## **GREATER HUME LGA**

## **DATABOOK**

## MPHN HEALTH NEEDS ASSESSMENT 2022-2025



















## **TABLE OF CONTENTS**

Health Needs Assessment process				
Data disclaimer	4			
Executive summary	6			
Population and geography	7			
Town based populations and demography	7			
Demography	8			
Aboriginal and Torres Strait Islander people	12			
Mothers, babies and children	13			
Older people	16			
Population health	17			
Mortality	17			
Health conditions	19			
Health behaviours	21			
Technical notes	23			
MPHN LGA Data Prioritisation Tool	23			
Socio-Economic Indexes for Areas (SEIFA)	24			
Age Standardised Rate (ASR)	24			

Murrumbidgee Primary Health Network acknowledges the Traditional Custodians of the land in the Murrumbidgee region. We pay respect to past and present Elders of this land: the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

Publication date: February 2023

firsthealth Limited trading as Murrumbidgee Primary Health Network (ABN 15 111 520 168).

Murrumbidgee Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health. The Primary Health Networks Program is an Australian Government Initiative.

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed by, the Australian Government. The Australian Government is not liable in negligence or otherwise for any injury, loss or damage however arising from the use of or reliance on the information provided in this material.

### **HEALTH NEEDS ASSESSMENT PROCESS**

The Murrumbidgee Health Needs Assessment, in line with the firstHealth Board endorsed framework, with governance provided by Clinical Councils, the Community Advisory Committee and the Planning and Integration sub-committee, uses a population approach to needs assessment using person centred planning with a strong commitment to community input.

Murrumbidgee Primary Health Network (MPHN) analyses data from robust gold standard comparable sources such as the Australian Bureau of Statistics and Australian Institute of Health and Welfare in the first instance supplemented by other sources. A decision-making tool is used at MPHN which identifies and prioritises needs based on variables that score local impact relative to national data, where MPHN is in the lowest third of the nation. Further, a Data Prioritisation Tool (refer page 23 for details) is used at a Local Government Area (LGA) level to identify areas where issues/needs are higher in comparison to the New South Wales (NSW) and Murrumbidgee averages. This highlights the LGAs in the lower half of the Murrumbidgee region and is summarised separately in the region profiles on MPHN's website. The matrix scoring is described at the end of this document in more detail. Throughout this document variables scoring three or greater using the matrix are denoted by their respective colour coding, these variables are likely to have higher impact within this LGA.

The use of an LGA approach ensures we are working in alignment with the Murrumbidgee Local Health District (MLHD) health clusters. This allows a more considered co-ordinated approach to services and reduces on duplication of service delivery.

Inequity in healthcare remains a significant issue for many areas in the Murrumbidgee region. Comprehensive socio-economic profiling allows identification of areas where this may affect uptake of healthcare services and consequent poorer health outcomes for those living in these areas. MPHN emphasises in identification of priorities for the region the particular local government areas where efforts should be concentrated in order to address the inequity.

Monitoring of emerging health conditions remains a priority for MPHN with ongoing consultations aimed at identification of emerging issues and subsequent interventions.

MPHN undertakes consultation with key partners, health professionals and community members. Multiple formats are used to undertake these consultations including:

#### **CONVERSATIONS ON THE COUCH**

A community consultation approach to capture the needs of people who would not normally engage through a formal process. Community members are invited to meet in a neutral location with high thoroughfare to allow people to chat MPHN staff in a face-to-face environment to discuss health matters important to them. There is no set agenda or questions and is simply an opportunity for people to let MPHN know about health matters important to them and their community. Information gathered during these conversations is collected and used to help MPHN better understand the health needs of our communities.

#### YARNS ON THE COUCH

Yarns on the Couch is an extension of our Conversations on the Couch with a focus on Aboriginal health. Data collected at both activities is used to help guide the Health Needs Assessment.

#### HNA COMMUNITY FEEDBACK

There are two options for survey feedback, one short form survey called HNA Mini, and one longer form survey of 17 questions called HNA Community Feedback. Both these survey mechanisms have also been modified to target Aboriginal and Torres Strait Islander people, or those who care for this population group. All these surveys are available year-round and aim to gather information about emerging health needs.

#### OTHER FEEDBACK MECHANISMS

There are several other opportunities for MPHN to capture feedback from our stakeholders. This includes, but not limited to:

- Incidental feedback from community and health care practitioners to MPHN staff during the normal course of business operations.
- An audit annually of general practice and health care providers to inform workforce capacity.
- MPHN co-design and formal consultation with specific population groups as part of commissioned project work.
- Engagement with MPHN's partners in our various consortium, alliance and steering committee groups. These groups cover various issues relating to Aboriginal health; older people and aged care; mental health, alcohol and other drug, and suicide prevention and aftercare; chronic disease; and emergency response.
- Engagement and feedback with Local Health Advisory Committees (LHACS) which are situated in 33 locations throughout the Murrumbidgee region.
- Feedback from MPHN's governance members, including Board Directors, and members the Community Advisory Committee and four Clinical Councils.
- Review of data collected by its commissioned services throughout the year and other internal data sources to confirm service provision and identify service gaps that may exist.
- Media and social media monitoring for local emerging health needs and issues.

Once all information is gathered and analysed by MPHN, data is provided back to communities and health providers for validation of the developed priorities from the data.

### **DATA DISCLAIMER**

This report is presented for the purpose of disseminating information for the benefit of people living in Murrumbidgee communities. The report includes data freely available on public websites such as the Australian Institute of Health and Welfare and the Australian Bureau of Statistics.

Data in this report remain confidential and primarily for MPHN's internal use. This report may be shared externally with express permission at the discretion of MPHN's CEO. If the latter is the case data may be used by an external organisation for planning purposes but should not be shared outside that organisation.

Data from Commonwealth secure confidential websites have not been included in this report. Data have not been interpreted.

MPHN has taken all steps to ensure the information in this report is as accurate as possible and correct at time of report. Data may vary to other publically available sources due to differing sources accessed.

