



Australian Government

phn
DARLING DOWNS
AND WEST MORETON

An Australian Government Initiative

Health Needs Assessment

Description of health service use,
workforce and consumer need



Local Integrated
Primary Health Care

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Contents

FOREWORD	4
ACKNOWLEDGEMENTS	5
GLOSSARY AND ABBREVIATIONS	5
EXECUTIVE SUMMARY	6
COMMUNITY SNAPSHOT	7
HEALTH SNAPSHOT	7
PRIORITY OVERVIEW – NEEDS	8
1. Introduction	16
SUMMARY OF FINDINGS	17
METHODOLOGY	19
Background	19
2. Geographic Profile	20
OUR REGION	21
Sub regions	21
Rural area	21
3. The Health of the Darling Downs and West Moreton PHN	22
DEMOGRAPHICS	23
Population and projected population growth	23
Age and gender overview	24
Aboriginal and Torres Strait Islander population	25
Life expectancy and potentially avoidable deaths	25
Leading causes of death and mortality	26
Causes of avoidable and premature deaths	27
Cultural and linguistic diversity and English proficiency	28
SOCIAL DETERMINANTS OF HEALTH	29
Families and households	29
Socio-economic index for areas – Disadvantage	30
Household income	31
Unemployment and labour force participation	32
Receiving government benefits	32
Proportion of children in low income, welfare dependent families	33
Health insurance	33
Housing and motor vehicle access	34
Dwellings where internet is not accessed	35
Education	36
Disability	37
SIGNIFICANT HEALTH RISK FACTORS	38
Obesity	40
CHRONIC DISEASE PREVALENCE	40
EARLY DETECTION HEALTH PRACTICES	40
Immunisation	40
Cancer screening	43
4. Primary Health Care	44
WORKFORCE OVERVIEW	45
Workforce gaps	45
PRIMARY HEALTH SERVICE USE AND ACCESS	46
Health assessments	46
GP attendances	47
5. Hospital and Health Service	48
WEST MORETON HOSPITAL AND HEALTH SERVICE	49
DARLING DOWNS HOSPITAL AND HEALTH SERVICE	49
PRIVATE HOSPITALS	50
EMERGENCY DEPARTMENT PRESENTATIONS	50
POTENTIALLY PREVENTABLE HOSPITALISATIONS	52
6. Priorities	54
OUR 9 KEY PRIORITY AREAS	55
Prevalence of chronic disease	55
Health & equality for Aboriginal and Torres Strait Islander People	55
Health behaviours	56
Infant, child development & youth health	56
Primary mental health care	57
Vulnerable, marginalised and hard to reach	61
Drug & alcohol use	61
Access & equity	61
Workforce capacity & well-being	62
COMMUNITY CONSULTATION	62
7. Appendices	64
REFERENCES	65



Foreword

This provisional Health Needs Assessment for the entire Darling Downs and West Moreton PHN signifies the commencement of an important conversation with our community as to how we can work together to improve health outcomes.

Through the use of many data sources, including significant consultation with our communities, we have identified 9 key priority areas specific to our region. Understanding our health challenges is the first step to addressing those challenges enabling our investment and action to be targeted to the right people at the right time, and where possible, in their own communities. Our focus will be on commissioning and enabling linkages to improve access to health services and maximising service delivery efficiency. In order to address local health needs, we need to identify and address service delivery gaps and system and service integration issues.

This initial Health Needs Assessment highlights the diversity of our population across the Darling Downs and West Moreton PHN region. We support a high proportion of Aboriginal and Torres Strait Islander people; elderly persons, often living in situations of social isolation and a high proportion of young families with infants and children who often have complex maternal and early childhood needs. The Darling Downs and West Moreton PHN works across two large urban locations, but we also need to address access to health services in rural areas across our catchment.

Darling Downs and West Moreton PHN commits to address issues identified in this health needs assessment and to build collaborations and partnerships with communities and providers to achieve better health outcomes for individuals and communities.

This Health Needs Assessment gives us a point in time snapshot, but we must consider it as a dynamic document, using robust data collection, program evaluation, and a listening ear to our health professionals and health service users throughout the region

More detailed assessments of regional needs related to suicide prevention, mental health and alcohol and other drugs (including methamphetamine) and needs of specific vulnerable and marginalised groups are currently in train along with the implementation of key dataset partnerships, population health and planning personnel, and priority level service mapping. Darling Downs and West Moreton PHN is committed to being a valued partner and enabler, and to target and prioritise its commissioning dollars to where we can best improve the health and well-being of our vibrant community.

Acknowledgements

The Darling Downs and West Moreton PHN acknowledges the Traditional Custodians past and present, whose lands We walk, We work and We Live. We acknowledge and pay our deepest respects to Elders past and present throughout the country, whose passing down of knowledge, continued resilience and strong sense of identity and purpose, have continued towards Aboriginal and Torres Strait Islander Advancement in Australia.

The Darling Downs and West Moreton PHN gratefully acknowledges the contribution of the Clinical Councils, Community Advisory Committees, community members and primary health care professionals, who participated in the numerous community forums and sessions, held as part of this health needs assessment. Similarly, the contribution of the Darling Downs and

West Moreton PHN Board, staff and partner health care providers is also acknowledged, for their respective contributions to this 2017-18 Health Needs Assessment.

Darling Downs and West Moreton PHN also acknowledges:

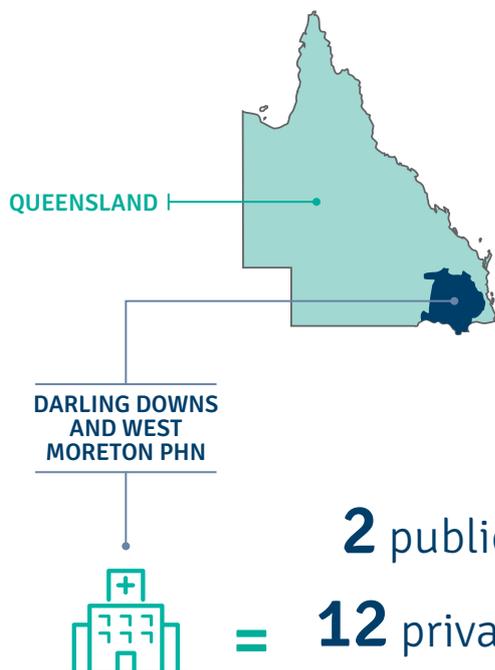
- Clinical Councils
- Consumer Advisory Council
- Consumers/carers and advocates
- Hospitals (West Moreton HHS and Darling Downs HHS)
- University of Queensland
- Strategic Momentum Group
- dms CREATiVE
- General Practitioners
- Pharmacists and Community Pharmacists
- Peak bodies/organisations

- Allied health professionals
- Local providers and health professionals
- Practice managers
- Aboriginal and Torres Strait Islander Medical Services
- Aged care professionals and organisations
- Chronic disease professionals
- Child health professionals
- Drug and Alcohol Treatment services
- Darling Downs and West Moreton PHN partner mental health service providers
- All local government associations
- Needs Assessment Consultation attendees
- Representatives from other PHNs
- Commonwealth Department of Health.

Glossary and Abbreviations

ABS	Australian Bureau of Statistics	GP	General Practitioner	PHN	Primary Health Network
AEDC	Australian Early Development Census	HHS	Hospital and Health Service	PPH	Potentially preventable hospitalisation
ARIA+	Accessibility/Remoteness Index of Australia	HNA	Health Needs Assessment	Qld	Queensland
ASGS	Australian Statistical Geographical Standard	IRSD	Index of Relative Socio-Economic Disadvantage	RA	Remoteness Area
ASR	Age Standardised Rate	IA	Indigenous Statistical Areas	SA2	Statistical Area 2
AIHW	Australian Institute of Health and Welfare	LGA	Local Government Area	SA3	Statistical Area 3
COPD	Chronic obstructive pulmonary disease	MBS	Medicare Benefits Schedule	SA4	Statistical Area 4
DoH	Commonwealth Department of Health	MMM	Modified Monash Model	SEIFA	Socio-Economic Indexes for Areas
ED	Emergency department	MORT	Mortality Over Regions and Time	WNA	Workforce Needs Assessment
		NGOs	Non-government organisations		Aboriginal and Torres Strait Islander persons are referred to as Indigenous Australians .
		PHIDU	Public Health Information Development Unit		

Executive Summary



Our region:

geographical area of over

95,500 km²

= 5.5% of Queensland

Spans across **10** Local Government Areas (in full or in part)

2 public Hospital and Health Services (HHSs)

= **12** private Health Facilities (including acute, day, hospice)

6 Aboriginal Medical Services or Aboriginal Controlled Community Health Services



Population: **560,000+**



25,015

Aboriginal and/or Torres Strait Islander people

Darling Downs HHS:

approx. 280,200 people

4.9% Aboriginal and Torres Strait Islander people

West Moreton HHS:

approx. 278,600 people

4.2% Aboriginal and Torres Strait Islander people

Projected annual population growth:

 **+2.4%** 

+425,375 by 2036



Community Snapshot

- The majority of communities of the Darling Downs and West Moreton PHN reside in inner regional or major city areas.
- A smaller proportion lives in outer regional areas, with very few living in rural areas (see Section 2 – Rural Area).
- The region as a whole experiences less homelessness than the corresponding rate for Queensland, and the majority of dwellings are one family households, or individuals living alone. However, families and households of the Darling Downs and West Moreton PHN region as a whole are experiencing a high degree of disadvantage.
- Regional and rural communities experience less availability of coordinated transport and may experience challenges accessing health care services. Communities become vulnerable when health care services and broader community support services such as education and housing, are difficult to access.
- Social determinants such as income, employment and education are important factors, which affect health. As such, disadvantage, low income, unemployment or low rates of secondary school completion can predispose individuals and communities to health risk factors, which in turn are more

likely to compromise the health of individuals and communities. The communities of the Darling Downs and West Moreton PHN region, which are most at risk, need careful coordination of health care services to maximise access to locally available services, improve efficiency, and improve connection to referral services for timely care.

Careful coordination of health care services is needed, to maximise access to locally available services, improve efficiency, and improve connection to referral services for timely care.

Health Snapshot

OBESITY



Percentage of obese or overweight adults in the region: **70%**

This proportion is however comparable to the numbers for Queensland.



A small number of LGAs have rates of obesity 25% higher than the state average.

The Darling Downs and West Moreton PHN ranks **1st** in Australia for the highest rates of physical inactivity. 

SMOKING



Smoking rates among males and females are higher than Queensland, and slightly higher again in comparison to regional Queensland.

The smoking rate for females is notably higher than the Queensland rate, ranking **4th** highest among PHNs in Australia.

ALCOHOL CONSUMPTION



A harmful rate of alcohol consumption means consuming greater than two standard alcoholic drinks per day on average.

A small number of communities in the Darling Downs and West Moreton PHN region report harmful alcohol consumption, which is between 10-25% greater than the Queensland rate.

The Darling Downs and West Moreton PHN region overall reports a lower rate of harmful alcohol consumption, and ranks 21st compared to other PHNs across Australia.

Priority Overview – Needs



1. Prevalence of Chronic Disease

EVIDENCE

- Demonstrated high relative rates of mortality from diabetes.
- Demonstrated high relative ratio for mortality from COPD in some PHN areas and high rates of premature mortality caused by respiratory system disease.
- Demonstrated high coronary heart disease rates and relative risk and rates of premature mortality caused by circulatory system disease.
- Demonstrated high rate of obesity in children (aged 2-17).
- Demonstrated high rate of current smokers (men and women 18 years and over) and women who reported smoking during their pregnancy.
- Demonstrated premature death rate in people aged 18 to 74.
- Potentially preventable hospitalisations. Demonstrated high rankings and rates of potentially preventable hospitalisations (PPH).

STRATEGY

- Initiatives to address chronic disease and co-morbidity at the community level with an emphasis on diabetes, COPD, respiratory disease, circulatory system disease etc.).
- Implement current preventative and health literacy initiatives to empower health behaviour change.
- Tackling barriers in primary care to reduce hospital admissions (via approved models such as MH4L, diabetes model of care, community based models of care).
- Build trusted partnerships between primary health and hospital & health services (via programs such as Health Pathways, GPLO and Case Conferencing Models).



2. Health & Equality for Aboriginal and Torres Strait Islander People

EVIDENCE

- Evidence pertaining to disadvantage and impacts for Aboriginal and Torres Strait Islander people in chronic disease, child and maternal health in rural communities, transport, ear and hearing services, aged care and disability support, sexual health and communicable and Infectious diseases.
- Reported difficulty recruiting qualified Aboriginal and Torres Strait Islander staff in rural areas; mental health and AOD support services.
- Reported need for collaboration and partnerships with community organisations, GPs and Aboriginal and Torres Strait Islander Community Controlled Health Services.
- Socio Economic factors including overcrowding in households, lack of emergency accommodation, lack of food and financial assistance for patients transferred from their home/community to access health care.

STRATEGY

- Research Indigenous Specific After Hours Services (such as After Hours Liaison/Social Support Services particularly in Rural areas) and to address violence related to alcohol and substance misuse.
- Broaden access to culturally appropriate child, youth and mental health services, with an emphasis in rural locations.
- Develop a suite of Indigenous Specific materials to create access and service awareness.
- Provide Mental Health First Aid to communities.
- Relentless focus on initiatives, collaborations and improving cultural capability aimed at closing the gap.
- Open and authentic Aboriginal and Torres Strait Islander consumer and community Engagement.
- A Darling Downs and West Moreton PHN Reconciliation Action Plan.
- Promote cultural competency within mainstream healthcare models.
- Promote linkages with current successful programs (Inc. Be Strong for Life, First 2000 days etc.).
- Recruit and retain Aboriginal and Torres Strait Islander workforce capability (with a focus on school based traineeships, mental health and AOD).
- Ensure all programs, materials and activities are reviewed to ensure culturally appropriate choices for Aboriginal and Torres Strait Islander people are accessible in our region.

3. Health Behaviours

EVIDENCE

- Demonstrated high rate of obesity in children (aged 2-17).
- Obesity (and poor physical activity) is a significant contributing factor to the burden of disease occurring across the region.
- Combined number of adults in the region who are obese or overweight is 70%.
- A small number of LGAs have rates of obesity 25% higher than the state average.
- Demonstrated low rate of no or little exercise (people aged 18 years and over).
- The Darling Downs and West Moreton PHN ranks 1st in Australia for the highest rates of physical inactivity.
- Demonstrated high rates of women who reported smoking during their pregnancy. The smoking rate for females in the Darling Downs and West Moreton PHN region is notably higher than the Queensland rate, and ranks 4th highest among PHNs in Australia.

STRATEGY

- Program/s for infants, children, youth and young adults with a particular emphasis on Aboriginal and Torres Strait Islander people and children impacted by disadvantage.
- Intensive local and regional programs (in partnership with communities, councils, corporates and health services) aimed at reducing obesity and improving physical activity levels.
- Create linkages to current services and interventions to support healthy behaviours in pregnancy, infants, children, youth and men.
- Commence collaborations with the aim creating community disruptors to spearhead change.

4. Infant, Child Development & Youth Health



EVIDENCE

- Greater percentage of infants and children (0-14 yrs) than all of Queensland.
- An estimated 36,907 children in the Darling Downs and West Moreton PHN region living in low income, welfare dependent families. The proportion of children that this represents is 28.7%, which is higher than the Queensland proportion of 23.9%.
- Children and pregnant women can experience vulnerability, with evidence in our region of a high percentage who report lower socio-economic background with increased behavioural health risk.
- The Darling Downs and West Moreton PHN has the 6th highest proportion of children in low income, welfare dependent families of all 31 PHNs in Australia.

STRATEGY

- Activities and programs aimed at Improving infant health and reduce long-term risks associated with low birth weight babies.
- Invest in programs and opportunities to support the delivery of optimal health care for the next generation.
- This is especially important for Closing the Gap for Aboriginal and Torres Strait Islander populations within our region.
- Implement health promotions/activities for catching up on vaccinations.

