

North Coast Primary Health Network 2018 Aboriginal and Torres Strait Islander Needs Assessment



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 Aboriginal and Torres Strait Islander Health

Overview

In the North Coast region of New South Wales, as is the case across Australia, Aboriginal and Torres Strait Islander people experience poorer health outcomes than non-Aboriginal residents.

Recognising the significant health needs of this population, the Australian Government Department of Health has identified Aboriginal and Torres Strait Islander health as one of seven priority areas for Primary Health Networks.

The purpose of this needs assessment report is to inform the work of North Coast Primary Health Network (NCPHN) in Aboriginal Torres Strait Islander health across the North Coast region.

Albeit to a limited extent, this needs assessment provides 'better practice' information to guide effective approaches to improving Aboriginal and Torres Strait Islander health. This information derives from the peer reviewed and 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.

Data sources, gaps and limitations

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 (n=220 identified as Aboriginal and Torres Strait Islander) 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.

While the annual NCPHN Needs Assessment is informed by a wide range of national, state and local data sources (ABS, AIHW, MBS, myHealthyCommunities), we are limited in our ability to fully understand the health status and service access of some populations in our community due to a lack of available data presented at a local level. Improved access to localised, timely data concerned with health and service issues would facilitate a better understanding and analysis of the health needs and service gaps for Aboriginal and Torres Strait Islander peoples across the North Coast.

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 (referred to 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 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, medication utilisation and uptake of preventative initiatives, as a number of practices do not yet share data with NCPHN. It should be acknowledged that data from five of the six Aboriginal Medical Services on the North Coast is not currently included in this analysis.

In total, PATCATⁱⁱ records from September 2018 indicate that 12,414 Aboriginal and Torres Strait Islander people were *active patients* (patients with at least 3 visits to the practice over 2 years) at a general practice submitting data to NCPHN. With an Aboriginal and Torres Strait Islander population of at least 25,022 people living on the North Coast at the 2016 Censusⁱⁱⁱ, we acknowledge there are significant limitations in using this data to measure the health and wellbeing of Aboriginal and Torres Strait Islander people on the North Coast. 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.

Aboriginal health determinants

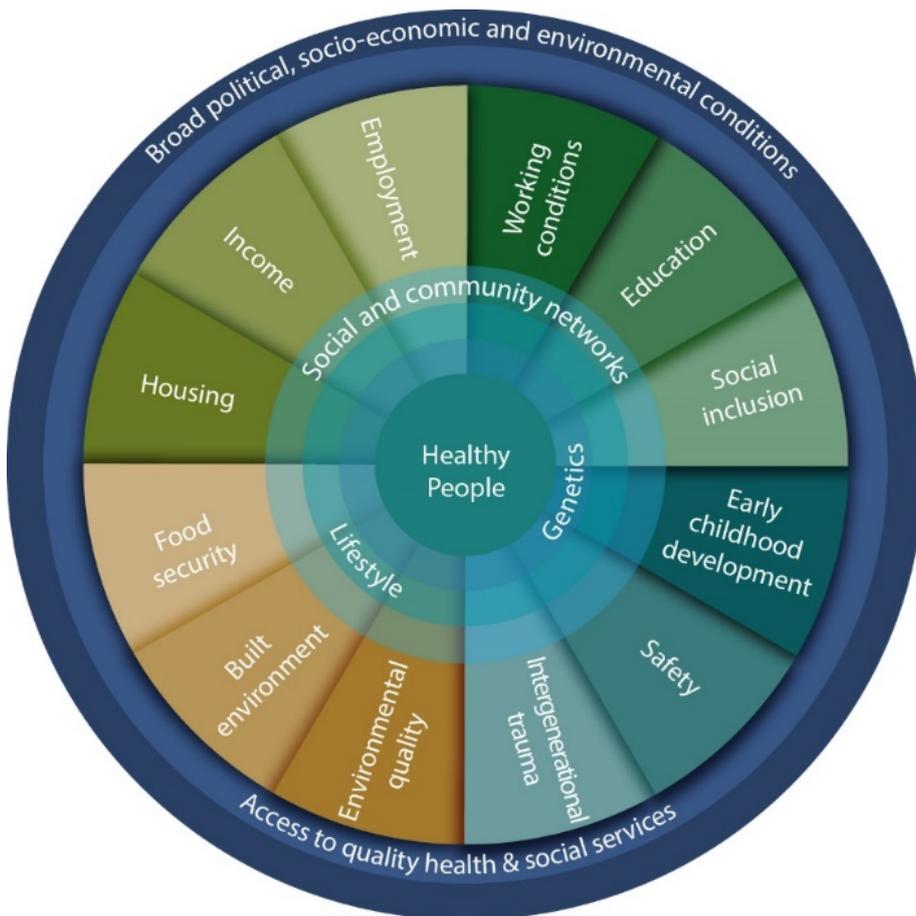
From an Aboriginal and Torres Strait Islander cultural perspective, health encompasses the mental, physical, cultural and spiritual wellbeing of an individual across the lifespan within their community.^{iv}

Since European contact, Aboriginal and Torres Strait Islander people’s health has been adversely impacted by systematic attempts to eradicate or delegitimise their cultures. Colonial practices including missions, child removals and the limitation of human rights have intergenerational impacts on Aboriginal and Torres Strait Islander people. Racism and exclusion continue to reinforce social and economic disadvantage experienced by many Aboriginal and Torres Strait Islander people.^v Aboriginal and Torres Strait Islander children may experience trauma from secondary exposure to the trauma of family members or direct experiences of trauma, and this may impact them across their lifespan.^{vi}

Against such adversity, cultural continuity and self-determination have been protective factors for Aboriginal and Torres Strait Islander peoples’ health.^{vii} Notably, connection to Country – including spiritual and physical connection to land and waterways – is key to cultural knowledge, kinship and identity.^{viii ix}

A generic determinants of health framework (Figure 1) is useful to understanding the health of any population. More particular knowledge of Aboriginal and Torres Strait Islander peoples’ health determinants is also important to improve service, policy and governance-level responses to health improvement.^x

Figure 1: Determinants of health framework



A cross-sectoral response is required for Aboriginal and Torres Strait Islander health in order to influence key health determinants with their roots in the colonial legacy, including higher rates of incarceration; lower educational attainment; greater levels of income disparity; instability of housing; and experiences of social exclusion due to racism (see information in the box below). It should also be recognised that these factors are barriers to accessing health services.^{xi}

Criminal justice and incarceration

Indigenous Australians are the most incarcerated people in the world.^{xii} Across Australia, Aboriginal and Torres Strait Islander prisoners accounted for just over a quarter (27%) of the total Australian prisoner population, ten times what would be expected as a proportion of the population.^{xiii}

In 2014-15, around one in seven (14.5%) of Aboriginal and Torres Strait Islander people reported arrest by the police in the last five years – for males, this was 20.4%.^{xiv} The rate of incarceration amongst Aboriginal and Torres Strait Islander females has been increasing sharply in the last decade. Between 2011 and 2017, there was a 74% increase in the number of Aboriginal women in custody in NSW.^{xv}

Violence

Aboriginal and Torres Strait Islander women are 5 times as likely to be victims of homicide as non-Indigenous women, and 35 times as likely to be hospitalised due to family violence.^{xvi} In 2014-15, 22.3% of Aboriginal and Torres Strait Islander people aged 15 years and over reported experiencing physical or threatened physical violence in the last 12 months.^{xiv}

Education

New South Wales has achieved mixed results for Aboriginal and Torres Strait Islander educational attainment as measured through the National Indigenous Reform Agreement performance dashboard.^{xvii} In NSW in 2014-15, 63% of Aboriginal people in NSW aged 20-24 years had completed Year 12 or higher, compared with 87% of the non-Indigenous population.^{xviii} School attendance rates are particularly low for Aboriginal children and adolescents in rural and remote areas.^{xix}

Employment

In NSW in 2016, 46% of Aboriginal and Torres Strait Islander adults were employed, compared to 59% of non-Indigenous people.

