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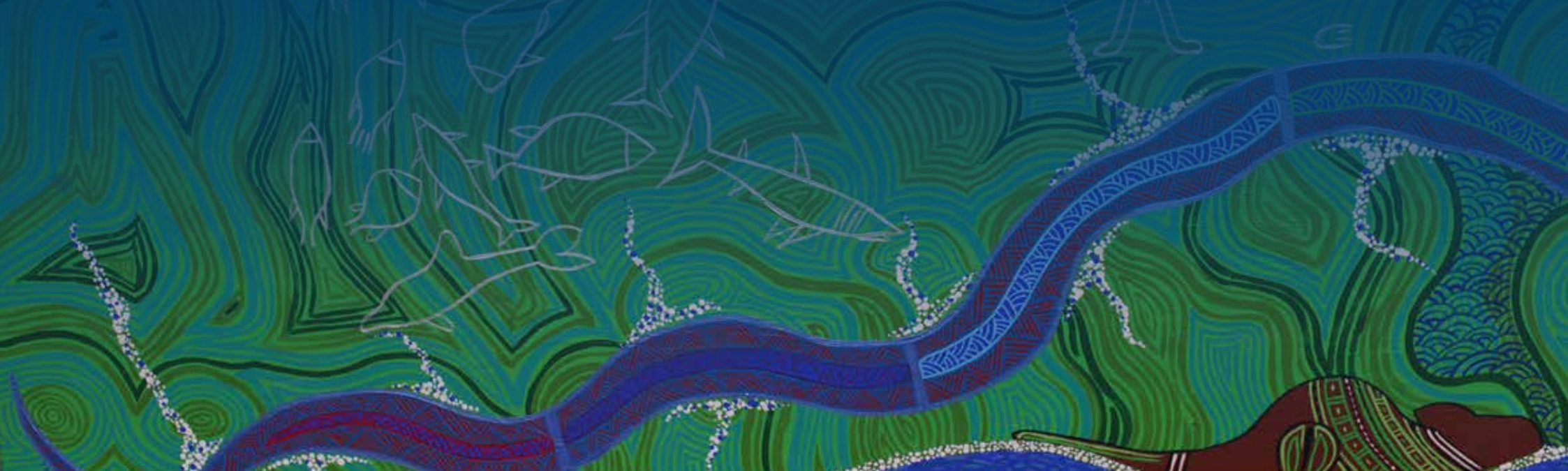
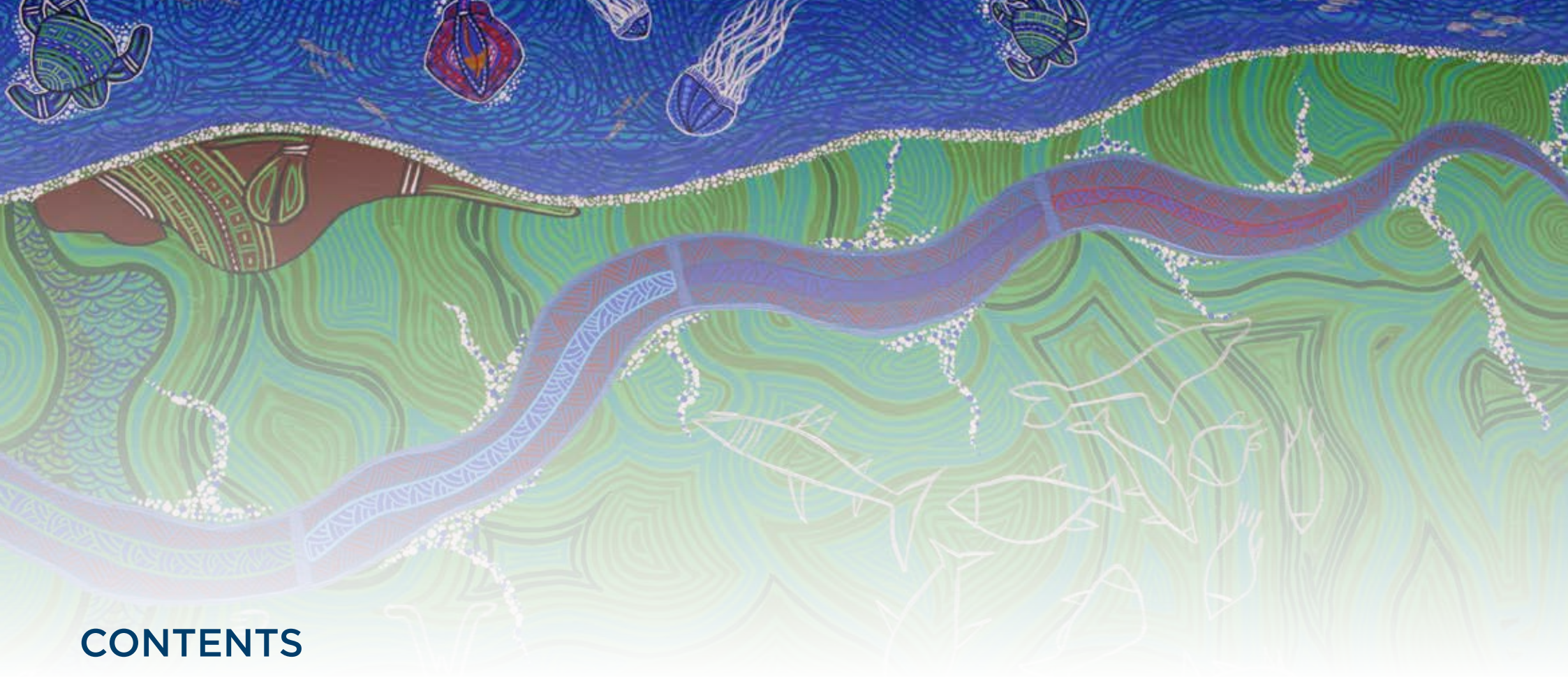
HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

