WA Primary Health Alliance
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PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

Pilbara

Needs Assessment 2025-2027

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Pilbara Priorities

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Chronic diseases contribute significantly to the burden of disease in the Pilbara region. There are high rates of avoidable deaths due to chronic conditions, including cardiovascular, musculoskeletal and cancer. The region has high rates of smoking, a known risk factor for chronic disease.	There are high rates of Potentially Preventable Hospitalisations (PPHs) related to chronic conditions, including chronic congestive failure, chronic obstructive pulmonary disease (COPD), chronic angina, diabetes and chronic iron deficiency anaemia. General Practitioner (GP) utilisation is well below state levels and the lowest in the Country WA region. Access to general practice is limited, with the lowest supply of GPs in Western Australia (WA).	**Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.** **Support primary care to promote healthy lifestyle changes, particularly smoking cessation.** **Work with partner organisations to increase GP workforce.**	Pilbara	Population health	Chronic conditions
Mental health is the second leading cause of disease burden in the Pilbara, influenced by high levels of depressive disorders and suicide.	Relative to other areas in WA, there is a low supply of mental health services in the West Pilbara Statistical Area Level Three (SA3), including youth mental health services.	**Enable access to culturally appropriate mental health services for people who experience mental health across the spectrum.**	Pilbara	Mental health	Early intervention and prevention System integration
Suicide is a serious issue in the Pilbara region. It is the second leading cause of death in the West Pilbara SA3, accounting for 11% of all deaths. In the East Pilbara SA3 it is the third leading cause of death and contributes to 7% of all deaths. Each of these is above state levels. Suicide and self-inflicted injuries are the leading cause of disease burden for 15- to 24-year-olds.	There are high rates of hospitalisations in both the East and West Pilbara SA3s, and high rates among those aged 0-24 in the East Pilbara SA3. Access to primary mental health services is limited in the Goldfields-Esperance region with only one local provider delivering targeted suicide prevention services, and fewer than 1% of the population accessing a clinical psychologist through Medicare Benefits Schedule (MBS) services.	**Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk.**	Pilbara	Mental health	Access Early intervention and prevention

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Residents are at risk of short-term and long-term harm from alcohol use, particularly in the West Pilbara SA3. Harmful alcohol consumption causes multiple chronic diseases resulting in complex care needs. In the West Pilbara SA3, 2 in 5 residents are at high risk of long-term harm from alcohol consumption. In the East Pilbara SA3, 1 in 4 are at long-term risk.	There is a high rate of alcohol and other drug (AOD)-related Emergency Department (ED) presentations in both the East Pilbara and West Pilbara SA3s, with the East Pilbara SA3 having the second highest rate in WA. Early screening and intervention are needed to reduce the impact of harmful alcohol use. Evidence has shown GPs to be crucial in the effectiveness of interventions and management of alcohol-related issues.	**Enable access to early screening and treatment for harmful alcohol use and support primary health care providers in managing alcohol-related issues.**	Pilbara	Alcohol and other Drugs	Access
More people are experiencing homelessness within the East Pilbara 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.**	Pilbara	Population health	Access Chronic conditions
Childhood immunisation levels in the Pilbara region are below the 95% target for Aboriginal and non-Aboriginal children. Minimise the risk of vaccine-preventable illnesses by ensuring children 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.**	Pilbara	Population health	Immunisation Aboriginal health

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
The Pilbara region has the second largest Aboriginal population in WA. There are pockets of significant disadvantage compared to Aboriginal people in other parts of WA, and Aboriginal people living in the Pilbara. may be at risk of experiencing poor health outcomes related to social determinants of health. Some Aboriginal people in the Pilbara are impacted by vaccine preventable diseases (e.g. influenza) at a higher rate than non-Aboriginal people.	Aboriginal people in the Pilbara region have high rates of avoidable hospitalisation, including high rates of PPH presentations and non-urgent ED presentations. There is a high rate of vaccine-preventable PPHs compared to Aboriginal people in other parts of WA.	**Enable access to coordinated culturally appropriate primary care for Aboriginal people.**	Pilbara	Aboriginal health	Appropriate care (including cultural safety)
Though the Pilbara has a small proportion of older people compared to state rates, it is projected to nearly double by 2030.	There is a low supply of residential aged care with only two Residential Aged Care Homes (RACHs) in the region, offering 56 beds in East Pilbara SA3 and 20 beds in West Pilbara SA3 (one of the lowest bed counts in the state). 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. The growing population of older people will place increased pressure on aged care services.	**Support health and aged care providers in supporting older people 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.**	Pilbara	Aged care	Access Chronic conditions

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
The Pilbara 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.**	Pilbara	Aged care Aboriginal health	Access
Most Australians would prefer to die at home rather than in a hospital or aged care home. For many Aboriginal people, this means dying at home connected to country.	There is limited home palliative care available in the 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.**	Pilbara	Aged care	Access Palliative care

Pilbara

Overview

The Pilbara region is a remote region with a younger population, as well as a prominent fly-in-fly-out (FIFO) workforce, due to the Pilbara representing more than 70% of mineral and energy production in Western Australia (WA). There is a high proportion of Aboriginal people made up of diverse communities with many distinct language groups and remote communities. The pertinent health concerns in the region are mental health (including youth mental health), suicide and self-harm, chronic disease, alcohol and other drugs.

Workforce and access to services is a continuing issue for all rural communities and the Pilbara is similarly impacted. The region has limited access to allied health professionals and a shortage of mental health professionals.

