

DRAFT FINAL FOCUS ON MALLACOOTA CANN RIVER ISSUES TO BE ADDED TO EACH SECTION AND SUMMARISED.

Mallacoota Health Check

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Demography

Mallacoota (1063) a remote community in Far East Gippsland with its neighbours Gipsy Point (15) Genoa (68) Cann River (198) are in Victoria more distant from the primary health services usually associated with rural communities than any other group of communities. Mallacoota is 2 hours distant from the nearest emergency hospital in NSW or 3 hours in Victoria. Until recently, 1 GP, no after hours care, reliant on Ambulance Victoria for emergencies with a Paramedic Trainer and a variable number of Ambulance Community Officers.

Lack of after hours and pressure on the sole GP saw Mallacoota using Ambulances 3.5 times more than the Bairnsdale.

The population of Mallacoota is aged, over 50% of the population is over 55 with 251 of the population over 70 and 142 in the age group 65-69. This raises a key issue for EGSC and other service providers, is Mallacoota with its services an age friendly precinct?

In the last 18 months the community has seen 48 people leave the town for better aged care places elsewhere.

Attachment 1 identifies the population is unlikely to increase significantly to 2036. The Age profile is however likely to change as is the town demographic as more houses are sold into to holiday accommodation. 469 Occupied Private Dwellings and 310 Unoccupied Private dwellings.

Remoteness Effect on Health

The Australian Medical Association in its 2017 report Australia Medical Association. (2017) AMA Position Statement on Rural Workforce Initiatives. Available at: <https://ama.com.au/position-statement/rural-workforce-initiatives-2017>

Identified:

Death rates in regional, rural, and remote areas (referred to as ‘rural’ in this document unless otherwise specified) are higher than in major cities, and the rates increase in line with degrees of remoteness. People living in rural areas are more likely to defer access to general practitioners (GPs) due to cost. Rural patients often have to travel significant distances for care, or

endure a long wait to see a GP close to where they live. They have higher rates of potentially preventable hospitalisations, and are less likely to gain access to aged care. The closure and downgrading of rural hospitals is seriously affecting the future delivery of health care in rural areas. For example, more than 50 per cent of small rural maternity units have been closed in the past two decades in Australia.

Dr Search History

To provide a greater degree of security for the future the Community in April 2016 banded together to fund a program, Dr Search which has successfully found an additional 2 Doctors to service the community with the possibility of a 4th Dr, being the wife of one of the Doctors.

The Community has also created a tax deductible charity CHIRF to source funds for and organise Dr Search and to improve the Practices access to a more extensive range of equipment that allows the Drs to treat patients instead of sending them 2 – 3 hours away. In that process the Practice was made proof against frequent power outages and a new medical centre is being built to modernize the system.

The Community achieved this without financial or support from any federal or state government body. CHIRF organized the funding and provided the highly experienced and committed workforce.

Aged Care History

For 52 years there has been an enduring and relentless drive to achieve residential aged care facilities in Mallacoota. Currently there are no facilities. Five units built for aged care in the precinct of the Mallacoota District Health and Support Service with community money have been converted to commercial uses. See History of Aged Care fund raising.....Linda Bruce.....<https://chirf.org.au/miva-miva-history/>

As part of the commitment to this goal, the current iteration, Mallacoota Inlet Aged Care Inc purchased the property upon which the current Medical Practice resides. CHIRF working with MIAC has obtained a federal grant to build the new medical centre on that property with MIAC cash reserves and a loan from the Bendigo Bank completing the funding. The property is expected to be occupied and towards the end of 2018.

CHIRF as part of its extended program has applied to the Commonwealth Government for \$5.5million to build a residential aged care facility and a high care room. A decision on funding is currently awaited. In the course of this application and recognizing the needs for the future CHIRF is in the process of becoming an aged care and home care provider. Other aged care support plans are in process.

Previous Reviews

In 2017, the Gippsland Primary Health Network GPHN and the Department of Health and Human Services co funded a report (DHHS contribution is reported as \$35,000) and survey by the firm Community Owned Primary Health Enterprises entitled “Optimal Approach to Stabilise Primary Health Care and GP Services in Far East Gippsland” The work was supported by a organization that conducted

community engagement in Mallacoota, "The Primary Agency". 199 Questionnaires were received and 80 people attended the open day. A number of organisations were contacted. The Report has not been publicly released as of the date of writing this report.

Key Findings

A key finding of the Community consultation were the following issues

- *Current difficulty in accessing GP services
- Lack of after hours services
- *Lack of choice of GP
- *Danger of sudden loss of current GP services
- *The need to take the pressure off the current GP
- *Need to cope with demand from large temporary population in holiday season
- The lack of bulk billing.

Strong concern was expressed about emergency and urgent care.

The Community Dr Search and CHIRF activity has resolved * 5 of the 7 concerns. Bulk Billing is not an issue that is within the control of the medical practice, if it is to survive financially in the current climate of freeze on Medicare Rebates. After Hours has been a goal of the Practice and CHIRF and a section of this report is devoted to resolution of that issue.

It should be noted that in securing the additional Doctors the clinical capacity of the Practice has been extended considerably with the extended skill base provided and the support of a team of highly skilled emergency Doctors. CHIRF and the medical staff are reviewing how to supplement the skill set to extend the services the practice can offer to patients and obviate their need to travel distantly.

In the survey 26% of the survey population rated the quality of health services good or excellent, 51% as poor or very poor and 24% on average in the middle.

A key statement in the report is that "The majority of people(73%) did not agree that the services are what you must expect in a country area and 93% considered the Government needed to act to improve the situation. There were multiple requests for:-

- Improved mental health services and particularly for young people
- More maternal and infant support particularly outside hours
- More aged care support in home and out of home again with a focus on outside hours support.

Existing Services - MDHSS

The Report identifies the services provided by the Mallacoota District Health and Support Service(MDHSS) which advised following a Client Survey undertaken in 2017 there were no identified gaps in the services provided by MDHSS and that there were an adequate range of services to meet the needs of the Mallacoota community. The COPHE Report adds Feedback from the community

engagement process indicated some service gaps such as access to after-hours nursing extent of the level of dental services poor access to mental health and allied health appointments hard to obtain.

