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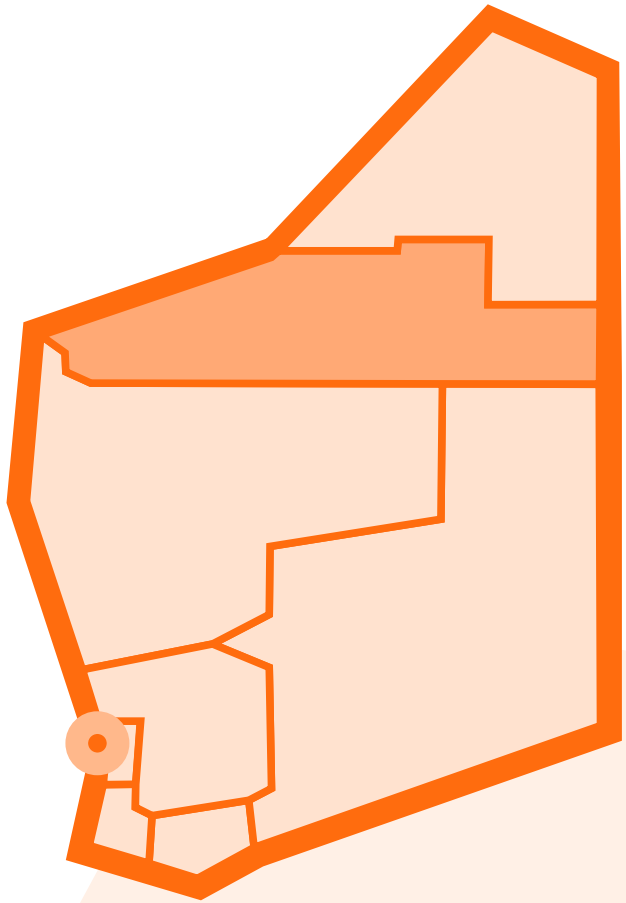
An Australian Government Initiative

Pilbara

Needs Assessment 2022-2024



Pilbara

Population Demographics

The Pilbara covers around 506,000 square kilometres and is Western Australia's second most northern region. It is bordered by the Indian Ocean to the west and extending across the Great Sandy Desert to the Northern Territory border in the east. The main population centres of the Pilbara are Port and South Hedland, Karratha, and Newman.

The Pilbara region is divided into two main statistical areas:

- West Pilbara includes the towns of Karratha, Dampier, Wickham, Onslow, Roebourne, Tom Price, and Paraburdoo.
- East Pilbara includes the towns of Port Hedland, Newman, Jigalong, Nullagine, and Marble Bar.

In 2021, the population of Country WA PHN was 529,933 people compared to the state's population of 2,660,026 people (Public Health Information Development Unit, 2022). The total population of the Pilbara is 55,037 with 25,443 people living in East Pilbara SA3 and 29,594 in West Pilbara SA3.

Injury is the leading cause of disease burden

42% of adults aged 16+ years in East Pilbara SA3 ar **obese**

19% of adults aged 16+ years in West Pilbara SA3 **smoke**

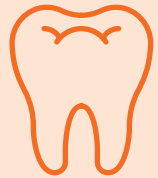
2ND

Mental ill-health is the **second** leading cause of disease burden

One of the **lowest rates** of Medicare mental health - related services

39% of adults aged 16+ years are at high risk of long-term harm from **alcohol consumption**

4% of people in East Pilbara SA3 and 3.5% in West Pilbara SA3 are **aged 65 years and over**



Severe tooth loss is among the leading causes of disease burden among people aged 65 years and over

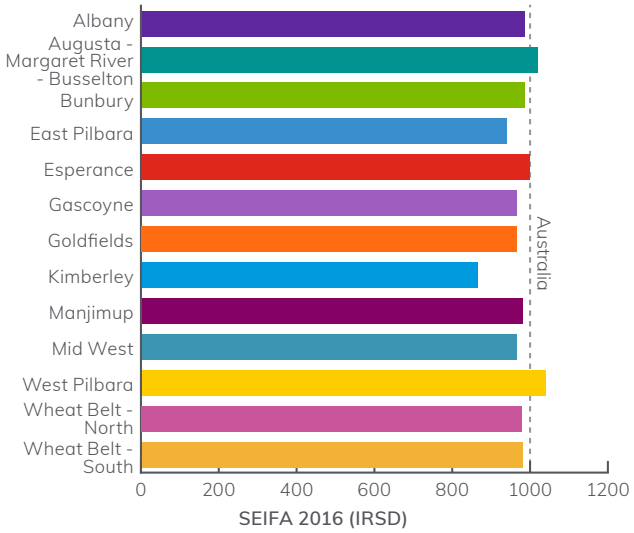
There are an estimated **11,731 Aboriginal people** residing in the region

20% of Aboriginal people in East Pilbara SA3 and 26% in West Pilbara SA3 received an **Indigenous-specific health check** through Medicare in 2019-20

Figure 1 - Population (URP 2021) in Country WA PHN by SA3

The Pilbara includes areas of socioeconomic disadvantage, with a SEIFA score of 937 for the East Pilbara and a 1038 for the West Pilbara compared to the Australian mean of 1000 and WA's score of 1016 (Public Health Information Development Unit, 2021b). About 18% of people in East Pilbara SA3 and 11% of people in West Pilbara SA3 are Aboriginal (Public Health Information Development Unit, 2022).

Figure 2 - SEIFA 2016 Index of Relative Socioeconomic Disadvantage (IRSD) score in Country WA PHN by SA3 (Public Health Information Development Unit, 2021)



Vulnerable Population Groups

People in vulnerable groups are more likely than the general population to experience poor health outcomes due to physical, social, and economic factors. Vulnerable groups include people who are: culturally and linguistically diverse (CALD); lesbian, gay, bisexual, transgender, intersex, or queer (LGBTIQ+); homeless; living with a severe disability or caring for someone with a disability; developmentally vulnerable; and victims of family, domestic or sexual violence.

- Only 0.5% of people in the Pilbara were born overseas and have poor English proficiency (244 people) compared to 1.8% of people across the state (44,521 people) (Public Health Information Development Unit, 2022).
- About 1.8% of people in East Pilbara SA3 and 1.4% of people in West Pilbara SA3 have a profound or severe disability compared to 4.6% across the state (Australian Bureau of Statistics, 2021a).
- About 5.9% of people in East Pilbara SA3 and 5.7% of people in West Pilbara SA3 provide unpaid assistance to people with a disability compared to 11% across the state (Public Health Information Development Unit, 2022).
- About 28% of children in East Pilbara SA3 and 20% of children in West Pilbara SA3 were developmentally vulnerable on one or more domains compared to 19% across the state (Public Health Information Development Unit, 2021b).
- In 2016, it was estimated that 465 people in East Pilbara SA3 and 199 people in West Pilbara SA3 experienced homelessness (Australian Bureau of Statistics, 2018). About 69% of homeless people in East Pilbara SA3 and 52% in West Pilbara SA3 were living in 'severely' crowded' dwellings, requiring at least four extra bedrooms to accommodate the people usually living there.

