

Mackay Hospital and Health Service

Local Area Needs Assessment Summary Report 2022

Our Community,
Our People,
Our Health Needs

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Local Area Needs Assessment Summary Report 2022**

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Statement of Acknowledgement



As Australians, we walk in the footprints of First Nations ancestry, the people who cared for our environment for thousands of years before colonisation.

Knowing this, Mackay Hospital and Health Service (Mackay HHS) acknowledge First Nations Elders, past, present and emerging from the Mackay, Whitsunday and Isaac region, and those First Nations Australians from other parts of the country who have since made this beautiful land a place they can call home. And while they are not First Nations peoples of Australia, we also acknowledge Australian South Sea Islander people, their historical relationship with First Nation peoples and the contributions they have made in our region.

Health Equity artwork by artist Andrew Doyle. Mr Doyle is a Jiman (Iman) man from the Upper Dawson region of eastern central Queensland.

Mr Doyle was born at Mackay Base Hospital, with a strong historical connection to the Mackay, Whitsunday and Isaac regions. He is an Aboriginal artist, dancer, cultural knowledge expert and First Nations sportsman. Mr Doyle's artwork was selected to represent Health Equity because of the vibrant colours and as the land water and sea in the painting, depicted the Aboriginal and Torres Strait Islander First Nation cultures and the Australian South Sea Islander culture within the region.

Mackay HHS would like to acknowledge and thank the many staff, community members, partner organisations and health care consumers who gave their time freely and contributed openly in supporting the LANA process and providing key information which has been used in developing this Report.

Mackay HHS would also like to acknowledge and thank the LANA Steering Committee members for their support in developing the inaugural Mackay HHS LANA. Chaired by the Executive Director, Strategy Governance & Engagement members included:

- Mackay HHS Chief Executive
- Mackay HHS First Nations Advanced Social Worker
- Mackay HHS Chief Operating Officer, Mackay
- Mackay HHS Executive Director, Public Health and Rural Services
- Mackay HHS Nursing Director, Stream 1 – Lifespan, Medical & Critical Care
- Mackay HHS Allied Health Team Leader, Isaac Region
- Mackay HHS Chief Digital Director Medical Services
- NQPHN Executive Director, Health System Integration and Innovation
- Mackay HHS Director, Strategy and Planning
- Mackay HHS Consumer Representative

Welcome to the Plan



The Mackay HHS community is dynamic and constantly changing. As one community we are unique in many ways and importantly, across each of the Mackay, Isaac and Whitsunday Local Government Areas, we are also widely different.

At a time where resources across the health system are increasingly constrained, it is critical that that as a Hospital and Health Service and more broadly as a health system, we understand and respond to the unique and changing health needs of our population.

It is with this in mind, that we are pleased to release this inaugural 2022 Mackay HHS Local Area Needs Assessment (LANA). This LANA summary report is a point in time assessment of the health needs and particularly the unmet health needs of our catchment population. The LANA has been developed across an extensive data analysis, clinician consultation and community engagement process carried out over a period of 12 months. This process has made it possible to identify and understand the differing health needs of our Mackay HHS community.

Whilst the LANA is designed to be an assessment of health needs, rather than a plan for delivery, it provides a strong basis for the HHS, the Queensland Department of Health and the whole health system (across community, primary, tertiary, public and private care) to enhance planning and partnerships. Understanding these health needs and working together is essential, so the health system, can best respond to the needs of our community now and into the future.

We thank the many staff, clinicians and community members who supported this process and look forward to working with you and our partners into the future to achieve improved health outcomes for the people of our community.

Our Community

Geography

The geography of the Mackay HHS catchment is diverse, and includes the city of Mackay and a range of regional and rural towns and communities across a broad geographical area. The inset below provides a snapshot summary of the Mackay HHS geography.

The Mackay HHS catchment covers an area of

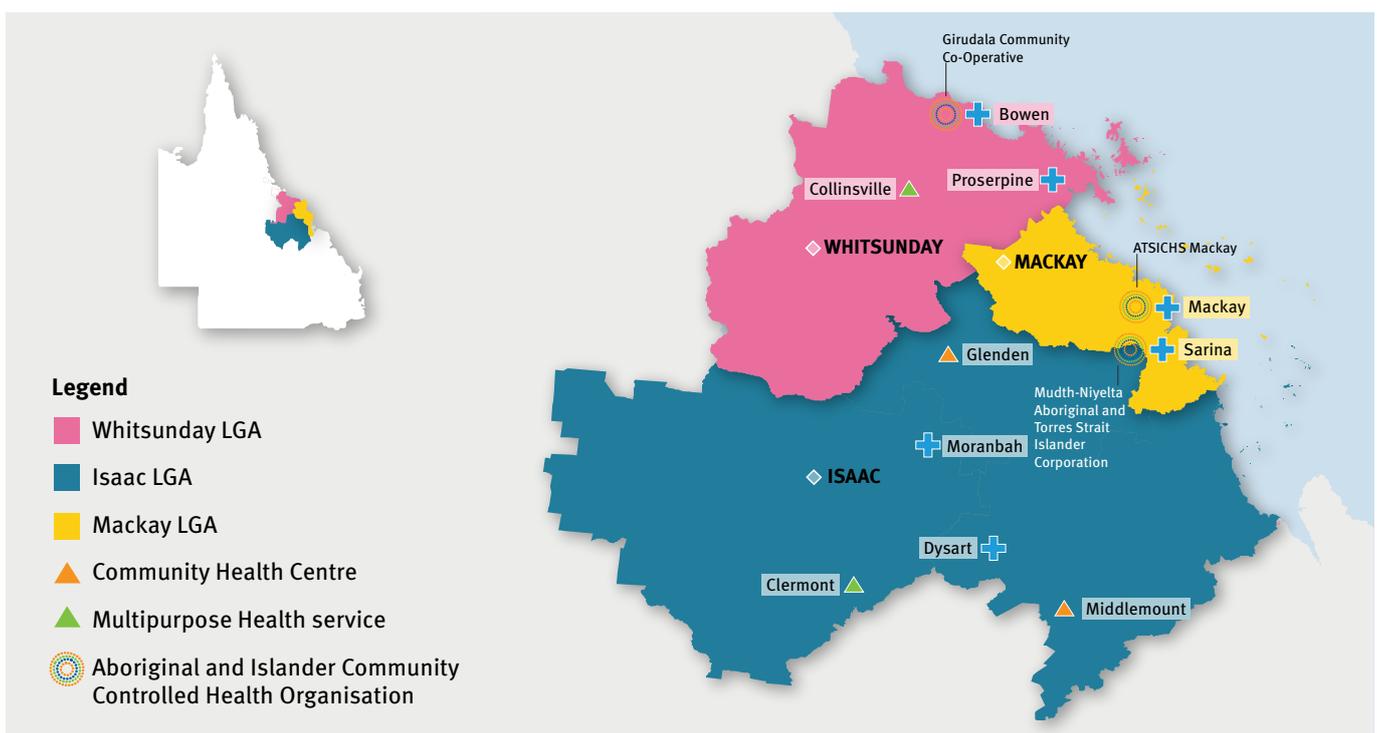
90,364 kilometres²

and includes:

- 3**
Local Government Areas
(**Isaac, Whitsunday**
and **Mackay**), and
- 25**
separate
SA2 geographic
regions
- 48%**
of the SA2 catchments in
the region are classified
as Inner Regional
Australia,
- 44%**
are classified as
Outer Regional
Australia, and
- 8%**
are classified as
Remote Australia
including Clermont
and Collinsville SA2s

Within the region, there are:

- 
6
public
hospitals
- 
2
multipurpose
health services
- 
2
private
hospitals
- 
1
private day
surgery
- 
52
General
Practices
- 
3
Aboriginal and
Islander Community
Controlled
Health Organisations
- 
1,222
operational aged
care places
(including home,
residential and
restorative)



Our First Nations People

As Australians, we walk in the footprints of First Nations ancestry, the people who cared for our environment for thousands of years before colonisation. Knowing this, Mackay HHS acknowledges First Nations Elders, past, present and emerging from the Mackay, Whitsunday and Isaac region, our other First Nations peoples and those First Nations Australians from other parts of the country who have since made this land a place they can call home.

The lands and waters within the Mackay HHS catchment are home to the Traditional Custodian Groups of the:

Yuwi

People – Mackay, Sarina

Wiri/Widi

People – Glenden

Barada Barna

People – Moranbah, Dysart, Middlemount

Wangan Jagalingou

People – Clermont

Gia

People – Proserpine

Ngaro

People – Cannonvale

Juru

People – Bowen

Birriah

People – Collinsville

In 2021, there were

10,807

First Nations people living across the Mackay HHS catchment.

This represents

6%

of the population and is higher than the Queensland average of 4.6%.