5. Primary Mental Health Care



EVIDENCE

- Suicide: elevated male mortality from suicide.
- Mild mental health problems (in particular anxiety and depression).
- High rates of depression and anxiety in MindSpot screening and a high number of prescribed antidepressants and anxiolytics.
- Utilisation of MBS mental health services from GPs decreases relative to national rate as rurality increases.
- Highest percentage (nationally) of clients self-reporting current anxiety and 4th highest self-reporting current depression.
- Demonstrated longer length of stay for mental health hospitalisations.
- The PHN ranks in the top 8 PHNs (of 31) for Intentional self-harm hospitalisations and bed days.
- Inconsistent utilisation of Better Access mental health services across the region.

STRATEGY

- Suicide and self harm prevention initiatives with a particular focus on men and youth.
- Consistent coordination of mental health care across the spectrum.
- Enhance services for people with mental illness (embedding a robust stepped care model).
- Implement suicide prevention program/s (with a focus on young people, men and those in rural areas).

6. Vulnerable, Marginalised and Hard to Reach

EVIDENCE

- Service responsiveness to a very high historical and projected population.
- Male mortality from rural road and farm accidents.
- Demonstrated very low participation rate in National Cervical Screening program.
- Higher proportion of people with dementia had a high care need rating.
- Less than 1% of people in residential aged care identified as Aboriginal or Torres Strait Islander.
- All areas across Australia have an increasing aged care population: a higher proportion of the population over the age of 65, with a higher proportion of elderly people with significant needs in their later years requiring residential care.
- Persons with disabilities are identified as one of the most vulnerable groups within a society.
- Persons with disabilities and those who care for them require additional supports and equality of access to primary health services.

STRATEGY

- Support the development in collaboration, of a service strategy across primary, secondary and tertiary health streams, to enable management of key health risks in rural locations and given population growth in West Moreton.
- Collaborate with appropriate organisations to support people living with a disability, families and carers to access appropriate healthcare in their community.
- Support the Elderly to achieve the optimal quality of life through proactive management of health conditions, fall prevention activities and initiatives to reduce hospital admissions.
- Partnerships and interventions to reduce accidents, falls and improve screening in all key areas.
- Activities to support early detection of a complex need and/or disability to enable better management and outcomes with extensive allied health professional involvement.
- Programs and opportunities to improve activities of daily living or to navigate complex health needs.
- Planning for additional infrastructure and workforce to support projected need.

7. Drug & Alcohol Use



EVIDENCE

- Lack of clarity regarding access to drug and alcohol primary health services in the Darling Downs and West Moreton PHN region.
- Service provision gaps, along with capacity and capability limitations in accessing interventions.
- Potential misuse of analgesic medications.

STRATEGY

- Improving pathways and services across the region to access diagnosis, support and treatment, with alignment to service availability in high priority areas including:
 - Alcohol and other Drugs
 - Chronic Disease
 - Mental Health
 - Pain Management
 - National Screening.
- Create and integrate Client Centered Alcohol & Other Drug Services in areas of highest need.

8. Access & Equity



EVIDENCE

- Services not available locally.
- Access impacted due to financial hardship, disadvantage (disability, sole parents, vulnerable groups).
- Evidence of waiting lists and times across a range of primary and secondary health services.
- Telehealth not optimising access opportunities/ After Hours access factors.
- Specialist Clinics access factors.
- Gaps in rural cancer care.

STRATEGY

- Implement targeted initiatives and partnerships to sustainably improve accessibility.
- Increase access and equity to health care services with an emphasis on marginalised and disadvantaged groups.
- Implement digital health initiatives to promote and support access opportunities as appropriate.
- Spearhead local targeted community collaborations which address needs at a community level.



9. Workforce Capacity & Well-being

EVIDENCE

- Evidence of substantial workload for health professionals across region.
- Outreach services requiring higher levels of travel for health professionals.
- Need for continued recruitment, retention, education and upskilling; health of workforce in particularly in rural areas and West Moreton.

STRATEGY

- Develop a workforce strategy which meets regional and rural need to attract and retain highly skilled professionals.
- Creating alliances with other key organisations (Health Workforce Qld, CheckUP and HHSs).
- Implementation of targeted professional development, education and networking opportunities with emphasis on key needs and health professional well-being.
- Improve access to specialist services.
- Clinical Placements and collaboration.
- Rural and regional education and workforce development across disciplines (Inc. pharmacist, allied and nursing).
- Implementation of innovative education and conference framework.



Section 1

Introduction

Summary of Findings

The Darling Downs and West Moreton PHN is responsible for covering more than 95,500 km² across 10 Local Government Areas.

The region covers the major communities of Ipswich and Toowoomba, plus the surrounding rural communities of the Lockyer Valley, Boonah (Scenic Rim), Esk (Somerset), South Burnett, Southern Downs, Cherbourg, Goondiwindi and the Western Downs.

Total population is just over 560,000 people, with an Aboriginal and Torres Strait Islander population of approximately 25,015 people. Total population growth across the Darling Downs and West Moreton PHN region is projected at approximately 2.4%.

One important challenge for the Darling Downs and West Moreton PHN is to progress the health outcomes and increase health access to the people of our region with the greatest need. We remain particularly committed to addressing Aboriginal and Torres Strait Islander health inequity.

Chronic disease prevalence rates in the region are very concerning. The prevalence is higher than the state averages and the health behaviours of the population are commonly below the state averages with weight, diet, physical inactivity and smoking being key contributors to these rates.

Premature mortality rates for all disease groups are significantly above the state premature mortality rates with the Darling Downs and West Moreton PHN ranked first in Australia for the greatest number of people per 100, who have one or more health risk factors such as smoking, high risk alcohol usage, poor diet and no or low exercise in the previous week.

Disease and health conditions in Darling Downs and West Moreton PHN communities is higher than the Queensland rates for mental health, circulatory system disease,

The Darling Downs and West Moreton PHN region



respiratory system disease, asthma and COPD. Further, the PHN is ranked within the top 10 in Australia for mortality, caused by premature deaths from circulatory system disease, respiratory system disease and heart disease.

Further challenges for the Darling Downs and West Moreton PHN include the geographical spread of communities experiencing health risks, access to services in multiple locations, unfavourable rates of health behaviours, social determinants of health and the growing, aging population.

The Darling Downs and West Moreton PHN has a greater percentage of infants and children, with evidence some babies are born with low birth weights and developmental impacts.

These factors are compounded by high rates of smoking during pregnancy and the apparent levels of disadvantage being experienced. We recognise risky health behaviours and socio economic disadvantage, has a significant health, well-being and social effect on children and young people.

Children and pregnant mothers are one of the most vulnerable groups within our community and therefore improving health service delivery for our future generation and instilling health behaviours in our children is a critical goal.

Child and Youth health is a key priority issue, with rates of developmentally vulnerable children higher in our

region compared to the national average. Instigating programs and opportunities to improve development and well-being outcomes across the early years and youth sector, is of prime importance.

Australia has an increasing aged care population with an increasing number of elderly people with complex needs requiring residential care. We value our elderly and recognise that Elderly patients are best cared for by community providers. There is need to plan for increased workforce and integration, to support projected need.

Key consultations and evidence indicates that recovery from substance misuse and addiction is affected by the availability, accessibility and affordability of preventative and treatment services. Our focus will be tackling these factors to create Client Centered Alcohol & Other Drug Services in areas of highest need, therefore improving the long-term outcomes for the individual, reducing hospital admissions, and improving social outcomes for the community.

We recognise the importance of improving access to mental health services. This is a high priority for the Darling Downs and West Moreton PHN as a magnitude of people are at risk. We are dedicated to improving access to mental health services across the spectrum, reducing the unmeasured burden of disease of mild and moderate areas, and reducing self-harm rates.



BACKGROUND

Our Health Needs Assessment (HNA) report, represents the commencement of an important conversation with our community as to how we can work together to improve health outcomes. We have an ongoing strategy to ensure the information, analysis's and opportunities evolve as emerging and other relevant information becomes available.

This HNA identifies the most significant health needs and has supported the assessment of our key priority areas, allowing evidenced based and informed commissioning of services to address the needs and gaps.

It is the beginning of an ongoing process, and the current findings are not exhaustive, however health needs and service gaps will evolve through an ongoing annual process.

Methodology

The HNA has been developed in accordance with the Australian Government Department of Health Needs assessment guide (December 2015) and involved appointing the University of Queensland to assist with sourcing, analysis and triangulating quantitative data (as per University of Queensland Technical Paper).

Data was sourced by Local Government Area (LGA), and Statistical Area (SA) levels 2 and 3 for more granular or alternative analysis. The Statistical Area levels are defined under the Australian Statistical Geography Standard (ASGS), which is a common framework of statistical geography. It enables the comparison of statistics across a consistent classification of geographically based areas. All data sourced was the most recent data, at the lowest level of statistical geography possible (LGA, SA3, or SA2) for each dataset. There are a small number of LGAs (Banana and Brisbane) which are split by the PHN boundaries, with a relatively marginal population falling within Darling Downs and West Moreton PHN. These LGAs were included in the analysis where notable health issues were identified in the data. To permit fair comparisons, standardised data was used wherever possible, particularly for health risk, prevalence and outcome indicators.

The qualitative data was gathered through extensive community and stakeholder consultation which was an opportunity to consult with our communities, primary care health care providers, service providers and the Hospital and Health Services within the region. The consultation process captured data, which was used to

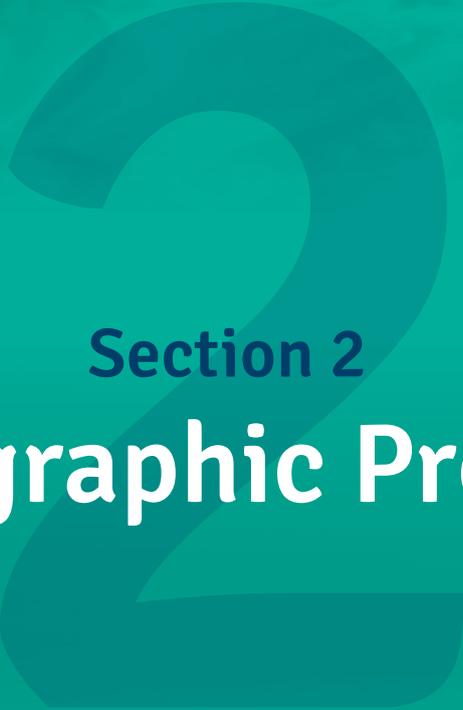
understand the factors affecting the health of the communities.

The four main channels through which the data was collected included:

- community conversation forums
- focused community breakfast sessions
- one-on-one drop-in booths
- an online survey.

The Darling Downs and West Moreton PHN worked closely with stakeholders, including the Clinical Councils, Community Advisory Councils and community groups, to establish the priorities identified in this Health Needs Assessment. Our Clinical Councils provided strategic recommendations and advice on findings to address the health needs of communities in the outer urban, regional and rural areas. The Community Advisory Committees provided local perspectives on health issues and service gaps experienced by consumers and residents

The process of assessment meant analysing the qualitative and quantitative data respectively, and overlaying them with each other to identify common areas of need, and to highlight areas of need, which did not emerge in the quantitative analysis.



Section 2
Geographic Profile

Our Region

The Darling Downs and West Moreton PHN area spans a total area of over 95,500 km² (5.5% of the geographical area of Queensland) from Springfield in the east to Miles in the west and from Taroom in the north to Texas in the south. The Darling Downs and West Moreton PHN area ranges from outer metropolitan communities of eastern Ipswich to the rural communities of the Western Downs and Goondiwindi.

SUB REGIONS

There are two HHSs included in the Darling Downs and West Moreton PHN are as follows:

- Darling Downs HHS comprises approximately 280,200 people (4.9% Aboriginal and Torres Strait Islander people). The Darling Downs HHS region is the most rural of the HHSs with a population covering approximately 87,000km². It includes the LGAs, Cherbourg, Goondiwindi, South Burnett, Southern Downs, Toowoomba and Western Downs along with a small portion of Banana.
- West Moreton HHS comprises approximately 278,600 people (4.2% Aboriginal and Torres Strait Islander people). The West Moreton HHS region spans approximately 9,500km² it includes the LGAs Ipswich and Lockyer Valley, Somerset (81%), one third of Scenic Rim and a small part of Brisbane (0.6%).

RURAL AREA

The Australian Bureau of Statistics (ABS) uses the Remoteness Area (RA) classification, based on Accessibility/Remoteness Index of Australia (ARIA+) scores.

These scores are a classification of a location's level of access to goods and services. It is based on the road distance to the nearest urban centre, and therefore the range of goods and services available to a population.

Areas are categorised as either:

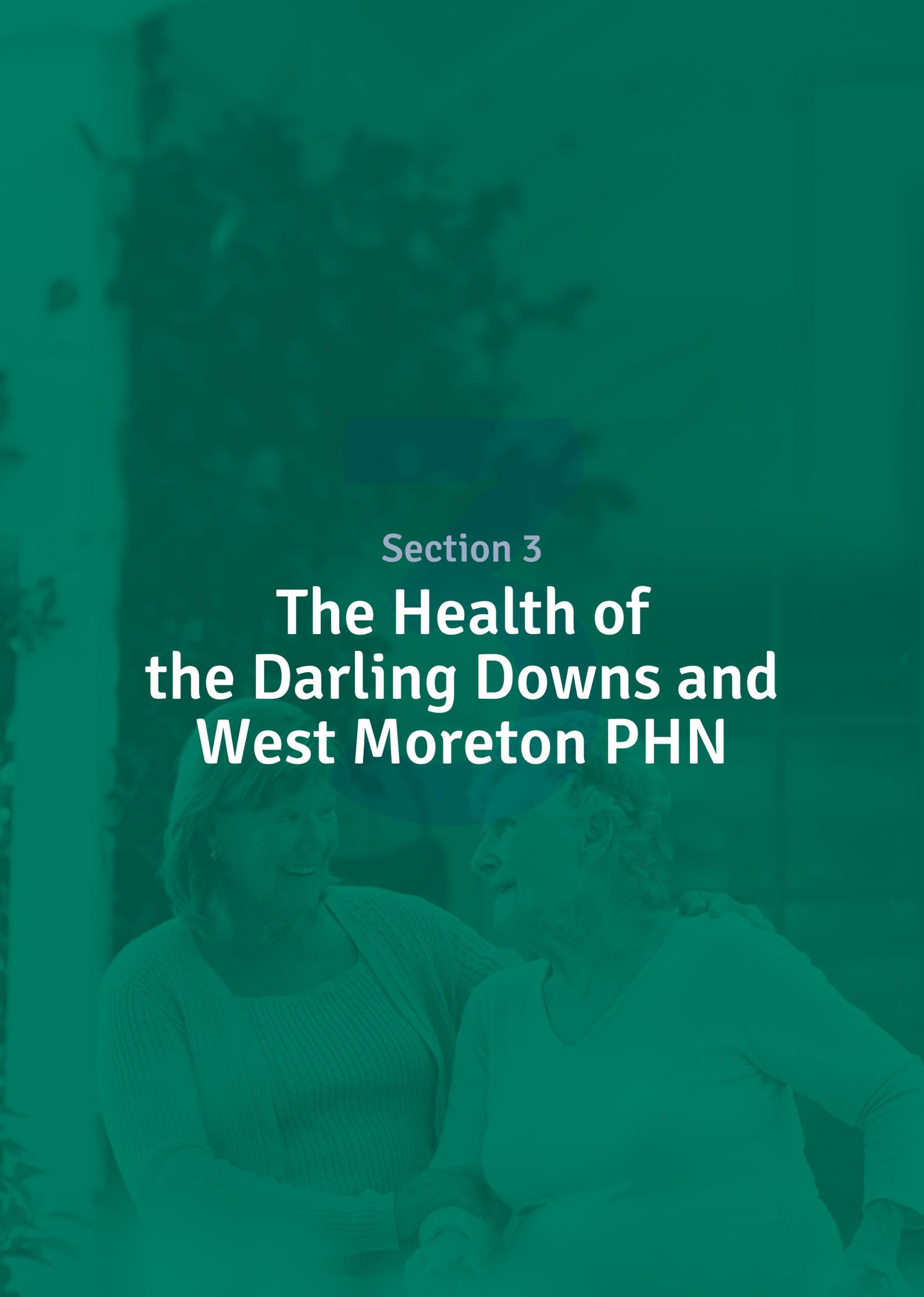
- major city
- inner regional areas
- outer regional areas
- remote
- very remote.