LGBTIQ+ populations

LGBTIQ+ is an acronym commonly used to describe lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse people and communities. Many LGBTIQ+ people face discrimination and disparities connected to their gender identification and/or sexuality that impact their physical and mental health and access to healthcare and other services (Equality Australia, 2020). LGBTIQ+ people are known to have a higher risk of certain chronic diseases such as cancers, asthma, obesity, and cardiovascular disease (Conron et al., 2010; McKay, 2011; Simoni et al., 2017). Moreover, some members of LGBTIQ+ communities, particularly lesbian and bisexual women, have higher rates of smoking compared to the general population (Praeger et al., 2019), which increases their risk of developing a chronic disease.

Family violence is a significant concern and is compounded by isolation and reduced access to services (Rainbow Health Victoria, 2020). Studies indicate that the LGBTIQ+ people experience intimate partner violence at similar or higher rates

compared to heterosexual people (Rollè et al., 2018). There is evidence that LGBTIQ+ people are more likely to experience homelessness (McNair et al., 2017) and that discrimination can lead to adverse outcomes in terms of employment and income, particularly for trans and gender diverse people (Mizock & Mueser, 2014).

Chronic Disease

Chronic diseases are long-term, non-communicable conditions and play a significant part in mental and physical ill health, disability, and premature death. Moreover, people with chronic disease often have two or more conditions (multi-morbidity) such as a mental health condition as well as a physical condition, creating complex health needs and presenting challenges for treatment. In Australia, national surveillance focuses on 10 types of chronic conditions: arthritis, asthma, back problems, cancer, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), diabetes, chronic kidney disease, mental and behavioural conditions, and osteoporosis (Australian Institute of Health and Welfare, 2020b). In 2017-18, almost half of all Australians (47%) were estimated to have at least one of the above conditions and 20% were estimated to have at least two conditions (Australian Bureau of Statistics, 2018b). Age is an important determinant of health and people aged 65 years and over are more likely to be diagnosed with a chronic condition.

This section focuses on chronic conditions other than mental and behavioral conditions, which are discussed in the Mental Health section.

Figure 3 - The proportion of Aboriginal population versus non-Indigenous population with listed type of chronic conditions for the Pilbara.

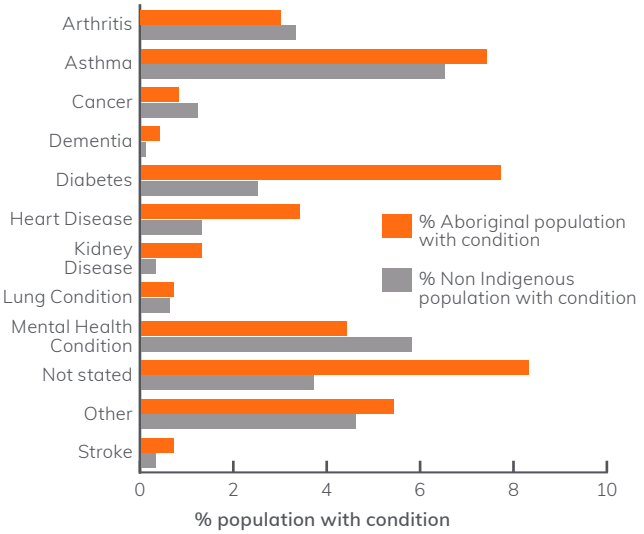
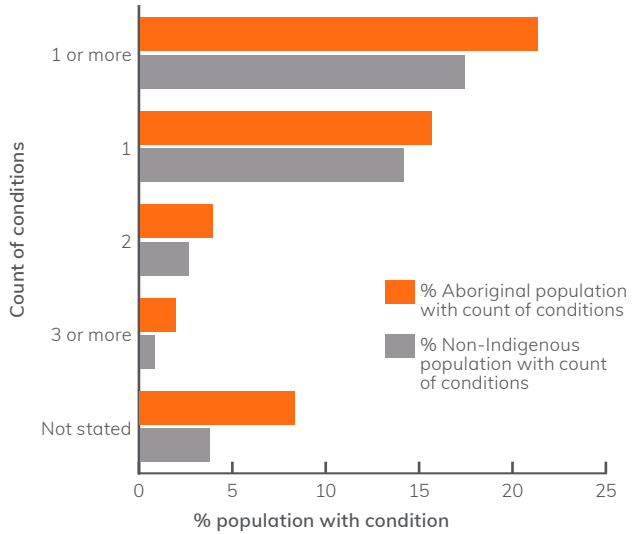


Figure 4 - The proportion of Aboriginal population versus non-Indigenous population with listed number of chronic conditions for the Pilbara.



Risk factors

Established risk factors for chronic disease include having high blood pressure, being overweight or obese, smoking, doing little or no exercise and having high levels of stress. Psychosocial factors such as social isolation and loneliness also contribute to chronic ill health (Royal Australian College of General Practitioners, 2020). Risk factors tend to be more prevalent in the lowest socioeconomic areas and in regional and remote areas (Australian Institute of Health and Welfare, 2020b). Some parts of the Pilbara have low rates of obesity among children. In 2017-18, children aged 2-17 years in Port Hedland and South Hedland population health areas (PHAs) were significantly less likely to be obese (ASR=5.1% and 5.3% respectively) compared to the state (ASR=7.9%) (Public Health Information Development Unit, 2021b). However, data from the Health and Wellbeing Surveillance System (HWSS) survey 2015-19 indicated that, compared to the state, the estimated prevalence rate of obesity among adults aged 16 years and over was significantly higher in East Pilbara SA3 (42% versus 30%), while West Pilbara SA3 had a significantly higher rate of smoking (19% versus 11%) (Epidemiology Branch, 2021a).

WAPHA is a steward of the WA Healthy Weight Action Plan 2019-24, which focuses on early intervention of people identified as at-risk of becoming overweight and management of people who currently live with obesity. This involves multi-component, multi-levelled strategies delivered as part of an integrated shared care model. Through the Healthy Weight GP project, WAPHA has committed to supporting GPs to provide options for patients who want to improve their health. Key deliverables include the development of a weight management 'hub' (website) with links to Health Pathways and local services for weight management, training for general practice staff, and tools to assist general practices in implementing weight management services as a quality improvement activity. The website is due for launch in the third quarter of 2021.

Stakeholders have indicated that food security impacts communities in the Pilbara. The 2013 Food Access and Cost Survey Report found food costs significantly increased with distance from Perth. The largest differences in food cost between Perth and remote areas were for fruit (37.9% more), non-core foods (31.0% more) and dairy (30.6% more) (Pollard et al., 2015).

Burden and prevalence of disease

Burden of disease measures the impact of different diseases or injuries on a population, including both physical and mental ill health and substance use disorders. It combines the years of healthy life lost due to living with ill-health (non-fatal burden) with the years of life lost due to dying prematurely (fatal burden) to give a total burden reported using the disability-adjusted life years (DALYs) measure. The Western Australian Burden of Disease Study 2015 (Department of Health Western Australia, 2021) indicated that the Pilbara region had the same rate of fatal burden, but a 1.4 times higher rate of non-fatal burden compared to the metropolitan regions. Overall, injury was the leading cause of burden, representing 17% of the total burden in the region. Chronic disease also accounted for a substantial proportion of the burden of disease. The Pilbara had the highest burden from gastrointestinal diseases in the state, accounting for 4.7% of the total burden in the region. Coronary heart disease and back pain/problems were among the leading five causes of burden for males and females, while asthma was the fifth leading cause for females. For people aged 65 years and over in the Pilbara, severe tooth loss was the third leading cause of burden, accounting for 5.4% of total burden for this age group in the region.