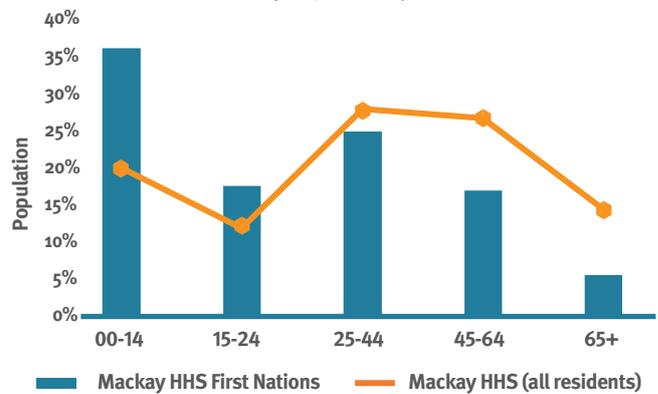
The highest number of First Nations Peoples live in **Andergrove – Beaconsfield** SA2 with a population in 2021 of **1,255 people**.

Slade Point followed by **Bowen** SA2s had the highest proportion of First Nations peoples with **14%** and **10.8%** respectively.

In September 2022 Mackay HHS released the first Mackay, Whitsunday and Isaac Our Mob Together Strong Health Equity Strategy, which outlines the pathway to health equity for Aboriginal and Torres Strait Islander (First Nations) people within our region. The Strategy is about working together to build culturally safe health systems that are First Nations lead and that focus on improving First Nations health and wellbeing outcomes.

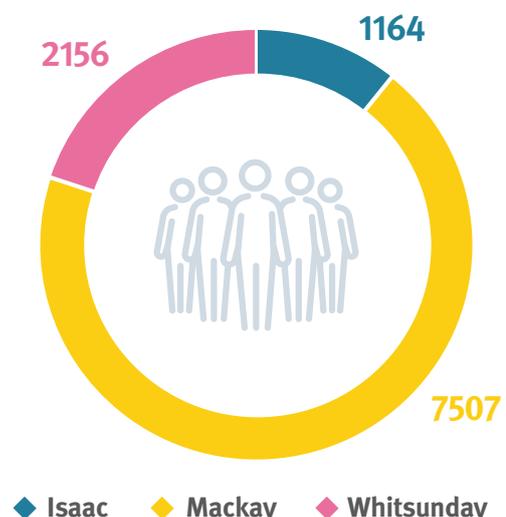
Below is a snapshot summary of the First Nations communities who live within the Mackay HHS catchment.

2021 Mackay HHS First Nations Population by Age Group



The **median age** of the Mackay HHS First Nations population as at June 2021 was **22 years old**. The median age of the Queensland population was 37.9.

Mackay HHS First Nations Population (ERP) by LGA



Our Population and Health Summary

Our population is diverse and rapidly changing. The inset below provides a summary level breakdown of key population, demographic, health and wellbeing and health utilisation information for the Mackay HHS population.

The Mackay HHS Population consists of

183,269

people (as at June 2021).



Population growth over the last 5-10 years has been volatile which is reflective of the changing economic and industrial impacts in the region.

Within the last 2 years, the population has experienced **significant growth** (equating to 5,496 additional residents).

In addition to residential population growth there is a significant **transitory population** through the region associated with tourism and the extractive industries.

The fastest growing age groups are expected in the **70-84** year old age groups (growth of 63%) and the **85+** age groups (growth of 123%).

Demography at-a-glance

On the whole, the population of Mackay HHS is **relatively disadvantaged**, however there are significant variances across the region.

The median income is higher than the Queensland average at **\$45,731** (compared to \$40,924).

Education levels are **lower** than the Queensland average with **only 52%** of the population **completing grade 11 or 12** (compared to 63%).

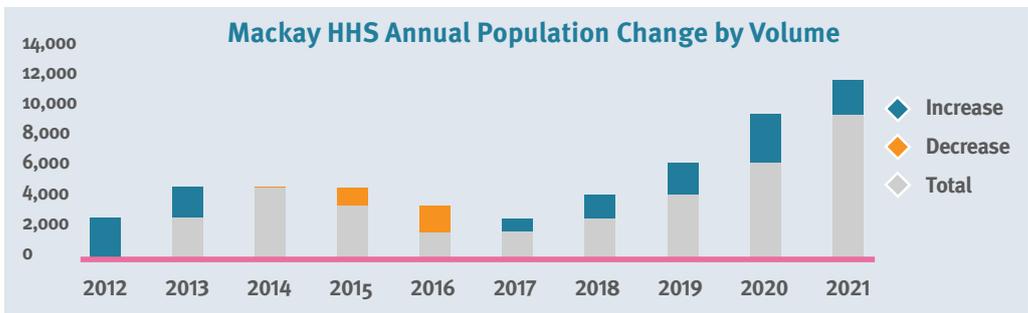
There is a **higher rate** of **reported criminal offences** than elsewhere in Queensland. This is particularly **worse** in the **Mackay and Whitsunday** regions.

14% of workforce is employed in the **mining industry** (compared with 2.3% across Queensland), and **11.1% of the workforce** is employed in **health care** (compared with 15.4% across Queensland).

6.2% of the population were born **overseas** in a **non-English speaking** country and **6.3%** were born **overseas** in an **English speaking** country.

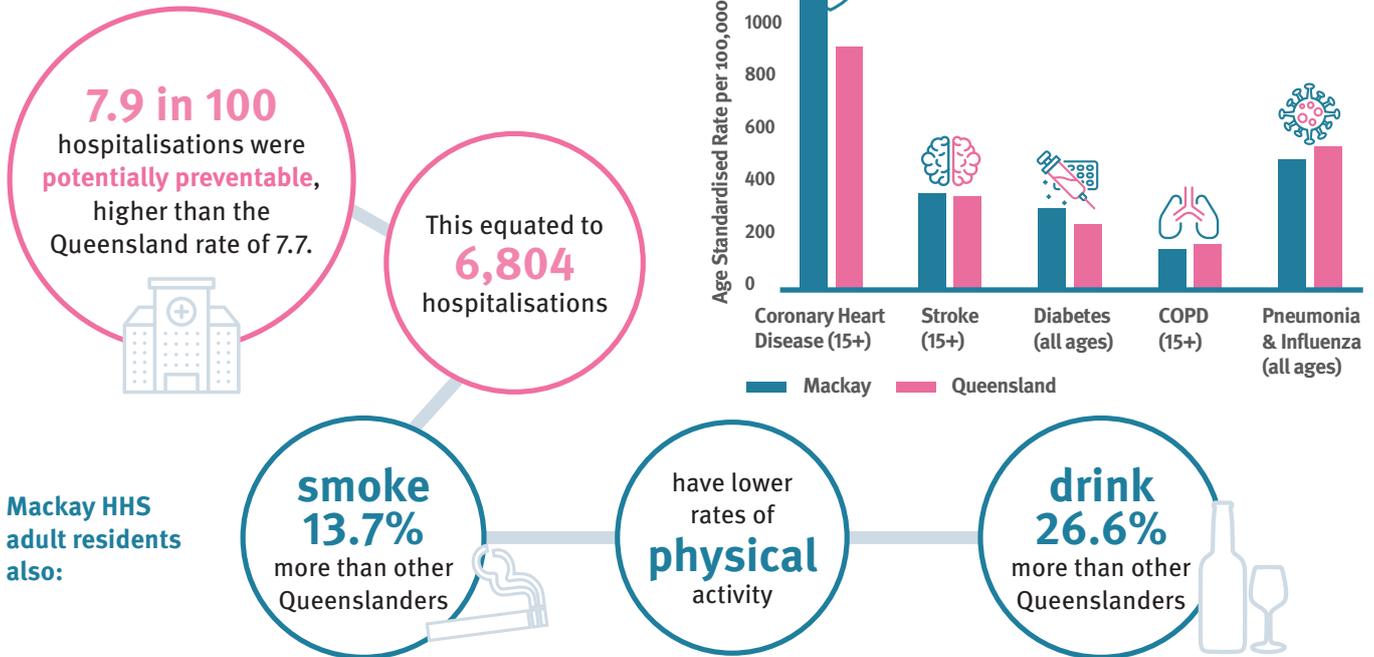
In 2021 there were **2,322** births and **1,098** deaths for Mackay HHS residents.

Mackay HHS is projected to **grow** to over **229,000** people by **2041** (growth of **27%**).



Health and Wellbeing at-a-glance

The population in the MHHS region has higher rates of obesity, reportedly smoke more, drink more and have lower rates of physical activity compared to the rest of Queensland.

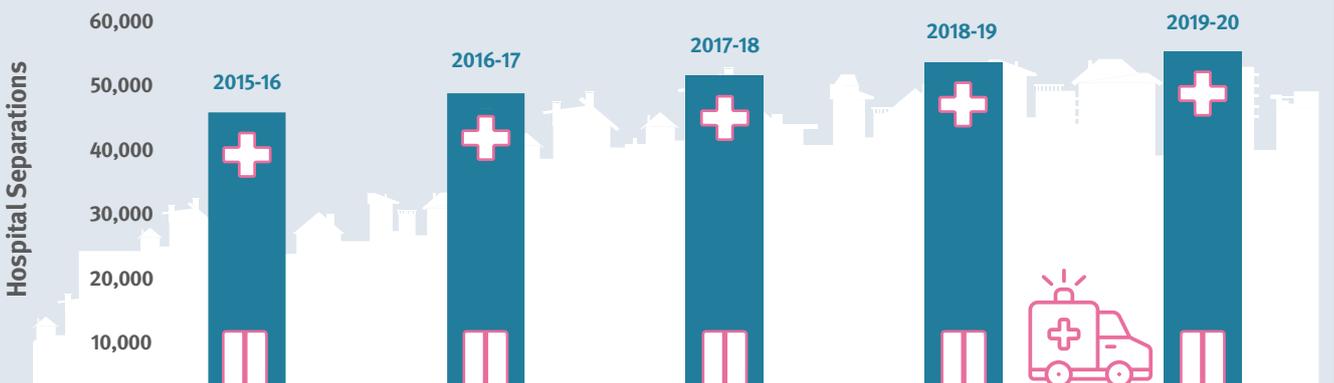


Health Access at-a-glance

Since 2015-16 there has been **22% growth** in **admitted public hospital care** within Mackay HHS facilities. This is very significant growth and equates to **5.2% annually**.

