

# LODDON GANNAWARRA HEALTH NEEDS ANALYSIS



JANUARY 2017

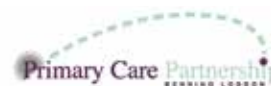
# ACKNOWLEDGEMENTS

## Loddon Gannawarra Health Services Executive Network (LGHSEN) Members

The Loddon Gannawarra Health Needs Analysis was commissioned by the LGHSEN and produced in collaboration with Bendigo Loddon Primary Care Partnership.

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# EXECUTIVE SUMMARY

## THE LODDON GANNAWARRA HEALTH NEEDS ANALYSIS CONTEXT

The communities of the Loddon and Gannawarra Shires are supported in their health and wellbeing by a number of services which include Community Health Services, Hospitals, an Aboriginal Community Controlled Organisation, a Bush Nursing Centre, Aged Care services, Pharmacies, General Practice, Private Allied Health providers, Local Government services, Primary Care Partnerships, the Primary Health Network, Family Violence Services, early childhood and school based services among others.

The Loddon Gannawarra Health Services Executive Network (LGHSEN) consists of a collaboration of 12 organisations to produce the Loddon Gannawarra Health Needs Analysis for 2016. The Health Needs Analysis has drawn on government data sets, community consultations, local service demand statistics as available, service mapping against priority areas and indicative service catchment data. Within Gannawarra Shire the LGHSEN organisations are Kerang District Health, Northern District Community Health Service, Cohuna Hospital, Mallee District Aboriginal Service, Gannawarra Shire and Southern Mallee Primary Care Partnership. Loddon Shire organisations contributing to the LGHSEN are Boort District Health, Inglewood and Districts Health Service, Dingee Bush Nursing Centre, Loddon Shire Council and Bendigo Loddon Primary Care

Partnership. The Central Victoria division of Murray PHN spans both Shires.

**Local health services are operating in an environment affected by changing government policies, social transformations, technological developments, and ever expanding regulatory requirements.**

In conjunction with these broad external factors are the impact of multiple health and social reforms. These include reforms to disability services, aged care, family violence, vulnerable children and mental health. Client centred approaches to service delivery aim to provide greater choice and control over how services are delivered. It is recognised that a place-based approach will be required to successfully deliver these reforms but this also has its challenges as services tend to become more centralised as a result of business models responding to the reforms.

Key issues for the Loddon and Gannawarra Shires are aging and reducing populations, community disadvantage and access to services. As reinforced in the Murray PHN Health Needs Assessment (2016) there are particular pockets of very significant disadvantage within the Loddon and Gannawarra shires with Korong Vale identified as special case in one of Victoria's most disadvantaged postcodes. The Murray PHN Health Needs Assessment Health data establishes that four preventable chronic conditions being cardiovascular disease, diabetes, cancer and mental illness are the biggest direct contributors to the life expectancy

gap between Aboriginal and non-Aboriginal Victorians and that Loddon is one Shire with a higher estimated percentage of population with mental health/ behavioural problems than the Victorian average.

**The Victorian State Government have identified that many chronic disease and injuries are preventable and have developed a plan focused on supporting healthy living from the early years and throughout life. The Victorian health and wellbeing priorities for 2015–2019 are healthier eating and active living, tobacco-free living, reducing harmful alcohol and drug use, improving mental health, preventing violence and injury, and improving sexual and reproductive health.**

The Victorian Public Health and Wellbeing Outcomes Framework launched in late 2016 works to support the achievement of desired health outcomes in these areas of priority. The Framework acknowledges the need for a shared measurement of indicators of the collective effort from many partners, including government, non-government organisations, businesses, health professionals, communities, families and individuals. These indicators aim to track whether these combined efforts are improving the health and wellbeing of Victorians over time.

