JUNEE LGA Databook

MPHN HEALTH NEEDS ASSESSMENT 2022-2025











An Australian Government Initiative

TABLE OF CONTENTS

Health Needs Assessment process	3
Data disclaimer	4
Executive summary	6
Population and geography	7
Town based populations and demography	7
Demography	8
Aboriginal and Torres Strait Islander people	
Mothers, babies and children	13
Older people	16
Population health	17
Mortality	17
Health conditions	
Health behaviours	21
Technical notes	23
MPHN LGA Data Prioritisation Tool	
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: hna@mphn.org.au

JUNEE LGA

JUNEE

WAGGA WAGGA 43KM Nearest Regional Referral Hospital

POSTCODE	TOWNS
2590	Bethungra, Illabo
2666	Dirnaseer, Junee Reefs
2663	Erin Vale, Eurongilly, Junee, Marinna, Wantiool
2650	Harefield, Wallacetown (borders with Wagga Wagga), Wantabadgery, Yathella
2652	Old Junee

Junee

EXECUTIVE SUMMARY

Junee Local Government Area (LGA) is ranked 12th out of 21 LGAs in population size within the Murrumbidgee Primary Health Network (MPHN) (population = 6,667). The Junee LGA has a land area of 2,030 square kilometres (second smallest in MPHN) with a population density of 3.3 people per square kilometre (fifth highest density in MPHN). Between 2021 to 2041 the population of Junee LGA is expected to increase by 20.5 per cent. During the next 20 years, the largest population growth is expected to be among those aged 65 years and over (27.8 per cent).

Compared to the MPHN average, Junee LGA has a significantly lower socioeconomic index. School leaver participation in higher education and participation in vocational education and training are both lower than the NSW and MPHN average. The proportion of the Junee LGA's population who identify as Aboriginal and Torres Strait Islander (10.0 per cent) is almost double the MPHN average (5.8 per cent). While the proportion of the population aged 65 years and over in Junee LGA is lower that of other MPHN LGAs, this LGA has a high proportion of people aged 65 years and over who report living with a moderate or mild core activity limitation and those in this age group living alone.

The median age of death for females in the Junee LGA is similar to the NSW and MPHN average. However, for males, the median age of death is lower than the MPHN average (78.0 years versus 73.0 years). The rate of premature death among males and females aged zero to 74 years is higher in the Junee LGA, compared to the MPHN average. Causes of premature death in this LGA that are above the NSW and MPHN average include deaths from all cancers, lung cancer, circulatory system diseases, and ischaemic heart disease. The estimated number of people with respiratory system diseases, asthma, and arthritis is higher in the Junee LGA, in comparison to the NSW and MPHN averages. The incidence rates of lung cancer and melanoma are higher than the NSW and MPHN average. The Junee LGA has a higher than MPHN average for people reporting fair or poor self-assessed health.

Prevalent risk factors in Junee LGA include a higher than the NSW and MPHN average number of females and males aged 18 years and over who are obese, have high blood pressure, are current smokers, and who report risky alcohol consumption (i.e. two or more standard drinks per day). In addition, this LGA has a higher than MPHN average for males and females aged two to 17 years who are overweight and obese. In comparison to the NSW and MPHN average, Junee LGA has a higher rate of liquor offenses, and arrests for the use/possession of cocaine, and amphetamines.



POPULATION AND GEOGRAPHY

ESTIMATED RESIDENT Population	POPULATION CHANGE Between 2021-2041	LGA AREA KM ²	POPULATION DENSITY Persons/km ²				
2021 — ABS							
N=246,073 6,415	1,187 (20.5%)	2,030	3.3				

ESTIMATED POPULATION CHANGE 2021-2041						
	2021 — NSW PLANNING & ENVIRONMENT					
UNDER 19 YEARS	20-64 YEARS	65+ YEARS	TOTAL YEARS			
2021 N=1,521 2041 N=1,806 286 (18.8%)	2021 N=4,014 2041 N=2=4,557 544 (13.6%)	2021 N=1,220 2041 N=1,577 358 (29.3%)	2021 N=6,754 2041 N=7,941 1,187 (20.5%)			