ABORIGINAL HEALTH AND WELLBEING NEEDS AND ACTION SUMMARY APRIL 2017





CONTENTS

Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the land we walk upon today, and respect their continuing culture and the contribution they make to the life of this vast region. Aboriginal Nations within our region include: Anaiwan; Awabakal; Biripi; Darkinjung; Dunghutti; Geawegal; Kamilaroi; Kuring-gai; Nganyaywana; Ngarabal; Wonnaru; and Worimi.

Please note: Aboriginal and Torres Strait Islander people should be aware that this document may contain images of deceased persons in photographs.

BACKGROUND

Hunter New England and Central Coast PHN (HNECC) delivers innovative, locally relevant solutions that measurably improve the health outcomes of our communities, working towards our vision of "Healthy People and Healthy Communities". Aboriginal Health is a key priority for HNECC where we are working to Close the Gap by improving health outcomes for our Aboriginal and Torres Strait Islander community members.

We support the following definition of Aboriginal Health:

"Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community".

An initial Aboriginal Health Needs Assessment has been conducted by HNECC to form the basis for further consultation. This is informing and guiding the activities of HNECC in achieving better health outcomes for Aboriginal communities across the region. A range of high quality, publically available quantitative data was collated, along with general practice and workforce data held by HNECC, and chronic disease hospitalisation data supplied by Hunter New England Local Health District. Insights from key stakeholders were collected through consultations conducted throughout the region with Aboriginal consumers and communities; Aboriginal Medical Services; General Practitioners and other general practice staff; private health providers; non-government organisations; and local, state and commonwealth government organisations. This information was integrated with the quantitative data to supplement, support and build a deeper understanding of health needs and issues. A literature review examining the experience of health service access for Aboriginal people was also undertaken. This needs assessment will be updated and refreshed as we continue to build upon this information and deepen our knowledge and understanding of the health needs and issues experienced by Aboriginal people across our region, in particular through ongoing conversations with our key stakeholder groups. The Aboriginal Health and Wellbeing Needs Assessment Report is available from our website www.hneccphn.com.au

In 2016, the Steering Committee for the Review of Government Service Provision released the seventh report in the Overcoming Indigenous Disadvantage Series measuring the wellbeing of Aboriginal and Torres Strait Islander people and reporting on progress towards closing the gap in Indigenous disadvantage as per the six Council of Australian Governments (COAG) targets set in 2008. The report showed improvement in some areas, particularly in relation to early child development, however in many areas there was no improvement, and in others there was a worsening of outcomes, particularly in regards to mental health and incarceration[1].

This HNECC Aboriginal Health and Wellbeing Needs and Action Summary presents the health needs of Aboriginal people across our region and outlines how our activities align with these and contribute to achieving two of the COAG goals: closing the life expectancy gap within a generation (by 2031); and halving the gap in the mortality rate for Indigenous children under five within a decade (by 2018).

