

Gold Coast Primary Health Network
NEEDS ASSESSMENTS 2020
DETERMINANTS OF HEALTH



phn
GOLD COAST

An Australian Government Initiative

DETERMINANTS OF HEALTH

Local health needs and service issues

- There are a number of social determinants which may impact negatively on the health and wellbeing of Gold Coast residents
- Numerous SA3 regions on the Gold Coast have a high rate of need for assistance with a profound or severe disability compared to Queensland rate
- The Gold Coast rate of culturally and linguistically diverse people above the Queensland rate
- Limited of social housing on the Gold Coast
- Unemployment rate is predicted to increase due to COVID-19 with Gold Coast people employed by construction, retail trade, accommodation and food services, rental, hiring and real estate services all above the Queensland rate
- Several Gold Coast regions above the Queensland rate with families with children with no parent employed



DETERMINANTS OF HEALTH

Determinants of Health

Many factors combine to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. Factors such as where one lives, the state of the environment, genetics, income, education level and relationship with friends and family all have significant impacts on health. The determinants of health are “A factor or characteristic that brings about a change in health, either for the better or the worse” ¹.

Determinants of health include:

- The social and economic environment
- The physical environment
- The persons individual characteristics and behaviours

Determinants can be categorised into:

- Distal Determinants
 - Social
 - Environmental
 - Health Services
- Proximal Determinants
 - Individual

Socioeconomic status and health

There are numerous determinants of health and wellbeing in Australia with one of these determinants being socioeconomic status. The higher a person's income, education and or occupation level, the healthier they tend to be. Data shows that people from lower socioeconomic regions are at greater risk of poor health outcomes.

Socioeconomic status is the social standing of an individual as measured as a grouping of education, income and occupation. It has been stated that every level higher of socioeconomic status is related to better health of an individual. The Australian Bureau of Statistics broadly defines relative socio-economic advantage and disadvantage in terms of people's access to material and social resources and their ability to participate in society. A SEIFA score is a relative measure and cannot be used to say that an area is disadvantaged, only that it is advantaged relative to other areas in Australia.

There is clear evidence that health and illness are not distributed equally within the Australian population. Variations in health status generally follow a gradient, with overall health tending to improve with improvements in socioeconomic status².

A complete measure of all socioeconomic characteristics is the Socio-Economic Indexes for Areas (SEIFA). The SEIFA table shown below which is created by the Australian Bureau of Statistics after each Census of Population and Housing using area-based population attributes such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations (Table 1).

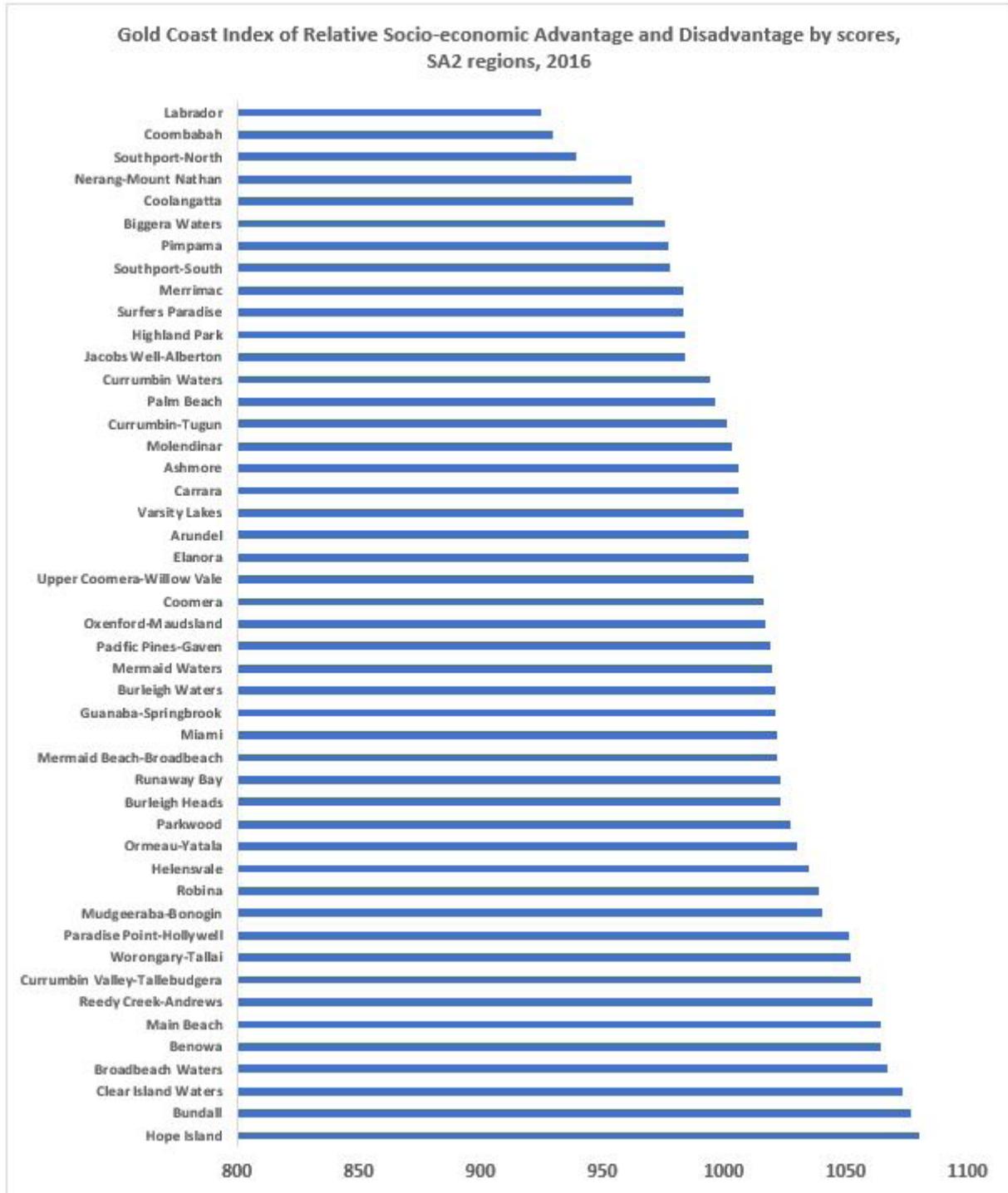
Table 1. Population by Socioeconomic index for Areas for Australia, Queensland, Gold Coast including SA3 regions, 2016

	Quintile 1 (most disadvantaged)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (least disadvantaged)
	%				
Australia	20.0	20.0	20.0	20.0	20.0
Queensland	20.0	20.0	20.0	20.0	20.0
Gold Coast SA4	9.0	20.1	24.7	28.6	17.6
Broadbeach-Burleigh	3.4	14.3	25.9	36.3	20.1
Coolangatta	5.5	30.8	28.6	24.0	11.1
Gold Coast-North	22.6	28.1	22.7	14.2	12.5
Gold Coast Hinterland	0.0	5.0	42.3	38.7	14.0
Mudgeeraba-Tallebudgera	0.0	13.7	9.7	40.8	35.8
Nerang	7.0	17.5	26.8	37.3	11.4
Ormeau-Oxenford	4.1	18.6	23.8	28.0	25.6
Robina	4.1	12.6	32.8	32.9	17.6
Southport	25.9	21.6	24.8	22.9	4.8
Surfers Paradise	10.9	29.9	14.4	22.2	22.6

Source: ABS 2033.0.55.001 Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016, (Queensland Treasury derived).

Table one breaks down each Gold Coast SA3 region into five quintiles from 1 being most disadvantaged and quintile 5 being least disadvantaged. Gold Coast-North (22.6%) and Southport (25.9%) were the highest regions in the most disadvantaged quintile, while Mudgeeraba-Tallebudgera (35.8%) was the highest SA3 region among the least disadvantaged regions.

Figure 1. Gold Coast Index of relative socio-economic advantage and disadvantage by SEIFA scores, SA2 regions, 2016



Source: Australian Bureau of Statistics, Socio-Economic Indexes for Australia (SEIFA), 2016. 2033.0.55.001

Figure one shows the Gold Coast Index of relative socio-economic advantage and disadvantage by SEIFA scores mapped by SA2 regions. The regions with the highest scores for SEIFA were Hope Island (1080) and Bundall (1077) while Labrador (925) and Coombabah (930) had the lowest SEIFA scores on the Gold Coast.

