GOROKE TOWN PROFILE 2022



Goroke was first established in 1882 as a supply centre. Located in West Wimmera Shire it is 68km from Horsham and 48km from Edenhope. Its name comes from the Aboriginal term for the Australian Magpie.

Situated in what has traditionally been a rich pastoral or mixed farming area, Goroke's quiet main street has only a handful of shops.

There is a rural supplies store, a small grocery store, a newsagent, a small café and a pub. Services are limited, yet a strong community life exists. Much of this activity centres around the WWHS Community Health Centre, the P-12 School and community organisations such as the CFA.

Looking outward to Edenhope, Nhill and Horsham, and Naracoorte in South Australia, Goroke is a town with a strong self-identity but few services other than health.

WWHS IN GOROKE

Facilities: Community Health Centre

Services:

- Community Nursing
- Diabetes education
- Dietetics
- Exercise Groups
- Health Education & Promotion
- Occupational Therapy
- Packaged Care
- Physiotherapy
- Podiatry
- Social Work
- Speech Therapy
- Social Support group

WHO IS GOROKE?



Population 295



Country of Birth (Other than Aus)

ENGLAND

The median age is **50**



Households 39.8% Single Person 60.2% Family



2.3% of Households speak a language other than English

FamiliesCoup

Couple without children

44.6%

- Couple with children 32.5%
- One Parent 18.1%

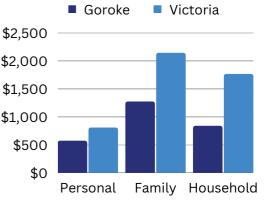
Top Employment Industries

- Combined Primary and Secondary Education
- Hospitals / Health Services
- Other Grain Growing
- Grain-Sheep or Grain-Beef Cattle Farming
- Local Government Administration



are Aboriginal or Torres Strait Islander

Median Weekly Income



GOROKE IS KNOWN FOR:

Wool growing, lamb and mutton production, beef cattle, home of novelist Gerald Murnane, cropping, forestry, wine grape production and nearby Lake Charlegrak's country music festival.



WEST WIMMERA HEALTH SERVICE

HOW HEALTHY IS GOROKE'S LGA (WEST WIMMERA SHIRE)?

Traditionally, health has been measured in rates of illness and disease. When people experience these it can have a larger impact on other aspects of their lives and on society. This is known as the burden of disease. There are systems of reporting that can give high-level information about the burden of disease to local government or post-code areas. These include the following sources: ABS Census, PHIDU Social Health Atlas of Australia, VAHI Victorian Population Health Survey, Dental Health Services Victoria Oral Health Profiles and data from the Crime Statistics Agency.

5 year olds with full immunisation 100%



5.4% of adults have been diagnosed with heart disease

Potentially preventable hospital admissions is **43%** above the national

45 police-recorded family incidents in 2022



Potential years of life lost due to premature deaths is 35% above the national average

7.4% have a profound or severe disability



Median age at death



CANCER

of adults have 4.4% cancer (inc. remission)*

participate in 56.8% breast screening

45.9%

average

participate in bowel screening

49.2%

participate in cervical screening



have ever been diagnosed with Type 2 Diabetes

Children with at least one decayed, missing or filled

baby or adult tooth

Adults with anxiety or depression

Females - 35.1% Males - 21.1%

4.7% of adults have three or more selected (see page 4) chronic diseases*

31% - 0-5 years

In the West Wimmera Shire Council:

- People have similar rates as the state in cancer screening participation, except cervical which is slightly lower than state
- The proportion of people ever having anxiety or depression is similar to the state
- The rate of females having anxiety or depression is higher than males, which is the same as the state
- Hospital admissions for preventable conditions is much higher that the Australian average
- Police-recorded family incidents is similar to the state rate
- Children with tooth decay at public services is slightly higher than the state

The comparison highlights the areas most in need of improvement for West Wimmera Shire Council. Some things that could be done to help in these areas are:

- More services aimed at females toward mental health
- Increased education on oral hygiene

WELLBEING IN GOROKE'S LGA (WEST WIMMERA SHIRE)

Wellbeing is derived from far more than physical health. Other factors – the social determinants of health – also impact on both physical and mental wellbeing. Once again, national and state-wide data can give us a high-level picture of wellbeing in Goroke.







