



FRANKSTON-MORNINGTON PENINSULA

*Connecting health to meet local needs*

# Frankston-Mornington Peninsula Medicare Local

Population Health Priority Issues  
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[www.fmpml.org.au](http://www.fmpml.org.au)

# FMPML's Comprehensive Needs Assessment 2013-2014

Data collection tools included:

- Population health data
- Survey on access to GPs, dentists (1100 respondents)
- 20 focus groups with 160 community members
- 50 responses to 'Tell us Your Story'
- a commissioned research study of the primary health needs of people with intellectual disability and GPs
- Southern Metropolitan region wide analysis of Emergency Department usage

## We also included social indicators because they underpin health status

- Income distribution (across quartiles)
- Employment participation/unemployment rates
- Jobless families with children under 15 yrs
- Child protection rates
- Family violence reports
- NEET (young people Not in Education, Employment or Training)
- Alcohol and drug incidents
- Transport
- Access to health and other services
- Life expectancy
- Australian Early Development Index results which measure early childhood outcomes

## And we examined reports of major funding initiatives

### Frankston City Council

Community Renewal 2007-09 \$680k  
Community Renewal 2009-12 \$680k  
plus pool of flexible funds \$1.2m plus  
substantial leveraged funds  
Communities for Children Frankston  
Nth Anglicare 2006-2009 - \$?m  
and 2009-2012 - \$3m

### Mornington Peninsula Shire

Hastings Neighbourhood Renewal  
2005-13 DHS: \$4m for public  
housing improvements plus \$1.5m  
for community grants plus  
redevelopment of Hastings  
Community Hub  
  
Family Access Project Rosebud  
2012-

## Socio-Economic Index for Areas: F-MP catchment

- Areas of obvious wealth in some parts of the catchment, but also 'hot spots' of entrenched disadvantage
  - Frankston North/Frankston Central
  - Seaford and Carrum/Carrum Downs (FCC), Hastings, Rosebud, Rye, and Mornington (MPS).

Population health patterns are consistent with the social gradient for all risk factors associated with mental health and chronic disease

# Priority 1: Children



# Issues for children

Slightly more children 0-14 yrs of age than people aged 65+ years: 23 per cent of the catchment population is under 17 yrs of age

- High proportion of vulnerable children
- Importance of early intervention cannot be underestimated
- Vulnerable children who do not get high quality early years will develop into vulnerable youth



# Sole parent families in FMPML

**6,798 single parent families with children under 15 yrs of age (24.6% c/f Victoria 19.6%)**

Areas where concentrated: Frankston North (31.1%), Frankston (20.6%), Rosebud (19.9%), Seaford (16%), Hastings (15.5%)

**Children under the age of 15 years in jobless single parent families:**

6,067 children = 12.5% (Victoria 12.3%)

The risk rate for children under 15 yrs living in a jobless family is highest in Frankston North (29.3%) and Frankston (20.2%)



# Child protection rates

**Child protection notifications across the  
catchment: 52 children per 1000**

**Frankston North : 82 children per 1000**

**Victoria: 32 children per 1000**

## Priority 2: Mental health



## Issues for youth

- Frankston youth have significantly higher than average levels of nearly all risk factors including substance abuse, anti-social behaviour and mental health issues.
- Frankston youth (15-24) have higher rates of disengagement from education and employment compared to the rest of Victoria (14.8% and 10.7% respectively).

# NEET: a sensitive indicator for predicting social-health futures

**NEET - Young people  
Not in Education,  
Employment or  
Training**

**Frankston North has 19.7% of 16-24 year-olds  
who are NEET**

**NEET across the catchment is 2.2 times higher  
than the Victorian average (8.8%).**

# Substance Abuse

Substance abuse is a significant issue for both LGA's but particularly for FCC

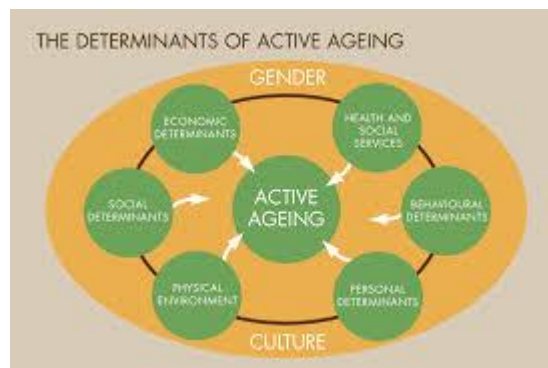
- FCC also has a very high rate of abuse of prescription medication (2<sup>nd</sup> highest LGA rate in Victoria) particularly Oxycontin.
- By far the most significant substance abuse in FCC relates to alcohol (5<sup>th</sup> highest LGA rate in Victoria)
- Injectable heroin use accounts for 4% of ambulance attendances in FCC (14<sup>th</sup> highest LGA rate in Victoria)