The Darling Downs and West Moreton PHN region includes:

- 54.3% or 276,310 people living within the 'inner regional' category
- 32.2% or 163,895 people living within the 'major city' category
- 12.5% of people living in areas classified as 'outer regional areas'
- 0.9% or 4,545 people 'remote' with no 'very remote' populations.

In comparison to Queensland:

- 61.6% live in major city category
- 20.5% live in inner regional areas (Queensland Government Statistician's Office, 2011).

A photograph of two women sitting outdoors, engaged in conversation. The woman on the left is wearing a light-colored, ribbed sweater and has her arm around the woman on the right. The woman on the right is wearing a light-colored top and has her hand on the first woman's shoulder. They are both smiling and appear to be in a park or garden setting with trees in the background. The entire image is overlaid with a semi-transparent teal color.

Section 3

**The Health of
the Darling Downs and
West Moreton PHN**

Demographics

Understanding the demographic is a key component for identifying the health issues and needs of our communities. Key demographics, which are relevant to and are included in this HNA include population, age-sex distribution, cultural diversity, and the nature of families and households.

POPULATION AND PROJECTED POPULATION GROWTH

The Darling Downs and West Moreton PHN region has an estimated population of 560,000 (preliminarily 2016 Census data).

Table 1 below illustrates:

- projected population increase to the year 2036 compared to the projected increase for Queensland
- expected population increases are a significant feature of the eastern and southern parts of the West Moreton area
- seven SA2 areas in the Darling Downs and West Moreton PHN region with populations projected to increase by 3% or more.

Table 1 – SA2 areas with the highest projected population growth, 2011-2036

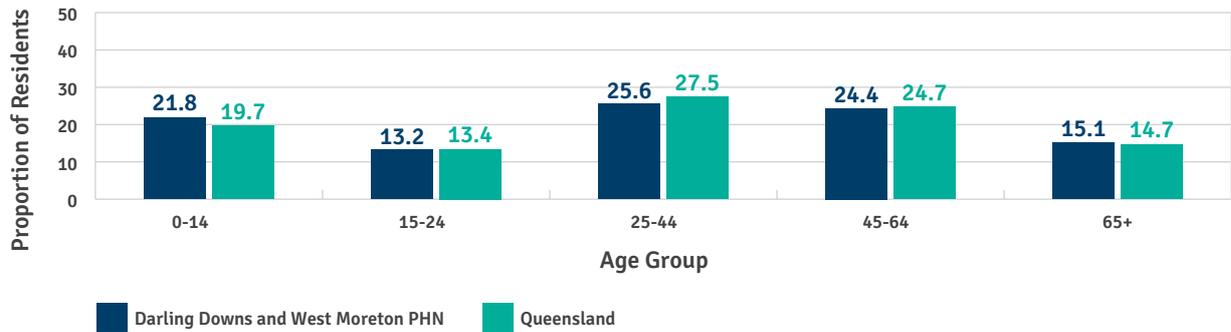
STATISTICAL AREAS	AVERAGE ANNUAL GROWTH (%)	POPULATION INCREASE
Ripley	15.4	101,690
Rosewood	6.8	49,825
Bellbird Park – Brookwater	6.6	33,944
Springfield Lakes	6.0	34,783
Ipswich – Central	3.7	9,990
Toowoomba – West	3.1	13,668
Collingwood Park – Redbank	3.0	8,871
Darling Downs and West Moreton PHN region	2.4	425,820
Queensland	1.7	2,286,375

Source: Queensland Government Statistician, Queensland Government population projections, 2015 edition (medium series)

AGE AND GENDER OVERVIEW

- Illustrates a greater percentage of infants and children 0-14 years than Queensland.
- Mirrors the Queensland distribution in the 15-24 and 45-64 years.
- Smaller proportion of people in the age group of 25-44 years.
- Illustrates a greater percentage of 65 years plus (with evidence of ongoing expected growth, in line with State and national trends).

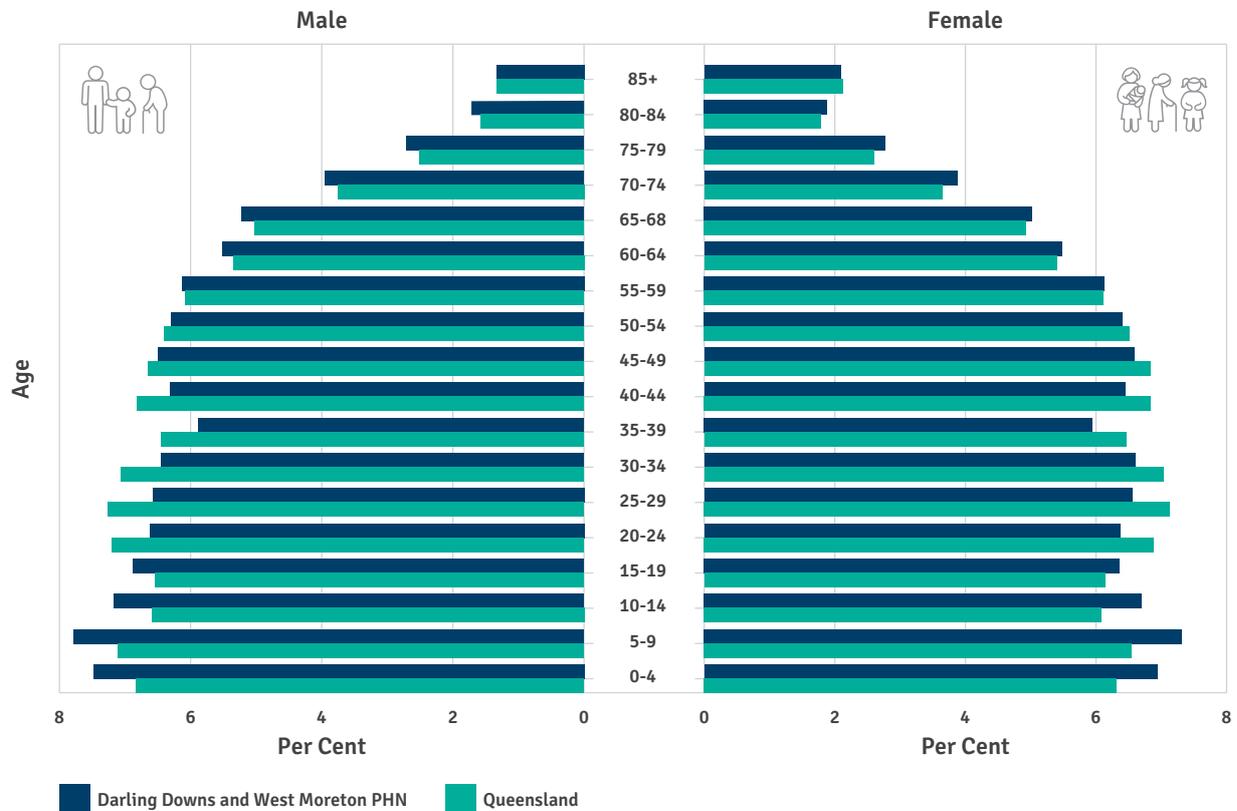
Figure 1 – Age distribution of the Darling Downs and West Moreton PHN region resident population, 30 June 2016



Source: Queensland Government Statistician, from ABS 3235.0, Population by Age and Sex, Regions of Australia, 2016

The age-sex distribution illustrates the resident population of the Darling Downs and West Moreton PHN, and the potential for increasing numbers of people aged 65 years+.

Figure 2 – Estimated resident population by age and sex, 30 June 2016



Source: Queensland Government Statistician, from ABS 3235.0, Population by Age and Sex, Regions of Australia, 2016

ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

The Darling Downs and West Moreton PHN region has a higher proportion of Aboriginal and Torres Strait Islander residents than the State. Statistical areas with 500 or more Aboriginal and Torres Strait Islander residents are located across the Darling Downs and West Moreton PHN region including rural areas, rural townships and parts of Ipswich and Toowoomba. Notably, the Darling Downs and West Moreton PHN includes the

Cherbourg LGA, where 98.4% of the residents (1,249 people) identify as being of Aboriginal or Torres Strait Islander origin. The Darling Downs and West Moreton PHN Statistical Areas (level 2) with high numbers (500 or more) of Aboriginal and Torres Strait Islander people are presented in Table 2. These numbers are based on the 2016 Census of Population and Housing question about Indigenous status.

Table 2 – SA2 areas with a high number of Aboriginal and Torres Strait Islander residents

STATISTICAL AREAS	NUMBER OF ABORIGINAL AND TORRES STRAIT ISLANDER RESIDENTS	PROPORTION OF ABORIGINAL AND TORRES STRAIT ISLANDER RESIDENTS (%)
Brassall	601	5.5
Drayton – Harristown	556	5.5
Goodna	618	5.7
Ipswich – East	935	5.2
Jondaryan	500	6.7
Kingaroy region – North	1,978	20.7
Leichhardt – One Mile	686	9.0
Lockyer Valley – East	934	4.7
Lowood	573	4.1
Newtown	621	6.5
Raceview	667	4.4
Redbank Plains	811	4.2
Toowoomba – Central	570	4.3
Wambo	1,028	6.0
Warwick	900	5.9
Wilsonton	884	6.6
Darling Downs and West Moreton PHN region	25,015	4.5
Queensland	186,482	4.0

Source: Compiled by Queensland Government Statistician, from ABS, Census of Population and Housing, 2016, Aboriginal and Torres Strait Islander People Profile – I02

LIFE EXPECTANCY AND POTENTIALLY AVOIDABLE DEATHS

The Australian Institute of Health and Welfare (2011-13) reported life expectancy for residents of the Darling Downs and West Moreton PHN region as 80.7 years, which ranks

5th lowest of all PHNs. The average life expectancy for men in the region is 78.4 years and for women, 83.2 years.

Table 3 – Life expectancy: estimated number of years a person is expected to live at birth^(a), 2011-2013

	MALES	FEMALES	PERSONS
Darling Downs and West Moreton PHN region	78.4	83.2	80.7

(a) Life expectancy at birth is the number of years of life that a person is expected to live at the time they are born.

Source: AIHW analysis of ABS Life Tables, 2011-2013. AIHW National Mortality Database, 2009-2013

The measure assumes the age- and sex-specific death rate that applied when the person was born continues throughout their lifetime.

Table 4 – Number of potentially avoidable deaths^(a) per 100,000 people, age-standardised^(b), 2011-2013

	MALES	FEMALES	PERSONS
Darling Downs and West Moreton PHN region	179	102	140

(a) Potentially avoidable deaths are deaths below the age of 75 from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care.

(b) Age-standardisation allows fairer comparisons to be made between Primary Health Networks by accounting for variation in the age of populations within each Primary Health Network. This adjustment is important because the rates of many health conditions and health service use vary with age.

Source: The data quality statements underpinning the AIHW National Mortality Database can be found in the following Australian Bureau of Statistics (ABS) publications: i. ABS Quality Declaration summary for Deaths, Australia (ABS cat. no. 3302.0), ii. ABS Quality Declaration summary for Causes of Death, Australia (ABS cat. no. 3303.0). Data has been prepared according to the National Health Agreement (NHA) indicator potentially avoidable deaths. The NHA indicator specification has a detailed definition of avoidable deaths, including deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care. Data is reported on this website for the Performance and Accountability Framework (PAF) indicator age-standardised mortality of potentially avoidable deaths. The PAF indicator has the same definition as the NHA indicator, but requires reporting for local areas including PHN and SA3 levels of geography. Due to small numbers of deaths in local areas, reporting this indicator in local areas requires multiple years of data. An average over three years is a suitable time period for reporting this indicator. For more information refer to the NHA indicator specification on METeOR: <http://meteor.aihw.gov.au/content/index.phtml/itemId/598750>

LEADING CAUSES OF DEATH AND MORTALITY

Table 5 presents the leading causes of death in Australia and in the Darling Downs and West Moreton PHN. It shows that nine of the top ten causes of death in the Darling Downs and West Moreton PHN are in common with the national top ten.

However, suicide ranks within the top 10 (placed 10th) within the Darling Downs and West Moreton PHN, whereas

heart failure and complications ranks in the top 10 for Australia (in 9th place) for leading causes of death.

While there is commonality between the majority of leading causes of death, the percentage of deaths attributable to each cause varies between Australia and the Darling Downs and West Moreton PHN, thereby varying the ranked score for specific causes.

Table 5 – Leading causes of death for Australia and the Darling Downs and West Moreton PHN, 2010-14

RANK	AUSTRALIA	PER CENT OF ALL CAUSES	DARLING DOWNS AND WEST MORETON PHN	PER CENT OF ALL CAUSES
1	Coronary heart disease	14.0	Coronary heart disease	15.6
2	Cerebrovascular disease	7.4	Cerebrovascular disease	8.1
3	Dementia and Alzheimer disease	7.1	Lung cancer	5.2
4	Lung cancer	5.5	Chronic obstructive pulmonary disease (COPD)	4.7
5	Chronic obstructive pulmonary disease (COPD)	4.2	Dementia and Alzheimer disease	4.6
6	Diabetes	2.8	Diabetes	3.2
7	Colorectal cancer	2.8	Colorectal cancer	2.8
8	Cancer, unknown, ill-defined	2.6	Cancer, unknown, ill-defined	2.7
9	Heart failure and complications and ill-defined heart disease	2.3	Prostate cancer	2.2
10	Prostate cancer	2.1	Suicide	2.2

Source: AIHW (Australian Institute of Health and Welfare) 2017. MORT (Mortality Over Regions and Time) books 2010-2014

CAUSES OF AVOIDABLE AND PREMATURE DEATHS

Causes of death are often a flag for the major health issues affecting our population. Table 6 shows the avoidable and premature causes of death in the Darling Downs and West Moreton PHN region. Of concern is the number of

circulatory system diseases, which research suggests are mostly preventable. To reduce death rates our region must adopt healthier lifestyles.

Table 6 – Causes of avoidable death, 2010-2014

CAUSES OF AVOIDABLE DEATH AGED 0 TO 74 YEARS	NUMBER	AVERAGE ANNUAL ASR PER 100,000	AVERAGE ANNUAL ASR PER 100,000 – lower 95% C.I.	AVERAGE ANNUAL ASR PER 100,000 – upper 95% C.I.	SDR	SDR – lower 95% C.I.	SDR – upper 95% C.I.
Circulatory system diseases	1,119	46.1	43.4	48.8	124	116	131
Cancer	787	32.1	29.9	34.4	109	101	117
Ischaemic heart disease	712	29.0	26.9	31.1	120	111	129
Other external causes of mortality (Transport accidents; Accidental drowning and submersion; etc.)	491	20.8	18.9	22.6	129	118	140
Selected external causes of mortality (Falls; Fires, burns; Suicide and self-inflicted injuries; etc.)	407	17.3	15.6	18.9	130	118	143
Breast cancer	181	15.1	12.9	17.3	93	79	106
Suicide and self-inflicted injuries	353	15.1	13.5	16.6	135	121	149
Respiratory system diseases	327	13.3	11.9	14.8	145	129	160
Chronic obstructive pulmonary disease	301	12.2	10.9	13.6	145	128	161
Transport accidents	270	11.5	10.1	12.9	186	164	208
Cerebrovascular diseases	277	11.4	10.1	12.7	137	121	153
Colorectal cancer	242	10.2	8.9	11.5	111	97	125
Diabetes	220	8.9	7.7	10.1	151	131	171

Table 7 – Causes of premature death, 2010-2014

CAUSES OF PREMATURE DEATH AGED 0 TO 74 YEARS	NUMBER	AVERAGE ANNUAL ASR PER 100,000	AVERAGE ANNUAL ASR PER 100,000 – lower 95% C.I.	AVERAGE ANNUAL ASR PER 100,000 – upper 95% C.I.	SDR	SDR – lower 95% C.I.	SDR – upper 95% C.I.
Cancer	2,633	108.4	104.3	112.6	108	104	112
Circulatory system diseases	1,353	55.8	52.8	58.8	122	116	129
External causes	898	38.0	35.5	40.5	130	121	138
Ischaemic heart disease	712	29.0	26.9	31.1	120	111	129
Lung cancer	580	23.5	21.6	25.4	112	103	121
Respiratory system diseases	478	19.6	17.8	21.3	133	121	144
Breast cancer	181	15.1	12.9	17.3	93	79	106
Suicide and self-inflicted injuries	353	15.1	13.5	16.6	135	121	149
Chronic obstructive pulmonary disease	301	12.2	10.9	13.6	145	128	161
Cerebrovascular diseases	277	11.4	10.1	12.7	137	121	153
Colorectal cancer	237	10.0	8.7	11.3	112	98	126
Road traffic injuries	231	9.9	8.6	11.1	193	168	218
Endocrine, nutritional and metabolic diseases – Deaths from diabetes	220	8.9	7.7	10.1	151	131	171

CULTURAL AND LINGUISTIC DIVERSITY AND ENGLISH PROFICIENCY

Parts of the Darling Downs and West Moreton PHN region are culturally and linguistically diverse although overall, the region is less diverse than Queensland as a whole.

