

North Coast Primary Health Network General Population Needs Assessment



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NORTH COAST

An Australian Government Initiative

NCPHN acknowledges past and present injustices and recognises Aboriginal and Torres Strait Islander peoples' distinct cultures, values and inherent rights as the First Peoples of Australia. Together we will build a better future by listening to, empowering and walking together with Aboriginal and Torres Strait Islander people, communities and organisations.

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Part 1. Introduction – General Population

Overview

The purpose of this needs assessment report is to better understand the health and wellbeing of the North Coast region through a solid evidence base of information and analysis.

Albeit to a limited extent, this needs assessment provides ‘better practice’ information to guide effective approaches to improving the health of people living on the North Coast, NSW. Information presented in this report has been derived from peer reviewed sources, grey literature and includes discussion of determinants of health, key concepts and principles. Any activities undertaken by NCPHN must be guided by better practice approaches.

To be able to better assess local health needs, NCPHN ran *Speak Up* in June 2018, a community survey asking locals for their opinions and information about their previous experiences with local health services. The survey contained demographic questions as well as health and services related questions, which focused on accessibility, health challenges, specific types of services that are hard to access and questions about the quality of service received. In total, 3372 locals completed the survey providing valuable and unique information about health services across the North Coast. Key findings from the survey are mentioned in this report and referred to as ‘2018 NCPHN Community Survey’.ⁱ

Gaps and Limitations

While best attempts have been made to include all information and data relevant to the health and wellbeing of residents on the North Coast, it should be noted that this report may not include all available information, due to publication limits, issues with confidentiality or conflicting evidence from multiple sources. Throughout the report, some statistics only refer to the rates or proportions at a national or state level, as this is the most granular level in which the information can be presented. Statistics presented at a smaller and more localised level are more insightful about the health of our region and where possible, we present the data at this level.

General Practice data

Throughout this needs assessment report, we have presented de-identified, aggregated data from General Practices across the NCPHN footprint who submitted data in September 2018 as part of the NCPHN Quality Improvement Program (which is referred to throughout the document as ‘PATCAT’ data). At this time, 106 Practices submitted data of a total of 174 General Practices across the NCPHN footprint (representing 61% of all practices). This data provides us with some key insights about the prevalence of some conditions among those attending one of the 106 practices. However, this dataset does not enable us to make population wide inferences about disease prevalence, risk factors, rates of medication prescribing, or the utilisation and uptake of preventative initiatives, as a number of practices do not yet share data with NCPHN and the quality of the data has not been verified (e.g. accuracy of condition coding and medication lists being up to date), as common among a number of health data sources.

In total, PATCATⁱⁱ records from September 2018 indicate that 411,270 people were active patients (whom have visited a practice at least 3 times in 2 years) at a General Practice submitting data to NCPHN (365,969 is the adjusted figure that excludes double counting for patients that attend multiple practices). It should also be acknowledged that the quality of the PATCAT GP data presented throughout this report is dependent on the data quality within each general practice.

Our Region

Our people

According to the 2016 Census of Population and Housing (ABS, 2017), the North Coast Primary Health Network region was home to 502,524 people on Census night. Current population projections estimate the North Coast region will increase to 602,600 usual residents by 2036. ⁱⁱⁱ

The NCPHN region consists of 12 Local Government Areas (LGAs), two Local Health Districts and six Aboriginal Health Services. At least 25,022 Aboriginal and/or Torres Strait Islander people were residents of the North Coast region, New South Wales on Census night. In total, Aboriginal and/or Torres Strait Islander people represented 5.0% of the North Coast population, which is higher than the proportion for both New South Wales (2.9%) and Australia (2.6%).

The North Coast is also characterised as having a higher proportion of older people aged 65 years or older. At the last Census, 20.4% of the population were aged over 65, which is higher than the proportion of older persons in both NSW (18.5%) and Australia (15.7%).

Our socio-economic state

The Socio-Economic Indexes for Areas (SEIFA) ^{iv} is a suite of four summary measures that have been created from Census information. One of the four measures, the Index of Relative Socio-economic Disadvantage (IRSD), summarises a wide range of information about the economic and social resources of people and households within an area. The higher the score, the more disadvantaged an area is. As this index is standardised, a score of 1,000 represents the national mean. When the SEIFA Disadvantage score of the 12 Local Government Areas that make up the NCPHN region are examined, it is evident that our region is more socio-economically disadvantaged than the national mean, with 10 of the LGAs with scores in our region ranging from 888 in Kempsey to 976 in Port Macquarie-Hastings, as presented in Table 1 also presents a range of economic stress indicators highlighting regions by their income, mortgage and rental median figures. ^v

Table 1: North Coast income and economic indicators, North Coast

LGA	SEIFA Disadvantage Mean Score	Median weekly household income	Median monthly mortgage repayments	Median weekly rent
Ballina	1,003	\$1,156.00	\$1,733.00	\$340.00
Bellingen	966	\$997.00	\$1,400.00	\$280.00
Byron	1,003	\$1,149.00	\$1,733.00	\$400.00
Clarence Valley	926	\$910.00	\$1,300.00	\$255.00
Coffs Harbour	967	\$1,107.00	\$1,603.00	\$305.00
Kempsey	888	\$894.00	\$1,300.00	\$240.00
Kyogle	910	\$832.00	\$1,100.00	\$200.00
Lismore	954	\$1,067.00	\$1,430.00	\$260.00
Nambucca	907	\$835.00	\$1,300.00	\$250.00
Port Macquarie-Hastings	976	\$1,042.00	\$1,671.00	\$310.00
Richmond Valley	902	\$953.00	\$1,300.00	\$250.00
Tweed	973	\$1,064.00	\$1,733.00	\$340.00
NSW		\$1,486.00	\$1,986.00	\$380.00
Australia	1000	\$1,438.00	\$1,755.00	\$335.00

In 2015-16, 38.2% of adults from the NCPHN region reported that they were covered by private health insurance in the preceding 12 months, which was much lower than the Australian rate of 57.4%. ^{vi}

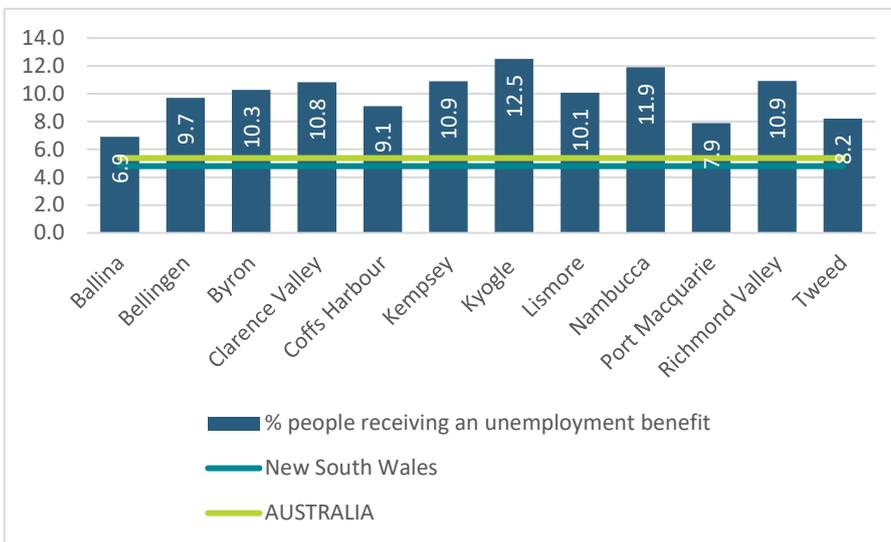
Our participation in employment and education

Overall, rates of unemployment are higher across the North Coast footprint, compared to rates across Australia (5.9% nationally). At an LGA level, rates of unemployment are highest in Nambucca (9.7% unemployed); Kempsey (9.6%); Richmond Valley (9.6%); Kyogle (9.5%); Lismore (8.4%); Byron (7.9%); Tweed (6.6%); and Port Macquarie (5.9%).^{xv}

The North Coast also has a high proportion of people receiving an unemployment benefit. As shown in Figure 1 below, all LGAs across the North Coast have a higher proportion of people receiving an unemployment benefit compared to the NSW (4.8%) and Australian rate (5.4%).^{xv}

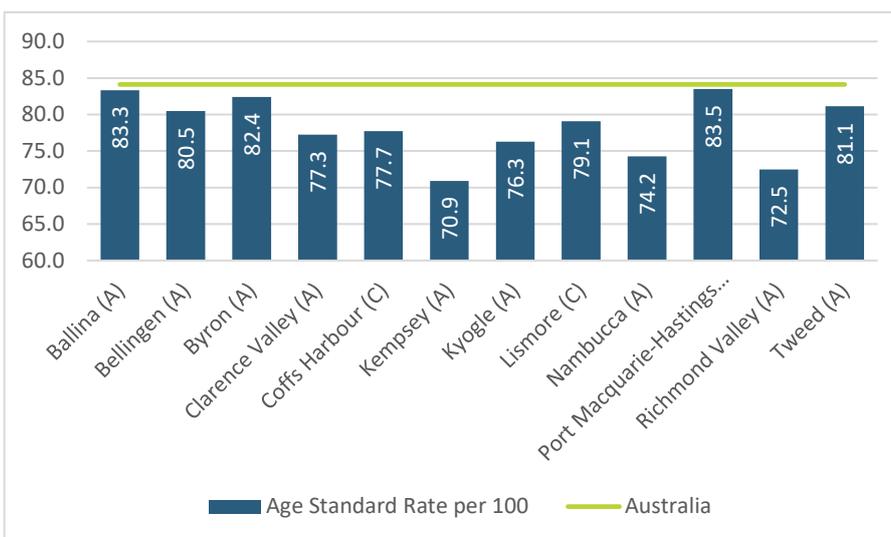
As of June 2016, approximately 10.0% of persons aged 16-64 years across the NCPHN footprint received a disability support pension, which is almost double the rate for NSW (5.2%) and Australia (5.1%)^{xv}. While all LGAs had a rate higher than the state and national rate, the LGAs with the highest rates of the eligible population receiving a disability support pension were: Kempsey (15.3%); Nambucca (14.1%); Kyogle (13.5%); Richmond Valley (12.7%); Clarence Valley (12.5%); and Lismore (10.3%).

Figure 1: Proportion of people receiving an unemployment benefit, North Coast



When examining data concerned with educational participation and attainment it is evident that all LGAs except Byron scored below the state average of 1,000 on the Index of Education and Occupation. In particular, the LGAs of Clarence Valley, Kempsey, Nambucca and Richmond Valleys fell significantly below the NSW average, implying there may be low levels of health literacy across the region.^{xv}

Figure 2: Proportion of people participating in education full time at age 16, North Coast



As shown in Figure 2, all LGAs had lower rates of full-time participation in secondary school education at age 16, with rates of participation particularly low in Kempsey and Richmond Valley, Nambucca and Kyogle, compared to the Australian rate of 84.12%.^{xv}

Family and domestic violence

Between July 2017 and June 2018 there were 28,637 incidents of domestic violence in NSW that were reported to police of which 2,211 took place in the NCPHN region. The LGAs in the NCPHN region with the highest incidence of domestic assaults were Kempsey (757.1 per 100,000 people), Coffs Harbour (673.9), Kyogle (562.2), Nambucca (543), Richmond Valley (526.7), Clarence Valley (459.4), and Lismore (431.3), which are all higher than the NSW rate of 370 per 100,000 people.^{vii}

In 2016, there were 29,513 Apprehended Violence Orders (AVOs) granted in the Local Court for domestic orders across NSW, of which 2,967 AVOs were granted in the NCPHN region. When examined at the SA4 level, Coffs Harbour - Grafton (640.5 per 100,000 population), Mid North Coast (603.8), and Richmond - Tweed (472.7) all had a rate of domestic-type orders that was higher than the NSW rate (437.9 per 100,000 population).^{viii}

Interpersonal violence

Between 2011 and 2016, NNSW recorded the second highest rate in NSW for interpersonal violence-related deaths at 1.5 per 100,000, compared to the NSW rate of 0.9 per 100,000 deaths.^{ix}

During the period 2015 - 17; nine of the 12 LGAs in the NCPHN region had significantly higher rate (spatially adjusted rate per 100,000 population) of interpersonal violence-related hospitalisations than the rate across NSW in 2016-17 (78.1), including: Kempsey (215.8), Lismore (196), Kyogle (194.1), Richmond Valley (180.5), Clarence Valley (158.5), Tweed (157.2), Ballina (129.4), Byron (119), and Coffs Harbour (91.7). Kempsey, Lismore and Kyogle LGAs had the second, third and fourth highest rates in NSW.^x

Homelessness

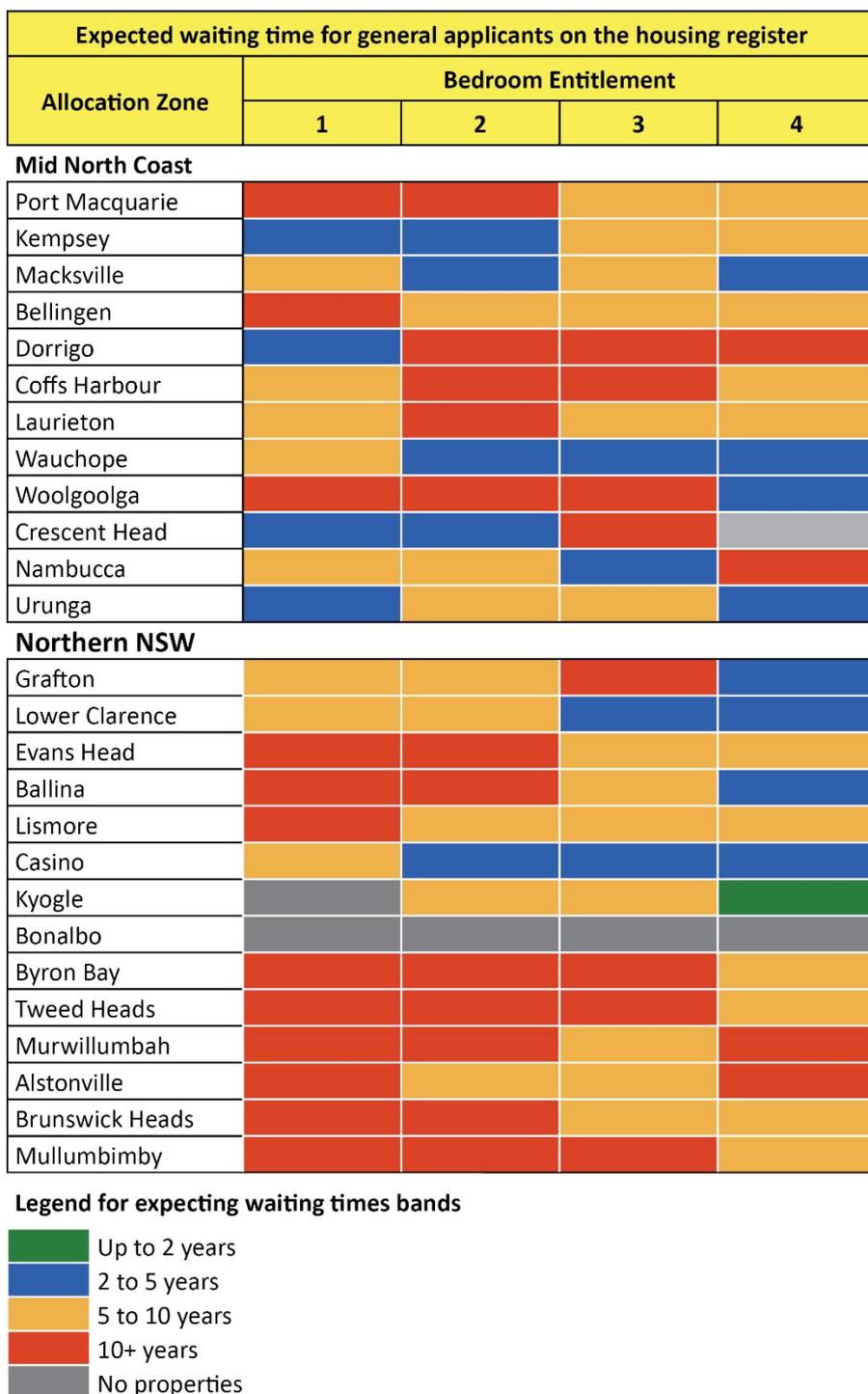
According to 2016 Australian Bureau of Statistics report^{xi}, 2016 homelessness rate in NSW was 49.8 persons per 10,000. Two of the seven SA3 regions within NCPHN footprint, show a higher homelessness rate than the NSW average, Richmond Valley – Hinterland (57.5 persons per 10,000) and Richmond Valley – Coastal (53.9 persons per 10,000). The remaining SA3 regions had the following rates of homeless people per 10,000 persons: Tweed Valley (48.6), Clarence Valley (44.8), Coffs Harbour (44.6), Kempsey – Nambucca (43.2), and Port Macquarie (35.6).

The percentage of one parent families with children under 15 and a weekly family income less than \$650, is higher in Northern NSW (12.2%) and Mid North Coast (12.1%) than in NSW (7.5%). In addition, the rate of homeless people per 100,000 in Northern NSW (496) is higher than the NSW average (408).^{xii}

A lack of social housing across northern NSW is considered a very significant issue by non-government community service providers and other agencies.^{xiii}

The Shelter NSW Regional Perspectives Report states, 'There is not enough social housing and this results in huge unmet demand and long waiting times for all but the very highest priority applicants.'^{xiv} The long waiting times are presented in Figure 3 below.

Figure 3: Expected waiting times for Social Housing 2015^{xiii}



Part 2. Health and Service Information

Whole of population

Overall Health

According to the Social Health Atlas of Australia, the NCPHN region has a higher proportion of adults with fair or poor self-assessed health at 16.4%. In addition, during 2016-17, 62.1% of adults from the NCPHN region reported having a long term health condition, which is higher than the Australian rate of 49.4%.^{xv}

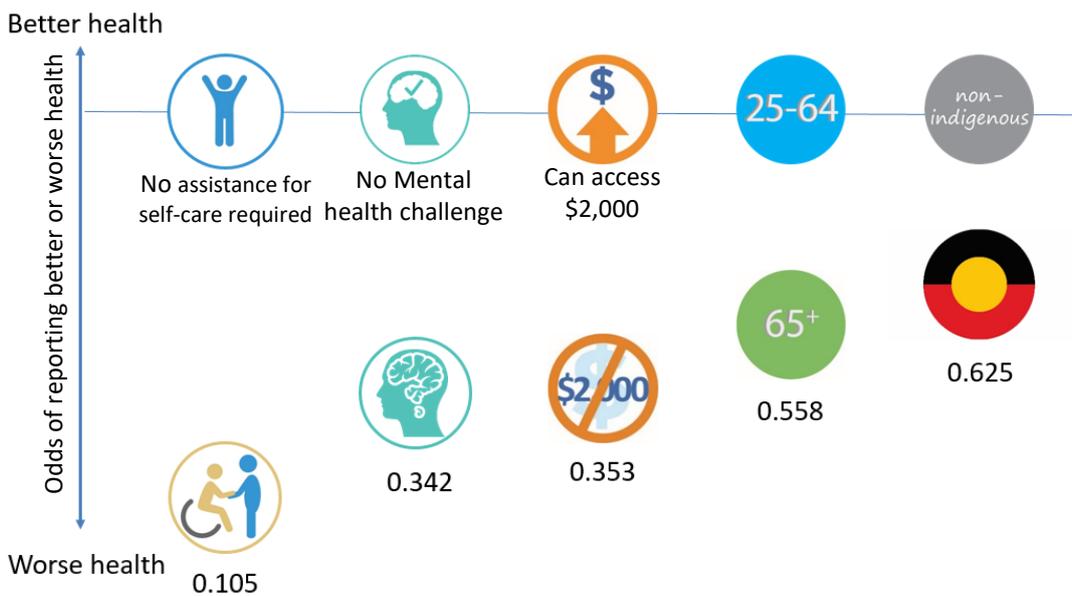
At a regional level, ten of the twelve Local Government Areas (LGAs) that make up the North Coast region have higher proportions of fair or poor self-assessed health, compared to both the state (14.3%) and national (14.8%) figures.^{xv}

In the recent 2018 NCPHN Community Surveyⁱ, respondents were asked to self-rate their health status. To explore this issue in some more depth, NCPHN engaged the Australian Institute of Health and Welfare (AIHW) to produce a number of statistical models (cumulative and binary logistic were used). The aim of applying this type of modelling was to determine the impact of a single characteristic (age, gender, disability etc.) having adjusted for the effect of other characteristics used in the model.