# Homelessness

- Homelessness is an increasing problem in the FMP Region –currently in top 6 areas in Australia for homelessness (Centrelink data)
- Frankston has the highest number of Primary Homeless people\* in the SMR
- Of all homeless people, estimates are that 20% are 12-19 year olds

\* sleeping rough on the street or living in an improvised dwelling, eg squatting

## Priority 3: Ageing



# Older people in the catchment

**In 2011, people aged 65 yrs+ accounted for 20% of the MPS and 13% of FCC (14% av Victoria/Australia).**

**Rosebud-McCrae have the second largest concentration (32%) of people aged over 65 in Victoria – Mornington is another area of concentration**

The number of people aged over 65 will represent 23% of the population by 2021.

They will demand increased access to services, transport, and social connection.



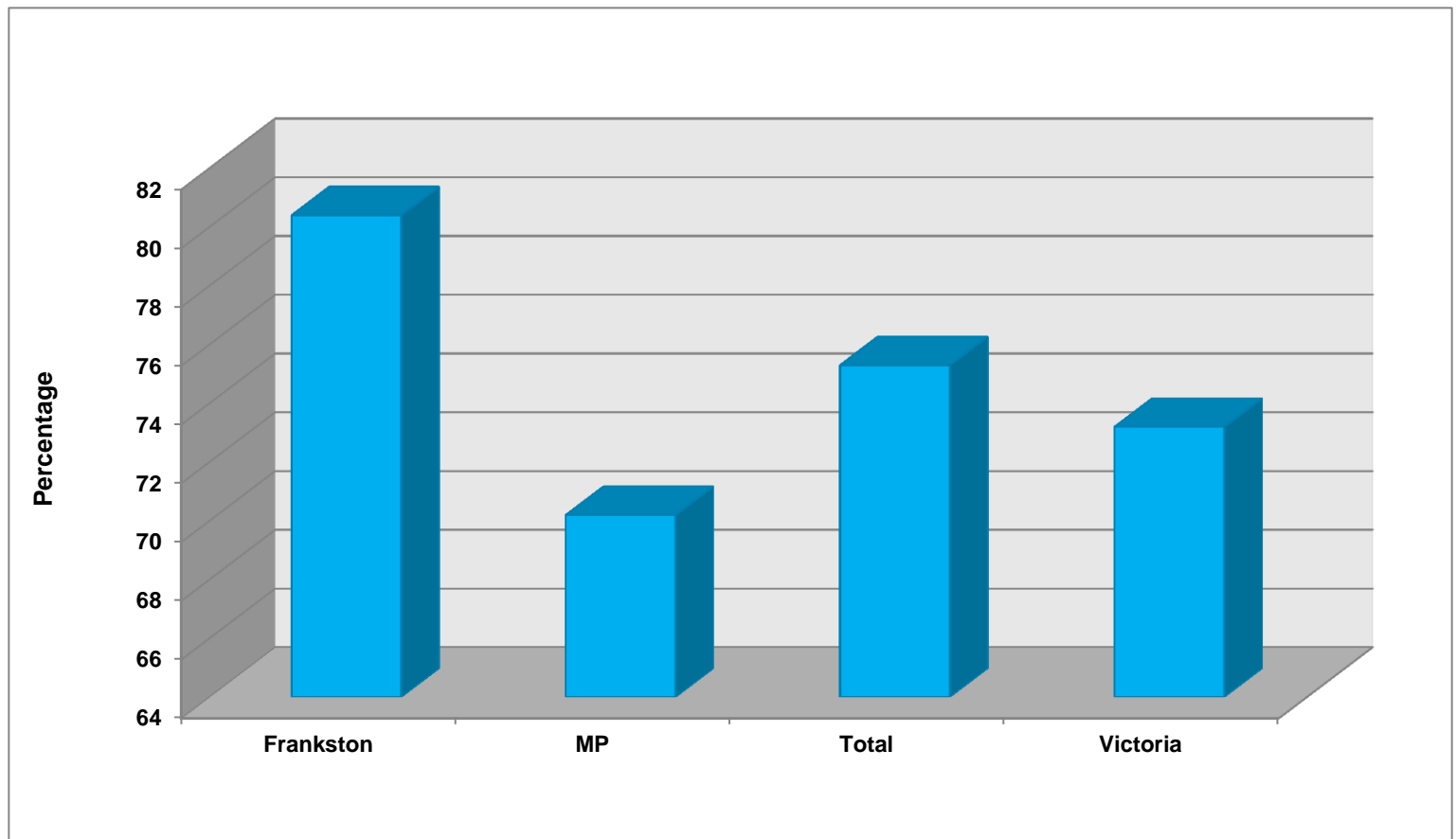
# Dementia

In 2010 MPS was ranked top of Victoria's metropolitan areas for rates of dementia, and second highest in absolute numbers of people living with dementia approximately 4,510 people (1.62% of the population).

