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An Australian Government Initiative

Mid West

Needs Assessment 2025-2027

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Mid West Priorities

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Chronic disease is a significant issue in the Mid West region. It contributes substantially to the burden of disease, and there are high rates of avoidable deaths due to chronic conditions Rates of clinician-diagnosed diabetes are significantly higher in the Mid West Statistical Area Level 3 (SA3) compared to the state rate. The region has high rates of risk factors for chronic conditions, particularly in the Mid West SA3. This includes high blood pressure, obesity and low levels of physical activity.	The Mid West region has high rates of Potentially Preventable Hospitalisations (PPHs) related to chronic conditions, including Chronic Obstructive Pulmonary Disease (COPD), diabetes, congestive heart failure and chronic hypertension. General Practitioner (GP) utilisation has decreased in the last five years. The high risk rates, PPHs and avoidable mortality rate make it a complex region from a clinical perspective.	**Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.**	Mid West	Population health	Chronic conditions
Mental health is the second leading cause of disease burden in the region, and suicide is a serious issue, particularly in the Mid West SA3. It is the eighth leading cause of death and accounts for 3% of all local deaths. Self harm and suicidal ideation are high among 12-17-year-olds compared to other parts of Western Australia (WA).	Access to primary mental health services is limited in the Mid West region with a relatively low rate of psychologists per 10,000 people and only 1% of the population accessing a clinical psychologist or psychiatrist through Medicare Benefits Schedule (MBS) services. Two local providers deliver suicide prevention services for the region.	**Support general practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers.** **Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people.**	Mid West	Mental health	Access Early intervention and prevention

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Residents are at risk of long- and short-term harm from alcohol use illicit drug use. Rates of clinician-diagnosed chronic alcohol misuse and chronic drug misuse are significantly higher in the Mid West SA3 compared to the state rate.	Alcohol and Other Drugs (AOD)-related Emergency Department (ED) presentations are above state levels, placing burden on hospital EDs.	**Enable access to screening and AOD treatment services.**	Mid West	Alcohol and other drugs	Access
More people are experiencing homelessness within the Gascoyne SA3 region. Evidence shows that people experiencing homelessness often also experience mental health issues, substance use issues and/or at least one chronic condition.	Existing homeless health care services are under considerable strain and unable to expand their services due to resource constraints.	**Increase the capacity of homeless health care services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness.**	Mid West	Population health	Access Chronic conditions
The Gascoyne SA3 has the highest rate of people born overseas with low English proficiency in the Country WA region. People from multicultural communities face challenges navigating the Australian health care system as well as financial and linguistic barriers to making appointments. Limited access to translator/ language services is creating significant difficulties for consumers to articulate their health concerns. Mental health, vaccines and psychosocial support are key areas with unmet need for multicultural people.	The Gascoyne SA3 has the second highest rate in the Country WA region of GP-type ED presentations by people born in predominantly non-English speaking countries relative to the size of its local multicultural population. Whist there are two primary health care services in the Country WA region specialising in care for multicultural people, neither of these are located in the Mid West region. Service providers require more training to effectively and appropriately communicate with, and support, multicultural patients.	**Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service.**	Mid West	Population health	Access Appropriate care (including cultural safety)

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Some Aboriginal people in the Mid West region experience significant levels of socioeconomic disadvantage and may be at risk of experiencing poor health outcomes related to social determinants of health.	Aboriginal people in the Mid West region have high rates of avoidable hospitalisation, including PPH presentations and non-urgent ED presentations.	**Enable access to coordinated culturally appropriate primary care for Aboriginal people.**	Mid West	Aboriginal health	Appropriate care (including cultural safety)
Childhood immunisation levels in the Mid West region are below the 95% target for Aboriginal and non-Aboriginal children. Minimise the risk of vaccine-preventable illnesses by ensuring children in the Mid West region are up to date with their immunisation program.	Under-vaccination increases risk of vaccine-preventable illnesses and creates avoidable burden on primary health care and the Aboriginal health workforce.	**Support primary health care providers to increase childhood immunisation rates overall, and deliver culturally appropriate and accessible vaccination programs for Aboriginal children.** **Minimise the risk of vaccine-preventable illnesses by ensuring children in the Mid West region are up to date with their immunisation program**	Mid West	Aboriginal health Population health	Immunisation
The Mid West region has a large and growing older adult population. By 2030, nearly one quarter of the Mid West SA3 and one fifth of the Gascoyne SA3 residents will be aged over 65. Older people are more likely to be living with a chronic condition compared to the general population. In the Mid West region Coronary heart disease, COPD and dementia are among the leading causes of disease burden for people aged 65 and over.	Despite having a relatively high proportion of older people, there are no local home care services in the Gascoyne SA3, and only two residential aged care homes. Older people need support from their primary health care providers to manage chronic conditions, including multimorbidity, and to live independently for as long as possible.	**Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible.** **Enable access to age-appropriate digital health services.** **Enable access to local aged care services, including residential and at-home.**	Mid West	Aged care	Access Chronic conditions
Most Australians would prefer to die at home rather than in a hospital or aged care facility. For many Aboriginal people, this means dying at home connected to country.	There are no at-home palliative care providers in the Mid West region, with many older people dying in hospitals or aged care services.	**Enable access to local at-home palliative care services, and ensure they are culturally appropriate for Aboriginal people.**	Mid West	Aged care	Palliative care Access

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
The Mid West has a relatively large Aboriginal population compared to state rates.	Some older Aboriginal people may experience challenges in accessing aged care that meets their needs. Access to aged care may be required at a younger age compared to other regions.	**Support health care and aged care providers in delivering patient-centred culturally appropriate care for older Aboriginal people.** **Enable access to culturally appropriate local aged care services for Aboriginal people aged 50+ years.**	Mid West	Aged care Aboriginal health	Access

Mid West

Overview

The Mid West region includes a diverse Aboriginal community with many distinct language groups and remote communities. The pertinent health concerns in the region are mental health (including youth mental health), chronic disease, alcohol and other drugs.

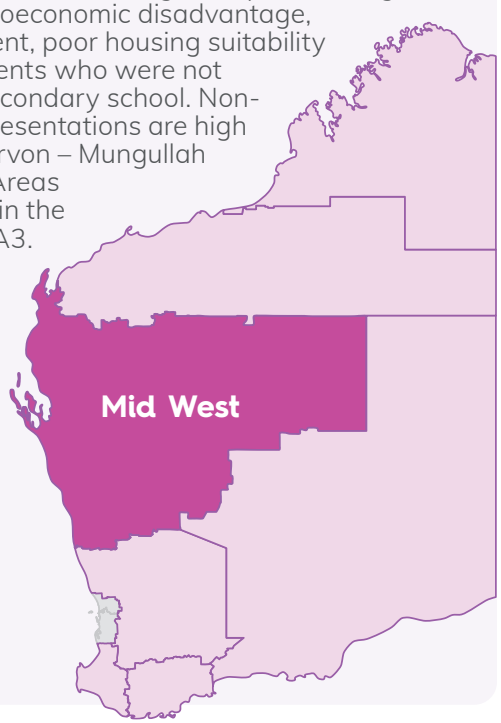
Workforce and access to services is a continuing issue for all rural communities and the Mid West region is similarly impacted. It has limited access to General Practitioners (GPs), allied health professionals and mental health professionals relative to other areas in Western Australia (WA).

The Mid West region has a high rate of suicide contributing to 3% of all deaths in the both the Mid West and Gascoyne Statistical Area Level 3 (SA3). Mental ill-health was the second leading cause of disease burden in the Mid West health region but only 1% of the population in the Mid West and Gascoyne SA3s accessed a clinical psychologist through the Better Access Medicare Benefits Schedule (MBS) program.

The population in the Mid West region has a high prevalence of chronic, acute and vaccine-preventable Potentially Preventable Hospitalisations (PPHs), particularly for chronic congestive cardiac failure, chronic diabetes complications and Chronic Obstructive Pulmonary Disease (COPD), as well as acute cellulitis, acute convulsions and epilepsy, acute ear nose and throat infections and acute dental conditions. Moreover, cardiovascular burden is the fourth leading cause of disease burden in the region, following cancer, mental ill-health and injury. However, there is a low utilisation of GP Chronic Disease Management Plans (CDMPs) in the Gascoyne SA3.

The Mid West SA3 has a large ageing population but a relatively low Residential Aged Care Homes (RACHs) beds-to-population ratio with only three residential aged care homes located in the region.

There is a concerning proportion of residents at risk of short and long-term harm from alcohol use, illicit drugs, unintentional drug-induced deaths and Emergency Department (ED) presentations related to Alcohol and Other Drugs (AOD). In the Mid West SA3, proportions at risk from alcohol-related harms are above state levels, while in the Gascoyne SA3 there is a high rate of unintentional drug-induced deaths. Both SA3s have rates of clinician-diagnosed chronic alcohol and drug misuse that are above state levels. Aboriginal people in the Mid West region experience high levels of socioeconomic disadvantage, unemployment, poor housing suitability and adolescents who were not attending secondary school. Non-urgent ED presentations are high in the Carnarvon – Mungullah Indigenous Areas (IAREs) within the Gascoyne SA3.



Population demographics

The Mid West region of WA services a population of approximately 68,000 people and is located in the northern central area of WA. It covers more than 605,000 square kilometres, approximately one quarter of the state's total land mass. It encompasses two Australian Bureau of Statistics (ABS) Statistical Area Level Three (SA3) sub regions: the Mid West SA3, and the Gascoyne SA3. The Mid West SA3 includes the towns of Dongara, Exmouth, Geraldton, Kalbarri, Meekatharra, Morawa and Mullewa. The geographical classification of the Wiluna IARE has changed over time. In 2021, it joined the Goldfields SA3, but previously fell within in the Mid West SA3. For this reason, it will be reported in both the Goldfields and Mid West sections of this report, due to legacy issues of this re-classification on various data sets. The main towns in the Gascoyne SA3 include Carnarvon, Exmouth and Shark Bay.

Social determinants of health

Social determinants of health are the conditions in which people are born, grow and live, including factors such as a person's socioeconomic position, education, neighbourhood and physical environment. These factors underpin a wide range of health and quality of life outcomes and can contribute to avoidable inequities in health care access.