The model shown below (Figure 4), found that Aboriginal and Torres Strait Islander persons were 38% less likely to report higher levels of self-rated health compared to non-Aboriginal people, regardless of the other characteristics that make them who they are. Being older (65 years +), being financially vulnerable, having a mental health challenge or needing assistance for self-care activities (eg: eating, showering) were also found to have a strong effect on someone reporting poorer health status.

When we examine the effect of each characteristic, it is evident that requiring assistance for self-care activities has the biggest impact on the odds of a person reporting poorer overall health. Identifying the health needs for people on the North Coast, should therefore take into consideration the impact of having a disability, having a mental health challenge, being financially vulnerable, being older and being Aboriginal and/or Torres Strait Islander on the health and wellbeing of the North Coast community.

Figure 4: Self-rated health status



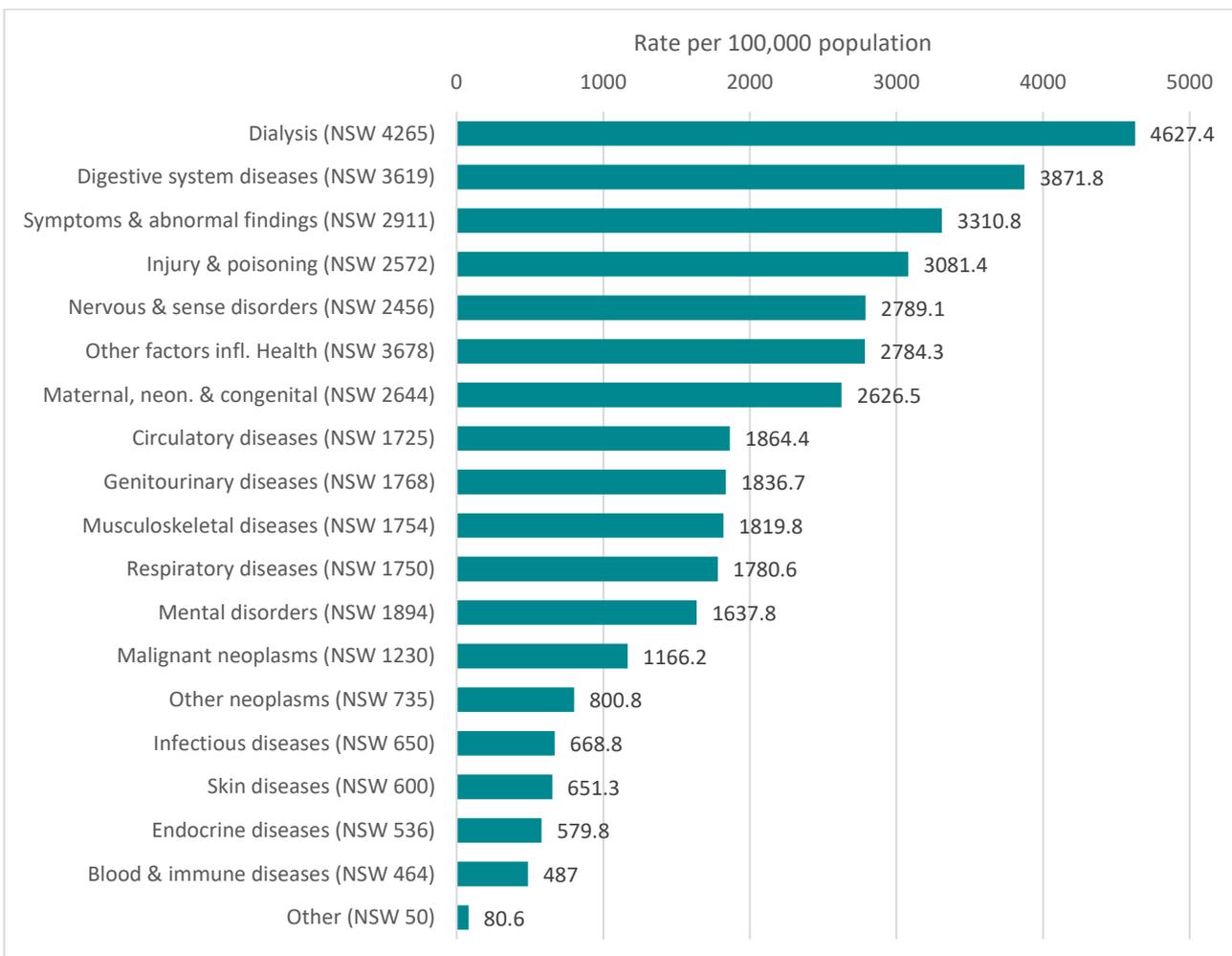
Hospitalisations

The rate of hospitalisation for all causes^{xvi} is higher in the NCPHN region (36,465 per 100,000 population), compared to the rate for NSW (35,969). In 2016-17, 18.8% of adults from the NCPHN region were admitted to any hospital in the preceding 12 months, which was higher than the Australian rate of 12.6%. When data is examined for emergency department (ED) presentations it's evident that 17.7% of adults across the NCPHN region went to any hospital ED for their own health in the preceding 12 months, which was higher than the Australian rate of 13.8%.^{vi}

When rates are examined at an LGA level^{xvi}, it is evident that 8 of the 12 LGAs in the NCPHN footprint recorded a rate higher than the NSW rate of 35,968.8 per 100,000 persons, including (in order from the highest rate): Kempsey; Richmond Valley; Clarence Valley; Kyogle; Coffs Harbour; Ballina; Lismore; Port Macquarie.

Figure 5 below shows the rates of all hospitalisations on the North Coast in order from the highest rate to the lowest. *Please note: comparison rates per 100,000 population for NSW are shown in brackets at the end of each cause.*

Figure 5: Rate of hospitalisations by cause, North Coast PHN, 2016-17

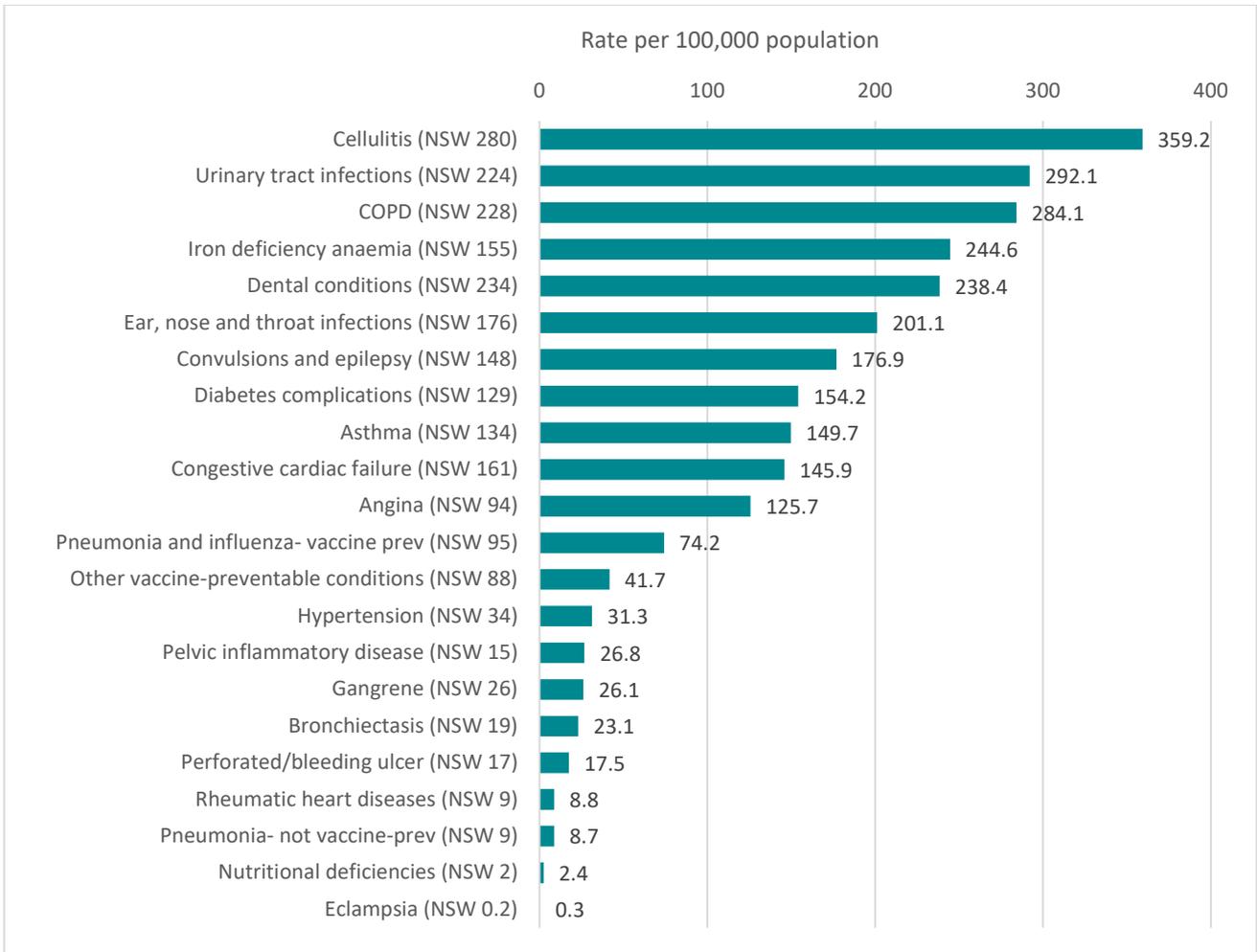


Potentially preventable hospitalisations and avoidable deaths

Across the North Coast, rates of total potentially preventable hospitalisations were 2,614.5 per 100,000 persons, which was higher than the NSW rate of 2,248.4. When this data is examined at an LGA level^{xvii} it is evident that nine of the 12 LGAs that make up the North Coast recorded a rate of potentially preventable hospitalisations that were significantly higher than the state average, including: Ballina, Clarence Valley, Coffs Harbour, Kempsey, Kyogle, Lismore, Nambucca, Richmond Valley and Tweed. The highest rates overall were evident in the LGAs of Kyogle (3,258.8 per 100,000 persons), Richmond Valley (3,183.3), Kempsey (2,975.2) and Clarence Valley (2,928.6).

Figure 6 below shows the rates of all potentially preventable hospitalisations on the North Coast in order from the highest rate to the lowest. *Please note: comparison rates per 100,000 population for NSW are shown in brackets at the end of each cause.*

Figure 6: Rate of Potentially preventable hospitalisations by condition, North Coast PHN, 2016-17



NCPHN has the fourth highest rate (126.2) per 100,000 of potentially avoidable deaths for people aged under 75 years of the ten NSW PHNs. The state average is 104 per 100,000 persons. All NCPHN's LGAs show higher rate than the state average. The LGAs of Richmond Valley (145.8), Kempsey (141), Nambucca (139.7), Lismore (135.1) and Clarence Valley (124.9) are significantly higher than the NSW rate (104).^{xviii}

Cancer prevalence

In 2015, across the NNSWLHD region, the leading causes of death for all people were malignant neoplasms (Cancers) (160.1 per 100,000 population) and circulatory diseases (150.7 per 100,000 population).^{xix}

The North Coast NSW PHN region has a higher age-standardised rate of incidence for all cancers combined (545.88 per 100,000 people) compared to the Australian rate of 497.4 per 100,000 people. This is the highest rate in Australia. When examined at an SA3 level, the Clarence Valley (580.7) had the third highest rate in Australia. In addition, all of the NCPHN regions including: Coffs Harbour (554.3), Kempsey - Nambucca (548.5), Richmond Valley - Coastal (539.6), Tweed Valley (538.8), Port Macquarie (533.8) and Richmond Valley - Hinterland (530.9) had an age-standardised rate of incidence that was higher than the rate for Australia.

The North Coast NSW PHN region has a higher mortality rate for all cancers combined (185.0 per 100,000 people) compared to the Australian age-standardised rate of 167.1 per 100,000 people. When examined at an SA3 level, Kempsey-Nambucca had the fifth highest age-standardised rate in NSW at 199.9. Coffs Harbour (189.7), Clarence Valley (189.7), Tweed Valley (189.6), Richmond Valley - Hinterland (179.7) and Port Macquarie (175.9), had an age-standardised rate of mortality that was higher than the rate for Australia.^{xx}

Lung Cancer

The North Coast NSW region has a higher incidence rate for lung cancer (47.6 per 100,000 people) compared to the Australian rate of 43.6 per 100,000 people. This is the fourth highest rate in the State of NSW. When examined at an SA3 level, the following areas had an age-standardised rate higher than the rate for Australia: Kempsey-Nambucca (sixth highest rate in NSW at 57.4), Coffs Harbour (54.2), Clarence Valley (51.7), and Tweed Valley (44.3)

The NCPHN region has the third highest mortality rate for lung cancer (37.1 per 100,000 people) compared to the Australian age-standardised rate of 31.5 per 100,000 people. When examined at an SA3 level, All NCPHN areas had higher rates than the rate for Australia. Highest rates for NCPHN region included: Clarence valley (42.0), Kempsey-Nambucca (40.6) and Coffs Harbour (38.8).^{xx}

In 2016-17 NCPHN had the third highest rate, 70.7 per 100,000 population, of lung cancer hospitalisations in NSW (59.7). The rate among males from NCPHN (90) was the second highest rate in NSW (72.4) and much higher than the rate among females (53 in NCPHN, 48.8 for all PHNs).^{xx}

Prostate Cancer

The North Coast NSW region has a higher age-standardised incidence rate for prostate cancer (186.0 per 100,000 people) compared to the Australian rate of 172.8 per 100,000 people. This was the fourth highest age-standardised rate in the country. When the data was examined at the SA3 region level, Coffs Harbour (199.1), Port Macquarie (196.6), Tweed Valley (195.6), Kempsey-Nambucca (194.2), and Clarence Valley (185.4) had an age-standardised rate that was higher than the Australian comparison.

The North Coast NSW PHN region has a higher age-standardised mortality rate for prostate cancer (31.5 per 100,000 people) compared to the Australian age-standardised rate of 27.3 per 100,000 people. This is the fifth highest rate in Australia. When examined at an SA3 level, Richmond Valley - Hinterland (36.8), Tweed Valley (35.6), Coffs Harbour (34.6), Clarence Valley (29.3), and Kempsey - Nambucca (28.1) had an age-standardised rate of mortality that was higher than the rate for Australia.^{xx}

Colorectal Cancer

The North Coast NSW region has the fourth higher age-standardised incidence rate for colorectal cancers (63.2 per 100,000 people) in NSW and compared to the Australian rate of 60.1 per 100,000 people. When the data was examined at the SA3 region level, Kempsey-Nambucca (73.1) recorded the third highest rate in NSW, and Clarence Valley (69.1), Port Macquarie (67.9), Richmond Valley - Hinterland (63.5), and Coffs Harbour (62.1) SA3s, all had an age-standardised rate that was higher than the Australian comparison (60.1).

The North Coast NSW PHN region has a higher age-standardised mortality rate for colorectal cancers (15.7 per 100,000 people) compared to the Australian age-standardised rate of 15.6 per 100,000 people. When examined at an SA3 level, Clarence Valley (19.5), Kempsey - Nambucca (18.3), Coffs Harbour (16.4), and Richmond Valley - Hinterland (15.9) had an age-standardised rate of mortality that was higher than the rate for Australia.^{xx}

Melanoma of the skin

The North Coast NSW region has a higher age-standardised rate (89.7 per 100,000 people) for melanoma of the skin compared to the incidence rate for Australia (49.3 per 100,000 people). This represents the highest incident rate for melanoma incidence in the country. When examined by SA3 region, four of the seven regions within NCPHN footprint had the four highest age-standardised rate in the country; Richmond Valley - Coastal (110.2 per 100,000), Richmond Valley - Hinterland (98.3), Tweed Valley (96.1), and Clarence Valley (95.7). All other regions including Coffs Harbour (77.4), Port Macquarie (74.3), and Kempsey - Nambucca (72.0) had rates that were higher than the Australian rate.

The North Coast NSW PHN region has a higher age-standardised mortality rate for melanoma of the skin (8.1 per 100,000 people) compared to the Australian age-standardised rate of 5.9 per 100,000 people. This is the second highest rate in Australia. When examined at an SA3 level, all areas had an age-standardised rate of mortality that was higher than the rate for Australia, including: Tweed Valley (10.3), Coffs Harbour (8.5), Kempsey - Nambucca (8.1), Port Macquarie (7.6), Clarence Valley (7.5), Richmond Valley - Hinterland (6.9), and Richmond Valley - Coastal (6.8).^{xx}

Breast Cancer

Overall, the North Coast NSW region has a lower age-standardised rate (119.3 per 100,000 people) for breast cancer compared to the incidence rate for Australia (119.8 per 100,000 people). However, when examined by SA3 region, Clarence Valley (126.9), Coffs Harbour (124.6), Richmond Valley - Hinterland (123.2), and Port Macquarie (121.7) had a rate that was higher than the Australian age-standardised rate.

The North Coast NSW PHN region has a higher age-standardised mortality rate for breast cancer (21.8 per 100,000 people) compared to the Australian age-standardised rate of 20.6 per 100,000 people. When examined at an SA3 level, Tweed Valley (24.9), Port Macquarie (23.5), Coffs Harbour (22.9), and Richmond Valley - Hinterland (20.9) had an age-standardised rate of mortality that was higher than the rate for Australia.^{xx}

Cancer screening

Breast Cancer Screening

The 2017 Cancer Control in NSW report^{xxi} states the following:

- 'One in eight women in NSW will develop breast cancer in their lifetime; and, importantly, nine in ten women in NSW with breast cancer do not have a family history' (p. 54);
- Across the North Coast, 58.2% of eligible women on the Mid North Coast and 56.4% of women in Northern NSW aged 50-69 years participated in a biennial breast screen. This was higher than the NSW rate of 53.0%;
- When breast screening rates are examined for Culturally and Linguistically Diverse (CALD) women, 46.3% of CALD women participated in breast screening in Northern NSW and 45.9% on the Mid North Coast. The rate of screening among CALD women in both regions is lower than the NSW rate for CALD women at 48.3%; and
- When the data examines breast screen participation among Aboriginal women aged 50-69 years, the rate in Northern NSW is 43.0% and 41.7% on the Mid North Coast. Despite these rates being higher than the rate for Aboriginal women across NSW (38.2%), this remains much lower than the rate among non-Aboriginal women.

When Breast Screen participation is examined at the SA3 region, the Kempsey-Nambucca (54.8%) and Tweed Valley region (53.4%) have a rate of participation that is lower than the national rate (55.1%). Additionally, the Richmond Valley Coastal SA3 has a rate of 55.2%, which is close to the national rate.^{xxii}

Byron is one of 10 areas with lower breast screening rates and women experience higher rates of risk factors such as maternal age over 35, alcohol, smoking and obesity.^{xxiii}

BreastScreen Australia has set the goal of participation rates exceeding 70%, so while current rates across the North Coast are higher than other parts of NSW, they remain well below the target of 70%.

