2021

> **Determinants of health**

Needs Assessment

phn
GOLD COAST

An Australian Government Initiative

⟫ Determinants of health

Health needs and service issues

- Numerous Statistical Area Level three 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.
- Limited social housing on the GCPHN region.
- Wellbeing of children with no parents employed.

Key findings

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

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

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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.

Socioeconomic status and health

There are numerous determinants of health and wellbeing in Australia with of one 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. 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 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 disadvantaged, only that it is advantaged relative to other areas in Australia.

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

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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 breaks down each Statistical Area Level 3 (SA3) within the GCPHN region into five quintiles from one being most disadvantaged and quintile five being least disadvantaged. Gold Coast-North (22.6 per cent) and Southport (25.9 per cent) had the highest percentage of population in the most disadvantaged quintile, while Mudgeeraba-Tallebudgera (35.8 per cent) had the highest percentage of population among the least disadvantaged regions.

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

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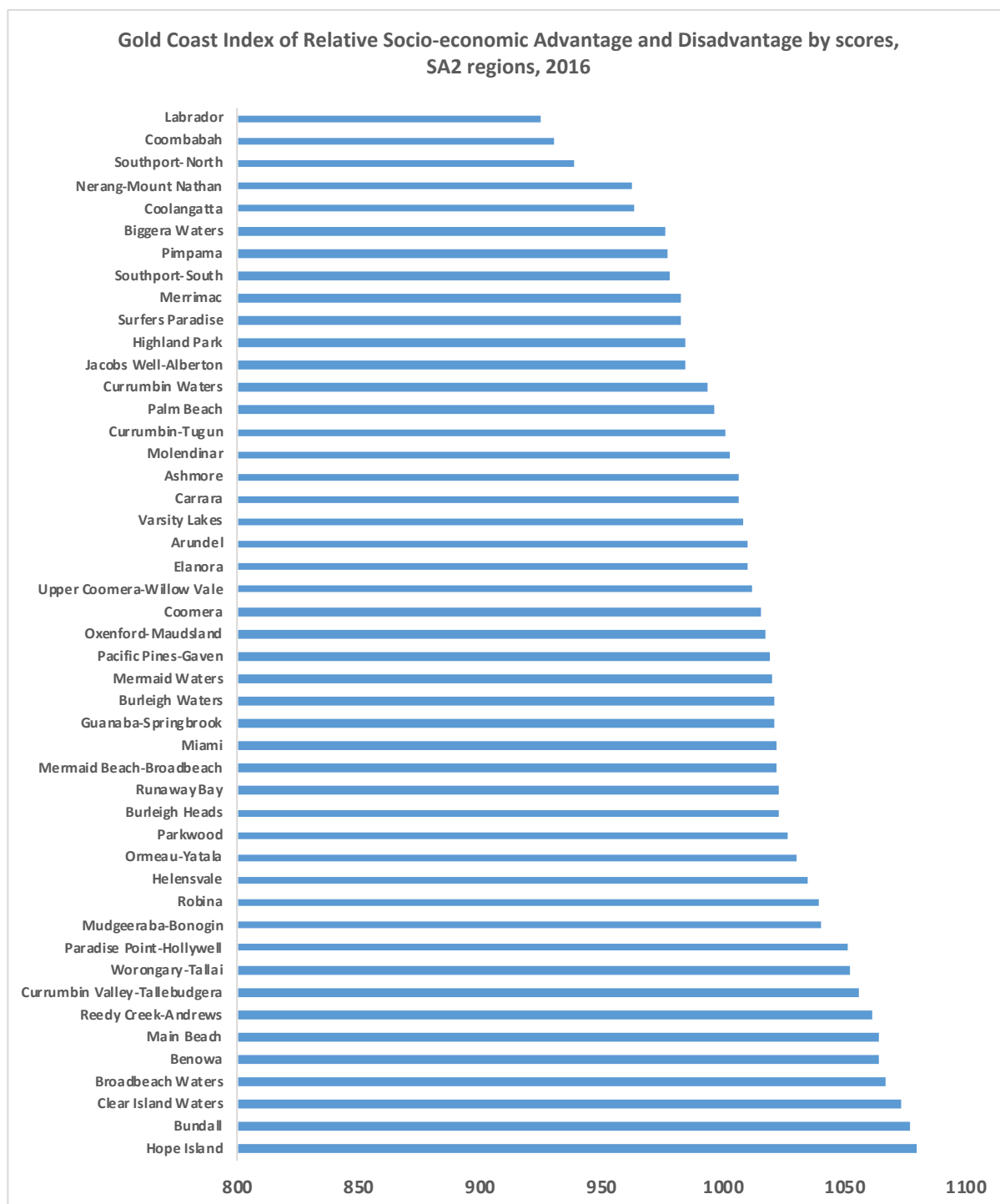
Source: Australian Bureau of Statistics, Socio-Economic Indexes for Australia (SEIFA), 2016. 2033.0.55.001

Figure 1 shows the index of relative socioeconomic advantage and disadvantage by SEIFA scores mapped by SA2 within the GCPHN region. 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.

