Gold Coast Primary Health Network
Needs Assessment 2022

Determinants of health

phn
GOLD COAST

An Australian Government Initiative

Determinants of heath

Health needs and service issues

- Numerous Statistical Area Level three (SA3) regions in the GCPHN region have a high rate of people who need assistance with a profound or severe disability compared to Queensland rate.
- Language can be a barrier for people accessing health services.
- There is limited social housing available in the GCPHN region.
- Higher risk of poor wellbeing for children with no parents employed.

Key findings

- Gold Coast-North and Southport SA3 regions have the highest rate of people living in most disadvantaged quintiles in the GCPHN region.
- Gold Coast-North and Southport SA3 regions have the highest rate of people who need assistance with a profound or severe disability, the highest rate of unemployment, and the highest rate of families with no parent employed in the GCPHN region.
- Surfers Paradise and Southport SA3 regions have the highest rate of people born in a non-English speaking country.

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, and health services
- proximal determinants: individual

Socioeconomic status and health

There are numerous determinants of health and wellbeing in Australia, and one of these determinants is a person's 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. 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 status[2].

The Australian Bureau of Statistics (ABS) broadly defines relative socioeconomic advantage and disadvantage in terms of people's access to material and social resources and their ability to participate in society. A complete measure of all socioeconomic characteristics is the Socio-Economic Indexes for Areas (SEIFA). A SEIFA score is a relative measure and cannot be used to say that an area is (dis)advantaged, only that it is (dis)advantaged relative to other areas in Australia.

The SEIFA table shown below which is created by the ABS 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).

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[1] Keleher, H & Murphy, B, 2004, Understanding health: a determinants approach. Edited by Keleher, Helen and Murphy, Bernadette, Oxford University Press, Oxford, England.
[2] Kawachi I, Subramanian SV & Almeida-Filho N 2002. A glossary for health inequalities. Journal of Epidemiology and Community Health 56:647–52

Table 1. Population by Socioeconomic Index for Areas (SEIFA), Gold Coast SA3 regions, 2016

Region	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. This data set is a component of the minimum data set.

Table 1 breaks down each SA3 within the GCPHN region into five quintiles, from one being most disadvantaged and five being least disadvantaged. Gold Coast-North (22.6%) and Southport (25.9%) had the highest percentage of population in the most disadvantaged quintile, while Mudgeeraba-Tallebudgera (35.8%) had the highest percentage of population among the least disadvantaged quintile.

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

Gold Coast Index of Relative Socio-economic Advantage and Disadvantage by scores,
SA2 regions, 2016
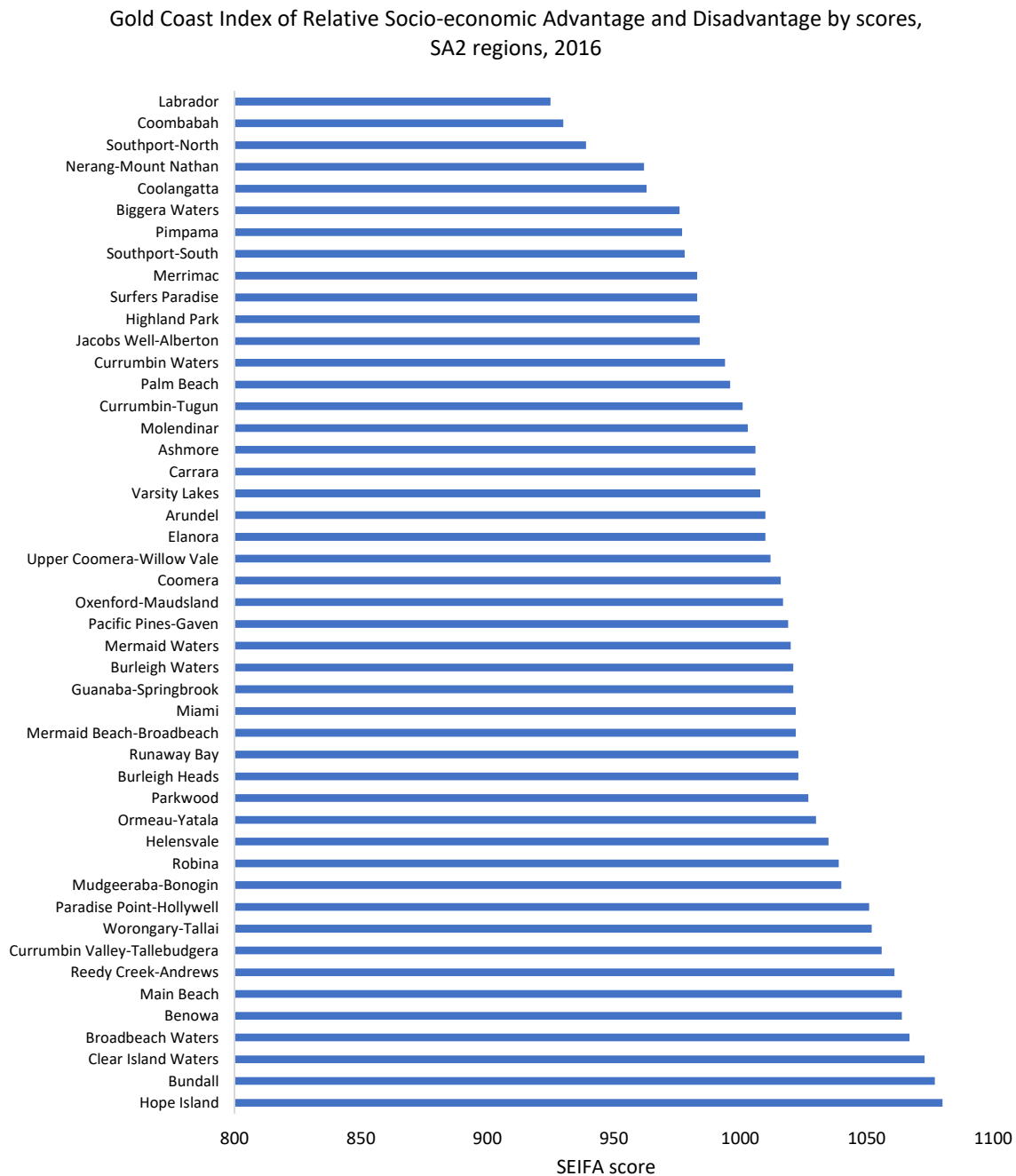
Source: Australian Bureau of Statistics, Socio-Economic Indexes for Australia (SEIFA), 2016. 2033.0.55.001

Figure 1 shows the index of relative socioeconomic advantage and disadvantage (SEIFA scores) mapped to GCPHN's SA2 regions. The SA2s with the highest scores for SEIFA were Hope Island (1080) and Bundall (1077), while Labrador (925) and Coombabah (930) had the lowest SEIFA scores in the GCPHN region.