Prevalence expected to increase by approximately 200 people a year over the next 10 years.

This ranking is projected to continue to 2050.

# PERCENTAGE OF PEOPLE AGED 65+ IN THE FMP CATCHMENT AND VICTORIA RECEIVING THE AGE PENSION



# Chronic disease risk factors in FMP

- Daily smoking rate (19%) – more concentrated in disadvantaged areas of the catchment.
- Higher than average overweight rate but a lower than average obesity rate - 67% in total
- Frankston has higher than average rates of low birth weight babies, type 2 diabetes
- Across the catchment, high proportions of people not meeting fruit and vegetable consumption guidelines
- Breastfeeding rates are below average
- Cancer screening participation is below average

# Indicators of poor mental health

Key evidence	Description	FCC	MPS	Vic/ML
<b>Family violence (VicPol)</b>	Rate of family violence incidents per 100,000 – % change in 13 yrs to 2012/2013	FCC 1747	MPS 1101	Victoria 1071
		FCC 359%	MPS 186%	Victoria 158%
<b>Vulnerable children (ABS)</b>	Rate of children under 15 yrs living in jobless families	Frankston Nth 29.3%	Rosebud 18.9% Hastings 14.8%	Victoria 12%
<b>Suicide (AIHW)</b>	Rate of suicide per 100,000 2006-2011	16.0%	11.6%	Victorian 9.8%

# People with ID: key themes from needs assessment

Difficulties with finding health professionals who understand ID and are confident in working with complex clients.

Primary health, hospital and dental care are sources of great anxiety and need, but it is really difficult to get satisfactory services.

People with ID rarely get any preventative care

GPs felt that they could only address immediate needs and not preventative care, social support or health promotion.

# People with ID: key themes from needs assessment

GPs were also surveyed:

They felt unsupported when looking after people with ID, and inadequately trained. They felt that they did not have access to suitable medical specialists or allied health, or good case management.

Transport to referred services was very difficult for clients. Even when services or providers were available, they were likely to cost the patient money that they did not have, and so they are unable to access the service anyway.



# THE SPECTRUM OF PREVENTION

**Influencing Policy and Legislation**

**Changing Organisational Practices**

**Support for Networks, Partnerships and Collaboration**

**Education of Providers**

**Promoting Community Education**

**Strengthening Individual's Knowledge and Skills**



# Population health patterns

**In our ‘hot spots’, population health patterns are consistent with the social gradient for all risk factors associated with mental health and chronic disease:**

Smoking rates; heart disease; overweight; alcohol use; poor nutrition; stress; high levels of vulnerability among children; high child protection rates, scant public transport; variable access to services by those who most need them; early school leaving rates; teenage pregnancy; youth disengagement and social exclusion; violence against women and children; community violence; and ageing in poverty.

Frankston Nth ranks worse on all indicators than all other parts of the catchment

# So, primary prevention needs to take account of:

- Violence against women and children
- Access
- Lack of emergency and social housing, and homelessness
- Lack of public transport across the catchment
- Youth disengagement and conditions that create poor mental health
- Unemployment
- Poverty
- Food insecurity
- Higher prevalence of poor health and risk factors in some areas
- Lower life expectancy
- Early childhood outcomes

# Priorities for FMP catchment

- Mental illness
- Vulnerable children and families
- Ageing well
- Aboriginal Health
- Prevention and better health
- Chronic disease management
- E-health – secure messaging

Priorities being addressed through the Peninsula Model for Primary Health Planning – a partnership of organisations working together to strengthen outcomes

**But, is a partnership sufficient to address what have become entrenched issues in our hot spot areas?**

# Possible topics

- 1. Primary school children disengagement and rates of crime**
- 2. Violence against women**
- 3. Suicide**
- 4. Chronic disease (CVD/Stroke, Diabetes, Cancer, Pulmonary disease)**
- 5. Intergenerational joblessness**
- 6. People with no investment in their community**
- 7. Sociability and neighbourliness in decline**