One indicator is the measure of Ambulatory Care Sensitive Conditions (ACSCs), those conditions for which hospitalisation is thought to be avoidable with the application of public health interventions and early disease management. These interventions are usually delivered in ambulatory setting such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services. (VHISS 2016)

Within the Top 10 ACSCs in both Gannawarra and Loddon Shires are Diabetes complications, Congestive Cardiac Failure, Angina, Dental Conditions and Chronic Obstructive Pulmonary Disease (COPD). These are conditions that could respond to treatment or be managed in the primary health care or other community setting without the need for hospitalization. The health system that is available to a particular community will affect access to services that work to prevent chronic conditions and impact upon the health outcomes

for individuals and communities. (Duckett 2016)

## Loddon and Gannawarra Health Priorities and Evidence

The evidence gathered through the Loddon Gannawarra Health Needs Analysis identifies 4 health priorities. The criteria applied to define priority will order these 4 Health priorities differently however the Loddon and Gannawarra Shire Health Priorities are:

- Diabetes
- Heart Health
- Mental Health
- Oral Health

Many modifiable risk factors have been identified that contribute to the development and progress of these health priorities. These include lack of physical activity, food insecurity and access, high consumption of sugar sweetened beverages and inadequate fruit and vegetable consumption which all contribute to obesity, as well as tobacco, alcohol and other substance use. These risk factors

and their prevalence in Loddon and Gannawarra re discussed, are included in the Heart Health Evidence Summary.

To address the health priority areas health care must be proactive rather than reactive; it must focus on partnership with the patient/client, rather than the focus on health professionals, and it must focus on outcomes. Primary Care Partnerships (PCPs) have played a significant role in the establishment and facilitation of Service Coordination, e-referrals, collaborative partnerships to increase service access and shared care planning. Partnership initiatives have been developed to support coordinated Prevention activities to enhance Mental Health, Social Inclusion, Physical Activity, Healthy Eating, Prevention of Family Violence and other place based priorities. There is an opportunity for greater collaboration between health care providers in supporting these outcomes in the Loddon and Gannawarra Shires and it is envisaged that the "HealthPathways" initiative currently being implemented by Murray PHN will support this collaboration.

# EXECUTIVE SUMMARY

## Diabetes

Diabetes is increasing across the Loddon and Gannawarra Shires as it is across Victoria however the rate is greater than the Victorian average trend. The proportion of the population with Diabetes has more than doubled within the Shires in the 10 years between 2001 and 2011. The rate of Avoidable deaths from Diabetes in Victoria is estimated to be 6.3 per 100,000 persons. This rate is higher than average for Gannawarra at 7.2 and for Loddon Shire is 15.4 which is almost double that rate. It is well documented that aboriginal people and those living with disadvantage experience a higher incidence of chronic disease.

## Heart Health

The Heart Foundation reports that cardiovascular disease is a major cause of death in Australia. According to data from the Heart Foundation Loddon residents have some of the highest rates of heart conditions in Victoria including heart attack, heart failure, unstable angina and cardiac arrest. The heart attack rates for the Loddon Shire are over 2.5 times higher than the state average. Hypertension rates are significantly higher than the State average.

Gannawarra Shire has higher rates than the Victorian average for heart attack, unstable angina, hypertension and heart failure however the rates of cardiac arrest are lower.

In 2013 Indigenous Australians were more likely to suffer from heart disease than non-indigenous Australians with 12% of total deaths

amongst Aboriginal and Torres Strait Islander peoples attributable to heart disease.

As discussed there are several modifiable risk factors for heart disease such as poor nutrition, low levels of physical activity, obesity and smoking. Obesity is an issue for both men and women across the Shires with higher than state average rates. Of particular concern is the particularly high smoking rates in Loddon Shire alongside some of the highest rates of heart conditions in the State.

## Mental Health

Mental health is “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” (World Health Organization, 2012) Three key determinants found in the literature that are indisputably linked to mental health and well-being are social inclusion, freedom from discrimination and violence, and access to economic resources

In Australia, one in five will experience a mental health disorder at some stage in their lifetime. Primary health care is the first point of call for most people living in Australia with a mental health concern, and it is the point in the system where most care is delivered. Overall rates of mental and behavioural problems in Gannawarra are equivalent with the Victorian average with Loddon at a higher rate.

