Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Networks Program

Needs Assessment Template

Brisbane North PHN:

Norfolk Island

Instructions for using this template:

Overview

This template is optional for PHNs to use for submitting their Needs Assessment. If PHNs choose not to use this template, they are still required to include all the information requested in the *PHN Needs Assessment Completion Guide.*

Further information on Needs Assessments is provided on the Department's website (www.health.gov.au/PHN), including the *PHN Needs Assessment Policy Guide*, and the Drug and Alcohol Needs Assessment Tool and Checklist (via PHN secure site).

The information provided by PHNs may be used by the Department to inform program and policy development.

Format

The Needs Assessment template consists of the following:

Section 1 – Narrative

Section 2 – Outcomes of the health needs analysis

Section 3 – Outcomes of the service needs analysis

Section 4 – Opportunities and priorities

Section 5 – Checklist

Section 6 – References

If using this template, the Needs Assessment must be in a Word document and provide the information as specified in sections one to five. Limited supplementary information may be provided in separate attachments if necessary. Attachments should not be used as a substitute for completing the necessary information as required in each section.

While the PHN may include a range of material on their website, for the purposes of public reporting the PHN is required to make the tables in section two and section three publicly available on their website.

PHNs should select the most appropriate coding options from the drop-down list of categories (priority area and priority sub-category) for each prioritised need. This will be used to assist the Department in developing policy for the broader PHN Program.

Section 1 – Narrative

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. It has a total land area of 35 km^2. 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.

Historical Context:

Norfolk Island was originally populated by Polynesians prior to becoming a British convict settlement. In 1856, the Island was re-settled by the Pitcairn descendants of the Bounty mutineers and Tahitians. Norfolk Island is now 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. Of the total residents in 2021, 81.5% were Australian citizens, however 48.7% of people spoke a language other than English at home (ABS, 2021). 'Norfuk', a creole language that originates from a blend of English and Tahitian is the co-official language of Norfolk Islanders. At least 40% of people living on-island identify culturally as Pitcairn or Norfolk Islander, and 11.5% of people on the Island consider themselves as "Indigenous – Not Specified" (ABS, 2021).

Political Context:

Norfolk Island is a community that is proud of its heritage and history of hard work and resilience. Until 2015, the island had largely operated as an independent community. In 2015, the Norfolk Island Legislation Amendment Act saw the integration of Norfolk Island as a Territory of Australia linked to the New South Wales jurisdiction. At that time, Central & Eastern Sydney PHN (CESPHN) engaged with the community on behalf of the

PHN Network. Following an Intergovernmental Agreement in October 2021, Norfolk Island was transitioned to the jurisdiction of Queensland. Given this, Metro North Hospital & Health Service and Brisbane North PHN have assumed responsibility for providing limited support and services to Norfolk Island's main healthcare service, the Norfolk Island Health & Residential Aged Care Service (NIHRACS). The instability of these arrangements has been a source of stress for Norfolk Island residents and increased the fragmentation of the health and education system. 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.

On the positive side of this reform, Norfolk Island gained access to Medicare and the Pharmaceutical Benefits Scheme for residents. On the other hand, while Norfolk Island is governed by select Commonwealth laws around health and education, not all apply. For example, the Island is exempt from certain taxes, and notable to this HNA is the tax exemption on tobacco products. Further, Norfolk Islanders have disrupted access to the internet and phone services. Mobile phone numbers are not identified as Australian mobile numbers which impacts access to certain health and social services that rely on SMS response codes and means residents are ineligible for key Commonwealth initiatives in education, transport, and health.

Social Context:

As a very remote community, Norfolk Island has severely limited access to specialist care, primary care, maternity care, psychosocial support, palliative care, respite services and programs like the National Disability Insurance Scheme (NDIS). The community are dependent on visiting specialists, travel to the mainland for certain types of care, resulting in an overall fragmentation of the health care 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.

In addition, the nature of a small community means often-compromised neutrality and confidentiality in health service delivery. This was reflected in a 2015 survey, whereby 38% of Norfolk Island respondents indicated that confidentiality prevented them from accessing care (R & S Muller Enterprise, 2015). Given its remoteness and a unique historical and political context, levels of health literacy on Norfolk Island are low. Community access to public health and health promotion messaging is said to be significantly behind that of mainland Australia. This is predominantly evident in decreased exposure to messages about smoking, sexual health, road safety and domestic and family violence.

With an ageing population, there are fewer people in employment on Norfolk Island when compared with the rest of Australia. Almost a quarter (24%) of adults on the Island earn less than $650 per week (ABS, 2021), and the median income for households and families is about $600 lower than the median income for the rest of

Australia. On the other hand, there are higher rates of volunteering on-Island, with 72.6% of adults indicating that they had volunteered in the previous week. This is considerably higher than mainland Australia (59.2%) (ABS, 2021).

Health Needs Assessment

The Health Needs Assessment (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 Hospital & Health Service (MNH~~HS~~). In the context of limited quantitative data, the focus of this HNA was building strong community relationships and undertaking effective consultation that built on previous processes. This was to be balanced with previous consultation with Norfolk Islanders by mainland service and consultants, and a desire to form constructive working relationships. An eight-step process (Figure 1) was developed to guide the process. It is followed by a detailed description of the activities and outcomes of each step.

Figure 1: Norfolk Island Health Need Assessment development process

Step 1 – Learn about health and service strengths from people living on Norfolk Island

Introductory and subsequent visits were made to Norfolk Island to connect with community stakeholders from health, education, community services, advocacy groups and people living on the Island. These visits were typically conducted in conjunction with MNH~~HS~~, and the PHN ensured the partnership with the HHS underpinned engagement with Norfolk Island. Learnings were documented collaboratively for future steps. In total, 21 face-to-face meetings were held with representatives from community and health services. The PHN also attended five existing partnership groups: NIHRACS Governance Advisory Committee, Department of Infrastructure, Transport, Regional Development and Communications and the Arts (DoITRDCA) Early Childhood Round Table, Norfolk Island Health & Wellbeing Advisory Sub-Committee (of the Norfolk Island Community & Clinical Consultative Committee), Wagni Women's Group meeting, and the NIHRACS Strategic Planning Community Consultation process. The initial consultation phase fostered the relationships necessary to identify the strengths and needs of people living on the Island.

