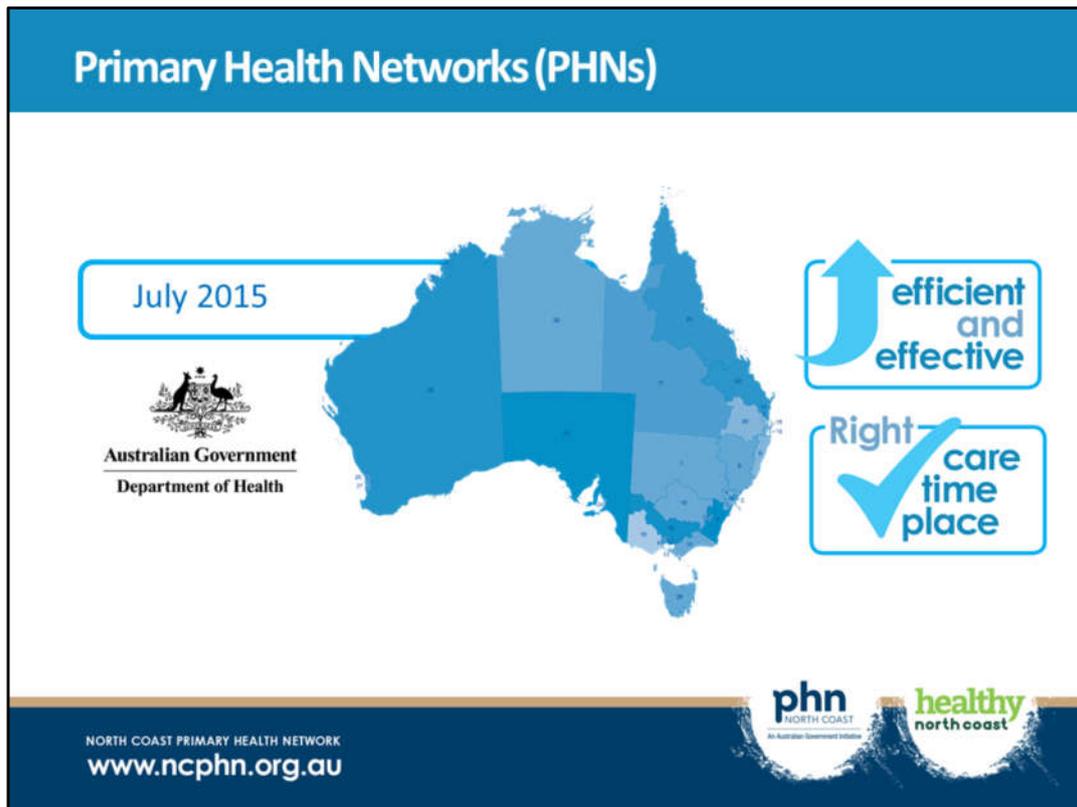




The following slides were presented by North Coast Primary Health Network staff during September 2018 at four locations across our region: in Port Macquarie, Coffs Harbour, Tweed Heads and Lismore, NSW.

The purpose of these presentations was to update local community members and clinicians about key findings from a community survey that North Coast Primary Health Network held in June 2018, which asked locals about their health status, and their experience with various local health services.

These slides present some information about the North Coast Primary Health Network followed by survey key findings. Detailed factsheets, by priority groups and 12 Local Government Areas, will be available online at the beginning of 2019 at: [www.ncphn.org.au/speakup](http://www.ncphn.org.au/speakup)



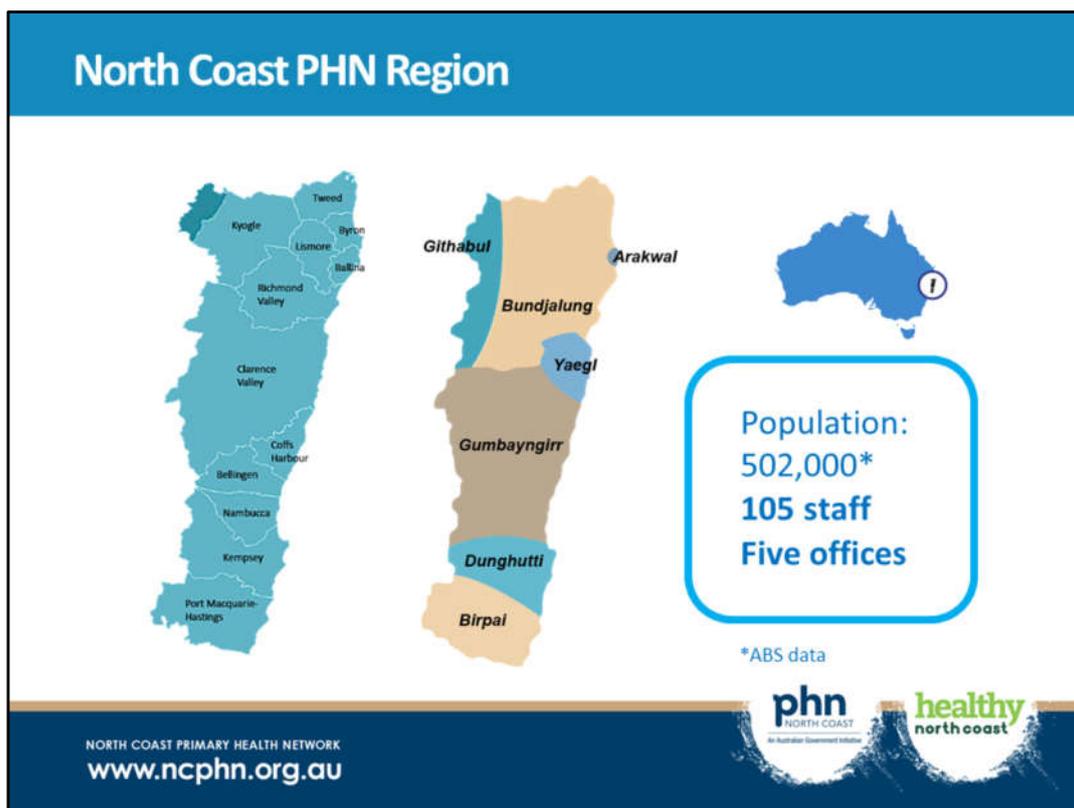
In July 2015, the Australian Government committed to the establishment of 31 Primary Health Networks (PHNs) as the foundation for improving the efficiency and effectiveness of primary health care services.

This decision was based on clear evidence which indicates that health systems with strong integrated primary health care at their core are both effective in improving patient outcomes and experiences and efficient at delivering appropriate services where they are needed most.

Critical to the introduction of PHNs as the coordinators and commissioners of primary care is an approach which keeps the local community at the centre of planning and delivering health services, no longer having Canberra manage funds centrally in determined programs which were delivered uniformly to all areas, but rather, within funding envelopes, decisions can be made locally to tailor services required.

Commissioned services must be focused on:

1. Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes (those at greatest need)
2. Improving the coordination of care to ensure patients receive the right care in the right place at the right time.



There are 10 PHNs within NSW, and the North Coast PHN manages the uppermost/Eastern part of that with a footprint stretching from Port Macquarie in the South to the Gold Coast border.

NCPHN has just over 100 staff that are based out of five offices across the region, one in Tweed heads, Lismore, Coffs Harbour, Port Macquarie and our head office is located in Ballina.

It is an interesting catchment with approximately 500,000 people spread across the region in diverse locations. Our region is more disadvantaged when compared with NSW overall. Our population has higher proportions of older people, Aboriginal and or Torres Strait Islander people, as well as higher rates of disability, remoteness and unemployment.

Across the North Coast, our footprint incorporates:

- 12 Local Government Areas;
- 2 Local Health Districts, the Mid-North Coast LHD and the Northern NSW LHD;
- 6 Aboriginal Health Services
- 659 General Practitioners
- 2043 Primary Care Nurses
- At least 2500 Allied Health Practitioners



PHNs are independent organisations funded by the government to commission locally on their behalf.

