

# Norfolk Island Health Needs Assessment

2022/23 to 2025/26



## Norfolk Island Health Needs Assessment Update – February 2023.

The aim of this document is to explain the process that Brisbane North PHN has taken with the Norfolk Island community and relevant stakeholders to develop the Norfolk Island 2022/23 – 2024/25 Health Needs Assessment (HNA). It outlines outputs from the process and how the community can use the HNA to support health and service needs of their community.

The Brisbane North PHN HNA process is underpinned by a socio-ecological view of public health. This means that when considering the health status of an individual and the broader community, the social, cultural and external environmental factors are considered, in combination with an individual's behaviours, age, gender and heredity factors.

The Health Map (Figure 1) is a useful depiction to consider the impact of the global ecosystem we live in and how the natural and built environments along with the local economy can influence available community activities. The local economy can impact the community and people's lifestyle choices. These broader influences and systems can interconnect with an individual's biological factors such as age, gender and genetics<sup>1</sup>. Viewing Norfolk Island health and service needs through a determinants of health lens ensures a comprehensive and holistic view of health and wellbeing is considered and how unique factors to Norfolk Island's policy, cultural and historical context is relevant to the HNA process.

The HNA was jointly undertaken in partnership with Norfolk Island Health and Residential Aged Care Services (NIHRACS), Norfolk Island community, Queensland Department of Education and Metro North Health. An eight-step process was developed to guide development and is outlined below (Figure 2).

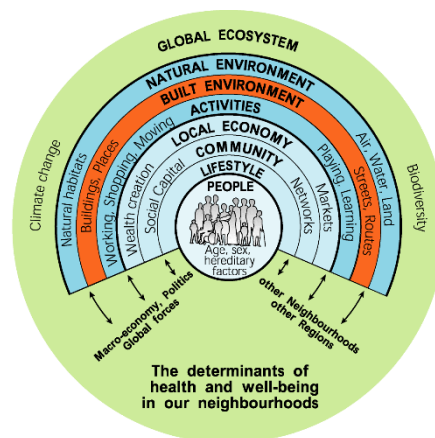


Figure 1: The Health Map<sup>1</sup>



Figure 2: Norfolk Island Health Need Assessment development process

**Steps 1 – 6** focused on learning about health and service strengths and needs from people living and working on Norfolk Island. Consultation was held with a range of community stakeholders from health, education, community services, advocacy groups and people living on the Island. Key insights were also gained from participating in NIHRACS strategic planning consultation processes. Existing health, community and academic data and reports were reviewed. Both the quality and availability of current data was noted as a limitation and an opportunity to improve for future health needs assessment processes.

Information gathered from **Steps 1-3** were reviewed, themed and grouped into health and service strengths and needs. These strengths and needs were then shared and validated in **Step 5** via a face-to-face workshop on-Island in December 2022 (Figure 3). Twenty one (21) people attended the workshop and included representatives from on-Island and Australian based services, community members and local advocacy groups. During the health needs assessment workshop, participants were invited to: review needs and strengths gathered from Steps 1-4 and add anything missing, question anything odd. An additional 10 needs were identified in workshop discussions.

In **Step 6**, workshop participants worked in five groups: (1) clinical health services, (2) health and wellbeing team, (3) education\*, (4) community services and (5) advocacy groups to determine community readiness to address identified health and service needs via a readiness criteria:



- *high readiness (green)* – community has immediate resources available to address identified need
- *moderate readiness (orange)* – community needs additional resources to address identified need
- *low readiness (red)* – community needs to advocate for resources to address need.

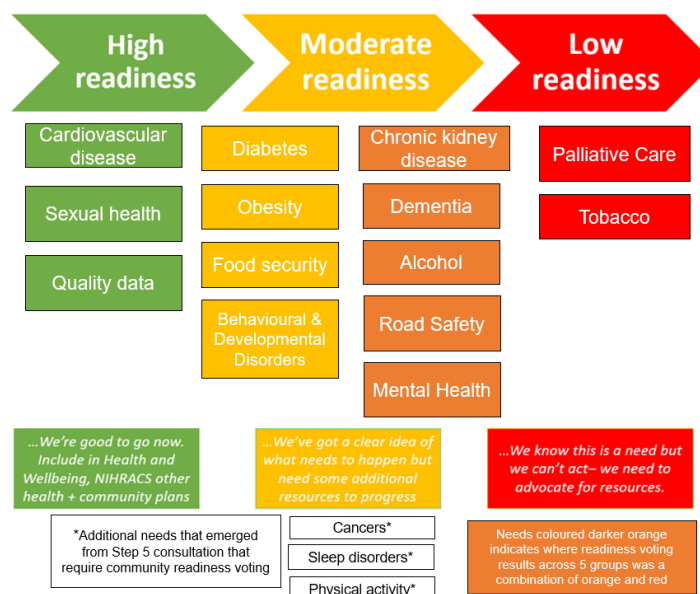
Groups were asked to use the criteria to ‘vote’ on community readiness to address needs (based on their knowledge of available resources in their particular service/sector/group) and to make note of existing resources for ‘high readiness’ needs and what might be required for ‘moderate’ and ‘low’ readiness needs. From Step 6, an overall community readiness continuum was developed for identified health and service needs (Figure 4).

