



# MURRAY HEALTH REPORT



## Acknowledgement of Country

Murray PHN acknowledges the Traditional Owners of the land on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care.

We pay our respects to elders past, present and emerging, and extend that respect to all First Nations peoples.

### FURTHER INFORMATION

- For details on data, consultation sources and funding, please see the Murray PHN [Needs Assessment](#), and our [Activity Summary](#)
- Our [Strategic Plan](#) and details of our board and executive can be found on our website [murrayphn.org.au](http://murrayphn.org.au), along with our annual [Report to the Community](#)
- You can also read the Murray Health Report, Mental Health in our Region [here](#)

# Being as healthy as you can be, wherever you choose to live



The intent of primary health care is to help people in our communities to be as healthy as they can be, with the resources to manage their own health – physical, emotional, spiritual and mental wellbeing.

A World Health Organisation report in 2008 demonstrated that where access to primary health care exists, the health of the population improves. In Australia, access can be world class, but it is uneven, with people living in cities having better and more consistent access to services than the people living in rural and regional areas.

Rural health in Australia needs drastic and urgent reform, with our current “one system” financial approach not yet recognising the importance of local solutions for regional coordination, funding reform and local co-design.

As a regional PHN, we continue to work towards integration of our health networks, both primary and acute, whether state or Commonwealth funded. Not only is our role to increase the efficiency and effectiveness of primary health care services for patients, it has a clear focus on those at risk of poor health outcomes.

Australia’s 31 PHNs have three main roles:

- Commissioning of services to meet identified needs of their populations, in collaboration with other services as appropriate
- Working closely with general practitioners and other health professionals in workforce capacity building
- Collaborating within regions to integrate local services, to encourage better use of resources, remove duplicated services, and create better patient experiences with a focus on patients’ health outcomes.

Our 10 strategic health priorities, as set by government and expanded through our annual review of the health needs of the region, are Aboriginal and Torres Strait Islander health, aged care, alcohol and other drugs, child health, chronic disease, digital health, general population health, general practice, health workforce and primary mental health care.

Murray PHN works with general practice, acute services, Aboriginal Community Controlled Health Organisations (ACCHOs), community health, pharmacy, allied health and other primary care providers, and gathers the advice of our advisory councils and communities to help us understand health care needs across our region.

While we advocate for our primary health providers, we also recognise that underlying disadvantage and lack of access to food, shelter, education and economic resources all impact health outcomes.

The information and statistics in our *Murray Health Report: Health in our region* are based on the data that we compile as part of our ongoing work, along with recent analysis by consultant epidemiologist Associate Professor Priscilla Robinson of La Trobe University.

Dr Robinson’s professional insights and the local knowledge provided by our advisory councils and other community members will be published in our 2022-2025 Health Needs Assessment later this year.

For now, we hope you find this snapshot into the health of the Murray PHN region useful and informative.



Matt Jones  
CEO, Murray PHN



# MURRAY HEALTH REPORT

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As part of our role in improving our local health systems, Murray PHN gathers a vast amount of data and local intelligence that we use to inform and support the work of Commonwealth, state and local governments, primary health care in general practices, and other community, clinical and allied health services.

Primary health care is generally the first contact a person has with Australia's health system. Often primary care comes from your local GP, but it can also include help from nurses, psychologists, other allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers.

We help to strengthen the partnerships between primary health care in our communities and the acute care provided through hospitals, to support people to navigate paths to better health.

We do this by coordinating and commissioning new services through GPs, ACCHOs, community health and local health networks.

This, our second Murray Health Report, will provide our communities with insights into the overall health of our region, and the priority areas of health care where we work to make a difference.

Our first Murray Health Report looked at mental health in our region. You can read that report [here](#).

We always welcome feedback and suggestions from our communities, so please click [here](#) if you would like to make any comment about the Murray Health Report, or provide us with more detailed information.

We encourage interested people in our region to sign up to our [regular newsletters](#) and register to join our consumer health panel [Health Voices](#)

## What is primary health care?

Primary health care is generally the first contact a person has with Australia's health system. It relates to the treatment of patients who are not admitted to hospital.

Many people associate primary health care with their local general practitioner (GP). While general practice is the cornerstone of primary health care in Australia, it can also include care provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers.

Primary health care can be provided in the home or in community-based settings such as general practices, other private medical practices, community health centres, local government and non-government service settings, such as Aboriginal Community Controlled Health Services. It is not provided in hospitals - this type of care is known as acute care.

## What is the role of Murray PHN in primary health care?

Primary health care is meant to be achieved through taking a 'patient-centred approach', in which the PHNs have three main roles:

- Commissioning of services to meet identified needs of their populations, in collaboration with other services as appropriate
- Working closely with general practitioners and other health professionals in workforce capacity building
- Collaborating within regions to integrate local services, to encourage better use of resources, remove duplicated services, and create better patient experiences with a focus on patients' health outcomes.

## Consumers of our primary health care system

As a health consumer, it is useful to understand the Australian Charter of Healthcare Rights, which has three guiding principles: the right of everyone to access health care; the commitment of the Australian Government to international agreements recognising the right to health; and the acknowledgement of and respect for the different cultures and ways of life in Australian society.

The charter outlines seven key rights of patients and consumers who seek or receive health care:

**Access** – the right to access health care services and treatment that meets their needs

**Safety** – the right to safe and high-quality health care in a safe environment

**Respect** – the right to be treated as an individual, with dignity and respect, and to have culture, identity, beliefs and choices recognised and respected

**Partnership** – the right to be involved in open and honest communication, make decisions with health care providers and to choose who to include in planning and decision making

**Information** – the right to clear information about conditions and services, and to assistance when needed to understand health information

**Privacy** – the right to privacy and confidentiality of personal information

**Give feedback** – the right to comment on care, to have concerns dealt with transparently and in a timely manner, and to share experiences and participate to improve quality of care and health services.

Speak with your primary health provider if you have any queries about any of these issues.



## Overview of our region

Across the Murray PHN catchment, we have strong farming communities, the natural resources of the Murray River and the high country mountains and snowfields that, in non-COVID times, bring many visitors to our region.

But our population is older and more disadvantaged than the rest of the state and we have unequal distribution of primary health care providers, including GPs, dentists, physiotherapists and dieticians, to name a few.

If you live in our region, you have a higher chance of having a chronic illness, such as diabetes, or heart or lung problems and our mental ill-health is high – in some places diagnosed at twice the state average.

In regional areas of Victoria, we face a higher risk and frequency of environmental disasters such as bushfires, floods and storms, and the longer term social, emotional and financial impacts of those experiences on our communities.

While the misuse of both prescription and non-prescription drugs mirrors the state averages, alcohol remains the drug that causes the most health and social problems, both in short term binge use and long-term consumption.

Sexually transmitted disease rates have risen in recent years, with high rates of syphilis infection – a disease (like alcohol abuse) that can harm unborn babies.

Screening rates for breast, cervical and bowel cancer all have room for improvement, while both childhood immunisation and COVID-19 vaccination rates are strong.

Our First Nations people can receive culturally safe primary care services through our region’s seven Aboriginal Community Controlled Health Organisations (ACCHOs), which look at the health of the individual in a holistic way.

We have low numbers of after hours services in many parts of our region, meaning that people needing to see a doctor outside business hours are forced to visit a hospital emergency department or an urgent care centre.

As a result of the infection prevention requirements during COVID, telehealth has now been made more widely available – something that greatly benefits people in rural and regional areas. The combination of telehealth with face-to-face primary care when necessary has been a welcome addition across our region.

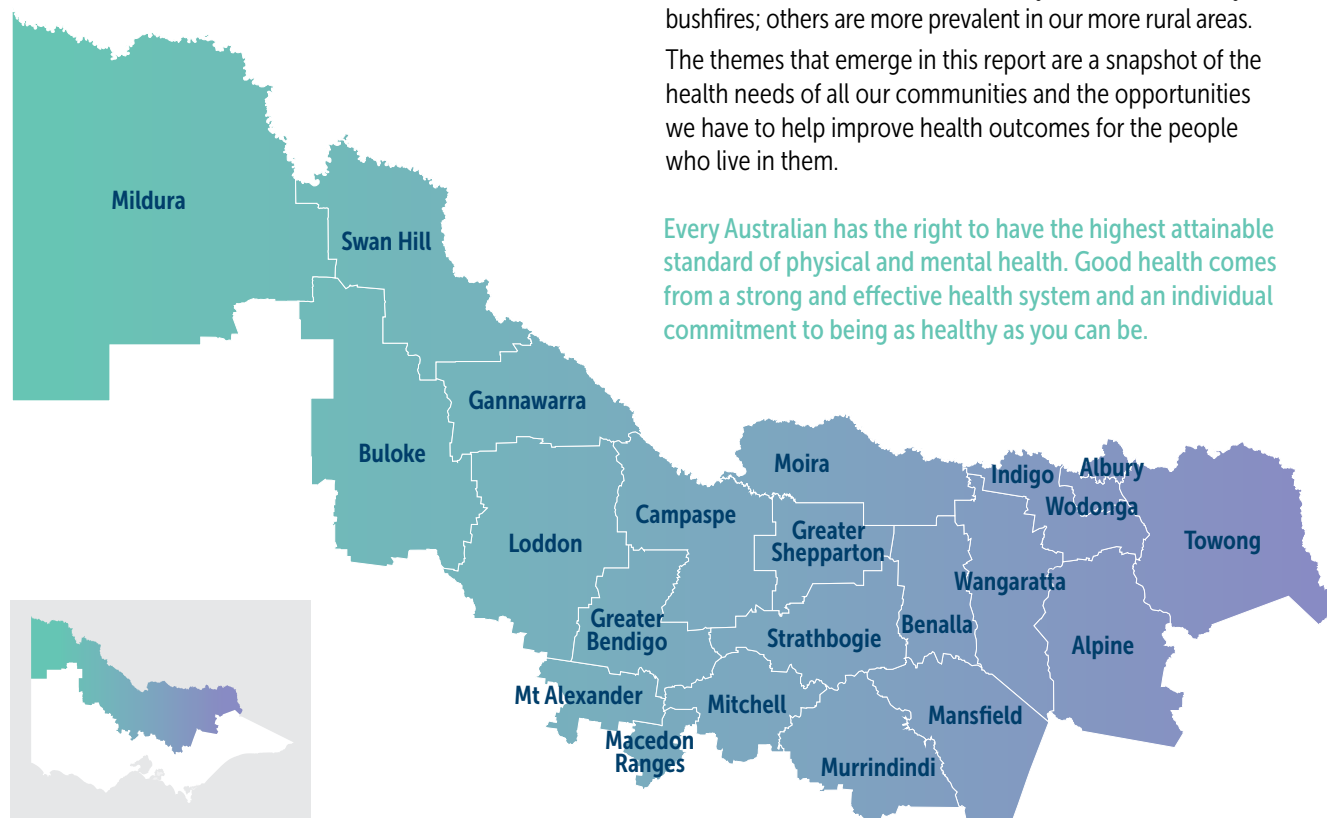
Murray PHN gathers data to identify areas where our funding from the Commonwealth Government can help strengthen our local primary health care system and, in doing so, help improve the health outcomes for people living in our region.