Cervical Cancer Screening

The Cancer Control in NSW 2017 report^{xxi} states that:

- In 2015-16, 60.9% of women in Northern NSW and 60.2% of women on the Mid North Coast aged 20-69 years participated in a biennial cervical screening. These rates were higher than the NSW rate was 56.3%;
- When rates of five-year cervical screening participation are examined for women aged 20-69 years, 90.5% in Northern NSW and 88.2% on the Mid North Coast underwent screening (compared to 82.8% of women across NSW); and
- 'Around 75 per cent of Australian women diagnosed with invasive cervical cancer (cancer that has spread to tissue deeper in the cervix, or to other parts of the body) have never had cervical screening, or have not returned for screening within the recommended time' (p. 63).

While there is no set target, currently the aim of cervical cancer screening is to screen 100% of eligible women, so while current rates across the North Coast are higher than other parts of NSW, they remain well below 100%.

Bowel Cancer Screening

The Cancer Control in NSW 2017 report^{xxi} presents the following information:

- In 2016, the annual rate of participation for bowel screening among men and women aged 50-74 years is 41.8% on the Mid North Coast and 40.3% in Northern NSW. These rates are both statistically higher than the NSW rate of 37.8%; and
- Across NSW, rates of bowel screening participation have increased from 31.8% in 2012 to 37.8% in 2016.
- The Improvement Foundation has set the participation target of 60% by 2020, so while current rates across the North Coast are higher than other parts of NSW, they remain well below the target of 60%.

Diabetes

In 2016-17, eight of the 12 LGAs in NCPHN had a significantly higher rate of Diabetes type 1 hospitalisations than NSW (53.1 per 100,000 per population), including: Clarence Valley (102.4), Kempsey (101), Bellingen (91.1), Nambucca (91), Ballina (89.6), Tweed (77.7), Coffs Harbour (74.1), and Port Macquarie-Hastings (69.8).^{xxiv}

Between 2015-17, five of the 12 LGAs in NCPHN region had a rate significantly higher than the NSW rate (151.8) per 100,000 population for hospitalisations - Diabetes as a principal diagnosis, including: Kempsey (287.7), Clarence Valley (249.3), Richmond Valley (246.8), Kyogle (218.8) and Coffs Harbour (191.2).^{xxv}

During 2016-17, the rate of potentially preventable hospitalisations per 100,000 population for Diabetes complications was higher in NNSW (155.7) and MNC (152.7) than NSW (128.6).^{xxvi}

In 2018, the National Diabetes Service Scheme (NDSS) for diabetes and type 2 diabetes, reported lower rates of registrations for the NCPHN region at 5.1% of the population compared to the NSW average of 5.3%, but higher rates in the LGAs of Clarence Valley (6.5%), Kempsey (6.2%), Nambucca (6.1%), Richmond Valley (6.3%) and Port Macquarie (5.5%).^{xxvii}

Stroke

In 2016-17, the rate of stroke hospitalisations for all persons aged 0 - 74 years in the NNSW LHD region (94.9 per 100,000 population) was the third and MNC LHD region (92.9) was fourth highest rate in the state, compared to the NSW rate of 76.5 per 100,000. The rate of stroke hospitalisations for males aged 0-74 years in NNSW (124.3 per 100,000 population) was the second highest and in MNC (114.4) third highest rate in NSW (94.1).^{xxix}

In 2016-17, five of the 12 LGAs in the NCPHN region have significant higher rate of stroke hospitalisations for all ages per 100,000 population than the rate for NSW at 144.4, including: Lismore (185.4), Kempsey (182.8), Clarence Valley (179), Ballina (167.2) and Tweed (162.3). NCPHN has the second highest rate of stroke hospitalisations across NSW for 0-74 year olds (94.1 per 100,000 population vs 76.5 in NSW) and third highest rate across NSW for 75+ year olds 1307.6 per 100,000 population.^{xxviii}

In 2016-17, the Northern NSW LHD has the third highest rate of stroke hospitalisations for all ages per 100,000 population in the state with 164.3 and the rate for Middle North Coast LHD is 163 (NSW = 144.4).^{xxix}

Infectious diseases

In 2015 the rate of hepatitis C notifications per 100,000 in NNSW (87) and MNC (82.2) LHDs were both higher than the rate for NSW (47.6) NNSW had the second highest rate in NSW. The rate of hepatitis C notifications for males of all ages in NCPHN (107.9) per 100,000 was higher than the rate for NSW (63.1). NCPHN had the highest rate in NSW. ^{xxx}

In 2015 the rate of Chlamydia notifications for females of all ages in MNC (501.8 per 100,000 population) was the second highest rate in NSW (338.8). The rate for 15 - 24 year old females in MNC (2644) was third highest in NSW (1,142.8). ^{xxxi}

During 2016 – 17, the rate of potentially preventable hospitalisations for Pelvic inflammatory disease was higher in NNSW (29.4) and MNC (23.2) than NSW (14.7). NNSW had the highest rate in NSW and MNC is rated second highest. ^{xvii}

Health behaviours

Smoking

Of the 12 LGAs in the North Coast NSW region, eight LGAs have a rate of smoking attributable hospitalisations that is significantly higher than the state average. This is of particular concern in the regions of Nambucca, Kempsey and Kyogle. ^{xxxii}

On the North Coast the prevalence of smoking among youth aged 12-17 years increased from 4.9% in 2011 to 9.6% in 2014. The 2014 rate is higher than the NSW rate of 6.7%. ^{xxxiii}

Weight and Obesity

Rates of obesity or overweight adults are higher in the Mid North Coast (62.8%) than Northern NSW (54.7%) and higher than the NSW rate (53.5%). ^{xxxiv}

While the LGAs of Tweed, Byron and Ballina report better than average, rates of hospitalisation for High Body Mass are significantly higher than the state average in the following LGAs: Richmond Valley; Clarence Valley; Kempsey and Port Macquarie. Rates in Kempsey are particularly high. ^{xxxv}

Alcohol and Other Drug use

In 2016, NCPHN had the highest rate in NSW of people 14 years and older who on average, had more than 2 standard drinks per day (24.4) compared to the average NSW rate (16.5) and the average Australian rate (18.1). ^{xxxvi}

During the period 2012 -14; nine of the 12 LGAs in the NCPHN region had significantly higher rate (smoothed rate per 100,000 population) of alcohol attributable injury hospitalisations than the 2013-14 NSW rate (384.4), including: Kyogle (500), Richmond Valley (487), Lismore (469.9), Kempsey (449.9), Clarence Valley (449.8), Byron (403.4), Ballina (400.5), Tweed (391.5), and Coffs Harbour (384.1) ^{xxxvii}.

In 2016, the NCPHN had the second highest rate in Australia for people 14 years or older who used at least one of 16 illicit drugs in the previous 12 months (22.8) compared to the NSW rate (14.0) and the Australian rate (15.6). ^{xxxviii}

Data from 2016 show that across Australia, the most commonly used illegal drugs used by people aged 14 years or older at least once in the previous 12 months were Cannabis (10.9%), followed by cocaine (2.7%), ecstasy (2.3%) and methamphetamines (1.5%). NSW had the highest percentage (3.6%) for cocaine use in Australia. ^{xxxviii}

For more details on Alcohol and Other Drug use across NCPHN footprint, please check the *2018 North Coast Primary Health Network Draft Alcohol and Other Drug Treatment Needs Assessment* report.

Nutrition

In 2016-17, only 7.4% of children in NSW aged between 2-15 years consumed the recommended daily intake of vegetables. The rate in the MNCLHD was lower than NSW with only 6.2%. NNSW (8.3%). ^{xxxix}

During 2016 – 17, in Northern NSW, the rate of potentially preventable hospitalisations for nutritional deficiencies (2.8 per 100,000 population) was higher than the rate for NSW (2.0). ^{xxvi}

During 2016 – 17, MNC had 2.5 times higher rate (386.4 per 100,000 population) of hospitalisations for Iron deficiency anaemia than the NSW rate (154.9). ^{xxvi}

Physical activity

There are higher rates of insufficient physical activity among adults across the Mid North Coast at 45.2% of adults aged 16 years or older, compared to the NSW average of 41.6%.^{xi}

Physical activity has been shown to reduce the risk of heart disease, stroke, diabetes, certain cancers, osteoporosis, cognitive decline, hypertension and obesity, and depression.^{xii}

Studies^{xiii} have found that the following are commonly reported barriers to exercise:

- Do not have enough time to exercise;
- Find it inconvenient to exercise;
- Lack self-motivation;
- Do not find exercise enjoyable;
- Find exercise boring;
- Lack confidence in their ability to be physically active (low self-efficacy);
- Fear being injured or have been injured recently;
- Lack self-management skills, such as the ability to set personal goals, monitor progress, or reward progress toward such goals;
- Lack encouragement, support, or companionship from family and friends; and
- Do not have parks, sidewalks, bicycle trails, or safe and pleasant walking paths convenient to their homes or offices.

Access and quality of primary care services

General Practitioner (GP)

In 2016-17, 86.2% of adults on the North Coast saw a General Practitioner (GP) in the preceding 12 month period, which was higher than the national rate of 82.5%. The number of GP attendances per person (age standardised) on the North Coast was 5.7 during 2016-17, which was slightly lower than the national average of 5.9 attendances.^{xiii}

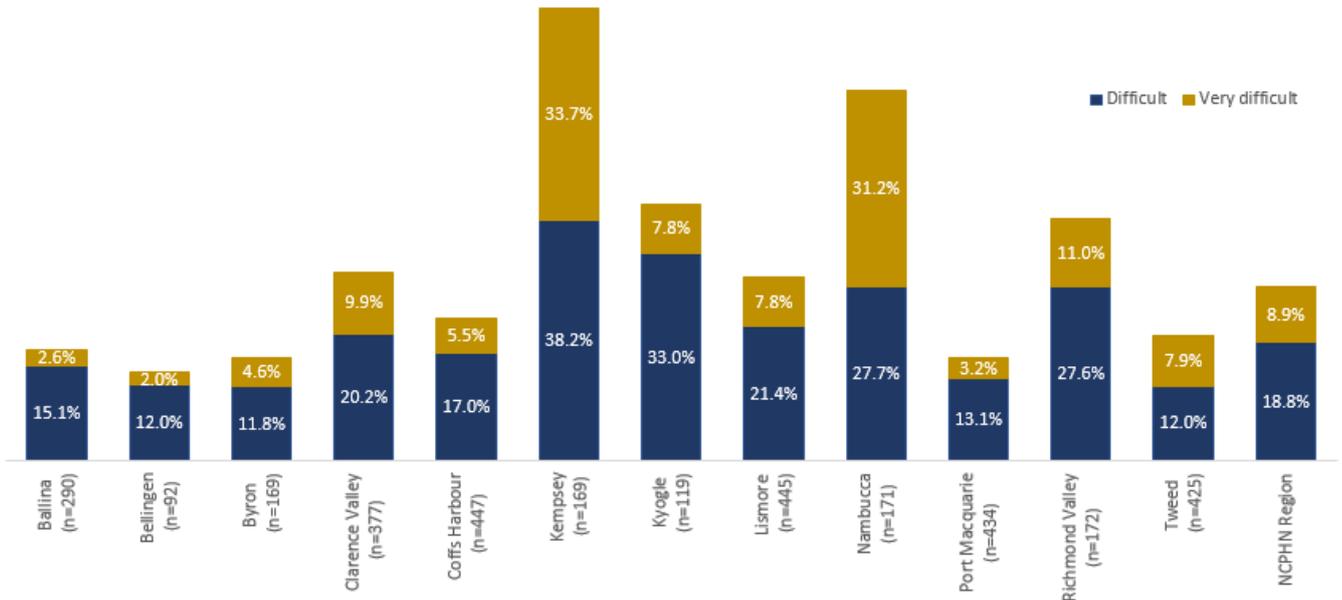
In 2016-17, 90.6% of adults from the NCPHN region felt that their GP always or often listened carefully to them in the preceding 12 months, which was lower than the Australian rate of 91.6%. In addition, 93.7% of adults from the NCPHN region felt that their GP always or often showed respect for what they had to say, which was also lower than the Australian rate of 94.1%.^{vi}

In 2015-16, 87.0% of GP attendances on the North Coast were bulk-billed, which is slightly higher than the Australian rate of 85.7%. However, when the data is examined at an SA3 region level, the Richmond Valley-Hinterland (76.8%), Richmond Valley-Coastal (81.3) and Clarence Valley (85.2%) regions recorded a lower proportion of bulk-billed GP attendances, when compared to the national rate.^{xiv}

In the 2018 NCPHN Community Surveyⁱ, 8.9% of North Coast respondents found it 'very difficult' and 18.8% found it 'difficult' to access a GP. Across the region, 22.0% of respondents didn't have a regular GP.

When we examined the issue of access across the LGAs that make up the North Coast (Figure 7), we found that hardest access to GPs was reported in Kempsey (71.9%), Nambucca (59.0%) and Kyogle (40.8%). The average proportion rate of all respondents who reported similar access challenge was 30.9%.

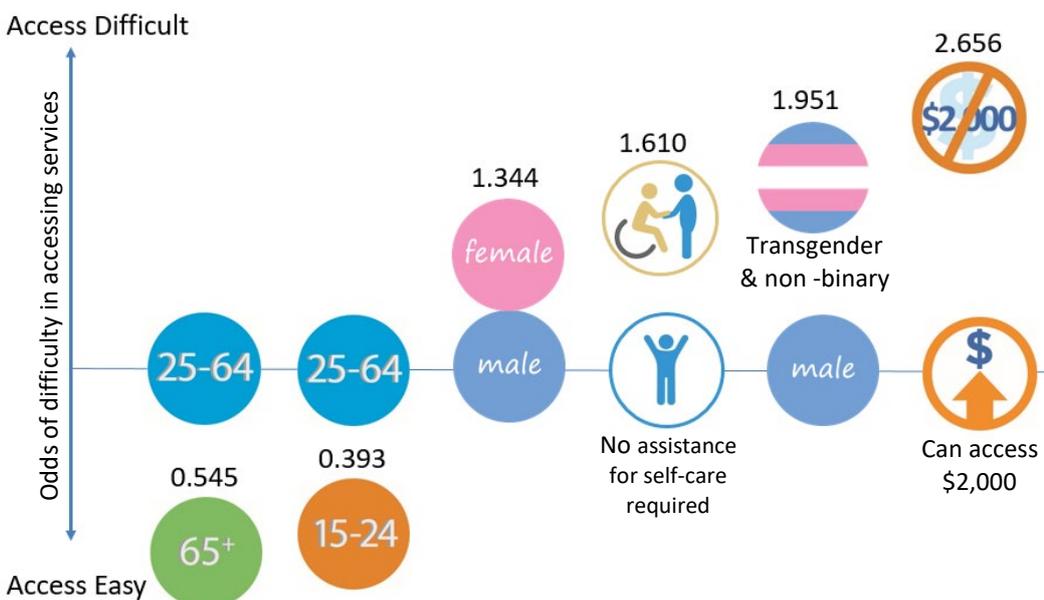
Figure 7: Difficulty accessing General Practitioner, by Local Government Area



The model presented in Figure 8 below shows the odds of an individual reporting that access to general practitioners was difficult. As shown in the model:

- Older and younger people being less likely to report difficulties accessing GP services;
- Females and people who told us they identified as non-binary or having a different gender were also found to have higher odds than males;
- Those who report that they require assistance for self-care activities are also more likely to report difficulty accessing GP services (61% higher odds);
- Perhaps unsurprisingly a person who is unable to access funds at short notice is more likely to report difficulty accessing GP services, with odds 2.7 times those of people who do have access to funds respectively; and
- Aboriginal status, LGBTIQ status, mental challenges and AOD challenges were found not to have a statistically significant effect on the likelihood of reporting higher levels of difficulty accessing GP services at the 95% significance level.

Figure 8: Difficulty accessing general practitioners, 2018



The most commonly reported barriers for people on the North Coast to see a GP included:

- Can't get an appointment when I need it (63.3%);
- Too long to wait for an appointment (36.7%);
- It costs too much (none/ few who bulk bill) (32.8%);
- Public/ community transport is too limited (14.0%); and
- They're not open when I can go (10.6%).

When asked about the quality of the service provided by their regular GP, respondents reported the following care and coordination were done, 'not well'.

How well does your regular GP do these things?	Not well
Gives me advice on other relevant community support services	21.4%
Communicates with other people involved in my care	7.5%
Gives me advice about and referrals to specialists	6.6%
Involves me in making decisions	6.1%
Respects my cultural beliefs	2.4%

After Hours services

Across Australia, the NCPHN region reported the third highest rate of after-hours emergency department attendances per 1,000 people at 170 attendances per 1,000 people.^{xlvi}

In 2016-17, the percentage of adults (age-standardised) who saw a GP during the after-hours period was 8.6% across Australia. NCPHN has a lower rate of 7.8%.^{xlv}

All of the seven NCPHN SA3 regions have lower aged standardised rates of after-hours attendances than the national age-standardised rate of 0.49. As presented in Figure 9, the age standardised rate of after-hours attendances for Clarence Valley SA3 (0.07) is the lowest in NSW and the second lowest in Australia. NCPHN aged standardised rates of after-hours attendances (0.2) is the third lowest in NSW and Australia.^{xlvi}

Figure 9: rates of after-hours attendances (age standardised) by SA3 regions

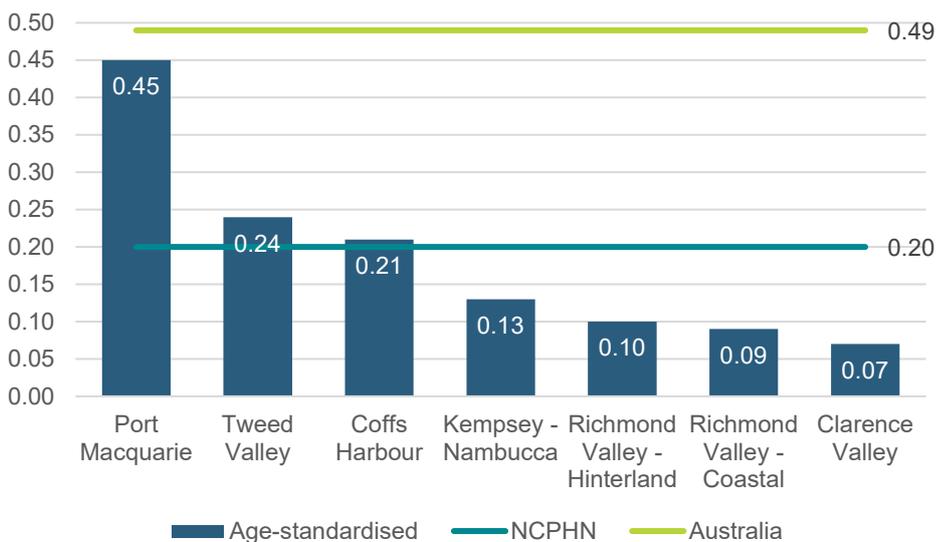
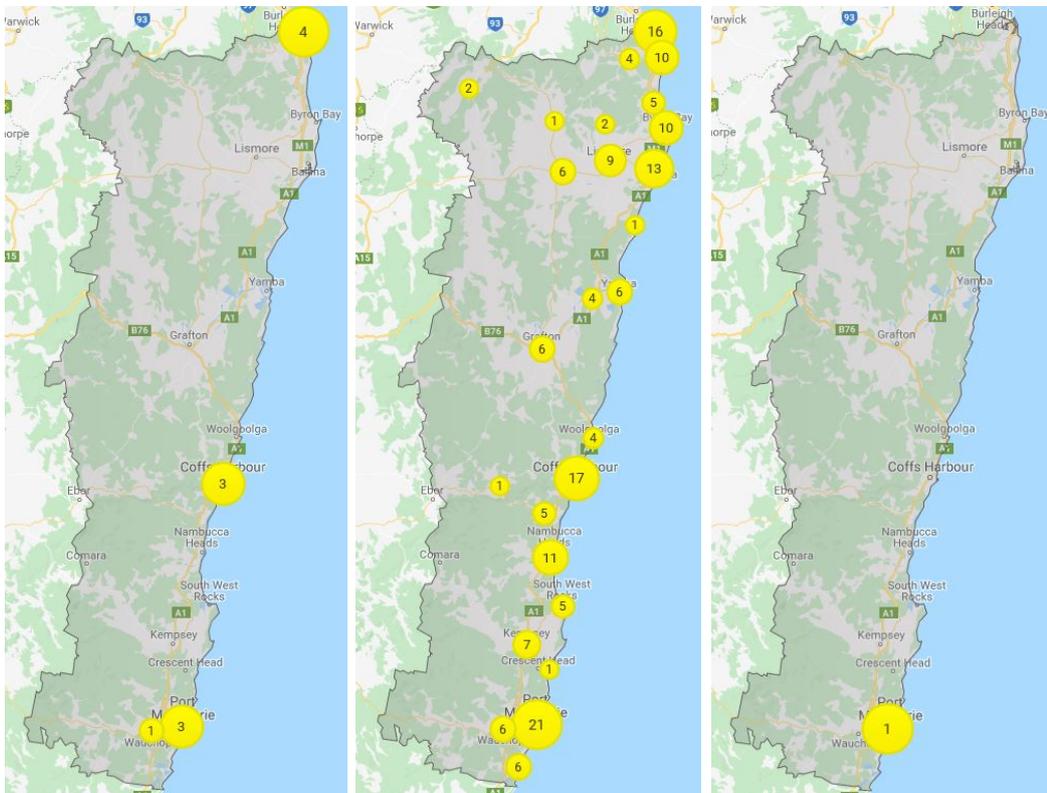


Figure 10: General Practice Opening Hours, NCPHN region



Open 10am Sunday

Open 11am Monday

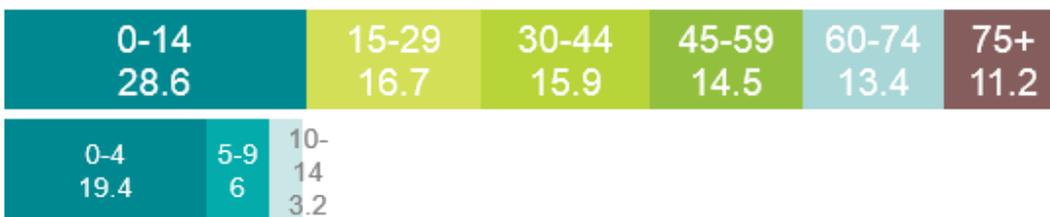
Open 8pm Wednesday

The maps in Figure 10 (left) from HealthMaps using data from the National Health Services Directory (NHSD), indicates the general practices that are open at various times throughout a standard week. As evident, there are many occasions during the after-hours period where GP access is very difficult throughout the North Coast region.

