

Moorabool Shire Project: Stage 1 - Local Area Planning

Identifying the health needs of the residents in the Moorabool Shire, and mapping the health services provided in the Moorabool Shire.

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5 October 2006

Acknowledgments

The authors of this report would like to acknowledge the support and assistance received from the staff at the Department of Human Services (DHS, Grampians region) and Moorabool Shire Council. Particular thanks are extended to Ms Maggie Burrows (DHS) and Mr Terry Fraser (Moorabool Shire Council) for their ongoing support, advice and feedback throughout this project.

We would also like to extend our thanks to the following Project Steering Group members for contributing their time to this project, and sharing their knowledge and expertise to all aspects of the project:

Ms Maggie Burrows	Department of Human Services, Grampians Region (until August 2006)
Mr Terry Fraser	Moorabool Shire Council
Ms Judy Gregurke	Djerriwarrh Health Services
Mr Glenn Rowbotham	Ballan District Health & Care
Ms Jenni Shields	Child and Family Services
Mr Shane Strachan	Moorabool Shire Council (until June 2006)
Ms Glenda Stanislaw	Department of Human Services, Grampians Region
Ms Alexandra Tascas	Department of Human Services, Grampians Region

Thanks are also extended to members of the Moorabool Health and Wellbeing Advisory Committee who attended meetings and provided feedback on the project. We would also like to thank all organisations who were contacted during this study and supplied key information about the services they provide.

Finally, we would like to acknowledge the work and commitment provided by the two research officers from the Centre for Health Research and Practice who have worked closely on this project. Special thanks are therefore extended to Sarah Major and Damon Aisbett for their important contribution to this project, particularly through their contact with agencies from within and outside the Shire.

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Executive Summary

This report presents the findings of the first stage of the local area planning that aims to meet the changing health needs of residents in the Moorabool Shire. The project is a collaborative initiative involving the Department of Human Services (Grampians Region), the Moorabool Shire Council, and health and wellbeing service providers.

The twelve key health issues identified in the Moorabool Shire (not necessarily in priority order) are:

1. The high prevalence of mental health disorders compounded by disparate services and a low level of service use.
2. The low utilisation of community health services. Given the community profile and health status of the population, demand for community health is estimated to be very high.
3. Child health and wellbeing, as evidenced by the low utilisation of Maternal and Child Health services and participation in 4-year old kindergarten.
4. Men's health, compared to women's health, is considerably poorer across a range of diseases and conditions.
5. Poor oral health and the lack of dental services.
6. The emerging needs of the Shire's burgeoning cohort of young people and older population.
7. Socio-economic disadvantage in particular local communities, and the financial vulnerability of many families with high mortgages who are dependent on running 2 or 3 cars.
8. Geographic isolation and dependence on private transport among many smaller towns across the Shire that have little or no service infrastructure. Service access is very restricted in the more dispersed areas of the Shire.
9. Poor public transport and limited community transport restricting access from across the Shire to the two service centres (Bacchus Marsh and Ballan), and to the more specialist services provided in Melton and Ballarat.
10. The delivery of services by agencies outside the Shire on a part-time, visiting basis does not meet current demand, limits access, and fragments service coordination. Infrastructure across the Shire (for example, rooms to run group programs and sessional space) is needed to ensure more appropriate standards of service delivery for a range of visiting services.
11. Multiple impacts of commuting outside the Shire for employment, education, maintaining links with extended family, and the implications for accessing health services within the municipality.
12. Service development needs to keep pace with rapid growth of population in the eastern part of the Shire. Children and young people's needs seem to be most significant. Existing and projected demand for many services is in excess of the current funded capacity of local service providers.

Moorabool Shire: The Setting

Moorabool Shire was established in 1994, and comprises three Statistical Local Areas (SLAs) of roughly equal size: Bacchus Marsh, Ballan and Moorabool West. The Shire covers 2,110 square kilometres and is located between 45 and 95 kilometres west of Melbourne central. On its western flanks, it borders the City of Ballarat and on the east it abuts the rapidly growing Shire of Melton. The Moorabool Shire is classified as a 'Rural' area according to the RRMA Index, and as 'Highly Accessible' using the ARIA framework. The Shire lies within the Department of Human Services' Grampians Region of Victoria.

The total population in the Shire in 2004 was estimated at 26,138 (DHS, 2005c). The Shire contains 43 towns and a further 21 settlements dispersed across its rural terrain. The main centres are Bacchus Marsh (estimated population of 13,500) and Ballan (estimated population of just under 2,000), with Gordon (about 450) and Blackwood (about 350) (DHS, 2005c). Moorabool Shire is experiencing strong population growth, concentrated in the major centres of Bacchus Marsh and Ballan.

Moorabool Shire can be best understood as an "interface municipality", but one with added complexities because it is located between the sprawling metropolis and a large provincial city. The following analysis explains why this combination of spatial formation and population dynamics is generating particular health needs and service gaps for residents in the Shire.

Moorabool: An Interface Municipality

The Shire of Moorabool is located on the outer border of an identified "interface municipality" (Shire of Melton). Interface municipalities sit between metropolitan Melbourne and rural Victoria. They share features of being both urban and rural. Their population dynamics place particular demands on health and human service systems. Moorabool Shire also exhibits many of the hallmarks of an interface municipality.

The key characteristics of these interface municipalities are that they:

- Are geographically large with a dispersed population;
- Are among the fastest growing municipalities in Victoria;
- Are experiencing significant new housing population growth as a result of their role in providing corridors for new urban settlements;
- Have a higher than average proportion of families with children, and high numbers of young people;
- Exhibit several risk factors including low birth weights, low rates of breast feeding, high rates of post natal depression, higher child protection notifications and substantiations, and youth health risks including unemployment, drug use and self-harm;
- Include many families that are socio-economically vulnerable. Despite SEIFA scores being about average, this aggregate indicator masks disadvantaged families and communities, and overlooks the fact that many families have significant mortgages and low disposable incomes;
- Contain dormitory suburbs and towns with limited community connections and limited time spent in local communities;
- Are geographically isolated from key services, including specialist health and welfare services;
- Experience problems with access to basic services such as health care and family support; and,
- Have an infrastructure lag because they are growing faster than population projections (Marston, Morgan & Murphy 2003).

In addition, many households in the Moorabool Shire would rate highly on the VAMPIRE Index (formulated by Dodson & Sipe, 2006). This is the Vulnerability Assessment for Mortgage, Petrol and Inflation Risks and Expenditure. The index measures dependence on private transport, and high mortgages with exposure to interest rates and petrol prices. Vulnerable families are those that have a high mortgage, a lower disposable weekly household income, have to travel outside the municipality for work and school, are dependent on car transport, are vulnerable to petrol price hikes and have few alternative modes of transport. While the Index has been calculated only for metropolitan areas of Australia's capital cities, data presented in this report strongly suggest a high degree of vulnerability for many Moorabool residents.

The financial stresses experienced by these households are a particular concern where there are limited social support networks (because many young families have moved to the new housing developments and away from their support networks), and where funding for health and human services lags behind the population growth.

Service Gaps and Needs in Interface Municipalities

The known gaps in health and human service provision at the interface municipalities apply broadly to the Moorabool Shire:

- Poor distribution of services (significant lag effect in funding new services to these rapidly growing areas, and many of specialist services have been historically located in inner/middle metropolitan areas and large provincial cities);
- Few locally-based provider agencies (though Djerriwarrh Health Services and Ballan District Health & Care are exceptions here);
- Pace of growth outstripping the supply of services;
- Lack of transport options such as inadequate and poorly coordinated public transport, a lack of community transport, and dispersed communities;
- Geographic dispersion of the population and social isolation are significant issues;
- Traditional models of service delivery are not appropriate to needs at the interface (for example, metropolitan models of service delivery might be appropriate in one part of the municipality, but rural models and approaches might be more appropriate in more sparsely populated areas);
- Distance to centrally located services is a major barrier for residents living in the outer reaches of the municipality;
- Lag in the provision of service infrastructure; and,
- The interface is in transition. This places demands on the built and social infrastructure which are not present in other municipalities (Marston, Morgan & Murphy 2003).

Following from this, a number of service development needs are common to interface municipalities such as Moorabool. These include the need to:

- Ensure that services are able to keep up with rapidly growing demand in new housing developments;
- Properly resource outreach or visiting services to communities which are socio-economically disadvantaged, and/or geographically dispersed;
- Address the inadequacies of public and community transport that increase the difficulties and costs of accessing available services;
- Locate services in areas where high numbers of families and young people live;
- Regularly monitor service demand and levels of service provision;
- Promote the creation of healthy communities and early intervention; and
- Base funding on projections of need rather than historical lags.

Additional Complexities of the Moorabool Shire Interface

Moorabool faces added complexities in the funding, delivery and coordination of a range of health and human services. The major complexities are:

- Moorabool is in a DHS rural region (Grampians), but many of its residents are currently oriented to Melbourne because of their family connections and employment.
- Moorabool does not have a DHS office from which services can be delivered and coordinated, yet Bacchus Marsh is strongly growing and is the second largest town in the Grampians Region (while smaller towns such as Ararat, Stawell and Horsham have established offices).
- The largest health service provider (Djerriwarrh Health Services) covers a huge catchment area across two DHS regions (one rural and one metropolitan) and primary care partnerships which necessitates significant additional coordination.
- Moorabool's rural/metropolitan split brings both advantages and disadvantages in securing funding for health and human services. Funding for community / primary health services is a case in point. With a rural community population base under 5,000 people, Ballan District Health & Care obtained funding for primary health care through the Commonwealth's Regional Health Services Program. However, because of its size, Bacchus Marsh is ineligible for such funding. As discussed in the Djerriwarrh Health Services draft service plan (2005), state growth funding for community health services in Moorabool is determined by demand in the Grampians Region. Bacchus Marsh has the highest growth in the region, but total regional growth funding is limited. Djerriwarrh Health Services has been able to increase community health resources in the area through diverting resources from Melton. However, the Shire of Melton itself is experiencing high growth and significant new demand. Therefore, the continued diversion of funding to meet Bacchus Marsh's growing needs will be difficult to maintain.
- Moorabool lies between a large provincial city (Ballarat) and metropolitan Melbourne where specialist health and human services are located. This means that access issues become paramount. Access by residents is complicated by the inadequate and poorly coordinated public and community transport services. Private vehicles are almost essential. Access is thus very difficult for those without car/s, and for young people who are reliant on others.
- Because of its distance from Ballarat (the major service centre in the Grampians Region where state government services such as Psychiatric Services and the largest welfare and charitable agencies have historically been based), services and service levels delivered into Moorabool generally lag behind the actual need, and tend to be performed on a part-time basis by visiting services. As health and welfare problems become more pronounced over time, these agencies are likely to incrementally divert additional resources into the Shire. With such "add-on" arrangements, the service levels are never likely to actually meet demand. Travel time eats into service delivery time. Service models may not be appropriate, and coordination becomes more difficult.
- For these reasons, service utilisation data as an indicator of need is likely to be unreliable. For example, community health and mental health service usage presented in this report is likely to grossly under-represent the actual level of service demand in the Shire.
- Additionally, Moorabool has higher proportions but lower actual numbers of people demonstrating certain health needs compared to interface municipalities such as Melton and provincial cities such as Ballarat. For example, Moorabool has a significant proportion of children under five years of age (ranked sixth in Victoria in 2000 with 7.98%), however, the actual numbers are lower (1,952 children compared to Melton Shire which had, for example, almost 5,000 children). Therefore, funding needs to take account of relative and normative needs (and not simply raw numbers).

While interface municipalities all have features in common, local area planning requires more detailed data. Therefore, salient information about Moorabool's demographic profile, health status and service utilisation trends are briefly summarised in the following sections.

Moorabool Community Profile

The population in the Moorabool Shire is one of the strongest growing in the Grampians Region, and is above the Victorian state average. The Shire's average annual population growth for 1996 – 2001 was 1.8% (compared to the City of Ballarat's 1%), and boasted a sharp rise of 2.4% from 2004 – 2005. Growth is concentrated in Bacchus Marsh. However, these annual growth rates are dwarfed by the neighbouring Melton Shire (5.8% from 1996 – 2001).

The most rapid growth (exceeding the Victorian state average) is in the age groups of 0 – 19 years and 25 – 64 years, typically comprising couples with young children who have moved into the Shire, or have moved there to start a family. Participation in 4-year old kindergarten is 6% lower than the state average. There is currently a comparatively very low proportion of the population in the 20 – 29 year age group, and lower than state average population in the 60 years plus age groups. A higher proportion of older residents are concentrated in the towns of Blackwood and Ballan.

In many respects, Moorabool is a dormitory Shire. Located between Melbourne and Ballarat, the Shire experiences a mass exodus of the working population and school children each weekday. Over 3,300 people travel from Bacchus Marsh SLA to Melbourne each day, accompanied by some 800 people from Ballan SLA. A further 300 people from Ballan SLA and 800 from Moorabool West journey to Ballarat each day for work. Private car is by far the most common mode of transport. Almost 1,000 students (mainly secondary school students from the Moorabool West and Ballan SLAs) use school buses to attend schools in Ballarat. There is a lack of transport options and poorly coordinated public transport between Bacchus Marsh and Melton, and very little community transport across the Shire. Residents have a high dependence on private car transport.

According to the SEIFA index, the Moorabool Shire is not disadvantaged however the aggregate scores disguise some pockets of significant disadvantage. The Jesuit study revealed that Blackwood has the highest disadvantage in the Shire, with Gordon, Ballan and Mt Egerton showing a degree of disadvantage. The ARIA+ index shows that Blackwood is the least accessible part of the Shire. Over a quarter (27.3%) of households earned less than \$500 per week in 2001, which is about average for the State. The localities of Ballan and Blackwood had the highest proportion of households earning an income below \$400 per week at 29.8% and 29.9% respectively.

Full home ownership in Moorabool (41%) is about the state average (43%). However, there is a significantly higher proportion who are purchasing a house (38.8%) compared to the state average (27.8%). As described above, these statistics strongly suggest that many residents have a significant level of financial vulnerability. Private and government rental dwellings are proportionately less in Moorabool than regional Victoria. Almost all the public housing stock is in Bacchus Marsh (234 of the 262 dwellings), with the remainder in Ballan. Waiting times range from 12 to 24 months, and more than five years for a two bedroom house in Bacchus Marsh.

The implications of Moorabool's community profile for local area planning are:

- Families with young children represent the largest, most rapidly growing and probably the most significant group for whom services need to be immediately resourced and coordinated.

- Service access issues are significant because of the dispersed population, the reliance upon private transport exacerbated by poor public transport options, and the fact that many people journey away from the Shire each day for work and school.
- Population projections indicate that there will be additional demands for youth services over the next 10 years, and the largest net population increases for residents aged 60 years and older.
- There are pockets of significant socio-economic disadvantage and many residents are financially vulnerable. Even modest rises in interest rates and petrol will leave many families exposed to economic hardship.

Health and Wellbeing Status of Moorabool Residents

Across the Grampians Region, cancers and cardiovascular diseases account for the greatest disease burden, particularly years of life lost. Mental disorders and neurological sense disorders account for the greatest number of years lived with a disability. Despite the prevalence of mental disorders, mental health service contacts are low. In 2005, Moorabool had 202.4 contacts per 1,000 population compared to the Victorian average of 353.1. The Shire ranked 70 out of 79 local government areas in the state. Oral health ($n = 12,320$) and dental caries ($n = 9,685$) display the highest prevalent rates of disease among Shire residents.

There were 5,632 public hospital patient separations during 2004-2005. The majority were provided at Djerriwarrh Health Services (40%), followed by Ballarat Health Services (30%). Residents of Moorabool West and Ballan SLAs are typically admitted to Ballarat Health Services. Presentations by Moorabool residents to emergency departments are significantly lower than the state average (135.1 compared to 226.8 per 1,000 people)

When ranked on a statewide basis against other local government areas, Moorabool is below average for utilisation of a range of other health services including hospital inpatient separations, community health services, public dental, drug and alcohol, and self-sufficiency in medicine and surgery.

There are consistently below average levels of participation (in the order of 4 to 18%) in Maternal and Child Health Services across many of the key ages and stages compared to Regional and state averages. However, breastfeeding rates and immunisation rates are comparable with regional averages.

Moorabool generally rates well on social capital and community strength. Compared to the Victorian state average, Moorabool residents feel safer on the street after dark, could more easily raise money in an emergency, and enjoy living in their community. However, they are less likely to be involved in their children's school or on decision-making committees.

The implications of Moorabool's community profile for local area planning are:

- Pressing health issues exist across a range of diseases and conditions including cancers, cardiovascular disease, mental health, and dental caries.
- Service data indicates that Moorabool residents under-utilise health services, most probably due to a combination of travel distance, access to services, levels/models of service provision, part-time service provision by visiting services, and a lag in funding new services for the strong population growth.
- Below average levels of participation in Maternal and Child Health are a particular concern, given the importance of such services for optimum childhood development and referral to a range of health and welfare providers.

Community and Health Services Profile

There is a mix of services delivered by Shire-based agencies and on a visiting basis by agencies from outside the Shire. The major service providers are listed here.

Djerriwarrh Health Services (operating from its campuses at Bacchus Marsh and Melton, and the soon to be operational Super Clinic in Melton) which provides a wide range of acute, sub-acute, residential and primary care / community health services. The Bacchus Marsh and Melton Regional Hospital is the hospital most attended by Moorabool residents. The Bacchus Marsh Community Health Centre offers a wide range of primary health care services, as does the Melton Community Health Centre.

Ballan District Health & Care is a community-owned, not-for-profit rural health service providing a range of acute, residential aged care, and community health and support services to Ballan and West Moorabool SLAs.

Moorabool Shire Council provides a wide range of health and wellbeing services to residents located throughout the Shire. The services include Aged and Disability Services including Home and Community Care, Child and Family Services (Maternal and Child Health and Family Day Care), Environmental Health (immunisation program), and Youth Services based at Bacchus Marsh Community Centre.

Child and Family Services – Bacchus Marsh operated by CAFS Ballarat runs the Reconnect Program for young people, Family Counselling and Family Support services.

Mental health services, a drug and alcohol program and other welfare/counselling services are delivered by a plethora of agencies. Visiting mental health services from Ballarat include an outreach youth worker each Friday, Grampians Psychiatric Services, and Uniting Care.

The Shire has service coordination networks including the Moorabool Shire Council's Health and Wellbeing Advisory Committee, NEXUS (based around Bacchus Marsh agencies), and the newly formed BLAST (convened by Ballan District Health & Care). The four leading health care agencies collaborate in the Central Highlands Primary Care Partnership. These networks provide the foundation for improving the planning and delivery of services at a Shire-wide level.

The implications of Moorabool's community and health services profile for local area planning are:

- As an interface municipality, the resourcing and coordination of services across the health and welfare sectors has not kept pace with Moorabool's population growth, dispersed population, and the particular mix of urban/rural settings.
- The projected population growth for Bacchus Marsh SLA (up to 17,000 new residents by 2021) and to a lesser extent Ballan and Moorabool West SLAs, indicates that demand for new infrastructure and services will continue apace.
- Service provision is highly concentrated in Bacchus Marsh and Ballan. This means that access is constrained for those living outside these towns, or outreach / visiting services assume greater significance.
- Upgrading the built infrastructure has been identified as high priorities in both the Ballan District Health & Care service plan and the Djerriwarrh Health Services draft service plan.
- Given the present reliance on agencies outside the Shire to provide a range of visiting and specialist services, the service models, service levels and site facilities/sessional space must be reviewed to ensure that they meet residents' needs.

Priority Health Needs and Service Gaps in Moorabool Shire

Section 3 of this report analyses the Shire's health needs and service gaps at four hierarchical levels:

- Statistical Local Areas;
- Ages or life stages;
- Priority health needs; and
- Service system issues.

The key findings for each SLA (Bacchus Marsh, Ballan and Moorabool West) are presented in matrices (refer to sections 3.2.1, 3.2.2 and 3.2.3). Each matrix juxtaposes information on (1) the identified health needs and service profile, then (2) draws out the key issues, and (3) makes a series of possible strategies and future directions.

Overall, across the Shire, the most pressing health issues and service gaps (not necessarily in priority order) are:

1. High prevalence of mental health disorders compounded by disparate services and a low level of service use. In light of the Council of Australian Governments' mental health action plan and \$1.9 billion of new Federal government funding for mental health announced at the last budget, the Moorabool Local Area Plan provides a timely opportunity to develop a new approach to mental health services. Key features of mental health services would include: the development of community-based services with a focus on prevention and early intervention; increased involvement of the community sector in the planning and delivery of services; a better balance between hospital care, community care and primary care; an increased role for psychologists and other health professionals; and better access to the full spectrum of mental health services.
2. Low utilisation of community health services, which can partly be explained by the complexities of Commonwealth/State funding arrangements for community health and primary health care. It is clear, given the community profile and health status of the population, that demand for community health is very high. Moorabool – particularly Bacchus Marsh SLA – is disadvantaged under current funding arrangements for community health.
3. Child health and wellbeing, as evidenced by the low utilisation of Maternal and Child Health Services and participation in 4-year old kindergarten. Both these services are integral for health promotion and early intervention. There is overwhelming evidence about the importance of attending kindergarten for primary school adjustment and educational attainment. Maternal and Child Health Services is the foundational service for childhood development and family wellbeing.
4. Men's health, compared to women's health, is considerably poorer across a range of diseases and conditions. The key health issues for men are: cardiovascular disease, malignant cancers and diabetes (leading causes of death and years lived with a disability), injuries (higher than the state average), alcohol abuse and dependency (particularly in early to middle adulthood), and being overweight (especially in the 55-64 year age group). Factors accounting for this include men's reluctance to acknowledge their health problems and then access health services, the fact that employed males are either at work or commuting and thus have restricted time to seek health services, and the culmination of health risk factors including poor diet, smoking and a lack of exercise.
5. Poor oral health and the lack of dental services. The 12 new dental chairs planned for Melton Community Health Centre will service those parts of the Moorabool Shire that are

in Djerriwarrh's catchment, but access is obviously limited for those without private transport. Ballan has no dental clinic.

6. The emerging needs of the Shire's cohort of young people and older population. In Bacchus Marsh SLA alone, it is projected that there will be at least an additional 150 ten to twenty year olds each year for the next fifteen years. Youth health issues have also been identified as a key local issue in and around Ballan. There are also significant numbers of older people in Bacchus Marsh, and a high proportion of older people in Ballan. There is a projected need for considerable additional Home and Community Care services over the next 15 years.
7. Socio-economic disadvantage in particular local communities, and the financial vulnerability of many families with high mortgages who are dependent on running 2 or 3 cars. Disadvantage and vulnerability are strongly associated with poorer health outcomes and compromised access to a range of health services.
8. Geographic isolation and dependence on private transport among many smaller towns across the Shire that have little or no service infrastructure. Service access is very restricted in the more dispersed areas of the Shire.
9. Poor public transport and limited community transport restricting access from across the Shire to the two service centres (Bacchus Marsh and Ballan), and to the more specialist services provided in Melton and Ballarat.
10. The delivery of services by agencies outside the Shire on a part-time, visiting basis does not meet current demand, limits access, and fragments service coordination. Infrastructure in all three SLAs (for example, rooms to run group programs and sessional space) is needed to ensure more appropriate standards of service delivery for a range of visiting services.
11. Multiple impacts of commuting outside the Shire for employment, education, maintaining links with extended family, and the implications for accessing health services within the municipality.
12. Service development needs to keep pace with rapid growth of population in the eastern part of the Shire. Children and young people's needs seem to be most significant. Existing and projected demand for many services is in excess of the current funded capacity of local service providers.

In conclusion, it should be noted that this study is the first stage of the local area planning process. The next stage involves consultation with interest groups, organisations and local communities to test out these analyses, to refine our understandings about identified health needs and service gaps, and to prepare action plans. The challenge for local area planning in Moorabool Shire is for agencies and communities to work collaboratively to reorient, resource and co-ordinate health and welfare services to meet the current and projected needs of residents.

Introduction

This project entails a mapping of the health and welfare services offered throughout the Moorabool Shire to establish a knowledge base for future consultative planning and to identify service gaps. The first stage of the project, which constitutes this report, consists of three parts: the first section provides demographic and some comparative data pertaining to the Moorabool Shire; the second offers a description and mapping of the existing services caring for the health and wellbeing of the residents of the Moorabool Shire; and the third presents a discussion indicating the relative and expressed need for additional services in the area.

Upon completion, this report is intended to support a series of forums which will be held to outline the key findings and reach agreement concerning the future needs and priorities for service development in the Moorabool area.

The Centre for Health Research and Practice (CHRP) has been commissioned to work on the first stage of this study. Located at the Mt Helen campus of the University of Ballarat, CHRP advances and applies knowledge to improve the health and welfare of people in regional and metropolitan communities. Director of CHRP, Associate Professor John McDonald, heads up a team of 78 members comprising academic staff, associate members and postgraduate researchers. Centre staff are drawn from a wide range of health-related fields including sociology, social work and social welfare, psychology, and nursing.

CHRP has undertaken the health needs and service mapping as the first part of this process and has assembled and analysed data and information related to the health needs of residents of the Moorabool Shire. Three components comprise this first stage of the study:

1. Population health profile
2. Current service system
3. Identified needs and service gaps.

Having completed this first stage, the Department of Human Services (DHS), the Moorabool Shire Council, and health and wellbeing service providers will use it in forums to develop an agreed basis for setting priorities and actions for health planning in the Moorabool area.

Background to Project

The overall project is a collaborative planning process involving DHS, the Moorabool Shire Council and health and wellbeing service providers in the Moorabool area. Funding assistance for this project has been provided by DHS and Moorabool Shire Council. The Local Area Planning in Moorabool project is conducted under the auspices of the Health and Wellbeing Advisory Committee of Moorabool.

Scope of Project

The scope of the “health needs and service mapping” includes:

- An understanding of the social model of health to conceptually connect various social and economic determinants of people’s health and well-being
- DHS funded services, including:
 - Community and women’s health services (e.g. allied health, counselling, health promotion)
 - Public dental
 - Aged care assessment
 - Home and community care
 - Child and Family Services
 - Post acute care
 - Hospital in the home
 - Sub acute ambulatory care
 - Maintenance renal dialysis

- Mental health services
 - Alcohol, tobacco and other drug services
- Primary medical services (i.e. general practitioners)
- Other Commonwealth funded community based health services, e.g.
 - Regional Health Program
 - More Allied Health Services
 - Better Outcomes in Mental Health
- Youth services, including those delivered through schools
- Cancer services
- Palliative care
- Maternity services
- Emergency care
- Patient transport services
- Moorabool Shire Council delivered services, e.g. maternal and child health
- Bed-based services, including:
 - acute care (medical and surgical)
 - aged care
 - other.

The geographic scope of the project will be the Moorabool Shire and the services accessed by Moorabool residents, which may include services located outside Moorabool, and services that visit the Moorabool area originating from elsewhere.

Key components of the study

The key components or stages of the project are three-fold and include:

1. Population health profile: At a local or neighbourhood level with comparisons to Regional and/or state averages. Comparing the Moorabool profile to other “growth corridor” local government areas will be included.
 - Demographics (e.g. age/sex profiles; projections by age/sex; population dispersal in Moorabool Shire; country of birth; languages spoken at home; education levels; employment)
 - Disadvantage indicators (e.g. SEIFA; measures of social disadvantage and cohesion (Vinson, 1999, 2004; ARIA)
 - Health indicators (e.g. Burden of Disease; hospital admissions etc)
2. Current service system – mapping of health services accessed by Moorabool residents. Specific services have been identified with the following details, where available:
 - Location (e.g. address of each site)
 - Access (e.g. transport links between service outlets and key client groups)
 - Service provider (e.g. name of funded agency and/or sub-contractor)
 - Volume of service (e.g. service type x # episodes; service type x postcode/age/sex of client)
 - Eligibility (e.g. criteria for access or priority to specific services)
 - Referral (e.g. source and destination of referrals in and out)
 - Mode of delivery (e.g. visiting service), and
 - Level of care (e.g. primary/secondary; generalist/specialist).
3. Identified Needs and Service Gaps – Identifying any gaps or misalignments in service delivery and including:
 - Gaps between ostensible service delivery and actual service delivery (e.g. due to lack of staff, suitable facilities) and any inadequate coverage by nominally “regional” services.
 - Lack of service delivery at an appropriate level within the Moorabool Shire - refer to DHS planning frameworks noted above (*Normative need*).

- Data demonstrating gaps between what is provided and what is needed to be provided (*Demonstrated need*).
- Qualitative expression of what is felt is needed to be provided, as reported in existing documents (*Expressed need*).
- Access and transport difficulties, especially where target clients have difficulties accessing services addressing their needs.
- Duplication of services, or opportunities for collaboration between existing providers.

Project Methodology

Information collected and included in the first part of the project – the demographics – was obtained from information (reports, documents, statistics) supplied by many of the organisations closely linked to the project. A large amount of information was provided by the Moorabool Shire Council (particularly information related to services and demographic information). DHS (Grampians) provided some region-specific health data, as did the Office of Housing. The draft report of the Ballan District Health & Care Service Development Plan (2006) provided significant information relating to health indicators of residents in the Moorabool Shire. Data from the most recent Census (2001) available through the Australian Bureau of Statistics provided a significant amount of population data which is heavily used in the first part of this study. A wide range of other state government websites, reports and data were sourced and included in the report to provide further breadth of information about the Moorabool Shire. This information was compiled in the context of the planning needs of the DHS (Grampians Region) and to provide comparisons with other LGAs and regions (including the state as a whole).

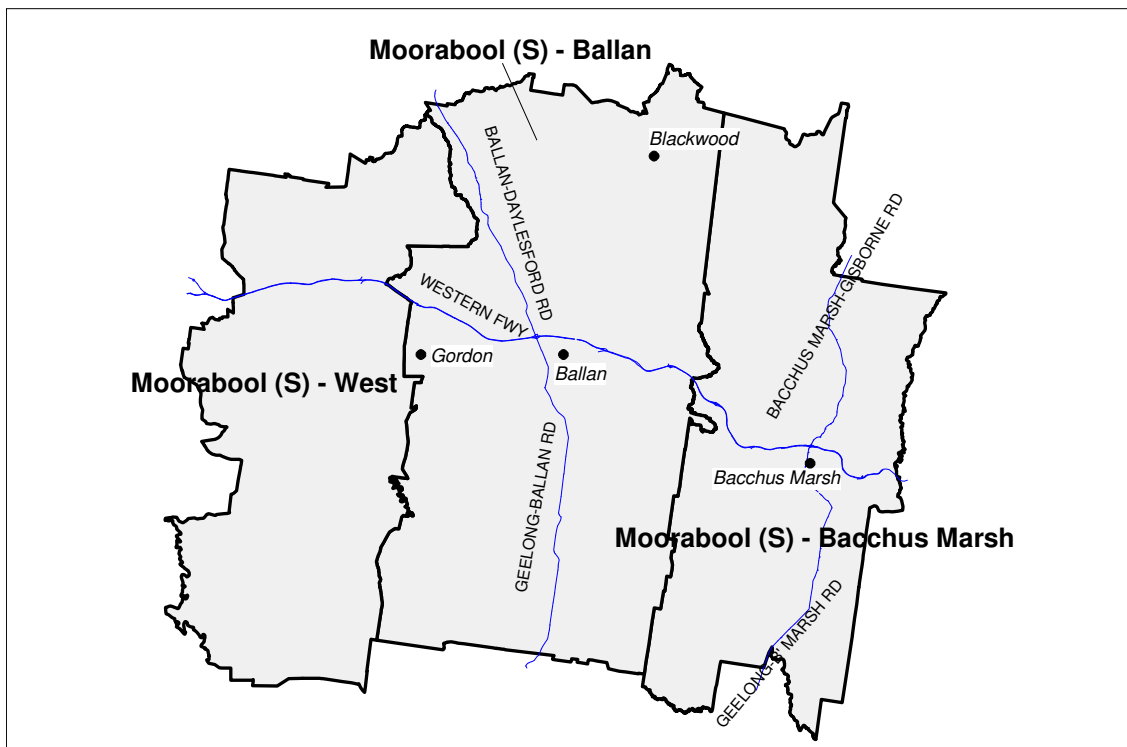
The service mapping section of this report was developed with reference to a range of directories and materials. Initially information about agencies was gathered from on-line directories. Chief amongst these was the connectingcare web site (<http://www.connectingcare.org.au>), an encyclopaedic database and referral strategy compiled as a result of a collaborative venture by the state wide network of Primary Care Partnerships. In addition, the Commonwealth Department of Health Carelink web site was used (<http://www.commcarelink.health.gov.au>). A further useful directory of more specific health services, the Department of Human Services Directory of Human Services, was consulted (<http://www.dhs.vic.gov.au>). Additionally, individual agency websites and other resources, such as annual reports, where available, were consulted. The data was compiled, cross checked and individual agencies were contacted wherever possible to verify the information obtained. The agencies which were contacted have been listed in Appendix F. The information provided at meetings by members of the Moorabool Health and Wellbeing Advisory Group to the Moorabool Shire Council and by members of the NEXUS network was also incorporated into the report. This material has been amalgamated into tabular form and is presented in Appendix G.

Background to LGAs: Moorabool, Mitchell, and Ballarat

Moorabool Shire

The Moorabool Shire is located between 45 and 95 kilometres west of Melbourne and extends to the eastern fringes of the City of Ballarat. The Shire shares its boundaries with Melton Shire (Metropolitan Melbourne, east), Macedon Ranges (north east), Hepburn Shire (north), Ballarat (west), Golden Plains (south west), Greater Geelong (south) and the City of Wyndham (south east). Classified as a 'Rural' area according to the Rural, Remote and Metropolitan Areas (RRMA) Index, the region covers 2110 square kilometres and has a strong agricultural industry (Moorabool Shire Council, 2006c).

Established in 1994, the Moorabool Shire comprises the former Shires of Bacchus Marsh and Ballan, and parts of the Shires of Buninyong, Bungaree and Werribee. The Shire contains the three Statistical Local Areas (SLAs) of Bacchus Marsh, Ballan, and Moorabool West, as shown in the following map.



Moorabool Shire by SLA

Source: Ballan District Health & Care Service Development Plan – Draft (2006)

The main centres in the Moorabool Shire are Bacchus Marsh and Ballan - Bacchus Marsh is the largest town in the Moorabool Shire and “the largest urban centre adjacent to the whole of the Melbourne metropolitan area” (Source: Statistical information from the Moorabool Shire Council). Ballan is the second largest town in the Moorabool Shire and is a “rural service centre and a commuter town” with many town residents travelling to work in Ballarat, Bacchus Marsh or Melbourne (Source: Statistical information from the Moorabool Shire Council). There are a number of smaller townships in the Moorabool Shire including Balliang, Blackwood, Dunnstown, Gordon, Greendale, Hopetoun Park, Lal Lal, Myrniong, Springbank, Trentham, Wallace, and Yendon. The following map highlights the region and the towns within the Moorabool Shire.



Source: Moorabool Shire Council website

Population Comparisons: Mitchell Shire

For this report, the Shire of Mitchell has been selected as a “growth corridor” local government area from which to compare the Moorabool Shire, which was requested in the project brief. Located to the north of Melbourne, Mitchell Shire’s southern boundary is 30km (approximately 1 hour’s drive) from the Melbourne CBD. The Shire incorporates the towns of Wallan, Kilmore, Broadford, Beveridge, Wandong, Heathcote Junction, Pyalong, Tallarook, Seymour, Puckapunyal and Tooborac, and covers a total area of 2864 square kilometres (Mitchell Shire Council, 2006).

Both the Shires of Moorabool and Mitchell share many similarities including: residents commuting to and working in Melbourne, similar sized populations (Mitchell Shire’s population: 30,503 in 2003; ABS, 2005f), and income levels. In addition, Moorabool and Mitchell Shires both experienced population growth (Moorabool 2.5% and Mitchell 3.3%) during 2004 – 2005 (Department of Sustainability and Environment, 2006a). A notable distinction between the two Shires is that Mitchell Shire accommodates the large Defence Base at Puckapunyal. This may account for some population differences (occupation by industry) evident between the two Shires.

Population Comparisons: City of Ballarat

The City of Ballarat has also been chosen for comparison with Moorabool Shire as it is located to the west of Moorabool Shire. Comprising an area of 740 square kilometres, the City of Ballarat is the third largest Victorian city and one of Australia’s largest inland cities (City of Ballarat, 2003). The City of Ballarat’s population is approximately 80,000 and includes the regional townships of Learmonth (population 300), Buninyong (population 1,800), Miners Rest (population 450) and Cardigan Village (population 200) (City of Ballarat, 2003). The City of

Ballarat shares its boundaries with the following Shires: Moorabool, Hepburn, Pyrenees and Golden Plains (City of Ballarat, 2003).

Population Comparisons: Other Local Government Areas and Regional Figures

Throughout this document, and where relevant, comparisons will also be made to other LGAs that border Moorabool Shire (e.g. Golden Plains, Hepburn, Melton), as well as other LGAs that are within close geographic proximity but do not border the Moorabool Shire (e.g. Pyrenees). These additional comparisons have been included to provide further insight into the Moorabool Shire data with reference to LGAs within the geographic vicinity.

Where necessary and relevant, regional data (Grampians Region level) will also be used in this report. This will be most apparent in Section 1.3 (Health Indicators: Chronic illness; ACSCs) where detailed LGA data is unavailable.

Departmental Policy Context

This project has been informed by the DHS approach to integrated area-based planning. The principles which underpin this approach have been set out in the policy documents *Rural Directions for a Better State Of Health 2005* (henceforth referred to in the remainder of the document as '*Rural Directions*'; DHS, 2005f) and in *Care In Your Community: A Planning Framework For Integrated Ambulatory Care* (henceforth referred to in the remainder of the document as '*Care in your Community*'; DHS, 2006c).

In line with these policy directions, the DHS is seeking to improve the range, level and quality of integrated, community-based health care, and to enhance the provision of health care by ensuring services are responsive to the needs of communities (*Care in Your Community*, DHS, 2006c). The *Rural Directions* document proposed a three-tier level of health service provision, designed to maximise the responsiveness of services, and to ensure efficiency. The first tier would be the Local Health Service, providing a minimum range of primary care services to the local community; the District Health Service would provide for larger regional towns and cities; and the Regional Health Service would provide the major resources for each region. *Rural Directions* also prioritised several aspects of health care for particular attention, including mental illness, injury, chronic illnesses, dental health; and the health and wellbeing of particular groups within the population - children, seniors, Aboriginal communities, and refugees. It also highlighted the importance of neighbourhood renewal (DHS, 2005f).

Working from a social view of health, the *Care in Your Community* (DHS, 2006c) policy document sets out several operating principles for health service planning:

Health care must be 'person and family centred', so that it is responsive to the needs of the health care user, and not dictated by the needs or historical features of any particular service.

Planning for future health service provision must aim to maximise convenient, accessible, and locally available services through collaboration and integrated planning. To this end, the document details the value of identifying the nature of health care services, by making use of the following factors in determining the individual mix of service features:

- **Modes of care:** such as inpatient; same day; specialist; primary health services; group; self-care
- **Settings of care:** whether those settings be hospitals; community-based health care; or outreach
- **Four levels of care:** from acute hospital services with specialist care and inpatient back up, expected to be suited to the needs of over 200,000 people, rated at the highest level, Level 4; through to Level 3 also requiring sterile theatres but less specialized services and a lower level of back up; to Level 2 with specialist resources but less intensive backup; and Level 1 entailing primary care and health promotion services, delivered in a minor centre. The planning emphasis is on the provision of primary care Level 1 services for catchments <50,000. It is noted that 'safety, quality, cost-effectiveness and efficiency' necessarily limit the provision of rural hospital inpatient care services.

Despite such cost implications and their limitations, positive and productive integrated planning can be achieved where services recognize the needs of users as paramount and where communication and information sharing is effective.

