

# Health Needs Assessment 2024

## North Coast PHN

Report for submission to the Department of Health and Aged Care  
**November 2024**

Healthy North Coast acknowledges the Traditional Custodians of the lands across our region – the Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations – and pays our respects to Elders past, present and on their journey. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to the land, sky and sea. We acknowledge Aboriginal Peoples as the Land's first peoples and honour the rich diversity of the oldest living cultures.

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

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## Abbreviations

Term	Description
ABS	Australian Bureau of Statistics
ADHA	Australian Digital Health Agency
ADHD	Attention Deficit Hyperactivity Disorder
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drugs
AODTS	Alcohol and Other Drugs Treatment Services
APNA	Australian Primary Health Care Nurses Association
ARF	Acute Rheumatic Fever
AWP	Activity Work Plan
CALD	Culturally And Linguistically Diverse
CEO	Chief Executive Officer
CHP	Community HealthPathways
CHSP	Commonwealth Home Support Program
COPD	Chronic Obstructive Pulmonary Disease
DCJ	Department of Communities and Justice
DET	Department of Education and Training
DoHAC	Department of Health and Aged Care
DVA	Department of Veteran Affairs
ED	Emergency Department
FTE	Full-Time Equivalent
GP	General Practitioner
HCP	Home Care Package
HNA	Health Needs Assessment
HNC	Healthy North Coast
IEO	Index of Education and Occupation
IRSD	Index of Relative Socio-economic Disadvantage
LGA	Local Government Area
LGBTQ+	Lesbian, Gay, Bisexual, Trans/transgender, Queer, and other sexuality, gender, and bodily diverse peoples and communities
LHD	Local Health District
MBS	Medicare Benefits Schedule
MNC LHD	Mid North Coast Local Health District
NCAHA	North Coast Allied Health Association
NCHC	North Coast Health Connect
NCPHN	North Coast Primary Health Network
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NRA	Non-Referred Attendance
NNSW LHD	Northern New South Wales Local Health District
NSW	New South Wales
PAD	Potentially Avoidable Death
PATCAT	Practice Aggregation Tool for the Clinical Audit Tool

PCYC	Police Citizens Youth Club
PHN	Primary Health Network
PMHC MDS	Primary Mental Health Care Minimum Data Set
PPH	Potentially Preventable Hospitalisation
PTSD	Post Traumatic Stress Disorder
RACGP	Royal Australian College of General Practitioners
RACH	Residential Aged Care Home
RHD	Rheumatic Heart Disease
SA	Statistical Area
SEIFA	Socio-Economic Indexes For Areas
TRISP	Targeted Regional Initiatives for Suicide Prevention
UCC	Urgent Care Clinic



## 1. Executive summary

A comprehensive and systematic **mixed-methods approach** to examine the health and service requirements of the North Coast was used for the 2024 Health Needs Assessment technical report. The analysis included secondary data, insights from a survey and extensive community consultations and concluded with the prioritisation of needs.

The key health and service needs identified will guide Healthy North Coast service planning and commissioning for the three-year cycle 2024-25 to 2026-27. This will include identification of specific areas for more comprehensive assessment and outcomes planning, and to dive deeper into priority areas using a health economic lens.

The **key findings** that informed the health and service needs for the North Coast, include the following:

- The most common **chronic conditions** in general practice patients were anxiety, osteoarthritis, asthma, depression and osteoporosis. The North Coast has a considerably higher incidence of **skin cancer** than NSW.
- The percentage and age-standardised rate of **lower urgency care presentations** to emergency departments in the North Coast are higher compared to NSW and Australia.
- There are a range of disparities faced when **accessing primary and tertiary care services** in the North Coast. Across LGAs there are substantial differences in service use and access. There is limited access to after-hours services in the region.
- **Aboriginal peoples** continue to experience **considerable health disparities**, highlighting ongoing gaps in access to healthcare and preventative services. In North Coast areas with large Aboriginal populations there are high rates of type 2 diabetes, chronic kidney disease, renal failure and COPD.
- **Children and young people**, especially those from low socioeconomic backgrounds, are neurodivergent or experiencing chronic health conditions face **considerable barriers in accessing services**. The North Coast continues to have lower child immunisation rates compared to both NSW and Australia.
- The North Coast has an **ageing population**, which has implications for the future healthcare system, the provision of community and aged care services, increased care needs for **people living with dementia** and the quality of life and wellbeing of the population.
- People in the North Coast region experience substantial **challenges accessing mental health services** due to long wait times and lack of access to appropriate services, which can exacerbate mental health issues.
- The **misuse of illicit drugs and alcohol consumption** remains highly prevalent in the North Coast. Factors contributing to drug and alcohol misuse may be insufficient services to match the demand for care, long wait times for treatment and cost.
- **Priority populations** in the North Coast face **increased vulnerabilities and barriers to accessing healthcare**. The North Coast has high rates of domestic and family violence, increasing rates of people experiencing homelessness and high rates of people with *need for assistance*. People from LGBTQ+ communities continue to face challenges accessing safe healthcare services, affecting their health outcomes.

- The North Coast region is facing more **frequent and severe climate disasters** and environmental health challenges. These exacerbate the health needs across communities and in particular, vulnerable populations who are most affected.
- The North Coast region is experiencing challenges with **recruitment and retention of the health workforce**.

The needs assessment identified over 100 health and service needs for the North Coast. Table 1 includes the **highest priority needs** for each of the Department of Health and Aged Care (DoHAC) priority areas (shown in alphabetical order):

Table 1. Highest priority needs by priority area

Need
<b>Aboriginal health</b>
Explore opportunities to improve mental health and reduce alcohol and other drugs use in Aboriginal communities
Explore opportunities to reduce incidence of type 2 diabetes, chronic kidney disease, renal failure, rheumatic fever and COPD in Aboriginal peoples, with a priority focus in Kempsey LGA
Improve cultural competency and appropriateness of workforce in mainstream services for Aboriginal communities
Increase health check and follow up rates for Aboriginal peoples to improve management and early detection of chronic disease
<b>Aged care</b>
Explore opportunities to prepare the healthcare system to manage expected growth in the older adult population with a specific focus on dementia care and improving healthy ageing
<b>Alcohol and other drugs</b>
Improve access to appropriate alcohol and other drugs services to reduce wait times
<b>Digital health</b>
Enhance the understanding of telehealth and virtual care services for people in the North Coast region
<b>Health workforce</b>
Improve clinician understanding of health needs and improve outcomes for specific population groups, including LGBTQ+ health, people with neurodivergence, women and children
Improve health workforce stability in the North Coast, particularly GPs and specialist workforce
Improve provider and workforce understanding of the pathways for integrating, connecting and providing best practice care for the prevention and management of chronic and complex disease
Increase capacity of maternity and midwifery services in the North Coast, particularly in Richmond Valley, Bellingen, Kyogle and Ballina LGAs
<b>Mental health</b>
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues
Improve access to primary mental healthcare services
Improve access to primary mental health care services to reduce inappropriate mental health-related presentations to EDs and hospitalisations, particularly in Kempsey-Nambucca SA3
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care
Reduce psychological distress for people in the North Coast to improve mental health wellbeing
Reduce the prevalence of suicide attempts, with a focus on youth in the North Coast, particularly in Kempsey-Nambucca SA3
Support early intervention for young neurodivergent people in the North Coast
Support PHN commissioned mental health services in the North Coast, particularly those in Port Macquarie-Hastings, Lismore and Byron LGAs
Support training and capacity building to improve young people's mental health wellbeing and address severe mental health and high suicide rates in young people

Population health
Encourage GPs to continue to build strong relationships with patients and families
Enhance capacity of the health and social care services, including workforce capability, to manage the increase of the older person population
Explore opportunities to improve health care environments to ensure patients feel safe, accepted and free from stigma
Facilitate opportunities for individuals and communities to participate in preventative health activities
Improve access to GP services, particularly after-hours, to facilitate management of non-urgent care needs
Improve access to GPs for people in the North Coast to reduce long wait times, reduce cost of healthcare, ensure quality of healthcare and reduce travel times
Improve access to health services for children and adolescents to better address their health needs
Improve health literacy and wayfinding to facilitate access to the right services at the right time and engagement in preventative health behaviours
Improve integration of services, continuity of care and consumer/provider experience
Improve prevention and management of chronic disease, including management of risk factors, multimorbidity and polypharmacy
Increase access to after-hours GP services in the North Coast, particularly in Clarence Valley SA3
Increase access to GP chronic disease management plans and GP health assessments (if required), particularly in Richmond Valley-Hinterland SA3
Increase childhood immunisation rates in the North Coast, particularly in Richmond Valley-Coastal and Tweed Valley SA3s
Increase participation in skin cancer screening in the North Coast to reduce skin cancer incidence, particularly in Byron, Ballina and Lismore LGAs
Promote early help seeking for medical concerns from primary care services to reduce burden on EDs
Reduce incidence of type 2 diabetes, particularly in the Mid North Coast area
Reduce potentially preventable hospitalisations in the North Coast, particularly for chronic conditions in the Mid North Coast area and Nambucca Valley LGA
Reduce the incidence of cancer in the North Coast, particularly of respiratory and breast cancer, with a focus on LGAs with higher incidence for all cancer such as Richmond Valley, Kempsey and Tweed
Reduce the rate of domestic and family violence in the North Coast
Reduce the rate of lower urgency care presentations to EDs in the North Coast, particularly in Kyogle, Kempsey, Richmond Valley, Clarence Valley and Bellingen LGAs
Support early intervention and management of dementia in the North Coast
Support communities living in areas of socio-economic disadvantage in the North Coast, particularly in Kempsey, Nambucca Valley, Richmond Valley, Clarence Valley and Kyogle LGAs
Support coordination of health and social care services that contribute to improving social determinants of health, including social isolation/loneliness, cost of living and housing availability

Note, *Highest priority needs* are those that align with the existing HNC focus areas, with resources available to support activities to address the need, and activity is expected to occur within the next 12 months. In some cases, existing activities to address the need will already be underway, acknowledging some may require minor tailoring to best address the need (see section 13.2 Priority needs)

Healthy North Coast acknowledges that there are **data gaps** for specific populations groups, including LGBTQ+ individuals, young people, residents in aged care, people from culturally and linguistically diverse (CALD) background and those dealing with alcohol and other drug (AOD) issues or mental health challenges. To address this, a series of deep dives into the health and services needs of priority populations will occur over the next three years.

## 2. Needs assessment approach, governance and process

### 2.1. Needs assessment process

The North Coast Primary Health Network (NCPHN), trading as Healthy North Coast has completed this assessment of health and service needs to guide service planning and commissioning for the upcoming three-year cycle 2025 to 2028. This document will be reviewed and updated as required during this period.

A mixed methods approach has been used to analyse quantitative and qualitative data from a variety of primary and publicly available secondary data sources. The quantitative data are complemented by data collected from a community questionnaire and follow up consultations with community members and service providers. Over the 2025-2028 period, data will be reviewed and updated as required, with comprehensive assessments of identified local priority populations and priority areas. This will inform ongoing planning, commissioning, monitoring and evaluation.

The variety of primary and secondary quantitative data sources used for this needs assessment included data from the following:

- Australian Bureau of Statistics
- Australian Institute of Health and Welfare
- Planning NSW
- HealthStats NSW
- Local health districts data
- Practice aggregation tool for the clinical audit tool (PATCAT)
- Commissioned services.

### 2.2. Plans and guides

The Health Needs Assessment was underpinned by a rigorous planning process. The following plans and guides were developed to ensure the project was comprehensively documented and planned:

- Project Plan: outlined the objectives, governance, timeline and required resources
- Data Analysis Plan: detailed the methods for data collection, analysis, quality assurance and interpretation
- Communications, Consultation and Stakeholder Engagement Plan: identified communication methods for consultation and engagement of stakeholders
- Consultation Guide: provided background for consultations
- Community Consultation Logistics Guide: addressed the logistical aspects of community engagement, including scheduling, locations and materials. Provided a consistent framework for conducting interviews or focus groups.

### 2.1. Governance

The Health Needs Assessment project involved a diverse group of contributors, including the project team, project manager and project sponsor. DCI consulting was engaged to support the Health Needs Assessment team with data insights generation and prioritisation process.

The project was supported by two governance groups that provided guidance and practical advice:

- The internal [Working Group](#) comprised Healthy North Coast staff who are subject matter experts in mental health, alcohol and other drugs, communications, population health, digital health and commissioning. Meetings were held monthly, with the final meeting taking place in December 2024.
- The external [Reference Group](#) included representatives from the Clinical Advisory Council (1), Community Advisory Council (1), LHDs (2), consultants (4), regional service providers (5), and the executive leadership team from Healthy North Coast (4). These meetings were organised by milestones, starting in January 2024 and concluding in December 2024. It is expected that some members will remain as the group morphs into time limited committees that will provide input into community feedback sessions and comprehensive assessment on specific priority areas.

In addition, updates on the progress of the HNA project have been provided to the Healthy North Coast Clinical Advisory Council and the Community Advisory Council throughout 2024.

## 2.2. Consultation

Since the 2022-2025 Health Needs Assessment, Healthy North Coast has completed consultations for different workstreams. Insights from palliative care, suicide prevention workshops and Resilient Kids are reflected within this document. These insights have been included to further support our understanding beyond what was asked specifically to consumers and providers for this Health Needs Assessment.

The community was engaged through two main initiatives: the Better Health Community Survey and a series of community consultation events.

### Better Health Community Survey

The Better Health Community Survey was created by Healthy North Coast in collaboration with Rooftop Social, with significant input from the Healthy North Coast Clinical Advisory Council, Community Advisory Council, Health Needs Assessment Reference Group and Working Group.

The survey was open for three weeks in April 2024, it was made available in both online and paper formats. The online survey used Web Survey Creator, allowing for real-time monitoring of response rates and demographics, which facilitated targeted outreach to underrepresented groups during weeks two and three of the survey.

Healthy North Coast set an initial [target of 2,200 responses](#) to ensure community representativeness, provided a minimum number of respondents by local government area (LGA), age group and Aboriginality. The overall target was surpassed with a total of [3,281 responses received](#). In addition to the 3,328 responses, 48 were invalid as did not follow the questionnaire rules when completed in paper. These were included in the qualitative analysis as they contained valuable insights.

Promotion efforts included social media, radio, printed materials and an incentive to receive a \$100 gift card. Printed resources were distributed to 295 stakeholders and digital materials to all 350 stakeholders. Aboriginal staff and Primary Health Coordinators actively visited 11 Aboriginal Medical Services (AMS) to promote the survey and encourage participation. Stations were established within AMS facilities, offering both digital and paper survey options for accessibility.

Table 2 illustrates the number of responses by LGA, Aboriginality and age cohort. Note, for non-Aboriginal population, 'younger people' refers to those aged 18-30, 'adults' to people aged 31-65 and 'older people' to 65 years and older. For Aboriginal peoples, 'younger people' are also defined as people 18-30 years, 'adults' those aged 31-55 years and 'older people' to those 55 years and older. Note, 117 respondents did not provide disclosure on Aboriginality status, for analysis purposes these responses were represented in the non-Aboriginal insights.

Table 2. Better Health Community Survey responses by LGA, Aboriginality and age cohort

**Of the 3,328 responses to the survey, 43 were visitors to the North Coast. Residents of Port Macquarie-Hastings provided the highest number of responses, followed by Coffs Harbour and Tweed.**

GA	Aboriginal				Non Aboriginal				Total
	Young People	Adult People	Older People	Subtotal	Young People	Adult People	Older People	Subtotal	
Port Macquarie-Hastings	4	7	18	29	45	294	176	515	544
Coffs Harbour	4	10	21	35	37	236	162	435	470
Tweed	3	7	12	22	45	235	131	411	433
Clarence Valley	4	6	10	20	26	168	158	352	372
Lismore	3	10	9	22	14	188	79	281	303
Ballina	4	2	4	10	13	157	93	263	273
Kempsey	4	6	17	27	7	108	57	172	199
Nambucca Valley	1	4	10	15	6	102	53	161	176
Byron	-	-	5	5	6	95	47	148	153
Bellingen	1	1	2	4	2	86	57	145	149
Richmond Valley	1	1	4	6	8	62	46	116	122
Kyogle	-	1	-	1	-	56	34	90	91
<b>Total residents</b>	<b>29</b>	<b>55</b>	<b>112</b>	<b>196</b>	<b>209</b>	<b>1,787</b>	<b>1,093</b>	<b>3,089</b>	<b>3,285</b>
Visitors	1	-	2	3	1	22	17	40	43
<b>Grand total</b>	<b>30</b>	<b>55</b>	<b>114</b>	<b>199</b>	<b>210</b>	<b>1,809</b>	<b>1,110</b>	<b>3,129</b>	<b>3,328</b>

Source: Better Health Community Survey, 2024

PowerBI was used to develop the data model to analyse the survey responses. Responses were aggregated and analysed by demographic factors, including age, Aboriginality and gender. NVivo was used for qualitative analysis of the open-text responses.

## Community consultation

The community consultations were conducted via two primary approaches: focusing on priority populations and engaging the general population. These consultations built on the survey results to gather in-depth qualitative data and were held in key locations identified through the Better Health Community Survey insights, as well as online via Microsoft Teams meetings. A semi-structured interview approach guided the discussions.

For [priority populations](#), Healthy North Coast collaborated with our internal network of subject matter experts to gain deeper insights into specific groups, including:

- Aboriginal and Torres Strait Islander communities
- Older adults
- Young people
- LGBTQ+ communities
- Mental health and alcohol and other drugs.

Subject matter experts were presented with primary data from the Better Health Community Survey and open-source data analysed by the project team. Participants were asked to



validate trends and interpretations, as well as to provide additional context that the data may not have captured.

Consultations with the general population and local service providers were conducted through [Community Conversation events](#), held both in-person and virtually. In-person locations were Macksville Preschool and Child Care Centre in Nambucca Valley, Kyogle Together in Kyogle, and Grafton Regional Library in Clarence Valley. These sites were carefully chosen based on analysis of survey data, identifying these locations as the top three areas facing access issues to various health services. This selection was informed by secondary data to gain a comprehensive understanding of health and service challenges in the North Coast region.

The consultations used a combination of focus groups and one-on-one interviews. All interactions were recorded and transcribed for thematic analysis using a Miro board. Each consultation had an interview guide with questions derived from existing data. The project team formulated a hypothesis and developed a key line of questioning to explore specific topics further, aiming to gain deeper insights and contextualisation of collected data.

Overall, Healthy North Coast consulted with 60 people between the online events, Kyogle, Grafton and Macksville offering a range of insights and experiences captured within this Health Needs Assessment.

### 2.3. Triangulation and prioritisation process

Healthy North Coast completed the triangulation and prioritisation process consistent with the DoHAC *PHN Program – Needs Assessment policy guidelines*.

The [triangulation](#) used a scoring system based on the availability of public data, PHN program data, general practice data and stakeholder insights (from surveys and consultations). Each criterion was ranked on a scale from 0 to 4, as outlined in Table 3

Table 3. Triangulation criteria

Not raised / nor evident in the data	Rarely raised as an issue / somewhat evident in the data	Raised as an issue / evident in the data	Raised frequently as an issue / concern evident in the data	Raised frequently as high priority issue or concern needing action / significant concern evident in the data
0	1	2	3	4

After the scoring process, a list of service issues and health needs was created, with all criteria assigned equal weight except for stakeholder insights, which received double weight. Following this scoring, the list of needs was refined based on the scores and discussions within the project team regarding relevance and urgency.

The refined needs were validated by the Healthy North Coast Executive Leadership Team before being distributed for prioritisation. Healthy North Coast used a thorough [prioritisation process](#) to ensure that the voting reflected the most accurate perspectives. 7 criteria were established to identify priorities, and each project contributor was required to score a range of these criteria. Details are provided in Table 4. A total of 31 stakeholders participated in the prioritisation process, of which 18 were Healthy North Coast staff members and 13 were external to the organisation (members of the HNA Reference Group, Clinical Advisory Council and Community Advisory Council).

Table 4. Voting criteria for prioritisation by stakeholders

	Variation from benchmark	Magnitude of the problem	Inequity	Clinical severity	Community seriousness	Feasibility	Strategic alignment
HNA Project Team	✓	✓	✓			✓	✓
HNA Working Group			✓				
HNA Reference Group						✓	✓
Clinical Advisory Council				✓			
Community Advisory Council					✓		
HNC Associate Directors			✓			✓	
HNC Executive Leadership Team						✓	✓

After completing the scoring, the HNA project team gathered insights and established a list of needs using a tiered system based on natural breaks in the scores. The first tier (Highest priority needs) was organised alphabetically by DoHAC priority area, while the second and third tiers (Moderate priority needs and Lower priority needs) were determined by prioritisation scores, focusing on those with the highest feasibility scores. The extensive lists are outlined in section 13 *Opportunities and priorities*.

## 2.4. Market assessment

Service mapping presents challenges due to a lack of resources and systems to maintain up-to-date information on available services. Healthy North Coast maintains a Mental Health Practitioner directory, and open-source platforms such as Ask IZZY and healthdirect provide insights into the healthcare landscape of the North Coast region. The reliability of service directories can be limited due to changing service sector environments. This complicates efforts to understand and report on the service offerings within LGAs and across the North Coast region.

To enhance the service mapping process, Healthy North Coast conducted extensive consultations with community members and service providers to gather insights into individual experiences regarding access to services in the region, from both the communities and providers perspective. These consultations have been instrumental in identifying barriers and facilitating a deeper understanding of community needs.

The data analysed throughout the 2025-2028 Health Needs Assessment indicates the North Coast region has a diverse service market with substantial variation across the region. The service market was analysed through the lens of service accessibility, identifying potential opportunities for engagement, as well as gaps and areas for improvement. Insights into the workforce distribution, including general practitioners, allied health professionals, specialists,



midwives, and nurses can be found in section 12 *Health workforce*. This provides further context on the serviceability for community members in the North Coast.

## 2.5. Additional data needs and gaps

While every effort has been made to include relevant information and data about the health and wellbeing of North Coast residents, it is important to note that this report may not encompass all available information. Factors such as publication limits, confidentiality issues and conflicting evidence from various sources can affect the completeness of the data. Some statistics only reflect rates or proportions at the national or state level, as this is often the most granular level of information available. Wherever possible, localised data were used to provide deeper insights into the health of our region.

A notable gap exists in robust and up-to-date data regarding [specific populations and health concerns](#). This hinders efforts to adequately identify and address the health and service needs of affected groups, including LGBTQ+ individuals, young people, residents in aged care, and those dealing with alcohol and other drug (AOD) issues or mental health challenges. While survey and consultation methods can provide some community representation, they are often affected by social desirability and selection bias due to reliance on self-reporting, leading to potential underrepresentation of certain cohorts. Additionally, the absence of data-sharing agreements with Aboriginal Medical Services (AMSs) limits the ability to access general practice data for Aboriginal patients in the region.

To address these challenges, Healthy North Coast has a newly established [Memorandum of Understanding with the Mid North Coast LHD and Northern NSW LHD](#) to recognise commitment to work together, with the aim to alleviate gaps of understanding. Healthy North Coast has established a Partnership across the region with the AMS and the Partnership is collaborating to develop data sovereignty principles and establish appropriate data-sharing agreements.

An in-depth study of Aboriginal health is planned for early 2025, focusing on consultations in partnership with AMSs to gain a better understanding of, and insights into the Aboriginal population, health and wellbeing needs across the region.

## 2.6. Evaluative approaches

To support continuous improvement, the Healthy North Coast project team maintained a detailed lessons learned register. At each key milestone, the project team participated in a detailed session to explore challenges encountered and developed strategies to address these challenges. This iterative approach fostered a culture of formative evaluation and continuous improvement, and these lessons are documented and will be applied to future Health Needs Assessments.

### 3. Socio-demographics of the North Coast region

#### 3.1. Geography and health services

The Healthy North Coast region is large, covering a geographical area 32,767 square kilometres in the north-east of NSW ('the North Coast'). This extends from Port Macquarie in the south to Tweed Heads to the north and the Great Dividing Range to the west. The Traditional Custodians of the lands for the North Coast region are the Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations.

The region encompasses mountainous and rural areas through to large and small coastal towns, inland towns and regional centres. The diversity of the region extends beyond geographic differences to include diverse populations, socio-economic disparities and associated differences in health needs and services access. There is low to high socioeconomic status across the 12 local government areas (LGAs) in the region, which comprise two local health districts (LHDs).

#### Local health districts



#### Northern NSW Local Health District

The Northern NSW LHD spans from Tweed Heads in the north to Tabulam and Urbenville in the west, reaching Nymboida and Grafton in the south. This covers an area of 20,732 square kilometres and includes the LGAs of Tweed, Kyogle, Lismore, Ballina, Byron, Clarence Valley, Richmond Valley and the Urbenville section of the Tenterfield LGA. The Northern NSW LHD provides a range of public health care services through 8 hospitals and 4 multi-purpose services, 20 community health centres and other facilities. (1)

#### Mid North Coast Local Health District

The Mid North Coast LHD extends from Port Macquarie in the south to Coffs Harbour in the north, spanning an area of 11,335 square kilometres. It comprises the LGAs of Coffs Harbour, Bellingen, Nambucca, Kempsey and Port Macquarie-Hastings. The Mid North Coast LHD provides a range of public healthcare through 2 base hospitals, 4 district hospitals, a multi-purpose service and 12 community health centres. (2)

#### Aboriginal Medical Services

Aboriginal Medical Services (AMS) provide a range of culturally appropriate health and wellbeing services to Aboriginal peoples living in the North Coast. Each AMS offers different services according to local needs. Services can include care for pregnancy, child health, diabetes, heart disease, mental health, counselling, nutrition and dental, as well as access to GPs and specialists. Many have community-based programs for men's and women's health,

chronic disease management, drug and alcohol issues and mental health. Table 5 outlines the locations of the AMSs in the region.

Table 5. Location of Aboriginal Medical Services in the North Coast

Service	Location	Country
Bulgalwena GP Clinic	Tweed Heads	Bundjalung Nation
Bulgarr Ngaru Medical Aboriginal Corporation	Grafton Casino Outreach clinics: Baryulgil, Malabugilmah, Yamba and Maclean, Coraki, Box Ridge, Tabulam and Muli Muli communities.	Bundjalung & Yaegl Nations
Bullinah Aboriginal Health Service	Ballina	Bundjalung Nation
Darrimba Maara Aboriginal Health Clinic	Nambucca	Gumbaynggirr Nation
Durri Aboriginal Corporation Medical Service	Kempsey	Dunghutti Nation
Galambila Aboriginal Health Service	Coffs Harbour	Gumbaynggirr Nation
Jullums Aboriginal Medical Service (Rekindling the Spirit)	Lismore	Bundjalung Nation
Werin Aboriginal Corporation Medical Centre	Port Macquarie	Birpai Nation



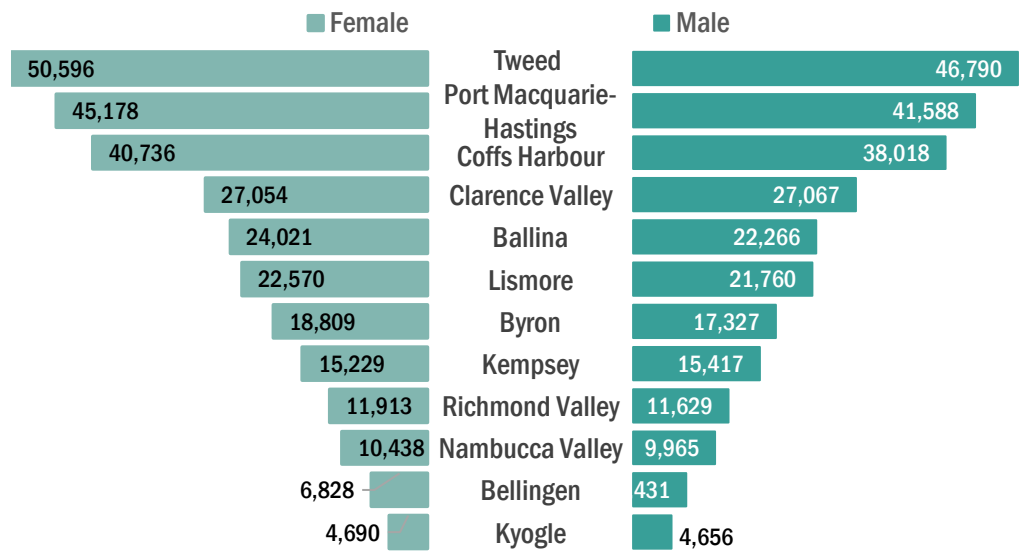
### 3.2. Population profile

#### Age profile of the North Coast population

In the 2021 ABS census, the population of the North Coast region was 540,976 residents, representing almost 7% of the NSW population (8,072,161). The North Coast LGAs with the largest populations in 2021 were Tweed (97,386), Port Macquarie-Hastings (86,766) and Coffs Harbour (78,754). (3) whilst Kyogle (9,346) and Bellingen (13,259) have the smallest populations in the North Coast. This is referred to as numerical population as it's based on absolute numbers.

Figure 1. Population by sex and LGA

Tweed LGA has the largest population in absolute numbers while Kyogle is the smallest populated LGA in the HNC region.



Source: Australian Bureau of Statistics – Estimated Resident Population 2021 Census.

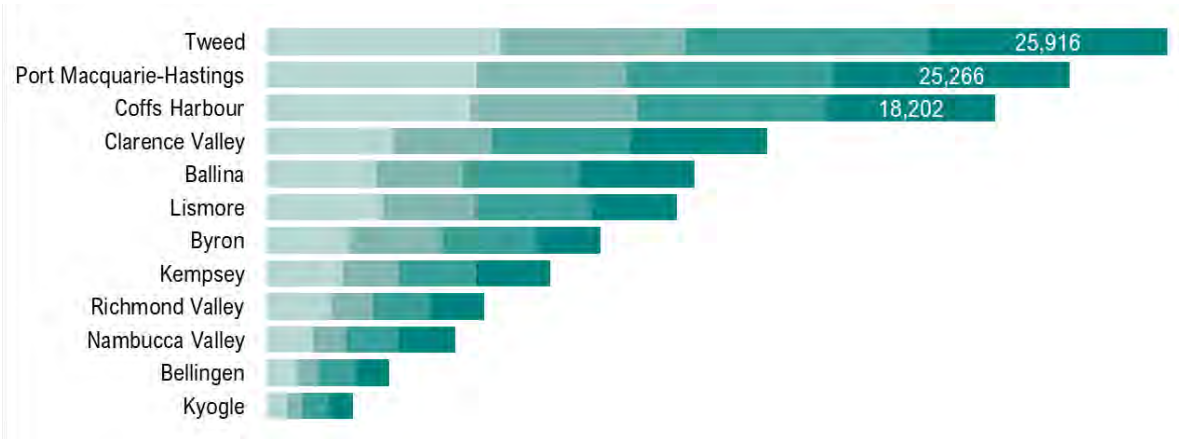
Note: To date, ABS data contains binary data for sex and gender only.

In structural terms (the proportion of people in each age group) the North Coast has an older population compared to NSW and Australia. In 2021, the proportion of people aged 0-24 and 25-44 years in the North Coast was lower than both the NSW and Australia averages whereas the proportion of people aged 45-64 and 65 and older was higher than both NSW and Australia.

Whilst Tweed, Port Macquarie-Hastings and Coffs Harbour have the highest numerical population of people aged 65 years or older, the LGAs with the largest structural population of people aged 65 and over are Nambucca Valley (30%) and Port Macquarie-Hastings (29%), followed by Clarence Valley, Ballina, Bellingen and Tweed (all with 27% of people aged 65 and older). The lowest proportion of people aged 65 years and older are in Byron (19%), Lismore (21%) and Coffs Harbour LGAs (23%). (4)

Figure 2. Estimated resident population by LGA

**Whilst Tweed, Port Macquarie-Hastings and Coffs Harbour have the largest numerical population in the North Coast and the largest number of people aged 65 and older, Nambucca Valley (30%) and Port Macquarie-Hastings (29%) have the largest structural population aged 65 and older.**



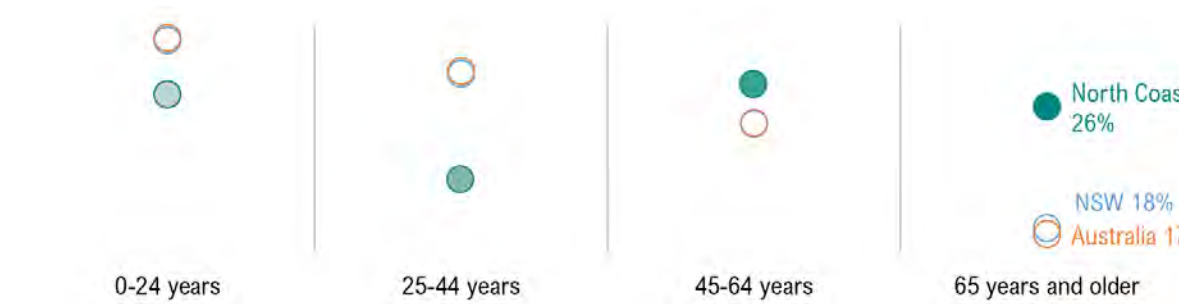
Source: ABS Census, 2021

The older population in numerical terms across the North Coast will increase the need for services to address needs of this cohort. It is projected that over the next 40 years, the number of people aged 65 years and over will double, while those aged 85 years and over will more than triple. (5) This will result in ongoing challenges to meet the growing demands and require new and innovative ways to address this. This will be most prominent in those LGAs with the largest numerical ageing and large coastal cities of Tweed, Port Macquarie-Hastings and Coffs Harbour LGAs.

In terms of structural ageing, the LGAs with the highest proportion of people aged 65 years and over are likely to face difficulties in accessing services if the working age population is not large enough to fulfil the productivity requirements of the services needed. This will require new and innovative ways to address access issues such as digital and virtual health and new models of care to adequately support the ageing population. The LGAs that are likely to be most affected are Nambucca and Port-Macquarie-Hastings.

Figure 3. Proportion of age cohorts in the North Coast

**The proportion of younger people is lower in the North Coast than NSW and Australia, whereas the proportion of older people is higher in the North Coast, notably that of people aged 65 and older**



Source: ABS Census, 2021

Note, NSW Planning and ABS Census provide slightly different figures for population. NSW Planning data is used for projections and ABS Census data of estimated resident population (ERP) for community profiles.

## Population projection

The population in the North Coast is growing at a slightly slower rate than the NSW average. The NSW Department of Planning has projected that the North Coast population will increase by almost 6% by 2031. This is lower than the NSW population projected growth for the same period of almost 9%. (6)

Over the 10-year period 2021-2031, most LGAs in the North Coast region have a projected increase in population apart from Kyogle that is projected to decrease by 11% and Lismore by 3%. The decrease in Lismore may be attributed to the 2022 flooding events resulting in residents moving out of the LGA.

Table 6. Projected population change in the next 10 years

**The greatest projected increase in population to 2031 is for Byron, followed by Ballina and Port Macquarie-Hastings. The total population of Kyogle and Lismore are projected to decrease by 2031.**

LGA	2021 (actual)	2031 (projection)	Projected change (2021-2031)
Byron	35,993	40,169	+12%
Ballina	45,607	49,898	+9%
Port Macquarie-Hastings	86,406	94,310	+9%
Tweed	98,954	106,639	+8%
Coffs Harbour	77,905	83,675	+7%
Richmond Valley	23,548	24,466	+4%
Kempsey	29,926	31,028	+4%
Clarence Valley	51,846	53,323	+3%
Bellingen	13,135	13,418	+2%
Nambucca Valley	19,832	20,205	+2%
Lismore	43,420	42,022	-3%
Kyogle	8,681	7,746	-11%
North Coast	535,254	566,898	+6%
NSW	8,166,757	8,933,640	+9%

Source: NSW Planning (NSW Common Planning Assumption Projections), 2022.

Note, NSW Planning and ABS Census provide slightly different figures for estimated resident population – NSW Planning data is used for projections and ABC Census data for community profiling

The projected population changes over the 10-year period 2021-2031 varies among different age cohorts. In the North Coast the population is expected to decrease marginally in the 0-24 years (1%), increase slightly in the 25-44 years (5%), decrease slightly in the 45-64 years (4%) and increase to a greater extent for the 65 years and older cohort (25%). (6)

- In the cohort of **people aged 0-24 years**, Byron and Coffs Harbour are the only LGAs projected to increase in population. Ballina, Port Macquarie-Hastings, Kempsey and Richmond Valley are projected to remain stable. The remaining LGAs have a small reduction projected (from 3% to 8%) except for Kyogle (21%) with a much larger decrease projected. (6)
- For **people aged 25-44 years**, most LGAs are expected to have a modest increase in population (from 6% to 13%). The highest increase is projected for Bellingen (13%), Byron (12%) and Port-Macquarie Hastings (12%). In Tweed LGA the 25-4 years population is projected to remain stable, whilst both Lismore (6%) and Kyogle (13%) are projected to decrease. (6)
- For **people aged 45-64 years**, the population is projected to decrease in most LGAs (from 1% to 22%). The largest decrease is projected for Kyogle (22%), moderate decreases are projected for Lismore (13%), Nambucca Valley (12%) and Bellingen



(12%). Tweed (1%) is the only LGA projected to increase in population aged 45-64 years. (6)

- The largest increase in population in the 10-year period 2021-2031 in the North Coast is projected for **people 65 years and older** (25%). This is slightly below the projected increase for NSW (30%). The LGAs with the greatest projected increase are Tweed (33%), Coffs Harbour (28%), Ballina (27%), Port Macquarie (26%) and Byron (25%), whilst Kyogle is the LGA with the lowest projected increase (13%). (6)

### Aboriginal and Torres Strait Islander population in the North Coast

A review of the 2021 ABS Census that occurred in 2023 indicated that the estimate of Aboriginal peoples living in the North Coast region changed from 6% (2021) to 7% (2023). With an estimated total of 535,254 people in the North Coast, this results in approximately 38,378 Aboriginal people in the region. (7)

In the North Coast region, 6% of the population identified as Aboriginal and/or Torres Strait Islander, totaling 31,581 individuals. This exceeds the rates in NSW and Australia (both 3%). This varies largely across the region, with Kempsey having the highest proportion of Aboriginal residents (11%), followed by Clarence Valley (8%), Nambucca Valley (7%), and Richmond Valley (7%), while Byron had the lowest proportion (2%). In terms of absolute numbers of people, Port Macquarie-Hastings had the largest Aboriginal population, followed by Coffs Harbour, Clarence Valley and Tweed. Notably, Coffs Harbour previously recorded the largest Aboriginal population in 2016 (Table 7). (3)

Table 7. Total population by Aboriginality in 2021

**Whilst Port Macquarie-Hastings and Coffs Harbour have the largest Aboriginal populations in the North Coast, Kempsey (11%) and Clarence Valley (8%) have the largest proportion of population identifying as Aboriginal**

LGA	Aboriginal	Non-Aboriginal	Unknown	% Aboriginal
Port Macquarie-Hastings	4,720	78,354	3,692	5%
Coffs Harbour	4,554	69,783	4,417	5%
Clarence Valley	4,394	46,365	3,362	8%
Tweed	4,334	87,044	6,008	4%
Kempsey	3,935	24,528	2,183	11%
Lismore	2,608	38,573	3,149	6%
Richmond Valley	1,857	19,571	2,114	7%
Ballina	1,807	42,186	2,294	4%
Nambucca Valley	1,623	17,296	1,484	7%
Byron	685	31,981	3,470	2%
Bellingen	563	11,772	924	4%
Kyogle	501	7,979	866	5%
<b>North Coast</b>	<b>31,581</b>	<b>475,432</b>	<b>33,963</b>	<b>6%</b>
<b>NSW</b>	<b>278,038</b>	<b>7,404,499</b>	<b>389,616</b>	<b>3%</b>
<b>Australia</b>	<b>812,730</b>	<b>23,375,949</b>	<b>1,234,112</b>	<b>3%</b>

Source: ABS Census, 2021

Over one in four Aboriginal peoples in the North Coast is aged 45 years and older (27%), which is slightly higher than NSW and Australian rates at 24% and 24% respectively. (3)

A higher proportion of Aboriginal peoples in the North Coast indicates a need to ensure the design and access of health services are appropriate to meet the health needs of Aboriginal peoples and their communities.

### 3.3. Social determinants of health

#### Summary of social determinants of health

The North Coast region contains communities from the most socially and economically disadvantaged to the most advantaged. Some LGAs in the region are among the most advantaged in the country in terms of education, employment and income, while others are among the most disadvantaged. This diversity can be witnessed both across and within LGAs.

#### Key points

- People in Kempsey, Nambucca Valley, Richmond Valley, Clarence Valley and Kyogle LGAs experience high rates of disadvantage across multiple categories.
- Those communities have lower rates of health service utilisation, private health insurance cover and health workforce, compounding the effects of socioeconomic disadvantage and driving greater disparity between them and other areas.
- Those same LGAs have rates of unemployment higher or substantially higher than the Australian rate.
- The North Coast has a low educational attainment profile compared to NSW and Australia.

Given the ongoing impacts of environmental disasters in the North Coast region (see section 3.4 *Environmental determinants of health*), continuing changes in cost of living and housing availability issues that have emerged since the most recent census data in 2021, some social determinants may have changed substantially across the North Coast region in general as well as within LGAs.

#### Highest priority needs

Improve health literacy and wayfinding to facilitate access to the right services at the right time and engagement in preventative health behaviours

Support communities living in areas of socio-economic disadvantage in the North Coast, particularly in Kempsey, Nambucca Valley, Richmond Valley, Clarence Valley and Kyogle LGAs

Support coordination of health and social care services that contribute to improving social determinants of health, including social isolation/loneliness, cost of living and housing availability

#### Socio-economic disadvantage

The socio-economic indexes for areas (SEIFA) include a suite of indexes derived from Census data to provide socio-economic status of the population. One of these, the [index of relative socio-economic disadvantage \(IRSD\)](#), represents the relative disadvantage faced within a geographical area based on indicators of income, family structure, workforce and employment characteristics, educational attainment, car ownership and English proficiency. (8)

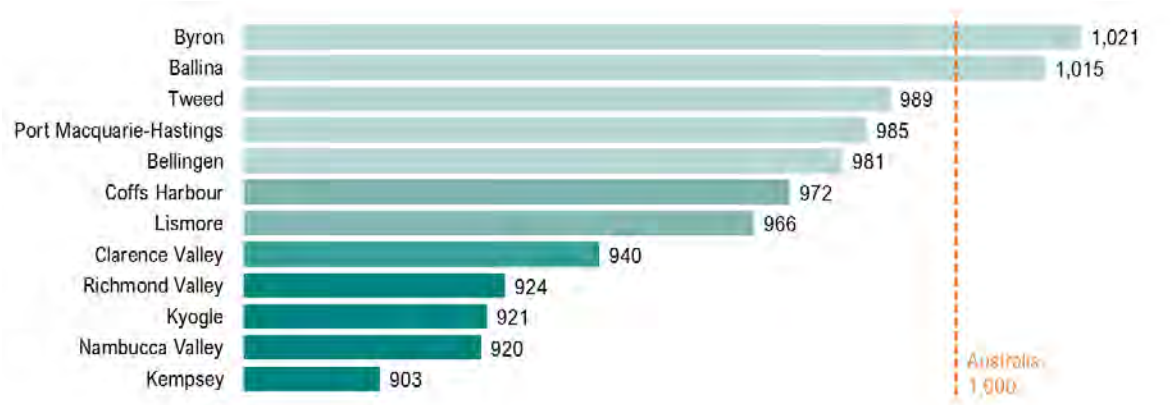
Except for Byron and Ballina, the other 10 LGAs in the North Coast region had IRSD scores below the national benchmark, placing them within the 50% most disadvantaged LGAs in Australia (Figure 4). Kempsey had the lowest score in the region and was ranked among the 20% most disadvantaged LGAs in Australia (second decile), which included Nambucca Valley, Kyogle and Richmond Valley. Clarence Valley was in the 30% most disadvantaged



while Lismore and Coffs Harbour were in the 40% most socio-economically disadvantaged LGAs in Australia for IRSD. (8)

Figure 4. Index of relative socio-economic disadvantage

The index of relative socio-economic disadvantage (IRSD) places four North Coast LGAs in the second decile of most disadvantaged LGAs in Australia, one LGA in the third decile and two LGAs in the fifth decile. Only two LGAs in the North Coast have an IRSD higher than the national average.



Source: Socio-economic indexes for Australia (SEIFA), 2021

Income and housing

The median total personal income per week for the North Coast in 2021 was \$652, which was considerably lower than both NSW (\$813) and Australia (\$805). In the five-year period from the 2016 to the 2021 Census, the weekly personal income in the North Coast has increased by 27%, a slightly higher rate than NSW and Australia (both 22%). (9)

Personal and family income vary greatly across the North Coast region. In 2021, the LGAs with the highest personal weekly income were Byron (\$764) and Ballina (\$737), with Byron showing the greatest increase since 2016 at 28%. Kempsey (\$550), Nambucca Valley (\$525) and Kyogle (\$520) not only had the lowest personal incomes but also show the lowest increase in income in between 2016 and 2021 (from 13% to 16% increase). The seven other LGAs in the North Coast experienced an increase ranging from 19% to 25%, closer to the relative income increase across NSW and Australia in this period (Figure 5). (9)

Figure 5. Median total weekly personal income

The median total personal income per week in the North Coast is substantially below state and national benchmarks. Income is lowest in the most disadvantaged LGAs as per the IRSD



Source: ABS Census, 2021

Similarly to the personal income, the **median weekly total family income** in the North Coast (\$1,613) was lower than both NSW (\$2,185) and Australia (\$2,120) in 2021. Between 2016 to the 2021, the weekly family income in the North Coast increased by 30%, a slightly higher rate than NSW (23%) and Australia (22%). (9)

As expected, the LGAs with the highest IRSD (Byron and Ballina) and those with the lowest IRSD (Kempsey, Nambucca Valley and Kyogle) correspond to the LGAs with the highest and lowest median personal weekly family incomes. (8) (9)

The **median monthly mortgage repayment** in 2021 on the North Coast (\$1,686) was substantially lower than NSW (\$2,167) and Australia (\$1,863), though in the last five years it has increased in the North Coast by 13%, above the levels in NSW (up 9%) and Australia (up 6%). Byron LGA was the highest median monthly mortgage repayments (\$2,167) with the greatest increase in the last five years at 25%. Kyogle had the lowest mortgage repayments at an average of \$1,224, followed by Kempsey (\$1,301), Richmond Valley (\$1,341), Nambucca Valley (\$1,368) and Clarence Valley (\$1,378). (9)

In 2021, the ratio of **median mortgage repayment to median household income** in the North Coast was 30%, which is higher than the ratios in NSW (27%) and Australia (25%). This means that North Coast residents need to put a higher proportion of their household income into repaying mortgages than the average in NSW and Australia. This ratio is highest in Tweed (33%), Nambucca Valley and Port Macquarie-Hastings (both 32%). All except 2 LGAs in the region (Lismore and Richmond Valley) were above the state and national ratios. (9)

In 2021, the **median weekly rent** in the North Coast region was \$368, lower than both NSW (\$420) and Australia (\$375). Byron LGA had the highest median weekly rent at \$520, while Kyogle had the lowest at \$250. Most LGAs in the region had median weekly rent below NSW and Australia rents (9). Note, due to changes in the calculation, rental data from previous Census is not comparable. (9)

The rental landscape in the North Coast region has changed substantially since 2021. Housing availability has been impacted by multiple factors including environmental disasters (see section 3.4 *Environmental determinants of health*) and migration from other parts of the country. This has increased rents and homelessness (see section 10.7 *People experiencing homelessness*). Housing availability and cost of living were consistently reported as the two leading concerns in communities by participants in the Better Health Community Survey. This was echoed by participants in the community consultations, who identified factors such as the cost of living, housing availability, available schooling and leisure activities as issues impacting on recruiting and retaining workers in the health, community and service sectors. These issues influence access to healthcare services, therefore impacting the developmental, health and social outcomes for the communities across the region. (9)

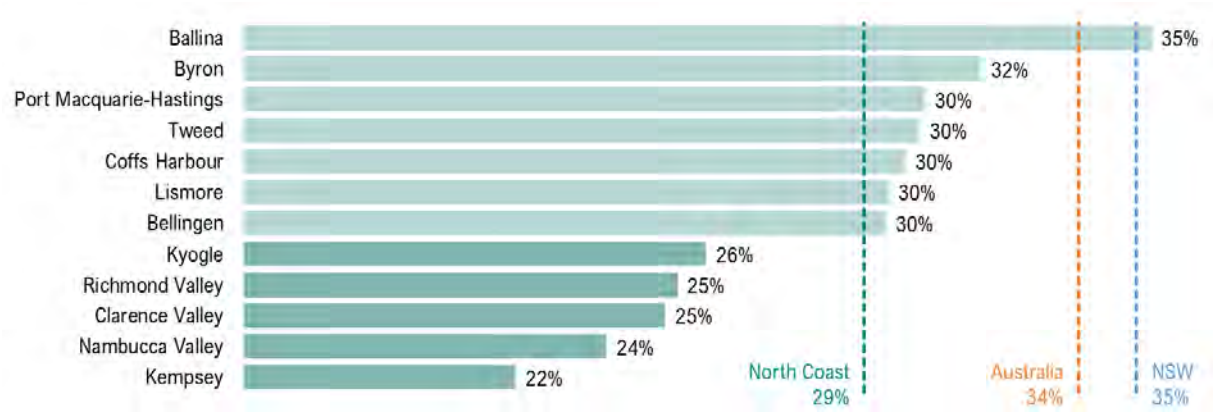
### **Private health insurance**

In 2022, 29% of the North Coast population had private health insurance. This is lower than uptake in NSW (35%) and Australia (34%). Compared to 2020, the coverage has increased marginally in the North Coast (1%), similarly to NSW and Australia. The lower uptake places greater pressure on public health services in communities across the region. (10) Kempsey (22%) and Nambucca Valley (24%) had the lowest private health insurance uptake, followed by Clarence Valley and Richmond Valley (both 25%) and Kyogle (26%) with a low percentage of the population privately insured. These 5 LGAs have some of the highest rates of socio-economic disadvantage chronic disease burden and lowest rates of GP access. (8) (11) (12) The highest rate of private health insurance coverage in the North Coast is in

Ballina LGA (35%), which is on par with the NSW average and above the Australian average (Figure 6). (10)

Figure 6. Private health insurance rates

**The population with private health insurance is lower in the North Coast than NSW and Australia. The LGAs most socio-economically disadvantaged have the lowest private health coverage.**



Source: ABS, 2024

Education and employment

Factors such as education and occupation can either enhance or negatively impact an individual’s ability to access health services resulting in better health outcomes than those who don’t have the same access. (13)

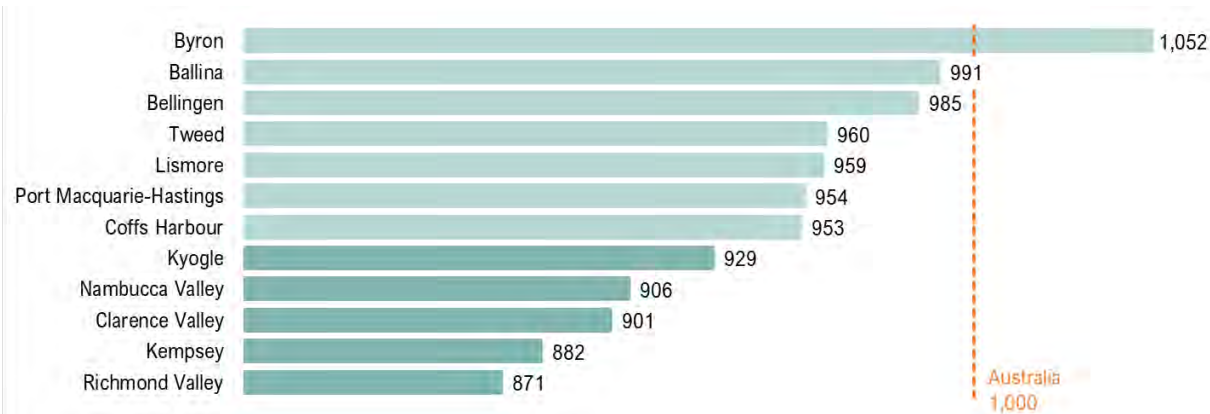
The [index of education and occupation \(IEO\)](#) summarises education and occupation levels within a geographic region. The IEO indicates the educational level of a community, including if further education is being undertaken, workforce skill levels, occupations and employment status (this does not include income). A low IEO score reflects a community with relatively lower education, lower skilled occupations and occupational skills, and lower levels of employment. A high score reflects the opposite. (8)

The IEO shows a slightly greater distribution range across North Coast LGAs compared to other SEIFA indicators. Richmond Valley was placed in the first decile, ranking in the lowest 10% of LGAs across Australia and the second lowest in NSW. Kempsey was in the second decile, Nambucca Valley and Clarence Valley in the third decile and Kyogle in the fourth decile. All these LGAs were in the bottom 40% in Australia for IEO (Figure 7). (8)

Conversely, Byron had the highest IEO in the region and was in the ninth decile, within the most advantaged 10% LGAs in Australia for educational and occupational characteristics. (8)

Figure 7. Index of education and occupation

Only Byron has an index of education and occupation above the national average. Five LGAs are in the four lowest deciles or lowest 40% in Australia for educational and occupational disadvantage.

