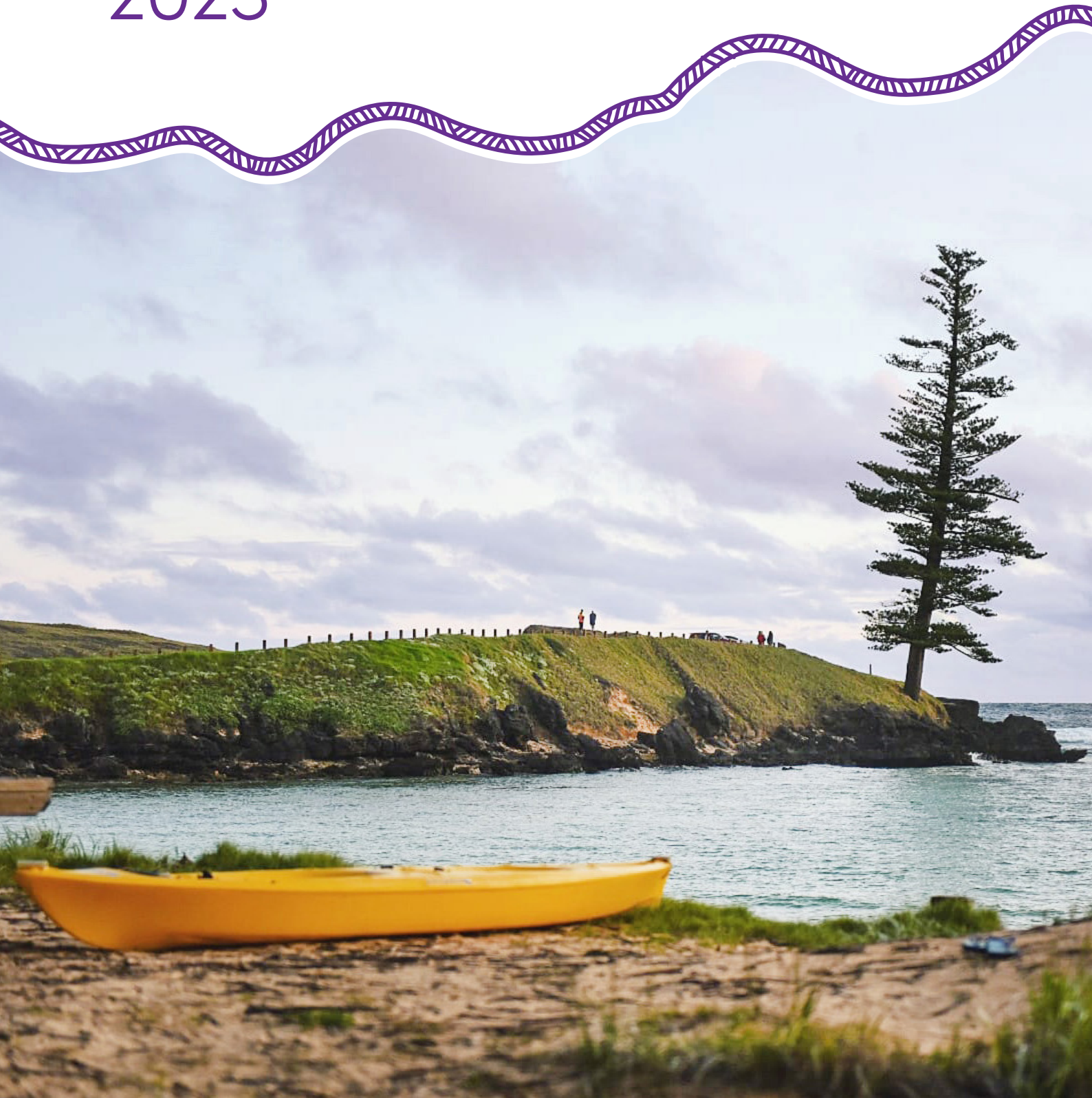


# Norfolk Island

## Health Needs Assessment Summary

### 2023



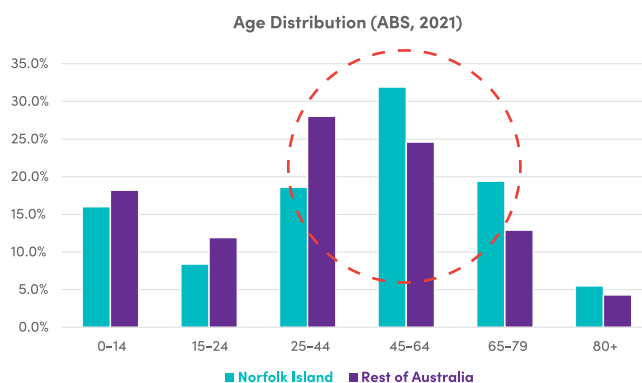
# A Bounty-ful Place

Brisbane North PHN began working with the Norfolk Island community and developing a health needs assessment in July 2022. A range of risk behaviours, health conditions, service needs and priority populations emerged within the complex social, historical, and political context that is unique to Norfolk Island. This Health Needs Assessment (HNA) document will outline the process undertaken to work with the community, the identified health and service needs, and opportunities to close and enhance key gaps.