North Coast PHN is delivered by 'Healthy North Coast', an organisation which has had a longstanding commitment to the delivery of primary health care across North Coast communities.

*Our vision is...To build a person-centred health system in which each member of the North Coast community, especially those with the greatest need, receives care that is integrated, high quality and easy to access.*



Our commitment is to collaborate comprehensively with all of the stakeholders involved in the delivery of good health outcomes for our community.

In addition to the engagement we have with all of these stakeholders, the governance supporting the PHN ensures comprehensive input to the organisations deliverables:

- NCPHN is overseen by a board which ensures representation from all communities across the footprint;
- The board is advised by a GP-led clinical council - The clinical councils are made up of local general practitioners, nurses, allied and community health staff, Indigenous health workers, specialists and hospital management staff; and a
- Community advisory committees (x4) - The community advisory committees are made up of interested health consumers, patients and carers. These people have experience and insights into the health system from a consumer perspective. Input from the community drives the development of appropriate, accessible, patient-centred healthcare.

Our planning and commission increasingly interacts with local councils, education, justice and social services, aiming to take a big picture approach to achieving outcomes.

## North Coast PHN Participatory Process

Monitor and  
evaluate...  
*together*



Understand  
needs...  
*together*

Procure  
services...  
*together*

Plan and  
design...  
*together*

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PHNs will work towards achieving these objectives on the basis of an understanding of the health care needs of their communities through analysis and planning. They will do this through knowing what services are available and help to identify and address service gaps where needed, including in rural and remote areas, while getting value for money.



The intent of the PHN commissioning model is to drive improved responses locally to health needs. This is done in line with some overarching National Priorities which are acknowledged as universally fundamental to improve overall health outcomes.

The seven priorities are:

- Aged Care
- Aboriginal Health
- Mental Health
- Digital Health
- Population Health
- Health Workforce
- Alcohol and Other Drugs

While some of these priorities are enablers to health service delivery, we have themed our feedback to you today in line with these areas.

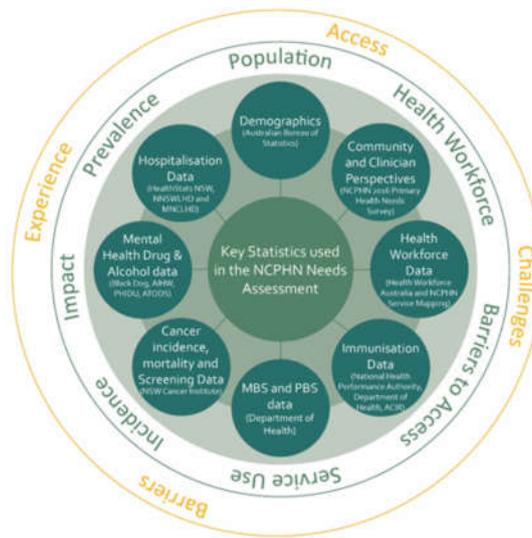


# 2018 Community Survey Results



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## Needs Assessment



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A key role of NCPHN is to identify local health needs and service gaps and, based on this evidence, prioritise activity to address those needs.

Once a year, NCPHN releases a needs assessment report as well as a number of fact sheets that are based on a wide range of data sources providing evidence for the identification of health needs. Some of the data sources we use include ABS census data, hospitalisation data, Mental Health information and others.

Even when using wide range of data sources, there are knowledge gaps, especially regarding local health needs. This is why NCPHN developed a survey of community members. This survey informs the needs assessment report along other existing data sources mentioned.

## Initial Community Survey

- Questions and response options developed through extensive consultation with community and clinicians
- 2,420 responses
- 20 Fact Sheets

<https://ncphn.org.au/needs-assessment/fact-sheets>



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This is the second time we have run a community survey. The first survey questions were developed in 2016 following extensive consultation with community members and clinicians.

Over 2400 locals completed the first survey.

Survey key findings were published in 20 fact sheets that are available online at:  
<https://ncphn.org.au/needs-assessment>

## Speak Up 2018

### Additional questions:

- Born overseas
- Hours of work for pay
- Need for help with self care
- Knowledge of health services
- Regular doctor
- Financial vulnerability

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This year, NCPHN based the survey questions on the original content developed two years ago, however some slight changes were made.

In particular, we added some additional questions, where we asked community members to tell us:

- Whether they were born overseas
- How many hours they work each week for pay
- We also asked about their need for help with self care (doing everyday activities such as eating, showering, dressing or toileting)
- We asked locals how they rate their knowledge of local health services
- We asked whether people had a regular doctor in the last year
- We also asked people 'If suddenly you had to get \$2000 for something important, could you get the money needed in a week?' – with those who answered “no”, considered “financially vulnerable”.

# Questionnaire Design

## Sections of the survey:

1. About You – Demographics
2. About Your Health
3. About Your Family and Community
4. Seeing a local GP
5. Seeing a specialist
6. Seeing an allied health professional
7. Mental Health Services
8. Alcohol and Other Drug Services
9. Services for Older People

- Sub sections:
- Access
  - Hard to see
  - Challenges
  - Service quality



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The survey had 9 sections and respondents were anonymous. The first sections focused on demographics, personal health status, and community health concerns.

The latter part of the survey focused on different health services and asked quite similar questions about access, which health professionals are hard to see, what were your challenges to using health services and questions relating to your level of satisfaction with the health services you'd used.

**2018 Community Survey**

- Open for 3 weeks  
**4th June – 24th June**
- **86% online**
- **14% paper**

**3,372**  
respondents in NCPHN

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The survey was open for 3 weeks in June between the 4<sup>th</sup> and 24<sup>th</sup> of June.

Overall, 3372 locals completed the survey.

Most people completed the survey online (86%), although 14% of people chose to complete a paper based questionnaire form.

Paper forms were available mainly through survey supporters – this included 87 local organisations that assisted NCPHN to engage locals with the survey and included: schools, councils, neighbourhood centres, Aboriginal Medical Centres, general practices, pharmacies, sports clubs and others. NCPHN would like to thank these organisations for their support and contribution to this survey.

## Survey demographics and weighting

Demographic	Cohort	Population (Aged 15 years +)	Survey	Weighted
Gender	Female	52%	77%	↓
	Male	48%	22%	↑
	Other	Unknown	1%	N/A
Age	Younger 15-24 years	12%	8%	↑
	Middle aged 25-64 years	59%	70%	↓
	Older 65 years +	29%	22%	↑
Ethnicity	Aboriginal and/or Torres Strait Islander	4%	7%	N/A
Sexuality	Heterosexual	Unknown	90%	N/A
	Lesbian Gay Bisexual Transgender Intersex Queer (LGBTIQ)		10%	
Birth Country	Born in Australia	85%	85%	N/A
	Born overseas	15%	%	

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In a first for us, this time around we engaged the Australian Institute of Health & Welfare to weight the raw survey data by the categories of age and sex.

This slide contains some of the demographics of survey respondents.

To give an example of how the data was weighted we can see here that according to the most recent census data, 52% of the North Coast population are females, while 77% of our survey respondents were females. In order to reflect survey responses in a more representative manner, survey responses from males were weighted more heavily than females, in a proportion similar to their population rate.

## What did our community say?



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So what did the community tell us?

I'm now going to present the key findings by the following priority groups:

- Older People
- Aboriginal and/or Torres Strait Islander People
- People with Mental Health Challenge and finally,
- People with an Alcohol and Other Drug Use Challenge



When we talk about Older people, we're referring to respondents aged 65 years and older.

In these next slides, we've analysed their responses compared with respondents younger than 65 years of age – here referred to as 'middle aged or younger people'. Overall, 751 participants, or 22% of our sample, were aged 65 years or above.

## Older People – Self rated health



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When asking locals to think about their health, 70% of older people stated that they believe it is Excellent, Very good or good, compared with 80% of middle aged or younger people, shown in the blue speech bubble.