The services identified in the Report are:-

- Home Support and Care
- Community Nursing
- Post Acute Care
- Respite Care
- Allied Health
- Volunteer Transport
- Dental
- Other Community Based Services

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The following table shows the use of these programs for 2015/16

Service Program	Unit	Amount
Commonwealth Home Support Program	Hours	1,433
Home Care Packages	Packages	10
	Individuals	6
Post-Acute Care	Hours	436
	Individuals	71
Community Nursing	Hours	1030
	Individuals	195
Flexible and centre based respite care	Hours	1,300
	Individuals	6
Volunteer Transport	Individuals	20
	Trips	66
Physiotherapy	Hours	485
	Individuals	171
Podiatry	Hours	313
	Individuals	124
Continence	Individuals	19
Speech	Individuals	5
Dietician	Hours	25
	Individuals	14
Counselling	Hours	473
	Individuals	34
Maternal and Child Health Nursing	Consults	187
	Individuals	66
Dental	Consults	285
	Individuals	189
Optometrist	Individuals	199
Planned Activity Groups	Hours	13,058
Emergency Housing	Individuals	41
Neighbourhood House	Individuals	298
Telecentre	Attendances	466
	Hours	561

MDHSS reported that there is an adequate level and range of services to meet the needs of the Mallacoota and District community. MDHSS supported the increased provision of GP services and recruitment of more GPs. Feedback from the community engagement process indicated some service gaps such as access to after-hours nursing, extent of the level of dental services, poor access to mental health and allied health appointments hard to obtain.



Victorian State Government

DEPT. OF HEALTH AND HUMAN SERVICES

Home and Community Care Program for Younger People

- Services: Community Nursing
Domestic Assistance
Property Maintenance
Physiotherapy
Podiatry
Volunteer Transport
Service System Resourcing
Assessment and Care
Planned Activity Group

Health Services

Social Services

Palliative Care

Post-acute Care

Health Services

Homelessness Support Program

Housing Establishment Fund

Community Housing (Vic) Limited

Flexible Support Packages

Neighbourhood House

Social Services

Community Services

DEPT. OF EDUCATION & EARLY CHILDHOOD DEVELOPMENT

Learn Local

Australian Government

DEPT. OF HEALTH

Rural Primary Health Services Program

- Services: Physiotherapy*
Podiatry*
Counselling
Skin Cancer Awareness
Occupational Therapy
PapScreen
Oral Health
Project Coordination

Health Services

Commonwealth Home Support Program

Home Care Packages

Flexible Respite and Centre-based Respite

DEPT. OF VETERANS' AFFAIRS

*Community Nursing**

DEPT. OF HUMAN SERVICES

Centrelink

EAST GIPPSLAND SHIRE COUNCIL

*Home and Community Care**

ORBOST REGIONAL HEALTH SERVICE

Maternal and Child Health Nurse

VICTORIAN CANCER COUNCIL

BreastScreen (Bus)

KIDS UNDER COVER INCORPORATED

Kids Under Cover Accommodation

MDHSS SELF-FUNDED PROGRAMS

Dental Clinic, Telecentre, The Shed, MDHSS Units

*Also funded by the Victorian Department of Health and Human Services

The above table identifies the funding sources entering the community through the services of MDHSS. The actual revenue for the past two financial years is:-

NOTE 2: REVENUE

<i>Government Grants - Operating</i>		
- Department of Health and Human Services	355,390	756,193
- Department of Health	782,122	411,226
- Department of Education – Learn Local	3,075	3,973
- East Gippsland Shire	16,148	12,000
<i>Rent Received</i>	40,385	43,472
<i>Lease Premium – Flats</i>	1,500	6,000
<i>Interest and Investment Income</i>	41,572	44,784
<i>Recoveries:</i>		
- Home Care Services	8,871	25,904
- Other Recoveries	13,629	13,717
<i>Service Fees</i>		
- Post Acute Care	20,661	33,694
- Department of Veterans Affairs	3,830	8,597
- Dental Service	64,164	61,586
- Planned Activity Group	32,938	31,238
- Neighbourhood House	6,863	1,943
- Home Care Packages	16,112	19,069
- Other Services	43,187	40,353
<i>Loss on Sale of Non-Current Assets – refer Note 4</i>	14,051	18,718
<i>Other Income</i>	4,206	10,750
Total Operating Revenue	<u>1,468,704</u>	<u>1,543,816</u>
<i>Government Grants - Capital</i>		
- Department of Health and Human Services	7,500	29,912
- Department of Education – Learn Local	5,000	5,000
Total Capital Purpose Income	<u>12,500</u>	<u>34,912</u>
Total Revenue	<u>1,481,204</u>	<u>1,578,728</u>



NOTE 3: EXPENDITURE*Employee Expenses:*

- Salaries & Wages	809,415	888,886
- Superannuation	73,667	79,097
- WorkCover	8,889	8,959
	<u>891,971</u>	<u>976,942</u>

Program Expenses:

- Services Purchased	84,718	94,130
- Day Care Expenses	31,365	29,518
- Medical Supplies	7,699	7,509
- RAFS	18,518	17,597
- Consulting Fees - Dental	35,382	33,758
- Consulting Fees - Other	119,117	53,941
- Other Program Expenses	41,636	65,260
	<u>338,435</u>	<u>301,713</u>

Property Expenses:

- Electricity and Gas	10,917	10,022
- Rates & Property Charges	8,750	8,614
- Repairs & Maintenance	23,111	27,445
- Minor Equipment Purchases	18,694	3,540
	<u>61,472</u>	<u>49,621</u>

Administrative Expenses:

- Accountancy	18,527	12,259
- Auditors' Remuneration (other services \$nil)	7,275	9,200
- Legal Costs	-	400
- Motor Vehicle Expenses	30,431	32,213
- Travel	11,067	9,130
- Telephone & Postage	13,320	16,835
- Other Administrative Expenses	43,842	37,955
	<u>124,462</u>	<u>117,992</u>

Depreciation:

- Buildings	64,169	64,617
- Plant & Equipment	10,342	8,294
- Furniture & Fittings	5,217	4,121
- Computers & Equipment	17,051	10,336
- Motor Vehicles	20,961	14,992
	<u>117,740</u>	<u>102,360</u>

NOTE 4: PROFIT ON SALE OF NON-CURRENT ASSETS

Proceeds in Sale of Non-Current Assets	14,051	31,528
Less: Written Down Value of Assets Sold	-	(12,810)
	<u>14,051</u>	<u>18,718</u>

NOTE 5: CASH AND CASH EQUIVALENTS

Cheque and Cash Management Account	<u>405,847</u>	<u>509,538</u>
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NOTE 6: TRADE AND OTHER RECEIVABLES

Trade Debtors	48,035	23,760
Accrued Interest	<u>23,680</u>	<u>18,603</u>
	<u>71,715</u>	<u>42,363</u>

NOTE 7: TERM DEPOSITS

Term Deposit – Bendigo & Adelaide Bank	834,155	683,208
Term Deposit – Westpac Bank	<u>500,000</u>	<u>500,000</u>
	<u>1,334,155</u>	<u>1,183,208</u>

Mallacoota Medical Centre

The Mallacoota Medical Centre has been in existence for 30 years ranging from a sole GP at start up through to 3 GPs for much of the 2000 to 2 GP's in 2014/5 1 GP in 2016/2017 and now 3 GP's. One RACGP, One on a RVTS Scholarship and one on a AGTP Program both working towards RACGP fellowship. This represents a Practice GP presents of 2.6 FTE

The Practice has been working on the servicing about 8000 patients per annum before the advent of the third Doctor. .