Analyses of SEIFA scores at the larger geographies (SA3 or SA4) can mask some of the smaller pockets of disadvantage (e.g. at the suburb level) within that region. An example below in Figure 2 shows that a SA3 or SA2 region can be made up of numerous SA1 regions with varying SEIFA scores.

Figure 2. Heat map of SEIFA scores, Varsity Lakes and surrounding SA1 regions, 2016
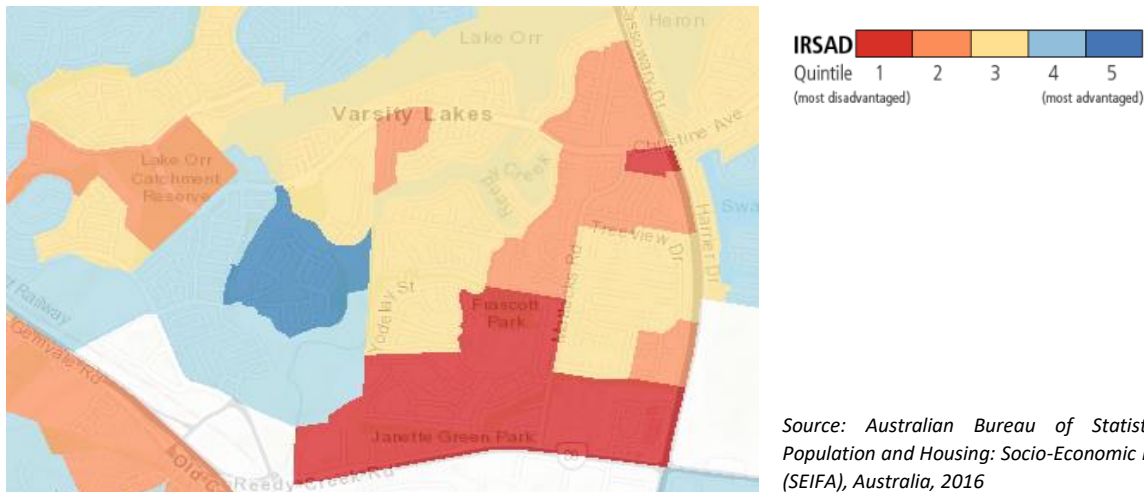
Source: Australian Bureau of Statistics, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

The 2018 Health of Queenslanders report identified that:

- 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 in the advantaged areas.
- In the most disadvantaged areas, smoking was 2.4-times higher in comparison to the advantaged areas[4].

Social determinants

The World Health Organization 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]. In the GCPHN region in 2021, the median total person income was $39,416 per year, slightly below the Queensland rate of $40,924. Broadbeach-Burleigh SA3 region had the highest median total personal income $45,500, while Southport had the lowest median total personal income with $35,932 per year.

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[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

[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.

Table 2. Median annual income, Queensland, Gold Coast SA3 regions, 2016

Region	Median annual income
Queensland	$40,924
Gold Coast SA4	$39,416
Broadbeach-Burleigh	$45,500
Ormeau-Oxenford	$43,888
Mudgeeraba-Tallebudgera	$42,016
Coolangatta	$41,704
Surfers Paradise	$41,340
Robina	$40,352
Nerang	$40,196
Gold Coast Hinterland	$38,324
Gold Coast-North	$36,140
Southport	$35,932

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].

Australian Early Development Census

The foundations of adult health are laid in early childhood[8]. The different domains of early childhood development include physical health and wellbeing, social competence communication skills and general knowledge, emotional maturity, and language and cognitive skills. 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.

In the GCPHN region 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 SA3 region 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 in the GCPHN region (n=2,234) [9].

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[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.

[8] Camargo, K. R. (2011). Closing the gap in a generation: Health equity through action on the social determinants of health. *Global Public Health*, *6*(1), 102-105.

[9] Australian Early Development Census, 2018

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

Rate of developmentally vulnerable children
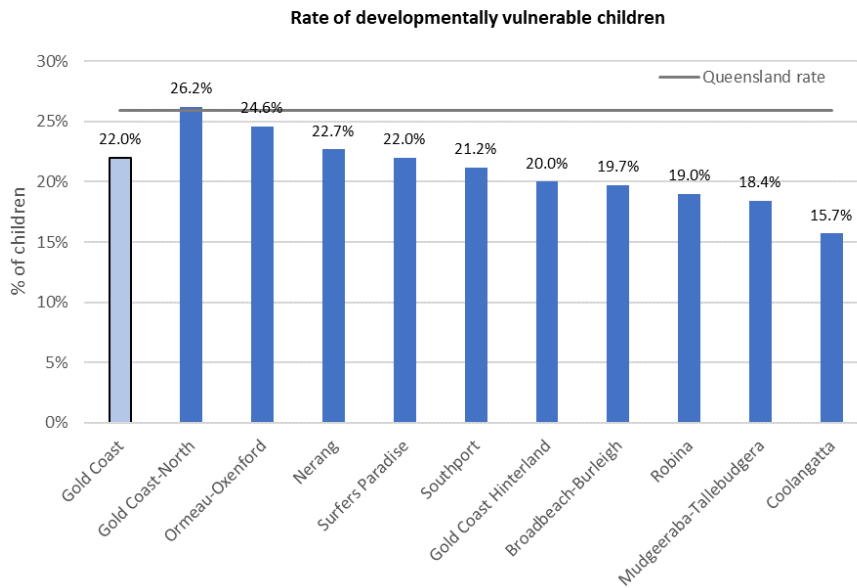
Source: Australian Early Development Census, 2018. This data set is a component of the minimum data set.

Highest level of schooling

In 2021, there were 337,508 people in the GCPHN region (66.6%) whose highest level of schooling was year 11 or 12. Robina SA3 region had the largest percentage of population whose highest level of schooling was year 11 or 12 (71.2%), and Gold Coast-North SA4 region had the largest percentage whose highest level of schooling was year 8 or below (or did not go to school) with 4%.