Step 2 – Review and theme existing community consultation reports and health data

Table 1 summarises the key sources for the desktop review and inclusion of quantitative data. Of note at this step is the poor data availability and quality for Norfolk Island due to its small sample size, unwillingness of residents to disclose (for fear of identification), potential wariness towards the Commonwealth and inconsistent data entry processes. Throughout the report an emphasis is placed on qualitative community consultation due to the lack of available qualitative data. This must be interpreted with caution as it represents the views of stakeholders in attendance for consultation only.

Table 1: A summary of sources for desktop and quantitative data review

Desktop review of existing consultation processes	Purpose/Focus
KPMG Norfolk Island Health Needs Assessment Consultation Report (2019)	The consultation was undertaken on behalf of DoITRDCA with the community to develop an understanding of the key health service needs and issues.
Central Eastern Sydney PHN Health Needs Assessment (2016)	CESPHNs HNA outlines the health and service needs of the population and healthcare system within Norfolk Island.
R & S Muller Enterprise - Norfolk Island Hospital Enterprise Health Services Survey Report (2015)	Develop baseline data to inform the development of NIHRACS health services plan.
Norfolk Island Food Security Strategy (2022)	Growing the local food economy for a resilient, sustainable, and healthy community.
Bellis, C. (2009) Use of the Isolated Norfolk Island Population for Cardiovascular Disease Risk Trait Genetic Analysis. Genomics Research Centre – Griffith Institute for Health and Medical Research – Griffith University.	Understand cardio-vascular risk among Norfolk Island population
ABS Census (2021)	Provide the most recent overall population-level statistics, and cultural, economic, and social diversity in the community.
PATCAT data	Understand the nature of general practice visits, the types of illnesses being managed, and the treatments being delivered.

Step 3 – Participate and learn from NIHRACS strategic planning approach

In the spirit of self-determination, an integral part of the PHNs own HNA process was listening to community feedback on the Island. NIHRACs undertook its own strategic planning cycle July–December 2022, for members of the community, community organisations, government representatives and NIHRACS staff to collectively consider the health needs of the community, current strengths, and weakness, and inform strategic priorities and objectives for NIHRACS. Based on findings a strategic plan is in development, forming the basis of an integrated planning approach. A broad community overview of consultation processes and an outline of the strategic plan approach was circulated in July 2022. Emphasis on strategic planning was given to the topics of Children and Young People (Oct 2022) and Mental Health (Dec 2022). The PHNs participation in this step informed the strengths and needs identification for the health and service system.

Step 4 – Review and group current health and service strengths and needs, and summarise learnings

A Grounded Theory methodology was adopted to aggregate the health and system issues raised in Steps 1-3. Notes from conversations and workshops were coded to shape the needs and strengths. The codes were then grouped into categories via axial coding to arrive at the final health and service system themes. Given its limitations, quantitative data was used to supplement the qualitative themes that emerged from the coding process. Figures 2 and 3 below highlights the strengths and health and service needs identified by Step 1-5 of the HNA process.