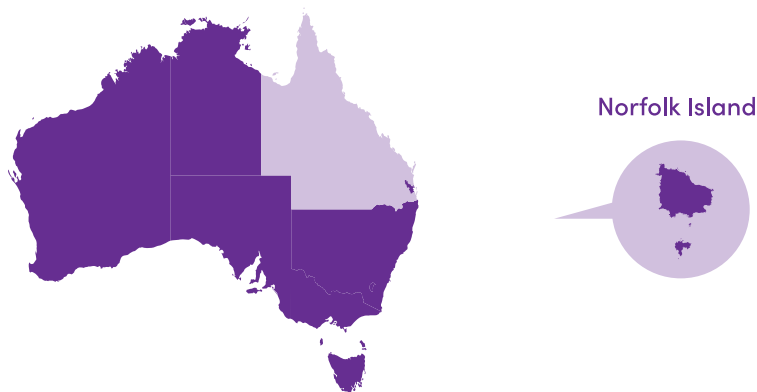
## Background Information on Norfolk Island

Norfolk Island is a remote external territory of Australia located in the Pacific Ocean and situated between New Zealand and New Caledonia, making it one of Australia’s most isolated communities. It has a total land area of 35 km<sup>2</sup>. The Island has a diverse environment with unique flora and fauna of major biological importance. Based on data from the 2021 Census of the Australian Population (ABS, 2021), there is an estimated residential population of 2000 people as of 2021.

The population is ageing (with a median age of 52.2 years). There is an atypical population distribution in that there are greater numbers of young people (under age 25 years) and adults aged over 50 years, with a significant missing cohort of 25–50-year-olds who have moved to the mainland or overseas to access employment and education opportunities.



Norfolk Island is home to a diverse group of people including people with family ties to the United Kingdom and Tahiti (both through Pitcairn descent and directly), elsewhere in Australia, the United States of America, Canada, New Zealand, Fiji, the Philippines, and other Pacific islands.



- 81.5%** of residents are Australian citizens
- 48.7%** speak a language other than English at home
- 40%** of residents identify culturally as Pitcairn or Norfolk Island
- 11.5%** of people on island consider themselves Indigenous – not specified

# Political and social context

Norfolk Island is a community that is proud of its heritage and history of hard work and resilience. In March 2015, the Australian Government announced comprehensive changes for Norfolk Island and in May 2015, the Norfolk Island Legislation Amendment Act 2015 and related Acts came into effect. They provided for the Australian Government to assume responsibility for funding and delivering national and state level services and for the establishment of an elected Norfolk Island Regional Council from 1 July 2016.

On 22 October 2021, the Australian Government and the Government of Queensland signed the Intergovernmental Agreement on State Service Delivery to Norfolk Island (IGA) to support the delivery of Queensland services to Norfolk Island. Commencing from 1 January 2022, the Queensland Government has been delivering educational services at the Norfolk Island Central School (NICS) and providing support and oversight of the Norfolk Island Health and Residential Aged Care Service (NIHRACS). From 1 July 2022, Brisbane North PHN received Commonwealth Department of Health and Aged Care funding to undertake a Health Needs Assessment, provide primary care support to general practice on the Island and contract health and wellbeing and mental health for children, young people and their families' services. Given this, Metro North Health and Brisbane North PHN work collaboratively to provide agreed support and services to NIHRACS. The instability of transition in government agreements has been a source of stress for Norfolk Island residents and increased the fragmentation of the health and education systems. In addition to these significant change processes, NIHRACS has been managing the response to the COVID-19 pandemic and undergoing work to become accredited, including the planning and development for the health facility.

As a very remote community, Norfolk Island has limited access to specialist care, primary care, allied health, maternity care, psychosocial support, palliative care and respite services to name a few.

The community are dependent on visiting specialists, travel to the mainland for certain types of care, resulting in an overall fragmentation of the healthcare system. Isolation means disruption in the supply of food, medicines, essential equipment, and consumables. As a result, the small community is resilient and adaptable in sustaining itself in light of uncertainty, delays and unexpected events interrupting supply chains.



