

# Gippsland PHN Priorities

2025-28



## The Gippsland PHN Health Needs Assessment was revised during 2024.

This included an analysis of the latest data and information.

We heard from people in Gippsland via survey, interviews, workshops and an advisory panel to help us identify priority areas.

We will now work with our partners towards our vision of a measurably healthier Gippsland.



**Access more information and access the full Health Needs Assessment 2025-28 here**

or email [tellgippslandphn@gphn.org.au](mailto:tellgippslandphn@gphn.org.au)

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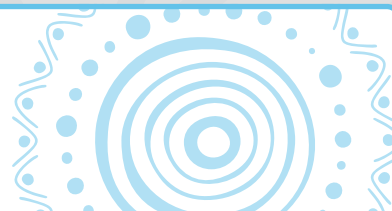
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Priorities highlighted in **blue** represent Australian Government priorities for Primary Health Networks and the Primary Health Network Program.

Priorities highlighted in **orange** represent locally identified priorities specific to Gippsland Primary Health Network.

# Aboriginal and/or Torres Strait Islander Health and Wellbeing

**“Aboriginal health”** means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.” - National Aboriginal Community Controlled Health Organisation (NACCHO)



## Gippsland health insights



There are 5,819 Aboriginal and/or Torres Strait Islander peoples living in Gippsland (ABS 2021), across East Gippsland (29%), Latrobe (29%), Wellington (16%), and Baw Baw, Bass Coast and South Gippsland (27%).



Aboriginal and/or Torres Strait Islander Health Checks were recieved by 14.1% of the population in 2023.



In 2023-2024, 24.7% of Aboriginal and/or Torres Strait Islander patients with activity in a general practice in Gippsland had an active mental health diagnosis.



Chronic conditions comprised up to 59% of potentially preventable hospitalisations in 2017-2018 to 2020-2021, with diabetes being the leading condition.



There are five Aboriginal Community-Controlled Organisations (ACCOS) which deliver health and social care services in six locations across Gippsland.

## Gippsland PHN will prioritise activities which support:



- Community-led and owned services and supports for Aboriginal and/or Torres Strait Islander peoples, based on self-determination and data sovereignty.
- Improved access to holistic and trauma informed care for Aboriginal and/or Torres Strait Islander peoples across the Gippsland region.
- Improved support and coordination for Aboriginal and/or Torres Strait Islander peoples accessing mainstream services.
- Improved access to care for Aboriginal and/or Torres Strait Islander children.
- Increased culturally safe practices.
- Improved data quality, including about cultural identification.
- Increased Aboriginal and/or Torres Strait Islander Health Checks and follow up services.
- Increased childhood immunisation rates to meet the 95% target.

## Community voices

*“I am respected for who I am and for the cultural values I bring with me.”*

*“I want a safe place to go where I’m not judged.”*

*“I want to see and use First Peoples health and wellbeing services.”*



**Healthy ageing**, also termed positive ageing, is where persons 65+ years are supported to maintain their health and independence with various levels of care required to achieve this. Empowering the ageing community to plan for this stage of life to enable some control over decision making is important. Activities to support positive and healthy ageing include engaging in preventative healthcare, maintaining adequate levels of physical activity and exercise, consuming a healthy diet, caring for mental health needs, engaging with social networks, whilst managing any chronic health issues. Over time ageing needs can change from independence to requiring the involvement of a variety of supportive care environments to assist.



## Gippsland health insights



Gippsland has a higher proportion of residents aged 65 years or older (24.8%), compared to Victoria (16.8%) and Australia (16.2%).



Bass Coast and East Gippsland have a notably high prevalence of people living with Dementia



Approximately 66% of Gippsland residents receive the aged care pension.



The age-standardised rate of deaths from accidental falls in Gippsland was 15.4 per 100,000 population, significantly higher than the Australia average of 8.3 per 100,000 people.



Gippsland has 53 residential aged care homes and one multi-purpose service including residential.



The growing demand for workers coupled with constraints on workforce availability is resulting in strong competition for workers and occupational shortages across many industries, including aged care.



These impacts are more acute in regional areas like Gippsland and industries that have historically relied heavily on migrants to meet demand.

## Gippsland PHN will prioritise activities which support:



- Improved support for people living with dementia, their family and carers.
- Improved access to services and supports promoting healthy ageing.
- Improved communication between clinicians, consumers and carers about treatment choices, including palliative care.
- Improved care coordination, including addressing elder abuse and alcohol and other drug misuse.
- Improved social support for older people.
- Reduced avoidable deaths and hospital activity due to falls.
- Increased access to GP services in aged care.