Household income

In 2014-15, the median weekly household income for Aboriginal household in NSW was \$550, compared with \$850 for non-Aboriginal households.^{xx}

Child protection and out-of-home-care

In NSW in 2015-16, Aboriginal children and adolescents were the subject of 21% of all child protection reports and represented 37% of all children and young people in out-of-home-care. During this same time frame, Aboriginal and Torres Strait Islander children aged 0 to 17 years were 7.8 times more likely than non-Indigenous children to be harmed or at risk of harm.^{xxi}

Language

In 2016, less than 1% of Aboriginal people in NSW spoke an Aboriginal language at home.^{xx}

Aboriginal population in the NCPHN Region

The North Coast PHN region aligns to 12 Local Government Areas¹ (LGAs) and includes the Bundjalung, Arakwal, Yaegl, Gumbayngirr, Githabul, Dunghutti and Birpai Nations, as shown in the map below.

According to the 2016 Census of Population and Housingⁱⁱⁱ, 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%).

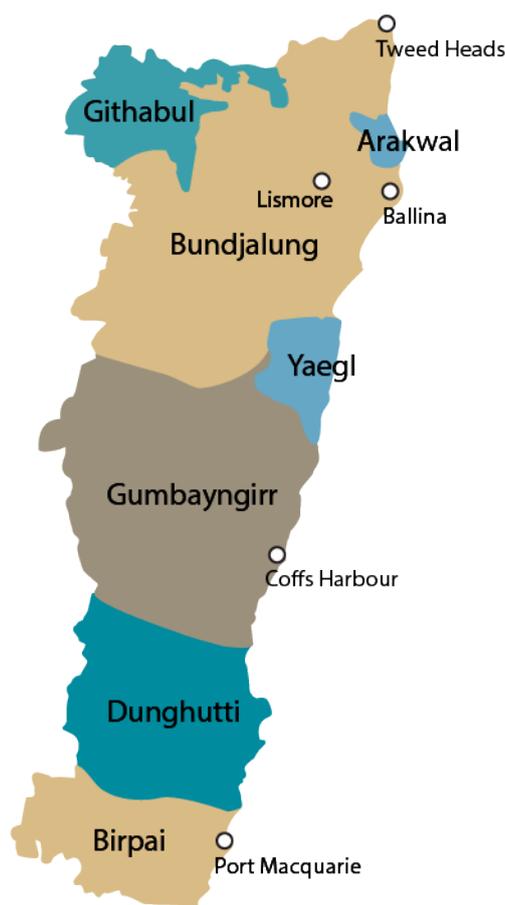
The region with the highest proportion of the population identifying as Aboriginal and/or Torres Strait Islander was in the Kempsey LGA with Aboriginal and/or Torres Strait Islander people making up 11.6% of the total population. The region with the highest number of Aboriginal and/or Torres Strait Islander people was the Coffs Harbour LGA with 3,648 people recorded at the last Census.

Consistent with the finding that Aboriginal and Torres Strait Islander peoples have a lower life expectancy, the age profile of Aboriginal and/or Torres Strait Islander people on the North Coast is vastly different to that for the non-Aboriginal population, as shown in Table 1 below.

Table 1: Age Profile for North Coast residents, 2016.

Age Category	Aboriginal and/or Torres Strait Islander	Non- Aboriginal
0-14 years	35%	17%
15-24 years	18%	10%
25-64 years	41%	49%
65 years +	6%	24%

The Socio-Economic Index for Australia (SEIFA)^{xxiii} highlights that across the 12 LGAs that make up the NCPHN footprint, 10 have a score lower than the national median of 1,000, while four LGAs (Kempsey, Kyogle, Nambucca and Richmond Valley) have a SEIFA Index score that places them in the most disadvantaged 20% of regions across Australia.



¹ North Coast Local Government Areas include: Ballina, Bellingen, Byron, Clarence Valley, Coffs Harbour, Kempsey, Kyogle, Lismore, Nambucca, Port Macquarie, Richmond Valley, and Tweed.

Part 2. Health and Service Information

Overall Health

When asked to rate their own health status, Aboriginal people across NSW are less likely to report a positive result (74% reporting excellent, very good or good health) compared to non-Aboriginal people (80.0%)^{xxiii}.

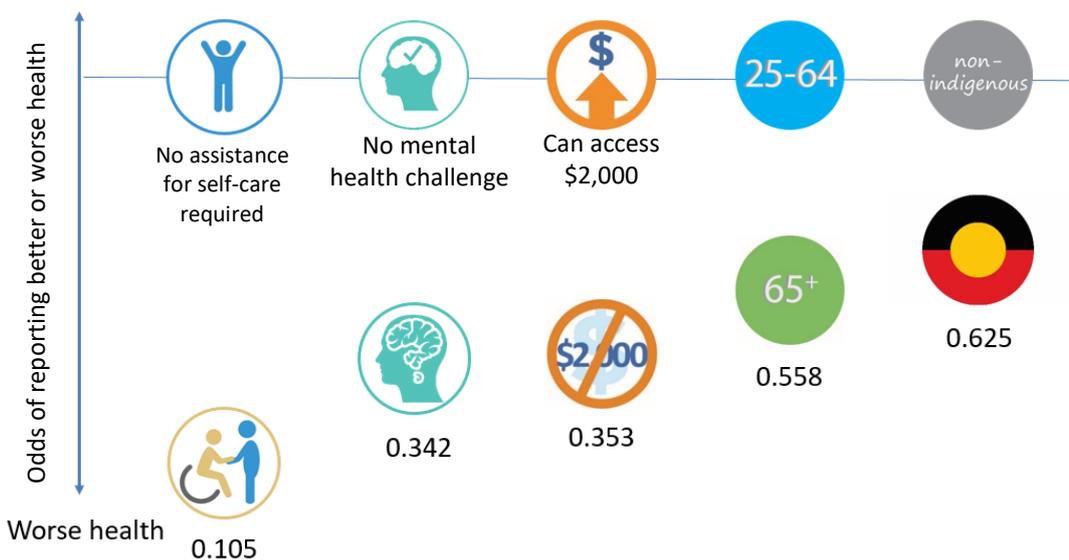
When data is examined at a local level, it's evident that people across the North Coast are less likely to report a positive health status (77.8%) compared to the NSW average (79.9%). However, this data is not available for Aboriginal people that live on the North Coast.

In the recent 2018 NCPHN Community Surveyⁱ, respondents were asked to self-rate their health status. Overall, 71.9% of Aboriginal respondents rated their health as excellent, very good or good, compared to 77.3% of non-Aboriginal respondents.

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 in Figure 2 below, found that Aboriginal 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.

Figure 2: Self rated health status
Better health



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 Aboriginal people on the North Coast, should therefore take into consideration the impact of having a disability (requires assistance for self-care activities), having a mental health challenge, being financially vulnerable and being older on the health and wellbeing of Aboriginal people.