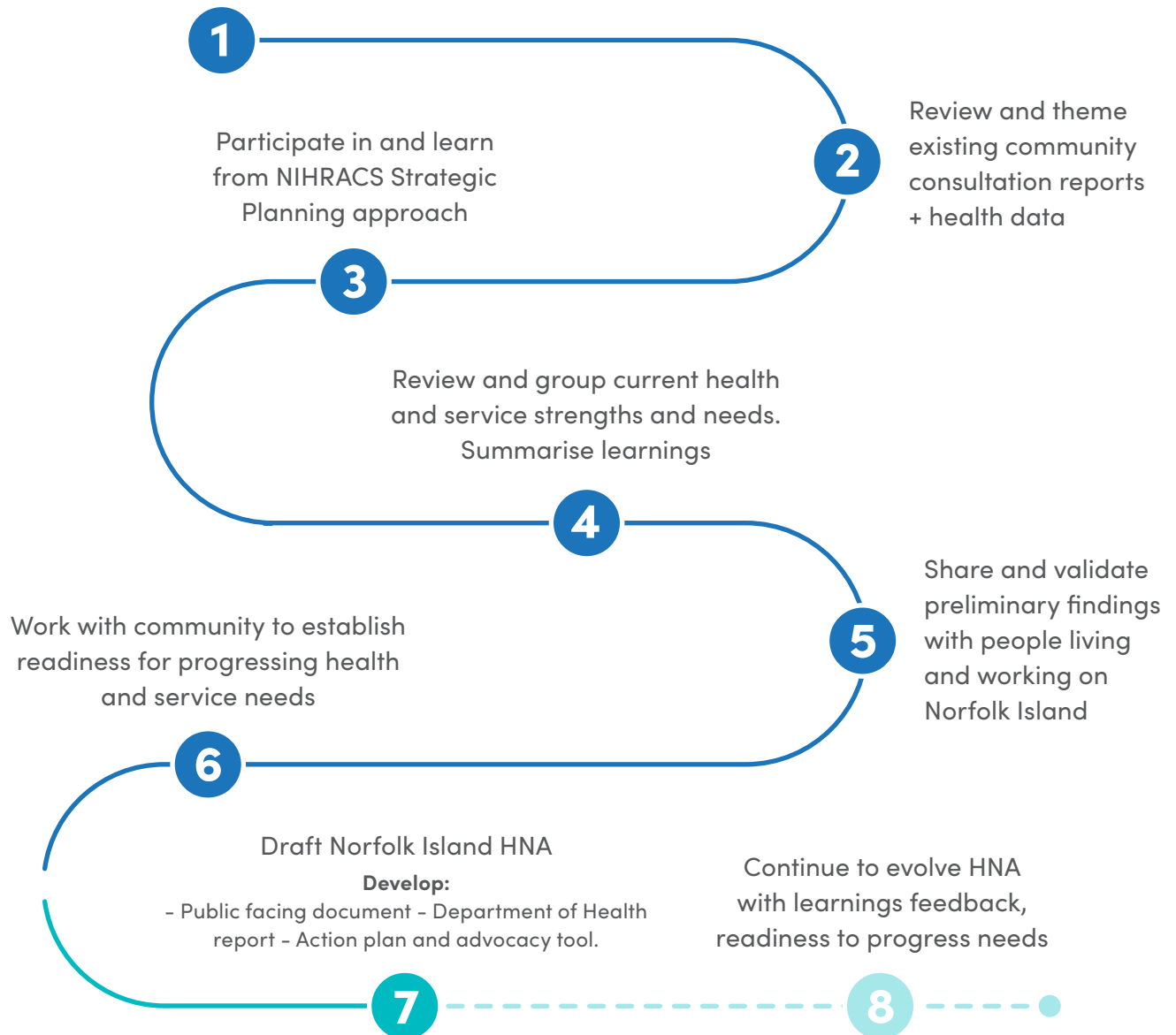
**ALMOST A QUARTER (24%) OF ADULTS** on the Island earn less than \$650 per week (ABS, 2021)



**72.6% OF ADULTS** volunteered in the previous week indicating high community participation (ABS, 2021)

# Health Needs process

Learn about health and service strengths and needs from people living and working on Norfolk Island



July 2022 – January 2023

Feb 2023

March 2023 - Ongoing

# Results from HNA process

The PHN process included learnings from the Norfolk Island Hospital and Residential Aged Care services Strategic Plan.

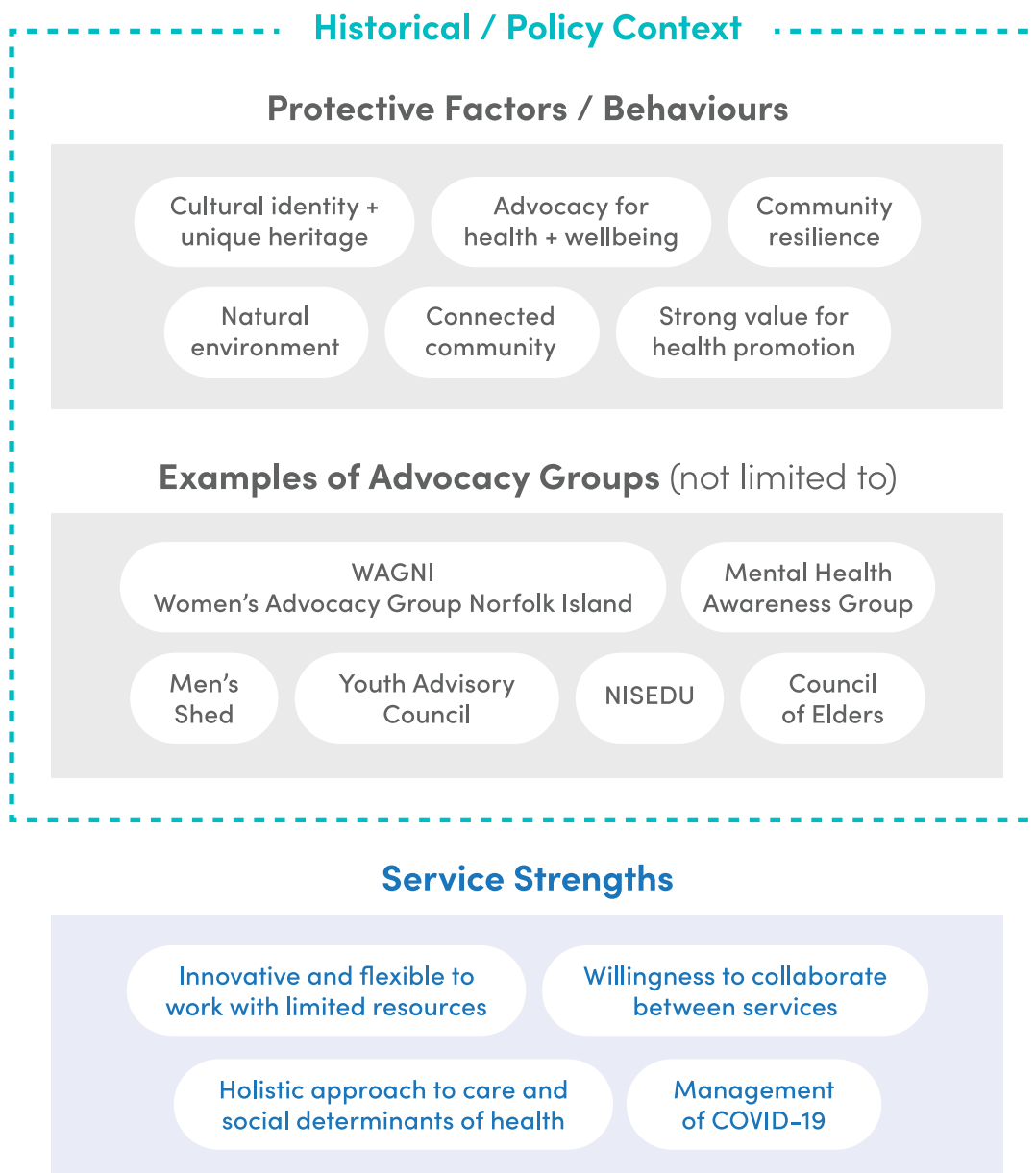
The following are the issues that surfaced:



