100%
Yarriambiack	82	46%	94	53%	≤ 3	1%	178	100%
Victoria	72,433	45%	82,767	51%	6,032	4%	161,232	100%

Data commissioned from Crime Statistics Agency, Victoria, 2016 Note that CSA figures are subject to change over time.

Victims of selected crimes against persons, categories by sex - number (2012-15*)

Location	Assault and related offences				Sexual Offences				Stalking, harassment and threatening behaviour			
	M	F	Not Known	Total	M	F	Not Known	Total	M	F	Not Known	Total
Hindmarsh	37	42	0	79	≤ 3	20	0	22	≤ 3	11	4	17
Horsham RC	367	477	16	860	20	119	0	139	47	101	12	160
West Wimmera	18	25	0	43	≤ 3	9	0	11	0	4	0	4
Yarriambiack	70	59	≤ 3	131	≤ 3	24	0	26	9	8	0	17
Victoria Total	54,038	51,608	2,005	107,651	3,179	14,174	317	17,670	6,406	12,412	536	19,354

Data commissioned from Crime Statistics Agency, Victoria, 2016. Note that CSA figures are subject to change over time. *July 2012 to June 2015

Victims of selected crimes against persons, by sex - percentage# (2012-15*)

Location	Assault and related offences		Sexual Offences		Stalking, harassment and threatening behaviour	
	M	F	M	F	M	F
Hindmarsh	47%	53%	np	91%	np	65%
Horsham RC	43%	55%	14%	86%	29%	63%
West Wimmera	42%	58%	np	82%	0%	100%
Yarriambiack	53%	45%	np	92%	53%	47%
Victoria Total	50%	48%	18%	80%	33%	64%

Data commissioned from Crime Statistics Agency, Victoria, 2016. Note that CSA figures are subject to change over time. *July 2012 to June 2015. # Note that unknown sex has been excluded so figures do not always add up to 100%

Property and deception offences

In 2015-16, the rate of property and deception offences was notably higher in Horsham RC compared to the Victorian average; while rates in the other Wimmera PCP LGAs were notably lower.

In Horsham RC, the rate of arson, property damage, and deception offences were all higher than the Victoria average. The rate of property damage offences was more than three times the Victoria average.

In West Wimmera, the rate of arson was slightly higher than the Victoria average; while, in Yarriambiack, the rate of property damage offences was notably higher than the Victoria average.

Between 2014-15 and 2015-16, the rate of property and deception offences increased by a greater proportion in Horsham RC, West Wimmera and Yarriambiack than the Victoria average.

Property and deception offences (2015-2016*)

Offence	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate
Arson			23	115.7 ●	3	76.3 ●	4	59.9	71.8
Property damage	23	418.4	542	2,725.5 ●	11	279.7	72	1,078.8 ●	720.9
Burglary/Break & enter	22	400.2	142	714.1	10	254.3	46	689.2	844.7
Theft	38	691.3	508	2,554.6	29	737.4	99	1,483.4	2,833.7
Deception	2	36.4	175	880.0 ●	11	279.7	6	89.9	615.6
Total	85	1,546.3	1,390	6,989.8 ●	64	1,627.3	227	3,401.3	5,086.8

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time. *From April 2015 to March 2016

Property and deception offences - % change in rate (2014-15 to 2015-2016*)

Offence	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Arson	-100%	-1%	196% ●	35% ●	27%
Property damage	-21%	126% ●	-1%	121% ●	2%
Burglary/Break & enter	10%	1%	97% ●	19% ●	11%
Theft	-7%	-15%	10%	109% ●	14%
Deception	0%	168% ●	442% ●	-59%	10%
Total	-11%	31% ●	40% ●	67% ●	11%

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time. *From April 2015 to March 2016

Drug offences

In 2015-16, the rate of drug offences was notably higher in Horsham RC compared to the Victorian average; while rates in the other Wimmera PCP LGAs were lower.

For all Wimmera PCP LGAs, the rate of cultivate/manufacture drugs offences was higher than the Victoria average, although numbers are very low and should be interpreted with caution.

In Horsham RC, the rate of drug dealing and trafficking, cultivate/manufacture drugs and drug use and possession were all higher than the Victoria average. The rate of drug use and possession offences was approximately double the Victoria average.

Between 2014-15 and 2015-16, the rate of drug offences increased by a greater proportion in West Wimmera than the Victoria average. The total rate of drug offences decreased in all other Wimmera PCP LGAs; however rates of sub-categories: cultivate/manufacture drugs increased in Hindmarsh and Horsham RC; drug dealing and trafficking increased in Yarriambiack; and, drug use and possession offences increased in West Wimmera.

Numbers are very low and should be interpreted with caution

Drug offences - selected (2015-16*)

Offence	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate
Drug dealing & trafficking	1	18.2	21	105.6	0		5	74.9	87.9
Cultivate / manufacture drugs	3	54.6	7	35.2	2	50.9	3	45.0	29.8
Drug use and possession	16	291.1	152	764.4	10	254.3	6	89.9	386.9
Total	20	363.8	180	905.2	12	305.1	14	209.8	508.8

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time. *From April 2015 to March 2016

Drug offences - % change in rate (2014-15 to 2015-16*)

Offence	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Drug dealing & trafficking	np	-23%	np	27%	13%
Cultivate / manufacture drugs	200%	16%	-34%	-82%	6%
Drug use and possession	-20%	-29%	41%	-39%	11%
Total	-5%	-27%	18%	-54%	12%

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time. *From April 2015 to March 2016

Public order and security offences

In 2015-16, the total rate of public order and security offences was notably higher in Horsham RC and Yarriambiack compared to the Victorian average.

Horsham RC, West Wimmera and Yarriambiack all had a higher rate of weapons and explosives offences compared to the Victoria average; while both Horsham RC and Yarriambiack had a higher rate of public nuisance offences, and Horsham RC had a higher rate of disorderly and offensive conduct offences.

Between 2014-15 and 2015-16, the rate of weapons and explosives offences increased by a greater proportion in West Wimmera and Horsham RC than the Victoria average.

Public order and security offences (2015-16*)

Offence	Hindmarsh		Horsham RC		West Wimmera		Yarriambiack		Victoria
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate
Weapons & explosives offences	6	109.2	74	372.1 ●	12	305.1 ●	20	299.7 ●	268.4
Disorderly & offensive conduct	7	127.3	131	658.8 ●	7	178.0	18	269.7	286.3
Public nuisance offences	2	36.4	26	130.7 ●	2	50.9	26	389.6 ●	55.9
Total	15	272.9	231	1,161.6 ●	21	533.9	64	958.9 ●	613.5

Crime Statistics Agency, Victoria, 2016 #Rate per 100,000 ERP based on Victoria in Future 2015 figures. Note that CSA figures are subject to change over time. *From April 2015 to March 2016

Public order and security offences - % change in rate (2014-15 to 2015-16*)

Offence	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Weapons & explosives offences	-60%	17% ●	69% ●	-72%	16%
Disorderly & offensive conduct	-22%	-6% ●	245% ●	-27%	-17%
Public nuisance offences	-33%	-4%	na	1,217% ●	30%
Total	-44%	0% ●	130% ●	-35%	-1%

Crime Statistics Agency, Victoria, 2016 Note that CSA figures are subject to change over time. *From April 2015 to March 2016

Reported family violence incidents

A family incident is defined by the Crime Statistics Agency as: *"An incident attended by Victoria Police where a Risk Assessment and Risk Management Report (also known as an L17 form) was completed. The report is completed when family violence incidents, interfamilial-related sexual offences, and child abuse are reported to police. For the purposes of CSA statistics a family incident may involve one or more affected family members and/or one or more other parties."*

The affected family member

Over the period July 2013 to June 2015, the rate of affected family members in reported family violence incidents in Horsham RC and in Yarriambiack was higher than the Victoria average. Within the PCP catchment, Horsham RC had the highest rate and this was more than double the Victoria average.

The rate of female affected family members in reported family incidents was significantly higher than the rate of males in all Wimmera PCP LGAs and this pattern reflected that seen in Victoria and regional Victoria.

The rate of affected family members aged 0 - 14 years and 15 - 19 years was higher in all Wimmera PCP LGAs than the Victoria average. Affected family members in these age groups, collectively, made up between 20% and 26% of all affected family members in Wimmera PCP LGAs, compared to the Victoria average of 13%.

Generally speaking, the age profile of affected family members in reported family incidents in the PCP catchment was younger than the Victoria average, with a greater proportion aged less than 25 years.