Within the Darling Downs and West Moreton PHN region, 78,156 persons (14.0%) were born overseas. By comparison, the proportion of Queensland residents who were born overseas is 21.6%.

Table 8 lists the top regions of the world from which residents have originated, split by English speaking, and non-English speaking. The largest proportion of overseas born English speaking residents originated from New Zealand. The largest proportion of people from a non-English speaking background are from the Philippines.

Table 8 – Top five English and non-English speaking background countries

ENGLISH SPEAKING		NON-ENGLISH SPEAKING	
COUNTRY	PROPORTION (%)	COUNTRY	PROPORTION (%)
New Zealand	3.0	Philippines	0.8
England	2.5	India	0.7
South Africa	0.5	Germany	0.3
Scotland	0.3	Netherlands	0.3
United States of America	0.2	China excludes SARs and Taiwan	0.3

Note: This table does not take into account new settlements; the Darling Downs and West Moreton PHN is aware of including settlements of approximately 800 people from Syria, the Middle East or Sudan and Africa.

Source: Compiled by Queensland Government Statistician, from ABS, Census of Population and Housing, 2016, General Community Profile – G01 and G09

Table 9 illustrates those areas in the region that have high numbers of people born in non-English speaking countries.

The number of persons who are from a non-English speaking background is 38,856 (7.0%). The equivalent number for Queensland is 522,810 (11.1%).

The areas with the highest number of residents of non-English speaking backgrounds are Redbank Plains in Ipswich (3,192 people) and Darling Heights in Toowoomba (3,023 people).

Table 9 – SA2 areas with a high number of residents from a non-English speaking background

STATISTICAL AREAS	NUMBER OF RESIDENTS FROM A NON-ENGLISH SPEAKING BACKGROUND	PROPORTION FROM A NON-ENGLISH SPEAKING BACKGROUND
Bellbird Park – Brookwater	1,890	13.7
Camira – Gailes	1,046	11.3
Collingwood Park – Redbank	1,263	14.8
Darling Heights	3,023	22.0
Gatton	1,530	20.6
Goodna	2,505	23.0
Redbank Plains	3,192	16.5
Springfield Lakes	2,695	17.5
Toowoomba – Central	1,169	8.7
Darling Downs and West Moreton PHN region	38,856	7.0
Queensland	522,810	11.1

Source: Compiled by Queensland Government Statistician, from ABS, Census of Population and Housing, 2016, General Community Profile – G01 and G09

The number of people who speak another language at home is 42,061 (7.6%). By comparison, the proportion of Queensland residents who speak another language at home is 12%.

Overall, the proportion of people who speak another language at home, and who report speaking English 'not well' or 'not at all' is 1.1%.

This proportion is less than Queensland's reported proficiency of speaking English 'not well' or 'not at all' of 1.8%.

However, in some communities of Darling Downs and West Moreton PHN, this proportion is greater:

- Gatton: 6.8% report speaking English 'not well' or 'not at all'
- Goodna: 5.6% report speaking English 'not well' or 'not at all'
- Darling Heights: 3.9% report speaking English 'not well' or 'not at all'
- Redbank Plains: 3.5% report speaking English 'not well' or 'not at all'
- Collingwood Park – Redbank: 3.2% report speaking English 'not well' or 'not at all'.

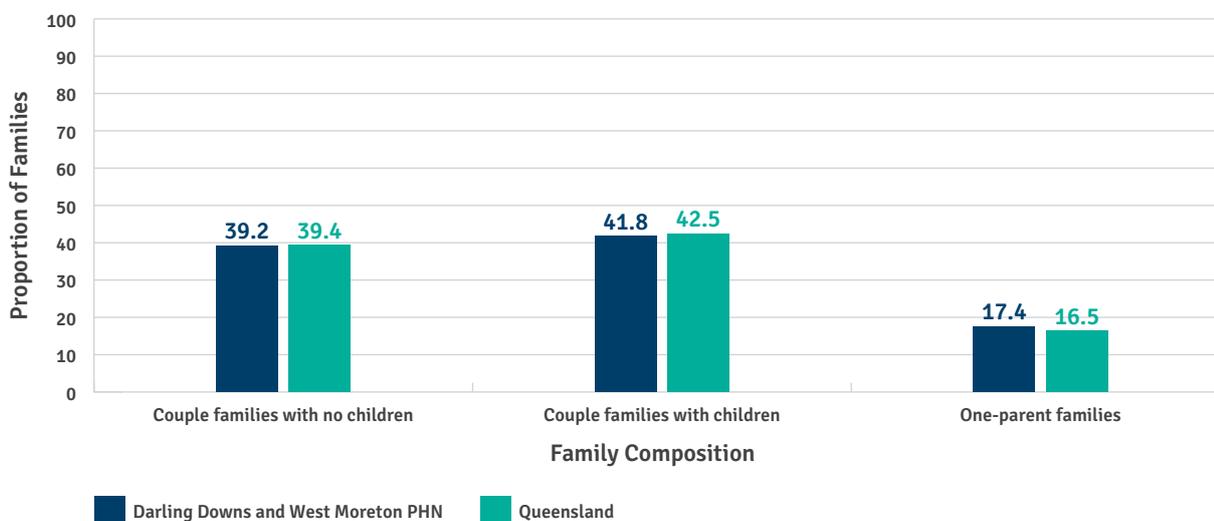
Social Determinants of Health

FAMILIES AND HOUSEHOLDS

There are 144,506 families in the region with the majority (41.8%) being couple families with children (see Figure 3). Family composition proportions for the region are very similar to Queensland proportions. Bellbird Park – Brookwater is the SA2 area with the largest proportion

of couple families with children (57.2%); Riverview has the largest proportion of One-parent families (35.5%); and Esk has the largest proportion of couple families with no children (55.7%).

Figure 3 – Composition of families in the Darling Downs and West Moreton PHN region

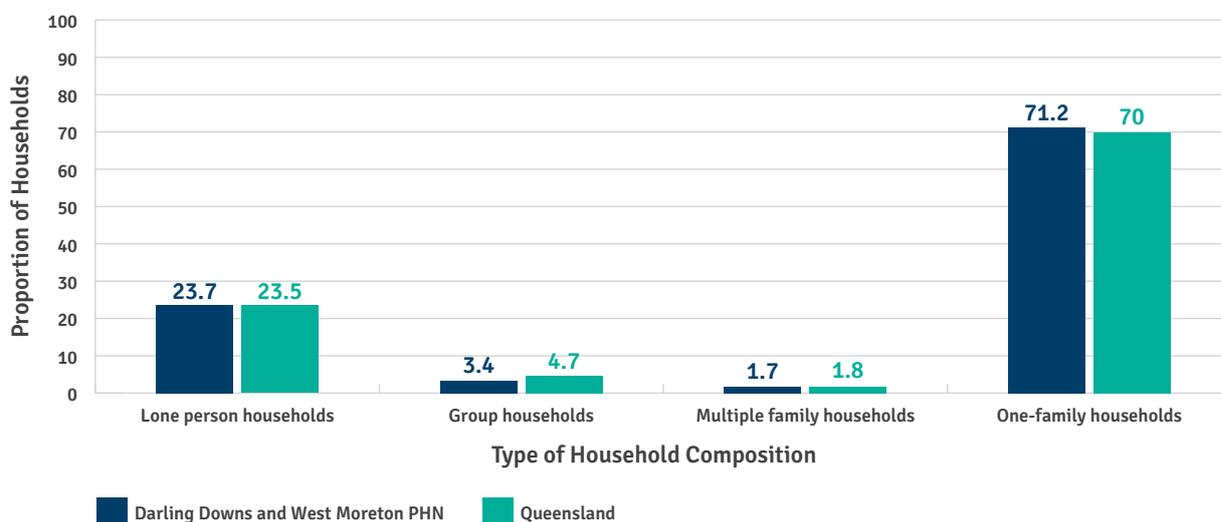


Source: Compiled by Queensland Government Statistician, from ABS, Census of Population and Housing, 2016, General Community Profile – G25

Figure 4 shows that the vast majority of households in the region are one family households (71.2%). The proportion of group households in the Darling Downs and the West Moreton PHN region (3.4%) is lower than the Queensland proportion. Goodna and Karalee – Barellan Point are the only two areas in the region with more than 3.5% of

households comprised of multiple family households. The areas with more than 30% lone person households, are Drayton – Harristown, Ipswich – Central, Ipswich – East, Newtown, North Ipswich – Tivoli, North Toowoomba – Harlaxton, Stanthorpe, Tara, Toowoomba – Central, Toowoomba – East, and Wilsonton.

Figure 4 – Household composition in the Darling Downs and West Moreton PHN region



Source: Compiled by Queensland Government Statistician, from ABS, Census of Population and Housing, 2016, unpublished data (occupied private dwellings)

SOCIO-ECONOMIC INDEX FOR AREAS – DISADVANTAGE

Broader social factors are known to influence the health of individuals and communities⁴. These social factors are known as health determinants and are defined by socio-economic, cultural and environmental conditions.

The more disadvantaged an individual is in terms of income, education or occupation, the greater the potential for these circumstances to adversely impact their health.

Outlined below are key health determinants of communities in the Darling Downs and West Moreton PHN region, including socio-economic status, household income, employment, housing and motor vehicle access, other income related determinants and education.

Understanding health determinants is important for interpreting the contributing causes of health issues in a

community, to plan for and commission evidence-based models of health care for the best possible health outcomes.

The population of the Darling Downs and West Moreton PHN region as a whole is experiencing greater disadvantage in comparison to the corresponding rate for Queensland.

Table 10 lists the SA2 areas, whose population falls within the two categories of greatest disadvantage – quintile 1 (most disadvantaged) and quintile 2 (next most disadvantaged). Comparison is also provided for the percentage of disadvantaged population in the Darling Downs and West Moreton PHN region as a whole, with Queensland. More than half of the population (59.2%) falls within the most disadvantaged categories of quintile 1 and quintile 2.

⁴ Australia's Health 2016, AIHW <https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true>

Table 10 – Most disadvantaged SA2 areas in the Darling Downs and West Moreton PHN region by quintiles

STATISTICAL AREAS	QUINTILE 1 (MOST DISADVANTAGED) (%)	QUINTILE 2 (%)	TOTAL (%)
Riverview	100.0	0.0	100
Nanango	91.0	9.0	100
Goodna	74.6	25.4	100
Leichhardt – One Mile	74.0	18.9	92.9
Newtown	58.1	41.9	100
North Ipswich – Tivoli	57.3	42.7	100
Gatton	55.4	38.7	94.1
Esk	46.4	49.6	96.0
Bundamba	45.3	54.7	100
Redbank Plains	38.9	58.9	97.8
Darling Downs and West Moreton PHN region	31.4	27.8	59.2
Queensland	20.0	20.0	40.0

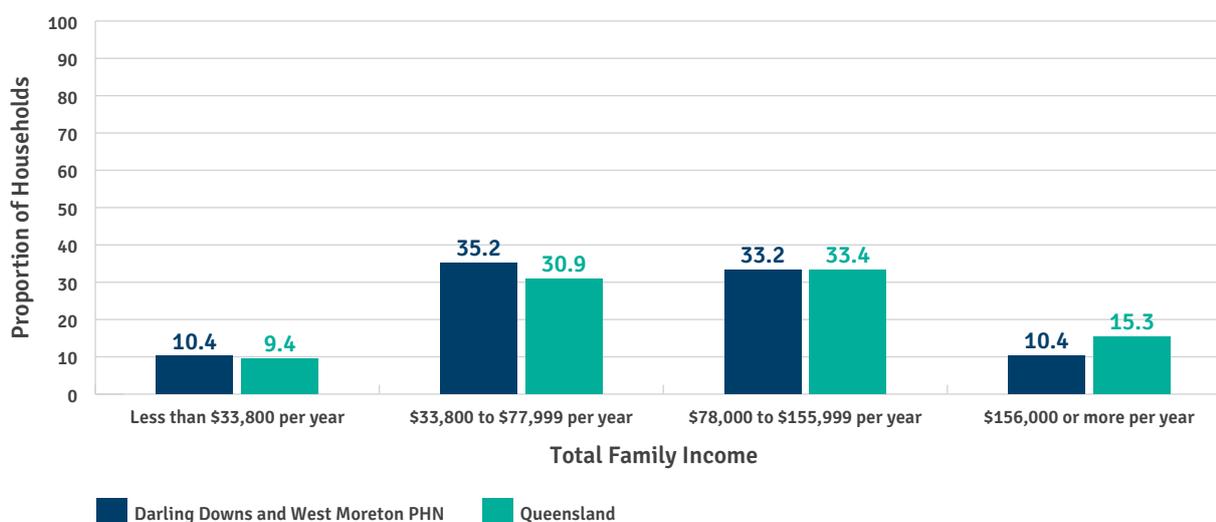
Source: Compiled by Queensland Government Statistician, based on ABS 2033.0.55.001, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia – Data only, 2011, (Queensland Treasury derived)

Ten of the level 2 statistical areas (SA2) in the Darling Downs and West Moreton PHN region have more than 90% of their population within the two most disadvantaged quintile. The most affected communities are Riverview in Ipswich (SA2) and Cherbourg (LGA), where all of the residents are in quintile 1, the most disadvantaged. Seven of the ten SA2 areas experiencing a high degree of disadvantage are located in the larger urban centres

of Ipswich and Toowoomba. In contrast, the least disadvantaged residents who are in quintile 5 (least disadvantaged) represent just 9.9% of the population. This is less than half the corresponding rate for Queensland, which is 20%. The areas of extreme disadvantage are likely to contribute to poor health outcomes for people in those areas.

HOUSEHOLD INCOME

Figure 5 – Household income in the Darling Downs and West Moreton PHN region



Source: Compiled by Queensland Government Statistician, based on ABS, Census of Population and Housing, 2016, General Community Profile – G02 and G28 and Queensland Treasury estimates

- The median household income in the Darling Downs and West Moreton PHN region is \$76,577 per year, which is almost \$10,000 lower per year than the Queensland median.
- In terms of total family income, the region has a larger proportion of households in the \$33,800 to \$77,999 bracket and fewer in the \$156,000 or more per year bracket than Queensland.
- There are pockets of the region that have considerably lower incomes than State levels.
- 9.4% of Queensland households have annual incomes in the lowest bracket, there are eight SA2 areas in the Darling Downs and West Moreton PHN region with over 15% of households in this bracket. (Crows Nest – Rosalie (15.1%), Esk (15.1%), Goodna (15.6%), Nanango (16.5%), Kingaroy region – North (17.3%), Leichhardt – One Mile (17.3%), Tara (18.7%), and Riverview (19.6%).)
- At the LGA level, 41.0% of Cherbourg LGA households have annual incomes in the lowest bracket. No other LGA exceeds 15%.