# Results from HNA process

Importantly, these health and service needs are in the context of numerous on-Island strengths

## Narrative of Norfolk Island:



# Vulnerable groups

Several vulnerable population groups reside on Norfolk Island. Given its very remote setting, every Norfolk Island resident belongs to one or more of these groups. These groups have complex intersects with one another, and further between the health and service needs identified in the HNA process.



## Children and families

Raising children on Norfolk Island is important for the population as it allows for a continuation of a healthy and proud heritage.



## Young people

There is a need to build better support pathways for young people to link them with universities and training opportunities on the mainland.



## Mothers

There are limited resources to work with mothers and children pre-birth and in the first 2,000 days of life.



## Women

Women were reported by health providers and community representatives as a vulnerable group.



## Men

Men were reported by health providers on-Island to have fewer health-seeking behaviours than women.



## People with a disability and carers

Up to one in four people on the Island experience mobility issues and a high proportion identify as having a disability.



## Older people

Older people comprise a large proportion of the population yet have limited health resources available.



# Risk Factors

<p><b>Health literacy</b> among the Norfolk Island community must be safeguarded by legislation.</p>	<p>The need for a long-term and sustainable approach to whole of community health promotion strategies is critical to addressing levels of health literacy and improved overall health and wellbeing. In general, health promotion initiatives from the mainland that aim to build community health literacy around a broad range of topics (i.e. seat belts, drink-driving, alcohol, domestic violence, smoking etc) are less prominent.</p>
<p><b>Alcohol and other drugs</b> use among young people is high in the absence of a strong legislative environment.</p>	<ul style="list-style-type: none"> <li>Community identify vaping, cannabis use and binge-drinking as issues on the island.</li> </ul> <div style="display: flex; align-items: center; justify-content: center;">  <div> <p><b>35% of drinkers</b> are deemed at moderate to <b>HIGH RISK</b> (R&amp;S Muller Enterprise 105).</p> </div> </div>
<p>Norfolk Islanders experience poor <b>food security</b> due to isolation and remoteness.</p>	<p>Cost, availability, limited range across nutritional needs, and convenience options are the core food security issues on the Island. Weather, interrupted supply chains and biosecurity laws are factors that impact.</p>
<p><b>Tobacco use</b> is high due to an inadequate legislative context.</p>	<div style="display: flex; align-items: center; justify-content: center;">  <div> <p>Cigarettes are <b>less than \$13</b> per packet.</p> </div> </div> <ul style="list-style-type: none"> <li>57% of residents have never smoked in their life compared to 39% of people in north Brisbane</li> </ul>
<p>There is a high number of <b>road-related injuries</b> due to an inadequate legislative context.</p>	<p>Young people can obtain a motor bike license at 15 years of age and anecdotal evidence suggests drink-driving and seat belt legislation may not be consistently implemented.</p>
<p>There are <b>low levels of physical activity</b> in the community.</p>	<p>While a culture of physical activity and community participation thrives on Norfolk Island, it is the nature of the ageing population that sedentary lifestyles were raised as an area of concern.</p> <ul style="list-style-type: none"> <li><b>27% OF THE POPULATION</b> reported having a general mobility issue.</li> </ul> <div style="display: flex; align-items: center; justify-content: center;">  <div> <p><b>28% AND 38%</b> of the male and female population reported <b>sedentary levels of exercise</b></p> </div> </div>
<p>Illnesses of <b>obesity</b> underpin the disease burden for older people on Norfolk Island.</p>	<ul style="list-style-type: none"> <li><b>40% OVERWEIGHT.</b>    • <b>23% OBES.</b></li> </ul> <p>When addressing obesity, there is a need to acknowledge the underlying cultural issues and associated impacts of immigration changes and food security on conditions like obesity. Healthy food options are not reliably available and have a pronounced impact on food choice in the context of low health literacy.</p>
<p><b>Social disconnection</b>, Isolation and remoteness have adverse consequences for mental health and wellbeing.</p>	<p>Community members highlighted the impact of social isolation on young people who do not have as many opportunities for extra-curricular activities, after-school employment, links to tertiary education or trades.</p> <ul style="list-style-type: none"> <li>More people on Norfolk Island live in single-person households (37.9%) when compared with the rest of Australia (25.6%) (ABS, 2021).</li> </ul>