In 2019/20 there were **62,309** public hospital admissions and **23,318** private hospital admissions for Mackay HHS residents. This means more than **7 in 10** admissions for hospital care **were in a public hospital setting** (and 3 in 10 occurred within a private hospital).

Mackay HHS Public Hospital Activity Growth



In 2019/20, **9 out of 10** HHS residents requiring publicly admitted care within a hospital setting **received** it within **Mackay HHS**. The remaining 1 in 10 were required to receive care outside the HHS.

In the 2020/21 year there were **99,909** presentations to public **Emergency Departments** across the HHS. 53% of presentations were at Mackay Base Hospital.

In 2018/19 there was an average of **5.3 General Practitioner attendances** per HHS resident. This is **substantially lower** than the Queensland average of 6.4 attendances per person.



Isaac Deep Dive

The Isaac community represents 12% of the HHS population and covers an area of over 58,700km² across areas identified as Outer Regional and Remote Australia. Isaac is unique in that it has a substantially younger population than the HHS and Queensland average. The region has a higher ratio of men, lower rates of people finishing grade 12, and higher rates of obesity.

In general the reported health and wellbeing of the community is higher than elsewhere across the HHS and the socio-economic status is also generally higher than the Queensland average. Mining is the predominant employer in the region.

As at June 2021 the Estimated Resident population of Isaac LGA was

22,426

people representing 12% of the HHS population.



There has been **limited population growth** in the Isaac region, with 0.8% annual growth between 2016 and 2021, and a slight decline in overall population numbers from 2011.

5.3% of Isaac residents are **First Nations Peoples.**

47.7% of residents have **completed year 11 or 12** (the Queensland average is 63.6%).

Approximately **41** out of 100 adults are **obese.**



There are more males than females in the region, with approximately **13 males** for every **10 females.**

35.6% of workers are employed within the **mining industry.** This is **more than 15 times** the Queensland average.



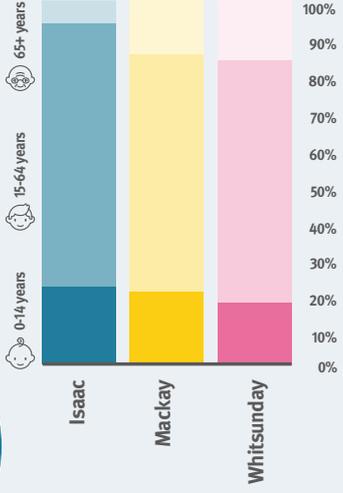
The Isaac population is **relatively young** compared with the HHS and Queensland averages.

The median age of Isaac residents is **33.7 years** (compared with 37.9 the HHS population, and 38.4 years for Queensland as a whole).

Only **6.4%** of residents are aged **65 or older** (the HHS average is 14.9%). See inset below.

Clermont SA2 is the **exception** with **12%** of residents **aged 65+.**

% of age group by LGA



LGA	0-14 years	15-64 years	65+ years
Isaac	~15%	~65%	~20%
Mackay	~15%	~55%	~30%
Whitsunday	~15%	~50%	~35%

33.7
is the median age in Isaac

72.3%
of people are within the 15-64 age bracket

63% of the region is deemed Outer Regional Australia, **36.1%** is deemed Remote Australia, and **.9%** is deemed Very Remote Australia.

As a result of the **significant resources sector** in the region, there is a high volume of **additional temporary residents** who travel in and out of the region to access work. Isaac Regional Council estimates this at **over 10,000 additional temporary residents.**

Isaac LGA Health Status
(whole population)

Compared to Mackay HHS
as a whole

Compared to Queensland
as a whole



6.3 per 100 people have arthritis



8.1 per 100 people have arthritis



8.9 per 100 people have arthritis



7.0 per 100 people have asthma



7.5 per 100 people have asthma



8.5 per 100 people have asthma



2.3 per 100 people have had cancer



2.8 per 100 people have had cancer



3.1 per 100 people have had cancer



3.6 per 100 people report they had diabetes



4.5 per 100 people report they had diabetes



4.5 per 100 people report they had diabetes



3.2 per 100 people have heart disease



4.3 per 100 people have heart disease



4.2 per 100 people have heart disease



5.4 per 100 people have a mental health condition



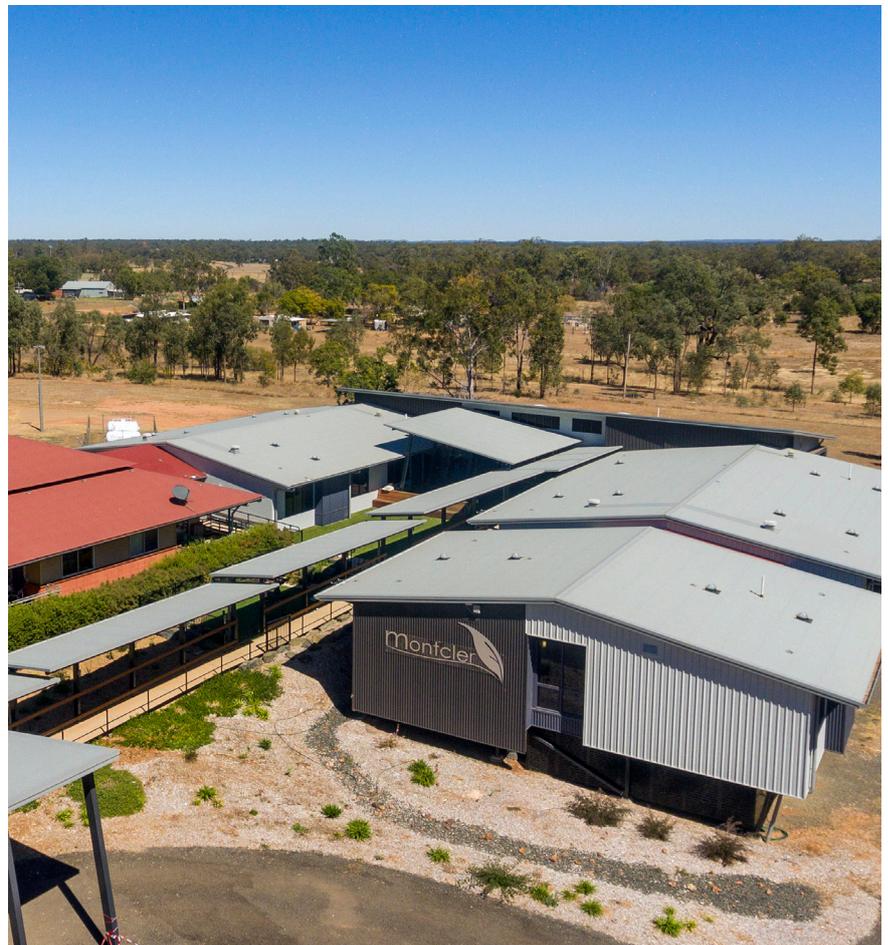
7.6 per 100 people have a mental health condition



9.7 per 100 people have a mental health condition

In 2021 there were approximately **8 General Practices** within the LGA.

In 2020 across the LGA there were approximately **43 residential places** and **18 Home Care Places**.



Whitsunday Deep Dive

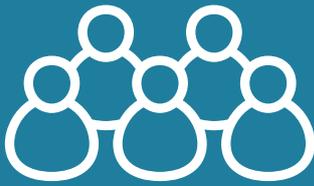
Whitsunday LGA represents 21% of the population, and is both older, and faster growing than elsewhere across the HHS. The Whitsunday LGA is generally disadvantaged from a socio-economic perspective when compared to Queensland as a whole.

There are higher levels of risky behaviours amongst the Whitsunday communities and the accommodation and food industry is the stand-out industry of employment in the region.

As at June 2021 the Estimated Resident population of Whitsunday LGA was

37,660

people representing 21% of the HHS population.



The Whitsunday region has been **growing quickly**. Over the period 2016 – 2021 the region grew at **1.7% annually**. This is **higher than** the Queensland annual growth of 1.5%.

5.8% of residents are First Nations Peoples. Bowen SA2 has the highest proportion of **First Nations peoples** at 10.8% of the whole population.

In 2021 there were **448** births and **257** deaths for Whitsunday residents.



Approximately **41** out of 100 adults are **obese**.