Reflecting Victorian figures, the most common relationship between the affected family member and the other party in a family incident was a defacto partner.

Compared to Victorian average figures, Wimmera PCP also had a much higher rate of affected family members that were the child of the other party as well as those that were the parent of the other party.

Horsham RC and Yarriambiack also had a higher rate of affected family members that were the girlfriend of the other party.

Affected family members in reported family incidents by sex (2013-15**)

Location	Total population		Females		Males	
	No.	Rate*	No.	Rate*	No.	Rate*
Hindmarsh	95	842	70	1,254	25	438
Horsham RC	976	2,478 ●	739	3,720 ●	237	1,214 ●
West Wimmera	47	590	28	713	19	471
Yarriambiack	178	1,291 ●	127	1,892 ●	51	721 ●
Regional Victoria	45,950	1,566		2,361		761
Victorian Total	134,508	1,152		1,690		570

Crime Statistics Agency 2016, commissioned data 2015 and 2016 *Average annual rate per 100,000 based on 2014 ERP **July 2013 - June 2015

Victims## in reported family incidents by age - table A (2013-15**)

Location	0 - 14 years			15 - 19 years			20 - 24 years		
	No.	Rate	%	No.	Rate	%	No.	Rate	%
Hindmarsh	8	426 ●	8%	11	1,541 ●	12%	8	2,116 ●	8%
Horsham RC	87	1,142 ●	9%	106	4,157 ●	11%	128	5,689 ●	13%
West Wimmera	6	414 ●	13%	6	1,554 ●	13%	≤ 3	np	np
Yarriambiack	13	571 ●	7%	24	2,885 ●	14%	17	3,257 ●	10%
Regional Victoria		477	6%		2,305	10%		3,628	13%
Victorian Total		335	5%		1,429	8%		1,909	12%

Crime Statistics Agency 2016, commissioned data 2015 and 2016 *Average annual rate per 100,000 in age group based on 2014 ERP
 **July 2013 - June 2015 ##Affected family member

Victims## in reported family incidents - by age - table B (2013-15**)

Location	25 - 34 years			35 - 44 years			45 years and over		
	No.	Rate	%	No.	Rate	%	No.	Rate	%
Hindmarsh	21	2,197 ●	22%	20	1,748	21%	28	450	29%
Horsham RC	209	4,827 ●	22%	240	4,963 ●	25%	190	1,067 ●	20%
West Wimmera	4	658	9%	19	2,311 ●	40%	11	248	23%
Yarriambiack	33	3,667 ●	19%	51	3,750 ●	29%	38	482	22%
Regional Victoria		3,479	25%		3056	24%		766	22%
Victorian Total		1,893	25%		2008	24%		739	25%

Crime Statistics Agency 2016, commissioned data 2015 and 2016 *Average annual rate per 100,000 in age group based on 2014 ERP
 ##Affected family member **July 2013 - June 2015

Victims## in reported family incidents - relationship to other party, part A (2013-15**)

Location	Boyfriend		Girlfriend		Defacto		Married		Divorced	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hindmarsh	np	np	5	6.8%	19	26.0% ●	7	9.6%	np	np
Horsham RC	15	2.0%	80	10.6% ●	236	31.2% ●	50	6.6%	11	1.5%
West Wimmera	0	0.0%	np	np	np	np	8	28.6% ●	0	0.0%
Yarriambiack	6	4.1% ●	19	13.0% ●	36	24.7% ●	16	11.0%	np	np
Regional Victoria	836	2.4%	3,454	9.8%	10,865	30.7%	3,177	9.0%	446	1.3%
Victorian Total	2,755	2.6%	11,380	10.5%	25,858	24.0%	15,719	14.6%	1,963	1.8%

Crime Statistics Agency 2016, commissioned data 2015 and 2016 #Excluding where relationship was not stated or data was not published
 ##Affected family member **July 2013 - June 2015

Victims## in reported family incidents - relationship to other party, part B (2013-15**)

Location	Child		Parent	
	No.	%	No.	%
Hindmarsh	14	19.2% ●	17	23.3% ●
Horsham RC	111	14.7% ●	154	20.3% ●
West Wimmera	8	28.6% ●	8	28.6% ●
Yarriambiack	26	17.8% ●	23	15.8%
Regional Victoria	3,982	11.3%	6,063	17.1%
Victorian Total	11,720	10.9%	17,186	15.9%

Crime Statistics Agency 2016, commissioned data 2015 and 2016 #Excluding where relationship was not stated or data was not published
 ##Affected family member **July 2013 - June 2015

The other party

The other individual involved in a family incident is referred to as the 'other party'. The other party could be a current partner, former partner or a family member. Where the other party is involved with multiple affected family members, they will be counted for each involvement. - Crime Statistics Agency - Glossary and data dictionary, accessed online July 2016

Over the period July 2013 to June 2015, the rate of male other parties in reported family incidents was significantly higher than the rate of female other parties in all Wimmera PCP LGAs and this pattern is reflected in the Victoria and regional Victoria averages.

However, compared to the regional Victoria and Victoria average figures, the proportion of other parties in reported family incidents that were female was higher in all Wimmera PCP LGAs. Within the PCP catchment, West Wimmera had the highest proportion of other parties that were female (36.2%), followed by Horsham RC (29.1%).

The rate of other parties aged less than 20 years was higher than the Victoria average in Horsham RC and in Yarriambiack. The Horsham RC rate was more than double the Victoria average. Rates of other parties aged 20 to 24 years were also notably higher in Horsham RC and Yarriambiack, with the Horsham RC rate close to three times the Victoria average.

In Horsham RC, the age profile of other parties in reported family incidents was younger than the Victoria average, with 27.2% of all other parties aged under 25 years compared to the Victoria average of 24.3%. By contrast, Hindmarsh, West Wimmera and Yarriambiack had a notably higher proportion of other parties that were aged 35 years and over, compared to the Victoria average.

Other parties in reported family incidents - by sex (2013-15**)

Location	Females		Males	
	No.	%	No.	%
Hindmarsh	24	25.3% ●	71	74.7%
Horsham RC	284	29.1% ●	692	70.9%
West Wimmera	17	36.2% ●	30	63.8%
Yarriambiack	51	28.7% ●	127	71.3%
Regional Victoria	10,775	23.5%	35,159	76.7%
Victorian Total	30,490	22.7%	104,317	77.6%

Crime Statistics Agency 2016, commissioned data 2015 and 2016

Other parties in reported family incidents - by age group - table A (2013-15**)

Location	Less than 20 years			20 - 24 years			25 - 34 years		
	No.	Rate	%	No.	Rate	%	No.	Rate	%
Hindmarsh	13	502	13.5%	7	1,852	7.3%	19	1,987	19.8%
Horsham RC	135	1,328 ●	13.8%	131	5,822 ●	13.4%	269	6,213 ●	27.6%
West Wimmera	≤ 3	Np	np	≤ 3	#VALUE!		6	987	14.6%
Yarriambiack	19	611 ●	10.7%	14	2,682 ●	7.9%	38	4,222 ●	21.3%
Regional Victoria	6,215	831	13.6%	6,661	4,022	14.6%	12,683	3,940	27.7%
Victorian Total	15,084	529	11.3%	17,423	2,081	13.0%	38,662	2,170	28.9%

Crime Statistics Agency 2016, commissioned data 2015 and 2016 *Average annual rate per 2014 100,000 ERP in age group

Other parties in reported family incidents - by age group - table B (2013-15**)

Location	35 - 44 years			45 years and over		
	No.	Rate	%	No.	Rate	%
Hindmarsh	24	2,098	25.0%	33	531	34.4%
Horsham RC	248	5,128 ●	25.4%	193	1,084 ●	19.8%
West Wimmera	21	2,555 ●	51.2%	14	316	34.1%
Yarriambiack	72	5,294 ●	40.4%	35	444	19.7%
Regional Victoria	11,882	3,290	26.0%	8,282	620	18.1%
Victorian Total	35,995	2,212	26.9%	26,622	581	19.9%

Crime Statistics Agency 2016, commissioned data 2015 and 2016 *Average annual rate per 2014 100,000 ERP in age group

Assaults

Hospital separations for assaults

Over the period 2011-12 to 2013-14, there were 42 hospitalisations of Wimmera PCP residents (excluding West Wimmera, owing to small numbers that could not be published) for injuries caused by an assault. All Wimmera PCP LGAs had a rate of hospitalisations that was lower than the Victoria average.