Child and Maternal health

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%)^{xxiv}.

There are a number of risk factors that can result in a pregnancy being put at risk including: the mothers age, the mothers pre-existing health status and conditions, the pregnancy conditions (multiple gestation, preeclampsia) and lifestyle factors, such as whether the mother smokes or drinks alcohol during the pregnancy^{xxv}.

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%.^{xxvi}

In order to assess a woman's alcohol consumption, general practitioners may administer the AUDIT-C (Alcohol Use Disorders Identification Test – Consumption) tool. A score of 3 or higher using this tool, indicates medium to high risk of harm. Across the North Coast region, one third (33.5%) of Aboriginal and/or Torres Strait islander female clients attending a general practice that submitted data to NCPHN in September 2018 had an Audit C score greater than or equal to 3.

Across NSW 12.3% of Aboriginal mothers giving birth were aged 19 years or under, compared to 1.5% of non-Aboriginal mothers. While data is not available specifically for young Aboriginal mothers across the North Coast, 4.0% of all mothers giving birth on the North Coast were 19 years or under, compared to 2.0% across NSW.^{xxvii}

Birthing on Country is a model of care that is based on current statistics that found the majority of Aboriginal and Torres Strait Islander women live in cities and major regional centres, and that “most give birth in a hospital or birthing centre, which is often not on their ancestral lands, despite the cultural and spiritual importance of doing so, and despite national guidelines which emphasise the importance of maintaining cultural values around pregnancy and birth”^{xxviii}.

According to the Birthing on Country Position Statement^{xxviii}, ‘Birthing on Country Models are described as maternity services that are designed, developed, delivered and evaluated for and with Aboriginal and Torres Strait Islander women that encompass some (or all) of the following:

- they are community based and governed
- provide for inclusion of traditional practices
- involve connections with land and country
- incorporate a holistic definition of health
- value Aboriginal and/or Torres Strait Islander as well as other ways of knowing and learning
- encompass risk assessment and service delivery and are culturally competent

Data from the NSW Perinatal Data Collection indicates that when the type of birth is reported it's evident that the majority of Aboriginal mothers in NSW had a normal vaginal birth (64.2%), while 16.3% had an elective caesarean section and 12.0% had an emergency caesarean section. The rate of vaginal birth was higher for Aboriginal women, compared to non-Aboriginal women (54.9%), with non-Aboriginal women more likely than Aboriginal mothers to give birth through an elective caesarean section (20.4%) or emergency caesarean section (12.7%)^{xxix}.

Across the North Coast, 9.7% of babies born to Aboriginal mothers were of a low birth weight, compared to 5.2% of babies born to non-Aboriginal mothers^{xxx}.

In addition, 10.2% babies born to Aboriginal mothers were pre-term, compared to 6.3% of babies born to non-Aboriginal mothers on the North Coast^{xxxi}.

Whilst the infant mortality rate for Aboriginal babies is not available for the North Coast, the rate across the state of NSW was higher for Aboriginal infants at 4.6 deaths per 1,000 compared to 3.1 for non-Aboriginal infants. Across the NCPHN region, the rate of infant mortality (for all babies) across the Northern New South Wales Local Health District (NNSWLHD)

was 3.1 deaths per 1,000 births, and across the Mid North Coast Local Health District (MNCLHD) was 4.1 deaths per 1,000 births. The rate for MNCLHD is higher than the NSW rate of 3.5 deaths per 1,000.^{xxxii}

Infant health

Breastfeeding is considered to provide babies with the “best start in life” and contributes to improved infant health and has benefits to mothers by “promoting faster recovery from childbirth, reducing the risks of breast and ovarian cancers in later life, and reduced maternal depression”^{xxxiii}. According to the 2010 Australian National Infant Feeding Survey, 90% of mothers in Australia initiated breastfeeding exclusively.

Across the North Coast, records indicate that at the point of their discharge from hospital, 74.6% of Aboriginal mothers are breastfeeding exclusively, with another 7% doing some breastfeeding. 14.6% of Aboriginal mothers are feeding their infants with formula only upon discharge. Rates of breastfeeding were found to be lower among Aboriginal women when compared to non-Aboriginal mothers across the North Coast of whom, 85.7% were breastfeeding exclusively, 5.4% breastfeeding sometimes and only 6.2% using infant formula^{xxxiv}.

NCPHN PATCAT recordsⁱⁱ from 106 General practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients aged 0-4 years, only 8.2% had a MBS 715 recorded (n=1,281).

In the 2018 NCPHN Community Survey^j, paediatricians were identified by over a quarter (26.6%) of Aboriginal respondents as a Specialist doctor that was hard to access.

Immunisation

Overall, rates of immunisation across the North Coast are the lowest in the country with 90.1% of 1 year olds; 87.9% of 2 years olds; and 90.6% of 5 year olds fully immunised. However, rates of Aboriginal and Torres Strait Islander children who are fully immunised are much higher with rates on the North Coast region ranking in the top 10 PHNs across Australia.

1 Year Olds

Across the NCPHN region, 94.9% of Aboriginal and Torres Strait Islander children aged 1 year are fully immunised, which is higher than the national rate of 92.2%^{xxxv}. More detailed analysis of local data showed that the highest rate was in the Coffs Harbour-Grafton SA4 (96.7%), while the Richmond-Tweed SA4 recorded the lowest rate at 94.0%.

2 Year Olds

Across the NCPHN region, 90.8% of Aboriginal and Torres Strait Islander children aged 2 years are fully immunised, which is higher than the national rate of 88.6%. More detailed analysis of local data showed that the highest rate was in the Coffs Harbour-Grafton SA4 region (94.5%), while the Richmond-Tweed SA4 recorded the lowest rate at 89.3%.

5 Year Olds

Across the NCPHN region, 96.5% of Aboriginal and Torres Strait Islander children aged 5 years are fully immunised, which is higher than the national rate of 95.7%. As previously found for 1 and 2 year olds, the Coffs Harbour-Grafton SA4 region recorded the highest rate (96.6%), while the Richmond-Tweed SA4 recorded the lowest rate at 96.3%.^{xxxvi}

Aboriginal and Torres Strait Islander young people aged 15-24 years

In the 2018 NCPHN Community Surveyⁱ, 35 respondents (13.3% of all youth respondents), have been identified as Aboriginal youth aged 15-24 years. The following section highlights key findings of this cohort responses.

Overall Health

According to the 2018 NCPHN Community Surveyⁱ, 4.7% of Aboriginal youth respondents described their overall health as 'poor' compared with 7.9% non-Aboriginal youth. Additionally, 60.1% of Aboriginal youth rated their overall health as 'fair', compared with 32.5% non-Aboriginal youth.

Top personal health challenges for Aboriginal youth included: alcohol/ drug use (21.5%), mental health (21.2%), issues with weight (15.5%), behavioural/ learning difficulties (13.5%), and nutrition (8.6%). Aboriginal youth stated more than twice as much alcohol and drug use (21.5%) than non-Aboriginal youth (10.4%) as a personal health challenge, while non-Aboriginal youth specified mental health as a health challenge twice as much (39.2%) than Aboriginal youth (21.2%). Higher proportion of Aboriginal youth also indicated 'behavioural/learning difficulties' as a health challenge (13.5%), than non-Aboriginal youth (6.7%).