The 2015 VicHealth Indicators Survey results found that according to the indicators measured, the

level of resilience, and indicators of neighbourhood connection and trust, both Loddon and Gannawarra had higher levels of mental wellbeing compared to the Victorian average. However other data around mental health indicators shows that the number of admissions for mental health related conditions in Loddon and Gannawarra Shires are higher than state average.

In 2009/10, compared to the regional Victoria and Victoria average, Loddon and Gannawarra Shires had a lower rate of mental health care plans per 100,000 population that had been prepared by GPs through the Better Access Program.

## Oral Health

Dental conditions have significant impacts upon the overall health and wellbeing of the population. Dental health conditions have the highest admission rates for avoidable hospital admissions for young people in Victoria aged up to 19 years. Gannawarra Shire rates Dental health conditions as the number one Ambulatory Care Sensitive Condition for hospital admission. Loddon Shire rates Dental Conditions as second to Chronic Obstructive Pulmonary Disease.

Particular groups are at risk of dental health problems and this includes people with diabetes, people with a disability, pregnant women, aboriginal people and those without fluoride in their drinking water. (DHSV)

## Loddon and Gannawarra Community Identified Health Needs

The communities of Loddon and Gannawarra Shires identified the following shared health needs as priorities for the health and wellbeing of residents.

Access to local health services including medical, dental, hospital and aged care was overwhelmingly the most common need identified by communities. A related issue raised to support service access was the need for better information provision across the community about local and visiting services, events and opportunities.

Mental Health is a key consideration for all people of all ages and abilities.

The Gannawarra and Loddon communities are very aware of the challenge for local health and community services of sustainability. The recruitment of the workforce required to provide health and wellbeing services, including allied health practitioners, mental health workers, aged care services and General Practitioners, was identified as a need. Partnerships and collaboration between services supported by improved shared information and referral was another need identified.

Concern was raised about transport to distant health services, including emergency response. Transport was also seen as a priority to support social and community participation. Social inclusion in community activities, and the ability to participate in decision making about social structures was seen as important for children, young people, parents, older people, people with disabilities and those on low incomes.

Infrastructure to support healthy lifestyles for all people of all ages and abilities was prioritised including increased childcare places and facilities, and parent networks

# EXECUTIVE SUMMARY

## Local Service Demand and Service Mapping

Data Collection for this project has been problematic and figures presented should be interpreted with caution due to gaps in data consistency. The results are, however, indicative and provide some information as to the postcode catchment of the health services, the current demand in services through client numbers and interactions related to health priority area. For example Gannawarra residents made up nearly half the number of Oral Health clients attending a Loddon agency. There is less northward flow of demand for Gannawarra services from Loddon residents.

Indicative Age Profile data for health priorities tell us that the demand for Mental Health services and Sexual Health services cross the lifespan. It could be anticipated that the demand for Diabetes, Respiratory Health and Heart Health services are more concentrated in the older age groups, while Oral Health services are predominantly accessed by young people under 20 years. A significant gap in the data for Gannawarra Shire is that from Mallee District Aboriginal Service and it is recommended that this is collated at a later date and added to the needs analysis.

Through Service Mapping workshops the current capacity of health services to respond to the preventive, treatment and recovery needs of patient/clients was explored. A client - centred Case studies approach was used to guide the mapping of currently available services.

Through this process the most obvious gaps have been identified and include the need for:

- a focus on Heart health at all points of the service system including coordinated Cardiac Rehabilitation services
- collaborative service planning for Diabetes and Mental Health referral pathways and services
- the development of Workforce strategies to support best practice healthcare in each Health Priority area

The current health and wellbeing service system in Loddon and Gannawarra Shires will benefit from a collaborative review and service planning across the four Health Priorities to support the development of local service excellence, access to services clear referral pathways, treatment and recovery best practice, concentrated prevention strategies and shared workforce expertise. It is recommended that priority be given to the upgrading and standardising of data collection systems. This will allow collation of the evidence base required to advocate for the resource allocation necessary to address the disadvantage experienced within the Shires and support health and community service access and health equality.