Such principles are in keeping with the stated aims of the Moorabool Shire Council, which emphasises principles such as fair share, customer focus and partnering in its vision (Moorabool Shire Council, 2006c).

In 2003-2004, Golden Plains Shire and Hesse Health initiated a planning activity for the Golden Plains Shire which utilised a service mapping approach that identified the needs of young people as a priority area for planning. This led to the co-operative development of services – particularly services for young people – through partnerships across DHS regions and Primary Care Partnership boundaries. The success of this planning, and the lead established by the *Rural Directions* and *Care in your Community* approaches, has given impetus to the collaboration of the Moorabool Shire Council and the DHS to apply these principles to planning future delivery of health and wellbeing support services to the Moorabool Shire Council.

The companion planning documents which have informed this report are:

- Ballan District Health & Care Service Development Plan 2006
- Djerriwarrh Health Services Service Plan – Draft (nlt consulting pty ltd and Cordyline Consulting) – 2005
- Moorabool Shire Council Health and Wellbeing Strategy 2003 – 2006
- 'Growing Moorabool' Economic Development Strategy and Action Plan 2006
- Shire of Moorabool Social Infrastructure Plan (BG Urban Solutions)
- Moorabool Shire Council Municipal Early Years Plan (Bonato and Associates) 2006 – 2009
- Central Highlands Primary Care Partnership Community Health Plan – Phase 1, 2004 – 2006.

1. Population Health Profile

1.1 Demographics: Shire of Moorabool

1.1.1 Population

Based on 2001 Census data (place of enumeration and aggregates of LGAs), the population of Moorabool Shire was 23,878 (Australian Bureau of Statistics – ABS, 2005a), with over half of all residents living in the towns of Bacchus Marsh ($n = 12,130$), Ballan ($n = 1,730$), Blackwood ($n = 300$), and Gordon ($n = 390$) (Moorabool Shire Council Statistics). More recent estimates suggest the resident population for some towns is even greater: Bacchus Marsh and surrounds (comprising Bacchus Marsh, Darley and Maddingley; $n = 14,839$) and Ballan ($n = 2,500$) (id Consultancy, 2006). The 1996 and 2001 Census data for Moorabool Shire by age and gender is presented in Table 1 (ABS, 2005e).

In 2003, the estimated total population of residents in the Moorabool Shire was 25,737 (ABS, 2005b), with approximately 86% of the total population residing in the SLAs of Bacchus Marsh (2003, $n = 16,013$) and Ballan (2003, $n = 6,067$) (ABS, 2005c, 2005d). The remaining 14% of the population (2003, $n = 3,657$) reside in the SLA of Moorabool West (ABS, 2005g). The 2001, 2002, and 2003 population data for Bacchus Marsh, Ballan and Moorabool West residents by age is presented in Table 2.

In 2004, the Moorabool Shire population was estimated at 26,138 (DHS, 2005c). The 2004 population data by age cohort for the four largest towns in Moorabool - Bacchus Marsh, Ballan, Blackwood and Gordon - is presented in Table 3 (DHS, 2005c). Importantly however, Regional Population Growth Estimates by the ABS (2006) indicate a sharp increase in the population of Moorabool in 2005. To highlight this, the estimated population for the Moorabool Shire in 2005 was 26,721 showing an increase of 634 (2.4%) from the 2004 ABS population estimates ($n = 26,087$).

Table 1

Enumerated population of Moorabool Shire residents by age and gender for Census 1996 and 2001 (ABS, 2005e).

Age Cohort	Census Data 1996			Census Data 2001			1996 - 2001 Change
	Males <i>n</i>	Females <i>n</i>	TOTAL <i>n</i>	Males <i>n</i>	Females <i>n</i>	TOTAL <i>n</i>	
0 – 4 yrs	1,001	936	1,937	913	910	1,823	- 114
5 – 9 yrs	1,039	974	2,013	1,103	1,038	2,141	128
10 – 14 yrs	1,024	995	2,019	1,097	1,029	2,126	107
15 – 19 yrs	857	733	1,590	935	888	1,823	233
20 – 29yrs	1,163	1,223	2,386	1,217	1,194	2,411	25
30 – 39 yrs	1,812	1,990	3,802	1,731	1,995	3,726	-76
40 – 49 yrs	1,768	1,686	3,454	1,885	1,929	3,814	360
50 – 59 yrs	1,060	983	2,043	1,495	1,399	2,894	851
60 – 69 yrs	685	664	1,349	773	732	1,505	156
70 – 79 yrs	420	498	918	502	577	1,079	161
80 – 89 yrs	125	213	338	171	248	419	81
≥ 90 yrs	14	41	55	20	51	71	16
Overseas visitors	12	26	38	22	24	46	8
TOTAL	10,980	10,962	21,942	11,864	12,014	23,878	1,936

Table 2

Estimated population of Bacchus Marsh, Ballan and Moorabool West residents by age for 2001, 2002, 2003 (ABS, 2005c, 2005d, 2005g).

Age Range (yrs)	Moorabool SLAs								
	Bacchus Marsh			Ballan			Moorabool West		
	2001 <i>n</i> (%)	2002 <i>n</i> (%)	2003 <i>n</i> (%)	2001 <i>n</i> (%)	2002 <i>n</i> (%)	2003 <i>n</i> (%)	2001 <i>n</i> (%)	2002 <i>n</i> (%)	2003 <i>n</i> (%)
0–14	3,922 25.4	3,880 24.8	3,874 24.3	1,458 24.6	1,472 24.5	1,477 24.3	844 22.7	829 22.6	828 22.6
15–44	6,593 42.7	6,604 42.2	6,760 42.2	2,425 40.9	2,390 39.8	2,364 39	1448 39	1392 37.9	1,366 37.4
45–64	3,422 22.2	3,619 23.1	3,755 23.4	1,482 25	1,554 25.9	1,642 27.1	1044 28.1	1056 28.8	1,046 28.6
≥ 65	1,499 9.7	1,553 9.9	1,624 10.1	570 9.5	589 9.8	584 9.6	380 10.2	394 10.7	417 11.4
Total	15,436 100	15,656 100	16,013 100	5,935 100	6,005 100	6,067 100	3,716 100	3,671 100	3,657 100

Table 3

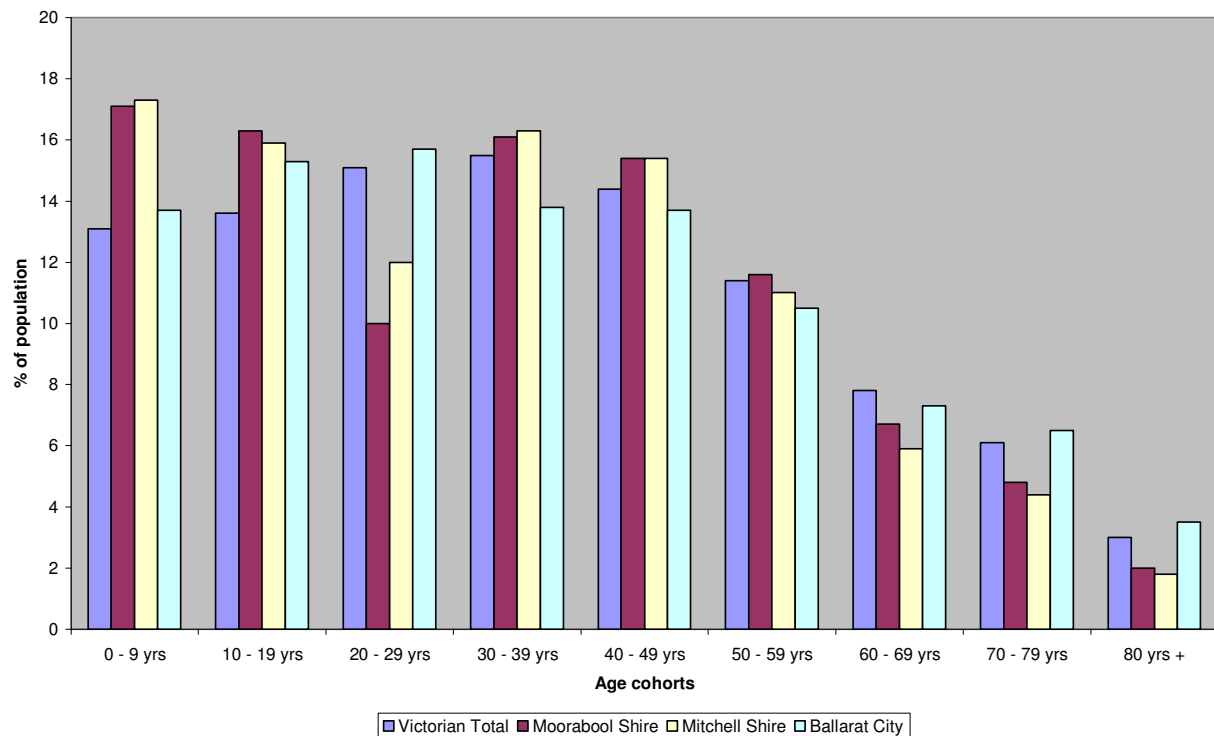
Population data by age for the four largest towns in Moorabool - Bacchus Marsh, Ballan, Blackwood and Gordon (DHS, 2005c).

Age Range	Bacchus Marsh	Ballan	Blackwood	Gordon
0 - 4 years	990	141	24	31
5 - 9 years	1,168	161	17	38
10 - 14 years	1,111	169	17	46
15 - 19 years	1,111	133	15	29
20 - 24 years	764	80	16	14
25 - 44 years	3,887	512	95	124
45 - 64 years	3,048	450	104	120
65 - 69 years	397	68	14	21
70 - 79 years	701	104	27	24
80 years +	379	88	7	7
Total population <i>n</i>	13,556	1,906	336	454

Comparative Populations

Estimated population comparisons by age between Moorabool Shire, the state of Victoria, the Shire of Mitchell and City of Ballarat are presented in Figure 1. These data indicate that across many of the age groups (0 – 9 years; 10 – 19 years; 30 – 39 years; 40 – 49 years; 50 – 59 years) the proportion of the Moorabool population is greater than the Victorian state average and City of Ballarat, and very similar to the Mitchell Shire. There is a notable exception to this, with fewer residents in the 20 – 29 year range residing in the Moorabool Shire compared with the state and other regions.

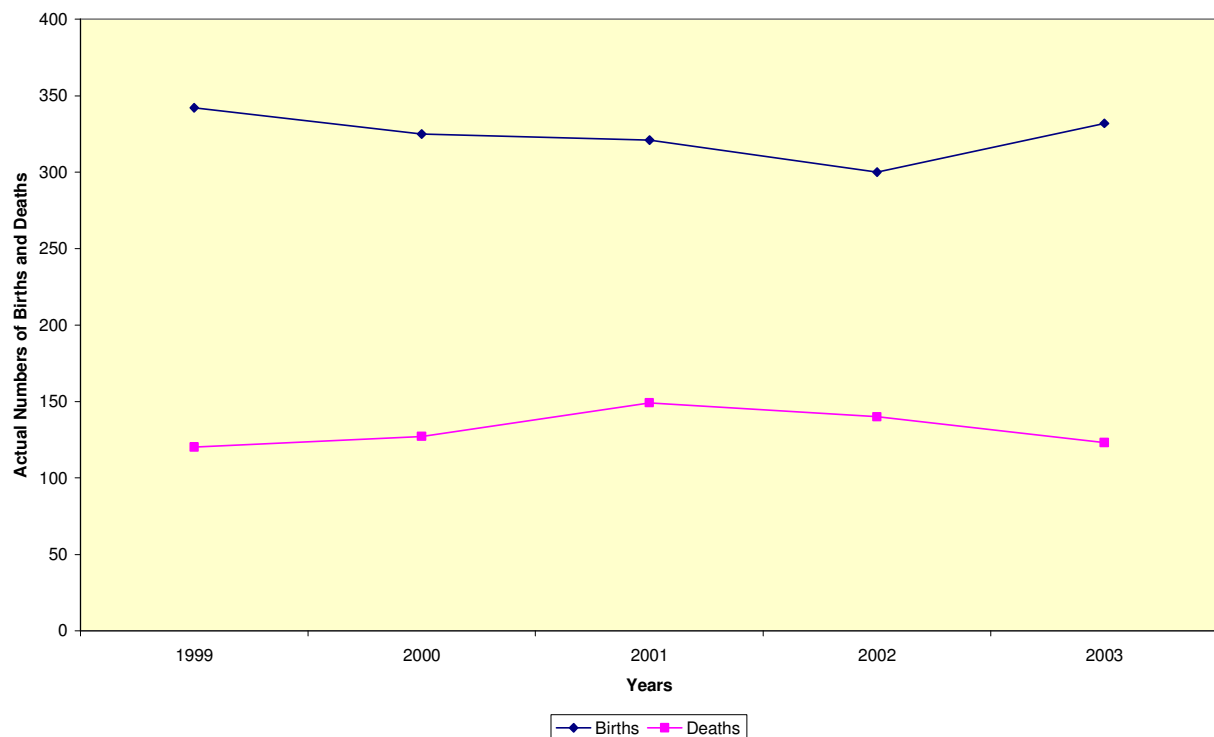
Figure 1. Population comparisons by age between Moorabool Shire, Victorian state, Mitchell Shire and City of Ballarat (ABS, 2001a).



Births and Deaths

The number of reported births and deaths in the Moorabool Shire are presented in Figure 2. Despite a slight decrease in the birth rate between 2000 and 2002, the birth rate increased in 2003 ($n = 332$) (ABS, 2005b). In 2001 the death rate increased slightly ($n = 149$) but dropped in subsequent years (ABS, 2005b).

Figure 2. Recorded births and deaths in the Moorabool Shire between 1999 and 2003 (ABS, 2005b).



1.1.2 Population Change

The Moorabool Shire has been identified as a “fast growing exurban” region within the state of Victoria (Department of Sustainability and Environment - DSE, 2004) with Bacchus Marsh listed in Victoria’s top ten towns with the largest growing population (DSE, 2006b). As shown in Table 4, average population growth in the Moorabool Shire was greater than (a) City of Ballarat across all years, and (b) the Victorian state average between 1986 and 1991 and 1996 and 2001. However, the average population growth in the Moorabool Shire was smaller than the Mitchell Shire between 1991 and 2001 (DSE, 2003). For further comparison, Table 4 shows the average annual population growth for the Shire of Melton. As Moorabool’s closest ‘metropolitan’ neighbour to the east, Melton is an area of substantial growth, with a population growth of 5.8% during 1996 – 2001.

Table 4

Average annual population growth in Moorabool Shire, Mitchell Shire, City of Ballarat, Melton and the state of Victoria (DSE, 2003).

LGAs/Regions	Average annual population growth for the following years:		
	1986 - 1991	1991 – 1996	1996 - 2001
Moorabool Shire	4.5%	- 0.5%	1.8%
Mitchell Shire	3.1%	-0.3%	2.1%
City of Ballarat	0.5%	0.5%	1%
Melton Shire	3.9%	2.5%	5.8%
Victorian State	1.1%	0.7%	1.3%

Referred to earlier, Table 2 provides information about recent population changes during 2001, 2002 and 2003 in the SLAs of Bacchus Marsh, Ballan and Moorabool West. During this time the estimated population of each of these areas remained fairly constant across most age cohorts (ABS, 2005c, 2005d, 2005g). However, it should be noted that recent population growth estimates by the ABS (2006) suggest an increase of 2.4% in the Moorabool Shire population in 2005 (since 2004). Although population estimates by age are unavailable, it is likely that increases in population across a one-year timeframe will produce variations in the numbers of residents across each age cohort different to those presented in Table 2.

Population Projections

The population projections for the Moorabool Shire, Mitchell Shire and City of Ballarat are presented in Figure 3 and suggest that there will be a steady increase in the population across all three regions over the next 25 years (DSE, 2003). Table 5 presents a detailed breakdown of the population growth by age for the Moorabool Shire and shows a steady increase in population across the majority of age cohorts, with the exception of the early years (0 – 14 years) which remain fairly constant across the 25 years. The largest population increases are most noticeable in the group aged 44 years and older, with the DSE (2004) predicting that the largest net population increase will be residents aged 60 years and above.

Figure 3. Population projections for the Moorabool Shire, Mitchell Shire and City of Ballarat for 2006, 2011, 2021 and 2031 (DSE, 2003).

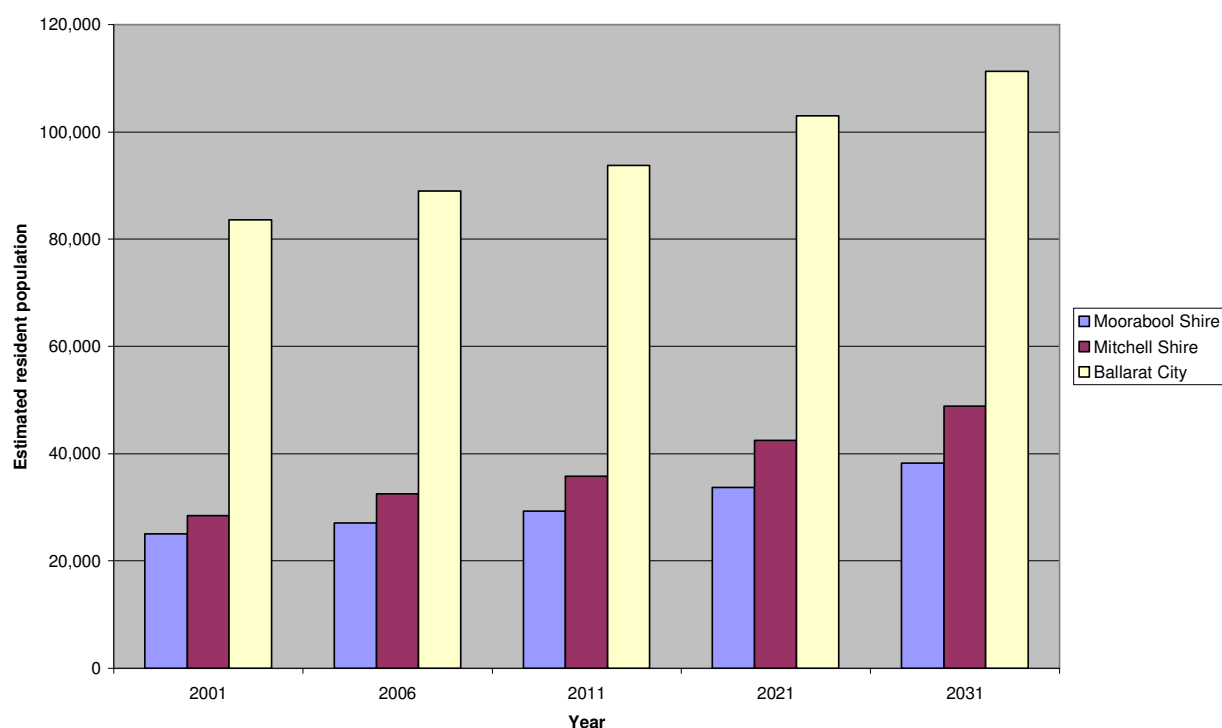


Table 5
Population projections for the Moorabool Shire by Age (DSE, 2003).

Age	2001	2006	2011	2021	2031
0-4 yrs	1,891	1,721	1,692	1,883	1,973
5 - 9 yrs	2,192	2,104	1,977	2,037	2,241
10 - 14yrs	2,141	2,283	2,214	2,063	2,288
15-19 yrs	1,877	1,961	2,144	1,957	2,042
20-24 yrs	1,266	1,427	1,501	1,609	1,549
25-29 yrs	1,333	1,480	1,614	1,816	1,726
30-34 yrs	1,801	1,757	1,934	2,162	2,312
35-39 yrs	2,145	1,999	1,975	2,359	2,595
40-44 yrs	2,044	2,185	2,048	2,211	2,479
45-49 yrs	1,932	2,107	2,269	2,126	2,538
50-54 yrs	1,784	1,964	2,156	2,200	2,385
55-59 yrs	1,333	1,824	2,026	2,399	2,287
60-64 yrs	899	1,359	1,878	2,293	2,378
65-69 yrs	768	891	1,362	2,090	2,497
70-74 yrs	652	733	869	1,834	2,265
75-79 yrs	519	570	668	1,231	1,917
80-84 yrs	282	439	503	718	1,523
85+ yrs	228	269	425	699	1,250
Total Persons	25,087	27,074	29,254	33,689	38,244

A recent report commissioned by the Moorabool Shire Council entitled 'Growing Moorabool' Economic Development Strategy and Action Plan (SGS, 2006) provides more ambitious estimates of population growth in the Shire over the next 15 years. These population estimates are greater than the DSE projections, by approximately one-third. As shown in the following

table (replicated from the SGS report, 2006, p. 27), there is a larger than anticipated growth in the Shire which is particularly noticeable in the Bacchus Marsh SLA with an estimated 100% ($n = 17,420$) increase in its population within 15 years.

Table 6

Moorabool Shire Population projections from the DSE Victoria in Future 2004 estimates and SGS extrapolation based on Shire of Moorabool Forecasts to 2016 (SGS, 2006).

	<i>n</i> population/Years						
	SLAs	2001	2006	2011	2016	2021	Change between 2001 to 2021
DSE Population Forecast	Bacchus Marsh	15, 436	17,025	18,709	20,415	22,189	6,753
	Ballan	5,935	6,293	6,639	6,967	7,296	1,363
	Moorabool West	3716	3,757	3,907	4,049	4,203	487
	Total	25,087	27,074	29,254	31,431	33,689	8,603
Moorabool Population Forecasts	Bacchus Marsh	15,436	18,249	22,197	27,005	32,856	17,420
	Ballan	5,935	6,266	6,785	7,345	7,951	2,016
	Moorabool West	3,716	3,994	4,324	4,680	5,067	1351
	Total	25,087	28,510	33,305	39,030	45,874	20,781
Difference between Projections <i>n</i> (%)			1436 (5.3%)	4051 (13.8%)	7,599 (24.2%)	12,185 (36.2%)	

1.1.3. Children and Young People

Data from the 2001 Census indicate that one third of the enumerated population of the Moorabool Shire is aged between 0 and 19 years of age (ABS, 2005e). Specifically, 7.6% of the total population are aged between 0 and 4 years, 9% are aged between 5 and 9 years, 8.9% are aged between 10 and 14 years, and a further 7.6% are aged between 15 and 19 years.

Table 7 presents the number of children and young people residing in each of the four larger towns in the Moorabool Shire (DHS, 2005c). As shown, the highest percentage of children and young people reside in Bacchus Marsh, closely followed (in equal second place) by Ballan and Gordon. Interestingly, the percentage of young people residing in Blackwood was noticeably smaller (overall, and in almost all individual age cohorts) than in all other towns in the Shire.

Table 7

Number and percentage of children and young people (aged 0 – 19 years) residing in Bacchus Marsh, Ballan, Blackwood and Gordon (DHS, 2005c).

Age	Bacchus Marsh <i>n</i> (%)	Ballan <i>n</i> (%)	Blackwood <i>n</i> (%)	Gordon <i>n</i> (%)
0 – 4 years	990 (7.3%)	141 (7.4%)	24 (7.1%)	31 (6.8%)
5 – 9 years	1168 (8.6%)	161 (8.4%)	17 (5.1%)	38 (8.4%)
10 – 14 years	1111 (8.2%)	169 (8.9%)	17 (5.1%)	46 (10.1%)
15 – 19 years	1111 (8.2%)	133 (7%)	15 (4.5%)	29 (6.4%)
Total	4380 (32.3%)	604 (31.7%)	73 (21.8%)	144 (31.7%)

Note. Percentages for each town's total population are presented

Kindergarten Participation

There are five kindergartens in the Moorabool Shire (Bacchus Marsh Pre-School, Darley Pre-School, Bacchus Marsh Montessori Centre, the Ballan and District Pre-School Centre, and

Wallace Kindergarten). Many of these are managed independently by parent committees in Council-owned pre-schools (Moorabool Shire Council, 2004).

Enrolment numbers and participation rates in kindergartens in the Moorabool Shire between 2001 – 2004 are presented in Table 8. According to the draft of the Moorabool Shire Council's Municipal Early Years Plan 2006 – 2009 (Bonato and Associates, 2006a), participation in 4-year kindergarten in the Moorabool Shire is 8% lower than the regional average and almost 6% lower than the Victorian average.

Table 8

Kindergarten enrolments in the Moorabool Shire during 2001 - 2004 (Bonato and Associates, 2006a).

Year	1st year enrolments	Estimated Number of 4 year olds in Shire	Kindergarten Participation Rate
2001	346	395	87.6%
2002	307	386	79.5%
2003	330	375	88.0%
2004	335	384	87.3%

The Best Start Indicator Data (2006) provides recent information about kindergarten enrolment and participation rates in the Moorabool Shire and surrounding LGAs. As shown in Table 9, Moorabool has the second lowest kindergarten participation rates when compared with LGAs that are within close, geographic proximity to Moorabool Shire. The participation rates are most similar to Golden Plains and Pyrenees.

Table 9

Kindergarten enrolments for Moorabool Shire and other LGAs in 2005 (DHS, 2006d).

LGA	Estimated Number of 4 year olds in Shire	Kindergarten Participation Rate (%)
Ballarat	1121	97%
Golden Plains	212	77.8%
Hepburn	146	97.3%
Mitchell	473	100%
Moorabool	410	80%
Pyrenees	66	81.8%

Note. Some children who reside in the Moorabool Shire may attend a kindergarten located in another Shire. Alternatively, other children who do not reside in Moorabool Shire may attend kindergarten in the Moorabool Shire.

Primary School Enrolments

There are 12 state primary schools in the Moorabool Shire (Source: 2004 data - Moorabool Shire: Primary Schools and Out of School Child Care Programs; Data from the Department of Education - DET, 2006). Primary School enrolments for 2006 indicate that schools located in the east of the Shire near Bacchus Marsh (Bacchus Marsh Primary School; Darley Primary School) and Ballan (Ballan Primary School; Myrniong Primary School, and Pentland Primary School) have the largest enrolments. Schools with the smallest enrolments are located in Glen Park, Lal Lal, Mt Egerton, Balliang and Bungaree. The total state enrolments in primary schools in the Moorabool Shire in 2006 are slightly smaller than in 2004, as shown in the following table.

Table 10

State primary school enrolments in the Moorabool Shire in 2004 and 2006 (Bonato and Associates, 2006a; DET, 2006).

School	2004 Enrolments	2006 Enrolments
Bacchus Marsh PS	595	569
Ballan PS	229	220
Balliang East PS	40	33
Bungaree PS	36	37
Coimadaí PS	73	60
Darley PS	513	549
Glen Park PS	11	12
Gordon PS	51	49
Lal Lal PS	30	23
Mt Egerton PS	36	32
Myrniong PS	149	180
Pentland PS	220	187
Total	1983	1951

Note. Education Maintenance Allowance for individual schools is unavailable through DET (Grampians).

There are seven Catholic primary schools in Moorabool Shire with St Bernard's Primary School in Bacchus Marsh having the largest school enrolments for 2006 (see Table 11), followed by St Brigid's Primary School in Ballan and St Patrick's Primary School in Gordon. Each of these schools also had the highest number of students receiving the Education Maintenance Allowance (EMA) which is an indicator of financial disadvantage (Source: Catholic Education Office Ballarat, 2006; Catholic Education Office, Melbourne, 2006).

Table 11

Catholic primary school enrolments in the Moorabool Shire in 2006 (Catholic Education Office, Ballarat and Melbourne, 2006).

School	Location	2006 Enrolments	Students receiving EMA
St Bernard's PS	Bacchus Marsh	225	26
St Brigid's PS	Ballan	86	24
St Mary's PS	Clarke's Hill	20	5
Our Lady of Fatima PS	Dunnstown	33	4
St Patrick's PS	Gordon	77	13
St Michael's PS	Springbank	23	0

Bacchus Marsh Grammar School is an independent school providing primary and secondary school education. In 2006, the junior school enrolment was 373, with 22 students receiving the EMA (Source: Bacchus Marsh Grammar School).

Secondary Schools Enrolments

Bacchus Marsh College is the only state secondary school in the Shire and has a combined total of 820 students comprising its two campuses (Source: DET, 2006).

Bacchus Marsh Grammar School provides independent primary and secondary school education and currently has 600 students enrolled in the secondary school. In 2006, 38 students received the EMA (Source: Bacchus Marsh Grammar School).

School Enrolments Outside the Shire

It should also be noted that a large number of students (predominantly secondary school students) residing in the Moorabool Shire attend schools in towns outside the Moorabool Shire, including Ballarat, Daylesford, Melton, Caroline Springs and so on. The number of students (including private and public, primary and secondary school students) attending schools in the Ballarat region and who use the free school bus system in 2006 is 928 (data supplied by Ballarat High School, 2006). The numbers of students per township/area in the Moorabool Shire who travel to school by bus in Ballarat are presented in Table 12.

Table 12

Number of students by town/region in the Moorabool Shire attending schools in Ballarat.

Town/Region	<i>n</i>
Ballan	219
Claretown	46
Gordon-Millbrook	57
Gordon-Pootilla	70
Ingliston	69
Lal Lal	66
Meredith	66
Mt Egerton	81
Mt Wallace	61
Warrenheip	60
Wattle Flat	50
Yendon	83
Total	928

Note. The above figures represent only the number of students residing in Moorabool Shire who attend schools in the Ballarat region using the free bus. Other students may attend schools in Ballarat but use other forms of transport.

Out of School Programs

There are nine Out of School Programs offered in the Moorabool Shire (Moorabool Shire Council: Primary Schools and Out of School Child Care Programs). The number of children attending before and after school care in each of these programs is listed in Table 13. These data indicate that programs located in Bacchus Marsh, Darley and Pentland cater for the largest numbers of children attending out of school care in the Shire.

Table 13

Number of children attending out of school programs in the Moorabool Shire (Moorabool Shire Council: Primary Schools and Out of School Child Care Programs).

Out of School Program	Before School Care (<i>n</i> children)	After School Care (<i>n</i> children)
Bacchus Marsh Grammar School	--*	12–15
Bacchus Marsh Long Day Child Care	1–4	8–12
Bacchus Marsh Primary School Program	15–20	50
Ballan Out of School Care	2	8–10
Darley Neighbourhood Housing program	7–8	18–20
Family Day Care Bacchus Marsh	2	4–5
Family Day Care Ballan	4	4
Pentland Long Day Childcare	6–12	10–15
Pentland Primary School	--*	12

* *Note.* No current figures or program not currently offered

Recipients of the Government Youth Allowance

The number of 16 - 25 year olds receiving the youth allowance in the Moorabool Shire was 438 (8.9%; this and subsequent percentages have been obtained by calculating the number of youth allowance recipients with the total number of selected income support recipients in each designated LGA) in 2002 and 413 (8.3%) in 2003 (ABS, 2005b). These percentages are slightly lower than the number of youth allowance recipients in the Shire of Mitchell (2002: *n* = 544, 9.4%; 2003: *n* = 532, 8.8%) (ABS, 2005f). Youth allowance recipients in the City of Ballarat (2002: *n* = 2913, 11.6%; 2003: *n* = 2727, 11.4%) were higher than in the other two Shires (ABS, 2005h).

Youth Employment

In 2003, the Highlands Local Learning and Employment Network (HLEN) which is comprised of five LGAs (Ballarat, Hepburn, Moorabool Shire, North West Golden Plains, Pyrenees), reported on current education and training needs of young people aged 15 – 19 years in the region.

The report found that between 1996 and 2001 there was a 22% increase in youth employment in the Highlands LLEN, with Moorabool showing the strongest growth due to increases in part-time work (HLEN, 2003, p. 6). The unemployment rate of Moorabool residents aged 15 – 19 years in 2001 was 14.2% (males: *n* = 13.8; females: *n* = 14.7) (HLEN, 2003, p. 35).

Nearly half of all early school leavers in the Highlands LLEN region (including Moorabool) had “fairly immediate entry into the workforce” (HLEN, 2003, p. 7). This information, as well as other destinations for early school leavers in the region, is provided in Table 14.

Table 14

The destinations for early school leavers in Years 10, 11 and 12 in the Highlands LLEN (HLEN, 2003).

Destination	Year 10		Year 11		Year 12 (prior to completion)		Total	
Full time employment	38	16%	69	19%	23	24%	130	19%
Traineeship	18	8%	29	8%	2	2%	49	7%
Employed at time of exit	56	24%	98	27%	25	26%	179	26%
Seeking employment	36	15%	59	16%	25	26%	118	17%
Total exiting to workforce	90	39%	157	43%	50	52%	297	43%
% unemployed	38%		38%		50%		36%	

Education and Training

The number of education enrolments for young people aged 15 – 19 years in non-secondary school training in 2001 (HLEN, 2003, p. 21) was:

- TAFE: $n = 447$ (36%)
- Adult Community Education / Private Providers: $n = 90$ (7%)
- University: $n = 184$ (15%).

In March 2001, 167 young people in the Moorabool Shire (HLEN, 2003, p. 29) were enrolled in tertiary institutions. The number of enrolments for Moorabool residents aged 15 – 19 years by institution are presented in Table 15. As shown, a large number of students were enrolled at the University of Ballarat, followed by Deakin University and La Trobe University.

Table 15

The number of enrolments in tertiary institutions for Moorabool Shire residents aged 15 – 19 years (HLEN, 2003, p. 29).

Institution	Enrolments (n)
University of Ballarat	45
Deakin University	30
La Trobe University	20
University of Melbourne	18
Victoria University	17
RMIT	15
Monash University	13
Australian Catholic University	5
Swinburne University	4
Total	167

1.1.4 Older People

The ABS (2005e) Census data indicates that 2,262 or 9.5% of the total number of Moorabool Shire residents (n males = 1039; n females = 1223) are aged 65 years and older. Table 16 provides details about the composition of older residents living in the four larger towns in the Moorabool Shire (Bacchus Marsh, Ballan, Blackwood, Gordon). As shown, the highest proportions of over 65 year olds are located in Ballan and Blackwood.

DSE (2004) predicts that over the next 25 years, the largest net population increases will occur in the age range of 60 years and over. This is highlighted by the population projections for the Moorabool Shire, referred to earlier, in Table 5.

Table 16

Number of residents aged 65 years and over living in Bacchus Marsh, Ballan, Blackwood and Gordon (DHS, 2005b).

Age Cohort	Bacchus Marsh	Ballan	Blackwood	Gordon
65 - 69 years	397	68	14	21
70 - 74 years	373	47	20	17
75 - 79 years	328	57	7	7
80 - 84 years	220	38	4	5
85 years +	159	50	3	2
Total	1477	260	48	52
% of town population	10.9%	13.6%	14.3%	11.5%

The total number of Moorabool Shire residents and those residing in the SLAs Bacchus Marsh, Ballan and Moorabool West receiving the Aged Pension in 2002 and 2003 is presented in Table 17 (ABS, 2005b, 2005c, 2005d). A report by the Victorian Multicultural Commission (2003, p. 223) indicates that the total number of CALD residents in the Moorabool Shire aged 65 years or older is 112. This number is lower than for the Mitchell Shire ($n = 162$).

Table 17

The total number of residents in Moorabool Shire, the SLAs of Bacchus Marsh, Ballan and Moorabool West receiving the aged pension in 2002 and 2003 (ABS, 2005b, 2005c, 2005d, 2005g).

Year	Total Moorabool Shire	Bacchus Marsh	Ballan	Moorabool West
2002	1775	1124	431	220
2003	1836	1169	450	217

1.1.5 People with Disabilities

The number of residents in each of the SLAs of the Moorabool Shire receiving a Disability Pension in 2002 and 2003 is presented in Table 18. As indicated, over half of all Moorabool Shire residents receiving a disability pension live in the Bacchus Marsh SLA. Comparisons between residents in the Moorabool Shire receiving the disability pension and those in the City of Ballarat and Mitchell Shire are also presented in this table. As shown, there were a higher percentage of Moorabool Shire residents in 2003 receiving the disability pension than in the Mitchell Shire and City of Ballarat. However, both Moorabool Shire and Mitchell Shire have similar numbers of pension recipients whereas the City of Ballarat has a much higher number of residents receiving disability pensions.

Table 18

The total number of residents in Moorabool Shire (including SLAs of Bacchus Marsh, Ballan and Moorabool West) receiving the disability pension in 2002 and 2003 (ABS, 2005b, 2005c, 2005d, 2005f, 2005g, 2005h).

Year	Bacchus Marsh SLA	Ballan SLA	Moorabool West SLA	Total Moorabool Shire	Total Mitchell Shire	Total City of Ballarat
2002	433 (14.6%)	205 (16.1%)	107 (15.7%)	745 (15.1%)	887 (15.3%)	3557 (14.9%)
2003	462 (15.3%)	217 (16.7%)	112 (17%)	791 (15.9%)	907 (15.1%)	3665 (15.4%)

Note. Percentages were obtained by calculating the number of recipients of the disability pension with the total number of selected income support recipients in each designated LGA.

1.1.6 Indigenous Populations

The total number of Indigenous people residing in the Moorabool Shire is 135 (ABS, 2005b). Recent data from the Funded Agency Channel (2004) provides a more detailed breakdown of Indigenous people residing in four of the larger towns in the Moorabool Shire. The majority of Indigenous residents in the Moorabool Shire live in Bacchus Marsh ($n = 60$), followed by Ballan ($n = 9$), Gordon ($n = 6$) and Blackwood ($n = 3$).

1.1.7 Country of Birth and Language Spoken at Home

According to the 2001 Census, 2,822 (approximately 11.9% of the population; males, $n = 1377$ and females $n = 1445$) Moorabool Shire residents were born overseas (ABS, 2005b). The largest proportions of residents were born in the UK ($n = 1273$; comprising 45% of all overseas born residents), New Zealand ($n = 221$; comprising 7% of all overseas born residents), Malta ($n = 161$; comprising 5.7% of all overseas born residents), Netherlands ($n = 158$; comprising 5.6% of all overseas born residents), Germany ($n = 141$; comprising 5% of all overseas born residents), and Italy ($n = 99$; comprising 3.5% of all overseas born residents). In 2004, the number of residents born overseas and residing in four of the larger towns in the Shire are as follows: Bacchus Marsh ($n = 1367$; approximately 10% born overseas), Ballan ($n = 225$; approximately 11.8% born overseas), Blackwood ($n = 48$; approximately 14.3% born overseas) and Gordon ($n = 65$; approximately 14.3% born overseas) (FAC, 2005).

Data on the Moorabool Shire indicates that approximately 4% ($n = 985$) of residents speak a language other than English at home (Victorian Multicultural Commission, 2003). The largest proportion of non-English speaking languages spoken by Moorabool Shire residents is: Italian, German, Maltese, Greek and Netherlandic (BG Urban Solutions, 2006).

The 2003 report by the Victorian Multicultural Commission indicates that the Shires of Moorabool and Mitchell have 'medium' levels of cultural diversity with 36% (Moorabool Shire) and 35% (Mitchell Shire) of the population born overseas coming from non-English speaking countries (p. 12). Between August 2001 and March 2003, 21 recently arrived migrants and refugees intended to settle in the Moorabool Shire – this number is similar to the Mitchell Shire ($n = 20$) (Victorian Multicultural Commission, 2003, p. 176).

Snapshot/Summary: Demographics of the Moorabool Shire

In 2003, the estimated population of the Moorabool Shire was 25,737 with 86% of the population residing in the SLAs of Bacchus Marsh and Ballan. The Department of Sustainability and Environment (2006b) lists Bacchus Marsh as one of the largest growing populations in Victoria. Indeed, overall population growth in the Moorabool Shire between 1996 and 2001 was greater than average growth in the state of Victoria and City of Ballarat. These trends are further reflected by the population comparisons by age for the Moorabool Shire with the percentage of residents in most age cohorts being greater than the state average and the City of Ballarat. There was however a notable exception to this with fewer residents aged 20 - 29 year olds residing in the Shire. It is anticipated that over the next 30 years the Moorabool Shire population will continue to grow steadily, with a noticeable increase in those aged 44 years and over, and the largest net population increases predicted for residents aged 60 years and older.