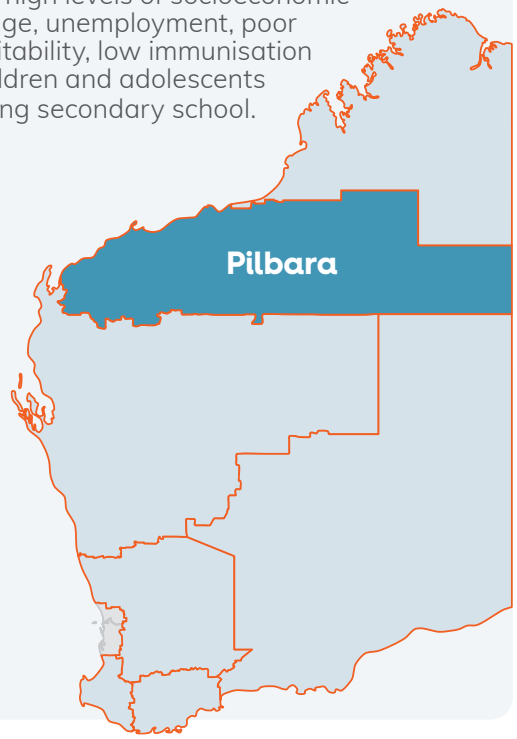
The Pilbara region has the third highest rate of suicide in the state contributing to 9% of all deaths in the region. Mental ill-health was the second leading cause of disease burden in the region but less than 1% of the population accessed a clinical psychologist through the Better Access MBS program.

The population in the Pilbara region has a high prevalence of chronic, acute and vaccine-preventable potentially preventable hospitalisations (PPHs), particularly for chronic congestive cardiac failure, chronic angina, chronic asthma, chronic diabetes complications and chronic obstructive pulmonary disease (COPD), as well as acute cellulitis, acute ear, nose and throat infections and acute urinary tract infections. Moreover, the region has the third highest cardiovascular burden in the state, together with a low utilisation of General Practitioner (GP) chronic disease management plans (CDMPs).

The Pilbara has a smaller ageing population when compared to other regions in the Country WA Primary Health Network (PHN), and an adequate supply of aged care beds and aged care nurses compared to state levels with two residential aged care homes located in the region.

There is a concerning proportion of residents (particularly in Aboriginal people) at risk of short-term and long-term harm from alcohol use, illicit drugs, smoking, unintentional drug-induced deaths and Emergency Department (ED) presentations related to alcohol and other drugs (also know as AOD).

Aboriginal people in the Pilbara region experience high levels of socioeconomic disadvantage, unemployment, poor housing suitability, low immunisation rates in children and adolescents not attending secondary school.



Population demographics

The Pilbara covers around 506,000 square kilometres and is WA's second most northern region. It consists of two Australian Bureau of Statistics (ABS) Statistical Area Level Three (SA3) sub-regions: West Pilbara and SA3 and East Pilbara SA3. West Pilbara includes the towns of Karratha, Dampier, Wickham, Onslow, Roebourne, Tom Price, and Paraburdoo. East Pilbara includes the towns of Port Hedland, Newman, Jigalong, Nullagine, and Marble Bar.

The Pilbara region is one of Australia's top mining regions, with the west SA3 being the home to 58,940 people and the east accounting for 31,621. Together, both of the region's SA3s account for 3% of WA's population.

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 96. 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 East Pilbara SA3 (IRSD=993) is an area of socioeconomic disadvantage, however, the West Pilbara SA3 (IRSD=1045) is not considered as having a socioeconomic disadvantage with its IRSD index being above the state figure.

Approximately 4 in 25 East Pilbara SA3 residents (16%) live in social housing, which is above the state rate of 3%. A similar proportion (11%) are in low income, welfare-dependent families with children, compared to 5% in WA overall. In contrast, 9% of West Pilbara SA3 residents live in social housing and 8% are in low income, welfare-dependent families with children.

Approximately 18% of residents in the East Pilbara SA3 identify as Aboriginal and Torres Strait Islander (Aboriginal), compared to 11% of residents in the West Pilbara SA3.

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; 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 Pilbara region has a number of under-served people who are at risk of poor health outcomes. Specifically:

- 2750 East Pilbara SA3 residents were born in a non-English speaking country, equating to 11% of the local population. Further 2748 West Pilbara SA3 residents were born in a non-English speaking country, representing 9% of the local population. These compare to 18% across WA.
- 2% of residents in the East Pilbara SA3 and the West Pilbara SA3 respectively have a profound or severe disability, compared to 5% across the state.
- 6% of residents in the East Pilbara SA3 and the West Pilbara SA3 respectively provide unpaid assistance to people with a disability compared to 11% across WA.
- 31% of children in the East Pilbara SA3 and 19% in the West Pilbara SA3 are developmentally vulnerable on one or more domains, compared to 20% across WA.
- An estimated 465 people in the East Pilbara SA3 and 117 people in the West Pilbara SA3 are experiencing homelessness. This equates to 107 per 10,000 people in the east, above the state rate of 36 per 10,000 and 25 per 10,000 in the west, below the state rate. This includes 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 East Pilbara SA3 (Composite Index Score, CIS=0.55) has the third highest level of unmet need for multicultural services in WA. It has the highest number of residents born in a predominantly non-English speaking country (2,747, representing 11% of residents) in the Country WA region, and the third highest rate of GP-type ED presentations among people born in a predominantly non-English speaking country (5,985 per 10,000 of the aforementioned population compared to 1,912 per 10,000 across WA).

In contrast, the West Pilbara SA3 (CIS=-0.14) has a moderate level of unmet demand for multicultural services. It has a relatively large local population and high rate of people born in predominantly non-English speaking countries (2,744 residents, representing 9% of residents) and a high rate of GP-type ED presentations for this population group (4,128 per 10,000 people born in a predominantly

non-English speaking country compared to 1,912 per 10,000 across WA). However, compared to other parts of WA, it is relatively socioeconomically advantaged, and nearly all residents (99.6%) speak 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 status 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[2].

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 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 of these concerns (physical, mental and substance issues).

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

The East Pilbara SA3 (CIS=0.84) has the second highest rate of homelessness in WA. An estimated 468 residents are at risk of or currently experiencing homelessness; equating to a rate well above the state (171 people per 10,000 compared to 48 per 10,000 across WA). In contrast, the West Pilbara SA3 (CIS=-0.88) has one of the lowest levels of unmet need for homelessness services in WA.