Healthdirect helpline

In the first 6 months of 2018 there were 12,826 calls made to the Healthdirect helpline^{xlvii} by people in the NCPHN region. In the same period of time, there were 1,766 calls made to the after-hours GP helpline. Calls made for patients aged 0-4 made up the highest percentage of calls for both services in NCPHN, as seen in Figure 11.

Figure 11: Percentage of calls made to Healthdirect helpline by age of patients, NCPHN, 2018



Specialists

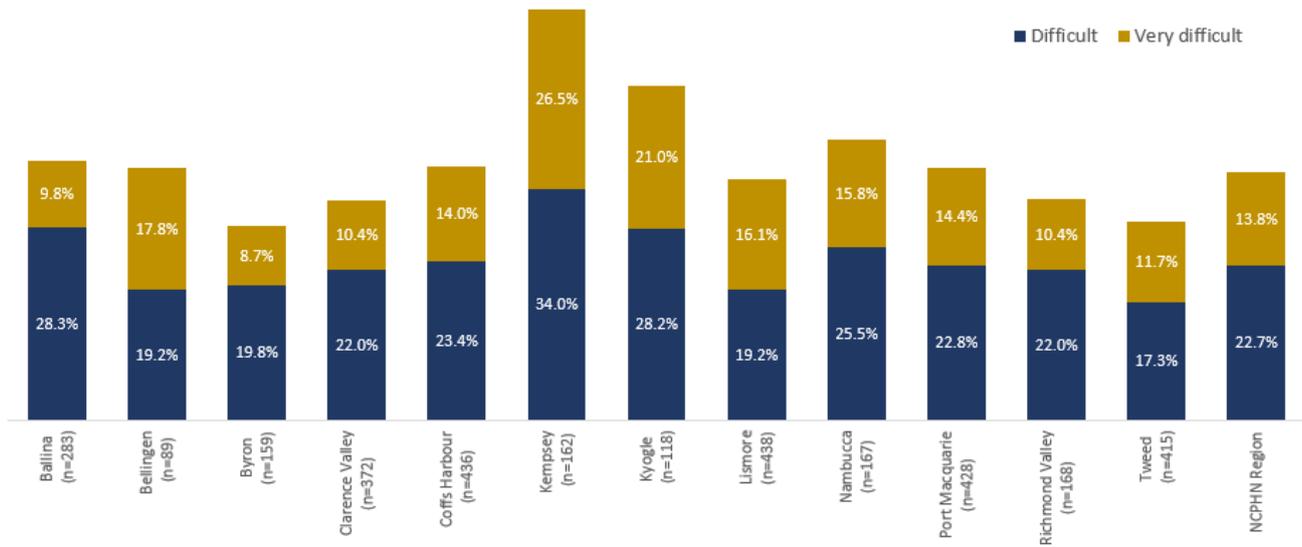
In 2016-17, the North Coast region reported the highest percentage of adults who saw a medical specialist in the preceding 12 month period across the whole country. The rate on the North Coast was 43.3% of adults, compared to just 36.0% of adults across Australia.^{xliv}

The number of specialist attendances per person (aged standardised) on the North Coast was 0.90, compared to a national rate of 0.89.^{xliv}

According to the 2018 NCPHN Community Survey¹, 13.8% of respondents found it ‘very difficult’ to see a Specialist and 22.7% reported that it was ‘difficult’.

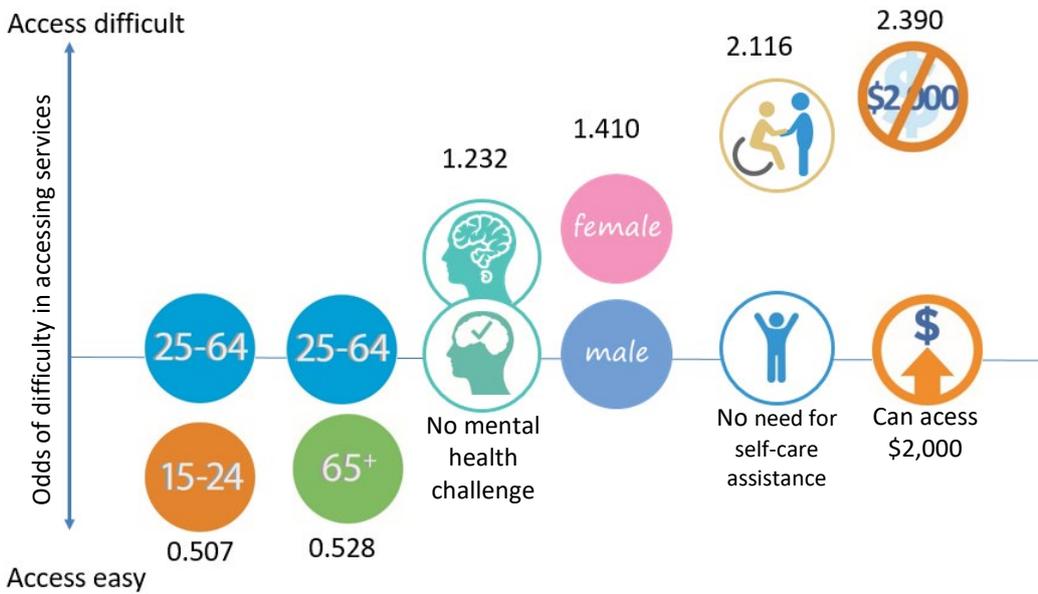
When we examined the issue of access across the LGAs that make up the North Coast (Figure 12), we found that hardest access to specialists (‘very difficult’ and ‘difficult’) was reported in Kempsey (60.5%), Kyogle (49.1%) and Nambucca (41.3%).

Figure 12: Difficulty accessing specialist doctors, by Local Government Area



The model in Figure 13 below shows the odds of an individual reporting that access to specialist doctors was difficult.

Figure 13: Difficulty accessing specialist doctors, 2018



As you can see in the model above (Figure 13), the younger and older age groups have odds of having difficulty accessing specialist services that are about 50% lower than the middle age group.

Having a mental health challenge increased the odds by 23%, while being female (41% higher) or requiring assistance for self-care activities increase the odds of reporting difficulties greatly.

Being financially vulnerable increased the odds by 139% compared to someone who could access emergency funds if they needed to.

The most commonly reported challenges for people on the North Coast to see a specialist doctor included:

- Long wait to see the specialist I/ we want to see (57.8%);
- Cost (56.4%);
- Distance of travel required (44.1%);
- Lack of specialists in my/ our area (44.0%); and
- Transport (17.8%).

The specialist doctors that were most commonly reported by respondents as being 'hard to access' were:

- Psychiatrist (23.8%);
- Cardiologist (19.2%);
- General Surgeon (15.1%);
- Orthopaedic Surgeon (14.2%); and
- Paediatrician (12.1%).

When asked about the quality of the service provided by their specialist doctors, respondents told us that the following care and coordination were done, 'not well'.

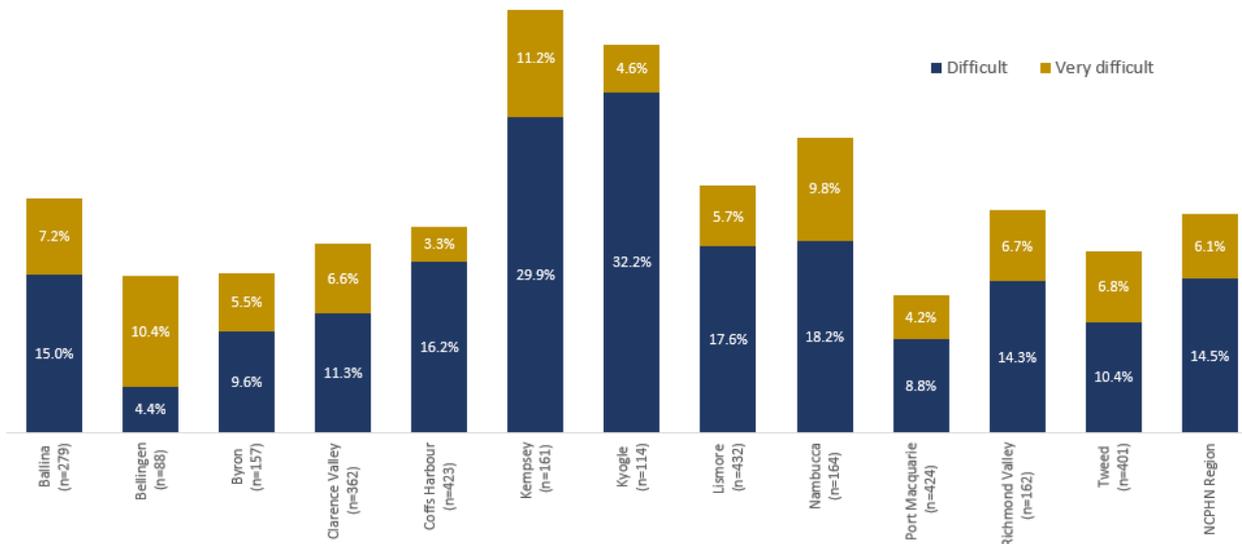
How well does your specialist doctor do these things?	Not well
Gives me advice on other relevant community support services	29.0%
Involves me in making decisions	15.3%
Communicates with other people involved in my care	14.6%
Respects my cultural beliefs	7.3%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, 6.1% of respondents found it 'very difficult' to see an allied health professional and 14.5% reported that it was 'difficult'.

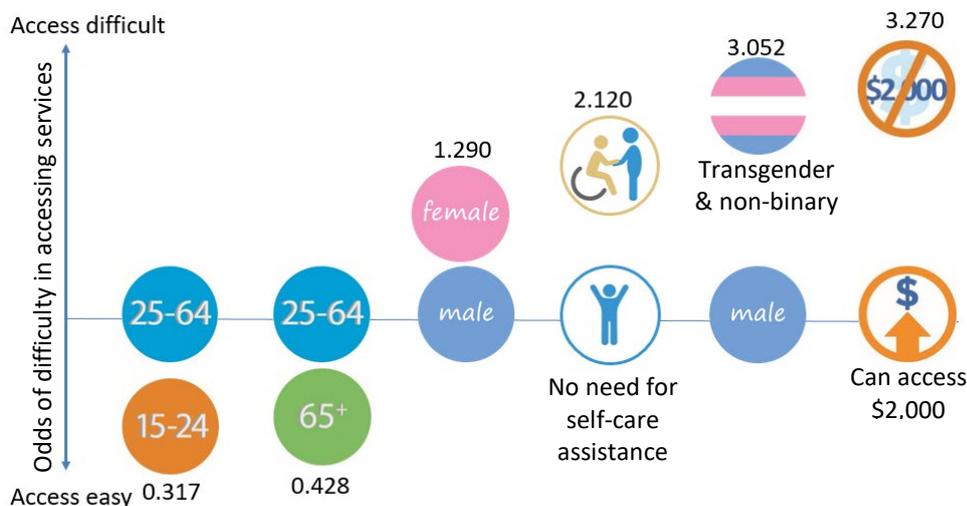
When we examined the issue of access to allied health professionals across the LGAs that make up the North Coast (Figure 14), we found that hardest to access allied health services ('very difficult' and 'difficult') was reported in Kempsey (41.1%), Kyogle (36.8%) and Nambucca (27.9%).

Figure 14: Difficulty accessing allied health professionals, by Local Government Area



The model (Figure 15) shows the odds of an individual reporting that access to allied health was difficult.

Figure 15: Difficulty accessing allied health professionals, 2018



The key findings from this model indicated:

- Both the older and younger age groups are less likely to report difficulties accessing allied health professionals than the middle age group are (odds ratios of 0.43 and 0.32 respectively);
- The odds of those who report their gender as non-binary or as a different gender identity are over three times as large as the odds for males (odds ratio of 3.05);
- People requiring assistance with self-care activities were twice as likely to report difficulties than those who don't require assistance (odds ratio of 2.12) and once again we see that; and
- Those who don't have ready access to funds have odds of reporting access difficulties that are over three times the odds of those who can access funds (odds ratio of 3.27).

The most commonly reported challenges for people on the North Coast to see an allied health professional included:

- Cost (60.3%);
- Not covered/ not covered enough by Medicare (46.2%);
- Long wait to see the Allied Health Professional I/ we want to see (37.3%);
- Lack of Allied Health Professionals in my/ our area (31.5%); and
- Distance of travel required (26.8%).

The allied health professionals that were most commonly reported by young persons as being 'hard to access' were:

- Dentist (38.1%);
- Psychologist (29.6%);
- Physiotherapist (20.6%);
- Optometrist (14.1%); and
- Dietitian/ Nutritionist (11.1%).

When asked about the quality of the service provided by their allied health professional, people on the North Coast reported the following care and coordination were done, 'not well'.

How well does your allied health provider do these things?	Not well
Gives me advice on other relevant community support services	18.5%
Communicates with other people involved in my care	11.0%
Involves me in making decisions	9.5%
Respects my cultural beliefs	4.6%

Dental/ Oral health

Between 2014-2017, rates of oral health hospitalisations for dental caries were higher among persons 15+ years in Northern NSW (575.1 per 100,000 people), compared to the NSW rate of 453.6. Rates of oral health hospitalisations for infections of teeth or gums were higher across all age groups in Northern NSW (72.1 per 100,000 persons), compared to the NSW rate (28.1).^{xlviii}

During 2016 – 17, the rate of potentially preventable hospitalisations for Dental conditions was higher in NNSW (247) than NSW (234.1).^{xvii}

In 2016-17, 44.5% of adults from the NCPHN region saw a dentist, hygienist or dental specialist in the preceding 12 months, which was lower than the Australian rate of 48.1%.^{xv}

Between 2011 and 2014, it is estimated that only 71.8% of children aged 5-15 years from Northern NSW visited a dental professional, compared to the NSW rate of 75.7%.^{xlix}

Fluoridation of drinking water is one of the most effective ways of reducing dental caries and maintaining positive oral health. There is no fluoride in the drinking water in both the Byron LGA and the drinking supply for the town of Nimbin.¹

NCPHN Clinical Councils report uncertainty over availability and accessibility of emergency and after-hours dental services within NCPHN region. Additionally, NCPHN Clinical Councils report concern regarding oral health services not included in inter-professional aged care interventions.^{li}

Child and Maternal health

Social determinants for children and families

In 2016-17, the rate of children and young people being in out of home care was higher in both the FACS Mid North Coast region (16.8 per 1,000 children aged 0-17 years) and in Northern NSW (15.8), compared to 11.4 per 1,000 children in NSW.^{xii}

In 2016-17, the rate of children and young people being involved in risk of significant harm reports was higher in both the FACS Mid North Coast region (82.2 per 1,000 children aged 0-17 years) and in Northern NSW (77.1), compared to 52.3 per 1,000 children in NSW.^{xii}

Department of Family and Community Services statistics have shown that 12.2% of Northern NSW and 12.1% of Mid North Coast one-parent families with children under 15 years are living on a weekly family income less than \$650, compared to 7.5% for NSW.^{xii}

All LGAs on the North Coast (except Ballina) are in the bottom 2 quintiles on the Child Social Exclusion index (Table 2), representing the most disadvantaged populations.

Table 2: Child Social Exclusion index by LGAs, 2016-17

Local Government Area	Estimated poverty rate (%)	Estimated child poverty rate (%)	Estimated proportion of hh in rental stress (%)	CSEI* Quintile dependent children aged 0-15
Ballina	14.7%	17.1%	33.1%	3
Bellingen	19.9%	24.6%	40.1%	2
Byron	18.7%	23.6%	39.4%	2
Clarence Valley	19.6%	24.4%	42.7%	1
Coffs Harbour	16.6%	19.7%	34.8%	2
Kempsey	20.5%	25.1%	41.5%	1
Kyogle	23.4%	28.2%	46.0%	1
Lismore	17.1%	20.2%	39.0%	2
Nambucca	21.7%	26.7%	41.5%	1
Port Macquarie	16.5%	19.0%	37.5%	2
Richmond Valley	19.2%	23.6%	41.2%	1
Tweed	17.3%	20.8%	37.9%	2
Australia	12.4%	14.1%	27.0%	NA

*Child Social Exclusion Index

Pregnancy and birth

In order to ensure the best outcomes for both mother and baby, it is best practice that prenatal care should commence as early as possible during the pregnancy. In order to determine the commencement of prenatal care on the North Coast, the proportion of women who attend their first antenatal visit before 14 weeks is measured. On the North Coast 76.7% of Aboriginal mothers attended their first antenatal appointment in the first 14 weeks of their pregnancy, which was slightly lower than the rate for non-Aboriginal mothers on the North Coast (81.6%)^{lii}.