MPHN does not guarantee, and accepts no legal liability whatsoever arising from, or connected to, the use of any material contained in this report. MPHN recommends users exercise their own skill and care with respect to use of this report.

Contact for data queries: <a href="mailto:hna@mphn.org.au">hna@mphn.org.au</a>

# **GREATER HUME LGA**



POSTCODE	TOWNS
2659	Alma Park, Walla Walla
2644	Bowna, Coppabella, Holbrook, Lankeys Creek, Little Billabong, Mountain Creek, Mullengandra, Wantagong, Woomargama, Yarara
2642	Brocklesby, Burrumbuttock, Gerogery, Glenellen, Jindera, Walbundrie
2640	Bungowannah, Moorwatha, Talmalo, Wymah
2650	Carabost, Cookardinia
2660	Culcairn, Morven
2652	Galore
2646	Goombargana
2658	Henty, Munyabla, Pleasant Hills, Ryan

### **EXECUTIVE SUMMARY**

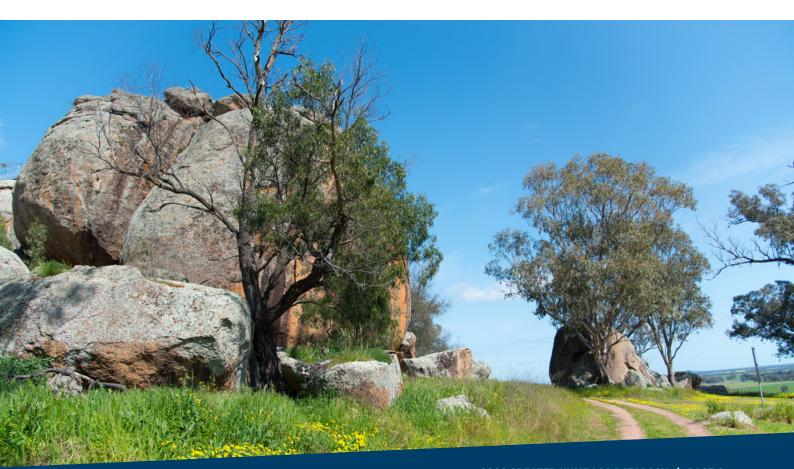
Greater Hume Local Government Area (LGA) is ranked ninth out of 21 LGAs in population size within the Murrumbidgee Primary Health Network (MPHN) (population = 11,157). The Greater Hume LGA has a land area of 5,750 square kilometres (10th largest in MPHN) with a population density of 1.9 people per square kilometre (10th highest in MPHN).

Between 2021 to 2041 the population of Greater Hume LGA is expected to increase by 24.7 per cent, with the population aged 20 to 64 years expected to increase by almost one-third over the next twenty years. Compared to other MPHN LGAs, Greater Hume LGA has a higher socioeconomic index. The proportion of the population aged 65 years and over is similar to other MPHN LGAs. The proportion of the Greater Hume LGA's population who identify as Aboriginal and Torres Strait Islander (4.1 per cent) is lower than the MPHN average (5.8 per cent).

The total fertility rate within the Greater Hume LGA is above that of the NSW and MPHN rates. Compared to other MPHN LGAs, a higher percentage of people report unpaid childcare to their child/children. The Greater Hume LGA has a higher percentage of people aged 85 years and over living alone when compared to the NSW and MPHN levels. This LGA has a higher than NSW and MPHN level of those reporting unpaid assistance to persons with a disability.

The median age of death for males and females in the Greater Hume LGA is similar to that of NSW and across the MPHN. However, this LGA has a higher than NSW and MPHN rate of premature death among females and males aged zero to 74 years. Premature deaths from cancer are higher in this LGA than in other MPHN LGAs, and the NSW average rate. The Greater Hume LGA has a higher than NSW and MPHN rate for avoidable deaths from selected external causes of mortality (e.g. falls, fires, burns, suicide and self-inflicted injuries) and deaths from transport accidents. Estimates suggest that the Greater Hume LGA has a higher than NSW and MPHN average for the number of people with mental and behavioural problems. Incident prostate cancer and breast cancer are higher than the NSW and MPHN rates.

Prevalent risk factors in Greater Hume LGA include a higher than the NSW and MPHN average for percentage reporting low, very low, or no exercise, males and females aged 18 years and over who are obese, and females who report risky alcohol consumption. For sexual assault, domestic assault, and liquor offenses, the Greater Hume LGA has lower than the MPHN and NSW average.



#### **POPULATION AND GEOGRAPHY**

ESTIMATED RESIDENT POPULATION	POPULATION CHANGE Between 2021-2041	LGA AREA KM²	POPULATION DENSITY PERSONS/KM²			
2021 — ABS						
N=246,073 11,157	2,576 (24.7%)	5,750	1.9			

ESTIMATED POPULATION CHANGE 2021-2041					
2021 — NSW PLANNING & ENVIRONMENT					
UNDER 19 YEARS	20-64 YEARS	65+ YEARS	TOTAL YEARS		
2021 N=3,105 2041 N=3,676 568 (18.3%)	2021 N=5,443 2041 N=6,671 1,228 (33.1%)	2021 N=1,033 2041 N=1,319 287 (22.6%)	2021 N=10,883 2041 N=13,459 2,576 (24.7%)		

#### TOWN BASED POPULATIONS AND DEMOGRAPHY

	POPULATION	MEDIAN AGE	NUMBER PRIVATE Dwellings	AVERAGE PEOPLE PER HOUSEHOLD	NUMBER OF Families	AVERAGE Children Per Family
			2021 — ABS			
Culcairn	1,112	46	525	2.3	394	1.9
Gerogery	684	41	247	2.9	176	2.2
Henty	944	49	463	2.3	241	2.2
Holbrook	1,620	51	833	2.2	423	2.0
Jindera	2,721	38	946	3.0	704	2.2

	MEDIAN WEEKLY Household income	MEDIAN MONTHLY Mortgage repayment	MEDIAN WEEKLY Rent
	203	21 – ABS	
Culcairn	\$1,056	\$975	\$220
Gerogery	\$1,819	\$1,625	\$250
Henty	\$764	\$997	\$170
Holbrook	\$1,101	\$1,170	\$185
Jindera	\$2,013	\$1,573	\$316