The Socio-economic Index for Areas (SEIFA) provides a measure of the relative social and economic disadvantage within a region based on a wide range of indicators reflecting disadvantage including low income, low educational attainment, high

unemployment, and reliance on welfare for income and housing support.

Compared to other parts of WA (Index of Relative Socio-economic Disadvantage, IRSD = 1012), the Mid West region is an area of socioeconomic disadvantage. This is evident in both the Mid West and Gascoyne SA3s at similar levels (IRSD=962 and 967 respectively). Approximately one in eight Gascoyne SA3 residents (13%) live in social housing; considerably higher than the state rate of 3%. A similar proportion (12%) are in low income, welfare-dependent families with children, compared to 5% in WA overall. In contrast, 5% of Mid West SA3 residents live in social housing and 10% are in low income, welfare-dependent families with children.

Approximately 1 in 5 (17%) residents in the Gascoyne SA3 identify as Aboriginal, compared to 1 in 8 (13%) residents in the Mid West SA3. Across the state, 4% of Western Australians identify as Aboriginal.

Under-served population groups

People at risk of avoidable, unjust health inequities are more likely than the general population to experience poor health outcomes due to physical, social, and economic factors, and include people who are multicultural; Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other identities (LGBTIQA+); experiencing homelessness; living with a severe disability or caring for someone with a disability; developmentally vulnerable; and victims of family, domestic or sexual violence.

The Mid West region has a number of under-served populations who are at risk of poor health outcomes. Specifically:

- Approximately 3,000 Mid West SA3 residents were born in a non-English speaking country, equating to 6% of the local population. A further 1,000 Gascoyne SA3 residents were born in a non-English speaking country, representing 11% of the local population. These compare to 18% across WA.
- 6% of residents in the Mid West SA3 and 4% of in the Gascoyne SA3 have a profound or severe disability, similar to the state rate of 5% .
- 11% of residents in the Mid West SA3 and 8% in the Gascoyne SA3 provide unpaid assistance to people with a disability compared to 11% across the state.
- Approximately 1 in 4 children in the Mid West and Gascoyne SA3s (24% and 26% respectively) are developmentally vulnerable on one or more domains compared to 20% across WA.
- An estimated 380 people in the Mid West SA3 and 184 people in the Gascoyne SA3 are experiencing homelessness. This equates to 65 people per 10,000 and 113 per 10,000 people respectively and included people living in overcrowded dwellings.

Multicultural populations

A bespoke review into the needs of multicultural people in WA identified that they face significant challenges accessing primary health care, including difficulties navigating the health care system, financial barriers and linguistic barriers when making appointments, articulating their health concerns and understanding medical terminology. Service providers require more training to effectively and appropriately support multicultural patients, including greater understanding of different cultures and the importance of using plain language or interpreters. Mental health, psychosocial support and vaccinations were identified as key needs for multicultural people.

For many multicultural communities, mental health is a significant issue, including comorbidity with alcohol and other drugs, and trauma. Some multicultural patients hesitate in seeking health care related to psychological concerns for fear of stigma, and difficulties in articulating their concerns.

Vaccinations can be difficult for migrants to plan for on arrival, as patient medical records are often inaccessible or need to be translated. This is significant for all migrants, particularly children, whose vaccinations must be aligned to the appropriate vaccine schedule.

Psychosocial strategies to provide a sense of connection and build independence are important for many people within multicultural communities, including support to set up a bank account, access Centrelink, improve English and obtain a driving license. These skills are critical in overcoming some of the barriers multicultural people face in accessing health care. There is a need to provide this connection and support in a safe and culturally appropriate setting and in a targeted manner to aid the transition to life in Australia.

There are two primary health care services specialising in care for the multicultural population in the Country WA region, located in the Goldfields SA3 and East Pilbara SA3. The Gascoyne SA3 (Composite Index Score (CIS)=0.95) has the highest level of unmet need for multicultural services in WA. It has the highest rate of people born in a predominantly non-English speaking country who don't speak English well, and the second highest rate of GP-type ED presentations among people born in a predominantly non-English speaking country (6,485 per 10,000 people born in a predominantly non-English speaking country compared to 1,912 per 10,000 across WA).

In contrast, the Mid West SA3 (CIS=-0.15) has a moderate level of unmet need for multicultural services, driven by rate of GP-type ED presentations among multicultural residents that is above the state level (3,205 per 10,000 people born in a non-English speaking country, vs. 1,912 across WA). However, this rate is below other parts of the Country WA region, and the Mid West SA3 has a relatively low proportion of residents born in a non-English speaking country compared to other parts of WA, with nearly all (99.7%) residents speaking English well.

LGBTIQA+ populations

LGBTIQA+ is an acronym commonly used to describe lesbian, gay, bisexual, trans/transgender, intersex, queer/questioning, asexual, and other sexuality, gender, and bodily diverse people and communities. Many LGBTIQA+ people face discrimination and disparities connected to their gender identification and/or sexuality that impact their physical and mental health and access to health care and other services. LGBTIQA+ people are known to have a higher risk of certain chronic diseases such as cancers, asthma and cardiovascular disease. Moreover, some members of LGBTIQA+ communities, particularly gay, lesbian and bisexual people, are 2.0 times as likely to smoke daily compared to heterosexual people which increases their risk of developing a chronic disease.

The Private Lives survey is Australia's largest national survey of the health and wellbeing of LGBTIQA+ people to date. In the latest results, LGBTIQA+ people reported lower self-rated health than the general Australian population, with fewer than 1 in 3 (31%) rating their health as very good or excellent compared to more than half (56%) of the general Australian population aged over 15 years. Two in five (40%) cisgender men rated their health as very good or excellent compared to only 29% of cisgender women, 26% of trans women, 20% of non-binary participants and 19% of trans men.

More than a third (39%) of participants reported a disability or long-term health condition, with 12% reporting a profound or severe disability, 20% a moderate disability and 6% a mild disability or long-term health condition. When accessing a health or support service, 30% of those with a severe disability or long-term health condition felt accepted compared to LGBTIQA+ people who did not report a disability or long-term health condition (51%). More than three quarters (78%) with a severe disability or long-term health condition reported being treated unfairly by others in the past 12 months because of their disability or long-term health condition. This was followed by 56% of residents with a moderate disability or long-term health condition and 43% with a mild disability or long-term health condition.

More than 4 in 10 (42%) of young Australian trans people have encountered medical services who did not respect, understand or have prior experience with gender diverse people. Please refer to the Mental Health section for further details about mental health and suicide prevention for LGBTIQA+ populations.

Local intelligence has highlighted supply-side challenges, including a lack of LGBTIQA+ friendly services in the region, and many individuals travelling to Perth for services. Furthermore, there is limited understanding and education within the health sector about trans and intersex people. Significant proportions of LGBTIQA+ people have not felt they can safely disclose their LGBTIQA+ identity to GPs or have been misgendered in practices. Improved training and promotion of LGBTIQA+-friendly practices would be welcomed by the LGBTIQA+ community to address these issues.

It is important to note that there is a critical lack of research into the area of health of LGBTIQA+ people at an Australian population level10. Furthermore, each sub-group within the LGBTQIA+ population has its own unique health care needs, and it is inaccurate to treat these needs as homogenous across the LGBTIQA+ population. However, the lack of data, especially at a regional level, significantly limits the ability to identify and address the specific needs of each group – something WAPHA will continue to lobby to improve. Some needs relevant across the LGBTIQA+ population include:

Clinical

Access to appropriate:

- **Health and medical care** that is inclusive, delivered by health care providers trained to deliver LGBTIQA+ affirming care, such as using correct names and pronouns and understanding gender identity and sexual orientation.
- **Preventive care**, such as tailored cancer screenings (e.g., cervical cancer for transgender men, prostate exams for transgender women) and routine health checks that address unique risk factors for different sub-groups.
- **Mental health support** delivered by culturally competent mental health providers who understand the unique stressors LGBTQIA+ individuals can experience, including stigma, discrimination, and identity-related challenges.

Cultural

- **Respectful, non-judgemental treatment:** health care free from stigma and discrimination, ensuring all LGBTQIA+ patients feel safe and respected.
- **Relevant and affirming health information:** Resources that reflect and respect LGBTQIA+ identities, such as educational materials on sexual health, mental well-being, and healthy relationships.
- **Community support and peer networks:** Programs that connect LGBTQIA+ individuals to peer groups, mental health resources, and LGBTQIA+ community organisations that provide culturally relevant support.
- **Visibility of LGBTQIA+ friendly signage:** Clear signs, symbols, and inclusive language in health care facilities to signal a safe space for LGBTQIA+ patients.

Organisational

- **Inclusive policies and protocols** (e.g. anti-discrimination policies, use of inclusive terms on health care forms).
- **Ongoing cultural competency and LGBTQIA+ sensitivity training** for all health care workers.
- **Improved data collection** on LGBTQIA+ health needs (e.g., sexual orientation and gender identity data in patient records), helping to inform equitable policy and service delivery.
- **Collaboration across LGBTQIA+ organisations** to create referral networks, share resources, and ensure service delivery aligns with community needs.
- **Strict adherence to confidentiality policies**, especially regarding sensitive information related to gender identity and sexual orientation, to build trust with LGBTQIA+ patients.

Further information regarding health care standards in Australia that support the LGBTIQA+ community can be found at:

- *Australian Charter of Health Care Rights – LGBTQI+*
- *Rainbow Tick guide to LGBTI-inclusive practice*
- *Australian Medical Association (AMA) LGBTQIASB+ Position Statement*
- *Australian Health Practitioner Regulation Agency (AHPRA) LGBTIQA+ Communities guidance for health practitioners*
- *General Practice Supervision Australia (GPSA) LGBTQIA+ Health and Inclusive Health care.*

People experiencing homelessness

State-wide, health care barriers exist for people at-risk of or experiencing homelessness. A bespoke study into the needs of these people identified that many have had poor experiences with GP clinics and feel unheard when accessing primary health services. Experiences of fear, shame, and stigma were reported, often compounded by a clinical environment where some people feel out of place or unwelcome. Other barriers, including difficulty interacting with non-clinical staff (e.g., reception, security), fear of losing possessions to attend mainstream services, and financial barriers can also make it difficult for patients to make an appointment and see a clinician. Long wait times for appointments, transport availability and lack of fixed address mean keeping appointments is difficult.