There are a number of risk factors that can result in a pregnancy being put at risk including: the mother’s age, the mothers pre-existing health status and conditions, the pregnancy conditions (multiple gestation, preeclampsia) and lifestyle factors, such as whether the mother smokes during the pregnancy^{liii}. In 2016, 40.5% of Aboriginal mothers smoked during pregnancy which was slightly lower than the 2015 rate (48.5%). This rate is now lower than the NSW rate for Aboriginal mothers at 41.3% but much higher than the rate of non-Aboriginal mothers at 11.2%.^{liv}

In 2016, Mid North Coast LHD had the second highest percentage (1.30%) of postpartum haemorrhage and blood transfusion after birth (Vaginal birth) in NSW (NSW 1.02%).^{lv}

In 2016, the rate of low birth weight in the Mid North Coast (7.0) was higher than the NSW rate (6.5).^{lvi} In 2017, the rate of perinatal deaths per 1,000 births in the Mid North Coast LHD (11) was higher than the NSW rate (8.4).^{lvii}

In 2016, the rate of full term babies with low 5 minute Apgar scores in Northern NSW (1.72%) and MNC (1.42%) was higher than NSW (1.33%).^{lviii}

Immunisation

Rates of immunisation among infants and children aged 1, 2 and 5 years living in the NCPHN region are the lowest in the country. The national average for the proportion of fully immunised 1 year olds is 92.2%, while in the NCPHN region, this figure is 90.1%. For two year olds, the national average is 88.6%, while 87.9% of 2 year olds on the NCPHN region are fully immunised. At the 5 year old cohort, the national average sits at 95.7%, while only 90.6% of NCPHN region 5 year olds are fully immunised. ^{lix}

When data concerning 1 year olds is examined, the Richmond Valley-Coastal SA3 region has the lowest rates of immunisation across Australia, with only 81.1% of 1 year olds fully immunised. Richmond Valley-Hinterland has the second lowest immunisation rates in the region at only 89.9% of 1 year olds, compared to the Australian rate of 93.8%. ^{lix}

When data concerning 2 year olds is examined, the Richmond Valley-Coastal SA3 region has the lowest rates of immunisation across the region, and also the second lowest rates in Australia, with only 81.0% of 2 year olds fully immunised. The Richmond Valley-Hinterland SA3 region has the second lowest immunisation rates in the region at only 86.7% of 2 year olds, compared to the Australian rate of 90.9%. ^{lix}

When data concerning 5 year olds is examined, the Richmond Valley-Coastal SA3 region has the lowest rates of immunisation across the region, and the second lowest rates in Australia, with only 82.5% of 5 year olds fully immunised. The Tweed Valley has the second lowest immunisation rates in the region at only 89.8% of 5 year olds, compared to the Australian rate of 93.5%. ^{lix}

When immunisation coverage is examined for children aged 12-15 months, it is evident that there are some differences in coverage depending on the vaccine type. Across the NCPHN region, 91.56% are fully vaccinated for Diphtheria, tetanus, pertussis, 92.8% are fully vaccinated for polio. Hepatitis B coverage is at 91.5%, Haemophilus influenza type B (Hib) is at 91.5%, while Pneumonia recorded the lowest coverage at 91.1%. ^{lx}

When immunisation coverage is examined for children aged 24-27 months, it is evident that across the NCPHN region, the highest coverage is for the Polio vaccination at 92.76%. Among this age group, 92.58% of children are vaccinated for Hepatitis B; while Haemophilus influenza type B (Hib) is at 91.72% and 91.62% are covered for Meningococcal type C (MenC). The vaccines with the lowest coverage among this age group are Varicella at 88.54% and Diphtheria, tetanus, and pertussis (DTP) at 89.06%, Measles, Mumps and Rubella (MMR) at 89.44%. ^{lx}

For children aged 60-63 months, immunisation coverage rates are again slightly different for each vaccine. Among this age group, in 2016 93.2% of children are fully vaccinated for Measles, Mumps and Rubella (MMR); in 2018, 92.06% of children were fully vaccinated for Diphtheria, tetanus, pertussis and 92.0% for Polio. ^{lx} In 2016 Northern NSW LHD had the lowest percentage (80.9%) of Hepatitis B doses given to live-born babies in NSW (93.7%). MNC was the third lowest in the state (91.7%). ^{lxi}

Accessing primary care services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 55,709 active patients aged 0 to 14 years, the most common diseases that had been recorded were:

- 9.2% Asthma;
- 3.1% ADHD;
- 2.3% Autism; and
- 2.3% Anxiety.

Prescribing medication

Of the 55,709 active patients aged 0-14 years, the most commonly prescribed medications on record were:

- 20.8% respiratory;
- 2.0% stimulants;
- 1.2% pain relief;
- 1.1% Glucocorticoids; and
- 1.0% antidepressants.

Youth aged 15 - 24 years

Overall Health

According to the 2018 NCPHN Community Surveyⁱ, 5.1% of respondents aged 15-24 described their overall health as 'poor' an additional 10.4% rated their overall health 'fair'.

Top three personal health challenges for young persons included: 'mental health' (36.1%), 'weight' (15.8%), and 'alcohol/drug use' (12.3%). Nearly two thirds (65.3%) of young respondents aged 15-24 thought one of three most serious health concerns in their community include 'drug and alcohol misuse'. A quite similar proportion of young persons (64.9%) rated 'mental health issues' as a community health concern. The third most common community health concern stated by young persons was 'suicide' (39.5%).

Immunisation

Data from 2015 shows that 76.1% of girls turning 15 years in the NCPHN region were fully immunised against the Human Papillomavirus (HPV). This is lower than the national average of 80.1%, and put the NCPHN region in the bottom 50% of all PHN regions in the country for rates of HPV immunisation.^{lix}

When looking closer at the 4 Local SA4 areas within the NCPHN region, three of the areas have a lower rate of girls turning 15 years who were fully immunised against the Human Papillomavirus (HPV) than the National rate (80.1%). Richmond-Tweed 73.5%, Mid North Coast 77.8% and Coffs Harbour-Grafton 79.8%.^{lix}

Data from 2015 shows that 71.1% of boys turning 15 years in the NCPHN region were fully immunised against the Human Papillomavirus (HPV). This is lower than the national average of 74.1%, and put the NCPHN region in the bottom 50% of all PHN regions in the country for rates of HPV immunisation.^{lix}

When looking closer at the 4 Local SA4 areas within the NCPHN region, only one area has a higher rate of boys turning 15 years who were fully immunised against the Human Papillomavirus (HPV) than the National rate (80.1%). The Three areas with rates lower than the National rate Richmond-Tweed 68.7%, Coffs Harbour-Grafton 70.6% and New England & North West 73.6%.^{lix}

In 2016, the rate of HPV 3 dose vaccination coverage for females turning 15 years of age across Australia was 78.6% and was even higher in the State of NSW at 81.4%. However coverage rates for males were much lower with the national rate at 72.9% and the NSW rate at 73.5%.^{lix}

Accessing primary care services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 38,106 active patients aged 15 to 24 years, the most common diseases that had been recorded were:

- 11.4% Anxiety;
- 11.0% Asthma; and
- 9.2% Depression.

Prescribing medication

Of the 38,106 active patients aged 15 – 24 years, the most commonly prescribed medications on record were:

- 14.5% Respiratory;
- 11.4% Antidepressants;
- 8.4% Pain relief; and
- 4.5% non-steroidal anti-inflammatory drugs (NSAIDs).

In the 2018 NCPHN Community Survey¹, 6.1% of young people found it ‘very difficult’ or ‘difficult’ (13.7%) to access a GP. Overall, 39.4% of young respondents didn’t have a regular GP.

The most commonly reported barriers for young persons to see a GP included:

- Can't get an appointment when I need it (45.3%);
- It costs too much (none/ few who bulk bill) (36.6%);
- Too long to wait for an appointment (30.4%);
- Shame/ nervous/ worry that others will find out (18.0%); and
- They're not open when I can go (15.3%).

When asked about the quality of the service provided by their regular GP, younger respondents reported the following care and coordination were done, ‘not well’.

How well does your regular GP do these things?	Not well
Gives me advice on other relevant community support services	15.0%
Involves me in making decisions	7.4%
Gives me advice about and referrals to specialists	6.6%
Communicates with other people involved in my care	4.8%
Respects my cultural beliefs	1.4%

Specialists

According to the 2018 NCPHN Community Survey¹, 10.0% of younger respondents found it ‘very difficult’ to see a Specialist and 17.1% reported that it was ‘difficult’.

The most commonly reported challenges for young persons to see a Specialist Doctor included:

- Cost (59.8%);
- Lack of specialists in my/ our area (53.9%);
- Long wait to see the specialist I/ we want to see (53.0%);
- Distance of travel required (44.9%); and
- Transport (26.0%).

The Specialist Doctors that were most commonly reported by young respondents as being ‘hard to access’ were:

- Psychiatrist (44.6%);
- General Surgeon (22.5%);
- Endocrinologist (22.1%);
- Paediatrician (21.8%); and
- Gynaecologist/Obstetrician (21.4%).

When asked about the quality of the service provided by their Specialist Doctors, young persons reported the following care and coordination were done, ‘not well’.

How well does your Specialist do these things?	Not well
Involves me in making decisions	13.9%
Gives me advice on other relevant community support services	13.2%
Communicates with other people involved in my care	9.3%
Respects my cultural beliefs	7.6%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, 3.9% of young respondents found it ‘very difficult’ to see an allied health professional and 8.5% reported that it was ‘difficult’.

The most commonly reported challenges for young people to see an Allied Health Professional included:

- Cost (66.9%);
- Long wait to see the Allied Health Professional I/ we want to see (43.3%);
- Lack of Allied Health Professionals in my/ our area (31.5%);
- Not covered/ not covered enough by Medicare (30.6%); and
- Distance of travel required (28.3%).

The Allied Health Professionals that were most commonly reported by young persons as being ‘hard to access’ were:

- Dentist (50.7%);
- Psychologist (45.1%);
- Dietitian/ Nutritionist (20.4%);
- Nurse (20.4%); and
- Aboriginal Health Worker (17.4%).

NCPHN has a lower rate of Dentists per 1,000 people (0.6) than the NSW average (0.7).^{lxii}

When asked about the quality of the service provided by their allied health providers, young people reported the following care and coordination were done, ‘not well’.

How well does your Allied health provider do these things?	Not well
Gives me advice on other relevant community support services	12.0%
Communicates with other people involved in my care	9.7%
Involves me in making decisions	7.8%
Respects my cultural beliefs	3.1%

People aged 25 - 64 years

Overall Health

According to the 2018 NCPHN Community Surveyⁱ, 5.8% of respondents aged 25-64 described their overall health as 'poor' an additional 22.6% rated their overall health 'fair'.

Top three personal health challenges for persons aged 25-64 included: 'weight' (30.8%), mental health' (29.6%), and 'arthritis/osteoporosis' (17.5%).

Accessing primary care services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 107,069 active patients aged 25 to 64 years, the most common diseases that had been recorded were:

- 14.6% Depression;
- 12.2% Anxiety;
- 12.1% Hypertension; and
- 11.1% Hyperlipidaemia.

Prescribing medication

Of the 107,069 active patients aged 25 – 64 years, the most commonly prescribed medications on record were:

- 22.2% pain relief;
- 16.7% antidepressants;
- 15.1% respiratory;
- 12.0% angiotensin converting enzyme inhibitors (ACE) and angiotensin-receptor blockers (ARBs); and
- 11.3% non-steroidal anti-inflammatory drugs (NSAIDs).

In the 2018 NCPHN Community Surveyⁱ, a third (33.0%) of people aged 25-64 found it 'very difficult' (10.4%) or 'difficult' (22.6%) to access a GP. A quarter (25.1%) of 25-64 aged respondents didn't have a regular GP.

The most commonly reported barriers for 25-64 aged people to see a GP included:

- Can't get an appointment when I need it (69.3%);
- Too long to wait for an appointment (38.7%);
- It costs too much (none/ few who bulk bill) (37.2%);
- Public/ community transport is too limited (12.8%); and
- They're not open when I can go (12.2%).

When asked about the quality of the service provided by their regular GP, respondents aged 25-64 reported the following care and coordination were done, 'not well'.

How well does your regular GP do these things?	Not well
Gives me advice on other relevant community support services	23.9%
Gives me advice about and referrals to specialists	7.9%
Communicates with other people involved in my care	7.7%
Involves me in making decisions	6.5%
Respects my cultural beliefs	3.2%

Specialists

According to the 2018 NCPHN Community Surveyⁱ, 23.5% of respondents aged 25-64 found it 'very difficult' to see a specialist and 35.6% reported that it was 'difficult'. The most commonly reported challenges for respondents aged 25-64 to see a specialist doctor included:

- Cost (60.9%);
- Long wait to see the specialist I/ we want to see (60.3%);
- Lack of specialists in my/ our area (46.7%);
- Distance of travel required (44.6%); and
- Transport (14.2%).

The specialist doctors that were most commonly reported by respondents aged 25-64 as being 'hard to access' were:

- Psychiatrist (28.0%);
- Paediatrician (16.1%);
- Cardiologist (15.5%);
- Orthopaedic Surgeon (15.4%); and
- General Surgeon (14.6%).

When asked about the quality of the service provided by their specialist doctor, respondents aged 25-64 reported the following care and coordination were done, 'not well'.

How well does your specialist do these things?	Not well
Gives me advice on other relevant community support services	34.4%
Involves me in making decisions	17.5%
Communicates with other people involved in my care	17.3%
Respects my cultural beliefs	8.0%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, 7.2% of respondents aged 25-64 found it 'very difficult' to see an allied health professional and 17.8% reported that it was 'difficult'. The most commonly reported challenges for 25-64 aged people to see an Allied Health Professional included:

- Cost (63.3%) and not covered/ not covered enough by Medicare (50.8%);
- Long wait to see the Allied Health Professional I/ we want to see (41.1%);
- Lack of Allied Health Professionals in my/ our area (34.8%); and
- Distance of travel required (25.3%).

The allied health professionals that were most commonly reported by 25-64 persons as being 'hard to access' were:

- Dentist (39.5%);
- Psychologist (34.7%);
- Physiotherapist (22.9%); and
- Optometrist (14.2%).

When asked about the quality of the service provided by their allied health provider, people aged 25-64 reported the following care and coordination were done, 'not well'.

How well does your allied health provider do these things?	Not well
Gives me advice on other relevant community support services	20.2%
Communicates with other people involved in my care	11.1%
Involves me in making decisions	10.0%
Respects my cultural beliefs	5.9%

Older people 65 years+

Overall Health

More than 23% of the NCPHN region's population is aged 65 years or over, compared to around 16% in NSW and 15% in Australia. ^{lxiii}

According to the 2018 NCPHN Community Surveyⁱ, 7.6% of respondents aged 65 and over described their overall health as 'poor' an additional 22.7% rated their overall health 'fair'. The most commonly reported personal health challenges for older persons included: 'arthritis/osteoporosis' (46.3%), 'general ageing/ frailty' (35.1%), and 'high blood pressure' (31.8%).

Chronic Disease

The rate of hospitalisation of persons aged 75 years and older for coronary heart disease on the North Coast (3,240.6 per 100,000 older persons) is slightly higher than the NSW rate (3,103.6). When this data is examined by Local Health District (LHD), the Mid North Coast has a higher rate (3,514.0) than both the Northern NSW LHD (3,018.7) and the NSW rate (3,103.6). Over the past five years, there has been a gradual increase in the hospitalisation rate at both a State and local level for females in this age group. ^{lxiv}

When 2016-17 hospitalisation data for Chronic Obstructive Pulmonary Disease (COPD) is examined among those aged 65 years and over, it is evident that the North Coast rate at 1,704.9 per 100,000 older persons is higher than the NSW rate of 1,538.9. ^{lxv}

In 2015-16 the rate of hospitalisations for females aged 75+ years for stroke in the NNSW LHD region (1,188.2) per 100,000 population was higher than the NSW rate (1,154.7). The rate of hospitalisations for all persons aged 75+ in NNSW LHD Region (1,303.9) was higher than the NSW rate (1,258.8).^{xxix}

Dementia

In 2016-17, the rate of hospitalisations where dementia was a principle diagnosis or as a comorbidity among older people aged 65 years+ in NCPHN was 1,765.6 per 100,000 older persons, which was higher than the NSW rate of 1,676.1. At a more localised level, it's evident that the LGAs with the rates of hospitalisation for dementia significantly higher than the state rate were in Coffs Harbour (2,356.8 per 100,000 people) and Nambucca (2,438.2 per 100,000 people). ^{lxvi}

From a national report into hospitalisations for mental health conditions^{lxvii} it found that in 2015-16 the SA3 region of Coffs Harbour recorded a rate of mental health overnight hospitalisations for dementia at 7 hospitalisations per 10,000 persons compared to the national rate of 6.

Falls

In 2015-16 the rate per 100,000 population of fall related injury hospitalisations for people aged 65 + years was higher in NNSW (3,361.9) and NCPHN (3,169.0) than the NSW rate of 3,126.1.

In the period 2015 - 17, seven of the 12 LGAs in the NCPHN region had significantly higher rates per 100,000 population of fall related hospitalisations for all ages than the NSW rate (782.6). This included: Lismore (1110.7), Ballina (1074.5), Clarence Valley (1054.9), Richmond Valley (1053.8), Byron (1053.6), Tweed (942.2), and Coffs Harbour (905.2). In the state of NSW the following regions: Lismore, Ballina, Clarence Valley, Richmond Valley and Byron were ranked second to sixth highest rates. ^{lxviii}

Knee and hip replacements

In 2013-14, the rate of knee and hip replacement procedure hospitalisations was higher across the MNCLHD region (353.2 per 100,000 persons), compared to the rate for NSW at 331.6. ^{lxix}

Accessing primary care services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 113,095 active patients aged 65 years or older, the most common diseases that had been recorded were:

- 46.7% hypertension;
- 32.3% hyperlipidaemia;
- 28.4% osteoarthritis;
- 19.4% osteoporosis;
- 13.8% coronary heart disease;
- 11.7% depression; and
- 11.5% diabetes type II.

Prescribing medication

Of the 113,095 active patients aged 65 years or older, the most commonly prescribed medications on record were:

- 43.7% angiotensin converting enzyme inhibitors (ACE) and angiotensin-receptor blockers (ARBs);
- 40.0% lipid modifying
- 39.5% pain relief;
- 22.7% respiratory; and
- 22.0% aspirin.

In the 2018 NCPHN Community Surveyⁱ, nearly one fifth (19.9%) of older people found it ‘very difficult’ (6.8%) or ‘difficult’ (13.0%) to access a GP. Overall, 8.1% of older respondents didn’t have a regular GP.

The most commonly reported barriers for older persons to see a GP included:

- Can't get an appointment when I need it (55.7%);
- Too long to wait for an appointment (34.4%);
- It costs too much (none/ few who bulk bill) (20.0%);
- Public/ community transport is too limited (17.4%); and
- They're too far away from home (12.9%).

When asked about the quality of the service provided by their regular GP, older respondents reported the following care and coordination were done, ‘not well’.

How well does your regular GP do these things?	Not well
Gives me advice on other relevant community support services	18.9%
Communicates with other people involved in my care	7.5%
Involves me in making decisions	5.1%
Gives me advice about and referrals to specialists	4.6%
Respects my cultural beliefs	1.2%

Specialists

According to the 2018 NCPHN Community Surveyⁱ, 10.8% of respondents 65 years old and over found it ‘very difficult’ to see a specialist and 21.9% reported that it was ‘difficult’. The most commonly reported challenges for older persons to see a specialist doctor included:

- Long wait to see the specialist I/ we want to see (54.0%);
- Cost (45.9%);
- Distance of travel required (42.9%);
- Lack of specialists in my/ our area (35.3%); and
- Transport (22.7%).

The specialist doctors that were most commonly reported by older respondents as being ‘hard to access’ were:

- Cardiologist (26.9%);
- Ophthalmologist (15.8%);
- Other (15.1%);
- General Surgeon (13.8%); and
- Orthopaedic Surgeon (12.1%).

When asked about the quality of the service provided by their specialist doctors, older persons reported the following care and coordination were done, ‘not well’.

How well does your specialist do these things?	Not well
Gives me advice on other relevant community support services	23.8%
Communicates with other people involved in my care	11.6%
Involves me in making decisions	11.2%
Respects my cultural beliefs	5.2%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, 4.9% of older respondents found it ‘very difficult’ to see an allied health professional and 10.1% reported that it was ‘difficult’. The most commonly reported challenges for older people to see an allied health professional included:

- Cost (51.1%);
- Not covered/ not covered enough by Medicare (40.6%);
- Distance of travel required (29.9%);
- Long wait to see the Allied Health Professional I/ we want to see (26.5%); and
- Lack of Allied Health Professionals in my/ our area (23.8%).