There is one local service supporting people experiencing homelessness, being the Pilbara Community Legal Service located in Newman. It offers no-cost tenancy and housing support, public housing support and community migrant settlement.

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 by way of prevention, early intervention, response, and through 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 of this strategy 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 2,282 reports of family related assault in the Pilbara WA Police district, equating to an average of 190 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 have one of the above conditions and 5% reported they have two of the selected conditions.

The level of concern for chronic disease in the East Pilbara SA3 among its residents is not considered substantially high, only exceeding states rates for two of the ten chronic conditions reported by the Census. Of note, it has does have the third highest ASR per 100 people for diabetes at 5.2 people per 100, and for kidney disease at 1.0 per 100. Each of these exceeds the state rate.

	ASR per 100 people	
	East Pilbara SA3	WA
Diabetes (excluding gestational diabetes)	5.2	4.5
Kidney disease	1.0	0.8

In comparison, chronic disease in the West Pilbara SA3 is less of relative need overall, however, for the conditions it does exceed the WA level for diabetes, with 4.7 people per 100 reporting they have diabetes, compared to 4.5 per 100 across WA.

Rates of clinician-diagnosed diabetes using WAPHA's new method of estimating condition prevalence from general practice Data were not calculated for East and West Pilbara, 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 Pilbara region has significantly higher rates of risk factor smoking tobacco compared to state levels, particularly in both the East and West SA3. Approximately 1 in 5 in each of the Pilbara regions SA3 residents (22% in East Pilbara and 18% in West Pilbara) currently smoke. The current smoker rate in the East Pilbara SA3 is the highest rate in WA overall. The West Pilbara SA3 has a 30% prevalence of ex-smokers, which is near the state rate of 29%.

The estimated prevalence for people experiencing obesity in the East Pilbara SA3 and West Pilbara SA3 is higher in both compared to the WA rate of 36%. Concerningly, approximately 2 in 5 (44%) residents in both the East Pilbara SA3 (44%) and West Pilbara SA3 (38%) are living with obesity.

17% of residents in the West Pilbara SA3s are not engaging in any physical activity for leisure purposes; on par with the state rate of 17%. In contrast, the East Pilbara is below the state rate at 13%.

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 indicated that the Pilbara region had same rate of fatal burden (noting the number of deaths in Pilbara is relatively small, thus, comparisons to other regions should be used with caution) and a 1.4 times higher rate non-fatal burden compared to the metropolitan regions. The Pilbara region experienced more non-fatal burden than fatal burden whereas other country regions (excluding the South West) experienced more fatal burden than non-fatal burden. Chronic disease accounts for a substantial proportion of the burden of disease. The Pilbara region had the third highest cardiovascular burden in the state, accounting for 13% of the total burden in the region.

Coronary heart disease (7% of burden for females and 8% for males) and backpain were among the five leading five causes of disease burden in male and female residents in the Pilbara region. In addition, depressive disorders, anxiety disorders and asthma were specific to females and suicide/self-inflicted injuries, poisoning and alcohol use disorders were specific to males.

Leading causes of total disease burden in the Pilbara health region		
Condition	%	ASR per 1,000
Injury	17%	22.1
Mental	17%	24.8
Cardiovascular	13%	31.2
Musculoskeletal	12%	28.2
Cancer	8%	19.8

Potentially preventable hospitalisations for chronic conditions

Potentially preventable hospitlisations (PPHs) are certain hospital admissions (both public and private) that could have potentially been prevented by timely and adequate health care in the community. However, only public hospitals data are reported in this document. Chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care: angina, asthma, COPD, congestive cardiac failure, diabetes complications, hypertension and iron deficiency anaemia.

Across the state as reported for 2020/21, the ASR of PPHs per 100,000 for total chronic conditions was 903 and the highest admission rates for WA were for chronic congestive cardiac failure (196), chronic obstructive pulmonary disease (184), and chronic diabetes (178).

Relative to other parts of WA, the East Pilbara SA3 has a higher rate for total chronic conditions in the state and at 2,082 per 100,000 people (compared to 903 per 100,000 across WA), it has the second highest rate in WA. This is driven by higher rates in the East Pilbara SA3 compared to WA for congestive cardiac failure (846 vs. 196), COPD (623 vs. 184), chronic asthma (142 vs. 57) and chronic hypertension (131 vs. 28).

Similarly, the West Pilbara SA3 exceeds state rates for total chronic conditions (1,191 per 100,000), driven by higher rates for chronic congestive cardiac failure (344 vs. 196), chronic angina (184 vs. 90) and chronic asthma (86 vs. 57).

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. Residents of the East Pilbara and West Pilbara SA3s have comparatively lower utilisation, at 4% and 6% respectively. Feedback from local stakeholders suggests that this may be an indication of a lack of allied health services in the region.

Childhood Immunisation

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 (AIR) from 1January 2023 to 31 December 2023 indicated that in the Country WA 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.

AIR reports that the Pilbara region fell below the 95% immunisation target for children aged 1, 2 and 5 years, being 89% for children aged 1 year, 82%

aged 2 years and 92% for children aged 5 years. Feedback from local stakeholders suggests that this may reflect capacity shortages among child health nurses in the Pilbara.

Cancer screening

There are three national cancer screening programs in Australia: BreastScreen Australia, National Cervical Cancer Screening Program (NCSP), and National Bowel Cancer Screening Program (NBCSP).

In 2020-21, cancer screening participation rates in the Pilbara region were concerningly low, well under state levels and among the lowest in WA.

The East Pilbara SA3 screening participation rates were the least in the state for all three cancer types. Near 1 in 5 (19%) eligible residents had participated in bowel cancer screening, compared to the state level of 42%, which in itself is low. Approximately 1 in 4 (28%) had participated in breast cancer screening (compared to 51% across WA), and roughly 1 in 2 (47%) had participated in cervical cancer screening, compared to the state level of 69%.