Dual diagnoses and comorbidity can create complexities in accessing health care services, impacting eligibility for certain services and resulting in individuals feeling like they are being passed between different service providers in search of the right care. People experiencing homelessness indicated that it can be difficult to find the language to talk to clinicians about their concerns, and that clinicians may try to "fix everything all at once" as opposed to on one thing at a time.

In WA, 68% of the homeless population have at least one chronic health condition, 68% are living with mental health challenges, and 62% have a substance use disorder. More than one third (38%) have poor health from all three (physical, mental and substance issues).

The areas of greatest need for homelessness support are the Kimberley, East Pilbara, Gascoyne and Goldfields SA3s.

The Gascoyne SA3 (CIS=0.62) has the third highest rate of homelessness in WA, and latest data shows an increase over the preceding 5 years. An estimated 186 residents are at risk of or currently experiencing homelessness; equating to a rate well above the state average (184 people per 10,000 compared to 48 per 10,000 across WA).

There is a moderate level of unmet need for homelessness services in the Mid West SA3 (CIS=-0.03). An estimated 371 residents are at risk of or currently experiencing homelessness; equating to a rate above the state (64 people per 10,000 compared to 48 per 10,000 across WA). However, this rate is below some other areas in the Country WA region. There is one local service supporting people experiencing homelessness, being the WA Country Health Service (WACHS) Mid West division.

People experiencing family, domestic and sexual violence

The Australian National Plan to End Violence against Women and Children 2022 – 2032 aims to end gender-based violence through prevention, early intervention, response, and recovery and healing. Aligning with this, WA's Family and Domestic Violence Prevention Strategy details initiatives to prevent and respond to family, domestic and sexual violence, the key outcomes for which are prevention and early intervention; safety for victims through timely and accessible services; and accountability for perpetrators and support to cease violent behaviour.

One in six Australian women and one in eighteen men (since the age of fifteen) have been subjected to physical and/or sexual violence by a current or previous cohabiting partner. Moreover, one in six women and one in nine men were physically or sexually abused before the age of 15 years. The following groups have been identified as being more at risk to family, domestic and/or sexual violence:

- women
- children
- people living with a disability
- Aboriginal people
- people from multicultural backgrounds
- people in rural and remote Australia
- older people
- LGBTIQA+ people
- people experiencing socioeconomic disadvantage

In 2018, partner violence was ranked as the fourth leading risk factor contributing to total disease burden for women aged 15-44, with child abuse and neglect during childhood being the leading risk factor. Family and domestic violence is also a leading

cause of homelessness. In 2022-2023, approximately 104,000 (38%) of clients assisted by Specialist Homelessness Services (SHS) had experienced family and domestic violence and of these, more than three in four (75%) were female.

WA Police statistics indicated that in the 12 months from July 2023 to June 2024, there were 2,361 reports of family related assault in the Mid West-Gascoyne police region, equating to an average of 197 reports per month.

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

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. In the 2021 Census, the age-standardised rate (ASR) per 100 of Aboriginal people who reported they had one or more long-term health conditions was 25.7.

Prevalence of chronic disease

For the first time in 2021, the Census collected information on ten common long-term health conditions in Australia, which included, arthritis, asthma, cancer (including remission), dementia (including Alzheimer's disease), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung conditions (including COPD or emphysema), stroke, and mental health conditions (including depression or anxiety). In the 2021 Census, 19% of all West Australians (484,000) reported they had one of the above conditions and 5% reported they have two of the selected conditions.

The Mid West SA3 has a concerning level of chronic disease among its residents, and is above state levels on a number of the ten chronic conditions reported by the Census. These include high ASRs per 100 people for mental health conditions (including depression or anxiety) (8.5 per 100 people), asthma (8.1), diabetes (5.2), heart disease (3.4), lung conditions (including COPD or emphysema) (1.9), and kidney disease (1.2).

	ASR per 100 people	
	Mid West SA3	WA
Mental health including anxiety and depression*	8.5	8.3
Asthma	8.1	7.4
Diabetes (excluding gestational diabetes)	5.2	4.5
Heart disease (including heart attack or angina)	3.9	3.7
Lung conditions (including COPD or emphysema)	1.9	1.7
Kidney disease	1.2	0.8

**This is the first time the chronic conditions have been collected in the Census, and there is some evidence that there may be biases in reporting mental health conditions. Therefore, these number should be interpreted with caution.*

In comparison, chronic disease in the Gascoyne SA3 has less of a relative need. It only exceeds state levels for kidney disease, with 1.0 people per 100 reporting they have kidney disease, compared to 0.8 per 100 across WA.

Using WA Primary Health Alliance's (WAHPHA's) new method of estimating condition prevalence from general practice data, rates of clinician-diagnosed diabetes were statistically significantly higher in the Mid West SA3 (10.6%) compared to the state rate of 7.9%. Rates for the Gascoyne were not calculated, as the data collected in general practice will not be reflective of the wider population.

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. Risk factors for chronic disease tend to be more prevalent in areas experiencing socioeconomic disadvantage and in regional and remote areas.

Concerningly, the Mid West region has significantly higher rates of risk factors compared to state levels, particularly in the Mid West SA3. This includes high levels of residents experiencing obesity, smoking tobacco and not engaging in any physical activity for leisure purposes.

The estimated prevalence for people experiencing obesity is significantly higher in both the Mid West and Gascoyne SA3s compared to the WA rate of 36%. Concerningly, 2 in 5 (40%) residents in the Mid West SA3 are experiencing obesity. In the Gascoyne SA3, 1 in 3 (37%) are living with obesity.

Nearly 1 in 4 (23%) residents in the Mid West and Gascoyne SA3s are not engaging in any physical activity for leisure purposes; above the state rate of 17%.

The Mid West SA3 has a slightly higher prevalence of smoking compared to the state, at 14% vs. 11% across WA. In contrast, 12% of Gascoyne residents currently smoke.

While high blood pressure is not a significant need in the Mid West region relative to other parts of WA, approximately 1 in 4 residents have high blood pressure in both the Mid West and Gascoyne SA3s (25% and 22% respectively, compared to 23% across WA).

Healthy Weight Action Plan

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 Clinical Referral 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.

Burden of disease

Burden of disease measures the impact of different diseases or injuries on a population. 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. Chronic disease accounts for two thirds (67%) of the burden of disease in WA.

The Western Australian Burden of Disease Study 2015 indicated that the Mid West health region had a 1.3 times higher rate of fatal burden, but the same rate of non-fatal burden compared to WA's metropolitan regions. Chronic disease accounts for a substantial proportion of the burden of disease, with cancer, cardiovascular disease and musculoskeletal disease among the leading five causes of burden. For females specifically, COPD (9.4 people per 1,000), back pain (8.7), coronary heart disease (7.5) and lung cancer (7.5) were among the leading causes of disease burden. In contrast, the leading causes for males were coronary heart disease (13.6 per 1,000), COPD (12.6), lung cancer (9.9), road traffic injuries (11.2) and suicide/self-inflicted injuries (11.3).

Leading causes of total disease burden in the Mid West health region		
Condition	%	ASR per 1,000
Cancer	19%	34.2
Mental	13%	29.3
Injury	13%	27.7
Cardiovascular	12%	22.1
Musculoskeletal	9%	18.4

Potentially preventable hospitalisations for chronic conditions

PPHs are certain hospital admissions that potentially could have been prevented by timely and adequate health care in the community. Chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care include: angina, asthma, COPD, congestive cardiac failure, diabetes complications, hypertension and iron deficiency anaemia. This report includes insights from public hospital data.

Across the state, the age-standardised rate of PPHs per 100,000 for total chronic conditions was 903 per 100,000 and the highest rates were for chronic congestive cardiac failure (196), COPD (184) and chronic diabetes (178).

Relative to other parts of WA, the Mid West SA3 has a higher rate for total chronic conditions (1,365 people per 100,000, compared to 903 per 100,000 across WA). This is driven by higher rates in the Mid West SA3 compared to WA for COPD (361 per 100,000 vs. 184), congestive cardiac failure (269 vs. 196), diabetes (255 vs. 178), chronic angina (185 per 100,000 vs. 90), chronic asthma (99 vs. 57) and chronic hypertension (69 vs. 28). Similarly, the Gascoyne SA3 exceeds state rates for total chronic conditions (1,424 per 100,000), driven by higher rates for COPD (482 vs. 184), diabetes (255 vs. 178), congestive cardiac failure (241 vs. 196) and chronic hypertension (91 vs. 28).

Management of chronic disease in primary care

CDMPs are Medicare-rebated for GPs to manage chronic or terminal medical conditions, including preparing, coordinating, reviewing or contributing to chronic disease management plans. They apply for a patient who suffers from at least one medical condition that has been present (or is likely to be present) for at least six months or is terminal.

Across WA, 14% of residents have utilised a GP CDMP. The utilisation rate in the Mid West SA3 is equal to the state rate, while the Gascoyne SA3 has slightly lower utilisation at 10%.

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 Australian Immunisation Register from 1January 2023 to 31 December 2023 indicated that in the Country WA Primary Health Network (PHN), childhood immunisation coverage was comparable to the state average for all ages (1, 2 and 5 years), but was still below the 95% target. Approximately 93% of children were fully immunised at 1 year and 92% at 5 years, compared to only 90% at 2 years.

The Australian Immunisation Register (AIR) reports that the Mid West and Gascoyne SA3s both fell below the 95% immunisation target for children aged 1, 2 and 5 years. Specifically, 90% of 1 year olds in the Mid West SA3 were fully immunised, compared to 88% in the Gascoyne SA3 and 93% across WA. Among children aged 2 years, 87% in the Mid West SA3 and 83% in the Gascoyne SA3 were immunised, compared to the state rate of 91%. Of children aged 5 years, 93% in both the Mid West and Gascoyne SA3s were immunised, similar to the state rate of 94%.