The information in this report is the result of years’ worth of data, analysed and interpreted at a local level by our population health team and external specialists, for our major Health Needs Assessment, to be published later this year.

As Murray PHN covers 22 local government areas, across the width of the state and deep into its heart, we often see variations in the figures reported from one LGA to another. Some health issues relate almost solely to areas affected by bushfires; others are more prevalent in our more rural areas.

The themes that emerge in this report are a snapshot of the health needs of all our communities and the opportunities we have to help improve health outcomes for the people who live in them.

**Every Australian has the right to have the highest attainable standard of physical and mental health. Good health comes from a strong and effective health system and an individual commitment to being as healthy as you can be.**



Murray PHN operates across 22 local government areas, many of which have distinct and different characteristics. Throughout this document, some of our measurements will show a range of figures in each of our four regions. This range reflects the differences from one local government area to another in any one region.

## Our population



### GENERAL POPULATION



### MEDIAN AGE



### UNDER 5 YEARS OF AGE %



### OVER 65 YEARS OF AGE %



### HOUSEHOLDS WHERE LANGUAGE OTHER THAN ENGLISH IS SPOKEN AT HOME %



### FIRST NATIONS POPULATION %

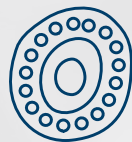


● North west Victoria ● Central Victoria ● Goulburn Valley ● North east Victoria ● Murray PHN region ● All Victoria

Population groups in the Murray PHN region who have been identified as underserved are those who experience health inequalities, commonly through health inequity:



Rural populations



First Nations



People experiencing socioeconomic disadvantage



People experiencing, or at risk of, homelessness



Newly arrived communities (including refugees)



Older adults



People with disability



People with mental illness



People who identify as gender or sexually diverse



People who have experienced natural disasters

## Risk factors for chronic disease indicators for adults in the Murray PHN population %



### OVERWEIGHT (OBESE)

|           |           |           |           |           |      |
|-----------|-----------|-----------|-----------|-----------|------|
| 24.5-31.6 | 15.3-31.6 | 15.2-32.2 | 17.1-31.0 | 15.2-32.2 | 19.3 |
|-----------|-----------|-----------|-----------|-----------|------|



### ALCOHOL-RELATED HARM

|           |           |           |           |           |      |
|-----------|-----------|-----------|-----------|-----------|------|
| 54.8-68.8 | 62.6-72.9 | 59.6-70.2 | 59.6-72.6 | 54.8-72.6 | 59.5 |
|-----------|-----------|-----------|-----------|-----------|------|



### SMOKER (REGULAR OR OCCASIONAL)

|           |           |           |          |          |      |
|-----------|-----------|-----------|----------|----------|------|
| 13.2-23.2 | 14.1-26.9 | 15.6-24.0 | 9.1-22.1 | 9.1-26.9 | 16.7 |
|-----------|-----------|-----------|----------|----------|------|



### SEDENTARY LIFESTYLE (LACK OF PHYSICAL ACTIVITY)

|           |           |           |           |           |      |
|-----------|-----------|-----------|-----------|-----------|------|
| 38.6-40.6 | 40.0-43.1 | 40.0-43.1 | 39.0-46.1 | 38.6-46.1 | 44.1 |
|-----------|-----------|-----------|-----------|-----------|------|



### DRINKING SUGAR-SWEETENED SOFT DRINKS

|          |          |          |           |          |      |
|----------|----------|----------|-----------|----------|------|
| 4.9-16.1 | 7.5-18.0 | 7.5-18.0 | 12.5-21.7 | 4.9-21.7 | 10.1 |
|----------|----------|----------|-----------|----------|------|



### EATING ENOUGH FRUIT

|           |           |           |           |           |      |
|-----------|-----------|-----------|-----------|-----------|------|
| 39.6-43.8 | 32.9-49.3 | 32.9-49.3 | 33.4-48.8 | 32.9-49.3 | 43.2 |
|-----------|-----------|-----------|-----------|-----------|------|



### EATING ENOUGH VEGETABLES

|         |         |         |         |         |     |
|---------|---------|---------|---------|---------|-----|
| 2.9-8.2 | 2.9-8.2 | 2.9-8.2 | 4.2-6.3 | 2.9-8.2 | 5.4 |
|---------|---------|---------|---------|---------|-----|



### BOWEL CANCER SCREENING (WOMEN)

|           |           |           |           |           |     |
|-----------|-----------|-----------|-----------|-----------|-----|
| 45.3-51.7 | 49.3-56.0 | 46.8-53.1 | 49.4-55.1 | 45.3-56.0 | N/A |
|-----------|-----------|-----------|-----------|-----------|-----|



### BOWEL CANCER SCREENING (MEN)

|           |           |           |           |           |     |
|-----------|-----------|-----------|-----------|-----------|-----|
| 38.6-42.1 | 43.4-49.4 | 41.0-45.6 | 43.8-50.5 | 38.6-50.5 | N/A |
|-----------|-----------|-----------|-----------|-----------|-----|



### CERVICAL SCREENING (AGE 20-69)

|           |           |           |           |           |     |
|-----------|-----------|-----------|-----------|-----------|-----|
| 55.8-61.3 | 53.5-74.4 | 53.1-62.0 | 52.8-65.1 | 52.8-74.4 | N/A |
|-----------|-----------|-----------|-----------|-----------|-----|



### BREAST SCREENING

|           |           |           |           |           |     |
|-----------|-----------|-----------|-----------|-----------|-----|
| 44.3-54.9 | 43.9-57.4 | 33.0-51.5 | 18.8-53.7 | 18.8-57.4 | N/A |
|-----------|-----------|-----------|-----------|-----------|-----|

● North west Victoria ● Central Victoria ● Goulburn Valley ● North east Victoria ● Murray PHN region ● All Victoria



# WHAT DOES



# G



# D

# HEALTH



# MEAN?

Nearly 70 years ago, the World Health Organisation defined good health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.

That definition still stands but for most of us, good health means that we are able to enjoy our lives and engage with our communities. Common measures of health are: your life expectancy, your level of ill health and your own opinion about your health and state of mind.

The Australian Institute of Health and Welfare explains that there are many health determinants that can protect your good health or pose a risk to it. Protective behaviours include physical activity, vaccination and good nutrition, while risks include the use of tobacco or illicit drugs, excessive alcohol intake or being a victim of violence.

In the Murray PHN region, we have high rates of chronic diseases like diabetes, hypertension (high blood pressure) heart and lung diseases, and cancer. The principle risk factors for chronic disease include obesity,

smoking, alcohol consumption, sugar consumption, an adequate and varied diet including fruits and vegetables, and exercise.

Other impacts on good health include the type of society you live in, your home environment, your socioeconomic status and biological factors.

For information on how you can reduce your risk of diet-related conditions and chronic diseases, find out more in the [Australian dietary guidelines](#).



# How to stay healthy and well



Maintain a healthy body weight



Avoid or limit alcohol intake

Eat healthy food



Don't smoke



Look after your mental wellbeing



Be physically active

Get enough sleep



Drink plenty of water



Get health check ups – cancer screening and immunisation

## Already feeling healthy?

- Take a break from technology and reduce screen time
- Spend time outdoors (sun smart)
- Get some fresh air
- Practice mindfulness
- Get into a routine
- Manage stress
- Do things that make you happy
- Talk to someone
- Treat yourself

## Feeling energetic

The Australian Government Department of Health suggests that everyone should make time for exercise, and reduce the time you spend sitting or lying down, but your needs will vary depending on your age.



For infants (birth to 12 months): supervised interactive floor-based play – the more, the better. At least 30 minutes of tummy time over the course of the day while awake, including moving their arms and legs.



For children and young people (5 to 17 years): at least 60 minutes each day of moderate to vigorous physical activity that makes the heart beat faster. More is better.



For adults (18 to 64 years), including healthy pregnant mothers: 2.5 to 5 hours of moderate intensity physical activity and 1.25 to 2.5 hours of vigorous intensity physical activity per week.



For older Australians (65 years and over): at least 30 minutes of moderate intensity physical activity on most, preferably all, days.

## Exercise and mental health

Exercise has many benefits, not only for physical, but mental health too. Exercise stimulates chemicals in the brain – such as endorphins and serotonin - that help to improve mood. Because of this, exercise is often thought to be just as effective as anti-depressants in treating mild depression. It also can help to reduce stress and anxiety.

People who exercise regularly report to have better mental health and emotional wellbeing, and lower rates of mental illness. While the link between exercise and mental health is not yet fully realised, it is known that inactivity can be both a cause and a consequence of mental illness.

Exercise can help to:

- Provide new experiences
- Distract you from negative thoughts
- Give you a sense of control
- Be an outlet for frustrations
- Provide a sense of accomplishment
- Socialise with others
- Increase energy levels
- Regulate mood
- Increase appetite
- Regulate sleep patterns
- Reduce stress and tension



# EMERGING AREAS AND OPPORTUNITIES



## The global pandemic

COVID-19 has been the health issue at the forefront of many people's minds for much of 2020 and 2021.