TOWN BASED POPULATIONS AND DEMOGRAPHY

	POPULATION	MEDIAN AGE	NUMBER PRIVATE Dwellings	AVERAGE PEOPLE Per Household	NUMBER OF Families	AVERAGE Children Per Family
			2021 — ABS			
Junee	5,066	39	1,878	2.4	1,101	1.9

	MEDIAN WEEKLY Household income	MEDIAN MONTHLY Mortgage Repayment	MEDIAN WEEKLY Rent			
2021 – ABS						
Junee	\$1,354	\$1,251	\$260			

POPULATION OTHER TOWNS							
	2021 – ABS						
Bethungra	137						
Dirnaseer	89						
Erin Vale	36						
Eurongily	91						
Harefield	165						
Illabo	132						
Junee Reefs	36						
Marinna	86						
Old Junee	254						
Wantabadgery	183						
Wantiool	49						
Yathella	182						

DEMOGRAPHY

SEIFA							
	2016 – ABS						
	INDEX SCORE (BASED ON Australian score of 1000)	MINIMUM SCORE FOR Sa1s in Area	MAXIMUM SCORE FOR Sa1s in Area				
NSW	1,001.7	323	1184				
MPHN	969.9	478	1144				
Junee LGA	941						
Junee	908						

	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	19.6%	12.0%	22.6%	25.7%	18.9%	13.3%	8.7%	2.7%
Junee	1,159 (17.4%)	695 (10.4%)	1,941 (29.1%)	1,721 (25.8)	1,160 (17.4%)	667 (11.7%)	464 (7.0%)	112 (1.7%)

GENDER						
2021 – ABS						
	MALES FEMALES					
	N	%	N	%		
NSW	3,779,325	49.6	3,838,359	50.4		
MPHN	121,872	50.4	119,804	49.6		
Junee	3,664	57.1	2,756	42.9		

EDUCATION							
	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%			
Junee	40.7 per 100	75.0%	12.3 per 100	7.5%			

	EMPLOYMENT					
2020 — ABS						
	LEARNING OR EARNING AT AGES 15 TO 19	UNEMPLOYMENT				
NSW	85.0%	4.9%				
MPHN	81.7%	4.8%				
Junee	469 (63.9%)	150 (5.0%)				

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%			
Junee	20.7%	16.1%			

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	8%		5.4%	
Junee	704 (60.7%)		187 (5	5.6%)		73 (5.6%)	
	PEOPLE RECEIVING AN UNEMPLI Benefit	LOYMENT PEOPLE RECEIVING A Benefit Lo					
NSW	6.2%		5.0	6%		5.0%	
MPHN	7.1%		6.4	6.4%		6.1%	
Junee	234 (5.5%)		210 (4	210 (4.9%)		31 (8.0%)	
	LOW INCOME, WELFARE- Dependent families (with Children)	HEALTH CARE CARD Holders		PENSIONER CONCESS Holders	SION CARD	SENIORS HEALTH CARD Holders	
NSW	4.6%	6.7%		21.1%		10.9%	
MPHN	5.4%	7.3%		27.3%		10.3%	
Junee	79 (5.8%)		298 (5.4%)	1,300 (23.6	5%)	93 (8.0%)	

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%			
Junee	342 (14.8%)	59 (3.1%)			

HOUSEHOLDS				
2020 – ABS				
	*MORTGAGE STRESS	*RENTAL STRESS		
NSW	9.6%	27.9%		
MPHN	8.2%	25.7%		
Junee	57 (9.0%)	437 (28.8%)		

*Low income households (households in bottom 40% of income distribution)

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%		
Junee	136 (26.9%)	68 (13.6%)	284 (25.4%)		

*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%			
Junee	5,193 (82.5%)	184 (2.9%)	290 (4.6%)			