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 in the GCPHN region as can be seen below within the Robina SA3 region.

In the GCPHN region, there are 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.
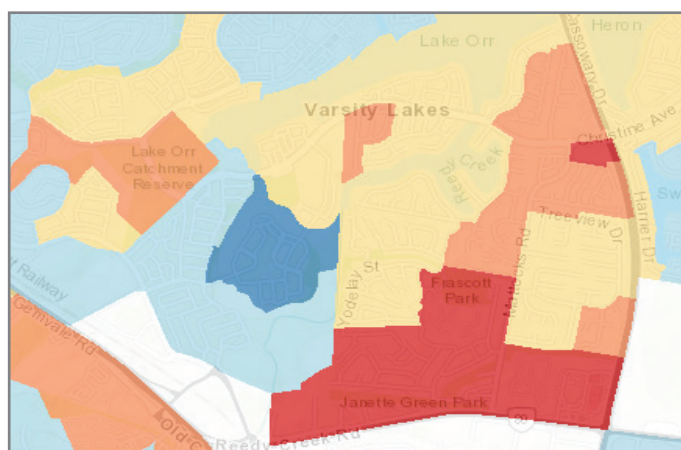
Source: Australian Bureau of Statistics, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

The Queenslanders 2018 report identified:

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

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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

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 2016, the median total person income was $34,580 per year, slightly above the Queensland rate of $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
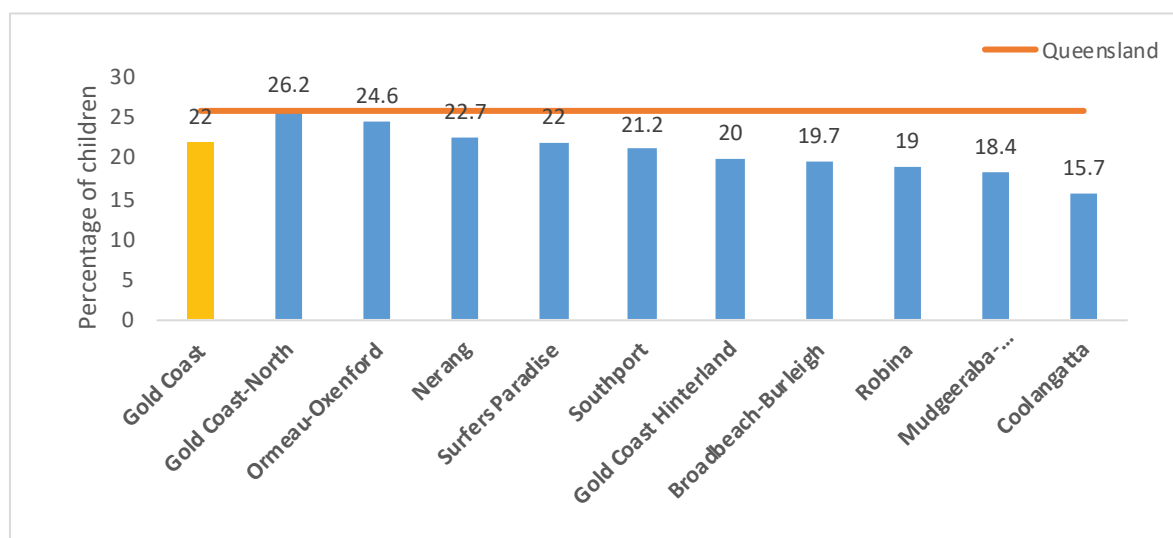
Australian Early Development Census

The foundations of adult health are laid in early childhood[8]. 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.

In the GCPHN region in 2018, 22 per cent of children were developmentally vulnerable in one or more domains which was below the Queensland rate of 25.9 per cent. The social competence domain had the largest percentage of developmentally vulnerable children (10.3 per cent). Ormeau-Oxenford had the largest percentage of developmentally vulnerable children in two or more domains (13.4 per cent) as well as having the highest number of children assessed in the GCPHN region (2,234) [9].

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

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

Highest level of schooling

In 2016, there were 275,242 people in the GCPHN region (61.3 per cent) whose highest level of schooling was year 11 or 12. Within the GCPHN region, Robina had the largest percentage of population whose highest level of schooling was year 11 or 12 (66.1 per cent). 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 per cent.

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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. doi:10.108 0/17441692.2010.514617
9   *Australian Early Development Census, 2018*

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. 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 per cent) had a non-school qualification, slightly above the Queensland rate of 59.1 per cent. Within the region, Gold Coast Hinterland had the largest percentage of persons with a non-school qualification (65.6 per cent) while Gold Coast-North and Nerang had the smallest percentage on the Gold Coast (58.9 per cent) 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

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10   Canadian Council on Learning. State of Learning in Canada: Toward a Learning Future. .

