

HEALTH NEEDS ASSESSMENT 2025-2028

Aboriginal people's health and wellbeing

In this document, the term 'Aboriginal peoples' is used to refer to inclusively to individuals who identify as either Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.

Aboriginal perspective about health

For Aboriginal peoples, health is a holistic concept that goes beyond physical wellbeing to include emotional, social, cultural and spiritual dimensions. A deep connection to community and Country is central to maintaining health and resilience.



"We are not people who can be separated from our land and our culture. When we lose that, we lose our health."

Aunty Rosalie Kunoth-Monks, OAM, Arrernte and Anmatjerre woman

The Australian Government acknowledges the importance of the holistic view of health, stating that factors such as cultural identity, family and kinship, country and caring for country, knowledge and beliefs, language and participation in cultural activities and access to traditional lands are key determinants of health and wellbeing for Aboriginal peoples (AIHW, 2023).

The nations of the North Coast

There are 6 main Aboriginal nations and countries in the NSW North Coast Primary Health Network (PHN) footprint – Bundjalung, Githabul, Gumbaynggirr, Yaegl, Dunghutti and Birpai. Each nation comprises many groups with their own languages, histories and cultural practices. Dreaming stories of the nations reflect distinct identities while demonstrating interconnected relationships with other nations.

The **Bundjalung** Nation covers a wide geographical area on the NSW Far North Coast and expands into South-East Queensland. It includes the most eastern point of mainland Australia.

The **Githabul** Nation, in the mountainous border regions of NSW and Queensland, holds sacred connections to high-country landscapes and ceremonial practices linked to their unique alpine environment.

The **Gumbaynggirr** People have Dreaming stories highlighting a deep responsibility for land and sea. Known as the 'sharing people', Dreaming stories highlight the importance of sharing the rich resources, knowledge and responsibilities within the community and with neighbouring nations.

The **Yaegl** People's lands around Biirinba, the mighty Clarence River, have strong cultural traditions connected to coastal life, with enduring knowledge of fishing,



traditional bush plants and medicines, navigation and river-based economies.

Further south, the **Dunghutti** Nation is recognised for its sophisticated land use, including one of the oldest known Aboriginal fish traps at Walcha. Known as the Sunrise people, Dunghutti people believe in having a strong mind and a strong body, but most importantly a strong spirit.

The **Birpai** Nation covers country from the Hastings River to the Manning River. The Birpai people are known for their deep knowledge of medicinal plants and healing practices, many of which continue today.

The Aboriginal peoples of the North Coast

It is estimated that 7% of the people living on the North Coast are Aboriginal peoples, which equates to approximately 38,400 Aboriginal people in the region. The proportion of Aboriginal people is higher on the North Coast than in NSW and Australia, both around 3%. The proportion of Aboriginal people varies across local government areas (LGAs) on the North Coast, ranging from 13% in Kempsey to 2% in Byron. The largest Aboriginal communities are in the LGAs of Port Macquarie-Hastings, Coffs Harbour, Clarence Valley, Tweed and Kempsey, with over 4,000 people in each area (ABS, 2021).

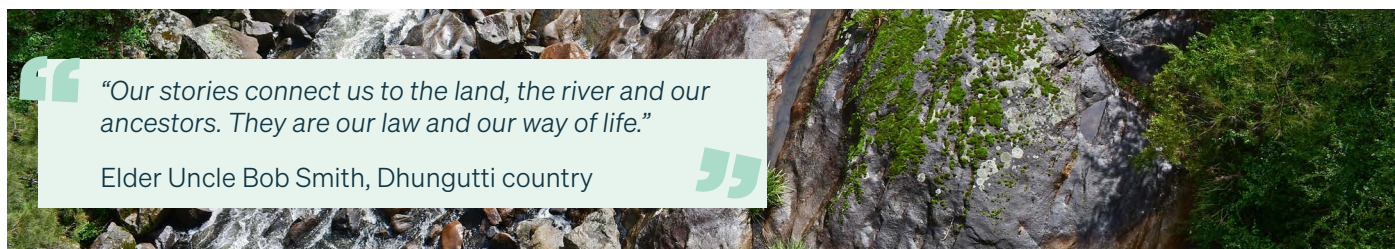
The age profile of Aboriginal peoples on the North Coast is younger than non-Aboriginal people. Aboriginal communities in the region have an older age profile than across NSW and Australia:

Nearly 3 in 4 (73%) Aboriginal people on the North Coast are aged 0-44 years, with over 2 in 4 (51%) aged 24 years and younger. The youngest Aboriginal communities in the region are in the LGAs of Coffs Harbour, Richmond Valley and Port Macquarie-Hastings.