Following the workshop, the summary of health and service needs was updated with feedback received in Step 5 and was made available for community feedback for two months (December 2022-January 2023). Additional community feedback was incorporated into the overall health and service needs summary document (see Appendix 1). Of the additional 10 needs identified in the workshop, feedback was provided to support three needs (cancers, sleeping disorders and physical activity/sedentary lifestyles) and these have since been added to readiness continuum. Readiness voting will take place for these needs during Brisbane North PHN’s March (2023) visit.

*\*Representatives from Education were unable to attend due to competing end of semester demands. Feedback was gathered post workshop to ensure representation.*

Norfolk Island Health and Service Needs– 2022/23 to 2025/26						
Social Context						
Remoteness		Historical context			Policy context	
Risk factors/behaviours						
Food security & nutrition		Tobacco	Sexual health		Intergenerational trauma	Sedentary lifestyles
Alcohol and other drugs	Obesity	Road safety		Social disconnection	Health literacy	
Vulnerable Groups						
Children & young people	Families & Carers	Mothers	Women	Men	People living with a disability	Older people
Health conditions						
Behavioural & developmental disorders		Mental Health and wellbeing		Cardiovascular Disease	Diabetes	Sleep disorders
Cancer	Dementia	Kidney disease	Muscoskeletal disease	Chronic pain		
Service needs						
Service navigation, coordination and integration		Workforce	NDIS	Specialist care	Primary care	Quality data
Palliative care	Respite services	Psychosocial support				

**Figure 3: Norfolk Island health and service needs generated from community consultation and data review (Output: Steps 1-5)**



**Figure 4: Norfolk Island community readiness to address identified health and service needs (Output: Step 6)**



**Step 7** will be developed during February-April 2023 and will deliver four outputs:

1. *Public facing Norfolk Island Health Needs Assessment document* – this document will be available for anyone living and working on Norfolk Island. It is a public resource that articulates current health and service strengths and needs. It is a high-level summary of Steps 1-6 learnings.
2. *Australian Department of Health PHN Health Needs Assessment deliverable report* – all 31 PHNs have a deliverable to the Department of Health to develop a health needs assessment process for communities they support and articulate the HNA process and findings. It is a report detailing process and outputs from Steps 1-6.
3. *Norfolk Island Health and Service Needs Action Plan* – the action plan will outline the health and service needs validated by the community in Step 5, summarise HNA findings, articulate system enablers required to support the health and service needs. It will also outline what ‘needs to be different’ for each need and corresponding immediate, medium and long term actions to address the need. Services/organisations that are (or could be) responsible to progress the actions and possible timeframes will be recorded\*.
4. *Advocacy tool* – the additional resources and system enablers required to support identified needs (as per mapping document) will inform the basis of an advocacy tool that community, services and funding bodies can use to support relevant funding applications and conversations with decision makers. It is a tool that has applied what is required to address needs based on learnings and suggestions from Steps 1-7.

\*Some additional information and community consultation will be required to complete the action plan document, particularly around who can progress actions and possible timeframes. Whilst Brisbane North PHN plans to develop the first iteration of this advocacy tool during March and April 2023, we acknowledge it will be an ongoing process that will align with the NIHRACS Strategic Planning process and is part of Step 8.

**Step 8** will be an ongoing process in partnership with the Norfolk Island community, NIHRACS, Department of Infrastructure, Queensland Department of Education and Metro North Health. We acknowledge that a health needs assessment process is never ‘complete’. Needs continue to evolve as communities evolve and respond to their internal and external environmental contexts. Brisbane North PHN will continue to gather and collate information about Norfolk Island health needs and update documents in line with our health needs assessment planning cycles.

If you have any questions about this process please contact:



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**Reference:**

Barton, H; Grant, M. A health map for the local human habitat. *J. R. Soc. Promot, Health* 2006, 126, 252-253.