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%		
Junee	89 (1.4%)	96 (1.5%)	78 (1.3%)		

ETHNICITY					
2020 – ABS					
COUNTRY	JUNEE	NSW	MPHN		
China	28 (0.4%)	(3.1%)	(0.2%)		
India	17 (0.3%)	(1.9%)	(0.9%)		
Italy	3 (>0.1%)	(0.7%)	(0.6%)		
Vietnam	11 (0.2%)	(1.1%)	(0.1%)		
Philippines	15 (0.2%)	(1.2%)	(0.5%)		
Malaysia	3 (>0.1%)	(0.4%)	(0.1%)		
Germany	10 (0.2%)	(0.4%)	(0.2%)		
Greece	3 (>0.1%)	(0.4%)	(0.0%)		
Sri Lanka	4 (0.1%)	(0.4%)	(0.1%)		

DWELLINGS WITH NO MOTOR VEHICLE				
2016 – ABS				
NSW	9.2%			
MPHN	MPHN 5.4%			
Junee	98 (5.1%)			

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		
Junee	678	10.0		

INDIGENOUS STATUS									
				P (NON-ABS)					
	0-4 Y	EARS	5-9 YE	5-9 YEARS		10-14 YEARS		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	
Junee	66	9.7	68	10.0	60	8.9	51	7.5	
	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	
Junee	66	9.7	52	7.7	82	12.1	64	9.4	
	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	
Junee	34	5.0	31	4.6	36	5.3	23	3.4	
		60-64 YEARS				65+ \	/EARS		
	NUN	NBER	9	6	NUME	BER	%	1	
NSW	9,5	585	3.	3.3 16,290		90	5.0	5	
MPHN	40	86	3.	2	88	5	5.	7	
Junee	2	20	3.	0	25	5	3.	7	

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		
Junee	177	17.9		

MOTHERS, BABIES AND CHILDREN

TOTAL FERTILITY RATE				
2020 — ABS				
	BIRTHS	TOTAL FERTILITY RATE		
NSW	95,459	1.73		
MPHN	2,949	2.26		
Junee	66	2.01		

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			
Junee	44	22.5			

IMMUNISATION						
2018 — ABS						
	CHILDREN FULLY IMMUNISED At 1 year 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	95.2	2,777	93.2	2,696	96.0
Junee	63	95.2	66	97.0	55	98.1

CHILD CARE				
2016 – ABS				
	UNPAID CHILD CARE TO Own Child/ Children			ILD CARE TO D/ Children
	NUMBER	%	NUMBER	%
NSW	1,194,612	19.6	423,262	6.9
MPHN	34,939	18.3	14,389	7.5
Junee	767	14.8	336	6.5

RISK FACTORS CHILDREN								
			2020	– ABS				
	ESTIMATED NUMBER OF MALES AGED 2-17 YEARS WHO WERE Overweight (but not obese) (modelled estimates)*			ESTIMATED NUMBER OF Females Aged 2-17 years Who were overweight (but not obese) (modelled estimates)*		ESTIMATED NUMBER OF Females Aged 2-17 Years who were obese (Modelled Estimates)*		
	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	18.8	2,866	11.1	4,423	17.7	2,668	10.7
Junee	137	23.2	74	12.8	111	18.5	65	10.9

VULNERABLE CHILDREN						
2021 — AEDC						
	DEVELOPMENTALL	Y VULNERABLE ON ON	E OR MORE DOMAINS	DEVELOPMENTALLY	VULNERABLE ON T	NO OR MORE DOMAINS
	NUMBER		%	NUMBER		%
NSW	19,067		21.2	9,510		10.5
MPHN	647		23.5	336		12.2
Junee	12		16.9	7		9.9
		AND WELLBEING - Lly vulnerable				TH AND WELLBEING - Ntally 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
Junee	3	4.2	8	11.3	60	84.5
		MPETENCE - Lly 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
Junee	5	7.0	5	7.0	61	85.9
	EMOTIONAL MATURITY - Developmentally vulnerable		EMOTIONAL Developmen			IAL MATURITY - Intally 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
Junee	5	7.0	4	5.6	62	87.3