## Community voices

*"I can work out how the health system works and how to get the health care I need."*

*"I want to be heard and respected."*

*"I want to be able to access a doctor with knowledge of working with dementia."*

*"I would like to receive care and die in my community and not have to move away."*





**Alcohol and other drugs (AOD)** include both legal and illicit substances that can cause damage to a person's health through misuse and dependency issues. Alcohol, tobacco, and illicit drug use is a leading cause of preventable disease in Australia and is associated with a range of issues that can also impact an individual's financial and personal relationships.



## Gippsland health insights



Over 65% of adults in Gippsland are estimated to consume alcohol at risky levels (Victoria 60%).



There is an ongoing lack of local rehabilitation and detoxification services (both community and residential), and often there is a need to travel to access care, especially from East Gippsland.



65% of people with an AOD diagnosis also had a mental health diagnosis in GP data.



Ambulance attendance rates related to alcohol and other drugs remained high, with alcohol intoxication being the most common; East Gippsland, Latrobe and Wellington recorded rates among the top 25% of Victorian LGAs (2022-23).



The alcohol related death rate remains higher across most Gippsland LGAs compared to the rest of Victoria. Latrobe, East Gippsland and Bass Coast were among the top 25% of LGAs in Victoria for these deaths in 2021.



Stigma amongst health providers is reported as a barrier to seeking help for drug, alcohol, and gambling issues.

## Gippsland PHN will prioritise activities which support:



- Improved health professional knowledge and understanding about dual diagnosis of AOD misuse and mental health conditions
- Improved experience for people accessing help anywhere in the system.
- Improved access to services and supports for young people, Aboriginal and/or Torres Strait Islander peoples and males.
- Improved care planning and access to a multidisciplinary team.
- Improved community support and reduced stigma.
- Reduced alcohol and other drug related deaths.

## Community voices

*"I want services when I need them and not when a vacancy comes up."*

*"I am able to access withdrawal, counselling and rehab services when I am ready to make a change."*

*"I want local supports available for AOD without negativity and stigma."*



# Mental Health and Wellbeing, Including Suicide Prevention

**Mental health affects how we think, feel and act** and impacts our everyday activities and quality of life. The World Health Organisation (WHO) state mental health “...is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.” The mental health continuum acknowledges that an individual's mental health may change over time.



## Gippsland health insights



Approximately 20.3% of people in Gippsland reported a mental health condition in the past 12 months; the highest prevalence was 39.2% for 16–24-year-olds.



In Gippsland, 11.0% of the population had a diagnosed mental health condition, compared to 8.8% for Victoria and Australia.



East Gippsland and Wellington had some of the lowest rates for Medicare subsidised services for clinical psychology and psychiatry in Australia.



Gippsland PHN had the seventh highest mental health prescribing rate of PHN regions in 2022–23 and there was an increase from 204 prescriptions per population in 2017–18 to 227 in 2022–23. An increase was seen in both males and females.



East Gippsland had the highest suicide rate in Victoria in 2018–2022 and there has been an increase in suicide rates for both males and females in Gippsland.

## Gippsland PHN will prioritise activities which support:



- Improved experiences for consumers seeking continued support for their mental health across the mental health system.
- Improved access to mental health workforce, including psychology and psychiatry.
- Improved access to mental health services and supports for children and young people.
- More connected communities supporting mental wellbeing, especially for children and young people.
- Improved physical health for people with an ongoing mental health condition.
- Improved access to support for eating disorders and perinatal mental health.
- Reduced rate of people reporting high or very high psychological distress for all age groups.
- Reduced suicide rates.
- Reduced intentional self-harm hospital activity (admitted and emergency department).