## Appendix 1 - A summary of needs that have emerged in the Norfolk Island health needs assessment process (Steps 1-5).

### Social context

#### Remoteness:

##### *Previous community consultation (2019)*

- The distance between the island and mainland impacts on the availability and cost of access to services and medical supplies (medicines, equipment and consumables)<sup>7</sup>
- The necessity to travel to mainland to seek health services is disruptive to community members and incurs heavy financial and relationship burden<sup>7</sup>
- Concerns have been previously shared around environmental and economic sustainability and the development of the tourism sector in supporting the population and its growth<sup>7</sup>.

##### *Consultation with health practitioners and community services (2022)*

- Accessibility of telehealth and other digital and internet platforms

#### Frequency of issue raised:

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

#### Historical context:

##### *Previous community consultation (2019)*

- Norfolk Island has a history of unique heritage and complexities that is deeply engrained in the community's identity. Consequently, there is a strong sense of pride and resilience among the residents who cite a supportive community as a particular strength<sup>7</sup>.

##### *Consultation with health practitioners (2022)*

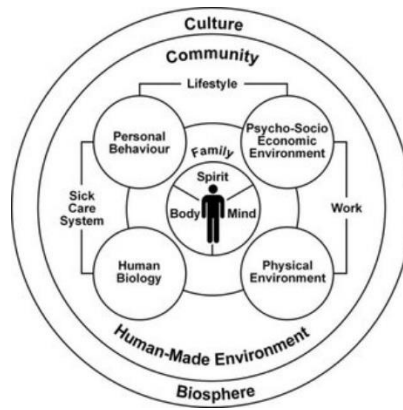
- More recently, it is evident that there are two distinct groups living on Norfolk Island (Pitcairn descent vs not Pitcairn descent) – one group that identifies strongly with the cultural values and a smaller group of Norfolk Island residents that don't identify with the heritage.
- Most definitely there is somewhat of a divide in the community from a political perspective that impacts mental health (maybe some census data could paint a picture on those that identify themselves as Pitcairn descent).
- This would certainly benefit from fleshing out as it carries a bit of weight in education delivery also.
- WAGNI worked with 1800RESPECT to change the literature to identifiable Norfolk scenes to make it a familiar service to the NI community and 'not just another service from away'.

#### Frequency of issue raised:

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

Some queries were made about how historical context and culture is relevant to health behaviours and therefore a health needs assessment. PHNs work from a socio-ecological model of health (see figure below). Within this model, culture is an important aspect that contributes to health and wellbeing and therefore overall health outcomes so we always acknowledge comments made about culture and the potential direct or indirect impacts it could be having on health and wellbeing in any community. This model and an outline of its parts will be included in the public facing document so community and other agencies are aware of relevance and link to health and wellbeing.





### Policy context:

#### *Consultation with health practitioners, community services and community members (2022)*

- Challenges associated with having different governing bodies for different systems. Continues to impact on resources and support received from the Australian Government.
- Frustration regarding the long period of time taken to implement reform and realise benefits
- Chief Health Officer role – legislation around it and how this impacts NIHRACS operation of public health interventions, billing, recruitment (risk for existing roles on Island having to act into this role)
- Explore Rural Generalist Model of Care as a solution; include Allied Health Professionals including nursing in these types of models
- Therapeutic Goods and Poison Act doesn't apply to Norfolk Island
- Mental Health Act is different on Norfolk Island (developed in 1995 for NI, doesn't bring in Australian Act)
- Age of Consent on Norfolk Island sexual health is 16yo; Legislative Act for health states 18yo. Map difference against mainland legislation.
- NI don't have disability parking permits, so can't access these spaces when on the mainland because can't demonstrate being an Australian citizen (Commonwealth looking into this issue). The same applies when trying to get stronger medication over the counter at pharmacies – not considered Australian citizens and Drivers licence does not align with states – need to use passport for ID but not everyone is aware of this and can lead to complex/frustrating process.
- Legislative and Government application of laws and Acts create broader complexity in this space

#### Frequency of issue raised:

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

### Risk factors/behaviours

#### Obesity:

##### *Data*

- The prevalence of a Body Mass Index (BMI) above 25 (overweight, obese and morbidly obese) increases with age in the Norfolk Island population and is most common in adults above 50 years. Of the population, the proportion of overweight and obese people are marginally higher than that observed in the Brisbane North population (35.4% and 23.4%, respectively)<sup>1</sup>.
- In 2015, 28% and 38% of the male and female population reported sedentary levels of exercise. This is substantially higher than the total Brisbane North PHN population in 2020, whereby 9.2% were reportedly inactive, and a further 28.3% spent insufficient time or sessions of physical activity<sup>1</sup>.
- In 2015, 63% of the overall Norfolk Island population were overweight or obese which is slightly higher than the Brisbane North PHN population (58.8%) in 2020<sup>1</sup>.