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 2020-21, cancer screening participation rates in the Mid West SA3 were concerningly low; under state levels for bowel and cervical.

Only 2 in 5 (39%) eligible residents had participated in bowel cancer screening, compared to the state level of 42%, which in itself is low. Approximately 1 in 2 (52%) had partcipated in breast cancer screening (compared to 51% across WA), and 3 in 5 (61%) had participated in cervical cancer screening, compared to the state level of 69%. The Gascoyne SA3 fell concerningly below state levels for bowel, breast and cervical cancer screening. Only 1 in 3 (34%) eligible residents had participated in bowel cancer screening, 2 in 5 (45%) in breast cancer screening and 1 in 2 (53%) in cervical cancer screening.

These levels are particularly concerning given the rate of avoidable deaths from cancer in both the Mid West and Gascoyne SA3s exceed state levels.

Please note, participation in the new five-year program for cervical cancer screening cannot be accurately reported until there are 5 years of data available.

Syphilis rates

The number of infectious syphilis notifications in WA has remained stable with 1,037 in 2022-2023. Encouragingly, crude rates of notifications across WA have dropped from 31.8 to 28.8 per 100,000 based on completed enhance surveillance forms from notifying clinicians. Those aged 25-34 years had the highest percent of infectious syphilis notification from 2022-2023, accounting for over a third of the notifications (38%). At 47.9 per 100,000, the rate of syphilis notifications in the Mid West region is above the state rate of 28.8 per 100,000.

Avoidable mortality

The median age of death in the Mid West and Gascoyne SA3s is below the state median age of 81 years, at 77 and 71 years respectively. The Gascoyne SA3 is sadly within the top five locations with the youngest median ages at death in WA.

Avoidable mortality refers to deaths of people under 75 years from conditions that are potentially preventable or treatable through primary/hospital care. The rate of avoidable deaths in the Mid West and Gascoyne SA3s are among the highest in WA and exceed the state rate of 117.6 per 100,000 at 173.4 and 186.6 per 100,000 respectively. The Mid West SA3 has the highest rate of avoidable deaths from colorectal cancer in WA (14.4 vs. 8.7 per 100,000 across WA) and second highest rate for suicide and self inflicted injuries (29.3 vs. 14.9 per 100,000 across WA). The Gascoyne SA3 has the second highest rate of avoidable deaths from diabetes in WA at 22.7 per 100,000; above the state rate of 6.5 per 100,000.

According to the Mortality Over Regions and Time (MORT) data, the rate of premature deaths (people under 75 years) in the Mid West and Gascoyne SA3s are well above the state rate of 195 per 100,000, at 259 and 302 respectively.

The five leading causes of death and their percentage with respect to all death causes within the Mid West and Gascoyne SA3s are:

Rank	WA	Mid West	Gascoyne
1	Coronary heart disease (11%)	Coronary heart disease (10%)	Coronary heart disease (12%)
2	Dementia (including Alzheimer's) (9%)	Dementia (including Alzheimer's) (7%)	Lung cancer (8%)
3	Cerebrovascular disease (5%)	Lung cancer (7%)	COPD (7%)
4	Lung cancer (5%)	COPD (6%)	Diabetes (5%)
5	COPD (4%)	Cerebrovascular disease (5%)	Colorectal cancer (4%)

Women's health: hysterectomy and endometrial ablation

In Australia, heavy menstrual bleeding affects one in four women of reproductive age with many also experiencing pain, fatigue and anxiety. Of women experiencing heavy menstrual bleeding, less than half seek medical treatment and more than 60% are iron deficient. A range of treatment options are available, from oral medication (non-hormonal and hormonal) to the more invasive treatments of endometrial ablation and hysterectomy.

The Australian Commission on Safety and Quality in Health Care recently published a revised Heavy Menstrual Bleeding Clinical Care Standard (2024 June) with an emphasis on informing patients about their treatment options and potential benefits and risks, and participation in shared decision making based on their preferences, priorities and clinical situation. It notes that hysterectomies for management of heavy menstrual bleeding should only be considered when alternative treatment options are ineffective or unsuitable,

or at the patient's request. It also notes that the patient be fully informed of the potential risks and benefits before deciding. Separately, the Women's Health Focus Report maps geographic variation in hysterectomy and endometrial ablation hospitalisation rates, to investigate whether appropriate care is being delivered and improve the range of treatment options available to women experiencing heavy menstrual bleeding.

Hysterectomy is mostly performed for benign gynecological conditions of which heavy menstrual bleeding is one of the most common. Between 2014-2015 and 2021-2022, there was a 24% decrease in WA (312 to 236) in hysterectomy hospitalisation ASR (non-cancer diagnoses) per 100,000 women aged 15 years and older. However, the Gascoyne SA3 has a high rate of hysterectomy, at 300 per 100,000 compared to 239 per 100,000 across WA.

Whilst not usually as effective in managing heavy menstrual bleeding as a hysterectomy, endometrial ablation has a shorter recovery period and lower risk of short-term effects. Between 2013-16 and 2019-22, there was a 10% increase in endometrial ablation hospitalisation ASR (non-cancer diagnoses) per 100,000 women aged 15 years and older in WA (from 164 to 181). Relative to other parts of WA, the Mid West SA3 has a high rate of endometrial ablation, at 198 per 100,000 (vs. 181 per 100,000 across the state). Data was suppressed for the Gascoyne SA3 due to insufficient data.

Utilisation of primary care services

At 79% and 69% respectively, GP utilisation in the Mid West and Gascoyne SA3s is below the state level of 84%.

The PHN After-Hours Program aims to improve access to GP services in the after-hours period, being before 8am and after 6pm weekdays; before 8am and after 12pm Saturday and all-day Sunday and public holidays, particularly for people at risk of or experiencing homelessness. A targeted analysis on need, unmet demand and supply indicators was undertaken to assess relative local demand for after-hours care. A CIS was calculated based on the after-hours demand and supply indices, and each SA3 in WA ranked by relative demand from highest to lowest score.

In the Country WA region, there are 146 primary health services open after-hours, contributing 17% of all after-hours primary health services in WA. Primary health services collectively operate for 29 hours weekly per 10,000 population; below the state level of 45 hours. There are 11 MBS after-hours GP services (urgent and non-urgent) claimed per 100 people across WA. The Mid West SA3 (CIS=0.62) has a moderate level of unmet need for after-hours services in WA, driven by a relatively high rate of GP-type ED presentations (1,604 per 10,000 compared to 1,048 across WA).

Stakeholder consultations further revealed two insights for after-hours primary health care across WA. First, operating after-hours services is not financially viable for most GP practices, with prevalent financial barriers including insufficient MBS incentivisation for after-hours services, financial risk due to unpredictable demand in after-hours patient volume, and workforce constraints due to inability to incentivise staff to work during the after-hours period. Second, the Royal Commission into Aged Care Quality and Safety recommendations have increased demand for after-hours GP care for Residential Aged Care (RAC) providers. The stronger regulation of RACs to ensure older people receive appropriate care relative to their needs has increased the reliance of RACs on GPs, resulting in an increase in the number of calls made by RACs to GPs during the after-hours period due to fear of potential repercussions if the RACs fail to report or respond to medical incidents, irrespective of the severity of the health concern presented.

Residents of the Mid West and Gascoyne SA3s have slightly higher utilisation of GP health assessments compared to the state rate, at 8% each vs. 5%. Please note, these data only include Medicare-subsidised services, and it is not currently possible to obtain data by type of health assessment.

The majority of Medicare-subsidised allied health services are for optometry services, and Medicare-subsidised allied health services only account for a portion of allied health service use in Australia. This is because they are only available to patients with a GP or specialist referral, and exclude non-Medicare subsidised services, such as those provided by Aboriginal health services and other non-government organisations.

Medicare-subsidised nurse practitioner services are not heavily used in the region. The latest data reports that 2% of residents each the Mid West and Gascoyne SA3s have used a nurse practitioner service, similar to the state rate of 3%.

The nursing and Aboriginal health worker service group consists of Medicare-subsidised services delivered by a nurse practitioner, practice nurse, midwife or Aboriginal health worker. Approximately 1 in 10 (10%) residents in the Mid West SA3 used a Medicare-subsidised practice nurse/Aboriginal health worker, slightly above the state rate of 7%. Utilisation in the Gascoyne SA3 was similar to the state rate at 8%.

Utilisation of Medicare-subsidised allied health services was low compared to state rates in both the Mid West and Gascoyne SA3s, at 30% and 20% respectively, compared to 36% across WA.

Access Relative to Need 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 Full-Time Equivalent (FTE) working at each location.
- The demographic and socioeconomic characteristics of the population.

- In 2024, WAPHA updated the ARN index to identify areas with a low access to GPs relative to need.

Relative to other areas in WA, there is moderate access to GP services in the Mid West SA3 and high access in the Gascoyne SA3. Overall, 60% of SA3s across WA have higher ARN compared to the Mid West SA3, while 40% of SA3s across WA have higher ARN than the Gascoyne SA3.

Consumer views of accessing GPs

To better understand the experiences of Western Australians experiencing socioeconomic disadvantage accessing primary health care, particularly GPs, when they need it, WAPHA commissioned consumer research in 2021.

Most people experiencing socioeconomic disadvantage were able to access a GP when needed. Although 31% of respondents encountered barriers when visiting a GP, 92% had visited a GP in the last year. However, approximately 1 in 10 respondents (11%) had needed a GP on at least one occasion but had not visited one. This was higher among Aboriginal people (22%), people aged 18-39 (20%), those living with disability (16%) and females (15%). The main reasons these people needed a GP were illness, concerns about mental health, to get a prescription and to help with the management of a long-term health condition. Only 8% of these people sought help from an alternative health care professional, such as a pharmacist. A lack of available appointments was the main reason for not seeing a GP when needed, cited by nearly half (43%) of this group. A further 25% reported a lack of time and other commitments, while 16% felt afraid of being judged.

Among the full sample, the most common reason to visit a GP was to get a prescription (53%), followed by managing a chronic condition (28%) and general check-up (25%).