The allied health professionals that were most commonly reported by older persons as being ‘hard to access’ were:

- Dentist (30.7%);
- Physiotherapist (17.9%);
- Podiatrist (17.3%);
- Optometrist (13.9%); and Psychologists (12.5%).

When asked about the quality of the service provided by their allied health providers, older people reported the following care and coordination were done, ‘not well’.

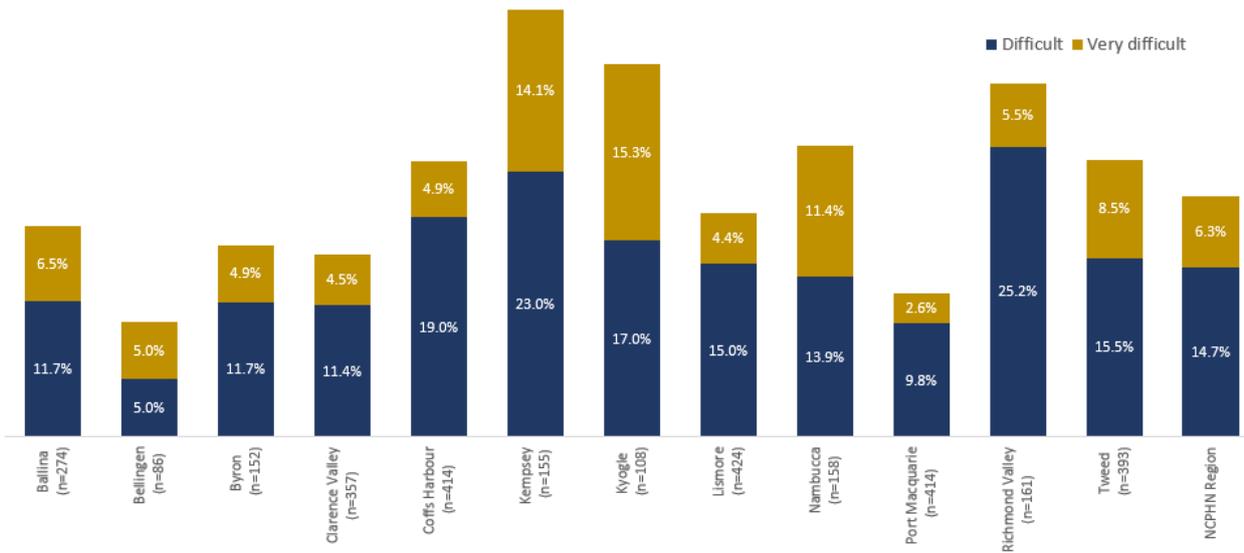
How well does your allied health provider do these things?	Not well
Gives me advice on other relevant community support services	17.3%
Communicates with other people involved in my care	11.2%
Involves me in making decisions	8.9%
Respects my cultural beliefs	1.2%

Services for Older persons

In the 2018 NCPHN Community Surveyⁱ, 6.3% of all respondents found it ‘very difficult’ to access a service for older people (also called aged care service) and 14.7% reported that it was ‘difficult’.

When we examined the issue of access to services for older persons across the LGAs that make up the North Coast (Figure 16), we found that hardest access to older person’s services was reported in the LGAs of Kempsey (37.1%), Kyogle (32.3%) and Richmond Valley (30.7%). The average proportion rate of all respondents who reported similar access challenge was 20.9%.

Figure 16: Difficulty accessing services for older people, by Local Government Area



The most commonly reported challenges for people on the North Coast to access a service for older people included:

- Cost (49.9%);
- Difficult to organise (43.1%);
- Lack of services (38.5%);
- Not sure what is available (30.8%); and
- Transport (25.2%).

The services for older people that were most commonly reported as being ‘hard to access’ were:

- Care packages/ funding (45.6%);
- In-home domestic support (e.g cleaning, meals) (36.9%);
- General wellness support/ social groups (29.8%);
- Doctor (GP) with knowledge/ skills in aged care (29.3%); and
- In-home medical care (25.1%).

When asked about the quality of the service provided by their aged care providers, people on the North Coast reported the following care and coordination were done, ‘not well’.

How well does your aged care provider do these things?	Not well
Discusses end-of-life care with me	34.9%
Gives me advice on other relevant community support services	33.7%
Communicates with other people involved in my care	26.2%
Involves me in making decisions	25.5%
Respects my cultural beliefs	16.9%

Residential Aged Care Facilities

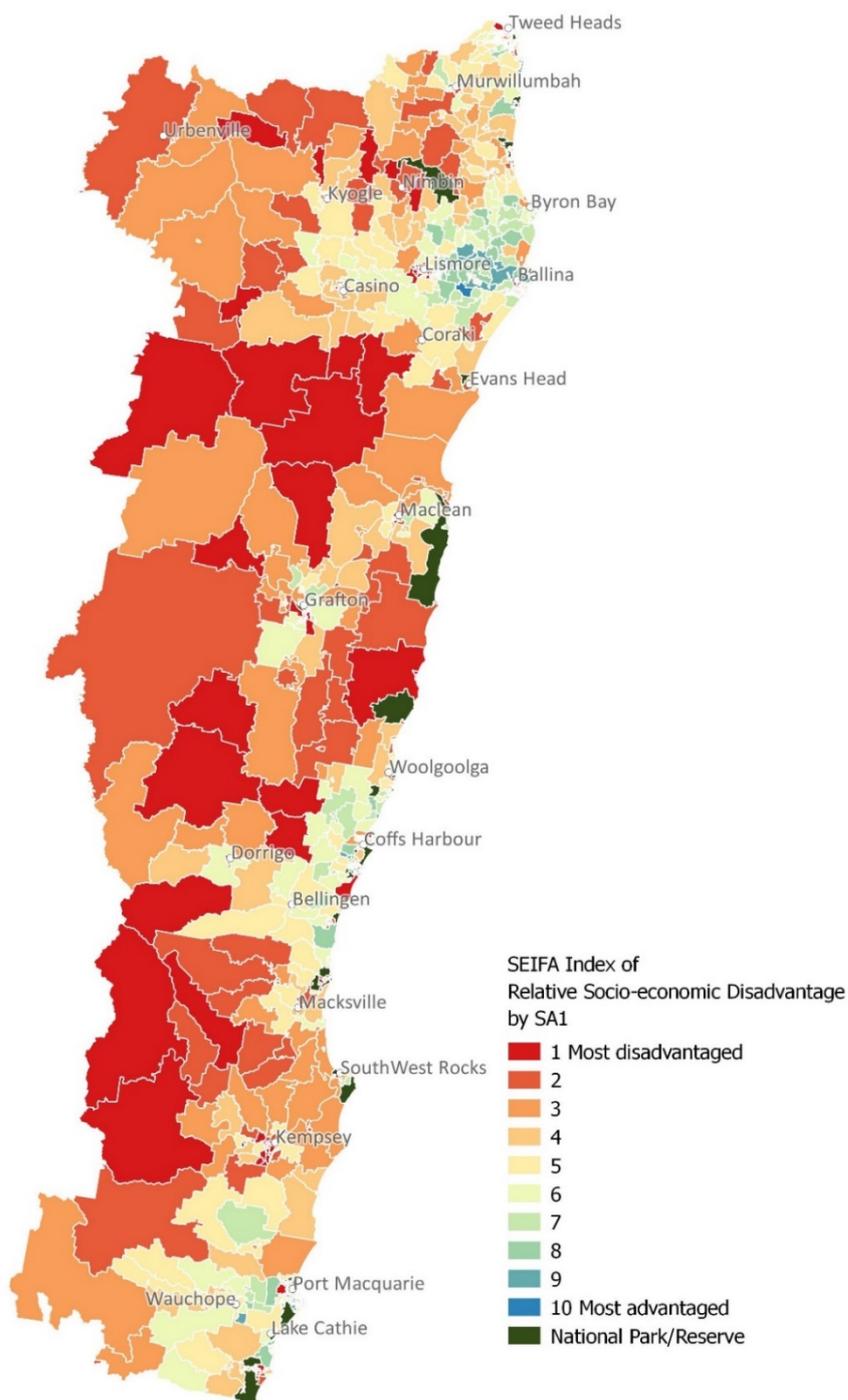
As of February 2016, there were 94 Residential Aged Care Facilities operating across the NCPHN region. In these facilities there were a total of 7,327 RACF beds. This equated to a rate of 75.2 beds per 1,000 Older persons (aged 65 years and older).^{lxx}

When RACF bed rates were examined by Local Government Areas it was evident that there is a vast difference in the level of access to RACF beds. The rate of RACF beds was highest in Lismore (87.7 beds per 1,000 population), Tweed (87.0) and Kempsey (86.3); while it was lowest in Kyogle (50.0) and Richmond Valley (49.0).

Socio-economic disadvantage and financially vulnerable persons

According to the 2016 Socio Economic Index of Disadvantage^{lexi}, the following SA1 regions across the North Coast have been identified as areas of socio-economic disadvantage (as shown in Figure 17 below).

Figure 17: SEIFA Index of disadvantage by SA1 regions, North Coast



In the 2018 NCPHN Community Surveyⁱ, we asked respondents: ‘if suddenly you had to get \$2000 for something important, could you get the money needed in a week?’. Those who answered ‘no’ were considered financially vulnerable. In total, one in six respondents (17.0%) were identified as financially vulnerable.

Overall Health

According to the 2018 NCPHN Community Surveyⁱ, over a third (36.4%) of financially vulnerable respondents described their overall health as ‘poor’ (11.1%) or ‘fair’ (25.3%).

Top three personal health challenges for financially vulnerable persons included: ‘mental health’ (35.9%), ‘weight’ (31.5%), and ‘dental/oral health’ (25.1%). Over a half of financially vulnerable respondents thought ‘mental health’ (52.9%) and ‘alcohol/ drug use’ (51.8%) are one of three most serious health concerns in their community. The third most common community health concern stated by young persons was ‘ageing issues’ (33.1%).

Accessing primary care services

General Practice

In the 2018 NCPHN Community Surveyⁱ, 14.7% of financially vulnerable persons found it ‘very difficult’ or ‘difficult’ (29.3%) to access a GP. Overall, 30.4% of financially vulnerable respondents didn’t have a regular GP.

The most commonly reported barriers for financially vulnerable persons to see a GP included:

- Can't get an appointment when I need it (64.1%);
- It costs too much (none/ few who bulk bill) (41.4%);
- Too long to wait for an appointment (40.5%);
- Public/ community transport is too limited (18.5%); and
- They're too far away from home (11.6%).

When asked about the quality of the service provided by their regular GP, financially vulnerable respondents reported the following care and coordination were done, ‘not well’.

How well does your regular GP do these things?	Not well
Gives me advice on other relevant community support services	29.8%
Involves me in making decisions	12.4%
Communicates with other people involved in my care	12.1%
Gives me advice about and referrals to specialists	10.8%
Respects my cultural beliefs	4.6%

Specialists

According to the 2018 NCPHN Community Surveyⁱ, 23.7% of financially vulnerable respondents found it ‘very difficult’ to see a specialist and 27.8% reported that it was ‘difficult’.

The most commonly reported challenges for financially vulnerable persons to see a specialist doctor included:

- Cost (73.9%);
- Long wait to see the specialist I/ we want to see (57.9%);
- Lack of specialists in my/ our area (52.5%);
- Distance of travel required (51.1%); and
- Transport (26.0%).

The specialist doctors that were most commonly reported by financially vulnerable respondents as being ‘hard to access’ were:

- Psychiatrist (33.9%);
- General Surgeon (18.9%);
- Cardiologist (18.6%);
- Paediatrician (17.4%); and
- Orthopaedic Surgeon (17.3%).

When asked about the quality of the service provided by their specialist doctors, financially vulnerable persons reported the following care and coordination were done, ‘not well’.

How well does your specialist do these things?	Not well
Gives me advice on other relevant community support services	35.0%
Communicates with other people involved in my care	21.2%
Involves me in making decisions	19.8%
Respects my cultural beliefs	10.2%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, 11.4% of financially vulnerable respondents found it ‘very difficult’ to see an allied health professional and 23.0% reported that it was ‘difficult’.

The most commonly reported challenges for young people to see an allied health professional included:

- Cost (75.5%);
- Not covered/ not covered enough by Medicare (50.5%);
- Long wait to see the Allied Health Professional I/ we want to see (45.0%);
- Lack of Allied Health Professionals in my/ our area (41.9%); and
- Distance of travel required (32.6%).

The allied health professionals that were most commonly reported by financially vulnerable persons as being ‘hard to access’ were:

- Dentist (47.4%);
- Psychologist (34.8%);
- Physiotherapist (23.9%);
- Optometrist (15.0%); and
- Social Worker (14.2%).

NCPHN has a lower rate of Dentists per 1,000 people (0.6) than the NSW average (0.7).^{lxii}

When asked about the quality of the service provided by their allied health providers, financially vulnerable people reported the following care and coordination were done, ‘not well’.

How well does your allied health provider do these things?	Not well
Gives me advice on other relevant community support services	25.1%
Involves me in making decisions	15.9%
Communicates with other people involved in my care	15.3%
Respects my cultural beliefs	7.3%

People who require assistance with self-care

In 2015-16, the rate of FACS disability clients per 1,000 population was higher in the Mid North Coast (12.3) and in Northern NSW (11.2), compared to the NSW rate of 7.7 persons per 1,000 population.^{xii}

370 respondents (11.7%) in the 2018 NCPHN Community Surveyⁱ, stated they always (2.3%) or sometimes (9.4%) need help with everyday self-care activities such as eating, showering, dressing or toileting. The following data specifies responses of people who stated a constant need for help with self-care activities as ‘always’ and those who stated they sometimes need help as ‘sometimes’

Overall Health

According to the 2018 NCPHN Community Surveyⁱ, 44.8% of respondents who always need help and 27.8% of those who sometimes need help described their overall health as ‘poor’, a total of nearly three quarters (72.6%) of those who need help. In addition, 29.7% of respondents who always need help and 36.3% of those who sometimes need help described their overall health as ‘fair’.

The most commonly reported personal health challenges for persons who need help included: ‘arthritis/osteoporosis’ (always - 47.5%, sometimes - 44.0%), ‘general ageing/frailty’ (always - 44.4%, sometimes - 30.6%), ‘physical disability’ (always - 42.8%, sometimes - 27.2%), and ‘chronic pain’ (always - 42.1%, sometimes - 44.7%).

Nearly one quarter (24.4%) of those who always need help also included ‘dementia/alzheimer’s’ as one of the top personal health challenges.

Close to two thirds of those who always need help (64.7%) and over a half of those who sometimes need help (52.3%) thought ‘ageing issues’ was one of the three top health concerns in their communities. Additional concerns included: ‘lack of access to health care’ (always - 41.0%, sometimes - 32.1%), ‘mental health issues’ (always – 36.1%, sometimes – 44.4%), ‘drug and alcohol misuse (always - 25.7%, sometimes - 38.9%), and ‘lack of dental care’ (always - 25.2%, sometimes - 23.2%).

Accessing primary care services

General Practice

In the 2018 NCPHN Community Surveyⁱ, over one half of those who always need help (52.8%) and over a third (37.9%) of persons who sometimes need help found it ‘very difficult’ or ‘difficult’ to access a GP, compared with 26.0% of those who didn’t need help. In addition, 24.1% of persons who always need help and 17.7% of those who are sometimes in need for help didn’t have a regular GP.

The most commonly reported barriers for persons who need help to see a GP included:

- Can’t get an appointment when I need it (always - 72.1%, sometimes - 70.2%);
- It costs too much (none/ few who bulk bill) (always - 33.6%, sometimes - 31.5%);
- Public/ community transport is too limited (always - 29.9%, sometimes - 19.7%);
- Too long to wait for an appointment (always - 27.5%, sometimes - 45.3%); and
- Too sick/ not well enough to get to a doctor (always - 21.4%, sometimes - 18.4%).

When asked about the quality of the service provided by their regular GP, persons who need help reported the following care and coordination were done, ‘not well’.

How well does your allied health provider do these things?	Not well	
	Always	Sometimes
Gives me advice on other relevant community support services	35.4%	31.2%
Communicates with other people involved in my care	22.3%	10.4%
Involves me in making decisions	17.3%	12.0%
Gives me advice about and referrals to specialists	15.4%	11.7%
Respects my cultural beliefs	10.9%	3.9%

Specialists

According to the 2018 NCPHN Community Surveyⁱ, 38.5% of people who always need help and 26.4% of those who need help sometimes found it ‘very difficult’ to see a specialist. In addition, 25.6% of those who always need help and 32.6% of those who need help sometimes reported that access to a specialist was ‘difficult’.

The most commonly reported challenges for persons who need help to see a specialist doctor included:

- Distance of travel required (always - 69.1%, sometimes - 58.9%);
- Cost (always - 56.8%, sometimes - 61.2%);
- Long wait to see the specialist I/ we want to see (always - 54.7%, sometimes - 59.8%);
- Lack of specialists in my/ our area (always - 50.0%, sometimes - 51.7%); and
- Transport (always - 49.8%, sometimes - 27.8%).

The specialist doctors that were commonly reported by respondents who need help as being ‘hard to access’ were:

- Cardiologist (always - 35.9%, sometimes - 23.1%);
- Geriatrician (always - 27.7%, sometimes - 9.3%);
- Psychiatrist (always - 20.4%, sometimes - 34.9%); and
- Gynaecologist/ Obstetrician (always - 20.4%, sometimes - 9.7%).

When asked about the quality of the service provided by their specialist doctors, persons who need help reported the following care and coordination were done, ‘not well’.

How well does your Specialist do these things?	Not well	
	Always	Sometimes
Gives me advice on other relevant community support services	45.7%	34.3%
Involves me in making decisions	34.0%	19.1%
Communicates with other people involved in my care	31.4%	17.8%
Respects my cultural beliefs	18.4%	11.3%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, 44.0% of persons who always (27.3%) or sometimes (16.7%) need help found it ‘very difficult’ to see an allied health professional and 46.3% reported that it was ‘difficult’. The most commonly reported challenges for young people to see an allied health professional included:

- Cost (always – 79.4%, sometimes - 68.3%);
- Long wait to see the Allied Health Professional I/ we want to see (always – 67.8%, sometimes - 43.4%);
- Distance of travel required (always – 57.6%, sometimes - 38.3%); and
- Not covered/ not covered enough by Medicare (always – 48.9%, sometimes - 47.9%).

The allied health professional that were commonly reported by financially vulnerable persons as being ‘hard to access’:

- Physiotherapist (always – 38.7%, sometimes - 28.5%);
- Psychologist (always – 31.0%, sometimes - 39.6%);
- Dentist (always – 30.5%, sometimes - 41.1%); and
- Chiropractor (always – 20.4%, sometimes - 8.4%).

When asked about the quality of the service provided by their allied health providers, financially vulnerable people reported the following care and coordination were done, ‘not well’.