Based on national presentation statistics the demand that Mallacoota generates is between 15 – 18,000 patients. This estimate included the transient population load that occurs mostly in the Christmas easter period

Remote benchmarking indicates that Mallacoota District generates a patient load equivalent to 2.8 FTE.

A back of the envelope estimate based on national statistics is that the Pracitce generated in 2015/2016 \$400,000 health care costs from the Commonwealth

Mallacoota Pharmacy

Estimate only made based on Medical Centre estimate.

Ambulance Victoria

Ambulance Victoria has some 315 call outs a year from Mallacoota. The COPHE Report identifies 220 of these are to hospitals in Bega or Orbost, 67% to Bega.

<https://www.aihw.gov.au/getmedia/3a34cf2c-c715-43a8-be44-0cf53349fd9d/20592.pdf.aspx?inline=true>

Health Delivery Cost Comparison

The Annual Expenditure on Health by Governments per person in Australia in 2015/16 was \$7096. The above revenue going into MDHSS represents \$1393 per person in Mallacoota. The Medical Centre and the Pharmacy are estimated to draw on about \$750 in payments from the Commonwealth. Ambulance Victoria approximately \$20

Total Commonwealth and State health care funding to Mallacoota is estimated to be of the order \$2163. There will be leakage to the nearby communities and the major metropolitans for specialist health care etc. The gap however \$4933 even if out by half is a substantial shortfall in services to the community.

The gap occurs because there are no aged care or nursing facilities. Almost all the ambulance work no matter how minor it exported and people are forced to travel to Merimbula Bega and Bairnsdale for minor services.

COPHE Report – Health Deliverables for Rural Communities

The COPHE Report uses a research study undertaken by Susan L Thomas, John Wakerman and John S Humphreys on What core PHC services should be available in rural and remote communities including equity of access:-

⁶ Susan L Thomas, John Wakerman and John S Humphreys: Ensuring equity of access to primary health care in rural and remote Australia – what core services should be locally available? International Journal for Equity in Health 2015, 14:111

The Key core groups are

- Care of the sick and injured
- Mental Health/Social and emotional well being
- Allied Health
- Sexual and Reproductive Health
- Rehabilitation
- Oral/Dental Health
- Public Health/Illness Prevention.

The extensive table based on population identifies the following

Core PHC Services	Population Thresholds		
	101-500 Nowa Nowa Cann River	1,001-3,000 Mallacoota	3,001-5,000 Orbost
Care of the sick and injured			
24 hour care including evacuation	✓	✓	✓
Treatment of injury & poisoning	✓	✓	✓
Pathology	✓	✓	✓
Radiology		✓	✓
Provision of essential drugs	✓	✓	✓
Patient advocacy	✓	✓	✓

Core PHC Services	Population Thresholds		
	101-500 Nowa Nowa Cann River	1,001-3,000 Mallacoota	3,001-5,000 Orbost
Mental Health and Social and Emotional Wellbeing			
Counselling		✓	✓
Drug and alcohol treatment		✓	✓
Maternal and Child Health			
Ante/post-natal care		✓	✓
Child development checks		✓	✓
Immunisations		✓	✓
Sexual and Reproductive Health			
Sexually transmitted infections and blood borne viruses		✓	✓
Family planning		✓	✓
Public Health/Illness Prevention			
Advocacy		✓	✓
Immunisation		✓	✓
Communicable disease control		✓	✓
Targeted population/health promotional programs		✓	✓
Screening programs		✓	✓
Well men's and women's service		✓	✓
Youth program		✓	✓
Rehabilitation			
Alcohol and drug rehabilitation		✓	✓
After trauma		✓	✓
Post-cerebrovascular accident (stroke)		✓	✓
Oral/Dental Health		✓	✓
Allied Health Services			
Audiology		✓	✓
Dietetics		✓	✓
Occupational therapy		✓	✓
Optometry			
Physiotherapy		✓	✓
Podiatry		✓	✓
Psychology			✓
Counselling/social work/family violence		✓	✓
Speech pathology		✓	✓
Aged care and disability services	✓	✓	✓
Palliative care		✓	✓

✓ Core Services that should be available to all Australians based on population thresholds

CHIRF Key List of immediate priorities

Through the Course of its work with the Mallacoota Medical Centre in the search for Doctors and building a locum pool sympathetic to the needs of a remote rural practice, the CHIRF group have identified the following key Gaps to focus on in support for the community

Doctor Succession	After Hours Medical Services
Face to Face Psychology Service	Youth Psychology Services
Aged Care Facilities, Short Term	Aged Care Facilities Medium Term
Aged Care – Residential Aged Care and high care beds	Trauma and High Care Facilities
Transport Home from distant medical	Palliative Care 24/7/365
Doctor Accommodation	Fitness Centre
Rehab Services including Hydrotherapy	X Ray Equipment

In recognition of the AMA assessment of the needs for remote rural areas, the reduction in mean death aged faced by what is identified as the most aged community in Victoria, CHIRF identifies the above needs as part of the process in working with the community and for the community.

It is recognized that there needs to be some assessment of the actual need and whether the services can be provided with Mallacoota and Cann River, or patients must be resigned to travel.

CHIRF Identification of Need

The following is our assessment of the key issues confronting the community of 1063 the numbers involved and based on the statistics available through MDHSS table above the shortfall. Not all calculations are based on Australian medical averages. The demand figures are likely to understate the need

Mental Health

<https://www.aihw.gov.au/getmedia/5ef33083-6a64-4456-8c7d-5bd16f3b25eb/Medicare-subsidised-mental-health-related-services-2011-12.pdf.aspx>

Over 7.9 million Medicare-subsidised mental health-related services were provided by psychiatrists, GPs, psychologists and other allied health professionals to over 1.6 million patients in 2011–12.

- GPs provided more services to more patients than the other provider types.
- There has been an average annual increase of 11.2% in the total number of services recorded for the 5-year period 2007–08 to 2011–12.

- Victoria had the highest number of patients and services per 1,000 population in 2011–12.
- Females accessed more services from all provider types than males.

Medicare-subsidised mental health-related services for states and territories There were 7,934,277 Medicare-subsidised mental health-related services reported in 2011–12 for an estimated 1,603,263 patients, an average of 4.9 services per patient. Victoria had the highest number of patients and services per 1,000 population (80.7 and 432.0 respectively), compared to the national average of 71.3 patients and 352.9 services per 1,000 population. The Northern Territory had the lowest rate for both patients (31.3) and services (104.7 per 1,000 population) (Figure MBS.1).

Mallacoota is on this basis in 2011 was likely to have at least 80 people within the community needing to use mental health services. Based on an annual increase of 11% that number is likely to be closer to 140

The sole provider of mental health services is as identified in the Report as VSPC.