UNEMPLOYMENT AND LABOUR FORCE PARTICIPATION

- Overall, the Darling Downs and West Moreton PHN region's unemployment rate of 6.2% is the same as that of Queensland.
- The lowest unemployment rates of 2% or lower are found in Highfields, Karana Downs and Middle Ridge.
- The highest unemployment rates are over 12%, and occur in Riverview (19.3%), Leichhardt – One Mile (15.7%), Goodna (13.1%) and Kingaroy region – North (12.6%). The Kingaroy region – North, is the SA2 area that includes all of Cherbourg LGA which itself has an unemployment rate of 12.7% (March Quarter 2017).

Source: Queensland Government Statistician based on Australian Government Department of Employment, Small Area Labour Markets Australia, various editions

RECEIVING GOVERNMENT BENEFITS

Table 11 – Proportion of residents receiving age, disability or sole parent (female) pensions, holding a healthcare concessions card, and on unemployment benefits long term, 2016

	DARLING DOWNS AND WEST MORETON PHN	QUEENSLAND
Persons aged 65 years and over on an age pension (%)	73.0	69.8
Persons aged 16 to 64 years on a disability support pension (%)	7.4	5.1
Females aged 15 to 54 years on a sole parent pension (%)	6.4	4.6
Persons 0 to 64 years holding a health care concessions card (%)	8.5	7.7
Persons aged 16 to 64 years on unemployment benefit long term (%)	5.7	4.9

Public Health Information Unit. June 2017 update

The proportion of persons receiving government benefits for Darling Downs and West Moreton PHN region exceeds the Queensland corresponding numbers for each form of income support.

Furthermore:

- 59,503 people in the Darling Downs and West Moreton PHN region receive the age pension with data suggesting that all people of eligible age in the Cherbourg LGA and 80.2% of eligible residents in South Burnett LGA receive the age pension.
- 25,152 people in the Darling Downs and West Moreton PHN region receive a disability support pension. Proportions are particularly high in Somerset LGA (10.6%), South Burnett LGA (13.2%) and Cherbourg LGA (14.5%).
- 9,190 women in the Darling Downs and West Moreton PHN region receive the sole parent pension, and 30.6% of women of eligible age residing in Cherbourg receive the sole parent pension.
- 39,605 people in the Darling Downs and West Moreton PHN region hold health care cards. This includes 24.4% of eligible age residents of Cherbourg LGA, 10.3% of South Burnett LGA, 9.4% of Southern Downs LGA, 9.2% of Somerset LGA and 9.1% of Lockyer Valley LGA residents aged 0-64.
- 23,701 people in the Darling Downs and West Moreton PHN region receive an unemployment benefit long term. This includes 33.9% of residents in Cherbourg LGA, 9.2% of South Burnett LGA, 8.7% of Somerset LGA and 8.4% of Southern Downs LGA.

PROPORTION OF CHILDREN IN LOW INCOME, WELFARE DEPENDENT FAMILIES

There are an estimated 36,907 children in the Darling Downs and West Moreton PHN region living in low income, welfare dependent families. The proportion of children that this represents is 28.7%, which is higher than the Queensland proportion of 23.9%.

The Darling Downs and West Moreton PHN has the 6th highest proportion of children in low income, welfare dependent families of all 31 PHNs in Australia.

Table 12 shows the individual LGAs in the Darling Downs and West Moreton PHN region with high proportions of children in low income, welfare dependent families. It shows particularly high rates in Cherbourg. Over one third of children in South Burnett, Somerset and Ipswich LGAs live in these circumstances.

Table 12 – LGAs with high proportions of children in low income, welfare dependent families, 2016

LGAs	PROPORTIONS OF CHILDREN IN LOW INCOME, WELFARE DEPENDENT FAMILIES (%)
Cherbourg	85.3
South Burnett	36.4
Somerset	34.9
Ipswich	31.2
Southern Downs	31.2
Lockyer Valley	30.3
Darling Downs and West Moreton PHN region	28.7
Queensland	23.9

Source: Public Health Information Unit. June 2017 update

HEALTH INSURANCE

The rate for people holding private health insurance in the region is 39.3 people per 100 Age Standardised Rate¹ (ASR), which is lower than the Queensland rate of 47.9 (2014-2015 data).

The LGAs with rates above 40 per 100 ASR, are Banana LGA (49.9) and Toowoomba LGA (48.2). The ASR rate per 100 population is lowest in Cherbourg LGA (30.7) and Somerset LGA (32.6).

¹ A method for comparison of rates in different populations. Source: AIHW <http://meteor.aihw.gov.au/content/index.phtml/itemId/327276>

Source: Public Health Information Unit. June 2017 update

HOUSING AND MOTOR VEHICLE ACCESS

In the Darling Downs and West Moreton PHN region, 25.9% of households receive rent assistance (June 2016) compared to a Queensland rate of 22.2%. Proportions are particularly high for Cherbourg LGA (58.5%) and Ipswich LGA (31.9%).

However, only 2.7% of dwellings in the region are rented from the government housing authority (Qld 3.5%), (2011 data). Only Ipswich LGA (4.1%) and Banana LGA (4.8%) have proportions of households receiving rent assistance, which are higher than the Queensland proportion.

The Darling Downs and West Moreton PHN region also has a lower rate of homelessness (36.8 per 100,000) than the Queensland rate (44.5 per 100,000). The highest rates of homelessness for the Darling Downs and West Moreton PHN region are those, which are approaching or exceeding 100 per 100,000.

Table 13 – SA2 areas with the highest rates of homelessness in the Darling Downs and West Moreton PHN region

STATISTICAL AREAS	HOMELESS PERSONS	
	NUMBER	RATE PER 100,000
Darling Heights	115	93.1
Goodna	76	82.9
Ipswich – Central	118	163.0
Kingaroy region – North	111	119.3
Riverview	33	103.0
Darling Downs and West Moreton PHN region	1,872	36.8
Queensland	19,834	44.5

Source: Compiled by Queensland Government Statistician, based on ABS, Census of Population and Housing, 2011, Place of Enumeration Profile – P01 and ABS 2049.0, Census of Population and Housing: Estimating homelessness

The proportion of dwellings in the Darling Downs and West Moreton PHN region without a motor vehicle is 5.1%, which is lower than the Queensland proportion of 6.0%.

Of the LGAs in the Darling Downs and West Moreton PHN region, only Cherbourg LGA (45.6%) has a higher proportion than Queensland.

The only other LGAs with proportions over 5% are Southern Downs (5.9%), Toowoomba (5.6%), and Ipswich (5.4%). Conversely, all Darling Downs and West Moreton PHN LGAs other than Cherbourg (7.1%) have a higher proportion of dwellings with three or more motor vehicles than Queensland (19.0%).

Source: Compiled by Queensland Government Statistician, based on ABS, Census of Population and Housing, 2016, Census of Population and Housing, General Community Profile – G30

DWELLINGS WHERE INTERNET IS NOT ACCESSED

Overall, the proportion of dwellings in the Darling Downs and West Moreton PHN region, where the internet is not accessed is 17.5%. The proportion is greater than 20% in 26 of the total 65 statistical areas (SA2 level) in the region.

These areas are listed in Table 14. This occurrence is highest in Kingaroy region – North and Tara SA2s, where the proportion of dwellings, which do not access the internet, is over 30%.

Table 14 – SA2 areas with the highest proportions of dwellings where no resident accesses the internet

STATISTICAL AREAS	INTERNET NOT ACCESSED FROM DWELLING	
	NUMBER	%
Banana	650	21.6
Boonah	859	20.2
Crows Nest – Rosalie	767	23.8
Drayton – Harristown	1,003	24.9
Esk	484	23.9
Gatton	630	24.9
Goondiwindi	466	21.1
Inglewood – Waggamba	448	28.4
Ipswich – East	1,398	20.6
Jondaryan	531	20.8
Kilcoy	425	22.0
Kingaroy region – North	1,039	30.1
Miles – Wandoan	313	23.1
Millmerran	315	26.9
Nanango	938	24.7
Newtown	904	23.3
North Ipswich – Tivoli	527	21.5
Riverview	202	21.5
Southern Downs – East	315	20.6
Southern Downs – West	383	22.0
Stanthorpe	587	26.7
Stanthorpe region	445	20.9
Tara	429	30.9
Wambo	1,259	21.4
Warwick	1,352	23.3
Wilsonton	1,229	23.6
Darling Downs and West Moreton PHN region	33,861	17.5
Queensland	224,855	13.6

Source: Compiled by Queensland Government Statistician, based on ABS, Census of Population and Housing, 2016, General Community Profile – G37

EDUCATION

The proportion of adults in the Darling Downs and West Moreton PHN region, whose highest year of school completed is Year 11 or 12 education, is 50.5%.

This proportion is 8.9 percentage points lower than the State Year 11 and 12 completion rate. Within the Darling Downs and West Moreton PHN, some SA2 areas have notably less education levels than the region overall. Table 15 lists the SA2 areas where the proportion of adults

with Year 11 or 12 education is at least 10 percentage points below that of the Darling Downs and West Moreton PHN region.

The SA2 with the lowest completion rate is Tara, where only one-third of adult residents have completed Year 11 or 12. Other areas where the completion rate is below 40% are Nanango, Kingaroy region – North, Millmerran, Inglewood – Waggamba, and Esk.

Table 15 – SA2 areas with the lowest rates of completing Year 11 or 12 in the Darling Downs and West Moreton PHN region

STATISTICAL AREAS	YEAR 11 OR 12 OR EQUIVALENT
Tara	33.2
Nanango	34.6
Kingaroy region – North	34.7
Millmerran	34.9
Inglewood – Waggamba	39.5
Esk	39.6
Riverview	40.0
Crows Nest – Rosalie	40.2
Southern Downs – East	40.5
Lockyer Valley – East	40.8
Southern Downs – West	40.9
Darling Downs and West Moreton PHN region	50.5
Queensland	58.9

Source: Compiled by Queensland Government Statistician, based on ABS, Census of Population and Housing, 2016, General Community Profile – G16

The number of adult residents of the Darling Downs and West Moreton PHN who did not attend school or who completed education up to Year 8 is 32,331 (7.7%). The comparative proportion for Queensland is 5.4%.

Within the Darling Downs and West Moreton PHN region, notable SA2 areas with similar levels of education are Kingaroy region – North (12.8%), Gatton (12.5%), Riverview (12.2%) and Stanthorpe (12%).

Source: Compiled by Queensland Government Statistician, based on ABS, Census of Population and Housing, 2016, General Community Profile – G16

DISABILITY

There is indication that those with disabilities in the Darling Downs and West Moreton PHN region, require service access and integration assistance to support those living with a disability, their families and carers to navigate the

various systems and optimise health access. Those with a disability often have increased need of health care services, and reduced access due to their disability.

Table 16 – Service access and integration assistance for people with disabilities

REFERENCE	FRAME	NUMBER	POPULATION	%
Persons providing unpaid assistance to persons with a disability ¹	15 years+	51,070	427,848	11.9
Persons with a profound or severe disability and living in the community ²	All ages	29,170	510,695	5.7
	0 to 64 years	17,647	431,771	4.1
	65 years and over	11,527	78,919	14.6
Persons with a profound or severe disability (incl. long-term accommodation) ²	All ages	32,811	510,695	6.4
	0 to 64 years	18,184	431,771	4.2
	65 years and over	14,632	78,919	18.5

¹ 2016 Usual Resident Population

² 2016 Place of Emuneration Population

Significant Health Risk Factors

Table 17 – Darling Downs and West Moreton PHN Local Government Areas comparison of key health indicators – risk factors, diseases or health conditions, and premature mortality

	PREVALENCE							
	RISK FACTORS							
	OBESITY – ADULT FEMALES ¹	OBESITY – ADULT MALES ¹	OBESITY – CHILDREN ²	SMOKERS – FEMALES ³	SMOKERS – MALES ³	HARMFUL USE OF ALCOHOL ⁴	PHYSICAL INACTIVITY ⁵	AT LEAST ONE OF FOUR RISK FACTORS ⁶
NATIONAL RATE	27.5	28.4	7.5	13.3	18.9	16.7	66.3	77.6
QUEENSLAND RATE	28.5	32.1	7.9	15.0	19.0	17.2	67.9	79.0
NON-METRO QUEENSLAND	30.3	34.2	7.9	16.5	21.2	18.8	67.5	79.7
PHN RATE	33.8	38.0	8.8	16.8	20.9	16.1	74.6	85.2
PHN RANK [^]	5th	3rd	4th	4th	17th	21st	1st	1st
BANANA	33.8*	37.4*	7.1	16.3*	21.6*	20.8*	79.2*	87.7*
BRISBANE	22.4	25.1	6.7	11.2	14.0	16.1	65.3	73.1
CHERBOURG	39.1*	43.6*	10.2*	25.8*	31.1*	17.3*	77.4*	89.4*
GOONDIWINDI	37.3*	41.7*	7.7	18.1*	23.1*	19.6*	80.2*	86.8*
IPSWICH	33.2*	37.3*	10.1*	17.5*	21.5*	13.6	73.8*	86.2*
LOCKYER VALLEY	33.7*	37.4*	9.1*	16.6*	20.6*	16.6	78.3*	87.1*
SCENIC RIM	31.5*	35.1*	8.0*	15.2*	19.7	18.5*	71.6*	82.0*
SOMERSET	30.5*	33.9*	9.5*	18.4*	23.6*	16.0	75.8*	86.0*
SOUTH BURNETT	36.2*	40.8*	9.1*	22.6*	27.7*	18.2*	76.6*	87.4*
SOUTHERN DOWNS	33.1*	37.3*	8.0*	18.4*	22.7*	17.4*	75.8*	85.0*
TOOWOOMBA	34.1*	38.5*	7.6	14.4	18.2	17.0	72.8*	82.3*
WESTERN DOWNS	37.0*	41.4*	7.4	16.6*	21.4*	20.3*	77.7*	88.5*

10% higher than Queensland rate
 25% higher than Queensland rate
 Top 5% of all PHNs

¹ Age standardised rate of the number of people aged 18 years and over per 100 with obesity

² Age standardised rate of the number of people per 100 with obesity for children aged 2-17yrs

³ Age standardised rate of the number of people per 100 who were smokers for people aged 18 years and over

⁴ Age standardised rate of the number of people per 100 aged 15 years or over who consumed more than two standard alcoholic drinks per day on average

⁵ Age standardised rate of the number of people per 100 aged 18 years and over who undertook no or low exercise in the previous week

⁶ Age standardised rate of the number of people per 100 aged 18 years and over with one of four risk factors (current smokers, high risk alcohol, obese, no or low exercise in the previous week)

[^] Darling Downs and West Moreton PHN rank out of all 31 PHNs (lower rank number = higher prevalence rate)

* Rate is significantly (p<.05) higher than Queensland rate

This table presents a comparative picture of the health of Darling Downs and West Moreton PHN residents and the PHN's 10 LGAs, for key health indicators, highlighting (in orange and red) where the results are higher or notably higher than the Queensland rate. The table also provides a comparison of the PHN with Queensland and Australia, including the PHN ranking relative to the 30 PHNs in Australia.

As noted there are some key indicators of significant concern for our region. The obesity levels in females, males and children are significantly higher than Australia or Queensland. The flow on effect in other conditions is likely increases in future HNA's given the health problems and consequences associated. This is further compounded by the current levels of physical inactivity and smoking, particularly with the female demographic.