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 per cent of people with disabilities report poor or fair health, compared with 5 per cent 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 GCPHN region's rate (4.9 per cent) was below the Queensland rate (5.2 per cent) in 2016 for people with a disability who require assistance. Three SA3s within the GCPHN region were above the Queensland rate while Surfers Paradise had the lowest rate (3.6 per cent).

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 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].

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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

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

The National Disability Insurance Scheme (NDIS) is for 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 5,848 in December 2019 to 8,552 in December 2020, an increase of 46 per cent. Ormeau – Oxenford SA3 region had the highest participant count as of December 2020 with 2,494 followed by Nerang with 1,047, Table 6 shows all Gold Coast SA3 regions participant count as of December 2020.

Table 6. Participants by Statistical Area 3, December 2020

SA3	Participant count
Ormeau - Oxenford	2494
Nerang	1047
Gold Coast - North	997
Southport	922
Robina	691
Coolangatta	672
Broadbeach - Burleigh	612
Mudgeeraba - Tallebudgera	511
Surfers Paradise	338
Gold Coast Hinterland	268

Source. Participants by Statistical Area 3

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]. 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 affect this as a language barrier could 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, 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. This data set is a component of the minimum data set.

In 2016, 160,338 or 28.1 per cent of the GCPHN region's population was born overseas which was above the Queensland rate of 21.6 per cent. At an SA3 level within the region, Ormeau-Oxenford 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 per cent.

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 in the GCPHN region was 2,742 in 2019 and increase from 2,165 in 2018, a relative increase of 27 per cent [19].

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

- 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 as Gold Coast for their first locational preference, 2019
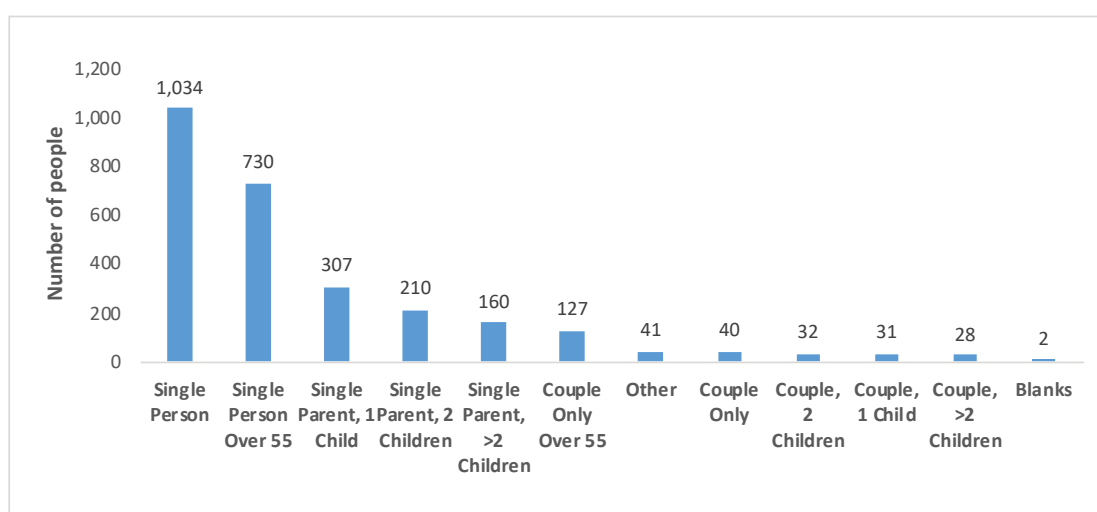
Source: Queensland Government Open Data Portal, Social Housing Register

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

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 per cent of income distribution spend more than 30 per cent 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 healthcare).