Accessibility factors such as appointment availability were the most cited barrier to accessing a GP, followed by transportation issues and conflicting commitments. Women, people with young children, young people, people from multicultural communities, people living with a disability and Aboriginal people were most likely to experience barriers.

Cost did not appear to play a large role in limiting access to a GP, with only 1 in 10 (10%) mentioning it as a barrier. This finding is attributed to over 80% of the survey cohort indicating that their GP service was bulk billed. If the availability of bulk billed appointments decreased this would seriously impact access to a GP for people experiencing social and economic disadvantage.

The benefit of having a regular GP to the quality of a patient's experience was clear. Respondents with a regular GP reported finding it significantly easier to visit their GP and were significantly more likely to have had a positive experience, even compared to those with a regular GP practice, but not a regular GP.

Nearly 9 in 10 (87%) prefer attending a GP appointment in person but 2 in 3 (67%) would be comfortable with a telehealth appointment under some circumstances, such as for follow-up appointments.

Workforce

General practitioners

Accurate, up-to-date GP FTE figures are unavailable, so the Department of Health and Aged Care comprised a proxy measure which calculates a GP's workload based on MBS services claimed, with one GP FTE representing a 40-hour week over 46 weeks of the year. For each Medicare provider, the new measure attributes an estimate of the amount of time they have spent on their claims in relation to what would be worked by a full-time GP (billable time, non-billable time, and non-clinical time). It is an estimation of GP workforce service utilisation and not an exact count of GP FTE available. For this report, we will refer to this measure as the GP Claimed Service Equivalent (GPCSE).

Based on the latest data, the Mid West SA3 has 89.9 GPCSE per 100,000 residents and the Gascoyne SA3 has 87.6 GPCSE per 100,000. Each of these is below the state rate of 102 per 100,000.

In addition to their normal remuneration, GPs can access additional financial incentives based on how remote the location in which they work is. Areas are classified from metropolitan through to rural, remote and very remote.

Compared to other areas in WA, the Dongara GP catchment in the Mid West SA3 is noted as being of particularly high need for GP workforce, largely due to a low supply of GP workforce and high community need. There is only one accredited private general practice with a sole GP, and an increasing population of Aboriginal people. There are significant GP recruitment challenges linked to housing affordability and the availability of childcare. The average weekly rental cost is $469; above the median cost of $355 per week across Country WA GP catchments. Additional GP workforce is required in the area to meet community demand and ensure viability of the local general practice.

Other GP catchments in the Mid West region with relatively high need for GP workforce include Geraldton, Kalbarri, Northampton and Three Springs in the Mid West SA3, and Carnarvon in the Gascoyne SA3.

Though the Geraldton GP catchment has a moderate GP workforce with 15 local general practices, and three Indigenous Australians' Health Program (IAHP) funded Aboriginal Community Controlled Health Organisations (ACCHOs), this has decreased in recent years. The town has significant lack of housing and limited available childcare. Local practices struggle to attract nursing or competent administrative staff as they need to compete with state government pay rates available through other employers. GP Registrars can also work at Geraldton Hospital, making many available to local general practices in a part time capacity only. There is considerable socioeconomic disadvantage, with nearly 3 in 5 (59%) of residents within WA's

most disadvantaged quintile. Approximately 1 in 8 residents identify as Aboriginal.

The Kalbarri GP catchment has one local general practice, which is accredited, and no AMSs. It has a high level of socioeconomic disadvantage, with 97% of residents falling within the most disadvantaged quintile. Approximately 1 in 20 (5%) residents identify as Aboriginal.

The Northampton GP catchment currently has no local general practice, and no AMSs. Primary healthcare is currently provided by practices located in Kalbarri. Northampton has a considerable level of socioeconomic disadvantage, with 61% of residents falling within WA's most disadvantaged quintile. Approximately 1 in 10 (10%) residents identify as Aboriginal.

The Three Springs GP catchment currently has three local general practices, and no AMSs. The GP workforce also supports the surrounding towns of Carnamah, Eneabba and Coorow. Housing and isolation are barriers impacting GP recruitment. Three Springs has a considerable level of socioeconomic disadvantage, with approximately 2 in 3 (66%) residents falling within WA's most disadvantaged quintile. Nearly 1 in 10 (9%) residents identify as Aboriginal.

The Carnarvon GP catchment has one local general practice and two IAHP funded ACCHOs. The general practice is accredited to train GP registrars. Approximately 8 in 10 (80%) of residents fall within WA's most disadvantaged socioeconomic quintile.

Primary care nurses

The Mid West SA3 has a relatively high supply of primary care nurses at 200 primary care nurse FTE or 3.5 FTE per 1,000 residents compared to 2.5 FTE per 1,000 across WA. The Gascoyne SA3 was also slightly above the state rate at 3.1 FTE per 1,000, equating to 31 local primary care nurses.

Aged care

The Mid West SA3 has a large and growing aged population. In 2022, there were 11,084 people aged 65 years and over, representing 1 in 5 (19%) residents. This is projected to grow to 23% by 2023 and is above the current state rate of 16% of Western Australians being aged 65 or over. In contrast, there are 1,533 people aged 65 years and over in the Gascoyne SA3, representing 15% of residents, and projected to grow to 19% by 2023.

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.

The Western Australian Burden of Disease Study 2018 reported that the five leading causes of disease burden for older people aged 65 to 84 years were coronary heart disease, COPD, lung cancer, dementia and type 2 diabetes mellitus. For older people aged 85 years and over, dementia was reported as the leading cause of total burden of disease.

The 2021 Census reported that 10% of Western Australians aged 65 years and older have three or more long-term health conditions. This was similar in the Mid West and Gascoyne SA3s, with 11% and 8% of residents respectively aged 65 years and older living with three or more long-term health conditions.

Approximately 3 in 5 (59%) general practice patients aged 65 years or older were diagnosed with three or more chronic conditions across WA. The Mid West SA3 has the third highest proportion in the state with approximately 7 in 10 (71%) diagnosed with three or more chronic conditions. Data for the Gascoyne SA3 is suppressed as the data collected in general practice in the Gascoyne is not reflective of the wider population.

Please note that these data include private general practices only and do not include GP services provided by non-government organisations.

Utilisation of health services

Across WA, approximately 2 in 5 (39%) of people aged 80 years and over had a GP Health Assessment in 2022-2023.

In RACHS there were 15.5 GP attendances per patient across WA. The rate in the Country WA PHN overall was similar at 15.0 attendances per patient.

Medicare items are available for in-depth assessment of a patient 75 years and over. This provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions to improve health and quality of life. General practice data indicate that approximately 1 in 4 (28%) of patients aged 75 years and over across WA have had a GP health assessment. The rate in the Mid West SA3 is similar to the state rate at 31%, while data for the Gascoyne SA3 has been excluded because the data collected in general practice is not reflective of the wider Gascoyne population.

The Royal Commission into Aged Care Quality and Safety noted that people receiving aged care, particularly those in RAC, do not consistently receive the health care they need. This includes doctor visits, mental health services, oral and dental health care, and preventative and holistic care.

Palliative care

The goal of palliative care is to improve the quality of life of patients with an active, progressive disease that has little or no prospect of a cure.

Most Australians would prefer to die at home, rather than in hospital or RAC. However, many older people use both hospital and aged care services in their final years of life and often die in one of these settings.

The Royal Commission into Aged Care Quality and Safety made key recommendations for palliative care, including:

- Compulsory palliative care training for aged care workers.
- Comprehensive sector funding specifically including palliative care and end-of-life care.
- A review of the Aged Care Quality Standards to regulate high-quality palliative care in RAC.
- Access to multidisciplinary outreach services; and a new Aged Care Act that includes the right to access palliative care and end-of-life care.

From 1 October 2022, a new funding model, the Australian National Aged Care Classification (AN-ACC), has replaced the Aged Care Funding Instrument (ACFI). The AN-ACC provides equitable funding through three components to approved RAC providers based on the service type delivered and each residents' care needs.

PHNs will receive funding from the Greater Choice for At Home Palliative Care Program to improve palliative care coordination in their local communities.

In 2022, there were 27.7 total FTE palliative medicine physicians and 333.2 FTE palliative care nurses employed in WA. Whilst it is recognised that the palliative care workforce is made up of a broad range of professional groups including other medical specialists and allied health professionals, the existing national data sources cannot accurately capture information on palliative care services provided by these health professionals, hence have not been reported.

Palliative care nurses across WA are working 65.0 total weekly hours per 1,000 patients aged 75 and over. The rate is considerably higher in the Mid West SA3 at 133.5 hours per 1,000 people aged 75 and above. Data were suppressed for the Gascoyne SA3. Palliative medicine physicians across WA are working 5.7 total weekly hours per 1,000 aged 75 and over. Data was not provided for the Mid West and Gascoyne SA3s because there were no palliative medicine physicians working in either region as a primary location.

Aged care services

The aged care system in Australia offers three main types of service: the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP), and residential care. Across Australia, more than two-thirds of people using aged care services access support from home.

Commonwealth Home Support Programme

The CHSP provides entry-level support for older people so that they can continue to live independently at home. For FY 2022-2023 in WA, domestic assistance had the highest number of clients serviced and had the highest expenditure; however, social support groups had the highest number of services provided by hours.

Home Care Packages program

The HCP program provides structured 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.

There are currently nine home care services in the Mid West SA3 and three RACHs offering a total of 281 beds. The Gascoyne SA3 has considerably lower aged care services, with only one provider offering services in Carnarvon and Exmouth. There are 38 residential beds and no home care places available in Carnarvon, while in Exmouth there are 4 residential beds and 6 home care places available. As of December 2023, there were 277 people in an HCP in the Mid West Aged Care Planning Region (ACPR), which includes the Mid West and Esperance SA3, and a further 75 people waiting for an HCP at their approved level.

WA has 249 residential aged care services with a total of 19,887 residential places. Despite having a relatively high proportion of elderly population, the Mid West SA3 has a low beds-to-population ratio, with three RACHs located in the region equating to 37.3 beds per 1,000 people aged 70 years and over; (below the state rate of 63.8 per 1,000). Data for the Gascoyne SA3 is unavailable.