	PREVALENCE							PREMATURE MORTALITY				
	DISEASES OR HEALTH CONDITIONS							PREMATURE DEATHS ¹⁴	CIRCULATORY SYSTEM DISEASE ¹⁵	RESPIRATORY SYSTEM DISEASE ¹⁶	HEART DISEASE ¹⁷	CANCER ¹⁸
	SELF-ASSESSED HEALTH ⁷	DIABETES ⁸	MENTAL HEALTH ⁹	CIRCULATORY SYSTEM DISEASE ¹⁰	RESPIRATORY SYSTEM DISEASE ¹¹	ASTHMA ¹²	CHRONIC OBSTRUCTIVE PULMONARY DISEASE ¹³					
NATIONAL RATE	14.8	5.4	13.6	17.3	28.7	10.2	2.4	238.2	45.6	14.8	24.1	100.7
QUEENSLAND RATE	15.4	5.1	14.4	17.8	27.2	10.2	2.7	249.9	47.3	15.6	25.9	104.8
NON-METRO QUEENSLAND	16.4	4.9	14.7	18.4	27.6	10.7	2.8	256.6	46.8	15.8	25.5	106.3
PHN RATE	17.3	5.2	15.1	17.9	29.1	11.2	2.9	274.1	55.8	19.6	29.0	108.4
PHN RANK [^]	4th	14th	4th	12th	17th	12th	6th	9th	7th	6th	7th	11th
BANANA	15.3	4.4	12.9	19.7*	26.6	10.8*	2.7	237.4	-	0	-	-
BRISBANE	13.3	5.0	13.9	16.6	26.2	8.9	2.5	212.8	41.9	12.4	23.4	93.0
CHERBOURG	23.6*	6.3*	17.6*	18.3*	26.3	11.3*	3.1*	367.7*	80.4*	-	-	132.0*
GOONDIWINDI	18.0*	5.5*	14.2	18.7*	26.4	10.3*	2.8*	317.0*	60.7*	25.3*	31.2*	123.4*
IPSWICH	17.4*	5.7*	15.2*	18.1*	28.6*	10.4*	2.9*	306.4*	65.0*	25.3*	33.2*	122.6*
LOCKYER VALLEY	16.4*	4.9	15.7*	17.5	29.4*	10.7*	2.8*	257.9*	50.4*	15.5	28.6*	99.2
SCENIC RIM	14.4	4.7	14.5*	17.6	29.0*	10.9*	2.7	230.7	42.4	15.0	24.2	102.0
SOMERSET	16.6*	6.5*	16.0*	18.1*	29.8*	11.1*	3.3*	286.5*	54.1*	18.1*	28.7*	114.5*
SOUTH BURNETT	20.7*	5.7*	16.8*	17.7	26.1	11.9*	3.1*	297.5*	62.9*	23.5*	35.3*	114.6*
SOUTHERN DOWNS	16.7*	5.1	15.6*	17.6	27.7*	11.9*	2.8*	258.0*	53.2*	12.8	26.9*	107.7*
TOOWOOMBA	16.9*	4.7	14.8*	17.8	30.7*	12.0*	2.9*	245.9	49.0*	16.7*	24.4	94.6
WESTERN DOWNS	18.0*	4.6	13.5	19.2*	28.1*	11.0*	2.8*	298.8*	54.6*	20.3*	26.4*	112.5*

⁷ Age standardised rate of the number of people per 100, aged 15 years and over with fair or poor self-assessed health

⁸ Age standardised rate of the number of people per 100, aged 18 years and over with diabetes mellitus

⁹ Age standardised rate of the number of people per 100, with mental and behaviour problems

¹⁰ Age standardised rate of the number of people per 100, aged 2 years and over with circulatory system diseases

¹¹ Age standardised rate of the number of people per 100 with respiratory system diseases

¹² Age standardised rate of the number of people per 100 with asthma

¹³ Age standardised rate of the number of people per 100 with chronic obstructive pulmonary disease

¹⁴ Age standardised rate of the average annual rate per 100,000 of premature death aged 0-74 years

¹⁵ Age standardised rate of the average annual rate per 100,000 of premature deaths from circulatory system disease aged 0-74 years

¹⁶ Age standardised rate of the average annual rate per 100,000 of premature deaths from respiratory system disease aged 0-74 years

¹⁷ Age standardised rate of the average annual rate per 100,000 of premature deaths from ischaemic heart disease aged 0-74 years

¹⁸ Age standardised rate of the average annual rate per 100,000 of premature deaths from cancer aged 0-74 years

[^] Darling Downs and West Moreton PHN rank out of all 31 PHNs (lower rank number = higher prevalence rate)

* Rate is significantly (p<.05) higher than Queensland rate

OBESITY

Table 18 – Percentage of the adults (persons aged 18 years and over) who is overweight and/or obese

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIAN AVERAGE FOR REGIONAL PHN AREAS
Overweight (but not obese)	36.2%	33.7%
Obese	34.9%	34.7%
Overweight or obese	70.1%	68.5%

Source: AIHW analysis of Australian Bureau of Statistics (ABS) National Health Survey, 2014-15

Chronic Disease Prevalence

Chronic disease is a core area of risk for residents within the Darling Downs and West Moreton PHN. Further, social challenges such as hardship and disadvantage are prevalent social determinants which are influencing other health risk factors, including childhood obesity, high rates of smoking in pregnancy, low participation in cancer screening and

adults who have lifestyle related conditions. Transport and rurality is a barrier to accessing health care for many regional and rural residents of the Darling Downs and West Moreton PHN. For residents with complex health needs, there are challenges in coordinating timely access to health care.

Early Detection Health Practices

Immunisation and cancer screening rates can be a gauge for positive health behaviours. The vaccines target whole of life disease prevention, thus a fully-vaccinated community will experience fewer potentially preventable hospitalisations, while offering protection from many common pathogens.

IMMUNISATION

Immunisation programs assist in protecting our community against the spread of disease and there success is reliant on ensuring high rates of the community are immunised (herd immunity). The Department of Health has a target of 95 per cent of the population to be immunised.

Immunisation rates across SA3 areas in the Darling Downs and West Moreton PHN region, are in line or higher than national rates for children aged 1, 2 and 5 years, however fall short of the target of 95%. However, data relative to hospital admissions for potentially

preventable hospitalisations (PPH) indicates that presentations to Darling Downs and West Moreton PHN HHSs continues to occur for vaccine preventable illnesses, indicating opportunities for improvement in immunisation rates across our region.

Table 19 – Immunisation rates across SA3 areas in the Darling Downs and West Moreton PHN region

CHILDREN AGED 1, 2 AND 5 YEARS WHO WERE FULLY IMMUNISED 2015-16				
AGE GROUP	NUMBER OF REGISTERED CHILDREN	NUMBER FULLY IMMUNISED	NUMBER NOT FULLY IMMUNISED	PERCENT FULLY IMMUNISED (%)
1 year	7,718	7,238	480	93.8
2 years	7,910	7,261	649	91.8
5 years	8,296	7,795	501	94.0

Explanatory notes: The data reported is for children aged 1, 2 and 5 years for the period 1 April to 31 March, assessed as at 30 June. The data excludes invalid and unallocated postcodes.

Source: AIHW analysis of Department of Human Services, Australian Immunisation Register statistics (see dates of data extraction on the table of contents (TOC) tab). For more details on the diseases and immunisations see Immunise Australia Program, Diseases and Programs A – Z. www.immunise.health.gov.au For more information please refer to the technical note available at <http://www.myhealthycommunities.gov.au/our-reports>

Table 20 – HPV immunisation: percentage of girls in 2014-15 who were fully immunised against HPV

GIRLS 2014-15				
	POPULATION	NUMBER FULLY IMMUNISED	PERCENT FULLY IMMUNISED	PERCENTAGE POINT CHANGE FROM 2013-14
Darling Downs and West Moreton PHN region	3,652	2,650	72.6	1.5
Queensland	28,945	22,210	76.7	2.5

Note: This data includes girls aged 15 who had received three doses of HPV vaccine by 30 June 2015. Any doses administered after that date are not included and therefore the current coverage in this cohort may be higher than reported here. Only vaccinations reported to the National HPV Vaccination Program Register (HPV Register) are included. Girls whose courses are considered to be incomplete according to the Chief Medical Officer guidelines and girls who do not wish their details to be recorded on the HPV Register are excluded.

Source: National HPV Vaccination Program Register, data extracted 4 August 2016, and Australian Bureau of Statistics, Estimated Resident Population

HPV immunisation rates in 2014-15 are lower than Qld percentage.

Table 21 – HPV immunisation: percentage of boys in 2014-15 who were fully immunised against HPV

BOYS 2014-15			
	POPULATION	NUMBER FULLY IMMUNISED	PERCENT FULLY IMMUNISED
Darling Downs and West Moreton PHN region	4,040	2,704	66.9
Queensland	30,758	20,814	67.7

Note: This data includes boys aged 15 who had received three doses of HPV vaccine by 30 June 2015. Any doses administered after that date are not included and therefore the current coverage in this cohort may be higher than reported here. Only vaccinations reported to the National HPV Vaccination Program Register (HPV Register) are included. Boys whose courses are considered to be incomplete according to the Chief Medical Officer guidelines and boys who do not wish their details to be recorded on the HPV Register are excluded.

Source: National HPV Vaccination Program Register, data extracted 4 August 2016, and Australian Bureau of Statistics, Estimated Resident Population

Table 22 – Immunisation rates for Darling Downs and West Moreton PHN children aged 1, 2 and 5 years who were fully immunised (%), 2012-16

AGE (IN YEARS)	2012-13			2013-2014			2014-15			2015-16		
	1	2	5	1	2	5	1	2	5	1	2	5
NATIONAL RATE	91.3	92.4	91.5	90.4	92.4	92.0	91.3	89.2	92.2	93.0	90.7	92.9
PHN RATE	91.8	92.9	93.0	91.9	93.4	93.2	92.5	91.1	93.3	93.8	91.8	94.0
PHN RANK[^]	11th	16th	7th	3rd	11th	9th	5th	7th	11th	10th	11th	11th
DARLING DOWNS (WEST) – MARANOA	94.3	94.5	92.3	93.9	95.1	95.0	90.1	90.5	94.7	95.2	90.1	94.5
DARLING DOWNS – EAST	90.8	93.7	94.3	94.4	93.3	94.7	93.2	93.8	93.1	93.0	92.7	93.9
GRANITE BELT	93.0	91.7	92.1	91.5	92.8	93.2	91.4	90.8	91.6	94.6	92.6	94.8
IPSWICH HINTERLAND	92.6	94.0	95.2	92.1	94.6	94.6	92.2	91.4	94.6	92.2	92.4	94.8
IPSWICH INNER	92.7	93.9	94.1	92.7	94.3	94.8	92.7	90.8	95.0	93.7	92.3	93.9
SPRINGFIELD – REDBANK	89.9	90.8	90.2	91.1	92.0	91.7	92.0	91.2	92.2	94.4	91.4	93.2
CABOOLTURE HINTERLAND	95.0	93.5	94.3	87.8	93.0	95.0	88.8	87.5	92.2	93.2	87.6	94.9
TOOWOOMBA	91.7	93.7	92.9	91.3	93.4	92.2	93.5	91.3	92.8	93.9	92.4	94.1
BURNETT	92.2	91.0	92.3	88.4	93.3	91.4	90.0	87.2	91.1	92.3	89.0	92.3

[^]Smaller rank = higher rate

Source: Australian Institute of Health and Welfare, Report hc-33, 2017

The immunisation rates for Aboriginal and Torres Strait Islander children, are consistent for children aged 5 years, and there is some improvement in rates for children aged 1 year, over the four year period of 2011-12 to 2015-16.

However, there has been a deterioration in the immunisation rates for children aged 2 years, over

this four-year period. In terms of national ranking, the Darling Downs and West Moreton PHN has slipped from ranked positions of 16th (for children aged 1 year), 18th (for children aged 2 years) and 13th (for children aged 5 years) in 2011-12, to ranked positions of 21st (for children aged 1 year), 22nd (for children aged 2 years) and 25th (for children aged 5 years) in 2015-16.

Table 23 – Aboriginal and Torres Strait Islander people immunisation rates for Darling Downs and West Moreton PHN children aged 1, 2 and 5 years who were fully immunised from 2012-13 to 2015-16 (%) by SA4 area level

AGE (IN YEARS)	2012-13			2013-2014			2014-15			2015-16		
	1	2	5	1	2	5	1	2	5	1	2	5
PHN RATE	85.1	90.6	93.2	87.2	90.6	92.6	86.6	85.5	93.2	89.8	86.3	92.2
PHN RANK[^]	16th	18th	13th	11th	19th	18th	21st	21st	18th	21st	22nd	25th
DARLING DOWNS – MARANOA	89.5	94.1	92.9	89	92.9	89.6	82.8	83.7	95	87.1	83.5	92.3
IPSWICH	85.5	91.6	93.4	88.5	90.8	94.9	88.8	85.7	93.3	89.6	88.1	93.7
TOOWOOMBA	79.4	91.7	95.6	81.9	90.5	90.9	86.0	86.1	94.4	92.5	87.3	91.2

[^]Smaller rank = higher rate

Source: Australian Institute of Health and Welfare, Report hc-33, 2017

CANCER SCREENING

Cancer screening can offer early detection and screens for particular changes and early signs of cancer before symptoms emerge. Early detection can increase opportunities for treatment and can enable planned admissions to hospital for treatment, improving hospital

planning of resources. In Australia, there are three cancers which have a national screening program, with both Australian Government and State and Territory government components.

Table 24 – Participation rate in the National Bowel Cancer Screening Program, 2014-15

Darling Downs and West Moreton PHN region	37.9%
Queensland	38.9%

Targets: individuals 55 and 65 years

Table 25 – Participation rate in BreastScreen Australia, 2014-15

Darling Downs and West Moreton PHN region	56.8%
Queensland	53.7%

Targets: women aged 50-74 years for two-yearly screening

Table 26 – Participation rate in the National Cervical Screening Program, 2014-15

Darling Downs and West Moreton PHN region	49.2%
Queensland	56.4%

Targets: women aged over 18 years



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Section 4

Primary Health Care

Workforce Overview

The Australian Federal Department of Health has engaged Health Workforce Queensland (HWQ) to undertake a state-wide ‘all of health’ workforce needs assessment, leveraging off the comprehensive health and service needs assessments that already exist.

The all of health workforce analysis will focus on the primary health care landscape, it will identify high priority locations, professions and workforce requirements to develop evidence based and effective models of service delivery in rural Queensland.

The report is anticipated to be published in 2018 and will be a valuable source of information for Darling Downs and West Moreton PHN understanding of workforce populations and shortages.

The Darling Downs and West Moreton PHN’s ongoing focus for this critical priority will align with Health Workforce Queensland goals, which will result in **all of our activities**

being implemented to support the following:

- 1. Access:** improving access and continuity of access to essential primary health care.
- 2. Quality of access:** building health workforce capability.
- 3. Future planning:** growing the sustainability of the health workforce.

Preliminary data from this WNA along with information gathered from the Darling Downs and West Moreton PHN Clinical Councils, Community Advisory Groups and community forums in most towns and regional centres has been used to develop an understanding of workforce issues in our communities.

The process of health needs assessment is an ongoing one, in order to mature the information used for planning improvements to service coordination and service commissioning. The Darling Downs and West Moreton PHN will continue to develop relevant workforce datasets to inform planning and commissioning of primary care services.

WORKFORCE GAPS

Table 27 – Average workforce-gap ratings: survey of primary health care professionals working in rural areas

	WORKFORCE		
	GENERAL PRACTITIONER WORKFORCE	NURSING WORKFORCE	ABORIGINAL HEALTH WORKER WORKFORCE
Central Queensland, Wide Bay and Sunshine Coast PHN	37.37	30.71	37.24
Northern Queensland PHN	39.68	41.78	41.07
Western Queensland PHN	52.05	46.19	37.00
Darling Downs and West Moreton PHN	33.83	36.67	33.93
Queensland	38.33	37.89	37.44

Source: Health Workforce Queensland, January 2018

- The ratings for workforce and service gaps in General Practitioners and Aboriginal health workers in the Darling Downs and West Moreton PHN were more favourable than the other PHNs, and Queensland as a whole.
- The nursing workforce ratings were less favourable than Central Qld Wide Bay and Sunshine Coast PHN, however better than the Northern and Western PHNs and Queensland as a whole.