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

Figure 5. Percentage of low-income households under financial stress from mortgage or rent, Queensland, Gold Coast including SA3 regions, 2016
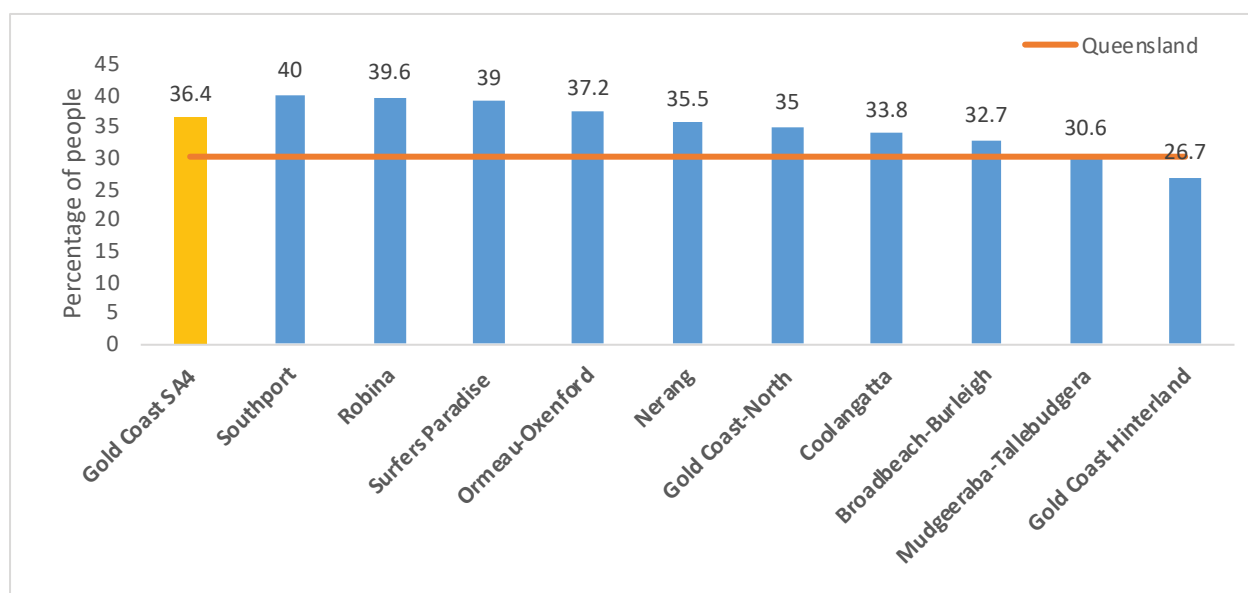
Source: Public Health Information Development Unit (PHIDU).

Unemployment

A study analysed participants behavioural risk factors and identified unemployed individuals had poorer perceived mental health profiles, were more likely to delay 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 per cent), slightly below the Queensland rate (6.2 per cent). Within the region, Gold Coast-North had the highest unemployment rate of 8.3 per cent while Mudgeeraba-Tallebudgera had the lowest unemployment rate (4.2 per cent).

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

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. doi:10.5402/2012/483432

Table 8. 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. 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 and 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 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 employment[23].

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

22 Frasquilho, D., de Matos, M.G., Marques, A. et al. 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 (2016). https://doi.org/10.1007/s10578-015-0610-7

23   Hope, S., Pearce, A., Whitehead, M., & Law, C. (2014, October). Family employment and child socioemotional behaviour: longitudinal findings from the UK Millennium Cohort Study.

Table 9. 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		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 SA3s within the GCPHN region with the lowest socio-economic indexes in the region. 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, 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		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 11. 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		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 12. Families with children with no parent employed Queensland, Gold Coast, Surfers Paradise SA3 including Surfers Paradise SA2 regions

	One-parent family with parent not employed	Couple family with both parents not employed	Total families with no parent employed	
	Number		Number	%
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]. 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.

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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.

Figure 6. Total number of reported offences per 100,000 people, Queensland, Gold Coast including SA3 regions, 2018-2019
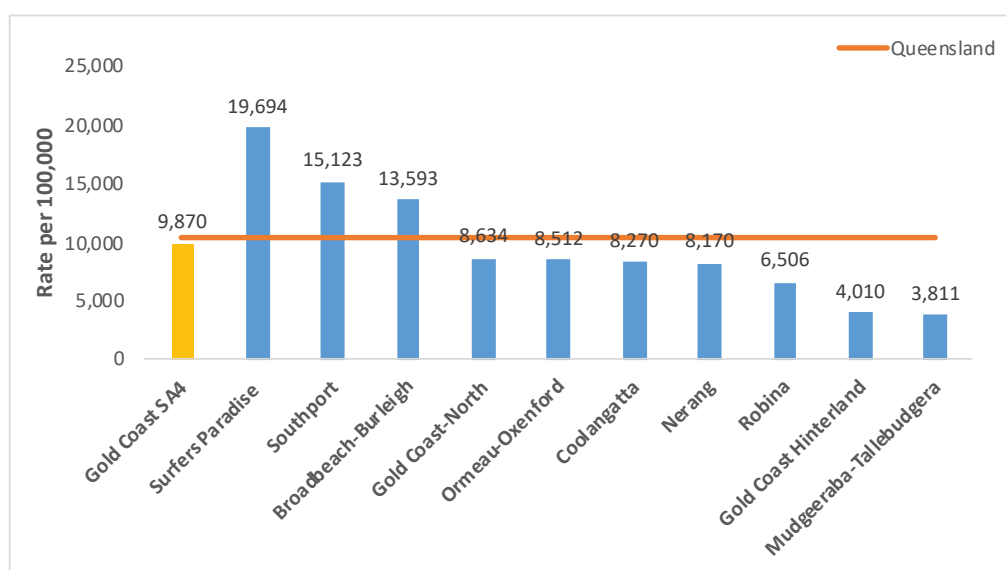
Source: Queensland Police Service. Data is based on the location in which the offence occurred

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

Table 13. 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

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

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 general practitioners (GPs) that are available after-hours [26].