The West Pilbara SA3 also fell below state levels for bowel, breast and cervical cancer screening. Only 1 in 4 (26%) eligible residents had participated in bowel cancer screening, 1 in 3 (34%) in breast cancer screening and 1 in 2 (54%) in cervical cancer screening. 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.

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

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 188.1 per 100,000, the rate of syphilis notifications in the Pilbara region is six and a half times the state rate of 28.8 per 100,000.

Avoidable mortality

The median age of death in the East and West Pilbara SA3s is well below the state median age of 81 years, at 58 and 57 years respectively. Sadly, these figures are the two youngest median ages of death in the 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 East Pilbara and West Pilbara SA3s exceed the state rate of 117.6 per 100,000 at 199 and 124 respectively. The East Pilbara SA3 has the highest rate of avoidable deaths from COPD in WA (22.4 vs. 7.1 per 100,000 across WA) and the second highest rate for cerebrovascular disease (13.3 vs. 6.7). The West Pilbara SA3 has the third highest rate of avoidable deaths from cerebrovascular in WA at 11.1 per 100,000; above the state rate of 6.7 per 100,000.

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

According to the Mortality Over Regions and Time (MORT) data, the rate of premature deaths (people under 75 years) in the East Pilbara SA3s is well above the state rate of 195 per 100,000, at 383. Data for West Pilbara is suppressed for the SA3 due to low numbers.

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

Rank	WA	East Pilbara	West Pilbara
1	Coronary heart disease (11%)	Coronary heart disease (13%)	Coronary heart disease (12%)
2	Dementia (including Alzheimer's) (9%)	Diabetes (8%)	Suicide (11%)
3	Cerebrovascular disease (5%)	Suicide (7%)	Diabetes (6%)
4	Lung cancer (5%)	Cerebrovascular disease (5%)	Lung cancer (6%)
5	COPD (4%)	Land transport accidents (5%)	Cerebrovascular disease (5%)

Utilisation of primary care services

Local stakeholders identified issues with access to primary care in the region including workforce shortages, lack of access to bulk billing, appointment wait times and lack of psychosocial support for frequent presenters to ED.

At 50% and 63% respectively, GP utilisation in the East Pilbara and West Pilbara SA3s is below the well 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 Composite Index Score (CIS) was calculated based on the after-hours demand and supply indices, with 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 East Pilbara SA3 has a relatively low level of unmet need (CIS=-0.64) for after-hours services, while the West Pilbara SA3 has the lowest need in the Country WA region (CIS=-2.06).

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 East Pilbara and West Pilbara SA3s have a similar of GP health assessments compared to the state (at approximately 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.

Local stakeholders have noted that most general practices in the region are private billing (with the exception of appointments for health care card holders and children under 16 years) and this may affect uptake of GP services.

Medicare-subsidised nurse practitioner services are not heavily used in the region. The latest data reports that respectively at 3% and 2% of residents in the East Pilbara and West Pilbara 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 20 (5%) residents in the East Pilbara SA3 and 1 in 50 (2%) in the West Pilbara SA3 used a Medicare-subsidised practice nurse/Aboriginal health worker, both below the state rate of 7%.

Utilisation of Medicare-subsidised allied health services was low compared to state rates in both the East Pilbara and West Pilbara SA3s, at 15% and 22% 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, the East Pilbara SA3 has the lowest access to GP services across WA and the West Pilbara has moderate access. Overall, 40% of SA3s across WA have higher access relative to need compared to the East Pilbara SA3, while the West Pilbara SA3 is among four other SA3s with the highest access relative to need in the state.

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 healthcare 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 one 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 two in three (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 fulltime 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 East Pilbara SA3 has 33.3 GPCSE per 100,000 residents and the West Pilbara SA3 has 47.5. Each of these is well below the state rate of 102.

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 Karratha and Port Hedland GP catchments in the Pilbara region are noted as being of particularly high need for GP workforce, that have accredited training general practices with no training capacity. To remedy this issue, it has been recommended that GP colleges consider these catchments a high focus for remote supervision.

Within the Karratha catchment, there are four general practices and though this GP catchment was moved to no training capacity in May 2024, supervision is a major challenge to having GP Registrars in this GP catchment with remote supervision potentially being the best option. Karratha, and surrounding towns of Dampier, Wickham and Roebourne, are mining towns for the iron ore industry. These impact living costs for those who do not work in the mining sector such as health professionals. The affordability of housing in the area also presents a barrier to GPs choosing to reside in the area, with the average weekly rental cost being $696 (and up to $991 in some areas); above the median cost of $355 per week across Country WA GP catchments. The City of Karratha offers a weekly rental assistance payment of $200 to GPs who reside in Karratha. Approximately one in 10 (11%) of residents fall within WA's most disadvantaged socioeconomic quintile.

Although, the Port Hedland GP catchment has three local general practices and three IAHP funded Aboriginal Community Controlled Health Organisations (ACCHOs), this GP catchment was moved to no training capacity in February 2024 and the lack of supervisors for GP Registrars and consultation room capacity in the town further impacts the ability to train. Many of the GP workforce undertake a fly-in-fly-out service due to having a family being based in Perth. There are ongoing issues in recruiting both nursing and in particular, due to the competitive salaries in the mining sector, administration/reception staff. This is further impacted by the inability to secure housing for health professionals, with the exception of GPs. Further, the ongoing lack of childcare continues to be a concern. 1 in 10 (25%) residents identify as Aboriginal.

The Tom Price catchment have no training capacity/viability and the East Pilbara and Onslow-Pannawonica GP catchments have no general practice. The shared recommended approach by GP colleges is that broader workforce strategies are required.