	POPULATION OTHER TOWNS
	2021 — ABS
Alma Park	58
Bowna	115
Brocklesby	218
Bungowannah	175
Burrumbuttock	421
Carabost	67
Cookardinia	81
Galore	70
Glenellen	130
Goombargana	59
Lankeys creek	60
Little Billabong	146
Moorwatha	60
Morven	125
Mountain Creek	65
Mullengandra	122
Munyabla	72
Pleasant Hills	127
Ryan	62
Talmalmo	44
Walbundrie	156
Walla Walla	811
Wantagong	76
Woomargama	173
Wymah	30
Yarara	27

#### **DEMOGRAPHY**

SEIFA SEIFA						
2016 — ABS						
INDEX SCORE (BASED ON MINIMUM SCORE FOR MAXIMUM SCORE FOR AUSTRALIAN SCORE OF 1000) SA1S IN AREA SA1S IN AREA						
NSW	1,001.7	325	1,177			
MPHN	969.9	478	1,144			
Greater Hume Shire	996	884	1,089			
Culcairn	940					
Gerogery	1,028					
Henty	922					
Holbrook	935					
Jindera	1,041					

AGE GROUPS								
	2020 — ERP							
	PERSONS 0-14 YEARS	PERSONS 15-24 Years	PERSONS 25-44 YEARS	PERSONS 45-64 YEARS	PERSONS 65+ Years	PERSONS 70+ Years	PERSONS 75+ Years	PERSONS 85+ Years
NSW	18.5%	12.8%	28.0%	24.6%	15.7%	10.7%	7.0%	2.2%
MPHN	MPHN 19.6% 12.0% 22.6% 25.7% 18.9% 13.3% 8.7% 2.7%							
Greater Hume	2,301 (21.2%)	1,175 (10.7%)	2,033 (18.8%)	3,022 (27.9%)	2,310 (21.3%)	1,359 (14.5%)	935 (8.6%)	215 (2.0%)

GENDER						
2021 — ABS						
	MALES FEMALES					
	N	%	N	%		
NSW	3,984,166	49.4	4,087,995	50.6		
MPHN	125,500	50.3	126,798	49.7		
Greater Hume	5,657	50.7	5,492	49.3		

<b>EDUCATION</b>							
	2020 — ABS						
	PEOPLE WHO LEFT SCHOOL AT Year 10 or Below, or did Not go to School	FULL-TIME PARTICIPATION In Secondary School Education at age 16	PARTICIPATION IN VOCATIONAL Education and Training - Non-Indigenous Population	SCHOOL LEAVER Participation in Higher Education			
NSW	33.0 per 100	84.1%	17.8 per 100	28.3%			
MPHN	42.0 per 100	74.2%	18.6 per 100	10.9%			
Greater Hume	41.4 per 100	75.8%	17.0 per 100	6.3%			

	<b>EMPLOYMENT</b>				
2020 — ABS					
	LEARNING OR EARNING AT AGES 15 TO 19	UNEMPLOYMENT			
NSW	85.0%	4.9%			
MPHN	81.7%	4.8%			
Greater Hume	928 (86.3%)	158 (2.8%)			

WEEKLY INCOME				
2021 — ABS				
	LESS THAN \$650 TOTAL Household Weekly Income	MORE THAN \$3,000 TOTAL Household Weekly Income		
NSW	16.3%	26.9%		
MPHN	22.3%	13.9%		
Greater Hume	19.6%	16.5%		

INCOME SUPPORT							
			2020 — ABS				
	AGE PENSIONERS		DISABILITY SUPPO	ORT PENSIONERS	FEMAL	E SOLE PARENT PENSIONERS	
NSW	59.0%		4.6	5%		3.1%	
MPHN	60.3%		6.3	%		5.4%	
Greater Hume	1,350 (58.4%)		72 (4	.2%)	93 (4.1%)		
	PEOPLE RECEIVING AN UNEMPL Benefit				YOUNG PEOPLE AGED 16 TO 24 RECEIVIN An Unemployment Benefit		
NSW	6.2%		5.6	5%		5.0%	
MPHN	7.1%		6.4	6.4%		6.1%	
Greater Hume	330 (5.5%)		295 (4	4.9%)		33 (4.2%)	
	LOW INCOME, WELFARE- Dependent families (with Children)	HEALTH CARE CARD Holders		PENSIONER CONCESSION CARD Holders		SENIORS HEALTH CARD Holders	
NSW	4.6%		6.7%	21.1%		10.9%	
MPHN	5.4%	7.3%		27.3%		10.3%	
Greater Hume	115 (4.2%)		548 (6.4%)	2,146 (25.1%)		241 (10.4%)	

HOUSEHOLDS					
	2020 — ABS				
	HOUSEHOLDS IN DWELLINGS RECEIVING RENT ASSISTANCE FROM The Australian Government	DWELLINGS RENTED FROM THE GOVERNMENT HOUSING Authority			
NSW	18.3%	4.7%			
MPHN	17.9%	3.4%			
Greater Hume	686 (17.4%)	30 (0.8%)			

	HOUSEHOLDS				
2020 — ABS					
	*MORTGAGE STRESS	*RENTAL STRESS			
NSW	9.6%	27.9%			
MPHN	8.2%	25.7%			
Greater Hume	151 (13.3%)	563 (25.2%)			

<sup>\*</sup>Low income households (households in bottom 40% of income distribution)

FAMILIES FAMILIES					
	2018 — ABS				
	SINGLE PARENT FAMILIES WITH CHILDREN AGED LESS THAN 15 YEARS	JOBLESS FAMILIES WITH CHILDREN AGED LESS THAN 15 YEARS	*CHILDREN IN FAMILIES WHERE THE Mother has low educational Attainment		
NSW	19.9%	12.0%	19.6%		
MPHN	23.5%	13.2 %	25.0%		
Greater Hume	188 (18.7%)	124 (12.3%)	517 (23.0%)		