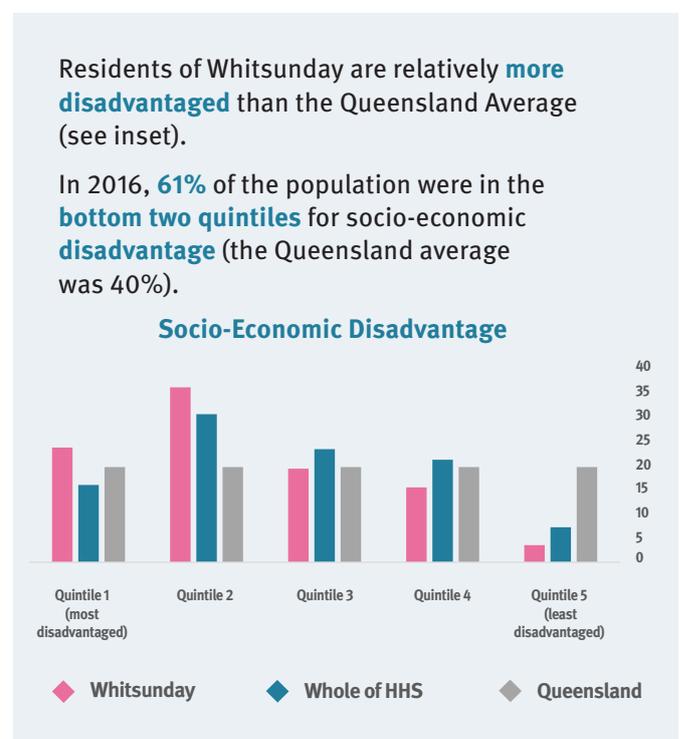
The Whitsunday population is **relatively older** compared with the HHS and Queensland averages.



The median age of Whitsunday residents is **40.1 years** (compared with 37.9 the HHS population, and 38.4 years for Queensland as a whole).

16.4% of residents are aged 65 or older (the HHS average is 14.9%).

More than **25%** of adults **drink more than 2** standard alcoholic drinks per day. This is higher than the Queensland average of 18%.



Whitsunday LGA Health Status (whole population)

Compared to Mackay HHS as a whole

Compared to Queensland as a whole



7.7 per 100 people have arthritis



8.1 per 100 people have arthritis



8.9 per 100 people have arthritis



6.7 per 100 people have asthma



7.5 per 100 people have asthma



8.5 per 100 people have asthma



2.8 per 100 people have had cancer



2.8 per 100 people have had cancer



3.1 per 100 people have had cancer



3.9 per 100 people report they had diabetes



4.5 per 100 people report they had diabetes



4.5 per 100 people report they had diabetes



3.8 per 100 people have heart disease



4.3 per 100 people have heart disease



4.2 per 100 people have heart disease



7.5 per 100 people have a mental health condition



7.6 per 100 people have a mental health condition



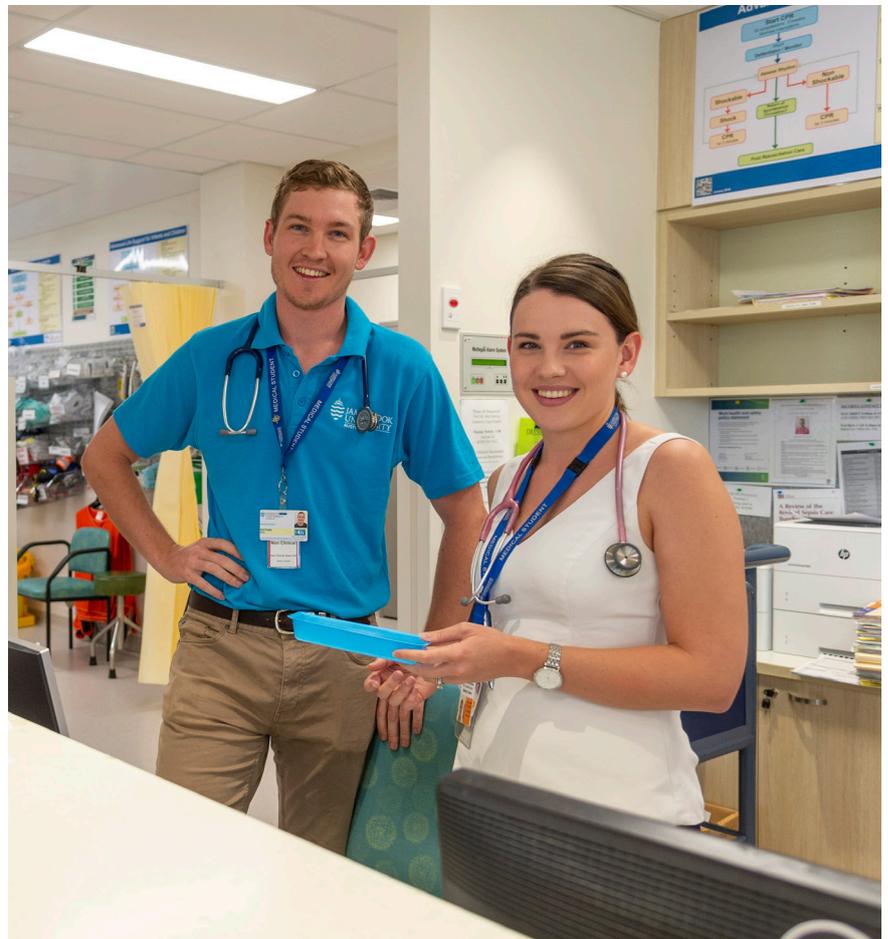
9.7 per 100 people have a mental health condition

In 2021 there were approximately **12 General Practices** within the LGA.

88% of the region is deemed **Outer Regional Australia**, 11% is deemed **Remote Australia**, and 1.2% is deemed **Very Remote Australia**.

In 2020 there were approximately **110** residential places within the LGA.

17.2% of workers are employed within the **accommodation and food services industry**. This is **2.4 times** the Queensland average and is reflective of the significant **tourism** presence in the Whitsunday region.



Mackay Deep Dive

Mackay LGA population equates to 67% of the HHS population and is made up of a diverse range of communities and demographics. The region generally has a poorer socio-economic status than elsewhere

in Queensland, and at a number of levels experiences poorer health outcomes. The Mining Industry is the most significant employer in the Mackay LGA community.

As at June 2021 the Estimated Resident population of Mackay LGA was

123,183

people representing 67% of the HHS population.



Over the period 2016 – 2021 the region grew at 1.0% annually. This is **lower than** the Queensland annual growth of 1.5%.

6.0% of LGA residents are **First Nations Peoples.**

Slade Point SA2 has the highest proportion of First Nations People at **14%** of the LGA population.

Andergrove Beaconsfield SA2 has the highest number of First Nations People at **247** residents.

SA2 areas within the LGA which have grown substantially higher than this over 2016-2021:

Ooralea – Bakers Creek (3.0% annually), **Mackay Harbour** (2.9% annually), **Eimeo – Rural View** (1.7% annually) and **Pioneer Valley** (1.6% annually).



12.1% of LGA workers are employed within the **mining industry.** This is **more than 5 times** the Queensland average.



In 2021 there were **1,572** births and **785** deaths for Mackay LGA residents.

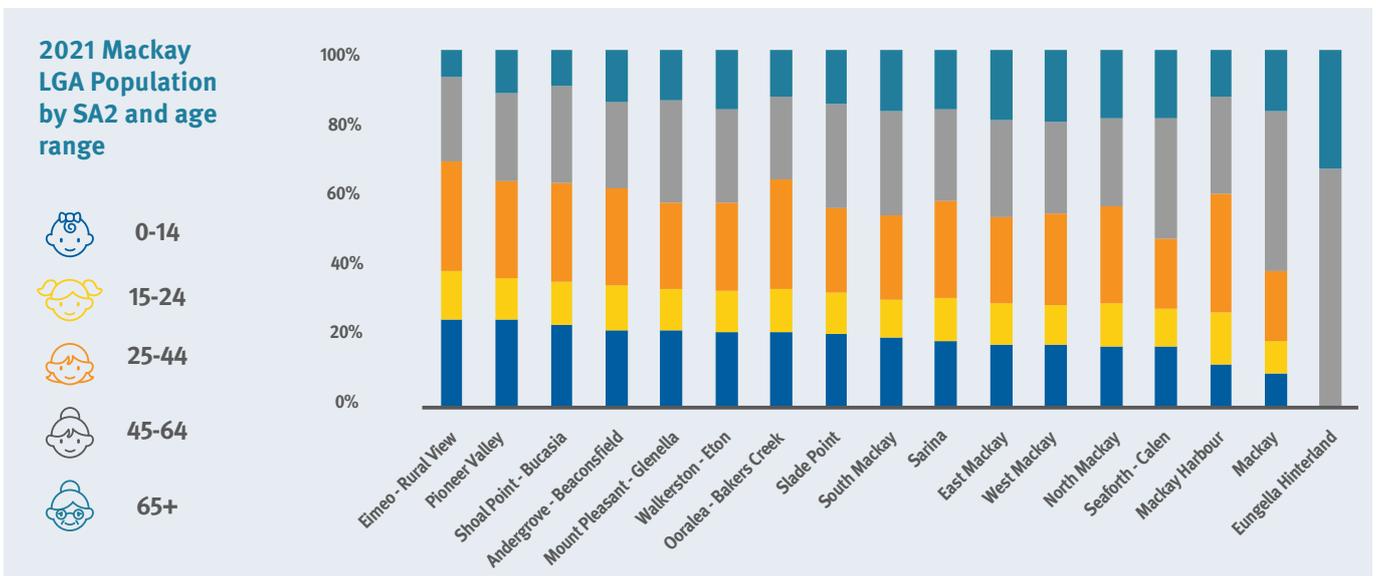


More than **37** out of 100 adults are **obese.**

Given the size of the LGA population, there is substantial variance in the structure of ages within the region. In 2021:

Youngest populations: Pioneer Valley and Eimeo – Rural View SA2 over **24%** of the population were aged 0-14

Oldest populations: West Mackay, East Mackay, North Mackay and Seaforth-Calen SA2 have more than **19%** of the population aged over 65.



