Central Goldfields: Telling our Health & Wellbeing Story

.... so we can shift our story into the future



This resource

Purpose

This resource was created for the Central Goldfields Shire Council and its partners to help tell the story of the Shire's health and wellbeing in 2021.

The data used in this resource is high-level population data (the most up-to-date that is available). However, this data needs to be interpreted along side the lived experiences of the community.

Structure

This resource follows the flow of a river to understand the upstream, midstream and downstream influences on community health and wellbeing.

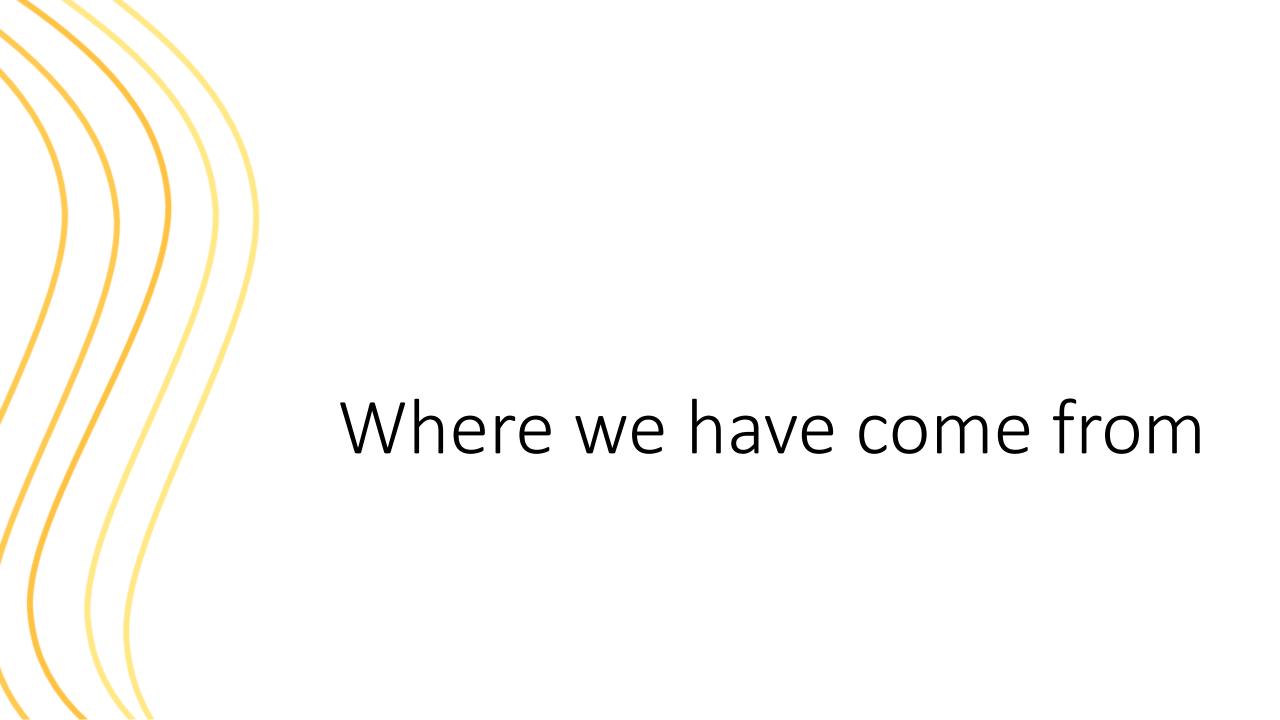
The resource contains a mix of slides using infographics, slide notes explaining the evidence linking each indicator to health outcomes and blocks of text to communicate the flow of the story. This content is intended to be moved and used as needed by Council and their partners.