<sup>\*</sup>Children aged less than 15 years living in families where the female parent's highest level of schooling was year 10 or below/female parent did not attend school

		ETHNICITY	
		2018 — ABS	
	AUSTRALIAN-BORN POPULATION	PEOPLE BORN (OVERSEAS) IN Predominantly English Speaking Countries	PEOPLE BORN IN PREDOMINANTLY NON- English speaking countries
NSW	65.5%	6.7%	21.1%
MPHN	82.2%	3.2%	5.4%
Greater Hume	8,922 (86.1%)	359 (3.5%)	258 (2.5%)

ETHNICITY					
	2018 — ABS				
	PEOPLE BORN IN A PREDOMINANTLY Non-English Speaking (NES) Country Resident in Australia for Five Years Or More	PEOPLE BORN IN A PREDOMINANTLY Non-English Speaking (NES) Country Resident in Australia for Less Than Five Years	PEOPLE BORN OVERSEAS REPORTING Poor Proficiency in English		
NSW	16.1%	4.1%	3.4%		
MPHN	3.6%	1.4%	0.9%		
Greater Hume	217 (2.1%)	32 (0.3%)	14 (0.1%)		

ETHNICITY						
	2020 — ABS					
COUNTRY	GREATER HUME	NSW	MPHN			
China	5 (0.1%)	(3.1%)	(0.2%)			
India	9 (>0.1%)	(1.9%)	(0.9%)			
Italy	3 (>0.1%)	(0.7%)	(0.6%)			
Vietnam	3 (>0.1%)	(1.1%)	(0.1%)			
Philippines	24 (0.2%)	(1.2%)	(0.5%)			
Malaysia	5 (0.1%)	(0.4%)	(0.1%)			
Germany	49 (0.5%)	(0.4%)	(0.2%)			
Greece	3 (0.1%)	(0.4%)	(0.0%)			
Sri Lanka	5 (0.1%)	(0.4%)	(0.1%)			

DWELLINGS WITH NO MOTOR VEHICLE				
2016 — ABS				
NSW	9.2%			
MPHN	5.4%			
Greater Hume	109 (2.9%)			

#### **ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE**

INDIGENOUS STATUS					
	2020 — ERP				
ABORIGINAL POPULATION AS PROPORTION OF TOTAL POPULATION					
	NUMBER	%			
NSW	288,565	3.5			
MPHN	15,408	5.8			
Greater Hume	456	4.1			

			INDIGENO	US STATUS				
				P (NON-ABS)				
	0-4 Y	EARS	5-9 YE		10-14	/EARS	15-19	YEARS
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
NSW	35,878	12.4	32,475	11.3	30,562	10.6	27,034	9.4
MPHN	2,036	13.2	1,809	11.7	1,754	11.4	1,421	9.2
Greater Hume	68	14.9	58	12.7	60	13.2	41	9.1
	20-24	YEARS	25-29 \	/EARS	30-34 \	/EARS	35-39	YEARS
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
NSW	25,822	8.9	23,468	8.1	18,297	6.3	15,880	5.5
MPHN	1,330	8.6	1,127	7.3	981	6.4	852	5.5
Greater Hume	24	5.2	32	7.1	26	5.7	24	5.3
	40-44	YEARS	45-49 \	YEARS	50-54	YEARS	55-59	YEARS
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
NSW	13,315	4.6	14,480	5.0	13,599	4.7	11,881	4.1
MPHN	679	4.4	678	4.4	708	4.6	662	4.3
Greater Hume	17	3.8	20	4.4	20	4.3	25	5.5
		60-64	4 YEARS			65+ \	'EARS	
	NUI	MBER .	9	6	NUME	BER	%	)
NSW	9,5	9,585 3.3		3	16,290 5.6		6	
MPHN	4	86	3.	2	88	5	5.	7
Greater Hume	1	16	3.	4	24		5.	4

VOCATIONAL EDUCATION				
2020 — ABS				
PARTICIPATION IN VOCATIONAL EDUCATION AND TRAINING - ABORIGINAL POPULATION				
	NUMBER	ASR PER 1,000		
NSW	50,250	17.8		
MPHN	2,715	18.6		
Greater Hume	58	24.1		

### MOTHERS, BABIES AND CHILDREN

TOTAL FERTILITY RATE						
2020 — ABS						
BIRTHS TOTAL FERTILITY RATE						
NSW	95,459	1.73				
MPHN	2,949	2.26				
Greater Hume	102	2.53				

MOTHERS AND BABIES						
2017 TO 2019 — ABS						
SMOKING DURING PREGNANCY						
	SMOKING DURING PREGNANCY % SMOKING DURING PREGNANCY					
NSW	25,876	9.0				
MPHN	1,488	17.1				
Greater Hume	26	8.1				

IMMUNISATION								
	2018 – ABS							
		LLY IMMUNISED Ar of age	CHILDREN FULLY IMMUNISED at 2 years of age		CHILDREN FULLY IMMUNISED at 5 years of age			
	NUMBER	%	NUMBER	%	NUMBER	%		
NSW	90,965	94.0	90,512	90.2	97,477	94.6		
MPHN	2,770	2,770 95.2 2,777 93.2 2,696 96.0						
Greater Hume	102	98.2	96	92.3	109	96.7		

CHILD CARE								
	2016 — ABS							
		IILD CARE TO D/ Children	UNPAID CHILD CARE TO Other Child/ Children					
	NUMBER	%	NUMBER	%				
NSW	1,194,612	19.6	423,262	6.9				
MPHN	34,939	18.3	14,389	7.5				
Greater Hume	1,660	20.5	692	8.5				