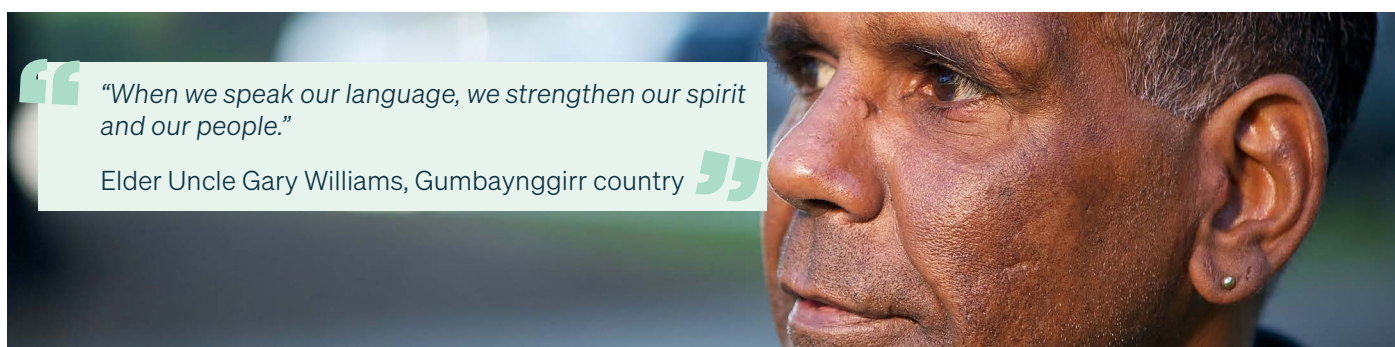
Just over 1 in 4 (27%) Aboriginal people in the region are aged 45 years and older, which is higher than the 24% across NSW and Australia. The oldest Aboriginal communities on the North Coast are in Nambucca Valley, Byron and Bellingen, with 30% aged 45 years and older.

Cultural determinants of health

Aboriginal people hold a culturally centered view of health and wellbeing, with **language, beliefs and knowledge, self-determination and connection to Country** shaping the health and wellbeing of Aboriginal peoples and communities. Stronger connections to culture and Country build stronger individual and collective identities, sense of self-esteem and resilience, contributing to improving other determinants of health such as education, economic stability and community safety (The Lowitja Institute, 2020).



Local leaders and Elders across the North Coast region have successfully revitalised Aboriginal languages, driving significant progress in cultural restoration, reinforcing identity and strengthening community bonds. The Muurrbay Aboriginal Language and Culture Co-operative has played a key role, providing resources and expertise to strengthen language learning and preservation. Emerging Aboriginal leaders and organisations are expanding these efforts by integrating language into community programs, education and health initiatives. This work strengthens cultural identity, reinforces the cultural determinants of health and ensures language remains a living and thriving part of Aboriginal communities on the North Coast.



Social determinants of health

The social determinants of health are **non-medical factors that influence health outcomes**, the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life (WHO, 2025). They are critical factors shaping the health and well-being for Aboriginal peoples. Addressing these determinants is essential for closing the health gap, as they directly influence health behaviours, health service access and long-term health outcomes (The Lowitja Institute, 2020).

The social determinants can be more important than health care or lifestyle choices in influencing health. There are numerous studies suggesting that **social determinants of health account for between 30-55% of health outcomes** (WHO, 2025). In 2016, the Australian Government estimated that up to a third (34%) of the gap between Aboriginal and other Australians' health outcomes can be explained by social determinants of health such as education, employment, housing and income.