The GCPHN region is generally well serviced with 818 GPs across 206 general practices as of 26 March 2021.

Table 14. Number of general practices within the Gold Coast PHN region that had one or more GPs in each general practice as of 26 March 2021

GCPHN SA3 regions	Number of general practices	Number of general practitioners	Average number of general practitioners per general practice
Broadbeach-Burleigh	28	151	5.4
Coolangatta	21	87	4.1
Gold Coast-North	22	89	4.0
Gold Coast Hinterland	6	27	4.5
Mudgeeraba-Tallebudgera	7	25	3.6
Nerang	17	77	4.5
Ormeau-Oxenford	40	183	4.6
Robina	20	97	4.9
Southport	25	122	4.9
Surfers Paradise	20	70	3.5

Source: GCPHN CRM Tool

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

Figure 7. Average number of GP attendances per person, age-standardised, National, Gold Coast including SA3 regions, 2016-2017. This data set is a component of the minimum data set.


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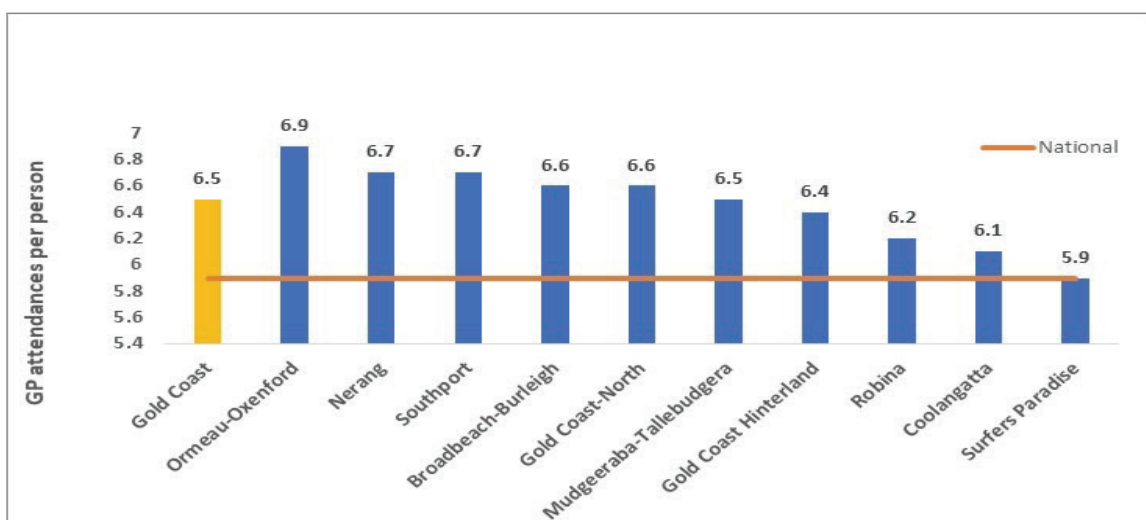
26   Langheim, F. J. (2014). Poor Access to Health Care as a Social Determinant of Mental Health. Psychiatric Annals, 44(1), 52-57. doi:10.3928/00485713-20140108-09