Close to two thirds of Aboriginal youth thought 'mental health issues' (59.7%) and 'drug and alcohol misuse' (59.3%) were top health concerns in their communities. Additional concerns included: 'suicide' (35.0%), 'lack of dental care' (25.1%), and 'family violence' (22.9%). When making comparisons to the results for non-Aboriginal young people, 'lack of dental care' rate (25.1%) was five times higher than non-Aboriginal youth rate (5.3%) and 'family violence' (22.9%) was 1.5 times higher than non-Aboriginal youth rate (14.5%).

Accessing primary care services

General Practice

In the 2018 NCPHN Community Surveyⁱ, 16.3% of Aboriginal youth found it 'very difficult' to access a doctor compared with 4.1% of non-Aboriginal youth who stated similarly. Another 15.8% of Aboriginal youth found it 'difficult' to access a GP, compared with 13.3% of non-Aboriginal youth.

58.6% of Aboriginal youth respondents didn't have a regular GP, compared with 36.0% non-Aboriginal youth.

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

- Too long to wait for an appointment (33.1%);
- Can't get an appointment when I need it (32.1%);
- Shame/nervous/ worry that others will find out (30.9%);
- Don't like doctors (28.4%); and
- Public/community transport is too limited (28.4%).

NCPHN PATCATⁱⁱ records from 106 general practices who submitted data in the month of September 2018 showed that among the 2,144 active Aboriginal and/or Torres Strait Islander patients aged 15-24 years:

- 14.2% had a diagnosis of asthma recorded;
- 13.7% had a diagnosis of depression recorded;
- 13.2% had a diagnosis of anxiety recorded; and
- 5.1% had a diagnosis of ADHD recorded.

When rates of prescribing medications are examined for this cohort, it's evident that the most commonly prescribed medications were:

- 17.9% have been prescribed respiratory medications;
- 14.1% have been prescribed antidepressants; and
- 10.9% have been prescribed pain relief.

Mental Health Services

According to the 2018 NCPHN Community Surveyⁱ, 85.6% of Aboriginal youth respondents indicated they needed to get help with mental health over the past 12 months for themselves or someone they care for.

When Aboriginal youth respondents were asked about their ability to access mental health services, 11.6% found it 'very difficult' and additional 39.2% found it 'difficult' to get help with mental health issues when needed.

Self-harm

In 2016-17, the rate of intentional self-harm hospitalisations for Aboriginal people aged 15-24 years in NSW was 904.0 per 100,000 population. This figure was more than double the rate of non-Aboriginal 15-24 year olds (355.8) across NSW. In addition, the rate for 15-24 year old females (1181.4) was close to double the rate for males (641.8)^{xxxvii}.

Suicide

While local data concerning deaths from suicide does not aggregate for both age and Aboriginality (due to small numbers and confidentiality), rates of suicide among all young people aged 15-24 years (age specific death rate for combined reference years 2008-2016) on the North Coast are as follows:

- 21.1 deaths by suicide per 100,000 population - Richmond Valley Coastal SA3;
- 20.0 deaths per 100,000 population - Clarence Valley SA3;
- 16.0 deaths per 100,000 population - Richmond Valley Hinterland SA3;
- 15.3 deaths per 100,000 population - Kempsey-Nambucca SA3;
- 9.8 deaths per 100,000 population - Coffs Harbour SA3;
- 8.1 deaths per 100,000 population - Tweed Valley SA3; and
- n/a - Port Macquarie SA2.

Comparable data for this age range is not available, however in 2016 the age-standardised rate for suicide death across NSW was 10.3 per 100,000 population (crude rate for combined reference years 2008-16).^{xii}

Health of older Aboriginal and Torres Strait Islander people

Approximately 6% of the Aboriginal and Torres Strait Islander population in NCPHN is over the age of 65, compared to 24% of non-Aboriginal people.ⁱⁱⁱ

Accessing services for older Aboriginal people

In the 2018 NCPHN's Community Surveyⁱ, 61.9% of Aboriginal respondents needed to access aged care services compared with 40% of non-Aboriginal people.

There is only one not for profit provider of Aboriginal and Torres Strait Islander residential aged care within the NCPHN footprint.^{xxxviii}

A higher rate of Aboriginal respondents in the 2018 NCPHN Community Surveyⁱ indicated access to aged care services was 'difficult' (28.6%) or 'very difficult' (9.5%) compared with non-Aboriginal respondents (13.7% 'difficult', 6.0% 'very difficult').

The most commonly reported challenges for Aboriginal respondents to get help with age-related problems included:

- Cost (38.6%);
- Lack of services (37.2%); and
- Difficult to organise (35.0%).

Specialists that were commonly reported by Aboriginal respondents as being 'hard to access' included:

- General Surgeon (29.4%); and
- Cardiologist (25.7%).

Aged care services that Aboriginal respondents reported were 'hard to access' were:

- Care packages/funding (44.0%);
- In-home domestic support (43.5%); and
- General wellness support/ social groups (42.7%).
- In addition, over a third (35%) of Aboriginal people reported 'family violence services' as a hard to get service for older people compared to 6% of non-Aboriginal respondents.

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by aged care providers, Aboriginal respondents reported the following care and coordination were done, "not well". For each question about the quality of the service provided, rates of dissatisfaction were higher from Aboriginal respondents, compared to non-Aboriginal respondents.

How well does your aged care provider do these things?	Aboriginal respondents reporting "not well"	non-Aboriginal reporting 'not well'
Gives me advice on other relevant community support services	39.3%	32.9%
Discusses end of life care with me	38.7%	34.4%
Communicates with other people involved in my care	33.2%	25.3%
Respects my cultural beliefs	31.8%	14.0%
Involves me in making decisions	28.7%	25.1%

Mental Health

Prevalence

The social and emotional wellbeing of Aboriginal and/or Torres Strait Islander people is intrinsically linked to an individual's "connection to land, culture, spirituality, ancestry, family and community (Dudgeon, P., Milroy, H., and Walker R., 2014). Strong connections to these elements can build resilience and act as protective factors, while disconnection to these connections can lead to an individual feeling isolated and lacking in a sense of purpose. Both the social determinants of health and an individual's risk factors contribute to the increased likelihood of them experiencing poorer mental health^{xxxix}.

Rates of psychological distress, mental disorders, self-harm and suicide are higher among Aboriginal and Torres Strait Islander people, compared to non-Aboriginal Australians. The following data and information aims to highlight issues and gaps in the support provided to Aboriginal people experiencing mental health issues. However, it must also be acknowledged that Aboriginal and Torres Strait Islander people have great strengths and a deep understanding of the relationships between family, community and the environment.

The effect of trauma on mental health

Trauma, is defined as "an event that is psychologically overwhelming for an individual. The event involves a threat (real or perceived) to the individual's physical or emotional wellbeing. The person's response to the event involves intense fear, helplessness or horror, or for children, the response might involve disorganised or agitated behaviour" (AIHW^{xl}, 2018, p4).

According to the pivotal report, *Working Together 2nd Edition*^{xxxix}, research has found that trauma experienced in early life can have "long lasting effects on brain regions, such as the amygdala, which process emotion, and make affected individuals more vulnerable to mental illness such as anxiety and depression in later life... Sadly, many Aboriginal and Torres Strait Islander children exposed to trauma appear to have the factors that predispose to vulnerability rather than resilience in the context of their continuing life experience following trauma" (Parker and Milroy, 2014: p30).

"Victims/survivors of childhood trauma are also more likely to adopt behaviours destructive to themselves and others. These behaviours include alcoholism and other drug misuse, sexual promiscuity, physical inactivity and smoking. Further, researchers have noted a link between experiences of childhood trauma and suicide.

