

The Crossroads Rural Health Studies

HEALTH IN THE ECHUCA COMMUNITY



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Includes Crossroads Household Survey Parts 1 and 2, and the
Crossroads Undiagnosed Disease Study

INTRODUCTION

Health research has found that rural people tend to have poorer health than their metropolitan counterparts.^{1,2} Poorer health in the rural population is evidenced by higher mortality and morbidity rates, resulting in a lower life expectancy.^{1,5} Australia's rural population also has a higher hospitalisation rate for some causes of ill health,^{1,3} such as accident and injury, road vehicle accidents, burns and scalds and diabetes.¹ There is, however, limited comprehensive information on the health status of rural Australians, making assessment of the populations health and their health service needs extremely difficult.^{2,4}

Many factors contribute to poorer health of the rural population in Australia. Documented factors include geographic isolation, access to care, shortage of health care providers, lack of health services, socioeconomic differences, a higher probability of accident and injury, poorer road quality and small populations spread over a greater distance.¹ These and most Australian rural health statistics are based on overall statistics collected from states and non-metropolitan regions. Little information exists at a local level that provides a detailed understanding of the health profile of specific rural communities and compares differences between rural communities.

The aim of the Crossroads Rural Health Studies was to collect detailed information about health, health behaviours, lifestyles and access to health services in communities across the Goulburn Murray region. The information will be used to identify the needs of consumers and the local community and thus contribute to health service planning and shaping rural health policy. The Crossroads Rural Health Studies are unique, as they provide the most detailed rural health information in Australian communities.

THE TOWN OF ECHUCA

Echuca, with a population of 10,955¹⁴ lies on the Murray River some 205 kilometres due north of Melbourne. The township has a fascinating and diverse history. The township was originally established as it was an ideal site for stock to cross the Murray River. In 1853, Henry Hopwood set up a punt and pontoon bridge across the Murray, and opened an inn and some shops nearby. This was initially known as Hopwood's Ferry, but it became known as Echuca shortly afterwards.¹²

The railway came to Echuca in 1846, which made it the only inland river port connected to a capital city. During the next 14 years, the township flourished. The port was used to transport wool, cargo and passengers along the Murray, Darling and Murrumbidgee Rivers to Melbourne via the railroad, and in the other direction machinery and household supplies to isolated properties. Red gum from along the Murray River was also milled making Echuca a hive of activity. However, by the 1890's, the railway had been expanded to include areas that were formally serviced by paddle steamers along the river. This reduced the need for the less efficient paddle steamers and consequently extinguished trade at the old port of Echuca.¹²

By the beginning of the 1900's the industries of milling, boat building and river trading were in decline. In 1906 small farmers turned their energies to fruit growing and dairying with the advent of irrigation. As water was pumped from the Murray River into the countryside, Echuca and its surrounding district were revived. After the First World War, Echuca went on to become the commercial centre for rural communities on both sides of the river, with many soldiers returning to the district to take up farming or small businesses operations. This growth continued during and after World War II. Both rural and war related industries grew and service industries, such as hospitals and schools, developed as a result.¹²

By 1969, the old port area had become derelict, so the Historical Society began making plans for the restoration of the old port and environs. By 1972 government grants had been received, and restoration began. The television mini-series "All the Rivers Run" produced a few years later was a coup for Echuca (Coulson, 1995),¹² providing a timely catalyst to boost its popularity as a tourist destination.

Today, Echuca is the major commercial centre for the region and a major tourist destination for Australian and International travellers. The town has an impressive range of restaurants, hotels, motels and retail businesses and is also home to a number of large food processing companies. The township has 18.5 equivalent full time practicing GP's, and the Echuca Regional Hospital has 64 acute beds.¹³ The hospital provides obstetric/maternity services, nursing home care unit, domiciliary care service, an alcohol and drug unit, a coronary care unit, maintenance renal dialysis unit and a rehabilitation unit.¹³

METHOD

The Crossroads Rural Health Studies are a collection of population health studies, involving residents of Shepparton and Mooroopna along with the 6 shire capitals in the region, namely Alexandra, Benalla, Cobram, Echuca, Euroa and Seymour. A total of 9,260 people participated in the studies with 1,455 undertaking a health check up.