Males made up almost 86% of all hospitalisations for injuries caused by an assault in the Wimmera PCP catchment; while females made up 14%. Compared to Victoria (76.5%), the Wimmera PCP catchment had a notably higher proportion (85.7%) of hospitalisations that were males.

In Horsham RC, the 15 to 24 years age group made up one third of all hospitalisations for injuries caused by assault; while the 25 to 64 years age group accounted for 50%. Compared to the Victoria average, Horsham RC had a greater proportion of hospitalised residents that were aged 15 to 24 years.

Hospital separations for assault and neglect injuries - by sex (2011-12 to 2013-14)

Location	Total Separations		Males			Female	
	No.	Rate*	No.	%		No.	%
Hindmarsh	7	37.0	6	85.7%	●	1	14.3%
Horsham RC	30	50.7	25	83.3%	●	5	16.7%
West Wimmera	5	47.6	5	100.0%	●	0	0.0%
Yarriambiack	np	np	np	np		np	np
Wimmera PCP Total*	42	47.4	36	85.7%	●	6	14.3%
Victoria	10,588	61.5	8,104	76.5%		2,484	23.5%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 #Per 2013 estimated total resident population *Excluding West Wimmera np = not published by data source agency as number was between 1 and 4 or suppressed to maintain confidentiality.

Hospital separations for assault and neglect injuries - % age group (2011-12 to 2013-14)

Location	0 - 14 years		15 - 24 years		25 - 64 years		65 years and over	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Hindmarsh	0	0.0%	np	np	np	np	0	0.0%
Horsham RC	np	np	10	33.3%	15	50.0%	np	np
West Wimmera	0	0.0%	np	np	np	np	0	0.0%
Yarriambiack	0	0.0%	np	np	np	np	np	np
Victorian Total	283	2.7%	3,098	29.3%	6,890	65.1%	317	3.0%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015 np = not published by data source agency as number was between 1 and 4 or suppressed to maintain confidentiality.

Safety at work

Workplace injuries

Over the period 2011-12 to 2013-14, there were 101 hospitalisations of Wimmera PCP residents who were accidentally injured while working for income and there were 35 hospitalisations of residents who were accidentally injured while on a farm.

Compared to Victoria, all Wimmera PCP LGAs had a lower proportion of all hospitalisations for accidental injuries that had occurred while working for income; however, Hindmarsh, Horsham RC and West Wimmera had a higher proportion that occurred in a farm setting.

Hospital separations for accidental injuries by setting (2011-12 to 2013-14)

Location	Working for income		Farm	
	No.	% of all	No.	% of all
Hindmarsh	16	3.3%	9	1.8% ●
Horsham RC	66	5.5%	17	1.4% ●
West Wimmera	19	6.2%	9	2.9% ●
Yarriambiack	np		np	
Wimmera PCP Total	101	3.8%	35	1.3% ●
Regional Victoria	5,647	6.7%	847	1.0%
Victoria	19,895	6.5%	1,112	0.4%

Victorian Injury Surveillance Unit (VISU), Monash University Injury Research Institute, commissioned data 2015

Between 2008 and 2014, there were 574 workplace injury claims in Horsham RC, while there were 152 in Hindmarsh, 145 in Yarriambiack and 101 in West Wimmera. The location of claims is based on the registered address of the business and not the place of residence of the person making the claim.

The most common type of injuries in the Wimmera PCP catchment were musculoskeletal system injuries, followed by traumatic joint/ligament and muscle/tendon injuries.

Compared to Victorian average figures: Hindmarsh had a notably greater proportion of all injury claims that were for traumatic joint/ligament and muscle/tendon injuries or musculoskeletal injuries; Horsham RC generally had similar proportions (within 1% - 2%) of injury types; West Wimmera had a notably greater proportion of all injury claims that were for fractures or traumatic joint/ligament and muscle/tendon injuries; and, Yarriambiack had a notably greater proportion of all injury claims that were for fractures, wounds, lacerations and amputations, traumatic joint/ligament and muscle/tendon injuries, musculoskeletal injuries, and mental disorders.

Workplace injury claims - by injury (2008-14)

Injury type	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
Intercranial injuries	1%	1%	4%	2%	1%
Fractures	9%	9%	16%	10%	8%
Wounds, lacerations and amputations	10%	13%	14%	19%	13%
Burns	1%	1%	1%	1%	1%
Traumatic joint/ligament & muscle/tendon injury	20%	16%	22%	21%	15%
Musculoskeletal system	41%	40%	23%	24%	38%
Mental disorders	7%	11%	7%	14%	10%
Digestive system	1%	2%	1%	1%	3%
Skin and subcutaneous tissue	1%	1%	1%		0%
Nervous system and sense organs	7%	3%	5%	3%	7%
Respiratory system		1%			0%
Circulatory system		1%			0%
Infections and parasites	1%	0%			0%
Total	152	574	101	145	172,303

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au

In Hindmarsh, the most common industry sectors for injury claims were manufacturing, followed by health care and social assistance. The most common sector in Horsham RC for injury claims was health care and social assistance. In West Wimmera, the most common sectors was agriculture, forestry and fishing, followed by public administration and safety. The most common sector in Yarriambiack for injury claims was health care and social assistance followed by the agriculture, forestry and fishing sector.

In Hindmarsh and Horsham RC, body stressing was the most common mechanism of injury, followed by falls, slips and trips. In West Wimmera, being hit by a moving object was the most common mechanism of injury, followed by fall, slips and trips; while in Yarriambiack, falls, slips and trips was the most common mechanism of injury, followed by body stressing.

Workplace injury claims - by industry sector (2008-14)

Industry Sector	Hindmarsh	Horsham	West Wimmera	Yarriambiack	Victoria
A-Agriculture, Forestry and Fishing	9%	3%	32%	12%	2%
B-Mining	0	4%	0	3%	0%
C-Manufacturing	34%	5%	0	8%	19%
D-Electricity, Gas, Water & Waste Svices	1%	5%	0	1%	1%
E-Construction	8%	9%	6%	9%	12%
F-Wholesale Trade	1%	5%	2%	1%	7%
G-Retail Trade	7%	6%	5%	6%	5%
H-Accommodation and Food Services	1%	3%	0	1%	3%
I-Transport, Postal and Warehousing	5%	9%	8%	10%	8%
J-Info. Media and Telecommunications	0	0%	0	1%	1%
K-Financial and Insurance Services	1%	0%	0	0	1%
L-Rental, Hiring and Real Estate Services	1%	1%	0	0	1%
M-Prof., Scientific and Technical Services		5%	0	1%	3%
N-Administrative and Support Services	1%	4%	0	0	3%
O-Public Administration and Safety	8%	9%	18%	8%	7%
P-Education and Training	3%	4%	7%	10%	6%
Q-Health Care and Social Assistance	20%	20%	14%	28%	14%
R-Arts and Recreation Services	1%	3%	6%	0	3%
Total No. of claims	152	574	101	145	172,303

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au

Workplace injury claims - by mechanism (2008-14)

Industry Sector	Hindmarsh	Horsham RC	West Wimmera	Yarriambiack	Victoria
01 Falls, slips and trips	20%	18%	24%	28%	20%
02 Hitting object	2%	4%	4%	6%	4%
03 Being hit by moving object	13%	13%	25%	12%	13%
04 Sound and pressure	2%	3%	2%	2%	6%
05 Body stressing	43%	40%	22%	24%	41%
06 Heat, radiation and electricity	1%	1%		1%	1%
07 Chemicals and substances	1%	1%	3%	2%	1%
08 Biological	1%	1%	1%		0%
09 Mental	7%	11%	8%	14%	10%
10. Other	10%	10%	12%	11%	5%
Total No.	152	574	101	145	172,303

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au

Workplace fatalities

Between 1994 and 2015, there were 12 workplace fatalities that occurred at businesses registered in the Wimmera PCP catchment. Eleven of the 12 deaths (91.6%) were males. Across Victoria, 95% of fatalities that occurred between 1994 and 2015 were males.

In the catchment, persons aged 55 years and over made up the greatest proportion of fatalities and this figure was much higher than the Victoria average for the age group.

75% of Wimmera PCP catchment fatalities occurred in the agriculture sector, compared to the Victoria figure of 32%. Electrocutation accounted for 42% of the Wimmera PCP fatalities, while tractor accidents accounted for 25%, compared to the Victoria averages of 9% and 14% respectively.

Note that figures are for deaths that have been notified to WorkSafe Victoria and include self-employed persons working on their own premises (e.g. a farmer).