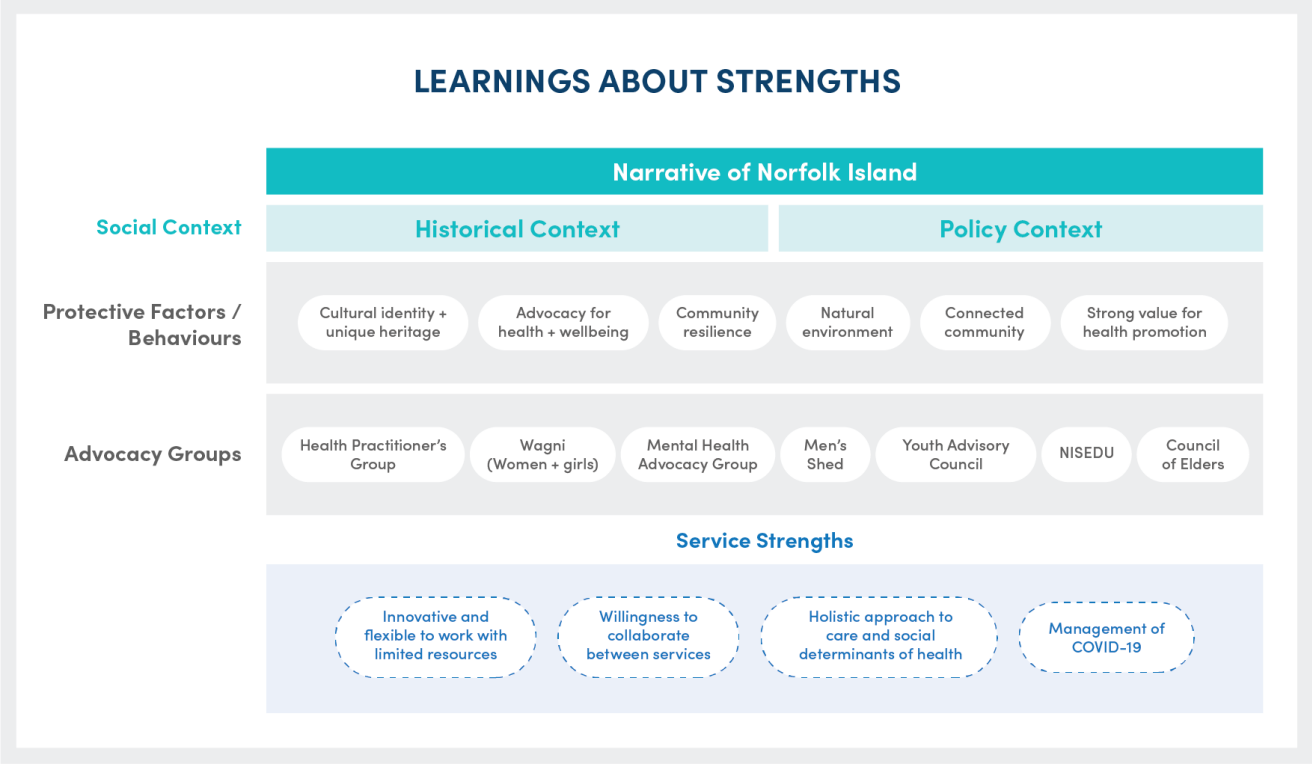

Figure 2: Norfolk Island health and service strengths generated from community consultation and data review

Figure 3: Norfolk Island health and service needs generated from community consultation and data review

Step 5 – Share and validate preliminary findings with people living and working on Norfolk Island

The identified strengths and needs were then shared and validated via a face-to-face workshop on-Island in December 2022. Twenty-one (21) people attended the workshop, including representatives from on-Island and Australian-based services, community members and local advocacy groups. Participants were invited to review, challenge, or question the findings and nominate any observed gaps.

Representatives from the following organisations and advocacy groups attended the on-Island HNA validation workshop:

- 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
- Wagni Women's Advocacy Group
- Mental Health Advocacy Group Representative
- Norfolk Island Special Education Disability Unit
- Norfolk Island Food Security Strategy representative
- Private psychologists
- Brisbane North PHN
- Metro North HHS
- Department of Infrastructure, Transport, Regional Development and Communications and the Arts (DoITRDCA)

Step 6 – Work with community to establish readiness for progressing health and service needs

This step of the first face-to-face workshop enabled participants to consider the Island's readiness to act on identified needs, given the context of high need and low resources. In the workshop, participants formed five groups: (1) clinical health services, (2) health and wellbeing team, (3) education, (4) community services and (5) advocacy groups, 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. Where high readiness was selected, participants recorded which resources would support this objective. Where low or moderate readiness was selected, participants identified what was needed to enhance readiness. An overall community readiness continuum was developed for the health and service needs identified in Steps 1-5, as seen in Figure 4 below. This continuum was made available for community feedback for two months (Dec-Jan 2023) with final feedback incorporated.

Figure 4: Results from community readiness voting for identified health and service needs

Step 7 – Prioritise needs for HNA

In the context of very high need and limited resources, a prioritisation step distilled the complex health and service needs of Norfolk Island. Given that several of the emerging needs for Norfolk Island are based on social determinants of health that must first be shaped by access to Australian public health campaigns and legislative changes implemented by the Commonwealth, the prioritisation step ensured that the health and service needs the PHN has the greatest capacity to impact were surfaced and presented. The prioritisation methodology considered each of the health and service needs listed in Sections 2 and 3 and scored them based on the following criteria:

- estimated resident population impacted by the condition
- community & health practitioner consultation
- whether action falls within the remit of the PHN
- whether the PHN has existing program teams or funding streams that could support a broader PHN funding base for Norfolk Island

- resource readiness rating nominated by the Norfolk Island community

The health and service needs were then ranked by a final score and the top 10 were selected for presentation as opportunities and priorities for the PHN to advocate for.

Step 8 – Continue to evolve HNA with learnings, feedback and readiness to progress needs

This step is ongoing and is centred on the development of a whole community action plan. The first workshop for this occurred in March 2023. Twenty-three (23) people attended the workshop and included representatives from on-Island and Australian-based services, community members and local advocacy groups. During the workshop, participants were invited to develop immediate and medium to long term actions to progress priorities voted as 'high' to 'moderate' readiness. Participants were asked to include who could progress actions and expected timeframes with the intent of fostering community motivation to impact on those health and service needs.

Vulnerable Population Groups on Norfolk Island

At the outset of this document, it is critical to acknowledge that 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 Sections 2-4 of this document. As such, the population groups are listed below alongside a brief rationale.

Children & Families – Raising children on Norfolk Island is important for the population as it allows for a continuation of a healthy and proud heritage. Amidst the lack of targeted resources for families and children, there are key challenges in supporting children with developmental vulnerabilities, those who have witnessed domestic and family violence, and support in the perinatal and infant first 2000 days. Children on-Island have vaccination rates below the national and PHN average.

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. A lack of extra-curricular options to promote young people's engagement in the community impacts youth justice. Health promotion and literacy messages are needed for personal health and wellbeing, alcohol and other drugs, sexual safety, mental health, and suicide prevention.

Mothers – There are limited resources to work with mothers and children pre-birth and in the first 2000 days of life. There is no access to on-Island birthing, meaning mothers are separated from their support network until after the baby is born. This results in a disruption of care as mothers seek early discharge and decline post-natal care to return to Island as quickly as possible.

Women – Women were reported by health providers and community representatives as a vulnerable group. Regardless of whether women are mothers, community noted the need for ongoing advocacy and support for needs that emerge through a typical life cycle.

Men – Men were reported by health providers on-Island to have fewer health-seeking behaviours than women. There are few male-specific health services and health checks run on the Island. As a protective factor, a Men's Shed is operational and well-attended on-Island, however this is run by volunteers with limited capacity.

People with a Disability & Carers – Up to one in four people on the Island experience mobility issues, and a high proportion identify as having a disability. Limited access to NDIS supports and packages. Issues with accessibility and adequate carer support. Support services often conducted via telehealth from the mainland. There are no respite options available to carers on-Island.

Older People – Older people comprise a large proportion of the population yet have limited health resources available. There are few residential respite beds on-Island, no retirement village support options, and extremely limited access to home care packages and home-based supports. Diseases of older age comprise a significant proportion of the disease burden on the island.