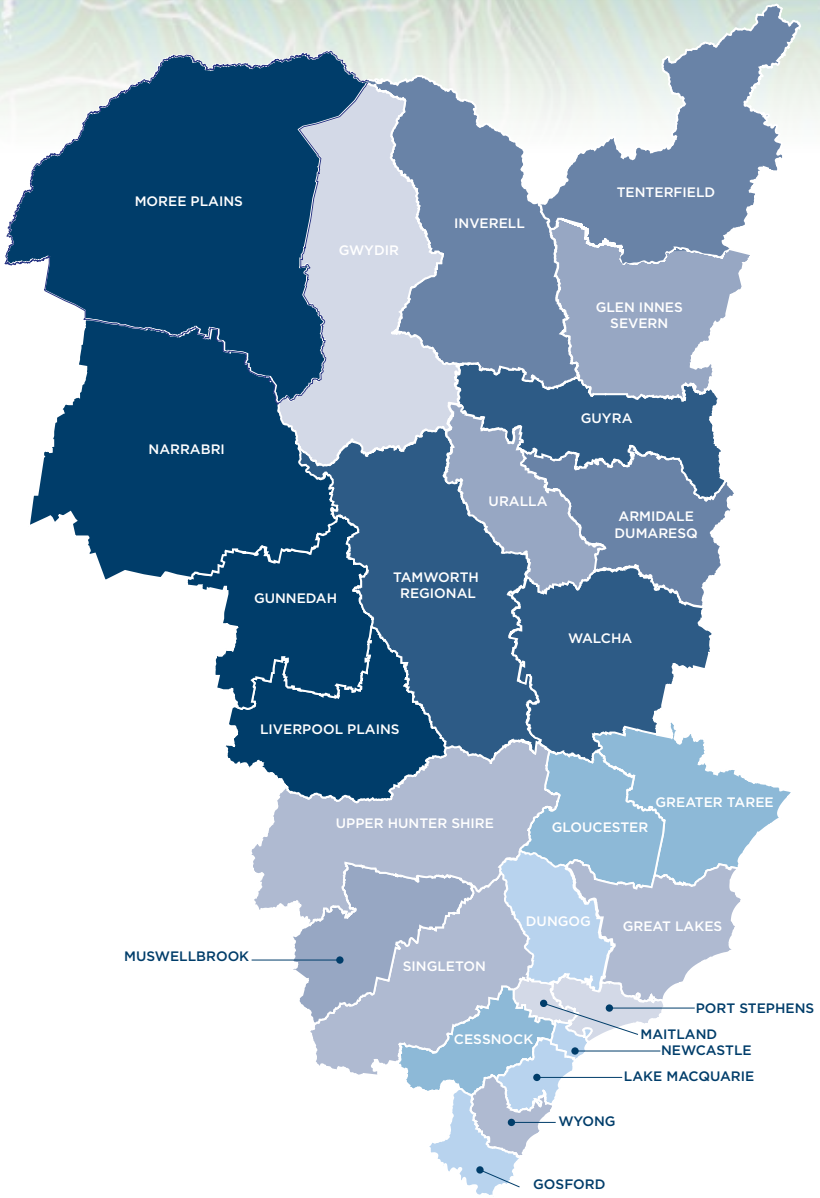
Warrgi Djarii (South Taree) Dance Group

ABORIGINAL POPULATION DEMOGRAPHICS

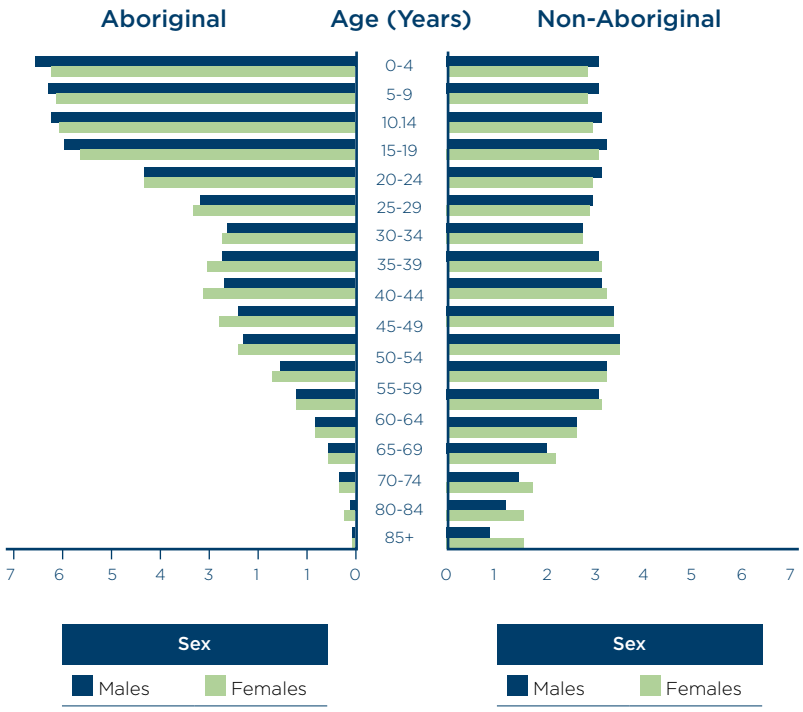
The HNECC PHN is the second largest PHN in New South Wales, covering an area of 133,812 km², reaching from just north of Sydney, across the north west of NSW, to the Queensland border. In 2015, the Aboriginal Estimated Resident Population for our region was 5.1% (63,900 people) of the total population (1,243,756 people), compared to 3.1% nationally[2].

As shown in the map to the right, the LGAs with the highest proportion of Aboriginal people are in the north-west of our region, including: Moree Plains; Gunnedah; Narrabri; and Liverpool Plains. The largest numbers of Aboriginal people however, live in our metropolitan areas and regional centres, including: Lake Macquarie; Wyong; Tamworth; and Newcastle LGAs[2].

LGA	Aboriginal People (ERP)	%
Armidale Dumaresq	1981	7.78
Cessnock	3357	6.06
Dungog	371	3.98
Glen Innes Severn	629	6.98
Gloucester	291	5.67
Gosford	4841	2.8
Great Lakes	1701	4.66
Greater Taree	3196	6.54
Gunnedah	1852	14.18
Guyra	521	12.2
Gwydir	219	4.46
Inverell	1362	8.02
Lake Macquarie	7511	3.68
Liverpool Plains	1023	13.03
Maitland	3374	4.38
Moree Plains	3550	25.36
Muswellbrook	1146	6.66
Narrabri	1809	13.22
Newcastle	5413	3.37
Port Stephens	3117	4.42
Singleton	1096	4.59
Tamworth Regional	6266	10.26
Tenterfield	533	7.65
Upper Hunter Shire	703	4.8
Uralla	465	7.13
Walcha	265	8.53
Wyong	7340	4.58



Life expectancy for the Aboriginal population (73.7 years for females and 69.1 years for males) is around 10 years less than the non-Indigenous population (83.2 years for females and 79.7 years for males)[1]. Health risk factors and chronic illness are more prevalent in the Aboriginal population and contribute to this shorter life expectancy[3,4].



The younger age profile of the Aboriginal population compared to the non-Indigenous population across our region is shown above. This is due to the higher rates of fertility and shorter life expectancy of the Aboriginal population.

ABORIGINAL HEALTH DISADVANTAGE IN OUR REGION

Life Expectancy in Australia[1]	
Aboriginal people	Non-Indigenous people
Males - 69.1 years	Males - 79.7 years
Females - 73.7 years	Females - 83.2 years

Socioeconomic disadvantage directly correlates with poor health, higher incidence of risky health behaviours and reduced access to health services[5,6]. Aboriginal people are consistently more socioeconomically disadvantaged than non-Indigenous people and Aboriginal people living in rural and remote areas experience more socioeconomic disadvantage and have shorter life expectancy than those living in cities and large towns[7].