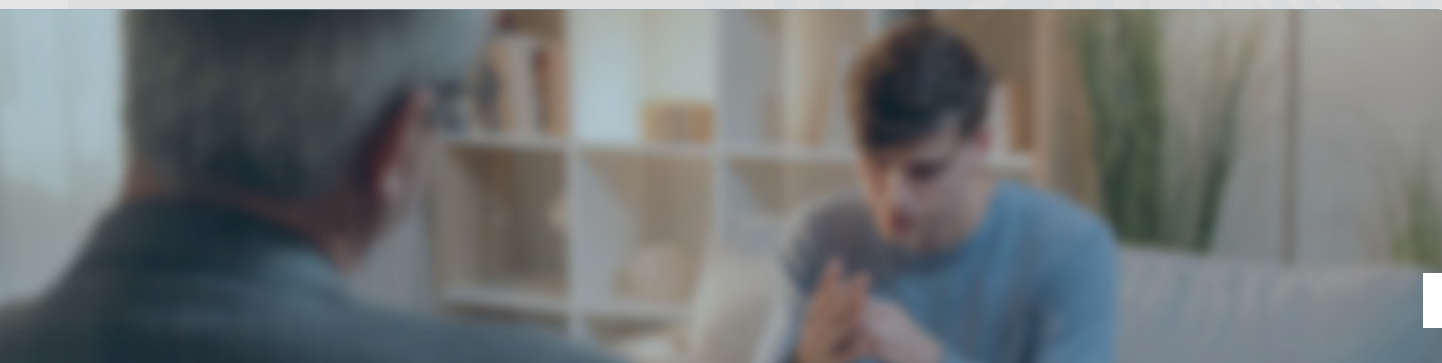
## Community voices

*“I want all health professionals trained to provide suicide intervention.”*

*“I want better access to mental health services for people in need – not only in a crisis situation.”*

*“I want mental health screening included in my health care.”*

*“I want to be the navigator of my recovery journey.”*



**The health workforce** includes a wide range of support staff and professionals who work to provide healthcare services to the Australian population. Many, but not all, health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA), however essential support staff working in the health services are not required to be registered. All contribute to the health of Australians. The current list of AHPRA registered health professions includes Aboriginal and Torres Strait Islander health practitioners, chiropractors, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopaths, paramedics, pharmacists, physiotherapists, podiatrists, psychologists, oral health therapists, dental hygienists, dental therapists, dental prosthetists, dentists, nurses, midwives, and medical practitioners.

## Gippsland health insights



There are 98 general practices, six Aboriginal Community Controlled Organisations, 12 public hospitals, three private hospitals, 53 Residential Aged Care Homes, six bush nursing centres, two Urgent Care Clinics and 296 private and community allied health clinics in Gippsland.



There were 360 general practitioners (GPs) Full-time Equivalent (FTE) in 2023.



There are 118 GP FTE per 100,000 people, similar to the Victorian average of 116 FTE; however, there is an uneven distribution ranging from 227 FTE per 100,000 people in Neerim South, to 67 FTE per 100,000 people in Omeo.



All of Gippsland has a need for additional health workforce; the highest GP workforce needs were identified in Omeo and Orbost.

## Gippsland PHN will prioritise activities which support:



- Minimising wait times to access primary care.
- Improving access to timely and appropriate referrals.
- Improving provider experience.
- Improving ability to attract and retain local health professionals.
- Delivery of capacity building activities to the primary health workforce that support new models of care that leverage scope of practice, integrated care models and new ways of working in line with policy settings.
- Locally appropriate implementation of health reform opportunities to address workforce gaps and issues, including support for multidisciplinary teams and allied health.
- Increasing capacity and capability of peer workforce and volunteers.
- Increasing availability of field work placements and supported graduate programs.
- Increasing workforce per population for GPs, primary and community nursing and allied health professionals.

## Community voices

*"I want increased health workforce to meet demand."*

*"I want effective incentives that bring needed professionals to my district."*

*"I want community to understand we are working hard to achieve what we can with the limitations and capacity we do have. It will not be perfect but we are trying."*



**Connected care** is a model of healthcare that embraces technology to integrate different parts of the healthcare system. It connects healthcare professionals, patients and data by leveraging tools such as electronic health records (EHRs), telehealth, and wearable devices. Connected care enables a patient-centred approach to healthcare, granting greater access, improved information sharing, and more precise and effective treatment. This model enhances patient engagement, giving individuals more access and control over their health information, and fosters communication with their care team. Connected care improves healthcare quality, efficiency, and health outcomes, especially for those with chronic or complex conditions requiring ongoing management across different healthcare services.



## Gippsland health insights



Australian Digital Inclusion Index scores are increasing for all Gippsland local government areas but remain some of the lowest in the country.



Infrastructure remains a barrier for Gippsland, with issues such as fixed broadband quality and poor mobile coverage.

A range of digital tools are in use in Gippsland and their use is growing:



- In July 2024, there were 268 organisations in Gippsland using My Health Record, an increase of 32% from July 2022.
- In 2023-24, there were 2,732,640 regular uploads to My Health Record, an 18% increase from 2022-23.