Section 2 – Outcomes of the health needs analysis

Community stakeholders reported low levels of health literacy around a broad range of risk behaviours and problematic health conditions. Risk behaviours include health literacy, alcohol and other drugs, food security and nutrition, tobacco, road safety, sedentary lifestyles, obesity, and social disconnection. Problematic health conditions for Norfolk Island residents include mental health and wellbeing, cardiovascular disease, diabetes, dementia, kidney disease, sexual health, cancers, and behavioural and developmental disorders.

Outcomes of the health needs analysis			
Identified Need		**Key Issue**	**Description of Evidence**
8 Key Risk Factors			
1.	**Health literacy** (Whole of population)	**Health literacy among the Norfolk Island community must be safeguarded by legislation.**	Social context: Norfolk Island residents gained access to MBS and Australian Government support for health and education in 2016 which means there has been a lag in community access to public health campaigns and health promotion strategies and as such, levels of community health literacy are behind Australia. 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 not in place. For example, the anti-smoking campaigns that have been implemented in Australia for the past 30 years has never been delivered on Island. As a result, there is a greater incidence of associated risk behaviours. The need

Outcomes of the health needs analysis			
			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. <u>Community Consultation:</u> • The opportunity to build whole of community health literacy is recognised as critical to support and improve overall health and wellbeing. • Norfolk Islanders need support understanding their health conditions and the services available on-Island, on mainland and how these interact.
2.	**Alcohol and other Drugs**	**Alcohol & other drug use among young people is high in the absence of a strong legislative environment.**	<u>Quantitative:</u> A UNSW whole of population research project 'Examining the use of Alcohol and other drugs on Norfolk Island' is currently being conducted. Norfolk Islander teenagers and adolescents report much higher proportions of ever using alcohol (81%) than NSW secondary students (65 per cent). For the total population, the Norfolk Island Hospital Enterprise 2015 survey revealed that 82% of respondents had tried alcohol (R & S Muller Enterprise, 2015). A further 57% has tried alcohol, 24% had tried cannabis and 16% had tried sedatives. Men were more likely to report trying all substances apart from sedatives. For alcohol, 3% of respondents were considered at high risk of harm, and a further 32% at moderate risk.

Outcomes of the health needs analysis			
			Community Consultation: Consultations indicated that binge drinking is an issue on the Island. The high use of vaping (particularly 20–30-year-olds) and cannabis for young people has been anecdotally reported. The need for greater support in addressing harmful alcohol consumption was cited by several stakeholders. There is a need to acknowledge the underlying cultural issues and associated impacts of immigration changes on risk factors and behaviours like alcohol and other drugs.
3.	**Food security and nutrition** (Whole of population)	**Norfolk Islanders experience poor food security due to isolation and remoteness.**	Social Context Cost, availability, limited range across nutritional needs, and convenience options are the core food security issues on the Island. These issues are compounded by a range of limiting factors that keep on-Island food production at insufficient levels. Norfolk Island's commercial farms and food businesses face several 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. Community Consultation (2022): • Food security underpins nutritional needs of especially vulnerable people.

Outcomes of the health needs analysis			
			• Food grown on the Island is seasonal, so sometimes there will be a glut of one fruit or vegetable and then none. • Previously had more than five growers now only have three and they are older with no younger people moving into the market. • 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 has gone through a 5-month period of no fresh vegetables, limited frozen vegetables and minimal food stores due to shipping. The diet is high in carbohydrates as a result.
4.	**Tobacco** (Whole of population)	**Tobacco use is dangerously high due to an inadequate legislative context.**	<u>Quantitative:</u> The percentage of residents who reported 'ever smoking' on Norfolk Island is higher than that in the Brisbane North PHN region. In 2015 a Health Services Survey of 335 residents of Norfolk Island found there were 57% of persons who had ever smoked in their life, compared with 39% of people in Brisbane North PHN in the same year (R & S Muller Enterprise, 2015 & QSAS, 2022). This indicates there is greater exposure to and prevalence of tobacco smoking in the community. <u>Community Consultation (2022):</u> Significant community concern was expressed about the cheap cost of tobacco and how much less it is than on the mainland – $13 a packet (compared to $45 in

Outcomes of the health needs analysis			
			Australia). There are legislative and social economic barriers associated with altering the cheaper cost of tobacco on Norfolk Island and it is a complex tax issue for the Australian government. The community's request is to align with current Australian policy on taxation of tobacco products.
5.	**Road Safety** (Young people)	**There is a high number of road-related injuries due to an inadequate legislative context.**	Social Context: 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. Community and Health Practitioner Consultation (2022): • GP reports seeing several young people for skin abrasions • High incidence of people injured reported to not be wearing helmets • Lack of disability parking spaces • Lack of footpaths impacting pedestrian safety – falls risk • Inadequate street lighting • Road safety campaigns run by the police have been well-received
6.	**Sedentary lifestyles**	**There are low levels of physical activity in the community.**	Quantitative: In 2015, 28% and 38% of the male and female population reported sedentary levels of exercise (R & S Muller Enterprise, 2015). This is substantially higher than the total

Outcomes of the health needs analysis			
			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. Furthermore, 27% of the population reported having a general mobility issue indicating a degree of difficulty for residents to find appropriate avenues for physical activity. <u>Community Consultation</u> While a culture of physical activity and community participation thrives with some people on Norfolk Island, it is the nature of the ageing population that sedentary lifestyles were raised as an area of concern. Several chronic diseases of old age can have the trajectory of disease development altered with adequate physical activity options, and these are notably limited on the Island for older people.
7.	**Obesity** (Older people)	**Illnesses of obesity underpin the disease burden for older people on Norfolk Island.**	<u>Quantitative:</u> Obesity is a risk and contributing factor for most of the health conditions prioritised later in the table: diabetes, CKD, CVD, and cancer. Findings in the 2015 paper by Norfolk Island Hospital Enterprise, report that average waist circumference for both males and females was in a category of 'substantially increased risk' for developing chronic diseases (R & S Muller Enterprise, 2015). Data from NIHRACS suggests that the prevalence of a Body Mass Index (BMI) above 25 (overweight, obese, and morbidly obese) increases with age in the Norfolk Island