The 2021 Census indicated that after adjusting for age, 18% of people across the state had one long-term health condition (including both physical and mental health conditions) and 8.2% had two or more co-morbid conditions (Public Health Information Development Unit, 2022). In the Pilbara region, age-adjusted prevalence rates were 14% for one long-term condition and 5.3% for two or more conditions. Compared to the state, East Pilbara SA3 had relatively high rates of diabetes (ASR=5.2% compared to 4.5%) and kidney disease (ASR=1.0% compared to 0.8%). For a discussion on the methodologies of estimating the prevalence of long-term health conditions, please refer to the 'Additional Data Needs and Gaps' section in the Introduction.

Potentially preventable hospitalisations (PPHs) for chronic conditions

Potentially preventable hospitalisations (PPHs) are certain hospital admissions (both public and private) that potentially could have been prevented by timely and adequate health care in the community. There are 10 chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care: angina, asthma, bronchiectasis, COPD, congestive cardiac failure, diabetes complications, hypertension, iron deficiency anaemia, nutritional deficiencies, and rheumatic heart diseases.

Across the state in 2017-18, the age-standardised rate of PPHs per 100,000 for total chronic conditions was 1109 and the highest rates were for COPD (232), congestive cardiac failure (220), and iron deficiency anaemia (188) (Australian Institute of Health and Welfare, 2019). In East Pilbara SA3, the rate of PPHs for total chronic conditions (2964) was 2.7 times the state rate, while the rate for COPD (1410) was more than six times the state rate. In contrast, West Pilbara SA3 had a lower rate for total chronic conditions (1034) as well as for COPD (167) compared to the state. However, rates were higher for diabetes complications (259) and angina (203).

In this report, we regard a PPH 'hotspot' as an area with a hospitalisation rate that is more than 50% above the Australian rate for at least four out of five consecutive years. In the five years from 2012-13 to 2016-17, there were five population health areas (PHAs) in the Pilbara that were hotspots for chronic conditions (Public Health Information Development Unit, 2020). South Hedland PHA had the highest number of preventable hospitalisations for chronic conditions in the region and was a hotspot for total chronic conditions as well as for asthma, congestive cardiac failure, COPD, diabetes complications, and rheumatic heart disease. Ashburton PHA and Newman PHA were hotspots for COPD, while Port Hedland PHA and Roebourne PHA were hotspots for bronchiectasis.

Management of chronic disease in primary care

From 2018-19 to 2020-21, percentage of population utilisation of GP chronic disease management plans (CDMPs) in the region did not change substantially, from 5.0% to 4.7% in East Pilbara SA3 and from 4.5% to 5.2% in West Pilbara SA3 (Australian Institute of Health and Welfare, 2021d). Utilisation was still considerably below the national rate for SA3s in remote areas (12%). Feedback from local stakeholders suggests that this may be an indication of a lack of allied health services in the region.

Childhood immunisation rates

The National Immunisation Program (NIP) aims to increase national immunisation coverage to reduce the number of vaccine-preventable diseases in Australia. A key priority of the program is to work towards achieving immunisation coverage rates of at least 95% for children aged 1, 2 and 5 years. Data from the Australia Immunisation Register from 1st April 2020 to 31st March 2021 indicated that in Country WA PHN, immunisation coverage was relatively low for children aged 2 years (Department of Health, 2021b). About 94.1% of children were fully immunised at 1 year and 94.5% at 5 years compared to only 90.3% at 2 years.

In the Pilbara region, childhood immunisation rates were below target for all three age groups. About 94.0% of children were fully immunised at 1 year, 88.7% at 2 years, and 94.4% at 5 years. The lower rate at 2 years suggests that interventions should be targeted to increase immunisation coverage for this age group. Feedback from local stakeholders suggests that this may reflect capacity shortages among child health nurses in the Pilbara.

Cancer screening

There are three national cancer screening programs in Australia: BreastScreen Australia, National Cervical Cancer Screening Program (NCSP), and National Bowel Cancer Screening Program (NBCSP). In 2018-19, cancer screening participation rates across WA were 46% for bowel cancer (people aged 50-74 years), 55% for breast cancer (women aged 25-74 years) and 48% for cervical cancer (women aged 25-74 years) (Australian Institute of Health and Welfare, 2021a). The data indicate that compared to the state, cancer screening participation rates were low across the Pilbara region (based on the patient's place of usual residence). Participation rates were 23% in East Pilbara SA3 and 30% in West Pilbara SA3 for bowel cancer screening, 30% in East Pilbara SA3 and 35% in West Pilbara SA3 for breast cancer screening, and 31% in East Pilbara SA3 and 37% in West Pilbara SA3 for cervical cancer screening. We note that participation in the new five-year program for cervical cancer screening cannot be accurately reported until there are 5 years of data available (2018-22).

Feedback from local stakeholders suggested that low rates of cancer screening may be an indication of difficulties accessing services due to long distances and remote geographical locations.

Avoidable mortality

In 2013-17, the median age of death was only 55 years in West Pilbara SA3 (50% of people who died were younger than 55 years) and 59 years in East Pilbara SA3 compared to 80 years across the state (Public Health Information Development Unit, 2021b).

Avoidable mortality refers to deaths of people under 75 years that are potentially avoidable under the current health care system (primary or hospital care). In 2013-17, the age-standardised death rate per 100,000 from avoidable causes in East Pilbara SA3 (176) was significantly higher than the state rate (122) (Public Health Information Development Unit, 2021b). East Pilbara SA3 also had significantly high rates (ASR per 100,000) for diabetes (22), COPD (21), circulatory system diseases (77) and ischaemic heart disease (52), while West Pilbara SA3 had significantly high rates for circulatory system diseases (53) and ischaemic heart disease (38).

Local stakeholders flagged that this may be related to a lack of services providing chronic disease management and follow-up as well as difficulty accessing culturally appropriate services.

Utilisation of primary care services

Interviews with local stakeholders identified issues with access to primary care in the region including workforce shortages, lack of access to bulk billing, appointment wait times and lack of psychosocial support for frequent presenters to ED. Currently, the Town of Port Hedland is experiencing a shortage of GPs, with half the usual number and extensive wait lists, resulting in increased utilisation of the ED for non-urgent care. Data from the Call a Doc service indicates high utilisation between September 2020 to March 2021, which coincides with a critical shortage of doctors in the Hedland area.

The COVID-19 pandemic impacted the utilisation of primary care services across the state. In the Pilbara, percentage-of-population utilisation of Medicare-subsidised primary care services was relatively low, especially in West Pilbara SA3. Between 2018-19 and 2020-21, visits to GPs decreased from 61% to 55% of the population in East Pilbara SA3 and from 56% to 53% in West Pilbara SA3, well below the national rate of 73% for SA3s in remote areas (Australian Institute of Health and Welfare, 2021d).

The percentage utilising after-hours GP services in East Pilbara SA3 decreased substantially from 8.0% to 3.5%; however, West Pilbara SA3 had a very low rate, which remained steady at 4.3% over the same period, well below the national rate for remote areas (8.2%). Similarly, utilisation of GP health assessments was very low at only 3.9% in both sub-regions (10% nationally for remote areas). We note that these data include Medicare-subsidised services only and may represent an under-estimate because ACCHOs and WACHS provide primary care services in this region. Local stakeholders have noted that most general practices in the region are private billing (except health care card holders and children under 16 years) and this may affect uptake of GP services.