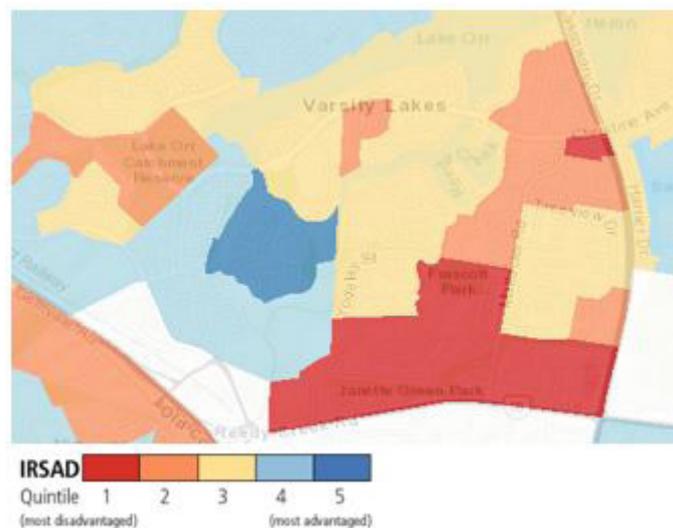
When looking at the larger geographies, (Statistical Area Level 3 and 4) it can lead to a “vanilla” effect. Meaning that the larger geographies can mask the concentrated pockets of disadvantage on the Gold Coast as can be seen below within the Robina SA3 region.

On the Gold Coast, there is suburbs within SA3 regions that have lower SEIFA scores compared to the surrounding suburbs. These suburbs appear within a SA3 region as a region with a high SEIFA score. Robina SA3 region consists of four suburbs:

- Clear Island Waters
- Robina
- Varsity Lakes
- Merrimac

Figure 2 highlights that within a SA3 or SA2 region, it can be made up of numerous SA1 regions with varying SEIFA scores.

Figure 2. Heat map of Varsity Lakes and surrounding SA1 regions, 2016.



Source: Australian Bureau of Statistics, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

The Queenslanders 2018 report identified

- 18% of Queensland adults lived in the most socioeconomically disadvantaged areas compared with 20% in the most advantaged areas in 2016 ³.
- Potentially preventable hospitalisations in disadvantaged areas were 84% higher than advantaged areas in 2015-16.
- In the most disadvantaged areas, smoking was 2.4 times higher in comparison to the advantaged areas in 2018 ⁴.

³. Australian Bureau of Statistics. *Population by age and sex, regions of Australia*. Cat. no. 3235.0. ABS: Canberra; 2016

⁴. Department of Health. *Queensland preventive health surveys. Published and unpublished analysis*. Queensland Government: Brisbane; 2018. Available: <https://www.health.qld.gov.au/research-reports/population-health/preventive-health-surveys/results>

Social Determinants

The World Health Organisation describes social determinants as “The circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. The conditions in which people live and are, in turn, shaped by political, social, and economic forces” ⁵.

Total Person Income

Higher income and social status are linked to better health. The greater the gap between the richest and poorest people, generally the greater the differences in health ⁶. On the Gold Coast in 2016, the median total person income was \$34,580 per year, slightly above the Queensland rate \$34,320. Ormeau-Oxenford had the highest median total personal income \$38,012, while Southport had the lowest median total personal income with \$29,900 per year.

Table 2. Total personal income, Queensland, Gold Coast including SA3 regions, 2016.

Region	Median (\$/year)
Gold Coast SA4	34,580
Queensland	34,320
Ormeau-Oxenford	38,012
Broadbeach-Burleigh	37,492
Mudgeeraba-Tallebudgera	35,932
Surfers Paradise	34,944
Nerang	34,372
Robina	33,852
Coolangatta	33,696
Gold Coast Hinterland	33,228
Gold Coast-North	31,408
Southport	29,900

Source. ABS, Census of Population and Housing, 2016, General Community Profile - G02 and G17

Education

Higher educational achievement can play a significant role in shaping employment opportunities, increase the capability for better decision-making regarding one’s health and provide opportunity for increasing social and personal resources that are essential for physical and mental health ⁷.

5. CSDH (Commission on Social Determinants of Health) 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization

6. Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. Public Health Reports, 129(1_suppl2), 19-31. doi:10.1177/00333549141291s206

7. Shankar, J., Ip, E., Khalema, E., Couture, J., Tan, S., Zulla, R., & Lam, G. (2013). Education as a Social Determinant of Health: Issues Facing Indigenous and Visible Minority Students in Postsecondary Education in Western Canada. International Journal of Environmental Research and Public Health, 10(9), 3908-3929. doi:10.3390/ijerph10093908

Australian Early Development Census

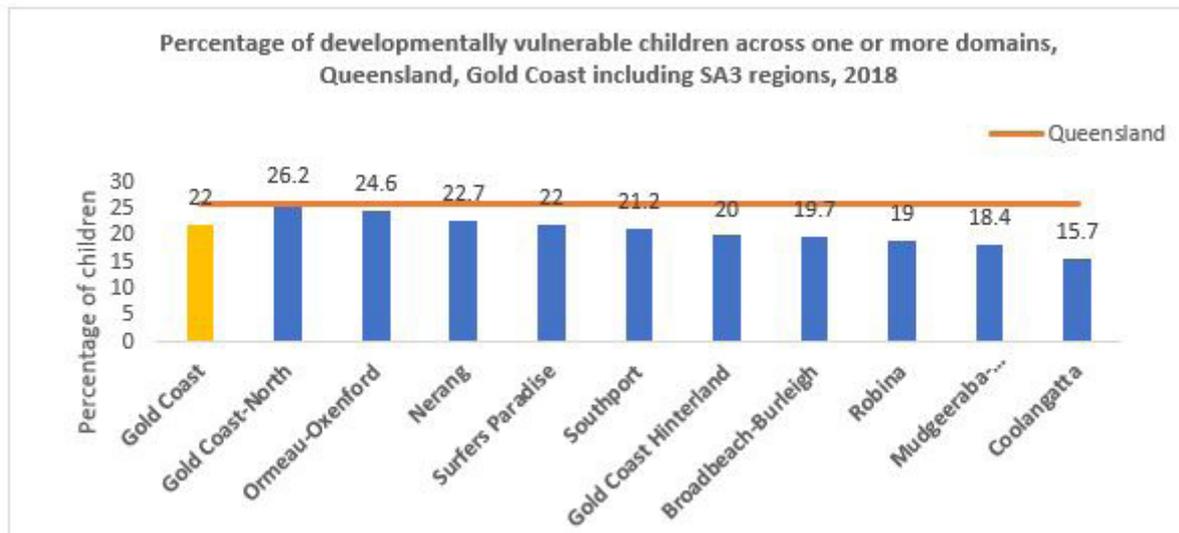
The foundations of adult health are laid in early childhood . The different domains of early childhood development include:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive
- Communication skills and general knowledge

These domains are assessed in the Australian Early Development Census (AEDC) which reports whether children are on track, at risk or developmentally vulnerable across each of the five domains. Children that are developmentally vulnerable demonstrate much lower than average competencies in that domain.

On the Gold Coast in 2018, 22% of children were developmentally vulnerable in one or more domains which was below the Queensland rate of 25.9%. The social competence domain had the largest percentage of developmentally vulnerable children (10.3%). Ormeau-Oxenford had the largest percentage of developmentally vulnerable children in two or more domains (13.4%) as well as having the highest number of children assessed on the Gold Coast (2,234) ⁹ .

Figure 3. Rate of developmentally vulnerable children across one or more domains, Queensland, Gold Coast including SA3 regions, 2018



Source: Australian Early Development Census, 2018

Highest level of Schooling

In 2016, 275,242 people on the Gold Coast (61.3%) the highest level of schooling was year 11 or 12. Within the region, Robina had the largest percentage of whose highest level of schooling was year 11 or 12 (66.1%). Gold Coast-North had the largest percentage whose highest level of schooling was year 8 or below (or did not go to school) with 4.6%.