Outcomes of the health needs analysis			
			population and is most common in adults above 50 years. In 2015 a Health Services Survey found 40% and 23% of respondents were overweight and obese respectively (R & S Muller Enterprise, 2015). This compares with 33% and 21% of people who were overweight and obese in Brisbane North PHN in the same year (QSAS, 2015). <u>Community Consultation</u> 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.
8.	**Social disconnection** (Young and Older people)	**Isolation and remoteness have adverse consequences for mental health and wellbeing.**	<u>Quantitative:</u> More people on Norfolk Island live in single-person households (37.9%) when compared with the rest of Australia (25.6%) (ABS, 2021). <u>Community Consultation (2022):</u> Social disconnection has a detrimental impact on mental health and wellbeing. Many residents experience mental distress on account of isolation from extended family and friends who may be residing on mainland Australia or in other countries. Community members highlighted the impact of social isolation on young people who do not have

Outcomes of the health needs analysis			
			as many opportunities for extra-curricular activities, after-school employment, links to tertiary education or trades.
8 Health Conditions			
1.	**Mental health and wellbeing** (Young people)	**Mental health support is extremely limited and does not meet the demand.**	Quantitative: 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) and the Australian benchmarks at the time (R & S Muller Enterprise, 2015, PHIDU, 2017). Of diagnosed disorders, the Norfolk Island Hospital Enterprise, 2015, indicated 'anxiety disorders' and 'mood disorders' were the most reported (R & S Muller Enterprise, 2015). Community Consultation (2022): There is community concern about Norfolk Islanders mental health and the impact of social disconnection and isolation. This is particularly true for young people. There is a need for more education and services that provide a sustainable approach to delivering a stepped model of primary mental health care services across the life span and a range of community and health services (i.e., social health and wellbeing, brief therapy, moderate and severe and complex psychological therapy services). The community has raised the need for greater support with suicide prevention and life skills for young people. When young people relocate to the mainland for university

Outcomes of the health needs analysis			
			or career development there is a significant life transition and evidenced struggle to cope with such differences in way of life. Support pathways and mentoring programs that support young people and provide resilience and life skills are critical to reduce suicide rates and mental health concerns. There is also still stigma attached to talking about and accessing mental health support and services. Young people and their parents have noted not wanting to access mental health services in identifiable community and health service locations.
2.	**Cardiovascular disease** (Older people)	**Heart health is a key intervention point for Norfolk Islanders.**	Quantitative: Rates of cardiovascular disease (CVD) are higher (4.8%) than the rest of Australia (3.9%) (ABS, 2021). In Bellis (2009), the authors found significant risk factors present in the community for CVD: • 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. • 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. • 17% of the population had a previous diagnosis of hypertension, with 25% of those sampled recording hypertensive blood pressure levels.

Outcomes of the health needs analysis			
			• 40% of the population reported a family history of hypertension. <u>Community Consultation</u> Physical activity is a modifiable risk factor for cardiovascular disease. Whilst some Norfolk Islanders are physically active, it is important to continue to promote active lifestyles alongside reduced sedentary behavior, which in turn contributes to improved physical fitness and reduced risk of heart disease in later life (KMPG 2019).
3.	**Diabetes** (Older people)	**Risk factors and rates of undiagnosed diabetes must be addressed.**	<u>Quantitative:</u> The known prevalence of diabetes was reported at similar levels to the Australian community (ABS, 2021), but a high number of undiagnosed cases 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. <u>Health Practitioner Consultation (2022):</u> • Doctors indicated a high level of glaucoma in the community. • Doctors indicated issues with foot care and no stable podiatry service. • Health literacy, self-management and monitoring must be improved, especially if service fragmentation remains. • Currently there is no visiting diabetes educator.

Outcomes of the health needs analysis			
4.	**Dementia** (Older people)	**Dementia is present among older people on Norfolk Island, yet there are no supported living options available.**	<u>Quantitative:</u> Data from the ABS 2021 Census revealed proportionately more people on Norfolk Island are living with dementia (1.1%) compared with the rest of Australia (0.7%). This is likely an artefact of the ageing population on-Island, where more than 50% of residents are over the age of 50. <u>Community Consultation (2022):</u> • 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. • Due to low household income, 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 following up.

Outcomes of the health needs analysis			
5.	**Kidney Disease** (Older people)	**Rates of kidney disease and associated risk factors are high, yet there is no on-Island treatment available.**	Quantitative: The ABS 2021 Census revealed a slightly higher proportion of residents on Norfolk Island living with CKD (1.1%) compared with the rest of Australia (0.9%). This is likely an artefact of the ageing population on-Island, where more than 50% of residents are over the age of 50. A substantial proportion of people aged 15+ years have a chronic kidney disease risk factor. This includes smoking, diabetes, hypertension, obesity, and cardiovascular disease (CHO, 2020). Health Practitioner Consultation (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 are required from Metro North Health.
6.	**Sexual Health** (Young people)	**There are barriers to safe sex practice, and associated rates of infection are high**	Quantitative: A 2015 survey conducted by the Norfolk Island Hospital Enterprise found that 76% of sexually active adults were not using contraception (R & S Muller Enterprise, 2015). Data from NIHRACS indicates that most of the sexually active patient population on Norfolk Island have not been screened for STIs in recent years, however of those