Table 3. Highest level of schooling, Queensland, Gold Coast including SA3 regions 2021

	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	%
Queensland	178,101	4.4%	989,350	24.63%	2,554,330	63.58%
Gold Coast SA4	14,252	2.8%	118,240	23.32%	337,508	66.58%
Broadbeach-Burleigh	1373	2.5%	11217	20.4%	38141	69.3%
Coolangatta	1235	2.7%	12,085	26.0%	29,911	64.5%
Gold Coast-North	2343	4.0%	15,509	26.5%	35,843	61.3%
Gold Coast Hinterland	379	2.4%	4200	26.3%	10267	64.3%
Mudgeeraba-Tallebudgera	620	2.3%	6261	23.7%	18145	68.6%
Nerang	1589	3.0%	14256	26.6%	34686	64.8%
Ormeau-Oxenford	2989	2.6%	28612	24.7%	77113	66.7%
Robina	1153	2.7%	8480	19.8%	30443	71.2%
Southport	1685	3.1%	10608	19.8%	36334	67.9%
Surfers Paradise	899	2.3%	7301	18.7%	26629	68.1%

Source: ABS, Census of Population and Housing, 2021, General Community Profile - G16. This data set is a component of the minimum data set.

Secondary education

It has been reported that young adults who do not engage in secondary education are likely to experience a lower socioeconomic status than those who acquire further education[10]. In the GCPHN region 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 SA3 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 SA3 regions, 2016

| | Level of education | | | | | | Persons with a non-school qualification | |
| | Bachelor's degree or higher | | Advanced diploma or diploma | | Certificate | | | |
	Number	%	Number	%	Number	%	Number	%
Queensland	693,410	18.3%	330,619	8.7%	807,405	21.3%	2,241,124	59.1%
Gold Coast SA4	80,565	17.3%	48,058	10.3%	102,090	21.9%	284,084	60.9%
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	18.0%	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	10.0%	9,402	18.7%	29,963	59.7%
Surfers Paradise	7,863	21.8%	3,695	10.2%	5,771	16.0%	23,320	64.5%

Source: ABS, Census of Population and Housing, 2016, General Community Profile - G40 and G46b
Note: (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.

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.

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[10] Canadian Council on Learning. State of Learning in Canada: Toward a Learning Future.
[11] United Nations General Assembly 2007, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106,
[12] Kavanagh, A & Krnjacki, L 2012, 'Unpublished analysis of the Survey of Disability and Carers (2009)', confidentialised unit record file, University of Melbourne.
[13] ABS 2010a, ABS sources of disability information, Australia 2003– 2008, information paper (4431.0.55.002), ABS, Canberra

In 2021, the GCPHN region's rate of people with a disability who require assistance was below the Queensland rate (5.5% vs 6.0%). The SA3s regions that were above the Queensland average rate were Gold Coast-North and Southport, while Surfers Paradise had the lowest rate (4.1%).

Table 5. Need for assistance with a profound or severe disability, Gold Coast SA3 regions, 2021

Region	Need for assistance	
	Number	%
Queensland	309,366	6.0%
Gold Coast SA4	35,066	5.5%
Gold Coast-North	5207	7.5%
Southport	4259	6.6%
Nerang	3989	5.7%
Robina	3008	5.6%
Coolangatta	3026	5.3%
Gold Coast Hinterland	1036	5.1%
Ormeau-Oxenford	8040	5.1%
Mudgeeraba-Tallebudgera	1665	4.6%
Broadbeach-Burleigh	2960	4.5%
Surfers Paradise	1871	4.1%

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

COVID-19 has greatly impacted the need for 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 Australian Institute of Health and Wellbeing (AIHW) reported one in two Australians identified as complete or partially deaf and one in seven reported wearing a hearing aid. These statistics identify that this is a considerable concern for many Australians[14].

The National Disability Insurance Scheme (NDIS) supports eligible Australians who were either born with or acquire a permanent and significant disability. The NDIS funds reasonable and necessary supports and services that relate to a person's disability to help them achieve their goals. 'Reasonable' means the support is most appropriately funded or provided through the NDIS, and 'necessary' means something a person needs that is related to their disability.

Analysing data for the GCPHN region, the number of NDIS participants has increased from 8,552 in December 2020 to 10,729 in December 2021, an increase of 25%. Ormeau – Oxenford SA3 region had the highest participant count as of December 2021 with 3,212 followed by Nerang with 1,298, Table 6 shows all Gold Coast SA3 regions participant count as of December 2021.

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[14] Australian Institute of Health and Welfare. (2016). Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.

Table 6. NDIS participants, Gold Coast SA3 regions, December 2021

Region	Number
Ormeau - Oxenford	3212
Nerang	1298
Gold Coast - North	1204
Southport	1203
Robina	847
Coolangatta	796
Broadbeach - Burleigh	790
Mudgeeraba - Tallebudgera	624
Surfers Paradise	431
Gold Coast Hinterland	324

Culturally and linguistically diverse populations

The population of the GCPHN region 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], however, 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 ten 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 obstruct an individual's access to health services and have an impact on employment which has broader socioeconomic implications.

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[15] Kennedy S, Kidd MP, McDonald JT & Biddle N 2014. The healthy immigrant effect: patterns and evidence from four countries. Journal of International Migration and Integration 16(2):317–32.

[16] Jatrana S, Richardson K & Samba SRA 2017. Investigating the dynamics of migration and health in Australia: a longitudinal study. European Journal of Population. doi:org/10.1007/s10680-017-9439-z

Table 7. Country of birth by SA3, Queensland, Gold Coast including SA3 regions, 2021

	Born in Australia		Born Overseas					
	Number	%	Born in English speaking countries		Born in non-English speaking countries		Total	
			Number	%	Number	%	Number	%
Queensland	3,679,899	71.4%	518,523	10.1%	651,810	12.6%	1,170,333	22.7%
Gold Coast SA4	418,554	65.3%	96,634	15.1%	88,644	13.8%	185,278	28.9%
Broadbeach-Burleigh	44,825	67.5%	8,840	13.3%	8,508	12.8%	17,348	26.1%
Coolangatta	43,962	76.4%	6,402	11.1%	4,115	7.2%	10,517	18.3%
Gold Coast-North	42,463	61.2%	11,267	16.2%	11,373	16.4%	22,640	32.6%
Gold Coast Hinterland	14,502	72.1%	2,999	14.9%	1,395	6.9%	4,394	21.8%
Mudgeeraba-Tallebudgera	25,854	71.8%	5,541	15.4%	3,195	8.9%	8,736	24.2%
Nerang	47,971	68.8%	10,762	15.4%	7,932	11.4%	18,694	26.8%
Ormeau-Oxenford	104,635	66.2%	28,185	17.8%	17,311	11.0%	45,496	28.8%
Robina	33,449	62.1%	8,282	15.4%	9,797	18.2%	18,079	33.5%
Southport	37,082	57.5%	8,431	13.1%	14,206	22.0%	22,637	35.1%
Surfers Paradise	23,882	52.7%	5,912	13.1%	10,782	23.8%	16,694	36.9%

Source: ABS, Census of Population and Housing, 2021, General Community Profile - G01 and G09c. This data set is a component of the minimum data set.
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.