Primary care nurses

The East Pilbara SA3 has a relatively high supply of primary care nurses at 174 primary care nurse FTE or 6.4 FTE per 1,000 residents compared to 2.5 FTE per 1,000 across WA. The West Pilbara SA3 was also above the state rate at 4.2 FTE per 1,000 with 133 primary care nurse FTE.

Housing issues

Feedback from local stakeholders identified housing-related issues that impact health service provision in the Pilbara. There has been a housing crisis in the region, with very high rents and difficulty obtaining short-term leases. Moreover, government

funding towards subsidised housing had resulted in reduced services, programs, and capacities for critical services in the region. There was a need for stakeholders to work in partnership to ensure that vacant housing was filled and that measures were undertaken to increase investment in housing supply in the medium and long term.

Stakeholders indicated that environmental health issues related to remote housing have been a significant concern in the Pilbara. In particular, the Kunawarritji Community experienced issues related to sewerage and sanitation that have affected the health of residents, particularly Aboriginal people.

Aged care

The SA3s in the Pilbara region have a very low proportion of people aged 65 years and over compared to other Country regions. In 2022, there were 991 people aged 65 years and over in East Pilbara SA3 and a further 1,035 in West Pilbara SA3. This represents only 3.6% and 3.3% of the population respectively and it is projected to increase to 6.5% of the population in East Pilbara SA3 and 5.3% in West Pilbara SA3 by 2030. This is far lower than the projected increase of 18% across the state.

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 lower in the East Pilbara and West Pilbara SA3s, with 8% of residents in both SA3s aged 65 years and older living with three or more long-term health conditions.

Approximately 3 in 5 (59%) general practise patients aged 65 years or older were diagnosed with three or more chronic conditions across WA. Data for the East Pilbara and West Pilbara SA3s is not provided due to poor representation of the population who accesses a primary health service in the region. We 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 residential aged care homes (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. Data for East Pilbara and West Pilbara SA3s is not provided due to poor representation of the population who accesses a primary health service in the region.

Local stakeholders have previously flagged a lack of GPs providing services in aged care facilities as well as a lack of allied health services as a major concern for aged care in the Pilbara.

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 residential aged care. 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 residential aged care.
- 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 residential aged care providers based on the service type delivered and each residents' care needs.

Primary Health Networks 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 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 much higher in the West Pilbara SA3, and well above state levels in Esperance SA3 at 688.1 total weekly hours per 1,000 aged 75 and over respectively. Data was not provided for the East Pilbara SA3s due to low figures to employ confidentiality measures to help prevent the identification of practitioners. 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 East Pilbara and West Pilbara 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), the Home Care Packages (HCP) program, 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 group had the highest amount 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 three home care services in the East Pilbara SA3 and one residential aged care home (RACH) offering a total of 56 beds. The West Pilbara SA3 has lower aged care services, with only one provider offering services in Roebourne. There are 30 residential beds and 15 home care places available. As at December 2023, there were 73 people in an HCP in the Pilbara Aged Care Planning Region (ACPR), which includes the East and West Pilbara SA3s, and a further 14 people waiting for an HCP at their approved level.

WA has 249 residential aged care services with a total of 19,887 residential places. Considering its relatively low proportion of elderly population, the East Pilbara SA3 has the highest beds-to-population ratio in the Country WA PHN with one RACH located in the SA3 at 124 beds per 1,000 people aged 70 years and over; (near double the state rate of 64 per 1,000). The West Pilbara SA3 also has one residential aged care home, however, the beds-to-population rate is similar to the state rate, with 65 beds per 1,000 people.

Across WA, there are 12.2 FTE (per 1,000 people aged 70 and over) nurses working in aged care. The East Pilbara SA3 has a much higher rate at 52.7 FTE, while the West Pilbara SA3, though closer to the rate in WA, is still above the state rate at 15.7 FTE.

Stakeholders have noted that aged care facilities place caps on beds and do not operate at full capacity when faced with a lack of GPs visiting aged care facilities.

Alcohol and other drugs

Alcohol and drug use is a significant issue in the West Pilbara SA3. Approximately 2 in 5 (40%) residents are at risk of long-term harm from alcohol, significantly higher than the state rate of 26% and the second highest in WA. Levels of short-term alcohol harm (18%) are also significantly higher than the rate of 10% and the highest in WA. Furthermore, the West Pilbara SA3 has the fifth greatest proportion of current smokers (18%), above that of the state rate of 11%.

Compared to the West Pilbara and other parts of the Country WA PHN, risky drinking is less of an issue in the East Pilbara SA3. Though above state levels for long-term (29%) and short-term (13%) alcohol harm, these rates are not significantly higher than WA. For smoking (current) however, East Pilbara does have the highest prevalence in the state at 22%, which is significantly higher than WA.

Rates of clinician-diagnosed chronic alcohol misuse and chronic drug misuse using WAPHA's new method of estimating condition prevalence from General Practice Data was not calculated for East and West Pilbara, 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 Pilbara region.

Tobacco use contributed to 29% of cardiovascular disease and 3% of musculoskeletal conditions, with the male population aged 65+ years having the highest rate of burden of disease due to tobacco. Men in the Pilbara region also had a higher risk of disease due to alcohol use (11%) and illicit drug use (7%) compared to women (5% and 4% respectively) .

Alcohol contributed to the burden of 23% of mental

and substance use disorders, 17% of injuries and 3% of cardiovascular disease burden, with males in the 15-24 and 25-44 year age groups having the most risk of alcohol use leading to disease.

Illicit drug use also made a high contribution to burden with 24% of injuries and 11% of mental and substance use disorders in the Pilbara 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 death 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 heroin death in 2021 with 1.5 deaths per 100,000 people. This corresponds with higher rates of death 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 10 unintentional drug-induced deaths in the East Pilbara SA3, equating to a rate of 7.6 per 100,000 people, above the state average of 8 per 100,000. In contrast, unintentional drug-induced deaths were less of an issue in the West Pilbara SA3, which was below the state level at 5.5 per 100,000; representing 9 deaths.