#### Frequency of issue raised:

Quantitative Data	Health practitioners	Community services	Community members
✓			

#### Sexual Health:

##### *Data*



- Local GPs reported that the main communicable disease issues are STIs and nominated chlamydia and syphilis as the main STIs of concern<sup>6</sup>.
- Majority of the active patient population on Norfolk Island have reportedly not been screened for sexually transmitted infections (or is underreported). Infections include chlamydia, gonorrhoea, hepatitis, and HIV<sup>6</sup>.

*Consultation with health practitioners (2022)*

- STI screening via post has been flagged by Metro North

*Consultation with community services (2022)*

- Sexual activity was reported in children and young people.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	

**Food security and nutrition**

*Norfolk Island FOOD SECURITY STRATEGY, "Growing the local food economy for a resilient, sustainable and healthy community" (2022)<sup>2</sup>*

- Current food production capacity is limited, resulting in the importation of the majority of food products consumed on Norfolk Island<sup>2</sup>.
- Import dependency exposes Norfolk Island to volatile food prices, and creates vulnerability for consumers and businesses affected by the unreliability and costs of freight<sup>2</sup>.
- No food reserves either are in place for maintaining food security in the instance of significant natural or human-induced disasters<sup>2</sup>.
- While the food system is heavily reliant upon external markets, vast areas of prime agricultural land lie undeveloped prone to soil erosion or the propagation of woody weeds<sup>2</sup>.
- A range of limiting factors, however, are keeping on-island food production at insufficient levels. Norfolk Island's commercial farms and food businesses face many barriers to expansion and commercial viability. These include challenges associated with freight and logistics for the import of agricultural inputs including animal feed, along with a range of biosecurity rules restricting imports of livestock, rootstock and grain, as well as agronomic challenges such as plant pests and disease and water access<sup>2</sup>.

*Consultation with health practitioners, community services, community members (2022)*

- Food security underpins nutritional needs of especially vulnerable people
- Kindergarten are about to open a kitchen and provide nutritious lunches
- Developing a sustainable hub to optimise food grown on the Island
- Food grown on the Island is seasonal, so sometimes there will be a glut of one fruit or vege and then none
- The Dietitian has undertaken a survey re food security
- Limited willingness for younger age groups to move into farming market and there is a reliance on those already in the market.
- Previously had more than five growers now only have three and they are older with no younger people moving into the market.
- Including weather events, 2022 saw excessive rain in multiple events rotting out seeds in the soil, excessive wind burning and ripping out seedlings. Last year and previous years were too dry. The community have gone through a 5 month period of no fresh vege, limited frozen vege and minimal food stores due to shipping. The diet on NI is high in carbohydrates as a result.
- Meals on Wheels have moved to a frozen ready meal option to address the sparseness of available balanced meals.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

**Tobacco:**



#### Data

- The percentage of residents (need to check age) who are daily smokers on Norfolk Island is higher than that in the Brisbane North PHN region (8.70%)<sup>1</sup>. However, the proportion of people who have never smoked tobacco on Norfolk Island is substantially lower in comparison to residents of Brisbane North (62.2%), indicating that there is greater exposure or prevalence of tobacco smoking in the community<sup>1</sup>.

#### Consultation with health practitioners and community services (2022)

- A concern expressed about the cheap cost of tobacco and how much less it is than on the mainland - \$11 a packet.
- Acknowledgement that altering the cost of tobacco is a complex tax issue for the Australian government and could open the possibility of taxing other items.
- The community's request is to align with current Australian policy on taxation of tobacco products and not to add any extra.

#### Frequency of issue raised:

Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

#### Alcohol and other Drugs:

#### Data

- Nearly half of residents on Norfolk Island reportedly drink alcohol (check age)<sup>6</sup>. The remaining proportion of the population either consider themselves non-drinkers or do not have alcohol status recorded by a general practitioner<sup>6</sup>. While not a direct comparison, 20.1% of Brisbane North PHN residents reportedly consumed alcohol that poses lifetime risk of harm, while 31.1% have had a single occasion of risky drinking at least monthly<sup>1</sup>.
- 34% of residents indicate that they have consumed alcohol every day in the past three months (check age)<sup>1</sup>.
- Norfolk Islander teenagers and adolescents report much higher proportions of ever using alcohol (81%) than NSW secondary students (65 per cent)<sup>6</sup>. No comparative Qld data.