Resource Contents

Where we have come from

Who we are today

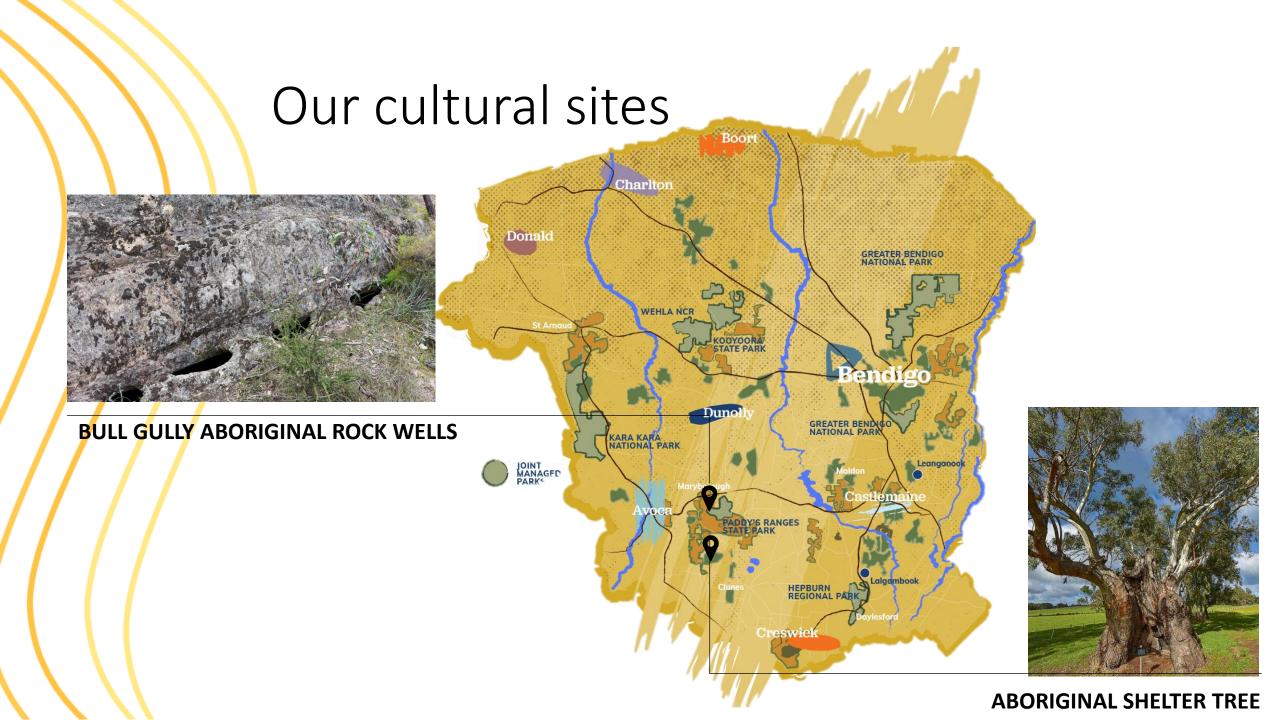
Where we can take action for our future



Our Indigenous history

Central Goldfields Shire Council is on Djaara land.

- Djaara (Dja Dja Wurrung People) have lived on traditional lands and cared for djandak (Country) over many thousands of years. Djaara are the direct descendants of the First Peoples of djandak. Djaara are made up of many Clan groups who descend from 18 Martiinga kuli (ancestors).
- When stories from the mission period recount Dja Dja Wurrung People being punished for using Dja Dja Wurrung language and customs, the Martiinga kuli (ancestors) remained determined to hold onto culture. When the practice and survival of Djaara cultural traditions were gravely threatened, the Martiinga kuli (ancestors) persevered.
- Today the Dja Dja Wurrung Clans Aboriginal Corporation is a representative body for the Dja Dja Wurrung. The corporation's principal objectives of Djaara is to promote the health and wellbeing of Dja Dja Wurrung People and to protect and promote the laws, culture, property rights and human rights of Dja Dja Wurrung People.



Our story reflects where we have come from, as well as

environment...

community culture
social connection
education & employment
housing
community safety

which influences our...

behaviours how we access services

resulting in...

health & wellbeing outcomes



Upstream influences

are those
overarching factors
that are largely
beyond the control
of the individual and
which have
significant "spillover" effects on
other influences of
health

Midstream influences are

factors driven by how individuals respond to the environment they're in. These are often behavioural influences of health

Downstream

influences are often what we report as "outcomes" related to health. This is often where we start in understanding how "healthy" a community is. But we know the journey started far further up stream.



Our communities

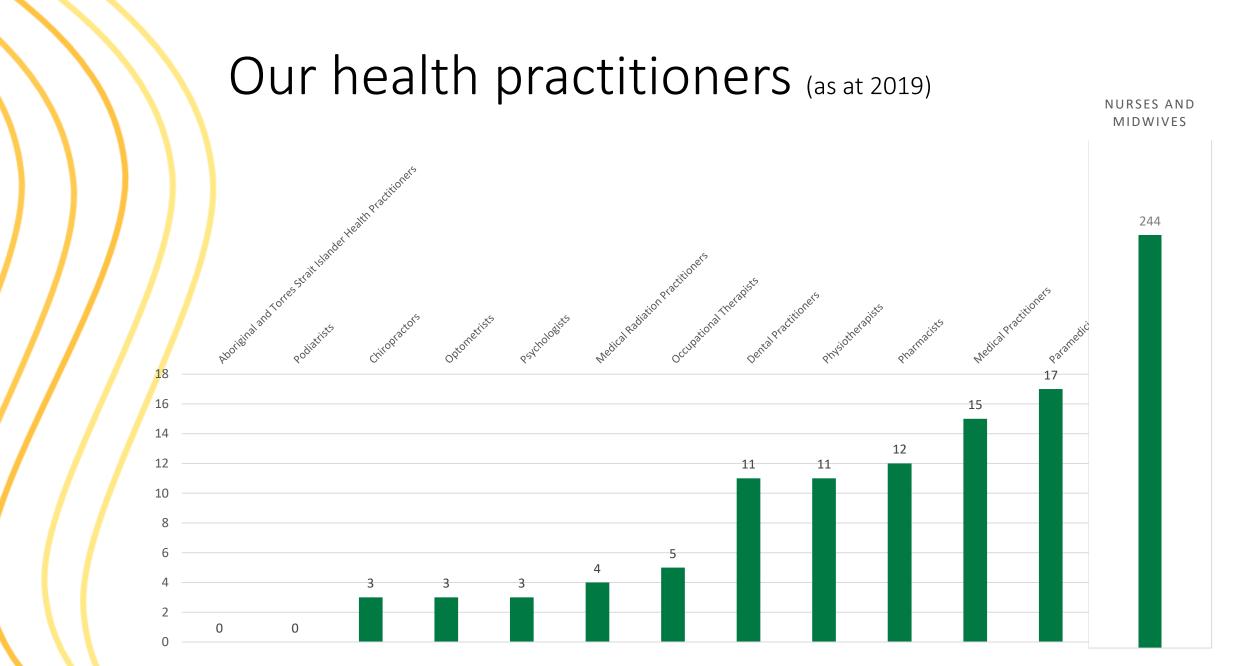
- Central Goldfields is made up of many communities
- 61% of the population live in Maryborough
- Our smaller towns include:
 - Bealiba
 - Carisbrook
 - Dunolly
 - Talbot
 - Timor
 - Majorca