VULNERABLE CHILDREN 2021 — AEDC				
	LANGUAGE AND C (Schools- development	·BASED) -	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
Junee	5	7.0	63	88.7
	COMMUNICATION SKILLS A	ND GENERAL KNOWLEDGE -	CHILDREN DEVELOPM	IFNTALLY ON TRACK IN

	COMMUNICATION SKILLS AND GENERAL KNOWLEDGE - Developmentally 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
Junee	9	12.7	54 70	

HPV					
2021					
		LES AGED 12-13 YEARS IN MID- Ed dose 3 by 2016	HPV VACCINE COVERAGE: MALES AGED 12-13 YEARS IN M 2013, who received dose 3 by 2016		
	NUMBER	%	NUMBER	%	
NSW	36127	83.0	35834	78.2	
MPHN	1342 87.4		1313	86.2	
Junee	30	88.3	40	85.2	

OLDER PEOPLE

OLDER PERSONS 2016 – ABS					
	LIVING 65+		VITH DISABILITY; E, 65+ Years		
	NUMBER	%	NUMBER	%	
NSW	275,196	24.4	29,883	2.6	
MPHN	11,625	25.0	1,088	2.3	
Junee	244	27.4	15	1.7	
		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	
Junee	244	40.0	0	0.0	

OLDER PERSONS						
	2016 – ABS					
		EVERE DISABILITY AND LIVING IN Ity, 65+ years		ERSONS WITH ONE OR MORE Tance is needed, 65+ years		
	NUMBER	%	NUMBER	ASR PER 100		
NSW	170,636	14.9	414,338	36.7		
MPHN	5,293	12.3	15,435	35.4		
Junee	120	13.2	563	36.6		

OLDER PERSONS					
2018 – ABS					
		NILD CORE ACTIVITY LIMITATION, Delled Estimates	PEOPLE WITH SEVERE CO 65+ Years — Mol	RE ACTIVITY LIMITATION, Delled estimates	
	NUMBER	%	NUMBER	ASR PER 100	
NSW	234,212	29.5	98,912	11.8	
MPHN	15,650	33.6	6,101	13.0	
Junee	343	34.5	118	11.9	

POPULATION HEALTH Mortality

		MEDIAN AGE OF DEATH					
2016 TO 2020 — ABS							
	MA	ILES	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			
Junee	117	73.0	98	85.0			

'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								
	M	ILES	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				
Junee	62	423.3	26	222.9				

	PREMATURE DEATHS BY CAUSE										
2016 TO 2020 – ABS											
	DEATHS FROM CANCER, 0 to 74 years								THS FROM BREAST CANCER Emales), 0 to 74 years		
	NUMBER OF Deaths		ASR PER 100,000		IMBER OF Deaths	ASR PER 100,000		BER OF Aths		ASR PER 100,000	
NSW	36,591	97.7	7		7,425	19.8	2,	757		14.8	
MPHN	1,451	110.	1		265	19.8	ī	104		16.7	
Junee	35	132.	1		10	37.5		0			
	DEATHS FROM C System Di 0 to 74 y	SEASES,	H	HS FROM ISCHAEMIC DEATHS FROM RES IEART DISEASE, SYSTEM DISEA 0 to 74 years 0 to 74 yea		DISEASES,	ASES, CAUSES,		SES,		
	NUMBER OF Deaths	ASR PER 100,000	NUMBEF Death		ASR PER 100,000	NUMBER OF Deaths	ASR PER 100,000	NUMBEI Death		ASR PER 100,000	
NSW	15,586	41.7	7,338	8	19.6	6,259	16.7	10,09	2	27.2	
MPHN	680	52.0	340	7	26.1	305	22.7	451		41.1	
Junee	18	68.2	9		34.0	5	18.9	8		31.7	