A questionnaire was designed which included key questions used in many health studies throughout the world, so that comparisons between the Goulburn Murray and other areas could be made. In addition, some questions asked about specific local issues and respondents were given the opportunity to raise issues of concern to them. Residential addresses were randomly selected from household garbage collection/water lists. The household survey was undertaken in two parts with recruitment approaches differing between the first and second parts. All members of the household were invited to participate. Between September 2000 and December 2002 fieldworkers visited each house selected and interviewed each member of the household. For children under 16, interviews were completed by the parent/guardian. A total of 624 questionnaires were completed from residents of Echuca. All this information was entered into the computer database and statistically analysed. The household response rate for the studies were 67%.

Some residents were again asked to attend a free, 2-hour health clinic in their own community. At this clinic, the participants were tested for hearing, eye sight and a range of undiagnosed diseases, including diabetes, heart diseases, respiratory disease, blood pressure, liver function, and cholesterol levels. Participants received a health report with the test results. The response rate for the Undiagnosed Disease Study was 61%. This information was analysed anonymously and collectively to determine the health status of each community.

FINDINGS

A total of 504 adults completed the survey in Echuca. Of these, 45% were male and 55% were female (see Table 1). Of the 504 respondents, 71% were either married or in a de facto relationship and 41% of households had residents under the age of 18 living in the home. Length of residence ranged from less than a year to over 80 years, with an average of 17 years.

Table 1: Characteristics of the Echuca samples (Part 1 & Part 2)

<i>Characteristics</i>	<i>Echuca</i>	<i>All participants</i>
Number of Adults Surveyed	504	6,375
% Female	55%	57%
% Married/de facto	71%	67%
% Speak English at home	99%	97%
% Own their Dwelling	69%	70%
Average Length of Residence (mean)	17 years	21 years
% With Private Health Insurance	38%	43%
% Completed Secondary School	47%	47%
% Working full-time in paid Labour	36%	34%
% Working in part time paid Labour	15%	17%
% Retired	24%	19%
Income (median)	\$567	\$580

Most respondents (69%) owned their own house or unit, with 25% living in rental accommodation. The percent of people who were living in their own home was slightly higher than the national average of 66%.⁶

In Echuca, nearly four in ten respondents had private health insurance, slightly less than the Australian average (45%).⁷

Of the 504 adults who completed the survey in Echuca:

- 9% had completed a University degree
- 47% had completed secondary school and/or a trade certificate (including 9% with University degrees)
- 39% had completed year 9 and more, but not year 12
- 14% left school before year 9

In Echuca, the employment status of respondents was:

- 36% worked full-time
- 15% worked part-time
- 24% were retired
- 5% were not working but not retired
- 2% were unable to work due to illness

Most households in Echuca earned between \$300 and \$1499 per week before tax. The median was \$567. In addition, 61% reported access to a computer at least weekly and 45% reported access to the internet at least weekly.

LIVING IN ECHUCA

All 504 respondents were asked how sorry or pleased they would be to leave Echuca. A total of 85% of respondents reported they would be very sorry or somewhat sorry to leave. 5% indicated they would be very pleased or somewhat pleased to leave. In Echuca, 6 in 10 respondents were members of a local community club, group or organisation, with some being members of up to 10 different groups.

Respondents were asked to indicate how concerned they were about a range of issues in their local area. Respondents were provided with a four point scale from 'not at all concerned' to 'very concerned'. Table 2 presents the percent of respondents who indicated they were concerned or very concerned with these local issues. Over half the respondents were concerned about crime and unemployment.