#### Consultation with health practitioners/researchers, community services, community members (2022)

- A UNSW whole of population research project 'Examining the use of Alcohol and other drugs on Norfolk Island' is currently being conducted. A community survey and focus groups will inform the codesign of potential community responses to identified issues.
- Consultations indicated that binge drinking is an issue on the Island.
- The high use of vaping (particularly 20-30 yo) and cannabis for young people has been anecdotally reported.
- The need for greater support in addressing harmful alcohol consumption was cited by several stakeholders. Community members noted that some young people drink as early as 15 yo with parents supplying for a taste or celebration or kids just get it another way and experiment. The normalisation of drinking at children's sporting events (such as night footy) or a drink (or multiple) after a sporting activity was also noted by community members.
- 
- Council own the licence for alcohol and so have increased its cost (this is not a tax). Some have noted that this increase is relative to cost of shipping and profit margins. **Need to fact check this with NIRC.**
- Now two alcohol outlets on Island open 7 days a week.

#### Frequency of issue raised:

Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

#### Road Safety:

#### Previous community consultation (2019)

- Community members identified road safety as an important public health measure to support people's health and wellbeing<sup>7</sup>.
- Older people expressed a need for safer roads<sup>7</sup>.

#### Consultation with health practitioners (2022)



- Only 1 road death since 1952 but high morbidity – need to fact check this (also need to note morbidity due to road accidents).
- GP reports seeing several young people for skin abrasions
- High incidence of people injured reported to not be wearing helmets

*Consultation with community services, community members (2022)*

- Lack of disability parking spaces
- Lack of footpaths impacting pedestrian safety – falls risk
- Street lighting through town to accommodation needed – now completed (lighting now along the new footpaths from the airport all the way through to the school roundabout and up towards the police station).
- The Police have been running a road safety campaign for the past few months (Nov-Dec 2022) Police previously visited the school kids regularly to do road safety and bicycle drills. The kids loved it and it taught them some basics. This would be welcomed again especially talking to the 15 year olds just getting their motor bike licences.
- There is a Road Safety Committee (chaired by Allan Battaille)
- Study undertaken in 2014/15

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
		✓	✓

**Intergenerational trauma:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need – **no feedback received**

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
		✓	✓

**Health literacy:**

*Consultation health practitioners, with community services, community members (2022)*

- A recognition that health promotion and health messaging has only started consistently on island since 2018
- The opportunity to build whole of community health literacy is recognised as critical to support and improve overall health and wellbeing.

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

**Sedentary lifestyles:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need

**Feedback:** Not sure there is any robust Norfolk data on physical activity levels on Norfolk, but likely to not be dissimilar to other places in Australia and with older age demographic and consequent chronic conditions impacting there is a need for increased physical activity options for older people with barriers to currently available physical activity options.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓		



**Social disconnection:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	

**Vulnerable Groups****Children***Data*

- National targets for childhood immunisation is 95% coverage. Majority of children on island were overdue for their childhood immunisations. Comparatively, children aged 1, 2 and 5 years in Brisbane North had immunisation coverage of 95.3%, 92.8%, 94.7% respectively in 2018-19<sup>1</sup>. (this may be a data issue and not accurate – PHN to check)

*Previous community consultation (2019)*

- Community value the opportunity to raise children on the island to continue the legacy of the community/heritage/lifestyle, however there is recognition that not all services are available on the island<sup>7</sup>.

*Consultation with health practitioners and community services (2022)*

- A particular challenge is providing for special needs in some children, notably in assessment and care.
- Community services and members have identified the need to better support children and young people who witness family and domestic violence.
- Service providers have identified a need for more resources and support to work with families pre-birth (first 2000 days).
- Issues were shared around women coming to the mainland at 35 weeks and not being able to access and deliver in the birth centre.
- Women seek early discharge post delivery because of the time they have already spent on the mainland.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

**Young people***Consultation with health practitioners and community services (2022)*

- A need for increased focus on this cohort, particularly with health promotion in the areas of personal health and wellbeing, and targeted education for alcohol and other drugs. Youth worker in the community or school based is needed.
- Community services and members have identified the need to better support children and young people who witness family and domestic violence.
- Reports of 14,15,16 year olds in sexual relationships with older adults (i.e. 23+ year old)
- Greater support with suicide prevention for young people is needed. School expressed a concern that young people go off Island to university and struggle to cope with mainland way of life (need more support in life coping skills when going to uni).
- Need to build better support pathways for young people on mainland – connect and build relationships with universities.
- 289 students in school, 131 secondary students - 163 (56%) students have a personalised learning record
- Greater support around sexual assault and sexual health for young people is needed.
- A need noted for youth justice – study options, options for industry/sectors, extra curricula activities that encourages young people to be engaged in the community.