However, we can also see here that older people were more likely to tell us their health was fair or poor and less likely to tell us their health was excellent.

## Older People – personal health challenges



**Arthritis/Osteoporosis (46%)**

**General ageing/frailty (35%)**

**High blood pressure (32%)**

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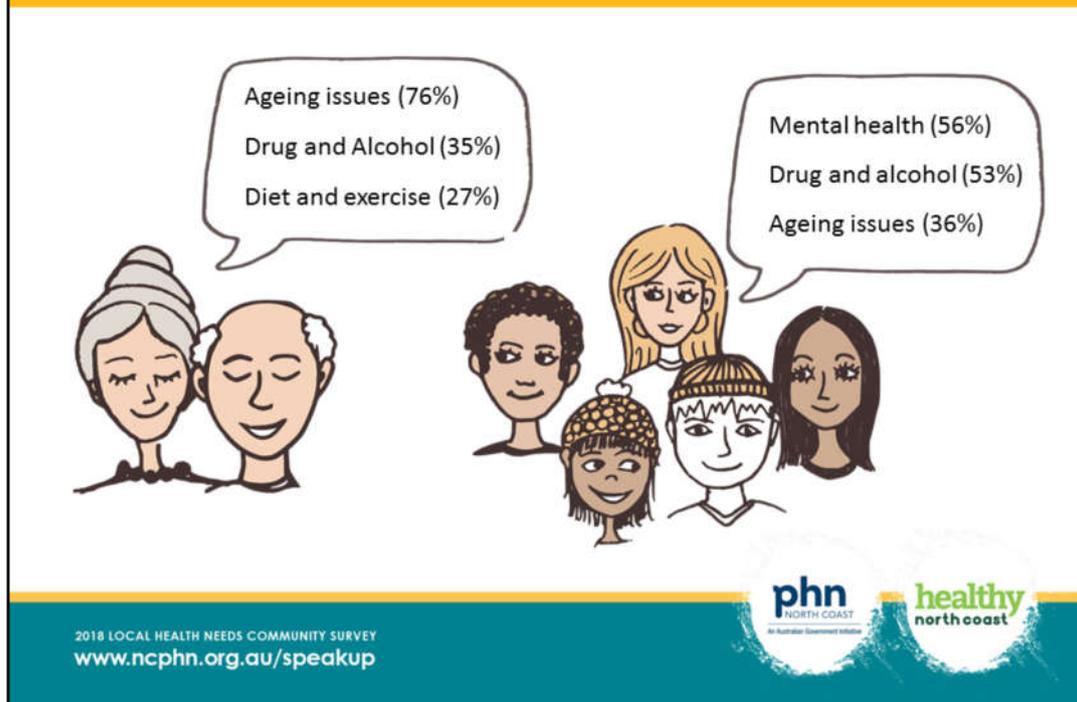
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When asking older people about their personal health challenges, their top three personal health challenges included:

- Arthritis/Osteoporosis
- General Ageing and frailty and
- High blood pressure

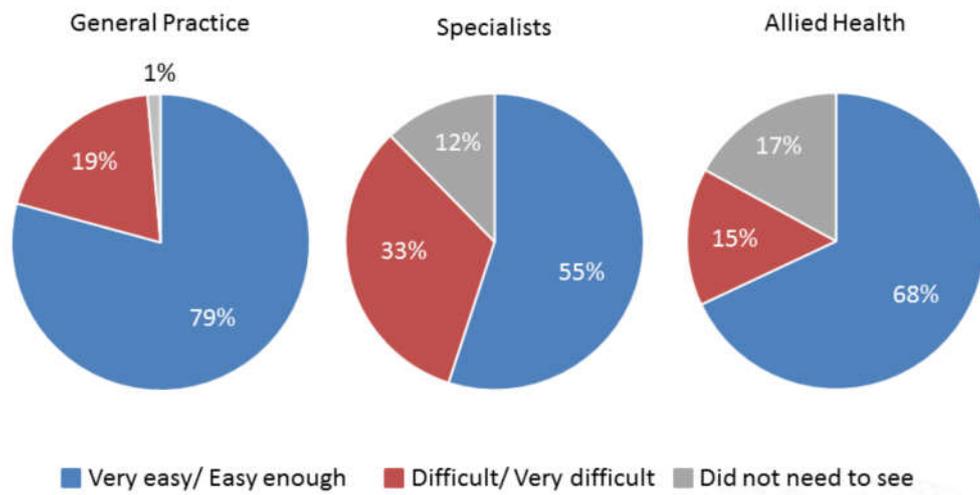
## Older People - top 3 community health concerns



In this slide, we can see slight differences between the community health concerns for older and younger people.

While large numbers of respondents from both groups considered Ageing and Drug and Alcohol to be in the top 3 health concerns, older people included more often Diet and exercise, while younger people referred to mental health issues.

## Older People - access to services



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When we looked at the data about access to services, we can see that generally, Older people reported better access to health services than people aged 15-64 years of age.

Overall, the majority of Older people reported that it was very easy or easy enough for them to see GPs (79%), Specialists (55%) and allied health professionals (68%) at a higher rate compared to younger people.

## Older People - access to services

Older Persons



27%



31%



18%

15-64 Year old group



30%



41%



36%

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When we look at the types of Specialist Doctors and allied health professionals Older people found hard to access we can see that Cardiologists were the hardest specialist to see for Older people (27%), compared to Psychiatrists for people aged 15-64 years (30%).

When asked about their access to allied health professionals, Dentists (31%) and Physiotherapists (18%) were the hardest for Older people to see, while for middle aged and younger people Dentists (41%) and Psychologists (36%) were the hardest to access.

## Older People – access and quality of services



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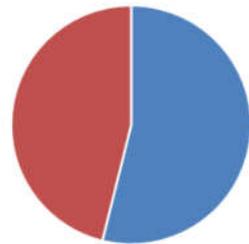
In the next section of the survey we asked about access to mental health and drug and alcohol services.

Almost three quarters (72%) of older people did **not** need to access mental health services, compared to 40% of younger people

89% of older people have **not** needed alcohol and other drug services compared with 73% of the younger cohort.

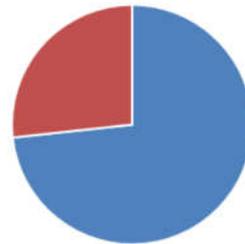
However for those older people that did use Alcohol and Other Drug services, they tended to report lower satisfaction with those services compared to those aged 15-64 years

## Older Person – Services for Older People



■ Needed ■ Not needed

65 years +



■ Needed ■ Not needed

80 years +

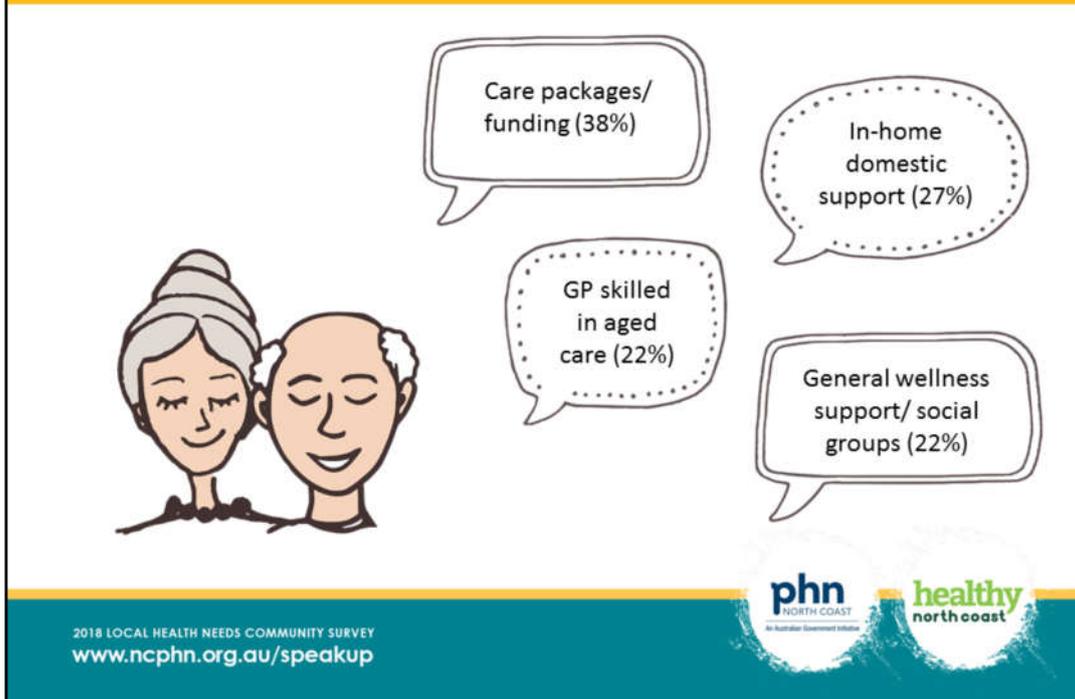
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Finally, we asked older people about their access and experience of aged care services, which included a range of services such as residential aged care facilities, in home domestic and medical services, as well as respite for Carers.