## Recommendations

Below is a list of Recommendations.

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# CONTEXT FOR CHANGE



# CONTEXT FOR CHANGE

## Main points

### Political

- Shifting Commonwealth and State roles in funding programs have led to increased complexity in the health, education, housing and homelessness sectors.
- Competitive tendering is on the rise at federal and state level.
- New areas such as public hospitals, public dental health, and housing and homelessness services look set to be opened for competition.
- Continued political focus on budget surpluses comes often to the detriment of services and support to those most in need.

### Economic

- Poverty and income and wealth inequalities have increased despite two decades of uninterrupted growth.
- Labour market shifts are resulting in more part-time work.
- Health and social service organisations are having to diversify sources of income
- For-profit providers are providing more competition in aged care, disability services
- Not-for-profits lack access to finance for investment available to for-profits.

### Social

- Population growth in Australia is uneven with some areas in population decline.
- Changes in the distribution of population must eventually result in changes in the distribution of funding.
- The ageing of Australia's population will increase demand for age pensions and for health and aged care spending.
- Health and social services may struggle to provide culturally appropriate services to small migrant communities in rural and regional areas.
- Expectations that health and social needs will be met by service users are rising.

### Technological

- E-health services are becoming more common.
- Common digital identities are set to make access to government service easier.
- Trip Advisor-style online service user reviews are emerging in other services areas, particularly in disability.
- Online start-up 'employment' companies are beginning to compete with traditional health and social services.
- Telehealth Services are becoming available in areas with Internet capability. Increased use of online data storage and information has increased the need for data security.

### Environmental

- Health and social service organisations in regional and rural locations face unique challenges, including recruitment of highly skilled staff.
- Climate change will require health and social service organisations to better prepare for disasters such fires, floods and severe storms.

### Legal

- Funding agreements are becoming more complex and leading to additional accountability requirements.
- Increased regulatory burden on health and social services is costly.



# HEALTH ISSUE PRIORITIES



# DIABETES

## RECOMMENDATIONS

### Prevention

#### Prevention focus on the modifiable Risk factors to:

- Increase fruit and vegetable consumption
- Decrease sugar-sweetened beverage consumption
- Reduce obesity in both men and women
- Increase physical activity
- Decrease tobacco use
- Reduce modifiable risk factors in the general population
- Resource and strengthen culturally safe programmes to address the priority group of Aboriginal and Torres Strait Islander peoples
- Make preschool, school and child care diabetes safe environments

### Early Intervention

- Identify high-risk individuals and consider effective, evidence-based interventions
- Promote awareness and earlier detection of both Type 1 diabetes and Type 2 diabetes through regular screening and discussion of risk factors and symptoms inclusion in healthcare assessments
- Strengthen the culture of healthcare partnership with the patient/client to expand consumer engagement and self-management

### Treatment

- Prioritisation of supported self-management of Diabetes
- Provide mental health care for people with diabetes, with regular monitoring
- Work within and develop nationally agreed clinical guidelines, local care pathways and complications prevention programmes
- Strengthen and expand transition from child to adult services
- Provide high-quality hospital care

### Recovery

Expansion and establishment of patient/client groups focused on risk factor reduction such as physical activity and weight management

### Health System

- Develop and implement quality improvement processes to support best practice
- Implement Service Coordination to ensure that the person with diabetes, or those at risk of developing diabetes maximise their opportunities for accessing the services, prevent complications or disease progression and achieve their goals.
- Use information and communication technology to support access to services. Build upon the e-referral systems work undertaken by Loddon and Gannawarra Shire health services to support shared care
- Improve workforce capacity to implement consumer focussed best practice
- Emphasise health care professionals partnerships across primary health, community and specialist care services with the person with diabetes to achieve best-practice, high-quality diabetes care
- Extend existing pathways that have been developed to cover both Shires and work towards stronger partnerships with General Practice
- Build upon Shared care Planning practice and workforce development