As we move towards the national goal of vaccinating 80 per cent of the adult population, the health system in Australia is considering the longer-term impacts of COVID infections and the consequences of the lockdowns that prevented those infections being more widespread.

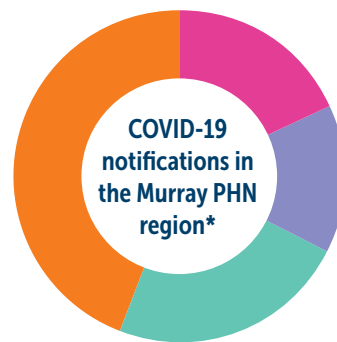
In our region, we have had outbreaks from time to time, but case numbers have remained relatively low and our communities have enjoyed more freedoms from lockdown than greater Melbourne.

The threat of COVID has required our primary health care system to adapt its practices to protect both the community and its health workforce from infection. It is estimated that up to 90 per cent of COVID-positive people can be managed effectively in the community, with support from their GP and other health care providers.

However, the COVID patients who experience the virus's worst effects can spend extended periods in hospital, often on ventilators in intensive care units. While Australia has not experienced the death rates of other countries, every COVID death impacts on that person's family, friends and community.

Health experts are also now recognising the ongoing impact of "long COVID", which affects a percentage of COVID patients. Britain's National Health Service describes long COVID as symptoms continuing more than 12 weeks after an infection, including extreme tiredness, problems with memory and concentration, shortness of breath, heart palpitations, joint pain, and changes to taste and smell.

Australian researchers continuing to study the impact of long COVID believe that around five per cent of patients can have symptoms three months after their diagnosis.



- North east Victoria 24.46%
- North west Victoria 19.28%
- Central Victoria 31.70%
- Goulburn Valley 59.08%



\*As at 26 October, 2021

The measures used to reduce the spread of COVID-19 have included frequent handwashing, social distancing, reducing social interaction, the use of mouth and nose coverings, contact tracing and quarantine measures. These infection prevention measures have also reduced the spread of other diseases spread by droplets in the air, including influenza, or flu.

However, once vaccination targets are met, and some of these containment measures are reduced, COVID-19 is likely to circulate more widely in the community, creating an ongoing challenge to our health services, particularly in primary health care.

At that point – 80 per cent of people being fully vaccinated – our national focus may no longer be the numbers of cases each day, but the relative risk for the individual, for local communities and the impact on the health system.

Ultimately, that risk will be reduced the higher vaccination rates go.

# COVID-19 vaccination

Since April this year, Primary Health Networks have provided significant support to the Commonwealth Department of Health to help with the roll out of the National COVID Vaccine Strategy.





Murray PHN’s role has supported residential aged care and residential disability providers. Early in the program, low vaccine supplies were challenging and we worked to transfer surplus doses between providers, where required.

As vaccine supplies have increased in general practice, we have worked with GPs to understand their vaccination capacity, given usual business demands, so that we can help manage timeframes for meeting the government’s vaccination milestones. We also need to understand the impact of future boosters and flu vaccinations on general practice operations.

While supporting local planning, coordination and communication to our primary health care providers, Murray PHN also created a free community engagement campaign to support health services, organisations and community groups to raise awareness of the importance of getting vaccinated against COVID-19.




The *It starts with you* campaign focuses on the choice to vaccinate - choosing to vaccinate protects you, protects the people important to you, and contributes to the community effort that will have us enjoying the things we all ‘want’ as soon as possible.

Once 80 per cent targets are met, communications will focus on the very real risks faced by the 20 per cent of adults – one in five people – who will not have been fully vaccinated.

| Vaccination sites in the Murray PHN region  | North west Victoria | Central Victoria | Goulburn Valley | North east Victoria |
|---|---------------------|------------------|-----------------|---------------------|
|  General practice  | 20                  | 56               | 29              | 36                  |
|  Community pharmacies  | 13                  | 33               | 25              | 32                  |
|  Aboriginal Community Controlled Health Organisations (ACCHOs) | 3                   | 2                | 1               | 1                   |
|  Commonwealth vaccination clinics                              | 2                   | 1                | -               | 1                   |

### As at 25 October 2021 :

|  |                  |  |                |
|--|------------------|--|----------------|
| Approximate total number of COVID-19 vaccinations in Murray PHN region | <b>1,015,954</b> | Percentage of people aged 15 and older with one dose | <b>&gt;95%</b> |
|--|------------------|--|----------------|

|   |   |
|---|---|
|  <p>Residential aged care facilities</p>       | <ul style="list-style-type: none"> <li>Murray PHN’s residential aged care facility vaccination program consisted of 73 private facilities, three Commonwealth vaccination teams and several local general practices</li> <li>In total, 14,353 doses were administered by vaccination teams to private facility staff and residents over 240 visits</li> <li>In total, 86.81% of private residential aged care facility residents were vaccinated by Commonwealth vaccination teams</li> <li>99.6% of private residential aged care staff were vaccinated</li> </ul> |
|  <p>Residential disability care facilities</p> | <ul style="list-style-type: none"> <li>190 residential disability care facilities have had COVID-19 vaccinations completed across the Murray PHN catchment, starting in June and completed in October</li> <li>Vaccinations completed by general practices, State Vaccination Hubs and mobile in-reach clinics operated by Commonwealth Government commercial vaccine providers</li> </ul>  |
|  <p>Community grants</p>                       | <ul style="list-style-type: none"> <li>25 grants were awarded to general practice, pharmacy and ACCHOs to provide COVID-19 vaccination clinics for vulnerable populations across the Murray PHN region</li> </ul>   |

## Family violence

According to the Australian Institute of Health and Welfare (AIHW), family, domestic and sexual violence are a major national health and welfare issues that can have lifelong impacts for victims and perpetrators. AIHW has estimated that 25 per cent of women and five per cent of men have experienced emotional abuse from a current or previous partner.

In the Murray PHN region, police statistics have shown an increase in domestic violence incidents of almost 5 per cent for the year to March 2021. The rate of domestic violence is higher than the Victorian state average in almost every LGA in our catchment.

Family violence, while never excusable, can be made worse by stress, mental illness or alcohol and other drug use. It may be that the combination of the pandemic and its financial and social restrictions, plus bushfires in parts of our region, account for some of this recent rise.

### Domestic violence reports in the Murray PHN region March 2020-2021



### Experience of emotional abuse from a partner



It is clear, however, that the widespread impacts of both COVID and the 2019-2020 bushfires are likely to continue into 2022 and beyond.

## Digital health

In a pandemic, access to primary health care is vital. People have regular health needs other than COVID-19 – chronic disease management, cancer screening, child health and even bumps and bruises all need to be managed effectively for communities to experience good health.

Telehealth consultations, both by phone and video, have been a welcome addition to most GP and specialist practices since the pandemic began. Telehealth is used along with face-to-face consultations where required, to help practices manage infection risks and the need for social distancing.

Patients who have been uncomfortable about visiting their GP when infections are high have reported feeling less stress with a telehealth appointment. Others enjoy the availability of a service from home. GPs often use a telehealth appointment to determine an issue, and to see whether a follow-up face-to-face consultation is required.

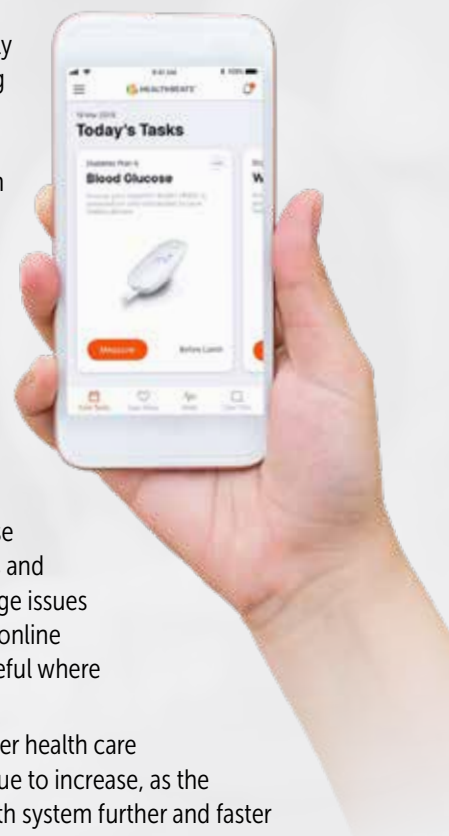
Medical records and imaging can also be shared appropriately through technology, allowing health professionals to consult distant specialists on a patient's care.

In regional areas, telehealth can improve access to health services for people unable to get to a GP in working hours, or because they are a long drive away. However, a person's location can impact their ability to use electronic health services beyond a telephone call.

The use of personal health monitoring devices, particularly for chronic illness, is a growing area of interest in the Murray PHN region. These devices give patients more information and control of their health, under the supervision and support of their GP.

But in areas with unreliable or no internet access, digital health cannot be fully delivered. So too, where people are unable to afford internet access or the devices required to access it. In the case of recent humanitarian settlers and other migrant peoples, language issues can also be barriers, although online translation services may be useful where available.

The use of technology to deliver health care in our region is likely to continue to increase, as the pandemic has moved the health system further and faster into the realm of digital health than previously imagined.



## Dental health

Dental health is closely related to good general health, so it is of concern that almost a quarter of adults in the Murray PHN region report poor dental health, with that proportion rising to a third in Benalla, Buloke and Loddon LGAs. The rates are generally higher in children, with one of our LGAs reporting three in four children experiencing dental problems.

The Australian Government Department of Health notes that oral diseases can cause pain, discomfort and embarrassment, and affect a person's ability to eat, speak and socialise.

Decaying teeth can cause illness and pain, while the loss of permanent teeth can lead to chewing difficulties and nutritional problems. There is some evidence that poor dental health may also make other chronic diseases worse.

Risk factors for poor dental health include the consumption

of sugary drinks. In Australia, less than 10 per cent of the adult population drinks sugar-sweetened soft drinks on a daily basis. However, in our region, most LGAs have higher percentages, with up to a quarter of the population in some areas drinking sugary soft drink daily.