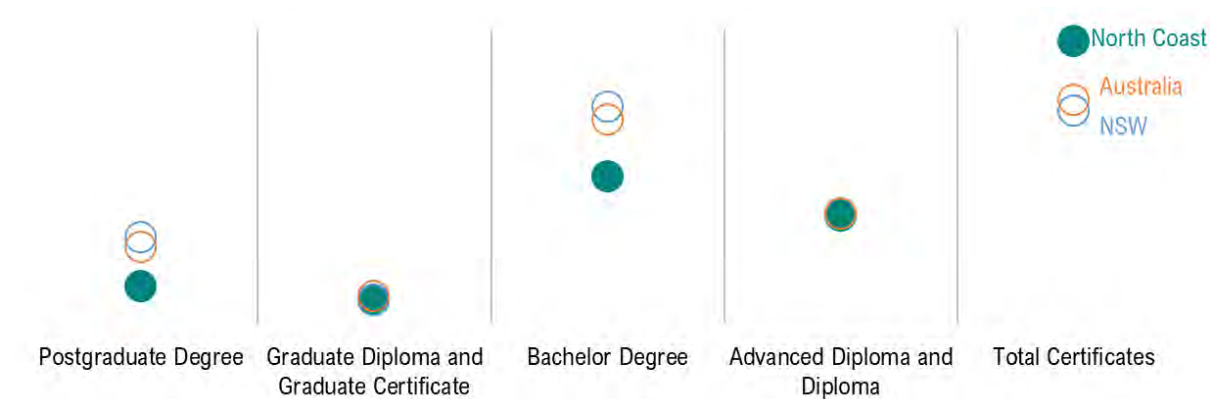


Source: Socio-economic indexes for Australia (SEIFA), 2021

Analysis of the **highest non-school qualifications** show that educational attainment in the North Coast is below that in NSW and Australia. Notably, the rates of people 15 years and older with the highest non-school qualification of postgraduate degree or bachelor's degree in the North Coast (32 and 125 per 1,000) are substantially lower than the rates in NSW (74 and 184 respectively) and Australia (65 and 174 respectively). Conversely, the rate of people with a highest non-school qualification of certificate (including level I, II, III, IV and not specified) is substantially higher on the North Coast (240) than NSW (181) and Australia (190) (Figure 8), which could be reflective of higher levels of trade-based qualifications across the region. (14)

Figure 8. Highest non-school qualifications

The rate of highest non-school qualifications per 1,000 people 15 years and older shows an educational gap in the North Coast with less people achieving postgraduate and bachelor level degrees than NSW and Australia, and more people with certificate level only.



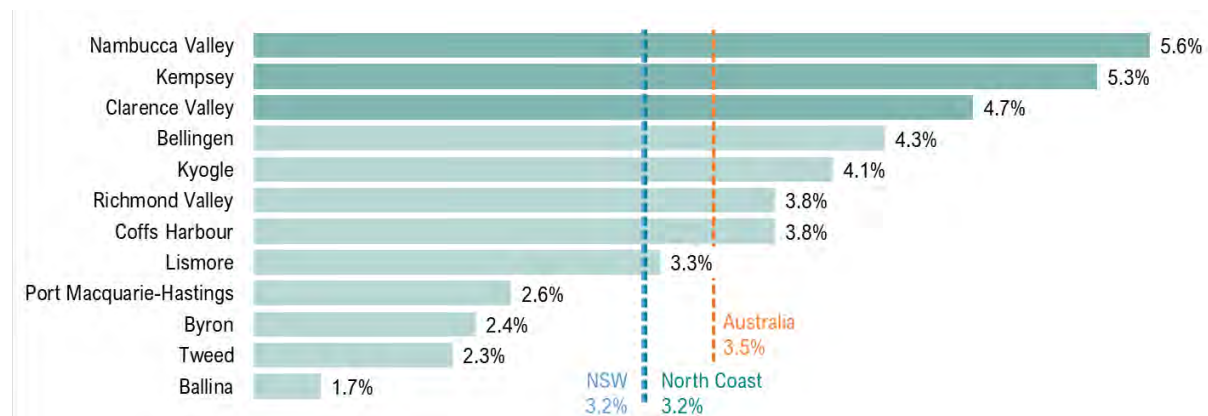
Source: ABS Census 2021

Educational attainment varies substantially across the North Coast geography. The 2021 Census shows that Richmond Valley, Kempsey, Clarence Valley, Nambucca Valley and Kyogle had the lowest educational attainment profiles, whereas Byron, Bellingen and Ballina had the highest. In the North Coast, the rates of highest non-school qualifications have increased from 2016 to 2021 across all education levels and all LGAs, except for the total certificate level in Byron and Lismore, where reduction in people with certificates are offset by increase in people with higher qualifications. (14)

The **unemployment rate** for the June 2023 quarter in the North Coast region was the same as NSW (3.2%) and lower than the Australian rate (3.5%). The North Coast average rate is far from reflective of unemployment rates across the region, given variability across LGAs. Nambucca Valley (5.6%), Kempsey (5.3%) and Clarence Valley (4.7%) had the highest unemployment rates and were substantially different to the lowest rate in Ballina (1.7%). Bellingen, Kyogle, Richmond Valley and Coffs Harbour had rates of unemployment higher than NSW and Australia (Figure 9). (15)

Figure 9. Rates of unemployment in the North Coast

**The unemployment rate in the North Coast is at par with NSW and below the national rate. There is high variability across the region, with the highest unemployment rates in Nambucca Valley, Kempsey and Clarence Valley.**



Source: Small Area Labour Markets, Jobs and Skills Australia, 2024

## Health literacy

Health literacy refers to how well people access, understand and use information about health and health care to support them to make good decisions regarding their health. (16) The diverse population of the North Coast region has a range of health, social and service needs coupled with health literacy needs. The diversity in health status and social determinants often results in lower health literacy. (17)

The North Coast region has an **over-representation of people most at risk of low health literacy**, including high levels of social and economic disadvantage, lower levels of education, an aging population, lower levels of internet access, high levels of chronic disease and a larger Aboriginal population compared to NSW. (18) This means there is a disproportionate amount of North Coast residents at a higher risk of poorer health behaviours and worse health outcomes due to low levels of health literacy.

Throughout the community consultations, Healthy North Coast aimed to understand health literacy in the region. While the specific backgrounds of all participants were not identified, it is important to note that geographical areas consulted were primarily of low socioeconomic status. Although participants reported a general awareness of their own health conditions and when to seek medical assistance, they frequently encountered challenges when trying to find the appropriate path for seeking help. They discussed how they often struggled with navigating the complexities of healthcare systems, suggesting it is confusing and difficult to manage. Understanding health information, especially regarding medications and informative brochures provided by their doctor, was an issue noted among participants. Having access to easy to understand and accessible information available or provided in paper form was noted as important.



*"If services were better connected, I would feel less anxiety, less frustration, it would make things easier. It would make my health easier to manage."*

*Community consultation participant Kyogle*

**Health literacy is associated with social support.** The Australian Bureau of Statistics 2018 health literacy survey found that people with three or more long term health conditions and people living alone were less likely to say they could actively manage their health and that they had social support for their health (for example people to talk to about their health and accompany them to medical appointments). People with three or more long-term health conditions were more likely to have difficulty in actively engaging with healthcare providers. (19)

Only 43% of participants in the Better Health Community Survey responded, 'yes' when asked 'If you were in urgent need, do you feel you could rely on a family member, friend or neighbour to help provide me support with my mental health, if I needed'. The 'yes' response was lowest in Kempsey (39%) while other LGAs ranged from 41% in Kyogle and Nambucca Valley to 47% in Ballina. Less than half of all participants in the survey (47%) felt that in the same circumstances they had someone to look after me or someone who depends on me if I was sick or injured. This was lowest in Kyogle (38%) and Kempsey (39%), with other LGAs ranging from 43% in Lismore to 51% in Tweed. These responses indicate the social capital in some areas in the North Coast are lower than others, potentially suggesting that people in these areas have lower health literacy which may lead to poorer health outcomes.

These results raise the need for health literacy to be an enabling feature of every program and to include wayfinding supports to wrap around programs.

### 3.4. Environmental determinants of health

#### Summary environmental determinants of health

Both the natural and built environments impact the health and health outcomes of individuals and communities.

#### Key points

- The North Coast of NSW (together with South East Queensland) is an identified disaster 'hotspot' in Australia.
- Most Australians (84%) have been directly impacted by at least one climate-related disaster since 2019. Communities on the North Coast have experienced several major climate disaster events and disruptions in recent years.
- In the immediate aftermath of the 2022 floods there was an increase in infectious, vector, food and waterborne diseases due to an increase of mosquitos, the spread of sewage, industry and agricultural run-off, damage to water and sanitation services and a diminished ability to practice good hygiene.
- After the 2017 floods, those displaced for longer than 6 months were found to be twice as likely to report being still distressed and having symptoms of post-traumatic stress disorder (PTSD), anxiety and depression.

## Climate change and health

The North Coast region is particularly vulnerable to climate change effects, which pose significant environmental health risks including:

- Increased frequency and intensity of extreme weather events, including heatwaves, droughts, floods, bushfires, and storm surges. (20)
- Rising temperatures, with projections showing up to 20 additional days each year with maximum temperatures above 35°C across most of NSW by 2070. (20)
- Changes in rainfall patterns, with increased autumn rainfall in northern NSW but decreased winter rainfall. (21)
- Sea level rise along the NSW coast, projected to be 0.4 to 0.7 metres by 2090. (22)

In the last few years, the region has experienced compounding environmental disasters, alongside the global pandemic. Healthy North Coast is incorporating the impacts of climate change into current and future health planning activities.

The health impacts of climate change include:

- Injury, illness or death due to climate-induced extreme weather events, including floods, bushfires and heatwaves.
- Heat stroke and heat related deaths.
- Increases in mosquito-borne and other infectious diseases.
- Cardiovascular, respiratory and cerebrovascular diseases risks increase due to changes in air quality (people with compromised immune systems will be disproportionately impacted).
- Increasing food insecurity with climate variability and disaster disruptions leading to price inflation and supply chain disruption.
- Mental health and wellbeing impacts are compounding and felt disproportionately for those with preexisting vulnerabilities.
- Increasing inequity, as each of the impacts outlined above will be experienced disproportionately by people in lower socio-economic groups. (23)

## Impact of climate disasters on health

Disasters significantly impact health and wellbeing. (24) Recent data shows that most Australians (84%) have been directly impacted by at least one climate-related disaster since 2019. (25) Communities in the North Coast region have experienced several significant climate disaster events and disruptions in recent years.

These include:

- 2017 Major floods (ex-Tropical cyclone Debbie)
- 2019-20 bushfires
- 2021 Major flooding on the Mid-North Coast
- 2022 Catastrophic flooding on the North Coast.

The Covid-19 pandemic created additional challenges for the 2021 and 2022 flood responses.

## 2022 North Coast floods

The 2022 North Coast floods were catastrophic, affecting over 40,000 people in the region and were assessed as being the most expensive climate disaster in Australia's history. (26) (27) In the North Coast:

- 13 lives were lost
- 4,055 properties were declared uninhabitable, and 10,849 properties sustained damage
- approximately 4,000 people were evacuated from Lismore alone, with thousands more displaced throughout the region
- in the immediate aftermath of disaster there is commonly an increase in infectious, vector, food and waterborne diseases due to an increase of mosquitos (in floods), the spread of sewage, industry and agricultural run-off, damage to water and sanitation services and a diminished ability to practice good hygiene. This was experienced first-hand by those who contributed to the 2022 Northern Rivers flood clean-up efforts, with infected wounds, diarrhea and other infections reported (28)
- settlements in high-risk areas, such as along rivers and coasts, increased exposure to flooding and storm surges.

Healthy North Coast will continue work in climate change and disaster preparedness including:

- leading disaster management capacity building workshops
- developing disaster preparedness resources for aged care providers
- collaborating with emergency services and community organisations.

These efforts are particularly important given the region's growing older population and its vulnerability to environmental changes.

## Mental health needs and use of alcohol and other drugs increase after disaster

Disasters impact the mental health and wellbeing of individuals and communities in both short- and long-term ways. (29) Following a disaster event, communities often experience increases in grief, post-traumatic stress disorder, anxiety, depression, absenteeism and presenteeism, substance abuse, family violence and suicide. (30) The burden of existing traumas and mental health difficulties are exacerbated by disaster events and are shown to cumulate and compound with each additional disaster. Modelling shows the estimated cost to Australia's economy of the mental health and trauma impacts following a disaster are between \$150 million and \$337 million per disaster each year. (29)

After the 2017 floods, those displaced for longer than 6 months were found to be twice as likely to report being still distressed and having symptoms of PTSD, anxiety and depression. (31) Specific population groups are more likely to be displaced for longer, such as LGBTQ+ people and Aboriginal and Torres Strait Islander peoples because they often face barriers to accessing adequate supports.

In September 2024, more than two years on from the 2022 floods, approximately 830 people remain in Emergency and Temporary Accommodation sites, further numbers of those displaced, homeless or experiencing flood-related housing insecurity are not currently known. It is estimated that the number of people with PTSD will be in the thousands. (32)



## Impacts of disasters on priority populations

The impacts of disasters and climate change pose threats to population health overall, but communities that experience compounding vulnerabilities face short- and long-term social, economic, health and wellbeing burdens disproportionately (33). Priority populations such as older people, people with disabilities, LGBTQ+ community, people experiencing homelessness and housing insecurity, Aboriginal peoples, culturally and linguistically diverse people, children and young people, rural and remote communities, people on a low income and those with pre-existing health conditions are all particularly at risk from disaster and climate change impacts. (34)

Responses from 6,611 children and young people from the Northern Rivers to the Resilience Survey in October -November 2022 identified that: (35)

- 2 in 5 primary school students across the Northern Rivers were at risk of trauma related stress
- high numbers of high-school students report depressive and anxiety symptoms
- impacted young people wanted to see their base needs met, be supported by and have fun with their peers and have access to supports when they need them.

## The health system and disaster

Disasters disrupt routine accessibility to health services. In the 2022 floods, 75% of general practices in Lismore were impacted. Healthy North Coast's GP Telehealth service responded to the need for alternative health access points, with consultations increasing five times the monthly average in the month following the floods. (36)

At one point during the 2022 Northern NSW floods, Healthy North Coast and local GPs were supporting temporary health services in 31 evacuation centres. At the time, primary health care was not included in state mandated disaster response arrangements. (36)

Uninterrupted provision of primary health services during and post disaster is critical for supporting the management of existing physical and mental health conditions, and for screening of emerging disaster-related health conditions. Disruptions to preventative health care behaviours, such as screening for chronic diseases or administration of vaccinations, have impacts beyond the disaster response phase itself. (37) Healthy North Coast is committed to supporting a resilient primary health care system and has developed a disaster management framework for primary care to ensure continuity of essential health services is maintained during disasters.

## Impacts on the community service system

Community service organisations are vital to local disaster recovery, their ongoing contribution to the recovery of the 2022 floods is invaluable. In 2024, burnout, fatigue and vicarious trauma are commonly reported amongst staff and volunteers in local community service organisations. This impacts the service system's capacity to respond to future disasters. (22)

Northern Rivers Community Foundation conducted the survey between 4 March and 31 March 2024. A total of 200 Northern Rivers-based not-for-profit community organisations participated in the survey. The following insights were found (22):

- 48% reported that the wellness and mental health of staff is still affecting their organisation (down from 62% in 2023)

- increased workloads and complexity alongside decrease in funding and workforce numbers
- that short-term funding cycles impact long-term community recovery.

### Environmental health

Environmental health encompasses several important areas to manage health impacts across the region including safe drinking water, maintaining sewerage systems and ensuring safe recreational water use. (38)

These areas can have direct impact on disaster management and on health access and local infrastructure. This includes the need for clean water for dialysis treatment, allowing patients to receive on-Country treatment options and stay close to support networks. Aboriginal peoples experience an increased burden of kidney disease, compared to non-Aboriginal people. (39)

The infrastructure impacts, particularly in the aftermath of climate disasters includes:

- Pressures on water resources and management systems.
- Challenges in maintaining resilient infrastructure, including transport networks and public utilities.
- The need for sustainable agricultural practices in key industries such as macadamia, blueberry, and sugar cane farming.

Addressing these environmental health challenges requires a coordinated approach involving LHDs, councils, and state and commonwealth government agencies to implement adaptation strategies and improve community resilience to climate change impacts. Both LHDs within the Healthy North Coast region have carriage of environment health and will continue to lead this. Healthy North Coast will continue to work with the relevant agencies and LHDs in disaster preparedness and environmental health. (40) (41)

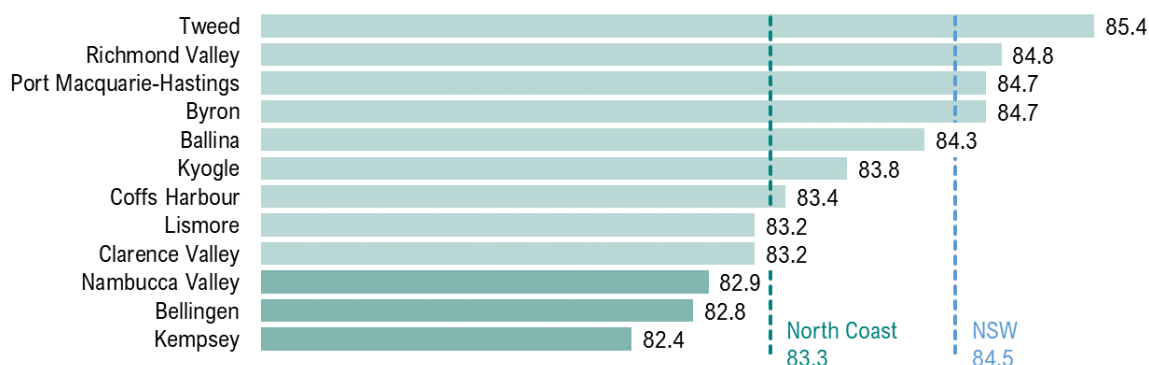
### 3.5. Life expectancy at birth

In 2020 the life expectancy at birth on the North Coast was 83.3 years, lower than the 84.5 years for NSW. Although life expectancy at birth is increasing in the North Coast, the increase is less than NSW. Since 2001, the life expectancy has increased by 3.1 years in the North Coast, compared to 3.9 years statewide (Figure 10). (42)

In 2020, Kempsey (82.4 years), Bellingen (82.8) and Nambucca Valley (82.9) had the lowest life expectancy in the region, while Tweed had the highest (85.4) (Figure 10). In the 20 years since 2001, the life expectancy at birth has increased the most in Tweed (4.7 years) and Richmond Valley (4.6 years), followed by Port Macquarie-Hastings and Nambucca Valley (both 3.6 years). The increase in life expectancy in this period was lowest in Lismore (2.3 years) and Ballina (2.5 years). (42)

Figure 10. Life expectancy at birth by LGA

**The life expectancy at birth in the North Coast is lower than NSW, with Kempsey, Bellingen and Nambucca Valley having the lowest life expectancy in the region.**



Source: HealthStats NSW, 2020

The variation in life expectancy across the LGAs may indicate differing health challenges experienced in the region. Areas with higher life expectancy tend to have a larger population of older individuals. As people age, there can be increased levels of chronic disease burden and comorbidities, and increased service use. (43)

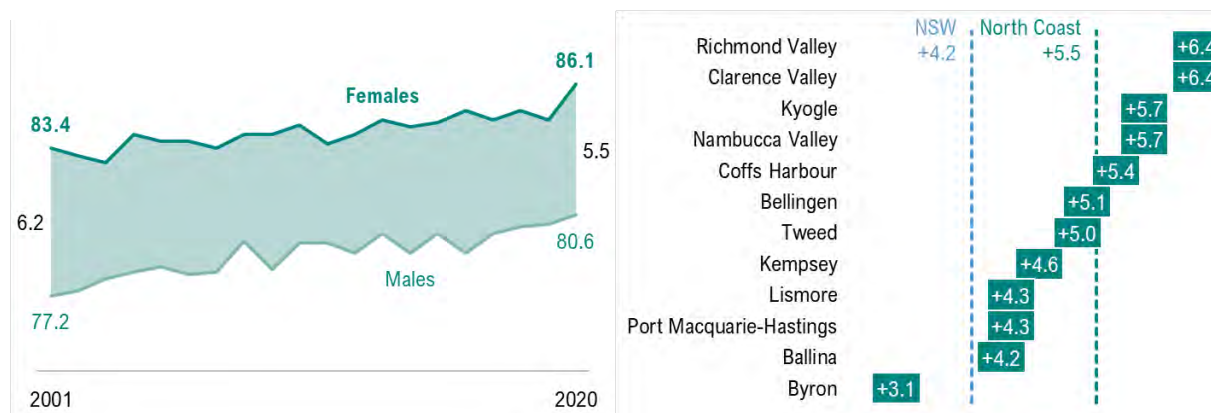
Analysis of life expectancy at birth by sex and Aboriginality indicates that:

- In the North Coast region, **males** life expectancy in 2020 was 80.6 years, which is lower than the NSW average of 82.4 years. The increase in male life expectancy over the last 20-year period in the region (3.4 years) was less than NSW (4.6 years). At LGA level, Byron and Tweed had the highest life expectancies at 83.0 and 82.8 years, while Clarence Valley had the lowest at 80.2 years. Byron and Tweed have also seen the largest increases in the region (5.1 and 4.8 years, respectively), while Clarence Valley shows the lowest increase (3.0 years). (42)
- The life expectancy for **females** is 86.1 years. From 2001 to 2020 the life expectancy at birth for females has increased by 2.7 years in the North Coast, less than the 3.3 years increase for NSW. At LGA level, Tweed and Richmond Valley had the highest female life expectancies in 2020, at 87.8 and 87.7 years respectively, while Kempsey had the lowest at 85.3 years. Females have experienced a larger increase in life expectancy than males, with Tweed and Richmond Valley showing gains of +4.2 and +4.1 years respectively over the last 20 years, while Lismore and Ballina saw the lowest increase during this period (1.8 years). (42)
- In 2020-2022, in Australia life expectancy at birth was estimated to be 71.9 years for **Aboriginal males** and 75.6 years for **Aboriginal females**. The gap between First Nations people and non-Indigenous Australians was estimated to be 8.8 years for males and 8.1 years for females. (44)

Analysis of life expectancy at birth by sex indicates that the gap in life expectancy between males and females has reduced slightly in the last 20 years. In 2020 in the North Coast, the life expectancy at birth for females was 5.5 years more than for males, a gap greater than the state gap of 4.2 years. The gap in life expectancy between sexes is lowest in Byron and highest in Richmond Valley and Clarence Valley, where females are expected to live 6.4 years longer than males (Figure 11). (42)

Figure 11. Gap in life expectancy between sexes

In the North Coast, the gap in life expectancy between sexes has reduced slightly, with females at birth expected to live 5.5 years longer than males. The gap in life expectancy between sexes is lowest in Byron and highest in Richmond Valley and Clarence Valley, where females at birth are expected to live 6.4 years longer than males.



Source: HealthStats NSW, 2020

### 3.6. Mortality

In 2022, the top five leading causes of death in Australia were coronary heart disease, dementia (including Alzheimer disease), cerebrovascular disease, lung cancer, and chronic obstructive pulmonary disease (COPD). These were also the top causes of death across the North Coast region. (45)

Overall, Nambucca Valley is the LGA with the poorest results in mortality indicators in the North Coast, followed by Kempsey, Kyogle, Richmond Valley and Clarence Valley. These conditions are amenable to prevention and early intervention within the primary healthcare system.

#### Age-standardised death rate

In 2022 the highest [age-standardised death rate per 100,000 residents](#) on the North Coast were in Nambucca Valley, Kyogle and Kempsey, followed by Bellingen and Clarence Valley. Notably, Kyogle experienced the greatest increase in the three-year period since 2019, rising by 13%. Ballina, Port Macquarie-Hastings and Coffs Harbour show an increase in the age-standardised death rate that exceed the national increase of 5% in this period. (45) The age-standardised death rate is higher than the Australia rate for most LGAs on the North Coast, which indicates that most people in the North Coast region are more likely to die from all-cause mortality than the rest of the country. (45)

The [death rate ratio \(relative to Australia\)](#) measures relative inequality, where age-standardised death rates are compared to the national reference. In 2022, only three LGAs in the North Coast had a death rate ratio lower or equal to the Australia: Byron (0.96), Ballina (0.98) and Tweed (1.00). Five of the nine North Coast LGAs with a death rate ratio higher than Australia, show a death rate ratio above 10% higher than the Australian rate. These are Nambucca Valley (1.20), Kyogle (1.20), Kempsey (1.18), Bellingen (1.12) and Clarence Valley (1.12) (Figure 12). (45)

Figure 12. Death rate ratio relative to Australia

**Most LGAs in the North Coast have a higher age-standardised death rate ratio relative to Australia (1.00), with only Byron, Ballina and Tweed showing a ratio lower or equal than the national benchmark.**



Source: AIHW Mortality Over Regions and Time (MORT) books, 2022

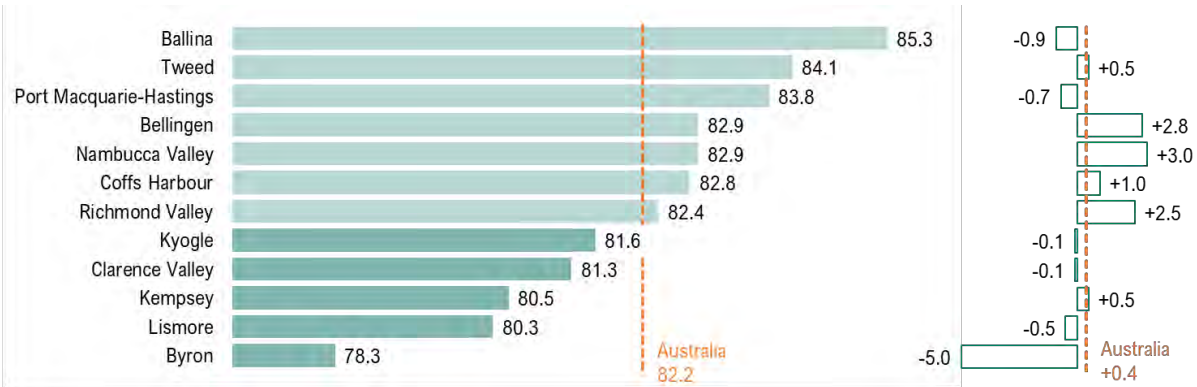
**Median age at death**

In 2022, Byron LGA recorded the lowest median age at death in the North Coast, at 78.3 years. Byron experienced the largest decline in median age at death in the three years since 2019, reducing by 5.0 years (Figure 13). (45)

The LGAs of Lismore (80.3), Kempsey (80.5), Clarence Valley (81.3) and Kyogle (81.6) had median ages at death below the Australian median of 82.2 years in 2020, ranging from 80.3 to 81.6 years. Since 2019, Richmond Valley, Bellingen and Nambucca Valley recorded increases in their median age at death of between 2.5 and 3.0 years (Figure 13). (45)

Figure 13. Median age at death

**Byron had the lowest median age at death in 2022, with four other LGAs below the national median. Since 2019 the median age at death decreased slightly in some LGAs and considerably in Byron (5.0 years).**



Source: AIHW Mortality Over Regions and Time (MORT) books, 2022

**Potentially avoidable deaths (PAD) age-standardised rate**

A potentially avoidable death (PAD) is defined as a death for a person 75 years of age or less. These indicate that the death arises from a condition that may be avoided through individualised care or treated through primary care or hospitalisation. The PADs include approximately 50 ICD-10 codes, some of which are external causes of morbidity and mortality (accidental deaths) and conditions such as viral pneumonia and influenza, some cancers and chronic disease such as asthma, chronic obstructive pulmonary disease (COPD), health failure or diabetes.

In 2022, the PAD age-standardised rate was highest in Nambucca Valley (184 per 100,000 residents), Richmond Valley (154) and Clarence Valley (128). Kempsey, Port Macquarie-Hastings and Lismore LGAs also showed PAD rates higher than the Australian rate (100). Compared to three years prior (2019), Ballina and Port Macquarie-Hastings showed an increase in the PAD age-standardised rate clearly above all other LGAs in the North Coast, of 26% and 25% respectively. Even though Ballina had the greatest increase in the rate of PAD, it still had the lowest PAD rate out of all the North Coast LGAs in 2022 (89 per 100,000 residents). (45)

Where high or increasing rates of PAD age-standardised rates are observed, there may be opportunities to increase health promotion and early intervention in the management of chronic disease and improve way finding for early health seeking opportunities.



## 4. Population health

### 4.1. Summary of service use and risk factors

An individual's health can be influenced by a range of factors, including but not limited to their ability to access health services, health conditions and preventative health behaviours. In the North Coast region there are a range of disparities faced when accessing services. It is worth noting that the North Coast region's tourist industry may inflate service use, particularly in coastal areas. This may lead to increased demand and pressure on local healthcare resources.

#### Key points

- The vaping rate in the Mid North Coast area (6%) is slightly higher than in Northern NSW area (5%). The rates increased faster in the Mid North Coast than Northern NSW over the three-year period 2019-20 to 2022-23.
- Adult smoking rates have halved in the North Coast and NSW since 2002. In 2023, the rate of adult smokers in the North Coast region was 13%, slightly higher than that of NSW (12%).
- The age standardised rate of overweight or obese people in the North Coast in 2022 was 65%, which was equal to the Australian rate.
- People aged 0-24-years-old had the lowest percentage for accessing GP services (86%), with Clarence Valley (78%) and Kempsey-Nambucca (83%) both lower than the national percentage (84%).
- Clarence Valley has substantially lower rates of GP access and after-hours GP access than other LGAs within the North Coast region.
- After-hours GP service rates are substantially lower in the North Coast region than Australia. This is evident in the higher rates of lower urgency presentations to emergency departments.
- Richmond Valley-Hinterland SA3 has a low and declining rate of Medicare-subsidised allied health attendances.
- Bulk billing rates in the North Coast are decreasing substantially for allied health, obstetrics and GP attendances. GP bulk billing rates are low and decreasing substantially for people aged 16-64-years-old.
- The percentage of lower urgency presentations to emergency department in the North Coast (52%) is higher than NSW (48%) and Australia (42%) and has reduced less than the state and national rates in the last 11 years.
- The age-standardised rate of lower urgency presentations in the North Coast (286 per 1,000 people) is more than double the Australian rate (124).
- Dialysis is the highest cause of hospitalisations in the North Coast region and is substantially higher (approximately 3 times) in males than females.
- Endocrine diseases are increasing in the Mid North Coast LHD area.

## Highest priority needs

Encourage GPs to continue to build strong relationships with patients and families
Enhance capacity of the health and social care services, including workforce capability, to manage increase of older person population
Explore opportunities to improve health care environments to ensure patients feel safe, accepted and free from stigma
Improve access to GP services, particularly after-hours, to facilitate management of non-urgent care needs
Improve access to GPs for people in the North Coast to reduce long wait times, reduce cost of healthcare, ensure quality of healthcare and reduce travel times
Improve integration of services, continuity of care and consumer/provider experience
Increase access to after-hours GP services in the North Coast, particularly in Clarence Valley SA3
Promote early help seeking for medical concerns from primary care services to reduce burden on EDs
Reduce potentially preventable hospitalisations in the North Coast, particularly for chronic conditions in the Mid North Coast area and Nambucca Valley LGA
Reduce the rate of lower urgency care presentations to EDs in the North Coast, particularly in Kyogle, Kempsey, Richmond Valley, Clarence Valley and Bellingen LGAs

## 4.2. Health risk factors

Certain factors and health behaviours increase or decrease the likelihood of experiencing adverse health outcomes.

### E-cigarette use (vaping)

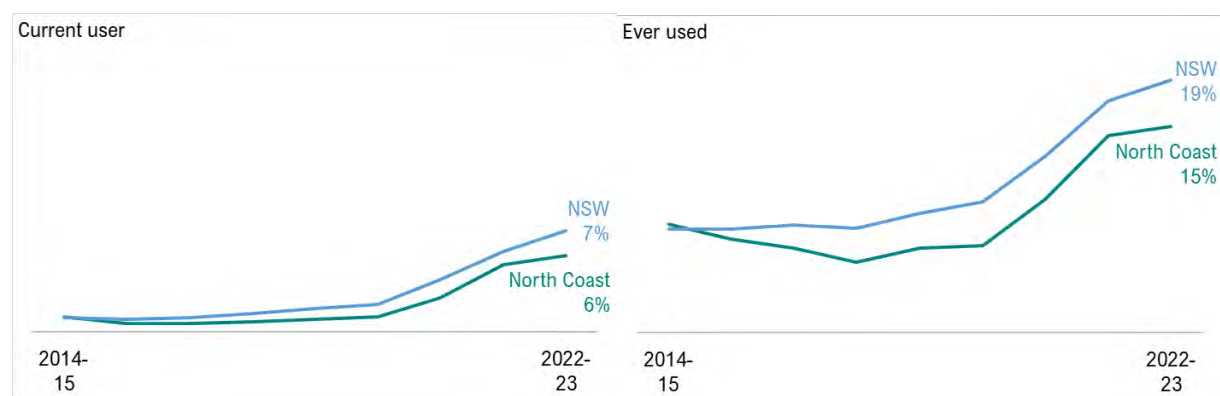
In 2023 the use of electronic cigarettes (vaping) in adults (aged 16 years and over) was lower in the North Coast region (6%) than NSW (7%). The rate of **current e-cigarette users** has been rapidly rising in the region and state since 2019-20. (46)

In the Mid North Coast LHD area, the vaping rate (6%) is slightly higher than in Northern NSW LHD (5%). The rates have increased faster in the Mid North Coast area than Northern NSW over the three-year period 2019-20 to 2022-23. The rate of current e-cigarette use in the North Coast region is lower than most other PHN regions in the country (minimum 3%, maximum 9%) (46). The rates for adults who had reported **ever having used e-cigarettes** was lower in the North Coast (15%) than in NSW (19%). The increase in this rate was similar in the North Coast region (9%) compared to NSW (9%) for the period (Figure 14). (46)



Figure 14. Rates of e-cigarette use

**The rates of people currently using e-cigarette and that of people who ever used e-cigarette in the North Coast region have been lower than NSW since data is available.**



Source: HealthStats NSW, 2024

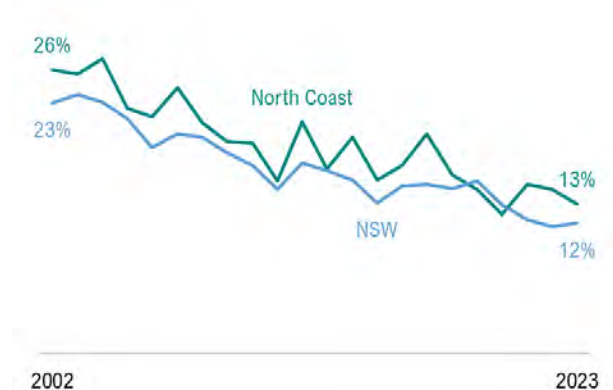
Participants in the community consultations held by Healthy North Coast and respondents to the Better Health Community Survey indicated that vaping is an issue of concern. This is an area where more data and further investigation is required as to the depth of the need and the populations impacted.

### Smoking rate in adults

Adult smoking rates have halved in the North Coast region and NSW since 2002. In 2023, the rate of adult smokers in the North Coast region was 13%, similar to NSW (12%). The North Coast is in the middle of the range for all PHNs in Australia (median 13%, minimum 8%, maximum 17%) (Figure 15). (47)

Figure 15. Adult smoking rates

**The rate of current smokers has declined consistently in the last 20 years, halving in the North Coast region and NSW. In 2023 the smoking rate in the North Coast remains slightly above the state average.**



Source: HealthStats NSW, 2024

The North Coast region reported a smoking rate of 9% in 2020, which was substantially lower and an outlier when looking at the rates for all other years in the 2002-23 period. In the last three-year period (2021 to 2023), smoking rates remained stable in Northern NSW LHD area (15%) and decreased in Mid North Coast LHD area (16% to 11%). (47)

## Physical activity and nutrition

Poor diet and nutrition and physical inactivity are modifiable health risks linked to heart disease, bowel cancer, type 2 diabetes, stroke, dementia and, in females, uterine and breast cancer. (48)

In 2022-23, 28% of children 5-15 years old in the Mid North Coast LHD area and 38% in Northern NSW LHD area met the Australian physical activity guidelines for children (at least one hour of **moderate to vigorous physical activity** per day). These results are higher than the NSW average of 20%. (49) It is recommended that children not engage in more than two hours of **sedentary behaviour or screen time** (outside of school-based hours) per day. In 2022-23, 52% of children 5-15 years old in the North Coast region exceeded this in both LHD areas. This has fluctuated in both areas over the 10 years from 2012-13 to 2022-23, where children's sedentary time in the Northern NSW increased from 44% (range 40% to 52%) and those the Mid North Coast from 48% (range 34% to 58%). The average for NSW children exceeding two hours of sedentary behaviour or screen time in 2022-23 was 57%. (49)

**Insufficient physical activity** is defined as ranging from no activity to participating in less than 150 minutes of moderate to vigorous activity a week. In 2023, 38% of persons aged 16 years and over in the North Coast region were insufficiently physically active. At the LHD level, 42% of people in Mid North Coast LHD and 35% in Northern NSW areas were insufficiently active. This is compared to 35% for NSW. In both LHD areas of the North Coast region, people aged 16 years and over engaging in insufficient physical activity declined from 50% over the 10 years to 2023. (50)

Individuals and communities experiencing higher levels of socio-economic disadvantage, living in outer regional or remote areas and having lower levels of education are less likely to engage in recommended levels of physical activity. (51)

**Fruit and vegetable intake.** In 2022-23 in the Mid North Coast LHD area, 54% of children aged 2-15 years consumed the recommended daily servings of fruit and 5% consumed the recommended daily servings of vegetables. In Northern NSW LHD area figures were 65% for fruit consumption and 7% for vegetable consumption. This is compared to 58% of children consuming the recommended daily servings of fruit for all NSW LHD areas, and 5% for vegetables. (52) For recommended fruit (46%) and vegetable (10%) consumption in people aged 16 years and older, the North Coast region had greater numbers of people meeting recommendations compared to all NSW LHD areas (39% and 6% respectively). Mid North Coast (48% fruit and 9% vegetables) and Northern NSW LHD areas (47% and 13% respectively) both exceeded NSW rates. (53)

## Overweight and obesity

The age standardised rate of overweight or obese people in the North Coast region in 2022 was 65%, which was equal to the Australian rate. The North Coast ranked fourth out of the 10 PHNs in NSW, the top three being South Western Sydney (66%), South Eastern NSW (71%) and Western NSW (79%). The rate of overweight or obese people in the North Coast is in line with the median for Australia (65%). (54) This has implications for chronic illness including Type 2 diabetes and heart disease.

## Alcohol and other drugs

The misuse and abuse of alcohol and other drugs (both legal and illegal) increases risks of both physical and mental health harm (see section 9 *Alcohol and other drugs*). The North

Coast region of NSW has consistently shown higher rates of illicit drug use compared to other areas.

In 2019, the North Coast region had the highest proportion of people who used illicit drugs in the previous 12 months (23%) compared to all PHNs across Australia. After adjusting for age differences, the North Coast region retained the highest proportion at 26%, compared to the lowest in Western Sydney at 9.5%. (55)

Although there is limited data availability of specific illicit drug use in the North Coast region, a study by the National Drug and Alcohol Research Centre focused on long term cannabis users in the North Coast area suggested that cannabis use is a notable issue in the region. (56)

Methamphetamine-related hospitalisations have been steadily increasing across NSW and this is expected to be similar for the North Coast region. The most commonly used illicit drugs in NSW are cannabis, cocaine, hallucinogens, non-medical use of pain relievers and opioids and ecstasy. (57)

There are significant economic, health and social costs associated with alcohol and other drugs use at an estimated \$257 billion in 2021-2022. (58) As HealthStats NSW shows that there is a higher prevalence of alcohol and other drugs use in the North Coast region compared to NSW Primary Health Network regions in total, further investigation is required to determine the significance of the issue and ways to address and improve health, social and wellbeing outcomes. (57)

### 4.3. General practice service use

#### General practice services

People across the North Coast region highlighted challenges and barriers to accessing general practice (GP) services through the Better Health Community Survey and consultations with community and service providers.

*"Often a long wait and you have to make your appointments sort of a few months in advance, if you're lucky enough to get an emergency appointment, if you need one, otherwise, it's referral or just going to the hospital, because they're the only option, and a lot of the doctors aren't taking new patients."*

*Community consultation participant Grafton*

Whilst data shows high levels of people accessing general practice services, it is not always a reflection of higher levels of need. 30% of survey respondents did not undertake regular check-ups and indicated that they only go to a GP when they are unwell. These respondents were more likely to use ED as an alternative if their GP was not available, and reported looking up symptoms on the internet, doing nothing or self-treating. Reactive health care appears to be a challenge in the North Coast region due to lack of GP access, high costs and difficulty getting an appointment, and possibly lack of awareness of other services such as healthdirect and North Coast Health Connect. Older people (non-Aboriginal peoples aged 65 years and older and Aboriginal peoples aged 55 years and older) were more likely to undertake regular check-ups than younger people.

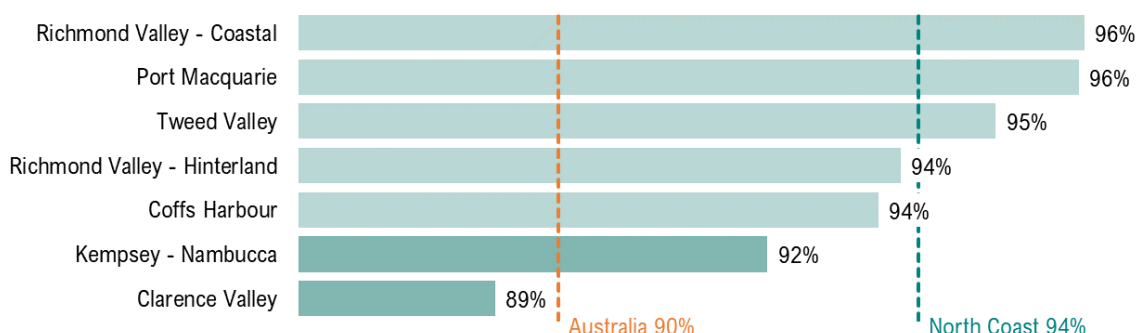
## People attending the services

In 2021-22, **94% of people** in the North Coast region attended a GP service, more than the average in Australia (90%). Following a slight reduction in 2020-21, this increased in 2021-22. In the last two-year period, the proportion of the North Coast population attending GP services increased by 3%, slightly above the national increase (2%). (12)

The LGAs with highest proportion of population attending GP services were Richmond Valley-Coastal and Port Macquarie (both 96%) and Tweed Valley (95%). The LGA with the lowest proportion of population accessing GP services was Clarence Valley (89%), with Kempsey-Nambucca (92%) also considerably below the region's average. In the two-year period since 2019-20, there was an increase between 3% and 4% in all SA3s in the region except for Clarence Valley, which remained stable at 89% of residents accessing GP services. (12)

Figure 16. Proportion of people accessing GP services

**The proportion of population accessing GP services in 2021-22 in the North Coast region is higher than the national average. Clarence Valley and Kempsey-Nambucca have the lowest rates. Clarence Valley is the only SA3 in the North Coast that has not experienced an increase since 2019-20.**

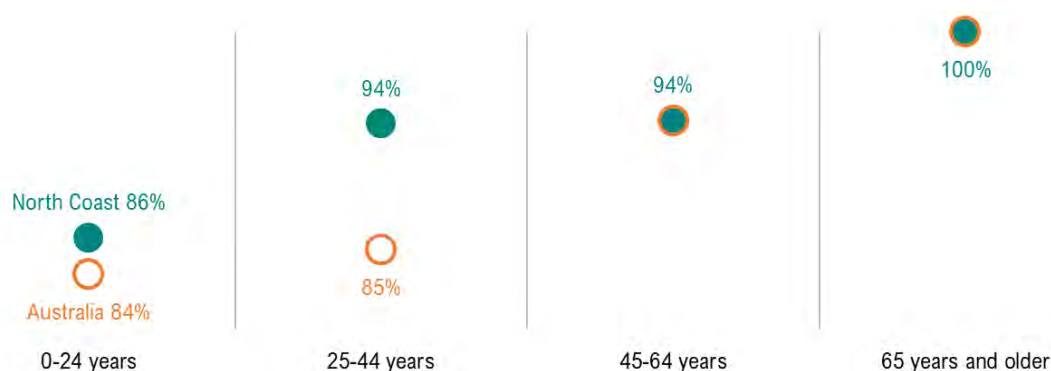


Source: AIHW, 2024

A higher proportion of younger people (aged 0-44 years) in the North Coast region access GP services compared to the Australian average (Figure 17). In 2021-22 in the North Coast 86% of people aged 0-24 years and 94% of people aged 25-44 years attended GP services. This is above the NSW and Australia rates, 84% and 85%. For older people, a similar proportion of the North Coast population attended GP services than Australia: 94% of people aged 45-64 years and 100% of people aged 65 years and older. (12)

Figure 17. Population attending GP services by age

**In 2021-22 the proportion of population attending GP services in the North Coast region was higher than Australia for people up to 44 years old, and in line with the national levels for people 45 years and older**



Source: AIHW, 2024

Clarence Valley and Kempsey-Nambucca had the lowest proportion of people attending GP services across all age groups in the North Coast region. In Clarence Valley, only 78% of people 0-24 years old attended GP services in 2021-22, same proportion as 2 years prior. There was an 8% reduction in people 25-44 years attending GP service in Clarence Valley since 2019-20 (86% in 2021-22). (12) This is consistent with reports by community consultation participants in relation to difficulties getting appointments for their children and themselves in both Macksville (Kempsey-Nambucca) and Grafton (Clarence Valley). In the Better Health Community Survey, 27% of respondents from Clarence Valley and 32% from Nambucca Valley reported it was very hard for them to see a local GP for themselves or someone they support.

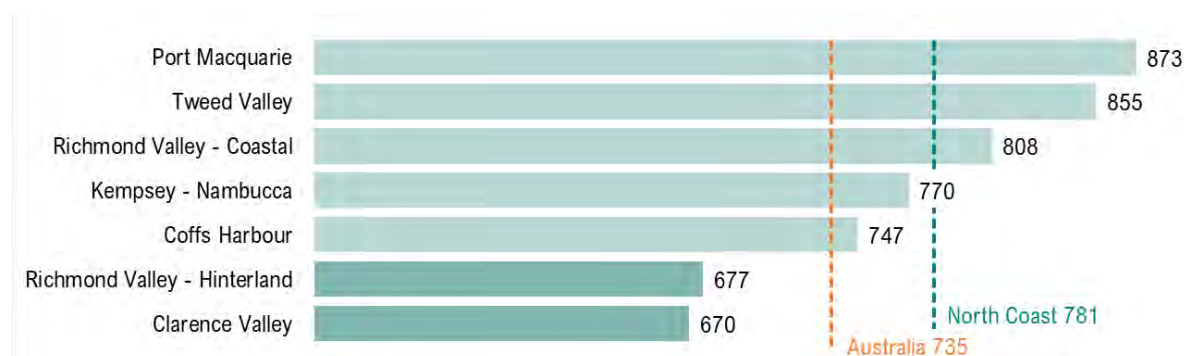
### Rate of attendances per 100 people

In 2021-22, the rate of GP services attendances in the North Coast was **781 per 100 people**, above the Australian rate (735) (Figure 18). In the two-year period from 2019-20 to 2021-22, this has increased in the North Coast by 15%, consistent with the national increase (14%). Clarence Valley (670) and Richmond Valley-Hinterland (677) had the lowest rates in the region, below the national average. Whilst the rate has increased by 20% in Richmond Valley-Hinterland it has increased by 10% in Clarence Valley in the last two years (the lowest increase of all SA3s in the North Coast).