Outcomes of the health needs analysis			
			screened, active infections included chlamydia, gonorrhoea, hepatitis, syphilis, and HIV. Health Practitioner Consultation: Consultation with local health professionals indicated that the STIs were the main communicable disease concern on-Island. Chlamydia and syphilis were named as the main STIs of concern. Community service professionals and community members indicate that sexual education and safety are low on the island, especially among young people. There are reports of teenagers aged 14-16 years in sexual relationships with adults over 23 years. One of the barriers to screening for young people is the high visibility and confidentiality of the NIHRACS clinic. According to staff at the school, young people's confidentiality and privacy is impacted by knowing several NIHRACS staff. In the survey by Norfolk Island Hospital Enterprise (2015), 56% of respondents said that accessing contraception was embarrassing. (R & S Muller Enterprise, 2015).
7.	**Cancers** (Older People)	**Cancer incidence is high in the context of an ageing population**	Quantitative: Data from the ABS 2021 Census, revealed that more people on Norfolk Island (3.4%) are living with cancer when compared with the rest of Australia (2.9%). This is likely an

Outcomes of the health needs analysis			
			artefact of the ageing population on-Island, where more than 50% of residents are over the age of 50. Community Consultation (2022): • Skin cancer was named as a common disease experienced by people on Norfolk Island. Skin cancer check rates need to be determined. • There are ow rates of activity health screening for bowel, breast, and cervical cancer on island, although this can also be attributed to data collection issues. • Bowel cancer collection methods are not appropriate for NI, as 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.
8.	**Behavioural and developmental disorders** (Children and families)	**Children experiencing developmental and behavioural concerns do not have access to comprehensive screening, diagnosis and support**	Quantitative: A significant proportion (20.7%) of the Norfolk Island population are under age 19 (ABS, 2021). There are approximately 290 students in primary and secondary school years. Of this number, more than 50% of students have a personalised learning plan to manage a behavioural or developmental disorder. Health Practitioner Consultation (2022): There is a lack of specialists available to work with this cohort, including GPs, occupational therapists, psychologists, and paediatricians. Further, there is limited

Outcomes of the health needs analysis			
			assistance for applying to the NDIS due to lack of assessment services, diagnoses, and intervention availability. Currently the Early Learning Centre is the only place on-Island available to undertake this work, however they have indicated they need more support to diagnose developmental delays – prior to children starting prep. Several young people are now in high school with learning difficulties and mental health issues that teacher's comment have manifested because of late or missed behaviour and/or developmental diagnosis. Early diagnosis support is critical to prevent this cycle from continuing.

Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis		
Identified Need	**Key Issue**	**Description of Evidence**
Service navigation, coordination, and integration (Whole of population)	**Service navigation, coordination and integration is essential for sustainable delivery of quality health services on the Island.**	<u>Community Consultation (2022):</u> • There is a lack of consistency in referring facility/provider on mainland and their integration with NIHRACs. There is a desire for consistency particularly for common procedures in both planned and emergency care situations. There are agreed referral and patient-centred pathways, however there is a need to document and communicate these back to community. • Shared health records have been identified as a barrier in achieving a coherent health service system. • There is no clear services framework. This includes an identification of the services that exist alongside services that are missing and their modality (online or in person) • There is difficulty for the private sector in establishing an on-Island business given the small market, position, and broad scope of services through NIHRACS (KPMG, 2019).

Outcomes of the service needs analysis		
		Previous Consultation (2019): • Community members have reported a lack of communication, processes, and clear information about health services available on and off Island. There is recognition that there is a need to improve and strengthen linkages with mainland services, particularly with a city that has direct flights, and most notably between health, community, aged care, and emergency services (KPMG, 2019). There is a desire for more specialist services to be available locally to reduce the need for travel to Australia. • Need to maintain a clear schedule of the therapists visiting from the mainland to facilitate planning and attendance.
Aged care support and services	**There is a great need for financial support to provide complex services, home-based therapy, and retirement options for older people.**	Quantitative: The proportion of older people living on Norfolk Island is vastly higher than that of mainland Australia, and the rest of Brisbane North PHN. Of the population who have actively seen a GP on Norfolk Island in the last 3 years, over 50% are aged 50 years and above (ABS, 2021). Indeed, most health needs raised in Section 2 reflect illnesses of ageing, and thus appropriate aged care underpins all health and service needs on the Island. Community Consultation (2022): There is currently no supported living/independent living accommodation as an additional option prior to resorting to residential care. The community values "aging in place" and the

Outcomes of the service needs analysis		
		ability to maintain active lifestyles and independence. Currently, older people are often moved away from their community to residential care on mainland Australia. A significant gap voiced by community is an on-Island retirement village: it is either managing at home or the RACF and nothing in between. <u>Previous Consultation (2015 and 2019):</u> In 2015, R & S Muller Enterprise asked workshop participants to vote on service needs for the community. At that time, Aged Care services were rated as the fourth top priority of 13. Consultation findings reported by KPMG in 2019 highlight: • Community wants to continue to have active lifestyles into later years and retain high levels of independence. • Community expressed pride in its heritage and attributes of hard work and self-reliance. • Home based supports that are available to older people are highly valued and should be continued and enhanced. This includes providing more complex services and home-based therapy.
Perinatal support for families + 1st 2000 days (Infants, children and Families)	**Options and support for birthing, newborns and infants are not available and greatly needed.**	<u>Community Consultation (2022):</u> Whilst the community acknowledges it is necessary that births take place off island, several people reported the strain this puts on family dynamics. Women are eager to return home soon after birth often considering elective induction, increasing their risk of further

Outcomes of the service needs analysis		
		intervention in birth, caesarean section, impacting breastfeeding and post-partum recovery outcomes. <u>Health Practitioner Consultation (2022):</u> Women have communicated their concerns about lack of continuity of care due to seeing a different doctor on every visit to the GP Clinic. This is stressful for pregnant woman and can result in poor outcomes e.g., reports not being followed up, medical and social history having to be constantly repeated, and results and reports not always being sent to, and available to their chosen hospital on the mainland. Elsewhere in Australia mothers and their newborn receive up to 6 home visits post-partum. The community acknowledges the Child Health Nurse and Midwife offer home visits on a needs basis however offering visits as standard care for all families promotes physical, social and mental health and positively impacts on the success of breastfeeding. <u>Previous Consultation (2015 and 2019):</u> In 2015, R & S Muller Enterprise asked workshop participants to vote on service needs for the community. At that time, maternity and post-natal services were rated as the third top priority of 13. In the consultation undertaken by KPMG in 2019, many people expressed a desire for a birthing service on the island but acknowledged the increased risks for mother