Table 3. Highest level of schooling, Queensland, Gold Coast including SA3 regions 2016

	Did not go to school or Year 8 or below		Year 9 or 10 or equivalent		Year 11 or 12 or equivalent	
	Number	%	Number	%	Number	%
Gold Coast	15,181	3.4	115,875	25.8	275,243	61.3
Queensland	196,488	5.4	964,903	26.5	2,146,809	58.9
Broadbeach-Burleigh	1,759	3.4	12,060	23.6	32,240	63.1
Coolangatta	1,631	3.8	12,949	30.2	24,331	56.8
Gold Coast-North	2,532	4.6	15,347	28	31,305	57
Gold Coast Hinterland	433	3	4,067	27.9	8,477	58.1
Mudgeeraba-Tallebudgera	624	2.6	6,595	27	15,604	63.9
Nerang	1,779	3.5	14,741	28.8	30,621	59.7
Ormeau-Oxenford	2,469	2.8	23,902	27.4	53,713	61.5
Robina	1,117	2.9	8,609	22	25,838	66.1
Southport	1,915	3.9	11,062	22.8	30,560	63
Surfers Paradise	914	2.6	6,545	18.6	22,543	64

Source: ABS, Census of Population and Housing, 2016, General Community Profile - G16

Secondary Education

It has been reported, young adults who don't engage in secondary education are likely to experience a lower socio-economic status than those who acquire further education ¹⁰. on the Gold Coast in 2016, 284,084 persons (60.9%) had a non-school qualification, slightly above the Queensland rate of 59.1%. Within the region, Gold Coast Hinterland had the largest percentage of persons with a non-school qualification (65.6%) while Gold Coast-North and Nerang had the smallest percentage on the Gold Coast (58.9%) of persons with a non-school qualification.

Table 4. Non-school qualification by level of education by SA3, Queensland, Gold Coast including SA3 regions, 2016.

	Level of education						Persons with a qualification	
	Bachelor's degree or higher		Advanced diploma or diploma		Certificate			
	Number	%	Number	%	Number	%	Number	%
Gold Coast	80,565	17.3	48,058	10.3	102,090	21.9	284,084	60.9
Queensland	693,410	18.3	330,619	8.7	807,405	21.3	2,241,124	59.1
Broadbeach-Burleigh	10,738	20.4	5,423	10.3	10,877	20.7	33,224	63.3
Coolangatta	7,351	16.6	4,397	9.9	10,419	23.5	27,166	61.2
Gold Coast-North	8,738	15.5	5,392	9.6	12,065	21.4	33,227	58.9
Gold Coast Hinterland	2,731	18	1,627	10.7	3,591	23.7	9,961	65.6
Mudgeeraba-Tallebudgera	4,912	19.1	2,871	11.1	6,132	23.8	16,119	62.6
Nerang	7,778	14.5	5,421	10.6	12,995	24.3	31,525	58.9
Ormeau-Oxenford	12,908	14.1	9,743	10.6	22,957	25.1	54,820	59.8
Robina	7,997	19.6	4,452	10.9	7,889	19.3	24,747	60.7
Southport	9,576	19.1	5,038	10	9,402	18.7	29,963	59.7
Surfers Paradise	7,863	21.8	3,695	10.2	5,771	16	23,320	64.5

(a) Includes bachelor's degree, graduate diploma, graduate certificate and postgraduate degree

(b) Includes Certificate, I, II, III and IV and Certificates not further defined responses

(c) Includes inadequately described and not stated level of education responses.

Source: ABS, Census of Population and Housing, 2016, General Community Profile - G40 and G46

Disability

Disability is defined as resulting "From the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others ¹¹. Reports have indicated that 35% of people with disabilities report poor or fair health, compared with 5% of people without disabilities ^{12 13}.

Persons with a profound or severe disability are defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication because of a long-term health condition, a disability or old age.

The Gold Coast rate (4.9%) was below the Queensland rate (5.2%) in 2016 for people with a disability who require assistance. Three Gold Coast SA3 regions were above the Queensland rate while Surfers Paradise had the lowest rate (3.6%).

Table 5. Need for assistance with a profound or severe disability by SA3, Gold Coast and Queensland, 2016

	Need for assistance	
	Number	%
Gold Coast	28,182	4.9%
Queensland	243,267	5.2%
Gold Coast-North	4,239	6.4%
Southport	3,650	6.2%
Coolangatta	2,819	5.3%
Robina	2,597	5.2%
Nerang	3,367	5.0%
Gold Coast Hinterland	834	4.5%
Broadbeach-Burleigh	2,702	4.4%
Ormeau-Oxenford	5,156	4.3%
Mudgeeraba-Tallebudgera	1,378	4.1%
Surfers Paradise	1,451	3.6%

Source: ABS, Census of Population and Housing, 2016, General Community Profile - G18

COVID-19 has greatly impacted the assistance and care for a range of Australia's disabled population. The hearing-impaired community have been particularly affected with the large-scale introduction of face masks. Within the current ideology that face masks and PPE are becoming the new normal, the deaf community are finding an increasing number of barriers to communication. Within the hearing-impaired community sign and body language are critical tools utilised in communication, both of which are drastically affected through the introduction of face masks within primary and acute care settings. In 2016 the AHIW reported 1 in 10 Australians identified as complete or partially deaf and 1 in 7 reported wearing a hearing aid. These statistics identify that this is a considerable concern for many Australians ¹⁴.

Culturally and linguistically diverse populations

The Gold Coast population includes many people who were born overseas, have a parent born overseas or speak a variety of languages. Research in several countries with high immigrant populations, including Australia, has found that migrant populations are often healthier than Australian born populations ¹⁵. The healthy migrant effect can disappear after immigrants have lived in Australia for a long time. A study found that when immigrant groups from non-English speaking countries have been in Australia for more than 10 years, their mental health and self-assessed health were worse compared to Australian born individuals ¹⁶. This was more common in immigrants from non-English speaking countries. English proficiency may affect this as a language barrier could obstruct an individual's access to health services and have an impact on employment which has broader socioeconomics implications.

Table 6. Country of birth by SA3, Queensland, Gold Coast including SA3 regions, 2016

	Born in Australia		Born Overseas					
			Born in ESB countries		Born in NESB countries		Total	
	number	%	number	%	number	%	number	%
Gold Coast	364,761	64	92,480	16.2	67,858	11.9	160,338	28.1
Queensland	3,343,819	71.1	493,066	10.5	522,810	11.1	1,015,876	21.6
Broadbeach-Burleigh	40,890	66.3	8,774	14.2	6,835	11.1	15,609	25.3
Coolangatta	39,668	74.6	6,222	11.7	3,161	5.9	9,383	17.6
Gold Coast- North	39,658	60.2	11,551	17.5	9,237	14	20,788	31.5
Gold Coast Hinterland	12,755	68.9	2,837	15.3	1,155	6.2	3,992	21.6
Mudgeeraba- Tallebudgera	23,473	70.3	5,567	16.7	2,545	7.6	8,112	24.3
Nerang	45,140	67.1	11,315	16.8	6,498	9.7	17,813	26.5
Ormeau-Oxenford	79,035	65.4	23,906	19.8	9,401	7.8	33,307	27.6
Robina	29,418	59.5	8,419	17	8,232	16.6	16,651	33.7
Southport	33,800	57	8,249	14	11,882	20.2	20,131	34.2
Surfers Paradise	20,917	51.2	5,611	13.7	8,995	22.2	14,606	35.7

Source: ABS, Census of Population and Housing, 2016, General Community Profile - G01 and G09
 ESB: Based on the main English-speaking countries of UK, Ireland, Canada, USA, South Africa and New Zealand
 NESB: Includes countries not identified individually, 'Inadequately described' and 'At sea' responses.
 Does not include stated responses

In 2016, 160,338 or 28.1% of the Gold Coast population was born overseas which was above the Queensland rate of 21.6%. Within the region, Ormeau-Oxenford SA3 had the largest number of persons born overseas with 33,307 while Surfers Paradise had the largest percentage of persons born overseas with 35.7%.