All SA3s in the North Coast show an increase in the rate of total GP attendances per 100 population in the last two years. (12) This may be reflective of the higher rates of GP FTE in the North Coast region compared to NSW and Australia rates (see section 12.2 *General practitioner workforce*).

Figure 18. Rate of GP attendance per 100 population

**The rate of total GP attendance per 100 people is higher in the North Coast than Australia in 2021-22. Clarence Valley and Richmond-Hinterland had the lowest rates in the region, below the national rate.**



Source: AIHW, 2024

The rate of GP attendances per 100 people increases with age. In 2021-22 in the North Coast: (12)

- For **children and young people aged 0-24 years old**, the rate (347) is below the Australian rate (436) and has increased in the region (9%) more than nationally (6%).
- For **people aged 25-44 years old**, the rate (621) is slightly higher than Australia (617) with both increasing at similar levels (14% and 15% respectively). For this age cohort, the rate in Clarence Valley (518) was substantially lower than other areas.
- For **people aged 45-64 years**, the rate (750) was lower than the national rate (790), but is has increased across all SA3s in the region.

- For **people aged 65 years and older**, the rate (1,373) is slightly below the national rate (1,395). While Clarence Valley (1,156) and Richmond Valley-Hinterland (1,158) had the lowest rates in the region, the increase in the last two years was lowest in Port Macquarie (8%).

Notably, Clarence Valley is the SA3 in the North Coast with both the lowest percentage of population accessing GP services and the lowest rate of total GP attendances per 100 people. (12)

A total of 54% of participants in the Better Health Community survey reported difficulties in accessing a local GP when needed. The top barriers reported included difficulty in getting an appointment and long wait times for appointments, followed by cost and lack of GPs in the area. Of note:

- residents of Bellingen, Clarence Valley and Nambucca Valley ranked lack of GPs in their local area higher than other areas
- residents in Bellingen, Nambucca Valley and Richmond Valley stated wait times as the highest barrier to access
- adults in Nambucca Valley and Clarence Valley see lack of access to health services as the leading serious concern in their community.

*"Yeah, I think access to basic like health and to me, that's a given. It's not something that should be a luxury, and I feel like a lot of pressure is put on parents and families that then struggle to access those services when they are a basic need."*

*Community consultation participant Macksville*

### Medicare benefits paid per 100 people

In 2021-22, the Medicare benefits paid in the North Coast for GP services was \$39,223 per 100 population, slightly higher than the Australian average (\$35,356). Richmond Valley-Hinterland had the lowest rate of Medicare benefits paid in the North Coast (\$33,537), although it is the area with the biggest relative increase in the two-year period from 2019-20 to 2021-22 (13%). Clarence Valley follows (\$34,534), showing the smallest increase over the last two years (3%). (12)

The lowest rates of benefit paid per 100 people were for people aged 0-24 years old, with the North Coast (\$18,296) below the Australian average (\$19,788). Notably, rate of benefits paid for GP services for people aged 65 years and older were twice that of the 45-65 years age group in both the North Coast and Australia. (12)

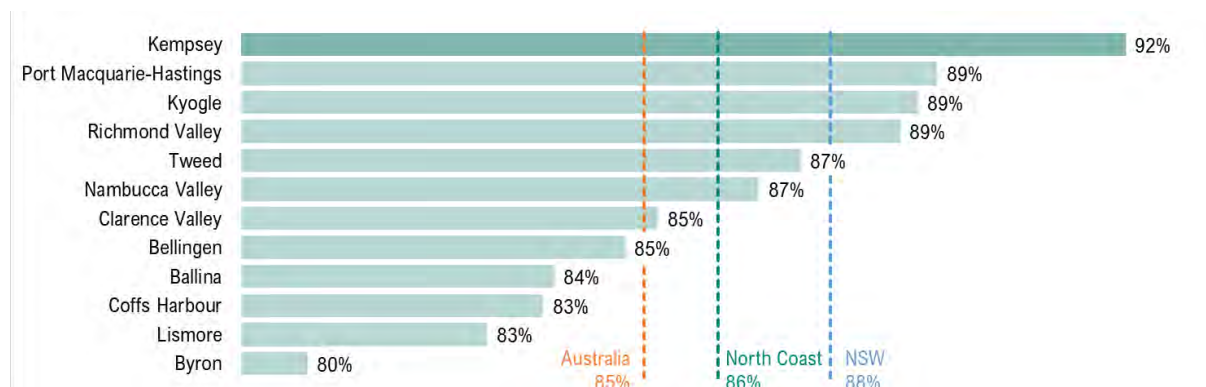
### Provider fees covered by the Medical Benefits Scheme

For GP services in 2023, **86% of provider fees** were covered by the Medical Benefits Scheme (MBS), a lower proportion than NSW (88%) but higher than average in Australia (85%). Kempsey (92%) had the highest provider fees covered by MBS of all LGAs in the region, while Byron (80%) had the lowest (Figure 19). In the three-year period since 2020, the proportion of provider fees covered for GP services declined between 6% and 7% in the North Coast, NSW and Australia. The reduction in provider fee percentage from 2000 was in all LGAs of the North Coast, ranging from 3% in Lismore to 10% in Coffs Harbour and Bellingen. (59)



Figure 19. Percentage of GP provider fees covered by MBS

**In 2023, the GP service provider fees covered by MBS in the North Coast was lower than NSW but higher than Australia. Kempsey LGA had the highest provider fees covered in the region.**



Source: AIHW, 2024

### Bulk billing for non-referred (GP) attendances

The non-referred (GP) attendances (NRA) refer to the proportion of non-referred attendances that were bulk billed based on MBS services. This includes general practitioner, vocationally registered general practitioner, enhanced primary care and other non-referred services, excluding practice nurse items. The NRA is presented as a percentage of total annual GP attendances per financial year. (60)

North Coast region NRA bulk billing percentages for the 2023 period were on par with Australia (both at 77%) and lower than NSW (82%). People aged 16-64 years had a lower percentage than both Australia (70%) and NSW (77%). NRA bulk billing percentages decreased for all age groups between 2020 and 2023 (13% reduction overall), although more substantially for people aged 16-64 years (20%) compared to 0-15 years (6%) and those 65+ (9%). (61) This suggests children and older people may be more likely to be bulk billed than the general adult population. (61)

The NRA average patient contribution for the North Coast region was just \$1 less than for NSW and Australia (\$42 and both \$43) in 2023. Average patient contribution increased for all age groups between 2020 and 2023, with the highest contribution paid by people aged 16-64 years (\$44) and lowest by those aged 65 years and older (\$38). (61)

### After-hours general practice

Service use for GP after-hours and lower urgency emergency department (ED) presentations indicates that primary care after-hours is likely being shifted to emergency departments rather than being managed by general practices where same day and/or out of GP hours care is sought. Participants in community consultations identified several key themes regarding ED use. People in the community went to the ED when they could not secure a timely GP appointment, particularly for urgent needs or during after-hours when GP services are unavailable, such as on weekends and at night.

*"I don't want to waste the ED, you know, we don't want to hold up ED rooms for things that can be dealt with GPs, but there needs to be an accessibility of actually getting to see those GPs in a reasonable time frame for what's going on (asthma episode)."*

*Community consultation participant Macksville*



Respondents noted that they often delay addressing their medical concerns, which eventually leads them seeking care at the ED. While individuals recognised that the ED is intended for serious health and medical concerns, many expressed frustrations at having to use it for issues that could be managed by a GP. Overall, 27% of participants in the Better Health Community Survey reported going to the ED if they were unable to see a GP at the time of condition onset. At LGA level this behaviour reached 34% in Nambucca Valley, 35% in Kyogle, 40% in Clarence Valley and up to 41% in Kempsey.

*"A lot of illnesses happen at the weekend when the GPs aren't working anyway. But if, if I try to get in with my GP and I can't, well, then obviously that's an ED visit. If I feel that it's something that can't wait."*

*Community consultation participant Grafton*

The North Coast region has two [Medicare Urgent Care Clinics \(UCCs\)](#) that opened in November 2023, located in Coffs Harbour and Goonellabah (Lismore). The UCCs are open extended hours including weekends, are fully bulk-billed and designed to address urgent, but not life-threatening illnesses to remove some of the pressure on EDs. For the reporting period ending 30 September 2024 the 2 clinics had seen over 15,000 people, averaging approximately 49 patients per day. The most common reasons for visits include ear aches, coughs, urinary tract infections and viral illnesses. (62) The impact these clinics have had on ED attendance is yet to be evaluated. The LGAs of highest need, identified across the data, surveys, and consultations however do not have UCCs.

### People attending the services

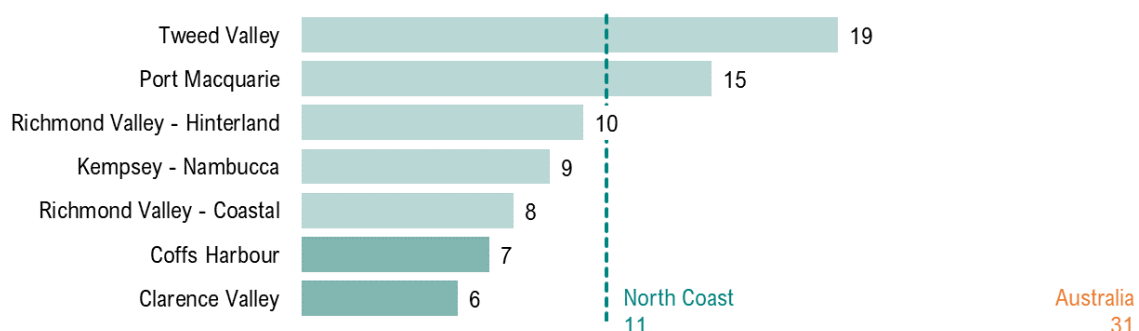
In 2021-22, a total [6% of people](#) in the North Coast region attended an after-hour GP service, considerably less than the average in Australia (17%). In the last two-year period, the decrease in the North Coast population attending after-hours GP services (2%) is less than the national decrease (5%). (12) In the North Coast this ranges from 3% of the population in Clarence Valley and 4% in Kempsey-Nambucca and Coffs Harbour to 11% in Tweed Valley SA3. From 2019-20 to 2021-22 the greatest reductions were in Port Macquarie (6%) and Coffs Harbour (4%). (12).

### Rate of attendances per 100 people

In 2021-22, the rate of after-hours GP service attendances in the North Coast region was [11 per 100 people](#), considerably below the Australian rate (31 per 100) (Figure 20) (31). In the two-year period from 2019-20 to 2021-22, this rate decreased in the North Coast by 25%, less than the national decrease (29%). Clarence Valley (6) and Coffs Harbour (7) had the lowest rates in the region, showing the greatest reduction in the rates in the last two years (51% and 43% decreases respectively). Richmond Valley-Coastal, Kempsey-Nambucca and Richmond Valley-Hinterland had rates below the regional average, although these three SA3s show increased rates in the last two years of 25%, 36% and 13%, respectively, due to increase in 2021-22 after slight decrease in 2020-21. (12)

Figure 20. Rate of after-hours GP service attendances

**The rate of after-hours GP service attendances per 100 people in 2021-22 is considerably lower in the North Coast than the national average. The rate of after-hours GP services is lowest in Clarence Valley and Coffs Harbour, which alongside Port Macquarie show the greatest reduction in attendance rates since 2019-20.**



Source: AIHW, 2024

### After-hours Medicare benefits paid per 100 people

In 2021-22, the Medicare benefits paid in the North Coast region for after-hours GP services was **\$689 per 100 population**, which is lower than the Australian average (\$1,889). Both regional and national benefits paid have declined in the 2-year period from 2019-20 in similar relative proportions (27% and 28% respectively). (12)

Clarence Valley had the lowest after-hours GP services Medicare benefits per 100 people in the North Coast (\$394) followed by Coffs Harbour (\$449) and Richmond Valley-Coastal (\$457). Variation in benefits paid across SA3s since 2019-20 resembles that of the rate of attendances per 100 people for after-hours GP services, with increase in Kempsey-Nambucca (37%), Richmond Valley-Hinterland (15%) and Richmond Valley-Coastal (7%) and reduction in all other areas, notably Coffs Harbour (49%) and Clarence Valley (47%). (12)

### HealthPathways

Community HealthPathways (CHP) is a web-based portal that enables clinical management information, or pathways, designed for primary care providers to use during patient consultations. Pathways are developed by local general practitioners and specialists with the aim of improving integration and delivery of patient care through locally agreed-upon processes and referral information. (63)

In the North Coast region, HealthPathways has between 1,100 and 1,300 users each month. Recently, Healthy North Coast implemented individualised login details for users to gain accurate insights into which GPs are using the service. While most GPs are reportedly aware of HealthPathways, anecdotal evidence suggests that GP registrars frequently use the portal, while other doctors engage with it daily, weekly or monthly. The current uptake of HealthPathways indicates a level of coordination in individual patient care. The introduction of personalised logins will create opportunities to promote the resource to non-users, encouraging greater coordination among providers.

## 4.4. Emergency department presentations

### Lower urgency presentations

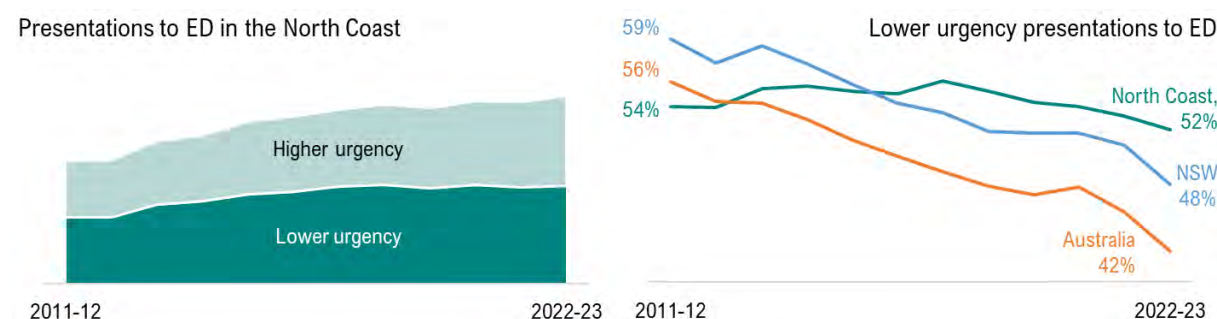
Presentations to emergency department (ED) triaged as category 4 (semi-urgent) or category 5 (non-urgent) are classified as lower urgency or non-urgent presentations. Category 4 presentations require treatment within 60 minutes and for category 5 treatment is recommended within 120 minutes of triage. In some cases, lower urgency presentations might be appropriate for clinical management in primary care settings, alleviating pressure on hospital EDs and allowing for timelier and better care for higher urgency presentations, which require treatment immediately (category 1, resuscitation), within 10 minutes (category 2, emergency) or within 30 minutes (category 3, urgent).

### Proportion of lower urgency presentations

The number of presentations to ED in the North Coast has increased by 53% in the last 11 years, from 235,755 in 2011-12 to 360,056 in 2022-23. In the last reporting period, in the North Coast 52% of presentations were triaged as lower urgency, a slight reduction from the 54% in 2011-12 and the peak of 56% in 2017-18. The reduction in the proportion of lower urgency presentations in the North Coast (2%) is marginal compared to NSW and Australia, with reductions of 11% and 14% respectively over the last 11 years. The 48% statewide and 42% nationally for 2022-23 are notably lower than the 52% of lower urgency presentations on the North Coast (Figure 21). (64)

Figure 21. Lower urgency presentations to ED

**The number of presentations to ED in the North Coast has increased in the last ten years. The percentage of lower urgency presentations in the North Coast has decreased less than in NSW and Australia**

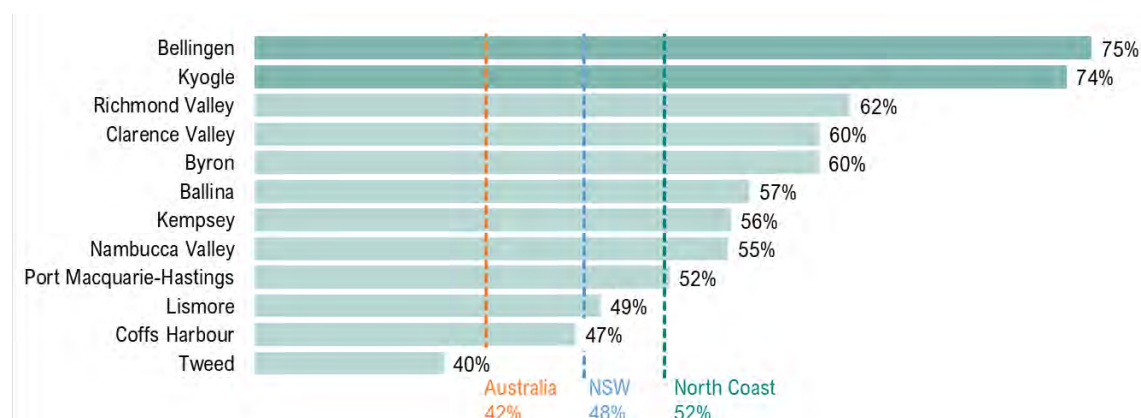


Source: AIHW, 2024

The breakdown of lower urgency presentations across the North Coast region in 2022-23 shows that Bellingen (75%) and Kyogle (72%) have considerably higher proportions of lower urgency presentations than all other LGAs in the region. Tweed (40%) is the only LGA below the national average and, alongside Coffs Harbour (47%), the only two below the NSW average (Figure 22). (64) This indicates that residents in Bellingen and Kyogle are more commonly presenting to the ED due to limited options to seek care locally for non-urgent presentations.

Figure 22. Percentage of lower urgency presentations by LGA

**In 2022-23 the percentage of presentations triaged as lower urgency in the North Coast was higher than NSW and Australia. Bellingen and Kyogle have considerably higher proportion of lower urgency presentations than all other LGAs in the region**



Source: AIHW, 2024

Note, all results are based on where the person lived at the time of receiving care, not where they received the health care service.

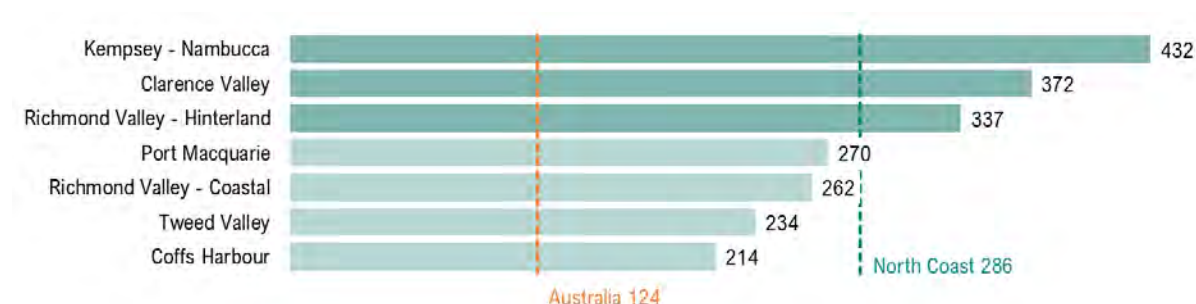
### Age-standardised rate of lower urgency presentations

The age-standardised rate of lower urgency presentations allows for a fair comparison between geographical areas, as it eliminates the effect that different population demographics may have in the non-standardised crude rates.

For 2021-22, the age-standardised rate of lower urgency presentations in the North Coast for **all-hours** was **286 per 1,000 people**, which is more than double the average Australian rate (124). (65) Kempsey-Nambucca has the highest rate of lower urgency presentations (432 per 1,000 people). Clarence Valley (372) and Richmond Valley-Hinterland (337) follow, with rates above the average for the region (Figure 23). (66)

Figure 23. Age-standardised rate of lower urgency presentations to ED by SA3

**In 2021-22, the age-standardised rate of lower urgency presentations per 1,000 people was more than double in the North Coast than the average Australian rate. Kempsey-Nambucca, Clarence Valley and Richmond Valley- Hinterland had the highest rates.**



Source: AIHW, 2024

The age standardised rate of lower urgency presentations **after-hours** is **118 per 1,000 people** in the North Coast, double the average Australian rate (56). The rate distribution across the North Coast geography is similar to the overall, all-hours rate (Figure 23). The rates after-hours range from 88 per 1,000 people in Coffs Harbour to 174 in Kempsey-Nambucca.

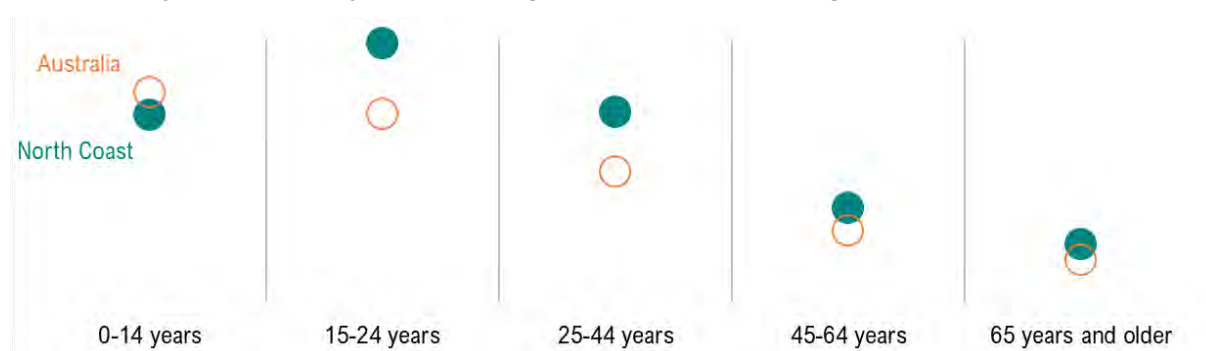
The North Coast is the PHN with the second highest age-standardised rate of lower urgency care in Australia, only behind Western NSW. This is also the case for after-hours

### Demographics of lower urgency presentations

Lower urgency ED presentations in Australia decrease as age increase. In the North Coast region, however, the highest rates in 2022-23 were for people aged 15-24 years (396 per 1,000 population) and people 25-44 years old (317 per 1,000) (Figure 24). (61) This corresponds with the higher rates of usage of GP services by older age brackets (12) and issues in getting appointments and wait times described by both quantitative data from the Better Health Community Survey and in community consultations.

Figure 24. Rate of lower urgency presentations by age

**The rate of lower urgency presentations in the North Coast is considerably higher than Australia for people 15-24 years and 25-44 years, remaining above the national average in older people.**



Source: AIHW, 2024

The above age profile is similar to that of lower urgency presentations after-hours, which rate for children 0-14 years old is lower than the national rate, while other age groups the rate is higher in the North Coast. For lower urgency presentations, males (263) and females (250) in the North Coast region accessed the ED at similar per 1,000 people rates, similarly than the pattern in Australia.

## 4.5. Hospitalisations

### Hospitalisations by category of cause

In 2022-23, the age-standardised rate of hospitalisations for all causes in the North Coast was 33,553 per 100,000 people, lower for the than the NSW rate (34,244). The rate of hospitalisations for all causes is higher in the Mid North Coast LHD (36,561) than in the Northern NSW LHD (31,316), which is the case for most categories of cause (as per ICD-10-AM classification of diagnoses) (Table 8). (67)

The age-standardised rate of hospitalisation in the North Coast is higher than the NSW rate for 9 of the 19 diagnoses groups (as per ICD-10-AM classification of disease), of which three have a rate **above 10% greater** than the NSW rate: Symptoms and abnormal findings, Injury and poisoning, and maternal, neonatal and congenital causes, (all 13% compared to the NSW rate). These three diagnoses are between the six diagnoses with the highest rate of hospitalisation in the North Coast. Of the 10 diagnoses with a rate in the North Coast below the state rate, three have a rate **more than 10% below** the NSW rate: mental disorders (28% below the state rate), other factors influencing health (23% below), and blood and immune diseases (20% below). (67)



In the North Coast, several diagnosis categories have a rate of hospitalisation consistently **higher in males** than females, these are: cardiovascular diseases, dialysis, injury and poisoning, neoplasms - malignant and skin diseases. The categories with a rate of hospitalisation consistently **higher in females** than males are blood and immune diseases, endocrine diseases, and genitourinary diseases. (67)

Table 8. Rate of hospitalisations by category of cause

**In 2022-23, the age-standardised rate of hospitalisation in the North Coast is slightly lower than NSW. The main diagnoses of hospitalisation in the North Coast are the same as statewide: Dialysis, Digestive system diseases, and Symptoms and abnormal findings.**

Cause of hospitalisation (rate per 100,000 population)	Northern NSW LHD		Mid North Coast LHD		North Coast		NSW	
	10-year Trend	2022-23	10-year Trend	2022-23	10-year Trend	2022-23	10-year Trend	2022-23
Dialysis		4,589		4,376		4,511		4,589
Digestive system diseases		3,504		4,312		3,844		3,695
Symptoms and abnormal findings		3,136		3,541		3,310		2,926
Maternal, neonatal and congenital causes		2,614		2,966		2,763		2,449
Other factors influencing health		2,826		2,659		2,750		3,573
Injury and poisoning		2,482		2,516		2,497		2,212
Nervous and sense disorders		2,139		2,790		2,424		2,418
Genitourinary diseases		1,448		1,880		1,629		1,744
Musculoskeletal diseases		1,175		2,018		1,532		1,675
Cardiovascular diseases		1,298		1,680		1,464		1,523
Respiratory diseases		1,400		1,492		1,440		1,506
Mental disorders		1,009		1,662		1,282		1,786
Neoplasms - malignant		1,138		1,135		1,137		1,202
Neoplasms - other than malignant		786		878		824		775
Endocrine diseases		422		1,029		679		647
Infectious diseases		548		580		561		539
Skin diseases		507		564		531		511
Blood and immune diseases		288		459		361		450
Other, not stated		9		24		15		25
Total		31,316		36,561		33,553		34,244

Source: HealthStats NSW, 2024

The main diagnoses of hospitalisation in the North Coast in 2022-23 are dialysis, digestive system diseases, and symptoms and abnormal findings: (67)

- **Dialysis** was the leading cause of hospitalisations in the North Coast, with a rate of 4,511 per 100,000 people, accounting for 15% of all hospitalisations, same as throughout NSW. In the North Coast the hospitalisation rate for dialysis decreased by -6% in the three-year period from 2019-20. The rate in the North Coast is substantially higher in males (6,306) than females (2,872), as is the case for NSW.
- **Digestive system diseases** had the second highest age-standardised rate of hospitalisation in the North Coast region with 3,844 per 100,000 people, which is 4% higher than the rate in and NSW (3,695). This is the cause of hospitalisation with the greatest relative increase in the rate in the last three-year period in the region (17%), increasing at a higher rate than NSW (14%). There was no difference in the hospitalisation rate by sex in the LHDs, the North Coast nor NSW.

- **Endocrine diseases** show a long-term upward trend in the Mid North Coast LHD area, driven by females (37% in the rate compared to 2019-20), whilst the rate in the Northern NSW LHD declined, driven by reduced hospitalisations for males (20% compared to 2019-20). Overall, the rate in the region has increased by 10%, less than NSW (12%) in the same period.

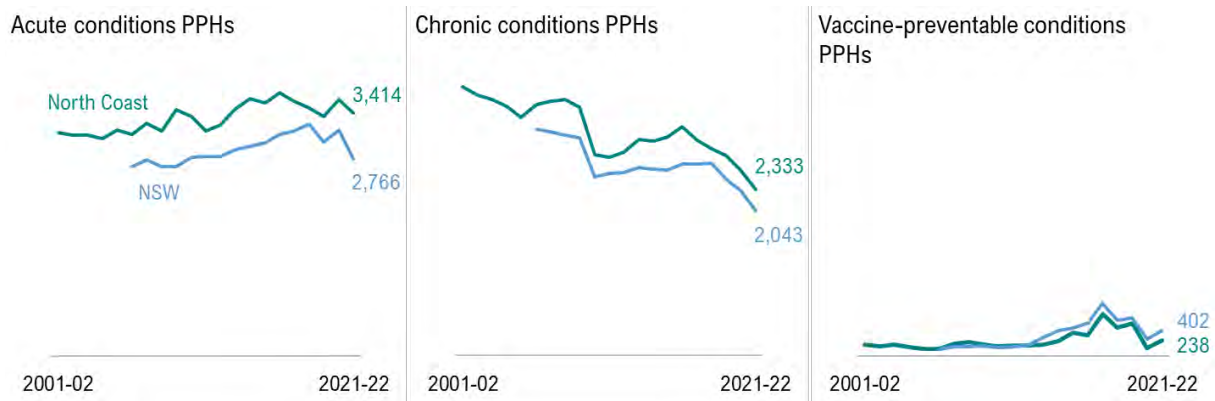
### Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPHs) are those which occur when preventative care and early management of health conditions and disease in primary care settings could have prevented the hospitalisation. In 2021-22, the North Coast had a rate of 1,981 PPHs per 100,000 population, higher than NSW (1,719). In the three years between 2018-19 and 2021-22, the PPHs rate in the North Coast declined by 13%, a lesser decrease than NSW (20%). Females in the North Coast had higher overall PPH rates per 100,000 people than males (2,049 and 1,727, respectively), while the PPHs rate in NSW was the same rate for females (1,723) as males (1,727). (68)

In the North Coast, 57% of PPHs in 2021-22 were attributed to acute conditions, 39% to chronic conditions and 4% to vaccine-preventable conditions. This is consistent with the distribution of PPHs in NSW. The rates of acute PPHs and chronic PPHs have been consistently higher in the North Coast region than NSW over time, while the vaccine-preventable PPHs are lower in the North Coast than the state (Figure 25). (68)

Figure 25. Rates of potentially preventable hospitalisations by type

**The rates of acute conditions PPHs and chronic conditions PPHs per 100,000 people have been higher in the North Coast than NSW in the last 15-20 years, except for vaccine-preventable PPHs, which are lower in the North Coast.**



Source: HealthStats NSW, 2024

Healthy North Coast partnered with both LHDs (Northern NSW and Mid North Coast) to analyse PPH data at local level for this needs assessment. The relative rates of acute, chronic and vaccine-preventable PPHs in 2022-23 are shown in Figure 26. (69)

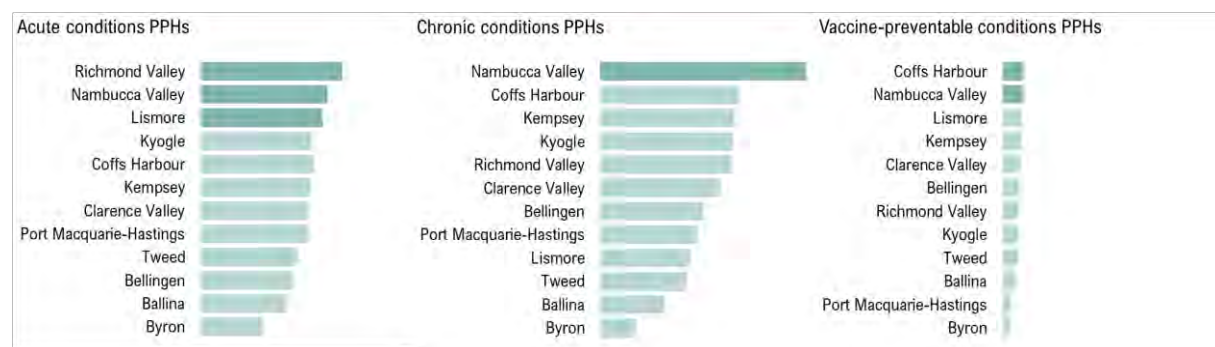
- The rate of **acute conditions PPHs** were highest in Richmond Valley, Nambucca Valley and Lismore, which rates were within a small range to other LGAs. Byron and Ballina had the lowest rates.
- The rate of **chronic conditions PPHs** was highest in Nambucca Valley by a margin to the Coffs Harbour and other LGAs in the region. Byron and Ballina had the lowest rates.
- The rate of **vaccine-preventable PPHs** was significantly lower than acute and chronic PPHs, with the highest rates in Coffs Harbour and Nambucca Valley.



Admissions for PPHs increase the risk of hospital acquired conditions the longer the person is admitted. This is particularly risky for older people who often have more complex health needs than younger cohorts.

Figure 26. Rates of potentially preventable hospitalisations by LGA

**The rates of acute PPHs and chronic PPHs are higher than vaccine-preventable PPHs. In 2023-24, Nambucca Valley is in the top two LGAs in the North Coast for all types of PPHs, notably for chronic conditions.**



Source: North Coast LHD and Mid North Coast LHD, 2024

Note, the above graphs have the same scale for comparative purposes

## 4.6. Other health services

### Allied health

#### People attending the services

In 2021-22, a total of **41% of people** in the North Coast attended an allied health service, more than the average in Australia (37%). The LGAs with highest proportion of population attending allied health services were Tweed Valley (45%) and Port Macquarie (44%), with the lowest in Richmond Valley-Hinterland (35%) and Richmond Valley-Coastal (38%). In the two-year period since 2019-20, only Port Macquarie and Tweed increased slightly the population using allied health services, with all other SA3s declining, notably Richmond Valley-Hinterland and Clarence Valley (down 2%). (12)

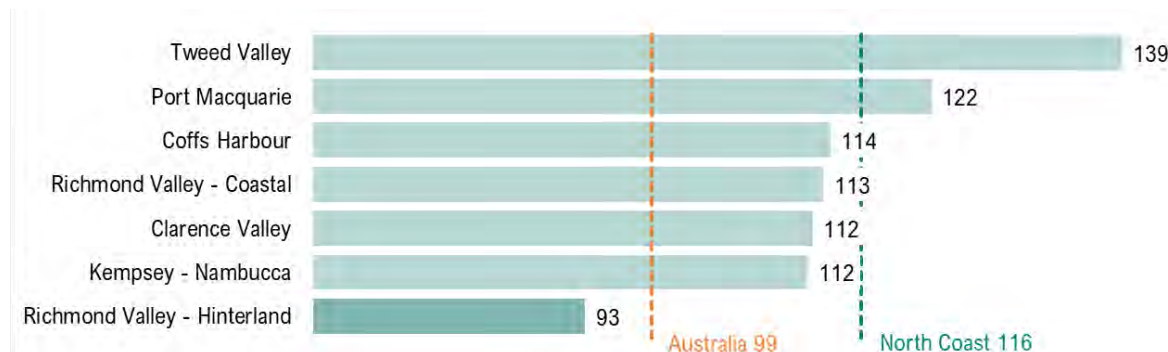
The population attending allied health services in the North Coast was in line with the national average across all age groups. In 2021-22 this was 21% for people 0-24 years, 29% for people 25-44 years, 44% for people 45-64 years and 68% for people 65 years and older. (12)

#### Rate of attendances per 100 people

In 2021-22, the rate of allied health attendances in the North Coast was **116 per 100 people**, above the Australian rate (99). Richmond Valley-Hinterland (93) had the lowest rate, being the only SA3 in the region below the national rate (Figure 27). Since 2019-20, Clarence Valley had the largest decrease (5%) followed by Richmond Valley-Hinterland, Kempsey-Nambucca and Port Macquarie (all with 2% reduction). (12)

Figure 27. Rates of allied health service use

**The rate of allied health services use per 100 residents in 2021-22 in the North Coast is above the Australian rate. Richmond Valley-Hinterland had the lowest use of allied health services in the region.**



Source: AIHW, 2024

The rate of allied health use increase with age, with rates in the North Coast consistent with the national rate for people aged 0-24 years and above the national rate for people aged 25 years and above. The rate in the North Coast is highest for residents aged 65 years and older (204 services per 100 people). (12)

### Medicare benefits paid per 100 people

In 2021-22, the Medicare benefits paid for allied health services in the North Coast were **\$7,807 per 100 people**, higher than average in Australia (\$6,849). In the 2-year period 2019-20 to 2021-22, Medicare benefits have increased less in the North Coast (5%) than nationally (14%). Richmond Valley-Hinterland had the lowest Medicare benefits in the North Coast (\$6,505), although it increased by 5% in the last two years. Kempsey-Nambucca (\$6,835) and Clarence Valley (\$7,013) had the second and third lowest benefits per 100 people in 2021-22. The highest benefits paid were in Tweed (\$9,361) followed by Richmond Valley-Coastal (\$8,392), which increased the most in the last two years (9%). Benefits increase with age, with the North Coast benefits above national averages, notably for people aged 25-44 years old (\$7,622 compared to \$6,488 nationally). (12)

### Provider fees covered by MBS

For allied health and optometry services, in 2023, a total of **80% of provider fees** were covered by MBS, slightly higher proportionally than the average for NSW (77%) and Australia (76%). In the three-year period since 2020, the proportion of provider fees covered for allied health and optometry declined between 6 and 7% in the North Coast, NSW and Australia. Kempsey (89%) and Nambucca Valley (88%) had the highest provider fees covered by MBS of all LGAs in the region, while Byron (68%), Ballina (74%) and Bellingen (75%) had the lowest. Compared to 2020, in 2023 there was a reduction in provider fee percentage in all LGAs, ranging from 4% in Nambucca Valley to 9% in Bellingen. (59)

### Medical specialists

#### People attending the services

In 2021-22, **36% of people** in the North Coast accessed medical specialist services, above the Australian average (31%). In the two-year period since 2019-20, specialist attendance slightly decreased in the North Coast (0.4%) while it increased in Australia (0.7%). Port Macquarie had the highest specialist attendance (41%) and is the only SA3s in the North Coast that increased in the last two years (1%). The lowest proportion of population

accessing medical specialist services are in Richmond Valley-Hinterland (34%), Richmond Valley-Coastal (34%) and Coffs Harbour (35%). The greatest reduction in the last two years was in Clarence Valley (2%), with 38% of the population attending specialists in 2021-22. (12)

The proportion of population accessing specialist services in the North Coast is between 1% and 3% higher than average for Australia for all age groups. In 2021-22 this was 20% for people aged 0-24 years, 25% for people aged 25-44 years, 37% for people aged 45-64 years and 64% for people aged 65 years and older. (12)

### Rate of attendances per 100 people

In 2021-22 the rate of total attendances to medical specialists in the North Coast was **116 per 100 people**, above the Australian rate (100) (Figure 28). This rate decreased from the year prior (123 per 100) but is equal to two years prior (2019-20); in Australia this rate increased by 5% in the last two years. In 2021-22 the rate was highest in Port Macquarie (137), the only SA3 in the region to show increase from 2019-20.

The lowest rates of medical specialist attendance are in Richmond Valley-Hinterland (99) and Richmond Valley-Coastal (101), which reduced by 4% and 3% respectively compared to 2019-20. Reduction occurred in Clarence Valley (2%) despite having the second highest rate in the region (125 per 100 people). (12)

Figure 28. Rates of medical specialist attendances

**The rate of medical specialist attendances per 100 residents in 2021-22 in the North Coast is above the Australian rate. Richmond Valley-Hinterland and Richmond Valley-Coastal had the lowest rates of medical specialist attendances per population in the North Coast.**



Source: AIHW, 2024

The rate of specialist service use increases with age. The age-specific rates per 100 people in the North Coast were 49 for people aged 0-24 years, 64 for people aged 25-44 years, 111 for people aged 45-64 years and 237 for people aged 65 years and over. These are consistent with the national rates in all age groups. (12)

### Medicare benefits paid per 100 people

In 2021-22, the Medicare benefits paid for medical specialist attendances in the North Coast was **\$10,165 per 100 people**, above the average for Australia (\$9,036). Both declined from the previous year and were higher than 2019-20, with the increase in the North Coast (1%) lower than Australia (7%). Richmond Valley-Coastal (\$9,160) and Richmond Valley-Hinterland (\$9,219) had the lowest Medicare benefits per 100 people in the North Coast, which were slightly above the national average. Clarence Valley is the only SA3 that had a material decline in benefits paid in the last two years (5%). (12)

The Medicare benefits paid per 100 people in the North Coast was higher than Australia for people aged 0-24 years old (\$5,636 in the region, above the \$4,984 nationally) and lower for people aged 65 years and older (\$19,097 in the region, below the \$20,159 for Australia). (12)

### Provider fees covered by MBS

For medical specialist services, in 2023 a total of **59% of provider fees** were covered by MBS, a higher proportion than average for NSW and Australia (both 56%). In the three-year period since 2020, the proportion of specialist provider fees covered by MBS declined in the North Coast by -8%, more than NSW (6%) and Australia (7%). The provider fee coverage in 2023 ranged from 57% in Byron to 62% in Clarence Valley, with all LGAs in the North Coast experiencing a similar reduction in provider fees in the three-year period from 2020. (59)

## Diagnostic imaging

### People attending the services

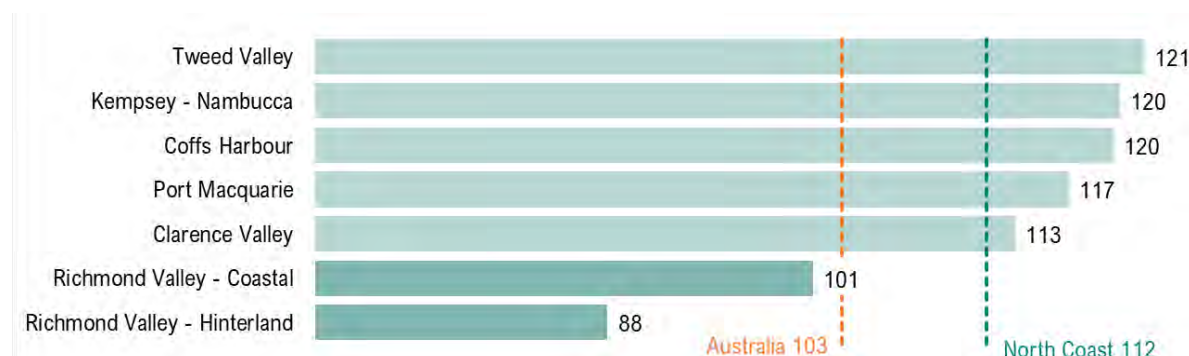
In 2021-22, **40% of people** in the North Coast attended diagnostic imaging services, slightly above the Australian average (38%). Richmond Valley (36%) had a considerably lower rate than all other SA3 in the North Coast. The proportion of population using diagnostic imaging in the North Coast is consistent with Australia for people aged 0-24 years and 65 years and over. It is higher than the national average for people aged 25-64 years old. (12)

### Rate of attendances per 100 people

In 2021-22, the rate of total diagnostic imaging attendances in the North Coast was **111 per 100 people**, above the Australian rate (103) (Figure 29). This rate increased in the last 2 year period throughout Australia (4%) but it declined in the North Coast (1%). Richmond Valley-Hinterland (88) and Richmond Valley-Coastal (101) had the lowest rates, which have declined in the last two years. Tweed Valley had the highest rate in 2021-22 and is the only SA3 to have increased materially since 2019-20 (4%). The age-specific rate of diagnostic imaging attendances in the North Coast are consistent with the national rates for all age groups. (12)

Figure 29. Rate of total diagnostic imaging attendances

**The rate of total diagnostic imaging attendances per 100 residents in 2021-22 in the North Coast region is above the Australian rate. Richmond Valley-Hinterland and Richmond Valley-Coastal had the lowest rates of diagnostic imaging services use in the region.**



Source: AIHW, 2024

### Medicare benefits paid per 100 people

In 2021-22, the Medicare benefits for diagnostic imaging services in the North Coast was **\$17,960 per 100 people**, higher than Australia (\$15,755). These have increased since 2019-20 but the North Coast (6%) to a lesser extent than Australia (10%). Richmond Valley-Hinterland and Richmond Valley-Coastal have the lowest benefits in the region, which are lower benefits than the national average. In the last two-year period, benefits have increased in all SA3s in the region between 3% and 6%, except for Tweed Valley, with a 14% increase in the last two years (\$20,854 in 2021-22). (12)

### Provider fees covered by MBS

For diagnostic imaging services, in 2023, a total of **87% of provider fees** were covered by MBS, similar to NSW (88%) and Australia (86%). In the 3 year period since 2020, the proportion of diagnostic imaging provider fees covered by MBS declined in the North Coast by 4%, more than NSW and Australia (both 2%). Kempsey and Nambucca Valley (90%) had the highest provider fees covered by MBS in the North Coast, while Byron had the lowest (82%). (59)

### Medicare Benefits Scheme bulk billing

#### Bulk billing rate

The rates of Medicare Benefits Scheme (MBS) bulk billing are decreasing across most types of services in the North Coast, meaning less people are receiving completely bulk-billed services and are therefore paying more out of pocket. Overall, North Coast had a similar bulk billing rate to NSW and Australia, however there were a few items with much lower or higher rates. Other allied health (5%), diagnostic imaging (6%), and optometry (6%) all had lower bulk billing rates than NSW and Australia. The largest percentage decrease in bulk billing rates were seen in allied health (17%), obstetrics (13%) and total GP non-referred attendances (12%). (61)

Radiotherapy and total operations had much higher bulk billing rates in the North Coast region than in NSW and Australia, with differences to NSW at 10% and 12% respectively. Optometry and radiotherapy were the only broad types of services that had an increase in bulk billing rates (by 1% and 11% respectively). (61)

The bulk billing rates in the North Coast region are consistent with NSW and Australia indicating that bulk billing rates are decreasing across NSW and Australia as well. (61) (59)

#### Average patient contribution per service

The average patient contribution per service was lower in the North Coast region than NSW and Australia for almost every health service. Total pathology and radiotherapy were the only cases where patient contribution was higher in the North Coast. Despite this, average patient contribution per service increased in the region for nearly every broad type of service. Total pathology was the only exception to this by a very small marginally decrease (\$1). Obstetrics (\$27), radiotherapy (\$23) and specialist attendees (\$20) had the largest increase over the 3-year period 2000 to 2023. (61)

Although other allied health, diagnostic imaging and optometry had lower bulk billing rates in the North Coast region than NSW and Australia, the average patient contribution for these services was not out of place. Conversely, although radiotherapy was one of the few services to have a higher bulk billing rate in North Coast than in NSW and Australia, it was



the only service to have a higher average patient contribution in North Coast than in NSW and Australia. (61)

People in the North Coast region are paying less out-of-pocket for most service types, compared to NSW and Australia. Some anomalies included the North Coast region having lower bulk-billing rates for allied health, optometry and diagnostic imaging compared to NSW and Australia. This means that people accessing these services in the North Coast are paying more out of pocket than other parts of the country. This observation mirrors concerns raised in the Better Health Community Survey. Of note, the 'amount' people are paying out-of-pocket is in line with other parts of the country. (59)

## 4.7. Chronic health conditions

### Summary of chronic conditions

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. (70) Many people diagnosed with a chronic health condition or chronic disease are diagnosed with multimorbidity, which means they are living with two or more chronic health conditions. (71) Chronic health conditions are increasingly common within Australian society; they have significant health, social and broader economic impacts and are a priority area of action in the health sector. (72)

### Key points

- Richmond Valley, Nambucca Valley and Kempsey have the highest rates of chronic conditions in the North Coast region and the highest rates of multimorbidity and polypharmacy.
- Anxiety is the chronic condition with the highest presence in the North Coast region.
- Kempsey has the highest presence of chronic kidney disease, renal failure and COPD in the region.
- The North Coast has higher rates of people with GP chronic disease management plans than Australia.
- Richmond-Valley Hinterland has the lowest rates of GP management plans in the region, while Port Macquarie and Clarence Valley have the highest rates.
- Participation in the National Cervical Screening Program is lower in Kempsey-Nambucca, Richmond-Valley Hinterland and Clarence Valley than the national and state averages.
- The North Coast region has substantially higher incidence of skin cancer (almost twice) than NSW, with the highest rates in Byron and Ballina.
- The North Coast has higher rates of respiratory cancer and breast cancer than NSW.
- Richmond Valley, Kempsey and Tweed have the highest incidence of cancer across all types.
- The rate of GP health assessments in the North Coast region is higher than the Australian rate.