- Liz Unkles to build in ideas re youth mental health from the morning MH session that PHN missed

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	

**Mothers**

*Consultation with health practitioners and community services (2022)*

- Service providers have identified a need for more resources and support to work with families pre-birth (first 2000 days).
- Issues were shared around women coming to the mainland at 35 weeks and not being able to access and deliver in the birth centre.
- Women seek early discharge post-delivery because of the time they have already spent on the mainland.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	

**Families and Carers**

*Consultation with community services and community members (2022)*

- Community services and members noted the opportunity to improve distribution of information about services and supports available for health and wellbeing.
- A need expressed for day respite option for caregivers.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
		✓	✓

**Women**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need **no feedback received**

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
		✓	✓

**Men**

*Consultation with health practitioners, community services and community members (2022)*

- Anecdotally men were reported as less likely to have health seeking behaviours which places greater risk of undetected illness and disease.
- The need for more community services to address men's health issues was raised.
- Greater support and coordination for the Men's Shed – acknowledgement this is run by volunteers and how much capacity do they have to support this work?
- Consistency around men's health clinics and specific men's health checks.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

**People with a disability**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need - **no feedback received**



Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

## Older Persons

### Data

- Of the population who have actively seen a GP on Norfolk Island in the last 3 years, majority are aged 50 years and above<sup>1</sup>

### Previous community consultation (2019)

- A desire for safer roads and walking environments on island to prevent falls and injury<sup>7</sup>.
- A desire for supported living/independent living accommodation as an additional option prior to resorting to residential care. Community values "aging in place" and the ability to maintain active lifestyles and independence<sup>7</sup>.

### Consultation with community services (2022)

- Support to provide complex services and home-based therapy.
- Don't do home packages, use an MPS model - The service of Home Care Packages is not available as the MPS model of care replaces this service with Home Care Placements, respite care and residential aged care
- If you come to the island with a home package you can continue it.
- Flying in food packages for originally three and now 35 clients
- There is a need for an on Island Aged Care Home with a few residential respite beds to provide much needed respite for community care givers.
- The aged care home would help prevent Islanders being moved off-island, away from their community to residential care on mainland Australia – does the new MPS offer this?
- Significant gap on Island is a retirement village with variable levels of support. It's either managing at home or the RACF and nothing in between.

Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

## Health conditions

### Cardiovascular disease:

### Data

- The proportion of Polynesian ancestry in the present-day individuals was found to significantly influence total triglycerides, body mass index, systolic blood pressure and diastolic blood pressure<sup>3,4,5</sup>.
- For various cholesterol traits, the influence of ancestry was less marked but overall the direction of effect for all CVD-related traits was consistent with Polynesian ancestry conferring greater CVD risk<sup>3,4,5</sup>.
- 17% of the population had a previous diagnosis of hypertension, with 25% of those sampled recording hypertensive blood pressure levels<sup>3,4,5</sup>.
- 40% of the population reported a family history of hypertension<sup>3,4,5</sup>

Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

### Diabetes:

### Data



- The known prevalence of diabetes was reported at similar levels to the Australian community, but a high number of undiagnosed cases were identified in the sampled population<sup>1</sup>.
- Obesity rates are high (see separate section).

#### *Consultation with Health practitioners (2022)*

- Doctors indicated a high level of glaucoma in the community.
- Issues with foot care, podiatry services (nil going forward as previous visiting podiatrist is no longer coming, vascular checks etc – Dec 2022)
- When there is a gap in visiting services/providers it highlights the need and critical importance of health literacy, self-management and monitoring.
- Currently we have no diabetes educator visiting (Dec 2022)

#### **Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
✓	✓		

### **Dementia:**

#### *Consultation with community services (2022)*

- Dementia Services Australia (DSA) have observed that the people on Norfolk Island (NI) seem unsure of what Australian services they can access independently and separately from NIHRACS.
- People need much encouragement to contact an “off-Island” Health service. Therefore DSA are still encouraging caregivers in the community and in NIHRACS to contact DSA directly for timely support without going through third parties or waiting for DSA to be on Island.
- DSA started visiting NI in 2018, and all clients seen thus far have been in older age groups. However, DSA expect over time, to also see people living with childhood dementia, and younger onset dementia.
- In most cases, clients are seeking services without fees or with Medicare subsidies. Some clients state that they do not always believe that services will continue as they have witnessed several services not follow up.

#### *Consultation with community members (2022)*

- Community have reported years of inconsistency with service provision which can lead to slow community uptake and hesitancy.