Childhood trauma is associated with an increased use of services. Shaw (2010) reports increased involvement in health services for depression and suicidal behaviours. Further, victims/survivors of childhood trauma participate in high numbers in the child welfare and juvenile justice systems (and later in life in the adult criminal justice system) (Shaw 2010). Finally, adults with a childhood history of unresolved trauma are more likely to experience health concerns, including: heart disease, cancer, stroke, diabetes and liver disease, all of which can contribute to lower life expectancy.

Trauma-informed services directly deal with trauma and its effects. They look at all aspects of their operations through a 'trauma lens'. Their primary mission is underpinned by knowledge of trauma and the impact it has on the lives of clients receiving services (Harris 2004). Every part of the service, management and program delivery systems are assessed and modified to include an understanding of how trauma affects the life of individuals seeking support and the workers delivering the care".^{xl}

Mental health across North Coast general practice

NCPHN PATCATⁱⁱ records from 106 general practices who submitted data in the month of September 2018 showed that among active Aboriginal and Torres Strait Islander patients:

- 12.3% had a diagnosis of anxiety recorded;
- 14.8% had a diagnosis of depression recorded;
- 1.6% had a diagnosis of schizophrenia recorded;
- 1.6% had a diagnosis of bipolar recorded;
- 2.8% had a diagnosis of ADHD recorded;
- 1.2% had a diagnosis of autism recorded;
- 0.2% had a diagnosis of dementia recorded; and
- 0.3% had a diagnosis of postnatal depression recorded.

NCPHN PATCAT records from 106 general practices who submitted data in the month of September 2018 showed that among active Aboriginal and Torres Strait Islander patients:

- 15.8% have been prescribed anti-depressants medication;
- 7.3% have been prescribed anti-anxiety medication;
- 4.3% have been prescribed antipsychotics-atypical medication;
- 0.4% have been prescribed antipsychotics-typical medication; and
- 0.2% have been prescribed mood stabilisers medication.

Among those 2,733 active Aboriginal and Torres Strait Islander patients with a mental health diagnosis, it was also evident that co-morbidities were common, with many diagnosed with multiple chronic conditions (includes diabetes, respiratory, cardiovascular, renal impairment and/ or mental health):

- 52.8% had one chronic conditions (mental health issues only);
- 29.4% had diagnosis for 2 chronic conditions;
- 10.9% had diagnosis for 3 chronic conditions;
- 4.9% had diagnosis for 4 chronic conditions; and
- 2.0% had diagnosis for 5 chronic conditions.

Suicide

Between 2008-2016, the rate of suicide for Aboriginal and Torres Strait Islander people across the North Coast PHN region was 13.4 per 100,000 Aboriginal population (crude rate for combined reference years 2008-16), which was higher than the rate of suicide among non-Indigenous people on the North Coast (13.1 per 100,000 non-Indigenous persons).^{xii}

Accessing mental health services

The National Mental Health Commissions report, *Contributing Lives, Thriving Communities: Report of the National Review of Mental Health Programmes and Services*^{xiii} was released in 2015. The report found that

- “There is a significant mental health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous people, with Aboriginal people more likely to experience psychological distress, hospitalisation for mental illnesses and death from intentional self-harm.
- Despite having greater need, Aboriginal and Torres Strait Islander people experience lower access to mental health services than the rest of the population.
- This is in part because services and programmes designed for the general population are not culturally appropriate within a broader context of social and emotional wellbeing as understood by Aboriginal and Torres Strait Islander peoples.
- Furthermore, such services do not ensure a connected transition through the mental health system for Aboriginal and Torres Strait Islander peoples” (National Mental Health Commission, 2015).

Primary Care Services

According to the 2018 NCPHN Community Surveyⁱ, a higher proportion of Aboriginal respondents indicated they needed to get help with mental health issues either for themselves or someone they care for over the past 12 months (77%), compared to non-Aboriginal respondents (49%).

When Aboriginal people were asked questions about their ability to access mental health services, 43.7% of Aboriginal respondents reported that it was ‘very difficult’ (20.1%) or ‘difficult’ (23.6%) to get help with mental health issues when needed, which indicated poorer access when compared to the results for non-Aboriginal people (10% and 17%).

The most commonly reported challenges for Aboriginal respondents to access mental health services were as follows:

- Lack of services (30.7%);
- Poor experience in the past (22.8%);
- Quality of the services available (21.7%);
- Stigma/shame (21.3%);
- Worry about lack of confidentiality (19.8%); and Transport (19.0%).

The following mental health services were reported by Aboriginal respondents as being ‘hard to access’:

- Psychiatrist (38.8%);
- NSW Health community mental health (37.3%);
- Counselling (31.6%);
- Psychologist (30.3%); and
- Doctor (GP) with knowledge in mental health (23.5%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, Aboriginal respondents reported the following care and coordination were done, “not well”. For each question about the quality of the service provided, rates of dissatisfaction were higher from Aboriginal respondents, compared to non-Aboriginal respondents.

How well does your mental health service provider do these things?	Aboriginal respondents reporting “not well”	non-Aboriginal reporting ‘not well’
Gives me advice on other relevant community support services	36.8%	31.5%
Communicates with other people involved in my care	36.0%	25.6%
Involves me in making decisions	30.7%	20.7%
Respects my cultural beliefs	24.6%	10.9%

Hospital Services

In 2016-17, the rate of hospitalisation for mental disorders for Aboriginal and/or Torres Strait Islander people in Northern NSW was 2921.4 per 100,000 people. Across the Northern NSW region, Aboriginal people were 2.4 times more likely to be hospitalised for mental disorders compared to non-Aboriginal people (1,228.5).^{xliii}

In 2016-17, the rate of hospitalisation for mental disorders for Aboriginal and Torres Strait Islander people in Mid North Coast was 2,853.7 per 100,000 people. Across the Mid North Coast region, Aboriginal people were 1.5 times more likely to be hospitalised for mental disorders compared to non-Aboriginal people (1,959.5).^{xliiv}

During the three year period 2011 to 2013, there were over 4,500 separations at acute mental health units in Northern NSW, and 10% of these (444 separations) were for patients identifying as Aboriginal. Aboriginal people in Northern NSW were 2.5 times more likely to be admitted to an acute Mental Health Unit within Northern NSW than the non-Aboriginal population.^{lv}

Alcohol and Other Drugs

Prevalence

Alcohol

Indigenous Australians are more likely to abstain from drinking alcohol than non-Indigenous Australians (31% compared with 23% respectively). However, among those who did drink, a higher proportion of Indigenous Australians drank at risky levels and placed themselves at harm of an alcohol related injury on a single drinking occasion, at least monthly (35% compared with 25% for non-Indigenous).^{xlv}

In 2017, the percentage of Aboriginal adults in NSW who consumed more than two standard drinks on a day when consuming alcohol (41.3%) was significantly higher than the 2017 NSW average (31.1%).^{xlvi}

Alcohol attributable hospitalisations were 12% higher in Northern NSW (737 admissions per 100,000 people in 2010/11) compared to the NSW average (655 admissions per 100,000 people). In 2011/12 Aboriginal residents of Northern NSW were 3.1 times more likely than non-Aboriginal residents to have an alcohol attributed hospitalisation. From 1998/99 to 2011/12 alcohol attributable hospitalisations in both non-Aboriginal and Aboriginal residents in Northern NSW increased by around 60%. This steady increase over time in Northern NSW is more than double the increase in alcohol-attributable hospitalisations compared to all NSW for the same time period.^{lv}