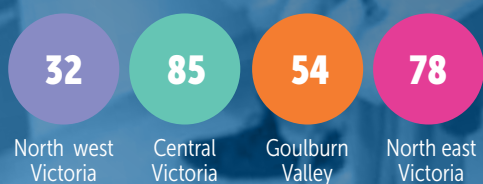
In our region, we also have fewer dentists than there are in cities, and the cost of dental care treatment prevents up to a third of our community from visiting a dentist when they need to.

In 2017-18, there were just under 23,000 potentially preventable hospitalisations of children under nine years for dental conditions. Prevention strategies include good oral hygiene, the use of visiting school dentist services, and reductions in sugary drinks and treats, which are also a factor in chronic diseases like diabetes.

### Dental health indicators for the Murray PHN population

|  | North west Victoria | Central Victoria | Goulburn Valley | North east Victoria | All Victoria |
|--|---------------------|------------------|-----------------|---------------------|--------------|
| Adult population fair/poor self-reported dental health %   | 20.6-36             | 20.6-33.6        | 20.7-28.5       | 21.8-36.6           | 24.4         |
| Children (0-5 years) presenting with at least one decayed, missing or filled (baby) or permanent (adult) tooth, attending public dental services % | 22-50               | 26-40            | 31-40           | 18-77               | 26           |
| Potentially preventable hospitalisations for dental conditions standardised rate per 1,000 persons   | 3.83-6.02           | 1.59-2.48        | 1.44-3.27       | 0.76-2.58           | 2.35         |
| Potentially preventable hospitalisations dental conditions for children aged 0-9 years, standardised rate per 1,000 persons                        | 6.10-17.5           | 0-10.5           | 3.5-8.5         | 1.3-5.7             | 6.1          |
| Adult population avoided or delayed visiting a dental professional because of the cost %   | 26.3-30.7           | 30.1-40.8        | 33.4-41.1       | 32.8-39.8           | 33.9         |

### Number of dentists in the Murray PHN region



## Climate and environment

Across the Murray PHN region, our communities have experienced serious environmental threats including floods, drought, fires and major storms. These rural and regional communities are vulnerable to the impact of climate change and the effect on human health, through both direct and indirect environmental changes.

Direct climate change will impact health through increased illness or death resulting from higher temperatures and heatwaves, particularly in vulnerable groups such as the elderly, children and those with pre-existing heart and lung diseases.

The 2019-2020 bushfires in our north east region were devastating and compounded when they were followed so closely by the appearance of COVID-19 in early 2020.

Disruption to services and infrastructure, destruction of property, and the physical impact of injury and smoke inhalation have all added to the mental and emotional problems of people in our bushfire-affected areas. The Rural Workforce Agency Victoria has also acknowledged the impact of the 2019-20 bushfires on the rural community of the Upper Murray and the resilience of its health workforce.

Previous heatwaves have seen major increases in people seeking help from ambulance and emergency departments and from primary health providers, for both physical and mental health heat-related conditions. Deaths in the heatwave of January 2014 were almost 25 per cent greater than would otherwise have been expected.

Our forest areas and the Murray-Darling River system floodplain provide important breeding grounds for bird, fish and animal life. But they also harbour the mosquito species that carry arbovirus diseases such as Ross River virus, Barmah Forest virus and Murray Valley encephalitis.

The Murray PHN region is home to several significant river systems including the Murray, Goulburn, Ovens, Coliban, Campaspe, Loddon and Kiewa rivers. The rivers play a significant role in the identity and economic development of our region and are central to the cultural and spiritual wellbeing of our First Nations communities. The traditional culture of our Aboriginal and Torres Strait Islander communities revolved around their relationship to land and water and these rivers continue to be places of significance for First Nations people.

While storms are part of our normal weather systems, climate change seems to be one of the drivers of weather events that are severe enough to cause damage and loss of power, water or telecommunications systems.

Climate change and adverse weather events impact rural and regional communities more than metropolitan or suburban areas, and our rural health workforce is now playing an emerging role in identifying, reducing and managing the adverse health effects of these events.

Exposure to prolonged drought, particularly for farmers, brings significant economic, social and family stress, while cycles of hopefulness and disappointment can be hard to handle. And floods, when they arrive, create their own stress and challenges.



# Health workforce and local population demography

Primary health care organisations in regional areas often struggle with recruitment and retention of staff and, increasingly, the retirement of older doctors.

The Murray PHN region is a training ground for postgraduate GPs, and also has access to undergraduate medical and health sciences students from The University of Melbourne, Monash University, and La Trobe University, who may form the base of the future rural health workforce.

The Victorian Rural Generalist Program, for example, helps junior doctors to gain a range of different skills and experience in several rural health services and specialties, while also giving them a taste of country life.

While every town does not need its own set of medical and allied health providers, all community members need access to these professionals, whether it be by travelling, via telehealth or with a redesign of service delivery.



## Number of general practices in the Murray PHN region



## Average number of GPs per practice

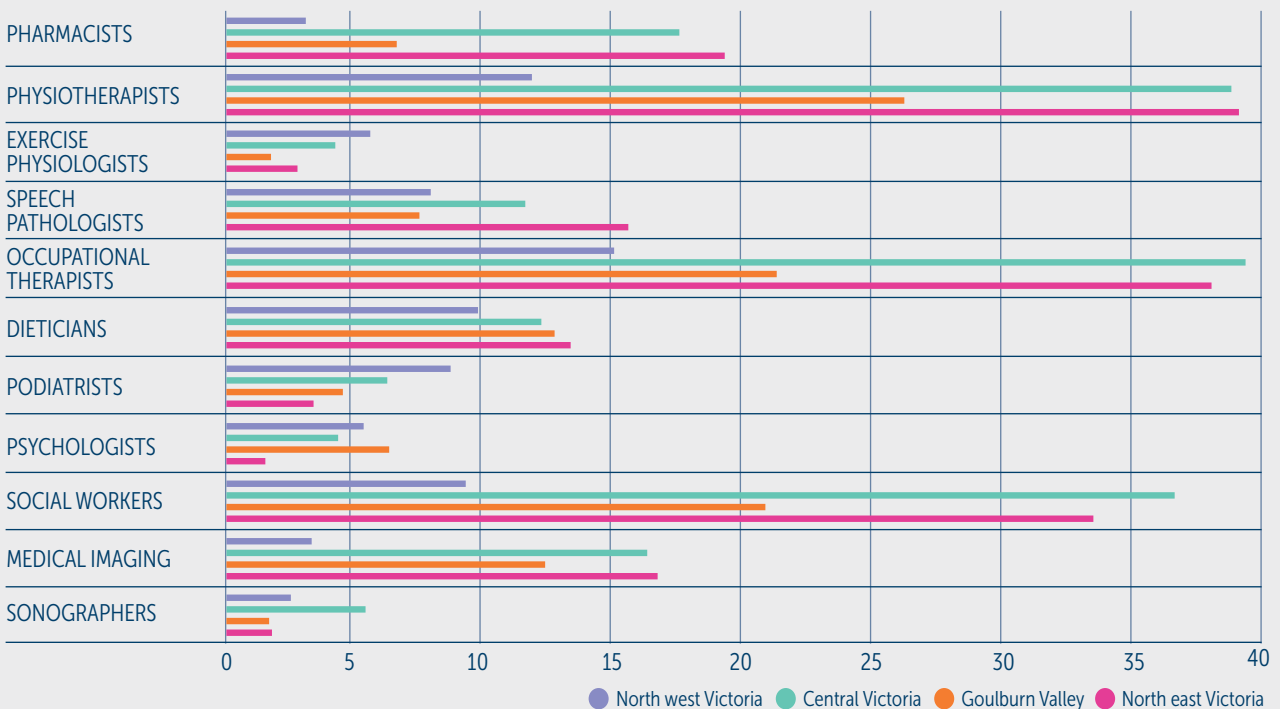


## Average capitation (number of patients) per GP



Murray PHN continues to work on the development of the Integrated Health Network concept, which aims to improve care coordination and access to primary health care providers across dispersed rural communities. The project is about to start in the Buloke, Loddon and Gannawarra local government areas with the establishment of the IHN Alliance and recruitment of a dedicated project officer based locally.

## Number of other allied health professionals per 100,000 people



# HEALTH AND LIFE CYCLE

At different life stages, we are likely to experience different levels of good health and wellbeing.

Babies and children take their cues about good health from their parents, so eating healthy food, getting enough sleep and staying active as a family can have a positive impact on their health outcomes throughout their lives.

Young adults begin to take responsibility for their own health at a time of greater independence, growing experience and often increased risk-taking. Work, career and the pressures of mortgages and raising young families can impact on mental health.