According to Gippsland PHN practice data, only 32% of active patients with chronic kidney disease (CKD) diagnosis had a shared health summary, compared to 13% of patients with an alcohol and other drug diagnosis.



Many community members see telehealth as the main form of connected care.

## Gippsland PHN will prioritise activities which support:



- Increased confidence among providers and users to harness digital solutions to streamline services.
- Increased evaluation of services based on patient reported outcomes to drive improvement.
- Increased availability of telehealth to access general practice and specialist services.
- Improved care coordination and continuity of care for complex issues.
- Increased secure sharing of health information across providers.
- Increased digital inclusion for individuals, communities and health services.

## Community voices

*"I want to be offered telehealth options where services aren't available locally."*

*"I want communities to be supported to have greater access to digital health services through digital literacy, promotion of and supports in place."*

*"I want all of my records kept accurately, updated, using My Health Record."*

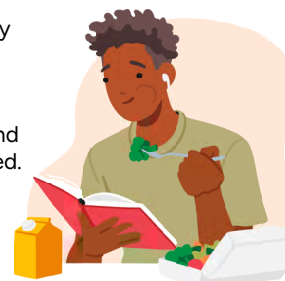




# Growing Up Healthy (0-25 years)

This priority refers to the **health and wellbeing of people aged 0 to 25 years**. Data in this priority is occasionally split into children and young people, as these groups can have different health needs. There are different definitions of children and young people, but in this report, children are described as aged 0 to 11 years, and young people as aged 12 to 25 years, to align with the Australian Institute of Health and Welfare definition. In some cases, datasets that split children and young people in this way have not been available, so other groupings of age ranges have been used.

The foundations for good health start early in life, and development of positive health-related behaviours can impact health and wellbeing in later life.



## Gippsland health insights



Children aged 0-11 make up 14.4% and young people aged 12-25 make up 14.5% of the Gippsland population.



Approximately 15% of children aged under 16 years live in low-income families in Gippsland.



Childhood vaccination in Gippsland has decreased between 2018-19 and 2023-24.



In 2023-24, there were 1,419 clients accessing headspace services (up from 1,153 in 2022-23).



There were 3,418 admissions for newborns and other neonates in Gippsland in 2023-24, up from 3,227 in 2019-20.



There was a total of 20,589 Emergency Department presentations for people aged 0-14 years in 2023-24. A total of 13,352 people aged 15-24 years presented to the Emergency Department in 2023-24.

## Gippsland PHN will prioritise activities which support:



- Improved identification and support for vulnerable children/families to access affordable and holistic support services.
- Improved health service capacity and capability to intervene early and reduce and prevent further harm.
- Improved access and coordination of specialist services and supports for children.
- Improved access to paediatricians and paediatric-specialised allied health professionals.
- Increased access to affordable child and adolescent mental health services that meet population needs.
- Increased access to appropriate care and connections for vulnerable young people.
- Improved support for the perinatal period.
- Increase childhood immunisation rates to meet the 95% target, including for Aboriginal and/or Torres Strait Islander children.
- Reduce the proportion of children who are developmentally vulnerable when they start school.

## Community voices

*"I don't want my children's access to health services to be compromised because of where we live."*

*"I want to see all children commencing school with no vulnerabilities."*

*"I want health professionals to take me seriously, even though I'm young."*

*"I want to understand the health system better, so I can start to navigate it as a young adult."*



**Chronic conditions**, also referred to as chronic diseases or non-communicable diseases, refer to long-term health conditions that can have significant individual and societal-level consequences. Multimorbidity refers to the presence of two or more chronic conditions in a person at the same time. Chronic conditions can reduce a person's quality of life and may result in disability and even premature death.

Chronic condition prevention and management is complex, with biological, environmental and social determinants of health impacting an individual's likelihood of developing and successfully managing a chronic condition. Chronic conditions are a particular public health concern due to the fiscal impact on Australia's healthcare system.



## Gippsland health insights



In Gippsland, the top five chronic condition-related hospital admissions were for diabetes & obesity, cardiovascular disease & stroke, chronic obstructive pulmonary disease, chronic kidney disease and back problems.



Across Gippsland, 65.2% of all active general practice patients have one or more chronic condition diagnosis and the most common chronic conditions among general practice patients are cardiovascular disease, mental health, and musculoskeletal conditions.



Four out of six Gippsland LGAs have larger proportions of the population categorised as overweight and/or obese compared to the Australian average.



Gippsland has the second lowest uptake of GP Management Plan items and Team Care Arrangement service use compared to all PHN regions nationally, as per age-standardised rates.