In 2021 in the GCPHN region, 185,278 (28.9%) of people were born overseas. Within the region, Ormeau-Oxenford had the largest number of persons born overseas with 45,496 persons, and Surfers Paradise had the largest percentage of people born overseas with 36.9%.

The top five English speaking backgrounds and non-English speaking backgrounds for Gold Coast 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 determinants

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 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 in the GCPHN region was, 2,742 in 2019, an increase by 27% from 2,165 in 2018[19].

Of the 2,742 applicants, 28% indicated that they are experiencing one or more of the below circumstances:

- being homeless
- 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.

Figure 4. Family type of applications for social housing, Gold Coast, 2019
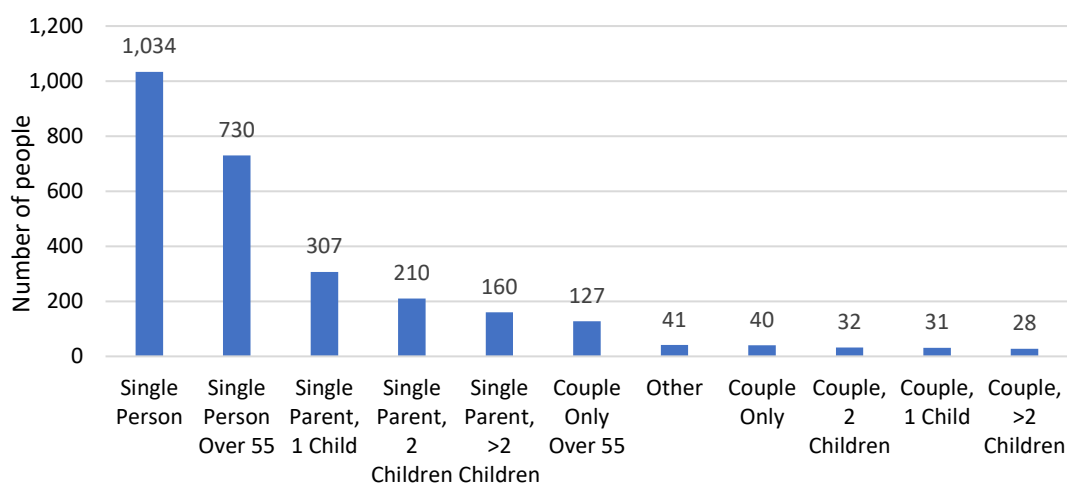
Source: Queensland Government Open Data Portal, Social Housing Register

Housing 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

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[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.ssresearch.2016.04.001
[19] Queensland Government Open Data Portal, Social Housing Register
[20] Yates, J., & Milligan, V. (2007). Housing affordability: A 21st century problem. National research venture 3: Housing affordability for lower income Australians (AHURI Final Report No. 105). Retrieved 28 March 2008, from http://www.ahuri.edu.au/publications/download/nrv3_final_report

renters and stressed recent purchasers included the constant stress associated with the 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 healthcare).

In the GCPHN region 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, Gold Coast SA3 regions, 2016
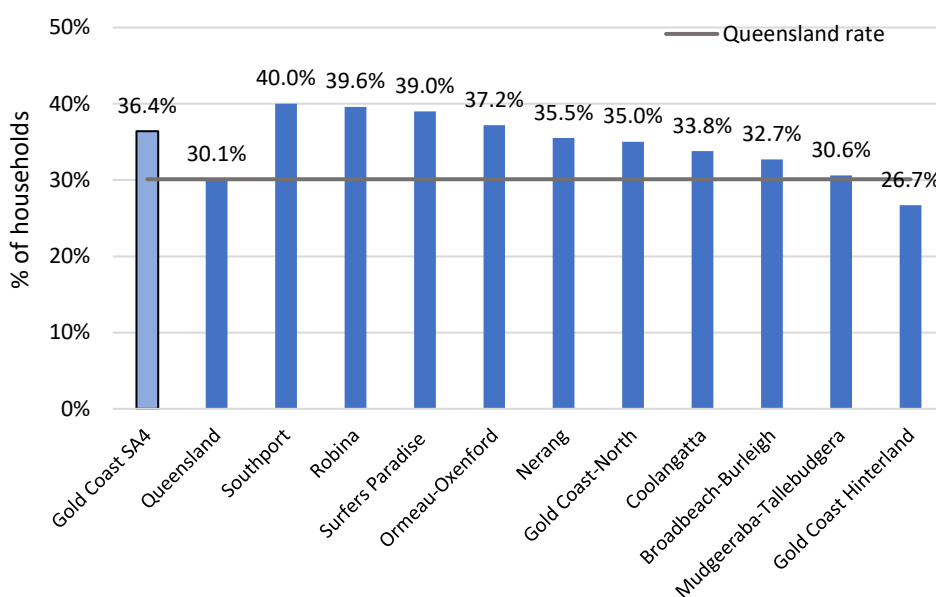
Source: Public Health Information Development Unit (PHIDU).

Unemployment

A 2012 study into behavioural risk factors found that unemployed individuals had poorer perceived mental health profiles, were more likely to delay healthcare services due to cost, and were less likely to have access to healthcare than employed participants [21].

As of September 2019, a total of 21,130 people in the GCPHN region 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%).

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[21] Pharr, J. R., Moonie, S., & Bungum, T. J. (2012). The Impact of Unemployment on Mental and Physical Health, Access to Health Care and Health Risk Behaviours. *ISRN Public Health*, *2012*, 1-7.