Approximately one third of the Moorabool population is aged between 0 and 19 years. For younger residents, participation in 4-year old kindergarten is 6% lower than the state average. In 2006, 2778 students enrolled in primary schools (state primary schools, $n = 1951$; Catholic primary schools, $n = 464$; private primary school, $n = 373$), and 1420 students secondary schools in the Shire (state secondary schools, $n = 820$; private secondary school, $n = 600$). Of the number of students leaving school early, many found fairly immediate entry into the workforce. Of those residents aged 15 – 19 years who were enrolled in tertiary courses, over 25% attended the University of Ballarat, followed by Deakin University (18%) and La Trobe University (12%).

Nearly one-tenth of the Moorabool Shire population is aged over 65 years, with a higher proportion of older residents located in the towns of Ballan and Blackwood. The largest proportion of residents on disability pensions reside in the SLA of Bacchus Marsh. There are a small number of Indigenous people residing in the Shire. Approximately 12% of the resident population in Moorabool were born overseas and 4% speak a language other than English at home. Both the Shires of Moorabool and Mitchell have medium levels of cultural diversity with just over one-third of the population born overseas coming from non-English speaking countries.

1.2 Socio-Economic Status/Disadvantage Indicators

1.2.1 Socio-Economic Status

SEIFA

Socio-Economic Indexes for Areas (SEIFA) provides an index of the relative socio-economic disadvantage of an area and is based upon information about income levels, education, occupation, family structure and ethnicity.

The 2001 Census SEIFA scores (as cited in Bonato and Associates, 2006a, p. 51) indicate that Moorabool Shire has a below average level of disadvantage with a score of 1017 (the national average is 1000; scores above 1000 have below average levels of disadvantage while scores that are less than 1000 have above average levels of disadvantage). The SEIFA scores for the following SLAs in the Moorabool Shire all have below average levels of disadvantage similar to Melbourne (1021), and Victoria as a whole (1015):

- Bacchus Marsh: 1017
- Ballan: 1006
- Moorabool West: 1034

Jesuit Social Services

The Jesuit Social Services Study (Vinson, 2004) indicates that the township (and immediate surrounding areas) of Blackwood has the highest level of disadvantage in the Moorabool Shire. Other areas in the Moorabool Shire with postcodes 3334, 3342, 3345 (comprising towns such as Gordon, Ballan, and Mt Egerton) have a degree of disadvantage. Parts of the Shire also have low levels of social cohesion (near/around Ballan). See also Social Capital/Community Strength in Section 1.3.12 and discussion of services promoting social cohesion, in the second section of this report.

Accessibility/Remoteness Index of Australia (ARIA+)

ARIA+ provides a widely accepted measure of remoteness for locations within Australia and is based upon measures of road distance between populated localities and service centres. ARIA+ provides an index ranging from 0 (high accessibility) to 15 (high remoteness) based upon road distance measurements from 11,879 populated localities to the nearest service centres in five size categories based on population size (ARIA+, 2006). According to ARIA+, three of the main towns in the Moorabool have an ARIA+ score of 1.32 (Blackwood) or less (Gordon: 0.85; Ballan: 0.73; Bacchus Marsh: 0.27) thus indicating high accessibility between townships and service centres (ARIA+, 2006).

1.2.2 Income

The average individual annual taxable income for Moorabool Shire residents in 2002 was \$36,251 (ABS, 2005b). This figure is higher than the Victorian state average (\$34,894; 2001/2002 – ABS, 2001a), and the average annual income for City of Ballarat residents (\$34,518; ABS, 2005h) and Mitchell Shire residents (\$35,089; ABS, 2005f). The median family income and the median household income for Moorabool Shire is \$800-\$999 per week (Bonato and Associates, 2006a, p. 50). The weekly household income for the Shires of Moorabool and Mitchell, and the City of Ballarat are provided in Table 19.

In 2002, the average annual taxable income for residents in the SLAs of Ballan and Bacchus Marsh was \$35,399 (ABS, 2005d) and \$36,810 (ABS, 2005c) respectively. Data on household incomes of less than \$400 per week in four of the larger towns in Moorabool Shire are as follows: Bacchus Marsh ($n = 807$; 19.3%), Ballan ($n = 180$; 29.8%), Blackwood ($n = 40$; 29.9%) and Gordon ($n = 39$; 26.9%) (DHS, 2005b).

Table 19

The gross weekly household income for Moorabool Shire, Mitchell Shire and City of Ballarat residents in 2001 (DSE, 2004).

Weekly Income Range	Moorabool Shire <i>n</i> (%)	Mitchell Shire <i>n</i> (%)	City of Ballarat <i>n</i> (%)
Negative and nil	46 (0.6%)	51 (0.6%)	89 (0.3%)
\$1 to \$199	277 (3.4%)	340 (3.8%)	1,378 (4.6%)
\$200 to \$299	545 (6.7%)	535 (5.9%)	2,902 (9.8%)
\$300 to \$499	1,306 (16%)	1,453 (16.1%)	5,723 (19.2%)
\$500 to \$699	937 (11.6%)	1,144 (12.7%)	4,039 (13.5%)
\$700 to \$999	1,246 (15.5%)	1,480 (16.4%)	4,460 (15%)
\$1,000 to \$1,499	1,478 (18.3%)	1,570 (17.4%)	4,462 (15%)
\$1,500 to \$1,999	805 (9.9%)	823 (9.2%)	2,159 (7.2%)
\$2,000 or more	521 (6.4%)	420 (4.7%)	1,257 (4.2%)
Not stated	940 (11.6%)	1,190 (13.2%)	3,344 (11.2%)
Total	8,101	9,006	29,813

1.2.3 Government Income Support Payments

Table 20 presents information about the numbers and types of pensions for residents in the Moorabool Shire in 2003 for each of the three SLAs (Bacchus Marsh, Ballan and Moorabool West). As shown, there is a higher percentage of age pension and single parenting payments made in Bacchus Marsh but there is a larger percentage of Disability support and Newstart allowance recipients in Ballan and Moorabool West.

Table 20

Number of government pension recipients in 2003 for residents in the SLAs of Bacchus Marsh Ballan and Moorabool West (ABS, 2005c, 2005d, 2005g).

Pension Type	Bacchus Marsh SLA <i>n</i> (%)	Ballan SLA <i>n</i> (%)	Moorabool West SLA <i>n</i> (%)
Age	1,169 (38.8%)	450 (34.9%)	218 (33.4%)
Disability Support	462 (15.3%)	217 (16.6%)	112 (17.1%)
Newstart Allowance	302 (10%)	163 (12.5%)	83 (12.8%)
Parenting Payment - single	392 (13%)	150 (11.6%)	52 (7.9%)
Youth Allowance	267 (8.9%)	81 (6.2%)	65 (9.9%)
Other pensions and allowances	422 (14%)	236 (18.2%)	124 (18.9%)
Total	3,014	1297	655

Note. Percentages were obtained by calculating the number of recipients for each pension type with the total number of pension recipients for each designated LGA.

The number of residents receiving government support pensions in 2003 in the Moorabool Shire, Mitchell Shire and City of Ballarat are presented in Table 21 (ABS, 2005b; 2005f). Overall, the City of Ballarat has the highest numbers of pension recipients across all pension types. However, closer examination of the percentages for each pension type reflects differing trends across the three LGAs. For example, the City of Ballarat has a higher percentage of age pension

and youth allowance recipients than the Shires of Mitchell and Moorabool. Mitchell Shire however, has a higher percentage of Newstart Allowance recipients, while Moorabool has the highest percentage of recipients receiving “other pensions and allowances”.

Table 21

Number of government pension recipients for residents in the Moorabool Shire, Mitchell Shire and City of Ballarat in 2003 (ABS, 2005b, 2005c, 2005d, 2005f, 2005g).

Pension Type	Moorabool Shire <i>n</i> (%)	Mitchell Shire <i>n</i> (%)	City of Ballarat <i>n</i> (%)
Age	1,836 (37%)	2,177 (36.4%)	9,351 (39.4%)
Disability Support	791 (15.9%)	907 (15.2%)	3,665 (15.4%)
Newstart Allowance	548 (11%)	769 (12.8%)	2,727 (11.4%)
Parenting Payment - single	594 (12%)	733 (12.2%)	2,363 (10%)
Youth Allowance	413 (8.3%)	532 (8.9%)	2,728 (11.5%)
Other pensions and allowances	782 (15.8%)	868 (14.5%)	2,913 (12.3%)
Total	4,965	5,986	23,747

Note. Percentages were obtained by calculating the number of recipients for each pension type with the total number of pension recipients for each designated Shire/City.

1.2.4 Unemployment

The rate of unemployment in September 2003 for the Moorabool Shire was 4.2% ($n = 531$); a decrease of 1.7% from 2002 (ABS, 2005b). This rate of unemployment was the same as for the Shire of Mitchell (4.2%; $n = 588$; ABS, 2005f) but lower in comparison to the City of Ballarat (7.4%; $n = 2973$; ABS, 2005h), the Victorian state unemployment rate (5.2%) and the national average (5.8%) (Minister for Employment, Minister for Youth Affairs, 2003).

Data from 2005 provides the following unemployment numbers in four of the largest towns in the Moorabool Shire: Bacchus Marsh ($n = 347$; 6.2%), Ballan ($n = 77$; 11.2%), Blackwood ($n = 18$; 12.6%) and Gordon ($n = 13$; 8.2%) (DHS, 2005c). Bacchus Marsh and Gordon have fewer unemployed residents and are closest to (but higher than) the state unemployment rate (5.6%; DHS, 2005c). Blackwood and Ballan however have higher rates of unemployment than the state and Shire average (5%).

1.2.5 Industry Profile

Moorabool Shire residents are employed in metropolitan Melbourne, in Geelong and in Ballarat as well as locally, within the Shire. Although the economy is predominantly rural, many of the residents work in the western suburbs of Melbourne. Data from the Moorabool Shire Council (2006) based on Census data from 2001 indicates that there were approximately 5,100 jobs in the Shire, with 32% of employed residents (approx. 3,500) working within the Shire. The remaining proportion of employed residents (68%; approx. 7,000) commute to work in areas outside the Shire. Furthermore, 1,625 people working in the Shire are commuters residing in other regions outside the Shire. Further details about work locations for Moorabool Shire residents commuting to areas outside the Shire for work are presented in the following Table 22 (see also Section 2.1.4).

Table 22

The number and work location of Moorabool Shire residents commuting to areas outside the Shire for work (Source: Moorabool Shire Council, 2006b).

Place of Residents in Shire (based on SLA).	Work Destination					
	Melbourne West <i>n</i>	Melbourne CBD <i>n</i>	Melbourne Other <i>n</i>	Geelong <i>n</i>	Ballarat <i>n</i>	Regional Other <i>n</i>
Bacchus Marsh SLA	1752	695	959	106	98	417
Ballan SLA	412	178	273	44	303	229
Moorabool West SLA	44	33	45	35	808	177

Note. A further 504 employed residents did not state their workplace destination.

The main industries of employment for residents in the Shire include manufacturing, retail, health and community, and construction. This information, along with data from the Mitchell Shire, City of Ballarat and Victorian state averages are presented in Table 23. As shown, the proportion of workers in manufacturing is similar for the Shires of Moorabool and Mitchell as well as City of Ballarat and the state. The percentage of individuals in the retail trade was similar in the Moorabool and Mitchell Shires and comparative to the state, however, the number of residents employed in the retail trade in City of Ballarat was higher than the two Shires and the state. Construction in both Shires is higher than the state, and Mitchell Shire has a greater number of residents working in government administration and defence. This is not surprising given the Puckapunyal Military Base is located in the Mitchell Shire. A higher percentage of workers in City of Ballarat are employed in the health and community services industry than in all other regions and the state.

Table 23

Employment by Industry for Moorabool Shire, Mitchell Shire, City of Ballarat and the state of Victoria in 2001 (DSE, 2004; ABS, 2001b).

Industry	<i>n</i> (%) Moorabool Shire	<i>n</i> (%) Mitchell Shire	<i>n</i> (%) City of Ballarat	% Victoria
Manufacturing	1,485 (14.2%)	1822 (15.5%)	5323 (15.9%)	15.3
Retail Trade	1,455 (13.9%)	1645 (14%)	5726 (17.8%)	4.8
Health and Community	958 (9.1%)	940 (8%)	4645 (13.9%)	9.7
Construction	903 (8.6%)	931 (7.9%)	2127 (6.4%)	6.6
Property and Business Services	866 (8.3%)	795 (6.8%)	2426 (7.3%)	11.4
Agriculture, Forestry & Fishing	671 (6.4%)	554 (4.7%)	641 (1.9%)	--
Government Administration and Defence	280 (2.7%)	1161 (9.8%)	1035 (3.1%)	--

Note. Data on state Victoria averages provided by ABS (2001b), all other information in table has been sourced from DSE (2004)

The recent SGS (2006) report entitled 'Growing Moorabool' Economic Development Strategy and Action Plan (referred to in Section 1.1.2) suggests that the current economic profile of the Shire is likely to change in response to significant population growth within the Shire by 2021. Increases in the Shire's population are likely to alter the industry within, and economic profile of, the Shire. The 'Growing Moorabool' economic development strategy identifies the Shire's potential for stronger economic development (e.g. increased jobs growth; increases in retail outlets and therefore spending; the encouragement and growth of new industries and strengthening of existing industries) to build a more sustainable community and stable population (as opposed to a 'dormitory' population where significant numbers of residents commute to work outside the Shire's boundaries). It is anticipated that increased economic development within the Shire, coupled with strong population growth, will reduce the number of Shire residents commuting to work outside the Shire (as new employment opportunities will be made available) which will have a flow-on effect to the local community, as well as the Shire's economy.

1.2.6 Education Levels

According to the Draft of the Ballan District Health & Care Service Development Plan (2006), 61.5% of residents in the Moorabool Shire aged 15 years and older have no formal education qualifications. This is similar to the rural state average (62.1%). Residents in the Shire with a tertiary qualification (Bachelors Degree or higher; 7.4%) is also similar to the rural state average (7%).

The percentage of residents in each of the four main towns in the Moorabool Shire who did not finish year 12 schooling was similar: Bacchus Marsh ($n = 5328$; 42%), Ballan ($n = 829$; 46%), Blackwood ($n = 137$; 43%), and Gordon ($n = 175$; 42%), (DHS, 2005c). These percentages are all higher than the state Victorian average (32.1%; ABS, 2001c).

The DSE (2004) provides information on levels of postgraduate education in the Moorabool Shire (with comparisons to the Shire of Mitchell, and City of Ballarat) and are presented in Table 24. As shown, residents in both Moorabool and Mitchell Shires have similar post-school qualifications.

Table 24

Percentage of residents in the Shires of Moorabool, Mitchell and City of Ballarat with post-school qualifications (DSE, 2004).

Education - Highest qualification obtained	Shire of Moorabool	Shire of Mitchell	City of Ballarat
Postgraduate Degree	0.99 %	0.68 %	1.09 %
Graduate Diploma and Graduate Certificate	1.54 %	1.17 %	1.88 %
Bachelor Degree	6.58 %	5.56 %	8.10 %
Advanced Diploma and Diploma	5.19 %	4.55 %	5.29 %
Certificate	18.06 %	17.70 %	15.15 %
Not applicable/not stated	67.65 %	70.35 %	68.5 %

1.2.7 Family Type

Approximately 12% of families in each of the four main towns in the Moorabool Shire are single parent families (DHS, 2005c), as shown in Table 25. These percentages are all lower than the state Victorian average (14.8%; ABS, 2001b). As shown, the majority of single parent families reside in Bacchus Marsh; however Ballan has the largest percentage of single parent families in the Shire, while Gordon has the lowest.

Data from the 2001 Census indicate that 32% ($n = 2089$) of Moorabool Shire residents comprise “couple without children” which is slightly below the state Victorian average of 34.4% (ABS, 2001b). Couples with children comprise 53.2% ($n = 3471$) of the Shire’s population. This is 4.4% higher than the state average (ABS, 2001b). Lone person households comprise 23% of the Moorabool Shire ($n = 1502$) – this is significantly lower than the state Victorian average (32.5%).

More recently, data from the Draft of the Ballan District Health & Care Service Development Plan (2006) indicates that the majority of households in Moorabool comprise “couple with children” (45.5%). This was higher than the rural average (36%). The second highest household composition was “couple without children” (24%) which was slightly lower than the rural average (25%), followed by lone person households (7% - rural average of 24%).

Table 25

The numbers of single parent families in major towns in the Moorabool Shire (FAC, 2005).

Towns	Single-parent families: n (%)
Bacchus Marsh	1542 (12.0)
Ballan	229 (12.7)
Blackwood	39 (12.3)
Gordon	46 (10.9)

Id consultancy’s (2006) growth projections and demographic trends on household type for the Moorabool Shire are shown in Table 26. Projected trends in household type for 2011 show the strongest increase in ‘couples without dependants’ and ‘lone person households’ for the Moorabool Shire.

Table 26

Forecast household type in the Moorabool Shire for 2011 (id Consultancy, 2006).

Household Types (occupied private dwellings)	Forecast year					
	2001		2006		2011	
	n	%	n	%	n	%
Couple families with dependants	3,711	42.5	3,841	39.0	4,143	36.9
Couples without dependants	2,214	25.4	2,714	27.6	3,250	28.9
Lone parent families with dependants	932	10.7	1,036	10.5	1,177	10.5
Other families	111	1.3	130	1.3	151	1.3
Lone person households	1,591	18.2	1,930	19.6	2,299	20.5
Group households	165	1.9	190	1.9	215	1.9
Total households	8,724	100.0	9,842	100.0	11,234	100.0

1.2.8 Housing

Data from the DSE (2003) about tenure for private dwellings in the Shires of Moorabool and Mitchell, City of Ballarat and the state of Victoria are presented in Table 27. As shown, there are noticeably higher percentages of Moorabool Shire residents and Mitchell Shire residents purchasing a house, compared to the Victorian state average and the City of Ballarat. Full house ownership in Moorabool Shire and City of Ballarat is similar to the state average.

Table 27

House ownership and house type in the Moorabool Shire, Mitchell Shire, City of Ballarat and state of Victoria in 2001 (DSE, 2003).

Housing	2001 Data			
	Moorabool <i>n</i> (%)	Mitchell <i>n</i> (%)	Ballarat <i>n</i> (%)	% Victoria
Fully Owned	3402 (41%)	3369 (35.7%)	12587 (41.3%)	43%
Purchasing	3215 (38.8%)	3380 (35.8%)	8676 (28.4%)	27.8%
Rental (Private and Government)	1169 (14.1%)	1908 (20.2%)	7635 (25%)	22.1%
Other/not state	508 (6.1%)	791 (8.3%)	1607 (5.3%)	7.1%
Total	8,294 (100%)	9448 (100%)	30505 (100%)	100

Comparisons between housing ownership in the Moorabool Shire with Victorian regional averages are identified in the draft report for the Shire of Moorabool - Social Infrastructure Plan (BG Urban Solutions, 2006). The report indicates that full house ownership in the Moorabool Shire is lower compared with regional Victoria (45.6%) but house purchase in the Shire is higher in comparison to regional Victoria (26.9%).

Data from the Office of Housing (Source: DHS, 2006) indicates that the current stock of public housing ($n = 262$) is located in Bacchus Marsh (1 bedroom: $n = 47$; 2 bedroom: $n = 28$; 3 bedroom: $n = 148$; 4 bedroom: $n = 11$) and Ballan (1 bedroom: $n = 9$; 2 bedroom: $n = 2$; 3 bedroom: $n = 17$; 4 bedroom: $n = 0$). The current waiting list times (May 2006) for public housing in the Moorabool Shire are provided in the Table below.

Table 28

Current waiting times (in months) for public housing in the Moorabool Shire (DHS and Office of Housing, 2006).

Towns where public housing is located in the Shire	1 Bedroom	2 bedroom	3 bedroom	4 bedroom
Bacchus Marsh	24	60+	24	18
Ballan	12	48	12	No stock

Note. This figure is current as of 29 May 2006.

Rental occupancy in the Moorabool Shire in the 2001 Census is provided in Table 29. As shown, the percentage of government rental dwellings is low in comparison to the Shire of Mitchell and City of Ballarat (DSE, 2003). The percentage of private rental dwellings is considerably lower in the Moorabool Shire compared with (a) Mitchell Shire, (b) City of Ballarat (DSE, 2003) and (c) Regional Victoria overall (Government rentals in regional Victoria: 3.9%; private rentals in regional Victoria: 16.6%) (BG Urban Solutions, 2006).

Table 29

The number (and percentage) of government and private rental dwellings in the Shires of Moorabool and Mitchell and the City of Ballarat (DSE, 2003).

Local Government Area	Government Rental Dwellings		Private Rental Dwelling	
	<i>n</i>	%	<i>n</i>	%
Moorabool Shire	233	2.81	936	11.29
Mitchell Shire	362	3.83	1546	16.36
City of Ballarat	1623	5.32	6012	19.71

According to the Office of Housing's Rental Report (December Quarter 2005), the total number of private rentals (2 bedroom apartments; 3 bedroom houses) for the December quarter for the Moorabool Shire was 61. As presented in Table 30 the number of private rentals for the Moorabool Shire was smaller in comparison to the Mitchell Shire and the City of Ballarat.

Table 30

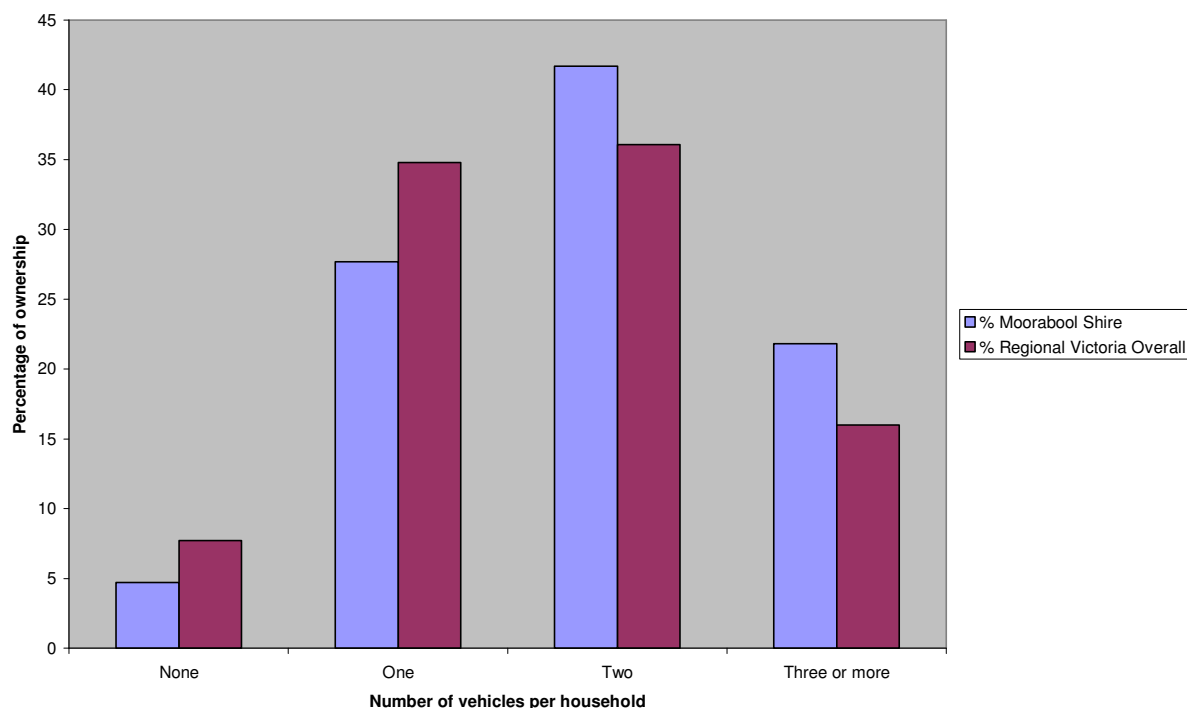
Number of private rentals in the December 2006 quarter for the Shire's of Moorabool and Mitchell, and City of Ballarat (Office of Housing, 2006).

Local Government Area	1 Bedroom Flat		2 Bedroom Flat		2 Bedroom House		3 Bedroom House	
	<i>n</i>	Median weekly Cost	<i>n</i>	Median weekly Cost	<i>n</i>	Median weekly Cost	<i>n</i>	Median weekly Cost
Moorabool Shire	--	--	13	\$160	--	--	48	\$185
Mitchell Shire	10	\$100	34	\$150	--	--	74	\$200
City of Ballarat	56	\$105	133	\$160	68	\$165	246	\$190

1.2.9 Car ownership/Transport

The draft report for the Shire of Moorabool - Social Infrastructure Plan (BG Urban Solutions, 2006) indicates a large proportion of households with two and three vehicle ownership indicating a high dependency on vehicles in the Shire. Figure 4 shows that no and one vehicle ownership per household in the Moorabool Shire is lower than Regional Victoria overall, but two and three vehicle ownership per household in the Shire is greater than regional Victoria.

Figure 4. Number of vehicles per household in the Moorabool Shire compared to Regional Victoria overall (BG Urban Solutions, 2006).



For many Moorabool Shire residents, the most frequently used mode of getting to work is by driving a car. As shown in Table 31 this figure is higher than both the Mitchell Shire and Victoria as a whole. Noticeably, use of public transport (train, bus, tram) by Moorabool Shire residents was lower than the state averages.

Table 31

Modes of transport for attending work for residents in the Shires of Moorabool and Mitchell and the state of Victoria (DSE, 2003).

Mode of Travel to Work:	Moorabool Shire	Mitchell Shire	Victoria
Car as driver	65%	62.7%	61.3%
Car as passenger	5.2%	6.3%	5.3%
Train	2%	1.8%	3.4%
Bus	0.2%	0.5%	0.8%
Tram	0.04%	0.03%	1.5%
Walk	2.3%	5.1%	3.1%
Bicycle	0.3%	0.7%	0.9%
Other mode	2.7%	3.5%	2.3%
Multiple mode	2.3%	2%	3.3%
Worked at home	6.3%	5.5%	5.2%
Did not go to work	11.2%	9.9%	10.7%
Not stated	2.4%	1.9%	2.2%
Total	100%	100%	100%

Note. Data on modes of transport for City of Ballarat were incomplete from the DSE (2003).

Snapshot/Summary: Socio-Economic Status/Disadvantage Indicators for the Shire

The Socio-Economic Index for Area (SEIFA) score for the Shire indicates a below average level of disadvantage; levels are similar to that of Melbourne, and Victoria as a whole. The Jesuit Social Services study identifies the Moorabool Shire township of Blackwood as having a high level of disadvantage and postcode regions that include the towns of Gordon, Ballan and Mt Egerton have a degree of disadvantage (Vinson, 2004).

The average annual taxable income for the Shire in 2002 was \$36,251 and is higher in comparison to the state, City of Ballarat and Shire of Mitchell. The number of government pension recipients in the Moorabool Shire was lower across all pension types in comparison to Mitchell Shire and City of Ballarat. Unemployment within the Shire is approximately 5%, with higher levels in the towns of Blackwood and Ballan. Just over 60% of residents have no formal education qualifications (similar to the rural state averages).

The main industries for employment for Moorabool Shire residents are manufacturing, retail, health and community and construction. Thirty-two percent of Moorabool residents are employed within the Shire, the remainder work outside the Shire – many work in Melbourne. The mode of transport for Moorabool Shire residents to travel to work is by driving themselves and is higher than the levels in the Mitchell Shire and Victoria. Similarly, car ownership in the Shire is high with a large proportion of households owning two to three vehicles. This is higher than regional state averages.

Over half the households in the Moorabool Shire comprise 'couple with children', which is slightly higher than the state average. Projections for the next 5 years suggest that there will be an increase in 'couples without dependents' and 'lone person households' in the Moorabool Shire. The percentage of residents in the Shire purchasing a house is higher than in the Mitchell Shire and the state of Victoria. The percentage of private and government rental dwellings in the Shire is lower than the state, City of Ballarat and Mitchell Shire.

1.3 Health Indicators

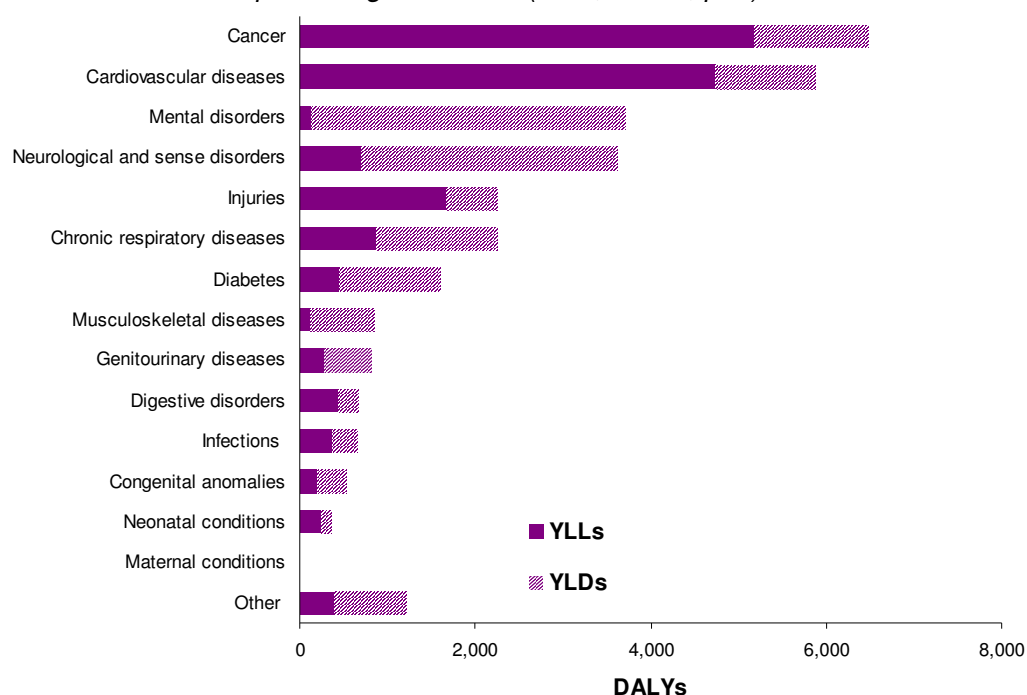
1.3.1 Burden of Disease

Disability Adjusted Life Year (DALY)

New estimates of the health of Victorians, based on health data from the 2001 Census of Population and Housing and other health data sources, was released by the DHS in 2006 (DHS, 2006b). One of the measures of health status used in the study is the Disability Adjusted Life Year (DALY). It provides a measure of health status that combines deaths and illness into one indicator. Measured as a time base with two components, DALYs comprise (a) the years of life lost prematurely when death occurs before expected (YLL) and (b) the years of life lived with disease or injury (YLD) (Public Health Branch, 2006). DALYs provide a measure of health status which allows for comparison between males and females, LGAs and rural and regional locations in Victoria.

Figure 5 presents the DALYs for residents in the Grampians region in 2001, and highlights the contribution of the YLL and YLD. As shown, cancer and cardiovascular disease are the two highest contributors of burden in the Grampians region. Both cancer and cardiovascular disease contribute to years of life lost due to premature death. Conversely, mental disorders and neurological sense disorders – which are the third and fourth highest health burden in the Grampians – are most likely to contribute to ill health of residents in the region (as opposed to premature death) (DHS, 2006b).

Figure 5. Burden of Disease (DALYs) for males and females combined, by major causes for the Grampians Region in 2001 (DHS, 2006b, p. 8).



The DALY rate per 1000 of the population provides the strongest mechanisms for comparison between LGAs in Victoria. As a guide, higher DALYs represent poorer health status while lower DALYs represent better health status. The following table provides a ranking of the LGAs in the Grampians region. As shown, Moorabool had a better health status (for both males – rank 36 and females – rank 20) compared with many of the other LGAs in the Grampians region. It was closest in ranking to the LGAs of West Wimmera and Yarriambiack.

Table 32

Ranking of the LGAs in the Grampians region (1 = Best health status; 78 = Poorest health status) (DHS, 2006b, p. 12).

LGAs within the Grampians region	LGA Ranking	LGA Ranking
	Male	Female
Ararat	64 th	66 th
Ballarat	62 nd	64 th
Golden Plains	46 th	43 rd
Hepburn	64 th	66 th
Hindmarsh	64 th	66 th
Horsham	54 th	57 th
Moorabool	36th	20th
Northern Grampians	64 th	66 th
Pyrenees	64 th	66 th
West Wimmera	20 th	3 rd
Yarriambiack	42 nd	20 th

With direct reference to the major disease categories (cancer, cardiovascular disease, neurological and sense disorders, injuries, mental disorders, diabetes, chronic respiratory disease) a more detailed picture of the burden of disease for residents in the Moorabool Shire, is provided. For example, for men in the Moorabool Shire the incidence of injuries were higher than the state average, but the incidence of cancer, cardiovascular disease and diabetes for men in the shire was similar to the state average. Mental disorders for men in the Shire were below the state average but higher in comparison to many of the other LGAs in the area. Similarly, women in the Shire had averages close to the state for cancer, cardiovascular disease and injury, and below average levels for mental disorders, diabetes and dementia. Further information about DALYs is presented in part 3 of this report (DHS, 2006b).

Obesity is another growing health concern as identified in the Victorian Population Health Survey 2003 (DHS, 2004c). Although the data from this Victorian survey does not provide LGA-specific data, it is likely that there will be similar trends in obesity across all Victorian LGAs. The report found that a significant proportion of Victorians (45.8%: males 54.3%; females 38%) are categorised as obese or overweight. The highest proportion of overweight males (65%) and females (50.8%) were in the 55 – 64 age group.

Disease Prevalence

Additional data from the Public Health Branch (DHS, 2006b), Burden of Disease Health Status of Victorians in 2001 indicates that the highest prevalent cases of disease for residents (males and females combined) in the Moorabool Shire are: oral health ($n = 12,320$), dental caries ($n = 9683$), hearing loss ($n = 2216$), asthma ($n = 1703$), diabetes mellitus ($n = 986$).

A full list of prevalence cases by disease for Moorabool Shire residents - as well as for Mitchell Shire and City of Ballarat residents in 2001 - is provided in Appendix A.

The Burden of Disease Health Status of Victorians in 2001 (DHS, 2006b) shows the distribution of dental caries across the different age cohorts (for males and females combined) for Moorabool Shire residents. As shown below, the greatest number of people (males and females combined) with dental caries occurred in residents aged between 5 – 14 years and 35 – 44 years:

- 0 – 4 years: $n = 741$
- 5 – 14 years: $n = 1693$
- 15 – 24 years: $n = 1182$
- 25 – 34 years: $n = 1138$
- 35 – 44 years: $n = 1609$
- 45 – 54 years: $n = 1370$
- 55 – 64 years: $n = 871$
- 65 – 74 years: $n = 564$
- 75 years +: $n = 515$.

A list of prevalent cases by disease for males and females across different age cohorts in the Moorabool Shire is presented in Appendix B. As shown, oral health and dental caries are prevalent for males and females across all age cohorts. For children, congenital abnormalities were higher in the 0 to 14 year age group. Similarly, the prevalence of asthma was also high in children (particularly females) in the early years (aged 5 years onwards). This trend continues into adolescents and through to early-to-mid adulthood.

In early to middle adulthood there was high prevalence of alcohol abuse and dependency (most noticeably for males than females), and mental health disorders (depression; social phobia; generalised anxiety disorder) compared with other prevalent disease cases. Conversely, residents in the middle-to-older age group had higher levels of *diabetes mellitus* (higher for males than females), hearing loss (more particularly for males than females), rheumatoid arthritis and osteoarthritis.

Major Causes of Death

The Causes of Death data are only available for residents in the Grampians in 2001, and does not provide data at an LGA level. The top 5 causes of death in the Grampians region are presented in Table 33 (DHS, 2006b). As shown, cardiovascular disease was the highest cause of death for residents in the Grampians region, followed by malignant cancers and chronic respiratory diseases.

Table 33

Ten major causes of death for residents (males and females combined) in the Grampians Region in 2001 (DHS, 2006b).

Cause of Death in Grampians Region	Deaths (n)	%
Cardiovascular disease	641	38.1
Malignant cancers	479.7	28.5
Chronic respiratory diseases	104.7	6.2
Neurological and sense disorders	93.8	5.6
Unintentional Injuries	60.2	3.6
Diabetes Mellitus	52	3.1
Digestive disorders	51.8	3.1
Genito-urinary disorders	42.2	2.5
Respiratory infections	32.9	2.0
Intentional injuries	31.9	1.9

1.3.2 Hospital Admission

Public Hospital Separations

The Draft of the Ballan District Health & Care 'Service Development Plan' (2006) reported 5,632 public hospital separations in the Shire of Moorabool during 2004 - 2005. Hospital separations across the three SLAs in the Shire are presented in Table 34. As shown, the highest number of patient separations were provided at Djerriwarrh Health Services (40%) followed by Ballarat Health Services (30%) and Western Health (Footscray, 6%). These trends do not translate across all SLAs in the Moorabool Shire. As shown, Ballarat Health Services had the highest number of public hospital separations for residents in the SLAs of Ballan and Moorabool West (Ballan District Health & Care, 2006).

Patient separations for Moorabool Shire residents by bed days and specialty for 2004 – 2005 have been tabled by Ballan District Health & Care (2006) and are reproduced in Appendix C. Also tabled in the Appendices (Appendix D) is the distribution of public patients in the Moorabool Shire for 2004 – 2005 by specialty and location of treatment (Source: DHS, Grampians Region).

Table 34

2004 - 2005 public hospital separations for the Shire of Moorabool by SLA (Ballan District Health & Care, 2006).

Public Hospitals	Moorabool - Ballan	Moorabool - Bacchus Marsh	Moorabool - West	Total	% of total
Djerriwarrh Health Services	297	1980	9	2,286	40%
Ballarat Base Hospital	506	394	806	1,706	30%
Western Hospital – Footscray	34	290	4	328	6%
Western Hospital – Sunshine	10	161	0	171	3%
Royal Children's Hospital	41	125	3	169	3%
Royal Melbourne Hospital	33	94	10	137	2%
The Alfred	15	101	9	125	2%
The Geelong Hospital	23	80	14	117	2%
Royal Women's Hospital	6	81	2	89	2%
Other	172	295	47	527	9%
Total	1,137	3,601	904	5,632	100%

Private Hospital Separations

As reported in the Draft of the Ballan District Health & Care Service Development Plan (2006) there were 1,016 private hospital separations for Moorabool Shire residents in 2004 - 2005. As shown in Table 35 many of these patient separations occurred in the larger private hospitals within and around Melbourne. In the Shire, Ballan District Health & Care provided 5% of patient separations. Many of these patients resided in the Ballan SLA (Ballan District Health & Care, 2006).

Table 35

2004 - 2005 private hospital separations for the Shire of Moorabool by SLA (Ballan District Health & Care, 2006).

Private Hospitals	Moorabool - Ballan	Moorabool - Bacchus Marsh	Moorabool - West	Total	% of Total
Epworth Hospital	13	86	35	134	13%
St Vincent's & Mercy Private Hospital	20	72	9	101	10%
The Avenue Private Hospital	12	75	7	94	9%
Freemasons Hospital	4	51	3	58	6%
St John of God Health Care	3	46	9	58	6%
Ballan District Health & Care	49	0	4	53	5%
Coonara Private Hospital	2	51	0	53	5%
The Melbourne Private Hospital	8	33	5	46	5%
Other	64	330	25	419	41%
Total	175	744	97	1,016	100%

1.3.3 Home and Community Care

The DHS, Grampians Region, provided data on Home and Community Care (HACC) services for LGAs in the Grampians region. Information pertaining to the Moorabool Shire and the LGAs of Ballarat, Golden Plains, Hepburn, and Pyrenees - all of which are located near the Moorabool Shire - are presented in Table 36. Also included in this table are the hours provided per head, for the Home and Community Care target population (known as WREN). WREN is a notional measure of need based on estimates of the number of aged and disabled people in the population. Based on the data from comparison LGAs provided by the regional DHS office, Moorabool has the lowest number of Nursing hours per WREN ratio than the other LGAs. Although the hours per WREN ratio for Allied Health in Moorabool was similar to the other comparison LGAs, its hours per WREN ratio are relatively low for Home Care and Personal Care.