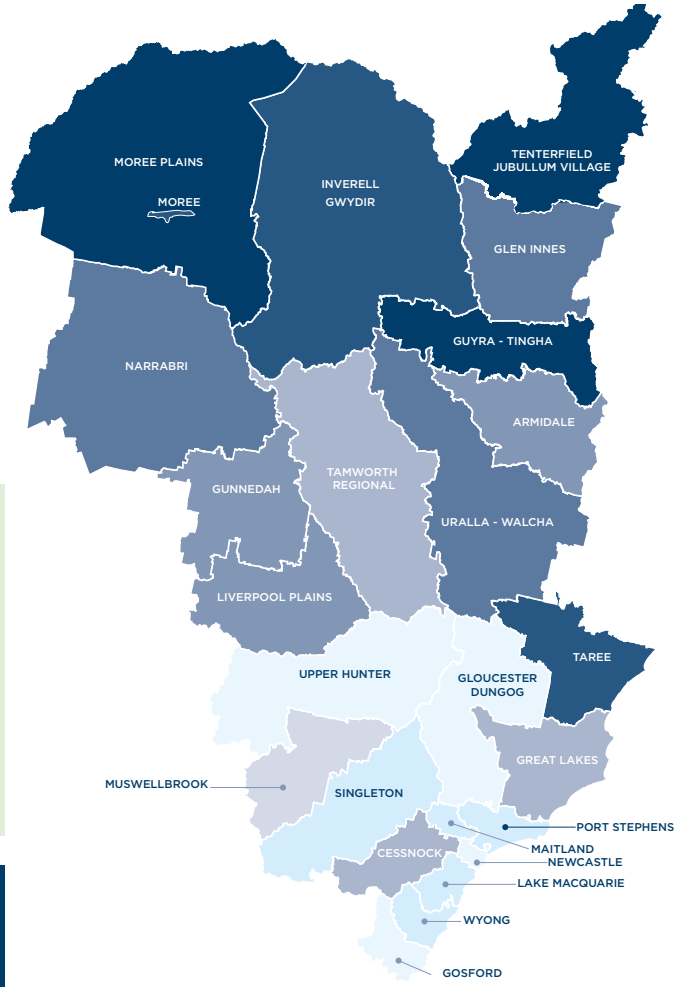
The Overcoming Indigenous Disadvantage 2016 Report[1] states that life expectancy is influenced by: employment; education; housing; sanitation; and access to healthcare. Life expectancy can be increased by: increasing engagement in positive health behaviours; improving access to high quality health services; providing greater levels of preventative care; increasing early diagnosis of disease; and effectively treating chronic disease[1].

ABORIGINAL HEALTH NEEDS IN OUR REGION

Shorter life expectancy than the non-Indigenous population.

Socioeconomic disadvantage is contributing to poorer health outcomes, particular areas of disadvantage are Tenterfield-Jubullum Village, Moree Plains and Guyra-Tingha.

Our stakeholders see the social context of health as critical, with improved health outcomes for Aboriginal people requiring a holistic approach incorporating physical, mental, cultural and social aspects of wellbeing.



The Indigenous Areas that are dark blue on our map are the most disadvantaged, whilst the ones that are lightest in colour are the most advantaged[8].

CLOSING THE GAP BY INCREASING ENGAGEMENT IN POSITIVE HEALTH BEHAVIOURS

Life expectancy is influenced by socioeconomic factors such as disadvantage, racism and stress which can lead to unhealthy lifestyle behaviours and reduced access to health services, resulting in poorer health outcomes[1]. A reduction in the prevalence of key modifiable health risk behaviours such as smoking, poor nutrition, physical inactivity and risky alcohol consumption will promote health and prevent occurrence of disease.

Our stakeholders are concerned by the contribution of overweight and obesity, smoking, poor nutrition, physical inactivity, alcohol and other drug misuse to the health of Aboriginal people across our region.

In our region 60.9% of Aboriginal people aged 2 years + are overweight (23.2%) or obese (37.7%) and 36.7% of Aboriginal people aged 15 years+ smoke daily[9].

ABORIGINAL HEALTH NEED IN OUR REGION

A high prevalence of overweight and obesity, and health risk behaviours, including smoking, poor nutrition, physical inactivity, alcohol and other drug misuse is contributing to the poorer health status of our Aboriginal population.

WHAT ARE WE DOING?

Implementing a Healthy Weight Initiative supporting people to engage in healthier behaviours in areas with high rates of overweight and obesity, including Cessnock, Gunnedah, Narrabri, Taree and Wyong.

Funding a Primary Health Care Nursing service which runs health screening, health education, preventative health and health promotion activities in small communities across the Hunter and New England.

Funding local capacity building and service enhancement initiatives to support the Aboriginal primary health care and specialist drug and alcohol workforces to provide culturally appropriate, evidenced based drug and alcohol treatment services for Aboriginal people across our region

Funding Aboriginal Community Controlled services and mainstream drug and alcohol treatment services to provide holistic, comprehensive and culturally appropriate treatment and support services for Aboriginal people across our region.