Table 2: Concern about local issues in Echuca

<i>Issue</i>	<i>Concerned</i>	<i>Very Concerned</i>
Crime	23%	62%
Unemployment	36%	36%
Quality of health care	21%	26%
Quality of education	19%	22%
Future of farming	27%	19%

Respondents were also asked to rate their satisfaction with local services and facilities (see Table 3). At least 6 in 10 were satisfied with the local hospital, local schools, access to exercise facilities and local entertainment.

Table 3: Satisfaction with local services

<i>Issue</i>	<i>Dissatisfied¹</i>	<i>Satisfied²</i>
Local hospital	11%	71%
Local schools	3%	69%
Access to exercise facilities	6%	67%
Local entertainment	12%	65%
Public transport	14%	47%
Local government	17%	42%

¹ This includes respondents rating the item as 'dissatisfied' and 'very dissatisfied'

² This includes respondents rating the item as 'satisfied' and 'very satisfied'

HEALTH

Self reported health status is a commonly used measure of an individual's health.⁶ The proportion of respondents in Echuca who rated their health as excellent, very good and good (81%) was similar to the Victoria average (82%).⁸ When asked to rate their own health, respondents rated their health in the following ways:

- 13% as excellent
- 37% as very good
- 31% as good
- 16% as fair
- 4% as poor

As an indicator of quality of life, respondents were asked to rate their happiness:

- 24% reported being very happy
- 43% reported being happy
- 14% reported being somewhat happy
- 14% reported being mixed (equally happy and unhappy)

A further 2% described themselves as somewhat unhappy, 1% reported being unhappy, and 2% reported being very unhappy.

Respondents were also asked if they had a range of medical conditions (see Table 4). Eye problems (which included wearing glasses), high blood pressure, allergies, asthma and arthritis were the most common conditions. This is similar to the Australian average.⁹ In addition, 12% also indicated an injury had prevented respondents from attending work or school.

Table 4: Self-reported medical conditions for adults in Echuca

<i>Medical Conditions</i>	<i>Percent</i>
Eye problems	35%
High blood pressure	22%
Arthritis	19%
Allergies	15%
Asthma	14%
Hearing loss	13%
Skin conditions	10%
Depression	10%
Digestive problems	10%
Cancer	10%
Other chronic health problems	10%
High blood fats	8%
Heart disease	7%

When asked about health checks in the past two years, residents in Echuca generally had more checks than the Victorian average.⁸

- 84% had their blood pressure checked, higher than the state average of 79%.
- 52% had their cholesterol measured, also higher than the state average of 46%.
- 50% were tested for diabetes or high blood sugar, higher than the state average of 45%.
- 77% of women 50 years and over had a mammogram, similar to the state average of 73%.
- 32% had a skin examination (for lesions or cancers), higher than the state average of 25%.
- 50% of men 50 years and over had a prostate check, similar to the state average of 53%.
- 16% had a bowel examination, similar to the state average of 15%.⁸

Further, 87% had been immunised for childhood diseases, 66% had a tetanus booster in the past 10 years, 22% had a pneumonia vaccine in the past 5 years and 39% had a flu vaccine in the past 12 months. However, most respondents (91%) had never donated blood.

USING HEALTH SERVICES

In the past twelve months, respondents reported consulting a GP up to 80 times, but the average was 4 consultations. Most (96%) consulted a GP in Echuca.

Respondents waited anywhere up to 180 days for an appointment with a GP, however, 4 in 10 respondents waited 1 day or less for an appointment, 22% waited 1½ - 3 days and 18% waited 3½ - 7 days for an appointment. Just over a third reported being very satisfied with their GP and 45% were satisfied.

Among the survey participants, 16% had been hospitalised in the past 12 months. Of these, 59% were admitted in Echuca Regional Hospital, 10% travelled to major hospitals in Melbourne, 10% travelled to Shepparton and 9% travelled to Bendigo.

In the past 12 months, 18% of respondents had visited an Emergency Department. Of these, 94% visited the Echuca Regional Hospital. Over half the respondents waited under an hour for their consultation, 26% waited 1-3 hours, 13% waited 3-6 hours and 3% waited over 6 hours to see a Doctor.