RISK FACTORS CHILDREN								
			2020	— ABS				
ESTIMATED NUMBER OF MALES AGED 2-17 YEARS WHO WERE OVERWEIGHT (BUT NOT OBESE)  (Modelled estimates)*  (MODELLED ESTIMATES)*						AGED 2-17 Were obese		
	NUMBER	ASR PER 100	NUMBER	ASR PER 100	NUMBER	ASR PER 100	NUMBER	ASR PER 100
NSW	137,863	17.4	59,650	7.5	125,141	16.6	54,849	7.3
MPHN	4,889	4,889 18.8 2,866 11.1				17.7	2,668	10.7
Greater Hume	192	14.8	128	9.9	171	13.7	116	9.5

			VULNERABLE CHILDREN							
		2021 — AEDC								
DEVELOPMENTALLY VULNERA	BLE ON ONE	OR MORE DOMAINS	DEVELOPMENTALLY	VULNERAE	BLE ON TWO	OR MORE DOMAINS				
NUMBER		%	NUMBER			%				
19,067		21.2	9,510			10.5				
647		23.5	336			12.2				
27		20.0	16			11.9				
		PHYSICAL HEALTH AND WELLBEING - Developmentally at Risk			PHYSICAL HEALTH AND WELLBEING - Developmentally on Track					
	NUMBER 19,067 647 27 PHYSICAL HEALTH AND WELL DEVELOPMENTALLY VULNER	NUMBER  19,067  647  27  Physical Health and Wellbeing - Developmentally Vulnerable	19,067 21.2 647 23.5 27 20.0  Physical Health and Wellbeing - Physical Health Developmentally Vulnerable Development	NUMBER  19,067 21.2 9,510 647 23.5 336 27 20.0 16  PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY VULNERABLE  PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY AT RISK	NUMBER  19,067  21.2  9,510  647  23.5  336  27  20.0  PHYSICAL HEALTH AND WELLBEING - PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY VULNERABLE  PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY AT RISK  DEVELOPMENTALLY DEVELOPMENTALLY AT RISK  DEVELOPMENTALLY PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY AT RISK  DEVELOPMENTALLY VULNERABLE	NUMBER  19,067  21.2  9,510  647  23.5  336  27  20.0  16  PHYSICAL HEALTH AND WELLBEING - PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY VULNERABLE  PHYSICAL HEALTH AND WELLBEING - DEVELOPMENTALLY AT RISK  DEVELOPMENTALLY DEVELOPMENTALLY DEVELOPMENTALLY AT RISK				

	PHYSICAL HEALTH AND WELLBEING - Developmentally vulnerable		PHYSICAL HEALTH AND WELLBEING - Developmentally at Risk		PHYSICAL HEALTH AND WELLBEING - Developmentally on Track	
	NUMBER	%	NUMBER	%	NUMBER	%
NSW	8,513	9.4	11,246	12.4	70,671	78.1
MPHN	278	10.1	314	11.4	2,168	78.5
Greater Hume	14	10.4	11	8.1	110	81.5

	SOCIAL COMPETENCE - Developmentally vulnerable		SOCIAL COMPETENCE - Developmentally at Risk		SOCIAL COMPETENCE - Developmentally on track	
	NUMBER	%	NUMBER	%	NUMBER	%
NSW	8,458	9.4	13,175	14.6	68,789	76.1
MPHN	293	10.6	396	14.4	2,070	75.0
Greater Hume	13	9.6	19	14.1	103	76.3

	EMOTIONAL MATURITY - Developmentally vulnerable		EMOTIONAL MATURITY - Developmentally at Risk		EMOTIONAL MATURITY - Developmentally on track	
	NUMBER	%	NUMBER	%	NUMBER	%
NSW	6,550	7.3	12,300	13.7	71,203	79.1
MPHN	235	8.5	424	15.4	2,093	76.1
Greater Hume	7	5.2	26	19.3	102	75.6

VULNERABLE CHILDREN  2021 — AEDC						
	LANGUAGE AND CI (Schools- Development	LANGUAGE AND COGNITIVE SKILLS (SCHOOLS-BASED) - Developmentally on track				
	NUMBER	NUMBER %		%		
NSW	8,092	9.0	76,676	84.9		
MPHN	271	9.8	2,256	81.8		
Greater Hume	17	12.6	108	80.0		

		ND GENERAL KNOWLEDGE - Tally at risk	CHILDREN DEVELOPMENTALLY ON TRACK IN COMMUNICATION DOMAIN		
	NUMBER	%	NUMBER	%	
NSW	14,068	15.6	68,741	76.0	
MPHN	377	13.6	2,148	77.8	
Greater Hume	17	12.6	111	82.2	

HPV								
2021								
		LES AGED 12-13 YEARS IN MID- Ed dose 3 by 2016	HPV VACCINE COVERAGE: MALES AGED 12-13 YEARS IN MID- 2013, who received dose 3 by 2016					
	NUMBER	%	NUMBER	%				
NSW	36127	83.0	35834	78.2				
MPHN	1342	87.4	1313	86.2				
Greater Hume	62	76.3	70	79.3				

#### **OLDER PEOPLE**

OLDER PERSONS								
2016 — ABS								
LIVING ALONE, LIVING ALONE; WITH DISABILITY; 65+ Years Low Income, 65+ Years								
	NUMBER	%	NUMBER	%				
NSW	275,196	24.4	29,883	2.6				
MPHN 11,625 25.0 1,088 2.3								
Greater Hume	Greater Hume 480 25.4 36 1.9							

		ALONE, Years	LIVING ALONE; WITH DISABILITY; Low Income, 85+ Years		
	NUMBER	%	NUMBER	%	
NSW	52,065	41.8	3,677	2.9	
MPHN	11,625	33.2	85	1.3	
Greater Hume	268	44.6	4	2.3	

OLDER PERSONS								
	2016 — ABS							
PEOPLE WITH A PROFOUND OR SEVERE DISABILITY AND LIVING IN MODELLED ESTIMATES OF PERSONS WITH ONE OR MORE  THE COMMUNITY, 65+ YEARS ACTIVITIES FOR WHICH ASSISTANCE IS NEEDED, 65+ YEARS								
	NUMBER	%	NUMBER	ASR PER 100				
NSW	170,636	14.9	414,338	36.7				
MPHN	5,293	5,293 12.3 15,435 35.4						
Greater Hume	199	10.4	551	33.8				