In 2021, Aboriginal people made up 14% of all people **experiencing homelessness** on the North Coast, which is higher than NSW (5%) but lower than Australia (20%) (ABS, 2021). Some areas are disproportionately affected, with Kempsey (30%), Richmond Valley (26%) and Nambucca Valley (26%) showing the highest rates of homelessness that are Aboriginal. The housing insecurity and homelessness issues were emphasised through Healthy North Coast's 2024 Better Health Community Survey, with 72% of Aboriginal respondents indicating housing availability was a top concern in their community.



"Mental health, housing and community services are in crisis. We desperately need more funding to support our community with their social and emotional well-being, starting with putting a roof over their heads."



Aboriginal survey respondent from Tweed Heads, Bundjalung country

Elders and older Aboriginal people

Aboriginal Elders play a crucial role as cultural leaders, knowledge keepers and caregivers within their communities. Traditionally, older Aboriginal people have been well cared for at home by their immediate and extended family members. Living in residential aged care homes was not a cultural norm. As Elders age, the demand for culturally appropriate aged care services continues to rise, placing additional pressure on families as their natural support systems.

The report from the Interim First Nations Aged Care Commissioner *Transforming Aged Care for Aboriginal and Torres Strait Islander people* explores the **complex and connected issues that older Aboriginal peoples face in accessing aged care services**. Older Aboriginal peoples may struggle with the idea of entering institutional care due to past trauma. A lack of cultural understanding among service providers exacerbates these issues, which can lead to feelings of alienation, mistrust and inadequate support. Service providers may not be aware of or sensitive to the unique cultural values, traditions and ways of life of Aboriginal communities. The lack of cultural safety can cause delays in receiving necessary care or discourage older Aboriginal peoples from seeking help. Many Elders have expressed concerns about losing their connection to Country, family and community when in aged care facilities. This can lead to social isolation and mental health struggles.

The **complexity of the aged care system** further compounds these challenges. Bureaucratic language and digital-based application processes act as barriers for many Aboriginal peoples, particularly those who live in remote locations where internet access is limited. Many Elders may lack formal identification documents, such as birth certificates, making it even harder to navigate the system.



"Information about services provided by My Aged Care should be more accessible. Abuse of NDIS by service providers needs to be stopped. The elderly should be treated with respect, as thinking adults, & not patronised & treated like children as we are presently by many doctors & other health workers. Inter-generational trauma of Aboriginal people needs to be recognised & addressed appropriately through consultation with Aboriginal communities, ensuring that Aboriginal patients are culturally safe"



Aboriginal survey respondent from Coffs Harbour, Gumbaynggirr country

Efforts are being made to improve access to aged care services for Aboriginal Elders. The **Elder Care Support program** aims to bridge the gap by recruiting and training a skilled workforce that understands both the physical and cultural needs of older Aboriginal people. The program is designed to ensure that Aboriginal Elders, their families and carers have the support they need to navigate the aged care system.

Access to healthcare services

To ensure culturally safe and respectful practice, health practitioners must acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors that influence individual and community health. The importance of culturally competent care is highlighted by community feedback and the growing recognition and evidence (West R, 2010) that Aboriginal staff are essential to improving service delivery and trust.

Of the 199 Aboriginal respondents in Healthy North Coast's 2024 Better Health Community Survey, 27% reported that in the absence of a local general practitioner (GP) they would **visit an emergency department (ED)**. This indicates a lack of access to primary care and highlights the importance of improving service availability and cultural safety across the region.

High use of **mental health and alcohol and other drugs (AOD) services** among Aboriginal peoples points to the need to ensure availability across the care journey. These needs are often exacerbated by social determinants such as housing instability and economic hardship. Feedback from the survey indicates that while many Aboriginal people seek mental health and AOD services, they face barriers related to service quality and cultural appropriateness.



Aboriginal people reported a high use and **acceptability of telehealth**. 2 in 3 (66%) of Aboriginal respondents to the Better Health Survey had a positive experience with telehealth. Nearly 2 in 5 (17%) people had not used telehealth but wouldn't mind using it in the future.