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 East Pilbara SA3 and West Pilbara SA3 are above the state rate of 0.8%, at 1.7% and 1.2% respectively. However, at 3%, treatment uptake in the West Pilbara SA3 is below the state level of 9% Treatment uptake is suppressed for the East Pilbara SA3 due to low numbers.

Chronic hepatitis C (CHC) levels in the Pilbara are also comparable to the state rate of 0.7%, with 0.8% prevalence in the region. The CHC treatment uptake was 26% in the Pilbara region; considerably below that of the state level of 42%.

Alcohol and other drug services

Reported statistics on AOD treatment show that across the Country WA PHN, 412.6 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.

AOD services are provided by Bloodwood Tree Association as well as Yaandina Community Services who offer a residential Rehabilitation facility, Turner River, which is a low medical detox service. Both these services are funded by the Mental Health Commission. Mission Australia offers Drug and Alcohol Treatment Service in the Pilbara for young people aged 8-14 years old. These services are available in the main population centres of Port Hedland, Karratha, Newman, Onslow, Tom Price and Roebourne. Hope Community Services also offer the Pilbara Community Alcohol and Drug Service (PCADS) with a base location in Karratha and a new location in Tom Price expected to be opening up in 2025.

There are limited drug and alcohol services provided in Aboriginal communities across the Pilbara region and stakeholders have identified a need for culturally safe and appropriate alcohol and drug services to the communities of Jigalong, Punmu, Kunawarritji and Parrngurr.

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

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

Mental health

Mental health was the second leading cause of disease burden in the Pilbara region contributing 16.5% to the total disease burden for the region. Depressive disorders were the leading cause of mental health burden for females in the Pilbara while suicide and self-inflicted injuries were the second leading cause of mental health burden in males. Across the Pilbara region, 29,020 community mental health occasions of service were recorded, with males accounting for 54% of the total figure.

Approximately 1 in 10 (11%) residents in the West Pilbara SA3 report that they have been diagnosed with anxiety; similar to the state rate of 12%. Anxiety is lower in the East Pilbara SA3, with 8% reporting an anxiety diagnosis.

In both the East Pilbara and West Pilbara SA3s, the proportion of residents reported to have been diagnosed with depression were below the state rate of 11%, at 9% and 6% (significantly lower than WA) respectively.

13% of residents in the West Pilbara SA3 report diagnoses of high or very high psychological distress; the same as the state rate. In contrast, this is approximately 1 in 10 (11%) for residents in the East Pilbara SA3.

Rates of clinician-diagnosed depression and anxiety using WAPHA's new method of estimating condition prevalence from general practice data were not calculated for East and West Pilbara, as the data collected in general practice will not be reflective of the wider population.

Suicide and self-harm

From 2018 to 2022 1,919 people sadly died from suicide in WA; a rate of 14.1 per 100,000 people 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.

Suicide heavily impacts the community in the Pilbara. In 2018-2022, it ranks as the 2 leading cause of death in the West Pilbara SA3 and 3 leading cause in the East Pilbara SA3 respectively.

At a rate of 17.1 people per 100,000, suicide in the East Pilbara SA3 is above state levels and an area of concern. Twenty-six people died from suicide in the East Pilbara SA3 between 2018 to 2022. Suicide is the third leading cause of death in the East Pilbara SA3, representing 3% of all deaths between 2017-2021, the second highest percentage among all SA3s in the state.

Just as concerning, at a rate of 16.5 people per 100,000, suicide in the West Pilbara SA3 is also above state levels. Twenty-nine people died from suicide between 2018 to 2022. As the second leading cause of death in the West Pilbara SA3, suicide represented 1 in 10 (11%) deaths (by all causes) between 2017-2021, the highest percentage out of all SA3s in WA.

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

The Health and Wellbeing Surveillance Survey collects data on suicidal ideation among adults aged 16 years and over. In each of the SA3s in the Pilbara, 6% indicated that they had thought seriously about ending their own lives, slightly below the state rate of 7%.

Self-harm is a strong risk factor for suicide. At a rate of 99.3 per 100,000 residents, hospitalisations for self-harm in the West Pilbara SA3 are similar to state level (97.9 per 100,000). However, self-harm is concerningly more prevalent in the East Pilbara SA3, with 155.3 per 100,000 residents, being the third highest in the state. Self-harm hospitalisations were higher for females in the Pilbara.

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

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 Pilbara region. Both the East Pilbara and West Pilbara SA3s have Mental Disorder-related ED presentations above the state rate, at 858 and 661 per 10,000 12-17-year-olds compared to 370 across WA.

Headspace centres and services support young people across Australia to be mentally healthy and engaged in their communities. There are three headspace services in the Pilbara region, in South Hedland, Karratha and in addition, Pilbara Outreach, with Youth Wellbeing Workers based in Newman, Karratha and Hedland with regular in-reach to Tom Price, Roebourne, Wickham, Onslow plus Pannawonica. The East Pilbara and West Pilbara SA3s both have utilisation levels at 4% of residents aged 12-25; above the state level of 2%. Each patient's episode of care comprised of an average of 3.1 occasions of service (i.e. interactions with the service or a mental health worker) in the West Pilbara SA3 and 2.3 in the East Pilbara SA3; lower than 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 both the East Pilbara and West Pilbara SA3s are 11% respectively and above the state rate of 9%. The specific prevalence rates of self-harm (regardless of intent) and suicidal ideation are above the state proportions of 10% and 7% respectively.

Major depression and anxiety disorders are risk factors associated with higher self-harm prevalence among 12 to 17-year-olds and are of great concern in the Pilbara region. The proportion of 12 to 17-year-olds experiencing major depression or anxiety disorders in the East Pilbara and West Pilbara SA3s are both above and more than double the state level, at 24% and 18% respectively (WA 9%).