In total, 54% of the North Coast population aged 65 years or older told us they needed access to aged care services. When we just look at this for people aged 80 years or older, we can see that 73% of respondents aged 80 or older required support from local aged care services.

## Older Person – Services for Older People



If we take a look at the aged care services that older people told us were the hardest to access we can see that:

- Care packages/ funding 38%
- In-home domestic support (e.g cleaning, meals) 27%
- Doctor (GP) with knowledge/ skills in aged care 22% and
- General wellness support/ social groups 22% were the most difficult to access.



In the next section, we will examine the results of the survey for Aboriginal and Torres Strait Islander people on the North Coast. In total, 6.4% of the survey respondents were Aboriginal and Torres Strait Islander.

## Aboriginal - Self rated health

**Excellent (2%)**  
**Very Good (17%)**  
**Good (52%)**  
**Fair (18%)**  
**Poor (10%)**

**Excellent (11%)**  
**Very Good (32%)**  
**Good (34%)**  
**Fair (17%)**  
**Poor (6%)**

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When Aboriginal people were asked to rate their own health status, we can see that the majority said that their health was good.

However, when we compare these to the figures for non-Aboriginal people, we can now see that Aboriginal people were more likely to rate their health as good, fair or poor, and much less likely to say they had very good or excellent health.

## Aboriginal - personal health challenges

**Mental health issues (28%)**

**Weight (27%)**

**Alcohol and other drug issues (23%)**



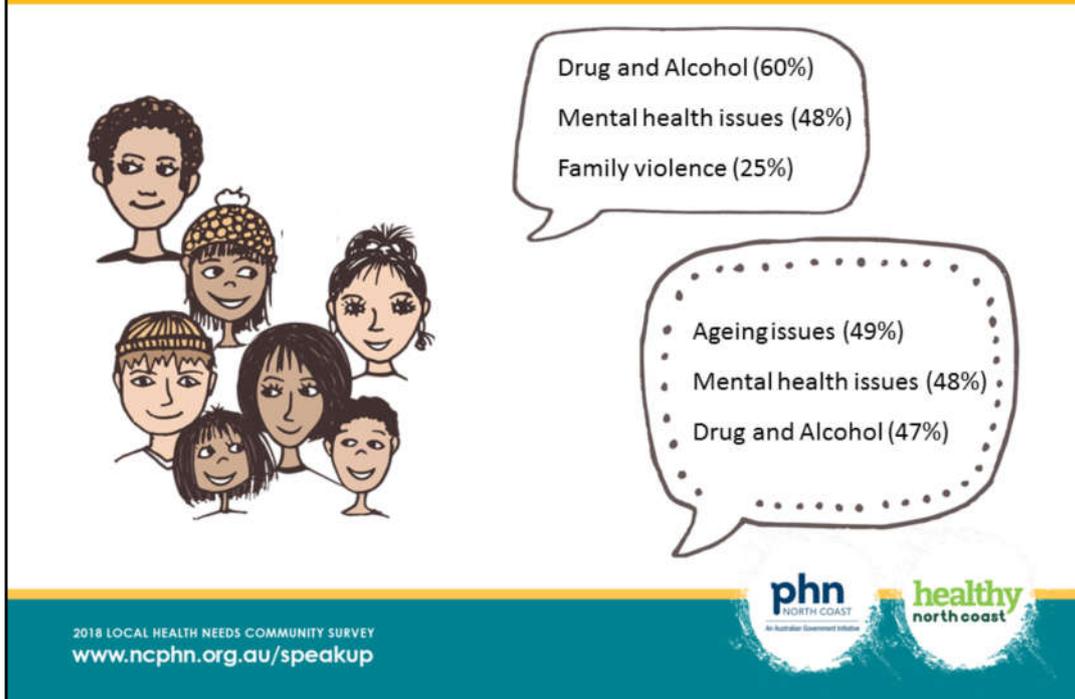
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When we asked Aboriginal people to think about themselves, and tell us the personal health challenges they face, mental health issues, their weight and alcohol or other drug issues were the most common responses.

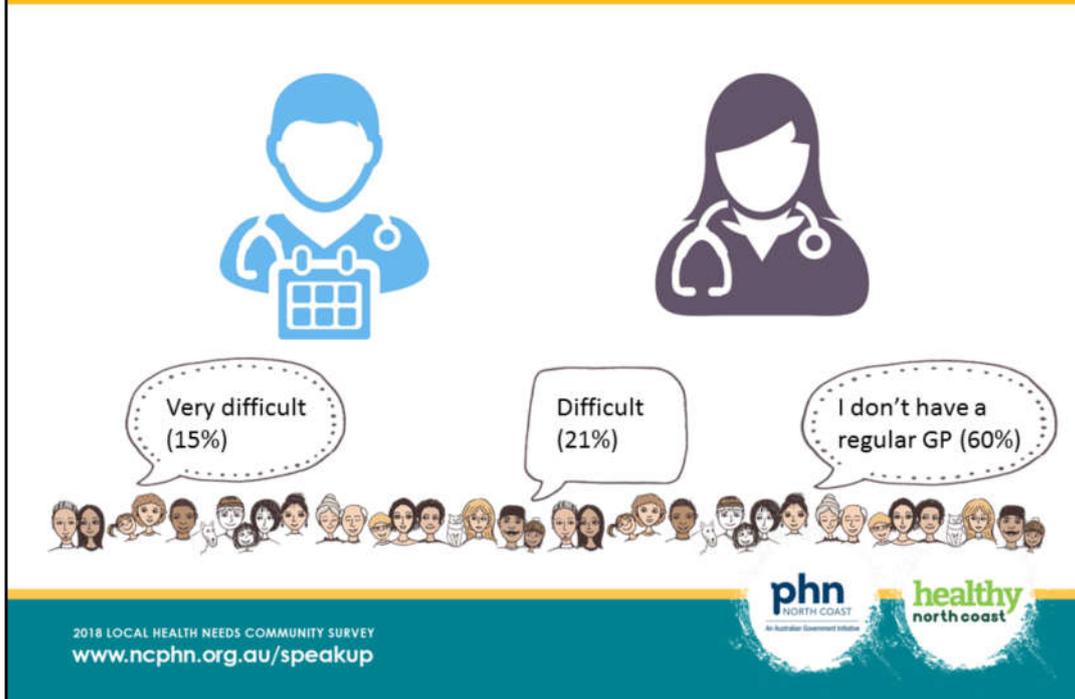
## Aboriginal - top 3 community health concerns



But when we asked Aboriginal people to think about their entire community, we can see that the issues they are concerned about are drug and alcohol misuse, mental health issues and family violence.