Highest level of Educational Attainment*

Bachelor Degree and above	13.1%
Advanced Diploma and Diploma	4.2%
Certificate III or IV	19.4%
Year 10, 11 or 12	37.5%
Certificate I or II	0%
Year 9 or below	13.9%

of people 65 and over have a Senior Health Card

7.3% Receive long-term unemployment benefit

Low income, welfare-dependent families (with children)

12.2% current smokers (daily and occasional)

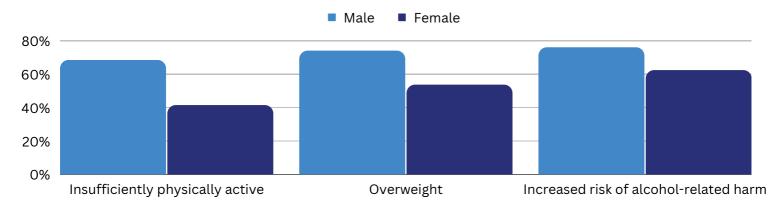


8.7% consume sugar-sweetened soft drinks daily



52.9% do not meet dietary guidelines for either fruit or vegetable consumption





Key differences in the West Wimmera Local Government Area compared to state averages are:

- Higher proportion of Females and Males are overweight
- Higher proportion of females and males are at an increased risk of alcohol related harm
- Males significantly less active, however females are similar to the rest of the state

While this data is collected at the Local Government Area level, when considered in the context of Natimuk's demographics, some key influencing factors are:

- A large portion of older adults that may affect their mobility and ability to participate in physical activity
- Most people work in the farming industry (especially grain farming) which due to the increase of machinery use has led to farmers being less active in their daily work
- A higher Aboriginal and Torres Strait Islander population, than surrounding towns
- Lower median income which can affect people's ability to access resources to support health and wellbeing, and can contribute to higher rates of unhealthy behaviours such as smoking
- Higher proportion of people who live alone

^{*}Data at town level not LGA

This is the first edition of Goroke's Health and Wellbeing Profile. For this version, we are providing a more in-depth look at chronic disease statistics. In future versions, we will include a page on the outcomes of our 5 Top Things survey. This specific local survey will be Goroke's opportunity to identify what matters most about health and wellbeing to the people who live here.

HOW DOES GOROKE COMPARE?

Dementia (inc. Alzheimer's)

Goroke 0.0% Victoria 0.7%

Kidney disease

Goroke 1.4% Victoria 0.9%

Lung condition

Goroke 3.7% Victoria 1.5%

Stroke

Goroke 0.0% Victoria 0.9%

Cancer (inc. remission)

Goroke 4.4% Victoria 2.8%

Asthma

Goroke 7.8% Victoria 8.4%

Diabetes (Type I and Type II)

Goroke 6.1% Victoria 4.7%

Mental health condition

Goroke 10.8% Victoria 8.8%

Arthritis

Goroke 15.6% Victoria 8.0%

Heart disease

Goroke 5.4% Victoria 3.7%



Other long-term conditions

Goroke 9.5% Victoria 8.0%

PRIORITIES FOR GOROKE

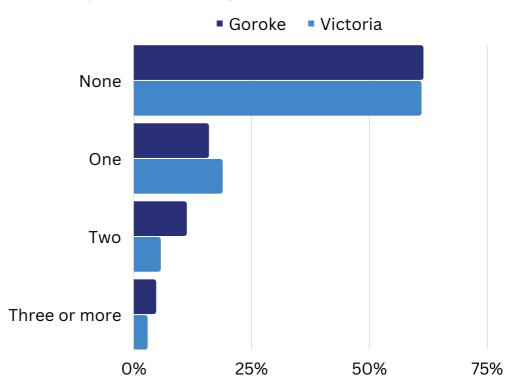
The regional health promotion priorities for the Wimmera and Southern Mallee are:

- Healthy Eating
- Active Living
- Social Connection
- Reduction of Harm from Tobacco and Alcohol

Foundational activities for the WWHS Health
Promotion team include:

- Cafe Health
- 3in1 Towards a Healthy
 Town
- WWHS Community Health & Wellbeing grants projects:
 - none to date

How many of the above long-term conditions do people have?



Strategic Health Promotion work in Goroke is governed by the four regional priorities (listed left), but activities in each location are adjusted to local settings.