Participants were asked if they had visited a Medical Specialist in the past 12 months. In Echuca, 25% of respondents had consulted a Medical Specialist at least once. Of these 4 in 10 saw the Medical Specialist in Echuca, 3 in 10 travelled to Melbourne and a further 2 in 10 travelled to Bendigo.

In addition to questions regarding visits to medical professionals, respondents were also asked about consultations with a wide variety of other health professionals. Listed below are the percent of those respondents who visited an:

➤	Optician or Optometrist	26%
➤	Chiropractor or Osteopath	15%
➤	Pharmacist for advice or health information	14%
➤	Hospital outpatients	14%
➤	Hospital day surgery	9%
➤	Physiotherapist	7%
➤	Used an Ambulance	5%
➤	Acupuncturist or Naturopath	4%
➤	Audiologist or Audiometrist	4%

Just over 4 in 10 respondents had visited a Dental professional within the past year. For 35% of the respondents it was longer than 2 years since they visited a Dental Professional. The major reasons why respondents did not consult a Dental Professional were: 'cost', 'no need', 'have dentures/no teeth' and 'fear'.

A series of open ended questions were asked to determine what Echuca residents thought were the key issues in obtaining health care in their local community. The first question asked about concerns with the medical care provided in the community. 436 people answered the question, giving 532 responses (some respondents gave more than one answer). From these 532 responses, 184 indicated there were 'no problems' with the local medical service and 48 responded with positive comments. From the remaining 300 responses the most common concerns were:

- The number of days required to wait for an appointment with a GP (53)
- Lack of Doctors, Nurses and Medical Specialists (53)
- Respondents concern of the Quality and Competency of Doctors (25)

Another question asked about concerns with the local Emergency Department. 429 people answered the question, giving 459 responses (some respondents gave more than one answer). From these 459 responses, 222 indicated that they had no concerns and 21 noted they were happy with the Emergency Department. Of the 216 remaining responses the most common concern was the:

- Long waiting times in the Emergency Department waiting room (117)

The Crossroads Rural Health Studies asked local residents what they perceived to be the issues in accessing health care, or the ‘barriers to care.’ Participants were asked what they thought were the issues around accessing health care. 391 people answered the question, giving 442 responses (some respondents gave more than one answer). From the 442 responses, 206 indicated that they had no concerns and 25 responded with positive comments. Of the 211 remaining responses, the most common concerns were:

- Long waiting times to get an appointment with their GP (38)
- The high cost of health care (28)
- Lack of Doctors, Nurses and Medical Specialists (26)

LIFESTYLE

Lifestyle is related to health, and so respondents were asked about their health behaviours, including diet. Table 5 presents how often respondents in Echuca ate takeaway food as a main meal.

Table 5: Takeaway food as a main meal in Echuca

<i>How Often</i>	<i>Percent</i>
Never	9%
Less than once a month	29%
2 to 3 days a month	33%
1 to 3 days a week	25%
4 to 6 days a week	2%

Respondents were asked how many serves of fruit, vegetables and dairy products they consumed each day (see Table 6). In Echuca, 34% were eating the recommended serves of vegetables, 55% ate the recommended amount of fruit, and 65% ate the recommended amount of dairy products. On the other hand, 66% of respondents were not eating the recommended serves of vegetables, 45% were not eating the recommended amount of fruit and 35% were not consuming the recommended amount of dairy products.

Table 6: Consumption of fruit, vegetable and dairy products for adults in Echuca

	<i>Recommended serve</i>	<i>Number of serves eaten</i>	
Vegetables	5 serves ¹⁰	1-3 serves	65%
		4-5 serves	28%
		6 or more	6%
		Don't eat veggies	1%
Fruit	2 serves ¹⁰	1 serve or less	41%
		2-3 serves	43%
		4 and more	12%
		Don't eat fruit	4%
Dairy	2-5 serves ¹⁰	1 serve or less	32%
		2-5 serves	62%
		6 and more	3%
		Don't eat dairy	3%

Respondents had approximately 4 drinks of alcohol in an average week. The most common alcoholic drinks were wine (29%) and full strength (27%).