#### **Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
		✓	✓

### **Kidney Disease:**

#### *Data*

- A substantial proportion of people aged 15+ years have a chronic kidney disease risk factors recorded. This includes smoking, diabetes, hypertension, obesity and cardiovascular disease<sup>1</sup>.

#### *Consultation with health practitioners (2022)*

- There are varying levels of kidney disease management activities conducted for the population that are diagnosed with chronic kidney disease.
- Additional support services for kidney disease required from Metro North Health

#### **Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
✓	✓		

### **Mental Health and well-being:**

#### *Data*

- The Norfolk Island population reported slightly higher levels of “High” to Very High” psychological distress compared to the Brisbane North PHN population (13% vs. 12.1%, respectively)<sup>1,6</sup>.



- There is evidence to support that a small proportion of residents have a current prescription for mental health-related conditions. Prevalence in the use of these medications however is lower in comparison to the Brisbane North population<sup>1</sup>.

*Consultation with health practitioners, community services, community members (2022)*

- High levels of anecdotal feedback that people of all ages need support with mental health concerns and literacy (including computer literacy).
- Community members have expressed concern about social disconnect with extended family.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

**Chronic pain:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need **no feedback received**

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓		

**Cancer:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need

Skin cancer is an issue and screening rates for skin cancer unknown.

Significant impact for community and for carers.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓		

**Sleep disorders:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need

Information for babies and teens would be helpful

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓		

**Musculoskeletal disease:**

Recommendation from HNA workshop (Dec 2022)

Please provide feedback/data to support this need - **no feedback received**

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓		

**Behavioural & developmental disorders**

Collating data



Please provide feedback/data to support this need – Liz, NISEDU, School, Banya Park have information to support his need.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

Liz Unkles has more feedback re the following areas

**Service and system needs**

**Service navigation, coordination and integration (on and off island):**

*Consultation with health practitioners and community services (2022)*

- Island services have recognised the need to improve and strengthen linkages with mainland services.
- The integration and availability of services provided by on island do pose privacy concerns for patients and is a perceived barrier or deterrent in accessing care.
- The transition of health and education to Queensland has created the need to understand new service navigation, coordination and integration processes.
- A lack of coordination between health and community service providers exists, including allied health professionals. Stakeholders suggested seeking out opportunities to co-locate or bring together physical location of services.
- Service navigation, coordination and integration needs to be strengthened to allow network of health services to sustainably deliver safe and quality health services on the island. Most notably between health, community, aged care and emergency services.
- Continuity of care: recognise that there needs to better support to achieve the delivery of quality, patient-centred care, and to encourage community to engage with health services. Identified as contributing to building trust and reducing hospital admissions/emergency presentations
- From a visiting GP/specialist perspective – unaware of traditional customs and unaware of community supports on island, particularly related to palliative care.
- Lack of consistency in referring facility/provider on mainland. Desire for consistency particularly for common procedures in both planned and emergency care situations. Agreed referral and patient-centred pathways. Documentation and communication of these back to community.
- Integrating NIHRACs into broader health system with providers on mainland. This is to assist strengthening continuity of care, referrals/specialist service coordination. Will require appropriate governance and consideration of care settings to help support community
- Shared health records have been identified as a barrier in achieving a coherent health service system. Sharing of information is for both across geographies and care settings.
- Dissemination of information about visiting health services will encourage more referrals
- The need to map/develop a services framework. What are the services that exist + what are the services that need to exist (what's appropriate to deliver online and what needs to be in person).
- Can't use any service that requires an SMS confirmation and some agencies won't accept a NI phone number as it is international – Health Acts require an Australian number.

*Consultation with community members (2022)*

- Community members have reported the lack of communication of processes and clear information and health services available on and off island.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	

**Workforce:**

*Consultation with health practitioners, community services and community members (2022)*



- Workforce capability and performance needs to be better managed to ensure delivery of quality services to the community
- Retention of health workforce is difficult due to the remoteness of the community. Subsequently NIHRACS experiences high staff turnover, which results in poor continuity of care. Additional challenge of having insufficient availability of accommodation for new staff/agency/locums
- The distribution and allocation of staff between services delivered by NIHRACS vs RACFs is suggested to be inefficient? Or needs to undergo revision. Imbalance based on needs of community.
- A suggestion to use more Allied Health Assistant models to take the pressure off the Allied Health appointments and demand.
- The need to 'grow' the local workforce was identified with services searching for models that enabled local people to develop work experience that could lead to qualifications and on Island workforce.
- After achieving accreditation will be able to partner with a university for placements that will provide contemporary practice
- Local and supplementary scholarships for health related professions that are tied to then working on the Island. This would also lead to providing further contemporary practice.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