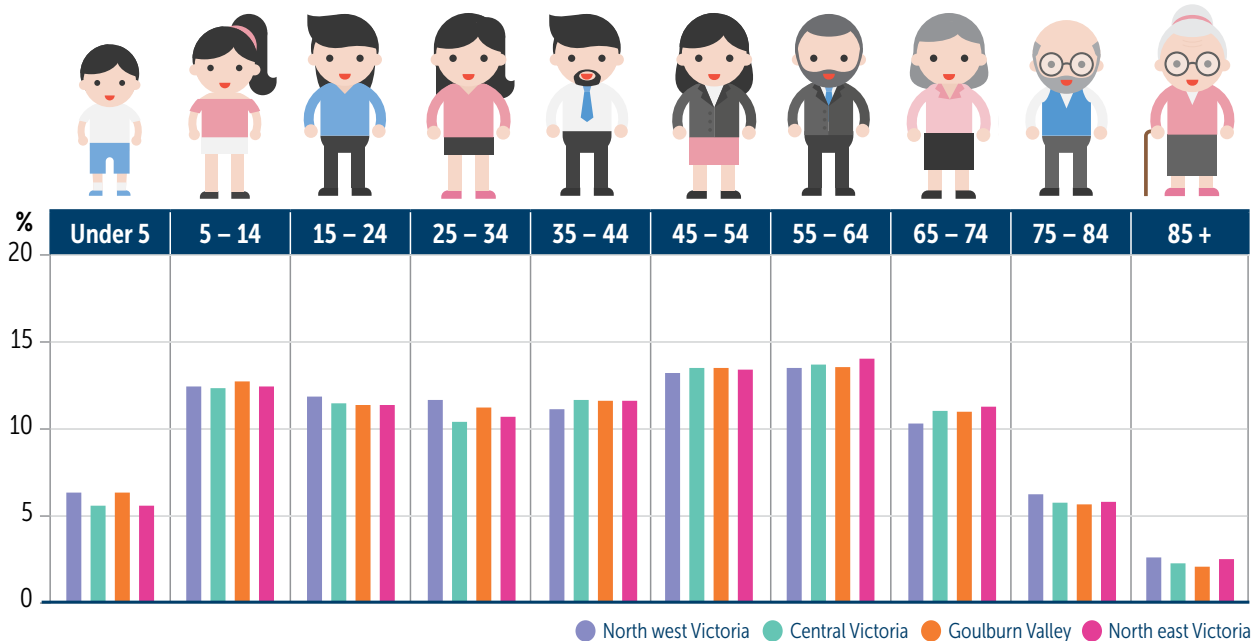
Older people raising teenagers to adulthood and independence eventually become “empty nesters”, adjusting to changing family dynamics and, for many, the arrival of grandchildren. Staying healthy for retirement is a strong life goal for this group.

And for retirees, the prospect of healthy and active ageing, free from day-to-day family commitments.

According to the Australia Institute of Health and Welfare, life expectancy at birth in the Murray PHN region is 81.4 years, lower than the national rate of 82.5 years. Our top causes of death in 2013-2017 were coronary heart disease, dementia and stroke, and lung diseases.

At any stage of life, people can face illnesses, either short-term or chronic, and many in our communities experience disability or serious injury. A key part of staying healthy is understanding what you, as an individual, can do to reduce your chances of facing ill health or premature death.

Life cycle percentages of Murray PHN population



# Childhood and youth health

## Young childhood health

One of the very best starts to life is to be a breastfed baby, wherever it is possible. In the Murray PHN region, up to four out of five mothers are breastfeeding when they leave hospital with their babies.

Childhood immunisation rates in the Murray PHN region are generally above the Victorian average, and high enough to maintain herd immunity in almost all LGAs. The numbers of children attending pre-school is similar across the region to the state and national averages – 53.3 per cent nationally, and 57.8 per cent in Victoria.

Victoria’s six Primary Health Networks continue to work with the state-wide paediatric network to produce evidence-based and current guidelines for a range of common childhood conditions.

Murray PHN has improved access to community paediatric services for vulnerable and underserved children in Bendigo, Euroa and Mildura, to address poor health outcomes associated with adverse childhood experiences.

Murray PHN’s Goulburn Valley region has one of only three assessment services in Victoria for children with Foetal Alcohol Spectrum Disorder. The Shepparton clinic is for children aged between 5 and 16 years, where Medicare bulk-billed paediatric, neuropsychology, speech therapy, and social work assessments are available.



## Older children and youth health

Many families in our region have complex social needs which affect the health of all the family, including their children, with problems ranging from alcohol and drug use, family violence, intergenerational disadvantage, limited parenting skills and a wide range of similar issues.

Access to youth health clinic services is limited and uneven across our region. Some schools have well-integrated services with school nurses, or our Doctors in Schools program, where medical practitioners are funded by Victorian Department of Education and Training to visit regularly.

The transition from early childhood education to school can be a time for identifying problems, but problems may be missed unless students have obvious issues. Difficulties with vision and hearing may not be easily identified, affecting a child’s ability to learn. Other health problems are hard to manage without formal diagnosis and the assistance that follows a diagnosis.

By making health care visible and normal, school can provide an opportunity for the need for privacy to address mental and sexual health concerns of teenagers. These services can teach adolescents that paying attention to health is a normal part of life, and visiting the school nurse, GP or screening van is completely normal.

Mental health and problem sexual behaviours are a growing concern for the school health program throughout the region. Six local headspace centres however, act as a one-stop-shop for young people aged 12-25 years old who need help with these areas, as well as with alcohol and other drug use, work and study support.

Almost all our LGAs have human papillomavirus (HPV) immunisation coverage higher than the Victorian average for both boys and girls.

Information on teenage pregnancies is out of date but of all women giving birth in Victoria in 2018, just 1.2 per cent were younger than 20 years of age.

### Child/youth immunisation for the Murray PHN population %

|   | North west Victoria | Central Victoria | Goulburn Valley | North east Victoria | All Victoria |
|---|---------------------|------------------|-----------------|---------------------|--------------|
| Children fully immunised at 1 year of age     | 92.9-98.2           | 87.8-96.9        | 89.9-94.9       | 92-96.6             | 95.17        |
| Children fully immunised at 2 years of age    | 89.0-96.0           | 87.1-96.5        | 88.1-95.7       | 84.8-94.9           | 93.03        |
| Children fully immunised at 5 years of age    | 95-100              | 92.6-99.1        | 92.6-97.7       | 90.3-97.7           | 96.18        |
| Aged 4-5 in a preschool program               | 50.2-61.1           | 55.1-60.3        | 50.2-68         | 53-71.4             | 57.8         |
| Full vaccination coverage at school entry     | 94.9-100            | 92.6-99.1        | 92.6-97.7       | 90.3-97.7           | 96.18        |
| HPV 3 dose coverage for females aged 15 years | 81-106              | 80-97            | 83-96           | 38-96               | 80           |
| HPV 3 dose coverage for males aged 15 years   | 87-106              | 75-99            | 78-99           | 35-98               | 77           |

## Adult health

Across Victoria, two out of five women have completed Year 12 schooling, but in our region, these rates are as low as one in three, with more than half of women in many of our local government areas earning low incomes. The links between health, education and income are complex and closely related to opportunities that people have to being healthy and well.

Women’s health services are often provided in nurse-led primary care and community health settings and we have encouraging rates of women’s screening services like cervical cancer in our region.

Obstetric and gynaecology services are available at our regional hospitals, and some rural hospitals also provide obstetric services for women with uncomplicated low-risk pregnancies though GPs with additional training. Birth control and family planning advice is usually provided by GPs and in the Murray PHN region, births per 1000 women range from under 15 to over 25.

Obesity rates are high in the Murray PHN region, while rates for cervical cancer screening are at least 13 per cent higher than the national rate of 46 per cent.

Bowel cancers are a large cause of death but only two in five are detected early. Women are more likely than men to be screened for bowel cancers, although for both men and women, we reach at least the national levels – 41.3 per cent of men and 45.6 per cent of women.

For men, the main male-specific chronic disease is prostate cancer, but there is no reliable screening test to detect this early. The Murray PHN region has low rates of prostate

cancer compared with the rest of the state, but this may reflect lower numbers of men seeking help for their symptoms.

Mental health issues can impact people of any age but these are often a concern for older men. Men’s Sheds, which are recognised as important and practical organisations, provide a range of information and resources on both physical and emotional health. There are now at least 66 Men’s Sheds operating in our region.



| Sexually transmitted infections for the Murray PHN population (rate per 10,000) |         | North west Victoria | Central Victoria | Goulburn Valley | North east Victoria | Murray PHN total |
|---|---------|---------------------|------------------|-----------------|---------------------|------------------|
| Chlamydia   | Males   | 4.03-17.49          | 9.41-71.86       | 5.84-15.51      | 9.40-17.47          | 18.1             |
|   | Females | 4.03-25.36          | 10.43-117.10     | 5.84-26.22      | 10.03-28.72         | 20.8             |
| Gonorrhoea  | Males   | 0-6.13              | 0-10.56          | 2.20-7.68       | 0-4.24              | 6.4              |
|   | Females | 2.43-4.83           | 0-9.31           | 0.61-5.33       | 0-4.07              | 2.4              |
| Hepatitis B   | Males   | 0-1.21              | 0-2.67           | 0-2.43          | 0-0.64              | 1.1              |
|   | Females | 0-2.93              | 0-2.37           | 0-1.22          | 0-2.91              | 1.0              |
| HIV   | Males   | 0-1.21              | 0-3.33           | 0-0.86          | 0-0.88              | 0.4              |
|   | Females | 0                   | 0-0.54           | 0-0.86          | 0                   | 0.1              |
| Syphilis  | Males   | 0-2.97              | 0-5.86           | 0-2.06          | 0-2.03              | 2.4              |
|   | Females | 0-3.16              | 0-3.33           | 0-0.86          | 0-4.18              | 0.6              |

# Aged care

Almost one in five people in the Murray PHN region are more than 65 years old; a higher proportion than the rest of Victoria. Several communities have very large proportions of older people, including Gannawarra, Buloke, Towong, Benalla, Strathbogie and Loddon.

Some of these older people are likely to fall into the 'triple jeopardy' risk group of living with a disability, living alone and living on a low income.

The Commonwealth Government Medicare-funded *My Aged Care* screening program provides a comprehensive check-up for Australians aged 75 and older. The program looks for a wide range of modifiable conditions (such as diabetes and hypertension) and risk factors including diet, alcohol consumption, smoking and exercise.