In 2020-21, a relatively low percentage of the population utilised Medicare-subsidised allied health services in both East Pilbara SA3 (17%) and West Pilbara SA3 (20%) compared to SA3s in remote areas nationally (26%) (Australian Institute of Health and Welfare, 2021d). About 16% of the population in East Pilbara SA3 and 18% of the population in West Pilbara SA3 utilised optometry (22% nationally in remote areas). We note that optometry services are more likely to be subsidised by Medicare compared to other types of allied health services. These figures do not include allied health care provided by Aboriginal health services and other non-government organisations.

The region had a very low percentage of population utilisation of nurses and Aboriginal Health Workers at 6.9% in East Pilbara SA3 and 3.9% in West Pilbara SA3 compared to 14% for SA3s in remote areas nationally (Australian Institute of Health and Welfare, 2021d).

Access Relative to Need (ARN) Index

The Access Relative to Need (ARN) Index measures access to primary health care relative to predicted need and is based on methodology developed by the Australian Institute of Health and Welfare in 2014. The ARN index is based on the following information:

- The location of health services and the populations they serve
- The number of GP (FTE) working at each location (estimated using data at SA2 level – demand weighted distribution)
- The demographic and socioeconomic characteristics of the population.

In early 2021, WAPHA updated the ARN Index for SA2s in Western Australia to identify areas with a low access to GPs relative to need. East Pilbara SA2 in East Pilbara SA3 was in the first decile (access relative to need was lower than 90% of SA2s in the state) for access to any GP as well as bulk billing GPs and Ashburton (WA) SA2 in West Pilbara SA3 was in the first decile for access to bulk billing GPs.

Workforce

General practitioners (GPs)

In 2020, the Pilbara region had the lowest supply of GPs in the state, with only 12 GP full-time equivalent (FTE) in East Pilbara SA3 and 14 FTE in West Pilbara SA3[2]. This represents only 0.5 FTE per 1000 residents in East Pilbara SA3 and 0.4 FTE per 1000 in West Pilbara SA3 compared to 1.1 FTE per 1000 across the state. The ratio of vocationally registered (VR) to non-VR GPs was also very low at only 4.6 in East Pilbara SA3 and 4.0 in West Pilbara SA3 compared to 12 across the state.

Primary care nurses

In 2019, East Pilbara SA3 had 52 primary care nurse full-time equivalent (FTE) or 2.0 FTE per 1000 residents and West Pilbara SA3 had 65 FTE or 1.8 FTE per 1000 residents compared to 1.7 FTE per 1000 across the state[2]. Primary care nurses in East Pilbara SA3 tended to work longer hours, with an average of 37 hours per week compared to 30 hours per week across the state.

Housing issues

Feedback from local stakeholders identified housing-related issues that impact health service provision in the Pilbara. There is currently a housing crisis in the region, with very high rents and difficulty obtaining short-term leases. Moreover, government funding towards subsidised housing has resulted in reduced services, programs, and capacities for critical services in the region. There is a need for stakeholders to work in partnership to ensure that vacant housing is filled and that measures are undertaken to increase investment in housing supply in the medium and long term.

Stakeholders have indicated that environmental health issues related to remote housing are a significant concern in the Pilbara. In particular, the Kunawarritji Community is experiencing ongoing issues related to sewerage and sanitation that affect the health of residents, particularly Aboriginal people.

Aged Care

The Pilbara has a very low proportion of people aged 65 years and over compared to other Country regions. In 2019, there were 1033 people aged 65 years and over in East Pilbara SA3 and 1277 in West Pilbara SA3 representing only 4.0% and 3.5% of the population, respectively compared to 16% in Country WA PHN. This is projected to increase to 6.5% of the population in East Pilbara SA3 and 5.3% in West Pilbara SA3 by 2030 compared to 18% across the state and 20% across Country WA PHN (Public Health Information Development Unit, 2021b).

Age is an important determinant of health and people aged 65 years and over are more likely to have complex and/or chronic conditions as well as comorbidities. Moreover, geriatric syndromes later in life (usually after the age of 85 years) including pressure ulcers, incontinence, falls, and delirium have substantial implications for quality of life as well as health care utilisation (Brown-O'Hara, 2013). The Western Australian Burden of Disease Study 2015 (Department of Health Western Australia, 2021) indicated that in the Pilbara health region, coronary heart disease, dementia and severe tooth loss were among the leading causes of disease burden for people aged 65 and over.

Data from the 2021 Census (Australian Bureau of Statistics, 2021a) indicated that 26% of people aged 65 years and over across the Pilbara region had one long-term health condition (including both physical and mental health conditions) and 19% had two or more co-morbid conditions compared to 31% and 26%, respectively across the state. The most common types of conditions among older adults in the region were arthritis (17%), heart disease (10%), and diabetes (17%). For a discussion on the methodologies of estimating the prevalence of long-term health conditions, please refer to the 'Additional Data Needs and Gaps' section in the Introduction.

The Dementia in Australia 2022 report from the Australian Institute of Health and Welfare contains up-to-date information on the prevalence of dementia (Australian Institute of Health and Welfare, 2022). In 2021, it was estimated that there were 33,364 people in Western Australia living with dementia, with 6,569 in Country WA PHN. Around 60% of people with dementia were female. In the Pilbara region, there were 192 people with dementia, with the highest number in Karratha SA2 (47) (in the Census, 3,318 people self-reported living with dementia in Country WA PHN (Public Health Information Development Unit, 2022)). For a discussion on the methodologies of estimating dementia prevalence please refer to the 'Additional Data Needs and Gaps' section in the Introduction.

Utilisation of health services

In Country WA PHN, 41% of people aged 80 years and over had a GP Health Assessment in 2020-21, similar to the rate for regional PHNs (39%) and above the national rate (35%) (Australian Institute of Health and Welfare, 2021d). The number of GP attendances in residential aged care facilities (RACFs) was 16.1 per patient, compared to 15.4 for regional PHNs and 17.8 nationally. Data were not available at the SA3 or regional level. Local stakeholders have flagged a lack of GPs providing services in aged care facilities as well as a lack of allied health services as a major concern for aged care in the Pilbara.

Aged care services

In Australia, the aged care system offers three main types of service: the Commonwealth Home Support Program, Home Care Packages, and residential care.

More than two-thirds of people across Australia using aged care services access support from home (Royal Commission into Aged Care Quality and Safety, 2021). The relatively large population of Aboriginal people in the Pilbara means that access to aged care may be required at a younger age compared to other regions. Planning for aged care services takes into account the needs of Aboriginal people aged 50 years and over and non-Aboriginal people aged 65 years and over. In 2016, it was estimated that there were 986 Aboriginal people aged 50 years and over in East Pilbara SA3 and 690 in West Pilbara SA3.

The Home Care Packages (HCP) program provides support to older people with complex needs to help them live independently in their own home. Support provided includes help with household tasks, equipment, minor home modifications, personal care, and clinical care such as nursing and allied health services. There are four levels of HCPs from level 1 (basic care needs) to level 4 (high care needs). Across Australia, wait times for approved HCPs range from 3-6 months for level 1 to at least 12 months for level 2 and above (Department of Health, 2021a).