The top five English speaking backgrounds and non-English speaking backgrounds for Gold Coast SA4 were:

English Speaking	Non-English Speaking
New Zealand (7.9%)	China excludes SARs and Taiwan (1.2%)
England (5.2%)	Japan (0.7%)
South Africa (1.2%)	India (0.7%)
Scotland (0.6%)	Philippines (0.7%)
United States of America (0.5%)	South Korea (0.6%)

Environmental

The physical environment in which people live and work can shape their health outcomes throughout their life. Environmental health focuses on the physical, chemical, biological, and social factors which affect people within their surroundings.

Physical environment

Poor physical home environments may be a potential source of stress for children through daily experiences and produce poor health outcomes^{17 18}. Access to appropriate, affordable, and secure housing can limit the risk of being social excluded by factors such as homelessness, overcrowding and poor physical and mental health.

The number of applications for social housing that have been approved, approved- deferred or approved- waiting further information for where the individual associated with the applicant first locational preference on the Gold Coast was 2,742 in 2019 and increase from 2,165 in 2018, a relative increase of 27%¹⁹.

Of the 2,742, 28% of applicants indicated that they are:

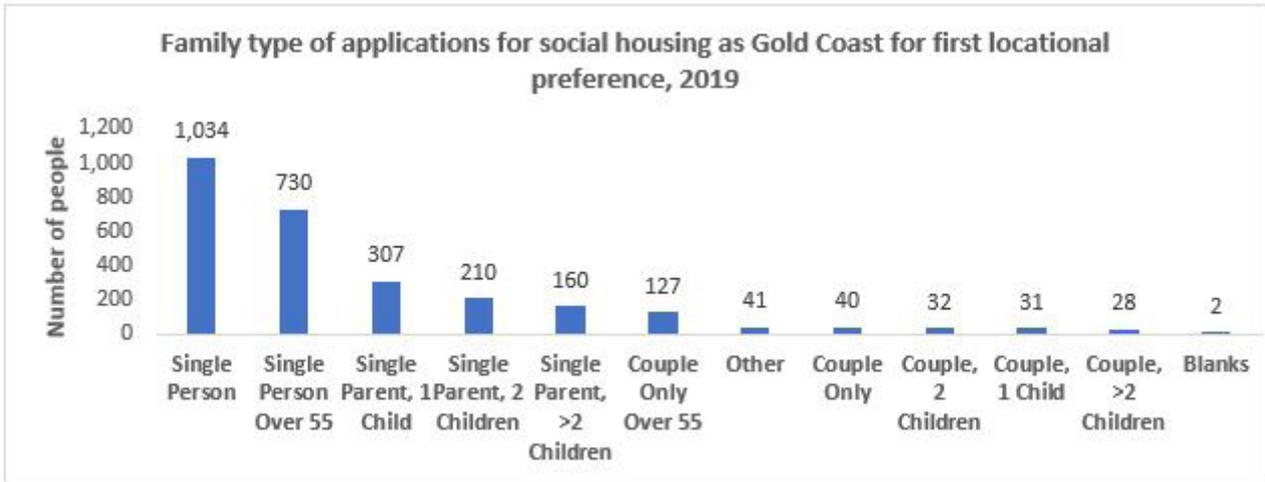
- Living on the streets,
- Existing housing is makeshift or illegal,
- Is fleeing domestic violence,
- Is at risk of violence/abuse from another person,
- Loss of accommodation due to a residential service or caravan park closure,
- Their existing housing is temporary and supported accommodation such as refuge, shelter or crisis accommodation.

¹⁷ Shaw, M. (2004). *Housing and Public Health. Annual Review of Public Health, 25*(1), 397-418. doi:10.1146/annurev.publhealth.25.101802.123036

¹⁸ Schmeer, K. K., & Yoon, A. J. (2016). Home sweet home? Home physical environment and inflammation in children. *Social Science Research, 60*, 236-248. doi:10.1016/j.ssre-search.2016.04.001

¹⁹ Queensland Government Open Data Portal, Social Housing Register

Figure 4. Family type of applications for social housing as Gold Coast for their first locational preference, 2019



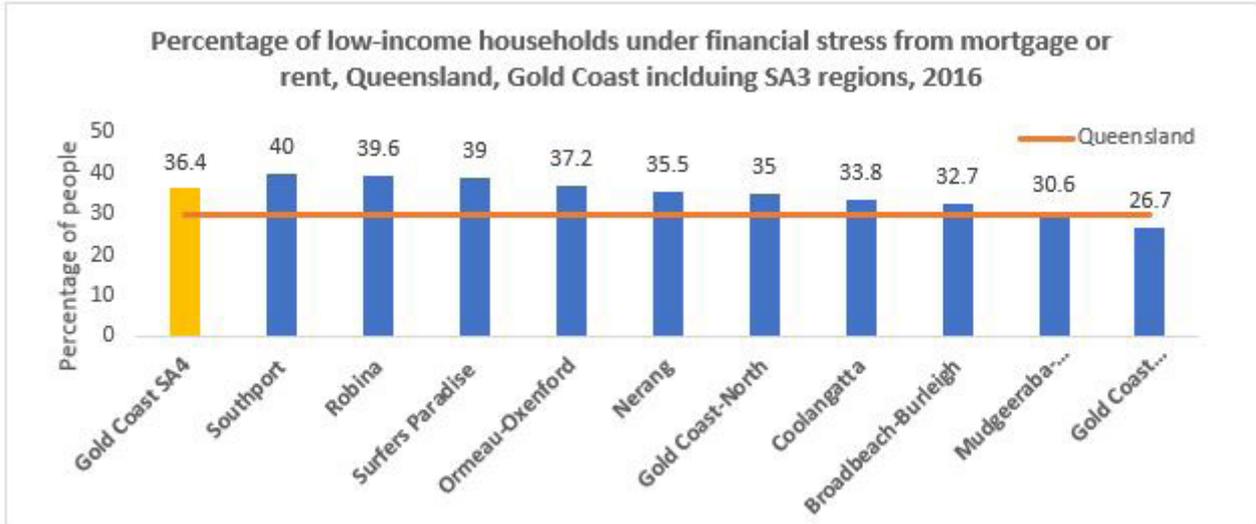
Source: Queensland Government Open Data Portal, Social Housing Register

House affordability and housing stress

One of the more common measures of housing is the “30/40 rule”. Housing affordability is compromised when households in the bottom 40% of income distribution spend more than 30% of their household income on housing, adjusted for household sizes ²⁰. One Australian study, found that experiences common to stressed renters and stressed recent purchasers included the constant stress associated with lack of money (which contributed to health problems and stress on family relationships) and financial hardship outcomes (such as children missing out on school activities and adequate health care).

On the Gold Coast in 2016, 36.4% of low-income households were under financial stress from mortgage or rent which was above the Queensland rate of 30.1%. Southport had the largest percentage of people under financial stress from mortgage or rent with 40% while Gold Coast Hinterland had the least (26.7%).

Figure 5. Percentage of low-income households under financial stress from mortgage or rent, Queensland, Gold Coast including SA3 regions, 2016



Source: Public Health Information Development Unit (PHIDU)

Unemployment

A study analysed participants behavioural risk factors and identified unemployed individuals had poorer perceived mental health profiles, were more likely to delay health care services due to cost and were less likely to have access to health care than employed participants ²¹.

As of September 2019, a total of 21,130 people on the Gold Coast were unemployed (5.8%), slightly below the Queensland rate (6.2%). Within the region, Gold Coast-North had the highest unemployment rate of 8.3% while Mudgeeraba-Tallebudgera had the lowest unemployment rate (4.2%).