Access to secure accommodation for older people in the Murray PHN region is not evenly distributed. While every

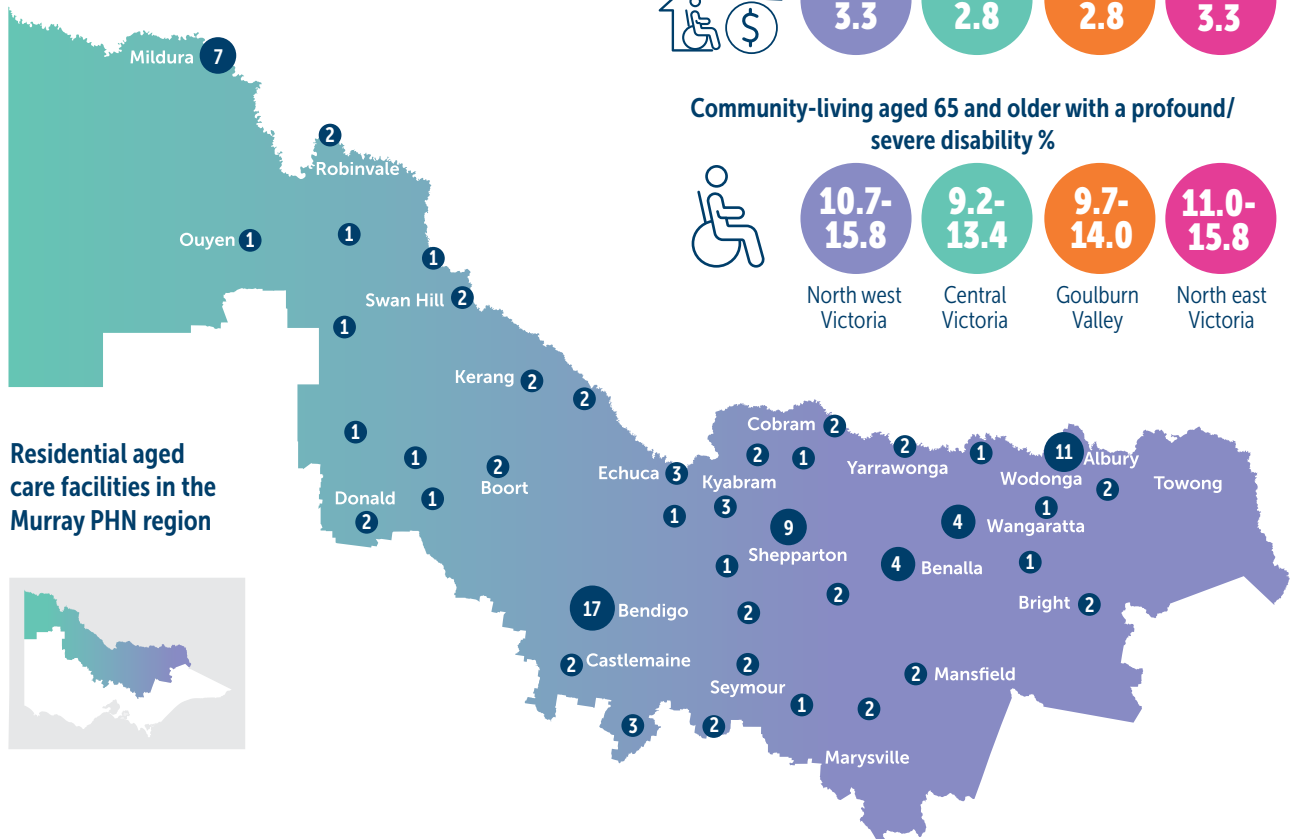
LGA has at least one aged care facility, residential services are concentrated in the larger towns.

The risk of COVID has affected aged care services across the state, with lockdowns and reduced visiting availability impacting on many vulnerable residents.

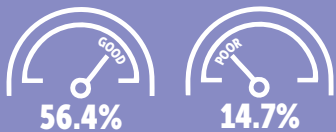
We know that adults aged 75-85 years have some of the lowest rates of mental health service use, compared with other age groups.

Nationally, 86 per cent of people in permanent residential aged care in 2018 had at least one diagnosed mental health or behavioural condition, with depression the most common diagnosis (49%) (AIHW).

Murray PHN has connected with residential aged care facilities to provide psychological therapies and counselling to residents of those facilities referred with a mental illness, or with emerging symptoms.



## Factors that influence health



In 2017-18, more than half (56.4%) of Australians aged 15 years and older considered themselves to be in excellent or very good health, while 14.7% reported being in fair or poor health



Each year, millions of years of healthy life are lost because of injury, illness or premature deaths. This loss of healthy life is called the 'burden of disease'. It's suggested that about a third of Australia's burden could be prevented by removing exposure to risk factors such as tobacco use, overweight and obesity, and dietary risks

There are a range of factors why some people experience high levels of disease, including:



Disadvantage

Access

Affordability

Literacy



In 2019, 23% of Murray Health Voices said they needed someone either some or all of the time to help them read and understand medical information

In 2018, Murray Health Voices also shared what prevented them from accessing health services:



59% said dentists were too expensive



41% said physiotherapists were also too expensive



46% felt they didn't need occupational therapy services



25% said a trip to the cardiologist was too far from home

People who act as their own 'health advocate' are more likely to live healthier and longer lives. Health advocates take control of their health by speaking up and asking questions, expressing their needs, concerns and preferences, as well as working together with their doctor to follow treatment plans, lifestyle modifications and take medications as prescribed



**400,000**  
documents uploaded

My Health Record is one tool that can assist people in taking control of their health, and as of August 2021, almost 400,000 documents had been self-uploaded to the system nationally

**100%** 18-25 year old females accessed My Health Record

In 2020, most Murray Health Voices had no opposition to using My Health Record, with 100% of females aged 18-25 years old having accessed theirs

# HEALTH FOCUS

## First Nations health

Our Aboriginal and Torres Strait Islander population, while chronically undercounted for many reasons, is much higher than the Victorian rate of 0.81 per cent, and known to range between 1.54 per cent in the central region and 3.67 per cent in the north west; higher than the average Australian rate of 2.77 per cent.

Overall, First Nations peoples continue to experience widespread socioeconomic disadvantage and have worse health than the rest of the population.

In our region, Aboriginal people are able to access primary health care through the usual GP networks, but also through seven Aboriginal Community Controlled Health Organisations (ACCHOs).


ACCHOs are designed to deliver health services in a culturally safe way, and to understand and provide for health using a culturally appropriate definition, which is

different – and broader - than a traditional western health viewpoint. The holistic design of the ACCHO services – a focus on the person, not just a disease – is acknowledged as an effective model because it is based on self-determination.

Although the health outcomes for Aboriginal Australians are lower than those of non-Aboriginal Australians, a number of 'gap' indicators are narrowing, including life expectancy.

### ACCHOs in the Murray PHN region

Albury Wodonga Aboriginal Health Service (AWAHS)  
Bendigo and District Aboriginal Co-operative (BDAC)  
Mallee District Aboriginal Services (MDAS)  
Mungabareena Aboriginal Corporation  
Murray Valley Aboriginal Cooperative (MVAC)  
Njernda Aboriginal Corporation  
Rumbalara Aboriginal Co-operative



First Nations peoples have the freedom to choose their provider, with 60% of Aboriginal and Torres Strait Islander people in our catchment choosing to attend an ACCHO.

## Chronic disease

The most common chronic diseases in Murray PHN's region include cancers, heart and vascular diseases, chronic respiratory disease, diabetes, asthma, arthritis and osteoporosis.

The principal risk factors for chronic disease include overweight and obesity, smoking, alcohol consumption, sugar consumption, and the lack of exercise or an adequate and varied diet including fruit and vegetables.

By the age of 85, around half of all Australians will be diagnosed with a cancer. But as survival rates are improving each year across the country, early diagnosis and treatment are increasingly important.

Avoidable deaths from all cancers in our region are above the state rate of 28.3 per 100,000 people.

Congestive heart failure is higher than average in Shepparton, Bendigo and Towong, and combined with circulatory diseases, causes more premature death than average in Buloke, Mildura, Moira and Campaspe.

Rates of stroke are more than double the Victorian average in Murrindindi and high in Loddon and Towong, while avoidable deaths from cerebrovascular disease are high in six LGAs. High blood pressure, a major contributor for stroke, is 25 per cent higher than the state average in four LGAs.

Chronic respiratory disease rates are not very different to the Victorian or Australian rates, but avoidable deaths from respiratory disease are concerning – 15 of our 22 LGAs have rates at least 25 per cent higher, and in Buloke, almost three times the state average of 8.5 people per 100,000.

Diabetes Type 1 is more common in Mildura, Moira and Mount Alexander, while Type 2 is more common in Gannawarra, Mitchell, Swan Hill and Wodonga, and less common in Indigo.

Adult asthma diagnosed by GPs is reported as being 20 per cent, but is between 25 and 30 per cent in eight of our LGAs. The only LGA where it is a less common diagnosis is Mount Alexander.

Osteoporosis is more than three times more common in women than in men, and increases with age. Sadly, osteoporosis is often not diagnosed until an event such as a fracture.

Arthritis affects around one in five Victorians and is also more common in women than men. In our region, it is higher in Buloke, Gannawarra, Campaspe, Bendigo, Shepparton, Indigo and Loddon, but lower in Mount Alexander and Towong.

Breast cancer screening is free to all women aged 50 to 69, and to women with symptoms or specific risk factors from ages 40 to 75, but participation rates range from 18.8 per cent in Indigo up to 57.4 per cent in Gannawarra. The national level is 55 per cent.

Cervical cytology screening is free for people aged 25 to 74 years old who have a cervix, remembering that some transgender people are also at risk of cervical cancer. In the Murray PHN region, rates for cervical cancer screening are at least 13 per cent higher than the national rate of 46 per cent in every LGA.

Bowel cancers are a significant cause of death, with only two in five being detected early. Regular screening is free for all people between the ages of 50 and 75 years old. While women usually have higher screening levels than men, rates for both men and women are as high, or higher, than national levels.