Mackay LGA Health Status
(whole population)

Compared to Mackay HHS
as a whole

Compared to Queensland
as a whole



8.5 per 100 people have arthritis



8.1 per 100 people have arthritis



8.9 per 100 people have arthritis



7.8 per 100 people have asthma



7.5 per 100 people have asthma



8.5 per 100 people have asthma



2.9 per 100 people have had cancer



2.8 per 100 people have had cancer



3.1 per 100 people have had cancer



4.8 per 100 people report they had diabetes



4.5 per 100 people report they had diabetes



4.5 per 100 people report they had diabetes



4.6 per 100 people have heart disease



4.3 per 100 people have heart disease



4.2 per 100 people have heart disease



8.1 per 100 people have a mental health condition



7.6 per 100 people have a mental health condition



9.7 per 100 people have a mental health condition

In 2021 there were approximately **32 General Practices** within the LGA

In 2020 there were approximately **110** residential places within the LGA

69% of the region is deemed **Inner Regional Australia**, 31% is deemed **Outer Regional Australia**

More than **25%** of adults **drink more than** 2 standard alcoholic drinks per day. This is **higher** than the Queensland average of 18%

Residents of Mackay LGA are **relatively more disadvantaged** than the Queensland Average. In 2016, **47%** of the population were in the **bottom two quintiles** for socio-economic disadvantage (the Queensland average was 40%).



Our People

Mackay Hospital and Health Service (Mackay HHS)

Locally, Mackay HHS is responsible to the Mackay Hospital and Health Board for the provision of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care, community health and clinical support services.

Mackay HHS is an organisation with approximately 3,236 staff, providing extensive health services in a range of regional, community and rural settings.

Mackay HHS consists of eight hospitals and five community health facilities. Services are delivered on-site in our facilities as well as in other settings such as people's homes.



Our Vision is

Delivering Queensland's best rural and regional health care.

Our Purpose is

To deliver outstanding health care services to our communities through our people and partners.

Our Values are

Collaborate, Trust, Respect, Teamwork.

The Mackay HHS Strategic Plan 2020-2024 (2022 Update) articulates our Strategic Objectives are outlined below.

Inspired People



Exceptional Patient Experiences



Excellence in Integrated Care



Sustainable Service Delivery

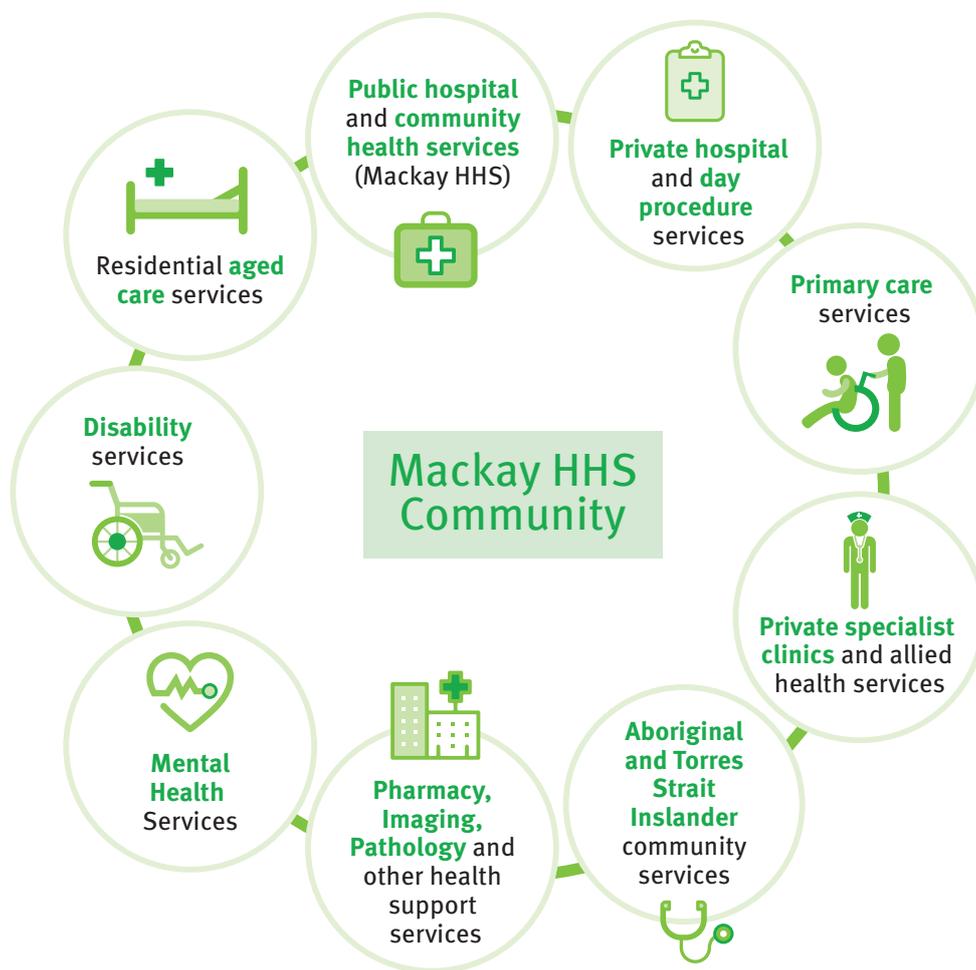




Other Health Service Providers

Outside of Mackay HHS, there are an extensive number of health services provided to meet the health care needs of the Mackay HHS community.

Each of these services is delivered within the complex operational structure of the Australian Healthcare system, and each are reliant on other services within the healthcare network to ensure the right care for our communities.



In addition to service providers, key agencies such as the North Queensland Primary Health Network play a critical role in ensuring the successful interplay between the primary health care services provided to our communities and in planning and commissioning additional services where needed.

Other key collaborations also play an important role, such as the *Our Mob Together Stronger Alliance* which supports integration and development of services for First Nations peoples in our community, and the *Better Health Northern Queensland Collaborative* which looks more broadly at addressing the health care needs of all Northern Queenslanders.



Our Health Needs



The endorsed prioritised health needs for the people of the Mackay HHS catchment in the 2022 LANA are:

- 1 [GP Services](#)
- 2 [Mental Health](#)
- 3 [Enhanced Palliative Care](#)
- 4 [Child and Youth Health](#)
- 5 [Alcohol, Other Drug and Addiction Services](#)
- 6 [Aboriginal and Torres Strait Islander Health](#)
- 7 [Allied Health Services](#)
- 8 [Older Persons Care](#)
- 9 [Chronic Health Needs](#)
- 10 [Specialist Services](#)
- 11 [Health Education and Prevention Needs](#)
- 12 [Disability Diagnosis and Treatment](#)
- 13 [Community Health and Diagnostic Services](#)
- 14 [Women's and Maternity Services](#)
- 15 [Infectious Diseases](#)



Health Need Drivers

The LANA Prioritisation and Assessment process outlined the important interrelationship between health need and health need drivers for our community.

The following section outlines a summary of the health need drivers, and a detailed summary of the prioritised health needs for our community.



Affordability of Care

The cost of health care is impacting the way that residents access health care in Mackay, Isaac and the Whitsundays, with community members delaying or avoiding accessing care. Factors contributing to this include (but are not limited to):

- The lack of bulk billing General Practitioner (GP Practices). This is particularly so for places such as Mackay, Moranbah, Dysart, Clermont and Bowen
- The cost of accessing private allied health services (all regions)
- The cost for regional locations such as Dysart, Clermont, Collinsville, Bowen and Proserpine to access higher levels of health care (noting that patient Travel Subsidy Scheme is often on reimbursement and does not cover all costs incurred).
- The cost to access private hospitals and specialist services where patients elect not to wait to receive care in the public health system.



Health System Navigation and Integration

There are gaps in the health care system which are impacting the continuity of care and subsequent health care outcomes for our community. Examples within the health system where this is occurring includes, but is not limited to:

- Transition of care between hospital services and primary health care services
- Transition of care between hospital services within Mackay HHS and with other HHSs (e.g. Townsville HHS, Metro South HHS, Children's Health Queensland)
- Transition of care between hospital facilities within Mackay HHS
- Transition of care between aged care facilities, hospital services and primary healthcare services.