Table 7. Unemployment by SA3, Queensland, Gold Coast including SA3 regions, September quarter 2019

	Unemployed number	Unemployment rate
Gold Coast	21,130	5.8
Queensland	165,414	6.2
Gold Coast-North	3,184	8.3
Southport	2,954	8.1
Nerang	2,652	6.3
Coolangatta	1,973	6.1
Gold Coast Hinterland	608	5.5
Ormeau-Oxenford	4,183	5
Surfers Paradise	1,397	4.9
Robina	1,476	4.7
Broadbeach-Burleigh	1,819	4.5
Mudgeeraba-Tallebudgera	883	4.2

Source: Australian Government Department of Education, Skills and Employment, Small Area Labour Markets Australia, various editions

Families with children with no parent employed

Children living in families lacking secure parental employment are vulnerable. Without at least one parent employed full time, children are more likely to fall into poverty and effect the wellbeing of the child²². It has been identified children from families with no parent employed were at greater risk of socioemotional problem behaviour compared with those where a parent was continuously employed. The study further explained family and mother's employment were associated with a lower risk of problem behaviour for children in middle childhood, in part explained by sociodemographic characteristics of families and the apparent psychological and socioeconomic benefits of employment²³

Analysing local data identified that the Gold Coast PHN region rate of total families with no parent employed was slightly below the Queensland rate in 2016. As can be seen below, three Gold Coast SA3 regions were above the Queensland rate of total families with no parent employed.

Table 8. Families with children with no parent employed, Queensland, Gold Coast including SA3 regions, 2016

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Gold Coast SA4	4,868	1,766	6,636	11.7
Queensland	47,485	18,652	66,139	13.8
Broadbeach-Burleigh	384	130	516	9.9
Coolangatta	402	124	526	10.8
Gold Coast- North	623	251	870	16
Gold Coast Hinterland	118	49	169	9.7
Mudgeeraba- Tallebudgera	238	106	334	8.2
Nerang	650	193	843	11.2
Ormeau-Oxenford	1,220	429	1,649	10.9
Robina	415	129	535	10.7
Southport	572	231	805	16.2
Surfers Paradise	254	131	384	14.6

Source: ABS, Census of Population and Housing, 2016, unpublished data (families)

Southport and Gold Coast-North which had the two highest rate of families with no parent employed were also the two SA3 regions on the Gold Coast with the lowest socio-economic indexes for areas on the Gold Coast. In 2011 the same report identified that Southport and Gold Coast-North were also regions on the Gold Coast with the lowest socio-economic indexes for areas on the Gold Coast suggesting that cross generational impacts are cumulative.

Southport, Gold Coast-North and Surfers Paradise SA3 regions were all above the Queensland rate in 2016 for families with children with no parent employed. Analysing these three SA3 regions at a granular level, there is a large variance between the SA2 regions that have families with no parent employed.

Table 9. Families with children with no parent employed Queensland, Gold Coast, Southport SA3 including Southport SA2 regions

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Gold Coast SA4	4,868	1,766	6,636	11.7
Queensland	47,485	18,652	66,139	13.8
Southport SA3	572	231	805	16.2
Ashmore	100	31	128	11.1
Molendinar	43	25	69	10.7
Parkwood	70	33	103	12.1
Southport-North	178	77	253	26.7
Southport-South	182	69	249	18

Table 10. Families with children with no parent employed Queensland, Gold Coast, Gold Coast-North SA3 including Gold Coast-North SA2 regions

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Gold Coast SA4	4,868	1,766	6,636	11.7
Queensland	47,485	18,652	66,139	13.8
Gold Coast-North SA3	384	130	516	9.9
Arundel	94	43	133	13.1
Biggera Waters	81	34	120	18.5
Coombabah	111	35	146	15.2
Labrador	233	85	319	22.5
Paradise Point- Hollywell	50	22	74	9.8
Runaway Bay	54	27	83	12.9

Table 11. Families with children with no parent employed Queensland, Gold Coast, Surfers Paradise SA3 including Surfers Paradise SA2 regions

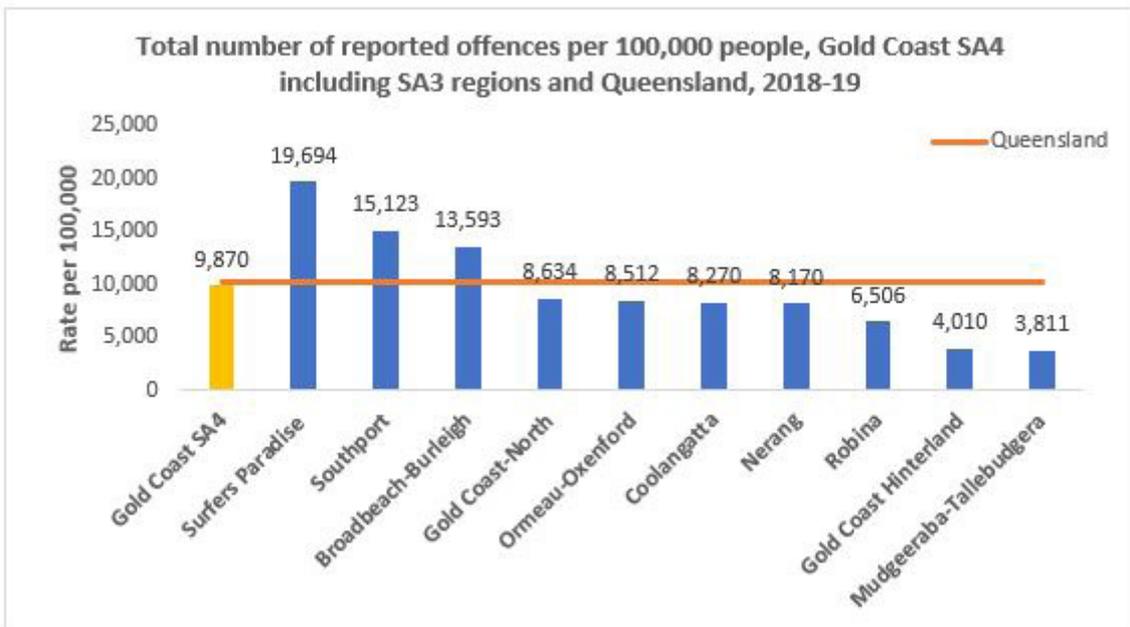
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Gold Coast SA4	4,868	1,766	6,636	11.7
Queensland	47,485	18,652	66,139	13.8
Surfers Paradise SA3	254	131	384	14.6
Benowa	65	36	104	11.4
Bundall	31	12	38	8.2
Main Beach	21	6	27	18
Surfers Paradise	140	78	214	19.5

Source: ABS, Census of Population and Housing, 2016, unpublished data (families)

Crime

Fear of crime is associated with poorer mental health and greater limitations in physical functioning ²⁴. On the Gold Coast in 2018-19, there was 62,970 offences or 9,870 per 100,000 people which was below the Queensland rate of 10,306 per 100,000 people.

Figure 6. Total number of reported offences per 100,000 people, Queensland, Gold Coast including SA3 regions, 2018-19



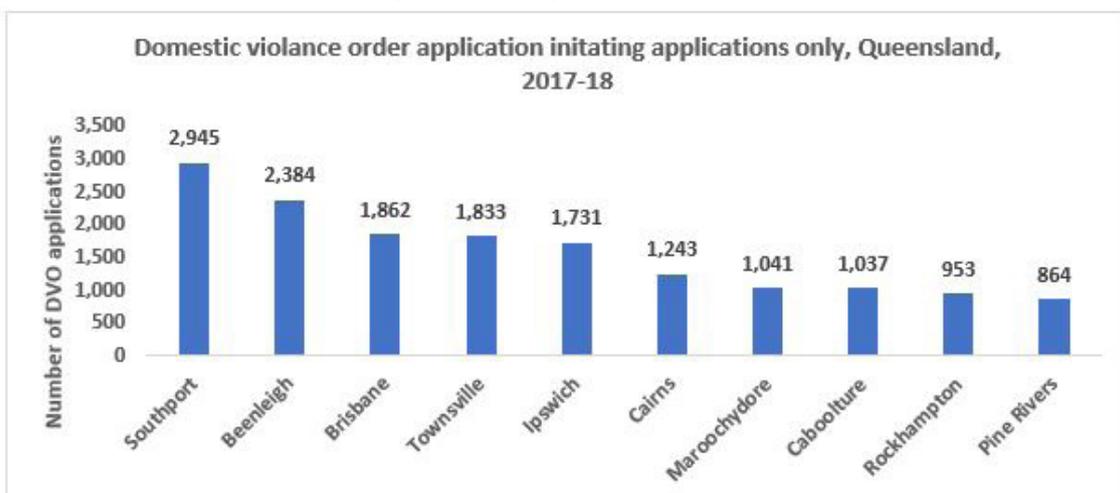
Source: Queensland Police Service

Data is based on the location in which the offence occurred

Domestic Violence

Domestic violence is a national health and welfare issue that can have lifelong impacts for victims and perpetrators. The number of domestic violence applications (Magistrates Courts with the most lodgements) initiating applications was highest at Southport magistrate's court in Queensland in 2017/18. Although Southport magistrate's court had the highest number of applications for domestic violence orders, a relative decrease of 16% from 2015/16 to 2017/18 occurred (Please see GCPHN family and domestic violence needs assessment for detailed breakdown)

Figure 7. Domestic violence order application initiating applications only, Queensland, 2017-18



Source: <https://www.courts.qld.gov.au/court-users/researchers-and-public/stats>

Mai Stafford, Tarani Chandola, Michael Marmot, "Association between Fear of Crime and Mental Health and Physical Functioning", *American Journal of Public Health* 97, no. 11 (November 1, 2007): pp. 2076-2081.