Outcomes of the service needs analysis		
		and baby with low birthing volume. The risks for this have not been quantified. Stakeholders drew attention to significant disruptions to the family unit when separation occurs to obtain mainland healthcare for periods of childbirth or illness. Negative financial, professional and relationship impacts were noted as a result.
Workforce (Whole of population)	**A need to better manage workforce capability and performance to ensure delivery of quality services to the community.**	Health Practitioner Consultation (2022): 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. There is insufficient availability of accommodation for new staff/agency/locums which contributes to high staff turnover. Subsequently, there are staff shortages and inequitable distribution of staff to meet community needs. For example, there is inefficient distribution of staff between services delivered by NIHRACs vs the RACF to meet demand. This indicates a need to build the local workforce through work experience, accreditation, and university placements. As such, it can be beneficial to have scholarships for health-related professions which promote working on the island and allow for further provision of contemporary practice. Previous Consultation (2019): Enhancing the physical facilities and the clinical capability of NIHRACS was viewed as important in attracting and retaining a highly skilled health care workforce. It was believed it

Outcomes of the service needs analysis		
		would add to the ability to establish sustainable linkages with tertiary and other advanced education institutes – assisting in workforce supply and development (KPMG, 2019). Devising strategies to improve the continuity of general practitioners is highly valued and is important in developing and maintaining a care plan for residents' health care needs. However, it was recognized that retaining long serving staff will be an ongoing challenge in the isolated community. Effective and meaningful linkages with mainland health care providers can also be used as an avenue for workforce development. The use of the networks for staff development and skills maintenance could be useful.
Access to National Disability Insurance Scheme (Whole of population)	**Few people on Norfolk access the NDIS due to limited assessment and service options.**	Quantitative: Norfolk Island Hospital Enterprise (2015) reported that 24% of the population had mobility restrictions, and a physical disability was one of the most reported health conditions (R & S Muller Enterprise, 2015). Currently only 2% of the population living on Norfolk Island have current NDIS plans (NDIA, 2023), revealing a significant gap between individuals likely to qualify for the Scheme and the actual number currently accessing. Health Practitioner Consultation (2022): • On Norfolk Island, there is no NDIS partner in the community, only a remote planning team based in NSW who take carriage of NDIS plans and enquiries for all Norfolk Island participants.

Outcomes of the service needs analysis		
		• Lack of regular GP and paediatrician presence (continuity of care). This is challenging from a NDIS point of view to have required reports and evidence documents completed. • Lack of ongoing therapy providers on the Island: occupational therapy, speech therapy, psychology, and physiotherapy. • 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 exist, for example with telehealth appointments, as there is often poor internet and phone coverage.
Disease Prevention (Older people)	**Screening for all cancers must be implemented and recorded consistently.**	<u>Community Consultation (2022):</u> • There are reportedly low rates of activity related to health screening for bowel, breast, and cervical cancer on island (some of this is a data collection issue rather than low screening rates). • It has not been possible to determine rates of skin cancer checks, however it is reported as low by residents. • Mammogram equipment is now on the Island. • Bowel cancer collection method is inappropriate for Norfolk Island due to postal delays.

Outcomes of the service needs analysis		
		Previous Consultation (2019): Preventative measures as outlined in a consultation report by KPMG in 2019 include: Increasing importance on public health measures to prevent illness including: • Tobacco control • Preventive drug and alcohol abuse • Encouraging road safety, good diet, and strong personal relationships • Improved footpaths and roads for safe walking and falls prevention. Increasing the understanding of the importance of opportunistic health interventions available in the primary care setting. For example, taking the opportunity to do routine blood pressure and cholesterol checks when someone presents for another condition. This is particularly important for men who typically have lower presentation rates to general practitioners. Increasing access to specialist services may also have a preventative benefit. Improved disease management programs and care coordination to enhance the effectiveness of services are also important to reduce the burden of preventable health conditions.
Palliative care (Whole of population)	**There are no palliative care options available on-Island.**	Community Consultation (2022): There is no palliative care provided on Island. This means that Norfolk Islanders can only access appropriate end-of-life care away from home on the mainland. Community has noted

Outcomes of the service needs analysis		
		that from a visiting GP/specialist perspective, there needs to be greater awareness of traditional customs and community supports on island related to palliative care. <u>Previous Consultation (2019):</u> There is a high level of importance placed on the availability of supportive palliative approaches for citizens for management of symptoms of disease or in the last stages of life. There is a perceived demand for palliative supports for residents in residential settings or through the hospital.
Quality data (Whole of population)	**Poor data quality is reducing the visibility of community need**	<u>Quantitative</u> Census data reveals high rates of missing data and/or invalid responses to core items. This has limited the interpretability of the population-level data. Similarly, the NIHRACs data does not match either the Census data, or the community-reported rates of disease morbidity. Unfortunately, the lack of quantitative data has negatively affected the reportability and advocacy for most of the health and service needs identified in this report. <u>Community Consultation (2022):</u> Feedback in the Health Needs Assessment Workshop (Dec 2022) indicated that the Census and General Practice quantitative data presented was not accurate of several conditions and health needs. Community expressed challenges in maintenance of privacy and confidentiality in the delivery of health and community services. Residents and practitioners

Outcomes of the service needs analysis		
		are not comfortable disclosing and recording data that could be re-identified. Inconsistent data entry processes in health and community services were also noted.