After Hours Care Medical Care

Alcohol and Other Drugs

Alcohol-related family violence rates in four of six Gippsland Local Government Areas (LGAs) is well above the Victorian rate; Bass Coast, East Gippsland, Latrobe and Wellington.¹ The highest rate was seen in the 25-39 year age group and the rate for women was twice as high as for men.

- The rate of alcohol-related ambulance attendances for four Gippsland LGAs are among top 25% for Victoria; Bass Coast, East Gippsland, Latrobe and Wellington.¹

For males, the alcohol related hospital admission rate was among the top 25% in Victoria for three Gippsland LGAs; Bass Coast, East Gippsland and Wellington.¹

- For females, the alcohol related hospital admission rate was among the top 25% of rates for four Gippsland LGAs; Bass Coast, East Gippsland, Latrobe and South Gippsland.¹

The rate of ambulance attendances for illicit drug use were higher than the State rate for East Gippsland and Latrobe.¹

- The rate of hospital admissions for illicit drug use were high in East Gippsland, Latrobe and Wellington.¹

- Alcohol-consumption at levels likely to cause long term harm (>2 standard drinks per day) among adults is higher than Victoria (59%) in Bass Coast (63%), East Gippsland (61%), Latrobe (61%) and Wellington (76%).²

The rate of clients receiving alcohol and drug treatment service are higher than the Victorian rate in Bass Coast, East Gippsland, Latrobe and Wellington.² The episodes of care rate were more than double the State rate in East Gippsland and Latrobe.¹

10% of Gippsland GP patients (aged 15 years or older) have a high alcohol consumption recorded (>14 standard drinks per week), (77% of patients did not have alcohol consumption recorded).⁶¹

Cancer

A high proportion of the disease burden from cancer is fatal, and overtakes mental and substance use disorders as the major cause from age 40 years.⁵⁷

- □ Lung cancer is the 2nd cause of death for males in each of Gippsland LGAs, while it is the 4th cause of death among females in Bass Coast, East Gippsland, and Latrobe; for females in other LGAs Baw Baw (5th), Wellington (6th) and South Gippsland (7th).⁴⁵

- □ Breast cancer is the 4th cause of death for females in Baw Baw, South Gippsland and Wellington, 5th in Bass Coast and 6th in East Gippsland and Latrobe.⁴⁵

- □ Prostate cancer is the 3rd cause of death for males in East Gippsland and Wellington, 4th in South Gippsland and 5th in Bass Coast, Baw Baw and Latrobe.⁴⁵

Colorectal cancer is the 5th cause of death for males in East Gippsland 7th in South Gippsland and 8th for females in East Gippsland and Wellington; less common in other LGAs.⁴⁵

- □ Cancer (unknown and ill defined) was the 7th cause of death for males in East Gippsland, 8th in Bass Coast and Wellington and 8th for females in East Gippsland and Wellington; less common in other LGAs.⁴⁵

- □ Malignant cancers is the third cause of disability (based on Disability Adjusted Life Years [DALY]) in Bass Coast, East Gippsland, Latrobe and South Gippsland, while it is the fifth cause of disability in Baw Baw and Wellington.⁵

Cervical cancer screening was significantly more likely to detect a low grade abnormality among women in East Gippsland (48.5 per 10,000 screened women) and Latrobe (47.5); Victoria (43.0).⁶

Diagnosis rates of malignant cancers are high in Gippsland, especially in Bass Coast and East Gippsland.²

Premature death rates due to lung cancer are high in East Gippsland and Latrobe.⁶

Cancer screening (pap smear / mammogram) was the 3rd most commonly identified service gap identified by a Gippsland Women's Health survey.⁴²

- □ Cancer screening / services was rated 4th most important health issue in the community survey and older people ranked it 3rd most important.³² Five people made a comment related to cancer, illustrating barriers to early diagnosis and management;

Cardiovascular Diseases

Coronary heart disease is the leading cause of death for both males and females in Gippsland.⁴⁵

- ☐ Cerebrovascular diseases (includes stroke) is the third cause of death for both males and females in Gippsland.⁴⁵

- ☐ Cardiovascular disease is the fifth cause of disability (based on Disability Adjusted Life Years) in Bass Coast, East Gippsland, Latrobe and South Gippsland.⁵

Cardiovascular disease is the fifth cause of disability (based on Disability Adjusted Life Years) in Bass Coast, East Gippsland, Latrobe and South Gippsland.⁵

- ☐ Nationally, cardiovascular disease is the second cause for burden of disease (as DALY), accounting for 15%.⁵⁷

- ☐ Much of the disease burden from cardiovascular disease is fatal but with a notable non-fatal component. It becomes prominent from age 50 as a major cause of disability.⁵⁷

- ☐ Hypertension and congestive heart failure are both among the top five conditions leading to potentially preventable hospitalisations (PPH) in Gippsland, relevant for 15% and 8% of PPH respectively.⁸

- ☐ The proportion of people reporting high blood pressure in Gippsland is high (28%), especially in East Gippsland, Latrobe and Wellington.² More recent data from 2014 estimate that 29.7% of adults in Gippsland have high blood pressure, compared to 25.9% across Victoria; LGAs with the highest estimates were Latrobe (37.1%), Wellington (29.1%) and Baw Baw (28.4%).⁴²

- ☐ 26% of Gippsland GP patients (15 years or older) have a high blood pressure recorded (>140 systolic), (23% of patients did not have a blood pressure recorded).⁶¹

- ☐ High blood pressure was the most common diagnosis for patients visiting their GP in Gippsland in 2016-17, and among the top 5 for patients over the age of 40 years.⁶¹

The rate of potentially preventable hospitalisations due to angina are high in East Gippsland (208 per 100,000); compared to Australia (130).⁷⁷

A study of heart disease in Australian electorates identified Gippsland (including the LGAs of East Gippsland, most of Latrobe and Wellington) as having a high rate of coronary artery disease among people aged 35 or older.⁵⁸

- ☐ 38% of Gippsland GP patients (15 years or older) have high cholesterol recorded (>5.5 mmol/l), (54% of patients did not have a cholesterol level recorded).⁶¹

Children 0-14 Years

The fertility rate is higher across Gippsland compared to Victoria, especially in Bass Coast, East Gippsland and South Gippsland (2014).²

- The teenage birth rate in Gippsland is twice that for Victoria and even higher in Bass Coast, East Gippsland and Latrobe.²
- The proportion of low birth weight babies is high in Latrobe (8.2%), Wellington (8.0%) and East Gippsland (7.8%), compared to Victoria (6.6%).²

There is a high proportion of children with speech and language problems at school entry in Gippsland (17%); compared to Victoria (14%), especially in East Gippsland (20%).²

Gippsland has a high proportion of children living in a low income or welfare dependent family (30.2%), compared to 21.5% for all Victorian children; especially in Latrobe (37.3%), Bass Coast (33.3%), East Gippsland (31.1%) and Wellington (27.4%).⁶