There were three home care providers in the Pilbara that were charitable and community-based organisations. As at December 2020, there were only 46 people in a HCP in the Pilbara Aged Care Planning Region (ACPR) and an additional 18 people were waiting for a HCP at their approved level (Department of Health, 2021a).

The Pilbara region has a low supply of residential aged care (RACF) beds with only two aged care facilities located in the region (Australian Institute of Health and Welfare, 2021b). In 2020, there were only 56 beds in East Pilbara SA3 and 20 beds in West Pilbara SA3 (the lowest in the state, along with Gascoyne SA3). Stakeholders have noted that aged care facilities have placed caps on beds and are not operating at full capacity due to a lack of GPs visiting aged care facilities.

In 2019, East Pilbara SA3 had 20 aged care nurse full-time equivalent (FTE) or 40 FTE per 1000 residents aged 70 years and over and West Pilbara SA3 had 8.8 FTE or 16 FTE per 1000 compared to 12 FTE per 1000 across the state[2]. The very high ratio in East Pilbara SA3 reflects the small population aged 70 years and over. However, average weekly hours of aged care nurses were 46 hours per week in East Pilbara SA3 compared to 33 hours per week across the state, which indicates a high workload among aged care nurses in the area.

Alcohol and Other Drugs

In Country WA, 38.7% of residents in West Pilbara were at long at long-term risk from alcohol consumption, which was statistically significantly higher than the state rate (26.5%) while the rate for East Pilbara was 28.9% (Epidemiology Branch, 2021b). In the East Pilbara SA3 16.5% of the population are current smokers compared with West Pilbara SA3 with the second greatest proportion of current smokers in Country WA PHN (18.6%) (Epidemiology Branch, 2021b).

In 2019, the Pilbara 'No Wrong Door' Report identified alcohol as the primary drug of concern in the Pilbara region, others include methamphetamines, cannabis and misuse of prescribed medications (WA Primary Health Alliance, 2019).

Stakeholders have identified that alcohol consumption and resulting Family Domestic Violence rates in the Pilbara has increased. Additionally, the AOD use of young people/parental neglect with resulting anti-social behaviours has been noted as concern across the region, with Newman being a hotspot and the focus of a Newman Youth Action Plan led by the District Leadership Group.

Accidental overdose

Australia's Annual Overdose Report, produced by the Penington Institute, reported 2,070 drug-related deaths in Australia in 2018 of which 1,556 were unintentional (Penington Institute, 2020). Of this, males were more than three times as likely than females to suffer an unintentional drug-induced death (71.5% of deaths) (Penington Institute, 2020). Middle-aged people were found to be most at-risk of overdose (Penington Institute, 2020).

Opioids continued to be the largest overall drug group identified in drug-induced deaths (Penington Institute, 2020). In recent years, the greatest increase of unintentional drug-induced deaths has occurred in WA, increasing from 6.4 per 100,000 in 2012 to become the highest rate Australia-wide in 2018 at 8.8 per 100,000 (Penington Institute, 2020).

From 2014-2018, the rate of unintentional drug-induced deaths in Country WA was 8.3 per 100,000. In 2014-2018 the East Pilbara and West Pilbara SA3s had the second highest rate range of 7.5 to 9.9 deaths per 100,000 for unintentional drug-induced deaths (Penington Institute, 2020).

Emergency department presentations

Country regions had higher rates of emergency department (ED) presentations related to alcohol and other drugs (AOD) compared to the state. Between 2018 and 2020, around 0.8% of ED presentations across the region were AOD-related (Department of Health Western Australia, 2021). About 62% of AOD-related presentations were made after hours. Presentation rates per 100k population per year in East Pilbara SA3 (1135) were the second highest in the state and were more than three times the state rate (369). In contrast, the rate in West Pilbara SA3 (366) was similar to the state. We note that some ED presentations may be related to alcohol and other drugs but primarily diagnosed as an injury (or other condition), so the data are likely to underestimate the rate of AOD-related ED presentations in the region.

Services

Drug and Alcohol services are provided by Bloodwood Tree Association, Yaandina Community Services includes a residential Rehabilitation facility Turner River, a low medical detox service and Mission Australian. These services are available in the

main population centres of Port Hedland, Karratha, Newman, Onslow, Tom Price and Roebourne. There are limited drug and alcohol services provided in Aboriginal communities across the Pilbara region and stakeholders have identified a need for culturally safe and appropriate Alcohol and Drug services to the communities of Jigalong, Punmu, Kunawarritji and Parrngurr.

Stakeholders have identified an emerging trend in drug use in children under 14 years and as young as 5 years old particularly in Roebourne, South Hedland, Nullagine, Marble Bar, Tom Price, Onslow, Newman and Western Desert Communities. Stakeholders identified a lack of youth-specific services in the Pilbara region for alcohol and other drug use among children, as well as for mothers and babies. Additionally, feedback from stakeholders cited concerns about Fetal Alcohol Syndrome Disorder (FASD) in their communities, a lack of evidence about rates of FASD, and the health needs of children and young people suffering from FASD.

The Pilbara No Wrong Door Report identified major gaps in the provision of timely and consistent drug and alcohol services to smaller geographically isolated towns and the remote Western Desert communities. These gaps constrain access to care for clients. In addition to the service delivery gaps the report also highlighted the need for funding guidelines to allow employment of peer and family peer workers within services (WA Primary Health Alliance, 2019).

Bloodwood Tree Association and Mission Australia are funded by the Mental Health Commission to implement a place based interagency alcohol and other drug management plans. These plans have been developed and are implemented in Port and South Hedland, Newman and West Pilbara. These plans aim to reduce the harms associated with alcohol and drug use through harm reduction and supply and demand reduction strategies.

Mental Health

Mental health was the second leading cause of disease burden in the Pilbara region contributing 16% to the total disease burden for the region (Department of Health Western Australia, 2021). Depressive disorders were the leading cause of mental health burden for women in the Pilbara while suicide and self-inflicted injuries were the second leading cause of mental health burden in males (Department of Health Western Australia, 2021).

The WA Health and Wellbeing Surveillance System (HWSS) survey was established in 2002 to monitor the health status of Western Australians. The data collected includes population-weighted estimates of the prevalence of mental health conditions such as anxiety, depression, psychological distress, and suicide ideation (Epidemiology Branch, 2021b). For a discussion on the methodologies of estimating the prevalence of mental health conditions, please refer to the 'Additional Data Needs and Gaps' section in the Introduction.

Anxiety, depression, and psychological distress

About 7.6% of people living in the East Pilbara have been diagnosed with anxiety and 4.8% with depression while 5.3% scored high or very high psychological distress using the Kessler 10 scale. In the West Pilbara SA3, 6.8% of the population have been diagnosed with anxiety, 7.6% with depression and 6.1% scored high or very high psychological distress. These statistics were similar to state rates, with 8.5% of people have been diagnosed with depression, 9.3% with anxiety and 8.8% experienced high psychological distress (Epidemiology Branch, 2021b) (after adjusting for age in the Census data, the prevalence of mental health conditions, including anxiety and depression, for all ages and people aged 15 years and over, respectively were 4.3% and 5.1% in East Pilbara SA3 and 4.9% and 5.7% in West Pilbara SA3 (Public Health Information Development Unit, 2022)).