Across WA, there are 12.2 FTE of nurses working in aged care per 1,000 people aged 70 years and over. The Mid West SA3 has a slightly higher rate at 13.2 FTE per 1,000 people aged 70 years and over, while the Gascoyne SA3 is below the state rate at 7.2 FTE per 1,000 people aged 70 years and over.

Alcohol and other drugs

Alcohol and drug use is a significant issue in the Mid West SA3. Approximately 1 in 3 (35%) residents are at risk of long-term harm from alcohol, significantly higher than the state rate of 26% and the fourth highest in WA. Levels of short-term alcohol harm (15%) are also significantly higher than state rate of 10% and the fourth highest in WA. Alcohol-related risk is similar in the Gascoyne SA3, with 36% at risk of long-term harm and 12% at risk of short-term harm.

Using WAPHA's new method of estimating condition prevalence from general practice data, rates of clinician-diagnosed chronic alcohol misuse were statistically significantly higher than the state rate of 1.5% in Mid West SA3 (2.2%). In addition, rates of clinician-diagnosed chronic drug misuse were also statistically significantly higher than the state rate of 1.4% in Mid West SA3 (2.0%). Rates for Gascoyne were not calculated, as the data collected in general practice will not be reflective of the wider population.

AOD burden of disease

WA Burden of Disease Study 2015 has the latest regional recording for risks associated with burden of disease for the Mid West region. Tobacco use contributed to 31% of cancer burden and 14% of cardiovascular disease, with the population aged 45-64 years and 65+ years having the highest rate of burden of disease due to tobacco. Men in the Mid West region had a higher risk of disease due to alcohol use (9%) and Illicit drug use (6%) compared to women (4% each).

Alcohol contributed to the burden of 20% of mental and substance use disorders, 20% of injuries, 6% of cancer and 3% of cardiovascular disease burden, with the 15-24 year age group having the most risk of alcohol use leading to disease.

Illicit drug use also made a high contribution to burden with 12% of mental and substance use disorders and 24% of injuries burden being attributed to illicit drug use in the Mid West region.

Accidental overdose

Australia's Annual Overdose Report, produced by the Penington Institute, reported an increase in unintentional drug-induced (accidental poisoning) deaths in WA from 2004 (2.7 per 100,000) to 2021 (8 per 100,000) suggesting that drug use is a growing health concern. Of this, males account for two thirds (70.5%) of unintentional drug-induced deaths compared to women. People aged 40-49 had 455 (27.2%) unintentional drug-induced deaths in 2021 and were found to be the most at-risk age bracket.

In 2021, opioids continued to be the largest overall drug group identified in unintentional drug-induced deaths in 2021 (45.7%), followed by benzodiazepines (32.5%) and anti-depressants (19.3%).

WA had the second highest rate of unintentional heroin-induced deaths in 2021 with 1.5 deaths per 100,000. This corresponds with higher rates of deaths for other opioids such as fentanyl/pethidine/tramadol in 2021 (0.8 deaths per 100,000). There has also been an increase in deaths involving benzodiazepines in WA from 2013 to 2021 (1.1 to 3 deaths per 100,000), and stimulants such as methamphetamine and amphetamines (1.3 to 3 deaths per 100,000).

Between 2017-2021, there were 25 unintentional drug-induced deaths in the Mid West SA3, equating to a rate of 8.9 per 100,000 people; similar to the state rate of 8 per 100,000. Unintentional drug-induced deaths were less of an issue in the Mid West SA3, which was slightly below the state level at 6.1 per 100,000; representing 6 deaths. Data is suppressed for the Gascoyne SA3.

Hepatitis B and C

Hepatitis B and C are bloodborne viruses. Hepatitis B is spread between people by body fluids while hepatitis C is spread through blood-to-blood contact and is commonly spread through unsafe injecting practices. Untreated hepatitis B and C can lead to liver disease (including cirrhosis), liver cancer and death.

Since 1982, a vaccine has been developed for hepatitis B with the recommendation that babies and adolescents are vaccinated. Currently there is no vaccination available for hepatitis C, although antiviral treatment is available. Treatment is now more than 95% effective at curing hepatitis C and available to most people via prescription from their GP.

In WA, notifications of hepatitis B and C have been declining. Between 2017 and 2023, notification rates of hepatitis B have slightly reduced from 21 to 18 notifications per 100,000. hepatitis C notification rates decreased (from 62 to 47 notifications) between 2004 and 2017 and has continued to decrease with 32 notifications per 100,000 people in WA in 2023.

The proportion of people with Chronic Hepatitis B (CHB) in the Mid West SA3 (0.7%) is similar to the state rate of 0.8%, while the Gascoyne SA3 has a notably higher rate at 1.4%. However, at 4%, treatment uptake in the Goldfields is slightly below the state levels of 9%. Treatment uptake is suppressed for the Gascoyne SA3 due to low numbers.

Chronic Hepatitis C (CHC) prevalence in the Mid West region is higher than the state rate of 0.7%, with 1.1% in the Mid West SA3 and 1.5% in the Gascoyne SA3. The CHC treatment uptake was 42% in the Mid West SA3; equal to the state rate. CHC treatment uptake in the Gascoyne SA3 was lower in comparison, at 33%.

Alcohol and other drug services

Reported statistics on AOD treatment show that across the Country WA PHN 412.57 per 100,000 people understood treatment during the 2022-2023 period. Alcohol treatment represented more than half (53%) of the drug of concerns, followed by cannabis (23%) and amphetamines (18%). Men make up nearly two thirds of clients (64% vs. 36%), with 30–39-year-olds (28%) making up the largest age group of clients.

Drug and alcohol services are provided by the WACHS and not-for-profit organisations in the Mid West region. The WACHS manages the Mid West Community Alcohol and Drug Service, which is based in Geraldton, Carnarvon and Meekatharra. The service provides counselling, support, education and resources for the community to help reduce the harmful effect of alcohol and other drugs. They treat all substance abuse issues, accept all referral pathways and offer walk-in options for people 14-years and over.

Other services consist of the not-for-profit service provider Hope Community Services who provides residential drug and alcohol services and transitional housing in Geraldton. Aboriginal Community Controlled Health Services also provide alcohol and other drug counselling services in Geraldton and Wiluna.

Mental health

Mental health was the second leading cause of disease burden in the Mid West region, contributing 17% to the total disease burden for the region. Across the Mid West region, 22,488 community mental health occasions of service were recorded, with males accounting for 52% of the total figure.

Approximately 1 in 10 (11%) residents in the Mid West SA3 report that they have been diagnosed with anxiety; similar to the state rate of 12%. Anxiety is relatively lower in the Gascoyne SA3, with 6% reporting an anxiety diagnosis.

In both the Mid West and Gascoyne SA3s, 1 in 10 (10%) of residents report having been diagnosed with depression, similar to the state rate of 11%.

Approximately 1 in 8 residents in the Mid West (12%) and 1 in 9 residents in the Gascoyne (11%) SA3s report diagnoses of high or very high psychological distress; similar to the state rate of 13%.

Suicide and self-harm

From 2018 to 2022 1,919 people sadly died from suicide in WA; a rate of 14.1 people per 100,000 and above the national rate of 12.3 per 100,000. In WA, suicide represents 3% of all deaths and is the ninth leading cause of death.

At a rate of 25.9 people per 100,000, suicide in the Mid West SA3 is above state levels and an area of considerable concern. Sixty-seven people died from suicide in the Mid West SA3 between 2018 to 2022. Suicide is the eighth leading cause of death, representing 3% of all deaths in the region between 2017-2021.

Though always concerning, suicide is less prevalent in the Gascoyne SA3, which has the lowest rate in WA, along with the Esperance SA3. Eight people died from suicide between 2018 to 2022, and it is the tenth leading cause of death, representing 3% of all deaths between 2017-2021.

The Health and Wellbeing Surveillance Survey collects data on suicidal ideation among adults aged 16 years and over. In the Mid West SA3, 6% of residents indicated that they had thought seriously about ending their own lives; similar to the state rate of 7%. Suicidal ideation in the Gascoyne SA3 is the lowest in WA, and below the state rate at 3%.

Self-harm is a strong risk factor for suicide. At a rate of 80.3 per 100,000 residents, self-harm hospitalisations in the Mid West SA3 is below the state level of 97.7 per 100,000. However, self harm is concerningly more prevalent in the Gascoyne SA3, with 100.2 per 100,000 hospitalisations. Self-harm hospitalisations were highest for females and for people aged 25-44 years.

Youth mental health

Primary mental health care services play an important role in prevention and early intervention efforts reduce the prevalence and impact of mental health problems amongst young people. Approximately 1 in 7 young people aged 4-to-17-years experience mental illness in any given year, and 75% of severe mental health problems emerge before the age of 25. Early intervention in childhood and adolescent years can prevent or mitigate potentially lifelong mental illness.

A recent survey of WA school children found that mental health was a critical issue with a substantial number of Year 7 to 12 students reporting poor life satisfaction, low self-esteem, high levels of stress and the feeling they can't cope with life's challenges. Approximately 1 in 4 (26%) female year 7 to 12 students rate their life satisfaction as 0 to 4 with '0' being the worst possible life. This was double the proportion of males who felt the same (13%).

Self-harm is approximately twice as high in females compared with males, and in older adolescents compared with younger adolescents. Females aged 16-17 years have the highest rates of self-harm, with 17% having engaged in an act of self-harm.

In WA, mental health services for young people are provided through general practice, the public mental health system (such as the Child and Adolescent Mental Health Service), not-for-profit organisations (headspace) and private providers such as psychologists.

Hospital EDs also play a role in treating mental illness. People seek mental health-related services in EDs for a variety of reasons, often as an initial point of contact or for after-hours care. Between July 2022 and June 2024, 6,780 Western Australians aged 12-17 years presented to hospital EDs for mental-health related reasons; a rate of 370 per 10,000 people aged 12-17 years.