Volunteering

It has been observed that people who engage in voluntary work report better health and greater happiness than people who don't, a relationship that isn't driven by socio-economic differences between volunteers and non-volunteers²⁵.

In 2016 on the Gold Coast, 70,380 or 15.1% of people undertook voluntary work, which was lower compared to the Queensland rate of 18.8%. Within the region, Gold Coast Hinterland had the largest percentage of persons who undertook voluntary work (22.3%) while Surfers Paradise (12.9%) had the smallest percentage of volunteers.

Table 12. Voluntary work by SA3, Gold Coast SA4 and Queensland, 2016

	Volunteer		Not a volunteer	
	Number	%	Number	%
Gold Coast SA4	70,380	15.1	353,840	75.8
Queensland	714,138	18.8	2,748,839	72.5
Broadbeach-Burleigh	7,780	14.8	39,865	75.9
Coolangatta	7,267	16.4	33,173	74.4
Gold Coast-North	7,550	13.4	43,478	77.0
Gold Coast Hinterland	3,383	22.3	10,174	67.0
Mudgeeraba-Tallebudgera	4,853	18.8	19,262	74.6
Nerang	8,204	15.3	41,231	77.0
Ormeau-Oxenford	12,915	14.1	71,340	77.9
Robina	6,444	15.8	30,827	75.6
Southport	7,327	14.6	38,104	75.9
Surfers Paradise	4,659	12.9	26,386	73.0

Includes voluntary work not stated

Source: ABS, Census of Population and Housing, 2016, General Community Profile - G19

Health Services

Access to health services (Primary, secondary, tertiary care) is an important determinant to health. Inequalities in access to health care including barriers faced by certain populations, such as the lack of cultural competence or the number of General Practitioners that are available after-hours²⁶.

The Gold Coast is generally well serviced with 818 General Practitioners across 205 General Practices as of 3rd March 2020 throughout the Gold Coast.

Table 13. Number of General Practices and General Practitioners on the Gold Coast including SA3 regions, February 2020

SA3 Region	General Practices	General Practitioners
Gold Coast	205	818
Broadbeach-Burleigh	32	157
Coolangatta	21	84
Gold Coast-North	22	85
Gold Coast Hinterland	6	20
Mudgeeraba-Tallebudgera	7	25
Nerang	17	84
Ormeau-Oxenford	39	171
Robina	18	92
Southport	25	119
Surfers Paradise	18	61

Source: GCPHN CRM Tool

Figure 8. Average number of GP attendances per person, age-standardised, National, Gold Coast including SA3 regions, 2016-17

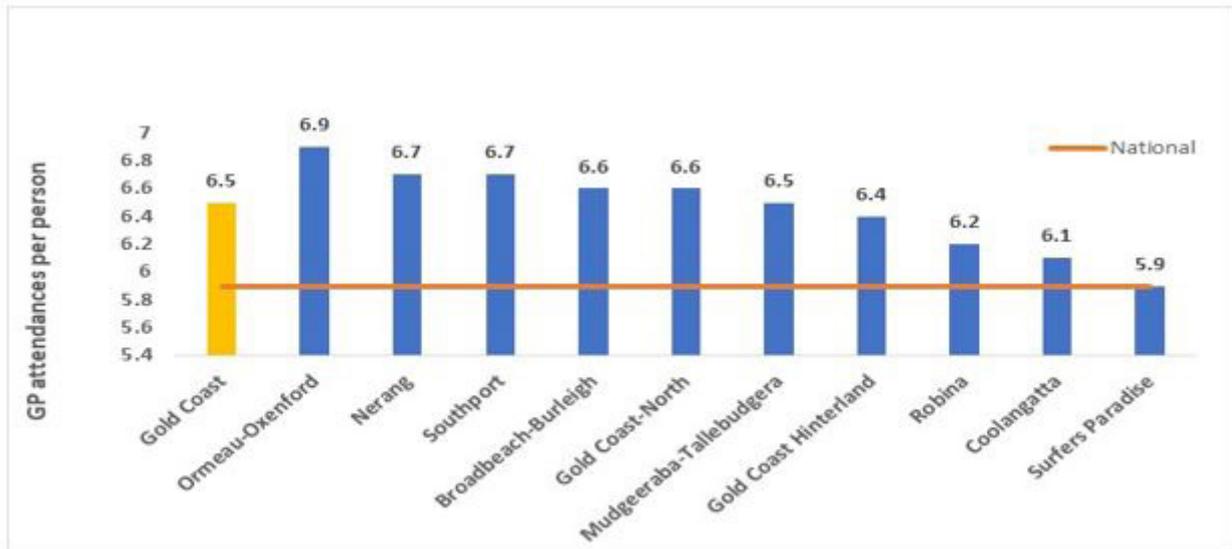
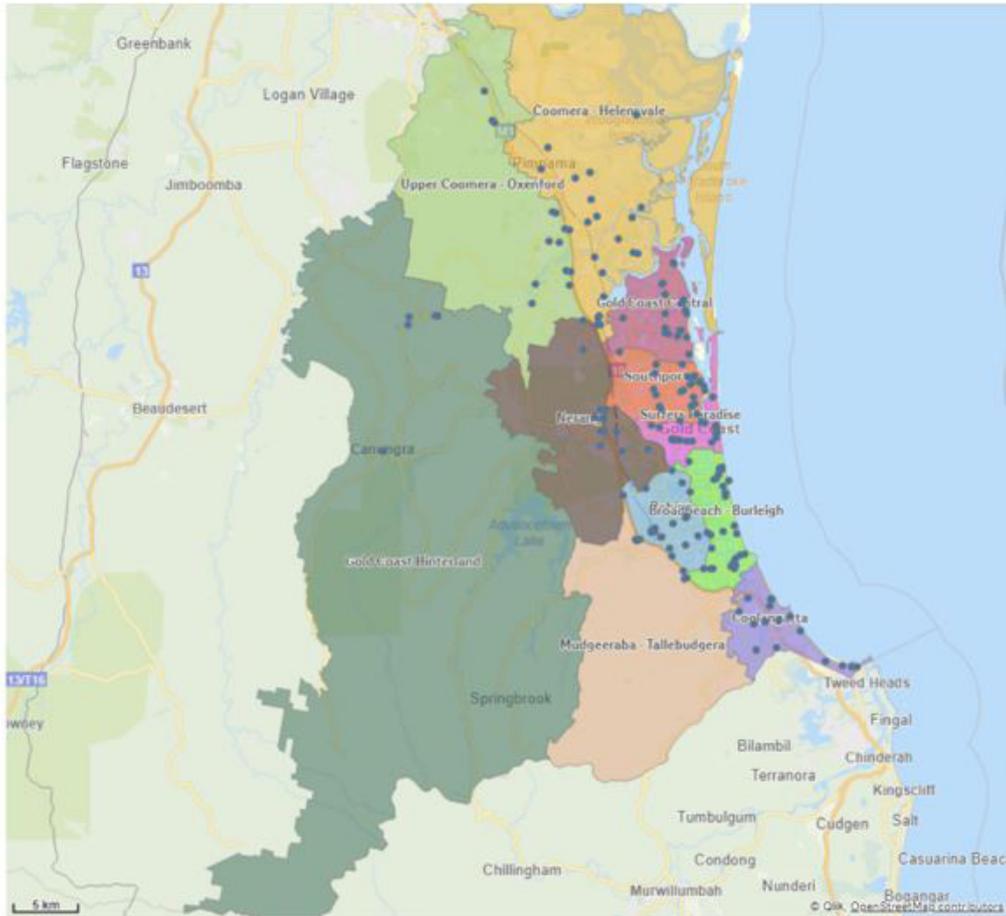