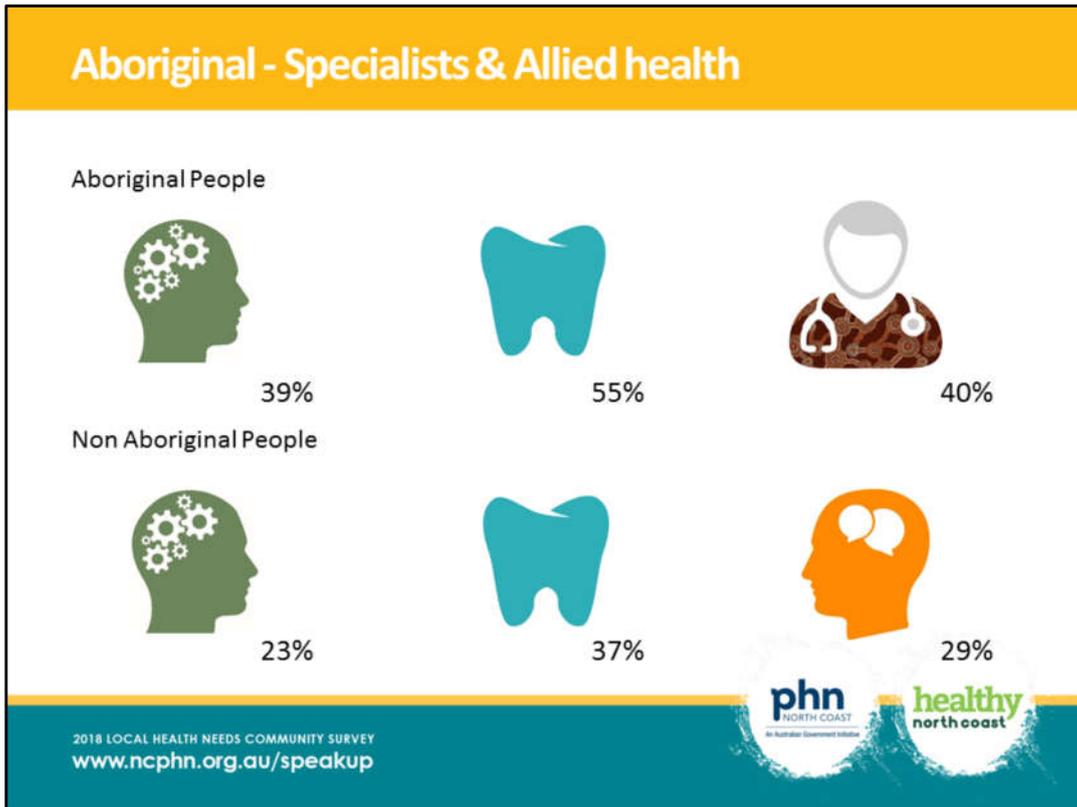
While mental health and drug and alcohol are also common community health concerns for non-Aboriginal people, ageing is an issue of more prominence for non-Aboriginal people and drug and alcohol is slightly less of a concern (47% vs. 60%).

## Aboriginal– Access to General Practice



When we asked questions about access to General practice, Aboriginal people were more likely to tell us that seeing a GP was 'very difficult' (15%) or 'Difficult' (21%) to compared to non-Aboriginal people (8% and 19%).

In addition, only 60% of Aboriginal people told us that they've had a regular GP over the past year, compared to 77% of non-Aboriginal people.

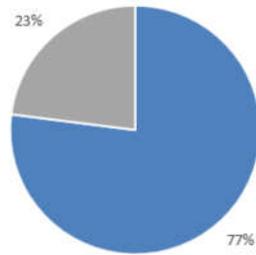


Next, we looked at the data for access to Specialists and Allied Health.

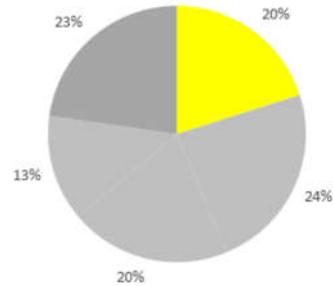
Here we can see that the most commonly reported Specialist Doctor that Aboriginal people found hard to see were Psychiatrists at 39%. This was also the specialist non-Aboriginal people found most difficult to see, although this was only reported by 23% of non-Aboriginal people.

When we look at access to allied health, we can see that Aboriginal people on the North Coast said that Dentists (55%) and Aboriginal Health Workers (40%) were the hardest allied health professionals to see. Dentists (37%) were also the most difficult allied health professional to see for non-Aboriginal people, while non-Aboriginal people also found psychologists hard to see.

## Aboriginal people – Mental health and AOD services



■ Needed Mental Health Services  
■ Did not need Mental Health services



■ Very difficult

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When asked about their need to access mental health services over the past 12 months for themselves or someone they support, over three quarters (77%) of Aboriginal respondents reported needing to.

When we asked this group of respondents about access to mental health services, 20% of Aboriginal people reported that access to mental health services was “Very difficult”, compared to 10% of non-Aboriginal people.

NSW Health community mental health service (37%) was the mental health service Aboriginal people told us was the hardest to get access to.

## Aboriginal people – Mental Health services



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The key challenges identified by Aboriginal people trying to access mental health services, were:

- a lack of services (33%),
- having a poor experience in the past (23%),
- issues with the quality of service (22%)
- and stigma/ shame, which was reported by 1 in 5 Aboriginal people needing help with their mental health issues.

## Aboriginal – Alcohol and Other Drug Services



When we look at the data for Alcohol and Other Drug services, we found that 60% of Aboriginal people were needing help for themselves, or someone they support, with alcohol or drug problems in the past twelve months. This is much higher than the 20% of non-Aboriginal people needing AOD services.

For Aboriginal people needing access to AOD services on the North Coast, Rehab (65%) and detox (51%) were the most difficult AOD services to access.

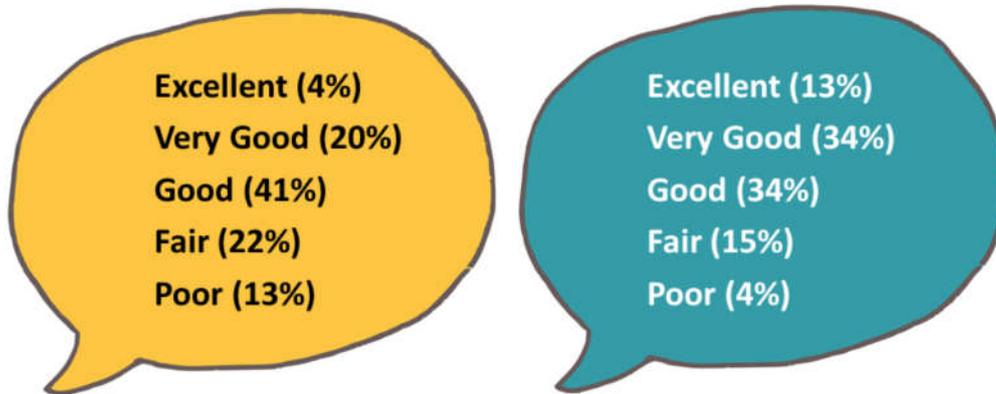


We also wanted to examine the survey results for people with particular health challenges.

A great deal of the work at the PHN is aimed at improving the access to and health outcomes for people with mental health challenges, and so we looked at the data for those people who told us at the beginning of the survey that their mental health was one of the health challenges they were facing.

783 respondents (23%) self identified that their mental health was a personal health challenge, although we should note that this might not involve a formal diagnosis of a mental health condition.

## Mental health challenge- Self rated health



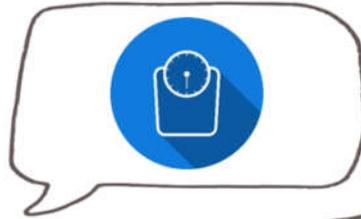
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In total, one in four people (23%) told us that they had a mental health challenge. This was the second highest reported health challenge after issues with weight.