Broader Social Impacts on Health and Wellbeing

There are a range of unique social drivers across our communities which impact health care need and access. A summary of social drivers in our region include:

- Lower socio-economic status. The region is relatively more disadvantaged than the Queensland average (47.5% of residents are in the bottom two quintiles for relative socio-economic disadvantage). Levels of disadvantage vary extensively across the region, with areas such as Bowen, Collinsville, Mackay, North Mackay, Sarina, Slade Point, and South Mackay SA2 all relatively more disadvantaged than the average (2016 data)
- Lower overall levels of education. 52% of residents reporting having completed grade 12 compared with a Queensland average of 63.6%
- High rates of homelessness in certain regions. In 2016 Mackay SA2 had a rate of 318 homeless per 10,000 people compared with the Queensland average of 45.6
- Higher rate of reported criminal offences. In 2021-22 there were 11,612 reported offences per 100,000 people for our region compared with the Queensland average of 9,154. Mackay SA2 had the highest rate per 100,000 people at 99,550 reported offences
- Higher personal incomes. Our community had higher than average median personal income in 2021, with an average of \$45,731 compared to the statewide average of \$40,924. There is substantial variance at an SA2 level with the lowest mean income in Bowen, Collinsville and Proserpine SA2s (all lower than \$38,000) and the highest in Moranbah and Eungella Hinterland SA2 (over \$80,000)
- Lower unemployment rate. In the March quarter 2022 there was an unemployment rate in the region of 2.3% compared to a Queensland average of 4.9%. A key exception includes Mackay SA2 which recorded an average of 8.7%.
- Accommodation. There are substantial barriers to accessing affordable rental accommodation within the region. This is universally challenging but is exacerbated in communities impacted by large local industry.



Travel for Health Access

Travel is a significant driver/barrier for health care access across our community. Travel to access health care occurs at a range of levels including:

- Lower Socio-economic status. The region is relatively more disadvantaged than the Queensland average (47.5% of residents are in the bottom two quintiles for relative socio-economic disadvantage). Levels of disadvantage vary extensively across the region, with areas such as Bowen, Collinsville, Mackay, North Mackay, Sarina, Slade Point, and South Mackay SA2 all relatively more disadvantaged than the average (2016 data)
- The need to travel away from Mackay for specialist and/or higher-level care services (i.e. to Brisbane and/or Townsville)
- The need to travel from rural locations (e.g. Clermont and Collinsville) to larger areas (e.g. Mackay and Proserpine) to access medical and diagnostic services.
- The need to be able to access transport to and from health services such as on discharge from ED, or to attend specialist appointments (i.e. there is a lack of public transport, particularly in rural locations)
- The need to move away from a community to receive care (such as aged care).

There are a broad number of impacts that travelling to access health care has on the population. This includes:

- Financial hardship due to the cost of travel (often not adequately covered by travel reimbursement schemes)
- Loss of productivity and income due to the additional time spent to receive health care
- Family hardship due to the need for dependent travel (e.g. in the case of birthing mothers and need to attend Mackay with offspring and/or carer)
- Avoidance of travel and health care, and subsequent increase in acuity of health issues.



Ability to Attract and Retain Workforce

The ability to attract, recruit and retain health workforce (both in primary and hospital-based care) in our regions is a significant barrier to equitable health care provision, and a key driver of health need in the region.

Whilst this is a significant challenge in Mackay, recruitment and retention challenges are further exacerbated in regional locations such as Clermont, Sarina, Collinsville, Bowen and Dysart. At a state and national level, staffing shortages have been well documented, with increasing competition for adequately trained staff.

Staff shortages apply to all cadre of health workforce, however are particularly impacting the following key professions:

- Doctors (including General Practitioners, Surgeons and Medical Specialists)
- Nursing and Midwifery (particularly at mid- and senior levels)
- Allied Health.



Culturally and Linguistically Diverse Groups

There is a significant number of culturally and linguistically diverse groups within our catchment which have unique health needs. This includes:

- The South Sea Islander population in the catchment (Mackay is home to the largest South Sea Islander population in Queensland - per the 2016 Census)
- The Pacific Australia Labour Mobility workforce (particularly in locations such as Bowen)
- The significant component of the population born overseas (noting 6.3% of the population was born in another English-speaking country, and 6.2% of the population was born in a non-English speaking country as at 2021).



Health Funding

Funding of the healthcare system is a key driver of supply both in primary health care, public hospital, and private health care settings in our community.

Examples of health funding as a key driver include (but are not limited to) incentivisation of primary healthcare through the Medicare Benefits Schedule, enhanced remuneration frameworks for workers within aged care, or increased activity-based funding allocations to the HHS for additional services.



Itinerant Populations

Itinerant population groups are a key driver of health need across the Mackay Hospital and Health Service catchment which are often difficult to quantify and evaluate. This includes:

- The 'grey nomad' population
- The backpacker population (particularly in places such as Airlie Beach and Bowen)
- The fly-in, fly-out and drive-in, drive-out mining workforce
- Seasonal fruit picking workforce.

Many of these groups are not identified in Census counts, however have a significant impact on health services needs and demand.



Occupational Impacts on Personal and Family Health

The unique workforce requirements for key industries (such as mining, farming and tourism) are driving unmet health needs for individuals, families and communities across the Mackay, Isaac and Whitsunday communities. This includes:

- Increased rates of mental health and drug and addiction needs
- Increased prevalence of family-based violence
- Poor lifestyle choices
- Increased health care access requirements.

In the 2021 Census, 14% of the Mackay HHS community worked in the mining sector compared with the Queensland average of 2.3%



Appropriate and Sufficient Care Environments

The availability of health infrastructure and care environments is a key driver of health need for our communities. This includes:

- access to palliative care beds and services (i.e. in hospital, or a hospice care environment).
- access to dementia and cognitive impairment care, services and beds.
- access to ongoing care environments for people suffering from a disability under the age of 65 or 50 (for Aboriginal or Torres Strait Islander residents).
- access to adolescent inpatient beds and services (particularly for mental health, drug and alcohol).
- access to culturally safe and welcoming care environments for Aboriginal and Torres Strait Islander community members.
- access to sufficient Emergency Department treatment areas.
- access to an adequate number of inpatient beds to meet the needs of the population.
- access to an adequate number of theatres to deliver the surgical/procedural needs to the population.



General Practitioner Services

Access to General Practitioner (GP) services is a significant barrier to health education, diagnosis and treatment leading to a range of unmet or partially met healthcare needs in our community.

Health Need Summary

Challenges in access to GP medical services include:

- Wait times to access appointments (in some areas this can take up to 3 weeks)
- Cost of accessing services (many GP's do not bulk bill their services)
- Availability of local GPs (particularly in rural locations such as Clermont and Bowen)
- Continuity of GP services (e.g. many rural roles are highly locum based)
- Access to GP services after hours
- The need to travel substantial distances to access GP care due to local unavailability.

Interaction with other LANA Health Needs

This health need has a strong correlation with most other Health Needs identified in this report.

Who does this Impact?

Barriers to accessing GP services impacts the whole community however is likely to impact certain groups more than others. This includes:

- Rural and remote locations such as Clermont & Bowen where there are very limited GP services.
- Residents with high health needs who rely on GP interface to manage complex care needs and access other health services (e.g. referrals to specialists)
- Key demographic groups such as older persons and aged care facility residents.
- Areas such as Mackay, Clermont and Bowen where timely access to GP services is particularly challenging.

How this Impacts our Community

The impacts of this health need on our community includes:

- Delayed diagnosis and treatment
- Decisions to avoid accessing care
- Lack of continuity of care for residents where there is no consistency of service providers
- Increased acuity and morbidity
- Treatment in inappropriate locations (e.g. patients presenting to the Emergency Department for health concerns better treated in a GP setting).

What the Data tells us

There is strong supportive data for this health need:

As at 2021, there were **52 GP clinics** across the Mackay HHS catchment.

In 2018/19 there were **13.3 GP** after hours (non-urgent) services per 1,000 residents for the region. The Queensland average was **35.8**.

In 2019 there were **2.95 medical practitioners** (i.e. not just GPs) per 1,000 of the resident Mackay HHS population compared with the Queensland average of **4.13**.

This was **substantially worse for Bowen Basin North (.93** per 1,000 residents) and **Whitsunday (2.15)** SA3's.



Community Member story

“My daughter recently moved back to Mackay after living in Brisbane. She has a range of ongoing care and medication needs which means she needs regular and reliable access to a GP.

I rang a dozen practices in Mackay and I couldn’t find a single bulk-billing practice. In Brisbane she used to have to pay \$25 per visit to get her scripts filled. In Mackay she would have to pay \$65 before she could even get through the door. And she has to go through all the hassles of getting an appointment just to get a repeat script.

It made me really angry that we couldn’t find a bulk billing practice for her to go to. We were lucky, I could pay for her to access the Dr. What happens to people who can’t afford the GP?.”

System Level Considerations

- There is a national shortage of GP’s which is exacerbated in regional and rural locations such as across the Mackay HHS Catchment
- GP MBS rebates were frozen over the period 2013 – 2019
- There has been a decline over the last few years in national entrances to the GP training program.

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Affordability of Care



Health System Integration and Navigation



Ability to Attract and Retain Workforce



Travel for Health Access



Health Funding

Mental Health

The prevalence of mental health disease and gaps in diagnosis, treatment and prevention services is resulting in significant unmet health need for our community.