Our health services

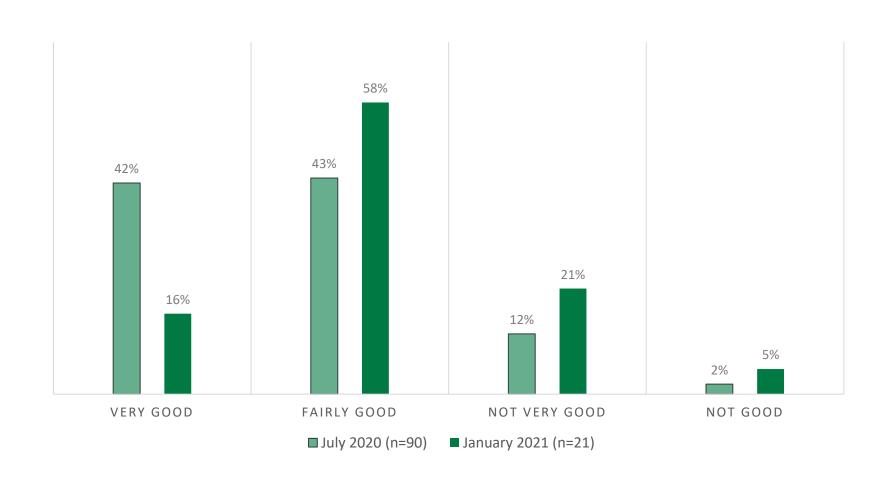
- Maryborough and District Health Service (MDHS)
- Maryborough campus
 - the hub of healthcare for surrounding communities
 - hospital offers acute care, community services and medical imaging
 - The Wellness Centre: a space where support services such as Women's Health, Family Violence Support are offered
- Dunolly campus
 - 4 beds dedicated to acute and transitional care beds
 - 19 dedicated beds for the provision of aged care services
- Avoca campus
 - residential-care facility with 30 beds providing respite, high and low care beds for community



