

Table 4 – Comprehensive Needs Assessment Reporting Table

| Issue/ Need | Brief Description | Population Group | Summary of Key Evidence | Links to Table 6 Priorities | |
|---|---|--------------------------------------|--|-----------------------------|--|
| <p>Access to Allied Health in Rural and Remote areas</p> | <p>Lack of access and availability of allied health services in rural and remote areas.</p> | <p>Rural and remote communities.</p> | <ul style="list-style-type: none"> • Barwon Medicare Local has focussed on identifying the Allied Health workforce and the capacity of people across the region to access Allied Health services that support good health. There are a total of 901 Allied Health Professionals working in the Barwon Medicare Local region. • Clear workforce gaps have been identified that significantly impact the rural areas of the catchment Colac Otway, Surf Coast, Golden Plains and to a lesser extent Bellarine have been identified in service mapping. • The community Consultation Focus Groups held in Lavers Hill, Ferguson, Forest, Wye River and Apollo Bay and the Bellarine Peninsula identified not having access to Allied Health services as impacting on their health and wellbeing. • This reflects the information obtained in the Barwon Medicare Locals Consumer Health Survey conducted across the catchment between January and March 2013 and in the community consultation grants process in January to February 2014 and in the Winchelsea Health and Wellbeing Project, survey in February 2014. • Accessing transport to get to medical appointments that are not available in the community is difficult and in some cases results in not accessing the service. Transport costs and lack of services in rural areas are the major issue identified. | <p>Yes</p> | |

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| Health Literacy | Low levels of health service system literacy in the Barwon Region | Primary Health Service providers and consumers. | <ul style="list-style-type: none"> • Health literacy was identified as a priority by the Strategic Advisory Group, early years primary care providers, community service providers and Clinicians Advisory Group • In addition, it was identified in each of the Community Consultations. Both concepts of health literacy were identified as being gaps, 'Individual Health Literacy' and the 'Health Literacy Environment'. •Service providers generally identified 'Individual Health Literacy' <p>Consumers participating in the Community Consultations particularly those conducted by the MS Society and Diversitat identified that the 'Health Literacy Environment' was what impacted their access to services and information to better manage their own health.</p> <ul style="list-style-type: none"> •37% of respondents in the Barwon Medicare Local community survey identified Doctors as the source that they go to for health information, 23% the internet, 19 % the Pharmacy and 12% family and friends. | Yes | |

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| Diabetes | High rates of diabetes in the Barwon Region | 25 years onwards | <ul style="list-style-type: none"> • Diabetes is an ambulatory care sensitive condition (ACSC). Diabetes complications was the top reason for admissions and the top condition for the highest total number of bed days in 2012-13 of all of the Ambulatory Care Sensitive Conditions. • In 2012-13, diabetes complications represented 42% of all ACSC hospital admissions, diabetes complications represented 54% of overall bed days, which is a significant increase in total bed days (31,218) in total compared to 17,662 in 2011-12. • For total admissions to hospital for diabetes complications, there has an increase from 1953 admissions in 2011-12 to 5002 admissions in 2012-13. • The highest rate of type 2 diabetes is in the Golden Plains Shire (5.6%), followed by the City of Greater Geelong (4.8%). Both these LGA's are above or equal to the Victorian average (4.8%). • Diabetes management also came up as a suggested topic at the Barwon Medicare Local GP refresher weekend. • Diabetes was identified as a high priority in the CNA stakeholder forums as was the need for a systems development approach across primary care. | Yes | |

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| Chronic Obstructive Pulmonary Disease | High rates of COPD in the Barwon Region | Middle to older age | <ul style="list-style-type: none"> • COPD ranked third for percentage of total admissions to hospital and second for the percentage of total number of bed days in 2012-13. • In 2012-13 COPD represents 8.1% of all the hospital admissions in the Barwon Medicare Local catchment. COPD represents 10.6% of overall bed days which is a decrease from 2011-12 (12.9%). • However, there has been an increase in total number of bed days for COPD, 6801 in 2012-13, compared to 5587 in 2011-12, yet the number of admissions has remained fairly stable, 951 in 2011-12 compared to 964 in 2012-13, indicating people are staying longer in hospital for COPD related illnesses. • Barwon Medicare Local data shows that 2.47% of the Barwon Medicare Local population have COPD which ranks us ninth in prevalence and eighth per head of population in comparison to other Medicare Local's in Victoria and thirty fourth and twenty ninth respectively in Australia. • Data indicates the incidence of COPD within Barwon Medicare Local is above the national average of 100 in 10/15 statistical local areas (SLA's) with the following four areas recording an incidence rate higher than 110: Colac-Otway (117), Corio (114), Geelong (112) and Bellarine Peninsula (111). • Additionally, the most recent PHIDU data shows the incidence rate of COPD in the following SLAs having are 10% or greater; Corio (23%), South Barwon Inner (19%), Greater Geelong (14%), Bellarine (10%). • It was identified by service providers and a private health care fund at a CNA stakeholder forums as a significant issue. | Yes | |