- The proportion of children aged less than 15 living in jobless families is high in Gippsland (16.6%); especially in Latrobe (21.8%), East Gippsland (17.3%) and Wellington (16.2%), compared to 12.7% in Victoria.⁶
- The proportion of children who are developmentally vulnerable on two or more domains is high in Latrobe (18%), East Gippsland (10%), and Baw Baw (10%), compared to Victoria (9%).⁶
- There is a high rate of family incidents with children present in Latrobe (3,376 per 100,000), East Gippsland (2,057), and Wellington (1,917), compared to Victoria (1,242). Latrobe had the highest rate of any Victorian LGA.²²
- The rate of child protection substantiations is high in Gippsland (20 per 1,000 eligible population), especially in Latrobe (26), East Gippsland (23), Bass Coast (21) and Wellington (18), compared to Victoria (11) Gippsland has the highest rate of Victorian regions.²

The rate of children in out of home care is high in Latrobe, Wellington, Bass Coast and East Gippsland.²

Prescribing rates for anti-depressants, antipsychotics and ADHD medicines in Gippsland are high for those aged 17 or less, with some variation between LGAs.⁸

- Prescribing of asthma medicines for 3-19 year olds is high in most Gippsland LGAs.⁸
- Consumer input highlighted some service gaps relevant for children, including parenting support, autism spectrum disorder support, pediatric speech services and access to a pediatrician.³

The health issues rated as most important by parents of children aged 0-14 years were mental health, healthy living and immunisation as identified in the community survey.³¹

57% of parents reported problems accessing a GP within business hours in a community survey.³² The main reason for this was un-availability of an appointment or a long wait for an appointment. Wanting to see a preferred GP was also a common concern.

9% of the activity at Gippsland GP practices was provided for children aged 0- 14 years, with an average of 3.5 activities per patient.⁶¹

- A state funded partnership identified key issues for keeping children safe and secure with their family: including family violence often co-occurring with AOD and mental health issues; entry into child protection is most prominent in the early years; generational poverty, unemployment and trauma require multiple lens interventions; and increasing complexity of issues facing families.⁷⁶

Chronic Respiratory Diseases

Chronic respiratory disease is the third cause of death in two of Gippsland's six LGAs; Bass Coast and East Gippsland, and the fourth in remaining LGAs.⁵

- Chronic obstructive pulmonary disease is the fifth cause of death for males in Gippsland.⁴⁵

- Chronic obstructive pulmonary disease is the 3rd cause of death for males in Baw Baw and Latrobe, 4th in Bass Coast, 5th in South Gippsland and Wellington and 6th in East Gippsland. For females, it was the 5th cause of death in East Gippsland, Latrobe, South Gippsland and Wellington and 7th/8th in Bass Coast/Baw Baw.⁴⁵

Chronic obstructive pulmonary disease (COPD) is the fourth highest condition contributing to 8% of potentially preventable hospitalisations in Gippsland.⁸

Avoidable death rates due to chronic obstructive pulmonary disease are high in Latrobe (13 per 100,000), Baw Baw (10), East Gippsland, Wellington and Bass Coast (9), compared to Victoria (7).⁶

Admission rates to hospital due to asthma for 20-44 year olds is high in East Gippsland and Latrobe.⁸

Prescribing rates for asthma medications for 20-44 year olds is high in Baw Baw, East Gippsland, Latrobe and Wellington.⁸

The rate of potentially preventable hospitalisations due to COPD are high in Latrobe (369 per 100,000) and East Gippsland (313), but low in Baw Baw (138), compared to Australia (260).⁷⁷

The Gippsland PHN Clinical Council identified chronic respiratory disease as an important health condition.¹⁰

11.0% of patients seeing a GP in Gippsland in 2016-17 had a current diagnosis of (any) asthma.⁶¹

- □ Asthma was among the top 5 diagnoses for patients aged 5-54 years seeing a GP in 2016-17.⁶¹

Diabetes

Diabetes is the 6th cause of death for males in South Gippsland and females in Bass Coast, the 7th cause of death for males in Bass Coast, Baw Baw, Latrobe and Wellington and for females in Latrobe and Wellington; 8th for males in East Gippsland and females in South Gippsland; lower for females in Baw Baw and East Gippsland.⁴⁵

Diabetes complications is the top condition involved in ambulatory care sensitive conditions in Gippsland, relevant for 22% of admissions.⁸

Avoidable deaths due to diabetes are high in Gippsland as a whole, especially in Latrobe (11 per 100,000), compared to 5 for Victoria.⁶

The rate of potentially preventable hospitalisations due to diabetes complications are high in Gippsland as a whole (241 per 100,000); especially in Baw Baw (381) and Latrobe (274), compared to Australia (183). Gippsland has the third highest rate of any PHN in Australia.⁷⁷

Survey data shows that 50.2% of the adult population had a blood sugar or diabetes check in past two years, compared to 53.1% for Victoria; highest rate was in Latrobe (60.2%) and lowest in East Gippsland (38.6%).⁴²

The rate of hospital admissions for Aboriginal people due to diabetes is almost six times that of non-Aboriginal people.¹²

7.0% of patients with GP activity in 2016-17 had (any) diagnosis of diabetes; 18.3% of these patients had completed a diabetes cycle of care.⁶¹

- □ Diabetes was among the top 5 diagnoses for patients aged 65-74 years with GP activity in 2016-17.⁶¹

- □ Nine practices in Gippsland received the diabetes incentive outcomes payment for the August 2017 quarter.⁸¹

Disability

The proportion of 16-64 year olds on a disability support pension is high in Gippsland (8.8% compared to 5.3% in Victoria), especially in Bass Coast (9.0%), East Gippsland (11%) and Latrobe (10%).⁶

The rate of eligible people on the disability support pension in Gippsland is high (86.6 per 1,000), compared to Victoria (51.3); especially in East Gippsland (106.3), Latrobe (100.0) and Bass Coast (91.9).²

- □ The number of Home and Community Care (HACC) clients aged 0-64 years per 1,000

target population is high in Gippsland (479), compared to Victoria (305), especially in South Gippsland (877), East Gippsland (881), Bass Coast (497) and Wellington (508). In contrast, rates in Latrobe are low (260).²

Workforce shortages related to disability were reported in pediatric speech therapy, pediatric care, and in child and adult mental health.⁴

Dental Health

Community survey and interviews revealed that affordable dental services is a top rated service gap in the Gippsland community.