## Highest priority needs

Facilitate opportunities for individuals and communities to participate in preventative health activities

Improve prevention and management of chronic disease, including management of risk factors, multimorbidity and polypharmacy

Increase access to GP chronic disease management plans and GP health assessments (if required), particularly in Richmond Valley-Hinterland SA3

Increase participation in skin cancer screening in the North Coast to reduce skin cancer incidence, particularly in Byron, Ballina and Lismore LGAs

Reduce incidence of type 2 diabetes, particularly in the Mid North Coast area

Reduce the incidence of cancer in the North Coast, particularly of respiratory and breast cancer, with a focus on LGAs with higher incidence for all cancer such as Richmond Valley, Kempsey and Tweed

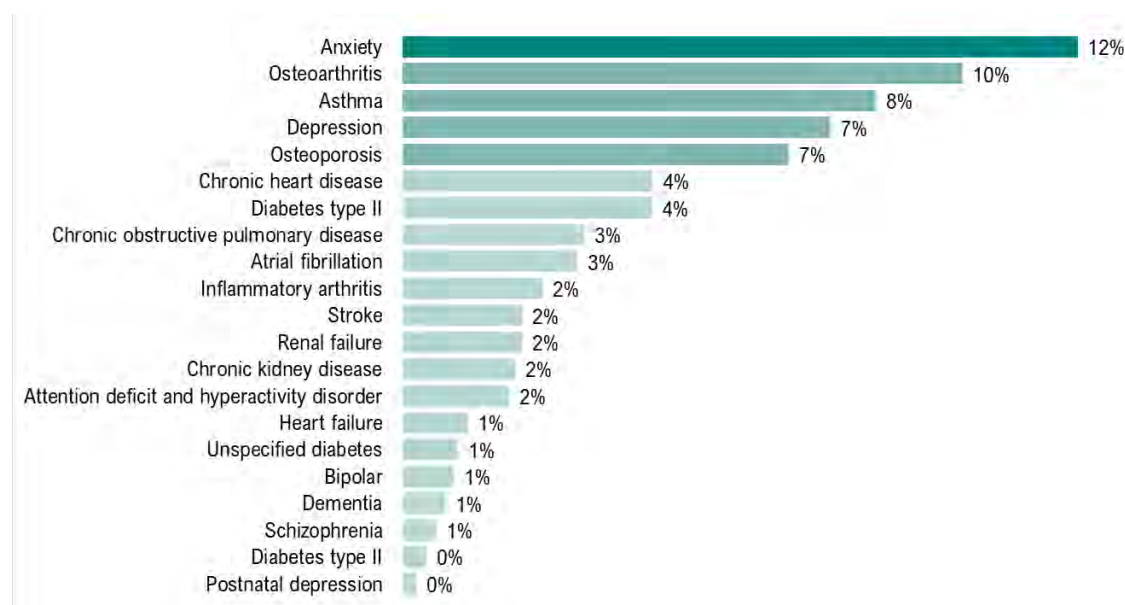
## Chronic disease

### Prevalence of chronic disease in general practice

In 2023, the most common chronic conditions in general practice active patients across the North Coast region were anxiety (12%), osteoarthritis (10%), asthma (10%), depression (8%) and osteoporosis (7%) (Figure 30). Note, this excludes cancer diagnoses. (11)

Figure 30. Presence of chronic conditions in general practice

**Anxiety was the most common chronic condition in North Coast region general practices in 2023, with 12% of active patients experiencing it. Osteoarthritis, asthma, depression and osteoporosis follow as the next most prevalent chronic conditions.**



Source: PATCAT, 2024

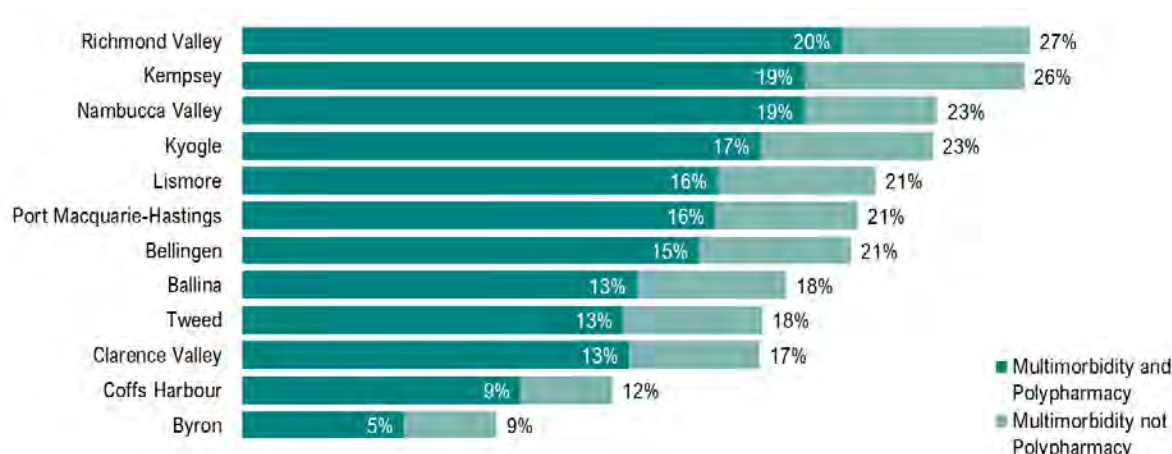
People experiencing a chronic condition are more likely to experience [multimorbidity](#) (experience two or more chronic conditions) [and/or polypharmacy](#) (have five or more medications prescribed). In 2023 in North Coast region general practices, an average of 17% of active patients had multimorbidity and 13% had both multimorbidity and polypharmacy. The LGAs with the highest proportion of active patients experiencing multimorbidity were Richmond Valley (27%) and Kempsey (26%). Richmond Valley was the



LGA with the highest proportion of patients with polypharmacy (20%), followed by Kempsey and Nambucca Valley (both 19%) (Figure 31). (11)

Figure 31. Chronic condition multimorbidity and polypharmacy

**In 2023, 20% of active patients in Richmond Valley had polypharmacy and 27% experienced multimorbidity. Kempsey LGA had similar profile of patients with polypharmacy (19%) and multimorbidity (26%)**



Source: PATCAT

The increased incidence of anxiety across all ages seen at PHN level in GP data is consistent with national trends, which also observed anxiety as the most common mental illness experienced by Australians (an estimated 17% of Australians experienced an anxiety disorder in the preceding 12 months). (11)

Relevant findings about chronic disease in general practice include: (11)

- The chronic conditions that saw the largest increase in presence were anxiety (3%), osteoarthritis, asthma and osteoporosis (all 2%).
- Depression was the only chronic condition to trend downwards (1%).
- Even though anxiety is more prominent in younger people, the increase in anxiety is consistent across all age groups. This differs from other conditions linked to age such as osteoarthritis and osteoporosis, where both the presence and the presence increase were skewed towards older ages.
- The LGAs that saw the largest increase in overall chronic condition presence were (in order) Tweed, Clarence Valley, Bellingen, Ballina, and Richmond Valley.
- Coffs Harbour was the only LGA to see an overall decrease in chronic condition presence (1%).
- Unusual variation observed in Kempsey with greater increases in the presence of chronic kidney disease, renal failure, and Chronic Obstructive Pulmonary Disease (COPD), when compared with other LGAs.
- The North Coast LGAs experiencing high levels of chronic disease, multimorbidity and polypharmacy Kempsey, Nambucca Valley and Richmond Valley, together with Kyogle, are also among the most disadvantaged LGAs in Australia. (73)

### General practitioner (GP) chronic disease management plan

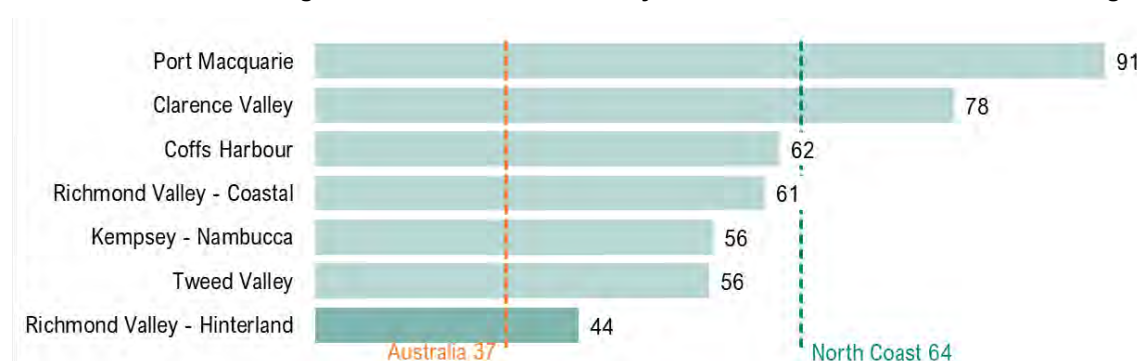
In 2021-22, 23% of people in the North Coast had a GP chronic disease management plan, which is above the Australian average (15%). Whilst this has remained stable for Australia since 2019-20, it has decreased in the North Coast by 2%. The percentage of people with a

GP chronic disease management plan ranges from 17% in Richmond Valley-Hinterland to 29% in Port Macquarie, both outliers with respect to the other five SA3s in the North Coast region. (12)

In 2021-22, the rate of GP chronic disease management plan services in the North Coast region was 64 per 100 people, which is substantially above the Australian rate of 37 (Figure 32). Whilst both have declined since 2019-20, the North Coast rate (9%) has declined more than the Australian rate (1%). Richmond Valley-Hinterland had the lowest rate in the North Coast (44), followed by Tweed Valley (56) and Kempsey-Nambucca (56). Port Macquarie (91) had the highest rate per 100 people, followed by and Clarence Valley. (78) Clarence Valley was the only SA3 in the North Coast to show an increase in the rate of GP chronic disease management plan services compared to two years prior (3%). (12)

Figure 32. Rate of GP chronic disease management plans

**The rate of GP chronic disease management plan services per 100 people was higher in the North Coast than the Australian average in 2021-22. Richmond Valley-Hinterland had the lowest rate in the region**



Source: AIHW, 2024

The rate of Medicare benefits paid for GP chronic disease management plan in 2021-22 in the North Coast was \$6,636 per 100 people, higher than Australia (\$4,081). Compared to 2019-20, benefits paid declined in the North Coast (7%) whilst they increased for Australia (2%). Richmond Valley-Hinterland (\$1,741) had the lowest benefits paid, substantially lower than the next SA3s, Kempsey-Nambucca (\$5,977) and Tweed Valley (\$6,001). Port Macquarie had the highest benefits per 100 people (\$9,237). (12)

## Cancer

### Cancer screening

The most recent rates of screening for bowel cancer, breast cancer and cervical cancer in the North Coast region are above that of NSW and Australia. Note, the most recent data available for bowel and cervical screening include 2021 and the impacts of Covid must be considered as they may have contributed to a decline in screening rates from previous periods.

**Bowel cancer screening for people aged 50-74 years.** The participation in the National Bowel Cancer Screening Program (NBCSP) in the North Coast in the two-year period 2020-21 was 41%, slightly above NSW (40%) and consistent with Australia (41%) (Figure 33). The rates have declined from the 2018-19 period by 2% in the North Coast and by 1% and 3% in the state and nation, respectively. Richmond Valley-Hinterland (38%), Kempsey-Nambucca (39%) and Tweed Valley (40%) are the SA3s with the lowest bowel screening rates in the North Coast. These were the areas with the greatest decline in the screening rates from the previous period. (74)

Figure 33. Bowel cancer screening rates by SA3

**In the 2020-2021 period, the rates of bowel cancer screening for people aged 50-74 years were lowest in Richmond Valley-Hinterland, Kempsey-Nambucca and Tweed Valley**

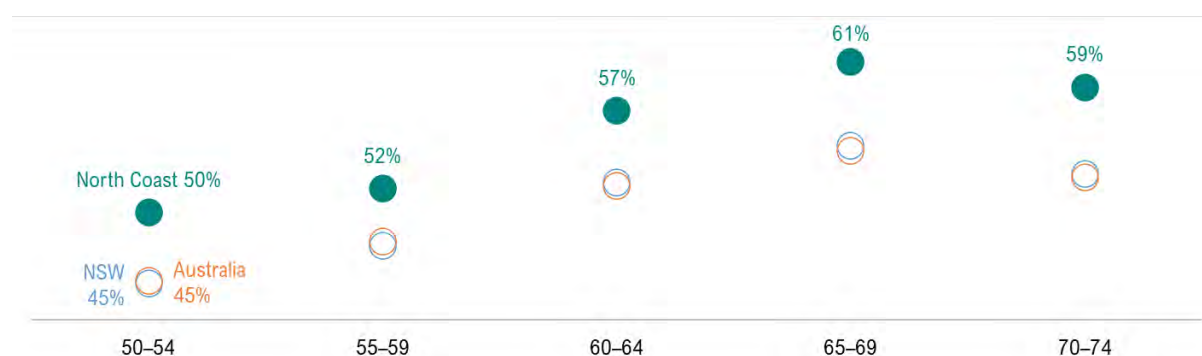


Source: AIHW, 2024

**BreastScreen for people aged 50-74.** The participation rate in the BreastScreen Australia program in the North Coast in the two-year period 2019-20 was 56%, above the rates in NSW and Australia (both 50%). While there was a 2% reduction in the rate in the North Coast compared to the previous reporting period (2016-17), participation in the region declined to a lesser extent than NSW (4%) and Australia (5%). All SA3s on the North Coast had screening rates above the state and national average. Clarence Valley had the highest rate (64%) and was the only SA3 with increased participation from the previous reporting period. The lowest breast screening rates were in Tweed Valley and Richmond Valley-Coastal (both 53%). Notably, screening rates in the North Coast were above the state and national rates for all age groups included in the BreastScreen Australia program (Figure 34). (74)

Figure 34. BreastScreen Australia participation rate by age

**The rate of breast screening in the North Coast region were above the state and national rates for all age groups included in the BreastScreen Australia program**

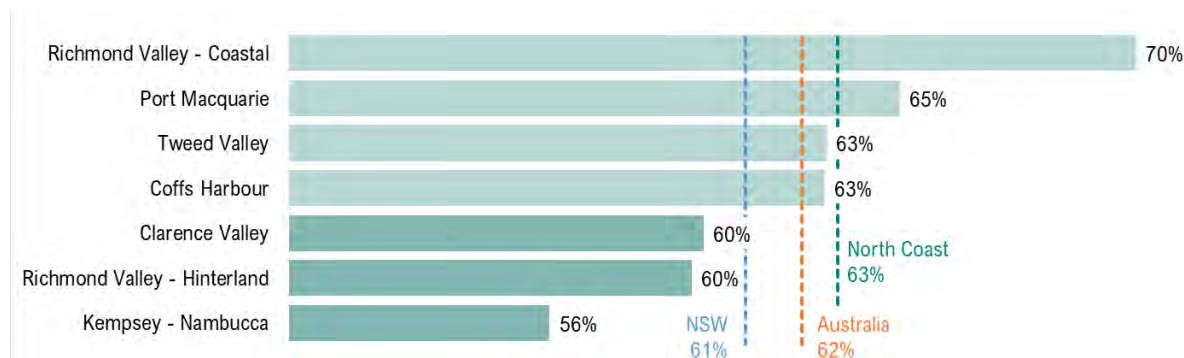


Source: AIHW, 2024

**Cervical screening for people aged 25-74.** In the four-year period 2018-21, participation in the National Cervical Screening Program in the North Coast region was 63%, slightly above the rates in NSW (61%) and Australia (62%). Participation was lowest in Kempsey-Nambucca (56%), Richmond Valley-Hinterland (60%) and Clarence Valley (60%) (Figure 35). This may reflect GP access and appointment issues in these areas given this screening is completed by a medical practitioner, usually with a GP, whereas breast screening and bowel screening services operate outside of GP services. (74)

Figure 35. Cervical screening rates by SA3

**In 2018-21 cervical screening rates in the North Coast region was slightly above state and national rates. Kempsey-Nambucca, Richmond Valley-Hinterland and Clarence Valley had rates below the state average**



Source: AIHW, 2024

Screening rates for cervical cancer in younger people were considerably higher than for NSW and Australia, especially for people 25-29 years but also for 30–39-year-old people.

### Cancer incidence and mortality

The types of cancer with the highest **aged-standardised incidence rates** in the North Coast in 2021 were urogenital cancer (111 per 100,000), skin cancer (93 per 100,000) and breast cancer (67 per 100,000). The incidence of urogenital cancer in the North Coast region was consistent with the NSW incidence (109 per 100,000). Skin cancer is the type of cancer with the greatest difference compared to NSW in 2021 with 93 per 100,000 people in the region compared to 54 statewide. Byron and Ballina LGAs had the highest rates of skin cancer in 2021 at 124 and 121 per 100,000 respectively and have increased incidence compared to 3 years prior (44% and 21% respectively). (75)

The cancer **mortality rates** in the North Coast were slightly higher or equal to the NSW rates in 2021 for all cancer groups. Respiratory cancer was the cancer with the highest mortality rate in the North Coast (32 per 100,000 people) and the cancer with a greatest difference in mortality rate compared to the NSW rate (28 per 100,000) across all cancer groups. The following cancer groups in mortality rate were upper gastrointestinal (28 per 100,000), urogenital (19 per 100,000), bowel (19 per 100,000) and lymphohematopoietic (18 per 100,000). The mortality rate for respiratory cancer was highest in Kyogle (54 per 100,000), the LGA where the mortality rate for this cancer has increased the most in the last three years (11%). (75)

The Cancer Institute NSW 2023 report *Reporting for Better Cancer Outcomes: Annual statewide report* provides benchmarking for all LHDs in the state for cancer incidence and mortality and for the 2017-21 period indicates that (76):

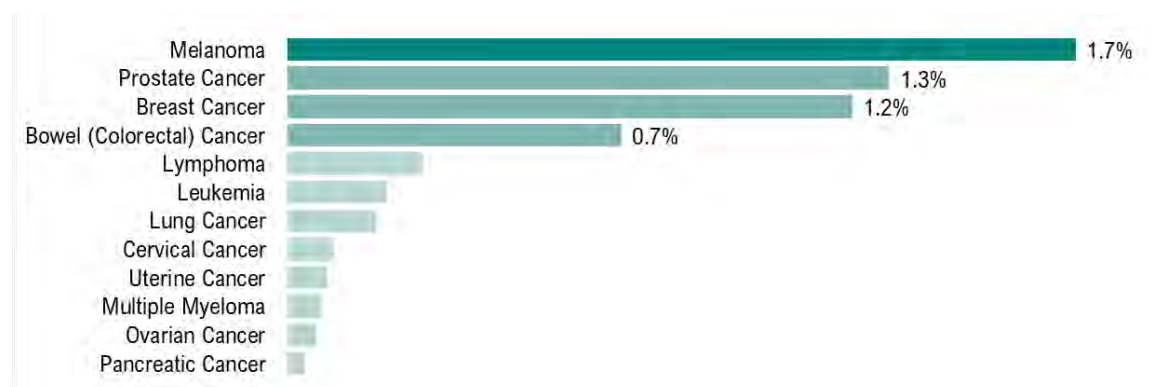
- Cancers with **standardised incidence ratios** significantly higher than NSW for Mid North Coast LHD were melanoma (1.5), unknown primary (1.2), head and neck (1.2), and lung (1.1). For Northern NSW LHD they were melanoma (1.6), unknown primary (1.3), and lung (1.1).
- Cancers with **standardised mortality ratios** significantly higher than NSW for Mid North Coast LHD were unknown primary (1.2), colon (1.2), head and neck (1.3), lung (1.2), and melanoma (1.3). For Northern NSW LHD non-melanoma skin cancer mortality was significantly higher than for NSW (1.5).

## Cancer in general practice

An active patient is one that has had three or more visits to a specific practice in the last 2 year period. In 2023 the most present cancer in the North Coast general practices was melanoma, with 1.7 % of active patients experiencing the condition. Prostate cancer (1.3%), breast cancer (1.2%) and bowel (colorectal) cancer (0.7%) followed in presence rates, with 1% of active patients experiencing these conditions (Figure 36). The top three cancer in presence (melanoma, prostate cancer and breast cancer) are cancer conditions with the highest increase in presence in the three-year period between 2020 and 2023. All other cancer groups had little to no increase in and no cancer reduced in presence in the last three-year period at the North Coast region level. (77)

Figure 36. Cancer prevalence in general practice

**In 2023, melanoma was the most prevalent cancer amongst North Coast general practices active patients. The top four cancer types are considerably more prevalent than the other types**



Source: PATCAT, 2024

Relevant findings in general practice cancer at LGA level include:

- Richmond Valley, Kempsey and Tweed had the highest number of active patients with cancer in general practices in 2023. Byron, Coffs Harbour and Kyogle show the lowest prevalence across the North Coast general practices.
- The presence of melanoma is highest in Richmond Valley (2.3%), Ballina (2.0%) and Tweed (2.0%) and lowest in Nambucca Valley (0.9%).
- The LGAs that had the highest increase in cancer presence in the last three-year period were Tweed, Ballina and Clarence Valley.
- Although Byron had the least cancer presence of all LGAs in the North Coast, it had an increase in presence as other areas. (77)

## 4.8. Preventative health

Several aspects of preventative health, health promotion and engagement in health promoting behaviours were raised by community consultation participants and respondents to the Better Health Community Survey. They recognised the value of preventative health activities, including screenings, early mental health interventions and the integration of exercise and extracurricular activities. However, there is hesitancy to participate due to concerns about associated costs.



*"I prefer exercise, such as yoga, and healthy food. I've tried acupuncture, but it's expensive."*

*Community consultation participant Kyogle*

*"There's a lot of sporting activities here, even the likes of PCYC, with a reduction of the vouchers impact on families, because it's not necessarily allowing families to send children along to the sports that they would have liked them to have undertaken, and it's getting tighter for everyone."*

*Community consultation participant Grafton*

## GP health assessments

In 2021-22, **6% of people** in the North Coast had a GP health assessment, above the national average (4%). This ranges from 5% to 7% across the SA3s in the region. (12)

The rate of GP health assessment services was **6 per 100 people**, above the Australian rate (Figure 37). (4) Whilst both have declined since 2019-20, the rate in the North Coast shows a greater reduction (-16%) than Australia (-8%). Coffs Harbour and Richmond Valley-Coastal (both 5 per 100 people) show the lowest rates in the North Coast. Coffs Harbour shows the greatest decrease in the last two years (-23%). (12)

Figure 37. Rate of GP health assessments per 100 residents

**In 2021-22, the rate of GP health assessments per 100 residents in the North Coast is higher than the national average. Coffs Harbour and Richmond Valley-Coastal have the lowest rates in the region**



Source: AIHW, 2024

## 5. Aboriginal health

### 5.1. Summary of health and service needs

Improving the social and emotional wellbeing of Aboriginal communities is of paramount importance for Healthy North Coast. Aboriginal health is the first of the comprehensive assessment that will arise from the 2025-2028 Health Needs Assessment. Scoping work and the development of Aboriginal data sovereignty principles and associated data sharing agreements have commenced by the Aboriginal Medical Services and Healthy North Coast CEOs Partnership.

The disparities in health outcomes for Aboriginal peoples highlight needs for targeted interventions. The persistent burden of chronic disease, despite some reduction, indicates that significant gaps remain in access to healthcare services and preventive care. The low uptake of annual health checks in the North Coast region highlights the necessity for improving service accessibility and cultural safety, ensuring that these communities receive the support they need.

The high demand for mental health and AOD services from Aboriginal peoples signals a critical area for action, particularly given the social determinants of health that can exacerbate these issues. Strengthening the Aboriginal health workforce is essential for improving service delivery, self-determination and fostering trust and enhancing care tailored to the needs of Aboriginal peoples and their communities.

The barriers faced by Aboriginal respondents to the Better Health Community Survey compared to non-Aboriginal respondents emphasise the importance of developing culturally competent healthcare services and workforce to address the specific needs of Aboriginal communities.

Mental health and AOD issues were identified by Aboriginal respondents as issues of concern, which coupled with service use data indicates a need for social and emotional wellbeing programs and targeted mental health and AOD services. The identification of housing and the cost of living as significant challenges reflects the complex interplay between social determinants and health, underscoring the necessity for holistic approaches to improve overall well-being in these communities.

#### Key points

- In 2023, the uptake of health checks among Aboriginal peoples in the North Coast region was 24%, considerably lower than the Australian average of 56%. The lowest uptake was in Clarence Valley at 17.8%, followed by Tweed Valley and Richmond Valley-Coastal, which also fell below the North Coast average.
- The use of PHN-commissioned mental health services by Aboriginal peoples is notably high, accounting for 14% of the total use.
- General practices in areas in the North Coast with the largest Aboriginal communities, such as Kempsey, have high prevalence of type 2 diabetes, chronic kidney disease, renal failure and chronic obstructive pulmonary disease (COPD).
- The proportion of the health workforce who identify as Aboriginal is higher in the North Coast than NSW and Australia and shows an upward trend, however, there are very few Aboriginal Health Practitioners in the North Coast region.



- Mental health issues and AOD use were identified as the most serious health concerns by 54% and 51% of Aboriginal respondents in the survey, respectively.
- Poor quality of services was the most frequently mentioned barrier by Aboriginal respondents in the survey, followed by lack of access to GP services, long wait times and healthcare costs.

### Highest priority needs

Explore opportunities to improve mental health and reduce alcohol and other drugs use in Aboriginal communities

Explore opportunities to reduce incidence of type 2 diabetes, chronic kidney disease, renal failure, rheumatic fever and COPD in Aboriginal peoples, with a priority focus in Kempsey LGA

Improve cultural competency and appropriateness of workforce in mainstream services for Aboriginal communities

Increase health check and follow up rates for Aboriginal peoples to improve management and early detection of chronic disease

## 5.2. Cultural determinants of health

Cultural determinants of health foster a strength-based perspective by recognising that deeper connections to culture and Country enhance both individual and collective identities. This connection contributes to greater self-esteem, resilience and better outcomes in other areas of health, such as education, economic stability and community safety. (78)

For Aboriginal peoples, engaging in cultural practices, accessing traditional lands and maintaining family ties are vital for enhancing health and well-being. (79) According to the 2018-19 Australian Bureau of Statistics survey (80), in Australia:

- 74% of Aboriginal peoples aged 18 and over (357,800 people) recognised an area as a homeland/traditional Country
- 65% of Aboriginal peoples (314,200 people) identified with a tribal group, language, clan, mission or regional group
- 27% of Aboriginal peoples (130,500 people) lived on their homeland.

These connections to Country play a crucial role in supporting the overall social, emotional health and wellbeing of Aboriginal peoples.

Colonisation has severely impacted Aboriginal communities, resulting in loss of life, languages, cultures and connections due to violence and disease, land occupation and restrictions that hinder self-sufficiency. The forced and continued removal of children has led to ongoing trauma across generations, contributing to substantial disadvantages and health disparities among Aboriginal peoples in Australia. (80)

## 5.3. Chronic disease

Overall, Aboriginal peoples experience poorer health outcomes and more inequities than non-Aboriginal people in relation to chronic disease. Due to data limitations Healthy North Coast was not able to gather chronic disease by North Coast or LGA level. For the purpose of this report, it will be assumed the same chronic conditions identified in Australia are evident in the North Coast region.

Between 2003 and 2018, Australia saw a 15% reduction in the overall burden of disease among Aboriginal peoples. This decline was mainly driven by a 27% decrease in fatal

burden, while rates of non-fatal burden remained stable. In 2018, non-fatal burden comprised 53% of the total, while fatal burden accounted for 47%. Nearly half (49%) of the disease burden could have been mitigated by addressing modifiable risk factors like smoking and poor diet. (81)

Aboriginal males experienced a higher total burden than females across all age groups. In 2018, the fatal burden for males was 1.4 times greater than for females. The disease groups contributing to the burden among Aboriginal peoples included mental and substance use disorders (23%), suicide and self-inflicted injuries (12%), cardiovascular diseases (10%), cancer (10%) and musculoskeletal conditions (8%). In contrast, the leading disease groups for non-Aboriginal Australians were cancer (18%), musculoskeletal conditions (13%), cardiovascular diseases (13%), mental health and substance use disorders (12%) and suicide and self-inflicted injuries (8%). (81)

The diseases with the highest burden among Aboriginal peoples were coronary heart disease (6%), anxiety disorders (5%), suicide and self-inflicted injuries (5%), alcohol use disorders (4%) and depressive disorders (4%). Notably, males faced more than three times the burden from alcohol use disorders and suicide compared to females, while they experienced nearly double the burden from coronary heart disease. Conversely, females had a higher burden from anxiety and depressive disorders. (81)

Coronary heart disease remains the leading cause of disease burden but has also seen the largest decline over time, decreasing by 48% from 2003 to 2018. Other conditions, including type 2 diabetes, stroke, rheumatoid arthritis, hearing loss, and chronic obstructive pulmonary disease (COPD), have also shown reductions over this period. (81)

The rates of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in the North Coast are relatively low compared to other regions, but there are still some cases reported. In the *Acute rheumatic fever and rheumatic heart disease in NSW Surveillance Report 2017-2021*, Mid North Coast Local Health District (LHD) had one of the highest average crude notification rates for RHD in NSW, with 1.4 cases per 100,000 population per year between 2017 and 2021. For ARF specifically, the Mid North Coast LHD had a rate of 15.6 cases per 100,000 people. This is the highest rate across NSW LHDs. (82)

While the North Coast region does have some cases of ARF and RHD, the rates are considerably lower than those seen in high-risk areas of Australia. It is important to maintain awareness and vigilance, especially among high-risk groups, as early detection and treatment are essential in preventing complications from these conditions. (82)

From 2003 to 2018, the absolute gap in disease burden between the two groups decreased by 16%, primarily due to a 28% reduction in the fatal burden. However, the gap in non-fatal burden increased slightly by 7% during this period. Many of these diseases are associated with inter-related factors that are common to more than one disease, such as risk behaviours and issues related to service provision, access, and disease treatment and management among Aboriginal peoples. These factors are often also associated with social and economic disadvantage in areas such as housing, education and employment. (81)

While Aboriginal peoples experience disease burden at a rate of almost 3 times that of non-Aboriginal people (after adjusting for age), this gap is decreasing. However, having any gap is unacceptable and requires urgent interventions.

## Breast Screening

In NSW, breast cancer is the most diagnosed cancer and the second most common cause of death in Aboriginal women. The recommended screening age range for Aboriginal women

was expanded to include participants from 40 years due to Aboriginal women being diagnosed at a much younger age than non-Aboriginal women and are more likely to have a more advanced cancer when diagnosed. Although this has been acknowledged, it is noted Aboriginal women are less likely to participate in routine breast screening than non-Aboriginal women.

In 2019-20, only 2 in 5 Aboriginal women aged 50-74 screened with BreastScreen NSW. Although there is awareness of the benefits of early detection including increased survival, increased treatment options and improved quality of life, there is still low uptake in Aboriginal women. This may be linked to lack of awareness or cultural competency in staff and highlights the importance of group health promotion activities for Aboriginal peoples. (83)

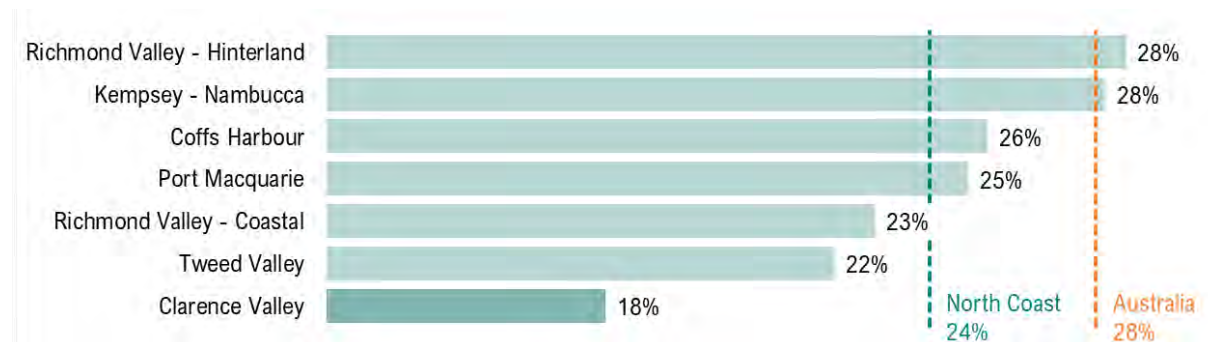
#### 5.4. Aboriginal health checks and follow-up services

Aboriginal peoples are eligible for an annual health check designed to meet their unique health needs, funded by Medicare (MBS item 715). The [Aboriginal health check](#) focuses on identifying prevalent health conditions, such as diabetes and heart disease, which disproportionately affect Aboriginal communities. By promoting early detection and preventive care, annual health checks aim to improve overall health outcomes and address disparities in health access and services. The Aboriginal health check is an important step in ensuring that Aboriginal peoples receive comprehensive assessments, tailored health education and referrals to appropriate services. (84)

In 2023, the uptake of Aboriginal health checks in the North Coast region was 24%, which is lower than the Australian rate of 28% (85). The SA3 with the lowest uptake across the North Coast in 2023 was Clarence Valley (18%), with Tweed Valley (22%) and Richmond Valley-Coastal (23%) also below the North Coast average (Figure 38). (85)

Figure 38. Aboriginal health checks uptake in 2023

**In 2023 the Aboriginal health checks uptake in the North Coast was below the Australian average. Clarence Valley SA3 had considerably lower uptake than other SA3s in the region**



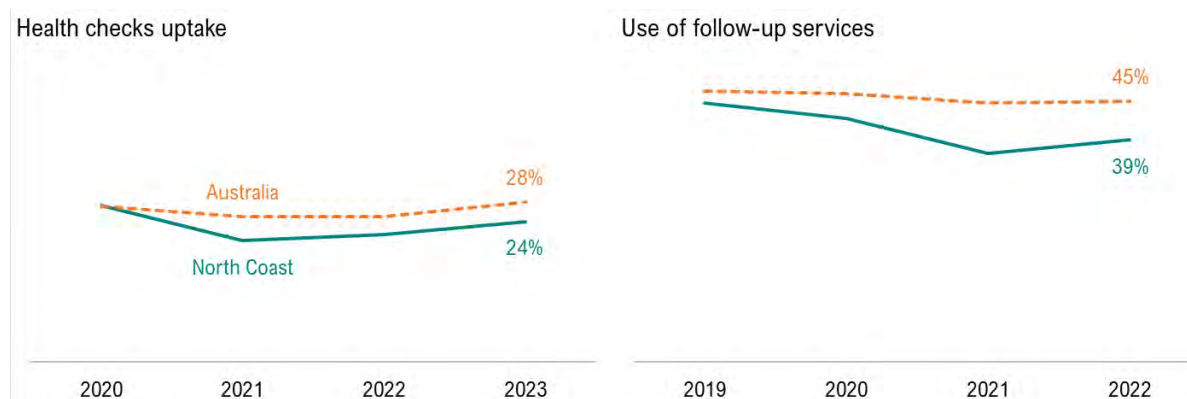
Source: AIHW, 2024

Demographic analysis reveals that people aged 15-24 years of age has the lowest uptake (20%), while those aged 50 years and older show the highest uptake (33%). Uptake in all age groups in the North Coast region remain below the national averages for Aboriginal health checks. (85) This highlights needs to increase health checks for Aboriginal peoples in the North Coast.

In 2022, the use of [follow-up services](#) by Aboriginal peoples in the North Coast was reported at 39%, which is lower than the national average of 45% (Figure 39). While there has been a slight decline in follow-up service use across Australia (down by 2% from 2019 to 2022), the North Coast experienced a larger drop of 7% during the same period. (85)

Figure 39. Aboriginal health checks uptake and use of follow-up services by Aboriginal peoples

**The Aboriginal health checks uptake in 2023 and use of follow-up services for Aboriginal peoples in 2022 were lower in the North Coast than the national average**



Source: AIHW, 2024

The observed variations in health check uptake and follow-up service use may be attributed to the distribution and accessibility of Aboriginal Medical Services (AMSs) across the North Coast region. Factors related to communication between healthcare services and patients, transport, experiences of cultural safety, institutional racism and the cost of treatment have been identified as factors influencing Aboriginal peoples access to, and use of services. (86) It is worth noting some of the areas with low uptake of Aboriginal health checks correspond with areas of most disadvantage. (73)

## 5.5. Service accessibility

### Mental health and alcohol and other drugs

Mental health and substance use issues are critical areas of concern within Aboriginal communities, reflecting the need for effective support and intervention for improving social and emotional wellbeing. Data from the Primary Mental Health Care Minimum Data Set (PMHC MDS) indicates a higher demand of PHN commissioned mental health services among Aboriginal peoples compared to non-Aboriginal populations. (87)

The use of PHN-commissioned mental health services by Aboriginal peoples is notably high, accounting for 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. A total of 23% of alcohol and other drug treatment services clients in the North Coast region identified as Aboriginal, which is higher than the national average. (88)

Overall, the proportion of Aboriginal peoples accessing mental health and AOD support services is notably higher than that of non-Aboriginal people, suggesting that these issues may be more prevalent in this population. (87) This reflects a need for targeted interventions to address these challenges, which can be linked to broader social and economic factors.

This highlights the importance of culturally appropriate and safe services. This was further confirmed in the community conversations about the importance of having culturally competent staff when providing services for Aboriginal peoples, training staff and designing programs.

## Aboriginal workforce

Note, for confidentiality reasons, data suppression applies where FTE is greater than zero (0) and less than three (3) for a LGA and workforce discipline, which may affect the accuracy of results reported.

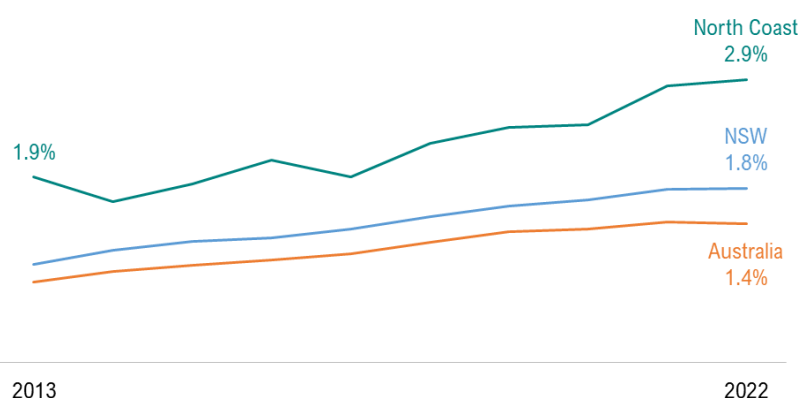
The Aboriginal workforce is integral to ensuring that the health system can address the needs of Aboriginal peoples. Aboriginal health professionals can align unique technical and sociocultural skills to improve patient care, improve access to services and support the provision of culturally appropriate care in the services that they and their non-Aboriginal colleagues work. (89) Aboriginal health workers are integral to improving attendance at appointments, acceptance of treatment and assessment recommendations, reduce discharge against medical advice, increase patient contact time, enhance referrals and improve follow up. (90)

Although the importance of having an Aboriginal workforce is documented, there are very few Aboriginal Health Practitioners in the North Coast region. The following overview, based on 2022 workforce data, highlights key aspects of the Aboriginal health workforce across disciplines:

- **Aboriginal Health Practitioners** Coffs Harbour and Ballina were the only two LGAs to have three or more Aboriginal Health Practitioners in 2022. This has decreased since 2021 where there were four LGAs with three or more Aboriginal Health Practitioners (Ballina, Coffs Harbour, Port Macquarie-Hastings and Kempsey). (91)
- **General practitioners (GPs)**: the GP workforce who identified as Aboriginal for the North Coast (1% of all GPs) was higher than NSW (0.5%) and Australia (0.6%). Notably, Kyogle had GP FTE workforce of 6 in 2022 half of which identified as Aboriginal. (91)
- **Nursing workforce**: in 2022, 3% of the nursing workforce in the North Coast identified as Aboriginal, in a steady upward trend since 2014. This rate was considerably higher than NSW and Australia (both 2%). Nambucca Valley had the highest proportion of the nurse FTE workforce (15%) who identified as Aboriginal, followed by Kempsey (6%). (91)
- **Allied health workforce**: the proportion of the allied health workforce identifying as Aboriginal in the North Coast was 2%, higher than NSW (0.9%) and Australia (0.6%). The highest proportions were found in Ballina (7%), Nambucca Valley (7%), and Clarence Valley (5%). (91)

Figure 40. Proportion of health workforce identifying as Aboriginal

**The portion of the health workforce that identifies as Aboriginal across all disciplines in the North Coast is greater and is increasing faster than NSW and Australia**



Source: Data Tool, DoHAC, 2024



As seen in Figure 40, across all professions, the proportion of the health workforce who identify as Aboriginal on the North Coast is higher than NSW and Australia and shows an upward trend. (91) Acknowledging the North Coast has a larger proportion of Aboriginal health workforce than NSW and Australia, the workforce may be limited to deliver the appropriate care for Aboriginal peoples. It is important to focus on upskilling current non-Aboriginal staff to provide culturally appropriate services and to be aware of and address intergenerational institutional racism. Encouraging and incentivising Aboriginal peoples in the region to pursue training and education in health professions can help meet workforce needs and improve health outcomes for communities.

## 5.6. Insights from the Aboriginal community

Healthy North Coast conducted extensive outreach to engage Aboriginal communities, ensuring their voices were included in the Better Health Community Survey. The survey collected a total of 3,370 responses, of which 234 (7%) were from Aboriginal peoples.

Notably, among these Aboriginal respondents, 77% were women, and 56% were aged 55 or older. Recognising that this group is often underrepresented and difficult to reach, Healthy North Coast prioritised gathering data on their health needs and experiences. Whilst efforts have been made to include representation from the Aboriginal population during this survey, Healthy North Coast has committed to undertaking a comprehensive health needs assessment on Aboriginal health in 2025 with consultations to be completed in a culturally safe way. This will be undertaken in partnership with AMS partners.

The following information is based on the Better Health Community Survey findings.

### Telehealth use and experience

Regarding telehealth experiences, 66% of Aboriginal respondents reported a **positive experience** and expressed a **willingness to use it again**. Meanwhile, 17% had not used telehealth but might consider trying it in the future. In contrast, 17% reported a negative experience, indicating they either would not use it again or did not plan to try it.

The positive telehealth experiences reported by respondents indicate a promising avenue for expanding healthcare access to the Aboriginal communities.

### Access to a GP

94% of Aboriginal respondents reported that they saw a local GP in the last 12 months. The main challenges they faced in accessing a GP included **long wait times for appointments** (57%) and **difficulty securing an appointment** (56%) followed by **cost** (26%). While the cost was reported as a challenge by Aboriginal peoples, less than by non-Aboriginal respondents, the difficulties in securing appointments and the longer wait times were more pronounced among Aboriginal peoples.

When asked what they would do if they could not see a local GP, 30% of Aboriginal respondents indicated they would **go to an emergency department (ED)**, which was a higher response rate than non-Aboriginal respondents. A total of 39% Aboriginal respondents said they would **treat themselves** or **look up symptoms online**, while 18% stated they would do nothing.

These insights highlight a gap in primary healthcare availability, particularly for Aboriginal peoples, and emphasise the need for better accessibility to reduce the burden on tertiary care facilities.



*"Accessibility to medical care in the area is appalling especially after-hours. Lack of GPs to access therefore hospital emergency is only option and the wait time is unacceptable and staff obviously stretched beyond their limit."*

*Aboriginal Better Health Survey Respondent*

## Health concerns

When asked about the most serious health concerns in their communities, Aboriginal respondents indicated **mental health issues** and **alcohol and other drug (AOD) use** were the main issues, reported by 54% and 51% of respondents respectively.

More specifically, Aboriginal respondents ranked mental health as their first or second main concern in 11 of the 12 LGAs, with Richmond Valley being the exception, where it ranked sixth. AOD use was the primary concern in Ballina and Clarence Valley. Triangulating these insights with the PMHC MDS data that indicates that a high proportion of Aboriginal peoples seek mental health and AOD services. Again, this highlights the need for culturally appropriate support in mental health and substance use treatment across the region. (87)

Other notable health concerns among Aboriginal respondents included **diabetes**, which was identified as the top concern in Richmond Valley. The prevalence of diabetes as a health issue in the North Coast was reported at more than double that of non-Aboriginal respondents, highlighting the significant inequities faced by Aboriginal peoples in terms of susceptibility to this condition. This disparity is clearly reflected in the responses. In Port Macquarie, the **ageing population** emerged as the primary concern, while in Kyogle and Tweed, **lack of access to dental care** ranked as the second most frequently mentioned issue. These responses emphasise the diverse health challenges faced by the different Aboriginal communities across the North Coast region.

## Barriers to accessing services

Survey respondents who provided a free-text response to the question *'Is there anything else you'd like to tell us in relation to the health in your community?'*, volunteered information about the barriers they were experiencing. For Aboriginal respondents, the response was **poor quality of services** being the most frequently mentioned barrier, followed by **lack of access to GP services**, **long wait times**, and **cost of healthcare**. These insights indicate that while non-Aboriginal respondents encountered challenges, the barriers faced by Aboriginal respondents are different, suggesting that the perceived poor quality of services may be linked to a lack of cultural competency, systemic and institutional racism and discrimination within the healthcare system, which are common experiences faced by Aboriginal peoples. (92)

*"Racism in hospitals and health services"*

*Aboriginal Better Health Survey Respondent*

*"Doctors don't listen and take way too long to get scans done. Then just brush you aside like trash so they can see more people."*

*Aboriginal Better Health Survey Respondent*

*"It is still a long way to go to achieve the same level of health and wellbeing as non-Aboriginals"*

*Aboriginal Better Health Survey Respondent*

### **Additional concerns raised in consultations**

When asked about broader community concerns, 74% of Aboriginal respondents highlighted **housing availability**, while 66% pointed to the **cost of living**. These issues reflect similar concerns among non-Aboriginal respondents and are compounded by the high rate of homelessness within the Aboriginal communities, with 16% identifying as experiencing homelessness. (93) **Domestic and family violence** ranked among the top three issues in Ballina, Bellingen, Nambucca Valley, and Clarence Valley amongst Aboriginal respondents. In Kempsey, **crime** was the most frequently mentioned concern and appeared in the top three concerns for Lismore, Nambucca Valley, and Port Macquarie.

*"A lot of our community suffers with homeless drinking and drugs we need to help them get off the streets get help with drinking and drug problems do workshops for these people get them listening so they know there is help"*

*Aboriginal Better Health Survey Respondent*

Acknowledging these concerns and their interconnectedness with health are crucial for improving overall social and emotional wellbeing. By addressing social determinants such as housing, cost of living and safety, a more supportive environment will be provided that can drive better health outcomes and enhance quality of life for Aboriginal peoples.

## 6. Children and younger persons health

### 6.1. Summary of health and service needs

The foundations of development, health and wellbeing begin with the critical first 2000 days of life. Health, parenting and relationships and socio-demographic factors during the early years and through adolescence have considerable effects on health and social outcomes across people's lifespan. (94)

#### Key points

- In 2021 the North Coast had higher rates of children in their first year of school scored as vulnerable, compared to NSW and Australia. Richmond Valley, Kyogle, Kempsey and Nambucca Valley LGAs had substantially higher rates than state and national in many early development domains.
- A total of 23% of children in the North Coast are rated vulnerable on one or more domains and 12% are rated vulnerable on two or more domains. Both measures are higher and have increased faster than NSW and Australia since 2018.
- Child full immunisation rates are considerably lower in the North Coast region compared to state and national rates. Richmond Valley-Coastal and Tweed Valley SA3s have the lowest rates in the North Coast.
- Children and young people aged 0-24 years had the lowest service use rates for GP, allied health, specialist, nursing and Aboriginal Health practitioners.
- The lowest rates for access to GP services occurred for people aged 0-24 with Clarence Valley and Kempsey-Nambucca, both lower than the Australian rate.
- Tweed Valley, Kempsey-Nambucca, Richmond Valley-Hinterland and Clarence Valley SA3s have the highest rates of major depression and anxiety disorders for young people aged 12-17 in the North Coast region, all above the NSW rate.
- The average suicide attempt prevalence in the North Coast region for people 12-17 years old is more than double the NSW rate. All North Coast SA3s have a rate higher than NSW, however Kempsey-Nambucca is nearly 3-times the NSW rate.
- Young and neurodivergent people in the North Coast region require more early intervention and a skilled workforce able to provide effective support.
- Schools in the region require training and capacity to address severe mental health and high suicide rates in young people.

#### Highest priority needs

Improve access to health services for children and adolescents to better address their health needs

Increase childhood immunisation rates in the North Coast, particularly in Richmond Valley-Coastal and Tweed Valley SA3s

Reduce prevalence of suicide attempt for youth in the North Coast, particularly in Kempsey-Nambucca SA3

Support early intervention for young and neurodiverse people in the North Coast

Support training and capacity building to improve young people mental health wellbeing and address severe mental health and high suicide rates in young people

## 6.2. Early childhood development

Early childhood development is a determinant of health outcomes. Compared to NSW and Australia, the North Coast region has higher rates of children in their first year of school that are scored as vulnerable for four of the five early development domains, as per the Australian Early Development Census (AEDC). (95)

There has been an increase in the proportion of North Coast children assessed as vulnerable in the five early development domains from 2018 to 2021, following a reduction in the five vulnerability domains from 2009 to 2012 and 2015. The vulnerable rate is highest in the domains of physical and mental wellbeing (11%) and social competence (10%), while the increase in vulnerability in recent years is highest in the domain of language and cognitive skills (school-based). (95)

Table 9. Rates of vulnerability for North Coast children

**North Coast region children in their first year of school have increasing rates of vulnerability, scoring as more vulnerable or at par with NSW and Australia in the five early development domains**

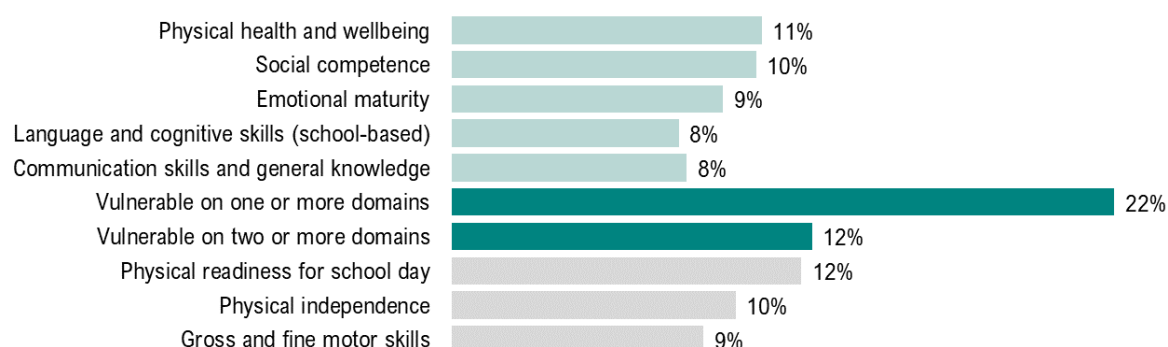
Australian Early Development Census	Trend	2009	2012	2015	2018	2021	NSW 2021	Australia 2021
Physical health and wellbeing		11%	10%	9%	10%	11%	9%	10%
Social competence		11%	8%	9%	9%	10%	9%	10%
Emotional maturity		10%	7%	8%	8%	9%	7%	8%
Language and cognitive skills (school-based)		7%	5%	5%	5%	8%	6%	7%
Communication skills and general knowledge		9%	8%	7%	7%	8%	8%	8%

Source: Australian Early Development Census (AEDC), 2024

Some children score as vulnerable in many of the five domains. Across the North Coast region, 22% of children in their first year of school are vulnerable to one or more domains and 12% are vulnerable to two or more. These children may have compounded developmental difficulties and be at higher risk of poorer health and wellbeing. (95)

Figure 41. Domains of vulnerability for North Coast children

**In the North Coast region 22% of children are vulnerable in one or more early development domains and 12% are vulnerable in two or more domains**



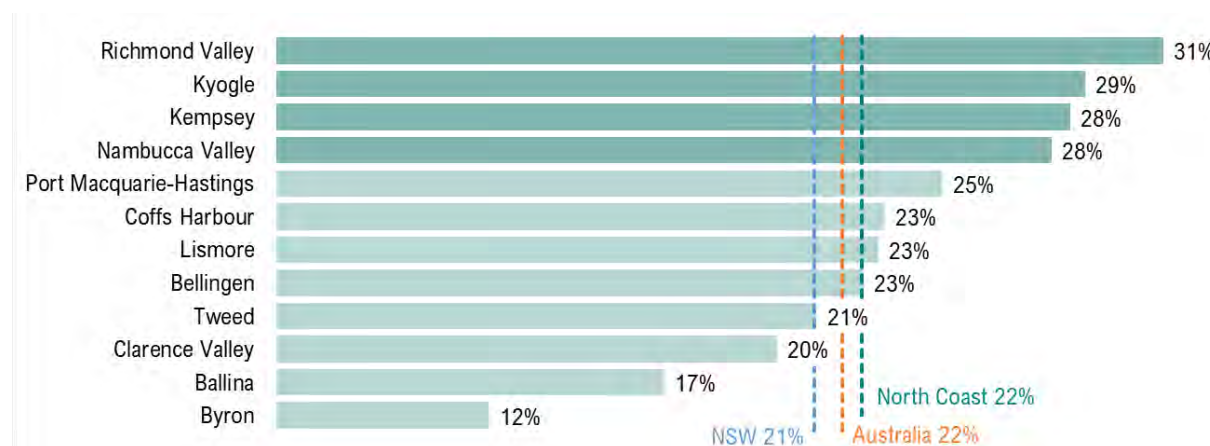
Source: Australian Early Development Census (AEDC), 2024

The North Coast LGAs with the highest levels of vulnerability for social determinants of health have the highest rates of vulnerable children in their first year of school, notably Richmond Valley, Kyogle, Kempsey and Nambucca Valley. (95) (73) Port-Macquarie-Hastings, Lismore and Coffs Harbour had rates higher than NSW and Australia across some

domains. Byron has substantially lower rates of children in the vulnerable category compared to other LGAs in the North Coast and the NSW and Australia benchmarks. (95)

Figure 42. Proportion of children with vulnerable domains

**The percentage of children vulnerable on one or more early development domains in the North Coast region is higher than NSW and Australia, with children in four LGAs substantially more vulnerable than the rest**



Source: Australian Early Development Census (AEDC), 2024

The importance of early intervention and availability of quality supports for the development of children and young people, particularly those with health conditions and developmental challenges and delays, was identified by Healthy North Coast during community consultations. Many participants stressed that the lack of services to provide support in the early years is having substantial negative effects on children's development.