# Health Conditions

<p><b>Mental health</b> support is extremely limited and does not meet the demand</p>	<p>There is a need for greater support with suicide prevention and life skills for young people. Support pathways and mentoring programs for young people which provide resilience and life skills are critical to reduce suicide rates and mental health concerns, particularly when relocating to mainland for university or career development opportunities.</p>	
<p><b>Heart health</b> is a key intervention point for Norfolk Islanders</p>	<ul style="list-style-type: none"> <li>• Rates of cardiovascular disease (CVD) are higher (4.8%) than the rest of Australia (3.9%) (ABS, 2021).</li> <li>• Physical activity is a modifiable risk factor for CVD. It is important to continue to promote active lifestyles for Norfolk Islanders.</li> </ul>	
<p>Risk factors and rates of undiagnosed <b>diabetes</b> must be addressed</p>	<p>The known prevalence of diabetes was reported at similar levels to the Australian community (ABS, 2021), but a <b>HIGH NUMBER OF UNDIAGNOSED CASES</b> were identified in the sampled population. An ageing population on-Island, coupled with food security concerns and high rates of obesity, means the number of residents at-risk for diabetes is high.</p>	
<p><b>Dementia</b> is present among older people on Norfolk Island.</p>		<p><b>1.1% of people</b> on Norfolk Island live with <b>dementia</b> (ABS 2021).</p> <p>Dementia Services Australia (DSA) have observed that people on Norfolk Island seem unsure of what Australian services they can access independently and separately from NIHRACS.</p>
<p>Rates of <b>kidney disease</b> and associated risk factors are high, yet there is no on-Island treatment available</p>	<p>The ABS 2021 Census revealed a slightly higher proportion of residents on Norfolk Island living with Chronic Kidney Disease (CKD) (1.1%) compared with the rest of Australia (0.9%). There are varying levels of kidney disease management activities conducted for the population that are diagnosed with CKD, however, there is a need for additional support services for kidney disease.</p>	
<p><b>Sexual health:</b> There are barriers to safe sex practice, and associated rates of infection are high</p>	<p>Community service professionals and community members indicate that sexual education, safety and STI screening rates are low on the island, especially among young people.</p>	
<p><b>Cancer</b> incidence is high in the context of an ageing population</p>		<p>Data from the ABS 2021 Census, revealed that more people on Norfolk Island <b>(3.4%) are living with cancer</b> compared with the rest of Australia (2.9%).</p> <p>This is likely an artefact of the ageing population on-Island, where more than 50% of residents are over the age of 50.</p>
<p>Children experiencing <b>developmental and behavioural concerns</b> do not have access to comprehensive screening, diagnosis and support</p>	<p>There is a lack of specialists, including GPs, OTs, psychologists and paediatricians available for children with a behavioural and/or developmental disorder. More than 50% of students are on a plan to manage a behavioural or developmental disorder.</p>	