Table 28 – Average workforce-gap ratings for allied health: survey of primary health care professionals working in rural areas

ALLIED HEALTH WORKFORCE	DARLING DOWNS AND WEST MORETON PHN	QUEENSLAND
Occupational Therapy	46	48
Palliative Care	51	48
Psychology	47	48
Dentistry	49	47

Source: Health Workforce Queensland, January 2018

Allied health professions with the highest average workforce-gap ratings for the Darling Downs and West Moreton PHN are listed in Table 28 with comparison to the equivalent Queensland ratings.

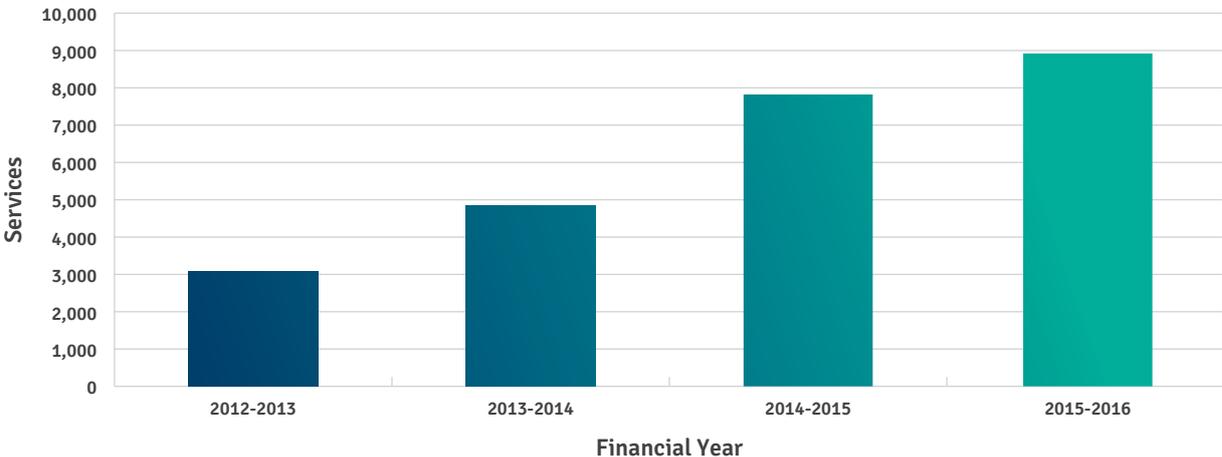
Primary Health Service Use and Access

HEALTH ASSESSMENTS

Health assessments for Aboriginal and Torres Strait Islander people (MBS Item 715), are specifically designed to improve the health outcomes for these communities, and are provided by GPs. The aim is early detection, diagnosis and intervention for conditions which are treatable but which cause morbidity and mortality.

Figure 6 illustrates the increase in these health assessments over a four year period. In 2015-16 there were 8,977 assessments provided to Aboriginal and Torres Strait Islander people under MBS Item 715, in the Darling Downs and West Moreton PHN area. This was almost 3 times the number of such services provided 4 years earlier.

Figure 6 – MBS Item Number 715 service utilisation for the Darling Downs and West Moreton PHN, 2012-2016



Source: DoH PHN Data portal – MBS Data

GP ATTENDANCES

- Approximately 75% of GP consultations are standard consultations.
- Approximately 4.69% GP consultations are after hours / emergency attendances.
- Approximately 1.84% GP consultations are mental health 1.84%.
- Approximately 0.04% GP consultations are chronic disease.

Table 29 provides an overview of the MBS services delivered across the Darling Downs and West Moreton PHN region. MBS reporting groups do not allow separation of Practice Nurse from Aboriginal health worker, so this data is combined.

The majority of these services (almost 74%) were GP consultations for care that required a standard consultation of approximately 20 minutes.

In light of the prevalence of health risk factors presented in other sections of this report, the utilisation of GP consultations for chronic disease and mental health issues appear notably low.

GP visits for chronic disease totalled 0.04% of MBS items for the Darling Downs and West Moreton PHN. The attendances related mental health issues were GP consultations 1.84%, and allied health visits 2.63%.

MBS services for nurse practitioners (0.31%) and Aboriginal health workers (1.37%) were both low. Telehealth also makes up a very small proportion of MBS services delivered in the Darling Downs and West Moreton PHN region.

These leaves significant opportunities to create strategies to improve primary care interventions to improve health outcomes.

Table 29 – Darling Downs and West Moreton PHN MBS services provided by item group (%), 2015-2016

MBS REPORTING GROUP	PERCENTAGE OF SERVICES
Level A VR Consultation Item 3 ¹	2.71
Level B VR Consultation Item 23 ²	59.78
Level C VR Consultation Item 36 ³	10.51
Level D VR Consultation Item 44 ⁴	0.75
GP Attendances (VR/Non-VR)	4.96
GP After Hours/Emergency Attendance	4.69
GP Mental Health	1.84
GP Chronic Disease	0.04
Other GP Attendances	0.35
GP Health Assessments	0.73
Other Primary Care Attendances	0.20
Early Intervention/Children with Disabilities	0.01
Practice Nurse/Aboriginal Health Worker	1.37
Nurse Practitioners	0.31
Allied Mental Health	2.63
Allied Health	3.60
Optometry	5.31
Telehealth	0.22

¹ Brief consultation – refer to MBS at <http://www.mbsonline.gov.au> for full description.

² Consultation < 20 min – refer to MBS for full description.

³ Consultation ≥ 20 min – refer to MBS for full description.

⁴ Consultation ≥ 40 min – refer to MBS for full description.

Source: Commonwealth Department of Health, PHN data

A photograph of three healthcare professionals, two women and one man, sitting around a table in a meeting. They are all wearing white lab coats and stethoscopes. The woman in the center is looking down at a document on the table. The woman on the right is looking towards the center. The man on the left is looking towards the center. The image has a teal overlay.

Section 5

Hospital and Health Service

West Moreton Hospital and Health Service

West Moreton delivers health services across the continuum of care: preventative and primary health care services; clinical support services, ambulatory services; acute care; sub-acute care; oral health; and mental health and specialised services.

West Moreton is responsible for the direct management and services provided by the following facilities:

- Boonah Health Service
- Esk Health Service
- Gatton Health Service
- Laidley Health Service
- Ipswich Hospital
- Ipswich Oral Health Clinic
- Ipswich Community Health Plaza
- Goodna Community Health
- The Park Centre for Mental Health.

Darling Downs Hospital and Health Service

The Darling Downs Hospital and Health Service (DDHHS) is the major provider of public hospital and health services in the Toowoomba, Western Downs, South Burnett, Goondiwindi and Southern Downs regions.

Darling Downs Hospital and Health Service operates in the following locations:

- Toowoomba
- Baillie Henderson
- Goondiwindi
- Inglewood
- Millmerran
- Stanthorpe
- Texas
- Warwick
- Chinchilla
- Dalby
- Jandowae
- Miles
- Oakey
- Tara
- Taroom
- Wandoan
- Cherbourg
- Kingaroy
- Murgon
- Nanango
- Wondai.

Private Hospitals

Private providers offer additional services in Toowoomba, Ipswich and some regional centres. These services include acute specialist services, with some providing specific services in hospice care and rehabilitation services.

Source: Queensland Health list of private health facilities 2017

Regional:

- Clifton Co-Op Hospital Ltd, Clifton
- Eden Rehabilitation Hospital, Cooroy
- Lady Bjelke-Petersen Community Hospital, Kingaroy.

Metropolitan:

- Ipswich Day Hospital, Ipswich
- Ipswich Hospice Care, Ipswich
- Mater Private Hospital, Springfield
- Roderick Street Day Surgery, Ipswich
- St Andrew's Ipswich Private Hospital, Ipswich
- St Andrew's Hospital, Toowoomba
- St Vincent's Hospital, Toowoomba
- Toowoomba Hospice, Toowoomba
- Toowoomba Surgicentre, Toowoomba.

Emergency Department Presentations

Table 30 – Emergency Department presentations at major Public Hospitals in the Darling Downs and West Moreton PHN region, 2016-17

TOWN	TOTAL ED PRESENTATIONS	AH PRESENTATIONS	% AH OF TOTAL
Ipswich	30564	16197	53%
Toowoomba	25548	13112	51%
Warwick	10426	3938	38%
Kingaroy	8698	3181	37%
Dalby	5823	2525	43%
Goondiwindi	4646	1593	34%
Chinchilla	4177	1579	38%
Cherbourg	3453	1559	45%
Inglewood	550	301	55%

Note: Data for Gatton, Boonah, Esk and Laidley was unavailable at the time of publication.

Table 31 – Ipswich Hospital, 2016-17

TOTAL PRESENTATIONS	61,898	PERCENTAGE OF PATIENTS SEEN ON TIME
Resuscitation presentations (requiring immediate treatment)	749	100%
Emergency presentations (requiring treatment within 10 minutes)	10,379	77%
Urgent presentations (requiring treatment within 30 minutes)	30,507	37%
Semi-urgent presentations (requiring treatment within 60 minutes)	16,769	56%
Non-urgent presentations (requiring treatment within 120 minutes)	3,494	86%

Source: <https://www.myhospitals.gov.au/hospital/310000015/ipswich-hospital/emergency-department> Australian Institute of Health and Welfare

Table 32 – Toowoomba Hospital, 2016-17

TOTAL PRESENTATIONS	50,975	PERCENTAGE OF PATIENTS SEEN ON TIME
Resuscitation presentations (requiring immediate treatment)	464	97%
Emergency presentations (requiring treatment within 10 minutes)	5,794	82%
Urgent presentations (requiring treatment within 30 minutes)	26,177	57%
Semi-urgent presentations (requiring treatment within 60 minutes)	17,229	64%
Non-urgent presentations (requiring treatment within 120 minutes)	1,311	85%

Source: <https://www.myhospitals.gov.au/hospital/310000104/toowoomba-hospital/emergency-department> Australian Institute of Health and Welfare
Potentially preventable hospitalisations

Potentially Preventable Hospitalisations

The Darling Downs and West Moreton PHN has high rates of potentially preventable hospitalisations, relative to

other PHN regions, with chronic and vaccine preventable conditions being the most common.

Table 33 – Potentially preventable hospitalisations

POTENTIALLY PREVENTABLE HOSPITALISATION (PPH) [^] CATEGORY	POTENTIALLY PREVENTABLE HOSPITALISATION (PPH) [^] CONDITION	PPH [^] PER 100,000 PEOPLE (age-standardised)
TOTAL PPH[^]	TOTAL PPH[^]	3,374
CHRONIC¹	TOTAL CHRONIC	1,481
Chronic	Angina	173
Chronic	Asthma	189
Chronic	Bronchiectasis	31
Chronic	Congestive heart failure	233
Chronic	Chronic obstructive pulmonary disease (COPD)	354
Chronic	Diabetes complications	222
Chronic	Hypertension	55
Chronic	Iron deficiency anaemia	208
Chronic	Nutritional deficiencies	5
Chronic	Rheumatic heart disease	11
ACUTE²	TOTAL ACUTE	1,519
Acute	Cellulitis	299
Acute	Convulsions and epilepsy	180
Acute	Dental conditions	333
Acute	Ear, nose and throat infections	225
Acute	Eclampsia	NP
Acute	Gangrene	44
Acute	Pelvic inflammatory disease	28
Acute	Perforated/bleeding ulcer	19
Acute	Pneumonia (not vaccine-preventable)	21
Acute	Kidney and urinary tract infections	368
VACCINE-PREVENTABLE³	TOTAL VACCINE-PREVENTABLE	404
Vaccine-preventable	Pneumonia and influenza (vaccine-preventable)	130
Vaccine-preventable	Other vaccine-preventable conditions	275
ACUTE AND VACCINE-PREVENTABLE	TOTAL ACUTE AND VACCINE-PREVENTABLE	1,915

[^] **Potentially preventable hospitalisations (PPH)** are conditions where hospitalisation could have potentially been prevented through the provision of appropriate individualised preventive health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). These are defined in accordance with the National Healthcare Agreement's definition of the PPH performance indicator. PPH rates are indicators of the effectiveness of non-hospital care. The rate of PPH in a local area may reflect the prevalence and severity of the conditions, or effectiveness and access to the non-hospital care system. There are three broad categories of PPH:

¹ **Chronic:** conditions that can be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These include angina, asthma, bronchiectasis, chronic obstructive pulmonary disease, congestive heart failure, diabetes complications, hypertension, iron deficiency anaemia, nutritional deficiencies and rheumatic heart diseases.

PPH [^] PER 100,000 PEOPLE (CRUDE)	NUMBER OF PPH [^]	NUMBER OF SAME DAY PPH [^]	PERCENTAGE OF PPH [^] THAT ARE SAME DAY (%)	TOTAL PPH [^] BED DAYS	AVERAGE LENGTH OF STAY (DAYS)
3,596	19,702	7,180	36.4	78,811	4.0
1,610	8,823	2,490	28.2	37,703	4.3
191	1,045	413	39.5	1,890	1.8
189	1,036	343	33.1	2,346	2.3
34	185	32	17.3	1,279	6.9
264	1,448	119	8.2	10,057	6.9
404	2,213	251	11.4	11,818	5.3
233	1,274	286	22.5	6,732	5.3
61	332	97	29.3	931	2.8
219	1,198	937	78.3	1,881	1.6
5	30	NP	NP	NP	NP
12	63	9	14.3	423	6.7
1,568	8,589	3,267	38.0	26,823	3.1
307	1,683	270	16.0	6,744	4.0
182	996	309	31.1	2,802	2.8
341	1,868	1,577	84.4	2,165	1.2
234	1,280	495	38.7	1,999	1.6
NP	NP	NP	NP	NP	NP
48	262	19	7.3	4,094	15.6
25	139	62	44.5	277	2.0
21	113	16	14.3	542	4.8
22	122	6	4.9	761	6.2
389	2,131	511	24.0	7,480	3.5
450	2,466	1,436	58.2	15,677	6.4
137	751	50	6.7	4,950	6.6
314	1,720	1,386	80.6	10,796	6.3
2,010	11,012	4,696	42.6	42,203	3.8

² **Acute:** conditions that theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include cellulitis, convulsions and epilepsy, dental conditions, ear, nose and throat infections, eclampsia, gangrene, pelvic inflammatory disease, perforated/bleeding ulcer, pneumonia (not vaccine-preventable) and urinary tract infections (including kidney infections).

³ **Vaccine-preventable:** diseases that can be prevented by vaccination.

In this update, they are grouped as pneumonia and influenza

(vaccine-preventable) and other vaccine-preventable conditions. Other vaccine-preventable conditions include chicken pox, diphtheria, haemophilus meningitis, hepatitis, measles, mumps, pertussis (whooping cough), polio, rubella and tetanus.



Section 6
Priorities

Our 9 Key Priority Areas

PREVALENCE OF CHRONIC DISEASE

Chronic diseases are conditions that persist or are long-lasting and often present slowly over a long period of time. The most common chronic diseases are cardiovascular disease (CVD), diabetes, chronic liver failure, chronic obstructive pulmonary disease (COPD), and end-stage renal disease.

For the most part, chronic disease progression is associated with unhealthy behaviours such as smoking, excessive alcohol consumption, and inadequate exercise and poor diet, which leads to obesity.

Chronic disease is a core area of risk for residents within the Darling Downs and West Moreton PHN region and is significantly impacted by social challenges and social determinants which influence health risk factors. Transport is indicated as a barrier to accessing health care for many regional and rural residents and more broadly there are challenges in coordinating timely access to health for people with complex health need.

To improve the outcomes of people burdened with chronic disease, we will focus on transitioning chronic disease management to community level care and reviewing ways to maximise existing services via service integration.

HEALTH & EQUALITY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Although many Aboriginal and Torres Strait Islander people have a good standard of living, too many experience unacceptable levels of disadvantage in living standards, life expectancy, education, health and employment.

In Queensland the life expectancy gap is currently estimated at 10.4 years for males and 8.9 years for females. During 2002-2006 Aboriginal and Torres Strait Islander children under five died at around three times the rate of non-Indigenous children (305.2 compared with 102.4 deaths per 100,000).