OLDER PERSONS								
	2018 — ABS							
PEOPLE WITH MODERATE OR MILD CORE ACTIVITY LIMITATION, PEOPLE WITH SEVERE CORE ACTIVITY LIMITATION, 65+ years - modelled estimates 65+ years - modelled estimates								
	NUMBER	%	NUMBER	ASR PER 100				
NSW	234,212	29.5	98,912	11.8				
MPHN	15,650 33.6 6,101 13.0							
Greater Hume	697	33.7	242	11.7				

#### **POPULATION HEALTH**

#### **MORTALITY**

MEDIAN AGE OF DEATH								
2016 TO 2020 — ABS								
MALES FEMALES								
	NUMBER OF DEATHS	MEDIAN AGE (YEARS)	NUMBER OF DEATHS	MEDIAN AGE (YEARS)				
NSW	138,921	79.0	129,720	85.0				
MPHN	5,976 78.0 5,161 84.0							
Greater Hume	247	78.0	212	84.5				

'Premature mortality' refers to deaths that occur at an age earlier than a selected cut-off. For this analysis, deaths among people aged under 75 are considered premature.

PREMATURE DEATHS								
	2016 TO 2020 — ABS							
MALES FEMALES								
	NUMBER OF DEATHS	ASR PER 100,000	NUMBER OF DEATHS	ASR PER 100,000				
NSW	54,579	292.0	33,272	178.1				
MPHN	2,426	370.3	1,291	205.8				
Greater Hume	97	380.5	53	231.7				

PREMATURE DEATHS BY CAUSE							
		201	16 TO 2020 — ABS				
DEATHS FROM CANCER, DEATHS FROM LUNG CANCER, DEATHS FROM BREAST CANCER 0 to 74 years 0 to 74 years (females), 0 to 74 years							
	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	
NSW	36,591	97.7	7,425	19.8	2,757	14.8	
MPHN 1,451 110.1 265 19.8 104 16.7							
Greater Hume	60	119.1	9	17.5	0	-	

	DEATHS FROM CIRCULATORY System diseases, 0 to 74 years		DEATHS FROM ISCHAEMIC Heart Disease, 0 to 74 years		DEATHS FROM RESPIRATORY System diseases, 0 to 74 years		DEATHS FROM EXTERNAL Causes, 0 to 74 years	
	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF DEATHS	ASR PER 100,000	NUMBER OF DEATHS	ASR PER 100,000
NSW	15,586	41.7	7,338	19.6	6,259	16.7	10,092	27.2
MPHN	680	52.0	340	26.1	305	22.7	451	41.1
Greater Hume	19	38.2	9	17.9	14	27.5	26	67.3

	AVOIDABLE DEATHS BY CAUSE							
			2016 TO	2020 — ABS				
DEATHS FROM SELECTED  EXTERNAL CAUSES OF  MORTALITY (FALLS; FIRES, BURNS; SUICIDE AND SELF- INFLICTED INJURIES; ETC.) AGED  O TO 74 YEARS  DEATHS FROM OTHER  EXTERNAL CAUSES OF  ACCIDENTS ACCIDENTS AGED O TO 74 YEARS  MORTALITY (TRANSPORT  ACCIDENTS; ACCIDENTAL  DROWNING AND SUBMERSION;  ETC.) AGED O TO 74 YEARS						AGED O TO 74		
	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000
NSW	4,738	12.8	4,115	11.1	5,354	14.5	1,678	4.5
MPHN	215	19.4	192	17.9	236	21.7	115	10.5
Greater Hume	NW*	46.2	NW*	42.9	NW*	20.9	NW*	16.0

<sup>\*</sup>NW = number withheld due to small sample size causing issues with identification/anonymity.

	DEATHS FRO 0 to 74	M CANCER, Years	DEATHS FROM COLORECTAL CANCER, 0 to 74 years		DEATHS FROM BREAST CANCER (Females), 0 to 74 years	
	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF ASR PER DEATHS 100,000		NUMBER OF Deaths	ASR PER 100,000
NSW	10,601	28.3	3,878	10.4	2,757	14.8
MPHN	458	35.1	163	12.5	104	16.7
Greater Hume	25	50.3	10	20.1	0	-

		DEATHS FROM DIABETES, 0 to 74 years		DEATHS FROM CIRCULATORY System diseases, 0 to 74 years		DEATHS FROM ISCHAEMIC Heart Disease, o to 74 years		DEATHS FROM Cerebrovascular diseases, 0 to 74 years	
	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	
NSW	2,638	7.0	12,557	33.6	7,338	19.6	3,044	8.1	
MPHN	118	9.0	557	42.4	340	26.1	110	8.3	
Greater Hume	0	-	17	34.0	9	17.9	0	-	

Potentially avoidable deaths, a subset of all premature mortality (deaths under 75 years), and include deaths considered to be potentially preventable (those amenable to screening and primary prevention) and potentially treatable (those amenable to therapeutic interventions).

AVOIDABLE DEATHS BY CAUSE								
	2016 TO 2020 — ABS							
DEATHS FROM RESPIRATORY SYSTEM DISEASES, DEATHS FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE, 0 TO 74 YEARS								
	NUMBER OF DEATHS	ASR PER 100,000	NUMBER OF DEATHS	ASR PER 100,000				
NSW	4,128	11.0	3,833	10.2				
MPHN	217	217 16.0 195 14.2						
Greater Hume	11	21.4	10	19.3				

#### **HEALTH CONDITIONS**

HEALTH CONDITIONS									
			2017 10	2018 – ABS					
ESTIMATED NUMBER OF ESTIMATED NUMBER OF PEOPLE ESTIMATED NUMBER OF ESTIMATED NUMBER OF PEOPLE WITH CHRONIC PEOPLE WITH MENT.  SYSTEM DISEASES OBSTRUCTIVE PULMONARY BEHAVIOURAL PROIDERSE						MENTAL AND			
	NUMBER	ASR PER 100	NUMBER	ASR PER 100	NUMBER	ASR PER 100	NUMBER	ASR PER 100	
NSW	1,465,620	18.8	827,910	10.6	175,425	2.2	813,094	20.9	
MPHN	47,533 20.0 31,355 13.0 6,690 2.5 25,718							21.8	
Greater Hume	2,132	20.4	1,358	12.6	261	2.2	1,172	23.4	