Table 8. Unemployment rate, Gold Coast SA3 regions, September quarter 2019

Region	Number	Percent
Queensland	165,414	6.2%
Gold Coast SA4	21,130	5.8%
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	5.0%
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. This data set is a component of the minimum data set.

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 which may effect the wellbeing of the child[22]. 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 that parents' employment status was 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 employment[23].

Analysing local data identified that the GCPHN region's rate of families with no parent employed was slightly below the Queensland rate in 2016. As can be seen in Table 9, three SA3s within the GCPHN region were above the Queensland rate of total families with no parent employed.

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[22] Frasquilho, D., de Matos, M.G., Marques, A. et al. (2016). Unemployment, Parental Distress and Youth Emotional Well-Being: The Moderation Roles of Parent–Youth Relationship and Financial Deprivation. Child Psychiatry Hum Dev 47, 751–758.
[23] Hope, S., Pearce, A., Whitehead, M., & Law, C. (2014). Family employment and child socioemotional behaviour: longitudinal findings from the UK Millennium Cohort Study.

Table 9. Families with children with no parent employed, Gold Coast SA3 regions, 2016

Region	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Queensland	47,485	18,652	66,139	13.8%
Gold Coast SA4	4,868	1,766	6,636	11.7%
Broadbeach-Burleigh	384	130	516	9.9%
Coolangatta	402	124	526	10.8%
Gold Coast- North	623	251	870	16.0%
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 SA3 regions had the two highest rate of families with no parent employed and were also the two regions with the lowest socio-economic indexes. In 2011, the same report identified that Southport and Gold Coast-North were also SA3s within the GCPHN region with the lowest socio-economic indexes 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 10. Families with children with no parent employed Queensland, Southport SA3 region, 2016*

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Queensland	47,485	18,652	66,139	13.8%
Gold Coast SA4	4,868	1,766	6,636	11.7%
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	18.0%

Table 11. Families with children with no parent employed Queensland, Gold Coast-North SA3 region, 2016

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Queensland	47,485	18,652	66,139	13.8%
Gold Coast SA4	4,868	1,766	6,636	11.7%
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 12. Families with children with no parent employed, Surfers Paradise SA3 region, 2016

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
			Number	%
Queensland	47,485	18,652	66,139	13.8%
Gold Coast SA4	4,868	1,766	6,636	11.7%
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	18.0%
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]. In the GCPHN region during 2018-2019, 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, Gold Coast SA3 regions, 2018-2019
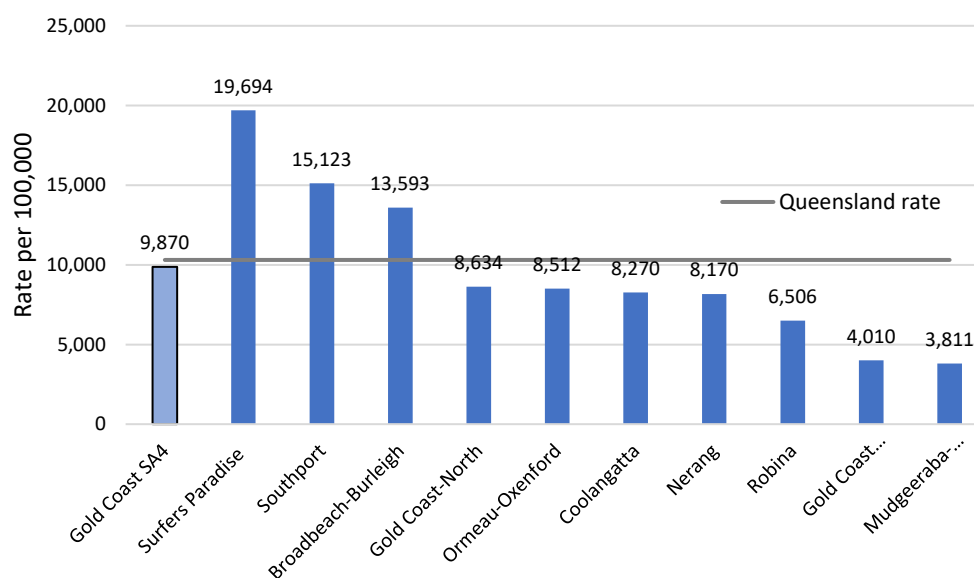
Source: Queensland Police Service. Data is based on the location in which the offence occurred

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[24] 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 do not, a relationship that is not driven by socioeconomic differences between volunteers and non-volunteers[25].

During 2021 in the GCPHN region, 60,938 or 11.5% of people undertook voluntary work, which was lower compared to the Queensland rate of 14.4%. Within the GCPHN region, Gold Coast Hinterland had the largest percentage of persons who undertook voluntary work (17.1%) while Ormeau-Oxenford (10.1%) had the smallest percentage of volunteers.

Table 13. Voluntary work, Gold Coast SA3 regions, 2021

	Volunteer		Not a volunteer	
	Number	%	Number	%
Queensland	590,690	14.1%	3,304,685	78.8%
Gold Coast SA4	60,938	11.5%	430,859	81.6%
Broadbeach-Burleigh	6,974	12.3%	45,629	80.3%
Coolangatta	6,291	13.1%	38,602	80.2%
Gold Coast-North	6,129	10.2%	49,994	83.0%
Gold Coast Hinterland	2,840	17.1%	12,606	75.8%
Mudgeeraba-Tallebudgera	4,205	15.0%	22,477	80.1%
Nerang	6,672	11.9%	46,447	82.8%
Ormeau-Oxenford	12,264	10.1%	102,106	83.9%
Robina	5,200	11.6%	36,832	82.4%
Southport	6,121	11.0%	44,793	80.6%
Surfers Paradise	4,235	10.5%	31,372	78.0%

Source: ABS, Census of Population and Housing, 2021, General Community Profile – G23. Includes voluntary work not stated.

Health Services

Access to health services (primary, secondary, tertiary care) is an important determinant of health. Inequalities in access to healthcare include barriers faced by certain populations, such as the lack of cultural competence or the number of GPs that are available after-hours [26].

The GCPHN region is generally well serviced with 855 GPs across 212 general practices, as of 5 October 2022.