A total of 72% of Aboriginal participants indicated they needed to access **specialist medical services** in the previous 12-month period, with 18% indicating they could not see one when they needed. The areas with the highest proportion of Aboriginal peoples who needed to see a specialist doctor but could not see one were Port Macquarie-Hastings (28%) and Lismore (27%). On the other side, the areas with the best access to medical specialist were Kempsey, Tweed and Clarence Valley, with less than 10% unable to see a specialist when needed.

Aboriginal health workforce

The Aboriginal health workforce is integral to ensuring that the health system can address the needs of Aboriginal people. Aboriginal health professionals can align their unique technical and sociocultural skills to improve patient care, improve access to services and support the provision of culturally appropriate care in the services that they and their non-Aboriginal colleagues deliver (West R, 2010).

In 2022, the North Coast saw a higher proportion of Aboriginal-identifying healthcare workers (3%) compared to NSW (2%) and Australia (1%) (Department of Health and Aged Care, 2024).

Aboriginal people accounted for 1% of the **general practitioners (GPs)** workforce on the North Coast. This is double the rate of NSW and Australia.

Similarly, 3% of the **nursing** workforce in the region identified as Aboriginal. This is an increase from 2014 and higher than the 2% seen in both NSW and Australia.

The **allied health** workforce on the North Coast reflected a higher proportion of Aboriginal workers, with 2% identifying as Aboriginal. This is a doubling of the rate in NSW and triple that in Australia.

The number of **Aboriginal Health Practitioners** has decreased since 2021. In 2022, only 2 LGAs, Coffs Harbour and Ballina, had 3 or more Aboriginal Health Practitioners. This is a reduction from 4 LGAs the previous year, which included Port Macquarie-Hastings and Kempsey.

Aboriginal Community Controlled Health Organisations (ACCHOs) are the largest employer of Aboriginal health professionals. Organisations consulted advised that there are opportunities to increase Aboriginal employment in existing positions. Aboriginal people remain underrepresented in key health roles, particularly in general practice and aged care. This presents an opportunity to increase Aboriginal employment and improve cultural safety of the health system.



"I think the AMS do a great job of providing culturally appropriate services and support to the community.."

Aboriginal survey respondent from Coffs Harbour, Gumbaynggirr country

Preventative health

The **Aboriginal health check** fosters early detection and preventative care by focusing on identifying prevalent health conditions such as diabetes and heart disease and ensures that people receive comprehensive assessments, tailored health education and referrals to appropriate services (AIHW, 2025).

On the North Coast, 1 in 4 (24%) Aboriginal peoples participated in an Aboriginal health check in 2023. The statistical areas level 3 (SA3s) of Richmond Valley-Hinterland and Kempsey-Nambucca had the highest Aboriginal health check uptake, at the same rate as the Australian average of 28%. The uptake was lowest in Clarence Valley (18%), followed by Tweed Valley (22%) and Richmond Valley-Coastal (23%). Aboriginal people aged 15-24 years had the lowest participation in Aboriginal health checks (20%), while those aged 50 years and older had the highest uptake (33%).

Survey respondents who identified as Aboriginal reported participating in **regular health checks** more than non-Aboriginal people. Aboriginal respondents to the survey identified poor quality of healthcare services as a barrier to accessing health checks, alongside long wait times and cost of care. The top survey responses for preventative health options were similar between Aboriginal and non-Aboriginal respondents. Notably, Aboriginal respondents were more likely to select art and cultural programs, men's health and quit smoking/vaping than non-Aboriginal respondents.

Full immunisation rates for Aboriginal children in the North Coast region sat around the middle of the range of all Primary Health Networks (PHN) for all age cohorts (Department of Health and Aged Care, 2024). Aboriginal children have higher immunisation rates than non-Aboriginal children on the North Coast (Department of Health and Aged Care, 2024):

92% for 1-year-old Aboriginal children (PHN range 84%-96%)

89% for 2-year-old Aboriginal children (PHN range 80%-95%)

95% for 5-year-old Aboriginal children (PHN range 93%-99%)

Aboriginal Community Controlled Health Services (ACCHS) offer child and family health programs to support women, children and families through pregnancy and to ensure children have the best possible start in life. These programs include education around the importance of childhood immunisation and regular immunisation appointments

Chronic disease including mental illness

Chronic health conditions and diseases are persistent conditions with long-lasting effects. They are the leading cause of illness, disability and death in Australia and cause substantial burden of disease (Department of Health and Aged Care, 2024). Many people diagnosed with a chronic condition or disease are diagnosed with 2 or more chronic conditions (multimorbidity) (AIHW, 2021). Multimorbidity can make managing health more complex, requiring more health services than patients with a single condition.