Our stakeholders have identified these barriers reducing health service access for Aboriginal people in our region:

Transport

Cost

Low motivation

Competing family and work commitments

Mistrust due to the limited cultural awareness of healthcare providers

Concerns about breaches of confidentiality when accessing an AMS

Low levels of health literacy

The Aboriginal workforce in our region are calling for a substantial improvement in the cultural competence of the non-Indigenous workforce.

CLOSING THE GAP BY IMPROVING ACCESS TO HIGH QUALITY HEALTH SERVICES

A key contributing factor to the disproportionate burden of disease experienced by Aboriginal people is reduced access to health services. In 2012, 18% of Aboriginal people in NSW aged 16 years+ reported have difficulty accessing health care[10]. Improved access to high quality health services is essential to improving health outcomes and increasing life expectancy for Aboriginal people[1].

ABORIGINAL HEALTH NEEDS IN OUR REGION

Multiple barriers to accessing health services.

Fragmented care and lack of integration and coordination of health services for Aboriginal people.

Lack of culturally safe workplaces for the Aboriginal workforce.

WHAT ARE WE DOING?

Overseeing the Indigenous Team Care workforce ensuring Aboriginal Outreach Workers, Care Coordinators and Aboriginal Health Access Officers receive appropriate ongoing peer support, professional guidance and mentoring.

Partnering with HNELHD and CCLHD to provide the HealthPathways website to improve access to health service information and referral pathways for health professionals across our region, including appropriate Aboriginal health and referral information.

Trialing an Aboriginal Health Practitioner model of care through general practice in our region and supporting Aboriginal Health workers to gain this qualification.

Partnering in collaborative approaches to improve service integration and coordination across our region, such as the Hunter Aboriginal Health and Wellbeing Alliance and the Central Coast Aboriginal Partnership Agreement.

Funding Allied Health Services such as Dietetics, Physiotherapy and Podiatry across our Hunter and New England areas to improve access for people living in rural communities.

Working in partnership with HNELHD and CCLHD to provide the PatientInfo website to improve access to trusted health information for our community members.

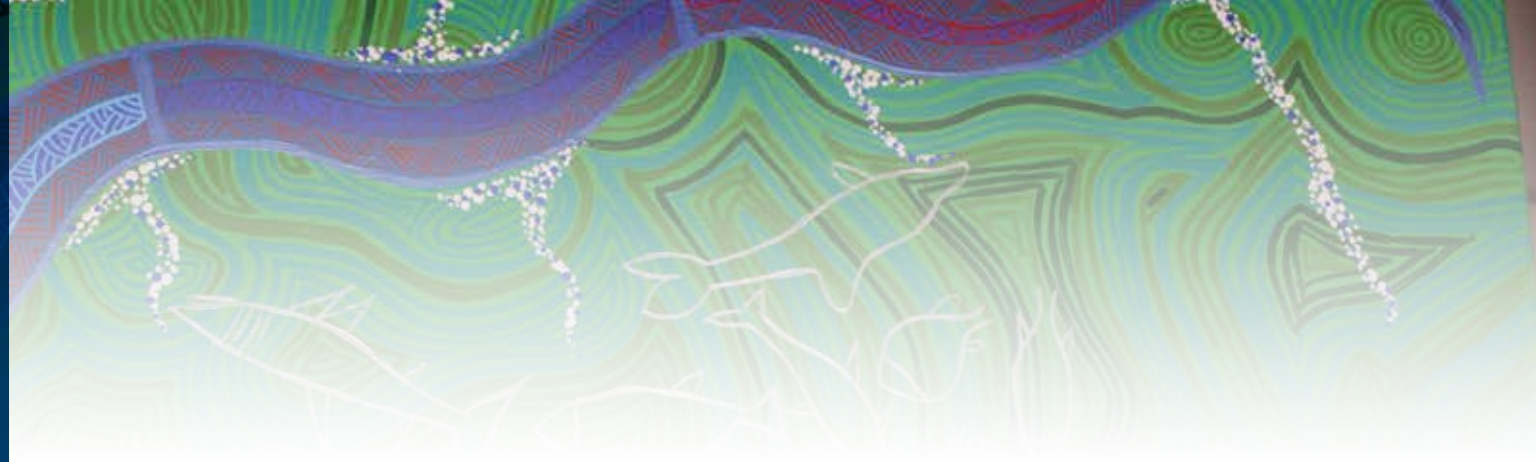
715 health check

Aboriginal people are eligible for an annual 715 Health Assessment which is designed to support earlier detection of disease, diagnosis and treatment of common, treatable conditions[11].