	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 0 to 74 years		SELF-INFLIC	F-INFLICTED INJURIES EXTERNAL Ged 0 to 74 years Mortality Accidents Drowning An		DEATHS FROM OTHER External causes of Mortality (transport Accidents; accidental Drowning and Submersion; ETC.J Aged 0 to 74 years		DEATHS FROM TRANSPORT Accidents aged 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	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		
Junee	0	-	0	-	NW*	27.9	0	-		

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

	DEATHS FROM CANCER, 0 to 74 years			LORECTAL CANCER, 4 years	DEATHS FROM BREAST CANCER (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	10,601	28.3	3,878	10.4	2,757	14.8	
MPHN	458	35.1	163	12.5	104	16.7	
Junee	10	37.9	0	-	0	-	

	DEATHS FROM DIABETES, 0 to 74 years		SYSTEM	TEM DISEASES, HEART		M ISCHAEMIC Disease, 4 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
Junee	0	-	12	45.4	9	34.0	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 RESPIRATI 0 to 74		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	16.0 195		14.2				
Junee	0	-	0	-				

HEALTH CONDITIONS

HEALTH CONDITIONS 2017 TO 2018 – ABS											
	ESTIMATED NUMBER OF People with respiratory System diseases			MATED NUMBER OF PEOPLE ESTIMATED N With Asthma People with Obstructive i Disea		ITH CHRONIC /E Pulmonary		ESTIMATED NUMBER OF People with mental and Behavioural problems			
	NUMBER	ASR PER 100	NUMBE	R	ASR PER 100	NUMBER	ASR	PER 100	NUMBER		ASR PER 100
NSW	1,465,620	18.8	827,91	0	10.6	175,425		2.2	813,094		20.9
MPHN	47,533	20.0	31,35	5	13.0	6,690		2.5	25,718		21.8
Junee	1,308	23.8	806		14.5	173		2.9	696		26.0
		IUMBER OF PEOP E and vasculaf		ES	STIMATED NUMBE Arthi		TH	ESTIM	ATED NUMBER Osteopoi		
	NUMBER	ASR P	ER 100		NUMBER	ASR PER 10)0	NU	MBER	A	SR PER 100
NSW	385,093	4	.9		1,216,498	15.5		334	4,562		4.2
MPHN	15,044	5	.3		52,723	19.2		10),262		3.6
Junee	421	6	.8		1,546	24.9		3	306		4.9

	CANCER INCIDENCE									
2014 TO 2018 — NSW CANCER REGISTRY										
	PROSTATE CANCER DSER PER 100,000	BREAST CANCER DSER PER 100,000	BOWEL CANCER DSER PER 100,000	LUNG CANCER DSER PER 100,000	MELANOMA 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					
Junee	75.5	66.1	29.3	71.2	87.3					

MENTAL HEALTH PREVALENCE								
2021 – ABS								
	HAD A MENTAL H	D OVER WHO REPORTED THEY IEALTH CONDITION Ession 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				
Junee	487	9.1	25	2.4				

2017 TO 2018 — AIHW										
	HIGH OR VERY HIGH PSYCHOLO Kessler 10	AGED 18 YEARS AND OVER WITH Gical Distress, based on the I Scale (K 10) D 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						
Junee	226	10.6	298	14.5						
		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	5,428.7	89	1,002.2						
Junee	594	8,985.1	0	0						

	DISABILITY									
2016 — ABS										
	UNPAID ASSISTANCE TO PERSONS WITH A Disability		PEOPLE WITH A PRO Disability (include term accom All a	S PEOPLE IN LONG- Modation),	PEOPLE WITH A PROFOUND OR SEVERE Disability and living in the Community, 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				
Junee	568	11.0	315	5.5	294	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	31,578	15.3			
Junee	881	19.0			

CANCER SCREENING						
2015 TO 2016 — NSW CANCER COUNCIL						
	BREAST SCREENING RATE Women 50 - 69 years		CERVICAL SCREENING Women 20 - 69 years		BOWEL SCREENING People 50 - 74 years	
	NUMBER	%	NUMBER	%	NUMBER	%
NSW	491,605	42.9	2,153,768	44.1	512,013	38.3
MPHN	18,913	53.8	63,082	52.3	28,837	40.7
Junee	476	53.3	1,464	52.7	612	40.2