Compared to other areas in WA, youth mental health is a significant concern in the Mid West region. Both the Mid West and Gascoyne SA3s have mental-disorder-related ED presentations above state rates, at 563 and 1368 per 10,000 12-17-year-olds compared to 370 per 10,000 across WA.

headspace centres and services support young people across Australia to be mentally healthy and engaged in their communities. There is one headspace centre in the Mid West region, based in Geraldton. The Mid West SA3 has a moderate utilisation rate at 4% of residents aged 12-25; above the state level of 2%. Utilisation in the Gascoyne SA3 is equal to the state rate at 2%. Each patient's episode of care comprised of an average of 4.6 occasions of service (i.e. interactions with the service or mental health worker) in the Mid West SA3 and 4.3 in the Gascoyne SA3; comparable to the WA average of 4.2.

The Australian Youth Self-Harm Atlas reports that the overall prevalence of suicidality (suicidal thoughts or behaviours, including ideation, plans, and attempts) in the Mid West SA3 is equal to the state rate of 8%, and similar to the prevalence in the Gascoyne SA3 at 9%. However, the specific prevalence rates of self-harm (regardless of intent) and suicidal ideation in each SA3 are above state rates. In the Mid West SA3, 13% of residents aged 12-17 years have engaged in self harm compared

to 12% in the Gascoyne SA3 and 10% across WA. In both the Mid West and Gascoyne SA3s, 9% of residents reported suicidal ideation compared to 7% across WA.

Major depression and anxiety disorders are risk factors associated with higher self-harm prevalence among 12 to 17-year-olds and are a concern in the Mid West region. The proportion of 12 to 17-year-olds experiencing major depression or anxiety disorders in the Mid West and Gascoyne SA3s are above the state level, at 10.1% and 13.1% respectively compared to 8.8% across WA.

In the Mid West region, suicide and self-inflicted injuries are the second leading cause of disease burden for 15-to-24-year-olds, contributing to 14% of the disease burden for this age group.

Hospital admissions for self-harm can be an indication of unmet need for accessible mental health services. Self-harm hospitalisations among people aged 0-24 years in the Mid West SA3 occurred at a rate of 116.6 per 100,000; below the WA rate of 139.7 per 100,000. The rate is suppressed for Gascoyne SA3 due to low numbers.

Mental health services

Mental health services in the Mid West region are provided by the WACHS and not-for-profit organisations. There are approximately 20 mental health services in the region, 5 of which have dedicated youth services. All are based within the Mid West SA3, and the care locally available includes suicide prevention, counselling and youth-specific mental health care. The WACHS provides adult community mental health services and child and adolescent mental health services in Geraldton, Carnarvon and Meekatharra with the option of outreach visits by appointment. Headspace provides psychological services for youth in Geraldton. Beyond WACHs, other local mental health services include Helping Minds, 360 Health & Community, Neami National, Ruah Community Services, Mid West Yellow Ribbon for Life and Youth Focus. Private psychology services are available in both the Mid West and Gascoyne SA3s, however this is limited.

A GP mental health treatment plan can be used to refer patients to psychiatrists, psychologists, counsellors, social workers and occupational therapists. In the Mid West and Gascoyne SA3s, 6% and 3% of residents have accessed a GP mental health treatment plan respectively; slightly below the state level of 8%.

There are low numbers of mental health professionals such as psychiatrists, mental health nurses and psychologists in regional and remote areas. In both the Mid West and Gascoyne SA3s the rate of psychologists per 10,000 people is below the state rate, at 6.9 and 3.2 respectively compared to 13.2 per 10,000 across WA. Utilisation of Medicare-subsidised clinical psychologists was below state rates at 1% in the Mid West SA3 and 0.6% in the Gascoyne SA3, compared to 2.2% across WA. Given the degree of mental health disease burden and high prevalence of suicide ideation, suicide deaths and self-harm hospitalisations in the region, these figures indicate insufficient access to rebated psychology services in the Mid West and Gascoyne SA3s and a reliance on services provided by the WACHS and the not-for-profit sector. There are only three reported clinical psychologists in the Gascoyne SA3.

Local intelligence has highlighted that demand for mental health services for locals in Geraldton is high with private providers and the not-for-profit sector reporting large client waitlists and lengthy wait times.

Aboriginal health

An estimated 9,205 Aboriginal people reside in the Mid West region. The Mid West Aboriginal community is diverse, with various localised Aboriginal language groups, collectively known as Yamatji. These include the Amangu people, Naaguja people, Wadjarri people, Nanda people, Badimia people and Martu people.

There are approximately 15-20 remote communities within the region.

Aboriginal people are dispersed throughout the seventeen Local Government Areas that comprise the Mid West region. Approximately 10% of the total population are Yamatji people who live mostly in Geraldton and Carnarvon. Many Yamatji people also live in the smaller towns of Mt Magnet, Shark Bay, Mullewa, Cue and Gascoyne Junction, as well as in remote communities such as Meekatharra, Burringurrah, Yulga Jinna, Barrell Well, Wandanooka, Mungullah, Buttah Windee and Pia Wadjarri.

The Aboriginal people in the Mid West SA3 region, spanning the IAREs of Wiluna, Meekathara – Karalundi, Irwin – Morawa, Geraldton, Central West Coast and Carnegie South – Mount Magnet, experience high levels of socioeconomic disadvantage in WA and are impacted by poor health outcomes. The highest levels of disadvantage have been observed in the Wiluna, Meekathara – Karalundi and Carnegie South – Mount Magnet IAREs, which have Indigenous Relative Socioeconomic Outcomes (IRSEO) index scores of 89, 85 and 80 respectively, compared to 51 for WA overall. A higher IRSEO score indicates a greater level of socioeconomic disadvantage for the region. High levels of disadvantage are also noted in some areas within the Gascoyne SA3, specifically the IAREs of Carnarvon – Mungullah (82) and Shark Bay – Coral Bay – Upper Gascoyne (78). The Exmouth – Ashburton IARE, which ranges across the Gascoyne and Pilbara regions, has a low IRSEO index score of 26.

Unemployment is a significant issue among Aboriginal people in the Mid West SA3, with rates above the state level in five of the six IAREs. It is highest in Wiluna and Meekathara – Karalundi, where 1 in 4 (25%) Aboriginal people in each area are unemployed, compared to 16% of Aboriginal people across WA. Approximately 1 in 5 Aboriginal people are unemployed in Central West Coast (22%), Geraldton (18%) and Irwin – Morawa (17%). Of the three IAREs within the Gascoyne SA3, Carnarvon – Mungullah has high unemployment levels above state rates, at 26%.

Housing is an issue within the Gascoyne SA3, with approximately 1 in 2 Aboriginal people living in social housing in the Carnarvon – Mungullah (55%) and Shark Bay – Coral Bay – Upper Gascoyne (50%) IAREs compared to 33% of Aboriginal people across WA. In the Mid West SA3, higher proportions of Aboriginal people are living in social housing in Wiluna (76%), Meekathara – Karalundi (48%) and Carnegie South – Mount Magnet (44%).

With the exception of Exmouth – Ashburton, all IAREs within the Mid West and Gascoyne SA3s have higher rates of Aboriginal low-income households compared to the state level of 54%. This includes Meekathara – Karalundi (78%), Wiluna (75%), Central West Coast (67%), Irwin – Morawa (63%), Geraldton (60%) and Carnegie South – Mount Magnet (57%) in the Mid West SA3, and Carnarvon-Mungullah (70%) and Shark Bay – Coral Bay – Upper Gascoyne (61%) in the Gascoyne SA3.

There is an average participation rate in full-time secondary education at age 16 of 65% across WA. Participation in some areas of the Mid West and Gascoyne SA3s are among the lowest in WA and a significant concern.

Child immunisation

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 Mid West region, data for nearly all IAREs are insufficient due to low numbers, and only the Geraldton IARE has sufficient data available. In Geraldton, immunisation levels are slightly below target for all age groups, with 93% of 1-year-olds, 87% of 2-year-olds and 93% of 5-year-olds fully immunised.

Lower urgency emergency department presentations

High rates of lower urgency ED attendances can be indicative of a gap in primary health care services and this is evident in the Mid West region, where lower urgency ED attendance levels are a significant concern compared to other parts of WA. Lower urgency ED presentations by Aboriginal people in both Mid West and Gascoyne SA3s are above state levels, at 6,689 and 14,586 per 10,000 Aboriginal people compared to 6,167 per 10,000 across WA.

Avoidable deaths by selected causes

Avoidable deaths data is suppressed for a number of IAREs due to low numbers. Based on the available data, there were 292.3 avoidable deaths per 100,000 across WA among Aboriginal people aged 0 to 74 years in the 2017-2021 period. When looking at Aboriginal deaths from all avoidable causes in total, two of the six IAREs in the Mid West SA3 are concerningly above the state level. These are Meekatharra – Karalundi (410.9 per 100,000) and Geraldton (332.3). Data for avoidable deaths related to specific conditions is insufficient for all IAREs in the Mid West SA3 except Geraldton. In Geraldton IARE, the rate of avoidable deaths exceeds state levels for circulatory system diseases (148.3 per 100,000 vs. 86.2 across WA), ischaemic heart disease (66.7 vs. 57.2 across WA), diabetes (38.0 vs. 35.4 across WA) and cancer (24.2 vs. 19.8 across WA).

Avoidable deaths among Aboriginal people is also concerning in the Gascoyne SA3, with rates above state levels for two of the three IAREs reported, being Carnarvon – Mungullah (435.9 per 100,000) and Exmouth – Ashburton (332.3). In the Carnarvon – Mungullah IARE, avoidable deaths were above state rates for diabetes (77.1 per 100,000 vs. 35.4 across WA), ischaemic heart disease (73.0 vs. 57.2 across WA), other external causes including transport accidents and accidental drowning (85.2 vs. 37.5 across WA) and cancer (58.2 vs. 19.8 across WA). The Exmouth – Ashburton had rates above the state for circulatory system diseases (148.3 vs 86.2 across WA) and ischaemic heart disease (88.3 vs. 57.2 across WA).

Median age at death

The median age at death for Aboriginal people across WA is 58 years – significantly below that of non-Aboriginal people at 80 years. Sadly, Aboriginal people in the Gascoyne SA3 have a similar, though slightly higher, median age at death, being 60 years in the Carnarvon – Mungullah IARE and 59 years in Exmouth – Ashburton IARE.