Ensuring and increasing access to the 715 Health Assessment contributes to closing the life expectancy gap. The health assessment has direct health benefits and facilitates access to additional Aboriginal health services.

ONLY 15.9% OF ABORIGINAL PEOPLE IN OUR REGION HAD A 715 HEALTH ASSESSMENT IN 2013-14[12].

Our stakeholders have flagged issues with the use of the 715 Health Assessment and the associated payment to practices. There are many instances where non-regular primary health care providers have visited a community, performed a number of health assessments and claimed the payments, but have not provided the coordination and continuity of care that patients need. Some primary care providers are also not performing all of the components of the health assessment.



CLOSING THE GAP BY PROVIDING GREATER LEVELS OF PREVENTATIVE CARE

Preventative healthcare is key to avoiding illness and detecting problems before the development of disease[1].

73% of Aboriginal people in our region reported having a chronic disease in 2012-13[9]. Our stakeholders have expressed concern about high rates of chronic disease experienced by Aboriginal people in our region, and in particular diabetes, cancer and kidney disease.

ABORIGINAL HEALTH NEEDS IN OUR REGION

A low proportion of people are undergoing a 715 health assessment and there are issues with the way in which these are being undertaken.

High rates of chronic disease, with diabetes, cancer and kidney disease of particular concern.

High prevalence of dental conditions.

WHAT ARE WE DOING?

Supporting General Practice Quality Improvement activities including increasing the uptake of Aboriginal specific Medicare Benefits Schedule items such as the 715 health assessment.

Our Aboriginal Health Access Officers are located throughout the region and are working to improve the capacity of general practice and other mainstream primary health care providers to deliver culturally appropriate primary care services and improve access for Aboriginal people to mainstream primary health care services.

CLOSING THE GAP BY INCREASING EARLY DIAGNOSIS OF DISEASE

Early diagnosis and treatment of disease is very beneficial for people at risk of disease. Early detection programs are most effective when undertaken as a systematic approach, with assessment and screening carried out at regular intervals[13]. In Australia, this includes national breast, bowel and cervical cancer screening programs which are designed for early detection or prevention of cancer. Primary health care services have a key role to play in the early diagnosis of disease[13].

BREAST SCREENING

Aboriginal women have a lower breast screening participation rate compared to all women within our region. Participation rates in our region are[13]:

- 57.5% (all women)
- 52% (Aboriginal women)

LGAs in our region with the lowest breast screening participation rates for Aboriginal women are[14]:

- Gosford (27.6%)
- Wyong (38.1%)
- Gwydir (40.1%)

CERVICAL SCREENING

General practice data collected from across our region indicates that Aboriginal women are less likely than non-Indigenous women to participate in cervical screening.

ABORIGINAL HEALTH NEED IN OUR REGION

Low participation rates in breast screening, particularly in Gosford, Wyong and Gwydir LGAs, and low cervical screening participation rates.

WHAT ARE WE DOING?

Partnering in the Central Coast Cancer Screening Network targeting low breast screening rates amongst Aboriginal women in Wyong and Gosford.

Supporting the women's cancer screening clinic in Wyong which provides free cervical screening and breast checks.

Partnering with Family Planning NSW to support Well Women's Screening training for nurses in general practices and AMS's in our rural areas to increase cervical screening rates.

CLOSING THE GAP BY EFFECTIVELY TREATING CHRONIC DISEASE

Effective treatment of chronic disease, including mental illness, can slow disease progression, enhance quality of life, increase life expectancy and save health resources[15].

Potentially Preventable Hospitalisations (PPHs)

Potentially preventable hospitalisations for chronic disease are those which could have been prevented if earlier preventative care and chronic disease management had been provided. Rates of chronic disease PPHs are a good measure of the effectiveness of chronic disease management in a population[15]. In our region, the rate of chronic disease PPHs is substantially higher for Aboriginal people (2,655.8 per 100,000 compared to 951 per 100,000) and the gap between the two populations is widening[10].