HEALTH BEHAVIOURS

RISK FACTORS											
2017 TO 2018 – ABS											
	ESTIMATED POPULATION, AGED 18 Years and over, who undertook Low, very low or no exercise in the Previous week (Modelled estimates)		ESTIMATED NUMBER OF PEOPLE AGED 18 Years and over with Adequate Fruit Intake (Modelled Estimates)				ESTIMATED NUMBER OF PEOPLE AGED 18 Years and over who had high blood Pressure				
	NUMBER	ASR PE	R 100	NUMBER		ASR PER 100) NUN	NUMBER		ASR PER 100	
NSW	900,743	65.	.3	2,2	204,749	55.3	55.3 1,40			23.1	
MPHN	30,300	70.	.2	6	3,082	52.3	47,	297		23.6	
Junee	3,593	85	.5	2	2,546	59.9	1,3	303		28.6	
	ESTIMATED Males Aged Over Who Wer (But No	18 YEARS AND E overweight	ARS AND AGED 18 Rweight		ESTIMATED NUMBER OF MALES Aged 18 years and over who were obese		ESTIMATED NUMBER OF Females Aged 18 years And over who were overweight (but not obese)		ESTIMATED NUMBER OF Females Aged 18 years and Over who were obese		
	NUMBER	ASR PER 100	NUM	BER	ASR PER 10	0 NUMBER	ASR PER 100	NUMBEI	R	ASR PER 100	
NSW	1,226,016	41.1	952,0	093	32.1	890,104	29.0	917,64	3	29.9	
MPHN	38,354	42.5	34,8	377	37.4	27,538	29.6	33,267	7	34.9	
Junee	984	46.3	95	0	42.9	711	34.5	911		42.8	
	ESTIMATED NUMBER OF MALES AGED 18 YE Who were current smokers (modelle					OF FEMALES AGED 18 YEARS AND OVER WHO T Smokers (modelled estimates)					
	NUN	IBER	ASR PER 100		NUMBER		ASR PER 100				
NSW	511,	.157	17.2		355,337		11.7				
MPHN	18,8	807	21.9		12,499		14.1				
Junee	48	483		23.6		324		15.9			
	ESTIMATED NUMBER OF MALES AGED 18 Who consumed more than two stam Drinks per day on average (model			VO STANDARD ALCOHOLIC CONSUME		CONSUMED MOR	ESTIMATED NUMBER OF FEMALES AGED 18 YEARS AND OVER WI Consumed More Than Two Standard Alcoholic Drinks Pe Day on Average (modelled estimates)		DRINKS PER		
	NUN	NUMBER		ASR PER 100		NUMBER		ASR PER 100			
NSW	676	,575			7	258,306		8.5			
MPHN		133		29.7	,	10,222		11.1			
Junee	7	32		33.7		278		13.4			

CRIME STATISTICS					
2021 — BOSCAR					
	SEXUAL ASSAULT Asr Per 100,000	DOMESTIC ASSAULT Asr Per 100,000	LIQUOR OFFENCES ASR PER 100,000		
NSW	81.1	382.1	106.9		
MPHN	100.8	429.2	197.1		
Junee	81.3	384.5	275.6		

CRIME STATISTICS						
2021 – BOSCAR						
USE/POSSESS						
	COCAINE Asr Per 100,000	AMPHETAMINES Asr Per 100,000	ECSTASY Asr Per 100,000	CANNABIS Asr Per 100,000	NARCOTICS Asr Per 100,000	
NSW	270.9	92.2	25.2	217.7	14.2	
MPHN	16.0	96.7	17.2	257.5	2.3	
Junee	132.3	132.3	15.0	231.5	9.1	

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

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

1

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 socioeconomic 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.











An Australian Government Initiative