Figure 9. General Practices on the Gold Coast, February 2020



Emergency Departments

Gold Coast is well serviced with two public hospitals and three private hospitals. The two Gold Coast public Hospitals are located at Southport and Robina. Gold Coast University Hospital Emergency Department (ED) is the busiest ED in Queensland. Triage category 4 and 5 presentations, which comprised 30% of all ED presentations in 2017-18 on the Gold Coast, are often used as an indicator of presentations that can be managed by general practice or primary health (i.e. non-urgent care). Gold Coast public hospitals have one of the lowest rates of triage category four and five ED presentations among the 31 Primary Health Network regions in Australia (69 lower urgency ED presentations per 1,000 population in 2017-18 compared to national rate of 117.0)²⁷.

Proximal Determinants

Proximal determinants refer to any determinant of health that is readily and directly associated with the change in health status.

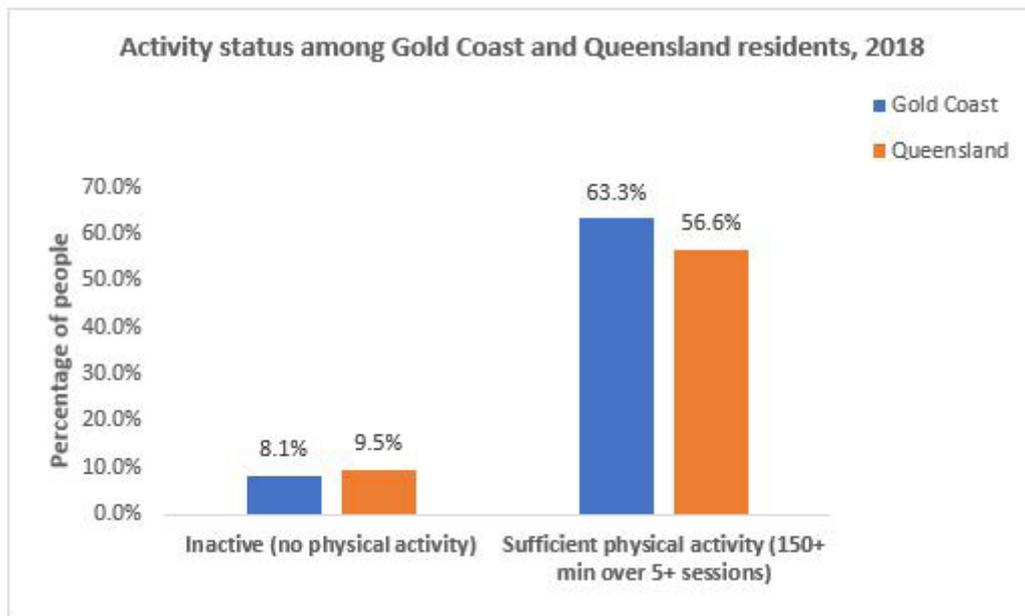
Physical Activity

Physical activity includes both structured activities such as sport or organised recreation and unstructured activities such as incidental daily activities at work or home. Physical inactivity accounted for 6.6% of the burden of disease in Australia in 2003²⁸. Being physical active:

- Reduces the risk of all-cause mortality²⁹
- Improves self-esteem, self-image, and quality of life³⁰
- Is an important factor in preventing and managing a range of chronic diseases, including type 2 diabetes, stroke, hypertension, and heart disease³¹

In 2018, 63.3% of Gold Coast residents aged 18 and over undertook sufficient physical activity while 8.1% were inactive. Sufficient physical activity for adults for the purpose of this report is based on physical activity guidelines 2014 requiring >150 minutes of physical activity or >75 minutes of vigorous activity) per week over five or more sessions.

Figure 10. Activity status among Gold Coast and Queensland residents, 2018



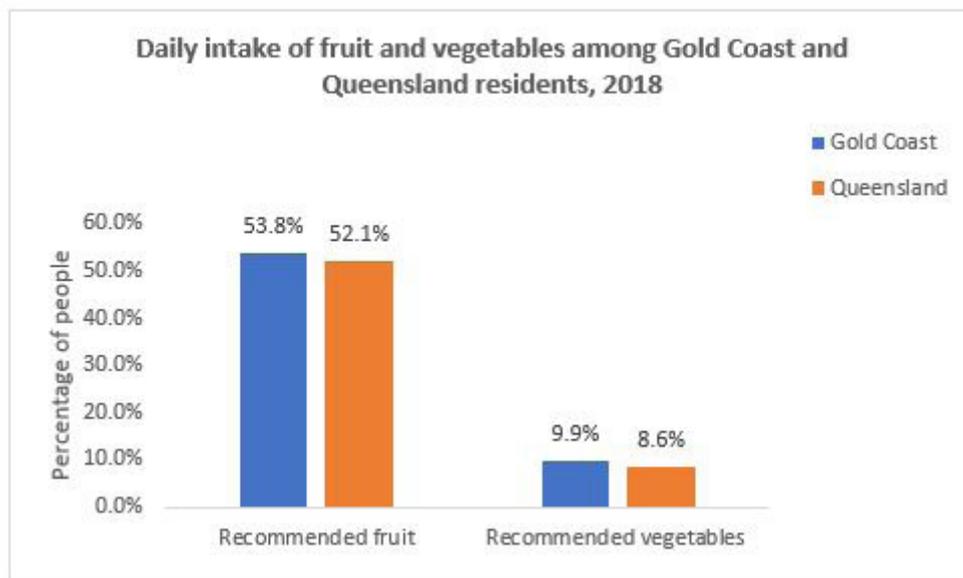
Source: Queensland Health. *The health of Queenslanders 2018. Report of the Chief Health Officer Queensland.* Queensland Government. Brisbane 2018

Dietary pattern

The health benefits of a dietary pattern consisting of a variety of nutritious foods in appropriate amounts leads to a reduced risk of chronic disease and improved health outcomes ^{32 33} .

In 2018, 53.8% of Gold Coast residents met the guidelines for recommended daily serves of fruit (2 or more serves) while 9.6% of Gold Coast residents met the guidelines for serves of vegetables (5-6 or more serves for people aged 18 and over).

Figure 11. Daily intake of fruit and vegetables among Gold Coast and Queensland residents, 2018



Source: Queensland Health. *The health of Queenslanders 2018. Report of the Chief Health Officer Queensland.* Queensland Government. Brisbane 2018

Alcohol and Tobacco

Alcohol is the sixth highest risk factor contributing to the burden of disease in Australia. Alcohol use contributed to several diseases and injuries including:

- 100% of the burden due to alcohol use disorders
- 40% of the burden due to liver cancer
- 28% of the burden due to road traffic injuries
- 14% of the burden due to suicide and self-inflicted injuries³⁴ .

Lifetime risk of drinking alcohol is consumption of an average of >2 standard drinks per day. In 2017-18 on the Gold Coast, 17.9% of people's alcohol consumption was defined as lifetime risk, this was above the national rate of 16% for people aged 18 years and over ³⁵ .