ABORIGINAL HEALTH NEEDS IN OUR REGION

Increasingly high hospitalisation rates, including potentially preventable hospitalisations.

High rates of mental ill-health and a need for increased integration, flexibility and cultural appropriateness of mental health, and drug and alcohol services.

DIALYSIS AND KIDNEY FAILURE ACCOUNT FOR THE MAJORITY OF CHRONIC DISEASE HOSPITALISATIONS FOR ABORIGINAL PEOPLE IN OUR REGION, FOLLOWED BY MENTAL HEALTH AND RESPIRATORY CONDITIONS[10].

OUR STAKEHOLDERS HAVE CALLED FOR BETTER CARE COORDINATION AND IMPROVED FOLLOW UP CARE FOR ABORIGINAL PEOPLE WITH CHRONIC DISEASE.

WHAT ARE WE DOING?

Supporting partnerships between Aboriginal Community Controlled and non-Aboriginal Community Controlled providers in commissioning of Indigenous funding.

Funding teams of Aboriginal Outreach Workers, Care Coordinators and Aboriginal Health Access Officers delivering the Integrated Care Team program providing comprehensive and culturally appropriate access to clinical support and chronic disease management for Aboriginal people across our region.

Funding Headspace centres at Gosford, Lake Haven, Maitland, Newcastle and Tamworth providing youth mental health and wellbeing services.

Funding suicide prevention training for Aboriginal Community Controlled Health Organisations and We-Yarn suicide awareness and prevention workshops in Aboriginal communities across our region.

Funding Aboriginal Social and Emotional Wellbeing programs in our region, such as The Taking Action to Tackle Suicide—Family Wellbeing Program supporting young Aboriginal men in the Central Coast to take greater control and responsibility in their lives.

Participating in the Health Care Homes initiative providing integrated and coordinated care to patients with chronic and complex conditions.

Funding a range of culturally appropriate Indigenous Mental Health Services across our region including Mental Health Care Coordination, Peer Navigation, Group, and Suicide Postvention Programs.

Engaging in capacity building with local Aboriginal Community Controlled Health Organisations to increase capacity to operate within the open market and in the design and development of evidenced based mental health services.

Funding Primary Mental Health Care Services across our region, with a particular focus on hard to reach and at risk population groups including Aboriginal people.

CLOSING THE YOUNG CHILD MORTALITY GAP

In 2011-2015 in NSW, the child mortality rate for Aboriginal children aged 0-4 years was 111 per 100,000 compared to 81 per 100,000 for non-Indigenous children[16]. Young child mortality can be reduced through improvements in socioeconomic factors, and enhanced primary care and antenatal care services[13].

In our region, 43.0% of Aboriginal women smoke during pregnancy, compared to 12.0% of non-Indigenous women. 10.8% of babies born to Aboriginal mothers in our region are of low birth weight, compared to 6.5% of those born to non-Indigenous mothers. 61.0% of Aboriginal mothers in our region have their first antenatal visit before 14 weeks, compared to 72.5% of non-Indigenous mothers[10].

The hospitalisation rate for Aboriginal people for maternal, neonatal and congenital conditions is increasing in our region, whilst it is decreasing for non-Indigenous people, widening the gap between the two populations[10].

ABORIGINAL HEALTH NEEDS IN OUR REGION

Maternal health issues, including smoking during pregnancy and low birthweight babies, particularly in the New England, and a need for improved coordination between prenatal services.

Lower immunisation rates for 1 and 2 year old children.

IMMUNISATION RATES IN OUR REGION (2014-15)[17]

	Aboriginal children fully immunised	All children fully immunised	Our Goal
1 year	92.4%	93.1%	95%
2 years	89.9%	91.3%	91.5%
5 years	95.7%	94.8%	95%

WHAT ARE WE DOING?

Implementing the Healthy Babies – Improving Birthweights strategy to increase understanding of the risk factors for poor birth outcomes, and improve access to culturally safe and appropriate antenatal care in our Aboriginal communities.

Supporting the free vaccination program conducted by the Wyong Childhood Immunisation Service to increase childhood immunisation rates in Wyong.

Supporting General Practice Quality Improvement activities focusing on key priority areas including childhood immunisation.

Working in partnership to deliver the Central Coast Antenatal Shared Care Program supporting women with low-risk pregnancies to see their GP for antenatal care.

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