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| Aged Care | Access to and coordination of care. | Older adults | <p>Demographic data service utilisation data including hospitalisation, Ambulatory Care Sensitive Conditions by age, after-hours visits, ambulance, emergency, and MBS data was used to identify the key issues.</p> <p>Barwon Medicare Local undertook an Aged Care Needs Assessment in 2011-2012 and have continued to build on and supplement that work over 2013-2014 in collaboration with the Aged Care Reference Group . The following are key issues that have emerged.</p> <ul style="list-style-type: none"> • Travel times and distance to RACFs • Complexity of care. • In-hours services are happening after-hours as a result of GPs being booked up consulting during the day <p>A survey of 39 out of 45 RACFs identified the following issues;</p> <p>After-hours</p> <ul style="list-style-type: none"> • Timeliness of locum service • Locum doctors reluctance around palliative care • Increasingly complex care needs • Reluctance to write prescriptions <p>Service gaps</p> <ul style="list-style-type: none"> • Allied health service gaps with the main areas being social work and dental services • Care coordination • Lack of communication between services • Access to specialists • Lack of I/T | Yes | |

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| Immunisation | Lack of accessibility of flu vaccinations for homeless populations | Homeless and those at risk of homelessness. | <ul style="list-style-type: none"> • Provision of Flu vaccinations for the Homeless was raised at the Immunisation Reference Group Meeting on 10 February 2014. The Immunisation Reference Group has representation from all of the organisations involved in providing and promoting immunisation in the Barwon Region including Local Government, Schools, General Practice and Department of Health (State). • The issue raised at the Immunisation Reference Group Meeting was of accessing influenza vaccines for homeless men who attend Christ Church. The Salvation Army, Youth Entry Point provided • 4070 individual services to the homeless or at risk of homelessness. • 370 distinct stays in accommodation (crisis, medium, and long term) were provided to clients, with a total of 2827 bed nights. • There were 1418 people that accessed the entry point door for the financial year 2012-2013 due to homelessness. | No | No |
| Alcohol and Other Drugs | High rates of alcohol and other drug use in the Barwon Region | Across all population groups | <ul style="list-style-type: none"> • Drug and Alcohol Clients per 1,000 population - The number of residents of an LGA per 1,000 population who received treatment from alcohol and drug treatment services was highest in the Colac Otway Shire (9.2) followed by the City of Greater Geelong (5.1) with both these LGA's being equal or higher than the Victorian average (5.1) (Source: Alcohol and Drug Information System, Mental Health, Drugs and Regions Division, Department of Health and Estimated Resident Population as at 30 June 2011 ABS. Currency: 2011-12). The following information has been provided by Barwon Health and supported by data. Over a 3 year period there has been an increase in client contacts within the hospital AOD service by 43%. The major areas of growth occurred in Individual Targeted Interventions, Intake and follow-up and the pharmacotherapy clinic. Actual data cannot be shown as it was provided in confidence and cannot be distributed. • headspace Alcohol and Other Drug Service client demographics and service utilisation has provided local information and contextualisation of the issue and key areas to be addressed. | Yes | |