In the Pilbara region, suicide and self-inflicted injuries are the leading cause of disease burden for 15-to-24-year-olds, contributing to 13% 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. With the third highest of hospitalisation for self-harm among those aged 0-24 years in the state, it is concerning to note self-harm hospitalisations in the East Pilbara SA3 are above state levels (216.0 vs. 139.7 per 100,000). Self-harm hospitalisations among people aged 0-24 years in the West Pilbara SA3 occurred at a rate of 135.5 per 100,000; below the WA rate.

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

Mental health services

Mental health services in the Pilbara are provided by the WA Country Health Service, the not-for-profit sector and via a small number of private providers. There are approximately 18 mental health services within the region, 9 of which have dedicated youth services. The WACHS provides child and adolescent mental health services and youth mental health services in Hedland, Karratha and Newman. Operated by Anglicare WA, headspace provides psychological services for young people aged 12-25 years in Hedland, Karratha and the Pilbara Outreach with regular in-reach to Tom Price, Roebourne, Wickham, Onslow plus Pannawonica. Private psychology services are available, however limited, within the Pilbara region in locations such as Karratha and Port Hedland. Practitioners also offer telehealth options which can be beneficial to those in more remote areas within the Pilbara.

A GP mental health treatment plan can be used to refer patients to psychiatrists, psychologists, counsellors, social workers and occupational therapists. In the East Pilbara and West Pilbara SA3s, 2% and 4% have accessed a GP mental health treatment plans in each area; similar to the state level of 8%. The East Pilbara SA3 has the lowest utilisation in the state.

There are low numbers of mental health professionals such as psychiatrists, mental health nurses and psychologists in regional and remote areas. In both the East Pilbara and West Pilbara SA3s the rate of psychologists per 10,000 people is below the state rate, at 2.8 and 6.1 respectively compared to 13.2 per 10,000 across WA. In each area less than 1% of residents accessed a clinical psychologist, compared to 2.2% across WA.

There is a shortage of mental health professionals in the Pilbara, particularly psychiatrists, with region itself having a supply 5 psychologists per 10,000 people in the region.

High turnover and lack of a permanent, locally trained medical workforce are common issues across Country WA PHN. The Pilbara had one of the lowest rates of MBS mental health-related services. This may be indicative of the low numbers of private mental health practitioners and a reliance on publicly funded primary mental health services in providing services for mild to moderate mental health conditions. Additionally, stakeholders have noted limited psychosocial support in the Pilbara for people with a mental health condition and issues accessing NDIS services. Further, it was highlighted that a lack of culturally secure primary mental health services for Aboriginal people and noted that telehealth services are not always the most culturally accessible modalities.

Aboriginal health

An estimated 11,928 Aboriginal people reside in the Pilbara region, the second largest population of Aboriginal people in WA. Across the region, there are 23 remote Aboriginal communities, with the Jigalong communities being the largest. There are more than 31 Aboriginal cultural groups and 31 Aboriginal languages, with many of these languages having between two and five dialects. Other prominent communities include the Kiwirrkurra people of the Gibson Desert, the Warralong people - north of Marble Bar, the Punmu people - east of Port Hedland and the Parnngurr people of Newman. Aboriginal people are dispersed throughout the four Local Government Shires that comprise the Pilbara region.

The Aboriginal people in the Pilbara region, spanning the Indigenous Regional Areas (IAREs) of Port Hedland, East Pilbara, Karratha, Roebourne – Wickham and Exmouth – Ashburton (an area that spans across to the Mid West region) experience high of socioeconomic disadvantage and are impacted by poor health outcomes. The highest levels of disadvantage are experienced in the Roebourne – Wickham, East Pilbara and Port Hedland IAREs, which have Indigenous Relative Socioeconomic Outcomes (IRSEO) index scores of 82, 80 and 51 respectively, compared to 51 for WA overall. A higher IRSEO score indicates a greater level of socioeconomic disadvantage for the region. In contrast, Aboriginal people in the Exmouth – Ashburton and Karratha IAREs are relatively more advantaged than other Aboriginal people in WA , with IRSEO scores of 26 and 25.

Unemployment is above state rates in the East Pilbara IARE, with an almost 2 in 5 Aboriginal residents without work (18%). Roebourne – Wickham was near the state rate at 15%. East Pilbara IARE, also experiences poor housing sustainability, with above 46% of households requiring extra bedrooms to accommodate residents.

There is an average participation rate in full time secondary education at age 16 of 65% across WA. Participation in the Exmouth – Ashburton IARE (located across the West Pilbara and Gascoyne SA3) is concerningly low at 29%; however, for IAREs that fall entirely within the Pilbara region, East Pilbara and Karratha both have low participation at 56% and 60% respectively.

The gap in health outcomes between Aboriginal and non-Aboriginal Australians is well documented, particularly around life expectancy, chronic disease, mental health, trauma, alcohol and other drug and potentially preventable hospitalisations.

Rheumatic heart disease (RHD) is noted as being a considerable concern in the Pilbara region. RHD is a preventable condition that disproportionately affects Aboriginal people, with nearly 9 in 10 (89%) of Western Australians living with RHD being Aboriginal. It is caused by a bacterial infection of the throat and skin, and without treatment, can lead to permanent damage to the heart.

Childhood 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. Immunisation is below target for all age groups in the Pilbara region at 89% for 1-year-olds, 82% for 2-year-olds and 92% for 5-year-olds. The Roebourne – Wickham IARE recorded the lowest immunisation rates for children aged 1 year old (75%), however, exceeded the immunisation target for 5 year olds (100%). The East Pilbara and Port Hedland IAREs were below the target for the 1, 2 and 5 year age groups (East Pilbara - 83%, 84% and 93%; Port Hedland - 90%, 79% and 90%). This suggests that interventions should be targeted to increase immunisation coverage within the Pilbara region overall for all age groups. Feedback from local stakeholders suggests that this may reflect capacity shortages among child health nurses in areas of the Pilbara.