[25] Borgonovi, F. (2008). Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. Social Science & Medicine, 66(11), 2321-2334. doi: 10.1016/j.socscimed.2008.01.011

[26] Langheim, F. J. (2014). Poor Access to Health Care as a Social Determinant of Mental Health. *Psychiatric Annals*, *44*(1), 52-57. doi:10.3928/00485713-20140108-09

Table 14. Number of general practices within the Gold Coast PHN region with one or more GPs in each practice, as of 5 October 2022

Regions	Number of general practices	Number of GPs	Average number of GPs per practice
GCPHN region	212	855	4.0
Broadbeach-Burleigh	29	143	5.1
Coolangatta	19	84	4.5
Gold Coast-North	22	82	3.8
Gold Coast Hinterland	7	32	4.7
Mudgeeraba-Tallebudgera	7	24	3.1
Nerang	16	72	4.6
Ormeau-Oxenford	41	182	4.4
Robina	21	95	4.4
Southport	25	111	4.7
Surfers Paradise	20	66	3.4

Source: GCPHN CRM Tool

Figure 7 shows that the average number of GP attendances per person (6.5) in the GCPHN region was above the national rate (5.9) in 2016-2017.

Figure 7. Average number of GP attendances per person, age-standardised, Gold Coast SA3 regions, 2016-2017
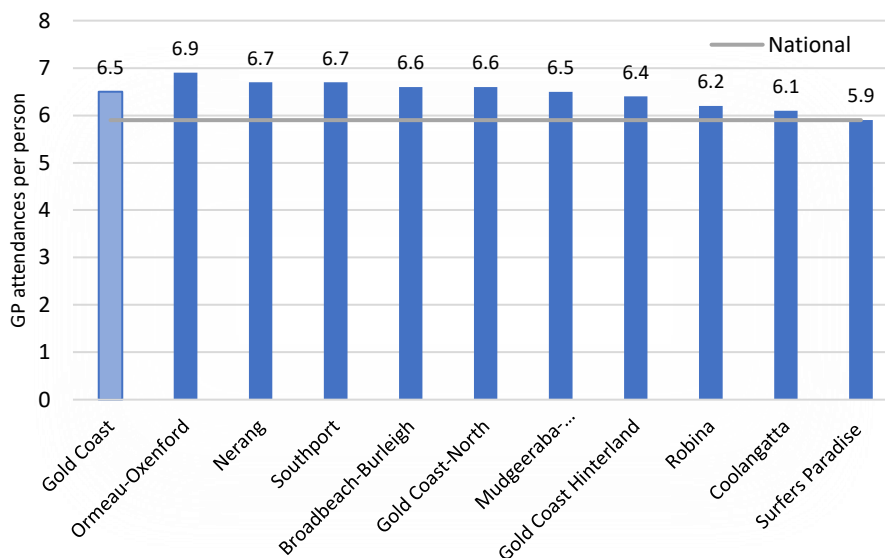
Source: Australian Institute of Health and Welfare analysis of Department of Human Services, Medicare Benefits claims data, and Australian Bureau of Statistics, Estimated Resident Population. This data set is a component of the minimum data set.

Figure 8 shows general practice locations in the GCPHN region. Most general practices are located on the coastline with many general practices also in the Ormeau-Oxenford SA3 region to meet the demand of population.

Figure 8. General practices on the Gold Coast, February 2021
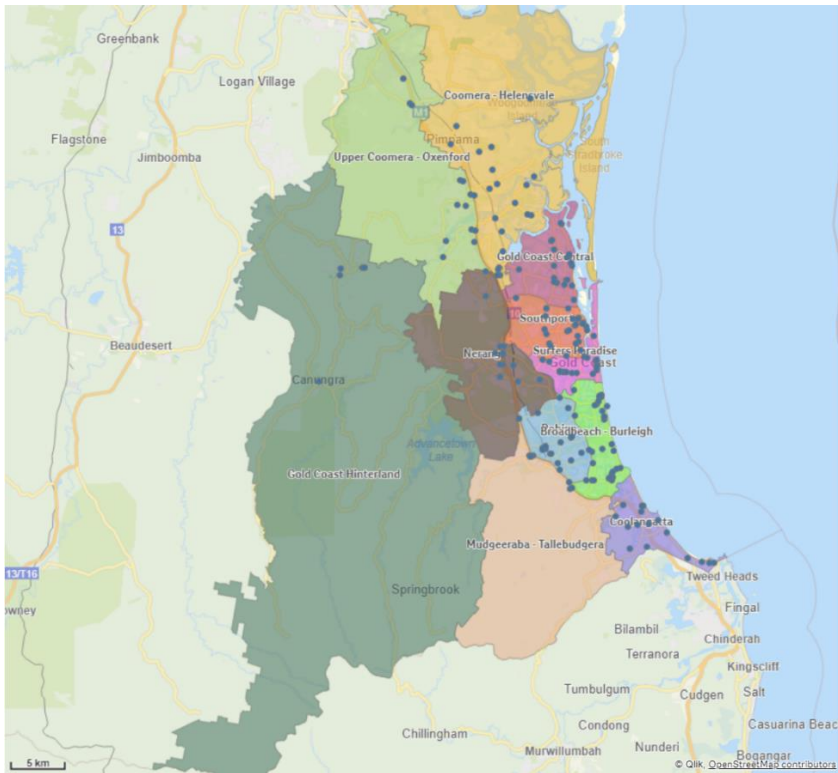
Source: GCPHN CRM tool

Emergency Departments

The GCPHN region is well serviced with two public hospitals and three private hospitals. The two public hospitals are located at Southport and Robina. Gold Coast University Hospital Emergency Department (ED) is the busiest Emergency Department (ED) ED in Queensland.

Triage category four and five presentations (lower urgency presentations), which comprised 30% of all ED presentations in 2017-2018 in the GCPHN region, are often used an indicator of presentations that can be managed by general practice or primary health (i.e., non-urgent care). In 2017-18, public hospitals in the GCPHN region have one of the lowest rates of low urgency ED presentations among the 31 Primary Health Network regions in Australia (69 per 1,000 population, compared to national rate of 117.0 per 1,000)[27].

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[27] Australian Institute of Health and Welfare analysis of the National Non-admitted Patient Emergency Department Care Database, 2015–16, 2016–17 and 2017–18

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 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 2003[28] . Being physically active:

- reduces the risk of all-cause mortality[29],
- improves self-esteem, self-image, and quality of life[30], and
- is an important factor in preventing and managing a range of chronic diseases, including type 2 diabetes, stroke, hypertension, and heart disease[31].