Suicide and self-harm

Suicide impacts the community in the Pilbara. Between 2014 to 2018, eighteen people died from suicide in the West Pilbara and eighteen people died in the East Pilbara. This represented representing 6% and 5% of all deaths respectively in the region, compared to a statewide rate of 2% (Australian Institute of Health and Welfare, 2020c).

These figures are likely an underestimate of the impact of suicide in the Pilbara. Access to current suicide statistics is delayed by two to three years pending coronial inquest and submission of state suicide statistics to national data repositories. Issues with accessing current suicide statistics has been a barrier to planning and implementing mental health services in the region.

The Health and Wellbeing Surveillance Survey collects data on suicidal ideation among adults aged 16 years and over. Survey participants are asked if they thought seriously about ending their own lives. In the Pilbara 3% of the population thought seriously about ending their own lives. In WA 5% of people experienced suicidal ideation (Epidemiology Branch, 2021b).

Self-harm is a strong risk factor for suicide. Self-harm hospitalisations in the Pilbara were above state rates. Self-harm hospitalisations were higher for females in the Pilbara (Australian Institute of Health and Welfare, 2020c).

Stakeholders have identified service gaps in the provision of care to individuals at risk of suicide and self-harm and their communities and families. These service gaps have been identified as appropriate care coordination services for at risk individuals and post-vention support services for families and communities when a suicide has occurred.

Youth mental health

Suicide and self-inflicted injuries were the leading cause of disease burden for 15 to 24-year-olds contributing to 13% of the disease burden for this

age group in the Pilbara and the West Pilbara had the 3rd highest rates of hospitalisation for self-harm for those aged 0-24 years in the state (Australian Institute of Health and Welfare, 2020c).

Stakeholder feedback has highlighted a shortage of mental health and suicide prevention services targeted to children and youth in the Pilbara region, particularly children less than twelve years of age who are not eligible for headspace outreach services. Stakeholders have also noted a need to embed trauma informed care in the management and treatment of mental health issues for the youth cohort.

Anecdotal evidence has identified an escalation of youth related issues particularly in Newman but also present in South Hedland and the Western Dessert communities. Key issues include a lack of supervision and safety, food security, substance abuse and youth offending. The Department of Communities in consultation with service providers and Police are developing a Newman Youth Action Plan to address issues impacting youth.

Headspace provides an outreach service for youth in the Pilbara and works to engage Aboriginal youth. Two headspace centers are planned for Karratha and South Hedland and will open in late 2021, early 2022.

Services

Mental health services in the Pilbara are provided by the WA Country Health Service, the not-for-profit sector and via a small number of private providers. There is a shortage of mental health professionals in the Pilbara, particularly psychiatrists. High turnover and lack of a permanent, locally trained medical workforce are common issues across Country WA PHN. This is accompanied by lower than national average rate of mental health MBS service utilisation (Australian Institute of Health and Welfare, 2021d).

The Pilbara had one of the lowest rates of MBS mental health-related services (Australian Institute of Health and Welfare, 2021d). This may be indicative of the low numbers of private mental health practitioners and a reliance on publicly funded primary mental health services in providing services for mild to moderate mental health conditions. Additionally, stakeholders have noted limited psychosocial supports in the Pilbara for people with a mental health condition and issues accessing NDIS services.

The 2019 'No Wrong Door' Pilbara regional mental health and alcohol and other drug workshop identified several factors impacting the provision of mental health care in the Pilbara. These included:

- integration between tertiary and primary care services;
- service provision gaps for patients diagnosed with moderate to severe mental health conditions;
- the use of multiple assessment tools across services; and
- locations that are underserviced (WA Primary Health Alliance, 2019).

Stakeholders have also highlighted a lack of culturally secure primary mental health services for Aboriginal people and noted that online and telephone-based services are not always the most culturally accessible modalities.

Aboriginal Health

The Pilbara region has the second largest Aboriginal population in WA. In 2016, it was estimated that there were 11,731 Aboriginal people residing in the Pilbara (ERP 2016). Across the region, there are 23 remote Aboriginal communities and the two largest communities are Jigalong and Punmu. Six communities are not used as permanent living areas, while the remaining 14 have between 30 and 100 permanent residents. There are more than 31 Aboriginal cultural groups and 31 Aboriginal languages, many of these languages have between two and five dialects.

For the first time, data on Chronic (Long Term Health) conditions were captured in the 2021 Census using a single question "Has the person been told by a doctor or nurse that they have any of these long-term health conditions?".

In the Pilbara region, more Aboriginal people reported having the following conditions compared to non-Aboriginal people:

- 7.7% of Aboriginal people reported having Diabetes compared to 2.5% of non-Aboriginal people.
- 3.4% of Aboriginal people reported having Heart Disease compared to 1.3% of non-Aboriginal people.
- 7.4% of Aboriginal people reported having Asthma compared to 6.5% of non-Aboriginal people.
- 1.3% of Aboriginal people reported having Kidney Disease compared to 0.3% of non-Aboriginal people.

Still in the Pilbara, 1248 (15.6%) Aboriginal persons responded as having 1 Chronic condition, 315 (3.9%) have two Chronic conditions, while 151 (1.9%) have three or more Chronic conditions, 5650 (70.4%) have no Chronic condition, while 666 (8.3%) didn't respond to the question (Australian Bureau of Statistics, 2021a). Remoteness in Australia is measured by the Modified Monash Model. The Model is used to distribute the health workforce in rural and remote areas. There are seven classifications in the Model from 1MM being a metropolitan area to MM7 very remote and includes off-shore Islands. All remote Aboriginal communities in the Pilbara are classified MM7 (Department of Health).

The gap in health outcomes between Aboriginal and non-Aboriginal Australians is well documented, particularly around life expectancy, chronic disease, mental health, trauma, alcohol and other drug and potentially preventable hospitalisations. Data related to Aboriginal people is commonly presented in different Indigenous Areas, which differ in geography

from the standard SA3s used elsewhere in this report. In the Pilbara the Aboriginal Areas are the catchments of East Pilbara, Port Hedland, Exmouth-Ashburton, Karratha, and Roebourne–Wickham.

The Pilbara has a large and to some extent transient Aboriginal population. Aboriginal people in the Pilbara experience poor health outcomes and have limited access to culturally secure and appropriate primary care services. Travel distances from these communities to access services can be between 140 kilometres to over 500 kilometres.

Roebourne–Wickham and East Pilbara have the highest indigenous relative socio-economic outcome index in the Pilbara. The Indigenous Relative Socio-economic Outcome Index (IRSEO) represents the Indigenous Areas of social and economic disadvantage among Aboriginal people (Public Health Information Development Unit, 2021a). Indicators reflecting disadvantage include low income, low educational attainment, high unemployment, and reliance on welfare for income and housing support. Both Roebourne-Wickham and East Pilbara had high unemployment, low education attainment and a high percentage of government housing (Public Health Information Development Unit, 2021a).

Aboriginal children in the Pilbara are also impacted by disadvantage. According to the Australian Early Development Census, the proportion of Aboriginal children that are developmentally vulnerable in one or more domains in East Pilbara is 70%, 48% in Port Hedland and 42% in Karratha (Public Health Information Development Unit, 2021a) In Exmouth-Ashburton, 45% of Aboriginal mothers smoked during pregnancy and 26% of babies born had a low birthweight.