How well does your allied health provider do these things?	Not well	
	Always	Sometimes
Gives me advice on other relevant community support services	33.6%	28.1%
Involves me in making decisions	31.7%	16.8%
Communicates with other people involved in my care	24.6%	16.0%
Respects my cultural beliefs	0.0%	7.5%

Culturally and Linguistically Diverse (CALD)

Overall health

People who were ‘born overseas, have a parent born overseas or speak a variety of languages’ (AIHW, 2018: Chapter 5) are considered to be part of Australia’s *Culturally and Linguistically Diverse (CALD)* population. Overall, research into the health of CALD Australian’s has found that their health is usually better when compared to the health of people born in Australia.^{lxxii}

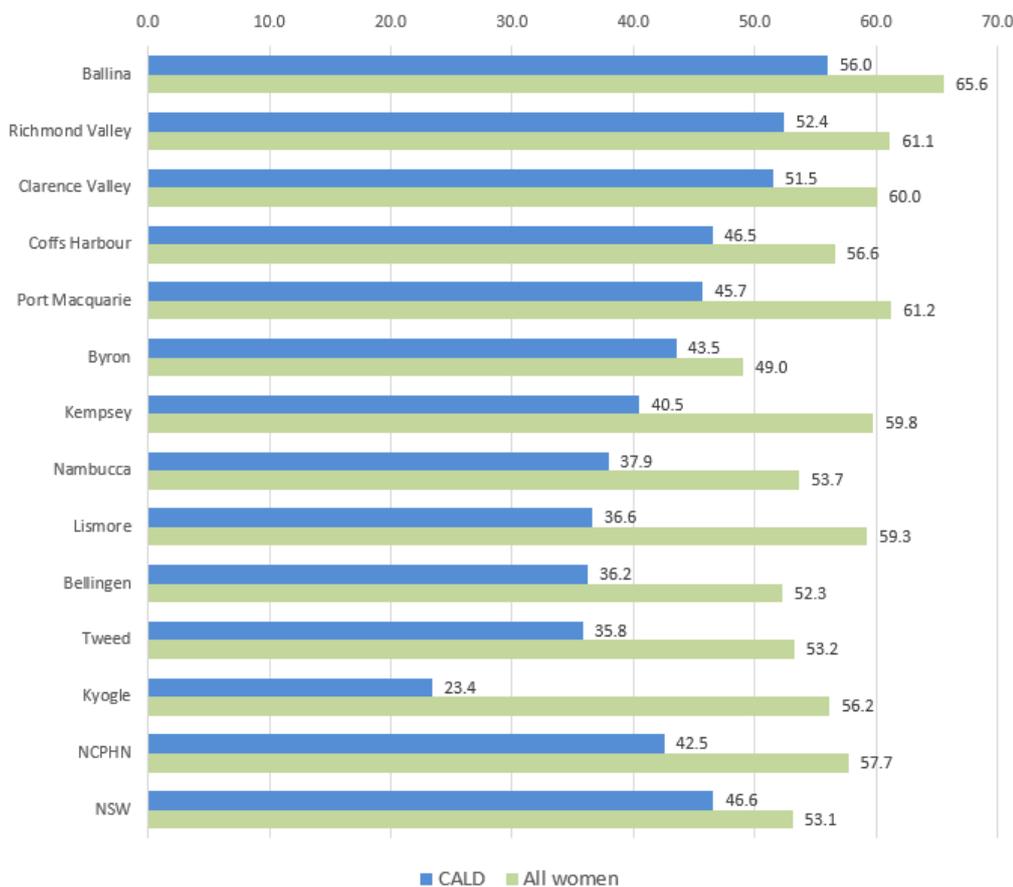
The health and wellbeing of CALD people arriving to Australia as Humanitarian Refugees however, is more complex with traumatic histories, violence, torture, illiteracy, family separations and poverty impacting on their physical, mental and emotional health. Locally, the Coffs Harbour region has seen over 500 Humanitarian Refugees arriving into the region in recent years. While the majority are Iraqi and Syrian Yazidi people, smaller numbers have arrived from Myanmar, Congo, Afghanistan, Ethiopia and Eritrea.

A lack of available, local data about this population cohort makes it challenging to present comprehensive picture of their health needs and service gaps.

Cancer screening

When breast cancer screening data is aggregated by a woman’s cultural background, it is evident that rates of participation drop significantly among women from Culturally and Linguistically Diverse (CALD) backgrounds, compared to the NSW rate for all women (53.1%). The participation rate for women from a CALD background across the NCPHN region is 42.5% and the state of NSW is 46.6%^{lxxiii}. Figure 18 below presents this data at the LGA level.^{lxxiii}

Figure 18: Breast screen participation rates by LGAs, 2016-17



Lesbian, Gay, Bisexual, Transgender, Intersex & Queer

Overall Health

In total, 319 respondents (11.6%) indicated in the 2018 NCPHN Community Surveyⁱ that their sexual or gender identity is either, Lesbian, Gay, Bisexual, Transgender, Intersex or Queer (LGBTIQ).

According to the 2018 NCPHN Community Surveyⁱ, 29.2% of respondents identified as LGBTIQ described their overall health as ‘poor’ (9.3%) or ‘fair’ (19.9%).

The most commonly reported personal health challenges for LGBTIQ respondents included: ‘mental health’ (52.1%), ‘weight’ (34.3%), and ‘alcohol/ drug use’ (23.6%).

Nearly two thirds (61.7%) of LGBTIQ respondents thought ‘mental health’ is one of three most serious health concerns in their community followed by ‘drug and alcohol misuse’ (54.1%) and ‘ageing issues’ (33.3%).

‘Social isolation’ was the fourth most common community health concern stated by LGBTIQ respondents (27.3%), compared with 16.2% of non LGBTIQ respondents.

Access to primary care services and services quality

General Practitioner (GP)

In the 2018 NCPHN Community Surveyⁱ, nearly a third (31.6%) of LGBTIQ respondents found it ‘very difficult’ (9.0%) or ‘difficult’ (22.5%) to access a GP.

28.9% of LGBTIQ respondents didn’t have a regular GP.

The most commonly reported barriers for LGBTIQ respondents to see a GP included:

- Can't get an appointment when I need it (57.3%);
- It costs too much (none/ few who bulk bill) (40.2%);
- Too long to wait for an appointment (31.0%);
- Public/ community transport is too limited (16.2%); and
- Shame/ nervous/ worry that others will find out (14.4%).

When asked about the quality of the service provided by their regular GP, financially vulnerable respondents reported the following care and coordination were done, ‘not well’.

How well does your regular GP do these things?	Not well
Gives me advice on other relevant community support services	21.5%
Communicates with other people involved in my care	8.7%
Gives me advice about and referrals to specialists	5.2%
Involves me in making decisions	4.2%
Respects my cultural beliefs	0.5%

Specialists

According to the 2018 NCPHN Community Surveyⁱ, 39.9% of LGBTIQ respondents found it ‘very difficult’ (15.7%) or ‘difficult’ (24.2%) to see a specialist. The most commonly reported challenges for LGBTIQ respondents to see a specialist doctor included:

- Cost (67.7%);
- Long wait to see the specialist I/ we want to see (54.4%);
- Lack of specialists in my/ our area (53.2%);
- Distance of travel required (52.2%); and
- Transport (17.3%).

The specialist doctors that were most commonly reported by LGBTIQ respondents as being ‘hard to access’ were:

- Psychiatrist (38.8%);
- Cardiologist (22.1%);
- Other (16.0%);
- Neurologist (15.8%); and
- General Surgeon (15.2%).

When asked about the quality of the service provided by their specialist doctors, LGBTIQ respondents reported the following care and coordination were done, 'not well'.

How well does your specialist do these things?	Not well
Gives me advice on other relevant community support services	36.3%
Communicates with other people involved in my care	21.2%
Involves me in making decisions	20.1%
Respects my cultural beliefs	13.3%

Allied Health Services

In the 2018 NCPHN Community Surveyⁱ, one quarter (14.5%) of LGBTIQ respondents found it 'very difficult' (7.2%) or 'difficult' (17.3%) to see an allied health professional.

The most commonly reported challenges for LGBTIQ respondents to see an allied health professional included:

- Cost (78.7%);
- Not covered/ not covered enough by Medicare (57.2%);
- Long wait to see the Allied Health Professional I/ we want to see (39.4%);
- Lack of Allied Health Professionals in my/ our area (34.5%); and
- Distance of travel required (29.3%).

The allied health professionals that were most commonly reported by LGBTIQ respondents as being 'hard to access' were:

- Dentist (50.7%);
- Psychologist (50.6%);
- Physiotherapist (21.9%);
- Optometrist (19.5%); and
- Social Worker (18.8%).

NCPHN has a lower rate of Dentists per 1,000 people (0.6) than the NSW average (0.7).^{lxii}

When asked about the quality of the service provided by their allied health provider, LGBTIQ respondents reported the following care and coordination were done, 'not well'.

How well does your allied health provider do these things?	Not well
Gives me advice on other relevant community support services	21.8%
Involves me in making decisions	15.1%
Communicates with other people involved in my care	14.6%
Respects my cultural beliefs	9.9%

Rural Communities

In the 2018 NCPHN Community Surveyⁱ, 3369 respondents provided their postcode. Based on this information, three groups of remoteness levels, using the Australian Statistical Geography Standard Remoteness Structure^{lxxiv}, have been identified across NCPHN footprint (Figure 19):

- Major City – refers to residents in the Tweed area (postcodes: 2484-2490). A total of 331 survey respondents were identified under this remoteness level.
- Inner Regional – includes most of NCPHN areas and refer mainly to towns along the coast. A total of 2649 survey respondents were identified under this remoteness level.
- Outer Regional – the most remote level within NCPHN footprint. Refers mainly to persons living in areas west to coastal towns. A total of 389 respondents were identified under this remoteness level.

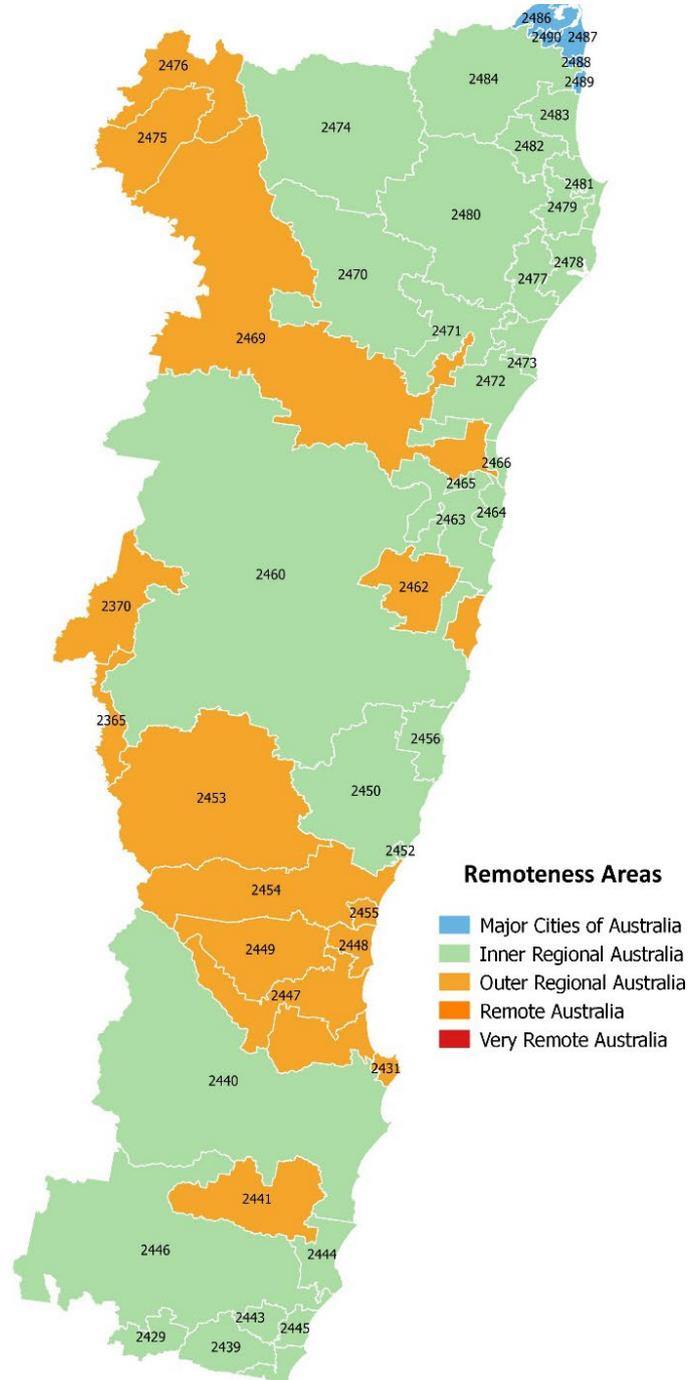
Overall Health

According to the 2018 NCPHN Community Surveyⁱ, more commonly (27.8%) respondents from a major city (Tweed area) described their overall health as ‘poor’ (8.3%) or fair’ (19.5%), than inner regional Australia (Coast residents, 22.6%) or outer regional Australia (21.9%).

Top three personal health challenges for inner regional residents included: ‘mental health’ (26.1%), ‘weight’ (25.9%), and ‘arthritis/osteoporosis’ (22.4%). Top three personal health challenges for major city residents included: ‘arthritis/osteoporosis’ (27.6%), ‘weight’ (24.5%) and ‘general ageing/frailty’ (18.6%). Top three personal health challenges for outer regional residents included: ‘arthritis/osteoporosis’ (28.7%), ‘weight’ (25.1%) and ‘high blood pressure’ (20.9%).

Same community health concerns were most commonly identified as top three among all location cohorts with the following variations: nearly half of inner regional locals (49.5%) thought ‘drug and alcohol misuse’ is one of three most serious health concerns in their community, followed by ‘mental health’ (49.3%) and ‘ageing issues’ (43.8%). Two thirds of major city locals (66.7%) rated ‘ageing issues’, followed by ‘drug and alcohol misuse’ (49.5%) and ‘mental health’ (38.8%). Half of outer regional locals rated ‘ageing issues’ (50.6%), ‘drug and alcohol misuse’ (42.4%) and ‘mental health issues’ (44.8%) as one of three most serious health concerns in their community.

Figure 19: Remoteness Structure by postcode



Access to primary care services and services quality

General Practitioner (GP)

In the 2018 NCPHN Community Survey¹ accessing a GP was most challenging in outer regional, followed by inner regional areas. Nearly one half of outer regional respondents (45.8%) found it ‘very difficult’ (19.3%) or ‘difficult’ (26.6%) to access a GP. Over a quarter (26.2%) of inner regional respondents found it ‘very difficult’ (7.5%) or ‘difficult’ (18.7%) to access a GP. Nearly a fifth (19.4%) of major city respondents found it ‘very difficult’ (7.9%) or ‘difficult’ (11.4%) to access a GP.

Around a fifth of all location cohort respondents didn’t have a regular GP (inner regional=22.1%, major cities=19.9%, outer regional=23.2%).

Similar barriers to see a GP were commonly reported by the three location cohorts, including:

- Can't get an appointment when I need it (inner regional=61.5%, major cities=64.4%, outer regional=73.0%);
- Too long to wait for an appointment (inner regional=36.3%, major cities=27.3%, outer regional=46.2%);
- It costs too much (none/ few who bulk bill) (inner regional=33.1%, major cities=38.7%, outer regional=27.0%);
- Public/ community transport is too limited (inner regional=13.2%, major cities=12.7%, outer regional=20.1%); and
- 15.6% of outer regional respondents also mentioned ‘They're too far away from home’ as a challenge to see a GP.

When asked about the quality of the service provided by their regular GP, location cohort respondents reported the following care and coordination were done, ‘not well’:

How well does your regular GP do these things?	Not well- Regional		Not well- Metro
	Inner	Outer	Major city
Gives me advice on other relevant community support services	14.5%	16.3%	16.8%
Gives me advice about and referrals to specialists	5.1%	12.6%	7.4%
Involves me in making decisions	4.8%	11.0%	7.8%
Communicates with other people involved in my care	4.8%	11.9%	11.9%
Respects my cultural beliefs	1.1%	4.3%	2.1%

Specialists

According to the 2018 NCPHN Community Survey¹, 36.6% of inner regional respondents found it ‘very difficult’ (13.3%) or ‘difficult’ (23.3%) to see a specialist. In addition, 27.4% of major city respondents found it ‘very difficult’ (10.5%) or ‘difficult’ (17.0%) to see a specialist. 44.1% of outer regional respondents found it ‘very difficult’ (20.3%) or ‘difficult’ (23.8%) to see a specialist.

Similar challenges to see a specialist doctor were most commonly highlighted by the three location cohorts with proportion variations including:

- Long wait to see the specialist I/ we want to see (inner regional=58.8%, major city=52.1%, outer regional=56.2%);
- Cost (inner regional=56.0%, major city=57.4%, outer regional=58.3%);
- Lack of specialists in my/ our area (inner regional=45.0%, major city=27.5%, outer regional=51.1%);
- Distance of travel required (inner regional=42.2%, major city=39.5%, outer regional=59.8%); and
- Transport (inner regional=16.6%, major city=19.1%, outer regional=24.3%).

The top two specialist doctors that were most commonly reported by respondents from all locations as being ‘hard to access’ were:

- Psychiatrist (inner regional=24.6%, major city=16.4%, outer regional=24.4%); and
- Cardiologist (inner regional=19.0%, major city=17.4%, outer regional=21.7%).

Orthopaedic Surgeon (22.1%) and Geriatrician (16.2%) were commonly reported as hard to access especially among major city respondents.

When asked about the quality of the service provided by their Specialist Doctors, location cohort respondents reported the following care and coordination were done, 'not well':

How well did Specialists do these things?	Not well- Regional		Not well- Metro
	Inner	Outer	Major city
Gives me advice on other relevant community support services	21.4%	20.3%	19.2%
Involves me in making decisions	13.7%	12.0%	13.3%
Communicates with other people involved in my care	12.8%	11.3%	10.8%
Respects my cultural beliefs	4.5%	3.5%	2.7%

Allied Health Services

In the 2018 NCPHN Community Survey¹, access to allied health services was most challenging in outer regions, followed by inner regional areas and major cities. Over a quarter of outer regional respondents (28.0%) found it 'very difficult' (9.9%) or 'difficult' (18.1%) to access allied health services. One fifth (20.12%) of inner regional respondents found it 'very difficult' (5.3%) or 'difficult' (14.8%) to access allied health services. In addition, 17.0% of major city respondents found it 'very difficult' (8.0%) or 'difficult' (9.0%) to access allied health services.

The challenges respondents faced when trying to access allied health professionals was often affected by their remoteness. However, an interesting finding was that cost was more commonly a concern in major cities rather inner and outer regions.

The following challenges were most commonly reported:

- Cost (inner regional=59.1%, major city=74.0%, outer regional=57.9%);
- Not covered/ not covered enough by Medicare (inner regional=45.5%, major city=53.5%, outer regional=45.3%);
- Long wait to see the Allied Health Professional I/ we want to see (inner regional=35.9%, major city=34.0%, outer regional=49.0%);
- Lack of Allied Health Professionals in my/ our area (inner regional=30.2%, major city=23.8%, outer regional=45.4%); and
- Distance of travel required (inner regional=23.3%, major city=27.2%, outer regional=49.5%).

The allied health professionals that were most commonly reported as being 'hard to access' were:

- Dentist (inner regional=38.7%, major city=31.1%, outer regional=38.9%);
- Psychologist (inner regional=29.6%, major city=26.4%, outer regional=31.7%);
- Physiotherapist (inner regional=19.2%, major city=23.8%, outer regional=27.2%); and
- Optometrist (inner regional=13.8%, major city=12.6%, outer regional=17.6%).

Podiatrists were commonly reported by major city (20.8%) and outer regional respondents (15.5%) as hard to access. 8.1% of inner regional respondents highlighted podiatrists as hard to access.

When asked about the quality of the service provided by their allied health providers, location cohort respondents reported the following care and coordination were done, 'not well':

How well does your allied health provider do these things?	Not well - Regional		Not well - Metro
	Inner	Outer	Major city
Gives me advice on other relevant community support services	13.3%	15.3%	11.9%
Communicates with other people involved in my care	8.3%	10.8%	10.5%
Involves me in making decisions	7.7%	12.4%	7.3%
Respects my cultural beliefs	2.4%	5.9%	0.4%

Healthy Towns

In early 2018, North Coast Primary Health Network (NCPHN) launched *Healthy Towns North Coast*. Rural communities often have unique strengths and challenges that influence the health and wellbeing of the people who live there. The purpose of the initiative was to partner with local communities to design local initiatives to improve health & wellbeing. ^{lxv}



In total, six towns were selected to participate based on town characteristics and the findings of the 2017 North Coast Primary Health Network's Needs Assessment.