*"He lost so much time he's now, he's now lost so much. He starts school in January, and he's been so far behind, and he's lost all of this time, which was the formative time that he needed the help"*

Community consultation participant Macksville

### 6.3. Immunisation

Australia has a national target for immunisation of 95%, with the aim to achieve herd immunity against the most prominent infectious diseases (for which vaccines are available). The fully immunised rate includes children vaccinated against the following: hepatitis B; diphtheria; tetanus; pertussis; Haemophilus influenzae type b; polio; measles; mumps and rubella; pneumococcal; varicella and meningococcal C. (96)

In 2023, child full immunisation rates in the North Coast region were 5% lower than the state and national rates for three age cohorts: 1-year-old, 2-year-old and 5-year-old children. The full immunisation rates in the North Coast region have declined since 2020 to a greater extent than NSW and Australia. (96)

There is substantial variation in immunisation rates across North Coast region SA3s, with Port Macquarie, Clarence Valley and Coffs Harbour having the highest immunisation rates in the region for children in the three age cohorts. These SA3s may hold helpful information regarding motivation to immunise children which could help the North Coast to improve rates in other SA3s in the region. (96) Richmond Valley-Coastal and Tweed Valley SA3s have the lowest childhood full immunisations rates in the North Coast, highlighting a need to increase childhood immunisations rates in these SA3s.

Below are the full immunisation rates for 2023 (data inclusive of September 2022 to September 2023), and the most relevant change from the three years prior:

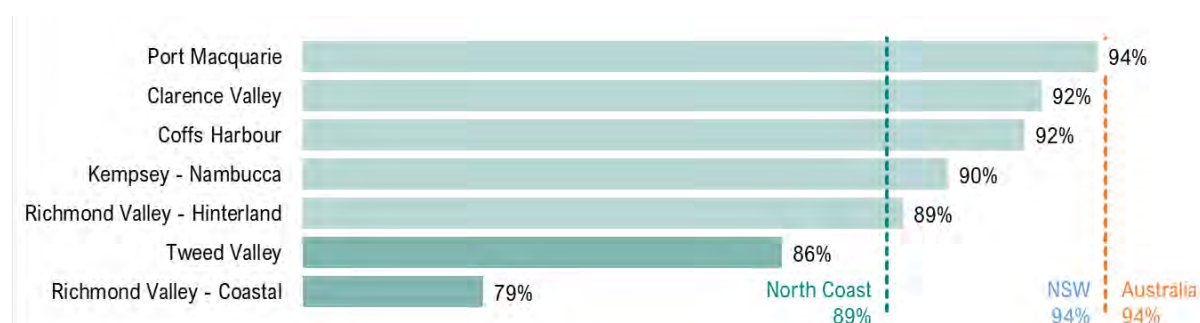
### 1-year-old children

In 2023, 89% of 1-year-old children in the North Coast region were fully immunised, a rate lower than NSW and Australia (both 94%). In the three-year period 2020-23 this rate declined in the North Coast region by 3%, more than the decline in NSW and Australia (0.4% and 0.6%, respectively). (96)

Richmond Valley-Coastal SA3 had the lowest rate of fully immunised 1-year-old children in 2023 (79%) and had the greatest decline in the region in the 2020-23 period (4%). Tweed SA3 followed, with 86% of 1-year-old children fully immunised, which is a reduction of 2% from 2020. All other SA3s in the North Coast experienced a decline in rate between 1% and 2% in recent years. (96)

Figure 43. Immunisation rates for 1-year-old children in the North Coast

**Full immunisation rate for 1-year-old children in the North Coast region is lowest in Richmond Valley and Tweed Valley, with all other SA3s below the state and national rates**



Source: Australian Immunisation Register, 2024

### 2-year-old children

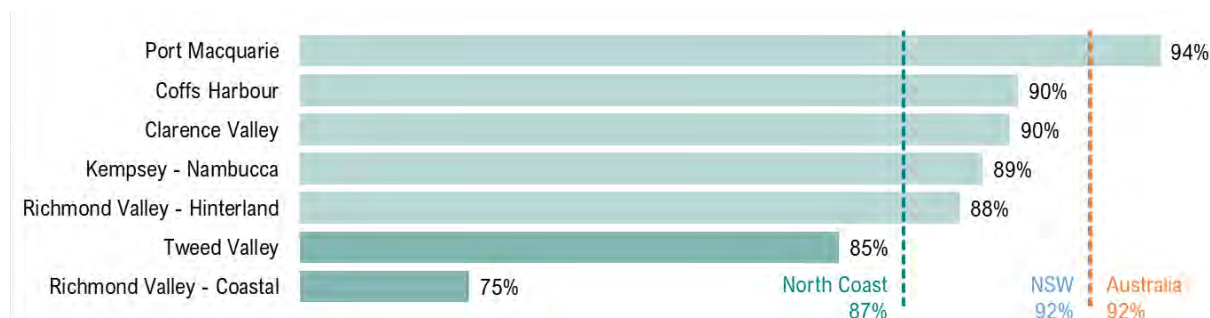
In the North Coast region 87% of 2-year-old children were fully immunised in 2003, which is lower than NSW and Australia (both 92%). This rate experienced a marginal increase in NSW and Australia since 2020 (0.6% and 0.3%, respectively), and declined in the North Coast region by 1.1%. (96)

Similarly to younger children, the full immunisation rate for 2-year-old children is lowest in Richmond Valley-Coastal SA3 (75%). In the period from 2020 to 2023 this rate shows the greatest decline in Richmond Valley-Coastal (4%) and Clarence Valley (3%). Tweed shows the second lowest rate of fully immunised 2-year-old children in 2023, though it improved by 1% since 2020. Coffs Harbour and Kempsey-Nambucca increased slightly in the last three-years by 1%. (96)



Figure 44. Immunisation rates for 2-year-old children in the North Coast region

**Full immunisation rate for 2-year-old children is lowest in Richmond Valley-Coastal and Tweed Valley. Port Macquarie has a higher rate of fully immunised 2-year-old children than NSW and Australia**



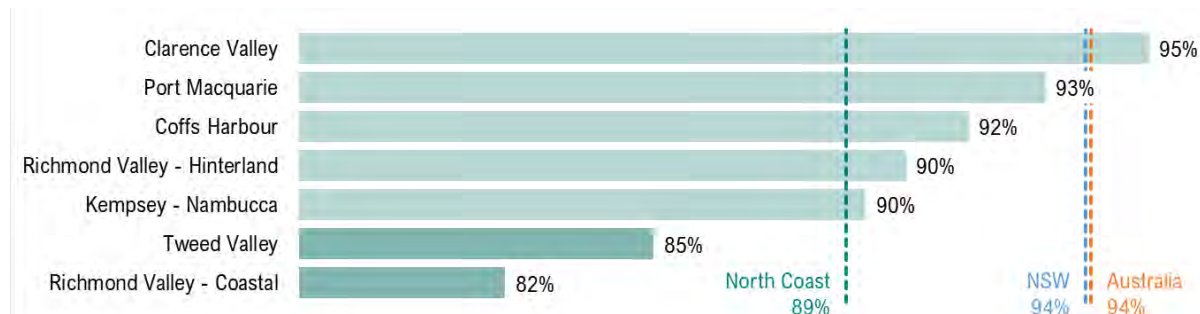
Source: Australian Immunisation Register, 2024

### 5-year-old children

The North Coast region (89%) had a lower fully immunised rate of 5-year-old children than NSW and Australia (both 94%) and had a higher percentage point decrease (2%) since 2020 compared to NSW (0.5%) and Australia (0.5%). Richmond Valley-Coastal SA3 (82%) had the lowest fully immunised rate, Clarence Valley the highest (96%). Kempsey-Nambucca (6%) had the sharpest decline since September 2020, the largest change for any age group between 2020 and 2023 in the North Coast region. (96)

Figure 45. Immunisation rates for 5-year-old children in the North Coast

**Richmond Valley-Coastal and Tweed Valley have the lowest rates of fully immunised 5-year-old children, Clarence Valley is higher than the national target of 95% and the NSW and Australian rates**



Source: Australian Immunisation Register, 2024.

### Aboriginal children immunisation

Full immunisation rates for Aboriginal children in the North Coast region sat around the middle of the range for all Primary Health Networks (PHN) for all age cohorts (96):

- 92% for 1-year-old Aboriginal children (PHNs range 84%-96%)
- 89% for 2-year-old Aboriginal children (PHNs range 80%-95%)
- 95% for 5-year-old Aboriginal children (PHNs range 93%-99%).

## 6.4. Health conditions, concerns and access to children's health services

Community consultation participants indicated experiencing significant and ongoing barriers to accessing services for children and young people due to lack of available services and providers.

In 2023 the leading cause of total burden of disease in Australia for [children aged 5-14-years](#) was asthma, followed by autism spectrum disorders, anxiety disorders, conduct disorders and depressive disorders. While these top five causes are the same for boys and girls, they differ slightly in the order, with asthma as the top cause for girls and autism spectrum disorders the top for boys. (97)

For [children aged 0-5-years](#), asthma was the fifth leading cause of total burden of disease, behind infant and congenital conditions, with the leading cause being pre-term birth and low birth weight complications. (97)

*"My children are 10, 11 and 4 tomorrow, they're all on the spectrum. But our 10-year-old, she's diagnosed with seven different disabilities. We can't get that catered for here. At one point, we were on OT (occupational therapist) waiting list for two and a half years"*

*Community consultation participant Macksville*

*"I've got a five-and-a-half-year-old here at preschool, who was premi, so he came out within the first year or so with significant ear, nose and throat issues which were terrible (and) gave him a significant delay in picking up his speech and his articulation, etc."*

*Community consultation participant Macksville*

Community consultation participants reported challenges in accessing adequate and consistent treatment and care for their children (and grandchildren) health conditions, notably treatment of [asthma](#). This included having the written-up and up-to-date asthma and allergy treatment plans legally required by childcare and education facilities. Participants reported having to travel to have children assessed and treated for chronic health conditions. Whilst these were gathered in consultations held in Grafton and Macksville, the issues are for the entire North Coast region. Timely access to GPs for unpredictable episodes of chronic health conditions, including asthma, was reported as a reason for using the ED.

*"Have got young children waiting to see specialist paediatricians, there is a long wait. Usually, even if they're on the urgent list, they find it difficult to sit back and wait four or five weeks and they haven't heard anything back. And that's how the direction for them has been given (to just wait), and the travel for them, it's usually outside of the Grafton area, you know, Newcastle, it's Gold Coast."*

*Community consultation participant Grafton*

*"I don't want to waste the ED, you know, we don't want to hold up ED rooms for things that can be dealt with by GPs, but there needs to be an accessibility of actually getting to see those GPs in a reasonable time frame for what's going on, (asthma episode)"*

*Community consultation participant Macksville*

Children and young people aged [0-24 years](#) had the lowest [service use rates](#) for GP, allied health, specialist, nurse and Aboriginal Health workers in the North Coast region. The rates were lower by a factor of 2 to 4 depending on the service type compared to rates for people aged 65 years and older. For access to GP services, rates in Clarence Valley (78%) and Kempsey-Nambucca (83%) SA3s were lower than the Australian rate (84%). (12)

Community consultation participants frequently stated a **lack of specialist services**, especially paediatricians and allied health services (particularly occupational therapists and speech pathologists). This limited availability was reported to affect the care, progression and development of their child/children and the children and young people in general.

*"Yet, I spoke to another couple of the private speech pathologists around, and they said that I was one of the multitude of families that had just received a pool of funding. Yet every speechie in this entire region is booked out, and they've got like, 12 months waiting lists and their books are closed."*

*Community consultation participant Macksville*

7% of participants (249 people) in the Better Health Community Survey were in the younger age cohort, **between 18-30 years**, most from the older ages in that window. There were differing health and community concerns raised by younger participants that are notable and tie in with other reviewed data in this needs assessment.

Issues around **employment** were raised by younger participants as key areas of need in their community, and they were more likely to suggest training programs and employment programs as needed services. Younger participants stated **cost of access** to care as a barrier and were more likely to report challenges accessing specialists. This mirrors challenges raised in accessing specialists by community consultation participants.

Parenting programs, family planning and quit smoking/vaping services were reported by younger survey participants as services that would help support the health of their communities. Community consultation participants discussed the benefits of programs to help new mums and babies and early intervention playgroups in supporting both them and their children and assisting in navigating parenting, challenges and overwhelm.

*"So pretty much everything we've done with the baby health clinic, which we were connected with from the hospital and maternity. So we had follow up appointments when the babies were really, really new. The women's health nurse would come out to us at our home, which is great."*

*Community consultation participant Grafton*

*"It's those relationships and stuff. Every Monday, my girls grew up at that playgroup, ... Early Connect we've been with them for nine years. And it used to be good (pre-Covid). They would ring out of the blue, just like, do you need anything? Is there anything we can do? We have an amazing key worker, ... She would call into our house, you know, do you need any help I can, you know, make the beds while I'm here, or something like that."*

*Community consultation participant Macksville*

*"They're from the Northern Rivers community support or that effect. So I'm doing a parenting under pressure, course, with them, because I'm probably my grandson's main carer. I did a teenage one through Momentum Collective. I'm also seeing a lady does a bit of counselling for me, I guess a bit of a support for me, and that's through that same Northern Rivers community."*

*Community consultation participant Grafton*

Both community members and service provider participants in consultations identified that children and young people are falling through the gaps in **transition periods** including transitioning from the public system to the National Disability Insurance Scheme (NDIS) and from the paediatric/juvenile health care services into the adult health care system at 18 years of age.

*"If you're transitioning out of adolescence into early adulthood, and we all know that's longer and longer for young people, you know, we know that adulthood doesn't start at 18. They're all still at home with us at that point, so those points of transition if you've missed out on access through one service, it makes it even harder to get it in the adult world. I don't think we're very good at managing that transition from childhood to adolescence from adolescence into adulthood."*

*Service provider consultation participant*

## 6.5. Children and young people's mental health and wellbeing

### Insights from community and providers

Concerns about access to appropriate and timely mental health **services for children and young people**, particularly but not limited to the more regional areas, were raised extensively in consultations with community members, service providers and subject matter experts within Healthy North Coast.

*"I think the problem is that I'm finding with young people is that while Coffs is really well serviced, getting out to the Valley (Nambucca Valley) and Grafton and those other regional areas seem to be a problem at the moment."*

*Subject matter expert consultation participant*

*"I think you know particularly the Mid North Coast looks really good on paper, but when you're on the ground doing the work, it's the same families, the same young people missing out on services over and over again."*

*Subject matter expert consultation participant*

Consultation participants noted **lack of psychiatry services** which are required for diagnosis and monitoring, citing an increase in children with neurodivergent conditions, particularly **attention deficit hyperactivity disorder (ADHD)** as a contributing factor. Participants stated psychiatry services were unavailable locally and long wait times exist for outreach services that are frequently conducted as telehealth appointments. Parent and child educator participants strongly felt that telehealth was not an appropriate way to assess and manage young children's health. The effects of children's and young people's mental health and neurodivergent conditions in school and education settings were highlighted by consultation participants.

*"we leave it in schools to deal with, but they don't have the skills all the time."*

*Service provider consultation participant*

As part of the Targeted Regional Initiatives for Suicide Prevention (TRISP) Healthy North Coast conducted consultations in Port Macquarie, Grafton, Coffs Harbour, Lismore, Tweed Heads and online in August 2024. One of the four lifespan strategies explored was: *Promoting help-seeking, mental health and resilience in schools.*

The TRISP participants reported technology limitations involved in receiving support and fear around help-seeking as access barriers for young people. TRISP participants raised recognising factors affecting students' psychological health and the need for more mental health education in the school curriculum. This was mirrored in the service provider and subject matter expert consultations conducted by Healthy North Coast as part of this needs assessment.

*"We need to equip young people better to regulate following relationship breakdowns. Issues of emotional regulation are driving a lot of issues – AOD use, suicide..."*

*Subject matter expert consultation participant*

Consultation with subject matter experts highlighted increasing and varying concerns with younger girls experiencing high rates of anxiety and school refusal, older girls having higher rates of suicide, eating disorders and sexual violence. Participants talked about a gap in accessing not just clinical but non-clinically focused services for young people, indicating that where creative therapies and fun activities do exist, there is high uptake.

### Commissioned mental health services

In 2023-24, across the North Coast region 6,471 people accessed a Healthy North Coast commissioned mental health service, of which 23% (1,520 people) were young people aged 0-24 years, a 13% increase from 2020-21. A total of 1,539 unique episodes of care<sup>1</sup> with 9,614 service contacts were accessed by people aged 0-24 years, averaging just over 6 contacts per episode of care. Most service contacts were delivered face-to-face (56%), followed by phone (21%) and internet-based (11%). (87)

267 treatment episodes were coded as 'child and youth specific' and the remaining 1,272 coded as an alternative type (such as psychological therapies, low intensity, Aboriginal-specific). The most common primary diagnosis was generalised anxiety disorder (183 in 2023-24, an increase from 125 in 2020-21), followed by post-traumatic stress disorder (157, up from 90). Notably, **ADHD** increased from 50 in 2020-21 to 93 in 2023-24. (87)

### Youth self-harm outcomes and risks

Suicide attempt is defined as non-fatal, self-directed, potentially self-injurious behaviours with an intent to die. In 2019 in the North Coast region the **suicide attempt prevalence** for young people aged 12-17 years old (5%) was more than double the NSW rate (3%). All North Coast region SA3s had a prevalence higher than NSW, with Kempsey-Nambucca the highest (8%) at nearly three-times that of NSW (Figure 46). (98) In consultations, subject

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<sup>1</sup> A more or less continuous period of contact between a client and a PHN-commissioned provider organisation/clinician that starts at the point of first contact and concludes at discharge. Episodes comprise a series of one or more service contacts.

matter experts highlighted an increase in young women's suicide attempts and the impacts of social media on this.

Figure 46. Youth suicide attempt prevalence

**The suicide attempt prevalence is higher than NSW in all SA3s in the North Coast region, being highest in Kempsey-Nambucca**

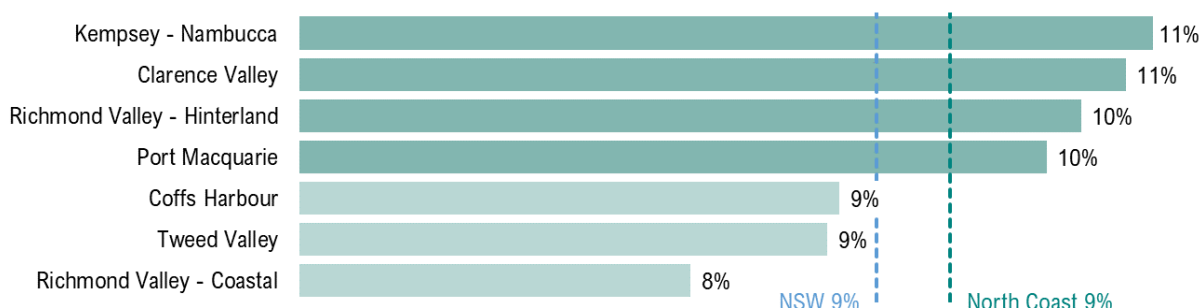


Source: AIHW Suicide and self-harm monitoring, 2024

The prevalence of **major depression and anxiety disorders** for young people aged 12-17-years in the North Coast region (9%) is marginally higher than NSW. Four SA3s in the North Coast region had a prevalence higher than NSW, with Kempsey-Nambucca the highest prevalence (11%) (Figure 47). (98)

Figure 47. Prevalence of major depression and anxiety for youth by LGA

**Four SA3s in the North Coast have a prevalence of major depression and anxiety disorders higher than the state rate, with the highest prevalence in Kempsey-Nambucca**



Source: AIHW Suicide and self-harm monitoring, 2024

For the four remaining suicide and self-harm indicators for young people – self-harm regardless of intent, non-suicidal self-harm, suicidal ideation/plan and suicidality (any) – the prevalence in the North Coast region is lower than NSW (98). Notably, young people aged 12-17-years in **Kempsey-Nambucca** SA3 had the highest prevalence in the North Coast region in the three measures: self-harm regardless of intent (8%), suicide attempt (8%) and suicidality (any) (7%). Tweed Valley tops the SA3 rank in the North Coast region in non-suicidal self-harm prevalence (8%) by a margin to the other SA3s but is slightly lower than the NSW rate (9%). (98)

### Youth intended self-harm hospitalisations

For the 2021-22 period, the rate of intended self-harm hospitalisations for people aged 0-24-years in the North Coast region (104 per 100,000 people) was higher than NSW (92) and lower than Australia (147). The SA3 rate ranges from 158 in Clarence Valley to 55 in Tweed Valley. Compared to 3 years earlier (2018-19), the rate of self-harm hospitalisation of people



aged 0-24 years declined in all SA3s in the North Coast with the exception of Richmond Valley-Hinterland (marginal increase) and Clarence Valley (37% increase) (Figure 48). (99)

Figure 48. Rate of intended youth self-harm hospitalisation

**The rate of intended youth self-harm hospitalisations in 2021-22 is highest in Clarence Valley, which is the only SA3 experiencing material increase in the rate compared to 2018-19**



Source: AIHW Suicide and self-harm monitoring, 2024

For females, the rate of youth intended self-harm hospitalisations in the North Coast region was lower than Australia, a difference much larger than in older age groups. This was not the case for male youth, where the rate was consistent with Australia and with older age groups. In the North Coast, youth self-harm hospitalisations had a lower female to male ratio than NSW and Australia, whilst this ratio was similar across North Coast, NSW and Australia for all other age groups. (99)

## 7. Older people

### 7.1. Summary of health and service needs

The North Coast region has an ageing population, with 26% of residents aged 65 years or older, compared to 18% in NSW and 17% in Australia in 2021. (3) Increasing life expectancy and regional migration of middle-aged people and retirees is contributing to the region's growing ageing population. It is projected that by 2036 one in three people in the North Coast will be aged 65 years or older. (6) This has implications for the future healthcare system, the provision of community and aged care services and the quality of life and wellbeing of the population, highlighting a need to explore opportunities to prepare the healthcare system to effectively function with the expected growth in the older adult population.

#### Key points

- In the North Coast, 59% of people aged 65 years and older reported having one or more long-term health conditions. This is slightly higher than NSW and Australia (58%).
- In 2024, approximately 3% of the North Coast population is estimated to be living with dementia, which is higher than NSW and Australia (both at 2%). The number of people estimated to be living with dementia in the North Coast is expected to increase by 4% in the next 30 years.
- Several factors complicate palliative care access and delivery in the region, including distance to services, workforce capacity, limited hospice options and accessibility challenges for underserved populations.
- In 2022-23, there were 78 residential care facilities operating at 85% occupancy. The number of residential aged care places per 1,000 people aged 70 years and over in the North Coast was 64, a decrease since 2017 and lower than NSW and Australia (both 69).
- For every 1,000 people on the North Coast, 70 received home care services. This is higher than both NSW (52) and Australian (48) averages.
- Different experiences in accessing preferred GPs were reported by older adults in the Better Health Community survey, and the community consultations. Respondents to the survey reported they were able to access their local preferred GP, but there may be some wait time for appointments. Conversely, community consultation participants raised concerns regarding limited access to preferred GPs, and long wait times for appointments.

#### Highest priority needs

Explore opportunities to prepare the healthcare system to manage expected growth in the older adult population with a specific focus on dementia care and improving healthy ageing

Support early intervention and management of dementia in the North Coast

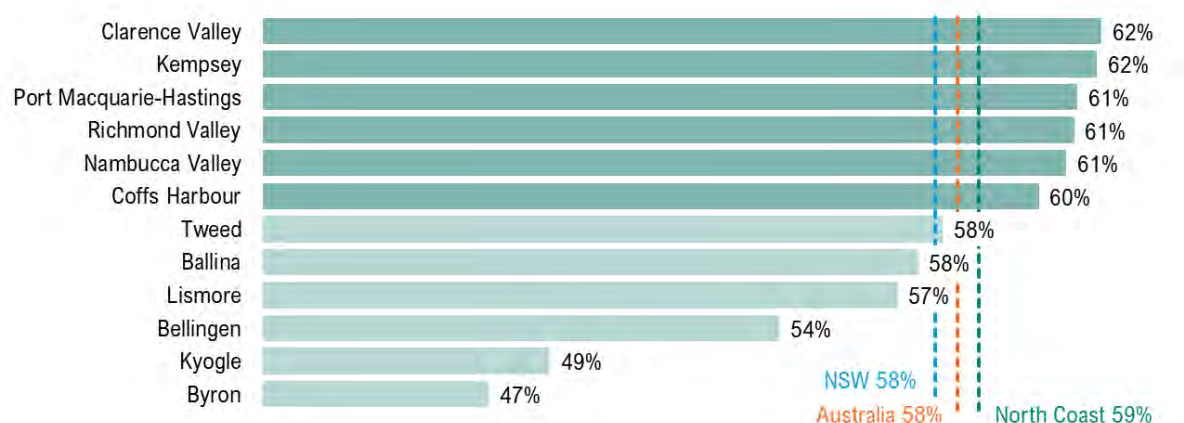
#### Older people and multimorbidity

Chronic conditions often arise from complex and interconnected factors and generally require ongoing management. As people age, the likelihood of experiencing multi-morbidity increases. In the North Coast, 59% of people aged 65 and older reported having **one or**

more long-term health conditions (Figure 49). This is marginally higher than NSW and Australia (both 59%). The LGAs of Byron and Kyogle, which have very different population profiles, have rates of people with chronic disease substantially lower than other LGAs, with 49% and 47% respectively reporting living with one or more chronic conditions. (100)

Figure 49. Rates of multimorbidity for older people

**The proportion of people aged 65 and over who reported having one or more long term health conditions in the North Coast is higher than Australia, with 60% or over in six LGAs in the region**



Source: ABS, 2022

In the North Coast, 1 in 2 individuals aged 65 and over has 2 or more chronic conditions, compared to just one in ten among people aged 15 to 44. A total 7 LGAs in the North Coast region report a higher prevalence of people with 2 or more long-term health conditions than the NSW average. (100)

High prevalence of multi-morbidity among those aged 65 years and over creates greater demand for healthcare services. Participants in the community consultations identified several challenges associated with the North Coast's ageing population. Participants noted long wait times for specialised care, particularly for geriatricians and dementia specialists. It was acknowledged that older people often heavily rely on their GPs for support.

## 7.2. Health conditions

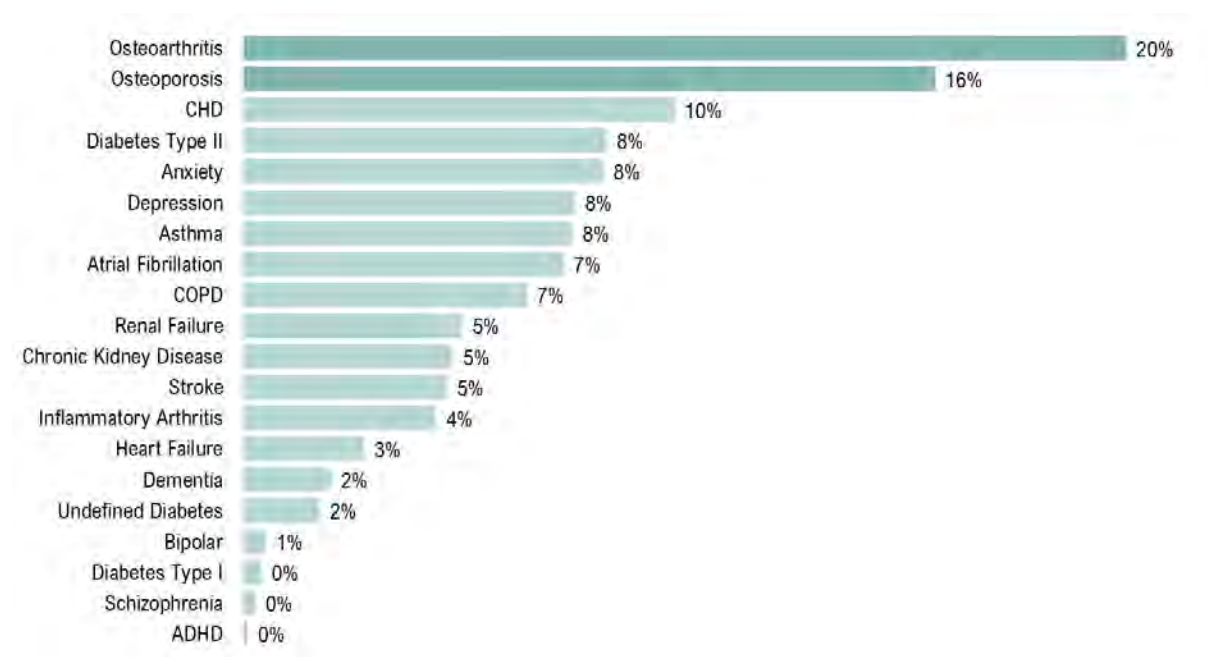
The top 5 causes of death in the North Coast region in the 2018-2022 period are the same as Australia-wide: coronary heart disease, dementia (including Alzheimer's disease), cerebrovascular disease, lung cancer and chronic obstructive pulmonary disease (COPD). (45)

### Older patients in general practice

General practice clinical data for 2023 revealed that osteoarthritis and osteoporosis are the most prevalent chronic conditions in the North Coast practices for patients aged 65 and older, with 20% and 16% of the nearly 260,000 active patients in the older age cohort experiencing these conditions, respectively (Figure 50). (11)

Figure 50. Prevalence of chronic conditions for older people

**The chronic conditions with the highest prevalence amongst active patients aged 65 and older are osteoarthritis and osteoporosis**



Source: PATCAT

The prevalence across the LGAs in the North Coast region varies greatly per chronic condition. The prevalence of osteoarthritis ranged from 28% in Kyogle, Kempsey and Lismore to 12% in Byron, whilst the prevalence of osteoporosis ranged from 22% in Richmond Valley and Ballina to 10% in Coffs Harbour and Clarence Valley. (11)

### 7.3. Dementia

Living with dementia comes with considerable health, social and economic costs on individuals, families and society. (101) In Australia, more than 1.6 million people are involved in the care of someone living with dementia. It is estimated that 2 out of 3 individuals living with dementia are living in the community. In 2022, over half (55%) of residents in residential aged care homes along the North Coast were diagnosed with dementia. (102)

In 2024, over 13,000 people in the North Coast are estimated to live with dementia, which represents 3% of the total population, a higher rate than NSW and Australia (both 2%) (Figure 51). The LGAs with the highest number of residents living with dementia in 2024 are Tweed (2,648) and Port Macquarie-Hastings (2,514), though the highest proportion of residents living with dementia are in Port-Macquarie-Hastings, Nambucca Valley, Ballina, Tweed and Clarence Valley (all at 3%). (102)

Figure 51. Prevalence of people living with dementia

**The proportion of the population estimated living with dementia in 2024 is highest in Port-Macquarie and Nambucca Valley, with most LGAs in the North Coast above NSW and Australia**

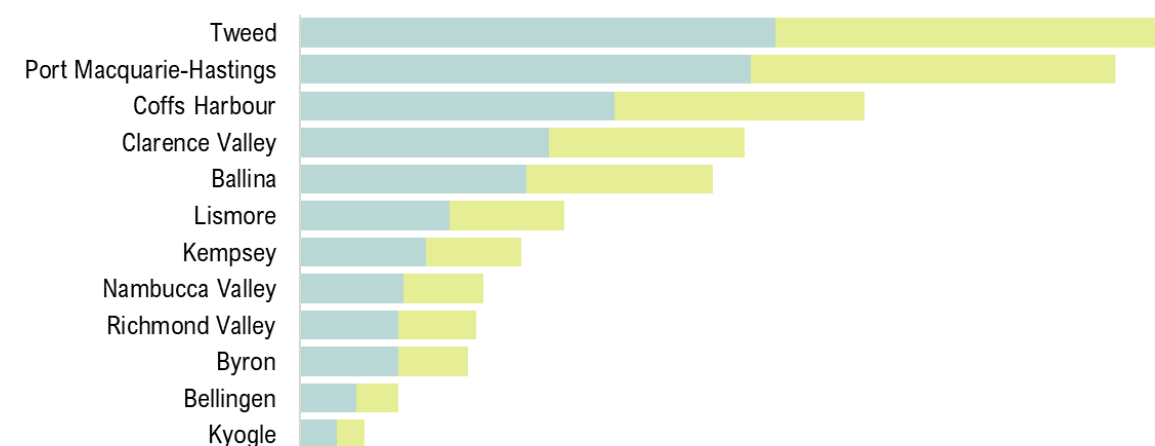


Source: Dementia Australia, 2024

The number of people estimated to be living with dementia by 2054 is projected to increase by 80% in the North Coast, less than NSW (83%) and Australia (93%). In the North Coast, Tweed, Port-Macquarie-Hastings and Coffs Harbour are projected to have the highest number of people living with dementia by 2054. However, the relative increase in people living with dementia is highest for Tweed (83%) and Ballina (82%), both projected to increase at a similar rate than NSW. (102)

Figure 52. Prevalence and projections of people living with dementia for 2054

**The number of persons estimated living with dementia in 2024 (light green) and projected increase to 2054 (bright green) are highest in Tweed and Port-Macquarie-Hastings**



Source: Dementia Australia, 2024

## 7.4. Palliative care

The demand for palliative care and end-of-life care services is on the rise in the North Coast and Australia-wide. Though 7 out of 10 Australians express a desire to die at home, half of all deaths occur in a hospital setting. (103) While palliative and end-of-life care services are not exclusive to older adults, the rise of service need could be attributed to the ageing population, the increasing prevalence of multimorbidity and the growing incidence of cancer

across all age groups. Existing end-of-life care services in the North Coast region often lack coordination, making it challenging for individuals and their families to navigate the system as their care needs evolve. Accessibility and availability of services are limited in inner and outer regional areas, where local options may be scarce. This lack of choice can prevent individuals from receiving both the care they prefer and the ability to die in the place of their choice. (103)

In February 2023, Healthy North Coast published a Palliative and End-of-life Care Needs Assessment. It explored regional socio-demographic information along with findings from a consultation series held between May-November 2022. A total of 181 participants took part in those consultations, including health providers, community members, volunteer organisations, peak bodies and representatives of National Palliative Care projects. (103)

This needs assessment identified the following [barriers to accessing palliative and end of life care services](#):

- Recruitment and retention of appropriately trained staff, especially in rural and remote areas.
- The capacity and capability of existing services and the need for additional services (hospices, respite care, community-based supports, volunteers, support for carers, access to 24/7 care, education, bereavement and counselling services, equipment).
- People living in regional and outer regional areas can have difficulty accessing care at home.
- Siloed nature of government services such as MyAgedCare, NDIS, and Services Australia, with insufficient and inflexible funding.
- Aboriginal peoples are impacted by unique factors such as intergenerational trauma, cultural dislocation, oppression and systemic racism that influence their decision-making around end-of-life considerations.
- Poor care coordination and integration of services.
- Lack of consistency particularly in use of assessment tools and language.
- Lack of data on regional service delivery.

There is a lack of awareness and understanding about palliative care within the community and among healthcare providers. Many are unaware of how palliative care can enhance quality of life, the range of healthcare and social providers involved and what specific services are available. Several factors complicate palliative care delivery in the North Coast region, including the distance to services, workforce capacity, limited hospice options, and accessibility challenges.

As care needs become more complex, individuals may require secondary care from specialists, such as oncologists or cardiologists. Coordination of care by a GP or palliative care team is essential, yet access to these can be particularly limited for those living in outer regional areas of the North Coast. (103) In 2022-23 in the North Coast, Nambucca Valley, Kyogle and Clarence Valley had the highest rate of palliative care hospitalisations per 1,000 persons (62), these high numbers may be attributed to the minimal support services in these areas, leading to an increased reliance on hospitalisations for palliative care.



*"Also, it was just so overwhelming and confusing – who we needed to talk to about what thing. I think that was part of it too – it was so hard to try and find help, it was actually easier for us to do it ourselves."*

*Consumer, Coffs Harbour Workshop. November 2022*

*"We need to have some kind of hospice care option in this region. Dad didn't want to die in a hospital, and he didn't want to be cared for in a hospital. We were lucky that we were able to take care of him, but there must be so many people who don't have that option"*

*Consumer, Coffs Harbour Workshop. November 2022*

## 7.5. Service accessibility

Findings from the *2022 Needs Assessment: older people with a focus on priority target populations and access to services* highlighted that assistance and social support from family, community, and aged care services is crucial for maintaining the health and independence of older Australians. (104) The range of services available in the North Coast include residential aged care homes (RACHs), Home Care Package providers, Community Home Support Programs and Transition Care services.

Several service gaps were highlighted in the *2022 Needs Assessment older people with a focus on priority target populations and access to services*. This included:

- Several providers are not servicing remote areas because of current costings not covering the travel and/or staff availability.
- The projected population growth for the North Coast region anticipates a significant shortfall of services unless services are delivered differently, expectations change and there is a higher focus on healthier ageing programs that maintain functional abilities for longer.
- The current systems for guardianship and protection for older people do not fully meet their cultural needs. (104)

In 2022-23, there were 78 residential care facilities operating at 85% occupancy. The rate of residential aged care places per 1,000 people aged 70 years and over in the North Coast was 64. This is lower than NSW and Australia (both 69) and a decrease since 2017. (105)

The Commonwealth Home Support Program (CHSP) and Home Care Packages (HCPs) had a rate of 283 per 1,000 people in the North Coast, higher than NSW (239) but lower than the national average (289). Notably, a higher proportion of individuals aged 65 years and over live alone in the North Coast (25%) compared to NSW (24%), indicating a greater potential need for home care services. (104)

As of December 31, 2021, 11,499 people in the North Coast region were recipients of HCPs. The Mid North Coast had a larger number of HCP packages than Northern NSW, despite having fewer individuals aged 65 years and over needing assistance. The lack of transparency on how many people are receiving lower packages than their assessed level complicates the understanding of waiting lists for new HCPs. (104)

Aged care support and services are not evenly distributed throughout the Healthy North Coast region. For some HCP and CHSP providers, it was challenging to determine their service reach as only office locations are documented. (104)

Participants from the community consultations, expressed difficulties in navigating services, securing home care and package funding, and gaining admission into residential aged care homes (RACHs).

Participants also highlighted the high prevalence of loneliness and isolation among older people, emphasising urgent need for comprehensive support to enhance their quality of life and health.

Different experiences in accessing preferred GPs were reported by older adults in the Better Health Community survey, and the community consultations. Respondents to the survey reported they were able to access their local preferred GP, but there may be some wait time for appointments. Conversely, community consultation participants raised concerns regarding limited access to their preferred GPs, and long wait times for appointments. Consultations were held in Kyogle, Nambucca Valley and Clarence Valley, and these areas are low serviced areas for general practice services. This may account for the concerns raised by community consultation participants. Despite these concerns, participants noted they were able to access a different GP, if their preferred GP was unavailable.

*"I think it will have a negative impact. There's a large ageing population, and the demand for aged care facilities and hospital services is growing. Many people need help."*

*Community consultation participant Kyogle*

*"There's certainly probably going to be the need for more aged residential care, especially for those people who don't have the help to be able to stay at home."*

*Community consultation participant Grafton*

## 8. Mental health

### 8.1. Summary of health and service needs

Mental health is an integral part of the health and wellbeing of individuals and communities. Consultations with community members, service providers and subject matter experts highlighted considerable concerns about mental health, access to services and adequate training and support. People in the North Coast region experience substantial challenges accessing mental health services due to long wait times and lack of access to appropriate services, which can exacerbate mental health issues.

Mental health was one of the most serious health concerns facing their community for 49% of respondents to the Better Health Community Survey. At LGA level, this level of concern was as high as 62% in Lismore and 60% in Byron. Consultation participants highlighted challenges to accessing needed mental health services in a timely and consistent manner.

#### Key points

- People in the North Coast region access more GP mental health plans than Australia, experience higher mental health-related hospitalisations and ED presentations, and have higher and increasing rates of suicide than both NSW and Australia.
- 45% of the North Coast region population report a moderate or greater level of psychological distress, with 7% experiencing very high level of distress.
- 3 of the 12 LGAs (Coffs Harbour, Tweed and Lismore) account for 50% of all episodes of care for mental health commissioned services in the North Coast.
- Current mental health services in the North Coast region have limitations for age-suitability, cultural sensitivity and gender considerations.
- Kempsey-Nambucca and Clarence Valley SA3s have the lowest proportion of residents accessing GP mental health services.
- Kempsey-Nambucca has a rate of mental health-related presentations to ED considerably higher than all other SA3s in the North Coast and nearly double the state and national rates.
- Young and neurodiverse people require more early intervention and skilled workforce.
- Schools in the region require training and capacity to address severe mental health and high suicide rates in young people.
- Older people in the North Coast, including those living in some residential aged care homes (RACHs), lack support to manage their mental health.

## Highest priority needs

Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues
Improve access to primary mental health care services to reduce mental health-related presentations to EDs and hospitalisations, particularly in Kempsey-Nambucca SA3
Improve access to primary mental healthcare services
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care
Reduce psychological distress for people in the North Coast to improve mental health wellbeing
Support PHN commissioned mental health services in the North Coast, particularly those in Port Macquarie-Hastings, Lismore and Byron LGAs

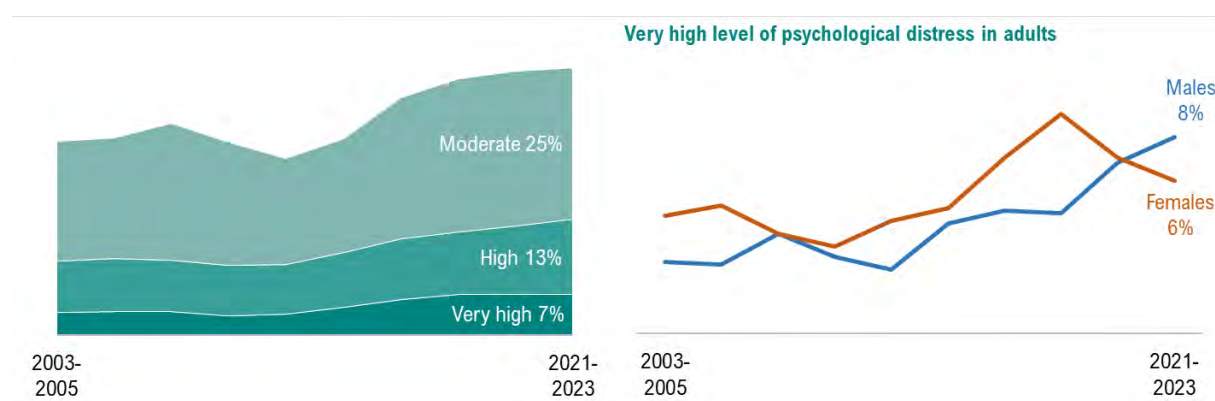
## 8.2. Psychological distress in adults

Measures of psychological distress are commonly used as an indication of the mental health and wellbeing of a population. The [level of psychological distress in adults aged 16 years and older](#) in the North Coast region in 2021-23 reveals that 25% of people reported experiencing moderate level of distress, 13% high level of distress and 7% very high level of distress. Compared with NSW, in the most recent period the North Coast region had a 1% higher proportion of people experiencing high and very high level of distress. (106)

Historical data shows that the proportion of people experiencing [high and very high level](#) of distress in the North Coast region has increased steadily since 2009-11, when 8% and 9% of people experienced high and very high levels of distress, respectively. Since 2019-21 there was an increase in males experiencing [very high level](#) of distress and a reduction in females, which are 8% and 6% respectively in 2021-23. (106)

Figure 53. Trends of psychological distress

**The trend of psychological distress in adults in the North Coast shows increasing levels of distress**



Source: HealthStats NSW, 2024

At LHD area level, Mid North Coast and the Northern NSW had similar proportions of people experiencing [very high level](#) of distress in 2021-23 (7%). 43% of the population in Mid North Coast area and 46% Northern NSW area experienced either [moderate, high or very high level](#) of distress. (106)

### 8.3. Mental health services and community needs

Participants in community, subject matter expert and service provider consultations raised concerns about the suitability of available services, particularly regarding age appropriateness, cultural sensitivity and gender considerations. Conversations highlighted a perceived need for a more skilled and resourced workforce. In Macksville, within the Nambucca Valley LGA, consultation participants highlighted an increased need for a workforce versed in working with neurodivergent individuals and young people.

A total of 41% of participants in the Better Health Community Survey who needed mental health services did not access these services. Mental health was identified in free text responses as an area of concern and where services and programs could help keep the community strong and healthy. Mental health was consistently identified by adult and young adult participants as one of the most serious community health concerns across all LGAs.

Community participants reported feeling that too much was being placed on them individually when seeking support with their mental health and that this was negatively affecting them and their ability to access services.

*"There is only one person they refer to in the area (psychologist or counsellor, I'm not sure). I was asked to look for one I like and then they would refer me to them, I have to look for myself, bloody hell, trying to find the names, ring, get and answer... it's really slack. People with mental health issues need to do their own research to find specialist in mental health. It's very frustrating, I have given up."*

*Community consultation participant Kyogle*

Mental health service providers and Healthy North Coast subject matter experts noted gaps in data and information in the mental health space and this affecting the ability to form a comprehensive picture of what is happening in services. There is a need for more in-depth consultation and alternative data sourcing from varying community based front line service providers, community and those with lived experiences.

*"There is substantial increase in anecdotal evidence of rising rates of eating disorders across the lifespan. This is often associated with other diagnoses. Often the eating disorder is coded as a secondary diagnosis."*

*Subject matter expert consultation participant*

### 8.4. Primary mental health care commissioned services

It is important to acknowledge that insights drawn from the Primary Mental Health Care – Minimum Data Set (PMHC-MDS) reflect usage of services that are designed by Healthy North Coast. The PMHC-MDS cannot be solely relied upon to inform mental health service access issues or to infer demand, as it does not include non-commissioned mental health services and represents a portion of services and people who have accessed services. The data presented does not explore effectiveness of services or unmet needs.

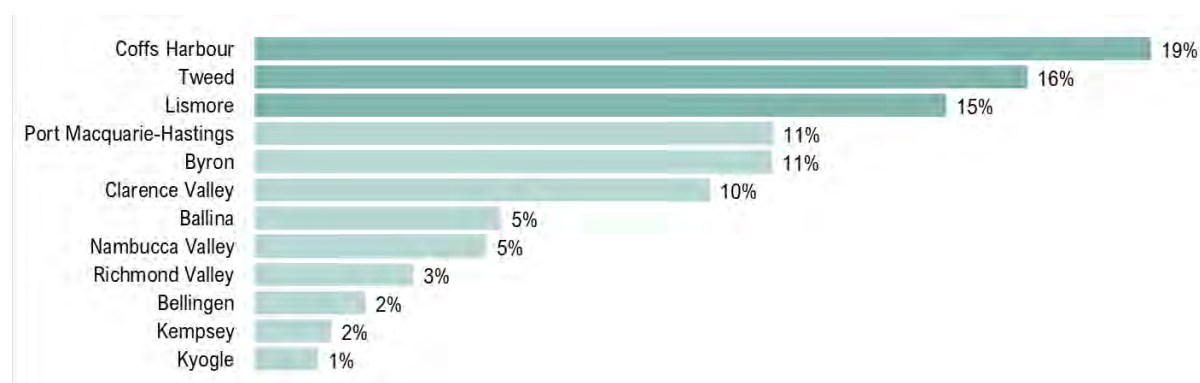
In 2023-24, a total of 6,471 people accessed a mental health service commissioned by Healthy North Coast. 43,642 individual service contacts (or sessions) were delivered across

6,587 unique episodes of care<sup>2</sup> with an [average of 6.6 service contacts per episode of care](#). Half (51%) of the service contacts were delivered face-to-face, a quarter (26%) were delivered by phone and the remaining quarter delivered via internet or videoconferencing. Service users were predominantly female (64%) and aged 25-44 (31%) or 45-64 years (29%). Notably, 14% of people using the services identified as Aboriginal, a rate of 29 per 1,000 population, considerably higher than the rate for non-Aboriginal service users (10 per 1,000). (87)

Most episodes of care for primary mental health care commissioned services in 2023-24 occurred in Coffs Harbour (19%), Tweed (16%) and Lismore (15%) (Figure 54), the LGAs with the highest number of service users. (87) It is important to note that these figures of [service utilisation could correspond to the location of commissioned service offerings](#) across the North Coast region and not necessarily to the demand or need for mental health services in the population.

Figure 54. Episodes of care of primary mental health care commissioned services

**In 2023-24 the LGAs with the highest episodes of care were Coffs Harbour, Tweed and Lismore, which accounted for 50% of all episodes of care in the North Coast region**



Source: PMHC-MDS, 2024

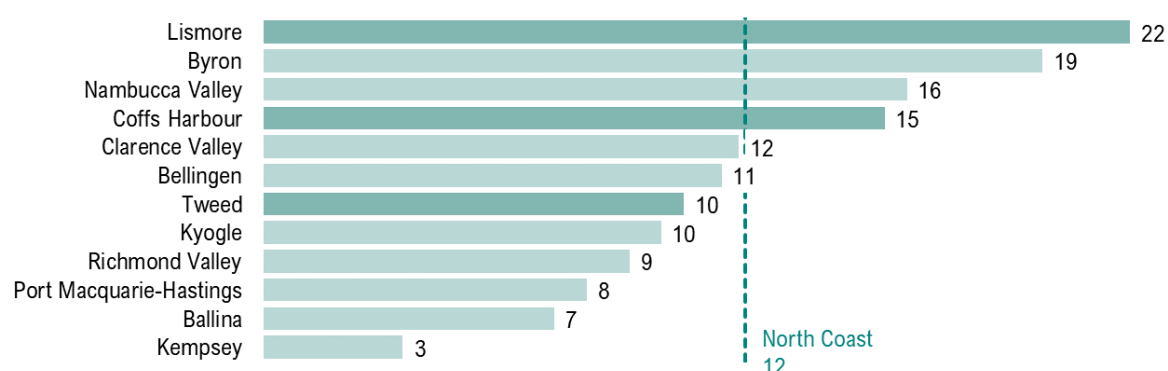
In 2023-24, Lismore had the highest [rate of people using mental health commissioned services per capita](#), with 22 per 1,000 population, followed by Byron (19), Nambucca Valley (16) and Coffs Harbour (15), all above the North Coast average rate (12 per 1,000) (Figure 55). Compared to 2020-21, the highest increase in the rate of service users were in Lismore (80%), Port Macquarie-Hastings (75%) and Byron (72%), with the greatest reductions in Kempsey (80%) and Bellingen (40%). (87) Recent years have seen an increase in services in LGAs such as Lismore after successive disasters including severe flooding (see section *3.4 Environmental determinants of health*). The increase in service utilisation may be linked to increased funding due to flood recovery and changes in the types or availability of services, particularly with the establishment of the Head to Health Centre in Lismore.