# Service Needs

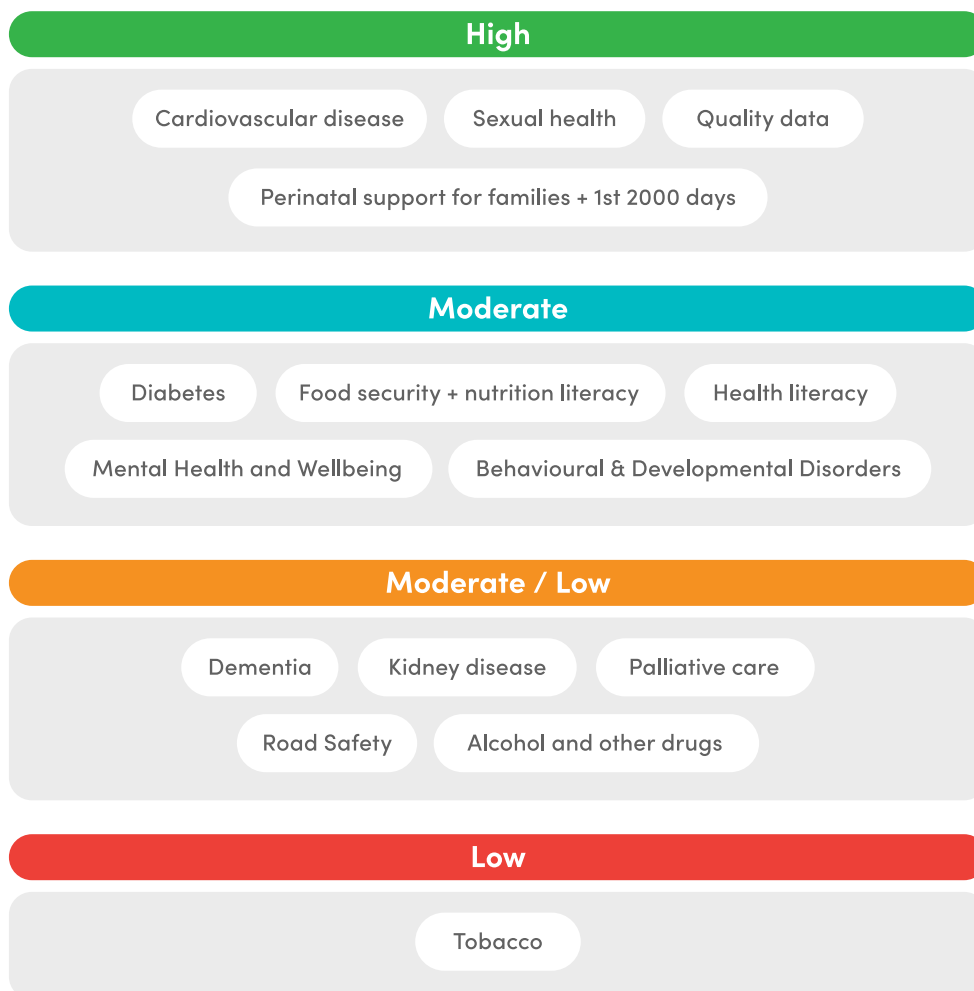
<p><b>Service navigation, coordination and integration</b> is essential for sustainable delivery of quality health services on the Island.</p>	<ul style="list-style-type: none"> <li>• Lack of consistency in referring provider on mainland and their integration with NIHRACs.</li> <li>• Community members report a lack of communication, processes, and clear information about health services available on and off island.</li> <li>• There is a need to maintain a clear schedule of health professionals visiting from the mainland to facilitate planning and attendance.</li> </ul>
<p><b>Aged care support and services:</b> Financial support is needed to provide complex services, home-based therapy, and retirement options for older people.</p>	<ul style="list-style-type: none"> <li>• In the last 3 years, <b>MORE THAN HALF (50%)</b> of the population who saw a GP were aged  <b>over the age of 50 years.</b></li> <li>• A significant gap voiced by community is an on-Island retirement village.</li> <li>• Home based supports for older people are highly valued.</li> </ul>
<p><b>Perinatal support for families + 1st 2000 days:</b> Options and support for birthing, newborns and infants are limited and greatly needed.</p>	<ul style="list-style-type: none"> <li>• There are no birthing services for mothers on island, resulting in mothers travelling to mainland for childbirth.</li> <li>• Women have communicated their concerns about lack of continuity of care due to seeing a different doctor on every visit to the GP clinic.</li> <li>• Home visits from a Child Health Nurse and Midwife are offered to families during pregnancy on a needs-basis.</li> </ul>
<p>A need to better manage <b>workforce</b> capability and performance to ensure delivery of quality services to the community.</p>	<ul style="list-style-type: none"> <li>• Retention of workforce is difficult due to remoteness of the community.</li> <li>• There is a need to build the local workforce through work experience, accreditation, and university placements.</li> </ul>
<p>Few people on Norfolk <b>access the NDIS</b> due to limited assessment and service options.</p>	<ul style="list-style-type: none"> <li>• There is a need for a NDIS partner in the community, alongside ongoing health practitioners on island including occupational therapists, speech therapists, psychology and physiotherapy.</li> <li>• There are 24% of the population living with mobility restrictions.</li> </ul> <div style="display: flex; align-items: center;">  <p><b>Only 2%</b> of the population living on Norfolk Island have <b>current NDIS plans.</b></p> </div>
<p><b>Disease prevention:</b> Screening for all cancers must be implemented and recorded consistently.</p>	<ul style="list-style-type: none"> <li>• <b>LOW RATES OF BOWEL, BREAST AND CERVICAL CANCER SCREENING.</b></li> <li>• Unable to determine skin cancer check rates.</li> <li>• There is a need for greater prevention measures which address tobacco control, drug and alcohol use, nutrition and health literacy.</li> </ul>
<p>There are no <b>palliative care</b> options available on-Island.</p>	<ul style="list-style-type: none"> <li>• No palliative care provided on Island.</li> <li>• A greater awareness of traditional customs and community supports on Island related to palliative care needed among visiting GPs and specialists.</li> </ul>
<p>Poor <b>data quality</b> is reducing the visibility of community need</p>	<ul style="list-style-type: none"> <li>• Census data reveals <b>HIGH RATES OF MISSING DATA</b> and/or invalid responses to core items. NIHRACs data <b>DOES NOT MATCH</b> Census data or community reported response rates of disease morbidity.</li> <li>• Census and general practice quantitative data presented was not accurate of several conditions and health needs.</li> </ul>

# Community readiness to act on identified health and service needs

Given the context of high need and low resources and that advocacy for additional funding takes time, representatives from five groups: (1) clinical health services, (2) health and wellbeing team, (3) education, (4) community services and (5) advocacy groups came together to rate community readiness to address identified health and service needs via the following criteria:

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

Based on their knowledge of available resources in their service sector, groups were asked to use the criteria to ‘vote’ on community readiness to address needs. An overall community readiness continuum was developed for health and service needs identified.