Of those surveyed, 15% did not currently smoke cigarettes, cigars or pipes and 61% of respondents had never smoked. The remaining 24% smoked between 1 and 60 per day. This is similar to the Victorian average of 25% identifying themselves as current daily smokers.⁸

A total of 7 in 10 respondents participated in physical activity and on average 3 times per week. The average length of each exercise session was 50 minutes. The most popular form of exercise was walking (36%).

When asked how often respondents deliberately took protective measures when out in the sun, 32% 'always' took protective measures, an additional 32% reported 'usually' while 5% 'never' took protective measures. A total of 67% wore a hat as a protective measure, 64% used sunglasses, 62% put on sunscreen and 38% used clothing for protection.

CHILDREN

In Echuca, parents or guardians completed a survey on behalf of 120 children. The survey was completed for all children living in the household aged between 1 and 15 years inclusive. Of these, 50% were male and 47% were female. From the children's surveys, 79% had access to a computer at least weekly and 53% had access to the internet at least weekly. The immunisation rates for children in Echuca was 94%.

Of national concern are the eating patterns of children. In Echuca, 84% were not eating the recommended serves of vegetables, 12% were not eating the recommended serves of fruit and 27% were not consuming the recommended amount of dairy products (see Table 7).

Table 7: Consumption of fruit, vegetable and dairy products for children in Echuca

	<i>Recommended serve</i>	<i>Number of Serves eaten</i>	
Vegetables	5 serves ¹⁰	1-3 serves	83%
		4-5 serves	15%
		6 and more	1%
		Don't eat veggies	1%
Fruit	2 serves ¹⁰	1 serve or less	11%
		2-3 serves	63%
		4 and more	25%
		Don't eat fruit	1%
Dairy	3-4 serves ¹¹	1 serve or less	27%
		2-5 serves	71%
		6 and more	2%

Parents and guardians were also asked to indicate if their children had any medical conditions. Asthma was the most common condition reported for children in Echuca, which is comparable with other towns in the studies. Allergies (9%), eye problems (8%) and skin conditions (7%) were the other most common reported conditions.

In the past 12 months, 11% of children whose parent or guardian had completed a survey had been hospitalised. Of these, 68% were admitted to Echuca Regional Hospital and 16% travelled to major hospitals in Melbourne. In addition, 30% of the children had been to an Emergency Department in the past twelve months. From these, 83% visited the Emergency Department at the Echuca Regional Hospital. The majority of children (85%) waited under an hour for their consultation, 11% waited 1-3 hours, 3% waited 3-6 hours and 2% waited over 6 hours to see the Doctor.

UNDIAGNOSED DISEASE STUDY

As part of the Crossroads Rural Health Studies 1,455 randomly selected adults (aged 25 years and over) attended the Undiagnosed Disease Study held in each town. The Echuca clinics were held in the Function Room at the Echuca Shire Offices and the Port of Echuca Conference Center. 136 residents from Echuca attended these clinics.

- Echuca residents had quite high rates of chronic obstructive pulmonary disease and other lung diseases (defined as reduced spirometry measures: 17%) and hearing loss (11%), compared to the 7 other study communities. The vision impairment or vision requiring correction rate was higher than many towns (18%) in the study.