## Gippsland PHN will prioritise activities which support:



- Improved early detection and intervention for chronic conditions and risk factors.
- Increased use of multidisciplinary care for improved patient outcomes.
- Improved care coordination, especially for complex presentations, including better linkage between primary, secondary and tertiary care.
- Increased use of chronic conditions management Medicare Benefits Schedule items that support patients.
- Reduced Potentially Preventable Hospitalisations due to chronic conditions, particularly iron deficiency anaemia, diabetes complications, congestive cardiac failure and chronic obstructive pulmonary disease (COPD).
- Reduced avoidable deaths due to cancer, cardiovascular disease, diabetes and COPD.

## Community voices

*"As a chronic disease patient – I don't want to tell my story more than once."*

*"I want to have preventive health advice as an important part of my holistic care."*

*"I do not want to be judged when I seek treatment for my chronic conditions and chronic pain."*

*"I want comprehensive care for chronic disease."*



**Family violence** refers to violence that happens within family relationships, including between parents and children, siblings, intimate partners, or kin. These family relationships may also involve carers, foster carers, and co-residents, such as those in group homes or boarding residences.

Domestic violence is a specific form of family violence that occurs between current or former intimate partners and is often called intimate partner violence. Another example of family violence is elder abuse, committed by adult children against their parents who have age-related dependencies.



## Gippsland health insights



In the year ending March 2024, East Gippsland had the highest rate of family violence incidents in Victoria, followed by Latrobe with the second highest rate in the state.



Family violence has a significant impact on health and wellbeing, including physical, mental and financial and economic wellbeing.



Family violence has a significant impact on children and young people.



Primary healthcare services, such as general practice, have a key role in responding to family violence. An estimated 20% of women who experience intimate partner violence asked a GP or other health professional for support.



In 2022-23, the Crime Statistics Agency recorded that the Women and Children's Family Violence services had 611 cases in Inner Gippsland, and 353 in Outer Gippsland.



In 2022-23, the Crime Statistics Agency recorded 468 Family Violence Perpetrator Interventions cases in Inner Gippsland, and 155 in Outer Gippsland. This includes men's behaviour change programs and perpetrator case management.

## Gippsland PHN will prioritise activities which support:



- Increased awareness of the types of family, domestic and sexual violence and their impact on health.
- Increased access to appropriate services and support for all who experience family violence regardless of age or gender.
- Increased capacity in primary health care to identify and address family violence.
- Improved collaboration across the broader service system including mental health, housing, alcohol and other drugs and social supports.

## Community voices

*"I want to see greater investment to prevent family violence."*

*"I would like greater awareness of local supports available for domestic violence."*

*"I would like local supports for men's health without negativity and stigma."*

*"I don't want to tell my story more than once – it's traumatising and makes you feel worse."*



# Access to Primary Healthcare for Marginalised Communities

**"Marginalisation refers to the inequality certain individuals face in society due to power imbalances built into our systems"** - Diversity Council of Australia

**Intersectionality** refers to different aspects of a person's identity that can expose them to overlapping forms of discrimination and marginalisation.



## Gippsland health insights



Centring the voices of people with lived experiences of marginalisation ensures a more comprehensive understanding of systemic barriers.



Gippsland had the second highest proportion of people (7.8%) with a severe or profound disability of all PHN regions nationally (6.0%).



In 2021, 67% of LGBTIQ+ respondents had concerns or serious concerns for their mental health in a 2023 survey.



In 2022-23, 7,278 people in Gippsland used specialist homelessness services. This is more than double the national average per 1,000 people.



12.4% of the Gippsland population was born overseas (30.0% in Victoria).

## Gippsland PHN will prioritise activities which support:



- Increased access to appropriate care for population groups with poorer health outcomes and poor access to healthcare, including for people living with an experience of Homelessness, Disability, Multicultural backgrounds, Poverty, LGBTIQ+ or Contact with the justice system.
- Increased opportunities for people to get meaningful connections in the community.
- Improved access to data relevant for health planning for marginalised communities.
- Increased health equity for individuals and population groups across Gippsland.

## Community voices

***"I want to feel welcomed, included and a sense of belonging regardless of age, race, sex, gender, physical appearance etc."***

***"I want my health professional to connect with me."***

***"I want to be screened as a PERSON."***

***"I want to be able to afford to look after my health. I want services people can just walk into without needing to pay."***

***"I want access to LGBTIQ+ specific services."***

***"I want migrants having GP sessions with an interpreter."***