Table 36

HACC hours per service type and hours per WREN ratio for the Moorabool Shire and some of the surrounding LGAs July 2004 and June 2005 (Source: DHS, Grampians Region).

LGA	Hours				WREN	Hours Per WREN Ratio			
	Nursing	Allied Health	Home Care	Personal Care		Nursing / WREN	Allied Health / WREN	Home Care / WREN	Personal Care / WREN
Ballarat	28521	3238	60283	20707	14257	2.0	0.2	4.2	1.5
Golden Plains	2147	245	4652	300	1957	1.1	0.1	2.4	0.2
Hepburn	3329	848	14572	3197	2569	1.3	0.3	5.7	1.2
Moorabool	2941	779	11312	1949	3436	0.9	0.2	3.3	0.6
Pyrenees	4236	208	10186	2074	1232	3.4	0.2	8.3	1.7

1.3.4 Levels of chronic illness

A recent report on the health profile of the population comprising the regions in the Ballarat and District Division of General Practice (Public Health Information Development Unit – PHIDU, 2005a) outlines the chronic disease and injury factors for residents in the area. The region covered by the Division includes the two SLAs of Ballan and Moorabool West as well as other neighbouring LGAs.

According to this report, prevalence rates per 1000 of the population for selected conditions were generally higher in the Ballarat and District Division of General Practice population compared with Australian averages. As shown in Table 37 (replicated from the PHIDU 2005 report), the chronic conditions where prevalence rates in the Moorabool Shire were greater than the national levels were for asthma, circulatory system disease, injury event, mental and behavioural disorders overall and most of the listed musculoskeletal system diseases (PHIDU, 2005a). Many of the rates for the Moorabool Shire were similar to County Victoria rates.

Table 37 also includes selected chronic conditions and injuries for the population comprising the Central Highlands District Division of General Practice. Some Moorabool SLAs are included in its catchments such as Bacchus Marsh and Ballan (there appears to be some cross-over in data between the two Divisions and the areas they service). As shown, the incidence of chronic disease in the Central Highlands was generally lower than in the Ballarat district.

Table 37

Estimates of chronic disease and injury for Ballarat and District Division of General Practice population, the Central Highlands Division of General Practice population with comparisons to Country Victoria and Australia, 2001 (PHIDU, 2005a, p. 20; 2005b, p. 20).

Chronic Disease & Injury Type	Ballarat and District Division of GPs	Central Highlands District Division of GPs	Country Victoria	Australia
Respiratory system diseases	288.4	304.8	286.6	310.8
Asthma	129.2	129.4	127.5	118.3
Circulatory system diseases	187.1	176.6	181.8	171.5
Diabetes Type 2	25	21.5	21.1	23.4
Injury Event	127.3	126.7	126.8	121.2
Mental and Behavioural disorders	108.3	99.4	101.9	97.6
Musculoskeletal system disease	351.2	343.4	351.4	326.2
Arthritis	147	140.5	145	138.8
Osteoarthritis	84.1	79.2	78.6	74.9
Rheumatoid Arthritis	25.6	24.1	24.9	23.6
Osteoporosis (females)	17	17.7	17.1	26.4

Note. Indirectly age standardised per 1,000 of population

1.3.5 Life expectancy

Life expectancy at birth for the LGAs of Moorabool, Ballarat, Golden Plains, Hepburn and Pyrenees and the state of Victoria for 1999-2003 (DHS, 2006b) are presented in Table 38. As shown, all LGAs had lower than state average life expectancies. The life expectancy rate for males in the Moorabool Shire was closer to the state average than other LGAs (most notably Pyrenees and Ballarat). The life expectancy for females in the Moorabool Shire is the same as in the Shires of Golden Plains and Hepburn but lower than in Mitchell Shire.

Table 38

Life expectancy at birth for the state of Victoria and LGAs of Ballarat, Golden Plains, Hepburn, Mitchell, Moorabool, and Pyrenees between 1999 and 2003 (DHS, 2006b).

Location	Life Expectancy in Years	
	Male	Female
State of Victoria	78.1	83.3
Ballarat LGA	76.4	81.6
Golden Plains LGA	77.7	82.6
Hepburn LGA	77.7	82.6
Mitchell LGA	76.9	83
Moorabool LGA	77.7	82.6
Pyrenees LGA	76.4	82.1

1.3.6 Victorian Ambulatory Care Sensitive Conditions (ACSC)

The DHS report entitled “Your Health: A Report on the Health of Victorians 2005” provides recent data on the Victorian Ambulatory Care Sensitive Conditions (ACSC) for 2003/04 (DHS, 2006). ACSCs are conditions that should not have required hospitalisation had preventative care or early disease management (usually in an ambulatory environment) been instigated (DHS, 2006f). It should be noted that ACSC data is provided at a regional - Grampians – level, not at an LGA level.

Between 1993/94 and 2003/04 the Grampians admission rates for ACSCs increased. The admission rate for total ACSCs increased from 29.10 per 1,000 persons (28.41–29.87) in 1993–94 to 36.60 per 1,000 persons (35.89 – 37.41) in 2003/04 (DHS, 2006f). The region’s admission rate ratios for dental conditions, dehydration and gastroenteritis, angina, asthma, and ear nose and throat infections were significantly higher than the Victorian averages in 2003/04.

Table 39 shows the top ten ACSCs for the Grampians region in 2003/04. As shown, the most common ACSC in the Grampians region is Diabetes Complications which attracts nearly 2,500 admissions and a very high number of total hospital bed days. Congestive cardiac failure and chronic obstructive pulmonary disease resulted in high levels of average and total bed days. Conversely, dental conditions produced the second highest number of ACSCs but the average bed days were small.

Table 39

The top 10 ACSCs for the Grampians region in 2003/04 (DHS, 2006c).

ACSCs	No. of Admissions	Rate per 1000 persons	Average bed days	Total bed days
Diabetes Complications	2483	10.11	6.29	15,622
Dental Conditions	1046	5.14	1.07	1,119
Dehydration and gastroenteritis	695	3.12	2.97	2,063
Chronic Obstructive Pulmonary Disease	779	3.01	8.25	6,424
Angina	631	2.51	2.77	1,748
Asthma	460	2.21	2.58	1,188
Congestive Cardiac Failure	606	2.19	9.31	5,643
Ear, Nose and Throat Infections	339	1.70	2.13	723
Pyelonephritis (kidney infection)	411	1.69	6.08	2,498
Convulsions and Epilepsy	333	1.60	3.24	1,080

1.3.7 Maternal and Child Health Participation

Four Maternal and Child Health Centres are located in the Moorabool Shire (Bacchus Marsh Maternal and Child Health Centre; Ballan Maternal and Child Health Centre; Bungaree Maternal and Child Health Centre; Darley Maternal and Child Health Centre). A home visiting service is also provided by Maternal Child and Health in the Moorabool Shire.

Data from the Moorabool Shire Council (2005) about Maternal and Child Health enrolments for children aged from birth to six years is presented in Table 40. As shown, there is some variability between the birth rate and enrolment rates for children aged 0 – 1 years for the 2004/05 year.

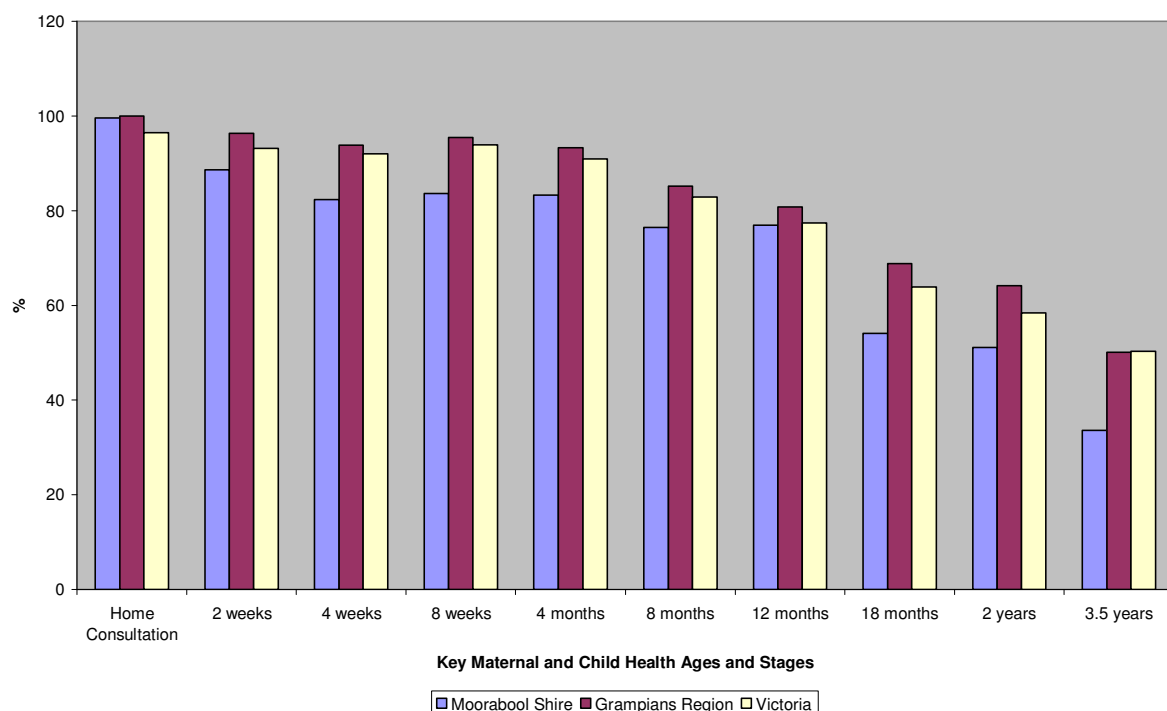
Table 40

Birth rate and number of enrolments for Maternal and Child Health Service in the Moorabool Shire since 2000 (Source: Moorabool Shire Council, 2005).

Year	Births <i>n</i>	<i>n</i> Children enrolled in Maternal and Child Health						
		0 – 1 years	1 – 2 years	2 – 3 years	3 – 4 years	4 – 5 years	5 – 6 years	Total Enrolments
2004/05	299	265	287	325	290	325	359	1851
2003/04	298	282	319	284	330	354	351	1920
2002/03	333	317	271	320	341	344	348	1941
2001/02	290	278	316	328	339	351	334	1946
2000/01	319	299	323	324	340	327	349	1962

The Moorabool Shire Council's Municipal Early Years Plan 2006-2009 draft report (Bonato and Associates, 2006b) indicates below average levels of participation in Maternal and Child Health services across many of the key ages and stages. As shown in Figure 6, the home consultation provided by the Maternal and Child Health service in the Moorabool Shire in 2003/04 was similar to the Grampians region and Victorian averages. However, Moorabool participation rates for maternal and child health services from this stage onwards were mostly below the regional and state averages.

Figure 6. Maternal and Child Health key ages and stages participation rates (%) for Moorabool Shire, Grampians region and Victoria (Bonato and Associates, 2006b).



1.3.8 Breast Feeding Rates

The Best Start Indicator Data (2006) provides recent (financial year 2004/2005) information about breastfeeding rates in the Moorabool Shire and surrounding LGAs. This information has been replicated in Table 41. As shown, Moorabool had the third highest percentage of fully breastfed infants at three and six months. This level was higher than Mitchell Shire and Ballarat at three and six months.

Table 41

Breastfeeding rates (n and %) in the Moorabool Shire and surrounding LGAs for the financial year 2004 – 2005 (DHS, 2006c).

LGA	Fully Breastfed Infants: 3 months		Fully Breastfed Infants: 6 months	
	<i>n</i>	%	<i>n</i>	%
Ballarat	483	43.5	335	30.2
Golden Plains	105	51.5	74	36.3
Hepburn	93	62	76	50.7
Mitchell	174	40	151	34.7
Moorabool	144	50.2	105	36.6
Pyrenees	27	49.1	22	40

1.3.9 Health Status: Immunisation Rates

The Best Start Indicator Data (2006) provides 2004-2005 data on full immunisation rates in the Moorabool Shire and surrounding LGAs and is included in Table 42. As shown, the full immunisation rates for Moorabool Shire places it (in comparison to the other listed LGAs) in the middle to lower middle range, based on percentages at each age level.

Table 42

Full immunisation rates (n and %) in the Moorabool Shire and surrounding LGAs for the financial year 2004 – 2005 (DHS, 2006d).

LGA	Age 1 year		Age 2 years		Age 6 years	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Ballarat	1001	92.5	963	94.4	1056	86.8
Golden Plains	195	92	190	96	227	90.8
Hepburn	128	85.3	147	86	147	83.5
Mitchell	383	91.4	420	97	422	85.3
Moorabool	281	92.4	329	94.5	362	89.6
Pyrenees	65	94.2	59	95.2	75	93.8

1.3.10 Child Protection

The Family Support Innovation Projects – Data analysis and case audit report, Grampians Region (DHS, 2004b) provides information about child protection notices for the areas of Golden Plains, Hepburn and Moorabool. During the financial year 2003/2004 there were 244 child protection notifications for the Moorabool Shire. This represented a total of 10.9% of the total child protection notifications for the whole of the Grampians region. In comparison to all other LGAs in the Grampians, Moorabool has the second highest number of child protection notifications after Ballarat (DHS, 2004b). It should however be noted that the child protection notification rates per 1000 children for the Moorabool Shire was comparative to the other LGAs in the Grampians region (Golden Plains, *n* = 29; Hepburn, *n* = 39; Moorabool, *n* = 33; Grampians Region, *n* = 43).

The notification by abuse type for the Shires of Moorabool, Golden Plains and Hepburn between 2003 and 2004 are presented in Table 43. These data indicate that the highest number of child

protection notifications in Moorabool were for neglect and emotional abuse. Compared with the Shires of Golden Plains and Hepburn, Moorabool had the smallest percentage of sexual abuse notifications but the largest percentage of notifications for physical abuse.

Table 43

Child protection notifications by abuse type for the LGAs of Moorabool, Golden Plains and Hepburn for 2003/2004 (DHS, 2004b).

Type of Abuse	% of Notifications for each LGA		
	Moorabool (n = 244)	Golden Plains (n = 124)	Hepburn (n = 138)
Emotional	30%	21%	37%
Neglect	34%	38%	36%
Physical	26%	19%	14%
Sexual	10%	22%	13%

1.3.11 Emergency Department Presentations

Funded Agency Channel (DHS, 2005c) data on the Moorabool Shire indicates a measure of 135.1 (rank: 57) Emergency Department presentations per 1,000 of the population. This is similar to the Mitchell Shire which had a measure of 119.6 per 1000 (rank: 61) presentations of the population but lower than the Victorian state (226.8) and City of Ballarat measure (304.5; rank: 15) for Emergency Department presentations per 1,000 of the population (DHS, 2005c).

1.3.12 Social Capital and Community Strength

A recent report from the Department for Victorian Communities (2005) provides small area data on aspects of community strength (p. 2). Measures of community strength include community attitudes, participation and the ability to get help when it is needed. Community attitudes and participation are believed to gauge community strength and this data has implications for social outcomes within specific communities (Department for Victorian Communities, 2005, p. 1).

Compared to the Victorian state average, residents in the Moorabool Shire felt safer on their street after dark, could more easily raise money in an emergency, enjoyed living in their community more, but were less likely to be involved in their children's school, or on decision making committees. This information as well as comparative data findings from other local LGAs (as well as the Mitchell Shire) is presented in Appendix E.

Snapshot/Summary: Health Indicators for the Moorabool Shire

Oral health, dental carries, hearing loss, asthma and diabetes mellitus comprise the five highest prevalent rates of disease for residents in the Moorabool Shire. For residents in the Grampians region cardiovascular disease, cancer (malignant), and chronic respiratory diseases are the three highest causes of death. Life expectancy rates for males and females in the Moorabool Shire are similar to, but slightly lower than, state averages.

The prevalence rates of chronic illness for regions comprising Ballarat and District Division of General Practice population (which includes two SLAs in the Moorabool Shire) were higher in comparison to Australian averages and the Central Highlands District Division of General Practice (which includes two SLAs in the Moorabool Shire). The Victorian ACSC study has observed a noticeable increase in ACSCs between 1993/94 and 2003/04 for the Grampians region (which includes the Moorabool Shire) with the region's admission rates for dental conditions, dehydration and gastroenteritis, angina, asthma, and ear, nose and throat infections being significantly higher than the Victorian averages. Breastfeeding and child immunization levels in the Moorabool Shire were similar to surrounding LGAs. Child protection notifications were fairly high and represented 10.9% of the total child protection notifications for the whole of the Grampians region.

Forty percent of all public hospital separations in the Moorabool Shire go to Djerriwarrh Health Services, followed by Ballarat Health Services. Conversely, the majority of private hospital separations for Moorabool Shire residents go to hospitals in Melbourne. Emergency Department presentations in the Shire are lower in comparison to the Victorian state, per 1000 of the population.

2. Current Service System

2.1 Overview

2.1.1 Introduction

A wide range of health, aged care, welfare and related community services are offered throughout the Moorabool Shire. These services are supplemented by programs and services delivered by agencies on a visiting basis to Moorabool residents.

This section presents a descriptive listing of the key agencies which provide services to residents of the Shire of Moorabool. A brief overview of the nature of the services and their organisation is presented here, with further detail of site location, service names, eligibility criteria and availability detailed in a separate table (Appendix G).

The detailed list of agencies which cater for residents of Moorabool Shire is thus set out in Appendix G. The following section contains some general comments on service provision in the Moorabool Shire, as well as an outline of the major work of the leading health and welfare agencies based within the Moorabool Shire.

When considering the range of health and welfare services available to residents of the Moorabool Shire, it is necessary to be mindful of the range of factors which can influence a person's ability to access services. Service accessibility and usage is dependent on the interaction of factors including availability of information concerning services and customer awareness of service provision, availability of culturally and linguistically appropriate staff, referral processes, affordability of service, customer mobility, availability of public or private transport, hours of service operation, service setting, and any specific eligibility criteria, including waiting times. Thus, service accessibility is affected by individual needs and circumstances. A person living near a major hospital in a metropolitan city on a street well served by public transport may still experience problems in accessing essential services if his or her mobility is impaired, and if he or she is living alone. A young person may not feel that she or he may have a confidential consultation with a local GP if a family member is a receptionist at the clinic.

Thus, individual circumstances affect a person's capacity to access services and service characteristics interrelate with client characteristics to affect access. Nonetheless, it is indisputable that service location is strongly correlated to access. This report uses geographic location to order its discussion of services. Appendix G lists and briefly discusses the agencies which serve the residents of the Moorabool Shire, according to location. Appendix H lists these same services according to their targeted user groups. Appendix I is a map of the Moorabool Shire which displays the geographic location of these services.

2.1.2 Services Based Within the Moorabool Shire

Several health and welfare agencies conduct services from bases within the Shire and with the specific purpose of serving local residents. Key amongst these services are the health services offered by Djerriwarrh Health Services (serving residents of the Moorabool Shire at two of its campuses at Bacchus Marsh and Melton), Ballan District Health & Care, and by the Moorabool Shire Council, which provides aged and disability services and maternal and child health services.

In addition to the health service provision they offer, these three agencies provide substantial community support and programs designed to enhance the wellbeing of residents. The Moorabool Shire Council provides significant leadership and support to a variety of recreational facilities, such as Senior Citizens' clubs, learning centres, societies and local community organisations.

Significant additional welfare services are provided by a number of other agencies with bases within the Shire. These agencies offer services specifically intended to promote the wellbeing of the residents of the Moorabool Shire. Several agencies have sites in Bacchus Marsh, such as Child and Family Services; Caroline Chisholm Society; Catholic Homes for the Elderly; and Centacare. Many services located outside the Shire offer services within the Shire on a visiting basis, including services such as PINARC, the respite brokerage services available through Commonwealth Community Carer Respite/Carelink Centre/Carers' Choice, the Ballarat Community Health Centre, and Grampians Psychiatric Services.

The manner of service delivery is reflective of the uneven distribution of population in the Shire: the bulk of the Shire's population, centred in Bacchus Marsh, is located in close proximity to agencies locally based or with local branch offices. The services available include a hospital, aged care facilities, district nursing and a range of additional service sites offering youth programs, family and children's services, community health centre, community support services and private general, dental, pharmacy and allied health practitioners.

In relation to health care, the smaller township of Ballan, the next largest population centre, is served by Ballan District Health & Care, a small not-for-profit community hospital with affiliated aged care facilities and community health nursing; child and family services; a local family practice; a local pharmacy; and a growing number of private allied and ancillary service practitioners.

In addition to the two main population centres there are multiple small townships dispersed throughout the Shire. A number of these townships have local service settings – primarily provided by the Moorabool Shire Council, which has a high profile throughout the Shire in terms of its primary service focus on delivery of aged care, youth, child and family services, and community development activities. Specific sites outside Bacchus Marsh and Ballan include the Maternal and Child Health services at Bungaree and at Darley, the playgroup at the Millbrook Community Centre, and the Senior Citizens' clubs at Blackwood and Bungaree.

While the majority of Moorabool residents seeking hospital services within the Shire attend at the Bacchus Marsh & Melton Regional Hospital (run by Djerriwarrh Health Services), a significant number of Moorabool residents seek treatment and support from service centres located in surrounding shires and cities. The Bacchus Marsh campus of Djerriwarrh Health Services constitutes an important service site for residents in the eastern part of the Moorabool Shire, and an occasional bus service is designed to enable residents of Bacchus Marsh to obtain access to services provided only at the Melton campus. Residents located in the Ballan area and in the western part of the Moorabool Shire are generally serviced by agencies located at Ballarat. The Ballan Family Practice predominantly refers to Ballarat-based specialist care.

2.1.3 Services Based Outside the Moorabool Shire

As noted above, Djerriwarrh Health Services offers community health services to Moorabool residents from its site at Melton. Several services based in Ballarat are available to Moorabool residents. In addition, the Hepburn Health Service at Trentham situated beyond the boundaries of the Moorabool Shire, provides an important health service to residents located around Blackwood in the central north of the Shire.

2.1.4 Method

Where possible, data concerning the nature of the service provision available to Moorabool residents has been presented in tabular form (please refer to Appendix G). This material has been presented according to site of the agency delivering the service. Over thirty agencies with premises based within the Moorabool Shire boundaries are listed in the first part of Appendix G;

a further eleven agencies which offer services within the Shire on a visiting basis are then listed; followed by a list of over 20 services which are located beyond the Shire boundaries but which are open to residents of the Moorabool Shire. Some examples of statewide services (among them, some which offer home visits) are then listed. Agencies were contacted to verify the information presented in this Appendix and were asked to specify any available numbers of Moorabool residents known to have accessed services, and to comment on any issues which might be pertinent to service provision and access by Moorabool residents (refer to Appendix F for a list of agencies consulted for the purposes of this report).

Some general comments in relation to location, setting and waiting times for services are offered below.

The Moorabool Shire is categorized as a rural locality, extending from approximately 45 kilometres west of Melbourne to approximately 95 kilometres (110 kilometres by road) to the west of Melbourne.

Various tools have been developed as an aid for calculating the comparative locational accessibility of services.

The Rural, Remote and Metropolitan Areas (RRMA) Index uses data concerning distance to nearest urban centre, population density and size of the nearest urban centre to determine a ranking from 1-2 (metropolitan) through rural (3-5) to remote (6-7). The Moorabool Shire is classified with a ranking of 5, i.e. classified as rural. However, different measures are used to calculate the relative locational advantage of the Shire, and not all measures consider areas within the Shire as rural. For example, Bacchus Marsh is not eligible for Commonwealth Regional Health Services (community health) funding as a rural service location (Gregurke, 2004); funding under the Regional Health Services program is restricted to communities of approximately 5,000 people (see Commonwealth Department of Health and Ageing, 2004).

Using the ARIA framework, the Shire is categorized as Highly Accessible (ARIA+, 2006). Bacchus Marsh, the town with the largest population and highest density, is located 63.2 kilometres by road from the Melbourne GPO (DHS, 2005c).

However, the Moorabool Shire is made up of a total of 43 towns (and a further 21 areas which are also variously named 'towns' or localities), scattered throughout the 2112 square kilometres of the Shire (MSC, 2006c). Residents' employment and commuting patterns are markedly different according to the location of these townships. This commuting behaviour suggests that the general orientation of residents towards different urban centres is differentiated according to location.

As noted above in Section 1.2.5, a high percentage of the Shire's employed residents commute to work. Of the 4,027 employed residents of the Bacchus Marsh SLA who indicated their workplace location as outside the Shire in the 2001 Census, 3,406 or 85% commuted to Melbourne for work. Similarly, those who resided in the Ballan SLA and commuted to Melbourne were 863 or 60% of the total of 1,439 workers who indicated a workplace location on the Census. In the Moorabool West SLA, only 11% or 122 of the 1,142 employed traveled to Melbourne for work; most residents of this SLA who were working outside the Moorabool municipality worked in Ballarat (808 or 70%) (Moorabool Shire Council, 2006b).

Service Provision and Usage

The 2005 LGA Statistical Profile compiled by DHS for Moorabool Shire and presented on the Funded Agency Channel web site indicates that service provision and usage is considerably less than the Victorian average on a number of counts – GPs per 1,000 population; hospital inpatient separations per 1,000 population; self-sufficiency general medicine; self-sufficiency general surgery; average length of hospital stay; emergency department presentations; mental health

contacts; community health occasions of service; public dental occasions of service; drug & alcohol clients; access to public transport; public housing stock; and aged care places (high care); and number of eligible recipients receiving disability services support.

The most marked difference between the Victorian average and the Moorabool shire residents' service patterns is for community health occasions of service. Whereas the Victorian average number of occasions of service per 1,000 population was 105.1, the corresponding figure for Moorabool was only 2.2 per 1,000, according to the figures for 2002-2003 recorded by the Primary and Community Health Branch, Rural and Regional Health and Aged Care Services Division, DHS (DHS, 2005c). These figures only include DHS-funded community health services; there is no standard statistical information or comprehensive tally of all community health services provided in Australia (AIHW, 2006, p. 391). They do not include the range of primary care services, including community health nursing, allied health and counseling/welfare services delivered to Moorabool residents by Ballan District Health & Care, funded under the Commonwealth Government Regional Health Service Program (BDH&C, 2006, p. 27).

The Commonwealth Government Regional Health Service Program, which is only available to populations of under 5,000 people, might help to boost community health service provision to rural areas, but there is no available data to enable any clear conclusion about the extent to which this offsets the uneven provision of DHS-funded services. As the only available data is for DHS-provided community health services at LGA level and the state average, reference to other LGAs' rates may be helpful for comparative purposes. Two municipalities adjoining the Moorabool Shire are Hepburn Shire and Ballarat City. The community health occasions of service were reported to be 547.0 per 1,000 people for Hepburn (making Hepburn the second highest LGA of the 79 Victorian LGAs for this measure) and 63.3 per 1,000 for Ballarat (rank of 48). For the Pyrenees Shire, within the Grampians region, rates were 72.1 per 1,000 (a ranking of 43rd). For the Mitchell Shire, similar rates of community health occasions of service were reported - 72.3 per 1,000 population, yielding a ranking of 42nd in the state on this measure. These rates suggest that DHS-funded community health service rates for Moorabool Shire at 2.2 per 1,000 are well below DHS-funded community health service provision rates for other LGAs (DHS, 2005c). Commonwealth-funded services delivered by Ballan District Health & Care are unlikely to fully counter this discrepancy, as Ballan District Health & Care does not deliver services into Bacchus Marsh, the most populous area of the Moorabool Shire.

Levels of Care

The DHS policy document *Care in Your Community* presents a classification system assigning the range of health service provision to 'four levels of care', designed to assist in planning for service delivery that allows for safety, quality, cost effectiveness and efficiency (DHS, 2006c, p. 16). **Level 4** consists of same day care that must be delivered in a hospital with inpatient back up for safety of delivery. It is intended that such sites would serve populations of over 200,000 people. It is intended that such services be delivered at the regional level, and Ballarat Health Services is an example of this level of care. As Moorabool Shire is not a centre for such a large population base, no such sites have been developed in the Moorabool Shire. **Level 3** care requires specialist resources, sterile surgical theatres and associated staffing and infrastructure, but do not require inpatient back-up. Catchments are likely to range from 100,000 to 200,000 in size. The Bacchus Marsh & Melton Regional Hospital managed by Djerriwarrh Health Services at Bacchus Marsh offers Level 3 care to residents living in the eastern half of the Moorabool Shire. **Level 2** services require specialist resources, but have a reduced need for back-up resources. They do not require sterile theatres but need non-sterile procedure rooms and associated infrastructure. Staff would include GP care, nursing, some specialist care, access to diagnostic services, some procedural services and observation facilities. It is intended that such sites would serve populations of 50,000 to 100,000. **Level 1** sites deliver primary care in a minor centre, with limited specialization and low levels of clinical risk.

This typology has been used in Appendix G where appropriate to help describe the complexity and capability of the various health services available in the Moorabool Shire.

2.2 Description of Services

2.2.1 Services in General

Some of the more significant health and welfare agencies operating within the Moorabool Shire are identified and briefly described in this section. They form only part of the web of services listed in Appendix G.

The key health and aged care services based and delivered within the Moorabool Shire are:

Djerriwarrh Health Services

- Bacchus Marsh & Melton Regional Hospital
- Grant Lodge (Residential High Care)
- Bacchus Marsh Community Health Centre
- other programs

Ballan District Health & Care

- Hospital
- Hostel
- Community health services

Moorabool Shire Council

- Children's and family services
- Maternal & Child Health, including immunisation
- Aged and Disability Services
- Youth Services

Child and Family Services – Bacchus Marsh

- Reconnect Program
- Family Counselling
- Family Support
- other programs.

Provision of mental health services, medical services and some of the indicators of community cohesion and community activities are also noted in this section.

2.2.2 Djerriwarrh Health Services

Within the municipality, Djerriwarrh Health Services is a multi-site health agency providing acute, sub-acute, residential and primary care services. Djerriwarrh Health Services runs the Bacchus Marsh & Melton Regional Hospital at Bacchus Marsh. This is the public hospital most attended by Moorabool residents. Grant Lodge is a 30 bed high care residential aged care facility, fully accredited under the ACHS and Aged Care Standards Agency. Djerriwarrh's primary care services are based at Bacchus Marsh, Melton and Caroline Springs Community Health Centres, with Melton CHC being the major hub for most primary care services. Djerriwarrh Health Services is funded to provide the bulk of its community health services to residents of the Melton Shire, the municipality to the east of Moorabool, which is experiencing the fastest growth of any municipality in Victoria. DHS Grampians Region funds Djerriwarrh Health Services to deliver a wide range of Home and Community Care services in Moorabool Shire and these are based at the Bacchus Marsh Community Health Centre.

Bacchus Marsh & Melton Regional Hospital is located at Grant Street, Bacchus Marsh. It is a public rural health service, providing a range of acute medical, surgical and obstetrical inpatient services as well as emergency services and a range of supporting services. The hospital is open 24 hours, 7 days a week, with career medical officers available at all times.

Facilities and services include: 11 obstetrical beds, 2 delivery rooms, nursery, ante-natal and post natal classes, 20 acute medical and surgical beds, 10 bed day procedure unit, pathology, radiology, physiotherapy, occupational therapy, dietetics, palliative care, hospital in the home, renal dialysis, oncology, emergency services, and consulting rooms. Medical and surgical specialists consult on site and provide care in the areas of obstetrics, gynaecology, surgery, plastic surgery, ear, nose and throat surgery, orthopaedic surgery, gastroenterology and paediatrics. Additional physiotherapy is provided through the Central Highlands Division of General Practice under the More Allied Health Services program.

Grant Lodge, a 30 bed public high care residential care facility, is co-located at Bacchus Marsh. Meals on Wheels are provided to the community from the Hospital's fresh-cook kitchen under the delivered meals contract to Moorabool East for Moorabool Shire Council.

Bacchus Marsh Community Health Centre (CHC)

Dietetics

Individual and group education sessions are offered, aimed at improving nutrition and lifestyles. All age groups are catered for and key areas of work include clients with diabetes and heart disease. A holistic diabetes education service is provided, including education about diabetes, possible complications, glucose monitoring and lifestyle issues.

Podiatry

This service targets the aged and people with a disability within the community, especially people with diabetes, and those with high risk foot conditions or other chronic conditions.

Speech Pathology

Mainly targeting children prior to school entry, speech pathologists provide early intervention and therapy for children with speech and language disorders and fluency problems. Adults, especially in aged care facilities, are provided with swallowing assessments and limited therapy for dysphagia.

Occupational Therapy (OT)

The HACC funded OT service provides home assessments and specifications for home modifications and equipment for the frail elderly and disabled people in Moorabool Shire. Assistance with accessing equipment for home use is provided and a small amount of such equipment is available for short term loan.

Community Health Nursing

Community Health Nurses provide a range of services within Moorabool from Bacchus Marsh CHC. Women's health, including pap smears, breast examination and breast self examination training, is a priority. Youth health, focussing on vulnerable young people, including young mums and mums to be is also a key priority. Appointments for Backdoor Youth Health Clinic support can also be made in Bacchus Marsh. Health promotion is another priority activity for Community Health Nurses.

Needle Syringe Program

This newly gazetted service provides access 9am to 5pm weekdays for people requiring clean needles and syringes. Health education and promotion of safe using are requirements of the service and accompany all transactions. Outside of office hours, needle/syringe packs are available through the emergency department of the hospital.

Alcohol and Other Drug Counselling

This service is provided for clients and their families who need counselling for issues relating to alcohol and other drug use. It is funded by DHS specifically for people in Moorabool Shire.

Counselling

General counselling is provided in Bacchus Marsh and is jointly funded by the Central Highlands Division of General Practice 'More Allied Health Services' program and community health program funding through North and West Metropolitan Region of DHS.

Health Promotion

Health promotion initiatives are undertaken by a range of health professionals, but mostly by Dietitians and Community Health Nurses, in accordance with the Djerriwarrh Health Services Integrated Health Promotion Plan. Priorities include oral health (Smiles for Miles), physical activity and nutrition (Well for Life), and a range of pre-school and school based promotions targeting healthy lifestyles for optimal development.

Community Nursing

The Community Nursing Team provides district nursing, palliative care nursing and bereavement counselling, chronic disease management (heart disease, COPD, diabetes, asthma, continence), aged care assessment, post acute care, and volunteer coordination for Community Transport, Friendly Visiting and Palliative Care.

Melton Community Health Centre

A full range of allied health and counselling services are provided through Melton CHC and all Moorabool residents are eligible to access Melton-based programs and services, located approximately 5 kilometers east of the Moorabool Shire boundary. Youth programs and Family Violence Prevention programs are specifically accessed by Moorabool residents at Melton CHC. These include:

Family Violence Prevention – Women's Program

This program offers counselling and a range of support group activities for women who are in or who have experienced abusive relationships. Some groups are provided in Bacchus Marsh as well as Melton, and clients are invited to contact the duty worker in Melton for information about session times. Peer educators work within the program to assist professionals.

Family Violence Prevention – Men's Program

Djerriwarrh Health Services provides programs comprising a range of support group activities for men who have been involved in family violence. This is a regional service and is available to men from Moorabool and surrounding areas. The program runs in conjunction with a new initiative that enables police from Bacchus Marsh and Melton stations to fax referrals for men requiring this service, to ensure prompt and effective assessment following incidents of family violence. Men who have completed the requirements for behaviour change and undertaken training participate as peer educators within the men's groups.

Backdoor Youth Health Clinic

The Backdoor Clinic provides information, care and referrals offered by a local general practitioner, a youth counsellor, Community Health Nurses and a Dietitian/health promotion worker. Common presenting issues include: contraception and emergency contraception, pregnancy test requests, sexually transmissible infections and depression. Residents and students of Moorabool and Melton Shire aged 12 - 25 years of age are eligible. Referrals are by self referral or a health professional, welfare teacher, case manager or parent. There are no fees for clients. The service operates at Melton on Thursdays 4.30pm - 7.00pm and at Bacchus Marsh by arrangement.

Other services at Melton CHC include:

- Community health nursing – women's health and health promotion
- Central Intake
- Counselling – general, youth and family
- Diabetes education
- Dietetics
- Financial Counselling
- Health promotion – priorities include physical activity, food and nutrition, healthy weight
- Occupational Therapy
- Physiotherapy
- Podiatry
- Speech pathology.

Melton Health (Melton Super Clinic)

Currently under construction and expected to open early in 2007, Melton Health is the newest service site of Djerriwarrh Health Services. It will provide a wide range of same day medical services in state of the art facilities, and will employ over 100 staff in full-time, part-time and casual roles. Services will include:

- Diagnostic services – pathology and radiology
- Adult and paediatric orthopaedic services
- Chemotherapy and day medical procedures
- Endocrinology and diabetes services
- Specialist paediatric services
- Antenatal clinics and childbirth education
- Baby and toddler feeding and settling clinic
- Chronic disease management
- Gastroenterology services
- Day rehabilitation
- Renal dialysis (12 chairs)
- Dermatology
- Urgent Care
- Audiology.

The Super Clinic catchment will include the Bacchus Marsh ward of the Moorabool Shire but it is proposed that it will not extend beyond the boundary of the Ballan ward. This has been portrayed on the following map, reproduced from the DHS Super Clinics web site, available on-line at http://www.health.vic.gov.au/superclinics/melton_catch.pdf

Melton Super Clinic Planning Catchment



2.2.3 Ballan District Health & Care

“A Whole of Community Health Provider”

Ballan District Health & Care is a community owned not-for-profit rural health service which commenced operation as a Victorian Bush Nursing Association hospital in the 1960s. Its services have continued to grow to provide a broad range of community health and support, acute and residential aged care services to the residents of Ballan, West Moorabool and surrounding districts.

Ballan District Health & Care’s designated catchment area is primarily Ballan and West Moorabool Statistical Local Areas. As noted in Section 1.1.1, the combined population of these two areas is approximately 9,600 people and is steadily growing, placing increased demand upon existing health support services and health infrastructure.

In response to community needs, Ballan District Health & Care has over the last five years expanded its focus and service profile to provide an integrated range of acute, aged care and community health services to Ballan and its related districts. This includes all of Moorabool Shire west of and including Myrning. In servicing such a wide area and scattered population, Ballan District Health & Care has developed its service profile, incorporating a greater range of primary care services including physiotherapy, podiatry, dietetics, psychology, welfare, district nursing, health promotion and community health nursing services. A 10 bed dementia unit has also been added during this period.

Fully accredited with ACHS and the Aged Care Standards Agency, its hospital site at 33 Cowie Street, Ballan, provides acute care for those recovering from illness, injury or surgery with 7 beds. Interpreting services are available, by phone. The hospital is open 24 hours, 7 days a week, but office hours are from 9.00 am to 5.00 pm Monday - Friday, for inquiries. A twenty-four hour emergency stabilisation and medical on call service is available. The hospital, emergency stabilization and community health services are based at the Cowie Street site. The hostel, referred to as Ballan Aged Care, is situated nearby at 115 Inglis St, Ballan.

An appointment is required to access the acute care service and a charge applies for this service. A referral from a local (Ballan) doctor is required. The waiting time is dependent on the doctor’s assessment and bed availability.

Some co-operative programs and arrangements have been developed between Ballan District Health & Care and other organisations to ensure that services are provided in an efficient manner. For example, negotiations between Djerriwarrh Health Services and Ballan District Health & Care have led to a clear understanding that Ballan District Health & Care is responsible for district nursing services to Myrning and the areas to the west of Myrning, and that Djerriwarrh Health Services provides district nursing to the east. Similar arrangements have been made with Djerriwarrh Health Services to provide palliative care. Djerriwarrh Health Services and the Moorabool Shire Council have developed arrangements with Ballan District Health & Care to provide the Well for Life exercise and nutrition program (Ballan District Health & Care auspices the Well for Life program and it covers the whole of Moorabool Shire. DHS and Moorabool Shire Council are the project partners).