In 2018, 63% of residents in the GCPHN region aged 18 and over undertook sufficient physical activity while 8.9% 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 9. Activity status among Gold Coast and Queensland residents, 2020
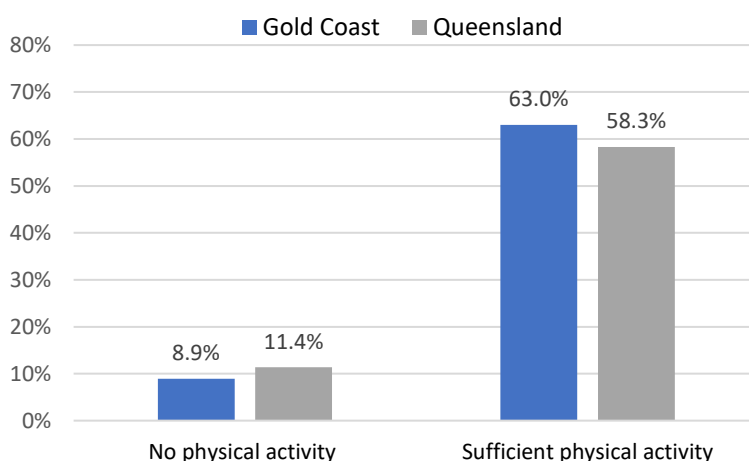
Source: Queensland Health. The health of Queenslanders 2020. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2020. This data set is a component of the minimum data set.

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].

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[28] *Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia 2003. Canberra: Australian Institute of Health and Welfare, 2007.*
[29] *Woodcock J, Franco OH, Orsini N, Roberts I. Non-vigorous physical activity and all-cause mortality: systematic review and meta-analysis of cohort studies. Int J Epidemiol 2011;40(1):121–38*
[30] *Warburton DE, Nicol CW, Bredin SS. Health benefits of physical activity: the evidence. Can Med Assoc J 2006;174(6):801–9*
[31] *Janssen I, Leblanc AG. Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. Int J Behav Nutr Phys Act 2010; 7:40.*
[32] Wirt A, Collins CE. Diet quality--what is it and does it matter? Public Health Nutr 2009;12(12):2473–92.
[33] McCullough ML, Feskanich D, Stampfer MJ, Giovannucci EL, Rimm EB, Hu FB et al. Diet quality and major chronic disease risk in men and women: moving toward improved dietary guidance. Am J Clin Nutr 2002;76(6):1261–71.

In 2019, 52.9% of residents of the GCPHN region met the guidelines for recommended daily amount of fruit (two or more serves) and 9.7% of residents met the guidelines for vegetables (five to six or more serves for people aged 18 and over).

Figure 10. Daily intake of fruit and vegetables among Gold Coast and Queensland residents, 2019
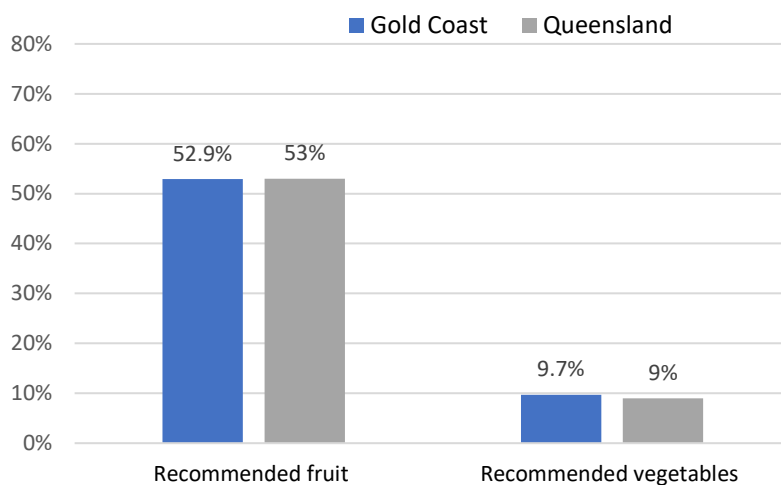
Source: Queensland Health. The health of Queenslanders 2020. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2020. This data set is a component of the minimum data set. This data set is a component of the minimum data set.

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 injuries[34].

Lifetime risk of drinking alcohol is consumption of an average of > 2 standard drinks per day. During 2017-2018 in the GCPHN region, alcohol consumption for 17.9% of people was defined as lifetime risk, which 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 2017-2018 suggested that 16.7% of the Gold Coast population aged over 18 were current daily smokers, which was above the national rate of 14% [37].

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[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 11. Rate of daily smokers and alcohol consumption (lifetime risk) for people aged 18 years and over, Gold Coast and national, 2017-18
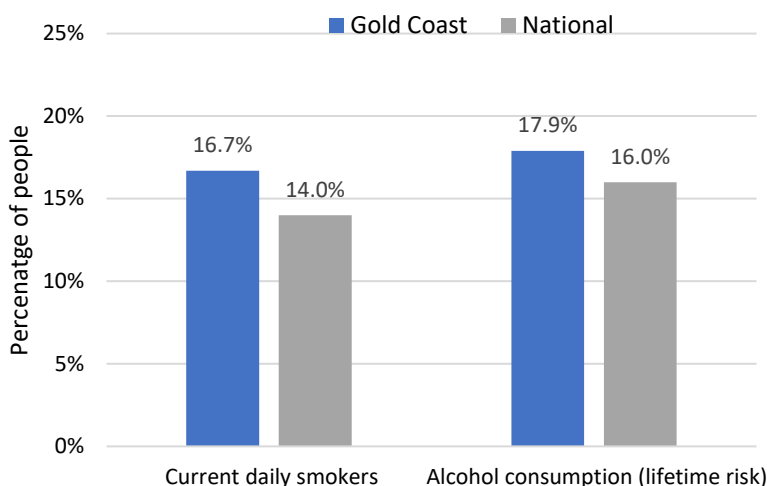
Source: ABS 2019. Microdata: National Health Survey, 2017–18. ABS cat no. 4324.0.55.001. Canberra: ABS. Customised data report. This data set is a component of the minimum data set.

Healthy communities

Living an active, healthy lifestyle is part of the culture of the GCPHN region and individuals can make choices each day that can have a positive impact on their 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 Coat 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 348 free fitness equipment facilities in parks in the region 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 the GCPHN region with much of the equipment distributed across the coastline, however, Ormeau-Oxenford SA3 region had a limited number of fitness equipment considering its fast-growing population.