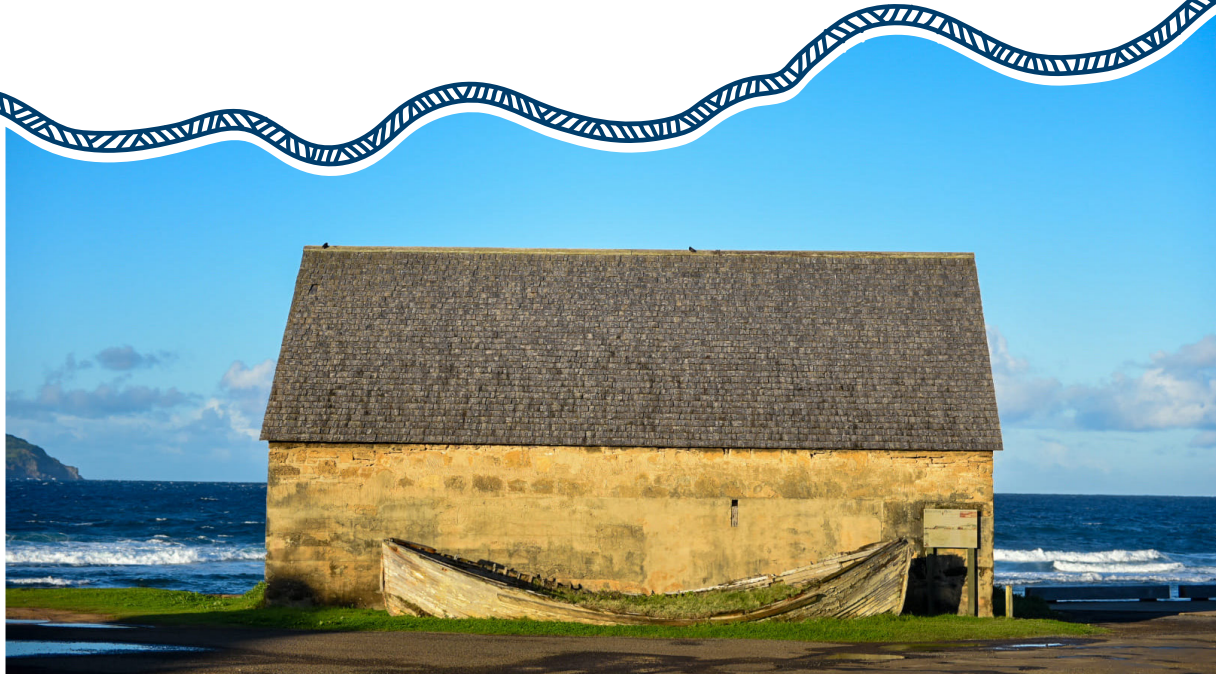


# Community readiness cont.

Building on the community readiness voting, participants were asked to share information about **existing** resources that are currently available (and need to **continue**) to address identified needs as well as what **additional** resources could help to further address needs.

The output from these decisions (outlined on pages 13-15) helps community and funding bodies to understand current activities, actions and plans already in place across each risk factor, health condition and service need. As well as what and how **additional** resourcing could further address identified risk factors, health conditions and service needs.

Suggestions made around 'additional supports required' can be used to inform community action and advocacy plans around specific identified needs.



## Health literacy

- Norfolk Island Community Health promotion plan
- Improve distribution of information about services and supports available for health and wellbeing
- MNH communicate the robust systems and processes the provider has in place
- Community Health Literacy Questionnaire > develop whole of community health literacy strategy based on survey findings
- Education about access to My Health Record app

## Alcohol and other drugs

- Norfolk Island Community Health promotion plan
- UNSW whole of population research project 'Examining the use of Alcohol and other drugs on Norfolk Island'
- Youth Worker position in community/school
- Develop a whole of population health promotion program for prevention, screening and treatment of alcohol/drug related concerns.
- Embed recommendations from UNSW whole of population research project 'Examining the use of Alcohol and other drugs on Norfolk Island'

## Food security and nutrition

- Norfolk Island Community Health promotion plan
- Meals on Wheels
- Banyan and School programs
- Access to regular Dietetic services
- Advocate for resources required to implement the Norfolk Island Food Security Strategy.