	ESTIMATED NUMBER OF PEOPLE WITH HEART, STROKE AND VASCULAR DISEASE		ESTIMATED NUMBE Arthi		ESTIMATED NUMBER OF PEOPLE WITH OSTEOPOROSIS		
	NUMBER	ASR PER 100	NUMBER	ASR PER 100	NUMBER	ASR PER 100	
NSW	385,093	4.9	1,216,498 15.5		334,562	4.2	
MPHN	15,044	5.3	52,723 19.2		10,262	3.6	
Greater Hume	612	4.9	2,057 16.5		460	3.7	

CANCER INCIDENCE								
	2014 TO 2018 — NSW CANCER REGISTRY							
	PROSTATE CANCER BREAST CANCER BOWEL CANCER LUNG CANCER MELANOMA DSER PER 100,000 DSER PER 100,000 DSER PER 100,000 DSER PER 100,000							
NSW	70.8	63.3	37.6	43.1	52.9			
MPHN 79.4 65.9 38.8 46.0 56.0								
Greater Hume	81.5	70.6	33.0	39.8	47.8			

MENTAL HEALTH PREVALENCE								
2021 — ABS								
PEOPLE AGED 15 YEARS AND OVER WHO REPORTED THEY  HAD A MENTAL HEALTH CONDITION  (Including depression or anxiety)  People aged 0-14 Years who reported they  HAD A MENTAL HEALTH CONDITION  (Including depression or anxiety)								
	NUMBER	ASR PER 100	NUMBER	ASR PER 100				
NSW	617,947	9.4	28,463	1.9				
MPHN	21,873 11.0 1,140 2.4							
Greater Hume	941	10.8	52	2.3				

2017 TO 2018 — AIHW									
	HIGH OR VERY HIGH PSYCHOLO Kessler 10	AGED 18 YEARS AND OVER WITH GICAL DISTRESS, BASED ON THE SCALE (K10) Estimates)	ESTIMATED NUMBER OF FEMALES AGED 18 YEARS AND OVER WITH HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS, BASED ON The Kessler 10 Scale (K10) (Modelled Estimates)						
	NUMBER	ASR PER 100	NUMBER	ASR PER 100					
NSW	321,815	10.8	427,731	14.0					
MPHN	9,217	10.3	11,852	13.1					
Greater Hume	941	10.8	52	2.3					

		NT PRESENTATIONS: TOTAL . and behavioural disorders	ADMISSIONS FOR MENTAL HEALTH RELATED CONDITIONS, Persons - All Hospitals		
	NUMBER	ASR PER 100	NUMBER	ASR PER 100	
NSW	103,101	1,283.8	2,601	1,077.9	
MPHN	12,626	12,626 5,428.7		1,002.2	
Greater Hume	244	2,509.4	196	747.6	

			DISABILITY							
	2016 — ABS									
		TO PERSONS WITH A Bility	PEOPLE WITH A PRO Disability (include Term accom All <i>i</i>	ES PEOPLE IN LONG- Modation),	DISABILITY AN	OFOUND OR SEVERE D Living in the Y, all ages				
	NUMBER	%	NUMBER	%	NUMBER	%				
NSW	709,415	11.6	398,746	5.6	346,451	4.9				
MPHN	22,985	12.0	12,717	5.7	10,906	4.9				
Greater Hume	1,108	13.7	575	5.9	498	5.1				

	SELF ASSESSED HEALTH						
	2017 TO 2018 — ABS						
	ESTIMATED NUMBER OF PEOPLE AGED 15 YEARS AND OVER WITH FAIR OR POOR SELF-ASSESSED HEALTH						
	NUMBER	ASR PER 100					
NSW	897,768	14.1					
MPHN	MPHN 31,578 15.3						
Greater Hume	1,361	15.1					

CANCER SCREENING									
	2015 TO 2016 — NSW CANCER COUNCIL								
BREAST SCREENING RATE CERVICAL SCREENING BOWEL SCREENING WOMEN 50 - 69 YEARS WOMEN 20 - 69 YEARS PEOPLE 50 - 74 YEARS									
	NUMBER	%	NUMBER	%	NUMBER	%			
NSW	900,743	52.8	2,204,749	55.3	512,013	38.3			
MPHN 30,300 53.8 63,082 52.3 18,684 40.7									
Greater Hume	1,453	53.6	2,667	53.6	937	42.7			