As you can see in the yellow bubble, people with a mental health issue were more likely to describe their overall health as 'Poor' or 'Fair' (35%) compared with people who did not have a mental health issue (19%), shown here in blue.

## Mental health - personal health concerns



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When we asked people with a mental health issue to consider what were the other health challenges they faced, their 'Weight' (37% vs. 22%), 'Dental/ oral health' (23% vs. 11%) and 'Alcohol/ drug use' (22% vs. 7%) were the most common responses after their mental health concern.

## Mental health - top 3 community health concerns



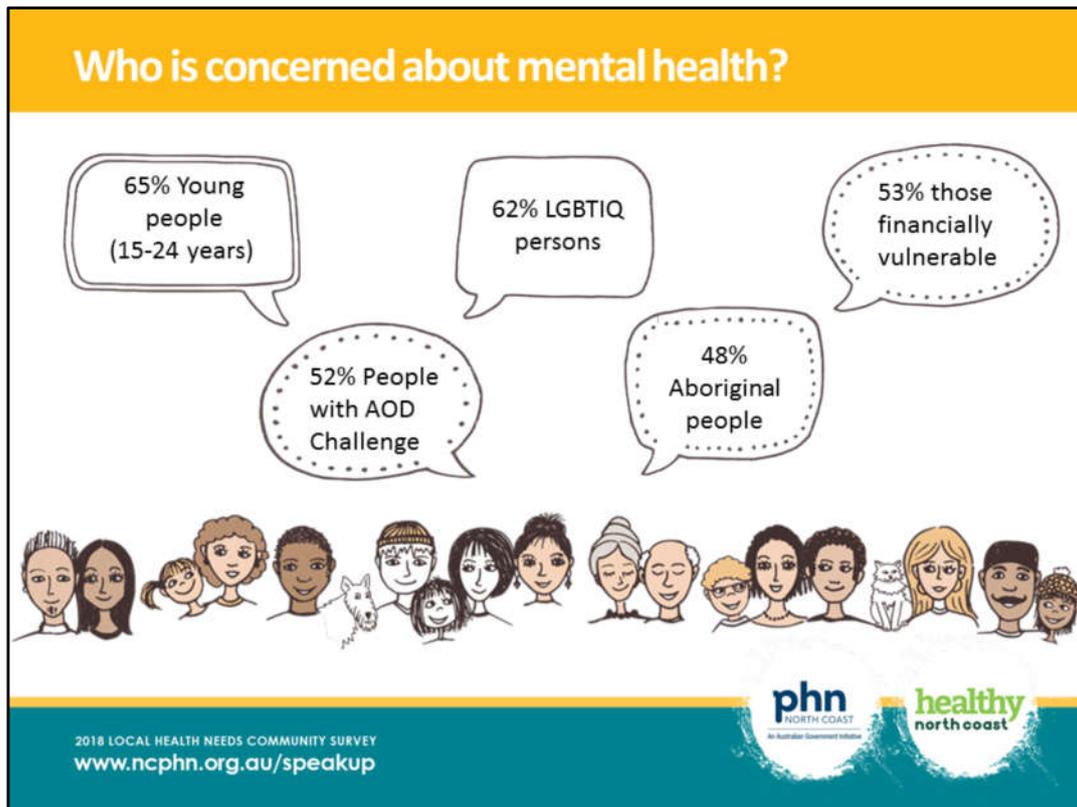
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When we asked this group of people with a mental health issue to tell us what the most important community health issues were, 'Mental health issues' (68.1% vs. 41%) and 'Drug and alcohol misuse' (52.7% vs. 46%) were very common.

People reporting of having a personal mental health challenge were also likely to identify mental health as one of the top community health concerns.



However, it's not just those affected by mental health issues that are worried about mental health.

Mental health is at the top of the list for community health concerns among Young people aged 15-24 years (65%), LGBTIQ (62%), financially vulnerable persons (53%), People with a self-reported Alcohol and Other Drug (AOD) challenge (52%), and Aboriginal people (48%).

Older persons (26%) and people born overseas were less likely to report mental health as their biggest community concern.

## Mental health - Access to Specialists and Allied health



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Psychiatrists were identified as the Specialist Doctor that was the hardest to see for people with a mental health issue (49% vs. 14%).

When we look at allied health, Psychologists (52%) and Dentists (44%) were the hardest health professionals to see.

## Mental health - accessing services for mental health



55%



42%



35%



35%

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Over half of the people who told us they had a mental health issue (55%) highlighted 'Cost' as a challenge to accessing mental health services on the North Coast.

A lack of services (42%), having a poor experience in the past (35%) and stigma or shame (35%) were other common challenges faced when trying to access mental health services.

## Mental health – Alcohol and Other Drug Co-Morbidity



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When we take a look at the issue of co-morbidity we can see that 34% of people with mental health issue also reported needed Alcohol or Other Drug services compared to 19% of people with no mental health issue.



We also looked at the data for survey respondents who identified that their alcohol and/or other drug use was one of their personal health challenges.

In total, 7% of people indicated having an alcohol and other drug challenge. But most interestingly, another 17% of people indicated that whilst they didn't have a personal challenge with alcohol or drug use, they had tried to access alcohol or drug services over the past 12 months, so we're assuming this group are most likely those family or friends supporting or caring for others with an AOD challenge.

## AOD Challenge - personal health challenges

**Mental health issues (51%)**

**Weight (27%)**

**Dental/ Oral health (22%)**



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For this group, the most common personal health challenges, other than their alcohol or drug issue were:

- Their Mental health (51%),
- Issues with Weight (27%), and
- Dental/oral health issues (22%)

## AOD Challenge – Top 3 community health concerns



The top three community health concerns indicated by respondents with AOD challenge were:

- Drug and alcohol misuse (62% vs 46%),
- Mental health issues (52.% vs. 47%) and
- Ageing issues (30% vs 49%)

## People with an AOD Challenge- Access



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When we look at the issue of access, we can see that 32% of respondents with AOD challenge didn't have a regular GP in the last year compared to only 21% of people for whom their alcohol and drug use wasn't a health challenge.

Over one in three persons with a drug or alcohol challenge reported that Psychiatrists were the hardest Specialist Doctor to see (35% vs 22%), while Dentists were again identified as the hardest allied health professional to see (59%).

## People with an AOD Challenge – AOD Services



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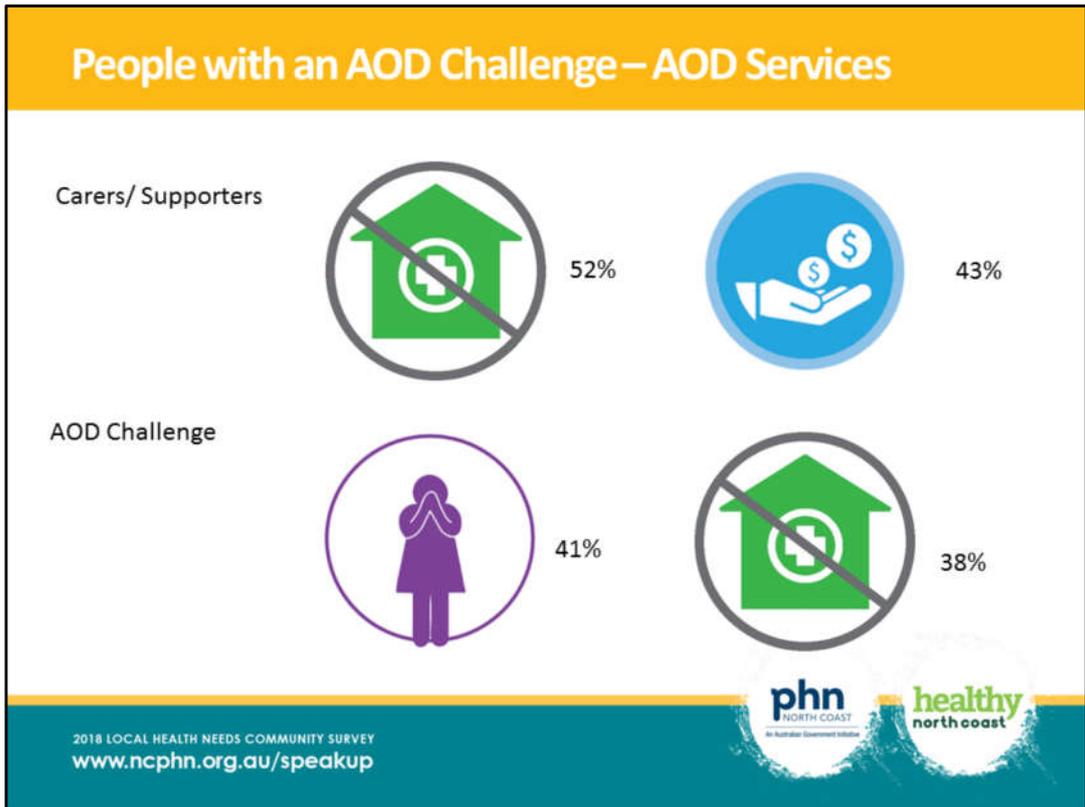
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When we asked people with a drug or alcohol challenge about their access to services specifically aimed at addressing or supporting them for their alcohol or drug issues, we found that