Doctor-diagnosed chronic disease indicators for the Murray PHN adult population %

|                          | North west Victoria | Central Victoria | Goulburn Valley | North east Victoria | All Victoria |
|--------------------------|---------------------|------------------|-----------------|---------------------|--------------|
| Cancer                   | 7.4-8.5             | 7.9-12.0         | 7.6-13.7        | 8.4-10.4            | 8.1          |
| Congestive heart disease | 5.5-8.7             | 5.1-7.8          | 6.0-10.8        | 4.4-9.1             | 6.7          |
| Stroke                   | 2.1-3.2             | 1.1-4.3          | 2.3-6.5         | 1.7-3.8             | 2.4          |
| Hypertension             | 26.5-31.0           | 22.8-25.4        | 28.2-32.6       | 17.2-34.9           | 25.4         |
| Type 1 diabetes          | N/A-1.2             | N/A-1.9          | N/A-1.9         | N/A-0.8             | 0.8          |
| Type 2 diabetes          | 4.4-7.2             | 2.6-7.2          | 5.5-7.0         | 3.5-7.8             | 5.5          |
| Asthma                   | 18.5-30.2           | 14.2-29.7        | 16.0-26.9       | N/A-30.6            | 20           |
| Osteoporosis             | 5.9-6.9             | 3.9-8.1          | 5.9-9.3         | 3.2-7.7             | 5.7          |
| Arthritis                | 23.4-27.7           | 18.0-33.3        | 22.6-28.7       | 19.8-25.1           | 20.4         |



## Refugee and migrant people's health

Our region is home to migrant and refugee populations, both recently arrived and those who have been settled for a generation. Our post World War II migrants from Europe contributed strongly to local farming and wine industries, while many newer migrants are drawn to the opportunities of regional living. Since 2000, we have become home to around 3500 humanitarian program settlers; among them, many highly trained and skilled people, including in health sciences.

The range of languages spoken in our region shows communities of old and new migrants with different backgrounds and experiences, and different needs. Italian is our most commonly nominated non-English language, followed by Mandarin, German, Greek and Filipino or

Tagalog. Pockets of other languages in other areas include Malayam (a language of southern India) in Buloke, Bendigo, Gannawarra, Benalla and Towong; Tongan in Swan Hill and Mildura; and Hazaraghi in Shepparton.

Murray PHN conducted a [study](#) in 2018 to understand the health of the refugee Afghan Hazara community in our region. It was clear that the health needs of people who are displaced from their homes, whatever the reasons, are complex, and health services need to approach their experiences in an atmosphere of non-discrimination.

Interpreter support is also required to ensure that people understand and contribute to discussions around all areas of their health care and that of their families.



## LGBTQIA+

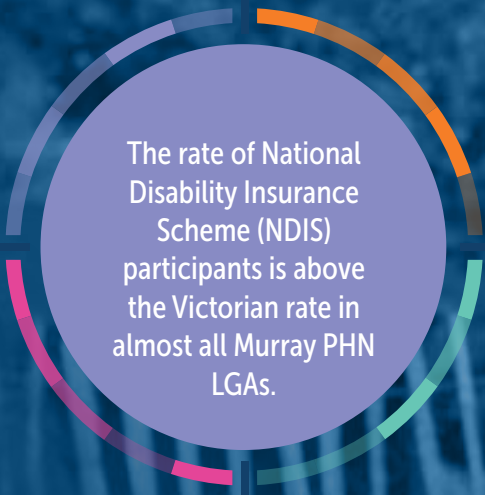
There is some evidence that the health of people whose gender identity falls outside the gender binary of male or female is poorer than that of the general community, especially in the fields of mental health and alcohol and other drugs.

Younger people who identify as non-binary can experience more bullying, isolation and rejection from family and peers, while older people can have higher rates of preventable diseases and special needs associated with their gender status.

We do not currently have specific services addressing the health needs of LGBTQIA+ people in our region, while specialist services such as gender reassignment surgery are provided in major metropolitan centres.

The number of LGBTQIA+ people living in our region is not currently known, so we are looking with interest towards the publication of the 2021 Census, which included a question on self-identified gender status.





## Disability

People who live with disabilities have poorer health than the rest of the population, even when their health outcomes are not related to their impairment.

Practical services for people with disabilities are provided mainly through community health program packages, but patterns of care are not clear from available data. In addition, people with disabilities often experience problems with travel, access to buildings and financial insecurity, making it harder for them to access prevention services.

Across our region, we have significant proportions of people receiving disability pensions, compared with the state average. Several of our local government areas have a high proportion of people with a disability, with high rates of people receiving disability pensions, including Loddon (9.5 per cent), Gannawarra (12.9 per cent), Benalla (9.5 per cent) and Buloke (10.2 per cent).

The rate of National Disability Insurance Scheme (NDIS) participants is above the Victorian rate in almost all Murray PHN LGAs.

### Population with a disability %



6.3-8.1

4.4-8.4

6.1-7.4

4.9-7.5

### NDIS participants in Murray PHN region



1,705

6,032

3,463

4,512

North west Victoria

Central Victoria

Goulburn Valley

North east Victoria

## Carers' health

Carers provide a vital role in helping those they care for gain independence, wellness and quality of life. However, many people do not identify themselves as carers, instead that of a good friend or family member carrying out normal duties.

According to the 2015 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers, there were 2.7 million informal carers in Australia. More than one-third (37% or 991,000 people) of all carers were aged 35–54 (average age was 50) (ABS 2016).

While caring for someone can be rewarding, it can also be emotionally and physically challenging. Carers can experience a range of negative health, social and financial

### People providing unpaid assistance to those with a disability %



11.8-14.3

12.3-13.5

11.5-12.8

11-14

North west Victoria

Central Victoria

Goulburn Valley

North east Victoria

impacts as a result of their caring role and putting their own needs last.

The 2020 National Carer Survey found that almost half of the carers who responded were experiencing high or very high psychological distress, and one in three felt highly socially isolated. But it was relatively uncommon for carers to be asked about their own needs when accessing services on behalf of the person they care for.

## Alcohol and other drugs

While hospital admissions for illicit and prescribed drugs are not common, alcohol-related admissions are much higher, for as much as 8.4 per cent of the population, or almost one in 10 people.

It is clear that the drug that causes the greatest number of problems in Murray PHN is alcohol, which is also associated with more police reports and policing time than illegal drugs.

While alcohol use per capita has been gradually reducing over the past 20 years, binge-drinking is of significant concern, with rates of lifetime risk of alcohol-related harm being higher than the Victorian average across our entire region.

The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness. Alcohol is also overwhelmingly responsible for about half of ambulance alcohol and other drugs (AOD)-related call-outs and Murray PHN has AOD as a priority health area.

It is also well established that rural communities have high rates of alcohol consumption and rural people experience disproportionately high levels of alcohol misuse and its associated burden of disease and injury. This health priority area is closely related to the mental health priority, with many AOD service users experiencing mental health issues as well.

### Adults lifetime risk of alcohol related harm %



### Adult population increased risk of injury from a single occasion of drinking %



### Adult population current (i.e. daily or occasional) smoker %



### Hospital admissions per 10,000 for illicit drugs (any) use



## Mental health and suicide prevention

Medically diagnosed depression or anxiety in the Murray PHN region is higher than the Victorian average, however help-seeking behaviour of adults for other mental health issues is higher than average in half of our region's local government areas.

The number of emergency department (ED) mental health presentations increased as a proportion of all ED presentations from 2.7 per cent in 2014-15 to 3.1 per cent in 2018-19.

In 2019-20, the overnight hospitalisation rate for mental health disorders in the Murray PHN region was lower at 101.5 per 10,000 than the national average of 104.9, except in the areas of Albury, Bendigo, Campaspe and Shepparton. Between 2010-2019, the rate of age-standardised suicide deaths was higher in the Murray PHN region (18.1) than the Australian rate of 12.9/100,000, with the area of

Wangaratta-Benalla having the highest rate of 24.9. Several areas have rates higher than the national average, including Albury, Heathcote-Castlemaine-Kyneton, Mildura, Murray River-Swan Hill and Shepparton.

Despite concerns that suicide deaths would increase during COVID-19 lockdowns, the number of suspected deaths by suicide reported in Victoria from 1 January to 31 July 2021 (384) is slightly lower than 2020 (436) and 2019 (418), and similar to the same periods in 2018 (396) and 2017 (401).

Every life lost to suicide is a tragedy and the impacts on family, friends and communities are profound. Murray PHN continues to work in partnership with local hospitals to implement a regional approach to mental health and suicide, in addition to supporting community prevention strategies in Benalla and Mildura.

## Place and wellbeing

Where we live and work has an important effect on our lives and our health and wellbeing.

The physical, social and environmental qualities of a place determine a range of factors from how safe we feel, that we can access what we need and that we feel a sense of identity and belonging.

For example, communities that have well maintained green spaces, parks and footpaths help people to feel more positive and more likely to participate in physical activities.

Similarly strong, resilient and cohesive communities can positively influence a person's perspective of place.



Through Health Voices, our community has told us that across the Murray PHN region:



94% believed there are opportunities for people to experience and have contact with nature



80% agreed that the community welcomed children playing outdoors



44% thought people took priority over cars and other traffic



75% of people felt safe both at home and when out and about



53% thought people could feel connected to their neighbours and community, whatever their background



70% agreed that there were adequate public areas such as local paths and parks, which are suitable spaces for physical activity



76% thought there were a range of different spaces (indoor, outdoor, purpose-built and more informal) where people can meet



37% believed organisations such as local authorities, health services or housing associations actively worked with the community to understand their needs

## Palliative and end-of-life care

Palliative care helps people of any age live as fully and as comfortably as possible with a life-limiting illness. Palliative care aims to support patients and their families by helping make important decisions that look after their physical, emotional, social and spiritual needs.

With the growth and ageing of Australia's population, and an increase of chronic and generally incurable illnesses, the types of patient groups requiring palliative care has widened.

Palliative care and other end-of-life care hospitalisations are generally three to four times longer than other hospitalisations.

End-of-life care is different to palliative care, but is equally important. Death and dying are inevitable parts of life and are a uniquely personal experience. Advanced care plans can help everyone know what someone wants, even when they are unable to tell their families or friends.

## Our strategic priorities

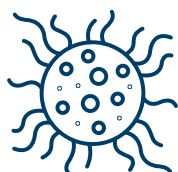
Murray PHN's strategic health priorities focus on the health issues that have the greatest impact on the lives of our community.

Our health priority areas are based on national targets set by the Commonwealth Government for all PHNs. We then refine those priorities by analysing local data, community and clinical input, to provide an effective and strategic focus for our work in our region.

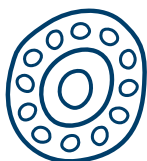
An in-depth analysis of each health priority is completed annually in our [Needs Assessment](#), where we also scan

for emerging priorities in our communities. The Needs Assessment details a range of factors including incidence of disease and hospitalisation, social and health-related risk factors and behaviours, access and workforce issues, and screening and prevention activities.