There is a high rate of poor dental health in East Gippsland (8.3%) and South Gippsland (7.6%), compared to Victoria (5.6%), while Latrobe had a low rate (4.4%).²

Family Violence

There is a high rate of family incidents with children present in Latrobe (3,376 per 100,000), East Gippsland (2,057), and Wellington (1,917), compared to Victoria (1,242). Latrobe had the highest rate of any Victorian LGA.²²

- The rate of child protection substantiations is high in Gippsland (20 per 1,000 eligible population), especially in Latrobe (26), East Gippsland (23), Bass Coast (21) and Wellington (18), compared to Victoria (11) Gippsland has the highest rate of Victorian regions.²

- The rate of alcohol related family violence is more than twice the Victorian rate in Latrobe, East Gippsland, Wellington and Bass Coast.¹

Immunisation

Immunisation rates for Gippsland children are higher than the national average (fully immunised children), 2015-16;⁷

- 94.3% of 1-year-olds compared to 93.0% across Australia
- 92.5% of 2-year-olds (90.7%)
- 94.9% of 5-year-olds (92.9%)

Indigenous Health

The Aboriginal and Torres Strait Islander population in Gippsland is high compared to Victoria with East Gippsland, Latrobe, Wellington and Baw Baw having the highest population.¹³

Hospital admissions are almost twice as common for Aboriginal people compared to non-Aboriginal people.¹²

- Presentations to the emergency department are more than twice as common for

Aboriginal people compared to non-Aboriginal people (difference increasing).¹²

- □ Conditions where hospitalisations for Aboriginal people are much more common than for non-Aboriginal people;
 - Renal dialysis – 26 times
 - Diabetes – 7 times
 - Mental and behavioral disorders – 6 times
 - Cardiovascular diseases – 4.5 times
 - Hospitalisations attributable to alcohol or tobacco – 3.4 times
 - Hospitalisations attributable to tobacco – 2.7 times¹²

The top Ambulatory Care Sensitive Conditions leading to a hospital admission in Gippsland are:

Diabetes (28%) ○ Dental conditions (17%) ○ COPD (12%) ○ Convulsions / epilepsy (9%) ○ Asthma (9%) ○ Angina (8%)¹²

Immunisation rates for Aboriginal children aged 1 and 2 years were generally lower than the rates for all children; for 1 year olds, 91.7% of Aboriginal children were fully immunised compared to 94.3% of all children in 2015-16, for 2 year olds 86.8% of Aboriginal children compared to 92.5% of all children. Immunisation rates for 5 year old children; 93.8% of Aboriginal children were fully immunised compared to 94.9% of all children.⁷

- □ Hospitalisations rates for Aboriginal people were high in East Gippsland- Wellington (57,310 hospital admissions per 100,000 population, age standardised rate) and Latrobe (49,133) compared to Victoria (35,861), especially for digestive, respiratory and circulatory system diseases.⁴⁸

- □ The health issue rated as most important for Indigenous people was work and study opportunities, mental health and heart and lung health as identified in the community survey.³²

18% of Indigenous survey respondents reported that they did not think they could get the help they needed if they had a health problem (compared to 10% of respondents overall).³²

A national study found that Indigenous Australians experience a burden of disease that is 2.3 times the rate of non-Indigenous Australians.⁵⁷

- □ Chronic diseases as a group accounted for almost two-thirds (64%) of the total disease burden for Indigenous Australians. Disease groups causing the most burden was mental & substance use disorders (19% of the total), followed by injuries (including suicide) (15%), cardiovascular diseases (12%), cancer (9%), respiratory diseases (8%) and musculoskeletal conditions (7%).⁵⁷

- □ The biggest difference to non-Indigenous was for cardiovascular diseases (19% of the gap), mental & substance use disorders (14%) and cancer (9%).⁵⁷

Inflammation of the Kidney

The rate of potentially preventable hospitalisations due to kidney and urinary tract infections are similar to national rates across most of Gippsland (260 per 100,000); compared to Australia (288).⁷⁷

Injuries

Avoidable deaths due to suicide and self-inflicted injuries is high in Gippsland, with Bass Coast, East Gippsland, Baw Baw, Wellington and Latrobe all recording a higher rate than Victoria.⁶

- Unintentional injuries treated in hospital are high in Bass Coast (113 per 1,000 people), Wellington (112), Baw Baw (102), East Gippsland (101) and Latrobe (98), compared to Victoria (61).²

Intentional injuries treated in hospital are more common in Gippsland with 4.4 admissions per 1,000 people compared to 3.0 in Victoria. Highest rates are seen in Wellington, Latrobe and East Gippsland.²

Iron deficiency anaemia

The rate of potentially preventable hospitalisations (PPH) due to iron deficiency anaemia are high in Gippsland as a whole (397 per 100,000); especially in Latrobe (706), East Gippsland (361), and Wellington (276) compared to Australia (206). Latrobe has the highest rate of iron deficiency anaemia PPH of any SA3 in Australia.⁷⁷

Same Sex Attracted and Gender Diverse People (SSAGD)

In Victoria, 21% of headspace clients identified as LGBTI.³⁴ Gippsland data indicate that an even higher proportion (29%) of clients identify as LGBTI (2016 unpublished data).

LGBT people are between 3.5 and 14 times more likely to attempt suicide compared to the national average.³⁴

SSAGD people under utilise health services and delay seeking treatment due to actual or anticipated bias from service providers.³⁴

Lifestyle Factors

High smoking rates by males are evident in Bass Coast (26%), East Gippsland (27%) and Wellington (24%), compared to Victoria (18%) in 2011.²

21% of Gippsland GP patients (15 years or older) with smoking status recorded are current smokers (24% of patients did not have smoking status recorded).⁶¹

- A national survey identified Gippsland as the PHN with the fourth highest smoking rate

in the country at 17.8% compared to 12.2% nationally.⁶²

Alcohol-consumption at levels likely to cause long term harm (>2 standard drinks per day) among adults is higher than Victoria (59%) in Bass Coast (63%), East Gippsland (61%), Latrobe (61%) and Wellington (76%).²

Obesity rates are high in all Gippsland LGAs, except Baw Baw, according to the 2014 VPHS (estimates range from 14.8% in Baw Baw to 22.8% in South Gippsland, compared to 18.8% in Victoria).⁴²

- 40% of Gippsland GP patients with BMI information recorded in POLAR Explorer were obese, while 33% were overweight (49% of patients did not have a BMI specified).⁶¹

In 2014, all Gippsland LGAs had a higher consumption of sugar sweetened drinks (range 12.8% to 20.6% in Wellington) compared to Victoria (11.2%).⁴²

- 41.8% of adults in Gippsland are sufficiently physically active; compared to 41.4% across Victoria. Variation across Gippsland show the lowest levels in Latrobe (35.4%) and the highest in East Gippsland (54.1%).⁴²

Low Socioeconomic Factors

The number of people (and proportion) with highest disadvantage (among the 10% most disadvantaged in Australia) for Gippsland's LGAs were;⁶⁴

- Bass Coast 3,516 (12%) ○ Baw Baw 3,359 (8%)

- East Gippsland 5,441 (13%) ○ Latrobe 19,122 (26%) ○ South Gippsland 549 (2%) ○ Wellington 5,371 (13%)

- The proportion of 0-64 year olds who are Healthcare card holders varies between 8.7% in South Gippsland to 12.0% in East Gippsland, compared to 7.3% for Australia.⁶

- The proportion of the population who believe there are good facilities and services is 76% in Gippsland compared to 85% for Victoria; Bass Coast and South Gippsland rate even lower.²

- Gippsland rates poorly on a number of other social indicators;^{2, 6}

- Median equivalised income is lower in all LGAs; especially Bass

- Coast (\$855) and East Gippsland (\$798), compared to Victoria (\$1,216)

- Low income / welfare dependent families with children; 11% compared to 9% in Victoria

- Population with food insecurity; 7% compared to 5% ○ Rental stress; 28% compared to 25% ○ Higher education qualification; 27% compared to 46% ○ School leaver participation in higher

education; 19% compared to

36% ○ People 16-64 year receiving an un-employment benefit; 7.2%

compared to 4.9%

- Gaming machine losses per head of adult (18+) population are high in Latrobe (\$769), Wellington (\$657) and East Gippsland (\$638), compared to Victoria (\$553).