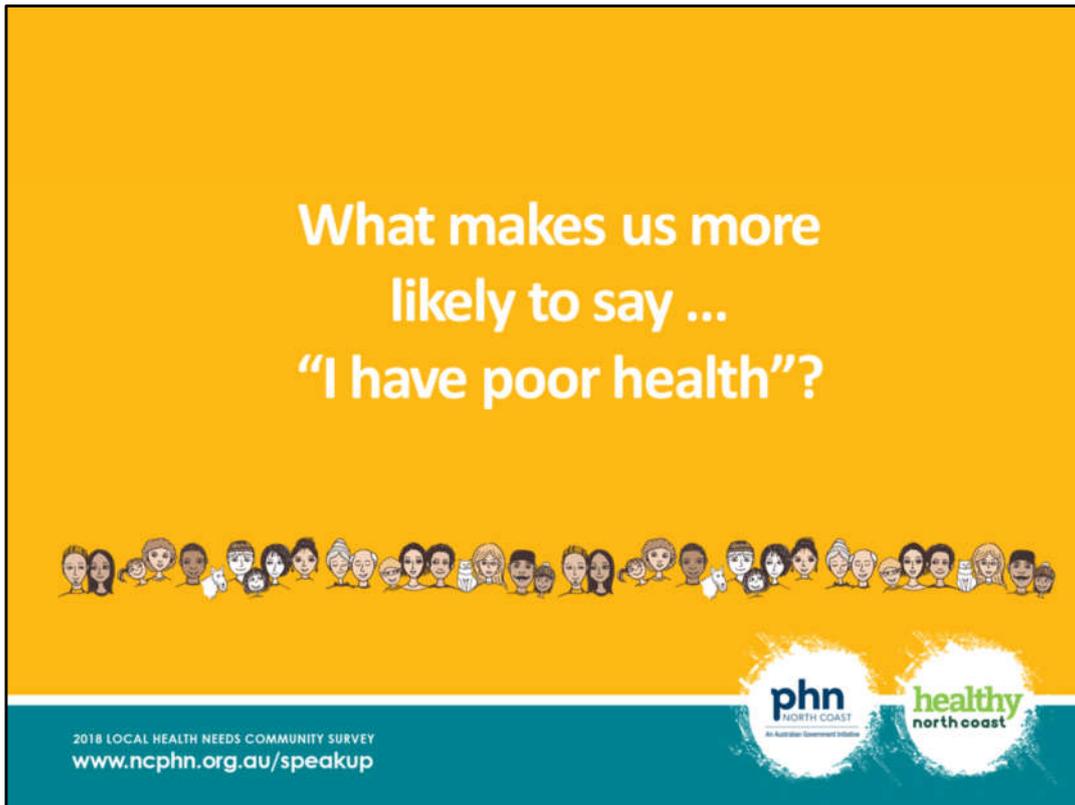
- Counselling (41%),
- Rehab (35%)
- and Detox (33%) were the hardest services to access.

Interestingly, these figures were even higher when we looked at the services carers or supporters tried to access on behalf of people with an alcohol or drug problem.



When we take a look at the findings for carers or supporters a little more, we can see that overall, a lack of services and the cost of alcohol and drug services were the main challenges they faced in getting the help they needed for someone they cared for.

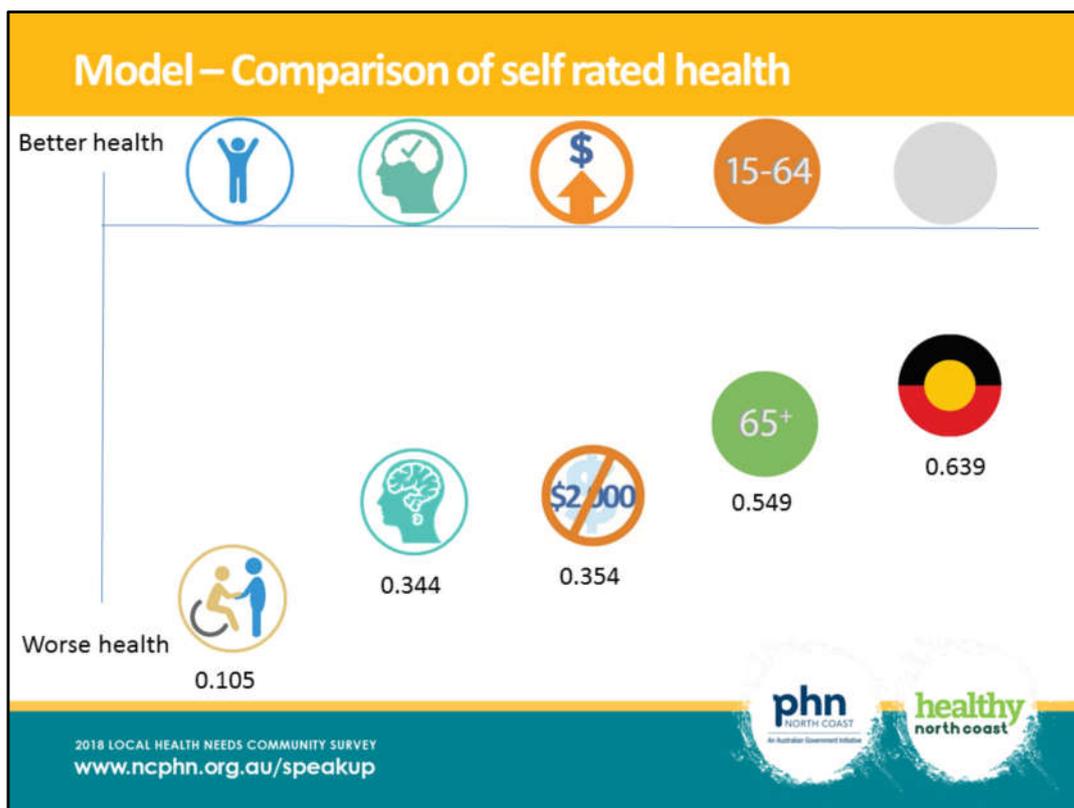
For those with the alcohol or drug challenge themselves, the biggest challenges were shame/ stigma and a lack of services.



So far, this presentation highlighted a number of access issues, challenges and health professionals that people say are hard to see on the North Coast. Some consistent themes have come up, especially that its difficult to access psychiatrists, cardiologists and dentists and that the most common challenges people face are that services cost too much or there are a lack of services available.

In order for us at the Primary Health Network to better understand what this information is telling us, we asked the Australian Institute of Health and Welfare to produce some statistical models that compare different characteristics of the population against one another.