Ballarat-based services, Ballarat Health Services and Ballarat Hospice Care, provide palliative care to the area bounded by the Ballan-Geelong Road. Under the Commonwealth Rural Access Program, joint funding to Hepburn Health Services and Ballan District Health & Care has been provided for a full time Rural Access Worker to be based one day a week in Ballan. Ballan District Health & Care is funded by the Ballarat Division of General Practice through the More Allied Health Services program for a psychologist who is based at Ballan one day a week.

The following services are provided by Ballan District Health & Care:

- Acute Care Beds – seven acute 24 hour care beds;
- Emergency Stabilization – two emergency stabilization beds;
- Aged & Disability Services, including Ballan Hostel, Ballan Nursing Home, Dementia Unit, Retirement Units and Community Aged Care Packages (CACPs) – together these programs provide ten residential high care beds, thirty residential low care beds, ten dementia specific high care beds, and ten CACPs to the Moorabool Shire;
- Community Transport
- Day Respite
- Meals on Wheels (Ballan District Health & Care has the contract for the Meals on Wheels service which the Moorabool Shire Council tendered out)
- Dietetics – the dietician works closely with the community nurse and local GPs to provide support to local clients with a range of health problems including those with diabetes, cancers and heart disease.
- District Nursing Services – a seven day per week District Nursing Service provides services including wound care, continence, general nursing, post acute care and palliative care. The District Nurses cover on average about 140 kms/day within the SLAs of Ballan and West Moorabool.
- Community Health & Support Services – community health nursing is provided in conjunction with the local GPs and their Divisions and offers community wide health promotion, education and screening. Follow up education and nursing care is provided to those referred by GPs in the areas of cardiovascular disease, diabetes and asthma.
- Men's Health - health promotion, information, education, counseling, clinical assessment and referral services are provided.
- Physiotherapy – public and private physiotherapy is available on a part-time basis.
- Podiatry services are provided to children and older adults, particularly to people suffering from diabetes and circulatory disease. Referrals are taken from the local GPs, schools and other health service providers.
- Psychologist – a psychologist is employed one day per week.
- Welfare/Counseling – the Welfare Officer is employed for two days per week and provides counseling, support and referral to specialist services.
- Women's Health – health promotion, information, education, counseling, clinical assessment and referral services are provided.
- Women's Health Outreach Clinics – the services relating to women's health are provided as a sub region wide service.
- Doctors (Ballan Family Practice)
- Opportunity Shop – a shop is based in Ballan to provide recycled goods, with friendly service from a team of volunteers. All proceeds go to support the hospital.
- Youth Support – youth outreach, health promotion, counseling and referral services are provided.
- Volunteers – a committed team of volunteers help to support the Opportunity Shop, transport and Meals on Wheels programs.

As a result of the inclusion of many new services in recent years the existing infrastructure at the Cowie Street site is inadequate as a service delivery point. Negotiations are currently underway to enable redevelopment that would encompass the collocation of a range of community health and welfare services (Ballan District Health & Care, 2006).

2.2.4 Moorabool Shire Council

Moorabool Shire Council provides a wide range of health and wellbeing services and supports for Moorabool residents from sites located in Bacchus Marsh, Ballan, Blackwood, Bungaree, Darley, Dunnstown, Gordon, Millbrook, as well as in communities through its support to volunteers, clubs and associations and its community grants program.

The Moorabool Shire Council is based at 15 Stead St, Ballan and has a service centre at 197 Main St, Bacchus Marsh. Office hours are from 8.30am to 5.00pm Monday to Friday.

Home and Community Care

The Council's Home and Community Care Program consists of the following eight sub-programs:

Adult Day Activity Programs

Day Activity Programs operate in Bacchus Marsh, Ballan and Dunnstown to provide an interesting range of activities and social contact for older people and/or people who have a disability. The program can also be used to provide respite for carers. Transport and a hot two-course meals are provided. Activities include day outings, discussion groups, gentle exercise, music, crafts/gardening, indoor bowls, card games, bingo and a men's program. These programs operate on weekdays from 10.00am-3.00pm.

Community Meals Program

Community Meals Programs operate in Dunnstown at the Recreation Reserve on Tuesdays, Ballan Senior Citizens Centre on Wednesdays and Bacchus Marsh Andy Arnold Centre on Thursdays.

For the frail aged and/or people with a disability:

- In home assessment to ascertain needs and eligibility
- Transport to and from venues
- Hot meals shared by a small group of people with similar interests
- Aims to reduce social isolation
- Provides relief for primary carers.

Delivered Meals (Meals on Wheels)

For the frail aged and/or people with a disability:

- In home assessment to ascertain needs and eligibility
- Three course meals are delivered to residents' homes
- Frozen meals are delivered to outlying areas and residents who require weekend meals
- Special diets are catered for.

Respite Care

The Moorabool Shire Council also offers Respite Care to provide a break for people who care for a person with a disability. Respite care can be home based which enables the carer to leave the house for a break or program based where the person being cared for attends a respite program allowing the carer a break at home.

Services for people with a disability while their carers take a break:

- In home assessment to ascertain needs and eligibility
- Emergency respite is available
- Planned respite involves regular and/or occasional breaks throughout the year.

Home Care

Older residents can reduce the risk of fall or injury by receiving Home Care to assist with household tasks like cleaning floors or bathroom.

Home Maintenance Service

The aim of the Home Maintenance Service is to help older people or those with a disability to remain safe and independent at home.

Senior Citizens' Centres

Senior Citizens' Clubs are located at Bacchus Marsh, Blackwood, Ballan and Bungaree and provide a range of activities and friendship for people over 55 years.

Children and Family Services:

Children's services include family day care, occasional care, holiday programs and playgroups. Aged and disability services include social support and transport, home care, respite care and meals on wheels.

Family services in Moorabool provide parenting support, financial counselling and consumer and tenancy support program.

Maternal & Child Health Services

The Maternal and Child Health Service is a free service for all Moorabool Shire residents or people who work in the Moorabool Shire, if they are parents or families with one or more children under school age, that is, with a child or children aged 0-6 years. The Service aims at promoting health and well-being amongst families who live or work in the Shire.

The service provides private consultation with parents, health assessment of infants and children through the ten key health assessments, visits to child care facilities, parenting advice, individual and family health advice, group activities including first time parent groups and postnatal depression support groups, referrals to other professionals and home visiting services.

Information, guidance and support are provided on issues including:

- Breast feeding
- Child health & development
- Maternal health
- Post Natal Depression care
- Parent/child relationships
- Home & car safety
- Child accident and injury prevention
- Immunisation
- Family planning
- Other local supports, services and resources.

The Maternal and Child Health Service provides other opportunities for community participation through the launching of first time parent groups into Playgroups, the Imagination Magic Performing Arts Program and the Annual Pram Stroll.

These services are delivered at four sites within the Moorabool Shire: Bacchus Marsh, Ballan, Bungaree and Darley. The Maternal and Child Health Service also has a home visiting service. Books and video resources are also made available for loan. A Child Health Worker is available on Tuesday and alternate Mondays to work more intensively with mothers and families with young children, assisting them to address specific issues of concern, especially child behaviour and routines. A Health Promotion Officer works on Tuesdays and alternate Mondays to assist mothers, families and local communities to develop skills which allow for informed decisions to be made concerning the health and well being of their young children.

The Maternal and Child Health Nurses provide a list of other resources available. All resources are provided for loan and free of charge.

Family Day Care and Occasional Care

Family Day Care is a unique childcare service providing quality care for children up to 12 years of age in the homes of Family Day Care Carers. Family Day Care has a network of Care Providers who are selected by a co-ordinating team. Care Providers are resourced, trained and up-to-date with current child care practices and systems are in place to ensure quality in Family Day Care.

A Playgroup for Family Day Care Providers and children runs every Tuesday and Thursday during school terms.

In Family Day Care the hours of care are flexible and can be matched to each family's needs. These include: Full-time care, Part-time care, Casual care, Before and After school care and School holiday care. Occasional care operates in Bacchus Marsh.

The cost of care is \$3.60 per hour, per child for permanent care and \$5.00 per hour per child for casual care.

Family Day Care produces two family newsletters, one for Family Day Care and another for Occasional Care. The family newsletters provide important information such as programs, reminder dates, fundraisers, term dates and programs available.

Baby Capsule Hire

Baby Capsules are available for hire to residents of Moorabool Shire for a period of 6 months from the date of hire. Cost of Hire & Bond is \$76.00 (\$36.00 for hire includes GST and \$40.00 is the Bond held by Council).

Immunisation of Children

It is the responsibility of all parents to ensure that their children are immunised against diseases like Diphtheria, Tetanus, Whooping Cough, Measles, Mumps, Rubella, Polio, Hepatitis B, Meningococcal serogroup C and *Haemophilus influenzae* type b infection (Infant Meningitis).

Immunisation sessions are held monthly in the Shire as follows:

Ballan and District Hospital, Board Room, Simpson Street, at the rear of Main Office wing between 9.30am and 10.00am on the third Wednesday of each month.

Bacchus Marsh Senior Citizens Centre - Quamby Room, Bennett Street, Bacchus Marsh between 11:15am and 12.00 noon on the first Wednesday of each month. The immunisation schedule relevant to these sessions is presented below.

Environmental Health

Moorabool Shire Council's Environmental Health unit aims to protect and promote public health via a range of services specifically designed to protect the environment and community, enforce food safety regulations, wastewater, conduct immunisations and to prevent against infectious diseases.

Financial Counseling and Emergency Relief

The Shire provides a financial counseling and emergency relief service at its community centre office at Bacchus Marsh. Appointments can be made with the financial counselor on Tuesdays or Thursdays and assistance in the form of financial planning, referral or food vouchers may be made available to individuals or families experiencing gambling-related difficulties or financial hardship.

Table 44.

Age and vaccination schedule governing immunisations administered by Moorabool Shire Council Environmental Health Officers.

2 months	Diphtheria/Tetanus/Pertussis/Polio <i>Haemophilus influenza</i> type b Hepatitis B Pneumococcal
4 months	Diphtheria/Tetanus/Pertussis/Polio <i>Haemophilus influenza</i> type b Hepatitis B Pneumococcal
6 months	Diphtheria/Tetanus/Pertussis/Polio Pneumococcal
12 months	Measles/Mumps/Rubella <i>Haemophilus influenza</i> type b Hepatitis B Meningococcal C
18 months	Chickenpox
4 years	Diphtheria /Tetanus/Pertussis/Polio Measles/Mumps/Rubella
Year 7	Hepatitis B Chicken Pox
Year 10	Diphtheria /Tetanus/Pertussis

Note: Boostrix vaccine is given to Year 10 students; Hepatitis B vaccine is given to Year 7 students (Source: Moorabool Shire Council web site).

Moorabool Youth Services

Moorabool Shire Council Youth Services is located at the Bacchus Marsh Community Centre, 213 Main Street, Bacchus Marsh. Moorabool Shire Council operates on community/strategic development principles. The unit does not as such provide direct service delivery but does provides support and advice to communities, agencies, schools and young people in order to promote youth needs within the Shire. Youth Services works in partnership with young people, schools and community agencies to develop information, promote service delivery growth and the well being of young people throughout the Moorabool Shire.

Initiatives of the Shire in partnership with local community organizations since 2002 include the development of a youth services directory, a number of Youth Forums, a Rural Youth Facilities Study, establishment and support of BYTE (Ballan Youth Theatre Enterprise, previously known as the Ballan Youth Circus). A range of recreational projects including the development of recreational projects including the development of a BMX Jump Park (Darley) and Skate Park (Ballan) has been supported by Moorabool Shire Youth Services.

Youth Services have in the past run short term projects including The Healthworks Project and the Emerging Host Spots Project.

2.2.5 Child and Family Services - Bacchus Marsh

Child and Family Services, Regional Office, Bacchus Marsh is part of a wide web of services offered by Child and Family Services, Ballarat. The core services are based around families and young people. Child and Family Services in Bacchus Marsh have been operating since 1995, when one part time worker was employed. Now there is an extensive team of workers and visiting services committed to providing quality family and children's services to the Shire of Moorabool.

All services provided are free and confidential. The service is based at 12 Grant St, Bacchus Marsh, located near medical offices, chemist and the Djerriwarrh Health Services Bacchus Marsh site. Office hours for inquiries are from 9.00 am - 5.00 pm, Monday - Friday.

Support programs offered by Child and Family Services Bacchus Marsh include:

Reconnect Program

The Reconnect Program is a service for 12-18 year olds and their families where young people are becoming disconnected from their family, school and/or work environment. It is a preventative/early intervention program aimed at improving relationships particularly where there is risk of young people leaving home prematurely without the support of their family. The service also assists families where young people have recently left home under such circumstances.

Family Counselling and prevention of family breakdown

The Family Counselling service provides counselling for people who have issues relating to their family including parenting issues, relationships between family members, loss and grief counselling, women's issues, child development and behavioural issues. Counselling mostly occurs with families who have children aged 6 - 18 years.

Family Support

Family support provides in-home support to families who are experiencing difficulty in coping with lifestyle, parenting, transitions and social demands. Workers are available to assist with issues such as time management, prioritising of issues, motivation, limited practical assistance (e.g. transport, shopping etc.) and linking with other appropriate services.

In addition, these services are provided by Child and Family Services - Bacchus Marsh:

- Gambler's Help
- Supported Accommodation Assistance Program (SAAP)
- Family Centred Services
- Foster Care (referral to Westcare, Sunshine)
- Men and Family Relationships Program
- Parenting Assessment and Skills Development Service (PASDS)
- Adolescent Community Placement (ACP).

2.2.6 Medical Practitioners

There are three medical centres operating in the Moorabool Shire, using four separate sites (two of them in Bacchus Marsh, one in Ballan and one in Darley). These are:

Bacchus Marsh Medical Centre

Turner Street (24 hours)
Telephone: 03 5367 3333
Telephone: 03 5367 3800
Darley Plaza, Gisborne Road
Telephone: 03 5367 5000

Ballan Family Practice

Simpson Street Ballan
Telephone: 03 5368 1079

The Elms Family Medical Centre

160-176 Main Street, Bacchus Marsh
Telephone: 03 5367 6662

The medical practices are well situated in proximity to higher level facilities. The Turner St Medical Centre is located opposite the Djerriwarrh Health Service Bacchus Marsh and Melton Regional Hospital. The Elms Family Medical Centre is located in the Main Street, and together with the Turner Street practice, hours are coordinated with the hospital, to ensure that 24 hour medical service is available in Bacchus Marsh. The Ballan Family Practice is located in the cluster of health care services surrounding the Ballan District Health & Care site in Cowie St, Ballan.

Statistical profiles data supplied by DHS report that the Moorabool Shire has a lower number of GPs per 1,000 population than the average for Victoria. The figure for Moorabool Shire was reported to be 1 GP for every 1,000 people and the Victorian average was reported to be 1.48 GPs to every 1,000 people. Comparative figures for some selected other LGAs are as follows: Ballarat City: 1.48 per 1,000; Hepburn Shire: 1.04; Mitchell Shire: 1.06; Pyrenees Shire: 0.0. This Pyrenees figure may constitute a data error, as self-sufficiency general medicine was reported to be 26.1% for that Shire, indicating that 26.1% of Pyrenees Shire patients requiring general medicine were able to access general medicine services within their own municipality. Only 35.5% of Moorabool Shire residents accessed general medical services based within their LGA in 2004-05. Only 33% of residents accessed general surgery from services located within the LGA in 2004-05 (DHS, 2005c). This is in accord with the data presented in Section 1.3.2.

It could be that amongst Shire residents there is a view that there is some need for additional GP provision in the Moorabool Shire. Moorabool Shire Council community consultations have noted that residents of Ballan and district have long sought access to a female medical practitioner (Moorabool Shire Council, 2002), and this was trialed at the Ballan Family Practice some years ago with a doctor from Ballarat attending on a visiting basis. However, this was discontinued when it was not found to be viable.

The fact that the state opposition leader chose Ballan as the town in which to hold a press conference on Monday 26 June 2006 to announce a shadow government policy designed to boost the number of rural practitioners in Victoria (*The Courier*, 26 June 2006, p. 7) may have reflected - or raised - concerns about local availability of GPs in Ballan. However, although the Ballan Family Practice experiences steady high demand, patients who regularly use the service are generally able to gain access to one of the two doctors on a same day basis or within a 24 hour period.

2.2.7 Mental Health, Well-being, and Alcohol, Tobacco and Other Drug Services

Mental health services, drug and alcohol counseling and support, behaviour change programs and relationship counselling are offered within the Moorabool Shire. Ballan District Health & Care delivers welfare/counseling to Moorabool residents in Ballan and district, with services provided by a welfare worker, a community health nurse and a psychologist. Child and Family Services - Bacchus Marsh provide a range of preventive counseling and support services for young people and families where relationships are under stress. In addition to its general counseling service for Moorabool residents provided at its Bacchus Marsh and Melton sites, Djerriwarrh Health Service runs a Drug and Alcohol program specifically for Moorabool residents from its Bacchus Marsh service site.

Visiting mental health services from Ballarat include:

- Ballarat Community Health Centre provides an outreach youth worker to Bacchus Marsh by appointment each Wednesday, delivering counseling, information and support for young people who are struggling with their drug and alcohol use. It also provides the program Adult Psychiatric Rehabilitation program Of the Central Highlands (APROTCH), which covers Ballan and Moorabool West. However, it is only very occasionally used by Moorabool clients. Clients of APROTCH are aged over 16 with diagnosed serious mental illness. Service is offered by appointment in Bacchus Marsh on Wednesday, in conjunction with Outer West Psychiatric Disability Services Association (St Albans, Melbourne);
- Ballarat Health Services Psychiatric Services provides a visiting service. Approximately 36 clinicians serve residents of Ballarat and district, including Moorabool Shire residents, and provide in-home support on request;
- Uniting Care provide a counseling service to Moorabool residents diagnosed specifically with dual problems of alcohol and other drug abuse and psychiatric problems. Uniting Care also provide the Lifeline telephone counseling service.

Despite the apparent range of sessional mental health services, gaps in mental health service provision have been identified by Moorabool Shire Council in its service planning. Youth homelessness, social isolation in elderly men, family breakdown and suicide among the elderly were noted in the draft Health and Wellbeing Strategy (MSC, 2002).

As shown in table 45, the figure for mental health service contacts in Moorabool Shire ranks low, at a rate of 202.4 per 1,000 population, in comparison to selected adjoining or comparable LGAs, with a ranking of 70 out of all 79 councils (DHS, 2005c). The average rate for Victoria was 353.1.

Table 45

Number of mental health service contacts per 1,000 population for selected LGAs, showing Victorian average (DHS, 2005c).

LGA	Number of mental health service contacts per 1,000 population	Ranking on this measure (out of 79 LGAs)
Ballarat	530.0	11
Mitchell	368.0	31
Hepburn	327.7	37
Pyrenees	239.6	64
Moorabool	202.4	70
Victorian average	353.1	

2.2.8 Social infrastructure and social cohesion in Moorabool Shire

Residents of the Moorabool Shire appreciate their living environment highly. Great value is placed on the semi-rural lifestyle and environment of the municipality. Workshops and forums conducted in many localities have reported the positive regard of residents for the accessibility and natural amenity their areas, reflective of the Moorabool Shire Council's description of the municipality: 'Out in the country, close to the world'.

Throughout the Shire, residents are creative and varied in their development of community resources and the nature of their associations. The Moorabool Shire Council plays a significant role in fostering community activity, through such supportive processes as the Community Grants Scheme to assist with funding and recognition of community projects and events.

Strategies adopted by the Moorabool Shire Council and partnering organizations to increase community connectedness include provision of social activities, such as Day Programs and Respite Care, support for community newspapers, newsletters, on-line community web sites (Moorabool Online Community) and community calendars, support to neighbourhood and community houses (including assistance with refurbishment of the Ballan Mechanics Hall), provision of a small community bus which can be booked by community groups, development and promotion of community festivals and markets, awards to volunteers for their efforts and learning programs and many other activities. The Council also advertises its own services and raises awareness of community grants and activities in its regular newsletter, *Moorabool Matters* (Moorabool Shire Council, 2006d).

In 2003-2004, six of the western Moorabool townships participated in a State government funded exercise in local community capacity building – The Community Capacity Building Initiative – which employed a part-time community facilitator to work with local communities to develop sustainable community development processes leading to projects devised by each of the townships. The communities engaged in a range of information-sharing interactions, including a Community Education Program designed to enable acquisition of skills necessary to community development projects.

Community religious organizations

Twenty-seven different churches and religious groups are listed on the Moorabool Shire Council web site as active in the municipality. These consist of five Anglican churches (Bacchus Marsh, Ballan, Blackwood, Bungaree and Morrisons); ten Catholic churches (Bacchus Marsh, Ballan, Gordon, Blackwood, Bungaree, Clarendon, Clarke's Hill, Dunnstown, Korobeit, and Springbank); three Uniting churches (Bacchus Marsh, Ballan and Blackwood); and nine other Christian religious groups.

Education

The Shire is home to various private child care providers, five pre-schools, seven private and twelve public primary schools, plus a private and a public secondary school. These schools provide for the high proportion of the population aged under 15, and provide families with community connections in the form of school-based activities and newsletters. Schools provide welfare services in addition to the learning and social opportunities they provide to students. Visiting immunisation, nursing and dental services provide health checks for students. Many parents serve on school councils, in classroom support and general assistance to their school community (refer to 1.3.12 – Social capital and community strength).

In addition to the wide variety of clubs, sporting associations, churches and schools in the Shire, there are several community sites which provide opportunities for adult education and social interactions. There are also virtual sites - six different townships within the Shire have community web sites which are managed by local volunteers within each town. The web sites

are used to promote a range of issues of local interest, such as local events, and news and feature a mix of information about each of the local areas.

Public meeting spaces within the region

There are a number of public meeting spaces which could potentially be hired to be used by visiting services for purposes of Level 1 health care (i.e. community development or health information/illness prevention activities). The facilities listed here vary greatly in the level of amenity they provide and the extent to which they are open to visitors.

Including:

- Church halls
- Community Centre (Millbrook Community Centre)
- Community Enterprise Centre (Ballan)
- Community House (Ballan and Districts Community House and Adult Education Centre, Inc)
- Conference Centre, Bacchus Marsh & Melton Hospital, Bacchus Marsh
- Drop in Centre (The Neighbour's Place, Bacchus Marsh)
- Information Centre (Bacchus Marsh)
- Moorabool Shire Council Chambers (Ballan)
- Neighbourhood House (Darley Neighbourhood House and Learning Centre)
- Public libraries (Bacchus Marsh; mobile library)
- Public town halls (at many of the Shire's 43 townships)
- Recreation and sporting club rooms
- School buildings
- Senior Citizens' Clubs
 - Bacchus Marsh
 - Ballan
 - Blackwood
 - Bungaree.

However, despite the positive engagement which is evident in these settings, there are some grounds for concern. There is minimal public transport within the municipality; most of the 10,600 employed residents of the Shire (over 7,000 or 68% of those employed) commute to work outside the Shire, reducing the potential for the development of local social linkages (ABS, 2001b); a significant number (1,625 or almost one-third) of the people employed in the 5,115 jobs within the Shire are not Shire residents (as noted above, in Section 1.2.5); and although there are many local meeting spaces and facilities, many are not adequate, appropriate or comfortable for a range of social activities. Additionally, much of the growth in population in the Shire over the last twenty years is attributable to people moving to the Shire from other localities, rather than due to natural increase of families already resident within the Shire. From 1981 to 2001, the population of Ballan nearly trebled (from 681 to 1,730) and the population of Bacchus Marsh nearly doubled (from 6,224 to 12,130). From 1981 to 2001, the number of households in Ballan grew 260% (from 230 in 1981 to 601 in 2001); in Bacchus Marsh, the number of households grew 210% (from 1,984 to 4,164) (DSE, 2003). For many of these townspeople, their only relatives living in the Shire would be the ones who live with them in their household.

These factors taken together suggest several implications. It may be that the workplace, social and familial ties of many residents are oriented outside of the Shire; visits to extended family might necessitate travel to Melbourne or Ballarat or further afield; and the dislocation from community which may result from daily commuting to work outside the Shire boundaries may be reinforced by the lack of locally available familial support. This may well impact on level of involvement in local leisure and social club activity, as well as local service use and general community participation.

3. Analysis of Identified Health Needs and Service Gaps

3.1 Analysis Framework

The analysis for stage one of the local area planning was undertaken with consideration of Victorian health policy, population demographics and service provision data underpinned by a holistic approach to identifying health needs and assessment of changing environments.

The Shire of Moorabool displays many of the features of an “interface municipality.” These municipalities occupy the urban/rural hinterland between metropolitan Melbourne and rural Victoria. As an interface municipality, Moorabool is large, has a dispersed population, and has experienced strong population growth in some areas – primarily comprising families with young children. Service access is often problematic because many people travel outside the Shire for work and school, and because of distance to specialist health and welfare service providers, or the reliance on part-time visiting services. There is an infrastructure lag because population growth has outstripped projections and current funding levels. These population dynamics in Moorabool place particular demands on health and human service systems. In addition, because Moorabool faces added complexities in the funding, delivery and coordination of a range of health and human services.

3.1.1 Policy Context

Victorian health policy is community focused and seeks to integrate services and prioritise primary health care in communities. It is person and family centred to where people live, using sound and coordinated planning and management systems. Policies are grounded in a location-based foundation for assessment.

3.1.2 Population Demographics and Service Provision

The decision to use the three Moorabool SLAs as the spatial basis for assessment in this section of the report has been based on consideration of: statistical boundaries, geography, patterns of service usage, and population movement inside and outside the Shire. The major constraint on assessment at this spatial level is that datasets are not always consistent geographically, demographically or temporally. It is not always possible to precisely match data for comparative purposes and some level of interpretation has been required.

3.1.3 Holistic Assessment of Health Needs

A holistic approach attempts to capture needs across the community using significant stages of life as well as considering special needs in particular. Environmental scanning considers aspects of the social, economic and the natural environment, and their impacts on health and wellbeing, to identify priority issues. A matrix of these variables was used in this process and can be found in Appendix J.

This holistic model links aspects of a social model of health, demographic differentiation by age with data concerning morbidity. To this matrix, an attempt has been made to graduate the levels of risk and the prevalence of that risk. Burden of Disease illnesses that lead to years of life with disability (DALYs) are given the highest risk, as are measures of significant harm such as child protection. Where a risk factor is higher than the other comparison areas or is concentrated in a particular location, it has been given a higher prevalence rating.

3.1.4 Assessment of Changing Health Needs

This aspect of assessment considers the changing environments largely due to population growth and what policy intentions there might be to respond to changing needs. One major challenge in assessing changing health needs are the two discrepant population projections for Moorabool Shire (Tables 5 & 6). In sheer numbers, the changes over the next 15 years

will see between 7,000 and 17,000 new residents living in Bacchus Marsh SLA, depending on whose figures are used.

A conservative position has been taken using the mid-point of each of these forecasts. The resultant population increases for each SLA over the next 15 years are:

- Bacchus Marsh SLA: a 78% increase or 5.2% per annum
- Ballan SLA: a 26% increase or 1.8% per annum
- Moorabool West SLA: a 24% increase or 1.6% per annum.

The key implication of this data is that demand on infrastructure and services in Bacchus Marsh will be continually pressing unless additional resourcing is provided for growth. Infrastructure will need to cope with at least a 75% and possibly greater demand than is currently the case. Evidence from agencies in the Shire, including the recent service plans for Ballan District Health & Care and the draft plan for Djerriwarrh Health Services reveals that most current infrastructure is aging and insufficient for existing demand, including both visiting and shire-based services.

More specifically for Bacchus Marsh, the impacts of this population growth on various age cohorts using the above figures are shown in the following table.

Table 46

Forecast population increases in Bacchus Marsh SLA for specific age cohorts using the average of two existing forecast growth rates (SGS, 2006).

	2006	2021 (78% increase)	Total Increase	Increase per annum ¹
0 to 4 years	1123	1998	875	58
5 to 9 years	1301	2315	1014	68
10 to 19 years	2793	4971	2178	145
20 to 29 years	2030	3613	1583	105
30 to 59 years	7247	12899	5652	376
60 to 74 years	1662	2958	1296	86
75 years plus	867	1543	676	45

Even taking into account higher populations for older residents, it is apparent that collectively, service needs for older children, adolescents and young adults will be much higher than for the elderly, although the specific health needs relating to ageing will be greater.

¹ These population increase figures do not account for the fact that increases will occur significantly from migration, which will mean greater increases for the older age groups.

3.2 Analysis

3.2.1 Overview of Moorabool West SLA

Moorabool West SLA covers the western third of Moorabool Shire and includes the towns of Wattle Flat, Mollongghip, Clarkes Hill, Pootilla, Springbank, Bungaree, Wallace, Warrenheip, Dunnstown, Navigators, Yendon, and Cargerie.

The population of Moorabool West SLA is approximately 3,800 people, about 14% of the Moorabool Shire population (Section 1.1.1). There has been negligible population growth in the last five years. The population is generally older than the other two SLAs with higher proportions of people over 45 (Table 2).

The area has a higher socio-economic status (SEIFA 1034) compared to Ballan SLA (SEIFA 1006) and Bacchus Marsh SLA (SEIFA 1017) (Section 1.2.1). This status is supported by the Jesuit Social Services indicators that indicate that post code areas in this western area score highly on its measures (Section 1.2.1).

There may be disadvantaged families in some areas where there is low cost housing or farm families earning low income. A small indicator of this is that 25% ($n = 5$) of students at Clarke's Hill Catholic Primary School receive the Education Maintenance Allowance (Table 11). This might equate to only three families in the area on low incomes, but they would still form a significant proportion of the local population.

Over 800 residents (about 21%) from Moorabool West SLA commute to Ballarat for work. Nine percent commute to other destinations outside the Shire including 3% who commute to Melbourne. The SLA has the highest level of commuting, but as the majority of it is to Ballarat, this is not as disadvantageous as might first appear (Table 22).

Public hospital separations indicate a similar focus on Ballarat with close to 90% of patients attending Ballarat Health Services (Table 34).

It is more than likely that Moorabool West residents obtain most of their goods, services, employment and, through work and school many of their social connections in Ballarat.

3.2.1 Moorabool West SLA

Moorabool West SLA – Child and Family		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Approximately 800 people commute to Ballarat for work. High dependence on private transport. Kindergarten and M&CH enrolments are generally low throughout the Moorabool Shire. There is a kindergarten at Wallace, a playgroup at Millbrook and a M&CH service at Bungaree. 	<ul style="list-style-type: none"> Increasing fuel prices impacting on incomes. Some impact on family cohesion. Participation in 4 year old kindergarten in the Shire is 8% lower than Regional average and 6% lower than Victorian average. Below average levels of participation in Maternal and Child Health Services across many of the key ages and stages throughout the Shire. 	<ul style="list-style-type: none"> Review public transport provision and consider strategies such as car-pooling. Review recreation and leisure service provision to encourage family focused activities. Consider adequacy of after school care. Review M&CH and kindergarten enrolments across the Shire to establish where under-utilisation is occurring and develop strategies to increase enrolments for those areas.

Moorabool West SLA – Young People		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Almost 1,000 students (mainly secondary school students from the Moorabool West and Ballan SLAs) use school buses to attend schools in Ballarat. High proportion of young people on Youth Allowance Moorabool Shire Council supports community development and recreation programs for young people, whilst BDH&C provides health promotion programs for youth. Moorabool Shire Council identifies access and awareness of services and provides limited support and advice to promote youth needs in the Shire. 	<ul style="list-style-type: none"> Potential for isolation from friends, limited contact with parents and limited recreation opportunities during the week. Primary site for health and welfare service delivery is through schools outside the Shire. Challenge is to reinforce health messages and support services to families and local communities. Access to services in Ballarat for unemployed young people. Young people not at school, in training or employment are a high priority for a range of community health and wellbeing programs. 	<ul style="list-style-type: none"> Health and welfare agencies to further develop collaborative initiatives with schools. Review public transport provision. Growing Moorabool Economic Development Strategy and Action Plan aims to expand industry and employment opportunities. Local consultation has recognised youth needs as high. More detailed local research is required to identify appropriate service level responses.

Moorabool West SLA – Older People		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> There are 122 persons aged over 75 years in Moorabool West SLA. By 2021 this number will more than double to 352. 	<ul style="list-style-type: none"> Risk that some might be living alone with limited daily contact with other people. People are moved out of their community when they become too frail. Home care provision. 	<ul style="list-style-type: none"> Consider strategies to encourage neighbourly support to older residents, particularly in isolated locations. Investigate why HACC utilisation is low across the Shire.

Moorabool West SLA – Women		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Women are generally much healthier than men in the Moorabool Shire. They rank 20th for all DALY measures of burden of disease in the State. However they have significantly higher rates of injuries than the state average, although on a regional comparison they are low. Women are close to the state average DALY for Cancer and CVD. Breast cancer is the most prevalent cancer. Community consultations have indicated that in rural areas, women have been disadvantaged by the absence of female doctors. Moorabool West residents tend to use Ballarat services. 	<ul style="list-style-type: none"> Whilst women's health in general may be good, various low occasions of service for very general health services indicate that some women may not be receiving the level of service they require. Injuries to women in rural communities. 	<ul style="list-style-type: none"> Investigate the extent of women's specific health service delivery into the Shire. Conduct further research into reasons for higher rates of injuries and develop strategies to reduce injuries.

Moorabool West SLA – Men		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> For the six major disease categories, men are well above the state average for injuries and are higher than the state average in each sub category, particularly unintentional injuries. Men are close to the average for Cancer, Cardio Vascular Disease (CVD) and Diabetes. 	<ul style="list-style-type: none"> Men's health is generally good, but their health status is poorer than women across all major preventable diseases. The provision of care at all levels for major preventable diseases for men is a general priority. High levels of unintentional injuries amongst men. 	<ul style="list-style-type: none"> Primary and secondary care focus needs to target men.

Moorabool West SLA – General Health and Wellbeing		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Injuries are the highest rating burden of disease DALY compared with the rest of Victoria. The SLA area has a relatively high socio-economic status (SEIFA: 1034). This is supported by the Jesuit Social Services indicators, employment, income and other data. There has been negligible population growth in the last five years, but moderate growth is expected over the coming years. Moorabool Shire has generally high levels of social capital and community strength, and 95.5% report that they like living in their local community. Moorabool Communities in Action and Moorabool Consultative Framework indicate that there are 	<ul style="list-style-type: none"> Safety in the home, on the farm and on the road. Keeping the community healthy and prosperous. Parental involvement in schools and local decision-making committees is slightly below state average and some neighbouring LGAs. Parental involvement levels may be affected by the fact that a significant proportion of students travel outside the Shire to attend school. 	<ul style="list-style-type: none"> Further investigation and review of farm and road safety strategies. Moorabool Shire Council has developed the 'Growing Moorabool' Economic development strategy and action plan. Recognition of the economic and social dependence of this part of the Shire on Ballarat, and develop joint Shire/Council promotion of programs, services and activities

<p>strategies in place to maintain the strength of communities in Moorabool Shire.</p> <ul style="list-style-type: none"> • Areas in the north and south are relatively isolated. • BDH&C is the key health service provider to the area for District Nursing, allied and community health. It is the most active health promotion agency in the area, providing women's health outreach, farm injury and youth health promotion services. • Central Highlands PCP has identified 'Food, nutrition and oral health' and 'Physical activity' as two of three priority areas. Obesity is a major cause of preventable diseases and is prevalent throughout most communities. 	<ul style="list-style-type: none"> • Residents in isolated areas risk being excluded from progress in the Shire because of the small populations, limited opportunities and increasing cost of accessing services in the larger towns. • Community health occasions of service are extremely low in the Shire. Access is likely to be more prohibitive for people outside the main towns of Bacchus Marsh and Ballan. • Encouraging healthy eating and physical activity in rural communities. • Impact of commuting on people's ability to participate in physical activities during the week. 	<ul style="list-style-type: none"> • Ensure mechanisms for community consultation and participation are maintained and promoted in isolated areas. Continue to develop local community-building programs and decision-making forums. • Investigate with the community and the providers of community health the reasons for the low levels of community health service utilisation across the Shire with particular regard for isolated communities. • Plan for the development over the medium term of strategically placed community hubs where some visiting services and information is located. • Central Highlands PCP is working with local government, agencies and local communities to develop strategies to encourage healthy eating and physical activity, particularly among children. The PCP is also working with partners to deliver improved diabetes care and health promotion.
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Moorabool West SLA – Mental Health		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> • Whilst mental disorders are recorded as lower than the state average, the rate is the third highest in the region and higher than Ballarat. 	<ul style="list-style-type: none"> • Occasions of mental health service are low for the Shire; outreach services seem under-utilised, whilst there are waiting lists at BDH&C. 	<ul style="list-style-type: none"> • Investigate the barriers that are preventing the delivery of outreach mental health services, particularly into the rural parts of the Shire.

<ul style="list-style-type: none"> Waiting time for psychologist at Ballan District Health & Care is 1 – 2 weeks. Visiting mental health services to Bacchus Marsh from Ballarat include Ballarat Community Health Centre part-time outreach worker, Grampians Psychiatric Services, and Uniting Care. Central Highlands PCP has identified Mental Well-being and Social Connectedness as one of three priority areas for the region. 		<ul style="list-style-type: none"> Central Highlands PCP is working with local government, agencies and local communities to develop strategies to encourage well being and social connectedness.
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Moorabool West SLA – Welfare Support		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> There may be disadvantaged families in some areas where there is low cost housing or farm families earning low income. Moorabool West SLA had the highest proportion of Youth Allowance across the Shire. 	<ul style="list-style-type: none"> Small areas of disadvantage in isolated communities. Without transport there are very few local opportunities for these young people for meaningful engagement or activity, particularly away from the small towns. 	<ul style="list-style-type: none"> Investigate need at a collector district level to gain a better understanding of diversity in the community, particularly where high needs might exist. Ensure that all small townships have sources of primary care and welfare information. Health and welfare agencies to further develop collaborative initiatives with schools and identify early school leavers from the area for referral.

Moorabool West SLA – Other		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Dental caries and oral health are significant problems, particularly for children, young people and the middle aged. 	<ul style="list-style-type: none"> No public or private dental services available in Ballan or across the Ballan and Moorabool West SLAs. 	<ul style="list-style-type: none"> Ballan District Health & Care is trying to procure improved access to dental services for Ballan and West Moorabool SLAs.

3.2.2 Overview of Ballan SLA

Ballan SLA covers the middle third of Moorabool Shire. The larger towns in the SLA are Ballan, Blackwood and Gordon. Other small townships include Korweinguboorra, Barkstead, Spargo Creek, Greendale, Mount Egerton, Ingliston, Fiskville, Mount Wallace and Elaine.

The population of Ballan SLA is approximately 6,300 people, about 24% of the Moorabool Shire population. The population of the SLA has experienced moderate growth over the last five years (Section 1.1.1).

Of the three SLAs, Ballan has the highest proportion of people over 65 years and beneficiaries of the aged pension (Table 16). It also had the highest proportion of its SLA population receiving government pensions and benefits for all payment types except Youth Allowance (Table 21).

The proportion of the population made up of young people and children is similar to Moorabool West SLA, but slightly lower than Bacchus Marsh.

The area has the lowest socio-economic status of the three SLAs (Section 1.2.1). This indication of disadvantage is supported by the Jesuit Social Services report that indicates that post code areas of Blackwood 3458, Ballan 3342 and Gordon 3345 have the lowest measures in the municipality. This indicator compares mortality, unemployment, low birth weight, child maltreatment, childhood injuries, education, psychiatric admissions, crime, income and emergency relief across 622 postcode areas in Victoria.