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
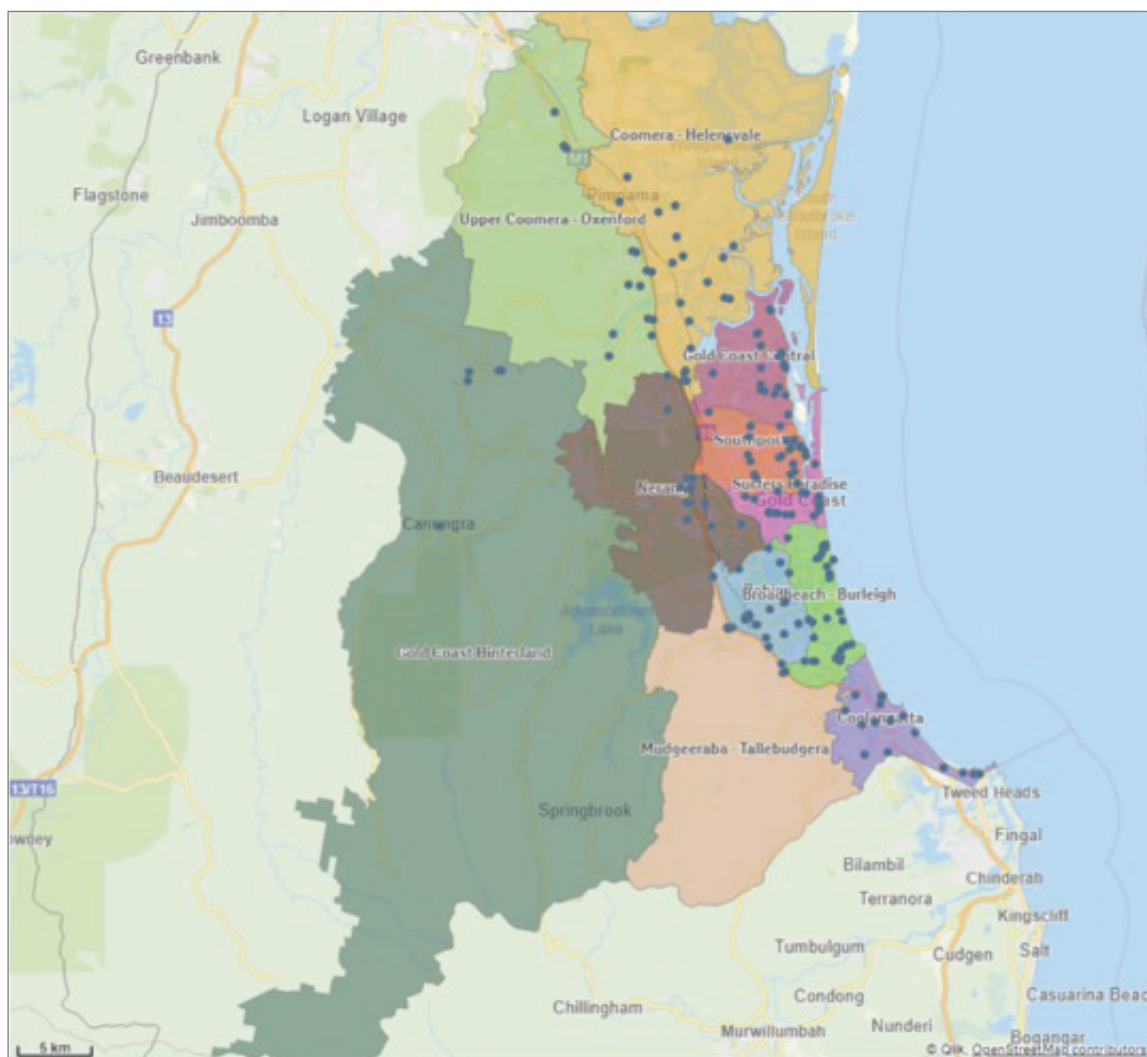
Emergency Departments

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, which comprised 30 per cent 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). Public hospitals in the GCPHN region 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 2017-2018 compared to national rate of 117.0)[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 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 per cent 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]
- 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, 63.3 per cent of residents in the GCPHN region aged 18 and over undertook sufficient physical activity while 8.1 per cent 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, 2018
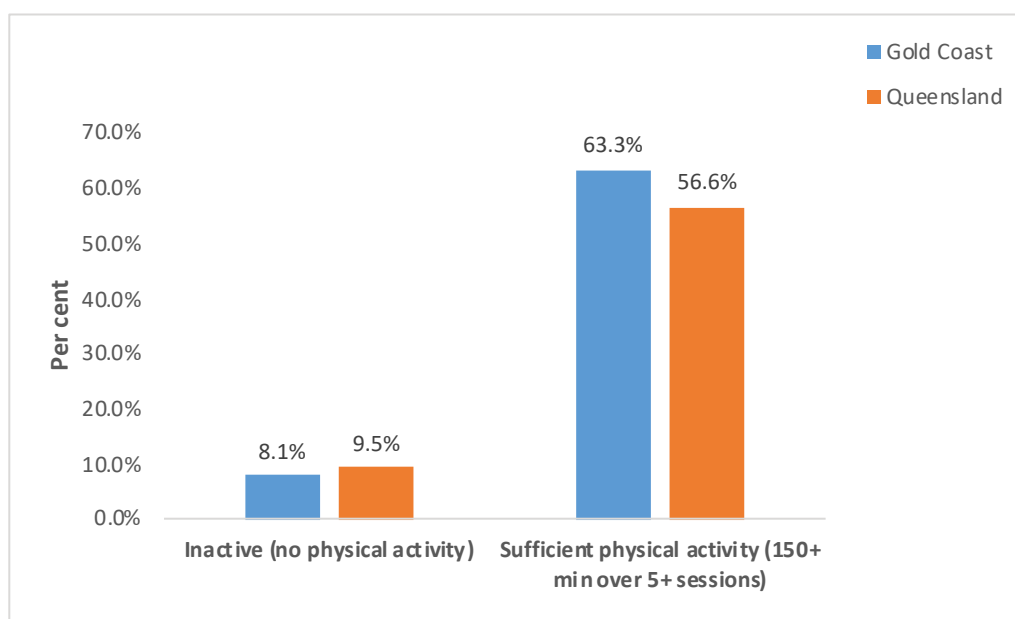
Source: Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018. This data set is a component of the minimum data set.