In 2014-15, the rate of alcohol attributable hospitalisations among Aboriginal people in NSW was 1,390.1 per 100,000 Aboriginal persons, compared to 639.4 per 100,000 people for the non-Aboriginal population. As with previous years, rates of hospitalisation for males were much higher than for females. Data is not currently available for this measure at a PHN level.^{xlvii}

Alcohol and Other Drugs across general practice

According to NCPHN PATCAT records (from September 2018):ⁱⁱ

- Across the North Coast, 85.8% of all Aboriginal and/or Torres Strait Islander active clients attending a general practice that submitted data to NCPHN in September 2018 had their smoking status recorded;
- In these practices, 40.1% of Aboriginal and/or Torres Strait Islander clients were recorded as being a current smoker, while another 21.7% were recorded as being an ex-smoker. Across these practices, 38.2% of Aboriginal and/or Torres Strait Islander clients never smoked;
- Across the North Coast, 42.9% of all Aboriginal and/or Torres Strait Islander adults who were an active client attending a general practice that submitted data to NCPHN in September 2018 had their alcohol consumption status recorded; and
- In order to assess a woman's alcohol consumption, general practitioners may administer the AUDIT-C (Alcohol Use Disorders Identification Test – Consumption) tool. A score of 3 or higher using this tool, indicates medium to high risk of harm. Across the North Coast region, 33.48% of Aboriginal and/or Torres Strait Islander female clients attending a general practice that submitted data to NCPHN in September 2018 had an Audit C score greater than or equal to 3.

Methamphetamines

In 2016, Indigenous Australians were: 2.2 times as likely to use methamphetamines as non-Indigenous Australians.^{xlviii}

Service provider and community interviews conducted by NCPHN in 2016 revealed strong concerns regarding crystal methamphetamine in terms of behavioural disturbance and community concern. Some Aboriginal communities on the North Coast reported high levels of use and individual, family and community harm.

In NSW, methamphetamine hospitalisations are six and a half times higher than those for non-Indigenous Australians. For Aboriginal females it is almost 8 times higher. Across NSW, Aboriginal people accounted for 15.5% of methamphetamine-related hospitalisations (2016-17).^{xlix}

Some Aboriginal and Torres Strait Islander community members have established unsupervised “ice detox houses” within their local communities as they feel local detox and rehab are either inaccessible, inappropriate or feared. Provision of ambulatory withdrawal management is limited throughout the NCPHN footprint.^l

Smoking

In 2016, 19.7% of adults living in the NCPHN region were current smokers, which is higher than the NSW average of 15.2%. Data is not available for the rate of smoking among the Aboriginal population of the NCPHN region; however in 2017, 28.5% of Aboriginal people in NSW smoked, which is significantly higher than for the rate of 15.2% for the whole of NSW.ⁱⁱ

The rate of hospitalisations attributed to smoking amongst Northern NSW Aboriginal residents (1,800 per 100,000 Aboriginal people) is significantly higher than for non-Aboriginal residents (550 hospitalisations per 100,000 people).^{iv}

Accessing alcohol and other drug health services

According to the results of the 2018 NCPHN Community Survey,ⁱ 60% of Aboriginal respondents identified ‘drug and alcohol misuse’ as one of top three health concerns in their community, compared to 47% of non-Aboriginal people. The misuse of alcohol and other drugs in particular, was identified much more commonly by 23% of Aboriginal people compared to 10% by non-Aboriginal people. In total, 36.6% of Aboriginal respondents found it ‘very difficult’ (16.6%) or ‘difficult’ (20.0%) to get help from AOD services when needed.

The most commonly reported challenges for Aboriginal respondents to access AOD services were:

- Lack of services (75.6%);
- Worry about lack of confidentiality (47.8%);
- Stigma/shame (47.6%);
- Transport (46.6%); and cost (45.9%).

The following AOD services were reported by Aboriginal respondents as being ‘hard to access’:

- Rehab (65.3%);
- Detox (51.3%);
- Counselling (47.5%); and
- Youth-specific services (37.0%).

Service providers identify a limited pool from which to employ trained Aboriginal drug and alcohol workers as a major barrier to providing culturally appropriate drug and alcohol services.ⁱⁱⁱ

Across the NCPHN region, there are 6 Aboriginal-identified positions for drug and alcohol counselling: two working for local hospital districts and four in Aboriginal medical services.ⁱⁱⁱⁱ

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their Alcohol and Other Drug Service Providers, Aboriginal respondents reported the following care and coordination were done, “not well”. For each question about the quality of the service provided, rates of dissatisfaction were higher from Aboriginal respondents, compared to non-Aboriginal respondents.

How well does your Alcohol and Other Drug service provider do these things?	Aboriginal respondents reporting “not well”	Non- Aboriginal reporting ‘not well’
Gives me advice on other relevant community support services	36.5%	31.1%
Involves me in making decisions	26.8%	24.0%
Communicates with other people involved in my care	27.5%	26.9%
Respects my cultural beliefs	21.0%	15.2%

Chronic Disease

NCPHN PATCAT recordsⁱⁱ from 106 general practices who submitted data in the month of September 2018 shows that among the 12,414 active Aboriginal and/or Torres Strait Islander patients, 45.5% had at least one chronic condition (including diabetes, respiratory, cardiovascular, renal impairment and/or mental health) recorded. When the co-morbidities of these Aboriginal and/or Torres Strait Islander patients are examined, it's evident that:

- 60.4% of Aboriginal and/or Torres Strait Islander patients with a chronic condition have a diagnosis in just one category;
- 25.0% of Aboriginal and/or Torres Strait Islander patients with a chronic condition have diagnoses in two categories;
- 9.8% of Aboriginal and/or Torres Strait Islander patients with a chronic condition have diagnoses in three categories;
- 3.6% of Aboriginal and/or Torres Strait Islander patients with a chronic condition have diagnoses in four categories; and
- 1.2% of Aboriginal and/or Torres Strait Islander patients with a chronic condition have diagnoses in more than four categories.

Rates of potentially preventable hospitalisations for chronic conditions are higher on the North Coast (1,169.9 per 100,000 persons) compared to the NSW rate (963.4). When the data is examined for Aboriginal and non-Aboriginal people, it is evident that Aboriginal people living on the Mid North Coast have a rate of hospitalisation for chronic conditions (4,054.9 per 100,000 Aboriginal persons) that is significantly higher than the rate of Northern NSW (3,391.3) and the rate across the whole of NSW for Aboriginal people (2,825.7).^{liv}

Diabetes

NCPHN PATCAT recordsⁱⁱ from 106 general practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients:

- 5.3% had a diagnosis of Type II diabetes recorded;
- 0.7% had a diagnosis of Type I diabetes recorded; and
- 1.1% had “undefined diabetes” recorded.

Across the North Coast, 5.35% of all Aboriginal and/or Torres Strait Islander active clients attending a general practice that submitted data to NCPHN in September 2018 had Type 2 diabetes. The data also showed:

- Of these clients with Type 2 diabetes, 57.7% had an MBS 721 recorded, while 53.8% recorded an MBS Item 723;
- Of the 653 Aboriginal and/or Torres Strait Islander people with Type 2 Diabetes, 49.7% had a HbA1c test recorded in the last 6 months. This figure increased to 67.8% when the results period was extended to 12 months;
- Of those Aboriginal and/or Torres Strait Islander people who had a HbA1C recorded in the last 6 months, 45.5% had a result of $\leq 7\%$, while 10.5% recorded a HbA1c that was $\geq 10\%$; and
- Of those Type 2 Diabetic Aboriginal and/or Torres Strait Islander patients attending these practices, only 5.3% had a Kidney Function Test recorded.