- The rate of high blood pressure for Echuca participants was 20% (with or without diagnosed hypertension, defined as blood pressure of 160+ mm Hg systolic and/or 100+ mm Hg diastolic) which is higher than the Australian average (10%).⁹
- 31% of the study population in Echuca was categorised as obese (defined as body mass index of 30 kgm⁻² or more). This was comparable to other study towns, but greater than the national average (17%)⁹ and greater than that found in the Australian Diabetes, Obesity and Lifestyle Study.¹⁵
- Likely mild inflammation of the liver for Echuca respondents, as indicated by serum liver enzymes, was more common than in most other study towns (15%).
- Renal impairment (as assessed by serum creatinine concentration above the reference range for age, sex and weight, (those with diabetes excluded)) was common amongst the study communities (9%).
- Anaemia was uncommon (1%), but the rate of leucocytosis (white blood cells) was the highest (4%) in relation to the other study communities.

Note: This is based on preliminary data.

CONCLUSION

In Echuca, more women than men completed the survey. Echuca had a higher level of home ownership and lower numbers of people renting than the average in Australia.⁶ Echuca residents had the same proportion of people with a University degree as the Australian average⁶ and nearly half the participants had completed secondary school or a trade certificate. The Crossroads Rural Health Studies found that the majority of respondents were happy to be living in Echuca and nearly two thirds of respondents were members of local community clubs, groups or organisations. Being actively involved in the community seems to be very important to a large portion of the respondents and leads to better health.¹⁶

Echuca respondents were particularly satisfied with local hospitals, local schools, access to exercise facilities and local entertainment, but were less satisfied with public transport and local government.

Happiness is an indicator of quality of life and in Echuca two thirds of participants rated themselves as happy or very happy. In addition, self reported health status is a commonly used measure of an individuals health.⁸ The majority of respondents in Echuca rated their health as good or better, which is similar to the Australian average.⁹ Echuca residents had similar long term medical conditions as the Australian average, most commonly eye problems, high blood pressure, arthritis and allergies.⁹ Echuca respondents tended to have more health checks than the Victorian average.⁸ These checks included blood pressure, blood sugar, cholesterol and skin examinations. Although rural health research indicates that rural people tend to have poorer health than their metropolitan counterparts,^{1,2} the Crossroads Rural Health Studies illustrates that residents in Echuca had more health checks and their health is on a par with the majority of Australians, rural or metropolitan.

An issue that was consistently raised was the general concern about the lack of Medical Professionals in Echuca. This included a lack of Doctors, Nurses and Medical Specialists. The lack of health professionals was an issue in the emergency department, inpatient care, medical care and health services in general.

Waiting to see a Doctor in the Emergency Department and Doctors surgery was a concern for a large number of respondents. The number of days required to wait for an appointment with their GP was also a key issue. However, when asked specifically about waiting times, consumers did not usually wait for any great length of time. Overall, respondents in Echuca did not have any major issues with local health services as the majority of people responded with 'no problem.'

Being a resident of rural Victoria, it is anticipated that the distance required to travel for health services could reduce peoples access to these services.¹ However, the information from the Crossroads Rural Health Studies did not support this. The distance required to travel to visit health professionals was not documented as a barrier to receiving care for Echuca residents. The main issue of concern was having to wait to see Doctors and the lack of health professionals in the region.

Our lifestyle is related to our health, hence the Crossroads Rural Health Studies included questions about our diet, alcohol/cigarette consumption and physical activity. The number of Echuca residents that smoke is in the same proportion as the state average.⁸ Just over half the respondents (both adults and children) did not eat the recommended serves of fruit in a day. Children in particular were not eating adequate fruit and vegetables according to recommendations made by the Dieticians Association of Australia.

In conclusion, it appears that the health status among Echuca residents, along with the other towns in the studies (Alexandra, Benalla, Cobram, Euroa, Mooroopna, Seymour and Shepparton), is not markedly different to the average Victorians, despite previous health research indicating that rural people have poorer health than their metropolitan counterparts. However, when rural people become unwell, access to medical care may become a problem. We believe that the results of the Crossroads Rural Health Studies will provide information that is both useful and meaningful to the people of Echuca and that benefits will come from it.

The Crossroads Team would like to Thank all those who completed a Household Survey and everyone who came along to the Undiagnosed Disease Study.

Thank You!

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