<sup>2</sup> a more or less continuous period of contact between a client and a PHN-commissioned provider organisation/clinician that starts at the point of first contact and concludes at discharge. Episodes comprise a series of one or more service contacts



Figure 55. Rates of primary mental health commissioned services per capita

**Lismore is the LGA with the highest rate of service users per 1,000 residents. Lismore, Coffs Harbour and Tweed, the three LGAs with the highest number of episodes of care, have very different rates of service users per 1,000 population**



Source: PMHC-MDS, 2024

Despite the increase in primary mental health commissioned services and access to those in Lismore LGA, 50% of respondents to the Better Health Community Survey from Lismore who reported requiring mental health services stated a **lack of services in their area** as a challenge for access. **Cost** (55%) and **difficulty to organise** (33%) were other major barriers identified in Lismore. This was consistent with the North Coast region overall, where cost (56%), lack of services (45%) and difficulty to organise (30%) were the top three barriers reported to accessing mental health services.

In 2023-24, the most common **episode of care focus type accessed by people using the commissioned services** was psychological therapy (4,446 episodes, 67% of the total), followed by low intensity psychological intervention (751 or 11%) and clinical care coordination (619 or 9%). Notably, psychological therapy increased by 59% in the three years since 2020-21, whilst low intensity psychological intervention and clinical care coordination decreased by 13% and 27% respectively. (87) This is likely influenced by referrals from GPs and LHDs with a specific treatment type.

Table 10. Episode of care focus of primary mental health care commissioned services

**The most common focus type for mental health commissioned services in 2023-24 was psychological therapies, with 4,446 episodes of care, a 59% increase in the three years since 2020-21**

Episode of care focus	Trend	2023-24	3-year variation
Psychological therapy		4,446	+59%
Low intensity psychological intervention		751	-13%
Clinical care coordination		619	-27%
Child and youth-specific mental health services		267	+2%
Complex care package		215	-4%
Other		178	+9%
Indigenous-specific mental health services		85	-3%
(blank)		26	-95%
<b>Total</b>		<b>6,587</b>	<b>+14%</b>

Source: PMHC-MDS, 2024

In 2023-24, post-traumatic stress disorder (PTSD) was the most recorded **diagnosis in primary mental health care commissioned services**, accounting for the 15% of the total

number of episodes. This was followed by mixed anxiety and depressive symptoms (11%), major depressive disorder (9%) and generalised anxiety disorder (9%). Of note, attention deficit hyperactivity disorder (ADHD), which accounts for 3% of all episodes, experienced nearly a three-fold increase (185%) in episodes of care between 2020-21 (59) and 2023-24 (168). Community members, service providers and subject matter experts who participated in consultations raised neurodivergent conditions, especially ADHD, as areas where increased training and support is required for providers, schools and community. Notably, stress related disorders (4% of all episodes) saw a two-fold increase (102%) over the same period (120 to 242 episodes). (87)

One third (2,261, 34%) of all episodes of care in 2023-24 were for **subsyndromal problems where no formal mental illness was noted**. This was closely followed by anxiety disorders, with 1,969 (30%) of episodes of care. (87)

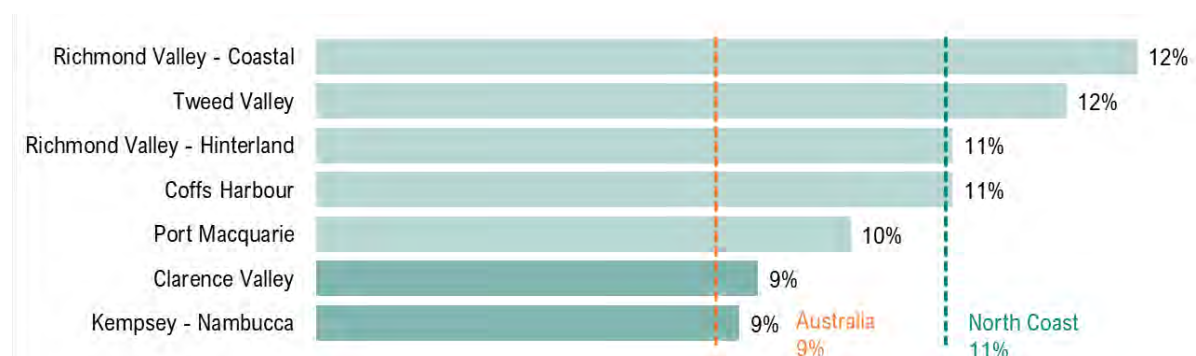
## 8.5. General practice and emergency department

### General practice mental health services

The GPs are often the first contact for people seeking mental health support and referral. In the North Coast region in 2021-22, **11% of people used GP mental health services**, which is above the Australian average of 9%. The percentage of people using GP mental health services ranges across SA3s from 9% in Kempsey-Nambucca and Clarence Valley to 12% in Richmond Valley-Coastal. Compared to 2019-20, this increased only in Richmond Valley-Hinterland (0.5%), with the largest decrease in Coffs Harbour (-2%) (Figure 56). (12)

Figure 56. Proportion of people who use GP mental health services

**The proportion of people that used GP mental health services in 2021-22 is higher in the North Coast than Australia. Kempsey-Nambucca and Clarence Valley SA3s have the lowest proportion of people accessing GP mental health services**



Source: AIHW, 2024

In 2021-22 there were **18 GP mental health services per 100 people** in the North Coast region, which is above the Australian rate (14 per 100). This rate is lowest in Kempsey-Nambucca (14 per 100) and Richmond Valley-Coastal (22 per 100) SA3s. Compared to 2019-20, Richmond Valley-Hinterland shows the greatest increase in GP mental health services usage rate (5%) whilst the greatest decreases were in Coffs Harbour (18%) and Kempsey-Nambucca (14%). (12) Notably, the SA3s with the lowest rates, Kempsey-Nambucca and Clarence Valley, had some of the lowest rates of GP access across all services (see section 12.2 *General practitioner workforce*).

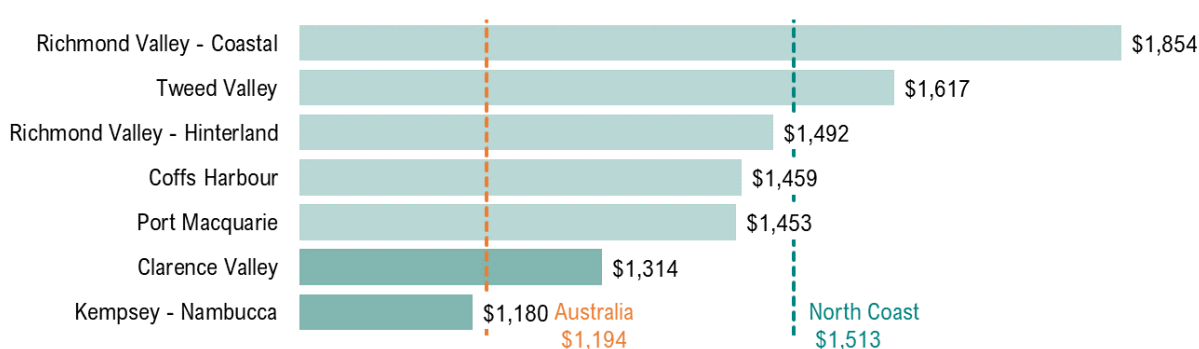
The Better Health Community Survey and consultations indicated that people in Kempsey-Nambucca and Clarence Valley experience substantial challenges in accessing GP services.

This would likely influence the number of GP mental health services people are able to access in these areas.

The **Medicare benefits per 100 people for GP mental health services** in the North Coast region in 2021-22 was **\$1,513**, higher than the average in Australia (\$1,194). Since 2019-20 this has decreased in the North Coast region by 4%, more than the decrease for Australia (2%). In 2021-22 Richmond Valley-Coastal SA3 had the highest Medicare benefit (\$1,854), followed by Tweed Valley (\$1,617), with the lowest benefits paid in Kempsey-Nambucca and Clarence Valley. Variance across SA3s in the two years since 2019-20 ranged from an increase of 7% in Richmond Valley-Hinterland to a decrease of 15% in Coffs Harbour (Figure 57). (12)

Figure 57. Rate of Medicare benefits for GP mental health services

**The Medicare benefits paid per 100 people for GP mental health services in 2021-22 is higher in the North Coast than Australia. Kempsey-Nambucca and Clarence Valley have the lowest benefits paid in the region**



Source: AIHW, 2024

### Mental health-related presentations to emergency department

The rate of people experiencing mental health related conditions presenting to ED in the North Coast region in 2021-22 was **145 per 10,000 population**, above the rates for NSW (105) and Australia (109). Since 2018-19, the rate declined in the North Coast region by 10%, same as Australia but less than NSW (19%) (Figure 58). (107)

At SA3 level the rate of mental health-related presentations in 2021-22 in the North Coast region ranged from 130 per 10,000 residents in Port Macquarie to 200 in Kempsey-Nambucca. All North Coast SA3s saw a decline in the three-year period since 2018-19, notably in Richmond Valley-Hinterland (22%), Kempsey-Nambucca (19%) and Clarence Valley (14%) (Figure 58). (107)

Figure 58. Rate of mental health presentations to ED

**In 2021-22 the rate of mental health-related presentations to ED per 10,000 population in the North Coast is higher than NSW and Australia. Kempsey-Nambucca had the highest rate but shows one of the greatest reductions in the last three years alongside Richmond Valley-Hinterland and Clarence Valley**



Source: AIHW, 2024

In 2021-22 the North Coast region had the second highest rate of people experiencing mental health-related conditions presenting to ED per 10,000 residents across the 10 NSW PHNs. This was the fourth highest across the 31 PHNs in Australia. (108)

The gaps in primary health care for people experiencing mental health in the North Coast region may be driving the higher rates of mental health-related presentations to ED. Community members reported significant challenges with long wait times and difficulties accessing timely, appropriate mental health services during consultations held by Healthy North Coast. It was suggested the delays in accessing mental health and alcohol and other drug services are compounding the severity of symptoms and health issues. This was echoed by service providers, who stated the importance of, and need for enhanced early intervention services and support for individuals, families and communities.

## 8.6. Suicide and suicide risk

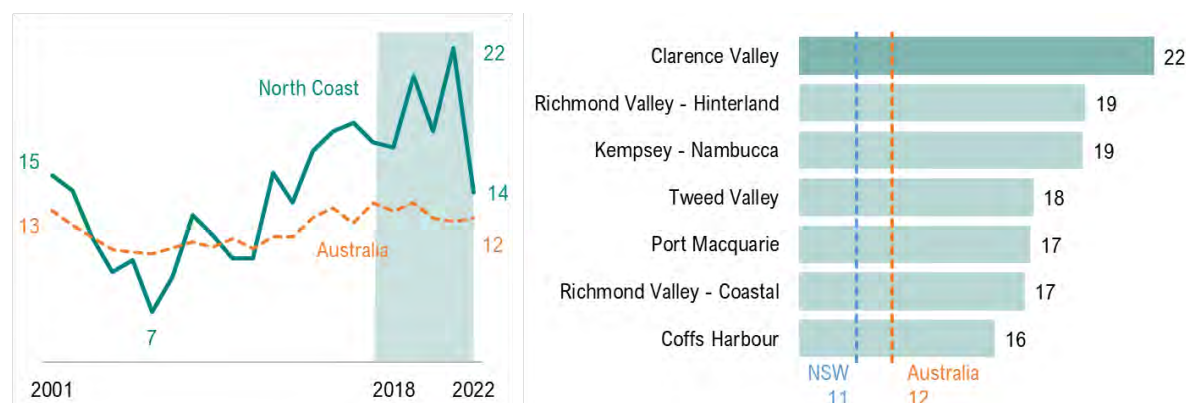
### Age-standardised rate of suicide deaths

Historic data shows that the [age-standardised rate of suicide deaths](#) in the North Coast region has increased since 2006 (7 per 100,000 residents), when the rate was at its lowest point and below the national rate. Incidence increased, surpassing the Australian rate in 2011 and continued to increase widening the gap with the national rate. The suicide death rate was highest in the North Coast in 2021 (22 per 100,000) declining in 2022 (14 per 100,000) to its lowest point since 2014 (Figure 59). (98)

In the 5-year period 2018-2022, there were 469 people who died attributed to suicide in the North Coast region, with the highest number (115 deaths) in 2021. In 2018-22 the age-standardised rate of suicide deaths was higher than the NSW and Australian rates in all North Coast region SA3s. Clarence Valley had the highest rate of suicide in the North Coast (22 per 100,000 population), although the highest number of deaths by suicide were in Tweed Valley (84 deaths) (Figure 59). (99) Of note, the suicide death rate in Port Macquarie increased by 30% from the three years prior period (2015-2019). (99)

Figure 59. Age-standardised rate of suicide deaths

**The age-standardised rate of suicide deaths is higher in the North Coast region than Australia. In 2018-2022 Clarence Valley SA3 has the highest rate in the region**



Source: AIHW Suicide and self-harm monitoring, 2022

Note, the suicide data for the last reporting period should be considered preliminary.

In 2021 the North Coast region had the highest age-standardised rate of suicide per 100,000 residents across all PHNs in Australia. In 2022 the rate in the North Coast region was in the middle range across PHNs. (99)

High suicide rates in regional and remote areas and the lack of capacity and training in schools and educational settings to address severe mental health issues in children were identified as critical concerns in consultations with community, service providers and subject matter experts by Healthy North Coast. Similarly, within the older population there seems to be a lesser understanding on how to support their mental health needs, including those living in residential aged care homes (RACHs).

*"We would like to better understand the need for over 65s."*

*Subject matter expert consultation participant*

As part of the Targeted Regional Initiatives for Suicide Prevention (TRISP) initiative, Healthy North Coast conducted consultations in August 2024 in Port Macquarie, Coffs Harbour, Lismore, Tweed Heads and Grafton and online. Through a multi-sectoral approach, a range of targeted activities and initiatives are being implemented that align to 4 of the 9 Lifespan Model strategies, including promoting help-seeking, mental health and resilience in schools; training the community to respond to suicide risk; improving emergency and follow-up care for suicidal crisis, and engaging the community and providing opportunities to be part of the change.

### Intended self-harm hospitalisations

The rate of **intentional self-harm hospitalisations** in the North Coast region in 2022-23 was 72 per 100,000 residents, lower than the Australian rate (95) but higher than the NSW rate (62). Port Macquarie SA3 had the highest rate of self-harm hospitalisations (94 per 100,000), followed by Clarence Valley (85 per 100,000). Kempsey-Nambucca and Richmond Valley-Coastal are the only two SA3s with rates of self-harm hospitalisations below the NSW rate in 2022-23 (Figure 60). (99)



Figure 60. Rate of intended self-harm hospitalisations

**The rate of intended self-harm hospitalisations in the North Coast region was above the NSW rate. Port Macquarie SA3 had the highest rate in the North Coast, followed by Clarence Valley**

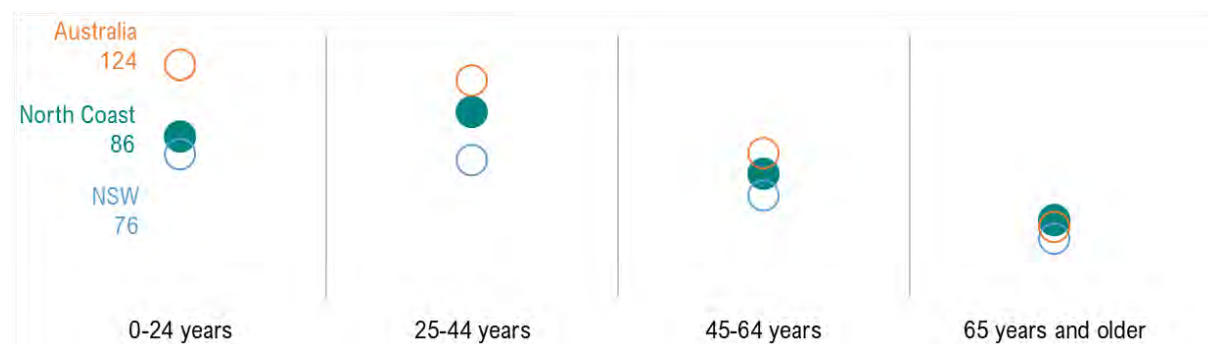


Source: AIHW Suicide and self-harm monitoring, 2024

Analysis by age group shows that the rate of intended self-harm hospitalisations per 100,000 residents in the North Coast region in 2023-23 is lower than Australia and higher than NSW for people up to 64 years of age. It is marginally higher than the national and state rates for people aged 65 years and older (Figure 61). (99) With an aging population in the North Coast region, further research and consultation is required with, and regarding people 65 years and over to best be able to understand and support the mental health and wellbeing of this growing cohort.

Figure 61. Rate of intended self-harm hospitalisations by age cohort

**The rate of intended self-harm hospitalisations per 100,000 residents in the North Coast region in 2023-23 is lower than Australia but higher than NSW for younger age groups, and slightly higher than national and state rates for people 65 years and older**



Source: AIHW Suicide and self-harm monitoring, 2024

For people aged 0-24 years old, the highest rate in the North Coast region was in Richmond Valley-Coastal SA3 (119 per 100,000 residents), followed by Clarence Valley (106). Port Macquarie and Clarence Valley had the highest rates for people aged 25-44 years old (155 and 141, respectively). For people aged 45 years and older, the highest rate was in Port Macquarie (83), the lowest in Richmond Valley-Coastal (31 per 100,000 residents). (99)



## 9. Alcohol and other drugs

### 9.1. Summary of health and service needs

The use of illicit drugs and alcohol consumption remains highly prevalent in the North Coast region, which has a range of treatment options and users across demographic groups. Factors contributing to drug and alcohol use may be due to insufficient services to match the demand, long wait times for treatment and cost barriers, as identified in the Better Health Community Survey and community consultations. This highlights a need to improve access to appropriate alcohol and other drug services.

#### Key points

- The top four principal drugs of concern in the North Coast in 2022-23 are alcohol (47%), methamphetamines (16%), cannabis (15%) and heroin (8%).
- The risk of harm from alcohol is particularly high in the Northern NSW LHD.
- Over the past three years, there has been a dramatic increase in clients seeking treatment for nicotine in the North Coast.
- Among all clients receiving treatment for their own drug use in the North Coast, alcohol was the most common principal drug of concern.
- The Better Health Community Survey findings identified that 63% of North Coast residents who needed alcohol and other drug services could not access the services.
- The Better Health Community Survey identified 41% of people found it hard to access residential rehabilitation. This was followed by counselling and inpatient detox (40%).
- Community conversations highlighted that long wait times for alcohol and other drug services as a significant issue.

#### Highest priority needs

Improve access to appropriate alcohol and other drugs services to reduce wait times

### 9.2. Alcohol consumption

Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years, and the fifth overall contributor to the total burden of disease and illness for all ages. (109)

The National Health and Medical Research Council (NHMRC) *2023 Australian guidelines to reduce health risks from drinking alcohol* recommends that adults (18 years and over) consume no more than 10 standard drinks per week and no more than four standard drinks on any single day. In 2023, in the North Coast nearly one in three (32%) adults exceeded the recommended alcohol consumption as per the guidelines. The alcohol consumption rate in the North Coast region is higher than NSW (27%), indicating that North Coast residents are at greater risk of harm from alcohol-related diseases or injuries compared to the average for NSW residents. In the two-year period from 2021 to 2023, the rate of excessive alcohol consumption increased by 0.7% in the North Coast, while the NSW average rate reduced by 2%. (110)

The key figures on alcohol consumption in the North Coast region by LHD area are:

- The risk of harm from alcohol is particularly high in the Northern NSW LHD, where 34% of adults reported exceeding the guidelines in 2023, compared to 31% in Mid North Coast LHD.
- Over the last two years, Northern NSW residents experienced a slight decrease of 1% in people who did not meet the guidelines, while Mid North Coast saw an increase of 3%.
- In Northern NSW, 30% of adults reported drinking more than four standard drinks on any one day in the past four weeks, compared to 27% in Mid North Coast and 25% statewide.
- Northern NSW had a higher rate of adults drinking more than 10 standard drinks in the past week (17%) than Mid North Coast residents (15%), both higher than the statewide average (10%). (110)

### 9.3. Drug use

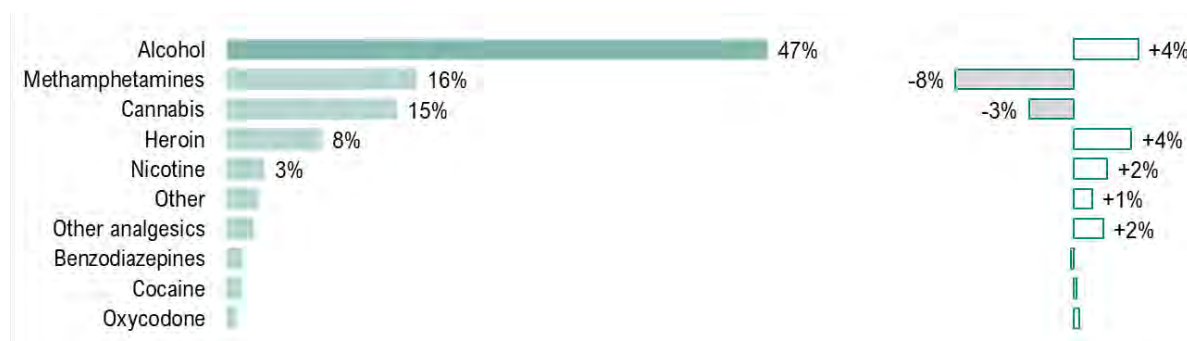
Alcohol and other drug treatment services provide a broad range of services and support to people who use alcohol and other drugs. The following data is based on the Drug and Alcohol Treatment Program on the North Coast and provides an overview of principal drug of concern of the clients receiving services, the demographics of the service users and an overall depiction of the use of treatment services.

In 2022-23, alcohol was the principal drug of concern (the main substance that led a client to seek treatment from an alcohol and drug treatment agency) for clients receiving treatment for their own drug use in the North Coast (Figure 62). (111)

The top four principal drugs of concern in the North Coast are similar as they are nationally. These are alcohol (47%), methamphetamines (16%), cannabis (15%) and heroin (8%). Notably, the rates of both alcohol and heroin as principal drugs of concern are higher in the North Coast than the national averages (Figure 62). (88)

Figure 62. Drugs of concern for own use

**The top 10 drugs of concern for own use in the North Coast in 2022-23 account for 98% of all treatment episodes. Nearly half of the treatment episodes are for alcohol. The proportion of episodes for use of methamphetamines and cannabis are 8% and 3% lower than the Australian average**



Source: Alcohol and other drug treatment services in Australia annual

## 9.4. Service use

### Demographic of service users

In the 2022-23 period, the demographics of clients using alcohol and other drug treatment services (AODTS) varied on the North Coast.

The information identified that males represented 59% of all clients. 23% of clients accessing AODTS identified as Aboriginal, which is higher than the national average of 18%. (111) The profile (age and gender) of users of AODTS in the North Coast area is similar to the national average, though there are some differences. The age group with the highest proportion of clients was 30-39 years old, accounting for 24% of the total. The proportion of female clients in the North Coast is slightly higher at 39%, compared to the national average of 34%. The region has a higher proportion of older clients, with 15% aged 50-59 (compared to 12% nationally) and 10% aged over 60 years (versus 6% nationally). (111)

### Use of treatment services

A **treatment episode** refers to the period of contact between a client and a treatment provider or a team of providers. Each episode is characterised by one principal drug of concern and one main treatment type; if either the principal drug or the main treatment changes, a new episode is recorded. In 2022-23, there were 5,127 treatment episodes for clients with problematic alcohol and other drug use, marking a 5% increase from 2021-22. A total of 98% of clients in the North Coast received treatment for their own drug use, compared to 94% nationally.









In the North Coast region, 5% of clients reported nicotine as their principal drug of concern. This is higher than the national rate of 1%. Over the past three years, there has been a dramatic increase (168%) in clients seeking treatment for nicotine, whereas nationally, the rate has decreased by 3%. (111)

While the rate of alcohol as the principal drug of concern is higher in the North Coast than the national average, the number of treatment episodes for alcohol decreased by 9% over the past three years (from 2019-20 to 2022-23). In contrast, the number of treatment episodes for alcohol nationally increased by 23% during the same period. (111)

A **closed treatment episode** refers to the period of contact between a client and a treatment provider or team of providers. An episode is closed when treatment is completed, there has been no further contact between the client and the treatment provider for three months or when treatment is ceased. Counselling is the most common treatment type in the North Coast making up 34% of all closed treatment episodes in 2022-23. The number of closed episodes for counselling treatment declined by 19% in the last three years. Counselling was the most common treatment type in Australia in 2022-23 but experienced a decline of 10% in the last three years. In the North Coast, the treatment types that increased in closed episodes in the last three years were Rehabilitation and Pharmacotherapy, with all other treatment types experiencing a decrease. Notably, there has been a steady increase of 34% in the number of Rehabilitation episodes (Table 11). (111)

Table 11. Closed treatment episodes

**In 2022-23 one in three closed treatment episodes were for counselling and one in five for support and care management, both reduced in the last three-year period. Rehabilitation, which accounts for one in ten closed episodes, shows the greatest increase from 2019-20 (+3%)**

Treatment type	Trend	2022-23	3-year variation
Counselling		34%	-2%
Support and case management		20%	-3%
Assessment only		13%	+2%
Withdrawal management		12%	+2%
Other		10%	-1%
Rehabilitation		9%	+3%
Information and education		2%	-1%
Pharmacotherapy		0%	+0%

Source: Alcohol and other drug treatment services in Australia annual report, 2024

## 9.5. Insights from community and service providers

The Better Health Community Survey revealed that 63% of North Coast residents who needed AOD services could not access them. Of those who did access AOD services, 48% found it a bit hard or very hard to access. The top three challenges to accessing AOD services were lack of services (54%), cost (39%) and difficult to organise (37%). A total 43% of people found it hard to access residential rehabilitation, followed by counselling (42%) and inpatient detox (41%). Overall, in the North Coast 31% of respondents to the survey said drug and alcohol use was a serious health concern in their community. This is highest in Kempsey LGA (45%) followed by Nambucca (36%) and Coffs Harbour (35%).

Wait times for AOD services was a prominent theme in the community conversations. Participants suggested the delay in accessing services is compounding this issue in the community. Intravenous drug use in youth was identified as becoming increasingly prevalent in the North Coast communities, particularly in the Tweed LGA.

*"Mental health and AOD services are lacking in the area, particularly post flood. Lismore is teeming with people with PTSD from the floods."*

*Better Health Survey Respondent*

*"AOD rehabilitation is extremely limited to access. If there is co-existing AOD and mental health, both rehabs and cmh won't help as it is the opposite diagnoses that is the issue... leading to crime, homelessness and severe health issues/death..."*

*Better Health Survey Respondent*

Overall, a large portion of the North Coast communities viewed drug and alcohol use as a serious health concern, highlighting a collective recognition of a widespread problem.

## 10. Priority populations

### 10.1. Summary of health and service needs

The North Coast region is home to some of the most disadvantaged communities in NSW and Australia (see section *Socio-economic disadvantage*).

#### Key points

- The North Coast has a smaller number of people and communities from CALD backgrounds compared to NSW and Australia. This population is growing, and more specific data is required to support health planning for CALD people.
- The rate of people with *need for assistance* per 1,000 population for all ages in the North Coast is higher than NSW and Australia. The rate is increasing for young people aged 0-24 years.
- The rate of NDIS participation in the North Coast is 32 per 1,000 residents, above NSW and Australian rates (23 and 24 per 1,000, respectively).
- Domestic and family violence rate in the North Coast is higher and is increasing at a faster rate than NSW. The rate is highest in Kempsey, followed by Coffs Harbour, Richmond Valley and Clarence Valley.
- The rate of people experiencing homelessness and people at risk of homelessness in the North Coast is consistent with NSW and is half the national rate.
- The number of rough sleepers in the North Coast is increasing faster than NSW.

The limitations in data available at North Coast region and LGA level is noted as is the need for more local research and consultation to best know, understand and address the health and service needs of priority populations.

#### Highest priority needs

Reduce the rate of domestic and family violence in the North Coast

### 10.2. Culturally and linguistically diverse people

Culturally and linguistically diverse (CALD) communities can face unique and complex barriers in accessing healthcare services. Barriers and challenges can include language, lower health literacy, culture and lack of knowledge and understanding of the Australian health care system. The CALD people and communities can experience more complex health needs. (112) (113)

The North Coast region is a permanent or temporary home for people from a variety of CALD communities and backgrounds including refugees, farm workers and students. The CALD population is growing, and more specific and local data is required on the unique and diverse needs of CALD populations in the North Coast region so as they can be best understood and met.

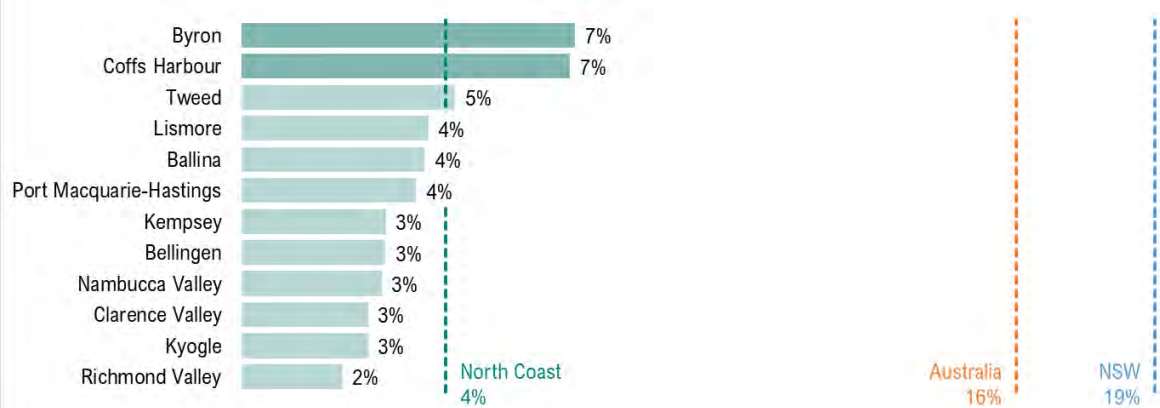
#### Country of birth

In 2021, the North Coast region had a lower proportion of people born in non-English speaking countries (4%) than both NSW (19%) and Australia (16%) The top five non-English speaking countries of birth for people in the North Coast were India, Germany, Philippines,

Netherlands and Italy. Since 2016, the North Coast population born in non-English speaking countries increased by 1%, less than NSW (2%) and Australia (2%). In 2021, Byron (7%), Coffs Harbour (7%), Tweed (5%), Lismore (4%), Ballina (4%), Port Macquarie-Hastings (4%), Kempsey (3%), Bellingen (3%), Nambucca Valley (3%), Clarence Valley (3%), Kyogle (3%) and Richmond Valley (2%) had the highest proportion of people born in non-English speaking countries (Figure 63). (4)

Figure 63. Proportion of population in the North Coast born in non-English speaking countries

**Byron and Coffs Harbour had the highest proportion of population in 2021 born in non-English speaking countries in the North Coast, considerably lower than the state and national averages**



Source: ABS, 2021

### English proficiency

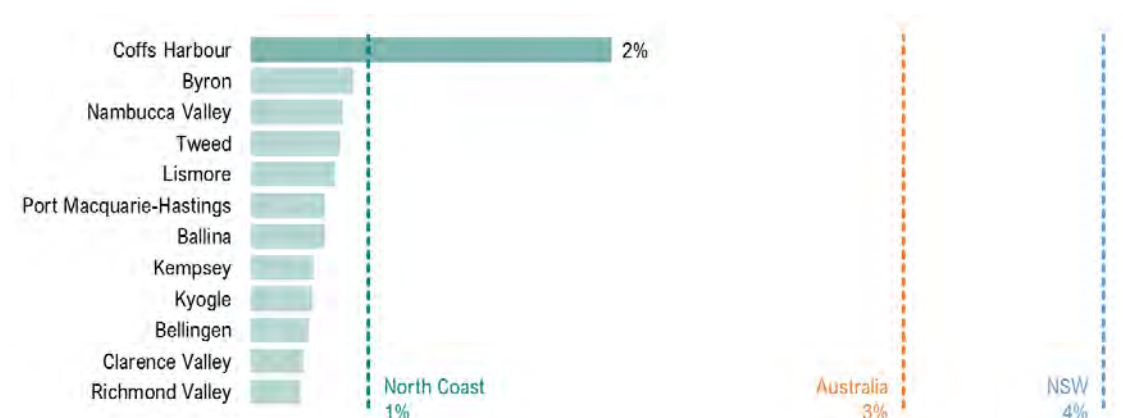
In 2021, approximately 1% of people in the North Coast region had a very low English proficiency<sup>3</sup>, substantially lower than NSW (4%) and Australia (3%). Coffs Harbour had the highest proportion of residents with a very low English proficiency in 2021 (2%) and is the LGA that experienced the greatest increase in percentage of persons with very low English proficiency since 2016, with Nambucca Valley and Byron also increasing. Lismore is the only North Coast LGA with a reduction in population with very low English proficiency (Figure 64). (114)

<sup>3</sup> People who use another language and speak English 'not well' or 'not at all'



Figure 64. Proportion of population in the North Coast with very low English proficiency

**The North Coast population with very low English proficiency is lower than NSW and Australia. Coffs Harbour has a considerably higher population with very low English proficiency than other LGAs in the North Coast**



Source: ABS Census Data, 2021

These rates show that the population in the North Coast region is less linguistically diverse than other regions in NSW and Australia.

### 10.3. People living with disabilities

Disability is a broad term including long-term health condition or impairment in body function or structure, and restrictions or limitations in everyday activity or participation, lasting six months or more. (115) (116) Personal and environmental factors and individual health conditions interact in defining disability and the affects and impacts it has on a person's daily life. (116)

The population of people living with disability is diverse, encompassing all backgrounds and demographics, varied disability types and levels and need for assistance. However, the prevalence of disability increases with age and people living with disability are more likely to experience social and economic disadvantage and report lower levels of general and mental health than people without a disability. (116)

There are gaps in available data and knowledge of numbers and needs of people living with disability in the North Coast region. It is worth noting the North Coast region has an ageing population (see section 3.2 *Population profile*), 7% needing assistance due to a disability in regional New South Wales (slightly higher than the Australian average of 6%) (117), a greater proportion of people living with socioeconomic disadvantage (see section *Socio-economic disadvantage*), and experiences lower access to GP and specialist services, including mental health services, than average in NSW and Australia (see section 8 *Mental health*). This may affect the number of people living with disability and exacerbate challenges and barriers in accessing health and social care.

#### Need for assistance

Need for assistance measures the number of people with a profound or severe core activity limitation, who require assistance in their day to day lives in one or more of the four core activity areas of self-care, mobility and communication because of a long-term health condition or disability (lasting six months or more) or old age. (118)

The need for assistance across the North Coast region is growing both regionally and in the younger population. In 2021, the North Coast rate of people with need of assistance (75 per

1,000 people) was higher than for NSW and Australia (both 58 per 1,000 people). Since 2016, the rate has increased in the North Coast region equally to NSW (6%) but less than Australia (12%). (118)

There was variation across North Coast LGAs. As illustrated in (Figure 65) Kempsey (95) and Nambucca Valley (93) experiencing higher rates of people with need of assistance. Byron (41) was the standout low rate and is the only LGA to observe a decrease since 2016 Census. Nambucca Valley saw the highest rate increase since 2016 (16%), followed by Port Macquarie-Hastings, Ballina, Lismore, Coffs Harbour and Kempsey, all increasing over 10% in this period. (118)

Consistent with other data, the areas with the highest rate of need for assistance in the North Coast are those with the highest levels of disadvantage and unemployment and lowest levels of educational attainment and private health insurance coverage. (8) (10) (14) (15)

Figure 65. Rate of people with need for assistance

**The rate of people with need for assistance per 1,000 population for all ages in the North Coast is higher than NSW and Australia. Kempsey and Nambucca Valley had the highest rates in 2021. Nambucca Valley is the LGA with the greatest increase in the rate of people in need for assistance since 2016 (+16%)**



Source: ABS Census, 2021

The need of assistance rate was higher for young people aged 0-24 years old (44 per 1,000 residents) and people aged 25-44 years old (30) in the North Coast region than NSW (30 and 18 respectively) and Australia (33 and 20 respectively). The rate is higher for people aged 45-64 years, but lower than the NSW and Australian rates for people aged 65 years and over (Figure 66). (118)

Notably, from 2016 to 2021 the North Coast (34%), NSW (28%) and Australia (35%) all observed large increases in the rate of children and young people aged 0-24 years in need for assistance. A small decrease was seen for people aged 25-44 years in the North Coast region (5%). (118)

Figure 66. Rate of people with need for assistance by age cohort

**The rate of people under 65 years in need for assistance in 2021 is higher in the North Coast region than NSW and Australia. The rate is lower than state and national rates for people 65 years and older**



Source: ABS Census, 2021

The 2021 census shows a lower need of assistance in the North Coast region for those aged 65 years and older (165 per 1,000 people) than in NSW and Australia (184 and 181 respectively). However, since the 2016 census, the rate has increased in the North Coast region by 4%, same as Australia, while it only increased by 1% in NSW. (118) This may be reflective of the North Coast's ageing population and could see a continued upward trend.

*"...should be more services available for children with autism or Down's Syndrome or elderly, some people, they don't know how to communicate or where to get help."*

*Community consultation participant Grafton*

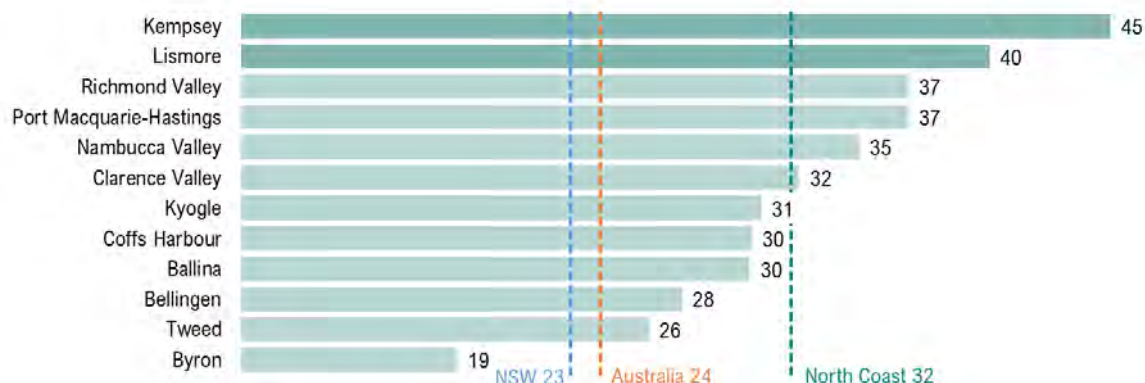
## The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) provides funding to people with disability assessed as eligible to access services and supports. (119) As of March 2024, there were 17,284 NDIS participants in the North Coast region, a rate of 32 per 1,000 residents, higher than NSW (23) and Australia (24) (Figure 67). (120)

Port Macquarie-Hastings, Coffs Harbour and Tweed LGAs have the highest number of NDIS participants; however, the highest rates per 1,000 residents are in Kempsey (45), Lismore (40), Richmond Valley and Port Macquarie-Hastings (both 37). Byron had the lowest rate of NDIS participants in the North Coast (19). (120)

Figure 67. NDIS participant rate

**In March 2024 the rate of NDIS participants per 1,000 people was higher in the North Coast than NSW and Australia. Participation is highest in Kempsey and Lismore and lowest in Byron**



Source: NDIS, Australian Government, 2024

In the 2-year period from March 2022 to March 2024 the rate of NDIS participants increased by 22% in the North Coast, exceeding the increase in NSW (20%) and Australia (21%). The rate of NDIS participation increased the most in Clarence Valley (32%) and Byron (30%), followed by Kempsey and Nambucca Valley (both 26%). Although Byron had the lowest participant rate (19 per 1,000 residents), it saw the second highest relative increase since March 2022. The smallest increase in NDIS participation rate were in Kyogle (15%), Lismore and Ballina (both 16%). (120)

#### 10.4. LGBTQ+ population

LGBTQ+ is one of the acronyms used when referring to the many and diverse peoples and communities of peoples who “identify as lesbian, gay, bisexual, trans/transgender, intersex, queer, and other sexuality (including asexual), gender, and bodily diverse”. (121) The diversity, non-homogenous nature and diverse needs of LGBTQ+ communities were highlighted by participants in subject matter expert and service provider consultations.

The Better Health Community Survey had 297 participants (9%) who identified as gay, lesbian and/or bisexual, or “I use a different term”. For the North Coast region, LGBTQ+ participants reported the same top four health concerns as the general population: mental health, ageing, lack of services and AOD, although at varying levels of concern (Figure 68). Mental health issues and AOD use were of higher concern to people identifying as LGBTQ+ than those not (61% and 47% respectively, compared to 39% and 31%). At LGA level, mental health was in the top 2 health issues for 10 of the 12 LGAs in the North Coast region, ranking third in Bellingen and fourth in Nambucca Valley. The ageing population was the biggest health concern in Bellingen, Kyogle and Port Macquarie. Participants in subject matter expert and service provider consultations echoed these concerns for LGBTQ+ communities.

*“The Queer community in Healthy North Coast is an ageing population. Phobias are more prevalent in the older population.”*

*Subject Matter Expert Consultation participant*

*"Regarding aged care facilities there is concern about lack of cultural safety. People are sometime isolated from family, they choose to live in this region. There exists concern about the lens that providers look through."*

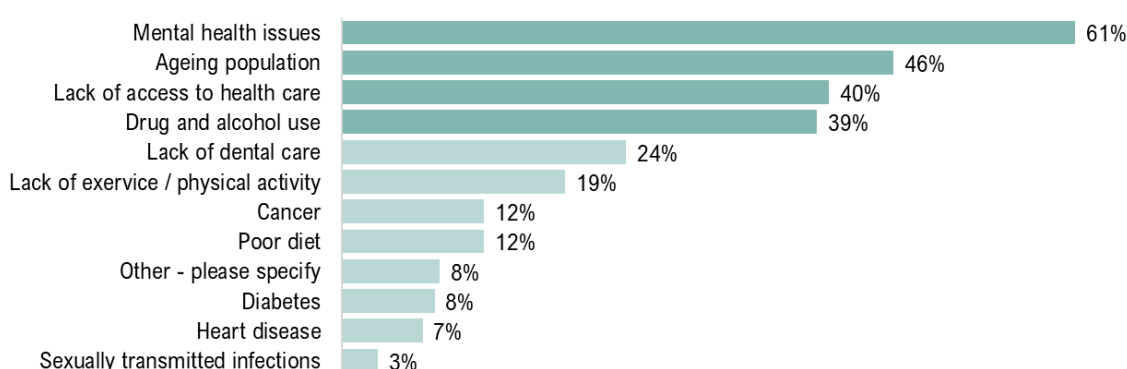
*Subject Matter Expert Consultation participant*

*"Dementia and gay men. The impacts of the first round of HIV meds and other drugs, dementia rates are higher."*

*Subject Matter Expert Consultation participant*

Figure 68. LGBTQ+ top reported issues of concern

**The LGBTQ+ participants in the survey indicated mental health issues, ageing population, lack of access to services and alcohol and other drugs as the most serious health concerns in their community**



Source: HNC Better Health Community Survey, 2024

*Private Lives 3* was conducted by La Trobe University in 2019 and is Australia's largest survey of the health and wellbeing of LGBTQ+ people, with 6,835 participants nationally, and 1,506 (22%) from regional cities or towns. Participants reported high to very high levels of psychological distress (57%) and high levels of depression (61%) and generalised anxiety disorder (47%) diagnosis. A total 73% reported ever having been diagnosed with a mental health condition (122) compared to 43% of the general population. (123)

A total 42% of respondents considered suicide in the previous 12 months, 75% contemplated it at some point in their lives (122) compared to 3% and 17% of the general population respectively. (123) *Private Lives 3* identified a high prevalence of AOD use amongst the LGBTQ+ community with 17% of respondents reporting struggling to manage their alcohol use in the past year and 44% reporting using one or more drugs for non-medical purposes in the past 6 months. These figures support mental health and AOD use concerns raised in the Better Health Community Survey, highlight the higher prevalence of mental health conditions in LGBTQ+ communities and indicate higher needs for supports and services.

Participants in subject matter expert and service provider consultations identified several key areas impacting experiences of and engagement with the health system for people identifying as LGBTQ+. Access to appropriate services and adequately trained practitioners within regional areas was recognised by participants as a barrier on multiple levels and across age cohorts. A lack of access to health care was the third most serious community health concern identified by LGBTQ+ Better Health Community survey participants.

Consultation participants identified the need for increased training and understanding at a service and community level around the specific health and service needs of LGBTQ+ communities and persons. Participants identified poor experiences and perceptions of services as impacting engagement and health seeking behaviours of consumers with a lack of knowledge of available services and how to access them compounding this.

This information is consistent and supported by literature suggesting members of LGBTQ+ communities experience healthcare provider discrimination and variable access to identity affirming experiences within the healthcare context even within reputable LGBTQ+ inclusive or specific services. (124) The importance of enhancing experiences in accessing healthcare for LGBTQ+ communities is crucial given the current health disparities faced. These disparities encompass social determinants of health, mental, and physical health issues, including reproductive and sexual health challenges, and wellbeing. (125)

*"Reluctance to access a GP, perception of not being comfortable. Nice (there's a benefit of psychological safety, lived experience) to have someone who understands my experience. Limitations in access (few GPs). People may then delay access to care."*

*Subject Matter Expert Consultation participant*

*"really it's about safe and knowledgeable service providers and services. So and our community is constantly looking for signs of safety and we're looking for practitioners and places that we can go where we're not going to be judged or, you know, kind of turned away, or have another bad experience."*

*Participant in Service Provider Consultation*

Within the Better Health Community survey, LGBTQ+ participants reported domestic and family violence as their third highest ranked community concern (27%), higher than the general population (19%). A total 42% of *Private Lives 3* survey participants reported having ever been in an intimate relationship where they felt abused in some way by their partner/s, 39% reported ever feeling abused by a family member and 49% reported having ever been coerced or forced into sexual acts they did not want to engage in. (126) (122)

These high rates of abuse, combined with the concerns expressed by community members in the Better Health Community Survey, underscore the critical nature of domestic and family violence as an issue affecting LGBTQ+ communities and suggest substantially high rates of domestic and family violence within the LGBTQ+ community.

In the Better Health Survey, when asked about community concerns, participants highlighted 'housing availability' and 'cost of living' as significant issues, echoing the sentiments of respondents from the general population. A total 22% of *Private Lives 3* participants reported experiencing homelessness. It's important to emphasise that within LGBTQ+ communities, particularly among transgender and gender-diverse individuals, housing challenges are often more pronounced, reflecting the unique set of barriers faced. (124)

It is acknowledged that due to factors including diversity of populations and communities and small sample sizes, data at all levels is more challenging to obtain, particularly at local and regional level. Further consultation, data gathering, and analysis is required in collaboration with communities for better understanding the needs of LGBTQ+ communities.



Noted are unique challenges and barriers experienced across LGBTQ+ communities and age cohorts and the compounding effects of regionality and lower access to tailored and appropriate supports and services across much of the North Coast region.

### 10.5. People exiting prison

People in prison are some of the most disadvantaged and vulnerable within our society. On both entering and exiting the prison system they are people who experience higher rates of chronic physical and mental health conditions than the general population. People who have spent time in prison are more likely to experience unemployment and housing insecurity including homelessness and are more likely to smoke, partake in risky alcohol consumption and drug misuse and have communicable diseases than the general population. (127) (128)

There are two prisons in the North Coast region, both housing male and female inmates (129):

- Mid North Coast Correctional Centre at Kempsey, run by NSW Corrective Services and housing maximum, medium and minimum-security prisoners
- Clarence Correctional Centre at Grafton (Clarence Valley LGA), run privately by Serco and housing maximum and minimum-security prisoners.

Clarence Correctional Centre is the largest prison in Australia and has capacity for 1,700 persons, 1,300 of them in maximum security. (130) Data is unknown for capacity in Kempsey and for current number of inmates housed at either facility.

In June 2024 there were 12,917 adults in prison in NSW, of which 5,763 were on remand (awaiting trial or sentencing). Of total prisoners, 93% were male with an average age of 39 years. A total of 31% are Aboriginal peoples. (131)

Higher rates of disadvantage and issues with accessing services for mental health and alcohol and other drug services across the North Coast region (see section 8 *Mental health* and 9 *Alcohol and other drugs*) could equate to greater challenges and barriers for people linking in with services on release from prison.