Diabetes was rated as one of the top 3 serious health concerns by 21.3% of Aboriginal respondents who participated in the 2018 NCPHN Community Surveyⁱ.

Over the past 10 years there has been a significant increase across Northern NSW in hospitalisation rates for diabetes amongst Aboriginal people, from 591 per 100,000 people in 2001/02, to 936 per 100,000 people in 2009/10. There has been no significant change in the difference in rates between Aboriginal and non-Aboriginal people between 2001/02 and 2009/10.^{lv}

In Northern NSW in 2011/12, hospitalisation rates for diabetes were 472 per 100,000 for Aboriginal people and 120 per 100,000 for non-Aboriginal people, nearly a fourfold difference.^{lv}

Kidney disease

NCPHN PATCAT recordsⁱⁱ from 106 general practices who submitted data in the month of September 2018 showed that among active Aboriginal and/or Torres Strait Islander patients, 1.4% had a diagnosis of renal impairment recorded (2.2% active non-Aboriginal patients).

In 2016-17, rates of dialysis among Aboriginal and/or Torres Strait Islander people living across the NCPHN region were significantly higher than rates of dialysis among both Aboriginal NSW residents and were over 10 times the rate recorded for non-Aboriginal people.

The region with the highest rate of dialysis among Aboriginal people is Northern NSW region with a rate of 42,823.9 hospitalisations per 100,000 Aboriginal people. The Mid North Coast region had a rate of 39,811.8 hospitalisations per 100,000 Aboriginal people. In comparison, the rate of dialysis hospitalisation among non-Aboriginal people in the NCPHN region (3,763.9 per 100,000 persons) is slightly lower than the state average of 3,976.4 dialysis hospitalisations per 100,000 people.^{lvi}

Cardiovascular disease

NCPHN PATCAT recordsⁱⁱ from 106 general practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients:

- 3.1% had a diagnosis of coronary heart disease (CHD) recorded;
- 0.7% had a diagnosis of heart failure recorded;
- 10.6% had a diagnosis of hypertension recorded; and
- 1.3% had a diagnosis of stroke recorded.

Across the North Coast, 41.5% of Aboriginal and/or Torres Strait Islander clients attending a general practice that submitted data to NCPHN in September 2018 had CVD risk factors recorded.

Of those Aboriginal and/or Torres Strait Islander patients with cardiovascular disease attending these practices, only 4.4% had a kidney function test recorded.

In 2011/12 the rate of hospitalisations for cardiovascular disease in Northern NSW was 3,312 per 100,000 Aboriginal people and 1,637 per 100,000 non-Aboriginal people. The difference is significant, with Aboriginal people twice as likely to be hospitalised for cardiovascular disease in Northern NSW.^{lv}

Circulatory diseases

In 2016/17, the rate of hospitalisation for circulatory diseases was higher for Aboriginal people in the NCPHN region (3870.5 per 100,000 Aboriginal persons) compared to the rate for NSW Aboriginal persons (2957.9 per 100,000 Aboriginal persons). When the data is examined at an LHD level, it is evident that Mid North Coast (4223.3) has a higher rate compared to Northern NSW (3567.2).^{lvii}

Lung conditions

NCPHN PATCAT recordsⁱⁱ from 106 general practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients:

- 14.2% had a diagnosis of asthma recorded; and
- 3.7 % had a diagnosis of chronic obstructive pulmonary disease (COPD) recorded.

Musculoskeletal conditions

NCPHN PATCAT recordsⁱⁱ from 106 general practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients:

- 2.0% had a diagnosis of osteoporosis recorded;
- 5.5% had a diagnosis of osteoarthritis recorded;
- 1.5% had a diagnosis of inflammatory arthritis recorded; and
- 2.7% had "other musculoskeletal" condition recorded.

Cancer

The report *Cancer in Aboriginal and Torres Strait Islander people of Australia* (AIHW, 2018) reported that “Aboriginal and Torres Strait Islander Australians are more likely to die from cancer than non-Indigenous Australians and Indigenous Australians are more likely to be diagnosed with cancers associated with preventable risk factors”. In addition, it found that^{lviii}:

- An average of 1,279 new cancer cases were diagnosed each year in Indigenous Australians;
- There was an average of 551 cancer-related deaths each year for Indigenous Australians;
- Indigenous Australians diagnosed with cancer had a 50% relative chance of surviving five years;
- Indigenous Australians were 1.1 times as likely to be diagnosed with cancer as non-Indigenous Australians;
- Indigenous Australians were 1.4 times as likely to die from cancer as non-Indigenous Australians; and
- Indigenous Australians had lower five-year relative survival compared with non-Indigenous Australians.

Cancer Screening

Across New South Wales, rates of participation in cancer screening are lower among Aboriginal and Torres Strait Islander people, compared to non-Indigenous people^{lxi}. While there is not locally available information about why participation in cancer screening is lower among Aboriginal people, a 2017 study by Pilkington and colleagues^{lix} in Western Australia, found that among a cohort of Aboriginal women, the barriers to accessing mammograms were:

- fear of the results;
- lack of education about or understanding of screening;
- discomfort;
- shame;
- inadequacies in cultural appropriateness in the screening program;
- cultural beliefs around cancer in general and breast cancer in particular; and
- competing health and life priorities.

Breast

Across the age groups 50-69 years and 70-74 years, Aboriginal women in Northern NSW are participating in breast screening at a rate much lower than both the state average and the average for all women accessing the service in Northern NSW.^{lx}

Across NSW, rates of breast cancer screening are lowest among Aboriginal women (40.7%), when compared to other women from a culturally and linguistically diverse background (46.6%), as well as participation rates among all women (53.1%). When data on the participation of Aboriginal women is examined for the NCPHN region, it is evident that there is a large amount of regional difference, but that the NCPHN region reported a higher rate of breast cancer screening for Aboriginal women (45.2%) than NSW. Of the 12 LGAs that make up the NCPHN region, 7 recorded a participation rate that was higher than the NSW average for Aboriginal women, however the LGAs of Byron (30.1%), Nambucca (33.3%), Kyogle (36.6%), Ballina (37.7%), and Kempsey (39.2%), recorded a rate lower than the NSW participation rate.^{lxi}

Bowel

At a national level, in 2015-16 the participation rate of bowel screening for Aboriginal and Torres Strait Islanders aged 50–74 was estimated to be 19.5%; this compares with an estimated participation rate for non-Indigenous Australians of 42.7%. Aboriginal and/or Torres Strait Islanders (53%) had a lower follow-up diagnostic assessment rate than non-Aboriginal Australians (68%). Aboriginal and Torres Strait Islanders were also more likely to have a positive Faecal Occult Blood Test (FOBT) result (11.1%) compared to non-Aboriginal participants (8.0%) and were less likely to have a colonoscopy follow-up compared to other participants.^{lxii}

Cervical

Across the North Coast, 20.3% of all eligible Indigenous female clients attending a general practice that submitted data to NCPHN in September 2018 had a record that they had completed cervical screening during the last 2 years. This increased to 28.9% when the period was extended to 3 years and 35.4% at 5 years.ⁱⁱ