Wimmera PCP workplace fatalities by LGA and sex (1994-2015)

Location	Males		Females		Total No.
	No.	%	No.	%	
Hindmarsh	4	100%		0%	4
Horsham RC	2	67%	1	33%	3
West Wimmera	2	100%		0%	2
Yarriambiack	3	100%		0%	3
Victoria	599	95%	29	5%	628

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au

Wimmera PCP workplace fatalities by age group (1994-2015)

Age Group	Wimmera PCP Total		Victoria
	No.	%	%
Less than 15 years	0	0%	3%
15 - 24 years	0	0%	9%
25-34 years	1	8%	14%
35-44 years	2	17%	17%
45-54 years	2	17%	23%
55 - 64 years	4	33%	17%
65 years and over	3	25%	14%
Unknown	0	0%	2%
Total	12	100%	100%

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au

Wimmera PCP workplace fatalities by industry (1994-2015)

Industry	Wimmera PCP Total		Victoria
	Total	%	%
Agriculture	9	75%	32%
Construction	1	8%	21%
Health Care & Social Assistance	1	8%	1%
Other Services	1	8%	0%

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au

Wimmera PCP workplace fatalities by cause (1994-2015)

Cause*	Wimmera PCP Total		Victoria
	Total	%	%
Electrocution	5	42%	9%
Tractor accident	3	25%	14%
Being crushed by a falling tree	1	8%	2%
Fall from a height	1	8%	11%
Fall (other)	1	8%	6%
Burns	1	8%	2%

WorkCover 5 yr of insured claims reported in fin. yrs within LGA by Industry, Affliction and Mechanism, WorkSafe Victoria, April 2014 Data accessed from www.data.vic.gov.au *Estimate based on written description

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)

Location	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)

No. of motor vehicle	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	720	30.7%	2,539	33.3%	494	28.1%	946	33.2%	33.6%	34.7%
2	844	36.0%	2,788	36.5%	628	35.7%	930	32.6%	37.4%	37.0%
3	316	13.5%	962	12.6%	280	15.9%	410	14.4%	12.5%	11.2%
≥ 4	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 2012

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 Note that this data was provided free of charge.

Proximity to public transport

In 2013, compared to the regional Victoria average, a lower proportion of Hindmarsh, West Wimmera and Yarriambiack residents lived near public transport (within 400 metres of a bus/tram stop and/or within 800 metres of a train station).

Less than 10% of the West Wimmera and Yarriambiack populations and some 20% of the Hindmarsh population lived near public transport, compared to the regional Victoria average of 44%. In Horsham RC, 55% of residents lived near public transport.

Proportion of population that lives near public transport* (2013)

Location	Population that lives near public transport %
Hindmarsh	20.6% ●
Horsham RC	55.5% ●
West Wimmera	9.0% ●
Yarriambiack	8.5% ●
Regional Victoria	44.3%
Victoria	74.2%

2013 LGA Profiles Data, Department of Health & Human Services Victoria, December 2014 * The percentage of the population that lives within 400 metres of a bus and/or tram stop and/or within 800 metres of a train station.

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 2012 *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 Wimmera 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 March 2016, 100% of 1, 2 and 3 bedroom lettings in West Wimmera and Yarriambiack were classified as affordable. In Hindmarsh, 100% of 2 and 3 bedroom lettings were classified as affordable. In Horsham RC, 16.7% of 1 bedroom, 76.4% of 2 bedroom and 78.6% of 3 bedroom lettings were classified as affordable. Compared to regional Victoria and Victoria, Wimmera PCP LGAs had a greater proportion of all properties that were classified as affordable lettings.

This data measures the supply of affordable new lettings based on Residential Tenancies Bond Authority data. The affordability benchmark used is that no more than 30 per cent of gross income is spent on rent.

Affordable lettings by LGA (March 2016)

Location	1 bedroom		2 bedroom		3 bedroom	
	No.	%	No.	%	No.	%
Hindmarsh	2	50.0%	4	100.0%	20	100.0%
Horsham RC	2	16.7%	42	76.4%	88	78.6%
West Wimmera	1	100.0%	3	100.0%	2	100.0%
Yarriambiack	3	100.0%	6	100.0%	19	100.0%
Regional Victoria	152	21.2%	1,585	51.0%	3,281	59.3%
Victoria	181	1.5%	1,996	9.2%	4,621	23.2%

The Rental Report March 2016, Department of Human Services, Victoria

Homelessness

In 2011, the Grampians Statistical Area Level 3 (SA3) region had an estimated 147 homeless people. The SA3 region comprises the Wimmera PCP region LGAs (Hindmarsh, Horsham, West Wimmera and Yarriambiack) together with Northern Grampians and Ararat.

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 SA3 region.

Compared to regional Victoria, the Grampians SA3 region had a higher proportion of homeless people 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>.

Estimated homelessness (2011)

Homelessness group:	Grampians - Statistical Area Level 3			Regional Victoria		
	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 *(cat no. 3218.0) ABS July 2012

Estimated homelessness at smaller area (SA2) level (2011)

LGA	SA2	No. of estimated homeless
Hindmarsh	Nhill Region	4
Horsham RC	Horsham	67
	Horsham Region	5
West Wimmera	West Wimmera	4
Yarriambiack	Yarriambiack	3
Wimmera PCP Total		83

Supplementary release, Census of Population and Housing: Estimating homelessness 2011 (cat. no. 2049.0) ABS, December 2013

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

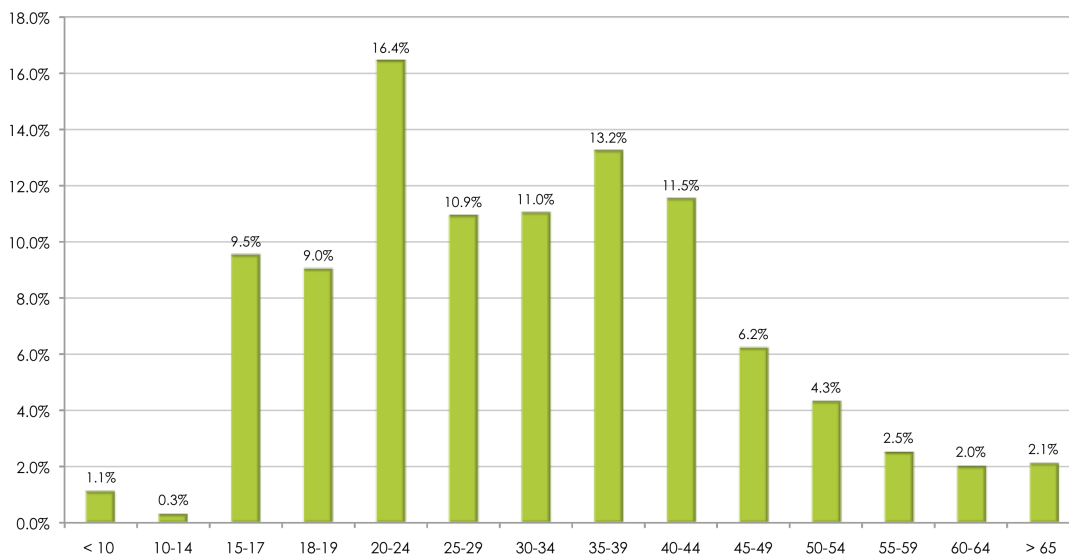
In 2010/11, there were 2,032 SAAP clients across the entire Grampians region. The 20-24 years age bracket had the greatest proportion of Grampians region SAAP clients. The next most common age bracket was 35-39 years and then 40-44 years.

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

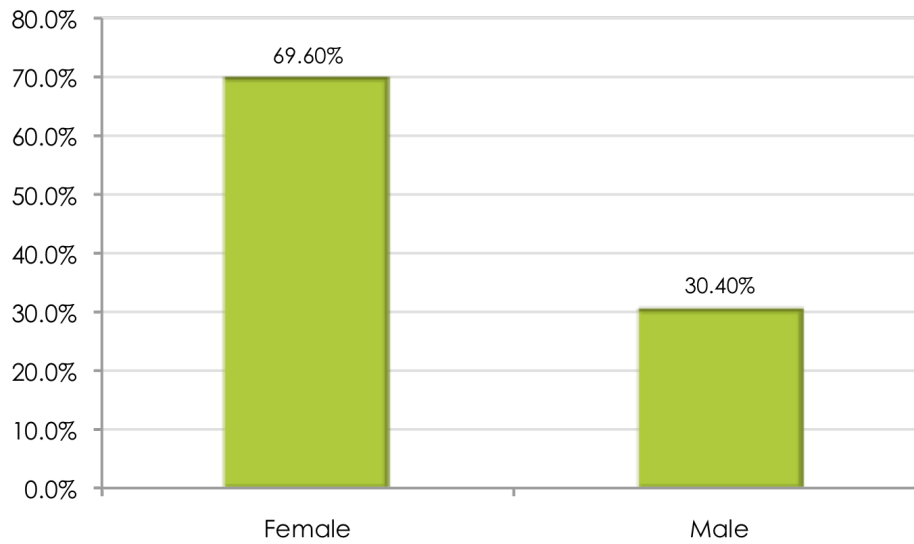
In 2010/11, 69.6% of Grampians region SAAP clients were female and 30.4% were male.