# HEART HEALTH

## RECOMMENDATIONS

### Prevention

**Prevention focus on the modifiable Risk factors to:**

- Increase fruit and vegetable consumption
- Decrease sugar-sweetened beverage consumption
- Reduce obesity in both men and women
- Increase physical activity

### For Loddon Shire

- Focus on reduction of extremely high Heart disease rates
- Develop campaign and strategies to reduce high smoking rates

### Early Intervention

- Consider early intervention and self –management strategies development across primary care system

### Health System

- Consider review of capacity of Cardiac Rehabilitation Service systems to meet local needs



# CANCER

## RECOMMENDATIONS

### Prevention

**Prevention focus on the modifiable Risk factors to:**

- Develop campaign and strategies to reduce high smoking rates in Loddon
- Support increase in breast and cervical screening rates
- Highlight risks of alcohol use
- Reduce obesity in both men and women
- Increase physical activity
- Sun exposure

### Recovery

- Consider Review of Cancer Survivorship Programs

### Health System

- Consider review of access to Breast Care Nurse programs
- Capacity building for supportive care
- Linkages between services within and across sectors to provide a network of supportive care resources and services that are accessible and responsive to the needs of those affected by cancer.



# MENTAL HEALTH

## RECOMMENDATIONS

### Prevention

Identify place-based strategies within the VicHealth identified four areas of action to promote mental health and wellbeing including:

- Arts and social connection;
- Preventing violence against women;
- Reducing race-based discrimination; and
- Young people and resilience.

### Early Intervention

- Consider early intervention and self-management strategies development across primary care system
- Review access to and promotion of mental health services available across the lifespan to community members

### Recovery

- Better service coordination to support client/patient transition between acute care and community mental health support services

### Health System

- Focus on social inclusion of all community members through health service and community leadership and resourcing
- Review access to and promotion of mental health services available to referring health and community service practitioners particularly General practitioners
- Develop place-based pathways for response to acute mental health episode and supported recovery
- Consider review of capacity and promotion of Alcohol and Drug Service systems to meet local needs
- Review access to and promotion of family violence services available to community members. Increase health services' capacity to identify and respond to family violence through awareness, training and resourcing



# RESPIRATORY HEALTH

## RECOMMENDATIONS

### Prevention

- Promote respiratory health through better prevention strategies such as QUIT
- Promote respiratory health through greater community awareness of asthma
- Target Loddon Shire for development of a campaign and strategies to reduce high smoking rates

### Early Intervention

- Ensure best practice school community education about Asthma and emergency response
- Campaign to support individual Asthma plan for each person
- Promote respiratory health through better early detection, education and treatment