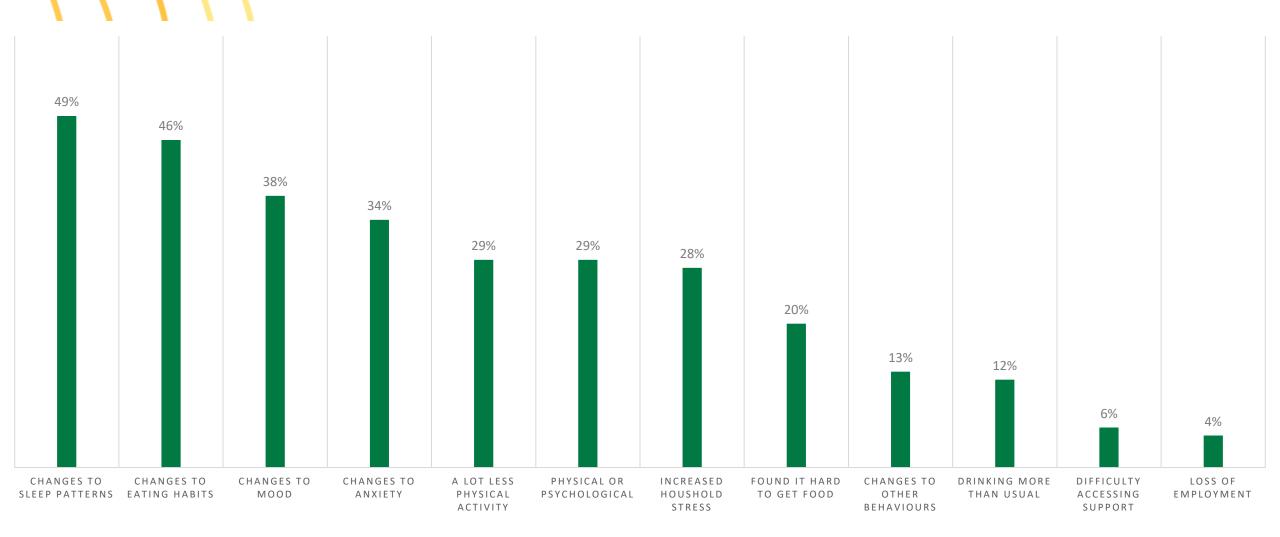
COVID19 impacts in Central Goldfields

- As of August 2021, there had been 2 cases of confirmed COVID19 in the Central Goldfields LGA
- Between March September 2020 there were multiples waves of lockdowns and restrictions
- Then again in 2021 there have been multiple waves of lockdowns and restrictions
- There are known and unknown impacts of this pandemic

COVID19 impacts on self-rated health



COVID19 impacts on individuals (n=90)



REAM

Our people

• About 13,370 people call Central Goldfields home

PERSONS WITH A PROFOUND

OR SEVERE DISABILITY

(ALL AGES) (%) [A]