Housing

Regions with the highest proportion of Aboriginal persons living in crowded dwellings were within the IAREs of East Pilbara (49%), Roebourne-Wickham (34%) and Karratha (19%) (Public Health Information Development Unit, 2021a).

Childhood immunization

A key priority of the National Immunisation Program Schedule is to work towards achieving immunisation coverage rates of at least 95% for children aged 1, 2 and 5 years. In the Pilbara region, childhood immunisation rates below target for children aged 2 years were 76% in Exmouth-Ashburton, 79% in Port Hedland and 81% in Karratha IAREs. This suggests that interventions should be targeted to increase immunisation coverage for this age group (Public Health Information Development Unit, 2021a).

Lower Urgency Emergency Department Presentations

High rates of non-urgent ED attendances indicate there may be a gap in primary care services. Country WA PHN had a greater rate of total non-urgent ED presentations (10,742 ASR per 100,000 people per year) in Aboriginal and Torres Strait Islander people compared to WA (7,742). In Country WA, top major diagnosis chapters included factors influencing health status (3,626 ASR per 100,000) and injury and poisoning (2,763 ASR per 100,000) (Public Health Information Development Unit, 2021a).

Statistically significantly higher rates of non-urgent ED presentations were recorded between 2017/18:

- Diagnosis chapters factors: influencing health status and contact with health services: Karratha, Port Hedland
- Injury, poisoning and certain other consequences of external causes: Karratha, Port Hedland, Roebourne-Wickham (Public Health Information Development Unit, 2021a).

Avoidable deaths by selected causes

Avoidable deaths by selected conditions for Aboriginal persons aged 0 to 74 years were statistically significantly higher in the following regions (ASR per 100,000 Aboriginal persons):

- Diabetes: Port Hedland (151 per 100,000), Roebourne-Wickham (76)
- Circulatory system diseases: Port Hedland (131 per 100,000), Roebourne-Wickham (125)
- External causes (transport accidents, accidental drowning and submersion): Exmouth - Ashburton (87 per 100,000)
- Selected external causes (falls, fires, burns, suicide and self-inflicted injuries): Port Hedland (63 per 100,000), Karratha (43) (Public Health Information Development Unit, 2021a).

Potentially preventable hospitalisations (PPHs)

Between 2015-16 and 2017-18 the following PPHs were statistically significantly higher in the IAREs of the Pilbara region.

PPHs for chronic disease:

- Chronic angina: Port Hedland (426 per 100,000) and Karratha (309)
- Diabetes: Port Hedland (736 per 100,00) and Exmouth – Ashburton (475)
- Congestive cardiac failure (CCF): Port Hedland (830 per 100,00), Exmouth – Ashburton (785) and Karratha (621)
- Diabetes: Karratha (879 per 100,000) and Port Hedland (654)
- COPD: Port Hedland (4,651 per 100,000), East Pilbara (2,609) and Karratha (2,589) (Public Health Information Development Unit, 2020).

PPHs for acute conditions:

- Acute cellulitis: Karratha (1,942 per 100,000), Roebourne – Wickham (1,584) and Port Hedland (1,548)
- Acute convulsions and epilepsy: Roebourne – Wickham (812 per 100,000) and Port Hedland (617)
- Acute ear, nose and throat infections: Port Hedland (832 per 100,000) and Karratha (776)

- Acute urinary tract infections (including pyelonephritis): Port Hedland (982 per 100,000), Karratha (732) and East Pilbara (593) (Public Health Information Development Unit, 2020).

PPHs for vaccine-preventable conditions:

- Pneumonia and influenza: Port Hedland (397 per 100,000), Karratha (340) and Roebourne – Wickham (267)
- Other: Port Hedland (667 per 100,000).

NOTE: Vaccine-preventable (other) includes diseases such as hepatitis B, measles, mumps, and chicken pox (Public Health Information Development Unit, 2020).

GP data-Aboriginal Health Assessments

Chronic disease contributes significantly to the differences in life expectancy between Aboriginal and non-Aboriginal people. Aboriginal people experience 2.3 times the rate of disease burden, with an age standardised death rate for chronic disease 3.8 times the rate among non-Aboriginal people (Australian Institute of Health and Welfare, 2017). In WA, 60% of Aboriginal people have been diagnosed with at least one chronic condition (Australian Institute of Health and Welfare, 2017).

Aboriginal and Torres Strait Islander people can access specific services aimed at Closing the Gap in health outcomes. It is important that General Practices ask all patients if they identify as Aboriginal and/or Torres Strait Islander. This assists with ensuring patients are provided with the option of accessing information and services specifically designed to meet their needs.

Through Medicare, Aboriginal and Torres Strait Islander people can receive Indigenous-specific health checks from their doctor, as well as referrals for Indigenous-specific follow-up services. In March 2020, telehealth items for Indigenous health checks were introduced in response to COVID-19 and associated restrictions (Australian Institute of Health and Welfare, 2021c). In 2019-20, the proportion of the Aboriginal population that received an Indigenous Health Check was 19.8% in East Pilbara and 25.6% in West Pilbara SA3s compared to 25.1% in Country WA PHN. Face-to-face was the preferred method compared to telehealth, which had a low uptake of only 0.5% in East Pilbara and 0.6% across the state; however, West Pilbara had the highest uptake in Country WA PHN (2.9%). West Pilbara (36.5%) and East Pilbara (36.7%) had a lower proportion of patients who received follow-up services compared to the state (46.8%) (Australian Institute of Health and Welfare, 2021c). We note that differences in follow-up rates may partly reflect differences in health status and need for follow-up care.

Services

In the Pilbara, primary care services are provided by General Practice, the WA Country Health Service, non-government organisations, Puntukurnu, Mawarnkarra and Wirraka Maya Aboriginal Community Controlled Health Organisations. The Royal Flying Doctor service provides a weekly visiting general practitioner to Nullagine, and Marble Bar and fortnightly visits to the communities of Punmu and Parnngurr. In addition to these services a Female GP Program is provided in Cotton Creek, Jigalong, Onslow and Punmu. A local Nursing Post operated by the WA Country Health Service is available in Marble Bar and the Royal Flying Doctors Services provide a GP clinic from the community school in Yandeyarra.

Digital Health

Digital health includes a broad range of innovative technologies for the purposes of providing care and sharing information to enhance patient outcomes. Telehealth can deliver health services and facilitate communication between specialists and patients, whilst electronic medical records such as the national My Health Record can facilitate communication and coordinated care across multiple practitioners. In 2018, every Australian established a 'My Health Record' unless they choose to opt out. Information available through My Health Record can include a patient's health summary, medication prescribing and dispensing history, pathology reports, diagnostic imaging reports and discharge summaries.

Given the large geographical size of WA, COVID-19 saw a very rapid adoption of virtual methods of consultation of WA's hospital-based outpatient clinics. Rates that were previously in low 10 to 15% rapidly moved to the 60 to 80% across a range of clinics and hospitals (Koh, 2020). It appears that the focus on digital health including telehealth consultations during COVID-19 is helping fast track the adoption of technology and more providers are seeing the My Health Record as a valuable repository of health data as it is accessible to all healthcare providers without the need for fax machines or postal services. As of March 2021, there are now 22.93 million My Health Records Australia-wide and more than 20.4 million or 89 per cent of them contain health data (My Health Record, 2021).