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

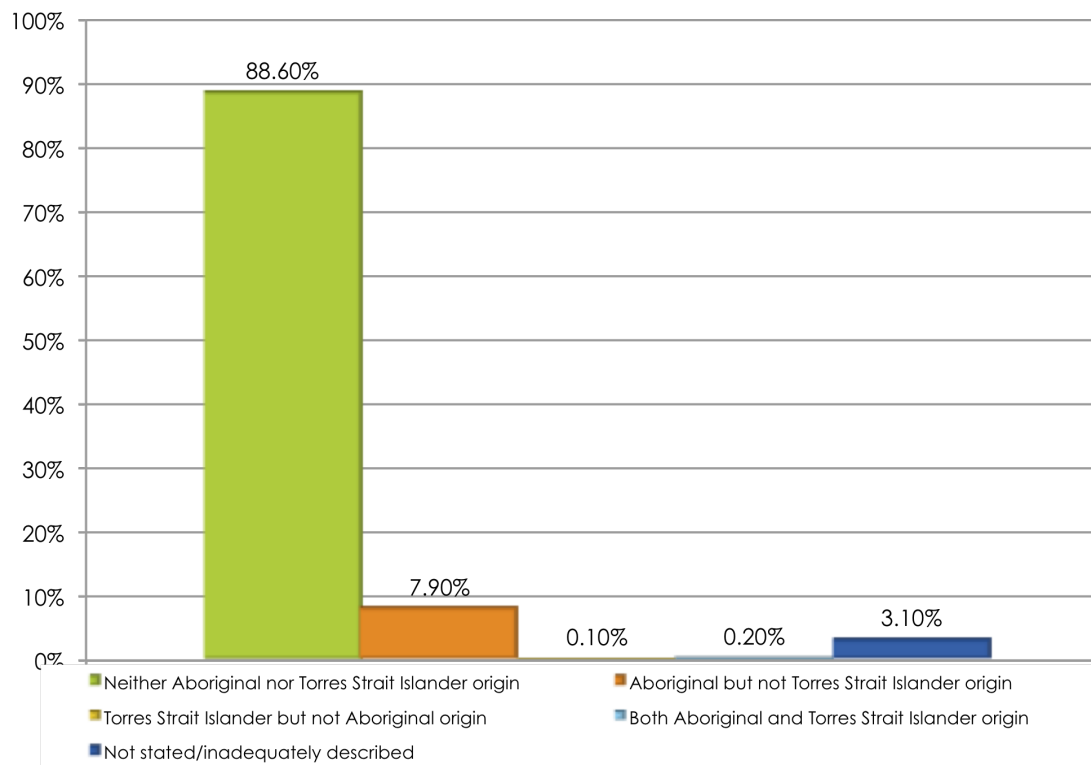
In 2010/11, 88.6% of Grampians region SAAP clients were of neither Aboriginal nor Torres Strait Islander origin, while 7.9% were Aboriginal, 0.1% were Torres Strait Islander and 0.2% were both. In 2006, Indigenous population made up less than 1% of the Grampians Pyrenees PCP total population, therefore 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

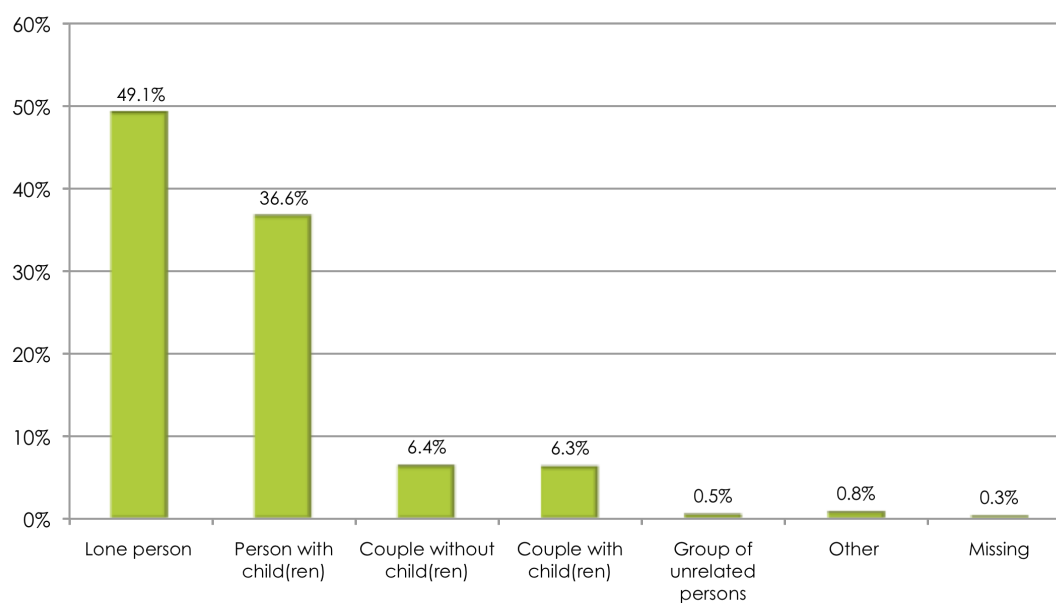
In 2010/11, 49.1% of Grampians region SAAP clients were lone persons, while 36.6% were a (single) person with a child.

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

Author note: content in this section was provided by the Wimmera PCP.

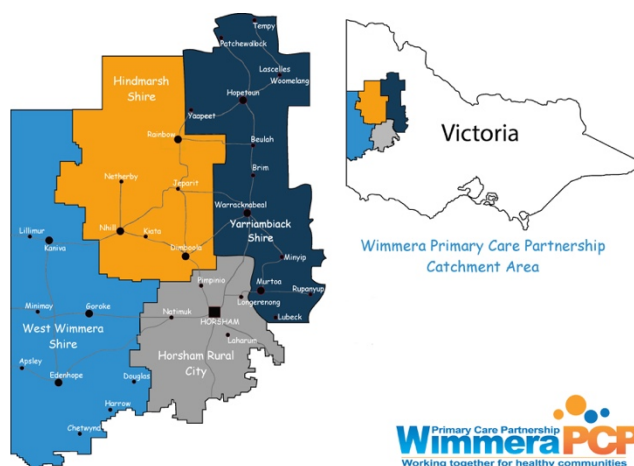
Wimmera PCP membership

The Wimmera Primary Care Partnership is made up of 29 member agencies including local government, welfare, disability and education. We have four health services spread over fourteen campuses, two bush nursing centres and an Aboriginal controlled health co-op. We cover an area of 28,041 sq km with a population of 36416 including the shires of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

The Wimmera is characterised by small towns spread over large distances. The area is mainly agricultural, producing broad acre crops (predominantly wheat, oilseeds and legumes), other agriculture includes olives, native flowers, poultry, lamb and wool production. The Wimmera is one of Australia's most dynamic agricultural regions in terms of new investment, new product and innovation.