For example, let's look at a 33 year old non-Indigenous woman, that has very good health. What we at the PHN want to try and understand, is if we check all the characteristics that make a person who they are, but look at them separately, independent of each other, which of their characteristics (like age, gender, health conditions) are more likely to effect this person to have really good, or really poor health outcomes?



We took the data for the question, “How would you describe your overall health?” as we wanted to know what characteristics of the North Coast population have the biggest effect on people rating their health as poor versus rating their health as excellent.

What we found was that, people who told us in the first section of the survey, that they require assistance for self-care activities (such as eating, showering, getting dressed) reported that their overall health was much worse, than people who did not require assistance for those things, regardless of other characteristics such as their age or gender.

Having a mental health challenge also meant that you were more likely to report poorer levels of overall health, compared to people to didn’t have a mental health challenge.

We also looked at financial vulnerability. People were classed as “financially vulnerable’ if they told us that they couldn’t get access to \$2,000 for something important within a week. Those who were financially vulnerable were much more likely to have poorer health than people who could access the money they needed, regardless of other characteristics.

Perhaps unsurprisingly, we also found that overall health decreased with age, with older people aged 65 years and over less likely to report better health then someone aged 25-64 years.

Aboriginal and Torres Strait Islander persons were also less likely to report higher levels

of health than non-Indigenous people, regardless of the other characteristics that make them who they are.

When we're able to look at each of these characteristics, separately from one another, this information reveals to us, is that requiring assistance for self-care activities has the biggest impact on the odds of a person reporting poorer overall health.

## Acknowledgements

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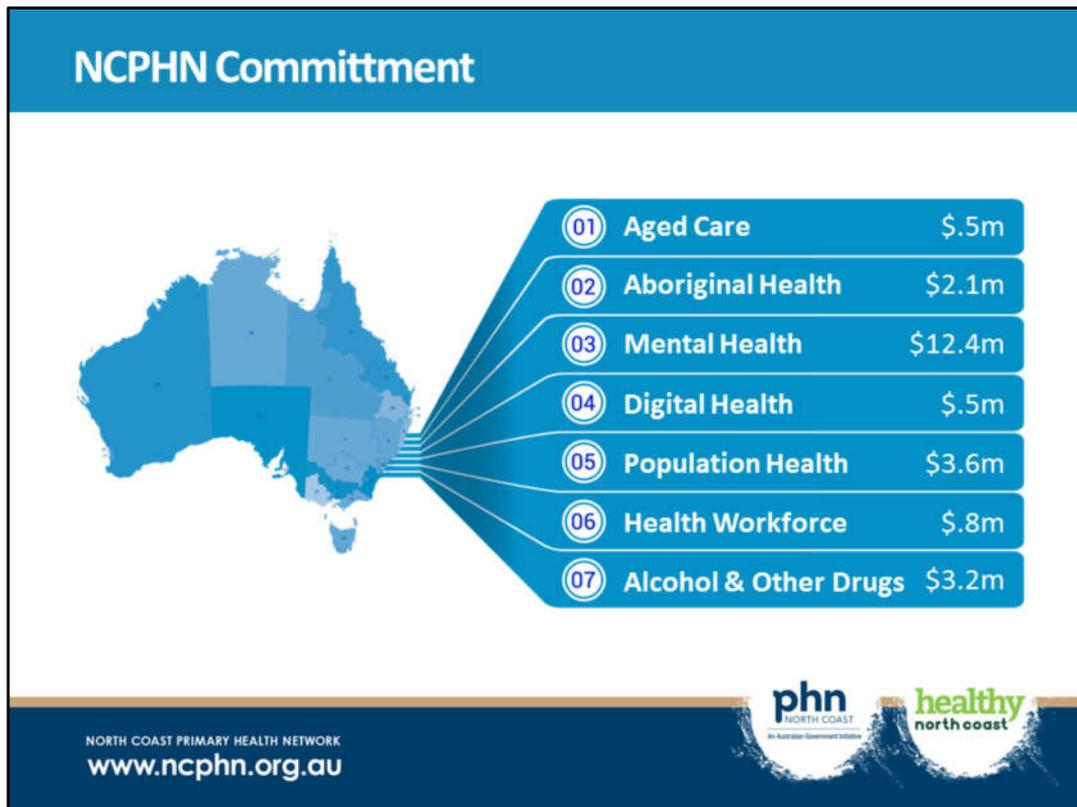
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The results of this survey provide the PHN with a great deal of information and insights about the perspective of health service users on the North Coast. While it doesn't answer all of our questions about access, quality and challenges, it helps us to narrow our focus and better target those groups and individuals who are at most risk of poor health outcomes.



Conclusion –

Next steps and our approach to planning and procuring services to address the health needs and service gaps on the North Coast

Commissioned funding by Priority Area for 2018-19:

\$520,880 - Aged Care

\$2,106,545 - Aboriginal and Torres Strait Islander Health

\$12,432,211 - Mental Health

\$515,359 - Digital Health

\$3,597,010 - Population Health

\$803,120 - Workforce

\$3,191,083 - Alcohol and Other Drugs

## North Coast PHN and YOU – Understand Needs



Identifying community needs



Prioritising community needs

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How do we work to ensure that the services we commission meet local needs and deliver outcomes where they are most needed?

1. We understand needs through the following mechanisms;
  - Surveys
  - Focus groups
  - Interviews
  - Online engagement platforms
  - Community Advisory Committees and Clinical Councils
  - Panels
  - Deliberative workshops
2. Then, Prioritising community needs:
  - Community Advisory Committees and Clinical Councils
  - Priority setting partnerships
  - Focus groups or deliberative workshops

## North Coast PHN and YOU – Plan and Design



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### 2. Plan and participatory design

- Focus groups
- Interviews
- Steering committee memberships
- Health Consumer and Health Professional panels
- Participatory workshops (co-design)
- Experience-based design
- Open space
- Involve consumers and clinicians in the review of health information

## North Coast PHN and YOU – Procure Services



Contracts & service agreements specify what engagement activities providers should undertake



Cross-stakeholder representation on panels



Cross-stakeholder access to information about proposals in-development

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### 3. Procure services

- Establish evaluation panels – all stakeholders represented > health consumers, community, clinicians, service providers...
- Industry briefing sessions
- Competitive dialogue
- Tenders / EOIs / RFPs > NCPHN website and Tenderlink

## North Coast PHN and YOU – Monitor and Evaluate



Are we achieving the outcomes  
we set out to achieve

*What is working?/What isn't?*

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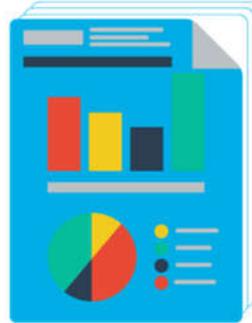
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#### 4. Monitor and evaluate

Eg. patient reported measures, how to report it and how they can take action in response to the data.

## Next Steps – Resources



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Following the presentation series, NCPHN will complete a local Needs Assessment Report as well as suite of fact sheets which will be available in early 2019.

To make sure you are notified when the factsheets are available, please register to North Coast Primary Health Network newsletter at:  
<https://ncphn.org.au/get-involved>

**Next Steps – Get Involved**

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If you aren't already, subscribe to our newsletters to stay updated on resources and all future opportunities to get involved: <https://ncphn.org.au/newsletters>.

Get active on social media – let's create conversations:  
<https://www.facebook.com/northcoastphn>.

Submit your upcoming community and health professional events via our NCPHN website and we'll help you promote them: <https://ncphn.org.au/post-an-event>.

Share your stories – community and service providers – to inspire everyone in our region about great work that is happening to help ensure healthy communities on the North Coast – submit these through the website and we will publish your stories in our newsletters and magazines  
<https://ncphn.org.au/contact>.



If you have any questions about this presentation or the 2018 Speak Up Community Survey please don't hesitate to contact us via email on [speakup@ncphn.org.au](mailto:speakup@ncphn.org.au) or phone 02 6618 5400.