### Treatment

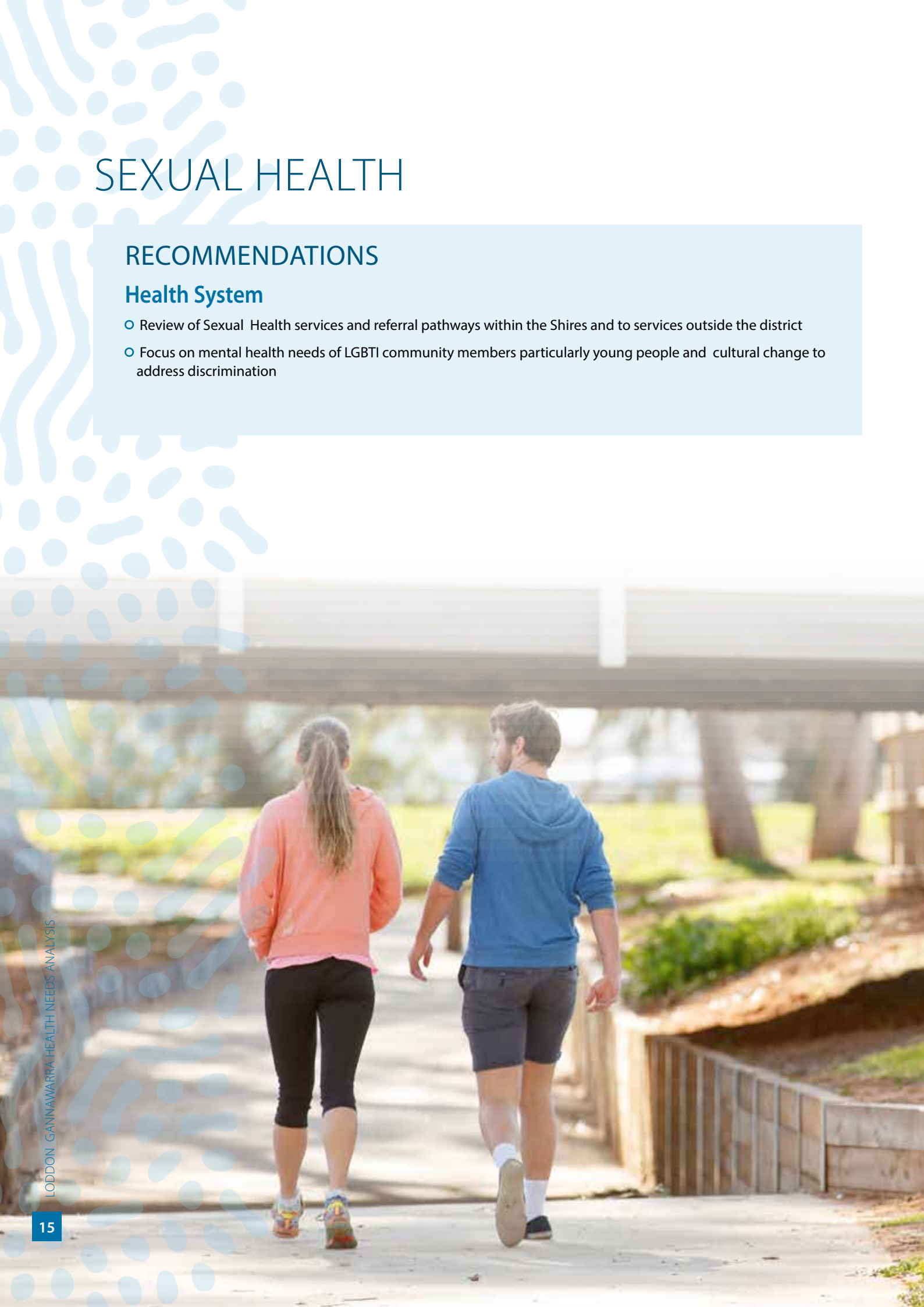
- Promote respiratory health through better early detection, education and treatment

# SEXUAL HEALTH

## RECOMMENDATIONS

### Health System

- Review of Sexual Health services and referral pathways within the Shires and to services outside the district
- Focus on mental health needs of LGBTI community members particularly young people and cultural change to address discrimination



# ORAL HEALTH

## RECOMMENDATIONS

### Prevention

- Promotion of prevention programs such as “Smiles for Miles” and “Healthy Families, Healthy Smiles” supporting oral hygiene and healthy eating
- Oral health perspective emphasised in QUIT and other tobacco use information provided in smoking reduction campaigns
- Access to regular dentistry through private or public services such as the Dental Health Service in Boort and the intermittent Flying Doctor Service in Kerang
- Continue dental service access through transport support for aboriginal people

### Early Intervention

- Ongoing promotion of positive oral health behaviours
- Access to regular dentistry through private or public services
- Dental service access through transport support for aboriginal people

### Treatment

- Access to regular dentistry through private or public services

### Health System

- Review of and support for collaborative partnerships across health, education and community services to develop prevention and early intervention strategies to reduce avoidable hospital admissions for dental conditions
- Greater focus on oral health link with overall health
- Ensure consideration of oral health referrals when undertaking health assessments particularly for groups at risk