As relevant, a short summary of how a particular health need is being addressed by current services, highlighting where:

- *PHNs currently fund services that address the identified health need*
- *while specific health needs might have been identified within the PHN region, it will not translate into a priority as it is already adequately addressed by other existing non-PHN funded services.*

Recent community consultation findings demonstrated a significant need for a mental health clinician to support children, young people and families in neutral community settings that could provide confidential access points when required. Through its Norfolk Island Primary Mental Health Care funding, Brisbane North PHN has worked with local community organisations and Norfolk Island Health and Residential Aged Care Services (NIHRACS) to establish a 'work in, work out' mental health service that delivers face to face services on Island in one month and a telehealth service from Australia the alternative month. The aim of the WIWO model is to trial a community-based approach to delivering mental health services in a workforce model that is both sustainable and aligned with community needs voiced through the HNA process.

When on Island the Mental Health Clinician provides a flexible approach to service delivery and meets children, young people and families where most suitable for them (i.e., school, local community organisations, health clinic, homes). Ongoing therapy and support can then continue from Australia via a telehealth modality until the next on-island visit. From December 2022 to May 2023, the Mental Health Clinician has seen **47** children, young people and their families and delivered **137** service contacts. Of those 137 service contacts, **82** were delivered face to face over 3 x 5-day visits on Island and **42** service contacts were delivered via telehealth from Australia.

The fast uptake of this service (in a small community that has strong stigma attached to accessing mental health services) demonstrates the value of:

- aligning HNA learnings with PHN procurement processes
- working in partnership with a range of community stakeholders to understand need
- working with a skilled and experienced mental health clinician who is committed to supporting community need.

Section 4 – Opportunities and priorities

Based on the prioritisation method applied in Step 7, the following 10 health and service needs emerged as actionable priorities for the PHN. In the absence of PHN influence over legislation and its impact on the social determinants of health, and similarly, the absence of PHN influence over visiting secondary and tertiary specialists, the following primary and community health needs were deemed as opportunities for intervention that the PHN can offer a leading and/or supporting role.

While potential lead agencies have been listed as either the PHN or on-island agencies, Metro North Health also plays a significant role on the Island. Their capacity to support these activities in the context of their Intergovernmental Agreement will need to be defined before they can commit to action items.

Opportunities and priorities					
Rank	**Priority**	**Priority area**	**Priority sub-category**	**Expected Outcome**	**Potential lead**
1	Quality Data	Population Health	Practice Support	Quality Improvement activities conducted with NIHRACs result in greater visibility and surveillance of Norfolk Islander health.	PHN, NIHRACS
2	Service navigation, integration and coordination	Population Health	Access	Service linkages are mapped and presented in an accessible format for residents, such that access to health care is improved.	PHN, MNHHS, NIHRACS working with community agencies

Opportunities and priorities					
Rank	**Priority**	**Priority area**	**Priority sub-category**	**Expected Outcome**	**Potential lead**
3	Health literacy	Population Health	Social determinants	Improved distribution of information about services and supports available for health and wellbeing that contributes to improved levels of health literacy more comparable to mainland Australia.	PHN, NIHRACS, working with community agencies
4	Mental Health & Wellbeing	Mental Health	Appropriate care (including cultural safety)	A stepped model of primary mental health care services across the life span and a range of community and health services results in improved wellbeing and reduced social disconnection.	PHN working with community agencies
5	Perinatal & support for first 2000 days	Infants, Children & Young People	Early intervention and prevention	Wrap-around support and education for families ensure that infants and children can reach their cognitive, physical and emotional potential.	Anglicare, WAGNI, NIHRACS
6	Obesity	Population Health	Chronic conditions	Increased access to evidence based chronic disease/ healthy lifestyle programs that support prevention, treatment, and rehabilitation.	PHN, NIHRACS
7	Aged Care	Older People	Aged care	Older adults on Norfolk Island receive tailored supports and have safe, quality options available for ageing 'in place'.	PHN, , NIHRACS

Opportunities and priorities					
Rank	**Priority**	**Priority area**	**Priority sub-category**	**Expected Outcome**	**Potential lead**
8	Sexual Health	Children & Young People	Health literacy	Health promotion activities reduce the incidence of sexually transmitted infections, stigma about contraception is managed, and education about appropriate sexual relationships is delivered.	NIHRACS
9	Sedentary lifestyle	Population Health	Chronic conditions	Health promotion activities lift participation in community initiatives that promote movement and physical activity, ultimately reducing disease risk.	PHN, NIHRACS
10	Alcohol and Other Drugs	Alcohol and Other Drugs	Health literacy	Develop a whole of population health promotion program for prevention, screening and treatment of alcohol/drug related concerns that reduces the morbidity associated with use.	PHN, NIHRACS

Section 5 - Checklist

This self-assessment checklist can be used to confirm that the key elements of the NA process have been undertaken. PHNs must be prepared, if required by the Department, to provide further details regarding any of the requirements listed below. Refer to the PHN Needs Assessment Policy Guide and the PHN Needs Assessment Completion Guide for further information.

Requirement	✓
Provide a brief description of the PHN's Needs Assessment development process and the key issues discovered.	X
Outline the process for utilising techniques for service mapping, triangulation and prioritisation.	X
Provide specific details on stakeholder consultation processes.	X
Provide an outline of the mechanisms used for evaluating the Needs Assessment process.	X
Provide a summary of the PHN region's health needs.	X
Provide a summary of the PHN region's service needs.	X
Summarise the priorities arising from Needs Assessment analysis and opportunities for how they will be addressed.	X
Appropriately cite all statistics and claims using the Australian Government Style Manual author-date system.	X
Include a comprehensive reference list using the Australian Government Style Manual.	X
Use terminology that is clearly defined and consistent with broader use.	X
Ensure that development of the Needs Assessment aligns with information included in the PHN Needs Assessment Policy Guide.	X

Section 6 - References

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