The only contrast to this in the SLA is the 3341 postcode area around Greendale with a Jesuit Social Services measure of advantage score of 444, the highest in the municipality.

In regard to income, Ballan SLA was also lower than Bacchus Marsh. In particular, there were far more low income households in towns in Ballan SLA than in Bacchus Marsh.

It can be concluded that there are significant levels of disadvantage, particularly in Blackwood, Ballan and probably in some of the other small townships.

Over 300 residents (about 5%) from Ballan SLA commute to Ballarat for work, whilst 860 (about 14%) commute to Melbourne. Another 5 percent commute to other destinations outside the Shire including Geelong (Table 22). Ballan has the lowest proportion of its working population commuting.

Public hospital separations of residents in this SLA indicate a split focus between Ballarat (45%) to the west, and Bacchus Marsh (26%) and Melbourne (14%) to the east.

There is a small level of migration to Ballan SLA from metropolitan Melbourne as well as migration out of the area to Ballarat (id Consultancy, 2006).

The overall indication is that Ballan SLA residents would have a dual focus to Ballarat and towards Melbourne for employment, education, servicing and even social connections.

Local Area Overview

Ballan

Ballan is the largest town in the SLA with a population of approximately 1800 people (Section 1.1.1). At least 219 students from Ballan township attend Ballarat schools, significantly reducing leisure time, and particularly leisure time in their own community, for these young people (Table 12). The township has 13.6% of residents who are over 65 ($n = 260$). This is a higher proportion than Bacchus Marsh SLA.

Apart from general measures of disadvantage, Ballan township has the second highest unemployment rate ($n = 77$) (section 1.2.4), the highest proportion of single parent families ($n = 229$) (Section 1.2.7) and the highest proportion of students receiving EMA at the Catholic primary school (27%; $n = 86$) (Table 11). This trend is most likely to occur at the local state primary school as well. Finally, thirty percent of households have an income less than \$400 per week, at least ten percentage points higher than Bacchus Marsh (Section 1.2.2).

Blackwood

Blackwood has a population of 336 people. It has relatively low proportions of children and young people compared with the other larger towns in Moorabool Shire. They make up approximately 10% less of the population than they do in Ballan or Bacchus Marsh (Table 3). Conversely 14.3% of residents are aged over 65 years, which is the highest proportion in the municipality (Table 16).

Blackwood is clearly the most disadvantaged town in Moorabool Shire as a whole, although in terms of size and disadvantage it is not as significant as some neighbourhoods in Bacchus Marsh SLA (Section 1.2.1 & CHPCP, 2004). Its low score on the Jesuit Social Services indicator of disadvantage (52 of 622 postcode areas) shows that the town is likely to have high incidence of a number of these issues: low birth weights, child abuse, low education levels, high levels of emergency assistance, psychiatric hospital admissions, court convictions, child injuries, unskilled workers and court defendants (Vinson, 2004). It also has the highest rate of unemployment (Section 1.2.4), the second highest proportion of single parent families ($n = 39$) (Table 25) and like Ballan township, thirty percent of households have an income less than \$400 per week (Section 1.2.2). Blackwood's location makes it more isolated than most of the other townships in Moorabool, although it has the optional access to services in Hepburn Shire.

Gordon

Gordon township, population 454, has similar proportions of children and young person to the towns of Ballan and Bacchus Marsh (Table 7). At least 70 students, almost all the young people aged 10 to 19 years in Gordon and its environs attend Ballarat schools with commuting time impacting on their leisure. Being one third closer in distance to Ballarat they are not as significantly disadvantaged as those students coming from Ballan (Table 12). The town has 11.5% of its residents over 65 years ($n = 52$), the second lowest proportion in the municipality behind Bacchus Marsh (Table 16). Migration patterns suggest that older people might move to Ballarat (id Consultancy, 2006).

Gordon is not as disadvantaged as Ballan or Blackwood but still measures lower than surrounding rural areas and Bacchus Marsh according to the Jesuit Social Services study (Section 1.2.1). Twenty-seven percent of households have an income less than \$400 per week, a significantly higher number than Bacchus Marsh (Section 1.2.2). Its unemployment rate is similar to Bacchus Marsh (Section 1.2.4). However, it does have the lowest proportion of single parent families compared to the towns of Bacchus Marsh, Ballan and Blackwood (Table 25).

Other Locations

The towns mentioned above are clustered around the central and northern parts of the Ballan SLA. To the south is the town of Mt Egerton ($n = 198$) and other smaller towns including Lal Lal, Mt Wallace and Elaine. Because of their small size there is no demographic information available for them. However, anecdotal evidence suggests that there are similar levels of disadvantage to other parts of Ballan SLA, as well as increased isolation from services.

3.2.2 Ballan SLA

Ballan SLA – Child and Family		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Kindergarten operating at Ballan and District Pre-school Centre, and also at Wallace in the neighbouring SLA. Council operates Ballan Maternal and Child Health Centre 3 days per week with a visiting service available. Part-time child health worker and health promotion officer. Breastfeeding rates and immunisation rates comparable to other shires in the region. 244 child protection notifications for the Shire in 2003 – 2004. Rate per 1,000 children was 33 (lower than Regional average of 43). 	<ul style="list-style-type: none"> Participation in 4 year old kindergarten in the Shire is 8% lower than Regional average and 6% lower than Victorian average. Below average levels of participation in Maternal and Child Health Services across many of the key ages and stages throughout the Shire. No identified issues. Notifications for physical abuse (26% of all types of abuse and neglect) were higher than neighbouring LGAs. 	<ul style="list-style-type: none"> Local research needed to identify reasons for low participation rates (eg: children may attend kinder near parents' workplace outside Ballan SLA) and strategies to increase kindergarten participation. Local research needed to identify reasons for low participation rates and develop strategies to improve participation. Consider local campaigns and community education to complement state and national initiatives.

Ballan SLA – Young People		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Almost 1,000 students (mainly secondary school students from the Moorabool West and Ballan SLAs) use school buses to attend schools in Ballarat. Gradual decrease occurring in the 15 – 44 year age group (from 2,425 in 2001 to 2,364 in 2003). Very low proportion (21.8%) of young people aged 0 – 19 years in 	<ul style="list-style-type: none"> Potential for isolation from friends, limited contact with parents and recreation opportunities during the week. Primary sites for health and welfare service delivery are through schools outside the Shire. Challenge is to reinforce health messages and support services in families and local communities. Suggests that younger people are leaving the SLA for employment and education. Demographic profile, socio-economic disadvantage, relative isolation, and lack of employment opportunities may account for the 	<ul style="list-style-type: none"> Health and welfare agencies to further develop collaborative initiatives with schools. Growing Moorabool Economic Development Strategy and Action Plan aims to expand industry and employment opportunities. Local consultation has recognised youth needs as high. More detailed local research is required to identify priorities and most effective service responses.

<p>Blackwood compared to other towns (about 32%).</p> <ul style="list-style-type: none"> Moorabool Shire Council supports community development and recreation programs for young people, whilst BDH&C provides health promotion programs. Moorabool Shire Council identifies access and awareness of services and provides limited support and advice to promote youth needs in the Shire. 	<p>low proportion of young people.</p> <ul style="list-style-type: none"> Those young people who live in Ballan and the surrounding area, particularly those not at school, in training or employment, are a high priority for a range of community health and wellbeing programs. 	
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Ballan SLA – Older People

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> 260 people (13.6%) aged 65+ years live in the township of Ballan, with a large cohort (450 people) in the 45 – 64 year age group. DSE project that the largest net population increase over the next 25 years will be people aged 60 years and above. 	<ul style="list-style-type: none"> Increase in the number of older people indicates a need to further develop community-based aged support services, availability of GPs, and health promotion programs. 	<ul style="list-style-type: none"> Planning for service expansion and collaboration between key service providers in and those visiting Ballan. More detailed local research and community consultation needed to identify the health needs and service models best suited to older people living in the small towns and scattered settlements throughout the SLA.

Ballan SLA – Women

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> GPs operate full-time and on-call service out of Ballan Family Practice Women in the Moorabool Shire have equal second health status of women in all 11 LGAs in the Grampians, and have a statewide ranking of 20 out of 78 LGAs. Life expectancy is just below the state average. However they have significantly higher rates of injuries than the state average, but compared with the Grampians region they are low. 	<ul style="list-style-type: none"> Need for female GP identified. Was trialled but not successful. Burden of Disease data not available at SLA level. Women's health is generally very good. Across the Grampians Region, cancers and cardiovascular diseases account for the greatest disease burden, particularly years of life lost. Mental disorders and neurological sense disorders account for the greatest number of years lived with a disability. Injuries to women in rural communities. 	<ul style="list-style-type: none"> Community consultation to reassess level of demand for a female GP. Possibly consider sessional female GP service. Investigate the extent of women's specific health service delivery into the Shire.

<ul style="list-style-type: none"> Ballarat CASA provides an outreach service on a needs basis. Women's Health Grampians provide a range of Ballarat-based services for Moorabool women. Physical activity project is being delivered in Ballan. 		
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Ballan SLA – Men

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Men in the Moorabool Shire enjoy the second-best health status of men in all 11 LGAs within the Grampians Region, and have a statewide ranking of 36 out of 78 LGAs. The incidence of injuries is higher than the state average. Mental disorders for men are below the state average, but higher than many of the other LGAs in the Region. Life expectancy is just below the state average. However within the Moorabool Shire women are comparatively far healthier than men. 	<ul style="list-style-type: none"> Men's health is generally good, but their health status is generally poorer than women across all major preventable diseases. The provision of care at all levels for major preventable diseases for men is a general priority. High levels of unintentional injuries amongst men. Across the Grampians Region, cancers and cardiovascular diseases account for the greatest disease burden, particularly years of life lost. Mental disorders and neurological sense disorders account for the greatest number of years lived with a disability. 	<ul style="list-style-type: none"> Primary and secondary care focus needs to target men.

Ballan SLA – General Health and Wellbeing

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Injuries are the highest rating burden of disease DALY compared with the rest of Victoria. Central Highlands PCP has identified 'Food, nutrition and oral health' and 'Physical activity' as two of its three priority areas. Obesity is a major cause of preventable diseases and is prevalent throughout most communities, but particularly in areas with low socio-economic status. 	<ul style="list-style-type: none"> Safety in the home, on the farm and on the road. Encouraging healthy eating and physical activity in rural communities, particularly those who are isolated and living in disadvantaged communities. Impact of commuting on peoples' ability to participate in physical activities during the week. 	<ul style="list-style-type: none"> Further investigation and review of farm and road safety strategies. Central Highlands PCP is working with local government, agencies and local communities to develop strategies to encourage healthy eating and physical activity, particularly amongst children. The PCP is also working with partners to deliver improved diabetes care and health promotion.

<ul style="list-style-type: none"> Community health occasions of service are extremely low in the Shire Health and well-being infrastructure is limited in Ballan. The hospital is overcrowded with corridors used as waiting areas. There is limited space for visiting services. Outside of Ballan facilities are even more limited and tend to be for specific purposes such as M&CH or Senior Citizens. Adult education and health and wellbeing classes run at Ballan Community House and Adult Education Centre. Moorabool Shire has generally high levels of social capital and community strength, and 95.5% report that they like living in their local community. Moorabool Communities in Action and Moorabool Consultative Framework indicate that there are strategies in place to maintain the strength of communities in Moorabool Shire. 	<ul style="list-style-type: none"> Distance from Bacchus Marsh and Ballan makes access to community health more difficult. Insufficient facilities to meet needs. Lack of general purpose facilities outside of Ballan. Access by those living outside Ballan and who have no or unreliable private transport. Parental involvement in schools and local decision-making committees is slightly below state average and some neighbouring LGAs. Parental involvement levels may be affected by the fact that a significant proportion of students travel outside the Shire to attend school. 	<ul style="list-style-type: none"> Consult with the community and providers of community health about the reasons for the low levels of community health service across the Shire with particular regard for isolated communities. Following community consultations consider infrastructure priorities for the Ballan SLA. Consider expanding delivery of classes and programs to other towns across the SLA. Continue to develop local community-building programs and decision-making forums. Consideration needs to be given to access to services, including community transport needs.
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Ballan SLA – Mental Health		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Mental disorders and neurological sense disorders account for the greatest number of years lived with a disability. Mental health services are delivered by a plethora of agencies. Waiting time for psychologist at Ballan District Health & Care is 1 – 2 weeks. Visiting mental health services to Bacchus Marsh from Ballarat include Ballarat Community Health Centre part-time outreach worker, Grampians Psychiatric Services, and Uniting Care. Central Highlands PCP has identified 'Mental Well-being and Social Connectedness' as one of three priority areas for the region. 	<ul style="list-style-type: none"> Despite the prevalence of mental disorders, mental health service contacts are low. In 2005, Moorabool had 202.4 contacts per 1,000 population compared to the Victorian average of 353.1. The Shire ranked 70 out of 79 local government areas in the state. 	<ul style="list-style-type: none"> Mental health service system and resourcing in the Ballan SLA and the Shire generally needs detailed review to ensure improved mental health promotion, early intervention, acute service response, and outreach / in-home support. Central Highlands PCP is working with local government, agencies and local communities to develop strategies to encourage well-being and social connectedness.

Ballan SLA – Welfare Support		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> On many measures, Blackwood population of 336 rates as the most disadvantaged in the SLA and Shire: geographical isolation and accessibility; socio-economic status (high unemployment rates, and 30% of households with an income under \$400 per week); a high proportion of single parent families ($n = 39$); relatively low proportions of children and young people; highest proportion (14.3%) of residents aged 65+ in the Shire. Senior Citizens Centre operates for people over 55 years (one day per week only). Optional access to services in the Hepburn Shire. 	<ul style="list-style-type: none"> Multiple disadvantages experienced by people in Blackwood. Access to services worsened by heavy reliance on private transport and low incomes. 	<ul style="list-style-type: none"> High priority to consult with the community regarding cross-sectoral, whole community approach to improving health and wellbeing in Blackwood.

Ballan SLA – Other		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Dental caries and oral health are significant health problems, particularly for children, adolescents and middle aged people. 506 of 1,137 public hospital separations to Ballarat Health Services, and 297 to Djerriwarrh Health Services. Ballan District Health & Care services a catchment of about 9,600 people across a wide area with a dispersed population. Only about 20% of these people live in the township of Ballan. About 800 people commute to Melbourne for work, and about 300 commute to Ballarat for work. 	<ul style="list-style-type: none"> No public or private dental services available in Ballan or across the Ballan and Moorabool West SLAs. No access by residents to dental voucher system. No evidence of concerns about discharge and follow-up, but research evidence indicates that follow-up from hospital to out of area/Shire can be more problematic. There are no public acute beds and patients are required to attend Ballarat or Bacchus Marsh. This can cause major travel disruptions to families suffering the anxiety of having a member acutely ill. Residents outside the township are primarily reliant upon private transport to access services. Economic disadvantage and aging compromise service access. Heavy reliance on private transport. Potentially high degree of financial stress for those families with a mortgage and reliant on private transport , if interest rates and petrol prices continue to rise. Work, school and extended family orientations lie outside the Shire for many residents. 	<ul style="list-style-type: none"> Ballan District Health & Care is trying to procure improved access to dental services for Ballan and West Moorabool SLAs. Need to continue to ensure referral and follow-up services with local providers are in place as required. Ballan District Health & Care is negotiating with Ballarat Health Services to provide some public acute services from Ballan. Challenge is to continue to develop service models (such as visiting and outreach) that enhance access. Local campaigns to maximise car-pooling and encourage public transport usage. The Growing Moorabool Economic Development Strategy and Action Plan aims to build economic development and employment within the Shire.

3.2.3 Overview of Bacchus Marsh SLA

The Bacchus Marsh SLA covers the eastern third of Moorabool Shire and contains over 17,000 people, approximately 63% of the Moorabool Shire's population (Section 1.1.1). The SLA is centred on Bacchus Marsh, which has three urban areas of Darley, Bacchus Marsh township and Maddingley. To the north are the small towns of Coimadai and Lerderderg. To the south lie Rowsley and Balliang.

Bacchus Marsh SLA has the lowest proportion of people over 65 years (Table 2), but only slightly lower than Moorabool West SLA. Conversely it has the highest proportion of children and young people. Numerically there are over 5,200 children and young people living in Bacchus Marsh SLA, proportionally 65% of the child and youth population of the Shire.

Bacchus Marsh SLA is experiencing growth at a greater rate than elsewhere in the municipality (DSE, 2004; SGS Economics and Planning, 2006).

The SLA has a lower proportion of its population receiving disability support than the other SLAs. (Section 1.1.5) The distribution of pensions and benefits shows high levels of receipt for the aged pension and parenting payments, indicating lower prevalences of other pension categories and higher proportions of young families (Table 20). Bacchus Marsh has lower unemployment levels than other towns in the Shire, but is still slightly higher than the state average (Section 1.2.4).

The area has the medium socio-economic status of the three SLAs measuring 1017 (SEIFA), similar to Victoria (1015) and Melbourne (1021) (Section 1.2.1). The large postcode area of Bacchus Marsh (3340) has a measure of 313 on the Jesuit Social Services scale, which reflects the SEIFA score. This is a higher and healthier score than the neighbouring equally large Melton postcodes (3337 & 3338), which measure 216 and 183 respectively (Vinson, 2004).

In regard to income, residents in Bacchus Marsh SLA had a higher annual income than Ballan SLA and other areas of comparison including the City of Ballarat (Section 1.2.2). Comparisons with other towns in Moorabool Shire show Bacchus Marsh township has a far smaller proportion of households earning under \$400 per week. However, there is over three times the number of these households in Bacchus Marsh than in the rest of the Shire. This indicates that any disadvantage in the SLA is disguised in statistics by the larger population sample.

A slightly higher proportion (24%) of Bacchus Marsh residents commute to work outside the LGA than residents from Ballan (Table 22). However 10% commute to Melbourne West. A number of these journeys would be relatively short. Relatively few travel to other regions, apart from Geelong and very few travel to Ballarat. Bacchus Marsh residents' employment is either local or focused on Melbourne.

Following this pattern, the majority of hospital separations are in Bacchus Marsh and another 26% are to Melbourne hospitals. Only 11% of hospital separations are to Ballarat (Table 34).

There is significant migration into the SLA from metropolitan areas as well as a low level of people from overseas. This will continue to grow at a significant rate (id Consultancy, 2006).

Local Area Overview²

Bacchus Marsh (central area)

Central Bacchus Marsh is essentially the oldest part of the township with high proportions and numbers of middle aged and older people. It has the highest number of lone person households in the Shire (id Consultancy, 2006). It also has the lowest proportion of families with children in the whole Shire, although their number is significant. It has the second highest proportion and number of older children and the second highest population of young children in the township.

Central Bacchus Marsh has one neighbourhood; a Collector District (CD) of approximately 200 homes in the west of the township with a socio-economic status in the bottom 10% of CDs in the state. (CHPCP, 2004). This is comparable to most of the areas that have been the focus of Neighbourhood Renewal elsewhere in the state.

Darley

In contrast to the central township, Darley has the highest proportions and numbers of young children and clearly the highest proportion and numbers of older children. Darley has the highest proportion and numbers of families with children in the whole Shire (id Consultancy, 2006). Conversely it has the lowest proportion of people between the ages of 55 and 74 years and an extremely low proportion of people aged over 75 years. Darley also has one neighbourhood of approximately 200 highly disadvantaged households in the south, as well as an adjacent area in the central north with a SEIFA score in the bottom 25% of the state (CHPCP, 2004).

Maddingley

Maddingley, immediately to the south of central Bacchus Marsh, forms the demographic middle ground in Bacchus Marsh with middle level proportions of age groups, except for older children, where it has the lowest proportions and numbers in the town (id Consultancy, 2006). The area has one neighbourhood of moderate disadvantage in the southeast (CHPCP, 2004).

Eastern Rural Areas

The rural area in the east of the Moorabool Shire is characterised by a high proportion of families with children and low numbers of elderly residents. Similar to Western Moorabool, there is also a high proportion of couples without children and low numbers of sole person households (id Consultancy, 2006).

²id Consultancy offers an analysis of the Bacchus Marsh area and Eastern Moorabool covering the local urban areas of Bacchus Marsh (central), Darley and Maddingley. This data is used for this particular local area analysis.

3.2.3 Bacchus Marsh SLA

Bacchus Marsh SLA – Child and Family		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Bacchus Marsh has higher proportions and numbers of young families than elsewhere in the Shire. Support to young families is provided by the Bacchus Marsh and Darley Maternal & Child Health (M&CH) Centres. Enrolments for M&CH are generally low. Kindergarten enrolments in the Shire are also low, but there are 3 kindergartens in Bacchus Marsh. The neighbourhood of Darley has the highest concentration of children and families in the Shire. About 3,300 commute to Melbourne for work, with high dependence on private transport. 39% of families have a mortgage. Rapid population growth in and around Bacchus Marsh. Population growth primarily due to young families moving to the Shire from other localities. Those living outside the Bacchus Marsh township are highly reliant on private transport to access services. 	<ul style="list-style-type: none"> Low enrolments in M&CH means some parents may not be getting the support and information they require, potentially risking their young children's health and development. Low kindergarten enrolments mean some children are not attending kindergartens, which may affect their early educational development. Providing services for families where they live. Financial pressure on families from even small rises in interest rates and petrol. Health and social infrastructure needed to keep pace with level of demand and changing demographics over the next 10-15 years. Likelihood that comparatively few have relatives living in the area. Workplace and familial ties are oriented outside the Shire. Access issues for those with no or unreliable private transport. 	<ul style="list-style-type: none"> Investigate M&CH and kindergarten enrolments to identify if there are any particular locations where enrolments are low and why they might be so. Consideration of local neighbourhood demographics when planning infrastructure allocation. Monitor use of family support services. Consider working with financial counsellors in community education about financial management. May need additional maternal and family support services in the short to medium term. To increase recreation, leisure and events strategies with a focus on family activity on weekends. Transport planning needs to consider growth in outer areas as being high needs and seek solutions that meet needs in these outlying communities.

Bacchus Marsh SLA – Young People

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> There are over 5200 children and young people living in Bacchus Marsh SLA. Rapid population growth will see at least an additional 150 10 to 20 year olds every year for the next fifteen years. The only post secondary education opportunities are provided through ACE services. 	<ul style="list-style-type: none"> Adequacy of current services for young people. The loss of young people who leave either permanently or daily to attend tertiary education. This loss of young people affects the economy through the loss of education income to the Shire, the loss of educators who might live there and the loss of young people who may not return after they are educated. The absence of a post-secondary institution also affects the vibrancy of the town. 	<ul style="list-style-type: none"> Review youth and children service provision in light of rapid increases in population. Moorabool Shire Council's economic development strategy seeks the development of a tertiary education facility in the Shire.

Bacchus Marsh SLA – Older People

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> There are 867 persons aged over 75 years in Bacchus Marsh SLA and in fifteen years this number will double to 1628. The distribution of pensions and benefits shows high levels of receipt for the aged pension. Melton Superclinic will greatly increase the provision of day procedures. Bulk billing for aged and pension holders at Bacchus Marsh and Darley medical centres. 	<ul style="list-style-type: none"> Dramatic growth in the number of aged persons requiring health care. Provision of ambulatory and home based care. Provision of additional supported accommodation for aged people. Maintenance of bulk billing. 	<ul style="list-style-type: none"> All aged care and support services need to plan for growth. Increasing focus on primary and preventative care to decrease future demand.

Bacchus Marsh SLA – Women

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Women are generally much healthier than men in the Moorabool Shire. Women are close to the state average DALY for Cancer and CVD. Breast cancer is the most prevalent cancer. However they have significantly higher rates of injuries than the state average. 	<ul style="list-style-type: none"> Whilst women's health in general may be good, various low occasions of service for very general health services, such as community health, general medicine and emergency department service, indicate that some women may not be receiving the level of service they require. Injuries to women in rural areas. 	<ul style="list-style-type: none"> Investigate the extent of women's specific health service delivery in the Shire.

Bacchus Marsh SLA – Men

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> For the six major disease categories, men are well above the state average for injuries (rank of 49th with a DALY rate of 16.8 compared with the average of 12.6) and are higher than the state average in each sub category, particularly unintentional injuries. Men are close to the average for Cancer, Cardio Vascular Disease (CVD) and Diabetes. 	<ul style="list-style-type: none"> Men's health is generally good, but their health status is generally worse than women across all major preventable diseases. The provision of care at all levels for major preventable diseases for men is a priority. High levels of all unintentional injuries among men in Moorabool Shire. Road trauma is a more likely cause of injury in urban areas. 	<ul style="list-style-type: none"> Primary and secondary care focus needs to target men.

Bacchus Marsh SLA – General Health and Wellbeing		
Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Moorabool Shire generally has above average health based on measures of major disease. Injuries are the highest rating burden of disease DALY compared with the rest of Victoria. The area has the medium socio-economic status of the three SLAs measuring 1017 (SEIFA), similar to Victoria (1015) and Melbourne (1021). This status is supported by the Jesuit Social Services scale, employment and annual income levels. However there is over three times the number of households earning less than \$400 per week than in the rest of the Shire. Moorabool Shire has generally high levels of social capital and community strength, and 95.5% report that they like living in their local community. Moorabool Communities in Action and Moorabool Consultative Framework indicate that there are strategies in place to maintain the strength of communities in Moorabool Shire. Central Highlands PCP has identified 'Food, nutrition and oral health' and 'Physical activity' as two of three priority areas. Obesity is a major cause of major preventable diseases and is prevalent throughout most communities, particularly in low socio-economic areas. 	<ul style="list-style-type: none"> Safety in the home, on the farm and on the road. Community health occasions of service are extremely low in the Shire and access is more difficult for people living away from the main service providers in Bacchus Marsh and Ballan. Maintaining the health and prosperity of Moorabool Shire. The varying needs of different neighbourhoods and communities. Encouraging healthy eating and physical activity in the communities, particularly marginalised neighbourhoods. Impact of commuting on adult's ability to participate in physical activities during the week. 	<ul style="list-style-type: none"> Further investigation and review of farm and road safety strategies. Investigate with the community and the providers of community health the reasons for the low levels of community health service across the Shire with particular regard for isolated communities. Resolve issues of growth in community health funding which limits the capacity of Djerrivarrh Health Services to meeting the growing needs of this SLA. Moorabool Shire Council has developed the 'Growing Moorabool' Economic development strategy and action plan. Planning should consider the needs of local areas. Central Highlands PCP is working with local government, agencies and local communities to develop strategies to encourage healthy eating and physical activity, particularly amongst children. The PCP is also working with partners to deliver improved diabetes care and health promotion.

Bacchus Marsh SLA – Mental Health

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Whilst mental disorders are recorded as lower than the state average, the rate is the third highest in the region and higher than Ballarat. Of the 1931 occasions of mental disorders in the municipality it is likely that Bacchus Marsh SLA accounts for more than half. Mental health service contacts were recorded in Moorabool as 70th of 78 in the state, suggesting that service usage is too low for the need that exists. There is a range of mental health services available in Bacchus Marsh. Central Highlands PCP has identified 'Mental Well-being and Social Connectedness' as one of three priority areas for the region. 	<ul style="list-style-type: none"> People with mental health problems may not get adequate support. Coordination of services may not be effective. 	<ul style="list-style-type: none"> Review mental health service delivery and resourcing with all providers. Central Highlands PCP is working with local government, agencies and local communities to develop strategies to encourage well-being and social connectedness.

Bacchus Marsh SLA – Welfare Support

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> The SLA has a lower proportion of its population receiving disability support than the other SLAs, but actual numbers of pension and benefit support for Bacchus Marsh are at least twice as high as the other SLAs. Bacchus Marsh has two neighbourhoods that have a level of disadvantage in the bottom 10% in the state. There are two other areas that are in the bottom 25%. The incidence of child abuse notifications in the Moorabool Shire is relatively low, but must be considered to be higher particularly in those neighbourhoods in Bacchus Marsh that are very disadvantaged. There were 581 cases of drug & alcohol abuse in Moorabool Shire in 2001 (Public Health Branch, 2006). Proportionally the majority of these cases would come from Bacchus Marsh SLA. Illegal drug usage and possession offences were also high in Moorabool, 13th of 78 LGAs, compared with Ballarat (53rd) and Hepburn (75th). 	<ul style="list-style-type: none"> Services for people who are not in the work force. Access to Centrelink is in Melton or Ballan. There are likely to be complex health and wellbeing issues in disadvantaged communities. Family support in disadvantaged areas. Abuse of alcohol and illicit drugs in the community. 	<ul style="list-style-type: none"> Audit community service information to ensure that it is appropriate for the range of people that will have greater need for it. Develop a case for the establishment of a Centrelink Office in Bacchus Marsh. Consider urban renewal type approaches for disadvantaged neighbourhoods in Bacchus Marsh. Consider local campaigns and community education to complement state and national initiatives. Ensure local police and crime prevention groups are involved in primary care strategies.

Bacchus Marsh SLA – Other

Identified Health Needs and Service Profile	Issues	Possible Strategies / Future Directions
<ul style="list-style-type: none"> Dental caries and oral health are significant problems, particularly for children, adolescents and the middle aged. Bacchus Marsh campus of Djerriwarrh Health Services is key provider of a wide range of health services. Occasional bus service enables residents of Bacchus Marsh to access services provided only at Melton campus. There is a relatively large population of people who were born overseas (~1000 from NESB) living in Moorabool Shire, most of whom have lived in Australia for some time. There is a small population of new arrivals. Bacchus Marsh has a population of 60 indigenous people. 	<ul style="list-style-type: none"> There are no public dental services available in Moorabool apart from visiting school services and private purchasing arrangements. Access may be limited by infrequent bus service. Opening of Super Clinic may generate greater demand for public transport between Bacchus Marsh and Melton. Services and support for aging CALD people and new arrivals. Service and supports for indigenous Australians. 	<ul style="list-style-type: none"> Djerriwarrh Health Services has planned for 12 dental chairs at the Melton Community Health Centre. Monitor service usage and levels of availability and demand for public transport. Investigate the establishment of ethnic community groups and an ethnic community council in the Shire. This would also assist new arrivals from overseas. Develop a welcoming strategy for new arrivals. Consult with local elders and Koori organisations about the health and social needs of the local indigenous families.

3.3 Summary of Key Issues and Challenges

The key issues and challenges identified in this analysis could be grouped under the following themes (not necessarily in priority order).

3.3.1 Mental Disorders and Mental Health

- The high prevalence of mental health disorders compared with Ballarat and the rest of the region.
- Low utilisation of services and Ballarat-based mental health services under-utilised or only available in Ballarat.
- Poverty and isolation may be compounding factors.

3.3.2 Under-funding and Low Utilisation of Community Health Services

- This can partly be explained by the complexities of Commonwealth/State funding arrangements for community health and primary health care.
- It is clear, given the community profile and health status of the population, that demand for community health is very high. Moorabool - particularly Bacchus Marsh - is disadvantaged under current funding arrangements for community health.

3.3.3 Children's Development and Safety

- Low utilisation of M&CH and kindergartens and the isolation of some families indicate problems in accessing early childhood development service provision in the Shire.
- Physical child abuse is also a concern, particularly in disadvantaged areas.

3.3.4 Men's Health compared to Women's Health

- Whilst men in Moorabool Shire have above average health outcomes in the state, they have poorer health than women, which is manifest in most cancers, diabetes, CVD, unintentional injury and hearing loss.
- The total numbers of years of healthy life lost in the Moorabool Shire due to preventable diseases is second only to Ballarat in the Grampians Region.
- However in rural areas the absence of female doctors is a specific concern for women.

3.3.5 Oral Health and Dental Services

- Oral and dental health has by far the highest prevalence in the Shire ($n = 22005$, next highest incidence is hearing loss $n = 2216$), which is contrasted by very low occasions of service. It is particularly prevalent for children, adolescents and middle aged people.
- Moorabool lacks sufficient dental services. The 12 new dental chairs planned for Melton Community Health Centre will service those parts of the Moorabool Shire that are in Djerriwarrh's catchment, but access is obviously limited for those without private transport. Ballan has no dental clinic.

3.3.6 Emerging Needs of Young and Old People

- The Shire's cohort of young people are, and will increasingly, present a range of health and wellbeing needs. In Bacchus Marsh SLA alone, it is projected that there will be at least an additional 150 ten to twenty year olds each year for the next fifteen years.
- Bacchus Marsh SLA has the youngest community with the most concentration in Darley. There are over 5,000 children and young people living in Bacchus Marsh SLA.
- Ballan SLA has higher proportions of older people than the other two SLAs. Bacchus Marsh also has the highest number of older people. Community aged care will emerge as a significant issue over the next 10 – 15 years.

3.3.7 Local Disadvantage: Concentrations of Disadvantage Resulting in Poor Health Outcomes

- Health status is directly affected by disadvantage. All preventable diseases are likely to be more prevalent in disadvantaged communities. These diseases are preceded by poor nutrition and lack of physical activity usually accompanied by obesity.
- There are rural and urban communities that are measured as being very disadvantaged. They have high unemployment, low incomes and a range of complex social problems.
- Bacchus Marsh has twice as many people who are disadvantaged as anywhere else in the Shire.
- Primary care responses are needed in these communities.
- Many families with high mortgages and reliance on private transport are financially vulnerable.

3.3.8 Geographic Isolation: Isolation from Other People, Services and Opportunities

- Residents in the Ballan SLA are relatively more isolated from people, services and opportunities than other residents. This provides particular challenges for effective and efficient service delivery and infrastructure provision.
- Isolation tends to be linked with disadvantage in rural communities.
- People born overseas are likely to be older and feel more isolated than others, particularly in isolated areas. Where they are concentrated they should be encouraged to develop associations.

3.3.9 Poor Public Transport and Limited Community Transport

- Poor public transport and limited community transport restricts access from across the Shire to the two service centres (Bacchus Marsh and Ballan), and to the more specialist services provided in Melton and Ballarat.

3.3.10 Infrastructure for and Coordination of Visiting and Sessional Services

- The delivery of services by agencies outside the Shire on a part-time, visiting basis does not meet current demand, limits access, and fragments service coordination. Infrastructure in all three SLAs (for example, rooms to run group programs and sessional space) is needed to ensure more appropriate standards of service delivery for a range of visiting services.

3.3.11 Impact of an External Orientation

- For many Moorabool residents, work and education opportunities lie outside the Shire. This impacts on family life and limits social and recreational opportunities, particularly for young people.
- Ballan SLA would seem to be more affected than the other two SLAs, as its commuting residents, including many young people, have to travel on average further than those in the other two SLAs.
- The loss of young adults to work and education outside the Shire diminishes the Shire's vibrancy.

3.3.12 Population Growth and Service Development: Keeping People Healthy and Providing Adequate Infrastructure for the Young and Old

- Significant growth is occurring in the eastern part of the Shire mainly because of relocation of residents from Melbourne, but also from overseas.
- Providing for the increasing and diversifying service demand will continue to be challenging. Young people's and children's needs seem to be the most pressing.
- Maintaining the community's health and preventing illness would seem one very efficient way to lessen service demand into the future.
- Existing and projected demand for many services is in excess of the current funded capacity of local service providers.

3.4 Rural Health Policy

3.4.1 Policy Challenges

Government policy recognises systemic problems in the health system and seeks to address problems by ensuring the focus is, as much as possible, on individuals and families where they live.

The challenges for rural health as identified in *Rural Directions for a Better State of Health* (DHS, 2005) and reflected in *The Care in Your Community* principles, identify the service provision problems that need to be dealt with:

- The Structure of the Health System.
- Effective Service Delivery Models.
- Governance.
- Intergovernmental Relationships.
- Responding Effectively to Diversity within Our Rural Communities.

3.4.2 Service Delivery in Moorabool Shire

How do these challenges relate to Moorabool Shire?

There are obvious limitations with the available datasets. The Service Profile provided in Section Two is an important resource for service coordination and planning. However, it is not as useful or accurate for analysis of gaps as the comparative service data. This data allows identification of problem areas such as early childhood development or mental health, where there are misalignments between health needs and patterns of service utilisation. Most service provision data provided is not detailed enough to measure how well Moorabool residents are receiving service. Many services may not keep or have ready access to client locational data and be able to correlate that with level of service. This would certainly be the case at the sub-LGA level required to undertake analysis at the 'Care in Your Community' level. Waiting lists are also imprecise although they give some understanding of unmet need.

However section two and the various appendices do provide an overall picture of a comprehensive and complex service system dominated by four key agencies, supplemented by a host of local and visiting services. What the various tables also don't show, however, is how each service provider and each activity relate to each other. For example, while there may be a whole range of mental health services available, better coordination could improve client outcomes. Clearly, more precise data are required.

It is apparent from discussions with service providers that, at the core of health service delivery in Moorabool Shire, productive relationships do exist, and planning is considered and often coordinated across a number of key agencies to ensure services meet demand. This is demonstrated by the way the main providers seek to create partnerships to deliver specific services. Examples of this are the partnership between Hepburn Health and Ballan District Health & Care to deliver services into the central north, and the arrangements between different agencies for delivering District Nursing.

Across the Moorabool Shire there is also a defined group of forums that provide a logical collaboration of services focused on particular territories with suitable overlaps. Some of these forums are well established and some new, but the overall mechanism has the potential to take the planning and coordination of health and community services in the Moorabool Shire to the next level if these forums are resourced and supported by agencies.

However, with tight programming and funding controls, ad hoc historical developments, and service providers located in different regions, effective coordination can be problematic, particularly at the margins where need is not critical or demand not easily perceived. A consultation session with key service providers confirmed many of the findings from our analysis of the health needs and service usage data:

- Community concern about access to and the lack of a range of services;
- Concerns about the information provision about services;
- The increasing complexity of client needs;
- Services provided on a visiting basis were less well known by the community and there were a number of service provision issues with services delivered from outside the Shire;
- Problems with HACC distribution and limitations;
- Over-emphasis on Drug and Alcohol Services; and,
- External service provision not adequately monitored.

DHS data indicates that service provision and usage is considerably less than the Victorian average on a number of key service usage counts, some significantly so. These are due to either a lack of provision to, or under-utilisation by, Moorabool residents. The following table collates data on the comparative service utilisation rankings for Moorabool residents.

Table 47

Ranking of various measures of service utilisation in Moorabool Shire against other Victorian LGAs (DHS, 2005c)

	Statewide Ranking of 78 LGAs
Hospital Inpatient Separations per 1,000 Population	66
Average Length of Stay	69
Emergency Department Presentations	57
Mental Health Contacts per 1,000 Population	70
Community Health Occasions of Service	68
Public Dental Health Occasions of Service	73
Drug & Alcohol Clients per 1,000 Population	52
General Practitioners Per 1,000 Population	45
Self-Sufficiency General Medicine	53
Self-Sufficiency General Surgery	50

Note. High rankings equate to low service utilisation.

A lot of these issues are concerned purely with a lack of service provision, and this is a matter for decision makers and their resource priorities. On this point, health policy principles state that funding will 'support the right care, at the right time in the right place'. Funders and service providers can collaborate to prioritise action for improved service provision in those areas that are currently below par.

The *Rural Directions* policy document provides a framework for systematically examining broader service system redevelopment.

3.4.3 Policy Challenges

The Structure of the Health System.

1. *The need for greater clarity about the role of each health service.*

Moorabool Shire not only has a broad range of providers, they come from at least three other local government areas and span across a rural and metropolitan region. Within the Shire, service boundaries exist that run through the middle parts of the LGA and although these may not be recognised by residents, they constrain service provision.

Achieving clarity of role should be about reducing the complexity of this service system. Clear role definition and enhanced service coordination and integration is imperative.

2. *Comprehensive service planning frameworks are required that integrate across a geographic area, with levels of health services defined.*

The geographical basis for service planning framework for Moorabool has largely been established with two areas divided by the boundary between Ballan and Bacchus Marsh SLAs. Level 3 and 4 services are provided to these two areas from Ballarat Health Services from the west and Djerriwarrh Health Services in the east. Ballan District Health & Care lies in the middle of the Shire providing a range of services to level 3 for Ballan and Moorabool West SLAs. There is some evidence of system fragmentation and underdevelopment, particularly with visiting services. In particular, it has been identified that residents in Ballan SLA are disadvantaged by the lack of public acute beds, requiring families dealing with a health crisis, as the sign states at the entrance to the hospital, to travel to Ballarat or Bacchus Marsh.