#### **HEALTH BEHAVIOURS**

	RISK FACTORS									
	2017 TO 2018 — ABS									
	YEARS AND O Low, Very Low Pre	POPULATION, AGE VER, WHO UNDER OR NO EXERCISI VIOUS WEEK LED ESTIMATES	RTOOK YEARS AND OVER WITH EE IN THE INTAKE (MODELLED			ITH ADEQUATE FRUIT YEARS A		ED NUMBER OF PEOPLE AGED 18 Ind over who had high blood Pressure		
	NUMBER	ASR PE	R 100	N	UMBER	ASR PER 100	) NUI	MBER	A	SR PER 100
NSW	900,743	65.	.3	2,2	204,749	55.3	512	2,013		38.3
MPHN	30,300	70.	.2	6	3,082	52.3	18,	684		40.7
Greater Hume	5,277	66.	.7	4	4,346	54.2	2,	,111		23.6
	ESTIMATED Males aged 1 Over who wer (But not	8 YEARS AND E overweight	AND AGED 18 YEARS AND OVER WHO				ESTIMATED NUMBER OF FEMALES AGED 18 YEARS AND OVER WHO WERE OBESE			
	NUMBER	ASR PER 100	NUME	BER	ASR PER 10	O NUMBER	ASR PER 100	NUMBE	ER	ASR PER 100
NSW	1,226,016	41.1	952,0	093	32.1	890,104	29.0	917,64	43	29.9
MPHN	38,354	42.5	34,8	377	37.4	27,538	29.6	33,26	57	34.9
Greater Hume	1,697	42.9	1,58	33	37.5	1,234	31.9	1,522	2	37.4
		UMBER OF MALE Current Smoke				ESTIMATED NUM Were Cu	BER OF FEMALE Rrent Smoker:			
	NUM	BER	A	ASR PER	100	NUME	BER	ļ .	ASR PE	R 100
NSW	511,	157		17.2		355,3	337		11.	7
MPHN	18,8	307		21.9	)	12,4	99		14	.1
Greater Hume	72	23		19.7		46	6		12.	.4
	WHO CONSUM	ESTIMATED NUMBER OF MALES AGED 18 YEARS AND OVER WHO CONSUMED MORE THAN TWO STANDARD ALCOHOLIC DRINKS PER DAY ON AVERAGE (MODELLED ESTIMATES)			ESTIMATED NUMBER OF FEMALES AGED 18 YEARS AND OVER WHI Consumed more than two standard alcoholic drinks per day on average (modelled estimates)		C DRINKS PER			
	NUM	BER	Į.	ASR PER	100	NUME	BER		ASR PE	R 100
NSW	676,	575		22.7	7	258,3	306		8.	5
MPHN	27,	133		29.7	7	10,2	22		11.	.1
Greater Hume	1,1	92		29.3	3	46	2		11.	.8

	CRIME STATISTICS							
2021 — BOSCAR								
	SEXUAL ASSAULT DOMESTIC ASSAULT LIQUOR OFFENCES ASR PER 100,000 ASR PER 100,000 ASR PER 100,000							
NSW	81.1	382.1	106.9					
MPHN	MPHN 100.8 429.2 197.1							
Greater Hume	Greater Hume 87.4 249.0 16.8							

CRIME STATISTICS									
	2021 — BOSCAR								
		USE/	POSSESS						
	COCAINE AMPHETAMINES ECSTASY CANNABIS NARCOTICS ASR PER 100,000 ASR PER 100,000 ASR PER 100,000 ASR PER 100,000								
NSW	27.9	92.2	25.2	217.7	14.2				
MPHN 16.0 96.7 17.2 257.5 2.3									
Greater Hume	1.8	22.4	0.0	87.7	1.9				

## **TECHNICAL NOTES**

#### MPHN LGA DATA PRIORITISATION TOOL

MPHN's Data Prioritisation Tool applies a score based on the LGA result in relation to the state average and Murrumbidgee average results.

A score of zero to four is applied based on the difference between the LGA proportion or Age Standardised Rate (ASR) (see page 24 for explanation) result compared to the NSW average score.

Within the list of LGA scores, a score of one is given to the LGAs with either a higher or lower score than the average for the Murrumbidgee region.

The two scores are summed to give a total score.

To highlight the impacts, colour coding is applied to the range of 0-5 totals of both the NSW and Murrumbidgee averages combined.

MPHN's LGA Data Prioritisation Tool is also applied to socio-demographic variables such as age, gender etc.

MATRIX SCORING SYSTEM COMPARED TO THE NSW AVERAGE				
PROPORTION	ASR (Two digit response)	ASR (Three digit response)	SCORE	
Less than 0 or negative score	Less than 0 or negative score	Less than 0 or negative score	0	
0 and 10%	0 -10	0 - 100	1	
10.1% - 29.9%	11 – 30	101-300	2	
30% - 49.9%	31 - 50	301 - 500	3	
>50%	51 +	501 +	4	
Higher or lower than Murrumbidgee average dependent on orientation of response (positive or negative)				
all values above/below average			1	

IMPACT SCORE			
0	LOW impact		
1			
2			
3			
4			
5	HIGH impact		

The following notes provide a definition for terms used in this report that may not be familiar to readers.

#### **SOCIO-ECONOMIC INDEXES FOR AREAS (SEIFA)**

The SEIFA score in this report is an index score that allows geographical ranking in Australia. The score measures socio-economic advantage and disadvantage, information is obtained from the five-yearly Australian Census.

SEIFA is a group of four indexes, which are used to rank areas broadly by their level of advantage or disadvantage. It consists of four measures:

- · Index of Relative Socio-Economic Advantage-Disadvantage
- Index of Relative Socio-Economic Disadvantage
- Index of Education and Occupation
- Index of Economic Resources

Some examples of variables that are measured and form the indexes are (this is limited, there are more variables that are considered):

- Percentage of low-income households
- Unemployment rate
- Percentage of low-skilled occupations and people without qualifications
- · Percentage of households without a car
- Percentage of people living overcrowded dwellings
- Percentage of people under 70 with a disability
- Percentage of children with jobless parents
- Percentage of people with poor English proficiency

SEIFA scores are expressed on a scale where lower numbers always mean more disadvantage and less advantage, while higher numbers mean less disadvantage and more advantage. They are standardised so that the average for Australia is always close to 1,000.

#### **AGE STANDARDISED RATE (ASR)**

A method of adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different periods of time, different geographic areas and/or different population sub-groups (e.g. between one year and the next and/or States and Territories, Indigenous and non-Indigenous populations).

Adjustments are usually undertaken for each of the comparison populations against a standard population (rather than adjusting one comparison population to resemble another). Sometimes a comparison population is referred to as a study population.

ASRs are usually used for valid comparisons of rates in different populations, such as incidence rates, prevalence rates, mortality rates and health service utilisation rates.

An example of why they are used is because the numbers of deaths per 100,000 population are influenced by the age distribution of the population. Two populations with the same age-specific mortality rates for a cause of death will have different overall death rates if the age distributions of their populations are different. Age standardized mortality rates adjust for differences in population age distribution by applying the observed age-specific mortality rates for each population to a standard population. The age-standardised mortality rate is a weighted average of the age-specific mortality rates per 100,000 persons, where the weights are the proportions of persons in the corresponding age groups of the standard population.

