Casino

Casino is the regional hub of a very large cattle industry and positions itself as the Beef Capital of Australia. The town provides a service hub for surrounding farming communities. The traditional custodians of the Casino area are the people of the Bundjalung nation.

The Casino community has a median age of 42, slightly higher than the NSW median age of 38 years. With an ageing population and 23.7% of residents aged 65 years or older, this small community of 10,914 people faces a number of challenges in meeting the health and social needs of this community in the future.

- The median gross weekly income is \$875, much less than the median income for NSW (\$1,486);
- Only 10% of residents aged 15 years or older have finished Year 12, compared to 15.3% of residents in NSW; and
- 15.0% of Casino households are experiencing rental stress, compared to 12.9% of households across NSW.

While the natural environment, lifestyle and friendly people were identified in the Casino Healthy Towns Community Survey as some of the best things about living in Casino, the community also identified the following issues as important to address:

- Drug and alcohol misuse;
- Mental health issues;
- Family violence;
- Diet and exercise; and
- Ageing issues.

Evans Head

Evans Head is a coastal town in the Richmond Valley Local Government Area of the Northern Rivers region of New South Wales. The town was traditionally a fishing village. Today the main employing industries are tourism and construction. The traditional custodians of the Evans Head area are the people of the Bundjalung nation.

The Evans Head community has a median age of 51, much higher than the NSW median age of 38 years. With an ageing population and 28.1% of residents aged 65 years or older, this small community of 2,847 people faces a number of challenges in meeting the health and social needs of this community in the future.

- The median gross weekly income is \$900, much less than the median income for NSW (\$1,486);
- Only 10% of residents aged 15 years or older have finished Year 12, compared to 15.3% of residents in NSW; and
- 20.8% of Evans Head households are experiencing rental stress, compared to just 12.9% of NSW households.

While the natural environment, lifestyle and community members were identified in the Evans Head Healthy Towns Community Survey as some of the best things about living in Evans Head, the community also identified the following issues as important to address:

- Ageing Issues;
- Housing affordability;
- Cost of living;
- Transport; and
- Mental health issues.

Maclean

Maclean is a rural town in the Clarence Valley Local Government Area. Economically, Maclean is a commercial fishing hub with significant port facilities, beef, sugar cane production, milling and major growth in tourism and housing. The traditional custodians of the Maclean area are the Yaegl people.

The Maclean community has a median age of 56, much higher than the NSW median age of 38 years. With an ageing population and 37.9% of residents aged 65 years or older, this small community of 2,628 people faces a number of challenges in meeting the health and social needs of this community in the future.

- The median gross weekly income is \$824, much less than the median income for NSW (\$1,486);
- Only 9% of residents aged 15 years or older have finished Year 12, compared to 15.3% of residents in NSW; and
- 17.4% of households in Maclean are in rental stress, compared to just 12.9% of households across NSW.

While friendly people, the natural environment and lifestyle were identified in the recent Healthy Towns Community Survey as some of the best things about living in Maclean, the community also identified the following issues as important to address:

- Ageing Issues;
- Drug and alcohol misuse;
- Mental health issues;
- Diet and exercise; and
- Cost of living.

South West Rocks

South West Rocks is a coastal town in the Kempsey Local Government Area, located at the mouth of the Macleay River and surrounded by national parks. South West Rocks is loved by locals and tourists for its uncrowded beaches, great fishing, historic ruins of Trial Bay Gaol and some of the best diving in the world. The traditional custodians of the area are the Dunghutti people.

The South West Rocks community has a median age of 56, much higher than the NSW median age of 38 years. With an ageing population and 36.3% of residents aged 65 years or older, this small community of 4,603 people faces a number of challenges in meeting the health and social needs of this community in the future.

- The median gross weekly income is \$853, much less than the median income for NSW (\$1,486); and
- Only 9.6% of residents aged 15 years or older have finished Year 12, compared to 15.3% of residents in NSW.

While the natural environment, lifestyle and friendly people were identified in the recent Healthy Towns Community Survey as some of the best things about living in South West Rocks, the community also identified the following issues as important to address:

- Ageing Issues;
- Transport;
- Poor access to healthcare;
- Diet and exercise; and
- Drug and alcohol misuse.

Woolgoolga

Woolgoolga is a coastal town on the Mid North Coast of New South Wales. The main employment industries are blueberry farming, retail and tourism. Woolgoolga is known for its beautiful natural environment, whale watching and views of the Solitary Islands. Woolgoolga has a large Sikh population, with 10% of the community being of Indian descent. The traditional custodians of the Woolgoolga area are the people of the Gumbayngirr nation.

The Woolgoolga community has a median age of 47, much higher than the NSW median age of 38 years. With an ageing population and 24.8% of residents aged 65 years or older, this small community of 5,290 people faces a number of challenges in meeting the health and social needs of this community in the future.

- The median gross weekly income is \$949, much less than the median income for NSW (\$1,486);
- Only 13.2% of persons aged 15 years or older have finished Year 12, compared to 15.3% of residents in NSW; &
- 14.3% of households in Woolgoolga are in rental stress, compared to just 12.9% of households across NSW.

While the lifestyle, natural environment and friendly people were identified in the recent Healthy Towns Community Survey as some of the best things about living in Woolgoolga, the community also identified the following issues as important to address:

- Cost of living;
- Ageing Issues;
- Housing affordability;
- Drug and alcohol misuse; and
- Transport.

Lake Cathie

Lake Cathie is a coastal town in the Port Macquarie-Hastings Local Government Area. Traditionally a fishing village, today the main employing industries are construction, healthcare and social assistance. Lake Cathie is a popular holiday destination with beautiful beaches and the second largest estuarine lagoon in NSW. The traditional custodians of Lake Cathie area are the Birpai people.

The Lake Cathie community has a median age of 50, much higher than the NSW median age of 38 years. With an ageing population and 28.4% of residents aged 65 years or older, this small community of 3,494 people faces a number of challenges in meeting the health and social needs of this community in the future.

- The median gross weekly income is \$1,034, much less than the median income for NSW (\$1,486); and
- Only 10% of residents aged 15 years or older have finished Year 12, compared to 15.3% of residents in NSW.

While the lifestyle, natural environment and friendly people were identified in the recent Healthy Towns Community Survey as some of the best things about living in Lake Cathie, the community also identified the following issues as important to address:

- Ageing Issues;
- Cost of living;
- Diet and exercise;
- Transport; and
- Mental health issues.

Health Workforce

Primary health care services in Australia, meaning health services delivered outside of acute health care settings, have traditionally been fragmented, uncoordinated and until recently un-digitised. Unlike the hospital system where clinicians are employed by a single government department primary health care services are spread across thousands of small independent services with no consolidated agency responsible for collecting consolidated information on who they are, the services they provide and what they do.

In addition, multiple different national organisations are responsible for accrediting health care professions with only half of all allied health professions registered through the Australian Health Practitioner Regulation Agency. These issues present significant challenges for government agencies and all health workforce planning organisations to accurately understand if the primary health care workforce availability is fully equipped to meet population health needs.

The *North Coast Primary Health Care Workforce Project* was conducted in 2017 and revealed an estimated 6,200 primary health care professionals working in non-government services across 22 professions and 46 occupation titles.

General Practice

In 2013-14, 25.1% of adults from the NCPHN region reported that they felt they waited longer than acceptable to get an appointment with a GP, which was higher than the Australian rate of 22.6%.^{vi}

The following table presents a snapshot in time of North Coast figures for General Practice. As evident in the last column, the LGAs with poorer access to general practice (FTE per 1,000 population) were Lismore, Kyogle/ Richmond Valley, Kempsey and Clarence Valley.

Table 3: North Coast Primary Health Network: General Practice Statistics: October 2018

LGA	Total number of practices	Total number of GPs ¹	GP Full Time Equivalent (FTE)	Population (2016 Census)	GP FTE per 1,000 population
Ballina	16	89	47.3	41,786	1.1
Bellingen	6	28	17.4	12,670	1.4
Byron ²	15	78	50.8	31,556	1.6
Clarence Valley	19	69	52.4	50,670	1.0
Coffs Harbour	19	106	79.3	72,949	1.1
Kempsey	13	33	27.7	28,886	1.0
Kyogle and Richmond Valley ³	9	35	26.2	31,744	0.8
Lismore	11	52	27.2	43,134	0.6
Nambucca	13	34	23.9	19,210	1.2
Port Macquarie-Hastings	30	168	103.1	78,541	1.3
Tweed	29	153	102	91,374	1.1
NCPHN Region	180	845	557.3	502,524	NCPHN 1.1

Source: NCPHN GP data collection as of 15 October 2018

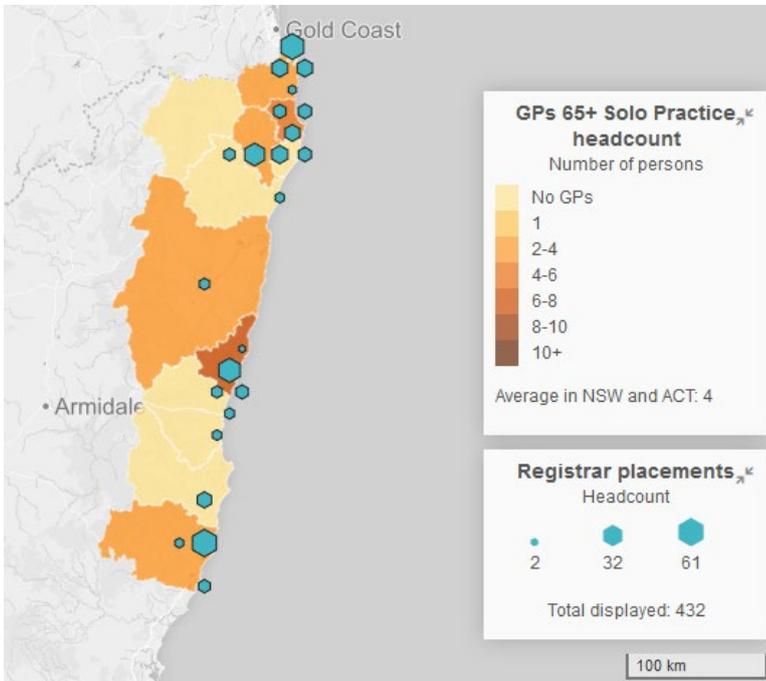
¹ Total number of GPs shown will include a double count those doctors that work at multiple practices across the North Coast

² The Byron LGA is considered a popular tourist destination. During 2016/17 over 4.5 million overnight visits occurred in the Byron LGA. <https://economy.id.com.au/byron/tourism-visitor-summary>

³ The results for the Kyogle and Richmond Valley LGA practices have been combined due to their being only one general practice in the Kyogle LGA.

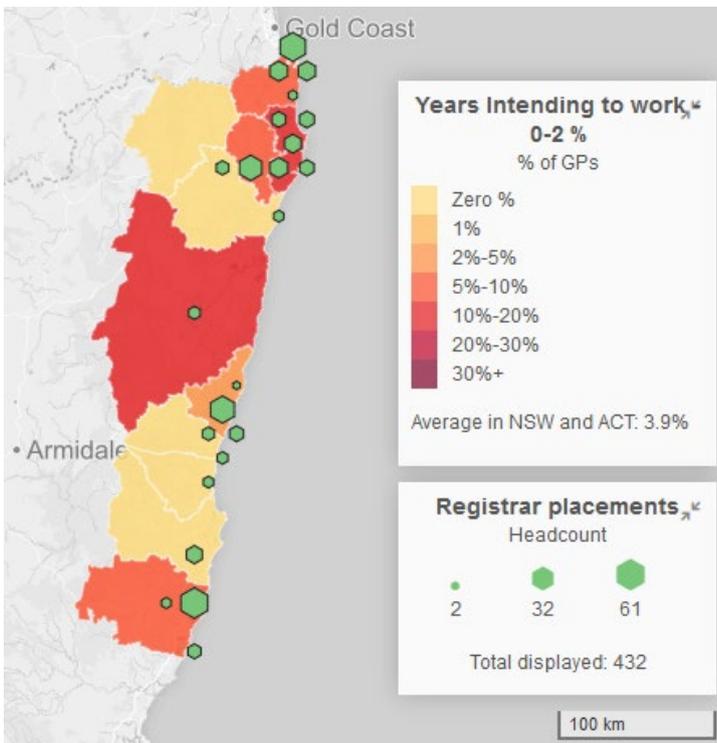
The following data and maps were sourced from GP Synergy and present information about North Coast GP Registrar placements across the LGA regions. Figure 20 below shows those regions with high numbers of GPs aged 65 years and older in solo practices; 2018 January – September.

Figure 20: GPs 65+ solo practice headcount



In Figure 21 below, GP Synergy provided a map that identified which regions have high proportions of GPs intending to work only for another 0-2 years. This map also identifies registrar placements; 2018 January – September.

Figure 21: Proportion of GPs intending to work for another 0-2 years



Allied health professionals

Table 4 presents the most up-to-date Health Workforce Australia figures for health professional full time equivalent (FTE) ratios per 1,000 population. In the table, regions with a lower ratio of clinicians, compared to the NSW ratio per 1,000 population have been highlighted in red.

Table 4: Health Workforce Australia- 2016 Full Time Equivalent per 1,000 population

Practitioner Type	Ballina (41,786)	Bellingen (12,670)	Byron (31,556)	Clarence Valley (50,670)	Coffs Harbour (72,949)	Kyogle (8,939)	Kempsey (28,886)	Lismore (41,134)	Port Macquarie (78,541)	Nambucca (19,210)	Richmond Valley (22,805)	Tweed (91,374)	NCPHN (502,524)	New South Wales (7,480,230)
ATSI Health Practitioners	0.07	0.00	0.00	0.00	0.04	0.00	0.00	0.07	0.00	0.00	0.00	0.00	0.02	0.01
Chiropractors	0.22	0.00	0.45	0.11	0.14	0.00	0.00	0.21	0.15	0.16	0.13	0.16	0.16	0.19
Chinese Medicine Practitioners	0.21	0.42	0.52	0.07	0.07	0.00	0.10	0.30	0.11	0.00	0.00	0.13	0.15	0.18
Dental Practitioners	1.02	0.00	0.74	0.55	0.81	0.00	0.44	0.72	0.82	0.48	0.46	0.77	0.70	0.77
Medical Radiation Practitioners	0.26	0.00	0.22	0.41	0.81	0.00	0.33	1.24	0.77	0.16	0.00	0.33	0.51	0.52
Nurses and Midwives	7.56	9.29	6.13	9.76	14.65	6.66	11.07	25.66	13.91	8.68	5.77	12.98	12.44	10.83
Occupational Therapists	0.73	0.58	0.27	0.30	0.75	0.00	0.11	0.95	0.48	0.23	0.16	0.53	0.51	0.54
Optometrists	0.18	0.00	0.14	0.13	0.23	0.00	0.14	0.21	0.19	0.17	0.00	0.17	0.16	0.20
Osteopaths	0.21	0.24	0.55	0.07	0.07	0.00	0.00	0.31	0.10	0.00	0.13	0.11	0.14	0.06
Pharmacists	0.75	0.49	0.78	0.68	0.96	0.44	0.87	0.98	0.75	0.80	0.64	0.78	0.79	0.92
Physiotherapists	0.84	0.58	1.00	0.77	0.99	0.44	0.37	0.98	0.94	0.47	0.43	0.87	0.82	0.89
Podiatrists	0.29	0.00	0.10	0.11	0.18	0.00	0.15	0.13	0.16	0.16	0.00	0.19	0.15	0.15
Psychologists	0.75	0.58	1.55	0.52	1.14	0.63	0.60	1.49	0.59	0.45	0.23	0.73	0.82	0.96

Health Enablers

Digital Health

As of 26 August 2018, there were 115,042 consumers in the NCPHN region registered for a My Health Record. ^{lxvii}

Of these 115,042 NCPHN consumer registrations for My Health Record, 55.9% were from females, while 44.1% were from males.

When consumer registrations are examined according to the individuals age, it is evident that the highest proportion of consumer registrations are for children and young people aged 19 years or less (30.3%), followed by: persons aged 40-64 years (27.1%); Persons aged 65 years or higher (26.3%). The group with the smallest proportion of consumer registrations are persons from the North Coast aged 20-39 years (16.4%).

When this data is compared to the consumer registration data across Australia, NCPHN has a smaller proportion of registrations among persons aged 0-19 years (30.3% compared to 35.7%) and 20-39 years (16.4% compared to 24.5%) however, we have a greater proportion of registrations from persons aged 40-64 years (27.3% compared to 25.1%) and 65 years and older (24.9% compared to 14% nationally).

As of 26 August 2018 there were 418 My Health Record registrations from providers in the NCPHN region. This included registrations from 168 General Practices, 132 Pharmacies, 27 Hospitals and Clinics, 7 Aged Care Providers and 84 'Other' health care providers.

During the period 5 August - 26 August 2018, there were 86 Providers uploading prescription records; 97 providers uploading Shared Health Summaries; 21 providers uploading Discharge summaries; 61 providers uploading Dispense records and 8 providers uploading Event summaries.

During the period 5 August - 26 August 2018, there were 52,132 documents uploaded to My Health Record from providers in the NCPHN region. This included: 23,587 prescription records; 3,960 Discharge summaries; 1,214 Shared Health Summaries; 21,686 Dispense records and 17 Event summaries.

Health literacy

The latest available data on Health Literacy (2009) ^{lxviii} show that 41% of adults have a level of health literacy that allows them to meet the complex demands of everyday life. People living in more disadvantaged areas and areas outside major cities, and people with poorer self-assessed health status, were more likely to have lower health literacy. People who have poor or fair health are more likely to have both long-term conditions and inadequate health literacy which may affect their ability to manage their condition.

To date, evidence around the level of health literacy among community members has not been aggregated at a local level. The following national research ^{lxviii} indicates how socio-demographic factors impact on an individual's level of health literacy.

'Consistent with other literacy domains (prose and document literacy, numeracy and problem solving), health literacy generally increased from the 15 to 19 years age group up to the 35 to 39 years age group, and then generally decreased for those aged 40 years and over. Ageing causes physical, psychological and social change, and dependence on health care services and personal health care often increases. In such circumstances, the ability to effectively care for oneself, interact and communicate with health services, requires a reasonable level of health literacy... 83% of those aged 65 to 74 years did not achieve Level 3 or above on the health literacy scale. It is important to note that the steep decline in the older age groups may also be associated with the lower education levels of these older cohorts, and may not necessarily be associated with a decline in health literacy over time for any individuals'...

'Both males and females achieved similar levels of health literacy overall, with 40% and 41% respectively achieving skill Level 3 or above. When examined by age, 48% of females aged 15 to 44 years achieved a health literacy of Level 3 or above, compared to 43% of males in the same age group. In contrast, 35% of males aged 45 and over achieved a health literacy Level 3 or above, compared to 32% of females of the same age'...

'All literacy domains, including health literacy, were found to have similar relationships with characteristics such as educational participation and attainment. For example, those respondents who had completed a greater number of years of formal education achieved higher literacy scores across all literacy domains. Completing Year 12 is also associated with

achieving higher health literacy levels. Among people who had completed Year 12 or equivalent, 58% achieved Level 3 or above, and if a non-school qualification was also completed, 61% achieved Level 3 or above. In comparison, if Year 12 was completed but a non-school qualification was not completed, 50% achieved a health literacy Level 3 or above'...

'There were no outstanding differences in skill levels for health literacy between the states and territories of Australia. The exception to this was the Australian Capital Territory, where there were significantly more people at skill Level 3 or above (56%) than other states and territories. The proportions at skill Level 3 or above in the other states and territories ranged from 43% in Western Australia to 37% in the Northern Territory and Tasmania. This is consistent with the findings for the other literacy domains'.

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