Community interviews identified service gaps, often specifically relating to affordable health services. This included GPs, medical specialists and allied health services.³¹

Wellington and East Gippsland.⁶

- □ Prostate biopsy rates are low for men aged 40 or above in Gippsland.⁸

Mens Health

Males in parts of Gippsland have a high smoking rate; Bass Coast (26%), East Gippsland (27%) and Wellington (24%).²

- □ Male life expectancy is low in Gippsland, 78.1 years compared to 80.3 for Victoria with Latrobe (76.9) and Wellington (78.0) even lower.²
- □ The rate of premature deaths for males is high in Gippsland, especially in Latrobe, 60% of males reported that nothing stopped them from getting health care they needed in the past 12 months. Main barriers were:³²

○ Cost 23%

○ Long wait for appointments 14% ○ Couldn't get there 7% ○ Didn't feel comfortable accessing the service 6% ○ Didn't understand how to access the service 3%

Mental Health

Mental health is the leading cause of disability (based on Disability Adjusted Life Years) in Baw Baw, Latrobe, South Gippsland and Wellington LGAs and the second cause in Bass Coast and East Gippsland.⁵

The registered workforce of psychologists shows that Gippsland has only about half the expected number compared to Victoria.²⁶

The rate of completed mental health treatment plans by GPs is high in Bass Coast / South Gippsland and low in East Gippsland, with Latrobe and Wellington similar to the Victorian rate.⁸

Mental health was rated as the top health issue identified by consumers and health professionals in feedback provided via the Gippsland PHN web site. There was specific mention of services for young people and psychiatry. ⁴⁰

According to national data for 2015–16 (BEACH), 12.4% of all GP encounters were mental health related.⁶⁰

- Depression was the most commonly managed problem at mental health related encounters (32%).⁶⁰
- Management of mental health problems were most commonly managed by medication (62%).⁶⁰
- In Gippsland, data extracted from GP practices show that for patients with GP activity in 2016-17; ⁶¹
 - 9.3% of patients had an active diagnosis of depression
 - 6.9% had an anxiety diagnosis
 - 4.7% had a mental health treatment plan

PBS data for mental health service provision shows that East Gippsland has by far the lowest proportion of its population claiming a mental health item (7.3%), while Baw Baw has the highest proportion claiming (11.1%).⁶⁹

- □MBS data for mental health service provision shows that East Gippsland and Wellington residents have a low usage of psychiatrists and clinical psychologists compared to other LGAs.⁶⁹

MBS data shows that East Gippsland has a low usage of GPs for mental health items.⁶⁹

Service gaps were identified for mental health generally and specific gaps were identified for;

- Psychiatry (affordable)
- Psychology
- Treatment services for moderate mental health issues
- Specialised youth mental health
- On-going mental health services (care coordination)
- Treatment services for mild mental health
- Remote access to mental health services
- Mental health nurse
- Suicide prevention services
- Counselling service for children
- Public psychiatry for clients not in crisis
- Services addressing co-morbidity with Alcohol and Other Drugs
- Psycho-social services⁴

- □For the nation as a whole, mental and substance use disorders was the third highest cause of burden of disease (as DALY) at 12%.⁵⁷

- □Mental and substance use disorders is the leading cause of non-fatal burden for both males and females.⁵⁷

- Mental and substance use disorders and injuries were the largest disease groups in terms of DALY in the younger age groups (from childhood through to age 49 years).⁵⁷

In Gippsland, 22% of adolescents report being bullied, compared to 18% for Victoria; the rates are even higher in East Gippsland (30%) and Latrobe (23%).²

- The proportion of children with emotional or behavioral problems at school entry is high in Gippsland (7.4%), compared to 4.6% in Victoria. The highest proportions are in Latrobe (8.5%), South Gippsland (7.8%) and East Gippsland (7.7%).²

- The proportion of persons experiencing high or very high psychological distress was high in Gippsland (14.3%), compared to 12.6% in Victoria in 2014; especially in South Gippsland (20.5%), Latrobe (17.0%) and Bass Coast (15.4%).⁴²

- The proportion of children exposed to trauma in the form of child abuse, and attending family violence incidents is high (see under the priority children).

- Avoidable deaths due to suicide and self-inflicted injuries is high in Gippsland, with Bass Coast, East Gippsland, Baw Baw, Wellington and Latrobe all recording a higher rate than Victoria.⁶

- Intentional self-harm is the leading cause of death in the 15-34 year age bracket, and remains in the top three until age 54 years.⁷⁶

- The rate of registered mental health clients in Gippsland are high (15.1 clients per 1.000 population) compared to Victoria (11.9). The highest rates were in Latrobe, Bass Coast and East Gippsland.²

- The rate of completed mental health treatment plans by GPs is high in Bass Coast / South Gippsland and low in East Gippsland, with Latrobe and Wellington similar to the Victorian rate.⁸

- Prescribing rates for anti-depressant medications are high for people 17 years and under in Baw Baw, East Gippsland and Wellington.⁸

- Prescribing rates for anti-depressant medications are high for 18-64 year olds in East Gippsland and Latrobe.⁸

- Prescribing rates for anti-depressant medications are high for 65 year olds or older in Latrobe.⁸

- Prescribing rates for anxiolytic medications are high for 18-64 year olds in Latrobe.⁸

- Prescribing rates for anxiolytic medications are low for 65 year olds or older in Bass Coast / South Gippsland and East Gippsland.⁸

The proportion of children exposed to trauma in the form of child abuse, and attending family violence incidents is high (see under the priority children).