5.4

VICTORIA

9.4

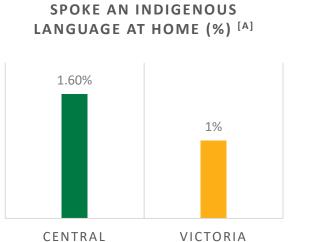
CENTRAL

GOLDFIELDS

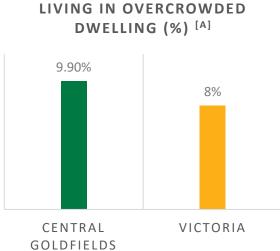


CIRERN

Our First Nations people

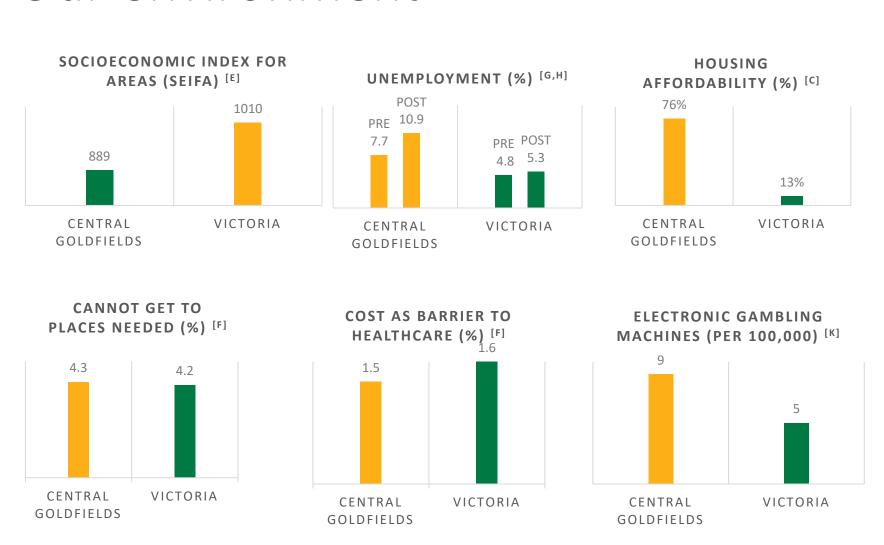


GOLDFIELDS



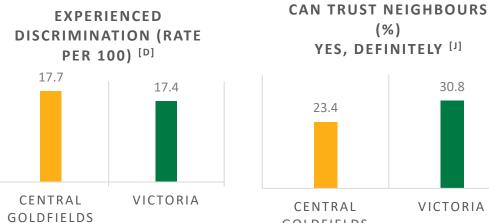


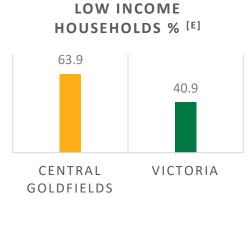
Our environment

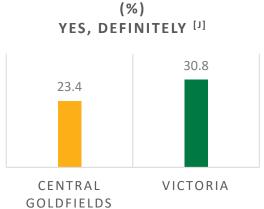


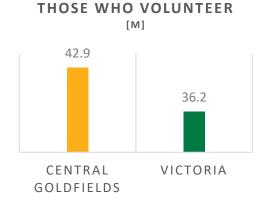
Our environment









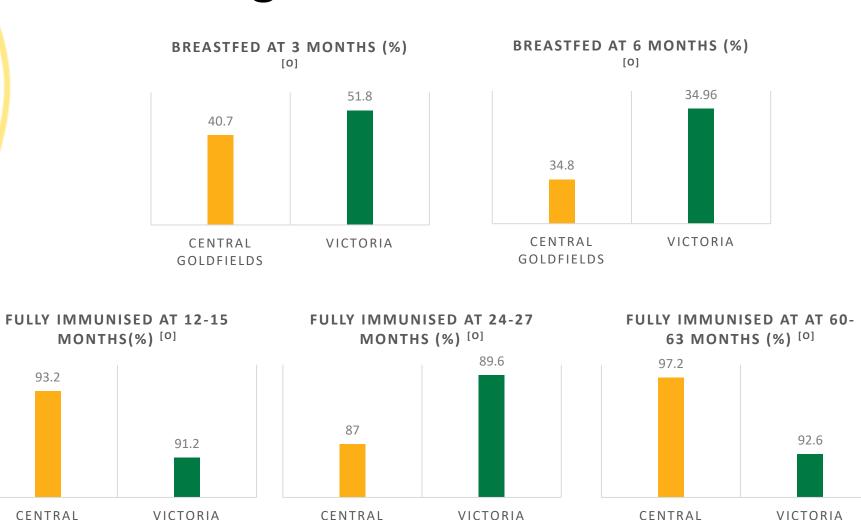




FEEL SAFE AFTER DARK (%)

Our Young Children

GOLDFIELDS



GOLDFIELDS

GOLDFIELDS

Our children

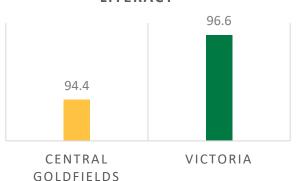




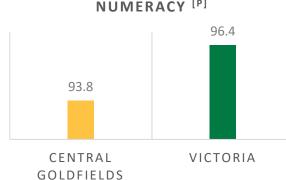
CHILDREN IN PRIMARY SCHOOL
WITH BEHAVIOURAL CONCERNS
[0]



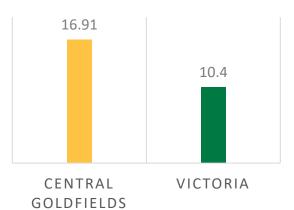
YEAR 3 CHILDREN ACHIEVING MINIMUM STANDARDS IN LITERACY [P]



YEAR 3 STUDENTS
ACHIEVING NATIONAL
MINIMUM STANDARDS IN
NUMERACY [P]



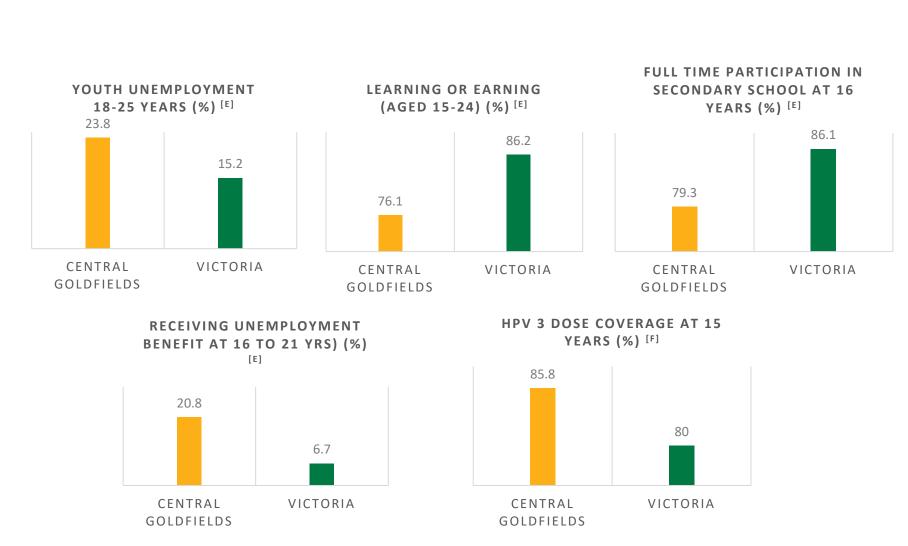
TEENAGE FERTILITY RATE (PREGNANCIES PER 1,000)



FAMILY VIOLENCE INCIDENTS
WHERE CHILDREN AND
YOUNG PEOPLE ARE
INVOLVED AS OTHER PARTIES
(%) [0]



Our young people





The story of our upstream influences

We grow from the soil we're planted in and the air we breathe.

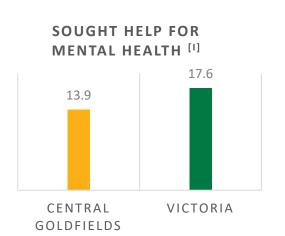
Our communities in Central Goldfields enjoy a beautiful natural environment. The regional nature of the community comes with positives of close-knit neighbourhoods and a willingness to help each other, but also leads to heavier reliance on private car transport.

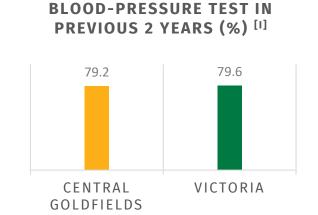
Our community has relatively good access to affordable housing and infrastructure that supports their access to health services. However, there are challenges that our people face. A high proportion of the population are aging, and choosing to do so in community, where they have lived for a long period. We also have high proportions of our population being unemployed, and this has steeply increased since the COVID-19 pandemic. We have sustained high rates of low-income households for many decades and see evidence of inter-generational poverty.