Health Need Summary

There is significant health need across our regions caused by the prevalence and severity of mental health issues and insufficient access to preventative, diagnostic and treatment services. There are a number of factors influencing this need:

- The higher-than-average burden of mental health disease within the Mackay HHS community
- The higher-than-average rate of suicide in the community
- The relatively lower number of GPs and allied health professionals (particularly psychologists) in the region
- The limited resources to support mental health needs of older patients (particularly those in RACF)
- The limited specialisation amongst health providers in child and youth mental health
- A lack of suitable care environments for patients suffering acute mental health illness
- A lack of suitable care environments for child and youth suffering acute mental health illness
- A lack of service availability for mild to moderate mental health care (exacerbated after-hours)
- Wait times for non-urgent mental health care.

Interaction with other LANA Health Needs

There is a strong interrelationship of this health need with nearly all of the health needs identified in this LANA Report.

How this Impacts our Community:

The impact of this health need on our community is higher rates of morbidity (i.e. ill health) and mortality, increased societal impacts (e.g. homelessness and domestic violence) and increased rates of care in inappropriate settings (e.g. Emergency Department).

What the Data tells us

In 2017/18, **14** local SA2 regions (of 25) reported **males with higher psychological distress** than the Queensland age standardised rate of 11.4.

In 2017/18, **7** local SA2 regions (of 25) reported **females with higher psychological distress** than the Queensland age standardised rate of 14.5.

Between 2015-2019, all SA3 in the region reported **higher rates of suicide** than the State Aged Standardised Rate of **15.6** per 100,000 people. Bowen Basin - North SA3 was 18.2, Mackay SA3 was 18.8 and Whitsunday SA3 was 22.7.

Suicide and self-inflicted injuries were the **3rd highest** source of potential life years lost for the Mackay HHS population between 2014-2018 measured at 5,262 years of life lost.

In 2017 **intentional self-harm** was the **6th highest** cause of death for non-First Nations Peoples with a standardised death rate of 15.8. **For First Nations Peoples** it was the **5th highest** cause of death with a standardised death rate of 25.8.

In 2019/20 there was a **relative utilisation** of mental health (SRG) **public admissions** for Mackay HHS residents of **.45**. This is significantly below the State average of 1.

The average number of **mental health care plans** in 2019 for the region was **11.3** per 100 people. The Queensland average was 15.4. **Bowen Basin-North SA3** had the **lowest average** of **8.1** per 100 people.

Mackay HHS Staff story

“Patients will tend to give up on seeking help for mental health issues when the services aren’t locally available or help begins to seem too overwhelming or hard to get.”

System Level Considerations

- Many mental health challenges in Mackay HHS are similar to those experienced elsewhere across Australia, however are exacerbated by the higher burden of disease, and the challenges of rurality on health need and service supply.
- In October 2022, the Queensland Department of Health released Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027.
- In December 2020, Better Health North Queensland released the *Joint Regional Wellbeing Plan for Northern Queensland Mental health, suicide prevention, and alcohol and other drugs.*

Health Professional story

“Mental Health support is not accessible for low income families: For example: currently a Better Access to Mental Health Medicare rebate is \$77 per 50 min session [for OT services]. Therefore the out of pocket expense for clients is \$113 ... This is unaffordable for low income families and has ongoing impacts of inter generational poor coping skills.”

Health Need Drivers

The following health need drivers influence this health need:



Affordability of Care



Health System Integration and Navigation



Ability to Attract and Retain Workforce



Health Funding



Appropriate and Sufficient Care Environments



Occupational Impacts on personal and family health



Culturally and Linguistically diverse groups

Palliative Care

There is a significant need to enhance access to palliative care services for the people of Mackay, Whitsunday and Isaac.

Health Need Summary

There is a significant need to enhance palliative care services for our communities. Whilst extensive palliative care is available for residents across the HHS (via the Specialist Palliative Rural Telehealth Service [SPaRTa] and the Specialist Palliative Care in Agreed Care [SPACE]), there are limited staff and resources available locally to provide comprehensive services. This includes:

- access to wholistic palliative care services
- access to dedicated palliative care specialists
- access to enhanced palliative care capacity in hospitals and aged care facilities
- enhanced consumer preference in their place and means of death.



How this Impacts our Community

Community members with life-limiting illness require specialist palliative care provided by health professionals with expertise in symptom control, psychological, social, spiritual and cultural care.

The impact of this unmet health need is that many people in our community are not receiving complete palliative care, dying in care settings which are not of their choice, or in some instances are being required to travel away from home, family and friends to receive end-of-life care.

What are we already working on?

- Continue utilisation of the Specialist Palliative Rural Telehealth Service (SPaRTa) to provide specialist palliative care consultative telehealth service
- Utilise PallConsult service to delivery patient-centred palliative care service
- Expansion of the Care In the Right Setting (CaRS) service targeting end of life referrals for RACF Consumers.

Interaction with other LANA Health Needs

There is a strong interrelationship of this health need with GP Access, Allied Health Access, Older Persons Care and Specialist Services.

What the Data tells us

In Queensland there is an average of **1.0** full-time equivalent **palliative care physician** per 100,000 of the population. At present **there are no palliative care specialists** working in Mackay Hospital and Health Service.

In 2019/20 there was a relative utilisation of **Palliative Care** as a service-related group of **0.67** across public and private health services for Mackay HHS residents. This suggests that residents in Mackay access **admitted palliative care services far less** than the State average (measured as 1).



Community Member story (paraphrased)

“My husband died a few years ago. Because there wasn’t the ability to care for him locally here at home, he had to be sent to Mackay to receive care.”

System Level Considerations

- In January 2023 Voluntary Assisted Dying (VAD) Laws will come into place in Queensland. VAD is an additional end-of-life choice that gives eligible people who are suffering and dying the option of asking for medical assistance to end their lives
- Palliative Care Queensland 2022-23 have identified Remote, Rural and Regional Access as one of 6 priorities over the next 2 years.
- In October 2022 the Department of Health released the Queensland Palliative Care Strategy and Workforce Plan. The Plan outlines significant growth in Palliative Care services across Queensland by 2026.

Health Need Drivers

The following health need drivers influence this health need:



Health System Integration and Navigation



Ability to Attract and Retain Workforce



Health Funding



Appropriate and Sufficient Care Environments



Travel for Health Access

Child and Youth Health

There are significant barriers to diagnosis and treatment for the paediatric population across our region.

Health Need Summary

There are a number of health and access issues in child and youth health creating unmet or partially met health need across our region. This includes:

- extensive waitlists to access child development services (CDS)
- constricted diagnosis age and treatment parameters for CDS services (e.g. MHHS only undertakes assessments for children up to 5 years of age)
- lack of availability and timely access to primary health care services
- capacity gaps (particularly in rural settings) for the diagnosis and treatment of child and youth mental health
- insufficient access to specialist paediatric medical and surgical services across the region
- social and family impacts on child welfare and development (e.g. homelessness, domestic violence, absent parents etc).
- limited access (particularly in regional locations) to suitably trained paediatric allied health and nursing staff
- delayed registration and access to services on the NDIS as a result of staffing limitations and rurality
- boredom and subsequent mental health issues for young people living in rural locations
- health care gaps for potentially vulnerable child groups, including disabled children, children in out-of-home care, and First Nations children
- access to paediatric diagnosis and care is exacerbated for regional communities, where travel may be required to access reliable diagnostic and therapeutic services.

How this Impacts our Community

The impact of these unmet health needs is increased morbidity in our community, poorer lifelong outcomes for children and youth and displacement of children and their families to access health care.

Interaction with other LANA Health Needs

There is a strong interrelationship of this health need with GP Access, Allied Health Access, Older Persons Care, Mental Health and Specialist Services.

What the Data tells us

Australian data shows that children who are behind on their **development** when they start school rarely catch up to other children.

In 2021, the AECD outlined the LGAs of Mackay (**25.8%**) and Whitsunday (**27.3%**) averaged above the Queensland average (**24.7%**) for one or more developmentally vulnerable domains over time.

2021 AECD data highlights **substantially poorer** results for **one or more developmentally vulnerable indicators** for the following SA2: Andergrove - Beaconsfield (**30.6%**), Mackay/Mackay/Harbour (**36.8%**), Shoal Point Bucasia (**44.6%**), South Mackay (**39.3%**).

In 2019, **93.1%** of children were **fully immunised** by the time they were 2, compared with a Queensland average of 94.7%. Only **88.9%** of First Nations 2-year-olds across the HHS were **fully immunised** at the same time.

Between 2014-2018 the average **infant mortality** rate for the region (per 100,000 people) was **4.3**, compared with a Statewide average of 4.9. There were **substantially poorer** results for residents in **Bowen and Collinsville SA2** where the average was **9.1** infant deaths per 100,000 people.

In 2019/20, **49.1%** of children were **active every day** in the last week. This is **better** than the State average of 47.1%.

System Level Considerations

- In August 2020, the Queensland Department of Health released Unleashing the Potential Report recommending HHS's Develop an integrated health care pathway for the first 2000 days, including pregnancy, infancy and early childhood.

Health Need Drivers

The following health need drivers influence this health need:



Health System
Integration
and Navigation



Ability to Attract and
Retain Workforce



Health
Funding



Appropriate and
Sufficient Care
Environments



Travel for
Health Access



Affordability
of Care

Community Member story

Question: Do you have a real-life story or experience emphasising any of the unmet health needs you have identified which you are willing to share?

“For paediatricians we have to travel a 600km round trip and with kids that’s hard.”