The current list of Wimmera PCP members is below:

- Benetas
- Community Axis
- Edenhope & District Hospital
- Federation University
- Goolum Goolum Aboriginal Cooperative
- Grampians Community Health
- Harrow Bush Nursing Centre
- Hindmarsh Shire Council
- Hopetoun & District Neighbourhood House
- Horsham Rural City Council
- Horsham Regional Arts Association
- Murtoa & District Neighbourhood House SLAAM
- Rural Northwest Health
- The Salvation Army
- Volunteering Western Victoria
- Western Victoria Primary Health Network
- West Wimmera Health Service
- West Wimmera Shire Council
- Wimmera Health Care Group
- Wimmera Hearing Society
- Wimmera HUB
- Wimmera Regional Library Corporation
- Wimmera Regional Sports Assembly
- Wimmera Southern Mallee LLEN
- Wimmera UnitingCare



- Women's Health Grampians
- Woomelang & District Bush Nursing Centre
- Yarriambiack Shire Council
- YMCA, Horsham Aquatic Centre

Key services in region

Disability services

Wimmera UnitingCare Disability Services
 Wimmera Horizons
 Cooyinda Disability Services (WWHS)
 Wimmera Hearing Society
 Community Axis – Axis Works
 Western District Employment Access (employment)
 Hindmarsh Shire, Aged & Disability Services
 Woodbine Disability Services

Multicultural services

Settlement Officer – based at Wimmera Development Association

Mental health services

Ballarat Health Services – Mental Health Services
 Ballarat Health Services – Mental Health Carer Support
 Barwon CASA Wimmera
 Edenhope & District Memorial Hospital – Social Work
 Goolum Goolum – Wellbeing Workers
 Grampians Community Health – Counselling
 Grampians Partners in Recovery
 Harrow Bush Nursing Centre
 Rural Northwest Health – Social Work
 VMCH – Mental Health Respite Carers Support
 West Wimmera Health Service – Social Work
 Western Victoria Primary Health Network - Counselling Connect & Kids Connect
 Wimmera Health Care Group – Social Work & Postnatal Wellness Groups
 Wimmera Uniting Care – Community Mental Health Service
 Wimmera Uniting Care – Family Counselling
 Wimmera Uniting Care – Peer Support Program
 Wimmera Uniting Care – Personal Helpers and Mentors
 Wimmera Uniting Care – RARE
 Woomelang Bush Nursing Centre
 Carer Support Groups – Horsham & Warracknabeal
[Wimmera PCP – Wimmera Counsellors Directory](#)

GP's

The Wimmera PCP region is located within the Western Victoria Primary Health Network. As at 30 June 2016, there were an estimated 55 doctors in the region within 22 medical practices:

Dimboola	Medical Centre (1), Wimmera Health Care Group (1)
Edenhope	Edenhope Hospital Medical Clinic (1), Edenhope Medical Clinic (1)
Goroke	Goroke Community Health Centre (1)
Hopetoun	Hopetoun Medical Clinic (2)
Horsham	Read Street Medical Centre (3), Lister House Clinic (12), Tristar Medical Group (9), Hamilton Street Medical Clinic (1)
Jeparit	Tristar Medical Group (2)

Kaniva	Tristar Medical Group (1)
Minyip	Community Health Centre (1)
Murtoa	Community Health Centre (3)
Natimuk	Natimuk Surgery (3)
Nhill	Tristar Medical Group (4)
Rainbow	Tristar Medical Group (2)
Rupanyup	Rupanyup Doctors Surgery (1)
Warracknabeal	Tristar Medical Group (1), Yarriambiack Medical Clinic (3)
Woomelang	Woomelang Bush Nursing Centre (2)

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.

Health services

West Wimmera Health Service	9 Campuses – Nhill, Kaniva, Jeparit, Rainbow, Goroke, Natimuk, Minyip, Murtoa & Rupanyup
Wimmera Health Care Group	2 Campuses – Horsham & Dimboola
Rural Northwest Health & Hopetoun	3 Campuses – Warracknabeal, Beulah
Edenhope & District Memorial Hospital	Edenhope

Community health centres

Grampians Community Health	Horsham & Stawell
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Bush nursing centres

Harrow Bush Nursing Centre	
Woomelang & District Bush Nursing Centre	

Aboriginal services

Goolum Goolum Aboriginal Cooperative	
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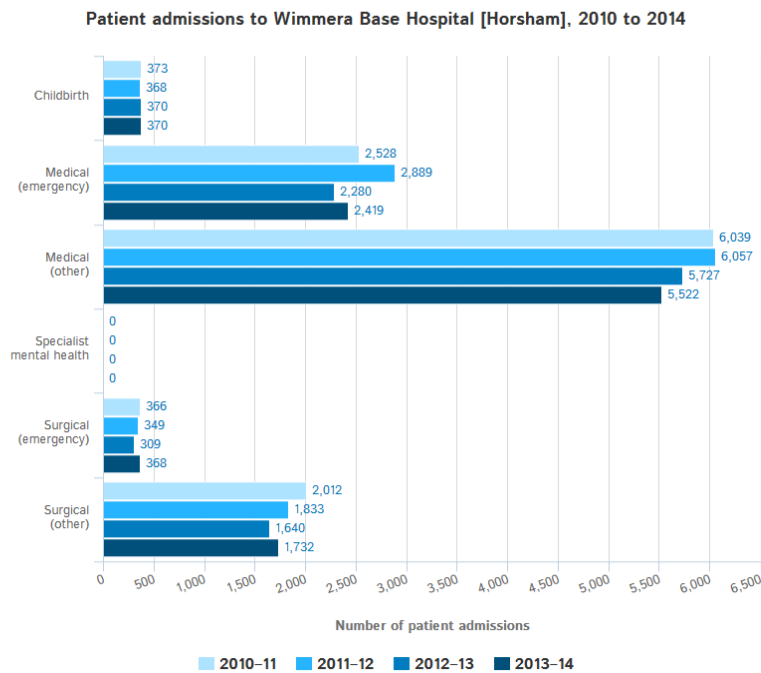
Local Governments

Horsham Rural City Council	
Hindmarsh Shire Council	
West Wimmera Shire Council	
Yarriambiack Shire Council	