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 outlines the strategies to be employed to make health systems accessible, culturally safe and appropriate, effective and responsive for all Aboriginal and Torres Strait Islander people.

The plan has identified the six leading drivers of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Queenslanders as cardiovascular disease, diabetes, chronic respiratory disease, cancers, injuries and mental disorders. Strategies to 'close the gap' encompass mothers and babies, children, youth, adults and older people. They aim to empower communities to increase their social and emotional well-being and retain a strong connection to country and culture.

Many Aboriginal and Torres Strait Islander people have poorer health outcomes than non-Aboriginal and Torres Strait Islander people making culturally safe, person, family and community-centred care critical to our

regionally priorities. General consultation and evidence indicate the following:

- Babies born to Aboriginal and Torres Strait Islander mothers were almost twice as likely to be of low birth weight (less than 2,500 grams) than babies born to non-Indigenous mothers.
- Low birth weight can increase the risk of a child developing health problems.
- The life expectancy of Aboriginal and Torres Strait Islander people averages to be 10 years less than non-Aboriginal and Torres Strait Islander people.
- Many Aboriginal and Torres Strait Islander people are affected by cardiovascular disease, COPD, respiratory diseases and asthma, diabetes and cancer. These are responsible for a big part of the 'burden of disease' experienced by Aboriginal and Torres Strait Islander people.

The core needs of these communities are demonstrated in their vulnerability and health outcomes. Particular focus is needed in management of chronic disease, violence, substance misuse, along with health challenges associated with disability, Maternal, Child & Youth mental and physical Health. It is noted that Health assessments for Aboriginal and Torres Strait Islander people increased to 8,977 in 2015-16, almost three times the number of services provided four years earlier. This is indicative of successful strategies implemented by Aboriginal Medical Services and Hospital and Health Services, as well as Mainstream General Practice to encourage participation and understanding of early detection.

HEALTH BEHAVIOURS

The Australian Burden of Disease Study 2011 found the single leading risks factors contributing to disease burden were:

1. Tobacco use

2. High body mass index (BMI) (related to overweight and obesity): (7.0% based on enhanced analysis by the AIHW published in 2017 which used updated evidence of diseases associated with overweight and obesity and enhanced modelling techniques)

3. Alcohol use

4. Physical inactivity

5. High blood pressure (4.9%)

In addition, an analysis of the joint effect of all dietary risks suggested that they accounted for around 7.0% of disease burden.

There were 29 risk factors included in this study. All these risk factors combined (the joint effect) contributes greatly to the burden for endocrine disorders, cardiovascular diseases, injuries, kidney and urinary disease and cancer. The joint effect of all the risk factors included in this study accounted for 31% of the total burden of disease and injury in Australia in 2011. This illustrates the potential for health gain through disease and injury prevention by reducing exposure to these risk factors¹.

Enhanced analysis by the AIHW found that overweight and obesity contributed to 7.0% of the disease burden in Australia in 2011². This is due to updated evidence of diseases associated with overweight and obesity and enhanced modelling techniques.

Source: <https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/risk-factors-and-disease-burden>

INFANT, CHILD DEVELOPMENT & YOUTH HEALTH

Australian Early Development Census (AEDC) data is collected nationally every three years and provides a snapshot of how children are developing.

The AEDC collects data on children in their first year of schooling across five domains through a teacher-completed instrument:

- physical health and well-being
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

Darling Downs and West Moreton PHN children are more developmentally vulnerable than the Queensland rates across all five domains.

Evidence supports that successes, health and emotional well-being have their origins in early childhood and if we get it right in the early years, we can expect to see children and youth thrive throughout school and their adult lives.

Both nature and nurture (genes and environment) influence children's development. The quality of a child's earliest environments and the availability of appropriate experiences at the right stages of development are crucial determinants of the way each child's brain architecture develops.

Source: <http://www.aedc.gov.au/parents/the-importance-of-early-childhood-development>

The Darling Downs and West Moreton PHN will seek opportunities and partnerships to promote optimal early childhood development and health outcomes.

¹ AIHW 2016. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. Cat. no. BOD 4. Canberra: AIHW.

² AIHW 2017. Impact of overweight and obesity as a risk factor for chronic conditions. Australian Burden of Disease Study series no. 11. Cat. no. BOD 12. Canberra: AIHW.

PRIMARY MENTAL HEALTH CARE

The Darling Downs and West Moreton PHN region has communities and individuals experiencing significant mental health concerns. A priority area for focus is improving service alignment and access for people experiencing mental health issues across the spectrum, including suicide prevention and management, self-harm hospitalisations, plus access to and variable utilisation of funded mental health services available in the region.

Our region has the highest percentage (nationally) of clients self-reporting current anxiety and 4th highest self-reporting current depression

There is elevated male mortality from suicide with 41% higher rate in the Darling Downs and West Moreton PHN region than national rate. It is particularly high among men in Lockyer Valley, Scenic Rim, Somerset (47.8 ASR/100,000),

and Western Downs. There is a demonstrated longer length of stay for mental health hospitalisations and our PHN ranks in the top 8 PHNs (of 31) for Intentional self-harm hospitalisations and bed days.

The Darling Downs and West Moreton PHN region has communities and individuals experiencing significant mental health concerns making it a significant focus for our PHN.

Our stepped care model will be implemented in 2018 and is aimed at improving service alignment and access for people experiencing mental health issues across a spectrum of concerns.

Interventions and programs to support moderate to severe mental health issues including suicide prevention and opportunities to reduce self-harm hospitalisations will be instigated. The Darling Downs and West Moreton PHN has invested in a regional Suicide Prevention Plan which will be used to inform next steps and published in late 2018.

Table 34 – Mental health overnight hospitalisations, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	950	944	888	999
Bed days per 100,000 people (age-standardised)	15,040	13,141	13,061	12,571
Non-specialised care hospitalisations per 100,000 people (age-standardised)	347	327	290	381
Specialised care hospitalisations per 100,000 people (age-standardised)	603	617	598	619
Proportion of hospitalisations in specialised care (%)	62.4	64.2	66.7	59.7
Proportion of bed days in specialised care (%)	88.2	81.8	82.8	79.1
Proportion of hospitalisations in private hospitals (%)	23.8	20.8	23.7	17.0
Proportion of bed days in private hospitals (%)	23.9	26.2	28.5	23.5

Table 35 – Mental health overnight hospitalisations for schizophrenia and delusional disorders, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	149	164	159	159
Bed days per 100,000 people (age-standardised)	4,043	3,615	3,627	3,133
Non-specialised care hospitalisations per 100,000 people (age-standardised)	19	17	14	22
Specialised care hospitalisations per 100,000 people (age-standardised)	130	147	145	137
Proportion of hospitalisations in specialised care (%)	87.2	89.5	91.3	85.8
Proportion of bed days in specialised care (%)	97.9	97.1	97.4	96.2
Proportion of hospitalisations in private hospitals (%)	7.8	7.1	8.8	4.5
Proportion of bed days in private hospitals (%)	5.6	6.2	7.4	4.3

Table 36 – Mental health overnight hospitalisations for anxiety and stress disorders, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	161	142	127	165
Bed days per 100,000 people (age-standardised)	1,266	1,239	1,208	1,263
Non-specialised care hospitalisations per 100,000 people (age-standardised)	54	48	38	65
Specialised care hospitalisations per 100,000 people (age-standardised)	107	94	89	100
Proportion of hospitalisations in specialised care (%)	65.9	65.5	69.5	59.2
Proportion of bed days in specialised care (%)	85.7	82.9	85.1	78.8
Proportion of hospitalisations in private hospitals (%)	26.1	24.4	28.4	19.4
Proportion of bed days in private hospitals (%)	57.8	51.2	54.3	47.0

Table 37 – Mental health overnight hospitalisations for bipolar and mood disorders, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	115	101	99	104
Bed days per 100,000 people (age-standardised)	2,030	1,781	1,796	1,713
Non-specialised care hospitalisations per 100,000 people (age-standardised)	10	9	6	14
Specialised care hospitalisations per 100,000 people (age-standardised)	105	93	93	90
Proportion of hospitalisations in specialised care (%)	91.4	91.2	93.6	86.7
Proportion of bed days in specialised care (%)	97.7	95.2	96.3	93.0
Proportion of hospitalisations in private hospitals (%)	46.6	42.0	45.3	37.4
Proportion of bed days in private hospitals (%)	48.6	44.5	46.8	41.5

Table 38 – Mental health overnight hospitalisations for depressive episodes, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	147	118	110	132
Bed days per 100,000 people (age-standardised)	1,803	1,678	1,748	1,556
Non-specialised care hospitalisations per 100,000 people (age-standardised)	37	27	17	44
Specialised care hospitalisations per 100,000 people (age-standardised)	110	91	93	88
Proportion of hospitalisations in specialised care (%)	74.7	77.5	84.5	66.6
Proportion of bed days in specialised care (%)	91.6	89.3	92.1	83.5
Proportion of hospitalisations in private hospitals (%)	37.8	35.4	38.8	30.8
Proportion of bed days in private hospitals (%)	57.2	49.3	50.5	47.6

Table 39 – Mental health overnight hospitalisations for drug and alcohol use, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	141	180	161	196
Bed days per 100,000 people (age-standardised)	837	1,369	1,333	1,334
Non-specialised care hospitalisations per 100,000 people (age-standardised)	101	103	88	119
Specialised care hospitalisations per 100,000 people (age-standardised)	40	77	73	77
Proportion of hospitalisations in specialised care (%)	27.3	42.3	45.6	37.6
Proportion of bed days in specialised care (%)	47.3	63.8	66.8	58.5
Proportion of hospitalisations in private hospitals (%)	24.0	21.4	26.9	14.8
Proportion of bed days in private hospitals (%)	33.3	43.6	50.8	32.9

Table 40 – Mental health overnight hospitalisations for dementia, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	47	50	51	47
Bed days per 100,000 people (age-standardised)	543	820	871	738
Non-specialised care hospitalisations per 100,000 people (age-standardised)	44	44	44	43
Specialised care hospitalisations per 100,000 people (age-standardised)	NP	5	6	4
Proportion of hospitalisations in specialised care (%)	NP	10.2	11.5	8.0
Proportion of bed days in specialised care (%)	NP	28.8	29.7	26.9
Proportion of hospitalisations in private hospitals (%)	8.0	9.5	9.9	9.0
Proportion of bed days in private hospitals (%)	7.4	8.0	8.2	7.8

Table 41 – Intentional self-harm hospitalisations, 2014-15

	DARLING DOWNS AND WEST MORETON PHN (REGIONAL)	AUSTRALIA		
		NATIONAL	METROPOLITAN	REGIONAL
Hospitalisations per 100,000 people (age-standardised)	214	161	136	202
Bed days per 100,000 people (age-standardised)	1,077	838	794	887
Proportion of hospitalisations in specialised care (%)	25.1	26.4	29.2	22.4
Proportion of bed days in specialised care (%)	66.6	57.4	59.8	53.2

VULNERABLE, MARGINALISED AND HARD TO REACH

We value our elderly and people living with disabilities and want to support their care via appropriate primary care and community management:

Improving the integration and coordination between other services, commonwealth and state programs in the Aged Care and Disability sectors is a key focus.

Further vulnerable groups include patients, families and health professionals managing end of life care. Many

patients at the end of life receive care that is inappropriate or futile. The Darling Downs and West Moreton PHN will focus on integration programs and education to support the process of making decisions about future health care for patients. Our goal is to ensure end of life planning is patient-centred with accountable clinicians working in primary care, hospitals and nursing homes. This will create options that enable patient wishes to accurately guide clinical management.

DRUG & ALCOHOL USE

Queensland Network of Alcohol and other Drug Agencies (QNADA) NGO AOD Services Report for the Darling Downs and West Moreton PHN illustrates that there are limited service and treatment options (such as brief intervention and counselling in the Darling Downs and West Moreton PHN region.

Evidence supports that addressing substance misuse will improve the long-term outcomes for individual, reduce hospital admissions, and improve social outcomes for our community. The Darling Downs and West Moreton PHN will seek to create an appropriately resourced system integrated with other health and community services.

ACCESS & EQUITY

The population of the Darling Downs and West Moreton PHN region as a whole is experiencing greater disadvantage in comparison to the corresponding rate for Queensland. Research indicates people living with disadvantage are impacted by access and equity barriers.

Some of the vulnerable, or at-risk population groups in our region include:

- Aboriginal and Torres Strait Islander people

- socio-economically disadvantaged
- living in rural areas
- living with a mental illness, physical or intellectual disability
- living with the effects of disadvantage as a child
- affected by discrimination, social exclusion, incarceration, and
- from cultural or linguistically diverse backgrounds, particularly refugees and survivors of torture and trauma.

The Darling Downs and West Moreton PHN will focus on improving access and equity by partnerships, alliances and

service integration activities aim at removing unfair and avoidable barriers that compromise health and well-being.

WORKFORCE CAPACITY & WELL-BEING

Our workforce is our pillar. Our health workforce encompasses all individuals who deliver health care to community members.

To better forecast health workforce needs we must first understand the current workforce capacity including the models of care offered. The Darling Downs and West Moreton

PHN is currently working closely with Health Workforce Queensland to assess need and holistic strategies to support the health professionals across our region.

To address workforce gaps, retention and well-being across our region, will require thoughtful and integrated models of care to meet the demand.

Community Consultation

Four approaches were used to consult with members of the community and service providers:

- 1. Community conversation forums**
- 2. Focused community breakfast sessions**
- 3. One-on-one drop-in booths**
- 4. An online survey.**

The design aimed to reach a broad range of communities and achieve a comprehensive recording of community insight.

The Community Conversation forums were the primary channel for community input. Twenty-nine sessions were held over a period of 7 weeks across 12 communities. In all, the consultation process gathered over 4,500 pieces of feedback and perspectives on the health needs of the community.

The Community Breakfasts were a series of 12 invitation-only events, with the aim of discussing broader community needs, trends and issues, with key health and community professionals and local leaders.

The drop-in booths gave the opportunity for a private one-on-one discussion with a PHN representative to discuss sensitive topics, or topics that required more detail. Over the course of the process, there were 11 such installations that provided valuable insight unlikely to have been captured otherwise.

The online survey provided an additional avenue for gathering feedback, both to those who were not able to attend the community consultation sessions and those who did attend but wanted to provide further detail. The online survey was promoted in live forums, on the Darling Downs and West Moreton PHN website and via several forms of

social media. In total, the survey ran for 11 weeks and gathered approximately 100 responses.

The community consultation has delivered a wealth of information to guide the Darling Downs and West Moreton PHN's activities. Community feedback has highlighted how to achieve an even broader community engagement campaign and attract greater numbers of session attendees.

The Darling Downs and West Moreton PHN looks forward to the opportunity to enhance and improve the process in years to come, building upon the very robust and solid foundation established with this year's consultation.



INFORMATION

First Name _____ Sex _____ M _____ F _____
Date of Birth _____ Age _____
City _____ State _____ ZIP _____
Phone _____



7

Section 7 Appendices

Holder's Name _____
Phone _____
Policy Holder's Name _____
Phone _____

Group# _____

Instructions for the office when returning phone calls or reminding you about appointments:
I prefer to be reached at _____
 Home Work Cell and may have messages at _____
I prefer _____
 Home Work Cell
I would like to receive _____
detailed messages about appointments/phone calls YES NO
I would like to receive _____
messages with a specific individual please list them below _____

Date _____

Signature of Parent/Guardian _____



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phn

DARLING DOWNS
AND WEST MORETON

An Australian Government Initiative

Head Office

145 Taylor Street (PO Box 81),
Toowoomba QLD 4350

P (07) 4615 0900 **F** (07) 4615 0999

E info@ddwmpn.com.au **www.ddwmpn.com.au** **ABN** 51 605 975 602

West Moreton

Ipswich Corporate Centre, 6th Floor,
16 East Street, Ipswich QLD 4305

P (07) 3202 4433 **F** (07) 3202 4411



Local Integrated
Primary Health Care