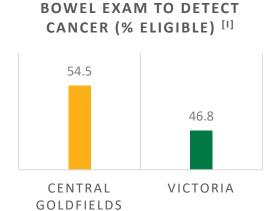
We need to turn to the strengths of our regional community and come together to advocate for the support we need to break our inter-generational cycles of disadvantage.

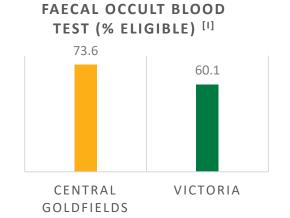
MIDSTREAM

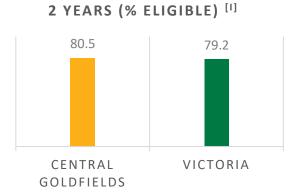
Our use of health services









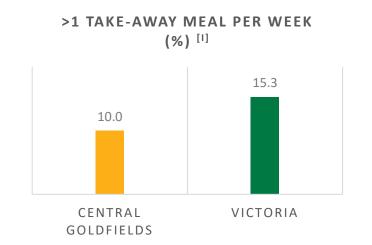


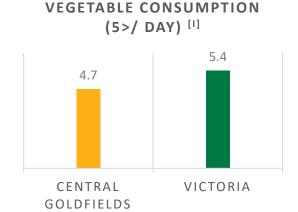
MAMMOGRAM IN PREVIOUS

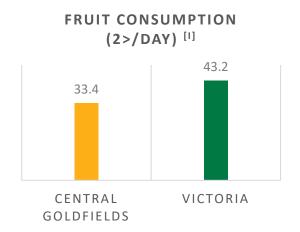
Our eating behaviours



MIDSTREAM

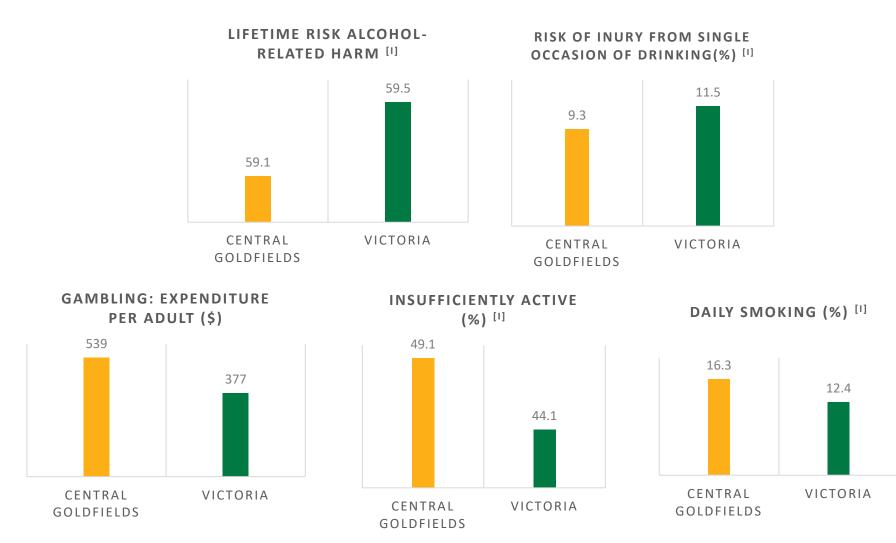






MIDSTREAM

Our lifestyle behaviours





The story of our midstream influences

How we behave impacts our health and is a result of the environment we live in.

The people that live in our communities are doing well at accessing health services for their physical health but need further support at seeking help for their mental health. The eating behaviours of the community largely reflect the availability of the foods in our community and the upstream factors previously discussed. We need to support people to lower their daily consumption of sugar sweetened beverages.

Many people in Central Goldfields enjoy a healthy lifestyle. The rates of alcohol consumption on average are similar to or better than Victorian rates. However, we need to do more to support people to lower their use of electronic gaming machines, be more active and reduce daily smoking rates.

DOWNSTREAM

Outcomes for our mental health REPORTED PSYCHOLOGICAL





DIAGNOSED WITH ANXIETY OR DEPRESSION (%) [1]

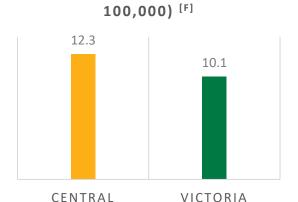


REPORTED LOW LIFE SATISFACTION (%) [1]



FAMILY VIOLENCE INCIDENCE [L]



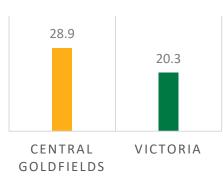


GOLDFIELDS

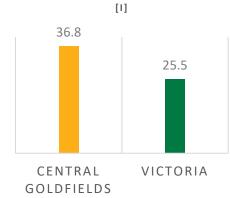
DEATH BY SUICIDE (PER

Outcomes for our physical health





>2 CHRONIC DISEASES



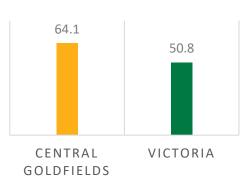
REPORTED FAIR OR POOR
DENTAL HEALTH [1]