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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.*

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 per cent of residents of the GCPHN region met the guidelines for recommended daily serves of fruit (two or more serves) while 9.6 per cent of residents met the guidelines for serves of 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, 2018
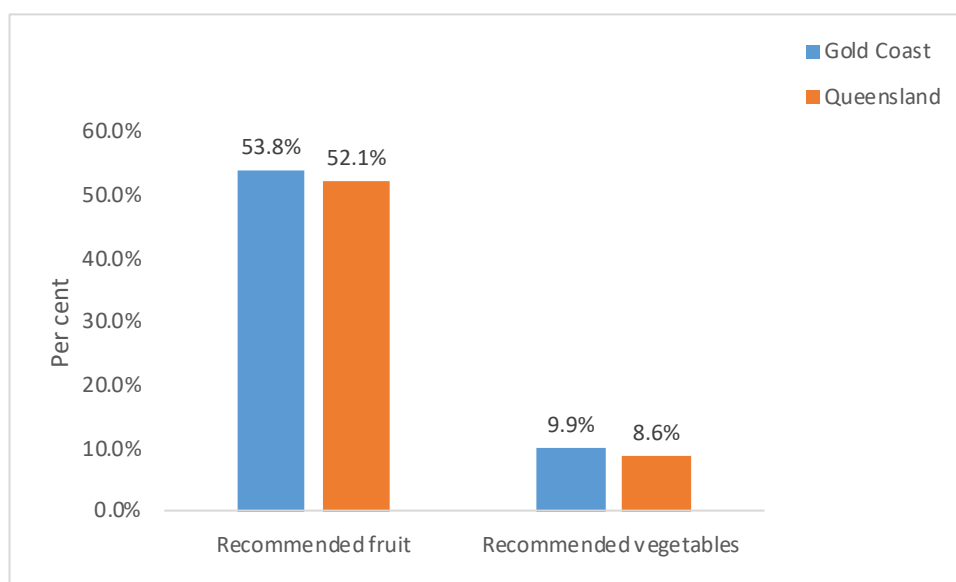
Source: Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018. This data set is a component of the minimum data set. This data set is a component of the minimum data set.

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 per cent of the burden due to alcohol use disorders
- 40 per cent of the burden due to liver cancer
- 28 per cent of the burden due to road traffic injuries
- 14 per cent of the burden due to suicide and self-inflicted injuries[34]

Lifetime risk of drinking alcohol is consumption of an average of > two standard drinks per day. During 2017-2018 in the GCPHN region 17.9 per cent of people's alcohol consumption was defined as lifetime risk, this was above the national rate of 16 per cent 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 per cent of the total burden of disease and injury. Estimates for the burden of disease attributable to tobacco use showed that cancers accounted for 43 per cent of this burden[36].

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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.
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

Data collected through the National Health Survey 2017-2018 suggested that 16.7 per cent of the population in the GCPHN region (age-standardised) aged under 18 were current daily smokers which was above the national rate of 14 per cent [37].

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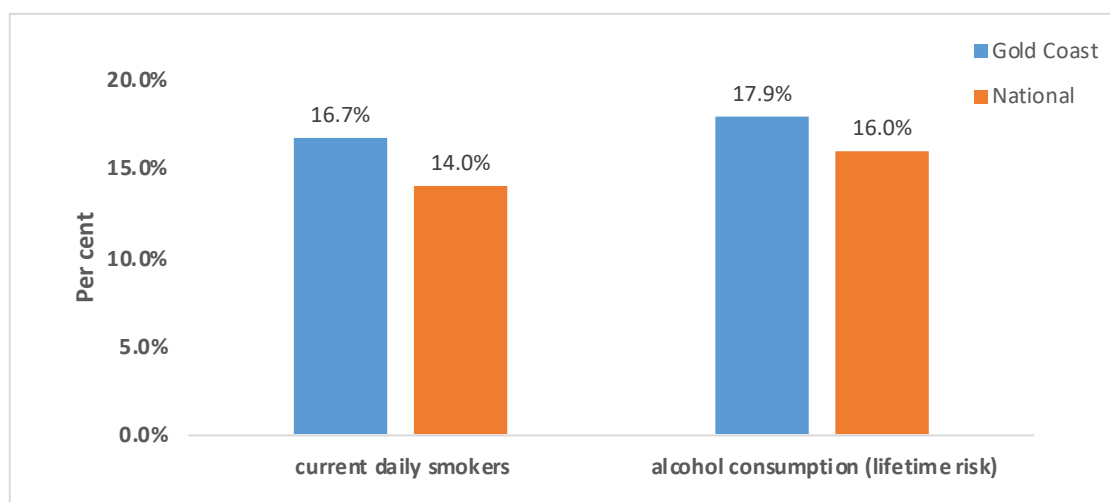
Source. ABS 2019. Microdata: National Health Survey, 2017–18. ABS cat no. 4324.0.55.001. Canberra: ABS. Customised data report. This data set is a component of the minimum data set.

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.

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

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 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, whilst Ormeau-Oxenford SA3 region had a limited number of fitness equipment with a fast-growing population.