A survey by The Royal Australian College of General Practitioners (RACGP) revealed more than 99% of surveyed GPs were offering patients consultation via telehealth, including phone and video options (The Royal Australian College of General Practitioners, 2020). More than 4.3 million health and medical services have been delivered to a total of more than three million patients through the telehealth items introduced by the Australian Government for the COVID-19 pandemic (Department of Health Western Australia, 2020).

According to a Household Impacts of COVID-19 Survey results conducted from 16-25 April 2021, 14% of Australians used a Telehealth service in the previous four weeks, with the most common reasons being for convenience (68%), saving time (42%) and not needing to travel (38%) (Australian Bureau of Statistics, 2021b). The April 2021 Telehealth usage (14%) was a decrease from November 2020 (18%), June 2020 (20%) and May 2020 (17%) (Australian Bureau of Statistics, 2021b). The survey also

revealed that 30% of Australians now preferred to access telehealth services more compared to before COVID-19, particularly family households with children (39%), people aged 18 to 34 years (38%), women (34%) and men (26%) (Australian Bureau of Statistics, 2021b).

The pre-COVID-19 MBS utilisation for telehealth services in West Pilbara was equal to the national rate (0.21 per 100 resident population) but lower than Country WA (0.42). The MBS utilisation data was not published for East Pilbara.

COVID-19 MBS telehealth items have been made available to GPs and other health professionals since March 2020 to help reduce the risk of community transmission of COVID-19. Data on GP COVID-19 consultations are only available at the state level. In the first year to February 2021, there were 80,661 telehealth consultations and 2,568,383 phone consultations across the state (Services Australia, 2022). These decreased to 62,589 telehealth and 1,959,459 phone consultations in the second year (to February 2022).

Summary

The Pilbara is a remote region with a relatively young population and a high proportion of Aboriginal people and fly-in-fly-out (FIFO) workforce. The leading cause of disease burden in the region is injury, followed by mental health conditions, especially depressive disorders, suicide, and self-inflicted injuries. There are also significantly high prevalence rates of risk factors for chronic disease, with high rates of obesity, smoking and alcohol consumption compared to the state. The region has low rates of cancer screening and childhood immunisations, particularly for Aboriginal people.

A number of socioeconomic factors affect health in the Pilbara, particularly housing and food security. Remote communities are impacted by lack of food security and high prices for fresh food. A shortage of housing and high prices for rental accommodation affects workforce supply and issues such as overcrowding also impact health, particularly for Aboriginal people in the region.

The Pilbara has a relatively low elderly population and a low supply of aged care services, including residential aged care beds. Aged care workforce shortages are exacerbated by the housing shortage across the region.

A key issue is lack of access to primary care due to long travel distances, workforce shortages, lack of bulk billing, appointment wait times, and lack of access to culturally secure services. Addressing youth issues such as substance abuse and antisocial behaviour is a priority for stakeholders in the region.

How particular health needs are already being addressed by current services:

As relevant, a short summary of how a particular health need is being addressed by current services, highlighting where:

- *PHNs currently fund services that address the identified health need*
- *While specific health needs might have been identified within the PHN region, it will not translate into a priority as it is already adequately addressed by other existing non-PHN funded services.*

Analysis of health and service needs in the Pilbara identified a few needs that are being addressed by other non-PHN funded services. For instance, stakeholders have identified a need for suicide postvention services in the Pilbara. The commonwealth government has now funded a Postvention Coordinator for the region via another organization. Additionally, stakeholders had identified gaps in the provision of timely and consistent drug and alcohol services to smaller isolated communities. The commonwealth government has responded to this need by providing additional funding to these communities for a further 18 months.

Feedback from stakeholders cited concerns about Fetal Alcohol Syndrome Disorder (FASD) in their communities, a lack of evidence about rates of FASD, and the health needs of children and young people suffering from FASD. FASD has been identified as a priority in the Pilbara as disability support services are out of scope for PHNs.

Priorities

Health Need	Service Need	Priority	Priority Area	Priority sub-category
Mental health was the second leading cause of disease burden in the Pilbara.	Lack of mental health services for 0-12 years old.	Develop and commission mental health services for young people especially in the age group 0-12 yrs. old where no service exists.	Mental Health	Early intervention and prevention
Suicide and self-inflicted injuries were the leading cause of disease burden for 15- to 24-year-old.	There were high rates of hospitalisations for self-harm for those aged 0-24.	Improve access to early intervention suicide prevention services.	Mental Health	Early intervention and prevention
There are significantly higher rates of obesity in the Pilbara.	Access to General Practice is limited and screening for BMI is limited in the Pilbara.	Support Primary Health Care providers to implement effective health interventions for those living with overweight and obesity.	Population Health	Practice support
Chronic disease also accounted for a substantial proportion of the burden of disease.	PPH hotspots have been identified for asthma, congestive cardiac failure, COPD, diabetes complications, rheumatic heart disease, bronchiectasis.	Attract workforce who can provide Allied health services such as Podiatrist to manage chronic diseases.	Population Health	Workforce
Residents are at risk from long-term harm from alcohol use, smoking and illicit drug use.	ED presentations related to AOD were the second highest in the state.	Increase access to early intervention and AOD management services including family supports.	Alcohol and other drugs	Access
Immunisation rates are below national targets for some Aboriginal children in the Pilbara.	Some regions have low childhood immunisation coverage.	Increase Aboriginal childhood immunisation rates for regions not meeting national immunisation targets.	Aboriginal and Torres Strait Islander Health	Immunisation
Vaccine preventable conditions continue to impact Aboriginal populations in the Pilbara.	Vaccine preventable conditions PPH have been identified for Aboriginal populations in the Pilbara.	Ensure Aboriginal people are accessing immunisations (i.e., Influenza)	Aboriginal and Torres Strait Islander Health	Immunisation

Opportunities and Options

Priority	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
Develop and commission mental health services for young people especially in the age group 0-12 yrs where no service exists.	MH1 Rate of regional population receiving PHN commissioned low intensity psychological interventions. MH2 Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals. MH3 Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental health conditions.	General Practice Non-Government Organisations Community Mental Health Services
Improve access to early intervention suicide prevention services.	MH5 Proportion of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral.	Non-Government Organisations Community Mental Health Services General Practice Local Hospital Networks
Support Primary Health Care providers to implement effective health interventions for those living with overweight and obesity.	P4 Support provided to general practices and other health care providers.	General Practice Allied Health Service Providers
Attract workforce who can provide Allied health services such as Podiatrist to manage chronic diseases.	P13 A range of primary health care professionals available within the PHN region.	Rural Health West Allied Health Service Providers
Increase access to early intervention and AOD management services including family supports.	AOD1 Rate of drug and alcohol commissioned providers actively delivering services.	General Practice Mental Health Commission WANADA
Increase Aboriginal childhood immunisation rates for regions not meeting national immunisation targets.	PH1 95% national immunisation target or increase in immunisation rate for region.	Aboriginal Community Controlled Health Services General Practice Local Hospital Networks
Ensure Aboriginal people are accessing immunisations (i.e., Influenza)	P12 Decrease in PPH rates. Where the rate has been stable for at least three years, the performance criteria is to maintain the existing rate of PPHs.	Aboriginal Community Controlled Health Services General Practice Local Hospital Networks

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Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

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