**NDIS:**

*Consultation with community services (2022)*

- Approximately 30 people living on Norfolk Island with NDIS plans (NDIA)
- Anecdotal information to indicate that there are potentially a number of children and adults who would meet access criteria (NDIA).
- On Norfolk, there is no NDIS partner in the community, so there is a remote planning team based in NSW who take carriage of NDIS plans and enquiries for all Norfolk Island participants.
- Lack of regular GP and Paediatrician presence (continuity of care). This is challenging from an NDIS point of view to have required reports and evidence documents completed (NDIA).
- Lack of therapy providers on the Island (OT, speech therapy, psychology).
- Lack of early childhood supports for children identified with developmental delay that may meet the criteria for early childhood NDIS access.
- General lack of understanding of NDIS and the processes for access and thereafter as well as the role of other agencies on the Island in relation to NDIS.
- Communication challenges (international call, often poor internet and phone coverage).
- Early Learning Education Centre needs more support to diagnose developmental delays – prior to children starting prep.
- Support to transition prep students into NDIS
- Can't ring NI people as it is an international number

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

**Primary Care:**

*Data*

- There are reportedly low rates of activity related to health screening for bowel, breast and cervical cancer on island<sup>1</sup> (some of this is a data collection issue rather than low screening rates).
- Need to determine skin cancer check rates also.
- MBS items and pathology criteria that are accessed frequently by residents on island relate to Chronic Disease Management Plans and Team Care Arrangements. This is followed by after hours non-urgent care and Mental Health Treatment Plans<sup>1</sup>.

*Consultation with health practitioners (2022)*

- Mammogram equipment on the Island, so have better rates of screening now; bowel cancer collection method not appropriate for NI, by the time it arrives via the post, the sample is often invalid). NIHRACS has offered a work around so that samples arrive on time but unsure of uptake.



Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
✓	✓		

#### Specialist Services:

*Consultation with health practitioners, community services and community members (2022)*

- Expressed need to have greater availability of specialist services on the island, for both prevention and management of illness.
- A need to list available of locums and their skill sets, available on NIHRACS website. This is helpful if anything happens when NI residents are in Australia there is an awareness of services available on Island and/or the need to extend stay to receive the necessary treatment. This information could assist greatly in people's decision making processes.
- Palliative/end of life care - Delivery model that is culturally appropriate - Previously experienced challenges associated with this. Inclusive of: lack of care continuity, lack of pharmaceutical, expenses associated with returning deceased back to island.
- Difficulty in private sector establishing business on island given the small market and market position, in addition to scope of services already delivered by NIHRACS.
- Interest in outreach support from allied health and nursing staff in the community
- Expressed need for regular access to a geriatrician/neurologist, psycho-geriatrician, and an older persons mental health service.
- **Pre 2016**, there was a gastroenterologist (providing endoscopy) and gynaecologist come to the Island.

Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
✓	✓	✓	✓

#### Palliative Care:

Recommendation from HNA workshop (Dec 2022)

**Please provide feedback/data to support this need**

Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

#### Respite Care:

Recommendation from HNA workshop (Dec 2022)

**Please provide feedback/data to support this need**

Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

#### Psychosocial support:

Recommendation from HNA workshop (Dec 2022)

**Please provide feedback/data to support this need**

Frequency of issue raised:			
Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

#### Quality data:

*Consultation with health practitioners, community services and community members (2022)*

- Feedback in the Health Needs Assessment Workshop (Dec 2022) indicated that the data presented was not accurate of several conditions and health needs.



- It was discussed and recognised that data is used to evidence health conditions and needs and is a critical advocacy tool.
- Strategies to improve data entry was noted and recognised.

**Frequency of issue raised:**

Quantitative Data	Health practitioners	Community services	Community members
	✓	✓	✓

**Sources**

1. BN PHN Source: CHO Report, 2020 vs PATCAT Oct 2022 (active patients)
2. Norfolk Island FOOD SECURITY STRATEGY, “Growing the local food economy for a resilient, sustainable and healthy community” (2022)
3. NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd)
4. European Journal of Human Genetics, Vol. 18(1), pp. 67-72.
5. Legacy of Mutiny on the Bounty: Founder Effect and Admixture on Norfolk Island. Macgregor, Bellis, Griffith s et.al Griffith University 2009 - [Michelle Costello follow up more current documents with Karen Innes Walker.](#)
6. CESP HN Health Needs Assessment (2016)
7. KPMG Needs Assessment Consultation (2019)

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