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| Overweight/ Obesity | | Across all population groups | <ul style="list-style-type: none"> • In the Barwon Medicare Local's LGA's the percentage of persons who are overweight or obese is highest in the City of Greater Geelong (54.1%) followed by Colac Otway (50.8%) and Golden Plains Shire (49.2%). These three LGA's are above the Victorian average (48.6%). Across all LGA's there is a higher percentage of males, compared to females who are overweight or obese. • In the National Health Performance Authority data, Barwon Medicare Local is ranked third in its peer group for the percentage of adults who are overweight or obese (68%). The percentage of adults who were classified as overweight or obese ranged from 49%-79% across the 61 Medicare Locals. | Yes | |
| Sexually Transmitted Infections among young people | High rates of sexually transmitted infections in young people | Young people | <ul style="list-style-type: none"> • The Barwon Medicare Local LGA's notifications per 1,000 people with chlamydia was highest in Greater Geelong (4.0 per 1,000) followed by Surf Coast (3.5 per 1000). These LGA's both had rates above the Victorian average (3.5 per 1000) (Source Victorian Notifiable Infectious Diseases Surveillance database, Department of Health. Currency: 2011). • The rate of STI's among adolescents in Victoria has increased over the past five years, from 1.0 per 1000 adolescents in 2004-2005 to 1.7 per 1000 adolescents in 2008-2009. The most commonly notified STI was chlamydia in adolescent females (Source Department of Health, 2010, Victorian National Infectious Disease Surveillance System, unpublished, ABS). • In 2008-2009, the rate of STI's among adolescents in the Barwon South West region was 2.0 per 1000 adolescents. This rate was lower than the rate in Rural Victoria (2.4 per 1000 adolescents) and higher than the rate in Victoria (1.7 per 1000 adolescents) (Source Department of Health, 2010, Victorian National Infectious Disease Surveillance System, unpublished, ABS). • The Barwon South west region ranked 4 out of 9 regions in terms of the rate of STI's among adolescents. A rank of 1 was assigned to the region -with the highest rate of STI's among adolescents during 2008-2009. Ranks were not assigned to areas where there was less than 5 adolescents with STI's during 2008-2009 (Source Department of Health, 2010, Victorian National Infectious Disease Surveillance System, unpublished, ABS). | Yes | |

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| | | | <ul style="list-style-type: none"> • Primary care, and community development workers working with young people identified the need for improved promotion of screening for STI's to GP's and consequently the broader community. | | |
| Oral Health | High rates of poor oral health and avoidable hospital admissions | Across all population groups | <p>Dental complications- Ambulatory Care Sensitive Conditions</p> <ul style="list-style-type: none"> • Dental conditions was the second top reason for admissions and the seventh condition for the highest total number of bed days in 2012-13. • Significantly, the 2012-2013 figures demonstrate a reduction in both the number of admissions and the number of bed days utilised. This may mark the beginning of improvement in the management of dental conditions through better health promotion and intervention, or be a positive annual variation. This will need to be monitored over coming years and analysed alongside other data. • Dental conditions ranked number one for children aged 0-9 years with 28.3% of total admission being for dental conditions. • For people aged 10-24 years dental conditions accounted for 22.2% of total admissions. • For 25-59 year olds dental conditions accounted for 14.76% of total admissions, which ranked second behind diabetes (36.76%). • For 64-74 year olds dental conditions accounted for 5.99% of total admissions ranked fourth behind diabetes (57.34), COPD (10.51%) and iron deficiency (6.39%). • For those aged 75+ dental conditions only accounted for 3.02% of total admissions. • In the Barwon Medicare Local community survey, 25% of respondents reported cost had stopped them from accessing dental services in the past 12 months. In the community consultations Dental was identified as a top priority for people living in rural areas. | No | <p>Commonwealth funding for Child Dental Benefits Schedule and State funding for oral health through community dental clinics delivered in our region</p> <p>Delivered by Local Hospital Network</p> |