Other health issues

Disability

In Australia in 2016, around 3 in 10 Aboriginal and/or Torres Strait Islander households in social housing tenancy always or sometimes needed assistance with self-care (35%), body movement (33%) or communication activities (26%). Nearly 2 in 5 (38%) reported disability as the reason for this need for assistance, while 31% reported a long-term health condition. Of the non-indigenous households, 28% always or sometimes needed assistance with self-care, 30% with body movement and 26% with communication activities. Over 2 in 5 (41%) reported a long-term health condition as the reason for this need for assistance, while 52% reported disability.^{lxiii}

Injury and poisoning

In 2016-17, rates of injury and poisoning hospitalisations among Aboriginal people in Northern NSW were much higher at 5,426.1 per 100,000 people than the rate across both the Mid North Coast (4,211.7 per 100,000 people); and the State rate for Aboriginal people which is reported as 4,492.4 per 100,000 Aboriginal people. While rates of hospitalisation for injury and poisoning among non-Aboriginal people were much lower, the rates for Northern NSW (3,209.2) and Mid North Coast (2697.2) were higher than the state average of 2,495.7 per 100,000 people.^{lvii}

Skin disease

In 2015-16, rates of skin disease hospitalisations among Aboriginal people in Northern NSW (1,400.3 per 100,000 people) and in the Mid North Coast (1,331.0) are much higher than the state average (1,190.3 per 100,000 Aboriginal people). These rates are much higher for Aboriginal people on the North Coast NSW, compared to the rates for non-Aboriginal people in Northern NSW (663.0) and on the Mid North Coast (548.4 per 100,000 non-Aboriginal people).^{lviii}

Infectious disease

The rate of hospitalisation^{lvii} for infectious disease for Aboriginal and Torres Strait Islander people in 2016-17 in Northern NSW was 1142.5 and 991.0 in Mid North Coast per 100,000 Aboriginal persons. In comparison, the rate of hospitalisation for non-Aboriginal people was 695.8 in Northern NSW and 613.3 in Mid North Coast per 100,000 people. Across the North Coast, 22.7% of all Indigenous active clients aged 50 years and over attending a general practice that submitted data to NCPHN in September 2018 had an Influenza Immunisation recorded.ⁱⁱ

Hepatitis C

“Hepatitis C virus (HCV) infection is common among prisoners due to high rates of incarceration of people who inject drugs (PWID) and ongoing risk behaviours during incarceration. Among inmates who report injecting drug use, 70% are incarcerated for drug-related crimes” (Hajarizadeh et al^{lxiv}, 2017: S274). According to a recent meta-analysis study^{lxv}, rates of anti-HCV are much higher among Aboriginal people in prison (18.1%) and among Aboriginal people who inject drugs (58.7%).

Weight

In the 2018 NCPHN Community Survey, 27% of Aboriginal people identified issues with weight as one of their most common personal health challenges. Across the North Coast, 31.1% of all Indigenous active clients attending a general practice that submitted data to NCPHN in September 2018 had a BMI measurement recorded. Among these clients, 28.5% were categorised as being overweight, while 46.5% were obese.ⁱⁱ

The rate of hospitalisations attributed to high body mass amongst Northern NSW Aboriginal residents is significantly higher than for non-Aboriginal residents. In 2011/12 the rate of hospitalisations for Aboriginal people was 1,075 per 100,000 people, 2.8 times higher than the rate for Northern NSW non-Aboriginal people.^{lv}

Across NSW, it is estimated that approximately 42% of Aboriginal and Torres Strait Islander people have a level of physical activity that is considered ‘insufficient’^{lxvi}.

Access to primary care services by Aboriginal and Torres Strait Islander people

General Practitioner (GP) and Aboriginal Medical Services (AMS)

In the 2018 NCPHN Community Surveyⁱ, 36% of Aboriginal respondents found it ‘very difficult’ (15%) and ‘difficult’ (21%) to access a GP.

Over a third (37.7%) of Aboriginal respondents didn’t have a regular GP compared with 21.4% of non-Aboriginal respondents.

The most commonly reported challenges for Aboriginal respondents to see a GP included:

- Can’t get an appointment (53.5%);
- Too long to wait for an appointment (39.3%); and
- Public transport is too limited (21.4%).

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

How well does your regular GP do these things?	Aboriginal respondents reporting “not well”	Non-Aboriginal reporting ‘not well’
Gives me advice on other relevant community support services	17.5%	21.7%
Involves me in making decisions	8.7%	6.0%
Gives me advice about and referrals to specialists	6.1%	6.6%
Communicates with other people involved in my care	4.9%	7.6%
Respects my cultural beliefs	3.1%	2.4%

Specialists

According to the 2018 NCPHN Community Surveyⁱ, more than a fifth (22.3%) of Aboriginal respondents found it ‘very difficult’ to see a specialist doctor and almost a quarter (23.4%) reported that it was ‘difficult’.

The most commonly reported challenges for Aboriginal people to see a specialist doctor included:

- Long wait to see the specialist (57%);
- Lack of specialists in my/our area (55.3%);
- Cost (54.6%); and
- Distance of travel required (50.7%).

In addition, more Aboriginal respondents rated transport as a challenge to see a specialist doctor (30%) more commonly than non-Aboriginal people (16.7%).

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

- Psychiatrist (38.8%);
- General Surgeon (29.4%);
- Paediatrician (26.6%); and
- Cardiologist (25.7%).

When asked about the quality of the service provided by their specialist doctors, Aboriginal respondents reported the following care and coordination were done, “not well”. For each question about the quality of the service provided, rates of dissatisfaction were higher from Aboriginal respondents, compared to non-Aboriginal respondents.

How well does your Specialist doctor do these things?	Aboriginal respondents reporting “not well”	Non-Aboriginal reporting ‘not well’
Gives me advice on other relevant community support services	31.8%	28.7%
Communicates with other people involved in my care	22.5%	14.0%
Involves me in making decisions	20.4%	14.9%
Respects my cultural beliefs	16.0%	6.1%

Allied Health services

In the 2018 NCPHN Community Surveyⁱ, 8.5% of Aboriginal respondents found it ‘very difficult’ to see an allied health professional and over a fifth (21.2%) reported that it was ‘difficult’.

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

- Cost (54.9%);
- Distance of travel required (35.3%);
- Lack of allied health professionals in my/our area (50.6%); and
- Long wait to see the allied health professional (47.0%).

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

- Dentist (55.0%);
- Aboriginal Health Workers (39.8%); and
- Psychologist (30.3%).

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

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their allied health provider, Aboriginal respondents reported the following care and coordination were done, “not well”. For each question about the quality of the service provided, rates of dissatisfaction were higher from Aboriginal respondents, compared to non-Aboriginal respondents.

How well does your Allied health provider do these things?	Aboriginal respondents reporting “not well”	Non-Aboriginal reporting ‘not well’
Gives me advice on other relevant community support services	18.2%	18.5%
Communicates with other people involved in my care	14.5%	10.6%
Involves me in making decisions	14.0%	9.0%
Respects my cultural beliefs	7.6%	4.1%

The *NSW Health Professionals Workforce Plan* highlighted the organisation’s aim to achieve a 2.6 percent Aboriginal employment target in 10 years and LHDs commitment to the following Aboriginal recruitment initiatives within 2-5 years: 120 Aboriginal cadetships for nursing and midwifery; 20 Aboriginal cadetships for allied health practitioners per annum; four cadetships for medical graduates per annum; and 5 Aboriginal cadetships for oral health per annum.^{lxviii}

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