OBESE % [1]



OVERWEIGHT % [1]

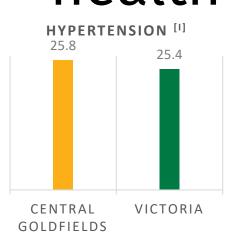


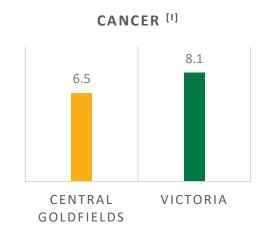
ASSISTANCE REQUIRED
WITH ACTIVITIES [A]

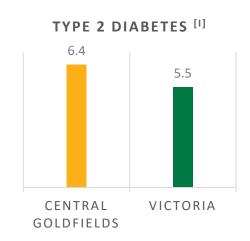




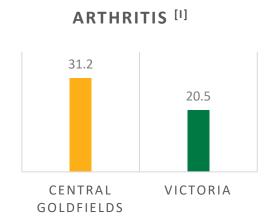
Outcomes for our physical health

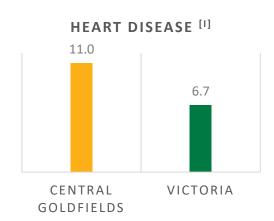


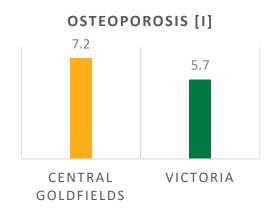












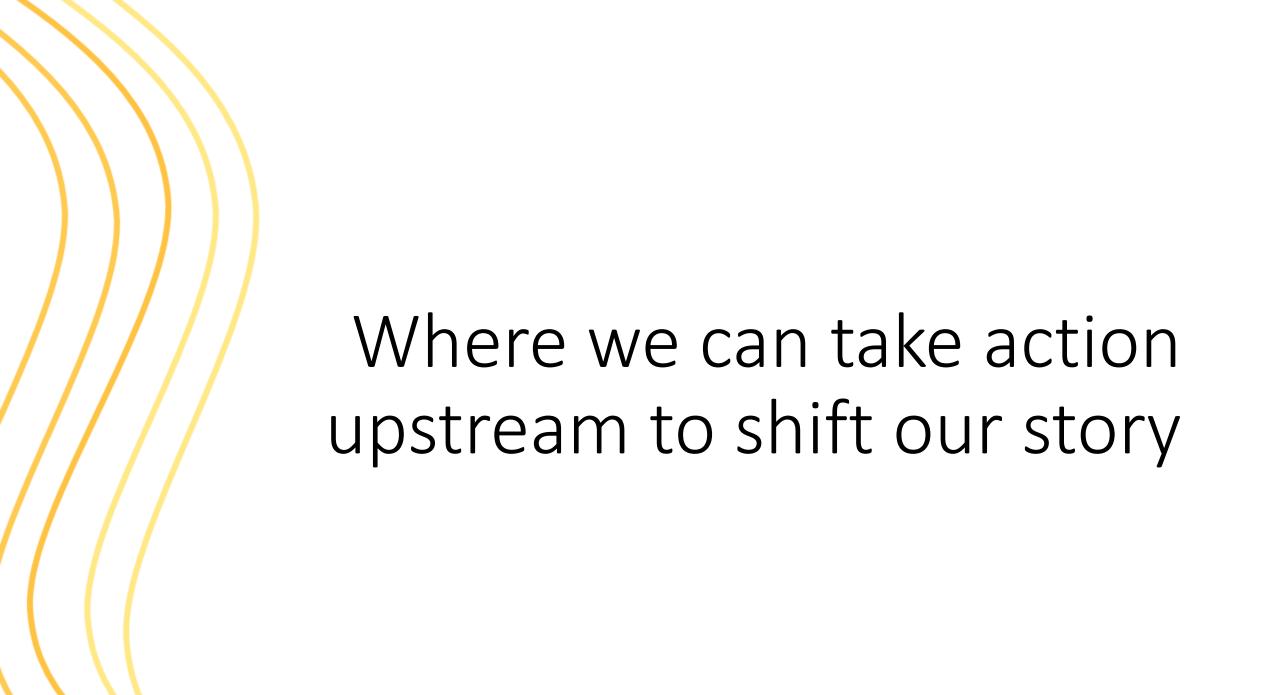


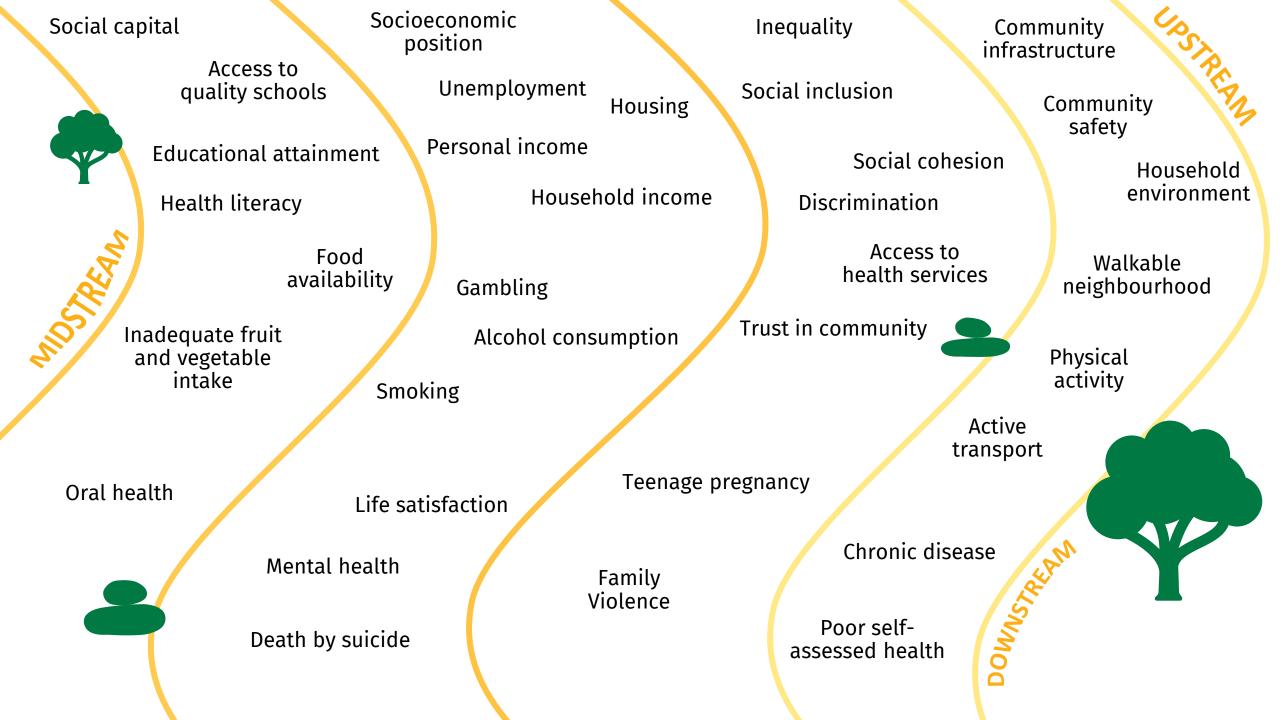
The story of our health outcomes

Our communities' health downstream is driven by what lies back upstream.

What we see in the health outcomes of our community are high levels of physical and mental health illness, when compared to the Victorian average. Many adult residents in Central Goldfields live with chronic conditions, both self-reported or clinically diagnosed.

In addition to high rates of chronic health conditions, our residents also experience higher rates of family violence and deaths from suicide. Both the causes and consequences of these outcomes are embedded in social, economic and cultural factors that lie back upstream. Importantly, the inter-generational trauma caused by these events need to be acknowledged and addressed if we are to shift our story into the future.





Our data sources

- a) Australian Bureau of Statistics: 2016 Census of Population and Housing
- b) Australian Bureau of Statistics, Census of Population and Housing Counts of Aboriginal and Torres Strait Islander Australians, 2016
- c) Rental report time series data 2021, Office of Housing, Department of Human Services (https://www.dhhs.vic.gov.au/publications/rental-report)