Overall, these three services cooperate with each other to achieve best outcomes for Moorabool residents within their funding limitations.

It would seem to be at the primary and secondary care levels that service provision becomes less integrated. This notion is supported by Ballan District Health & Care who believe that health promotion could be better coordinated in the Ballan and Moorabool West SLAs. Problems with coordination of primary and secondary care are due, in part, because more providers are involved, different service boundaries exist, and perhaps less is known about non-critical and preventative needs.

On this issue, although Primary Care Partnerships use a social model of health approach for integrated health promotion across the Central Highlands Region, there does not appear to be a standard framework that assesses primary care needs within the Shire by stage of life, social need or other social health model (see Appendix J). Better targeting and coordination could occur with a mapping process such as has been used in this report. However even with plans, the health system is complex and subject to change. Integrated planning requires continual assessment of need and flexible responses by service providers.

Effective Service Delivery Models

3. *Increasing and improving strategies for management of chronic and complex conditions, and primary care. New service models are required to encourage the use of primary and ambulatory care in rural health services, and ensure capacity to respond to changing needs.*

The establishment of the Melton Super Clinic will be a major contribution to improving ambulatory care for the eastern part of Moorabool Shire and those in the western parts who choose to travel to Melton rather than Ballarat for specialist procedures. Rapid population growth will require the upgrading of many other services in the eastern part of the municipality.

Otherwise, those with most need have to be identified and access to primary and ambulatory care maximised. This is made more difficult in a catchment that is so diversified, with one part experiencing significant growth and other parts ongoing isolation. Again, local control over service provision is the best way to ensure this occurs. Primary care should have a stronger presence in those isolated and disadvantaged communities in the Ballan SLA and to a lesser extent in Moorabool West.

Governance

4. *The boards of health services must have strong links with the communities they serve.*

Whilst not within the terms of reference for this report, this is a fair expectation. Of more relevance is the composition of the various forums that coordinate health and community

services across the Moorabool Shire. The same principle should and probably does hold for these groups.

5. *Boards have a particular challenge in managing the pace of change.*

This is certainly the case for Djerriwarrh Health Services and Moorabool Shire Council. However the other stakeholders need to deal with the unique issues facing other parts of the Shire, in particular the large population of commuters and the number of small and isolated communities that exist.

Intergovernmental Relationships

6. *A need for all levels of government to work closely together to improve service planning, integration and delivery.*

There are particular funding demarcations between the Commonwealth and the State that affect service provision in the Moorabool Shire. Most apparent in this case is the funding for community health (state government funding for community health, and federal government funding for communities under 5,000 people through the Regional Health Services Program). There should be better ways to accommodate local government areas at the interface of rural / metropolitan boundaries. One consequence of this is that there is no agency funded to lead and coordinate community health as its primary role across the Shire.

Responding Effectively to Diversity Within Our Rural Communities

7. *Diversity of communities across rural Victoria must be taken into account when planning for future delivery of services.*

This report demonstrates that diversity of need exists even at the local township level:

- Significant contrasts in socio-economic status;
- Diversity in the proportions of age groups;
- Location of work and education opportunities;
- Magnitude of populations; and,
- Infrastructure available to local communities.

3.5 Summary of Service Delivery Issues and Conclusion

The current health system is complex. Overlaying a social health approach makes it even more so. Whilst statistics can be gathered about each agency and service, they do not indicate the interdependency between providers or the quality of service coordination. Only audits, matched with consumer feedback, can provide accurate information about how well the system is working.

The delivery of health services in Moorabool Shire has enough examples of under-resourcing and misalignment between comparative need and service usage to indicate that there are substantial issues that need to be addressed.

For Moorabool Shire, first and foremost the complexity of the system has to be simplified to achieve greater clarity for service provision. This needs to be supported by mechanisms for coordination that are largely in place. This could further be assisted by planning frameworks that identify communities of interest and the various needs within these communities. Government also must allow more flexibility as is indicated in policy discussion on funding reform (DHS, 2005, p66).

The role of this report is to provide a tool for stakeholders to find direction in planning for the future social health of Moorabool Shire residents. This analysis provides seven broad themes that are supported by a range of evidence. These themes could form the basis for the planned direction-setting forums that are intended in the next phase of the local area planning process. Consultation with interest groups, organisations and local communities will test out these analyses, refine our understandings about identified health needs and service gaps, and prepare action plans.

The Shire boasts good service coordination networks including the Moorabool Shire Council's Health and Wellbeing Advisory Committee, NEXUS (based around Bacchus Marsh service providers), and the newly formed BLAST (convened by Ballan District Health & Care). These provide a strong foundation for continuing to improve the planning and delivery of services across the Shire.

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Appendices

Appendix A

Prevalent cases by Disease for residents (males and females combined) in the Shires of Moorabool and Mitchell, and City of Ballarat in 2001 for males and females combined (Public Health Branch, 2006).

Disease	Shire of Moorabool <i>n</i>	Shire of Mitchell <i>n</i>	City of Ballarat <i>n</i>
Lower Respiratory Tract infections: Pneumonia	0	0	0
Mouth & oropharynx cancers	13	14	40
Cancer oesophagus	0	0	8
Cancer stomach	0	0	14
Cancer colon/rectum	53	55	226
Cancer pancreas	0	0	7
Cancer lung	11	12	47
Melanoma	29	29	96
Cancer breast	63	69	242
Cancer ovary	0	6	20
Cancer prostate	59	58	212
Cancer kidney	13	12	48
Cancer brain	0	5	15
Lymphoma	15	20	70
Leukaemia	7	8	34
Other malignant cancers	0	0	0
Diabetes mellitus-NIDDM	986	1029	5348
Oth. endocrine and metabolic disorders	0	0	0
Alcohol abuse/dependence	581	797	3491
Heroin abuse/dependence	51	60	154
Schizophrenia	107	119	351
Depression	562	688	2153
Bipolar disorder	90	104	376
Social phobia	478	544	1610
Generalised anxiety disorder	540	600	1815
Borderline personality disorder	154	166	562
Dementia	139	153	898
Epilepsy	26	77	261
Parkinsons	31	30	137
Vision loss correctable by spectacles	244	263	994
Hearing loss	2216	2360	9725
Other nervous system and sense organ disorders	0	0	0
Ischaemic heart disease	155	172	739
Stroke	134	139	587
Inflammatory heart disease	22	23	81
Other cardiovascular disease	0	0	0
COPD (emphysema and chronic bronchitis)	262	284	1173
Asthma	1703	2157	6124
Other chronic respiratory diseases	0	0	0
Liver cirrhosis	8	9	31
Nephritis/nephrosis	18	19	67
Benign prostatic hypertrophy	142	142	558
Infertility	116	139	397
Rheumatoid arthritis	83	85	315
Osteoarthritis	311	323	1237

Congenital abnormalities	222	263	658
Other non-specific congenital anomalies	0	0	0
Oral health	12320	13768	42166
Dental caries	9685	11008	32283
Miscellaneous conditions Chronic fatigue/SIDS	14	16	45

Appendix B

Prevalent cases by Disease for males and females in the Moorabool Shire by age cohort in 2001 (Public Health Branch, 2006).

Disease	AGE COHORTS (<i>n of prevalent cases</i>)									
	0 – 4 years	5 – 14 years	15 – 24 years	25 – 34 years	35 – 44 years	45 – 54 years	55 – 64 years	65 – 74 years	75 + years	Total *
Mouth & oropharynx cancers										
Males	0	0	0	0	0	0	0	0	0	10
Females	0	0	0	0	0	0	0	0	0	0
Cancer colon/rectum										
Males	0	0	0	0	0	0	7	11	8	30
Females	0	0	0	0	0	0	0	6	8	23
Cancer lung										
Males	0	0	0	0	0	0	0	0	0	7
Females	0	0	0	0	0	0	0	0	0	0
Melanoma										
Males	0	0	0	0	0	0	0	0	0	23
Females	0	0	0	0	0	0	0	0	0	6
Cancer breast										
Males	0	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	9	18	16	11	8	63
Cancer prostate										
Males	0	0	0	0	0	0	16	21	18	59
Females	0	0	0	0	0	0	0	0	0	0
Cancer kidney										
Males	0	0	0	0	0	0	0	0	0	8
Females	0	0	0	0	0	0	0	0	0	5
Lymphoma										
Males	0	0	0	0	0	0	0	0	0	8
Females	0	0	0	0	0	0	0	0	0	7
Diabetes mellit.- NIDDM										
Males	0	0	0	0	45	119	198	168	96	626
Females	0	0	0	0	29	64	76	78	113	360
Alcohol abuse/depend.										

Males	0	0	41	95	141	93	44	18	6	439
Females	0	0	23	46	44	20	7	0	0	142
Heroin abuse/depend.										
Males	0	0	0	9	10	5	0	0	0	31
Females	0	0	0	6	6	0	0	0	0	20
Schizophrenia										
Males	0	0	0	11	20	15	8	0	0	62
Females	0	0	0	6	13	11	7	0	0	45
Depression										
Males	0	0	19	38	67	62	33	12	0	241
Females	0	7	24	57	95	76	41	15	7	322
Bipolar Disord.										
Males	0	0	0	13	20	13	6	0	0	56
Females	0	0	0	8	11	7	0	0	0	34
Social phobia										
Males	0	5	22	38	56	44	24	12	6	207
Females	0	7	31	58	75	51	26	13	8	270
Generalised anxiety dis.										
Males	0	0	13	28	56	55	30	15	6	205
Females	0	0	14	41	91	84	53	30	20	335
Borderline personality disorder										
Males	0	0	7	24	34	24	9	0	0	102
Females	0	0	8	15	15	8	0	0	0	52
Dementia										
Males	0	0	0	0	0	0	0	13	36	54
Females	0	0	0	0	0	0	0	13	66	84
Epilepsy										
Males	0	0	0	0	0	0	0	0	0	14
Females	0	0	0	0	0	0	0	0	0	12
Parkinsons										
Males	0	0	0	0	0	0	0	6	9	17
Females	0	0	0	0	0	0	0	0	8	14
Vision loss correctable by spectacles										

Males	0	8	7	6	9	12	17	22	27	109
Females	0	8	7	7	10	12	17	23	51	134
Hearing loss										
Males	0	0	9	25	76	196	359	418	332	1415
Females	0	0	5	24	64	93	177	205	232	801
Ischaemic heart disease										
Males	0	0	0	0	0	9	16	23	36	87
Females	0	0	0	0	0	0	8	14	41	68
Stroke										
Males	0	0	0	0	6	10	10	15	16	60
Females	0	0	0	0	11	11	12	15	21	75
Inflammatory heart disease										
Males	0	0	0	0	0	0	0	0	0	14
Females	0	0	0	0	0	0	0	0	0	7
COPD (emphysema and chronic bronchitis)										
Males	0	0	0	5	14	25	40	44	33	161
Females	0	0	0	0	12	15	19	20	33	101
Asthma										
Males	0	185	124	68	90	82	51	32	18	654
Females	30	212	148	135	182	142	90	58	52	1049
Liver cirrhosis										
Males	0	0	0	0	0	0	0	0	0	6
Females	0	0	0	0	0	0	0	0	0	0
Nephritis/nephrosis										
Males	0	0	0	0	0	0	0	0	0	10
Females	0	0	0	0	0	0	0	0	0	7
Benign prostatic hypertrophy										
Males	0	0	0	0	0	15	44	52	30	142
Females	0	0	0	0	0	0	0	0	0	0

Infertility	0	0	0	20	14	6	0	0	0	45
Males	0	0	7	32	26	6	0	0	0	71
Females										
Rheumatoid arthritis										
Males	0	0	0	0	0	0	6	6	0	24
Females	0	0	0	0	6	12	15	13	12	58
Osteoarthritis										
Males	0	0	0	0	8	24	35	51	57	175
Females	0	0	0	0	0	10	19	35	70	135
Congenital abnormalities										
Males	101	12	0	0	0	0	0	0	0	125
Females	68	11	0	0	0	0	0	0	0	97
Oral health										
Males	378	865	633	583	928	959	683	505	363	5898
Females	363	828	581	651	1022	956	741	587	693	6422
Dental caries										
Males	378	865	616	537	781	717	453	289	193	4830
Females	363	828	566	601	828	653	418	276	321	4854
Miscellaneous conditions Chronic fatigue/SIDS										
Males	0	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	0	0	0	0	0	10

Note. Cases ≤ 5 are not displayed for age cohorts (at an LGA level), in accordance with privacy information.

Appendix C

Public patient hospital separations and bed days by specialty for Moorabool Shire residents in 2004 – 2005 (Ballan District Health & Care, 2006).

Specialty	Separations				Bed days				Average Overnight LOS
	Same Day	Over-night	Total	% of total	Same Day	Over-night	Total	% of total	
Cardiology	41	224	265	5%	41	963	1004	6%	4.30
Cardiothoracic	0	20	20	0%	0	176	176	1%	8.80
Dental	84	6	90	2%	84	16	100	1%	2.67
Endocrinology	25	38	63	1%	25	174	199	1%	4.58
ENT	99	191	290	5%	99	326	425	2%	1.71
Gastroenterology	219	188	407	7%	219	810	1029	6%	4.31
General Medicine	97	163	260	5%	97	1005	1102	6%	6.17
General Surgery	181	324	505	9%	181	1454	1635	9%	4.49
Gynaecology	163	106	269	5%	163	353	516	3%	3.33
Haematology	24	49	73	1%	24	246	270	2%	5.02
Neonatology	21	302	323	6%	21	1412	1433	8%	4.68
Nephrology	25	16	41	1%	25	78	103	1%	4.88
Neurology	36	123	159	3%	36	719	755	4%	5.85
Neurosurgery	12	44	56	1%	12	237	249	1%	5.39
Obstetrics	99	334	433	8%	99	1279	1378	8%	3.83
Oncology/ Radiotherapy	187	9	196	3%	187	63	250	1%	7.00
Ophthalmology	43	32	75	1%	43	54	97	1%	1.69
Orthopaedics	105	243	348	6%	105	1185	1290	7%	4.88
Other/ ungroupable	4	0	4	0%	4	0	4	0%	0.00
Plastics	46	64	110	2%	46	226	272	2%	3.53
Psychiatry	50	94	144	3%	50	865	915	5%	9.20
Rehabilitation	1	40	41	1%	1	968	969	6%	24.20
Renal Dialysis	994	1	995	18%	994	1	995	6%	1.00
Respiratory	21	262	283	5%	21	1390	1411	8%	5.31
Rheumatology	15	27	42	1%	15	114	129	1%	4.22
Urology	44	87	131	2%	44	330	374	2%	3.79
Vascular	5	27	32	1%	5	202	207	1%	7.48
Total	2,641	3,014	5,655	100%	2,641	14,646	17,287	100%	4.86

Appendix D

Public hospital separations for Moorabool Shire residents in 2004 - 2005 by specialty group and location of treatment (Source: DHS, Grampians Region).

Specialty Group	Location/Area of Treatment			
	Moorabool Shire	Grampians Region	Treated Elsewhere	Total
Neurosurgery	7*	14	32	53
Vascular	10	9	29	48
Orthopaedics	139	141	135	415
Neurology	38	47	94	179
Ophthalmology	1	36	40	77
ENT	101	67	78	246
Cardio-thoracic	0	1	11	12
Cardiology	65	133	168	366
Rehabilitation	0	42	32	74
Dental	31	46	72	149
Rheumatology	9	16	31	56
Plastics	16	35	49	100
General medicine	127	129	102	358
Psychiatry	57	93	47	197
General surgery	164	174	159	497
Nephrology	8	25	9	42
Renal dialysis	356	179	79	614
Urology	67	47	33	147
Gynaecology	103	63	51	217
Obstetrics	294	104	117	515
Neonatology	162	58	54	274
Haematology	57	19	72	148
Respiratory	138	98	116	352
Oncology/radiology	94	115	100	309
Endocrinology	32	21	24	77
Gastroenterology	162	131	113	406
TOTAL	2238	1843	1847	5928

*Note. This may be a coding error.

Appendix E

Community Strength indicator for Moorabool, Victorian state and surrounding/comparative LGAs (Department for Victorian Communities, 2005).

Community Strength Question	Region/LGA					
	Victorian State	Ballarat	Hepburn	Mitchell	Moorabool	Pyrenees
Can get help from friends family or neighbours when needed?	86.7	87.8	83.4	88.5	87.9	89.4
Do you feel safe on your street alone after dark?	72.4	63.6	77.6	72.4	78.7	77
Do you feel valued by society?	74.1	77.2	79.8	76.3	73	78.1
Do you feel there are opportunities to have a real say on issues?	59.6	61.7	63.7	64.1	60	69
Volunteers (Yes)	38.7	39.3	35.7	36.1	39	53.5
Volunteers (yes + sometimes)	51.1	53.3	45.4	44.9	51	59.7
Is a member of an organised group	56.9	61.9	52.3	48.2	56.6	68.9
Group has taken local action	47.4	37.2	52.5	47.9	47.7	56.1
Parental involvement in schools	64.8	67.2	64.3	55.2	59.3	68.6
Are you on a decision making board or committee?	23.6	24.4	19.1	23.6	22.1	39.2
Have you attended a community event in the past 6 months?	62.5	59.4	66.6	62.8	63.9	76.2
Feels multiculturalism makes life in the area better	86.9	88.2	87	78.9	87.5	79.3
Could raise \$2000 in two days in an emergency	63.2	59.9	64.1	60.6	66.3	65.2
Do you like living in your local community?	92.9	94.9	94.3	92	95.5	90

Appendix F

Agencies Contacted

1. annecto – The People Network
2. Bacchus Marsh & District Disability Resource Forum
3. Bacchus Marsh Grammar School
4. Bacchus Marsh Medical Centre
5. Ballan & District Community House & Adult Education Centre
6. Ballan District Health & Care
 Ballan & District Soldiers' Memorial Bush Nursing Hospital & Hostel Inc.
 Festival of Hope
7. Ballan Family Practice
8. Ballarat City Council
 Family Day Care
9. Ballarat Community Health Centre
 Adult Psychiatric Rehabilitation program Of the Central Highlands (APROTCH)
 Begonia Carers' Support Group (APROTCH)
 Home-Based Outreach Support Service
10. Ballarat District Nursing & Healthcare Inc
11. Ballarat Health Services
12. Ballarat Regional Multicultural Council
13. Blackwood Senior Citizens Centre Inc.
14. Caroline Chisholm Society
15. Centacare Ballarat – Diocesan Services
16. Centrelink
17. Child and Family Services - Bacchus Marsh
18. City of Ballarat
19. City of Greater Geelong
20. Cutting Edge Chiropractic Ballan
21. Darley Neighbourhood House and Learning Centre
22. Dental Health Services Victoria
23. Department of Human Services
24. Djerriwarrh Health Services
 NEXUS – Bacchus Marsh human services workers' network auspiced by Djerriwarrh
 Health Services
25. The Elms Family Medical Centre, Bacchus Marsh
26. Hepburn Health Service
 Community Health Centre Trentham
 Hospital and Hostel Trentham
27. Hepburn Shire Council
28. McCallum Disability Services
29. Melton Shire Council
30. Macedon Ranges Shire Council
31. Merrimu Services Inc
32. Moorabool Shire Council
33. PINARC
34. Central Highlands Primary Care Partnership
35. Providence Hostel Catholic Homes for the Elderly Bacchus Marsh
36. Relationships Australia – Ballarat
37. SHASP – Social Housing advocacy and Support Program Ballarat
38. Uniting Care Ballarat
39. Western Regional Disability Network
40. Wyndham City Council

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
Services offered to Moorabool residents by agencies based within the Moorabool Shire							
1.	Adam Remboulis Pharmacy Bacchus Marsh	Pharmacist					Gisborne Rd Bacchus Marsh (03) 5367 4700
2.	Bacchus Marsh & District Disability Resource Forum	Support services for people with disability Volunteer Support Network Level 1	Provides resources and information including referral linking to services. Planning of social events for disabled people	Provided on a needs basis. Volunteers available by telephone when support is needed	30 volunteer members involved – All members are untrained Free of charge Forum receives 2 to 3 calls a month requesting support	Small volunteer organisation Sometimes provide advocacy between clients and services	PO Box 74 Bacchus Marsh 3340 Organisation does not have a headquarters. (03) 5367 1289 Jenni Reichman
3.	Bacchus Marsh Chiropractic Centre						9 Turner St Bacchus Marsh (03) 5367 1318
4.	Bacchus Marsh Grammar Bacchus Marsh	School welfare Level 1	School-based welfare & support	Part of one teacher's duties	Free for students	Fully qualified counsellor	South Maddingley Rd BACCHUS MARSH 3340 Reception: (03) 5366 4800
5.	Bacchus Marsh Medical Centre Bacchus Marsh & Darley	Level 1,2,3 Level 1, 2	General Medical practice General Medical practice	24 hours at Turner St 8.30am – 5pm Monday to Fri	Bulk billing for aged and pension holders Bulk billing for aged and pension holders	Main practice runs from Bacchus Marsh Branch, Darley branch functions as peripheral service	Bacchus Marsh Turner Street Reception 03 5367 3333 Darley Plaza Gisborne Road 03 5367 5000

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6.	Ballan & District Community House & Adult Education Centre Ballan	Adult Education Centre Level 1	Adult education and special interest groups Health and wellbeing classes Information and referral service	M-F 10-3	Fees apply Photocopying, faxing, laminating, computer internet access available	A range of health and wellbeing, activities and other courses on offer each term	Mechanics Hall, 143 Inglis St BALLAN 3342 (03) 5368 1934 Email: info@bchvic.org
7.	Ballan District Health & Care (Ballan & District Soldiers Memorial Bush Nursing Hospital & Hostel Inc.) Ballan	Acute Care, Emergency Stabilisation, Ballan Hostel & Nursing Home, Community Transport, CACP, Day Respite, Dementia Unit, Meals on Wheels, Men's & Women's Health, Physiotherapy Podiatry, Psychologist, Retirement Units, Welfare/ Counselling Level 1,2,3	Hospital, information, referral, massage therapy, mental health, nursing, optometry, physiotherapy, podiatry, therapy/counselling, aged care, clinic, community health, dietetics, disability, drug/alcohol, health promotion; women's & men's health clinic; Nutrition for Young People	Hospital provides 24 hour/7 day per week care Provides acute care with 4 beds Joint funded with Hepburn HS Trentham and various services different funding	Ballan & District (15 – 20 km radius) Provides acute care for those recovering from illness, injury or surgery. Podiatry: M & every 2 nd W. Funded towards HCC holders & pensioners. District Nursing: 1.2. Available M – F 8.30 – 5, weekend by arrangement Welfare officer works 2 days per week; Psychologist 1 day Dental: Nil (management trying to obtain)	Concern re: dental health access Podiatry waiting: up to 2 weeks Psychologist waiting: 1-2 weeks District Nurse Waiting: 1-2 days (nurse crosses over with CACP [div 2] nursing) Welfare/ Counselling: Tues & Thurs by appointment	33 Cowie St BALLAN 3342 Reception (03) 5368 1100 M-F 9-5 (Manager: Glenn Rowbotham)
8.	Ballan District Health & Care/Moorabool Shire Council/Ballan Community House	Festival of Hope	Community support and awareness raising concerning grief and loss; once a year activity – healing day or festival/ceremony	One main event per year, with support and organisation leading up to the event	For anyone in the Shire affected by loss Volunteers Support of the Ballan District Health & Care Community Nurse		Ballan District Health & Care

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9.	Ballan Family Practice Ballan	(associated with Hospital) Level 1,2,3	Numerous GP services. Two GPs. Will refer if not able to fulfil needs of patient. Will home visit (to regular patients only)	40hrs/week (up to 43) M-F 9-6 Sa t9-12 On call 24 Hours	Bulk billing available. All patients seen. Will only conduct home visits to regular patients. Serves Moorabool Shire residents and boundaries (Meredith, Ballarat, Trentham)	Volume: 20 000 patients/yr. Waiting list: minimal, (worst case scenario 24hr wait)	91 Simpson St, Ballan, 3342 Reception: (03) 5368 1079
10.	Ballan Physiotherapy Clinic	Range of physiotherapy services	Neck, back, joint pain; Sports and work injuries; post-surgical rehabilitation		Fees apply; by appointment No referral required Also service clients of TAC, Workcover and Veterans' Affairs		25 Fiskin St, Ballan (03) 5368 1059 or 0404 221003
11.	Caroline Chisholm Society Bacchus Marsh	Counselling and emergency assistance for those with children. Level 1, 2	Counselling pregnancy & family support & PND support. Crisis support for victims of sexual assault who require help.	2 days/ week	Families with young children & expectant mothers in Bacchus Marsh/Darley area Women must be pregnant or have a child under six in the family to be eligible for the PND service.	4-6 weeks waiting list	30 Gell St Bacchus Marsh (03) 9370 5122 Mary
12.	Central Highlands Primary Care Partnership Ballarat, Moorabool, Hepburn and Golden Plains LGAs	Connecting-care Fad Diets Won't Work Smiles 4 Miles Youth Options Guarantee Diabetes Working Party Childhood obesity Preschool dental health	Health promotion Improved access to services Community consultations & local youth theatre Preschool dental Link to education for early leavers		A voluntary alliance of 24 health, education & human service agencies to improve health & wellbeing in the Central Highlands community	Working with Ballan District Health & Care With Djerriwarrh HS With Central Highlands LLEN With Moorabool Shire 2006 – 2009 Community Health Plan	

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
		Level 1				Identified Priority Areas: 1. Food, nutrition and oral health; 2. Physical Activity 3. Mental Wellbeing and social connectedness.	
13.	Centrelink Agent Ballan	Job seeking, Disability Support; Family payments Carer payments NEWSTART JSA, JET, Austudy, Youth Allowance	Income support services, job search, work skills, counselling and employment preparation	Mon – Friday 10.00-2.00	Eligibility conditions vary according to payment type	Variety of financial, employment and practical services available to eligible persons	143 Inglis Street Ballan 3342 Ph. 131 021 website at http://www.centrelink.gov.au
14.	Child and Family Services Bacchus Marsh	“Reconnect”, Gamblers’ Help and Financial counselling, Family Support Innovations Project Supported Accommodation Assistance Program (SAAP Level 1	Family support, Problem gambling counselling, C&AMHS Bacchus Marsh & visiting Services Medium-long term accommodation options for those homeless or at risk.	40/week Approx 64 houses available	All services provided are free and confidential Varies; young people leaving home SAAP: 2 full time workers Users: cross target, 16+yrs	Seeking to establish a No Interest Loans Scheme for Bacchus Marsh residents Priority wait lists for housing are extensive, frequently 24 months+	12 Grant St BACCHUS MARSH 3340 (03) 5367 1588 Jenni Shields Maria Pavia or Nellie Beck (03) 5367 1588
15.	Cutting Edge Chiropractic Ballan	Chiropractic clinic		4 days per week	Private; fees apply. Local promotion offer advertising first consultation for free.		33 Cowie St Ballan 5368 1888

Appendix G: Agencies providing health and welfare services to Moorabool residents

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16.	Darley Neighbourhood House and Learning Centre Darley	Level 1	Information & referral service Regularly advertises a wide range of classes and courses offered Childcare services	Monday to Friday - 9.00am - 5.00pm	Fees apply, varies between services		33 Jonathan Drive, Darley, 3340 5367 4390 Fax: 5367 7597 Email: coordinator@darleynh.com.au
17.	Djerriwarrh Health Services Bacchus Marsh	Bacchus Marsh & Melton Regional Hospital Grant Lodge Bacchus Marsh Bacchus Marsh CHC Backdoor Clinic (offered in Bacchus Marsh by appointment) Consumer Care Needle Syringe program Moorabool Alcohol and Other Drug Services	Primary Injury Service, Surgical and Medical facilities, Maternity Unit Residential Care Unit Primary Care including Community Nursing, Paediatric allied health; Palliative Care, Allied Health & Counselling/ casework additional health promotion HAAC, Speech Occupational Therapy, Podiatry and Dietetics Consumer Care is a transport service providing a vehicle and volunteer vehicles taking	41 beds, and 3 renal dialysis chairs for patients. 30 aged care beds 5991 units (hours) in Moorabool in 2004 6,000 units (hours) in Moorabool in 2004 Service & Assess-ments: Mon - Thur 9-5 Backdoor Clinic: Thursdays	Interpreting Services: Available by phone or prebooked appointment. Fees: A minimal fee applies for some services. Disabled Access All services available to residents of Moorabool Shire; (most services shared with Melton residents; Moorabool Alcohol & Other Drug Services just for Moorabool residents) In 2004, Moorabool Shire clients comprised 33% of DjHS HACC activity & 15% of CH activity Speech pathology 452 units; podiatry 128 units; dietetics 384 units; counselling/casework 256 units; AH provided in Melton for BM/M residents 768 units; CH nursing 768 units; health promotion	<i>[Melton Health Super Clinic construction has commenced; due to open Jan 2007]</i> Public Transport: Bus service available. Disabled Access: Access independently by person with limited mobility. In 2004, CH was jointly funded by Grampians Region and Western Region Grampians: 382 units (\$20,000) for health promotion Western: Allied Health	Grant and Turner Streets, Bacchus Marsh Judy Gregurke JudyG@djhs.org.au (03) 8746 1000

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
		Level 1,2,3	clients to services as needed Alcohol and Drug counselling services	4.30pm - 7.00pm (by arrangement)	1,715 units. Total cost= (\$283,809)		
18.	The Elms Family Medical Centre Bacchus Marsh	General practice Level 1, 2	Seven doctors are involved in the practice	8.30-7.30 M-F; 8.30-12.00 Sat 10-12 Sun	Bulk-billing only of card holders		160-176 Main Street, Bacchus Marsh 03 5367 6662
19.	Gisborne Rd Dental Surgery Bacchus Marsh	Private dental Level 1, 2			Fees apply		129 Gisborne Rd Bacchus Marsh (03) 5367 2487
20.	Harrisons Health Beauty Pharmacy Bacchus Marsh	Pharmacy					Bacchus Marsh Village Shopping Centre (03) 5367 8600
21.	"The Laurels" Bacchus Marsh Adult Education Centre Bacchus Marsh	Level 1	A community managed not for profit adult education provider		Bacchus Marsh, Ballan and Melton Communities.		229 Main Street Bacchus Marsh 3340 (03) 5367 1061
22.	Lerderberg Chiropractic Centre Bacchus Marsh	Chiropractic	Private chiropractic		Fees apply		16 Grant St Bacchus Marsh (03) 5367 5690
23.	McCallum Disability Services	Day Programs, In home support, Respite Level 1,2	Disability Service		Eligible under the Disability Services Act 1991		29 Learmonth Street, Ballarat 53 341 921
24.	Main Street Dental Service Bacchus Marsh	Private dental Level 1, 2					223 Main St Bacchus Marsh (03) 5367 5355

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25.	Merrimu Services Inc.	Day Programs Also transport between Melton & BM campuses Level 1,2	A range of day programs is available; skills as well as social programs	M-F 9.00-3.30	113 clients – a mix of clients Eligible under the Disability Services Act 1991.	Merrimu operates in Bacchus Marsh (Head office) & Melton Campus	Bacchus Street, Bacchus Marsh 53 671000 Trish 9747 8980
26.	Moorabool Shire Council - Aged & Disability Services Dunnstown, Ballan, Bacchus Marsh	Adult Planned Activity Group Respite Care Community Meals HACC; Meals on Wheels; Well for Life Level 1	Aged & Disability	Varied; most centres open for meals weekly; HACC according to needs as assessed	In home assessment to ascertain needs and eligibility Disability Services Act 1991. Well for Life with Ballan District H&C Council supports Senior Citizens Centres at Bacchus Marsh, Ballan, Blackwood, Dunnstown	Also: Senior Citizens Services Bacchus Marsh, Ballan Offer day activities with some MSC support	(03) 5366 7100 Terry Fraser
27.	Moorabool Shire Council – Environmental Health Services Bacchus Marsh Ballan	Immunisation program Level 1, 2	Immunisation according to prescribed age schedule for infectious disease control	Monthly sessions held at Ballan and Bacchus Marsh	Short morning sessions held Ballan & District Hospital, on 3 rd Wed of each month; Bacchus Marsh Senior Citizens' Centre - 1 st Wed of each month.		(03) 5366 7100
28.	Moorabool Shire Council – Family Services Bacchus Marsh Ballan	Family Day Care Occasional Care Level 1	Training and co-ordination of family day care providers	Flexible FDC Occ care M, W, F BM	Flexible delivery of child care services to children aged under 6 years Cost is \$3.60 per hour for FDC permanent care and \$5.00 for casual care Occasional care = \$4.00 ph		Lerderderg Children's Centre, 75 Albert Street Bacchus Marsh, 3340 rear of the Shire Office in Ballan Occasional Care (03) 5367 8786

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29.	Moorabool Shire Council - M&CH: Bacchus Marsh; Ballan Bungaree Darley	Maternal & Child Health Level 1, 2	Breast feeding Child health & development Maternal health PND care Parent/child relationships Home & car safety Child accident and injury prevention Immunisation Family planning	Consultation by appointment, home visits	M& CH services free to parents (of child/ren under school age) who live or work in the Shire Hours: Bacchus Marsh: 9-4 Mon-Th & alternate Fridays; Ballan: 9-4 M-W & alternate Thursdays Bungaree: Wed only Darley: 9-4 Mon-Thurs		30 Gell St Bacchus Marsh 88 Simpson St Ballan, 3342 323 Bungaree-Wallace Road, Bungaree 75 Albert St & Nelson Sts, Darley 3340 (03) 5366 7100
30.	Moorabool Shire Council - Financial Assistance Bacchus Marsh	Emergency Relief Financial Counselling Level 1	Food voucher, assistance, referral, advice Financial Counsellor gives information or makes appropriate referrals to assist clients	Appointment only.	For Moorabool Shire residents who need assistance and advice. Available by appointment only on Tues 9.30 – 2.30 and Thurs 12.00 -5.00	Assists individuals, couples and families on low incomes, experiencing gambling related issues or hardship	Community Centre, 213 Main Street, Bacchus Marsh 3340 (03) 5366 7100 (03) 5367 1588.
31.	Moorabool Shire Council – Youth Services	Youth Services Level 1	Programs, activities, information directory, referral and support				213 Main Street, Bacchus Marsh 3340 (03) 5366 7100
32.	The Neighbour's Place Bacchus Marsh	Community Service Foodbank Level 1	Emergency supplies Information and referral service Access to read/buy Christian Literature	Monday, Wednesday and Friday - 9.30am - 3.00pm	'Drop in for a free cup of tea or coffee'		21 Gell Street Bacchus Marsh 3340 5367 6222

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33.	Providence Hostel Catholic Homes for the Elderly - Bacchus Marsh	Providence Hostel Offers community aged care packages to Moorabool Shire population Chronic and complex Level 1,2	58 fully equipped ground floor single bedroom independent living units, including 1 respite place	Permanent staff on duty 24 hours/day 7 days/week Resident turnover varies, approx 14 places/year	Eligible applicants must be over 60 years of age, in receipt of full or part pension and no longer in work force; or young with chronic disease or disability. One-off Ingoing Contribution and a monthly rental. Ingoing Contribution based on an 'Assets Test' and applies to all units. Units immediately available to singles & couples with assets up to \$217,500	No defined catchment area	9 Griffith St Bacchus Marsh Joan Donoghue CEO (03) 8862 9000
34.	Salvation Army Ballarat Bacchus Marsh	Opportunity shop Level 1	Emergency relief and personal support Emergency accommodation				
35.	UFS Dispensaries • Bacchus Marsh • Ballan	Pharmacy					25-27 Grant St Bacchus Marsh (03) 5367 2134 129 Inglis St Ballan (03) 5368 1232
36.	Uniting Care Ballarat - Bacchus Marsh	Aged & disability 'Bethany' Alcohol & Drugs: Counselling, Consultancy &	Acquired Brain Injury Brokerage, "Buddies", "Do Care", Community Visitor Scheme, Community Transport,	Limited outreach available to Moorabool residents	All counselling & assistance in regards to alcohol & drugs Clients can be seen in own homes for most services, however discouraged due to	Wait: 2-3 weeks, up to a month Referral: GP, self, other.	Reception Ballarat 105 Dana St Ballarat 3350 (03) 5332 1286 or (03) 5331 1732 www.unitingcareballarat.com.au

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		Continuing Care (CCCC), Dual Diagnosis Case Counselling, Youth Outreach Transitional Housing Management (THM), Social Housing Innovations Project (SHIP), Rooming Houses Emergency relief program Level 1, 2	Residential Supported Visiting Program (RSVP), Counselling & support for individuals with alcohol/drug related problems; Specialist counselling & support for people with both substance & mental health issues Housing Information & Referral, Transitional Housing, Housing Establishment Fund	8 services Mostly Ballarat-based; 40 hours/ week, some after hours, specifically Tues until 7pm. 2 days/ per week in Bacchus Marsh 1 crisis house	resulting increase in wait list. Dual Diagnosis: Clients can be seen in their home if they live within a 30-50km radius of Ballarat Assists clients to re-establish themselves in the community Free. Some forms of assistance may require income eligibility. 16yrs+ Rooming house: 2 houses for long term low income tenants	Clients are asked to travel to Ballarat due to limited resources for outreach In conjunction with CAFS Bacchus Marsh.	Sue Adams Alcohol & Drugs Program (03) 5337 2743 (clients access via reception) Leigh Skewes (03) 5337 2737 30 Gell St Bacchus Marsh 3340 Leanne Gunn in Bacchus Marsh Wed & Thurs (03) 5367 1741
Visiting Services– offered to Moorabool residents at sites within the Moorabool Shire by a visiting agency							
37.	annecto – The People Network	Emergency After Hours Response Service (EARS) Level 1	Responsive and flexible free support to eligible people in unexpected need; Short-term personal care, telephone and in-home support	After hours support provided to eligible people	Eligible people are carers, people with a disability and people who are ageing; Free	Service provided in the Moorabool Shire	April Archbold (03) 5338 7160
38.	Ballarat Community Health Centre - Bacchus Marsh	APROTCH	Mental Health Services Rehabilitation for adults with mental illness provided through a number	APROTCH worker in Bacchus Marsh on Weds	Clients of APROTCH are aged over 16 with diagnosed serious mental illness; Service in Bacchus Marsh on Wednesday is offered in conjunction with Outer West	Free. Very occasional use by Moorabool residents for Home-Based	213 Main Street, Bacchus Marsh APROTCH Cnr Queen St & Dyte Pde, BALLARAT 3350

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		<p>Alcohol and Other Drug Youth Outreach Worker visits Bacchus Marsh</p> <p>School Focused Youth Service</p> <p>Health Promotion</p> <p>Level 1, 2</p>	<p>of programs. Development & delivery of structured social & living skills program from home. Counselling, information and support for young people who are struggling with their drug and alcohol use SFYS works with young people aged 10-18 in schools throughout the municipalities of Ballarat, Moorabool, Golden Plains & Hepburn</p>	<p>Outreach by appointment</p>	<p>Psych Disability Services Association St Albans by appointment Those with a serious mental illness aged 16 – 64. Referrals predominantly from Ballarat Health and Psychiatric Services or by GPs.</p> <p>Outreach on Wednesday in Bacchus Marsh by appointment: Counselling, information and support for young people who are struggling with their drug and alcohol use Waiting time depends on current activity Advertised in newspapers and with TV ads 2 years ago.</p>	<p>Outreach Support. (eg. 2 people in last 12 months). The outreach centre is at Djerriwarrh Health Services, Bacchus Marsh, although appointment should be made at Ballarat.</p>	<p>(03) 5338 4500 APROTCH worker in Bacchus Marsh once a week for home-based outreach.</p> <p>AOD Youth Worker conducts outreach in Bacchus Marsh (03) 5338 4500</p>
39.	<p>Ballarat Centre Against Sexual Assault (CASA)</p> <p>Bacchus Marsh outreach</p>	Level 1, 2	Counselling, support & advocacy to victims of sexual assault	An outreach service to Moorabool residents; visits DjHS at Bacchus Marsh every Wed	Free counselling for children, young people and adults who have been sexually assaulted. Support also available to family & significant others.		115A Ascot St Sth (PO Box 577) BALLARAT 3350 (03) 5320 3933
40.	<p>Ballarat District Nursing & Healthcare Inc - Warrenheip area</p>	District Nursing services	In-home support to those seeking care due to a range of causes, such as personal care assistance,	24 hour /7day service	Serves clients within a 30 km radius of Ballarat, including the western parts of the Moorabool Shire. Most clients are referred by a doctor or hospital, but		1818 Sturt St Alfredton (03) 5334 1500