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 Pilbara 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 West Pilbara and East Pilbara SA3s are above state levels, at 10,526 and 9,948 (the third and fourth highest in the state) 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 117.6 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, four IAREs in the Pilbara region are concerningly above the state level. These are East Pilbara (438.8 per 100,000, the third highest rate in the state), Port Hedland (365.8), Exmouth – Ashburton (332.3) and Karratha (279.7). Data for avoidable deaths related to specific conditions is insufficient across a number of IAREs in the Pilbara region. Of those with sufficient data available, the following IAREs exceed state levels:

Circulatory system diseases: East Pilbara (168 per 100,000), Exmouth – Ashburton (148), Port Hedland (134), Karratha (122) and Roebourne – Wickham (96), compared to 94 per 100,000 across WA.

- Diabetes: Port Hedland (55 per 100,000) compared to 35 per 100,000 across WA.
- Ischaemic heart disease: East Pilbara (109 per 100,000), Exmouth – Ashburton (88), Port Hedland (70), Karratha (67) and Roebourne – Wickham (64), compared to 94 per 100,000 across WA.
- Suicide and self-inflicted injuries: Karratha (56 per 100,000) and Port Hedland (43) compared to 33 per 100,000 across WA.

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 Pilbara region, except for Exmouth – Ashburton. Across WA, there were 6,264 PPH admissions per 100,000 for Aboriginal people from 2017/18 to 2020/21. In the Pilbara region, the rate ranged from 6,799 to 9,331 per 100,000. Port Hedland has the highest rate, followed by East Pilbara (8,852), Karratha (8120) and Roebourne – Wickham. The Exmouth – Ashburton IARE was below the state level at 6,212 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. The following rates for PPHs due to chronic conditions within Pilbara region exceeded state rates:

- Chronic angina: Exmouth – Ashburton (345 per 100,000), Port Hedland (326) and Karratha (208), compared to 206 per 100,000 across WA.
- Chronic asthma: Port Hedland (462 per 100,000), Exmouth – Ashburton (325), compared to 192 per 100,000 across WA.
- Congestive cardiac failure: Port Hedland (710 per 100,000), Karratha (687), East Pilbara (608), Exmouth – Ashburton (547) and Roebourne – Wickham (536), compared to 405 per 100,000 across WA.
- Diabetes: Karratha (1,007 per 100,000), Exmouth – Ashburton (732) and Port Hedland (661), compared to 547 per 100,000 across WA.
- Iron deficiency anaemia: Port Hedland (237 per 100,000) and Karratha (211), compared to 208 per 100,000 across WA.
- COPD: East Pilbara (1,451 per 100,000) and Port Hedland (1,058), 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 exceeded state rates across all reported conditions in the Pilbara region, including:

- Acute cellulitis: Karratha (1,610 per 100,000), East Pilbara (1434), Roebourne – Wickham (1359), Exmouth – Ashburton (1357) and Port Hedland (1235), compared to 816 per 100,000 across WA.
- Acute convulsions and epilepsy: Roebourne – Wickham (659 per 100,000), Port Hedland (531) and East Pilbara (500), compared to 460 per 100,000 across WA.
- Acute dental conditions: Port Hedland (535 per 100,000), Roebourne – Wickham (533) and Karratha (494), compared to 431 per 100,000 across WA.
- Acute ear, nose, and throat infections: Karratha (668 per 100,000), Port Hedland (595), East Pilbara (590), Roebourne – Wickham (449) and Exmouth – Ashburton (419), compared to 393 per 100,000 across WA.
- Acute urinary tract infections (including pyelonephritis): Port Hedland (842 per 100,000), East Pilbara (697) and Exmouth – Ashburton (555), 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 exceeded state rates across four IAREs in the Pilbara region, including:

- Total PPHs for vaccine-preventable conditions: East Pilbara (1,101 per 100,000), Port Hedland (1,004), Roebourne – Wickham (912), and Karratha (894), compared to 855 per 100,000 across WA.
- PPHs for pneumonia and influenza: Port Hedland (476 per 100,000), East Pilbara (350) and Karratha (318), compared to 278 per 100,000 across WA.

Vaccine preventable PPHs are notably less prevalent in the Exmouth – Ashburton IARE, which was below the state level for PPHs.

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 COVID-19 and its associated restrictions.

In 2021-2022, the proportion of 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.

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

In the Pilbara, primary care services are provided by general practice, the WA Country Health Service, Integrated Team Care (ITC) programs and non-government organisations. Further services are provided by the Pilbara Aboriginal Health Alliance (PAHA) partnership between the three Aboriginal Community Controlled Health Organisations (ACCHOs), namely, Mawarnkarra Health Service; Wirraka Maya Health Service; and Puntukurnu Aboriginal Medical Service Aboriginal Community Controlled Health Organisations.

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 Pilbara region, the Country to City ITC service is provided by Mawarnkarra Health Service based in the West Pilbara SA3.

The Royal Flying Doctor Service provide a comprehensive range of health care services from General Practice Health Care (PHC) clinics from Nullagine, Marble Bar and Yandeyarra, where fly-in, fly-out clinics provide a much needed service to locations that do not see a medical practitioner on a regular basis. Furthermore, the Royal Flying Doctor Service provided a fortnightly visiting GP service at Punmu and Parnngurr, and an additional Female GP program in Jigalong, Parnngurr and Punmu. Nursing Posts operated by the WA Country Health Service is available in Marble Bar Nullagine.

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 Record entries.

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 2022-2023. 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, 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 low 10 to 15%, rapidly moved to 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 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 Record 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.

Local intelligence highlighted that whilst there are digital health services available in the Pilbara, people in the region do not prefer utilising such services, for example, telehealth services. Language barriers and the lack of culturally and/or age appropriate digital health services make it difficult to engage consumers to increase access.

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Pilbara 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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