Data available to Healthy North Coast from **general practices** indicates that:

Aboriginal patients experience less osteoarthritis, osteoporosis, atrial fibrillation and chronic heart disease than non-Aboriginal patients.

Aboriginal patients experience higher rates of asthma, anxiety and attention deficit hyperactivity disorder (ADHD) than non-Aboriginal patients (PATCAT, 2025).

Data from ACCHOs will provide further perspective on disease burden and health outcomes within Aboriginal communities.

There is a higher demand of **PHN-commissioned mental health services** among Aboriginal peoples compared to non-Aboriginal populations. The use of PHN-commissioned mental health services by Aboriginal peoples represents 14% of the total. This translates to a rate of 29 per 1,000 of the Aboriginal population, compared to 10 per 1,000 for non-Aboriginal people (Primary Mental Health Care Minimum Data Set (PMHC MDS), 2024). This data shows supply of

services and further work is required to determine demand.

A total of 23% of clients of alcohol and other drug treatment services on the North Coast region identified as Aboriginal people, which is higher than the national average (AIHW, 2022).

Aboriginal respondents to the Better Health Community Survey ranked **mental health as the most serious health issue** in 11 of the 12 LGAs on the North Coast. Mental health and substance misuse are critical areas of concern within Aboriginal communities, reflecting the need for effective support and intervention for improving social and emotional wellbeing among Aboriginal communities on the North Coast.

References

- ABS. (2021). ABS (Census of Population and Housing, 2021, TableBuilder). Retrieved from <https://tablebuilder.abs.gov.au/webapi/jsf/tableView/tableView.xhtml>
- ABS. (2021). ABS Table Builder (Homelessness by type) - ABS Census 2021. Retrieved from <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/census-population-and-housing-estimating-homelessness>
- AIHW. (2021). Chronic condition multimorbidity. Retrieved October 2024, from Australian Institute of Health and Welfare: <https://www.aihw.gov.au/reports/chronic-disease/chronic-condition-multimorbidity/contents/about>
- AIHW. (2022). Alcohol and other drug treatment services in Australia annual report. Retrieved June 2024, from <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/data>
- AIHW. (2025). Health checks and follow-ups for Aboriginal and Torres Strait Islander people. Retrieved from <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/summary>
- Department of Health and Aged Care. (2024). Chronic Conditions. Retrieved October 2024, from Department of Health and Aged Care: <https://www.health.gov.au/topics/chronic-conditions>
- Department of Health and Aged Care. (2024). Health Workforce. Retrieved from <https://hwd.health.gov.au/datatool/>
- Department of Health and Aged Care. (2024). Historical coverage data tables for all children. Retrieved from <https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children>
- PATCAT. (2025). Practice Aggregation Tool for the Clinical Audit. Retrieved from <https://patcat.hnc.org.au/Account/Mainform.aspx>
- Primary Mental Health Care Minimum Data Set (PMHC MDS). (2024). PMHC MDS Collaboration Power BI report - Primary Mental Health Care Minimum Dataset (PMHC MDS).
- The Lowitja Institute. (2020). Culture is key: towards cultural determinants-driven health policy. Retrieved from https://www.lowitja.org.au/wp-content/uploads/2023/06/Lowitja_CultDetReport_210421_D14_WEB.pdf
- The Lowitja Institute. (2020). We nurture our culture for our future, and our culture nurtures us. Retrieved from https://www.lowitja.org.au/wp-content/uploads/2023/05/CtG2020_FINAL4_WEB-1.pdf
- West R, U. K. (2010). Increased numbers of Australia Indigenous nurses would make a significant contribution to 'closing the gap' in Indigenous health: what is getting in the way? Contemporary Nurse.
- WHO. (2025). Social determinants of health. Retrieved from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1