Key health service figures

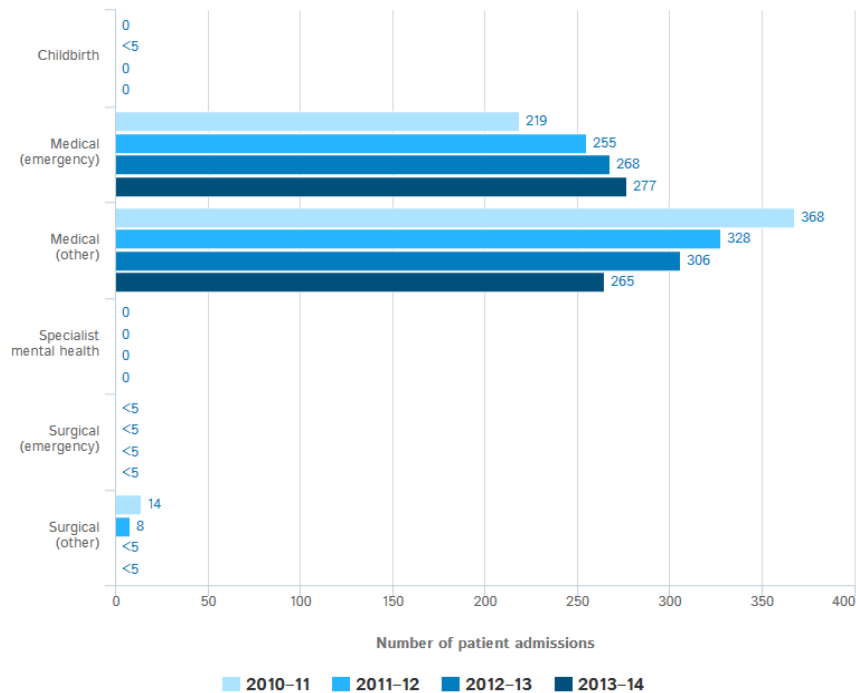
Wimmera Health Care Group

All patient admissions



Edenhope & District Memorial Hospital

Patient admissions to Edenhope and District Memorial Hospital, 2010 to 2014

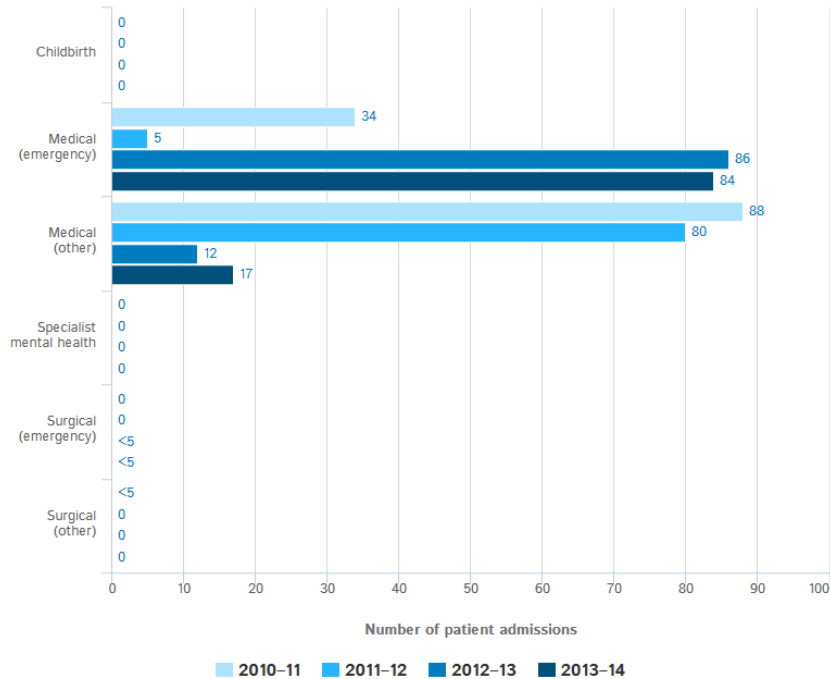


West Wimmera Health Service

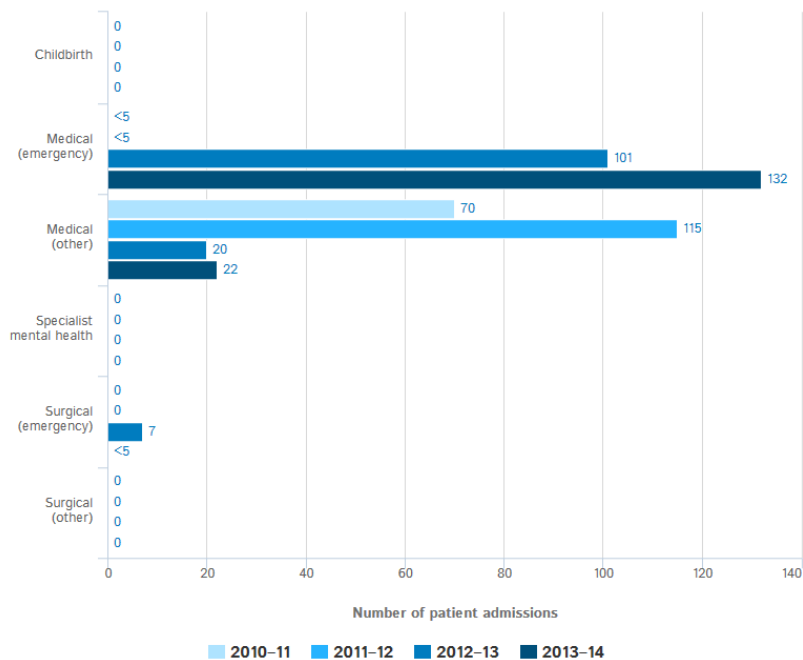
Aged residential care:

- 77 nursing home (high care) places and 50 hostel (low care) places located across five separate sites (not including new sites Murtoa, Minyip & Rupanyup)
- Rupanyup Nursing Home - 2 flexible acute beds, 23 high-care bed licenses, outpatient services

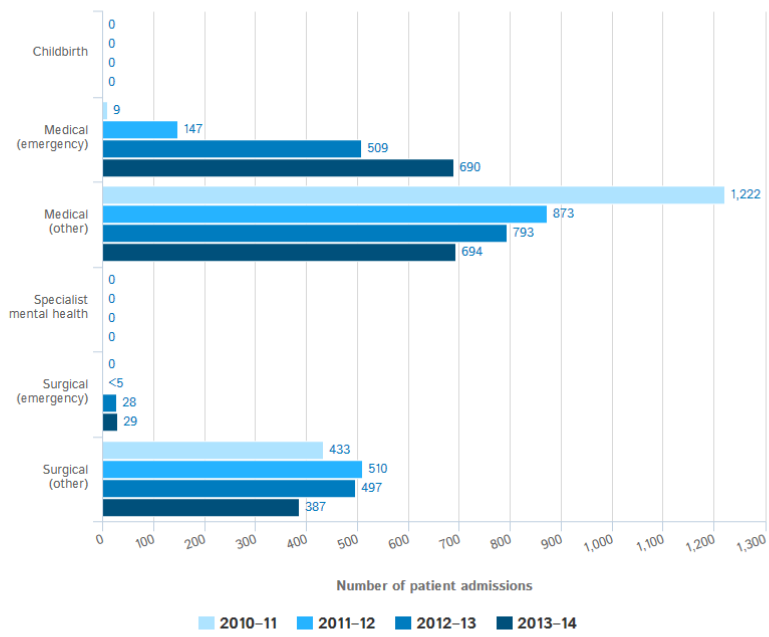
Patient admissions to West Wimmera Health Service [Jeparit], 2010 to 2014



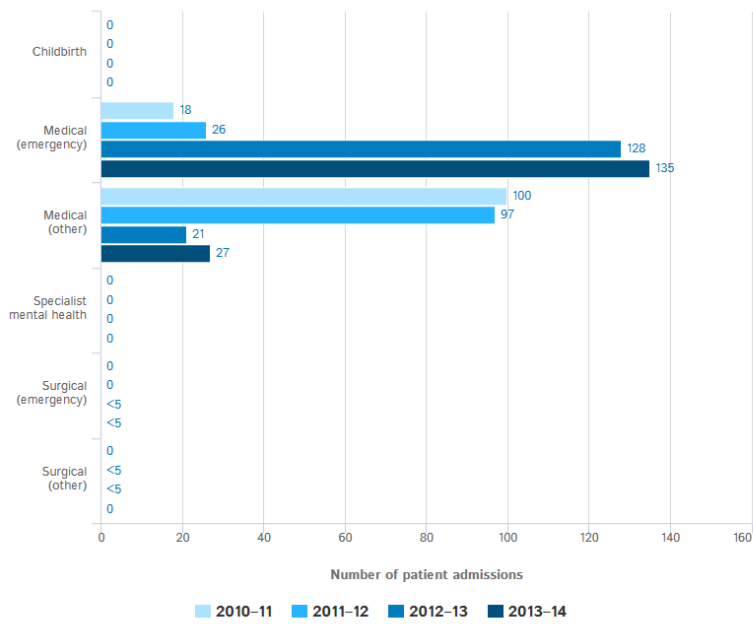
Patient admissions to West Wimmera Health Service [Kaniva], 2010 to 2014



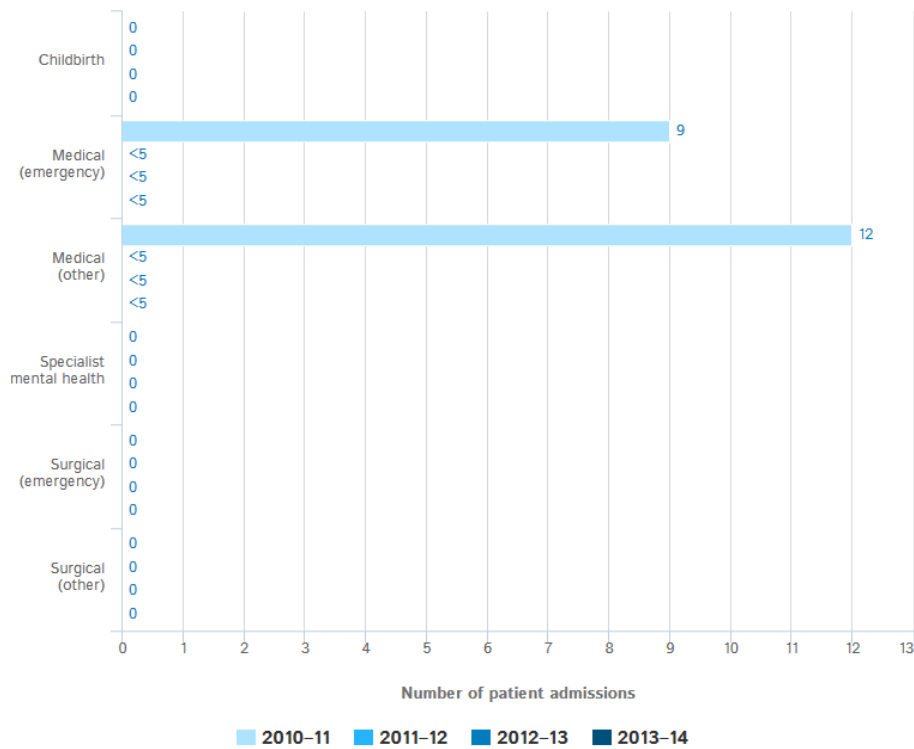
Patient admissions to West Wimmera Health Service [Nhill], 2010 to 2014