## Tobacco

- Norfolk Island Community Health promotion plan
- UNSW whole of population research project 'Examining the use of Alcohol and other drugs on Norfolk Island'
- Legislation changes need to occur to increase cost
- Embed recommendations from UNSW whole of population research project 'Examining the use of Alcohol and other drugs on Norfolk Island'

## Road safety

- Education programs
- Consistent and ongoing access to police education programs
- Access to appropriate child car restraints information

## Sedentary lifestyle

- Norfolk Island Community Health promotion plan
- Health promotion activities lift participation in community initiatives that promote movement and physical activity

## Obesity

- Norfolk Island Community Health promotion plan and NICHE program
- Increased access to evidence based chronic disease/ healthy lifestyle programs that support prevention, treatment, and rehabilitation

## Social disconnection

- Norfolk Island Community Health promotion program
- Integrational programs between young people and older people
- Youth centre
- Access to mental health and wellbeing programs
- Access to psychosocial support

## Heart health (Cardiovascular disease)

- Norfolk Island Community Health promotion plan
- Collaboration with Metro North Health
- Integrated models of care: Clinical sub-specialities
- Access to off-island services at Metro North Health
- Ongoing and consistent access to Allied Health
- Identify support services and testing that could be performed on-island

## Mental health and wellbeing

- Norfolk Island Community Health promotion plan
- Youth Wellbeing Strategy with young people and community
- Develop Integrated Models of Care with Metro North Health Service
- School mental health and wellbeing programs
- Postpartum wellbeing programs
- Greater access to psychosocial support
- Access to a stepped model of primary mental health care services across the life span and a range of community and health services

## Dementia

- Norfolk Island Community Health promotion plan
- Providing respite services for people in Commonwealth Home Support Program
- Work with Dementia Services Australia
- Ongoing and consistent access to Allied Health
- Centre-based day respite services (with appropriate building and funding) via Commonwealth Home Support Program

## Diabetes

- Norfolk Island Community Health promotion plan
- Access to a full diabetes team
- Access to dialysis

## Behavioural and developmental disorders

- Child Health Checks
- Tuning into Teens parenting group
- Additional child health and parenting programs
- Greater support to access NDIS for young children and older high school children (who have missed diagnosis in primary school)
- Ongoing and consistent access to Allied Health (i.e. Occupational Therapist, Psychologist, Speech Pathologist)
- Increased frequency of visits from specialist paediatric services

## Obesity

- Norfolk Island Community Health promotion plan and NICHE program
- Chronic disease clinic, QUT Study
- Increased access to evidence based chronic disease/ healthy lifestyle programs that support prevention, treatment, and rehabilitation.

## Kidney disease

- Metro North nephrology services including the dedicated NI clinics.
- Access to screening and dialysis

## Sexual health

- Health promotion plan
- School programs within curriculum
- Sexually transmitted infection (STI) screening
- Increased access to education (to build on school programs) (i.e. Sexual health promotion experts in Metro North Mental Health)
- Respectful relationships/consent education
- Increased telehealth options that provide access to confidential services.

## Cancers

- Health promotion plan
- Screening
- Access to consistent and ongoing screening measures
- Ongoing and consistent access to specialists

## Service navigation, coordination and integration

- Metro North and NIHRACS working collaboratively to develop on Island and telehealth referral pathways and service options
- Service linkages are mapped and presented in an accessible format for residents
- Whole of community health literacy strategy

## Aged care support and services

- Norfolk Island Community Health promotion plan
- Commonwealth Home Support Program
- Meals on Wheels
- Intergenerational playgroup
- Older adults on Norfolk Island receive tailored supports and have safe, quality options available for ageing 'in place'.

## Perinatal support for families + 1st 2000 days:

- Childbirth education
- Postpartum wellbeing program
- Actions from NIHRACS Child and Families Model of Care
- Wrap-around support and education for families to ensure that infants and children can reach their cognitive, physical and emotional potential
- Perinatal support information packs (mainland service provision and return home)
- Norfolk Island Patient Travel & Accommodation Assistance Scheme (NIPTAAS) to support family
- Strengthen connection between mainland maternity units and on-Island services and supports (Gold Coast, Newcastle, Brisbane, Sydney)

## Workforce

- Continue current workforce support initiatives
- Build the local workforce through work experience, accreditation, and university placements

## Access the NDIS

- Life Without Barriers, Care Norfolk and sole trader services and supports
- NDIS partner in the community, alongside ongoing and consistent Allied Health practitioners on island + telehealth

## Disease prevention

- Norfolk Island Community Health promotion plan
- Increase in health promotion and healthy lifestyle prevention programs which address tobacco control, drug and alcohol use, physical activity, mental health and wellbeing, nutrition and health literacy.

## Palliative care

- Education/facilitation of palliative care pathways for community and relevant health and other agencies.
- Funding to support a palliative care service
- Prioritisation of home services.

## Data Quality

- Active data collection
- Quality Improvement activities/training conducted with NIHRACS
- Consider collection of data from community agencies about relevant health and wellbeing clients/service provision > holistic view

# References and credits

## Brisbane North PHN would like to thank:

- Norfolk Island Health and Residential Aged Care Services
- Anglicare
- Care Norfolk
- Norfolk Island Central School
- St John's Ambulatory Services
- Norfolk Island Connect (NI Connect)
- Banyan Early Learning Centre
- Life Without Barriers
- Women's Advocacy Group, Norfolk Island (WAGNI)
- Mental Health Awareness Group
- Norfolk Island Support and Education Development Unit (NISEDU)
- Norfolk Island Food Security Strategy representative
- Private psychologists
- Brisbane North PHN
- Metro North Health
- Department of Infrastructure, Transport, Regional Development and Communications and the Arts (DoITRDCA)



Photo from consultation workshop

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7. BN PHN Source: CHO Report, 2020 vs PATCAT Oct 2022 (active patients)
8. Norfolk Island Food Security Strategy, "Growing the local food economy for a resilient, sustainable and healthy community" (2022)
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