### 10.6. People experiencing domestic and family violence

Domestic and family violence is a major issue in Australia, affecting individuals, families and communities across all demographic and socioeconomic backgrounds, encompassing multiple sectors including health. (132)

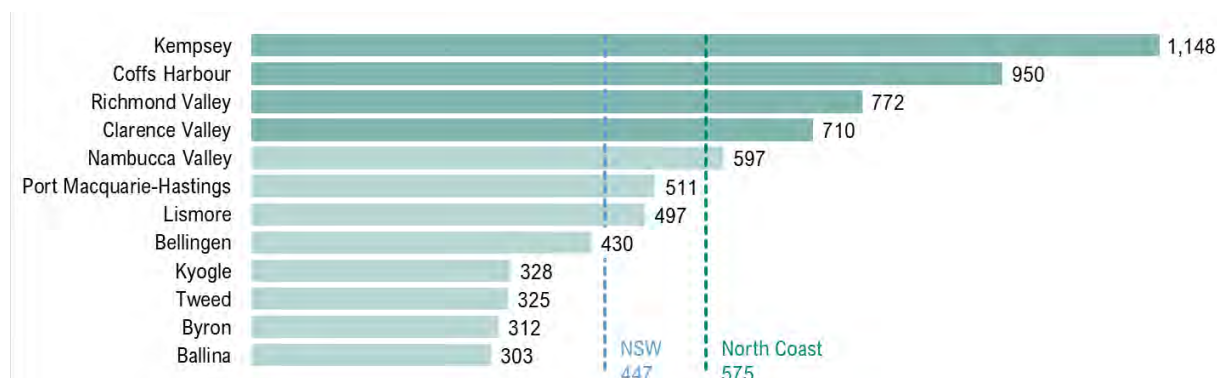
Domestic violence rates provided are the rates of domestic violence-related assault incidents recorded by NSW Police per 100,000 population. (133)

In the 12-month period April 2023 to March 2024, the rate of domestic violence per 100,000 population in the North Coast region was 575, higher than the NSW rate of 447. The North Coast region rate saw a larger increase than NSW (18% and 13% respectively) since the April 2020-March 2021 period. (133)

Kempsey (1,148) had the highest rate of domestic violence per 100,000 population of all LGAs in the North Coast region, almost doubling the regional rate. Kempsey is followed by Coffs Harbour (950), Richmond Valley (772) and Clarence Valley (710) all having rates above the North Coast average. Ballina (303), Byron (312) Tweed (325) and Kyogle (328) had the lowest rates in the North Coast and were below the NSW rate. (133)

Figure 69. Rates of domestic and family violence by North Coast LGAs

**The North Coast had a higher rate of domestic and family violence per 100,000 residents than NSW in the year to March 2024. The highest rates are in Kempsey, Coffs Harbour, Richmond Valley and Clarence Valley**



Source: NSW Bureau of Crime Statistics and Research, 2024

Clarence Valley LGA has seen the highest increase in rate in the three-year since the April 2020 to March 2021 period, up 82%, from 389 to 710, followed by Coffs Harbour, Kempsey and Port Macquarie-Hastings, with increases ranging from 37% to 30%. The greatest reduction in the rate of domestic violence were in Nambucca Valley (14%), Tweed (13%) and Lismore (12%), with reductions also in Ballina (6%), Bellingen (5%) and Kyogle (4%). (133)

In the Better Health Community survey, 19% of participants across the North Coast region identified domestic and family violence as an area of concern in their community. It is noted that participants could only select three options from the provided list, with housing availability (76%) and cost of living (73%) being the main issues raised across the region.

Research post-2022 North Coast floods indicates that rates of family and domestic violence increased in some areas. (134) Women and children were not able to be separated from domestic violence perpetrators, people convicted of sex offences and people withdrawing from addiction in temporary accommodation provided through flood evacuation centres. This created unsafe environments for many women and children. (134)

*"Our community is under extreme pressure with lack of housing and flooding vulnerability. Homelessness is also contributing to substance use disorders and mental health problems, as well as many other consequences from financial pressure, such as domestic violence. If housing and basic needs were better met for our community, I feel that better outcomes in aforementioned areas would improve."*

*Better Health Survey Participant*

## 10.7. People experiencing homelessness

Fundamental to the health and wellbeing of individuals and communities is adequate access to affordable housing, as improved housing conditions can prevent disease and increase quality of life. (135) Housing insecurity worsens health inequities and is associated with poor physical health outcomes, increase in cardiovascular, respiratory and infectious diseases, higher rates of injuries and a higher prevalence of mental health conditions.

In November 2023, Healthy North Coast published the report "Homelessness on the North Coast". (136)

## Homelessness in the 2021 Census

The 2021 Census reported 2,102 individuals experiencing homelessness and 2,029 at risk of homelessness in the North Coast region. This equates to a rate of 4 people experiencing homelessness and 4 people at risk of homelessness per 1,000 residents in the region. The rates are on par with NSW rates and considerably below the Australian rates (9 homeless and 7 at risk, for a combined national rate of 16 per 1,000 people) (Figure 70). (137)

Figure 70. Rate of people experiencing homelessness and people at risk of homelessness

**The overall rate of people experiencing homelessness (dark green) plus people at risk of homelessness (light green) per 1,000 residents in the North Coast region in 2021 is below the national rate. Byron has the highest rate of people experiencing homelessness and Kempsey the highest rate of people at risk. Kempsey, Byron and Lismore have the highest overall rates of homeless and at risk in the North Coast**



Source: ABS Census, 2021

Note, homeless figures only indicate people who participated in completing the Census and the actual number may be higher.

Both the homeless population and that at risk of homelessness in the North Coast region represent 7% of the NSW homeless population (30,832 reported) and NSW population at risk (30,162 reported). (137) At LGA level:

- Tweed had the highest number of homeless individuals reported (487), representing 23% of the homeless in the North Coast, followed by Coffs Harbour (16%) and Port Macquarie-Hastings (13%).
- Port Macquarie-Hastings had the highest number of individuals at risk of homelessness (290), representing 14% of the North Coast's population at-risk of homelessness, followed by Coffs Harbour (13%), Byron (12%), Kempsey (11%) and Lismore (10%).

## Demographic profile of homeless people

Of the recorded 2,102 individuals experiencing homelessness in the North Coast region in 2021, 33% were young people 0-24 years, 58% people aged 25-64 years and 9% 65 years and older (Figure 71). In relative numbers, the North Coast had less homeless people that were young people and more over 65's compared to the demographics of people experiencing homelessness in NSW (34% young people and 7% 65+) and Australia (38% young people and 6% 65+). (137)

Figure 71. Number of people experiencing homelessness by North Coast LGA and age cohort

**Tweed had the highest number of people experiencing homelessness in the North Coast in 2021. Tweed, Coffs Harbour and Port Macquarie-Hastings LGAs have over half (52%) the people experiencing homelessness in the North Coast region**

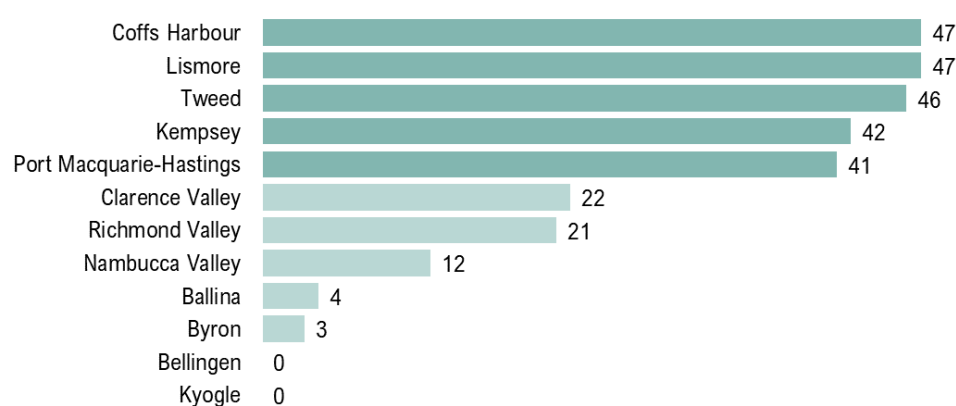
	0-24 years	25-64 years	65 years and older	Total homeless people
Tweed	109	309	69	487
Coffs Harbour	101	214	19	334
Port Macquarie-Hastings	118	123	25	266
Lismore	106	123	8	237
Byron	52	144	12	208
Clarence Valley	58	80	19	157
Kempsey	78	57	5	140
Ballina	28	66	3	97
Richmond Valley	29	40	12	81
Nambucca Valley	11	30	5	46
Bellingen	6	18	6	30
Kyogle	0	13	6	19
North Coast	696	1,217	189	2,102

Source: ABS Census, 2021

In 2021, 285 or 14%, of the reported 2,102 individuals experiencing homelessness in the North Coast region identified as **Aboriginal**. This ratio is higher than NSW (5%) and lower than Australia (20%). (137)

Figure 72. Number of people experiencing homelessness who identify as Aboriginal

**The number of people experiencing homelessness who identify as Aboriginal in 2021 were concentrated in five LGAs, with nil recorded in Kyogle and Bellingen**



Source: ABS Census, 2021

### Accommodation arrangements

In 2021 the North Coast had a greater proportion of **people experiencing homelessness** staying temporarily with other households (31%) than NSW (10%) and Australia and a greater proportion living in impoverished dwellings, tents or sleeping out (15% compared to 2% statewide and 6% nationally). (138)

Tweed LGA had a substantial number of homeless people living in improvised dwellings, tents or sleeping out (189) while Coffs Harbour had major homeless population temporarily staying with others (115). In terms of homeless people living in improvised dwellings, tents, or sleeping out, Tweed represents 59% of the North Coast (189 out of 321) and 29% of the NSW (189 out of 644).

Overall, the North Coast region comprises 50% of the NSW homeless population living in improvised dwellings, tents or sleeping out. In the category of persons living in boarding houses, Byron has 48 homeless people, which represents approximately 36% of the North Coast (133) region. Notably, 39% out of the total homeless people in Tweed are living in improvised dwellings, tents or sleeping out. 49% of the homeless population in Lismore is living in supported accommodation. (138)

Compared to NSW and Australia, the North Coast had a greater proportion of **people at risk of homelessness** who are marginally housed in caravan parks (37%, versus 6% in the state and 9% in the country). This is offset by lesser of the at-risk population in the North Coast living in crowded dwellings (60%, compared to 93% in NSW and 88% in Australia). (138)

Within the population at risk of homelessness in the North Coast region, Clarence Valley represents 33% of the persons in other improvised dwellings. Over half of the at-risk populations in Lismore (70%), Nambucca Valley (65%) and Byron (62%) live in other crowded dwellings. A notable portion of the at-risk populations in Tweed (42%), Lismore (38%), Nambucca Valley (33%) and Byron (25%) are marginally housed in caravan parks. (138)

## Street Count

According to the 2024 NSW Statewide Street Count, 967 individuals were rough sleepers in the North Coast region. Byron (348) recorded the highest number in the region and across all LGAs in NSW, followed by Tweed (174) and Coffs Harbour (Figure 73). These three North Coast LGAs accounted for 32% of all rough sleepers counted in NSW in 2024. (139)

Several LGAs in the region reported a decrease in rough sleepers from 2023 to 2024, notably Richmond Valley and Clarence Valley. In the four-year period since 2000, all LGAs in the North Coast region have increased the number of people sleeping rough except Kyogle and Richmond Valley with no variation. The increase in rough sleepers in the last year is similar in the North Coast and NSW but in the four-year period 2020-2024 it is higher in the region (144%) than statewide (55%). (139)

Figure 73. Number of rough sleepers in North Coast LGAs

**The Statewide Street Count 2024 shows that Byron had the highest number of rough sleepers in the North Coast region and Port Macquarie-Hastings experienced the greatest increase (more than a ten-fold) in rough sleepers in the 2020-2024 period**

LGA	Number of locations	2020	2021	2022	2023	2024	Trend
Byron	9	174	198	138	300	348	
Tweed	15	77	58	127	145	174	
Coffs Harbour	2	51	43	57	82	147	
Lismore	5	55	48	48	40	64	
Ballina	6	21	20	27	30	63	
Clarence Valley	6	7	17	11	69	58	
Port Macquarie-Hastings	10	5	10	23	43	53	
Bellingen	2	0	0	10	23	22	
Nambucca Valley	6	0	0	0	17	20	
Kempsey	9	3	7	1	11	15	
Richmond Valley	5	3	3	5	19	3	
Kyogle	2	0	1	1	0	0	
North Coast	77	396	405	448	779	967	
NSW	366	1,313	1,141	1,207	1,623	2,037	

Source: NSW Statewide Street Count, 2024

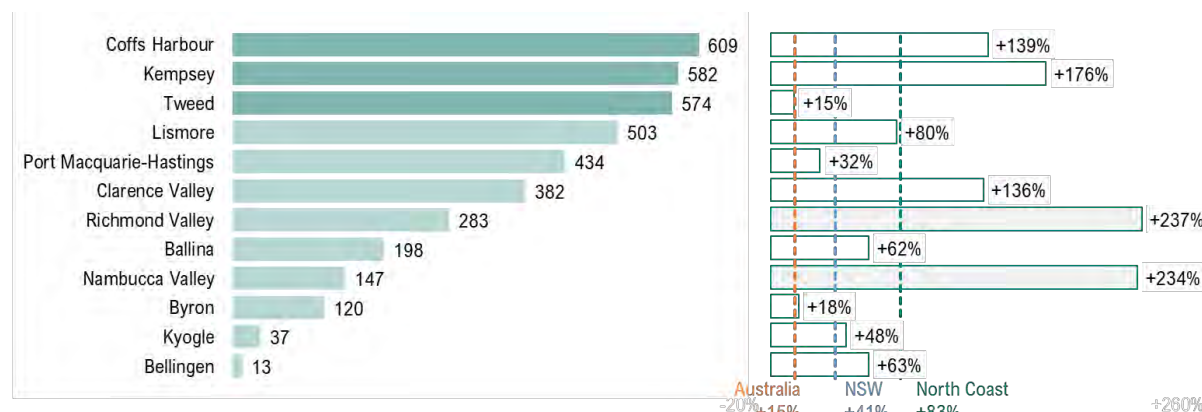
Note, limitations on gathering these numbers should be noted, for example, anecdotal evidence from locals referred to multiple individuals and families sleeping rough in Kyogle which is not reflected in the data.

## Specialist Homeless Services

In 2021-22 the Specialist Homeless Services provided support to 3,882 people in the North Coast region. This is a reduction from the previous year, but long-term data shows an 83% increase in the six-year period since 2014-15. Coffs Harbour, Kempsey and Tweed had the highest number of clients, the greatest increase in clients in recent years was in Richmond Valley and Nambucca Valley, with increases of more than three times the clients these areas had in 2014-15 (Figure 74). (140)

Figure 74. Number of homeless clients of the Specialist Homelessness Services

**The number of clients experiencing homelessness accessing Specialist Homelessness Services in 2021-22 was highest in Coffs Harbour, Kempsey and Tweed. Since 2014-15, Richmond Valley and Nambucca Valley have experienced the greatest increase in homeless clients, by more than a three-fold increase**



Source: AIHW Specialist Homelessness Services, 2024



### **Housing insecurity and homelessness after environmental disaster**

Rates of homelessness in the North Coast region have been exacerbated by local disaster events, including floods, fires, and storms. The North Coast region housing crisis is contributing to increased displacement, slower recovery, increased stress, anxiety and emotional fatigue. Displacement erodes social capital, with the role of social cohesion, trust, belonging and strong local networks directly linked to effective disaster recovery and community resilience. (141)

The Northern Rivers Community Foundation's 2023 Vital Signs reported on flood impacts to housing, indicating that 10,000 people have been displaced, 6,300 homes damaged and 1,800 people were still living in temporary housing (including pod villages, at-home caravans and emergency accommodation). (22)

## 11. Digital health

### 11.1. Summary of health and service needs

Digital health encompasses information and communications technology-based services, systems and tools that can be used to assess, treat and monitor a person's health and collect and share their health information. (142)

The availability and usage of digital health services, including phone, video and internet-based appointments, increased during the Covid-19 pandemic. The North Coast GP Telehealth service was established to increase safe and timely access to GPs for the North Coast region's population. This service continued to support local populations increased needs following successive environmental disasters (see section 3.4 *Environmental determinants of health*). However, it is important to acknowledge that barriers to accessing telehealth remain, including factors such as education, cultural differences, and socioeconomic status. (143)

#### Key points

- North Coast residents would be more likely to use telehealth if they had a greater understanding of what services are available, including after-hours, and how to access them.
- Consultation participants noted issues with equipment, safe use and space/place for appointments and digital literacy as challenges and barriers to engaging with telehealth services.
- The North Coast GP Telehealth service (usage rate of 28.7 per 1,000 residents) has transitioned to North Coast Health Connect (NCHC) service (20.5 per 1,000 residents) and the national healthdirect service.
- Over half of NCHC triaged contacts were directed to primary care or self-care, and one third of consumers intending to seek acute care redirected to primary care or self-care.

#### Highest priority needs

Enhance the understanding of telehealth services for people in the North Coast

### 11.2. Insights from community and providers

In the Kyogle consultation, some participants stated being happy and comfortable using telehealth services. More than half of participants however, stated issues with using telehealth due to discomfort with the idea of phone appointments and technology issues (lack of service, difficulty personally using technology). This was mirrored by participants from other sites and service providers. Participants noted issues with equipment, safe use and space/place for appointments and digital literacy as challenges and barriers to engaging with telehealth services. Similarly, participants identified reliable service and reception issues impacting residents of many areas across the North Coast region.

Participants in the Macksville consultation expressed a belief in the inappropriateness of telehealth and digital health appointments for young children and those unable to adequately articulate their health situation. This was echoed by participants in Grafton and Kyogle events, who felt they would not be able to have their health issues sufficiently addressed if

they did not see the provider in person, that important details are lost when appointments are not face-to-face.

*"I'm not confident using telehealth. I find it hard to explain things over the phone, so I prefer to call for prescriptions. I've had that for years; it's easier seeing someone face-to-face."*

*Community consultation participant Kyogle*

Despite most participants indicating a preference for face-to-face appointments with GPs and other health providers, many acknowledged the positives and importance of digital and telehealth service options in instances where face-to-face is not available or not an option, for follow-up appointments and repeat prescriptions and when distance and physical access are an issue.

*"I guess nothing's probably quite as good as sitting in the doctor's office and, you know, actually looking at the actual issue, but it serves a purpose when we need it. Yeah, it's been a good option."*

*Community consultation participant Grafton*

The community experience challenges accessing GP appointments, notably in the Nambucca Valley LGA (see section 4.3 *General practice service use*) (12). During consultations and in the Better Health Community Survey, participants from Nambucca Valley reported increasing difficulties accessing GP appointments, with 63% of survey participants finding it a bit hard or very hard to see a local doctor when needed. Across the North Coast, 19% of survey participants reported it was very hard to see a local doctor when needed, this was as high as 32% in Nambucca Valley LGA and 27% in Clarence Valley. Consultation participants reported being unable to find a GP that was accepting new patients and having challenges gaining appointments in a timely manner with their existing GP or clinic.

### 11.3. Digital health care (GP telehealth patient-end support services)

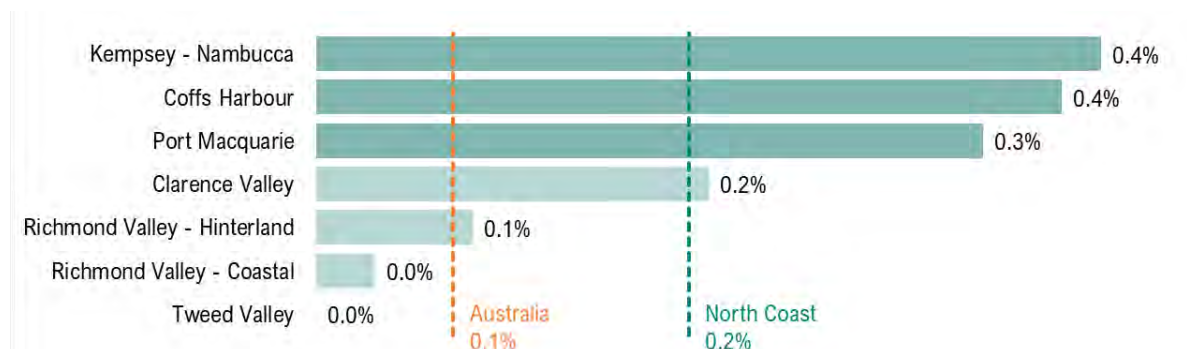
In 2021-22, 0.2% of people in the North Coast region used GP telehealth (patient-end support)<sup>4</sup> services, above the Australian average (0.1%). Whilst this has remained stable for Australia since 2019-20, this decreased in the North Coast by 0.2% in the two-year period from 2019-20. The percentage of people utilising GP telehealth (patient-end support) services in the North Coast is highest in Kempsey-Nambucca (0.4%), Coffs Harbour (0.4%) and Port Macquarie (0.3%). Percentage of use has decreased since 2019-20 in all areas except Tweed Valley (0%), with the biggest decrease in Clarence Valley (0.5%) and Coffs Harbour (0.3%). (12)

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<sup>4</sup> Provision of clinical support by a medical practitioner to a patient (in a telehealth eligible area) who is participating in a video conferencing consultation with a specialist or consultant physician. Does not include telephone or email consultations. From 1 July 2018, new items were introduced to enable nonspecialist medical practitioners to provide general attendance services.

Figure 75. Proportion of people in the North Coast who used GP telehealth (patient-end support)

**The proportion of people in the North Coast who used GP telehealth (patient-end support) in 2021-22 is twice that of Australia. This is highest in Kempsey-Nambucca, Coffs Harbour and Port Macquarie**



Source: AIHW, 2024

The rate of GP telehealth services may be higher in the North Coast region and in specific SA3s due to fewer specialists and a higher need for digital-based appointments. Lower levels of health literacy may also see GPs supporting more patients in their digital based specialist appointments. Additionally, the Covid-19 pandemic likely influenced the increased use of telehealth in the region, contributing to the higher usage rates.

#### 11.4. North Coast GP Telehealth service

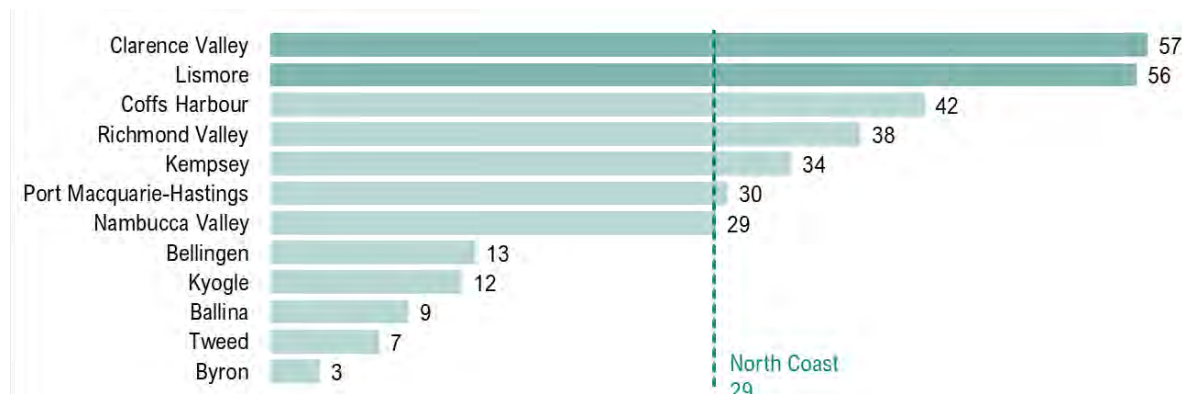
North Coast GP Telehealth was commissioned by Healthy North Coast in March 2021 to support the need for urgent GP services in the community, providing health advice, triage and care via telehealth. The service commenced in the peak of the Covid-19 pandemic and continued to support people through successive environmental disasters. As of the end of September 2024 the service has been decommissioned, with calls being transferred to healthdirect from 1<sup>st</sup> October 2024. North Coast Health Connect (see section 11.5 *North Coast Health Connect*) and the national healthdirect service provides residents with 24/7 health advice, triage and care via telehealth.

##### Service use

Use of the GP Telehealth service in the North Coast region increased from 13 sessions per 1,000 residents in 2021-22 (7,454 sessions) to 32 in 2022-23 (17,527 sessions) and then reduced by 11%, to 29 sessions per 1,000 residents in 2023-2024 (15,588 sessions). In its last full year of operation, the use rates per 1,000 residents were notably highest in Clarence Valley (57) and Lismore (56) LGAs, despite showing reduction from the previous year (rates decreased 14% and 7% respectively). Coffs Harbour shows the third highest rate in 2023-24 (42 per 1,000 residents) despite having the highest number of sessions in the year (3,331) (Figure 76) (144)

Figure 76. Rates of GP Telehealth sessions by North Coast LGA

**The rate of GP Telehealth sessions per 1,000 residents in 2023-24 is highest in Clarence Valley and Lismore LGAs, with the lowest use rates in Byron, Tweed, Ballina, Kyogle and Bellingen**



Source: GP Telehealth, 2024

4 LGAs show increased use rates in 2023-24 compared to 2022-23, notably Nambucca Valley (45%) and Kempsey (15%), Tweed (13%) and Bellingen (4%). The largest reduction in use in 2023-24 was in Byron LGA (46%), followed by Ballina, Port Macquarie-Hastings and Richmond Valley (ranging from 30% to 25% decrease). (144)

The change in use of the GP Telehealth service should be considered alongside the transition to North Coast Health Connect (see section 11.5 *North Coast Health Connect*), the overlap of these services since May 2023, and the community awareness of the services and transition to healthdirect.

### Demographic profile of service users

People 15-49 years of age accounted for over half of all sessions (53%) in 2023-24. People aged 30-49 years had the highest usage at 32% of all sessions, followed by those 15-29 years at 21%. (144) This ties in with data around GP access, which shows people in younger age cohorts are accessing face-to-face GP appointments at lower rates (see section 4.3 *General practice service use*). (12) Reasons for lower face-to-face access were reported by consultation and Better Health Community Survey participants as being due to challenges gaining appointments and accessing GPs. (144)

In 2023-24, 6% of GP Telehealth sessions were accessed by Aboriginal consumers. Coffs Harbour (206), Clarence Valley (198), Lismore (175) and Port Macquarie-Hastings (156) had the highest number of sessions for Aboriginal peoples. The LGAs with the highest proportion of GP Telehealth sessions accessed by Aboriginal peoples were Tweed (8%), Kyogle (8%) and Lismore (7%) (144). The age profile of Aboriginal users was the same as of non-Aboriginal users. (144)

### Service outcome

In most (77%) of the GP Telehealth sessions care was completed via virtual care. One in five (19%) resulted in the patient being directed to see a GP in person. A small proportion of sessions resulted in the patient being directed to a hospital (3%) or asked to call an ambulance (0.2%). (144)

Table 12. Outcome of GP Telehealth sessions in 2023-24

LGA	Virtual care	GP	Hospital	Other	Ambulance	Total
Coffs Harbour	2,542	647	116	21	5	3,331
Clarence Valley	2,365	598	87	15	5	3,070
Port Macquarie-Hastings	1,966	513	70	12	6	2,567
Lismore	1,943	427	94	15	4	2,483
Kempsey	787	205	35	2	3	1,032
Richmond Valley	716	153	25	2	3	899
Tweed	518	129	36	4	1	688
Nambucca Valley	450	110	21	5	2	588
Ballina	322	78	13	0	1	414
Bellingen	136	36	4	0	0	176
Byron	84	28	3	1	0	116
Kyogle	89	23	4	0	0	116
Unknown LGA	89	15	3	1	0	108
<b>North Coast</b>	<b>12,007</b>	<b>2,962</b>	<b>511</b>	<b>78</b>	<b>30</b>	<b>15,588</b>
Proportion of total sessions	77.0%	19.0%	3.3%	0.5%	0.2%	100.0%

Source: GP Telehealth, 2024

Note, 'other' outcome refers to sessions with outcome unknown or not recorded.

### 11.5. North Coast Health Connect

North Coast Health Connect (NCHC) was launched in May 2023. The service is a free 24/7 phone or web chat nurse triage service enabling people in the North Coast region to access confidential health advice from a registered nurse or be booked into one of 240 quarantined GP appointments through 25 participating general practices, or 29 participating pharmacies, or GP telehealth pending triage outcome. (145)

#### Service use

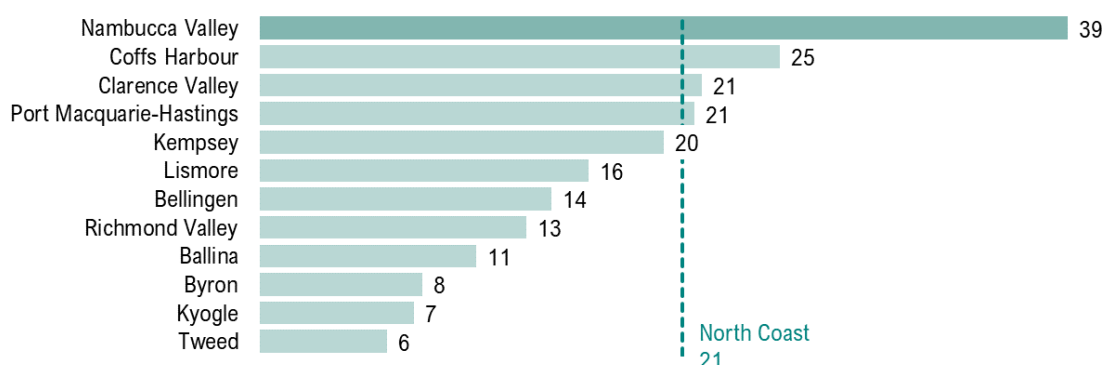
In 2023-24, its first full year in operation, a total 11,107 contacts were made to NCHC, with 78% (8,615 contacts) triaged by triage nurses. The remaining calls were classified either quick calls, health advice, provider referral or emergent call. (146)

The NCHC service use in 2023-24 was 21 per 1,000 residents. The use rate in Nambucca Valley (39 per 1,000 residents) is considerably higher than all other LGAs. Coffs Harbour, Port Macquarie-Hastings and Clarence Valley had the highest number of contacts to NCHC, with rates slightly above the overall North Coast rate. The use of NCHC was lowest in the LGAs of Tweed (6), Kyogle (7) and Byron (8) (Figure 77). (146)



Figure 77. North Coast Health Connect contact rates by North Coast LGA

**The rate of contacts to NCHC per 1,000 residents in 2023-24 is considerably higher in Nambucca Valley than all other LGAs in the region**



Source: Amplar Health, 2024

In 2023-24, one in five triaged contacts were for repeat users of NCHC service (1,734 contacts of the total of 8,615 for the year). Whilst nearly 70% of repeat users contacted the service twice in the year, several consumers used the service regularly, possibly indicating a preference to use this service as initial contact point with primary care services. (146)

### Demographic profile of service users

In 2023-2024, the highest users of NCHC were adults aged 30-49 years (25%), and children aged 0-14 years (24%). In the case of children, most contacts were made by parents or care givers. (146)

11% of contacts to NCHC identify as Aboriginal. Patterns of usage by Aboriginal peoples was higher for the younger age cohorts, 33% aged 0-14 years, 30% aged 15-29 years and 22% aged 30-49 years. Less than 15% of contacts were from Aboriginal peoples aged 50 years or over. (146)

### Service outcome

Of the 8,615 triaged contacts, 20% (1,714 contacts) were booked for an appointment with either a GP at a clinic or via telehealth, or with a pharmacist. The majority (65% or 1,107) of bookings were made with a GP clinic. Nambucca Valley had the highest proportion of triaged contacts booked into appointments (42%) whilst Byron has the lowest (12%). (146)

Table 13. Number of bookings made directly from North Coast Health Connect

LGA	Triaged	GP bookings	Telehealth bookings	Pharmacy bookings	Total bookings	% Triaged contacts with booking
Nambucca Valley	706	248	34	17	299	42.4%
Richmond Valley	255	32	25	7	64	25.1%
Kyogle	60	6	7	1	14	23.3%
Clarence Valley	934	144	49	4	197	21.1%
Coffs Harbour	1,718	196	122	28	346	20.1%
Port Macquarie-Hastings	1,592	180	106	23	309	19.4%
Kempsey	525	62	26	6	94	17.9%
Tweed	522	53	27	6	86	16.5%
Ballina	432	33	26	2	61	14.1%
Lismore	607	43	37	5	85	14.0%
Bellingen	166	11	11	1	23	13.9%
Byron	256	19	11	1	31	12.1%
Unknown	842	80	25	0	105	12.5%
North Coast	8,615	1,107	506	101	1,714	19.9%
		64.6%	29.5%	5.9%	100.0%	

Source: Amplar Health, 2024

A third of triaged contacts (34%) were directed to the emergency department or to call an ambulance by the triage nurse. Over half of triaged contacts (52%) were directed to primary care or self-care. Of all contacts resulting in patients directed to primary care or self-care, 72% were advised to see a GP, 11% to self-care and the rest were advised to attend a pharmacy, call the poisons service or seek other health care services. (146)

Table 14. Final outcome of contacts to North Coast Health Connect

LGA	Primary Care / Self Care	ED / Ambulance	Other	Total
Coffs Harbour	891	525	279	1,695
Port Macquarie-Hastings	760	525	263	1,548
Clarence Valley	515	281	118	914
Nambucca Valley	443	182	67	692
Lismore	287	210	97	594
Tweed	271	177	67	515
Kempsey	224	208	78	510
Ballina	203	168	57	428
Richmond Valley	136	84	32	252
Byron	122	91	37	250
Bellingen	62	70	29	161
Kyogle	31	18	10	59
Unknown	464	311	51	826
North Coast	4,409	2,850	1,185	8,444
	52.2%	33.8%	14.0%	100.0%

Source: Amplar Health, 2024

Of all contacts to NCHC where consumers indicated their original intention before calling was to go to emergency department or call an ambulance, one third (33%) were redirected to primary care or self-care, totaling 356 contacts in 2023-24. The proportion of contacts

diverted from seeking acute care to primary care/self-care was highest in Nambucca Valley (53%), followed by Kempsey (37%) and Tweed (37%). The LGAs with the lowest rate of diversion from emergency department is Bellingen (13%), followed by Kyogle (20%), Lismore (24%) and Port Macquarie-Hastings (27%). (146)

## 12. Health workforce

### 12.1. Summary of health and service needs

The primary health workforce is vital for promoting health, preventing disease and providing ongoing care to the community. A well-staffed primary health workforce allows for better patient-provider ratios, which leads to more personalised care and improved health outcomes. It enables healthcare facilities to operate efficiently, reducing wait times and enhancing the quality of services provided.

The North Coast region is experiencing difficulties with recruitment and retention of its health workforce. The lack of health professionals can present challenges for the North Coast community to access sufficient healthcare.

The workforce analysis completed to support this needs assessment includes a diverse group of professionals, including general practitioners (GPs), medical specialists, nurses, midwives, Aboriginal health practitioners and allied health professionals. Some of these professionals' work in the community, others in hospital settings.

#### Key points

- In the 3-year period between 2019 and 2022, the rate of GP FTE per 1,000 residents declined by 6% in the North Coast (24 FTE down in three years).
- Ballina (1.6), Byron (1.5) and Port Macquarie-Hastings (1.5) had the highest GP FTE rates per 1,000 residents in 2022. The lowest rates of GP FTE were in Kyogle (0.7), Clarence Valley (0.7) and Nambucca Valley (0.9).
- 16% of GPs in the North Coast indicated plans to work for only up to four more years. This is higher than for the GP workforce in both NSW (12%) and Australia (13%).
- The medical specialist workforce in the North Coast has grown slightly, with the FTE rate increasing from 0.9 per 1,000 residents in 2013 to 1.2 in 2022.
- Only three LGAs have a rate of medical specialists FTE per 1,000 residents of 1 or more: Lismore (3.8), Coffs Harbour (1.9) and Port Macquarie-Hastings (1.8).
- High variability in the rate of nurse FTE per 1,000 residents in the North Coast, from the lowest in Richmond Valley (5.2) to the highest in Lismore (23.3), which is more than twice the rates in the region (11.9), NSW (10.3) and Australia (11.7).
- Projections anticipate a decrease in the North Coast midwife FTE of 44% by 2030, greater than the projected 39% decline in NSW and a 27% decline for Australia.
- The lowest rates of allied health FTE in the North Coast in 2022 were in Kyogle (0.9), Richmond Valley (1.8), Kempsey (2.1) and Nambucca Valley (2.2).
- Key workforce issues identified in community consultations included high turnover rates and difficulties in recruiting and retaining staff, as practitioners leave the region. There was a recognised need for capacity building in specific areas, including LGBTQ+ health, neurodiversity and care for women and children.
- During community consultations and in the Better Health survey, many respondents expressed their concerns about the ageing workforce and its potential impact on the healthcare system.

- Insights from the Better Health survey revealed the challenges to accessing specialist care were consistent across the region, with the primary contributing factors identified as long wait times for appointments (56%) and costs (50%).

Note on workforce data: For confidentiality reasons, the DoHAC applies data suppression and does not provide values greater than 0 and lesser than 3 (for any given LGA and year). Therefore, low results must be interpreted with caution.

## Highest priority needs

Improve provider and workforce understanding of the pathways for integrating, connecting and providing best practice care for the prevention and management of chronic and complex disease

Improve health workforce stability in the North Coast, particularly GPs and specialist workforce

Improve clinician understanding of health needs for specific population groups, such as LGBTQ+ health, neurodiversity, women and children

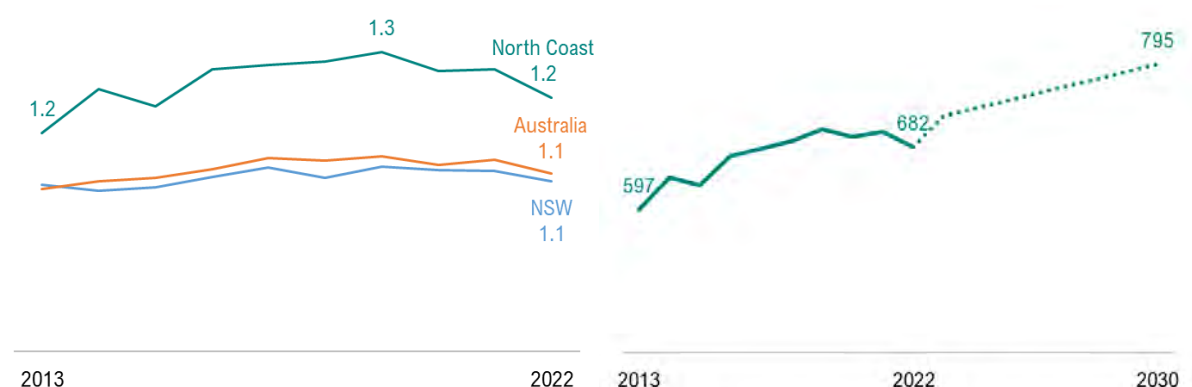
Increase capacity of maternity and midwifery services in the North Coast, particularly in Richmond Valley, Bellingen, Kyogle and Ballina LGAs

## 12.2. General practitioner workforce

The rate of GP FTE per 1,000 residents in the North Coast has been consistently **above the state and national rates** since 2013 (and likely also prior to this, however, data is not available to confirm). Between 2019 and 2022, the rate declined in the North Coast by 6% (from 702 to 682 FTE), more than the relative decline in NSW and Australia, of 2% and 3%, respectively (Figure 78). In 2022 there were 1.2 FTE of GPs per 1,000 residents in the North Coast, above the rates in NSW (1.1) and Australia (1.1). The North Coast had 682 GPs in 2022, which reflects more than 50% of the total medical workforce. Projections made by Healthy North Coast indicate the number of GP FTE is **expected to increase by 17% by 2030** reaching 795 FTE, which is above the projected increase in GP FTE for NSW (13%) and Australia (16%) over this period. (147)

Figure 78. Rate of GP FTE and projected FTE in the North Coast

**The rate of GP FTE per 1,000 residents in the North Coast has been consistently above the state and national rates. The number of GP FTE in the North Coast is projected to increase by 17% by 2030**



Source: DoHAC Data Tool, 2024 and ABS, 2024

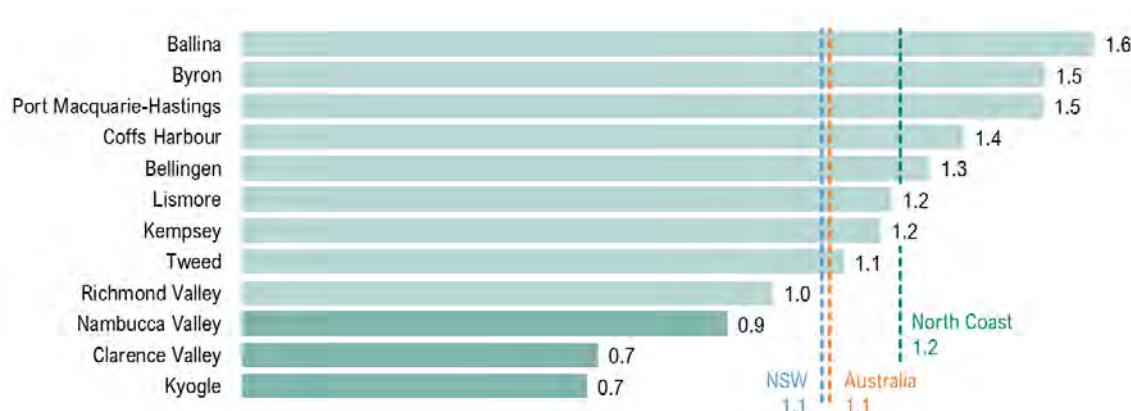
Note, the FTE projection is calculated using the TREND function in Excel with the 10 years data from 2013 to 2022 and every projected year thereafter to 2030

The distribution of GPs is unequal between North Coast LGAs. In 2022, Ballina (1.6), Byron (1.5), and Port Macquarie-Hastings (1.5) reported the highest GP FTE rates per 1,000 residents. In contrast, Kyogle (0.7) and Clarence Valley (0.7) reported the lowest rates in the region, followed by Nambucca Valley (0.9). These LGAs have experienced declines ranging between 26% to 42% in the three-year period between 2019 and 2022. (147)

These areas are vulnerable to workforce changes, which was highlighted in the community consultations and the Better Health survey, where respondents expressed difficulty in booking GP appointments in these areas. 65% of people in Clarence Valley reported finding it hard or very hard to access a GP, followed by 63% in Nambucca Valley and 48% in both Kempsey and Kyogle. (147)

Figure 79. Rate of GP FTE by North Coast LGA

**Kyogle, Clarence Valley and Nambucca Valley LGAs have the lowest rate of GP FTE per 1,000 residents in the North Coast, which overall rate is higher than NSW and Australia**



Source: DoHAC Data Tool, 2024 and ABS, 2024

The GP workforce is ageing at a slightly faster rate in the North Coast, compared to NSW and Australia. In 2022, 15% of GPs in the region were aged 65 and older, which is the same as Australia but lower than NSW (19%). Additionally, 16% of GPs in the North Coast indicated plans to work only four more years or less, which is higher than both NSW (12%) and Australia (13%). A higher proportion of the GP workforce in Kempsey (32%), Ballina (27%) and Clarence Valley (24%) indicated their plans to work four more years or less. (91)

As the number of older residents increases in the North Coast region, the demand for healthcare services is likely to rise. (147) Many North Coast residents expressed concerns regarding the ageing workforce and its potential impact on the healthcare system in the Better Health survey and during community consultations. (147) There are reforms to streamline regulatory settings and address the significant workforce shortages in nursing, midwifery and medicine, by making it more accessible for international medical graduates and health practitioners to work in Australia. (148) This anticipated increase presents an opportunity to address some of the workforce challenges in the North Coast.

### 12.3. Medical specialist workforce

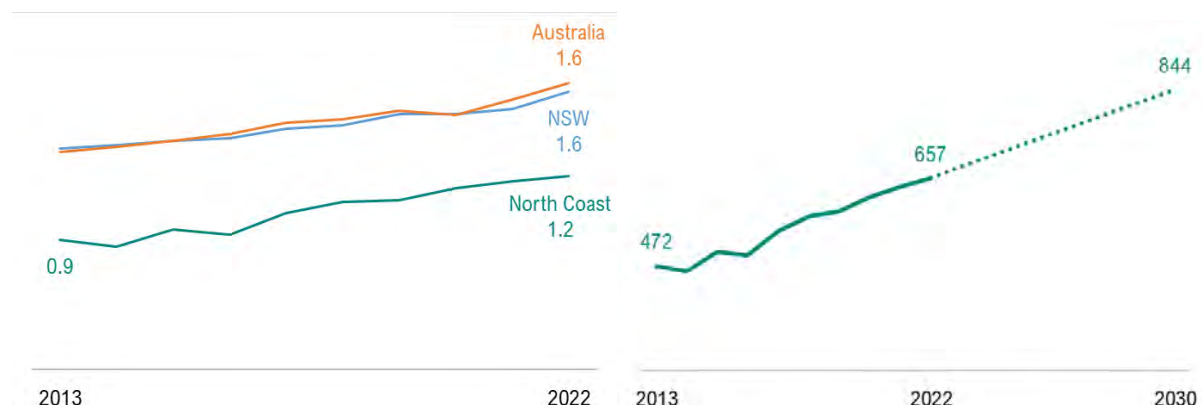
The rate of medical specialists FTE per 1,000 residents in the North Coast has been **lower than the state and national rates** since 2013, though trends show a slight increase over time. In 2022 the rate of medical specialists FTE per 1,000 residents (1.2) was lower than NSW (1.6) and Australia (1.7) (Figure 80). (147) Healthy North Coast projects the number of medical specialist FTE in the North Coast region **to grow by 29% by 2030**, which surpasses



growth in NSW and Australia, projected to increase in this period by 19% and 21% respectively. (147) (148)

Figure 80. Rate of medical specialist FTE and projected FTE in the North Coast

**The rate of medical specialist FTE per 1,000 residents is lower in the North Coast than the state and national averages. The number of medical specialist FTE is projected to increase by 29% by 2030**



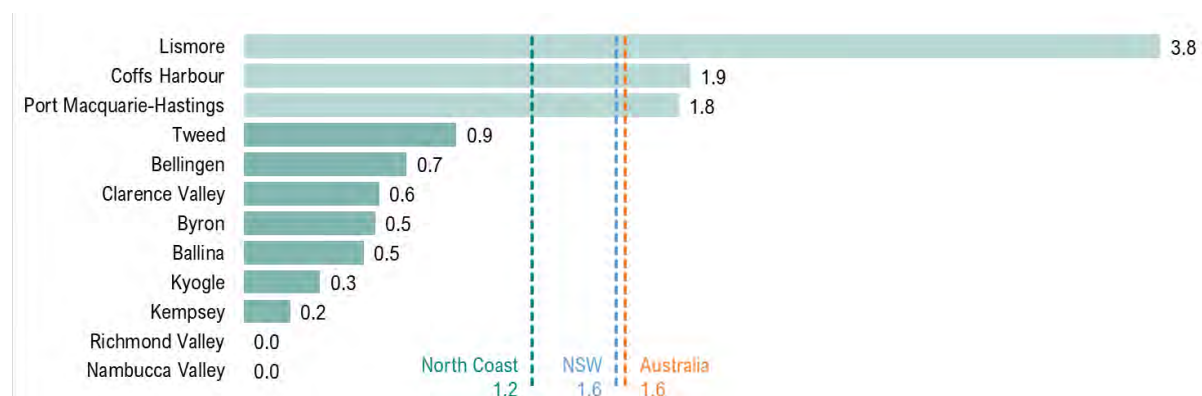
Source: DoHAC Data Tool, 2024 and ABS, 2024

Lismore LGA has the highest rate of medical specialist FTE in the North Coast, with a rate in 2022 (3.8) double that of the next LGAs: Coffs Harbour (1.9) and Port Macquarie-Hastings (1.8). These are the only areas with a specialist rate of one or more FTE per 1,000 residents in the region. Eight of the 12 LGAs in the North Coast region show an upward trend in the rate of medical specialists FTE in recent years, the exception being Richmond Valley, Nambucca Valley, Kyogle and Kempsey. (147)

Richmond Valley and Nambucca Valley reported nil FTE in 2022. Although this may have been a result of data suppression rules, their FTE in previous years were the lowest in the region alongside Kyogle. The issues with accessing specialists were highlighted in the community consultations, as residents in these areas reported difficulties in accessing specialists (notably evident in the Nambucca Valley consultation). Respondents to the Better Health Community Survey reported challenges in accessing specialist care across the region, with the primary contributing factors identified as long wait times for appointments (56%) and costs (50%). (147)

Figure 81. Rate of medical specialist FTE by North Coast LGA

**Most LGAs in the North Coast have less than 1 FTE of medical specialist per 1,000 residents. The rate of specialist FTE in the North Coast is lower than NSW and Australia**



Source: DoHAC Data Tool, 2024 and ABS, 2024

In 2022, the proportion of medical specialists aged 65 and older in the North Coast region has declined to 10%, aligning with profiles in NSW and Australia. The intention of medical specialists in the region to continue practicing only for the next four years (10%) is slightly higher than NSW (9%) and Australia (8%). Notably, Clarence Valley has the highest proportion of specialist FTE intending to work only up to four years more (21%), which may present further gaps in access to medical specialists. (147)

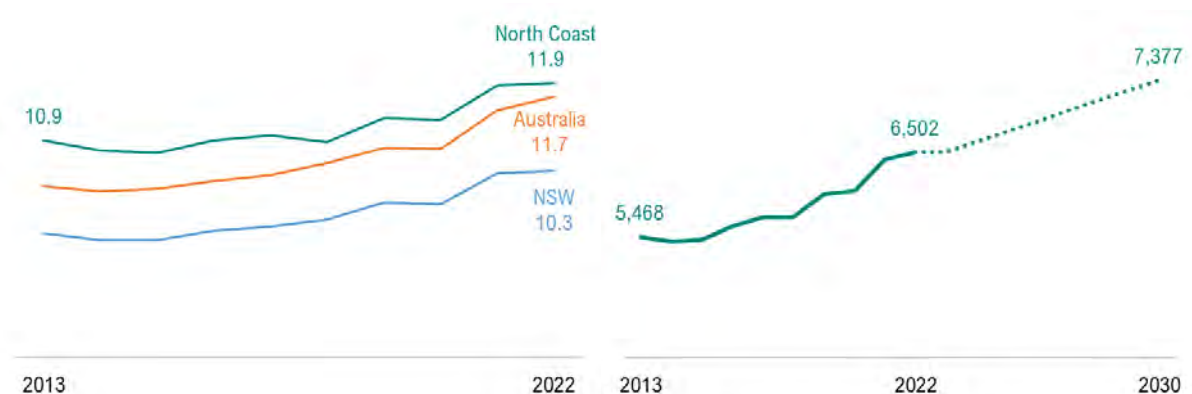
## 12.4. Nurse workforce

The nursing workforce is spread across a variety of primary and tertiary care settings. In 2022, 58% of nurse FTE in the North Coast worked in hospitals, 13% in residential health care facilities, 11% in community healthcare services, 4% in GP practices and 3% in outpatient services. In addition, a smaller portion of nurse FTE worked in private practice, correctional services, Aboriginal Community Controlled Health Services, commercial services, Government departments, schools, Defence Forces, hospices and education facilities. (147)