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[38] KRUGER, J., CARLSON, S., & KOHLIII, H. (2007). Fitness Facilities for Adults Differences in Perceived Access and Usage. *American Journal of Preventive Medicine*, *32*(6), 500-505. doi: 10.1016/j.amepre.2007.02.003
[39] *Popular Parks for Fitness, Gold Coast City Council, 2019*

*Figure 12. Fitness equipment on the Gold Coast, 2022*
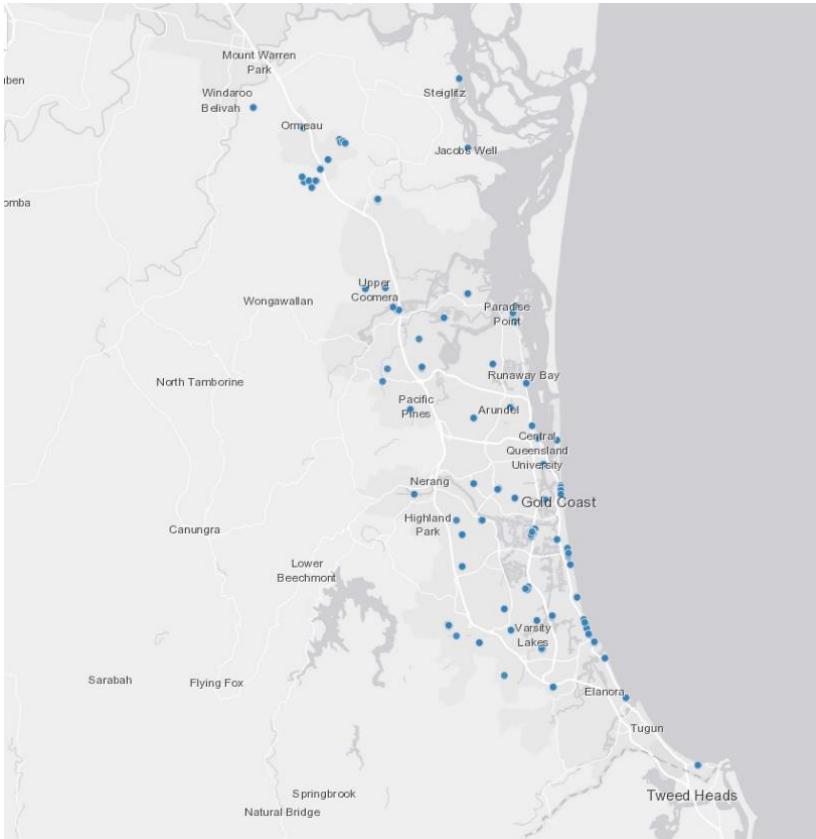
Source: City of Gold Coast Open Data, Fitness Stations, March 2022

Water fountains

Access to water fountains can promote the uptake of physical activity. The City of Gold Coast has supplied over 606 water fountains in the region as of February 2020. Water fountains are distributed throughout the GCPHN region with a large number of fountains distributed across the coastline which promotes physical activity and supports tourist demands. Ormeau-Oxenford SA3 has a smaller number of water fountains compared to other SA3s in the GCPHN region.

Figure 13. Water Fountains on the Gold Coast, 2022
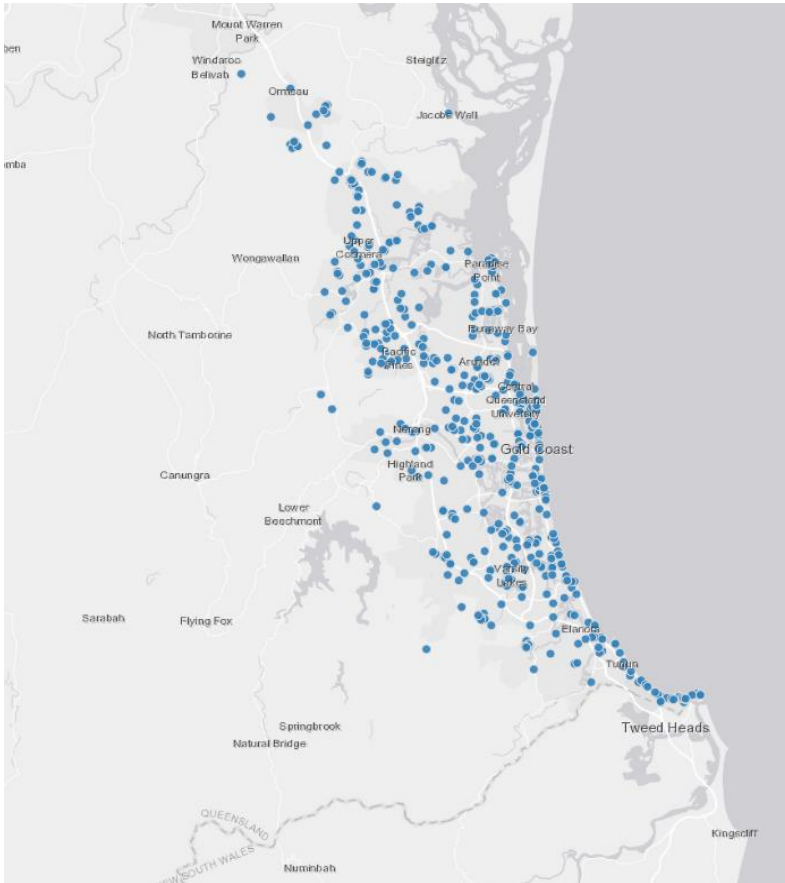
Source: City of Gold Coast Open Data, Water Fountains, March 2022

Consultation

GCPHN Community Advisory Council (July 2020) provided the following feedback:

- 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, and

- 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 only do so much in this space.

GCPHN Clinical Council (August 2020) provided the following feedback:

- language barrier can be a concern for patients who do not speak English, having a translator must be arranged prior to consultation,

- difficult to know of local GPs in the area who speak other languages other than English who a GP 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, and

- 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).

Community consultation

Health needs and service issues for people with a disability:

- access to adequate housing (leaving people with a disability inappropriately housed in aged care homes),

- accessibility,

- timely access to & effective health services,

- employment.

Gold Coast Primary Health Network would like to
acknowledge and pay respect to the land and the traditional
practices of the families of the Yugambeh Language Region
of South East Queensland and their Elders past, present and
emerging.