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		Level 1, 2	medication assistance, pain management, wound care, continence care, diabetes care, stomal care, palliative care, occupational therapy assessments		often clients are referred by a family member or they can refer themselves by phoning 53341500. Every client receives an initial assessment of needs and services are provided in relation to the identified care needs and the organisations resources		
41.	Ballarat Health Services ABI Clinic	Case Management Assisted Community Living Packages Information Training and Secondary Consultation	For those who have acquired brain injury		Case Management packages Assisted Community Living Packages and provision of information, training and secondary consultation	Contact ABI Clinic C/O Ballarat Health Services	Ascot Street, Ballarat 53 203700
42.	Ballarat Health Services - Community Programs	Commonwealth Carers' Choice Community Care Packages Regional Palliative Care Team Level 1,2	Respite support available to ageing carers Provides clinical consultation and ongoing education in palliative care	One full-time position allocated to Moorabool Shire; an additional worker is planned.	Respite support available to ageing carers	Contact Carers' Respite Services	Ascot Street, Ballarat (03) 5333 7104 (03) 5320 3895
43.	Ballarat Health Services Psychiatric Services, Bacchus Marsh	CAMHS Psychiatric Disability Support Aged, Adult Acute, Residential	Assists children and adolescents up to 18 years old; Adults; with behavioural, social emotional & development	Services are on call 24 - 7 Office hours 8.30 – 5 Monday - Saturday	This is a free service CAMHS: assist children and adolescents up to 18 years Also adult acute services for 18 years and over Home visits are arranged according to need	36-40 clinicians operating with an average case load of 24 patients serve Ballarat and district,	Sturt St Ballarat VIC 3350 1300 661323 Intake Worker (Ballarat - covers Bacchus Marsh) (03) 5320 4100

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
		Rehabilitation Level 1, 2	problems.		May be self-referral	including Moorabool Shire	
44.	Ballarat Orthodontic Practice Bacchus Marsh	Private dental Level 1, 2				Visiting service from Ballarat uses local dental surgeries	129 Gisborne Rd Bacchus Marsh & 223 Main St Bacchus Marsh (03)5331 6820
45.	Djerriwarrh Health Services - Melton CHC Djerriwarrh Health Services - Melton CHC cont.	Community health Backdoor Clinic Needle and Syringe Program – Community Health Nursing Level 1, 2, 3	Information, care & referrals offered by a local GP, counsellor, Melton Shire Family liaison worker & community health nurse.	Hours: 4.30-7.00 pm Thurs During the week by arrangement 9.00am -5.00 pm Monday to Friday	All Melton programs and services are available to Moorabool residents Residents & students of Melton & Moorabool Shires aged 12-25 are eligible. Referral: Self or by a health professional, welfare teacher, case manager or parent. Fees: Nil. The confidential Needle & Syringe Program (NSI) offers free injectable equipment (syringes, needles, swabs, containers) and safe retrieval of used equipment. Prepared packs (with 5 syringes) are available at the front desk by the administration staff. Other requests are in consultation with the Duty Worker or the Community Health Nurse including referrals. Fees: Nil	Presenting issues may include: contraception & emergency contraception, pregnancy test, STIs & depression. Counselling support, condoms & needle and syringe packs. The Community Health Nurse delivers safer behaviour messages & community education. Anyone is eligible, including clients with diabetes.	Cnr High & Yuille Sts Melton, PO Box 3, Melton 3337 (03) 9747 0700 or 0408 109 032 or (03) 8746 1100 Ph: 8746 1100

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
46.	E. W. Tipping Foundation, Western Victoria	Level 1	Disability respite services and in-home supports		Two group houses with 24-hour service to clients in Ballarat		613 Mair Street, Ballarat (03) 53315667
47.	PINARC Ballarat and district (incl Moorabool)	Making a Difference; Flexible Support Packages Level 1, 2	Disability support services; Early Childhood Intervention & Pre-School Field Officer and Community Therapy services (along with a range of other disability services) - in the Moorabool area, operating from a base in Ballarat.		The client group is children 0-6 with significant developmental concerns/disabilities for early intervention, kindergarten aged children with any developmental issues for the PSFO program, and people aged 6-65 with severe and complex disabilities for therapy	Offers home visiting service, child care centres & kindergartens, with occasional provision of individual therapy or group sessions at specific locations hired for the purpose.	PO BOX 1841 Bakery Hill Business Centre 3345 Jan Ditchburn Manager, Early Childhood Intervention and Therapy Services (03) 5329 1310
48.	School Dental Service - visiting schools (Ballan and Melton)	Level 1	Dental care to all primary school children & eligible adolescents in years 7 & 8, in fixed & mobile dental clinics				Cnr Mair & Doveton Sts Ballarat 1300 360 054 Gillies St Ballarat (03) 5334 2399
Services available to Moorabool residents offered by agencies located outside Moorabool Shire							
49.	Ballarat & District Aboriginal Cooperative Ballarat	Level 1, 2	Drug & alcohol; HACC; men's health, women's health, youth services, recreation programs	9am – 5 pm Mon-Fri	Service is free to clients		5 Market St Ballarat, VIC, 3353 (03) 5331 5344

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
50.	Ballarat Community Health Centre - Ballarat, Wendouree, Sebastopol	Alcohol & Drug Mental Health Counselling, Nursing and Clinical Health Promotion Youth Services Level 1, 2	Includes counselling; ABI support; Group support (e.g. AOD, Begonia Carers, Insight); Chronic illness management, Health Assessments, Pregnancy testing Healthy Lifestyle Youth Housing, SFYS, PODS, PARTH	Services by appointment Groups held once per month	All services may be accessed by Moorabool Shire residents Some fees apply, at minimal cost and relate to capacity to pay These services may work with a range of other services on specific programs to promote health and wellbeing to residents of Moorabool, amongst other municipalities or school clusters	Service usage by Moorabool residents at Ballarat site was approx 70 contacts and 23 individuals over the past 6 months, using services such as fitness classes, community health nursing/ diabetes educator, and podiatry	Head Office 710 Sturt St BALLARAT 3350 Four service sites in Ballarat Sebastopol, Wendouree (03) 5338 4500
51.	Ballarat Health Services	Hospital Services Community Programs	Medical, surgical, same day and overnight bed based services; Specialist services; Accident & Emergency services Community Programs include: Aged Care Assessment Services (ACAS), Ambulatory Care, Carer Services (including Carelink), Continence Service,	24 hour Accident and Emergency Service	Doctors in Ballan Family Practice generally refer to Ballarat for specialist care All hospital services and community programs at Ballarat Health Services are available to residents from the Moorabool Shire.		Drummond St Ballarat (03) 5320 4000

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
		Level 4	Day Centres, Diabetes and Continence Resource Centre, Domiciliary Services, Hospital Admission Risk Program (HARP), Hospital in the Home (HITH), Linkages, Regional Palliative Care Team, Post Acute Care (PAC), Rehabilitation in the Home.				
52.	Ballarat Regional Multicultural Council Ballarat region	Community education English language Telelink Regional settlement – housing assistance Level 1	Provides information to community groups, Programs – English tutoring (tutor matched to clients), individual lessons at home, group lessons at the centre, migrant mentoring – migrant matched with support mentor, Telelink – linking older adults of the same ethnic background	Monday – Friday 9am – 5pm	Services are free to clients A voluntary organisation, however, some programs with funded workers.	Clients tend to be Ballarat based but are not always. All program coordinators work part time, not all are funded	504 Mair St BALLARAT 3350 Reception: (03)5337 0700 Co-Ordinator: Barbara Fong 0353370777

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
53.	BreastScreen Victoria Ballarat	Level 1, 2, 3	Free breast x-ray (mammogram) service Screening program only	Office hours 8.30 - 5 Mon - Fri Screening times vary	Women between 50 and 69 years of age targeted but women over 40 or eligible. Over 50's are sent a reminder when due for check up. Also eligible if identified at risk (with a family/history of breast cancer)	Screening Sites: Ballarat Health Services & St John of God - Ballarat	St John of God, Drummond St Ballarat; Ballarat Health Services (Base) Drummond St Breast Screen- Program Manager 53202106
54.	Centacare Catholic Diocese of Ballarat Ballarat based	Innovations Child and Family Services Regional Parenting Service Relationship Counselling Psychiatric Services Level 1, 2	Central Intake In home family support and case management for families in difficulty. Groupwork programs on parenting and relationship education Office based relationship counselling and conciliation service Supported housing, outreach for people affected by psychiatric illness (adults and young people)		Families with children aged 0 – 17 yrs Support for community groups working with children and families Delivered to local communities on request. Families with children aged 0-17 Supporting those recovering from serious psychiatric illness		PO Box 2537 Bakery Hill, 3354 5337 8999 Peter Clout 1300783341 Anne Munro 53378999 802 Armstrong St North, PO Box 576, BALLARAT. VIC. 3350. (03) 5337 8999 Fax: (03) 5332 4465 Email: centacare@ballarat.catholic.org.au

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
55.	Central Highlands Community Legal Centre; Victorian Legal Aid	Level 1	Provides free legal advice.	Monday to Friday 8.30am - 5.00pm	free community legal information to organisations and groups including school classes and free advice and referrals for people with legal issues		34 Victoria Street Ballarat 03 5331 5999 Victorian Legal Aid 1/474 Ballarat Rd Sunshine 3020 1800 677 402
56.	Centrelink Agent Melton	Job seeking, Disability Support, Family payments; Carer payments NEWSTART JSA, JET; Youth Allowance & Austudy	Income support services, job search, work skills, counselling and employment preparation	Mon - Friday 8.30 – 4.30	Eligibility conditions vary according to payment type	Variety of financial, employment and practical services available to eligible persons	Woodgrove Shopping Centre, Barries Rd Melton, 3337 Ph. 131 021 website at http://www.centrelink.gov.au
57.	Child & Family Services Ballarat	Men & Family Relationships Program Parenting Assessment and Skills Development Service Adolescent Community Placement	Accommodation Services (including Family Group Homes, Foster Care); SFYS; Family Centred Services (Intensive Family support), Children's Contact Services, Brief Counselling				115 Lydiard St (Nth) Ballarat (03) 5337 3333
58.	City of Ballarat Council Ballarat & district	Aged & Disability Services Child & Family Services Community Centres Youth Services, Level 1, 2	Child Care, Family Day Care, Maternal & Child Health.	8.15 – 5pm Mon - Fri	Family Day Care: A few families from Moorabool Shire do use these services.	Data is minimal regarding service to Moorabool residents Minimal use by Moorabool Shire residents	The Phoenix Centre 25 Armstrong St Ballarat 3350 03) 5320 5500 Sandy Brown - Family Day Care (03) 5320 5681

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
59.	Consumer Affairs Victoria	Consumer & Tenancy Enquiries; Other consumer matters Level 1	Community education e.g. talks to community groups, displays & publicity can be provided on request.	M-F 9-5	Assists consumers, traders, tenants and landlords with information, advice, referrals and conciliations.		11 Sturt St Ballarat Level 2/452 Flinders St Melbourne Consumer & Tenancy Enquiries 1300 558 181
60.	Dental Health Services Victoria Ballarat	Community Care – School and Adult Dental Services Level 1, 2,3 Denture services	Van visits primary schools but more rarely since change in policy Ballarat Community Dental Clinic General anaesthetic services	Monday to Friday 8.28am - 4.41pm	Fee structure General dental services: Min \$22 to Max \$88 Emergency dental \$22 School dental services \$27 if no health care card held or free with HCC Outsource some work Short staffed great demand	On average have 2-3 surgeries running full time 10 patients per surgery per week = approx 20-30 patients seen per week	1 Sturt St (cnr Sturt & Drummond) Ballarat (03) 5320 4225 ballarat.clinic@dhs.vic.gov.au www.dhs.vic.gov.au
61.	Hepburn Health Service -Creswick	Community Health & Dental Level 1, 2, 3	Community Dental Clinic	5 days a week			Creswick Community Health Centre, Hill St (03) 5345 8165
62.	Hepburn Health Service - Daylesford Community Health Centre	Community Health & Dental Level 1, 2, 3				Some visiting maternal & child health services	Daylesford Community Health Centre 13 Hospital St, Daylesford (03) 5348 2523
63.	Hepburn Health Service – Trentham Hospital & Hostel Trentham	Nursing Home Hostel District Nursing Meals on Wheels Aged Transport Meals on Wheels Hospital in the Home Level 1, 2, 3	15 high level aged care beds 19 low level aged care beds 1 respite bed Acute health care in the home	24 hour / 7 day care	Fee variable according to DHFS assessment \$6.75 per meal Trentham & district Fee applies; Referral by GP	Assessment by Grampians Aged Care Assessment Team or the Hepburn Shire and meet the HACC guidelines for service	Victoria St, (PO Box 50), Trentham M – F 9am – 5pm for inquiries (03) 5424 1228

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
64.	Hepburn Health Service - Trentham Community Health Service	Rural Access Social Support Community Health Centre Community Health & Support Services Maternal & Child Health - Trentham Maternal and Child Health - Outreach Level 1, 2, 3	Aged & Disability Services (Day Centre, Rural Access, Social Support) Community Health Nurse Dietetics Physiotherapy Podiatry Welfare/ Psychological counselling Domiciliary Midwifery Service; Outreach	Note: For one program, there is joint funding of the Rural Access Worker with Ballan District Health & Care	Free; Elderly, frail aged or young people with disabilities & their carers, living in their own homes, who may be socially or rurally isolated A waiting list applies for aged care services & fees are varied Doctor's referral required for psychological counselling; M&CH Free; Available to mothers & infants particularly if discharged within 5 days of giving birth; Appointment required Outreach available	An estimated 20-25% of clients seen at HHS - Trentham are residents of Moorabool Shire. 24 hour help line 132 229	Albert St, Trentham VIC. 3458. M-F 9-5 for inquiries (03) 5424 1218
65.	Hepburn Shire Council Daylesford & Creswick	<i>Local government services for Hepburn residents</i>			HACC services for residents on the Shire border would only be provided if resources were available; currently no clients.		68 Albert St Creswick (03) 5345 8399 Martin Walmsley
66.	Lisa Lodge Ballarat	Family Adolescent Support; Hayeslee	Family reconnect D&A; Crisis intervention; behaviour change				782 Barkly St Ballarat 5331 3838
67.	Melton Shire Council Melton & district	"MELBAC House" Level 1, 2	Respite centre		Must be resident of the Melton Shire. Possibly would include residents in Bacchus Marsh as it originated between Melton & Bacchus Marsh.		5 Henry St MELTON (03) 9747 7200

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
68.	Outer West Psych Disability Services Association St Albans	Horizons Outlooks Level 1, 2	Drop in day programs Drop-in day & structured programs	M-F 10-4 M-F 10-4	People who suffer from a serious or chronic mental health condition Free service For such people in Melton and Bacchus Marsh	Works in Moorabool in conjunction with APROTCH, Ballarat Community Health Centre	2 Erica Ave (PO BOX 59) ST ALBANS 3021 (03) 9364 4289
69.	Relationships Australia Ballarat	Gamblers' Help Line Relationship Counselling Distance Counselling Service via Freecall number Level 1	Counselling & mediation. Community education occurs through connections with local groups, education discussions and public displays	Phone help via FREECALL 1800 243 696 9-5 M,Tu,F 9-9 W, Th	Individuals, couples and families who are affected by problems associated with gambling. Fees apply for counselling other than problem gambling Counselling sessions by appointment only. Group sessions twice a year for Rebuilding after problem gambling or Rebuilding after separation		116 Lydiard St Nth BALLARAT 3350 1300 364 277 (nationwide) (03) 5331 1558 (Ballarat) Men's Behaviour Change group held at Sunshine
70.	SHASP: Social Housing Advocacy and Support Program Ballarat Victims Assistance Program PACT	Pursuing Advocacy and Change Together Community research and development	Provides housing-SHASP Provides assistance with VCAT tribunal Victim Assistance – provides practical and legal support, Counselling available Helps with housing applications	Monday to Friday 9am - 5pm	SHASP - Free service - no charge for assistance Provides advocacy to clients for both public and private rental problems +	Variety of programs on offer to all in need	4th Floor, 17 Lydiard St North Ballarat Ph 5333 1351
71.	Uniting Care Ballarat	Aged & disability 'Bethany' Alcohol & Drugs: Behaviour	Acquired Brain Injury Brokerage, "Buddies", Community Transport, Community Visitor	8 services 40 hours/ week, some after hours,	All counselling & assistance in regards to alcohol & drugs Behaviour change groups: \$2/week, men & women to control aggressive behaviour	Clients are asked to travel to Ballarat due to limited resources for	Reception Ballarat (03) 5332 1286 or (03) 5331 1732 www.unitingcareballarat.com.au

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
		Change Groups, Counselling, Consultancy & Continuing Care (CCCC), Dual Diagnosis Case Counselling, Oxford House Accommodation, Post Withdrawal Linkage, Supported Accommodation, Youth Outreach Lifeline 24 hour counselling (inc alcohol & drug) Level 1, 2	Scheme, "Do Care", Residential Supported Visiting Program (RSVP), Support for Carers Program, Supported Residential Services Health Program. Counselling & support for individuals with alcohol/drug related problems Specialist care for people with both substance & mental health issues	specifically Tues until 7pm.	CCCC: Men & Women 21+yrs Oxford House: Rehabilitation for up to five men in a self managed residential home. Fees apply. Supported Accommodation: Single men/women, & women with dependant children, who want to address their substance use can access this program Fees: Rental costs apply. Youth Outreach: 12- 25 yrs. Assists clients to re-establish themselves in the community	outreach	Alcohol & Drugs Program (03) 5337 2743 (clients access via reception) 105 Dana St BALLARAT 3350
72.	Westcare	Foster Care Level 1	Supporting families providing foster care		Works with C&FS Bacchus Marsh		Sunshine
73.	Western Regional Disability Network Western Region	Level 1,2	Community Aged Care Packages (CACP) Accommodation options		Those assessed by Aged Care Assessment Team (ACAT). Fee negotiated per service People with a disability, the significantly disadvantaged, and the aged and their families	Waiting list maintained by local Aged Care Assessment Team (ACAT).	123a Eighth St, PO Box 4111 MILDURA 3502 (Admin) (03)5021 5456 / 1800 727 280 Bendigo Health Care Centralised CACP wait list (03)5454 7590

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
74.	Women's Health Grampians	Providing women with information, support and access to services and health practitioners, to assist them in making informed decisions about their health. Level 1, 2	A Well Women's Service, Ballarat providng pap tests, breast health, continence advice. Connect Women with Breast Cancer, offering telephone support and connection. Grampians on the Go, a physical activity project. Health information, providing women's health information and referral. Educational Services, offering community education, workshops, programs, speakers and facilitators. Resources, offering newsletter, health information and library.	Enquiries: Mon – Friday: 9am – 3pm. Other times by appointment.	Most of the services – with the exception of the educational services which may carry fees - are free, or carry minimum fees.		Central Highlands 2 Drummond St Sth Ballarat Victoria 3350 (PO Box 414W, Ballarat West 3350) Ph: 5322 4100 Fax: 5332 8980 adminb@whg.org.au Horsham 5a Firebrace St Horsham Victoria 3400 Ph: 5362 1400 Fax: 5381 1293
75.	WRISC Domestic Violence Support Service Ballarat -	Domestic Violence Support Level 1, 2	After hours crisis service		Support to women, children & young people who have experienced domestic violence		119 Lyons St (Nth) Ballarat (03) 5333 3668

Appendix G: Agencies providing health and welfare services to Moorabool residents

No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
State wide services – some examples only							
76.	Action Centre Melbourne	Medical and sexual health services Level 1, 2	A young people's sexual health centre in the city which provides consultations with doctors, testing for pregnancy and sexually transmitted diseases and general sexual health services		Open to those aged up to 25 years Free to those aged under 18; \$5 per year charge for 19-25 year old clients; \$27.50 per year for those working full time		Level 1, 94 Elizabeth St Melbourne (03) 9654 4766 Family Planning Victoria
77.	The Cancer Council Victoria	Cancer Helpline					1 Rathdowne St Carlton (03) 9635 5000 13 1120
78.	DHS Child Protection	After Hours service				North & West Region Child Protection: 1300 369 536	13 1278
79.	Disability Information & Support	Disability Helpline					1800 783 783 TTY 1800 008 149
80.	Kids Helpline	Level 1, 2	Trained counsellors who support young people in crisis.		Anonymous and free service		1800 551 800
81.	Office for Children	Advocacy & policy					(03) 9096 8968
82.	Rural Ambulance Victoria Ballarat Ballan	Ambulance Acute care Patient transport assistance Level 1, 2, 3			24 hour service with MICA available		

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No.	Agency Name & Service Location/Site	Service Name Level of Care#	Service Type/ Description	Number of services/ Number of Hours	Service eligibility / fees; and/or service user characteristics	Additional information, e.g. Number of users/ programs, etc.	Service address & contact details
83.	Rural Victorian After-hours Telephone Counselling Service (with CASA)	Level 1, 2	This service provides telephone counselling, and referral	Mon-Fri 5.30 pm - 9.00 am, & 24 hour on weekend & public holidays	Free counselling telephone support statewide.		1800 806 292
84.	Gay and Lesbian Switchboard	Level 1	A telephone based counselling, information & referral service		Free, anonymous & confidential support for young people who are or might be attracted to the same sex in dealing with their feelings.		(03) 9827544 (Metropolitan area) or 1800 184 527 (Country Victoria)
85.	Infoxchange	Level 1	Information on employment, health, sexuality, drug & alcohol services, housing; help with resumes				www.infoxchange.net.au/funktion/
86.	Maternal and Child Health Line	Level 1	An advisory service only	24 hrs, 7 day / week			13 22 29
87.	Parentline	Telephone counselling Level 1	An information and referral service for parents of children from birth to 18 years of age.	8.00 a.m. to 12 am M-F & 10 a.m. – 10 p.m. on weekends.	The service can assist with resolving family conflict, discipline issues, sleeping problems and improving family		13 22 89 www.parentline.vic.gov.au
88.	Victorian AIDS Council & Gay Men's Health Centre	Level 1	Provides a range of services and activities specifically for people living with HIV/AIDS	9am-9pm Mon -Thur 9am - 5pm Fri.			6 Claremont St South Yarra 3141 (03) 9865 6700

#Level of care assigned in accordance with the *Care in Your Community* policy document (DHS 2006c), whereby **Level 4** involves hospital services with inpatient backup; **Level 3** denotes specialist resources, sterile surgical theatres; Level 2 entails specialist resources with less intensive backup; Level 1 refers to primary care and health promotion in a minor centre.

Appendix H: Health and welfare services offered at public sites within the Moorabool Shire (by service user characteristics and specific needs)

Child and Family

11	Caroline Chisholm Society
13	Child & Family Services, BM
15	Djerriwarrh Health Services
16	Darley Neighbourhood House
27	Moorabool Shire Council – Family Services
28	Moorabool Shire Council – Maternal & Child Health

Young People

4	Bacchus Marsh Grammar
13	Child & Family Services, BM
15	Djerriwarrh Health Services
30	Moorabool Shire Council – Youth Services
38	Ballarat Community Health Centre

Women

7	Ballan District Health & Care
15	Djerriwarrh Health Services

Men

7	Ballan District Health & Care
15	Djerriwarrh Health Services

Older People

7	Ballan District Health & Care
15	Djerriwarrh Health Services
25	Moorabool Shire Council – Aged & Disability Services
29	Senior Citizens' Services
33	Providence Hostel
36	Uniting Care

Mental Health

7	Ballan District Health & Care
11	Caroline Chisholm Society
13	Child & Family Services, BM
15	Djerriwarrh Health Services
36	Uniting Care
38	Ballarat Community Health Centre
43	Ballarat Health Services Psychiatric Services

Welfare Support

12	Centrelink
13	Child & Family Services, BM
29	Moorabool Shire Council – Financial Assistance
31	The Neighbour's Place
34	Salvation Army
36	Uniting Care

General Health and Wellbeing

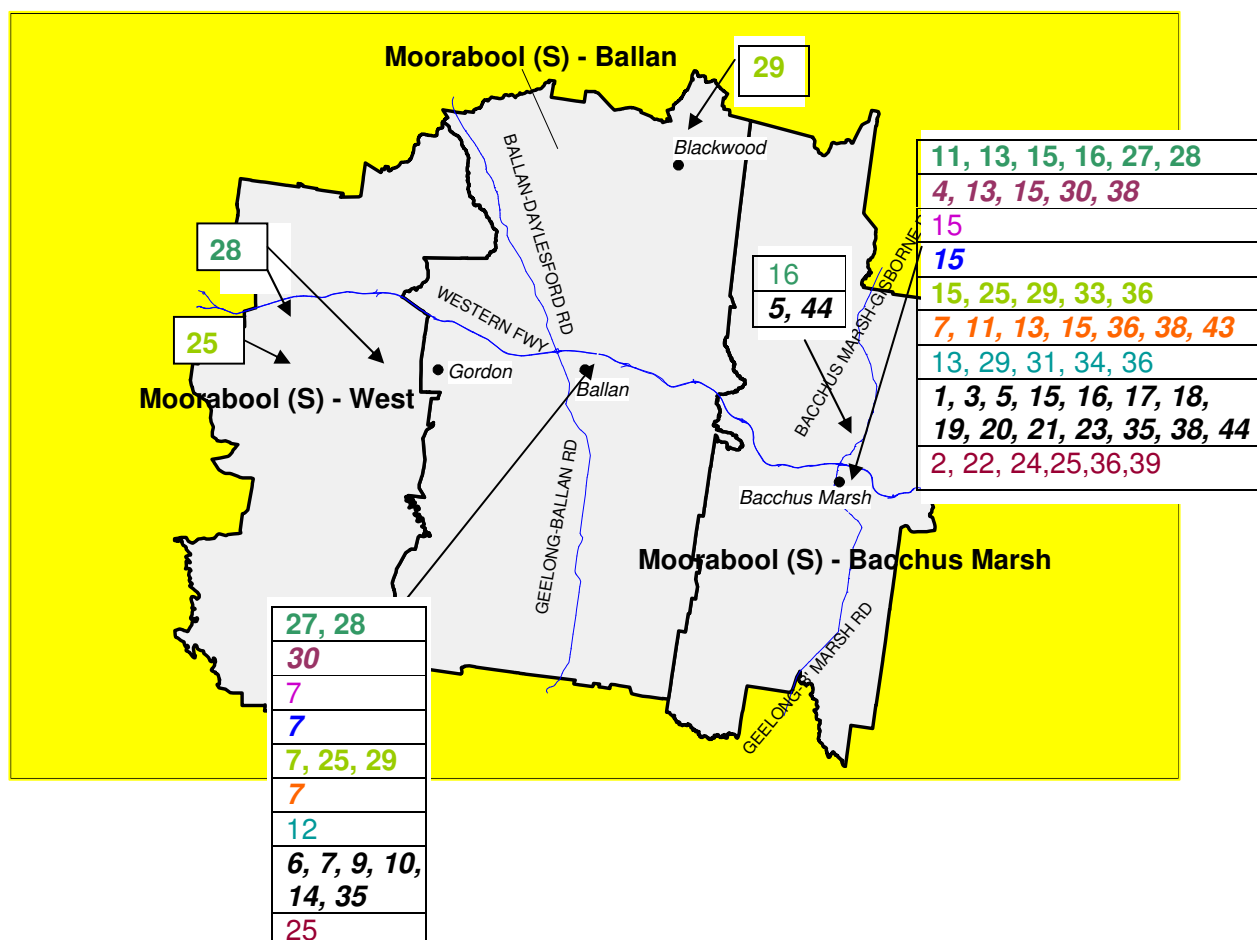
1	Adam Remboulis Pharmacy
3	Bacchus Marsh Chiropractic Centre
5	Bacchus Marsh Medical Centre
6	Ballan & District Community House & Adult Education Centre
7	Ballan District Health & Care
9	Ballan Family Practice
10	Ballan Physiotherapy Clinic
14	Cutting Edge Chiropractic
15	Djerriwarrh Health Services
16	Darley Neighbourhood House
17	The Elms Family Medical Centre
18	Gisborne Rd Dental Surgery
19	Harrisons Pharmacy
20	"The Laurels" Bacchus Marsh Adult Education Centre
21	Lerderderg Chiropractic Centre
23	Main Street Dental Service
35	UFS Dispensaries
38	Ballarat Community Health Centre
44	Ballarat Orthodontic Practice

Other

2	Bacchus Marsh & District Disability Resource Forum
22	McCallum Disability Services
24	Merrimu Services Inc.
25	Moorabool Shire Council – Aged & Disability Services
36	Uniting Care
39	Ballarat Centre Against Sexual Assault

Note: Includes no home-based visiting services; see Appendix G for the full service list.

Appendix I: Location of key health and welfare services offered within Moorabool Shire boundaries



Notes:

Locations of services, numbered in accordance with listing in Appendix G. Home visiting services have not been located on this map.

Legend:

Service Type:

Child and Family
Young People
Women
Men
Older People
Mental Health
Welfare Support
General Health & Wellbeing
Other

Appendix J: Environmental Scanning Matrix

Moorabool West SLA: Environmental Assessment

	Low	Medium	High
Level of Risk			
Prevalence			

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop.= 204)	Children 5 – 9 years (Pop.= 331)	Young People 10 - 19 (Pop. = 524)	Men & Women 20 - 55 (Pop.=1483)	Families with Children	Older People 55 – 75 years (Pop.= 869)	Frail Aged 75 years & over (Pop.=122)
Basic Social Needs Adequate nutritional food, shelter and warmth. Protection from contagious diseases.	Dietary impacts on Diabetes Cancer CVD Oral Health & Dental Caries	Support to young families						Basic Needs Risks
		Food Nutrition and Healthy Weight including Oral Health	Food Nutrition and Healthy Weight including Oral Health	Food Nutrition and Healthy Weight including Oral Health	Food Nutrition and Healthy Weight including Oral Health	Food Nutrition and Healthy Weight including Oral Health	Food Nutrition and Healthy Weight including Oral Health	Food Nutrition and Healthy Weight including Oral Health
					Health Care Interventions (Men)		Health Care Interventions.	Health Care Interventions.
Safety & Security Personal safety. Community perceptions of safety.	Unintentional Injuries			Unintentional Injuries	Unintentional Injuries			Falls
	Diagnosed Mental Disorders			Diagnosed Mental Disorders (Men)	Diagnosed Mental Disorders	Diagnosed Mental Disorders	Diagnosed Mental Disorders (Men)	

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop.= 204)	Children 5 – 9 years (Pop.= 331)	Young People 10 - 19 (Pop. = 524)	Men & Women 20 - 55 (Pop.=1483)	Families with Children	Older People 55 – 75 years (Pop.= 869)	Frail Aged 75 years & over (Pop.=122)
				Drug & Alcohol Abuse	Drug & Alcohol Abuse	Drug & Alcohol Abuse	Drug & Alcohol Abuse (Men)	
Social & Cultural Needs Relationships; Access to social and cultural opportunities; Social and cultural vitality and diversity	Mental Health Problems & Isolation		Mental Health Problems & Isolation	Mental Health Problems & Isolation	Mental Health Problems & Isolation	Mental Health Problems & Isolation	Mental Health Problems & Isolation	
	Physical Activity impacts on: Diabetes CVD		Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity
	Hearing Loss				Hearing Loss (Men)		Hearing Loss	Hearing Loss
	Support for Cultural Diversity						Support for Cultural Diversity	Support for Cultural Diversity
Education Opportunities to learn; Opportunities to gain skills for living and employment		Access to Kindergartens and Early Childhood Development opportunities						
Employment Opportunities to work; Adequate Income from work; Employment security				People facing barriers to employment.	People facing barriers to employment.			
Economic Resources								

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop.= 204)	Children 5 – 9 years (Pop.= 331)	Young People 10 - 19 (Pop. = 524)	Men & Women 20 - 55 (Pop.=1483)	Families with Children	Older People 55 – 75 years (Pop.= 869)	Frail Aged 75 years & over (Pop.=122)
Environmental Impacts on Health & Wellbeing	Respiratory Diseases including Asthma	Asthma	Asthma	Asthma	Asthma	Asthma	Asthma & Other Respiratory Diseases	Asthma & Other Respiratory Diseases

Ballan SLA: Environmental Assessment

	Low	Medium	High
Level of Risk			
Prevalence			

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop. = 395)	Children 5 – 9 years (Pop. = 471)	Young People 10 – 19 (Pop. = 926)	Men & Women 20 - 55 (Pop. = 2,999)	Families with Children	Older People 55 – 75 years (Pop. = 1,210)	Frail Aged 75 years & over (Pop. = 289)
Basic Social Needs Adequate nutritional food, shelter and warmth; Protection from contagious diseases	Diabetes Cancer CVD	Support to young families						Basic Needs Risks
	Dental Caries	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health
					Health Care Interventions (Men)		Health Care Interventions	Health Care Interventions

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop. = 395)	Children 5 – 9 years (Pop. = 471)	Young People 10 – 19 (Pop. = 926)	Men & Women 20 - 55 (Pop. = 2,999)	Families with Children	Older People 55 – 75 years (Pop. = 1,210)	Frail Aged 75 years & over (Pop. = 289)
Safety & Security Personal safety; Community perceptions of safety	Unintentional Injuries			Unintentional Injuries	Unintentional Injuries			Falls
	Diagnosed Mental Disorders			Diagnosed Mental Disorders	Diagnosed Mental Disorders	Diagnosed Mental Disorders	Diagnosed Mental Disorders	
	Drug & Alcohol Abuse			Drug & Alcohol Abuse	Drug & Alcohol Abuse	Drug & Alcohol Abuse	Drug & Alcohol Abuse (Men)	
	Child Abuse	Child Abuse	Child Abuse			Child Abuse		
Social & Cultural Needs Relationships; Access to social and cultural opportunities; Social and cultural vitality and diversity	Mental Health Problems & Isolation		Mental Health Problems & Isolation	Mental Health Problems & Isolation	Mental Health Problems & Isolation	Mental Health Problems & Isolation	Mental Health Problems & Isolation	
	Physical Activity impacts on: Diabetes CVD		Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD
	Hearing Loss				Hearing Loss (Men)		Hearing Loss	Hearing Loss
	Support for Cultural Diversity						Support for Cultural Diversity	Support for Cultural Diversity
Education Opportunities to learn;		Access to Kindergartens and Early Childhood		School / Community Disconnection				

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop. = 395)	Children 5 – 9 years (Pop. = 471)	Young People 10 – 19 (Pop. = 926)	Men & Women 20 - 55 (Pop. = 2,999)	Families with Children	Older People 55 – 75 years (Pop. = 1,210)	Frail Aged 75 years & over (Pop. = 289)
Opportunities to gain skills for living and employment		Development opportunities		Migration for Further Education				
Employment Opportunities to work; Adequate Income from work; Employment security				People facing barriers to employment	People facing barriers to employment	People facing barriers to employment		
Economic Resources Household resources; Community Infrastructure and Resources.	Economic Security			Economic Security for low income families	Economic Security for low income families	Economic Security for low income families	Economic Security for low income families	
	Availability of Community Facilities for Primary and Secondary Health Care and Promotion	Availability of Community Facilities	Availability of Community Facilities	Availability of Community Facilities	Availability of Community Facilities	Availability of Community Facilities	Availability of Community Facilities	
Environmental Impacts on Health & Wellbeing	Respiratory Diseases including Asthma	Asthma	Asthma	Asthma	Asthma	Asthma	Asthma & Other Respiratory Diseases	Asthma & Other Respiratory Diseases

Bacchus Marsh SLA: Environmental Assessment

	Low	Medium	High
Level of Risk			
Prevalence			

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop. = 395)	Children 5 – 9 years (Pop. = 471)	Young People 10 – 19 (Pop. = 926)	Men & Women 20 – 55 (Pop. = 2,999)	Families with Children	Older People 55 – 75 years (Pop. = 1,210)	Frail Aged 75 years & over (Pop. = 289)
Basic Social Needs Adequate nutritional food, shelter and warmth. Protection from contagious diseases.	Diabetes	Support to young families						Basic Needs Risks
	Cancer							
	CVD							
	Dental Caries	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health	Food Nutrition and Health Weight including Oral Health
					Health Care Interventions (Men)		Health Care Interventions	Health Care Interventions
Safety & Security Personal safety. Community perceptions of safety	Unintentional Injuries			Unintentional Injuries	Unintentional Injuries			Falls Prevention
	Diagnosed Mental Disorders			Diagnosed Mental Disorders (Men)	Diagnosed Mental Disorders (Men)	Diagnosed Mental Disorders (Men)	Diagnosed Mental Disorders (Men)	
	Drug & Alcohol Abuse			Drug & Alcohol Abuse	Drug & Alcohol Abuse	Drug & Alcohol Abuse	Drug & Alcohol Abuse (Men)	
	Child Abuse	Child Abuse	Child Abuse			Child Abuse		

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop. = 395)	Children 5 – 9 years (Pop. = 471)	Young People 10 – 19 (Pop. = 926)	Men & Women 20 – 55 (Pop. = 2,999)	Families with Children	Older People 55 – 75 years (Pop. = 1,210)	Frail Aged 75 years & over (Pop. = 289)
Social & Cultural Needs Relationships Access to social and cultural opportunities; Social and cultural vitality and diversity	Mental Health Problems		Mental Health Problems	Mental Health Problems	Mental Health Problems	Mental Health Problems	Mental Health Problems	
	Physical Activity impacts on: Diabetes CVD		Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD	Physical Activity impacts on: Diabetes CVD
	Hearing Loss				Hearing Loss		Hearing Loss	Hearing Loss
	Support for Cultural Diversity					Support for Cultural Diversity	Support for Cultural Diversity	Support for Cultural Diversity
Education Opportunities to learn. Opportunities to gain skills for living and employment	Access to higher education opportunities			Access to higher education & training opportunities	Access to higher education & training opportunities			
Employment Opportunities to work; Adequate Income from work; Employment security	Employment for low skilled workers			Employment for low skilled workers	Employment for low skilled workers			
Economic Resources Household resources; Community	Economic Security for low income families				Economic Security for low income families	Economic Security for low income families		

Determinants of Health & Wellbeing	Key Diseases & Prevention Areas. Disease Prevalence Areas	Ante-natal / Early childhood (Pop. = 395)	Children 5 – 9 years (Pop. = 471)	Young People 10 – 19 (Pop. = 926)	Men & Women 20 – 55 (Pop. = 2,999)	Families with Children	Older People 55 – 75 years (Pop. = 1,210)	Frail Aged 75 years & over (Pop. = 289)
Infrastructure and Resources	Availability of Community Facilities & Infrastructure			Availability of Community Facilities & Infrastructure	Availability of Community Facilities & Infrastructure	Availability of Community Facilities & Infrastructure	Availability of Community Facilities & Infrastructure	
Environmental Impacts on Health & Wellbeing	Respiratory Diseases including Asthma	Asthma	Asthma	Asthma	Asthma	Asthma	Asthma & Other Respiratory Diseases	Asthma & Other Respiratory Diseases