Patient admissions to West Wimmera Health Service [Rainbow], 2010 to 2014



Patient admissions to Dunmunkle Health Services, 2010 to 2014



(Dunmunkle Health Services has now merged with West Wimmera Health Services and covers the Murtoa, Minyip and Rupanyup Campuses)

RURAL NORTHWEST HEALTH

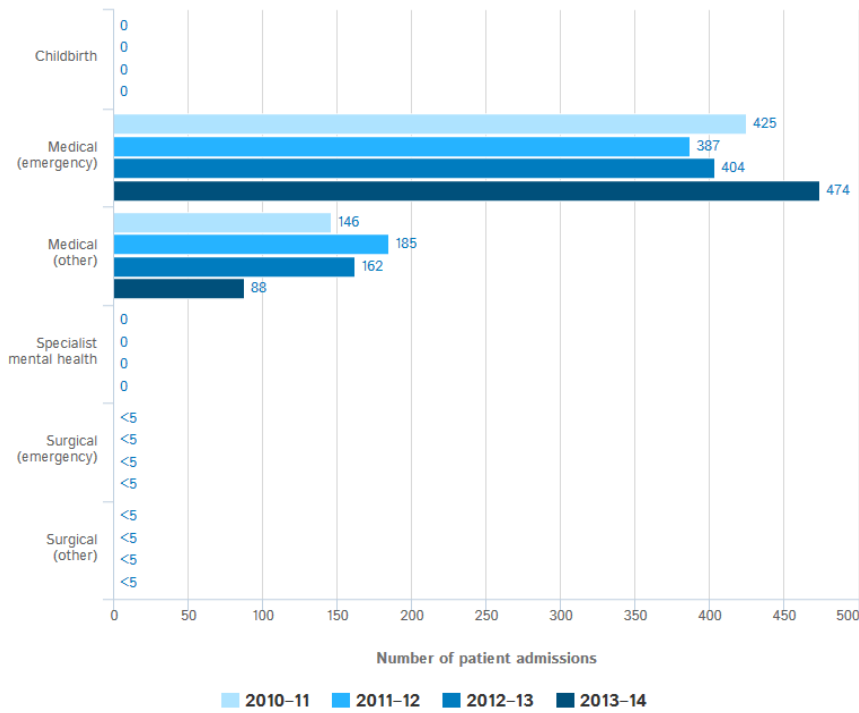
Residential Aged Care:

- Hopetoun Residential Aged Care – 24 bed
- Yarrambiack Lodge (Warracknabeal) – 60 bed

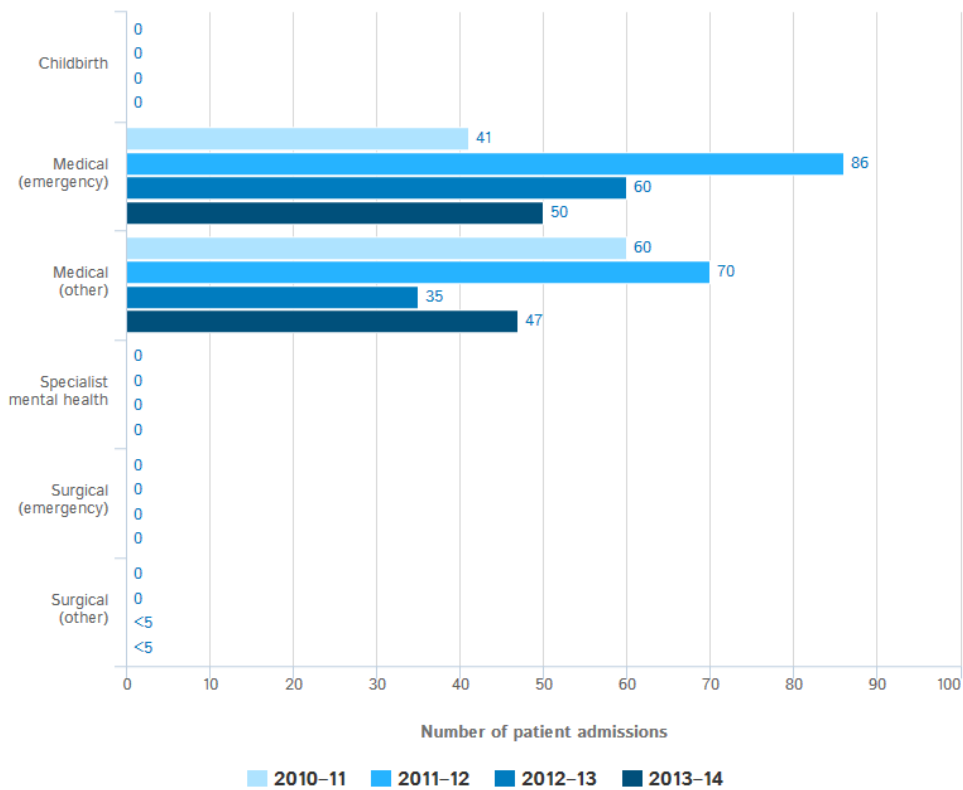
Dementia Care:

- Wattle Place (Warracknabeal) – 15 bed

Patient admissions to Rural Northwest Health [Warracknabeal], 2010 to 2014



Patient admissions to Rural Northwest Health [Hopetoun], 2010 to 2014



Key data web links

Australian Early Development Census	Early childhood development indicator	https://www.aedc.gov.au/
Crime	Commissioned data - ordered and purchased from the Crime Statistics Agency	not applicable
Department of Health LGA Profiles	Various health and wellbeing data	www.health.vic.gov.au/modelling/planning/lga.htm
Diabetes Australia (NDSP)	Diabetes numbers and breakdown	https://www.diabetesaustralia.com.au/
Family incidents	commissioned data - ordered and purchased from the Crime Statistics Agency	not applicable
Hospitalisations	Commissioned data - ordered and purchased from the Department of Health and Human Services	not applicable
Household Census data 2011	Australian Bureau of Statistics	http://www.abs.gov.au/websitedbs/censushome.nsf/home/Census?opendocument&ref=topBar
Maternal and child health data (from various annual reports)	Department of Education and Early Childhood Development	http://www.education.vic.gov.au/childhood/providers/support/Pages/default.aspx
National Regional Profiles	Australian Bureau of Statistics	www.abs.gov.au
Notifiable Conditions (various LGA reports)	Various notifiable infectious conditions	https://www2.health.vic.gov.au/public-health/infectious-diseases
On Track Survey (various LGA reports)	Post school destinations	http://www.education.vic.gov.au/about/research/Pages/ontrack.aspx
Regional Population Growth (ABS) - various applicable years and gender breakdown requirements	Australian Bureau of Statistics	www.abs.gov.au
SEIFA	Australian Bureau of Statistics	http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa
Social Health Atlas of Australia (various)	Various health and wellbeing data	http://phidu.torrens.edu.au/
The Victorian Population Health Survey 2011-12	Department of Health	https://www2.health.vic.gov.au/public-health/population-health-systems

The Victorian Population Health Survey 2011-12, Social Capital Report	Various health and wellbeing data	https://www2.health.vic.gov.au/public-health/population-health-systems
The Victorian Population Health Survey: Modifiable risk factors for chronic disease 2014	Various health and wellbeing data	https://www2.health.vic.gov.au/public-health/population-health-systems
Traffic accidents and deaths	Traffic accident deaths and fatalities	http://www.tac.vic.gov.au/road-safety/statistics
Turning Point	Range of alcohol and drug related harm data	http://www.turningpoint.org.au/
Unemployment		www.employment.gov.au
VicHealth Indicators Survey (VHIS) 2011	Various health and wellbeing data	www.vichealth.vic.gov.au
Victoria in Future	Population projections	www.delwp.vic.gov.au
Victorian Cancer Council Registry	New cancer cases, gender breakdown	http://www.cancervic.org.au/
Victorian Cervical Cancer Cytology	Cervical cancer screening participation	http://www.vccr.org/
Victorian Child and Adolescent Monitoring System	Various child and adolescent wellbeing data	http://www.education.vic.gov.au/about/research/Pages/vcams.aspx
Victorian Health Information Surveillance System (VHISS)	Ambulatory Care Sensitive Conditions	https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ViewContent.aspx?TopicID=1
Victorian Injury Surveillance Unit (VISU)	Intentional and unintentional harm figures - commissioned data - ordered and purchased from the VISU	not applicable
Workcover Authority	injuries and deaths at work	http://www.worksafe.vic.gov.au/