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| Early Years | Lack of service cohesion in the early years | Children and Families and service providers | <p>AEDI data 2009 & 2012</p> <ul style="list-style-type: none"> • Comparisons between 2009 and 2012 AEDI data show that 7 suburbs had an increase in the number of children vulnerable on two or more domains. These were; Corio (2009 16%, 2012 22%), Colac (2009 15%, 2012 16%), Whittington (2009 25%, 2012 33%), St Leonards/Indented Heads (2009 15%, 2012 23%), South Geelong/breakwater (2009 6%, 2012 25%), North Geelong/Drumcondra (2009 8%, 2012 17%), Apollo Bay/ Colac Otway South (2009 13%, 2012 15%). • Through consultation with the Paediatric Network, the Clinicians Advisory Group and a range of community service providers, it was identified that there is a lack of understanding and knowledge of service supports and pathways and lack of service cohesion, which is confusing for families and professionals alike and prevents seamless service delivery. • Identified by the Comprehensive Needs Assessment Advisory Group as a need. • GP and Practice Nurse Early Years Survey conducted by Barwon Medicare Local in December 2013 identified the need to improve understanding of the role and function of the various agencies providing services to children. | Yes | |
| After Hours | Community access to GP care in the after-hours period | Across all population groups and service providers | <ul style="list-style-type: none"> • Increased demand on services during peak holiday periods. • Lack of awareness about the availability of services • Availability of general practice services particularly in the Colac Region identified in the National Health Performance Authority Healthy Communities Report (7 March 2013, Barwon Medicare Local Community Survey 2013). • Cost of general practitioner services and allied health services has been identified as a barrier to accessing service. • Community Survey identified that in the past 12 months 10 % of adult residents had not accessed a doctor. <p>Access to GP medical services in-hours (8am-6pm weekdays, 8am-12pm Saturdays) period</p> <ul style="list-style-type: none"> • The majority of presentations to emergency departments and urgent care centres in the Barwon Medicare Local region occur in the daytime hours (over 14,000 presentations) with high numbers also presenting on the weekends (over 10,000 presentations). | Yes | |

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| | | | <ul style="list-style-type: none"> • Emergency Department presentations for non-urgent and semi-urgent cases were highest in the Corio-Inner area (27%), followed by South Barwon-Inner (19%) and Greater Geelong and Bellarine- Inner (both 12%). • This links to the Community survey data regarding cost of general practice services. | | |
| Mental Health | Access to and coordination of care. | | <ul style="list-style-type: none"> • The rate of males with mental and behavioural problems is greater than the Victorian and Australian rates. • The rate of males with mood (affective) problems is greater than the Victorian and Australian rates • The rate of females with mental and behavioural problems is greater than the Victorian and Australian rates • The rate of females with mood (affective) problems is less than the Victorian and Australian rates (PHIDU synthetic predictions) • The number of residents who are registered as clients with a mental health service per 1,000 population was highest in the Colac Otway Shire (11.6) followed by Queenscliffe (11.5) and Greater Geelong (10.9). All these LGA's were above the Victorian average (10.3) (Mental Health, Drugs and Regions Division, Department of Health and Estimated Resident Population as at 30 June 2011, ABS. Currency: 2011-12). • The percentage of persons who were categorised as part of the Victorian Population Health Survey as experiencing high or very high psychological distress was highest in the Borough of Queenscliffe (13.5%), followed by Golden Plains (10.4%) and Greater Geelong (9.3%). All LGA's with the exception of Borough of Queenscliffe were below the Victorian Average (11.4%) (Victorian Population Health Survey 2008, Prevention and Population Health Branch, Wellbeing, Integrated Care and Ageing Division, Department of Health. Currency: 2008) | Yes | |

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| Community aged care | Access to and coordination of care. | | <p>The demographic data including the estimated residential population Key demographic indicators including usual residential population and projected growth, age profile, people with significant disabilities and the population aged over 75 living alone and life expectancy were all used. Service utilisation data including hospitalisation, hospitalisation for Ambulatory Care Sensitive Conditions by age, Ambulance Victoria and emergency department presentation data and MBS data was all used to identify the issue.</p> <ul style="list-style-type: none"> • Discussion with the Aged Care Assessment Service. • Community Aged Care was identified as an issue in the community consultation process. | No | Partially funded by Home and Community Care (HACC) |
| Disability | Equity and access to services. | | <ul style="list-style-type: none"> • In the Barwon Medicare Local LGA's the percentage of people who need assistance with core activities is highest in the Borough of Queenscliffe (6.6%), Greater Geelong (5.9%) and Colac Otway (6.3%), will all these LGA's being above the Victorian average. • The percentage of people living in the community with a profound disability is highest in the Greater Geelong LGA (4.4%) followed by Colac Otway (4.2%), Borough of Queenscliffe (4.1%) and Golden Plains (3.9%) will all these LGA's again being slightly above the Victorian average. • The number of people per 1,000 eligible population who are receiving the Disability Support pension is highest amongst the Colac Otway shire (89.6 per 1,000) which is well above the Victorian average of 54.8 per 1000 eligible population. This is followed by Greater Geelong (67.9 per 1,000) and Golden Plains (55.1 per 1000) which are all also above the Victorian Average. • In the Barwon Medicare Local community survey 16% of respondents reported having a disability" | No | Funded by National Disability Insurance Scheme |