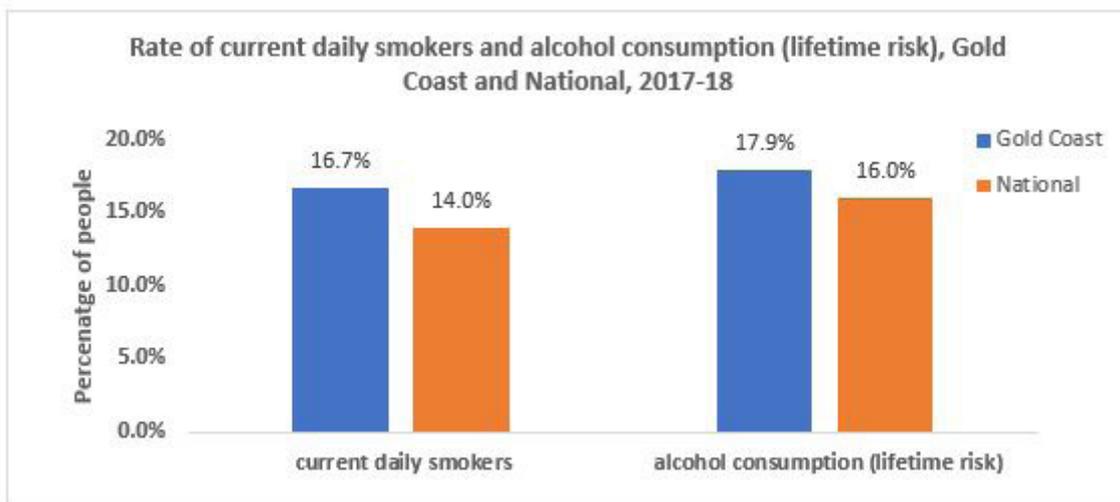
Tobacco is the leading preventable cause of morbidity and mortality in Australia. In 2015, tobacco smoking was responsible for 9.3% of the total burden of disease and injury. Estimates for the burden of disease attributable to tobacco use showed that cancers accounted for 43% of this burden ³⁶ .

Data collected through the national health survey suggested that 16.7% of the Gold Coast population

³⁴ AIHW 2019c. Australian burden of disease study: Impact and causes of illness and death in Australia 2015. Series no.19. BOD 22. Canberra: AIHW
³⁵ ABS 2019. Microdata: National Health Survey, 2017-18. ABS cat no. 4324.0.55.001. Canberra: ABS. Customised data report.

³⁶ AIHW 2019c. Australian burden of disease study: Impact and causes of illness and death in Australia 2015. Series no.19. BOD 22. Canberra: AIHW
³⁷ ABS 2019. Microdata: National Health Survey, 2017-18. ABS cat no. 4324.0.55.001. Canberra: ABS. Customised data report.

Figure 12. Rate of daily smokers and alcohol consumption (lifetime risk) for people aged 18 years and over, Gold Coast and National, 2017-18



Source. ABS 2019. Microdata: National Health Survey, 2017–18. ABS cat no. 4324.0.55.001. Canberra: ABS. Customised data report.

Healthy Communities

Living an active, healthy lifestyle is part of the culture of the Gold Coast and as individuals we make choices each day that can have a positive impact on our health. City of Gold Coast provides several services and facilities to improve the health and safety of residents and visitors through:

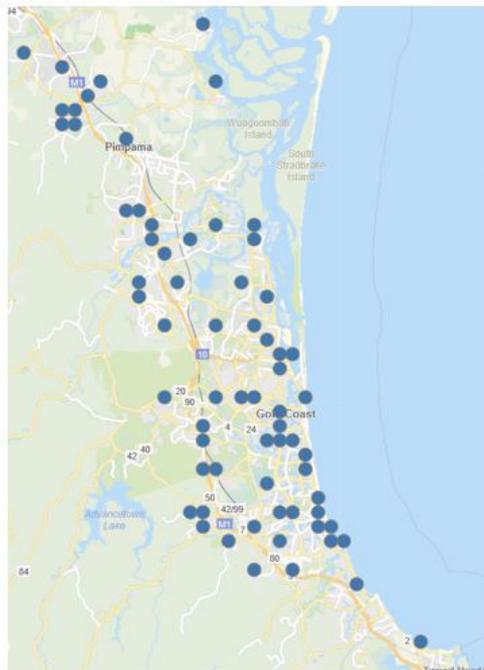
- Environmental health services- City of Gold Coast continually works to identify, prevent, and remedy health and environment related hazards and health.
- Immunisation- Gold Coast Public Health Unit provides immunisation services for the city through immunisation clinics for children and annual school immunisation program'
- Active and healthy lifestyle- City of Gold Coast aim to positively influence physical activity and healthy eating by offering many free and low-cost activities and activating a range of City facilities including parks, libraries, community centres and aquatic centres.

Fitness Equipment

Access to places and equipment for physical activity plays an important role in influencing physical activity behaviour ³⁸. City of Gold Coast provides over 300 free fitness equipment facilities in Gold Coast parks which aim to improve fitness levels and general coordination amongst the population. Equipment varies in different parks and can include cross trainer, stepper, ab-hip swinger, ezy rider, shoulder press, rowing machine, cycle seat, butterfly press, push up and sit up boards ³⁹.

Fitness equipment is distributed throughout on the Gold Coast with much of the equipment distributed across the coastline, whilst Ormeau-Oxenford region had a limited number of fitness equipment with a fast-growing population.

Figure 13. Fitness equipment on the Gold Coast, 2020

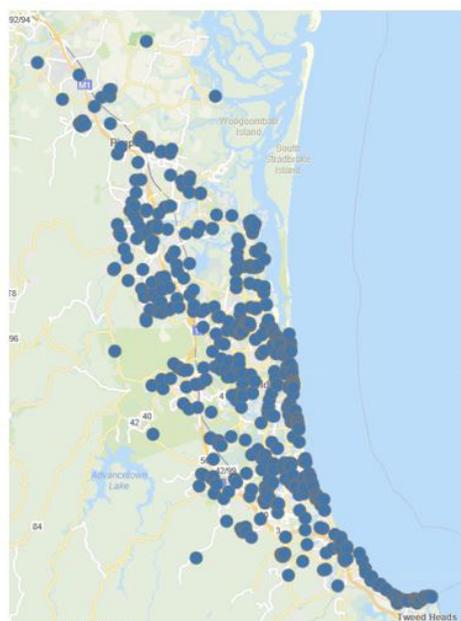


Source: City of Gold Coast Open Data, Fitness Stations, February 2020

Water Fountain

Access to water fountains can promote the uptake of physical activity. The Gold Coast City has supplied over 500 water fountains on the Gold Coast as of February 2020.

Water fountains are distributed throughout the Gold Coast with a large number of fountains distributed across the coastline which promotes physical activity and supports tourist demands. Ormeau—Oxenford region has a smaller number of water fountains compared to other regions on the Gold Coast.



City of Gold Coast Open Data, Water Fountains, February 2020



Consultation

GCPHN Community Advisory Council

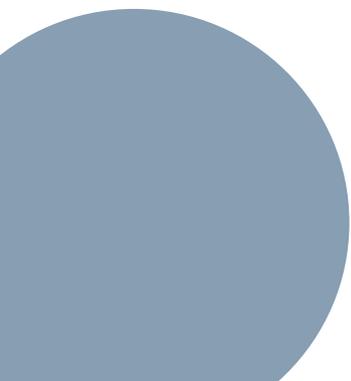
(July 2020) provided the following feedback

Are there any access issues to services or regions on the Gold Coast that lack services?

- The lack of availability of public and social/community housing
- Homelessness has increased in recent years and will no doubt continue to with the impacts of COVID-19 still worsening for many
- Ormeau-Oxenford region has the largest population on the Gold Coast yet have low number of water fountains and community fitness equipment for the community to utilise.
- Aged and disability continue to have access issues to health providers, a lot do not drive and if they do, cannot afford parking or unable to walk the distance required, Telehealth can do so much in this space

GCPHN Clinical Council

(August 2020) provided the following feedback

- Language barrier can be a concern for patients who don't speak English, having a translator has to be arranged prior to consultation
 - Difficult to know of local GPs in the area who speak other languages other than English who a General Practitioner could refer a patient to
 - Telehealth has improved access to care during COVID-19 which is often a determinant to health
 - Less cancellations of patients using telehealth has been noted during COVID-19
 - There is still a need for face to face consultations as some things can be missed on a telehealth consultation (skin checks etc) and digital divide (low social economic and literacy)
- 

Gold Coast Primary Health Network

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“Building one world class health system for the Gold Coast.”

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GOLD COAST

An Australian Government Initiative