Figure 12. Fitness equipment on the Gold Coast, 2020
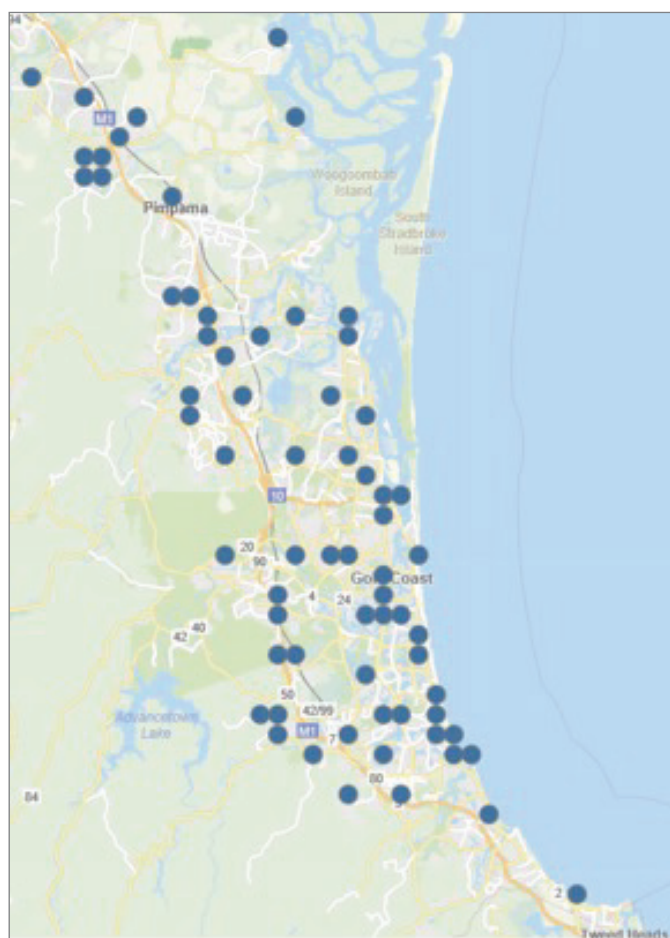
Source: City of Gold Coast Open Data, Fitness Stations, February 2020

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*

Water fountains

Access to water fountains can promote the uptake of physical activity. The City of Gold Coast has supplied over 500 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, 2020
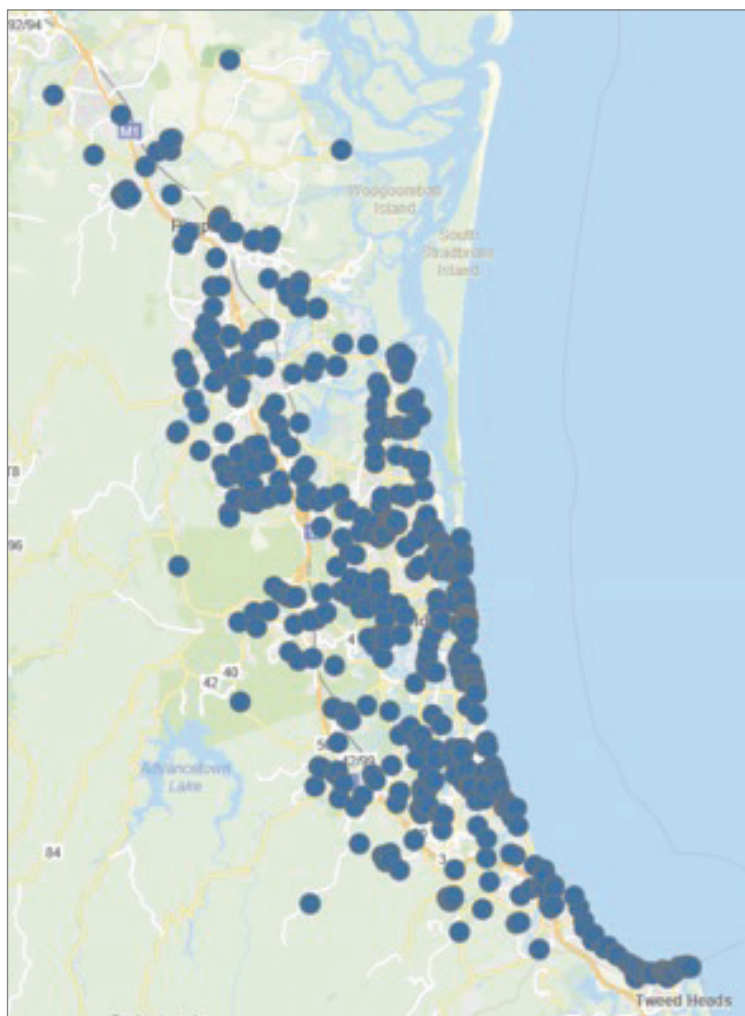
City of Gold Coast Open Data, Water Fountains, February 2020

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?

- 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 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.
- 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

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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.