The rate of nurse FTE per 1,000 residents in the North Coast is **slightly higher than NSW and Australia**. In 2022 there were 11.9 nurse FTE per 1,000 residents in the North Coast region, which is in line with the Australia rate (11.6) and slightly higher than the NSW rate (10.3) (Figure 82). In the three-year period between 2019 and 2022, the rate of nurse FTE in the North Coast has increased at a similar rate to NSW but less than Australia. (147) Healthy North Coast projections show that the number of nurse FTE in the North Coast is **expected to grow by 13% by 2030**, below the projected growth in NSW (18%) and Australia (19%). (147)

Figure 82. Rate of nurse FTE and projected FTE in the North Coast

**The rate of nurse FTE per 1,000 residents in the North Coast is slightly higher than state and national rates. The projected growth in nurse FTE to 2030 in the North Coast (13%), is lower than NSW and Australia**

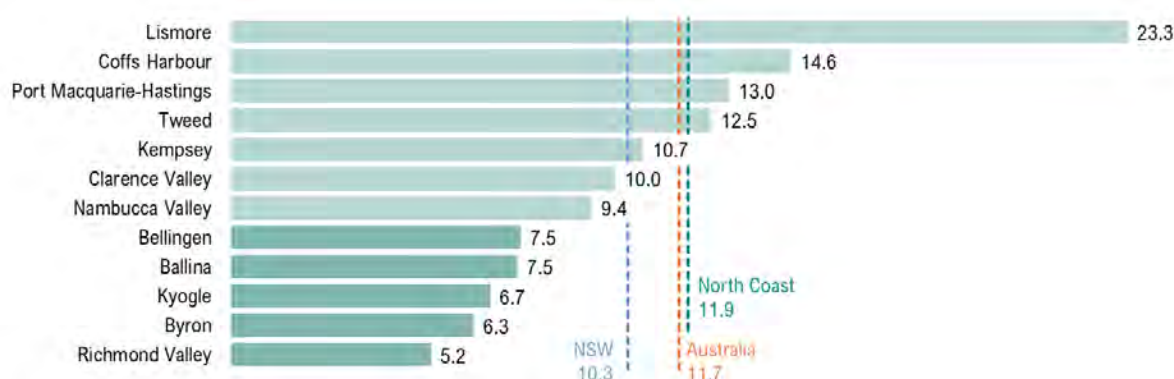


Source: DoHAC Data Tool, 2024 and ABS, 2024

In 2022, Richmond Valley (5.2) reported the lowest nurse FTE rate per 1,000 residents. Lismore has a substantially higher rate of nurse FTE at 23.3 per 1,000, more than twice that of the North Coast (11.9), NSW (10.3), and Australia rates (11.7). (147) The elevated rate in Lismore can likely be attributed to the presence of Lismore Base Hospital. (147)

Figure 83. Rate of nurse FTE by North Coast LGA

**Richmond Valley, Byron, Kyogle, Ballina and Bellingen have the lowest rates of nurse FTE per 1,000 residents in the North Coast. The overall rate in the region is slightly higher than NSW and Australia**



Source: DoHAC Data Tool, 2024 and ABS, 2024

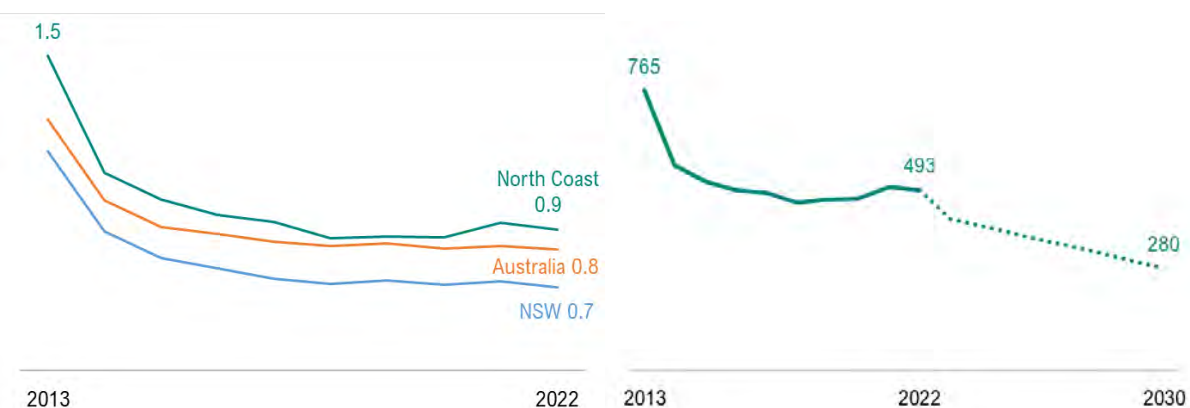
The nursing workforce in the North Coast is ageing faster than NSW and Australia. In 2022, 6% of nurse FTE were aged 65 and older, marking a 1% increase since 2019. Notably, 13% of nurse FTE in the North Coast indicated plans to work for only up to four more years, which exceeds the nursing workforce intentions in NSW (10%) and Australia (9%). The intention to work for only four more years is highest in Richmond Valley and Kyogle (both 21%), followed by Ballina, Nambucca Valley, Byron and Bellingen (between 19% and 17%). (147)

## 12.5. Midwifery workforce

The midwifery workforce FTE in the North Coast is **projected to decrease by 43% by 2030**, a greater reduction than NSW and Australia, which are projected to decrease by 39% and 27% respectively in the next eight-year period. In 2022, the rate of midwife FTE in the North Coast was 0.9 per 1,000 residents, **slightly higher than NSW and Australia** (0.7 and 0.8 per 1,000 people, respectively) (Figure 84). (147)

Figure 84. Rate of midwife FTE and projected FTE in the North Coast

**The rate of midwife FTE is slightly higher in the North Coast than state and national averages. The decline in the midwifery workforce in the North Coast is projected to continue**



Source: DoHAC Data Tool, 2024 and ABS, 2024

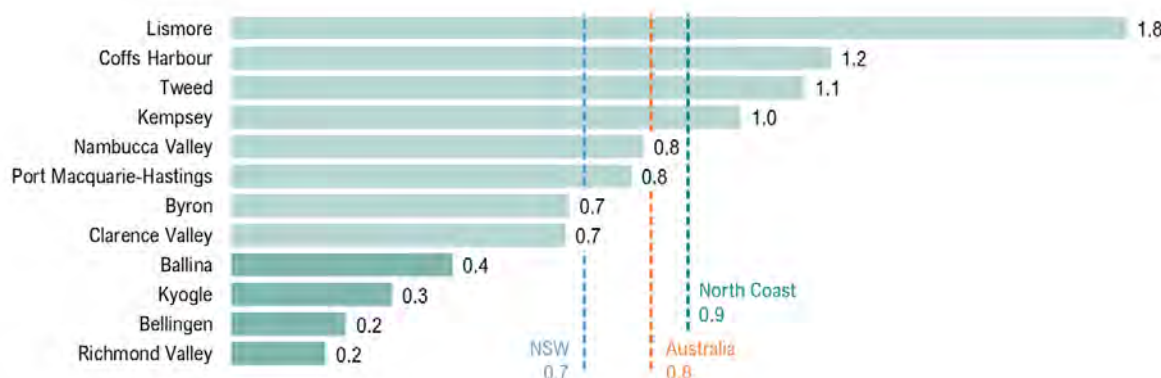
Lismore (1.8) reported the highest rate of midwife FTE in 2022, followed by Coffs Harbour (1.2), Tweed (1.1) and Kempsey (1.0). Richmond Valley (0.2), Bellingen (0.2), Kyogle (0.3) and Ballina (0.4) reported the lowest rates of midwife FTE across the North Coast region in 2022. Despite the low rates, the midwifery workforce in these LGAs plan to continue their

practice for more than four years. Across the North Coast region, 23% of midwife FTE expressed intentions to leave the profession within the next four years, which is higher than in the state (17%) and nationally (18%). (147)

The rate of midwife FTE per 1,000 residents in the North Coast is slightly higher than NSW and Australia (Figure 85). The four LGAs with the lowest rates in the region have all workforce intending to work for more than four years. (147)

Figure 85. Rate of midwife FTE by North Coast LGA

**The rate of midwife FTE per 1,000 residents in the North Coast is higher than Australia and NSW. In the region the rate is lowest in Richmond Valley, Bellingen, Kyogle and Ballina LGAs, all below the state rate**



Source: DoHAC Data Tool, 2024 and ABS, 2024

The midwife workforce is ageing, with 8% of midwife FTE were aged 65 and older in 2022, which represents a 3% increase in the three-year period since 2019. (147) The ageing profile of the workforce and projected decline in midwife FTE raises concerns regarding workforce sustainability and capacity to meet population demand.

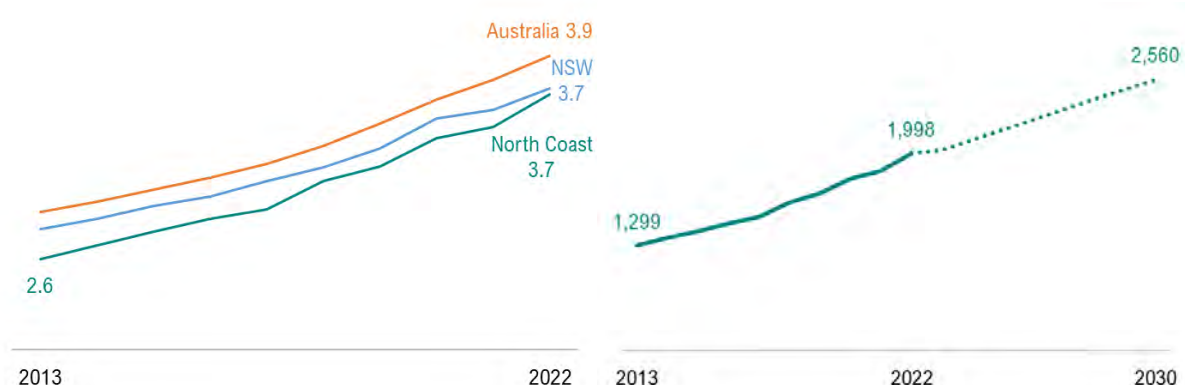
## 12.6. Allied health professionals

The allied health workforce data used in the needs assessment includes occupational therapists, pharmacists, physiotherapists, podiatrists and psychologists. While the allied health workforce encompasses a broader range of professions, data limitations prevent a comprehensive understanding of the full extent of the allied health workforce in the North Coast region.

The rate of allied health FTE per 1,000 residents in the North Coast shows an **upward trend like the state and national trends**. In 2022, the rate of allied health FTE in the North Coast was 3.7 per 1,000 residents, which is in line with NSW (3.7) and slightly lower than Australia (3.9) (Figure 86). Healthy North Coast **projections indicate a 28% increase** in the number of allied health professionals FTE by 2030, same as the projected growth for NSW and Australia. (147)

Figure 86. Rate of allied health professionals FTE and projected FTE in the North Coast

**The rate of allied health professionals FTE per 1,000 residents has increased steadily in the North Coast, similarly to NSW and Australia. The allied health FTE is projected to continue to increase**



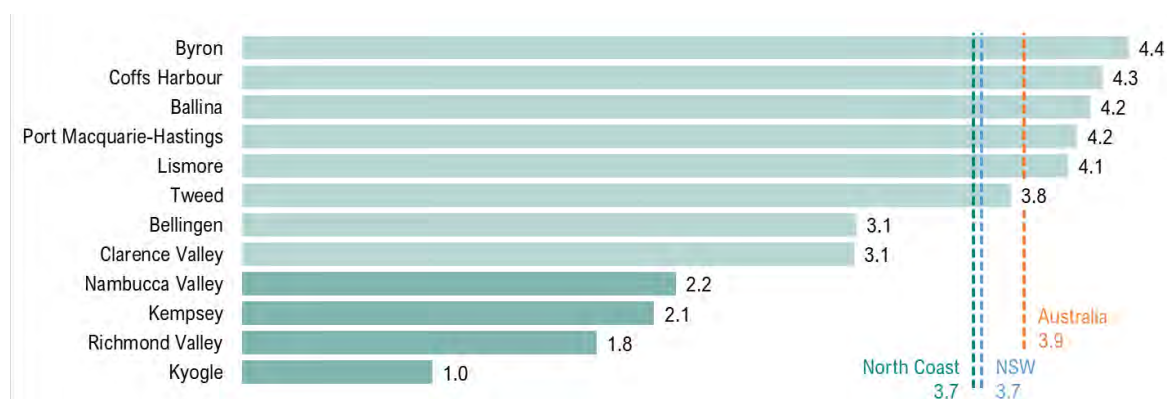
Source: DoHAC Data Tool, 2024 and ABS, 2024

There is high variability in the rate of allied health professionals FTE between LGAs in the North Coast. In 2022, Kyogle (1.0), Richmond Valley (1.8), Kempsey (2.1) and Nambucca Valley (2.2) reported the lowest rates of allied health FTE per 1,000 residents. In the last two years (2020 to 2022) the rate of allied health worker FTE has decreased in the LGAs of Kempsey and Kyogle (147). Challenges accessing other healthcare services due to cost, long wait times and lack of healthcare professionals was reflected in the responses to the Better Health community survey in these and other areas in the region. (147)

Byron (4.4), Coffs Harbour (4.3), Ballina (4.2), Port Macquarie-Hastings (4.2) and Lismore (4.1) have allied health FTE rates that exceed Australia (3.9). (147) This was reflected in the Better Health survey where respondents in these areas faced less challenges when trying to access other healthcare services. (147)

Figure 87. Rate of allied health professional FTE by North Coast LGA

**The rate of allied health professional FTE per 1,000 residents in the North Coast is slightly below NSW and below the national rate**



Source: DoHAC Data Tool, 2024 and ABS, 2024

The allied health workforce in the North Coast is ageing, with 7% of FTE aged 65 and older in 2022, an increase of 1% since 2019. The intention to remain in the profession is relatively stable, with over 40% of the FTE in the North Coast intending to work for 20 years or more and only 9% indicating plans to continue for up to four years, which is like NSW and Australia (both at 8%). However, there is variability across LGAs, with Kyogle showing the

highest proportion (25%) of allied health workers intending to retire within four years, followed by Kempsey (17%). (147)

### 12.7. Insights from community and providers

Healthy North Coast identified significant challenges in the local health workforce in conversations with community members and service providers. Key issues highlighted were the high staff turnover rates and difficulty recruiting and retaining staff, as practitioners often leave the region. Additionally, there was a recognised need for capacity building in specific areas, including LGBTQ+ health, neurodiversity and care for women and children. The ageing workforce was also identified as a challenge, with many practitioners nearing retirement and experiencing burnout due to understaffing and high community expectations.

*"There's no availability of practitioners to actually, fulfill the needs of the community."*

*Community consultation participant Macksville*

*"they're forever advertising for new speechies, new OTs, and they just don't get them for over two and a half years they've been advertising for a speechie. So, it's not like they're not trying to get people no one wants to come here. There's just bigger money in the big cities, or if you go 'rural rural'."*

*Community consultation participant Macksville*



## 13. Opportunities and priorities

### 13.1. Prioritisation of needs

The priorities for the North Coast have been identified through a detailed process of analysis and consultation, and classified into the seven DoHAC priority areas:

- Aboriginal and Torres Strait Islander health
- Aged care
- Alcohol and other drugs
- Digital health
- Health workforce
- Mental health
- Population health.

The prioritisation process is detailed in section 2.1 Needs assessment process. Table 15 includes the **three tiers of priority** with description and intended action for commissioning by Healthy North Coast.

Table 15. Priority levels of identified needs

Priority level	Description	Intended action
Highest priority	The need or issue aligns with the existing HNC focus areas. Resources are available to support activities to address the need, and activity is expected to occur within the next 12 months. In some cases, existing activities to address the need will already be underway, acknowledging some may require minor tailoring to best address the need	Ensure these key needs are incorporated into relevant workplans for next year (2025)
Moderate priority	The need or issue may not currently align with existing HNC focus areas. The need is noted as having a negative impact on the health outcomes of the population, however, it is unlikely to be fully addressed within current resources. HNC will continue to develop and advocate for resources to address these unmet community needs	With additional resources, capability, partnerships and/or ongoing advocacy, work to address these needs could be included in relevant workplans within the next 3 years
Lower priority	The need or issue may not currently align with existing HNC focus areas. The need is noted as having a negative impact on the health outcomes of the population, however, it is unable to be addressed within current resources. HNC will explore opportunities to partner with other relevant agencies to address these unmet community needs	With additional resources, capability, partnerships and/or ongoing advocacy, work to address these needs could be included in relevant workplans beyond the next 3 years

Table 16, Table 17 and Table 18 outline the opportunities and priorities of HNC. Further details about these activities are elaborated in the Activity Work Plans (AWPs) submitted to the Department of Health.

## 13.2. Priority needs

### Highest priority needs

Note, this list is shown in alphabetical order by priority area and sub-category, not in order of total priority score.

Table 16. Highest priority needs

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Explore opportunities to improve mental health and reduce alcohol and other drugs use in Aboriginal communities	Aboriginal and Torres Strait Islander Health	Aboriginal and Torres Strait Islander Health	AMSS, HNC	<ul style="list-style-type: none"> <li>Improved social and emotional wellbeing for Aboriginal peoples and communities</li> <li>Enhanced access to appropriate services for Aboriginal peoples and communities</li> </ul>
Explore opportunities to reduce incidence of type 2 diabetes, chronic kidney disease, renal failure, rheumatic fever and COPD in Aboriginal peoples, with a priority focus in Kempsey LGA	Aboriginal and Torres Strait Islander Health	Chronic conditions	Health Promotion Units, HNC, AMSS	<ul style="list-style-type: none"> <li>Increased health checks in Kempsey for Aboriginal peoples</li> <li>Reduced incidence of type 2 diabetes, chronic kidney disease, renal failure and COPD in Kempsey for Aboriginal peoples</li> <li>Increased preventative health education on type 2 diabetes for Aboriginal peoples</li> </ul>
Increase health check and follow up rates for Aboriginal peoples to improve management and early detection of chronic disease	Aboriginal and Torres Strait Islander Health	Early intervention and prevention	AMSS, HNC, NIAA	<ul style="list-style-type: none"> <li>Improved health outcomes for Aboriginal peoples and their families</li> <li>Reduced rates of chronic diseases for Aboriginal peoples and their families</li> </ul>
Improve cultural competency and appropriateness of workforce in mainstream services for Aboriginal communities	Aboriginal and Torres Strait Islander Health	Workforce	AMSS, HNC	<ul style="list-style-type: none"> <li>Increased accessibility of healthcare for Aboriginal peoples</li> <li>Improved cultural appropriateness of healthcare services</li> </ul>
Explore opportunities to prepare the healthcare system to manage expected growth in the older	Aged care	Access	LHDs, NGOs, RACHs	<ul style="list-style-type: none"> <li>Improved population health outcomes</li> <li>Reduced healthcare system burden</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
adult population with a specific focus on dementia care and improving healthy ageing				<ul style="list-style-type: none"> <li>Enhanced capacity of the healthcare system to provide care to the population</li> </ul>
Improve access to appropriate alcohol and other drugs services to reduce wait times	Alcohol and other drugs	Access	HNC	<ul style="list-style-type: none"> <li>Increased access to AOD support services</li> <li>Reduced AOD misuse in the region</li> </ul>
Enhance the understanding of telehealth services for people in the North Coast	Digital health	Health literacy	ADHA, HNC	<ul style="list-style-type: none"> <li>Improved access to healthcare services</li> <li>Reduced cost in accessing healthcare services</li> <li>Reduction in spread of illnesses</li> </ul>
Improve provider and workforce understanding of the pathways for integrating, connecting and providing best practice care for the prevention and management of chronic and complex disease	Health workforce	Care coordination	Health Promotion Units, HNC, RACGP	<ul style="list-style-type: none"> <li>Improved patient and provider experience</li> <li>Enhanced continuity of care between healthcare providers</li> <li>Improved provider knowledge of health pathways</li> </ul>
Improve health workforce stability in the North Coast, particularly GPs and specialist workforce	Health workforce	Workforce	Workforce Australia, RACGP	<ul style="list-style-type: none"> <li>Improved patient and provider experience</li> <li>Improved population health outcomes</li> <li>Improved access to services</li> </ul>
Improve clinician understanding of health needs for specific population groups, such as LGBTQ+ health, neurodiversity, women and children	Health workforce	Vulnerable population	RACGP, HNC	<ul style="list-style-type: none"> <li>Improve patient and provider experience</li> <li>Enhanced clinician understanding of specific health needs of population groups</li> </ul>
Increase capacity of maternity and midwifery services in the North Coast, particularly in Richmond Valley, Bellingen, Kyogle and Ballina LGAs	Health workforce	Workforce	NNSW LHD, MNC LHD	<ul style="list-style-type: none"> <li>Enhanced maternal health</li> <li>Increased access to maternity and midwifery services</li> </ul>
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	Mental health	Access	HNC, Health professionals	<ul style="list-style-type: none"> <li>Improved access to mental healthcare services and supports particularly psychological therapies</li> <li>Improved access to mental health services that match level of care needs.</li> <li>Reduced wait times for psychological therapies</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
				<ul style="list-style-type: none"> <li>Improved population mental health outcomes</li> </ul>
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care	Mental health	Access	HNC, NGOs	<ul style="list-style-type: none"> <li>Improve access for mental health care consumers who are in the 'missing middle'</li> <li>Improved mental health outcomes</li> <li>Improved access to level 4 services</li> <li>Increased number of level 4 services</li> </ul>
Improve access to primary mental health care services to reduce mental health-related presentations to EDs and hospitalisations, particularly in Kempsey-Nambucca SA3	Mental health	Access	NNSW LHD, MNC LHD, HNC	<ul style="list-style-type: none"> <li>Reduced rates of mental health related hospitalisations</li> <li>Improved mental health outcomes</li> <li>Increased access to primary mental healthcare services</li> </ul>
Improve access to primary mental healthcare services	Mental health	Access	HNC	<ul style="list-style-type: none"> <li>Reduced incidence of suicide</li> <li>Reduced incidence of suicide attempt</li> <li>Improved population mental health outcomes</li> <li>Improved mental healthcare outcomes for people, families, and communities</li> </ul>
Reduce prevalence of suicide attempt for youth in the North Coast, particularly in Kempsey-Nambucca SA3	Mental health	Early intervention and prevention	NNSW LHD, MNC LHD, Government, NGOs, HNC	<ul style="list-style-type: none"> <li>Reduced incidence of suicide</li> <li>Improved mental healthcare outcomes for people, families, and communities</li> <li>Reduced system fragmentation through improved integration between Commonwealth and State-funded services</li> </ul>
Reduce psychological distress for people in the North Coast to improve mental health wellbeing	Mental health	Early intervention and prevention	NNSW LHD, MNC LHD, HNC	<ul style="list-style-type: none"> <li>Reduced psychological distress</li> <li>Increased support for people experiencing psychological distress</li> <li>Improved mental health outcomes</li> </ul>
Support early intervention for young and neurodiverse people in the North Coast	Mental health	Early intervention and prevention	HNC, RACGP, NCAHA, NGOs	<ul style="list-style-type: none"> <li>Increased training and support for health professionals and community support workers to best assist young and neurodiverse people.</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
				<ul style="list-style-type: none"> <li>Improved mental health outcomes for young and neurodiverse people.</li> </ul>
Support PHN commissioned mental health services in the North Coast, particularly those in Port Macquarie-Hastings, Lismore and Byron LGAs	Mental health	Early intervention and prevention	HNC	<ul style="list-style-type: none"> <li>Increased capacity of PHN mental health services to support populations Lismore, Byron, Nambucca Valley, Port Macquarie and Coffs Harbour</li> </ul>
Support training and capacity building to improve young people mental health wellbeing and address severe mental health and high suicide rates in young people	Mental health	Safety and quality of care	BeYou, Youth Aware of Mental Health Training, Department of Education	<ul style="list-style-type: none"> <li>Improved mental health outcomes for young people</li> <li>Improved clinician understanding of referral pathways for people in distress or at risk</li> <li>Enhanced capacity to respond to risk and suicidality</li> </ul>
Enhance capacity of the health and social care services, including workforce capability, to manage increase of older person population	Population health	Access	RACGP, HNC, NDIS, My Aged Care, RACHs, NGOs	<ul style="list-style-type: none"> <li>Improved access to healthcare services</li> <li>Improved health outcomes for the population</li> </ul>
Improve access to GPs for people in the North Coast to reduce long wait times, reduce cost of healthcare, ensure quality of healthcare and reduce travel times	Population health	Access	HNC	<ul style="list-style-type: none"> <li>Improved patient and provider experience</li> <li>Improved health outcomes for the population</li> </ul>
Improve access to health services for children and adolescents to better address their health needs	Population health	Access	HNC, NNSW LHD, MNC LHD	<ul style="list-style-type: none"> <li>Increased access to health services for children and adolescents to improve management of health needs</li> <li>Increased number of children and young person services/providers</li> </ul>
Reduce the rate of lower urgency care presentations to EDs in the North Coast, particularly in Kyogle, Kempsey, Richmond Valley, Clarence Valley and Bellingen LGAs	Population health	Access	HNC	<ul style="list-style-type: none"> <li>Improved after-hours GP access</li> <li>Reduced pressure on emergency departments for non-urgent needs</li> <li>Improved cost efficiency of health system</li> <li>Improved patient and provider experience</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Improve access to GP services, particularly after-hours, to facilitate management of non-urgent care needs	Population health	After-hours	HNC	<ul style="list-style-type: none"> <li>Improved after-hours GP access</li> <li>Reduced pressure on emergency departments for non-urgent needs</li> <li>Improved cost efficiency of health system</li> </ul>
Increase access to after-hours GP services in the North Coast, particularly in Clarence Valley SA3	Population health	After-hours	HNC	<ul style="list-style-type: none"> <li>Improved after-hours GP access in Clarence Valley</li> </ul>
Support early intervention and management of dementia in the North Coast	Population health	Aged care	HNC, RACGP, RACH, MNCLHD, NNSWLHD, Carers NSW	<ul style="list-style-type: none"> <li>Increase support for those living with dementia</li> <li>Increase support for individuals caring for someone living with dementia</li> </ul>
Improve prevention and management of chronic disease, including management of risk factors, multimorbidity and polypharmacy	Population health	Chronic conditions	Health Promotion Units, HNC	<ul style="list-style-type: none"> <li>Improved population health outcomes</li> <li>Reduce burden on healthcare system</li> </ul>
Increase access to GP chronic disease management plans and GP health assessments (if required), particularly in Richmond Valley-Hinterland SA3	Population health	Chronic conditions	HNC	<ul style="list-style-type: none"> <li>Improved access to GP chronic disease management plans in Richmond Valley-Hinterland</li> </ul>
Increase participation in skin cancer screening in the North Coast to reduce skin cancer incidence, particularly in Byron, Ballina and Lismore LGAs	Population health	Chronic conditions	Health Promotion Units, HNC, North Coast Cancer Institute	<ul style="list-style-type: none"> <li>Increased skin cancer screening activities in Byron, Ballina and Lismore,</li> <li>Reduced skin cancer incidence in Byron, Ballina and Lismore</li> <li>Improved patient understanding of skin cancers</li> </ul>
Reduce incidence of type 2 diabetes, particularly in the Mid North Coast area	Population health	Chronic conditions	HNC	<ul style="list-style-type: none"> <li>Enhanced early intervention strategies</li> <li>Reduction of type 2 diabetes</li> </ul>
Reduce the incidence of cancer in the North Coast, particularly of respiratory and breast cancer, with a focus on LGAs with higher incidence for all cancer such as Richmond Valley, Kempsey and Tweed	Population health	Chronic conditions	North Coast Cancer Institute, HNC	<ul style="list-style-type: none"> <li>Improved cancer outcomes</li> <li>Increase participation in cancer screening programs</li> </ul>
Improve integration of services, continuity of care and consumer/provider experience	Population health	Continuity of care	HNC, NNSW LHD, MNC LHD	<ul style="list-style-type: none"> <li>Improved patient and provider experience</li> </ul>



Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
				<ul style="list-style-type: none"> <li>Enhanced continuity of care and coordination between services in primary care and between primary and hospitals</li> </ul>
Facilitate opportunities for individuals and communities to participate in preventative health activities	Population health	Early intervention and prevention	Health Promotion Units, HNC	<ul style="list-style-type: none"> <li>Improved health outcomes for the population</li> <li>Reduced pressure on the healthcare system</li> <li>Increased participation in preventative health activities and behaviours</li> </ul>
Promote early help seeking for medical concerns from primary care services to reduce burden on EDs	Population health	Early intervention and prevention	HNC	<ul style="list-style-type: none"> <li>Lower ED attendances for non-urgent care</li> <li>Improved population health outcomes</li> <li>Increased early intervention from primary care</li> </ul>
Improve health literacy and wayfinding to facilitate access to the right services at the right time and engagement in preventative health behaviours	Population health	Health literacy	Health Promotion Units, HNC	<ul style="list-style-type: none"> <li>Increased health literacy and preventative health behaviours</li> <li>Enhanced service navigation and reduction in preventable health conditions</li> <li>Improve population health outcomes</li> </ul>
Increase childhood immunisation rates in the North Coast, particularly in Richmond Valley-Coastal and Tweed Valley SA3s	Population health	Immunisation	Health Promotion Units, HNC	<ul style="list-style-type: none"> <li>Increased childhood immunisation rates in the North Coast</li> </ul>
Reduce potentially preventable hospitalisations in the North Coast, particularly for chronic conditions in the Mid North Coast area and Nambucca Valley LGA	Population health	Potentially preventable hospitalisations	HNC	<ul style="list-style-type: none"> <li>Improved preventative health interventions and early disease management in primary health care and community-based care settings</li> </ul>
Encourage GPs to continue to build strong relationships with patients and families	Population health	Safety and quality of care	RACGP, HNC	<ul style="list-style-type: none"> <li>Improved patient and provider experience</li> </ul>
Explore opportunities to improve health care environments to ensure patients feel safe, accepted and free from stigma	Population health	Safety and quality of care	HNC, NNSW LHD, MNC LHD, NCAHA	<ul style="list-style-type: none"> <li>Improved comfort in seeking care leading to increased access to services</li> <li>Improved patient and provider experience</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
				<ul style="list-style-type: none"> <li>Enhanced opportunities for healthcare providers to participate in education to improve patient experience</li> </ul>
Reduce the rate of domestic and family violence in the North Coast	Population health	Social determinants	DCJ, Police, NGOs, Community-based organisations	<ul style="list-style-type: none"> <li>Reduced rates of domestic and family violence</li> <li>Increased support for those experiencing domestic and family violence</li> </ul>
Support communities living in areas of socio-economic disadvantage in the North Coast, particularly in Kempsey, Nambucca Valley, Richmond Valley, Clarence Valley and Kyogle LGAs	Population health	Social determinants	Community-based organisations, NGOs, HNC	<ul style="list-style-type: none"> <li>Increase supports in areas with socio-economic disadvantage to improve health outcomes in Kempsey, Nambucca Valley, Richmond Valley, Clarence Valley and Kyogle</li> </ul>
Support coordination of health and social care services that contribute to improving social determinants of health, including social isolation/loneliness, cost of living and housing availability	Population health	Social determinants	HNC, NSW LHD, MNC LHD, NGOs	<ul style="list-style-type: none"> <li>Improved patient experience</li> <li>Improved health outcomes for the population</li> </ul>

## Moderate priority needs

This list is shown in order of feasibility (higher to lower), not in order of total priority score.

Table 17. Moderate priority needs

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Improve access to culturally appropriate, timely and cost-effective primary health care services for Aboriginal peoples in the North Coast region	Aboriginal and Torres Strait Islander Health	Appropriate care (including cultural safety)	AMS, HNC, Community-based organisations, NGOs	<ul style="list-style-type: none"> <li>Improved access to culturally appropriate, timely and cost-effective primary health care services for Aboriginal peoples</li> <li>Improved health outcomes for Aboriginal peoples</li> </ul>
Increase participation in the National Cervical Screening Program in the North Coast, particularly in Kempsey-Nambucca, Richmond-Valley Hinterland and Clarence Valley SA3s	Population health	Early intervention and prevention	North Coast Cancer Institute, RACGP, Health Promotion units, HNC	<ul style="list-style-type: none"> <li>Increased participation in the National Cervical Screening Program in Kempsey-Nambucca, Richmond-Valley Hinterland and Clarence Valley</li> </ul>
Provide appropriate levels of commissioned mental health services, particularly in Kyogle and Kempsey, the LGAs with lowest usage	Mental health	Vulnerable population	HNC	<ul style="list-style-type: none"> <li>Increased commissioned mental health services in Kyogle and Kempsey</li> <li>Improved access to mental healthcare services in Kyogle and Kempsey</li> </ul>
Reduce smoking rates in the North Coast	Population health	Early intervention and prevention	North Coast Cancer Institute, Cancer Council, Quit NSW, HNC	<ul style="list-style-type: none"> <li>Reduced smoking rates</li> </ul>
Improve timely access for people experiencing mental illness and psychological distress to consistent, quality community-based mental health support that is tailored to their needs	Mental health	Early intervention and prevention	HNC, NGOs	<ul style="list-style-type: none"> <li>Improved access for people experiencing mental illness and psychological distress to more consistent and quality community-based mental health support that is tailored to their particular needs, including early access, addressing suicidality and substance use issues</li> </ul>
Deliver mental health services by the appropriate modality of care and mode of contact to meet the needs of the client	Mental health	Appropriate care (including cultural safety)	HNC, RACGP, MNCLHD,	<ul style="list-style-type: none"> <li>Improved patient experience</li> <li>Improved health outcomes for the population</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
			NNSWLHD, AMS, NGOs	
Increase support for older people to manage their mental health, including people living in residential aged care homes	Mental health	Aged care	HNC, RACGP, MNCLHD, NNSWLHD, RACH, Carers NSW	<ul style="list-style-type: none"> <li>Increased mental health support in RACHs</li> </ul>
Explore opportunities to improve access to specialist medical services for Aboriginal peoples, particularly Paediatrics and ENT	Aboriginal and Torres Strait Islander Health	Access	NNSW LHD, MNC LHD, AMS	<ul style="list-style-type: none"> <li>Increased support for Aboriginal peoples to access specialist services</li> <li>Improved health outcomes for Aboriginal peoples</li> </ul>
Reduce the rate of major depression and anxiety disorders for people aged 12-17 in the North Coast, particularly in Tweed Valley, Kempsey-Nambucca, Richmond Valley-Hinterland and Clarence Valley SA3s	Mental health	Early intervention and prevention	HNC, RACGP, MNCLHD, NNSWLHD, NSWDET, PCYC	<ul style="list-style-type: none"> <li>Improved mental health outcomes for people aged 12-17 in the North Coast region</li> </ul>
Explore opportunities to reduce higher urgency care presentations to emergency departments, particularly in Kempsey	Population health	Access	HNC	<ul style="list-style-type: none"> <li>Increase early intervention strategies in the primary care setting to reduce ED presentations</li> </ul>
Explore opportunities to support people experiencing anxiety	Population health	Chronic conditions	HNC, NNSW LHD, MNC LHD, Health Promotion units	<ul style="list-style-type: none"> <li>Increased mental health support for people experiencing anxiety</li> <li>Increased knowledge of pathways for people experiencing early signs of stress or worry</li> <li>Increased early screening for signs of worry and stress</li> <li>Increase community awareness of tools and strategies to manage stress and anxiety</li> </ul>
Reduce alcohol consumption to reduce alcohol-related risks and hospitalisations	Alcohol and other drugs	Chronic conditions	LHDs, HNC, NADA, NGOs, RACGP, ACCRM	<ul style="list-style-type: none"> <li>Improve awareness of alcohol related harms</li> <li>Increase alcohol screening rates to detect risky and harmful drinking patterns in general practice.</li> <li>Improve knowledge of supports for alcohol related harms.</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
				<ul style="list-style-type: none"> <li>• Reduce alcohol attributable hospitalisation rates</li> </ul>
Explore opportunities to improve access to health services, including screening services, because people do not feel comfortable with the clinician/staff gender	Population health	Appropriate care (including cultural safety)	Health Promotion Units, HNC	<ul style="list-style-type: none"> <li>• Reduced rates of community reported difficulty in accessing screening activities</li> <li>• Improved patient and provider experience</li> <li>• Patients can access a high quality and appropriately trained workforce</li> <li>• Enhance understanding of screening process for community and clinicians</li> </ul>
Improve cultural sensitivity and gender- and age-appropriateness in mental health services	Mental health	Vulnerable population	HNC, NNSW LHD, MNC LHD	<ul style="list-style-type: none"> <li>• Increased mental health services that are age-suitable, culturally sensitive and gender conscious</li> </ul>
Explore opportunities to increase bulk billing rates for allied health, obstetrics and GP attendances, particularly for people aged 16-64	Population health	Access	Government agencies	<ul style="list-style-type: none"> <li>• Increased bulk billing for people aged 16-64</li> </ul>
Explore opportunities to strengthen disaster resilience throughout the North Coast, particularly in low resilience areas	Population health	Social determinants	NSW Reconstruction Authority	<ul style="list-style-type: none"> <li>• Improved disaster resilience</li> </ul>
Explore options to increase access to general practice services in the North Coast, particularly in Clarence Valley LGA	Population health	Access	HNC, NNSW LHD, MNC LHD, RACGP	<ul style="list-style-type: none"> <li>• Improved access to GP services</li> <li>• Increased confidence of people accessing healthcare through digital health systems</li> <li>• Reduction in community reported difficulty in accessing GP services</li> </ul>
Explore opportunities to support patients requiring dialysis, which is the highest cause of hospitalisations in the North Coast	Population health	Chronic conditions	NNSW LHD, MNC LHD, HNC	<ul style="list-style-type: none"> <li>• Reduction in potentially preventable hospitalisations for dialysis</li> <li>• Increased health education for CKD</li> </ul>
Explore opportunities to prepare the healthcare system to manage the expected growth in the older adult population	Population health	Vulnerable population	NNSW LHD, MNC LHD, HNC	<ul style="list-style-type: none"> <li>• Improved patient and provider experience</li> <li>• Improve population health outcomes</li> <li>• Increased capacity of the primary healthcare system</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Reduce domestic and family violence for Aboriginal peoples in the North Coast, particularly in Ballina, Bellingen, Nambucca Valley and Clarence Valley LGAs	Aboriginal and Torres Strait Islander Health	Social determinants	DCJ, Police, NGOs	<ul style="list-style-type: none"> <li>Reduced incidence of DFV</li> </ul>
Support older people to access aged care services, reducing the impact of the complexities of referral and funding pathways	Aged care	Access	Government	<ul style="list-style-type: none"> <li>Improved access to aged care services</li> <li>Improved health outcomes for older people</li> </ul>
Improve attraction and retention of workforce in health care services in the North Coast	Health workforce	Workforce	RACGP, HNC, Workforce Australia, Government agencies, NGOs, LHDs	<ul style="list-style-type: none"> <li>Increased retention and recruitment of health workforce staff</li> <li>Improved patient and provider experience</li> <li>Improved population health outcomes</li> </ul>
Improve attraction and retention of general practitioners in the North Coast, particularly in Clarence Valley, Nambucca Valley and Kyogle LGAs	Health workforce	Workforce	RACGP, Rural Doctors Network	<ul style="list-style-type: none"> <li>Improved retention and recruitment of GP workforce</li> <li>Improved access and health outcomes in the North Coast</li> </ul>
Explore opportunities to improve access to medical specialists in the North Coast, particularly in Richmond Valley and Nambucca Valley LGAs	Health workforce	Workforce	HNC, NSW LHD, MNC LHD	<ul style="list-style-type: none"> <li>Improved access to medical specialists for North Coast communities</li> <li>Improved patient and provider experience</li> <li>Improved population health outcome</li> </ul>
Explore opportunities to increase allied health workforce in Kyogle, Richmond Valley, Kempsey and Nambucca to improve access	Health workforce	Workforce	HNC, NSW LHD, MNC LHD, NCAHA	<ul style="list-style-type: none"> <li>Reduction in community reported difficulty accessing allied health services</li> <li>Increased allied health FTE rate of healthcare providers using digital health systems increased</li> </ul>
Improve access to dental care services for Aboriginal peoples in the North Coast	Aboriginal and Torres Strait Islander Health	Allied health	AMS	<ul style="list-style-type: none"> <li>Increased access for dental services for Aboriginal peoples in the North Coast</li> </ul>
Explore opportunities to support rough sleepers in the North Coast, particularly in Byron and Tweed LGAs	Population health	Vulnerable population	DCJ, Homelessness NSW, Councils, NGOs (Neighbourhood	<ul style="list-style-type: none"> <li>Support for rough sleepers in Byron and Tweed LGA</li> </ul>



Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
			Centres) Government	
Explore opportunities to address expected health workforce shortages associated with workforce retention and retirement	Health workforce	Workforce	HNC, RACGP, NCAHA,	<ul style="list-style-type: none"> <li>Reduction in workforce gaps</li> <li>Number of health workforce professional available increased</li> </ul>
Strengthen primary health care services, community health education and health literacy to reduce hospitalisations, particularly in the Mid North Coast area	Population health	Access	HNC, RACGP, NCAHA MNC LHD, NSW LHD,	<ul style="list-style-type: none"> <li>Increased health literacy and community health education</li> </ul>
Improve access to palliative and end-of-life care services	Population health	Palliative care	MNCLHD, NSW LHD	<ul style="list-style-type: none"> <li>Improved access to palliative and end-of-life care services</li> <li>Increased patient autonomy regarding end-of-life care</li> </ul>
Explore opportunities to support the ageing and retiring workforce and reduce burnout due to understaffing and varying community expectations	Health workforce	Workforce	HNC, RACGP, NCAHA	<ul style="list-style-type: none"> <li>Improved clinician experience</li> <li>Improved patient experience</li> <li>Increased FTE of health workforce</li> </ul>
Explore partnership opportunities for community-based transport options for people to access health care services	Population health	Access	Community Transport, NSW transport, MPs, Councils	<ul style="list-style-type: none"> <li>Increased access to services</li> </ul>
Collaborate with local agencies, communities and services to improve inclusive access to health and wellbeing services and activities in the North Coast	Population health	Vulnerable population	NDIA, Carers NSW, RACGP, NCAHA, NGO's	<ul style="list-style-type: none"> <li>Improved inclusivity in design, implementation and delivery of health and wellbeing services and activities</li> </ul>
Support the sustainability of the healthcare system in areas of projected population decline, such as Lismore and Kyogle LGAs	Population health	Social determinants	HNC, RACGP, NSW LHD,	<ul style="list-style-type: none"> <li>Increased capacity and capability to manage expected population declines in Lismore and Kyogle</li> </ul>
Explore opportunities to support people facing cost of living pressures and insecure housing	Population health	Social determinants	NGOs, HNC, Neighbourhood Centres	<ul style="list-style-type: none"> <li>Improved access to health-related supports for those experiencing cost of living pressures and housing insecurity/homelessness</li> </ul>

## Lower priority needs

This list is shown in order of feasibility (higher to lower), not in order of total priority score.

Table 18. Lower priority needs

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Increase support for people aged 50 years and over to reduce alcohol and other drugs use	Alcohol and other drugs	Access	HNC	<ul style="list-style-type: none"> <li>• Increase support for AOD use for people aged 50 years and over</li> </ul>
Increase support for people experiencing post-traumatic stress disorder	Mental health	Access	HNC, RACGP, MNC LHD, NNSW LHD,	<ul style="list-style-type: none"> <li>• Improved support for people experiencing PTSD in PHN commissioned healthcare service</li> </ul>
Explore opportunities to enhance social and emotional wellbeing to support the high rates of GP mental health plans in Clarence Valley and Richmond Valley LGAs	Mental health	Early intervention and prevention	HNC	<ul style="list-style-type: none"> <li>• Improved population mental health outcomes in Clarence and Richmond Valley</li> </ul>
Explore opportunities for increased use of commissioned mental health services by the male population, to a similar rate as females (64% of users)	Mental health	Vulnerable population	HNC, Men's Shed	<ul style="list-style-type: none"> <li>• Improve equity of access to PHN mental health commissioned services</li> </ul>
Provide adequate physical and mental health support for children and young people to achieve strong developmental outcomes	Population health	Early intervention and prevention	HNC, RACGP, MNCLHD, NNSWLHD, NDIA	<ul style="list-style-type: none"> <li>• Improved developmental outcomes for children and young people</li> </ul>
Enhance supports for people aged 30-49 years using alcohol and other drugs treatment services	Alcohol and other drugs	Access	HNC, RACGP, MNCLHD, NNSWLHD,	<ul style="list-style-type: none"> <li>• Enhance support for AOD use for people aged 30-49 years of age</li> <li>• Increased early intervention and prevention to reduce prevalence at 30-49 years</li> </ul>
Reduce the rate of vaping in the North Coast, particularly in the Mid North Coast area	Alcohol and other drugs	Early intervention and prevention	Cancer Council, North Coast Cancer Institute, HNC, Health Promotion units, Schools	<ul style="list-style-type: none"> <li>• Reduced rates of e-cigarettes (vaping)</li> <li>• Improved population health outcomes</li> </ul>
Build community confidence in telehealth to enhance its use for general practice services where appropriate	Digital health	Access	HNC, RACGP, MNC LHD, NNSW LHD, AMS	<ul style="list-style-type: none"> <li>• Improved education, peer and health worker supports for the use of digital health services</li> <li>• Improved access to healthcare services</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Support the development of health services for young people and families in areas of young population growth in the North Coast, such as Byron LGA	Population health	Vulnerable population	RACGP, NCAHA, HNC,	<ul style="list-style-type: none"> <li>Enhance capacity of the health workforce in Byron LGA to account for expected population growth</li> </ul>
Increase support from primary care and specialist homelessness services for people experiencing homelessness in the North Coast	Population health	Social determinants	HNC, RACGP, NCAHA, MNC LHD, NSW LHD, Specialist Homeless Services, community-based organisations, NGOs	<ul style="list-style-type: none"> <li>Improved access to healthcare for people experiencing homelessness</li> <li>Improved health outcomes for people experiencing homelessness</li> </ul>
Explore opportunities to improve access to general practice and medical specialist services for younger people in the North Coast	Population health	Access	HNC, RACGP	<ul style="list-style-type: none"> <li>Improve equity of access to GP and specialists for younger cohorts</li> <li>Improved population health outcomes</li> </ul>
Explore opportunities to improve access to allied health services for younger people in the North Coast	Population health	Allied health	NCAHA, Health Promotion Units, HNC,	<ul style="list-style-type: none"> <li>Improved access to allied health services for young people in the North Coast</li> </ul>
Increase support to children with developmental vulnerabilities	Population health	Vulnerable population	HNC, RACGP, NCAHA, MNC LHD, NSW LHD, DCJ	<ul style="list-style-type: none"> <li>Improved access and supports to health services for families and children, especially those from priority populations</li> </ul>
Enhance healthcare system and social services support for people in need of assistance (self-care, mobility, communication) due to long-term health condition, particularly for people 0-44 years.	Population health	Vulnerable population	HNC, RACGP, NDIS, Carers NSW	<ul style="list-style-type: none"> <li>Improved health outcomes for those with need for assistance</li> <li>Enhanced capacity of the healthcare system to care for people with need for assistance</li> </ul>
Collaborate with partners to address high rates of Aboriginal peoples experiencing homelessness in the North Coast	Aboriginal and Torres Strait Islander Health	Social determinants	AMS, Aboriginal housing	<ul style="list-style-type: none"> <li>Reduced rates of Aboriginal peoples experiencing homelessness</li> </ul>
Explore opportunities to support Veterans health, social and emotional wellbeing in the North Coast	Population health	Vulnerable population	DVA, HNC	<ul style="list-style-type: none"> <li>Increased healthcare support for veterans</li> </ul>

Need	Priority area	Priority sub-category	Potential leading agencies	Expected outcomes
Address gaps in nursing workforce and equity of access to nursing services throughout the North Coast	Health workforce	Workforce	APNA, Workforce Australia	<ul style="list-style-type: none"> <li>• Rate of nurse FTE increased</li> <li>• Reduction in nurse health workforce gaps throughout North Coast LGAs</li> <li>• Improved patient and provider experience</li> </ul>
Explore opportunities to increase the rate of Medicare subsidised allied health attendances in the North Coast, particularly in Richmond Valley-Hinterland LGA	Population health	Allied health	Health Promotion Units, NCAHA	<ul style="list-style-type: none"> <li>• Increase equity of access for Medicare subsidised allied health attendances in Richmond Valley-Hinterland</li> <li>• Improved population health outcome</li> </ul>
Explore opportunities to prepare the healthcare system for projected population growth in the North Coast, particularly in Byron, Ballina and Port Macquarie LGAs	Population health	Social determinants	RACGP, HNC, Workforce Australia	<ul style="list-style-type: none"> <li>• Increased capacity for primary care to provide high quality healthcare services</li> <li>• Improved access to primary care</li> <li>• Improved patient and provider experience</li> <li>• Improved population health outcome</li> </ul>
Reduce the number of people experiencing homelessness in the North Coast, particularly in Tweed, Coffs Harbour, Port Macquarie-Hastings and Byron LGAs	Population health	Vulnerable population	HNC, Specialist Homelessness Services, RACGP, NGOs	<ul style="list-style-type: none"> <li>• Improved health and wellbeing outcomes</li> <li>• Reduced prevalence of mental health disorders</li> <li>• Reduced risk of suicide or self-harm</li> </ul>
Explore collaborative ways to reduce the impact of crime for Aboriginal peoples in the North Coast, particularly in Kempsey, Lismore, Nambucca Valley and Port Macquarie LGAs	Aboriginal and Torres Strait Islander Health	Social determinants	PCYC, AMS, DET, Police, NGOs	<ul style="list-style-type: none"> <li>• Increased support for individuals affected by crime</li> </ul>
Explore opportunities to expand public health services due to high proportion of people without private health insurance	Population health	Access	Health Promotion Units	<ul style="list-style-type: none"> <li>• Increased support for those without private health insurance</li> </ul>
Explore opportunities to increase employment rates in the North Coast, particularly in Nambucca Valley and Kempsey LGAs	Population health	Social determinants	AES, HNC, NGOs	<ul style="list-style-type: none"> <li>• Increase healthcare support for those experiencing unemployment</li> </ul>

### Economic priority setting

To enhance commissioning decisions, the Health Needs Assessment is necessary, but not sufficient. There are a range of practical considerations that PHNs also need to consider alongside a list of needs, such as funding available, workforce gaps, contracted commitments and Commonwealth mandated programs. Consequently, not all needs can be addressed immediately.

To support the HNA and assist in commissioning decisions, Healthy North Coast has engaged the services of a consultant health economist to assist with a review of commissioned services. This review will result in the development of an economic prioritisation framework, which will guide service planning and commissioning activity for identified priority areas. This work is ongoing and is scheduled for completion in early 2025.

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