- □ Avoidable deaths due to suicide and self-inflicted injuries is high in Gippsland, with Bass Coast, East Gippsland, Baw Baw, Wellington and Latrobe all recording a higher rate than Victoria.⁶
- □ Intentional self-harm is the leading cause of death in the 15-34 year age bracket, and remains in the top three until age 54 years.⁷⁶
- □ The rate of registered mental health clients in Gippsland are high (15.1 clients per 1,000 population) compared to Victoria (11.9). The highest rates were in Latrobe, Bass Coast and East Gippsland.²

Neurological and Sense disorders

Neurological and sense disorders is the leading cause of disability (based on Disability Adjusted Life Years) in Bass Coast and East Gippsland, while it is the second leading cause in Baw Baw, Latrobe, South Gippsland and Wellington.⁵

- □ Neurological and sense disorders is the fifth cause of death in Bass Coast, East Gippsland and South Gippsland.⁵
- □ Dementia and Alzheimer's disease is the top cause of death for females in East Gippsland, the 2nd cause of death for females in Bass Coast, Latrobe, South Gippsland and Wellington, the 3rd in Baw Baw. For males, it was the 3rd cause of death in Bass Coast, 6th in Baw Baw, Latrobe and Wellington and 8th/9th in South Gippsland/Wellington.⁴⁵

Projections show that 2.0% of the Gippsland population are expected to have dementia by 2020, compared to 1.6% in Victoria; with even higher rates in Bass Coast (2.3%), East Gippsland (2.4%) and South Gippsland (2.1%).¹⁷

Palliative Care

The total number of deaths in Gippsland has been around 2,300 per year (2010-14), with a decreasing trend in South Gippsland and to a lesser extent in Baw Baw, while other LGAs have an increasing trend.⁴⁵

Annual deaths in 2014 in Gippsland was 2,393, with deaths by LGA; ○ Bass Coast 314

○ Baw Baw 327 ○ East Gippsland 452 ○ Latrobe 685 ○ South Gippsland 253 ○ Wellington 362

Comments provided in the 'Have your say' web survey included a need for a hospice in Gippsland.⁴⁰

Population >60 years

The proportion of the Gippsland population aged over 60 years is 27.3% compared to 20.6% in Victoria; with Bass Coast (31.5%) and East Gippsland (33.3%) especially high.¹³

- □The population over 60 years of age is increasing faster than any other age group in Gippsland.¹³

- □Estimates of the population 65 years or older as a proportion of the total population shows that there is great variation by SA2; from 11.8% in Longford – Loch Sport to 48.6% in Paynesville. The Australian estimate is 15.1% and 18 of Gippsland's 25 SA2s have a higher proportion than this, while 7 have a lower estimate.⁴⁶

- □The rate of age pension recipients is high in Gippsland, especially in **Bass Coast, East Gippsland and Latrobe.**²

Life expectancy among males in Gippsland is low (78.1 years) compared to Victoria (80.3) and life expectancy in Latrobe is low for both males (76.9) and females (82.2 compared to 84.4 in Victoria).²

- □Projections show that 2.0% of the Gippsland population are expected to have dementia by 2020, compared to 1.6% in Victoria; with even higher rates in Bass Coast (2.3%), East Gippsland (2.4%) and South Gippsland (2.1%).¹⁷

- □The rate of HACC clients aged 0-64 years is high in Gippsland, especially in **Bass Coast, East Gippsland, South Gippsland and Wellington, while it is low in Latrobe.**²

- □The rate of HACC clients aged 65 years or over is high in Gippsland, especially in **Bass Coast, East Gippsland and South Gippsland.**²

- □The rate of prescribing of anti-depressant medications for people aged 65 and over is high in Latrobe, while anxiolytic and antipsychotic prescribing for this age group is lower than the Victorian rate across Gippsland.⁸

- □Rates of anticholinesterase prescribing for persons aged 65 or over is low in Gippsland.⁸

- □Some 65% of potentially preventable hospitalisations in Gippsland are for people aged 60 years or above.¹⁹

- □The top ambulatory care sensitive conditions among people aged 60 years or older were diabetes complications (26%), hypertension (20%), inflammation of the kidney (12%), congestive heart failure (11%) and chronic obstructive pulmonary disease (11%).¹⁹

- □Some 22% of primary care type presentations to emergency departments in Gippsland were for people aged 60 years or older.²⁰

- □There are 3,039 aged care beds available in Gippsland (2015); Bass Coast (476), Baw Baw (409), East Gippsland (577), Latrobe (916), South Gippsland (288) and Wellington (373).²

- □ There were 3,522 Aged Care Assessment Program (ACAS) assessments completed in Gippsland in 2014-15.⁸⁰ The mean number of days between referral and end of assessment varied between 14.6 (Wellington) and 22.8 days in East Gippsland.

The top health issues for older person (60+) identified in interviews was transport, including transport/schemes that assist with access to health services. The second most important issue was access to GPs, specialists and mental health.³⁰

- □ Top service gaps identified in interviews for older people were GPs, dental, transport and specialists.³⁰

- □ A survey of aged care stakeholders in Gippsland identified that access to services for older people was the top theme. Dementia and cognitive issues and concerns about exploitation were also commonly mentioned in relation to older people.³⁹ Main service gaps were;

- Mental health services
- Transport

“Transport to get to medical appointments is huge issue”

- Specialist services
- Allied health services
- Carer support

Reproductive Sexual Health

The fertility rate is higher across Gippsland compared to Victoria, especially in Bass Coast, East Gippsland and South Gippsland.²

- □ Gippsland has a high proportion of teenage girls becoming mothers (20.8 live birth per 1,000 people); twice that for Victoria (10.4) and even higher in Bass Coast (25.6), East Gippsland (23.3) and Latrobe (25.5).²

- □ Chlamydia notifications are high in Latrobe.²

- □ Chlamydia notification rates for 2013 and 2014 are higher than Victoria across Gippsland for females under 25 years.⁴⁹

- □ ‘Family planning support’ and ‘STD and safe sex’ were the 4th and 5th most commonly reported service gaps in a Gippsland wide survey by Gippsland Women’s Health; ‘IVF’ was also noted as a service gap.³⁵

Young People (12-25 Years)

The proportion of 12-18 year olds in Gippsland is higher than for Victoria as a whole.²¹

- □ The proportion of 15-19 year olds who are earning or learning is low in Gippsland (79% compared to 84% for Victoria); Bass Coast (77%), East Gippsland (78%) and Latrobe (77%) have even lower rates.⁶

- Only 19% of 17-year olds in Gippsland are participating in higher education

Gippsland has a high proportion of teenage girls becoming mothers (20.8 live birth per 1,000 people); twice that for Victoria (10.4) and even higher in Bass Coast (25.6), East Gippsland (23.3) and Latrobe (25.5).²

- Prescribing rates for anti-depressants, antipsychotics and ADHD medicines in Gippsland are high, with some variation between LGAs.⁸

• Prescribing of asthma medicines for 3-19 year olds is high in most Gippsland LGAs.⁸ compared to 36% for Victoria.⁶

- In Gippsland, 22% of adolescents report being bullied, compared to 18% for Victoria; the rates are even higher in East Gippsland (30%) and Latrobe (23%).²

Aged Care

See attached Report [Mallacoota gap analysis.pptx](#)

Mallacoota 2016 Census Statistics Mallacoota 2016 Census Statistics.docx