- d) Public Health Information Development Unit 2014: Social Health Atlas of Australia Data from Victoria by Local Government Area
- e) Public Health Information Development Unit 2016: Social Health Atlas of Australia Data from Victoria by Local Government Area
- f) Public Health Information Development Unit 2018: Social Health Atlas of Australia Data from Victoria by Local Government Area
- g) Public Health Information Development Unit 2019: Social Health Atlas of Australia Data from Victoria by Local Government Area
- h) Small Area Labor Markets (SALM), March Quarter 2021: Victorian Commission for Gambling and Liquor Regulation; Population density and gaming expenditure 2020
- i) Australian Bureau of Statistics: Victorian Population Health Survey, 2017.
- j) Australian Bureau of Statistics: Victorian Population Health Survey, 2014.
- k) Victorian Commission for Gambling and Liquor Regulation; Population density and gaming expenditure 2020
- I) Law Enforcement Assistance, 2020, Crime Statistics Agency, Family Incidents by Local Government Area
- m) Victorian Health Information Surveillance System, VHISS 2017
- n) Victorian Child and Adolescent Monitoring System (VCAMS) 2018
- o) Victorian Child and Adolescent Monitoring System (VCAMS) VCAMS 2015
- p) Victorian Child and Adolescent Monitoring System (VCAMS) VCAMS 2019
- q) Victoria. Department of Health and Human Services. Consultative Council on Obstetric & Paediatric Mortality & Morbidity (CCOPMM). De-identified custom report via Safer Care Victoria; (2) ABS Census 2016.

This resource was created by:

ENABLE HEALTH CONSULTING