Examining these priorities closely enables us to plan, design and fund targeted primary care activities, and to monitor performance to deliver improved health outcomes across our region.



Chronic disease



First Nations Health and Healing



Aged care



Children's health



Alcohol and other drugs



Mental health



General practice



Health workforce



Digital health

## Support services

### Mental health

- HeadtoHelp  
[headtohelp.org.au](http://headtohelp.org.au)  
1800 595 212
- Lifeline  
[lifeline.org.au](http://lifeline.org.au)  
13 11 14
- Beyond Blue  
[beyondblue.org.au](http://beyondblue.org.au)  
1300 22 4636
- SuicideLine  
[suicideline.org.au](http://suicideline.org.au)  
1300 651 251
- MensLine Australia  
[mensline.org.au](http://mensline.org.au)  
1300 789 978
- Q Life (LGBTQIA+)  
[qlife.org.au](http://qlife.org.au)  
1800 184 527

### Young people

- headspace  
[headspace.org.au](http://headspace.org.au)
- Kids Helpline  
[kidshelpline.com.au](http://kidshelpline.com.au)  
1800 551 800

### Family violence

- 1800 RESPECT  
[1800respect.org.au](http://1800respect.org.au)  
1800 737 732
- Safe Steps  
[safesteps.org.au](http://safesteps.org.au)  
1800 015 188

### Alcohol and other drugs

- Direct Line  
[directline.org.au](http://directline.org.au)  
1800 888 236

### Interpreter services

- Translating and Interpreting Service (TIS National)  
[tisnational.gov.au](http://tisnational.gov.au)  
13 14 50

### Find a health service

- Healthdirect  
[healthdirect.gov.au/australian-health-services](http://healthdirect.gov.au/australian-health-services)

### Access your My Health Record

- [myhealthrecord.gov.au](http://myhealthrecord.gov.au)

## Services we work with include:

|   |   |   |
|---|---|---|
| Agestrong Physio                                  | Goulburn Valley Health                    | Rich River Health Group                           |
| Albury Wodonga Aboriginal Health Service          | GPs on Vermont                            | Robinvale District Health Services                |
| Albury Wodonga Health                             | Haven, Home, Safe                         | Rumbalara Aboriginal Co-operative                 |
| Alexandra Medical Centre                          | Heathcote Health                          | Seymour District Memorial Hospital                |
| Alpine Health                                     | Hospital Street Doctors                   | Seymour Medical                                   |
| APMHA HealthCare                                  | iHealth Albury                            | Springs Medical                                   |
| Australian Primary Health Care Nurses Association | Indigo Family Medical Centre              | St Anthony Family Medical Practice                |
| Barefoot Nutrition Fitness Lifestyle              | Indigo North Health                       | St John of God Health Care                        |
| Beechworth Health Service                         | Inglewood & Districts Health Service      | Standish Street Surgery                           |
| Benalla Church Street Surgery                     | Irymple Foot Clinic                       | Strath Village Medical Centre                     |
| Benalla Health                                    | Kerang District Health                    | Sunbury and Cobaw Community Health                |
| Bendigo and District Aboriginal Co-operative      | Kyabram and District Health Service       | Sunraysia Community Health Services               |
| Bendigo Community Health Services                 | Lime Medical                              | Sunraysia Medical Centre                          |
| Bendigo Primary Care Centre                       | Mallee District Aboriginal Services       | Swan Hill District Health                         |
| Castlemaine Health                                | Mallee Family Care                        | Tallangatta Health Service                        |
| Centacare South West NSW                          | Mallee Track Health and Community Service | Corowa Medical Centre                             |
| Central General Practice Mansfield                | Mansfield District Hospital               | The Baudinet Centre                               |
| CHIRP Community Health                            | Mildura Base Public Hospital              | The Bridge Youth Service                          |
| Cohuna District Hospital                          | MIND Australia                            | The Foot Centre                                   |
| Connected Medical Solutions                       | Mivo Park Health                          | The Salvation Army                                |
| Corryong Health                                   | Mount Beauty Medical Centre               | Tristar Medical Group                             |
| Coster Street Medical Practice                    | Murchison Medical Clinic                  | University of Melbourne Shepparton Medical Centre |
| Darling Downs Health                              | Murray Valley Aboriginal Co-operative     | Victorian Alcohol and Drug Association            |
| East Wimmera Health Service                       | NCN Health                                | Walwa Bush Nursing Centre                         |
| Eastern Melbourne PHN                             | NEXUS Primary Health                      | Wellways Australia                                |
| Echuca Regional Health                            | Njernda Aboriginal Corporation            | Wesley Community Services                         |
| Elmwood Medical Centre                            | Northeast General Practice Service        | White Hills Medical Practice                      |
| Euroa Medical Family Practice                     | Northern District Community Health        | Wodonga West Medical Clinic                       |
| Federation Clinic                                 | Ontatio Medical Clinic                    | Yarrowonga Denis Medical Group                    |
| Gateway Health                                    | Ovens Valley Podiatry                     | YSAS  |
| Gippsland PHN                                     | Primary Care Connect                      |   |
| Golden City Support Services                      | Queensland Aged Physiotherapy             |   |
|   | Quinn Street Medical Clinic               |   |

## Primary data sources

Primary data for this document was retrieved from a wide variety of sources, which include:

- ABS demographic tables and community profiles (ATSI status, humanitarian settler status, LOTE)
- ABS SEIFA website for Department of Health. Accessibility Remoteness Index of Australia (ARIA) Review Analysis of Areas of Concern–Final Report. Australian Government, 2011, Commonwealth of Australia. ([stat.data.abs.gov.au/Index.aspx?DataSetCode=SEIFA\\_SSC](http://stat.data.abs.gov.au/Index.aspx?DataSetCode=SEIFA_SSC))
- Australia's health 2020: in brief at [www.aihw.gov.au/reports/australias-health/australias-health-2020-in-brief/contents/summary](http://www.aihw.gov.au/reports/australias-health/australias-health-2020-in-brief/contents/summary). Australian Institute of Health and Welfare 2020. Australia's health 2020 data insights. Australia's health series no. 17. Cat. no. AUS 231. Canberra: AIHW
- Australian Government My Aged Care. ([www.myagedcare.gov.au](http://www.myagedcare.gov.au))
- Behavioural Risk Factor Surveillance System (BRFSS) ([www.cdc.gov/brfss/index.html](http://www.cdc.gov/brfss/index.html))
- Department of Education and Training Victoria (Victorian Child and Adolescent Monitoring System)
- Dental Health Services Victoria - Oral Health Profiles, 2014/15
- Department of Environment, Land, Water and Planning – Victoria in Future, 2016
- Department of Health and Human Services – 2015 Victorian Local Government Area Profiles, 2016
- Department of Health and Human Services - Victorian Health Information Surveillance System, 2014-15
- Maternal and Child Health Victoria. Available at: [www2.health.vic.gov.au/about/publications/researchandreports/mchs-2017-18-annual-reports](http://www2.health.vic.gov.au/about/publications/researchandreports/mchs-2017-18-annual-reports)
- Murray PHN surveys: What We Have Heard - Community Survey results October 2017-2020, [murrayphn.org.au/wp-content/uploads/2020/12/AC0312\\_AC\\_Health-Needs-survey-results\\_Oct-2020\\_Final.pdf](http://murrayphn.org.au/wp-content/uploads/2020/12/AC0312_AC_Health-Needs-survey-results_Oct-2020_Final.pdf)
- Public Health Information Development Unit (PHIDU, Torrens University) ([phidu.torrens.edu.au/help-and-information/latest-releases#data-release-28-june-2021-topic-specific-atlases-social-health-atlas-of-older-people-in-australia](http://phidu.torrens.edu.au/help-and-information/latest-releases#data-release-28-june-2021-topic-specific-atlases-social-health-atlas-of-older-people-in-australia))
- NHWDS - the National Health Workforce Dataset
- PHN Exchange (at [phnexchange.com.au](http://phnexchange.com.au) and [murrayphn.org.au/portfolio-view/phn-exchange/](http://murrayphn.org.au/portfolio-view/phn-exchange/))
- Victorian Cancer Registry. Cancer in Victoria: Statistics & Trends 2019. Cancer Council Victoria, Melbourne, Victoria 2020
- Victoria Police Crime Statistics data ([crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area](http://crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area))
- WHO Stepwise approach to non-communicable disease risk factor surveillance (STEPS) ([who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps](http://who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps))

These data sources have been supported by additional information, including corporate knowledge, community surveys and discussions with key stakeholders.

Other sources include:

- [www1.health.gov.au/internet/main/publishing.nsf/Content/Fact-Sheet-Primary-Health-Care](http://www1.health.gov.au/internet/main/publishing.nsf/Content/Fact-Sheet-Primary-Health-Care)
- [murrayphn.org.au/hv-q13/](http://murrayphn.org.au/hv-q13/)
- [murrayphn.org.au/wp-content/uploads/2021/03/Needs-Assessment-2020-Approved\\_collated2.pdf](http://murrayphn.org.au/wp-content/uploads/2021/03/Needs-Assessment-2020-Approved_collated2.pdf)
- [betterhealth.vic.gov.au/health/healthyliving/exercise-and-mood#bhc-content](http://betterhealth.vic.gov.au/health/healthyliving/exercise-and-mood#bhc-content)
- Health literacy - Australian Institute of Health and Welfare ([aihw.gov.au](http://aihw.gov.au))
- Statistics | Australian Digital Health Agency
- National Health Survey: First results, 2017-18 financial year | Australian Bureau of Statistics ([abs.gov.au](http://abs.gov.au))
- Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015, Summary - Australian Institute of Health and Welfare ([aihw.gov.au](http://aihw.gov.au))
- [health.gov.au/resources/publications/covid-19-vaccination-local-government-area-lga-25-october-2021](http://health.gov.au/resources/publications/covid-19-vaccination-local-government-area-lga-25-october-2021)

[murrayphn.org.au](http://murrayphn.org.au)

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