In contrast, Aboriginal people in the Mid West SA3 have an older median age at death, being 71 years in the Central West Coast IARE, 64 years in the Irwin – Morawa IARE, 61 in the Geraldton IARE and 58 years in the Meekatharra – Karalundi, Wiluna and Carnegie South – Mount Magnet IAREs.

Potentially preventable hospitalisations

The average annual rate of total PPHs per 100,000 for Aboriginal people is above state levels for all IAREs in the Mid West SA3, except Irwin – Morawa. Across WA, there were 6,264 PPH admissions per 100,000 for Aboriginal people from 2017/18 to 2020/21. In the Mid West SA3 region, the rate ranged from 5,429 to 14,642 per 100,000. Wiluna has the highest rate (14,642), followed by Carnegie South – Mount Magnet (11,040), Meekatharra – Karalundi (8,929), Geraldton (6,872) and Central West Coast (6,285). PPHs are less prevalent in the Gascoyne SA3, where Carnarvon – Mungullah is the sole IARE that exceeds the state rate, at 7,928 per 100,000.

Chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care are: angina, asthma, COPD, congestive cardiac failure, diabetes complications, hypertension and iron deficiency anaemia. PPHs due to chronic conditions are particularly high in the Mid West region. All IAREs in the Mid West SA3 and two of the three IAREs in the Gascoyne SA3 exceed state rates for total PPHs due to chronic conditions and chronic diabetes complications. The rates for PPHs due to specific chronic conditions that exceed state levels are detailed below:

- Chronic diabetes complications: Meekatharra – Karalundi (1,569 per 100,000), Wiluna (1,417), Carnegie South – Mount Magnet (1,246), Irwin-Morawa (993), Central West Coast (957), and

Geraldton (627) in the Mid West SA3 and Exmouth – Ashburton (723) and Carnarvon – Mungullah (612) in the Gascoyne SA3, compared to 547 per 100,000 across WA.

- Chronic asthma: Meekatharra – Karalundi (451 per 100,000), Irwin – Morawa (298), Central West Coast (248) in the Mid West SA3, and Carnarvon – Mungullah (431) and Exmouth – Ashburton (325) in the Gascoyne SA3, compared to 192 per 100,000 across WA.
- Chronic angina: Meekatharra – Karalundi (437 per 100,000), Geraldton (353) and Carnegie South – Mount Magnet (283) in the Mid West SA3, and Exmouth – Ashburton (345) in the Gascoyne SA3, compared to 206 across WA).
- Chronic congestive cardiac failure: Wiluna (1,050 per 100,000), Irwin – Morawa (419), Geraldton (409) in the Mid West SA3 and Exmouth – Ashburton (547) and Carnarvon – Mungullah (475) in the Gascoyne SA3, compared to 405 per 100,000 across WA.
- Iron deficiency anaemia: Meekatharra – Karalundi (288 per 100,000) in the Mid West SA3 compared to 208 per 100,000 across WA.
- COPD: Geraldton (782 per 100,000), Carnegie South – Mount Magnet (727), Irwin – Morawa (661) in the Mid West SA3 and Carnarvon – Mungullah (619) in the Gascoyne SA3, compared to 608 per 100,000 across WA.

Acute PPHs relate to conditions that usually come on suddenly, and may not be preventable, but may not have resulted in hospitalisation if timely and adequate care was received in the community). PPHs for total acute conditions also exceed state rates across all IAREs except Irwin – Morawa in the Mid West SA3 and in two of the three IAREs in the Gascoyne SA3. Specifically:

- Acute cellulitis: Wiluna (1,787 per 100,000), Meekatharra – Karalundi (1,597), Carnegie South – Mount Magnet (1,208) and Geraldton (988) in the Mid West SA3 and Carnarvon – Mungullah (1,788) and Exmouth – Ashburton (1,357) in the Gascoyne SA3, compared to 816 per 100,000 across WA.
- Acute convulsions and epilepsy: Central West Coast (540 per 100,000) and Geraldton (526) in the Mid West SA3, and Carnarvon – Mungullah (705) in the Gascoyne SA3, compared to 460 per 100,000 across WA.
- Acute dental conditions: Carnegie South – Mount Magnet (1,286 per 100,000), Central West Coast (825), Wiluna (723), Geraldton (524), Irwin – Morawa (488) and Meekatharra – Karalundi (432) in the Mid West SA3, and Carnarvon – Mungullah (676) and Shark Bay – Coral Bay – Upper Gascoyne (536) in the Gascoyne SA3, compared to 431 across WA.
- Acute ear, nose, and throat infections: Wiluna (1,379 per 100,000), Carnegie South – Mount Magnet (909), Meekatharra – Karalundi (815) and Geraldton (440) in the Mid West SA3, and Exmouth – Ashburton (419) and Carnarvon – Mungullah (402) in the Gascoyne SA3, compared to 393 per 100,000 across WA.
- Acute urinary tract infections (including pyelonephritis): Wiluna (1,605 per 100,000), Carnegie South – Mount Magnet (862), Meekatharra – Karalundi (854), Central West Coast (579) and Geraldton (548) in the Mid West SA3 and Exmouth – Ashburton (555) in the Gascoyne SA3, compared to 516 per 100,000 across WA.

Vaccine-preventable PPHs are hospitalisations due to conditions that can be prevented by vaccination. PPHs for total vaccine preventable conditions also exceed state rates across three of the five IAREs in the Mid West SA3. In contrast, vaccine preventable PPHs are not a significant issue in the Gascoyne SA3, with no IAREs above state level based on the latest available data:

- Total PPHs for vaccine-preventable conditions: Wiluna (3,344 per 100,000), Carnegie South – Mount Magnet (2,863) and Geraldton (870) in the Mid West SA3, compared to 855 per 100,000 across WA.
- PPHs for pneumonia and influenza: Wiluna (1,244 per 100,000), Geraldton (563), Meekatharra – Karalundi (542) and Carnegie South – Mount Magnet (399) in the Mid West SA3, compared to 278 per 100,000 across WA.

Primary care service access

Aboriginal 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 people can receive Aboriginal-specific health checks from their doctor, as well as referrals for Aboriginal-specific follow-up services. In March 2020, telehealth items for Aboriginal Health Checks were introduced in response to Coronavirus Disease 2019 (COVID-19) and associated restrictions.

In 2021-2022, the proportion of the Aboriginal people that received an Aboriginal Health Check was 23% in Country WA PHN compared to 22% across WA. Nationally, face-to-face Aboriginal Health Checks was the preferred method compared to telehealth.

Aboriginal people living in the Mid West region can access primary care services through general practice, Aboriginal Community Controlled Health Services, Integrated Team Care (ITC) programs and the hospital sector.

The ITC program supports Aboriginal people living with complex chronic conditions to access health care and funds teams of Aboriginal and Torres Strait Islander health project officers, outreach workers and care coordinators. In the Mid West region, the two Country to City ITC services are both based in the Mid West SA3 and are provided by Carnarvon Medical Service Aboriginal Corporation (CMSAC) and Geraldton Regional Aboriginal Medical Service (GRAMS) respectively.

There are three ACCHOs in the Mid West region, located in Geraldton, Carnarvon and Wiluna.

The Geraldton Regional Aboriginal Medical Service (GRAMS) operates in both Geraldton and Carnarvon. It provides medical services not only to those clients who reside within the limits of the city itself but also to remote areas in the Mid West and Murchison region by means of mobile outreach clinics. These outreach services extend to Mt Magnet, Yalgoo, Pia Wadjarri, Kardaloo Farm, Sandstone, Meekatharra, Yulga Jinna and Cue, offering medical services, chronic disease clinics, health promotion and medication dispensing. In their main clinics, a wide range of services are offered, including child health, dental health, diabetes management, general consultation, hearing and eye health, physiotherapy, psychology, respiratory support and sexual health services. They further offer programs targeted to smoking, social and emotional wellbeing, integrated care, counselling, youth wellbeing, exercise physiology, pharmacy services, telehealth services and patient transport.

The Ngangganawili Aboriginal Community Controlled Health & Medical is based in Wiluna, providing affordable and culturally appropriate health services to the Aboriginal and wider population of Wiluna and surrounding areas. Services offered include general practice, accident and emergency, maternal and child health, chronic disease management and some specialist services. In addition, social and emotional wellbeing, environmental health and community care programs are available.

Digital health

Digital health includes a broad range of innovative technologies for the purposes of providing care and sharing information to enhance patient outcomes. Services include mobile health applications (Medicare Online, COVID check-in apps), electronic prescribing, electronic health records (My Health Record) and telehealth/telemedicine.

Australia-wide, the volume of My Health Record entries containing data had a growth of 520,000 from January 2023 to March 2024. The largest increase in use from 2023 to 2024 has been seen in specialist letters (78% increase), diagnostic imaging reports (34% increase), and pathology reports (25% increase). In March 2024, WA had 2.6 million My Health Records.

There has been a decrease in the proportion of people who have had at least one telehealth consultation in the 12-months from 30.8% in 2021-2022 to 27.7% in 2022-23. Those who had a long-term health condition (37.1%) are more likely to use telehealth compared to those without one (17.3%). In addition, those aged 65-74 years (31.6%) are more likely to use telehealth than people aged 15-24 (20.9%). Unfortunately, those living in outer regional, remote or very remote areas (23.4%) are less likely to use telehealth than those living in major cities (28.3%) – there could be several reasons for this including, internet availability/access, and telehealth compliant devices such as phones and laptops. Of people who used telehealth services in the past 12 months, 87.7% reported that they would use it again if offered.

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. It appears that the focus on digital health including telehealth consultations during COVID-19 helped fast track the adoption of technology and more providers saw the My Health Record as a valuable repository of health data as it is accessible to all health care providers without the need for fax machines or postal services.

As of February 2024, there are now more than 23.5 million My Health Records entries Australia-wide and more than 23 million or 98% of them contain data. It is important to note that the COVID pandemic drove telehealth, but unfortunately, these gains have not been sustained as patients are favouring face to face consultations once again.

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Mid West Needs Assessment 2025-2027

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.

Disclaimer

Please be aware that this document does not contain references. For further details and source information, please refer to the full report: Country WA PHN Needs Assessment 2025-2027

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