“Many health clinicians, GPs and specialists have closed their books to new patients as they are too busy with current patients. At least 1 Mackay Paediatrician has told my GP to stop sending paediatric referrals because their waitlist is too long.”



Alcohol, Other Drug and Other Addictions

There are high rates of alcohol, other drug and other addictions which are creating unmet or partially met health needs for the people of Mackay, Isaac and the Whitsundays.

Health Need Summary

There are high rates of alcohol, other drug and other addictions which are creating unmet or partially met health needs for our communities. This includes:

- High rates of alcohol consumption
- High rates of smoking in certain population groups
- High rates of illicit drug use
- High rates of gambling for certain population groups
- The growing presence of vaping
- Insufficient education, treatment and management services (particularly in rural locations).

Who does this Impact?

Whilst alcohol, drug and other addictions impact the whole community, groups most impacted include:

- Residents of Whitsunday LGA (particularly drug and alcohol related)
- Smoking amongst pregnant mothers (particularly First Nations mothers)
- Vaping amongst youth across the region
- Higher levels of drug, alcohol and gambling amongst communities where higher salaries are available (such as mine based work)
- Anecdotally, there was evidence of the high impact of addictions on families and children.

Interaction with other LANA Health Needs

There is a strong interrelationship of this health need with Aboriginal and Torres Strait Islander Health, General Practitioner Services, Mental Health, Allied Health and Disability and Diagnosis.

How this Impacts our Community

The impact of this health need is:

- Increased morbidity
- Increased mortality
- Poorer maternal child health outcomes
- Increased rates of health care utilisation
- Increased rates of domestic abuse and violence
- Increased rates of psychotic illness
- Increased impacts on support agencies such as the Queensland Police Service and Queensland Ambulance Service.

What the Data tells us

Mackay HHS residents have **higher** rates of **daily smoking (13.7%)** compared to the Queensland average (10.8%).

Mackay HHS has **higher** rates of **mothers who smoke during pregnancy (11.5%)** compared with the Queensland average of 9%.

Mackay HHS residents have **higher** rates of **lifetime risky drinking (26.6% vs 21.5% for Qld)**.

Mackay HHS residents have **higher rates** of **risky alcohol intake** for adults (worse in some SA2).

Whitsunday Planning region residents have **substantially higher** rate of **drug and alcohol related hospital separations** at **2,232** per 100,000 for First Nations peoples (State average is 1,496) and **831** for non-First Nations peoples (State average is 612).

Bowen non-First Nations people also have a **higher rate** of hospitalisation than the Queensland average at **730** per 100,000 (see inset below).

There is a **higher** rate of **reported offences** for Prostitution, Drugs, Gambling and Liquor for residents in Mackay (**4,909.7**) and Whitsunday (**6,095.9**) than the State average (3,457.3 per 100,000).

In 2020/21 **mental and behavioural disorders** due to use of **alcohol, acute intoxication** was the **highest presenting condition** to the Proserpine ED.

Survey highlights

Mackay HHS staff ranked Alcohol, Other Drugs and Other Addictions as the 2nd highest most significant health need in the community. Health professionals surveyed ranked it 3rd highest.

Health Need Drivers

The following health need drivers influence this health need:



Affordability of Care



Health System Integration and Navigation



Ability to Attract and Retain Workforce



Health Funding



Appropriate and Sufficient Care Environments



Occupational Impacts on personal and family health



System Level Considerations

The impact of this health need is:

- In October 2022, the Queensland Department of Health released Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027.
- In December 2020, Better Health North Queensland released the Joint Regional Wellbeing Plan for Northern Queensland Mental health, suicide prevention, and alcohol and other drugs. The purpose of the plan is to improve the outcomes and experiences of consumers and carers by enhancing coordination between the organisations that fund, plan, and deliver mental health, suicide prevention, and alcohol and other drug service.

Aboriginal and Torres Strait Islander Health

First Nations People in our regions have a higher burden of disease and lower life expectancy than non-First Nations peoples.

Health Need Summary

There is substantial unmet and/or partially met health needs for First Nations Peoples in our communities. This relates to:

- Mental health burden of disease (across all age ranges).
- Rates of suicide (particularly among youth).
- Access to mental health services (particularly for low to mid-acuity care types).
- Access to primary health care services (i.e. GP and allied health services).
- Alcohol, drug and other addiction impacts on health and wellbeing.
- Burden of disease from chronic conditions.
- Maternal and child health outcomes and access to maternal and child health services.
- Travel requirements to access health care.
- Cultural safety in accessing health care.
- Access to reliable, affordable oral health care.
- Access to health care whilst in watchhouse or correctional service settings.

Whilst all of these health needs are covered elsewhere in the LANA, the commonality of the higher-than-average burden of disease, and poorer overall health outcomes has resulted in Aboriginal and Torres Strait Islander Health as a clear area of Health Need for the region.

Interaction with other LANA Health Needs

This health need has a strong correlation with most other Health Needs identified in this report.

How this Impacts our Community

Aboriginal and Torres Strait Islanders in Mackay, Isaac and Whitsunday regions have a higher burden of disease and lower life expectancy than non-First Nations peoples.

What the Data tells us

The **life expectancy gap** is **8.2** years for **males** and **8.3** years for **females** across Queensland.

The total **burden of disease** for First Nations People in Queensland is **2.2 times** that of the rest of the population.

27.6% of **First Nations mothers** within our community **smoked during pregnancy** (11.5% of non-First Nations mothers).

40.2% of **First Nations mothers** in our region are **obese** compared to State average of 30.7%.

The **sexually transmitted infection** rate is **130** per 10,000 **First Nations People** within our region compared with 59 per 10,000 non-First Nations people.

The rate of **potentially preventable hospitalisations** is **9.4** (per 100) for our First Nations People compared with a Queensland average of 8.9 for First Nations Peoples and **7.9** for non-First Nations peoples in the HHS community.

There is a **higher standardised death rate** for each of the leading causes of death for **First Nations Peoples** compared with non-First Nations Peoples in the region.

There is **substantially higher** rate of **potentially avoidable deaths** amongst **First Nations** communities within the HHS when compared with the Queensland First Nations population and non-First Nations peoples.

Community Member story (paraphrased)

“On the Indigenous side, we do not have any transport to access health care. This means it is sometimes really hard to get to the hospital or home from the hospital, especially when you are sick.

A cousin of mine had an appointment to see the Dr in Mackay. She was told she could access transport from the Hospital and that she would need to catch the bus get there and home. She wasn't going to get home until after 8pm at night. That is too late for old people like us. She cancelled her appointment.

I am lucky my son does shift work and drives me when I need to get to the hospital. Its not easy for people who don't have family to help”



Health Need Drivers

The following health need drivers influence this health need:



Health System Integration and Navigation



Health Funding



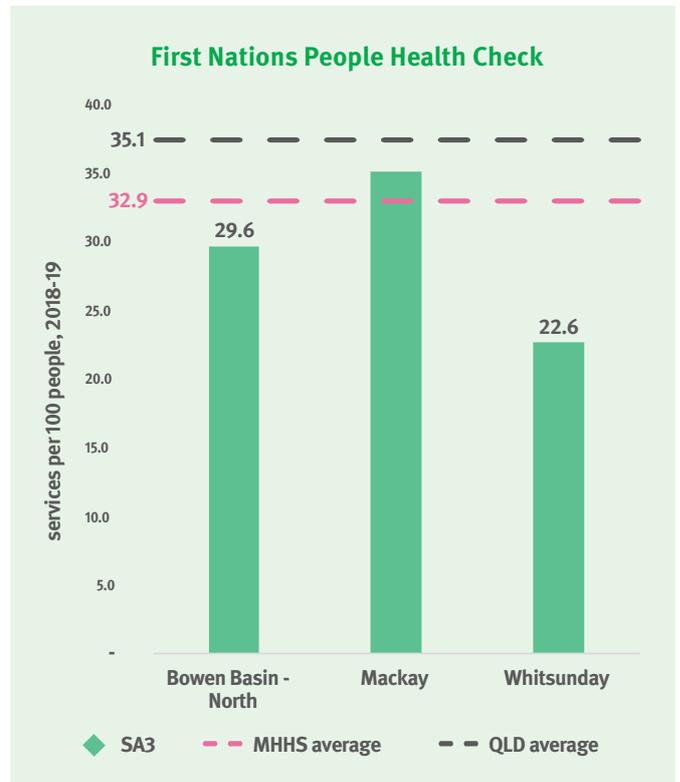
Ability to Attract and Retain Workforce



Appropriate and Sufficient Care Environments



Occupational Impacts on personal and family health



System Level Considerations

- The National Agreement on Closing the Gap enables Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.
- The Department of Health Making Tracks provides the overarching policy directions to guide the Queensland Government’s long-term efforts to achieve health parity.
- The Department of Health Making Tracks Together: Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework outlines the priority of placing First Nations voices at the centre of healthcare delivery in Queensland.

Allied Health Service

There are proportionately fewer allied health professionals in our region resulting in high levels of partially met, and unmet health needs related to allied health services.

Health Need Summary

There are proportionately fewer allied health professionals in our region resulting in higher levels of partially met, and unmet health care needs.

This includes:

- reduced access to diagnostic and assessment services (such as those required for NDIS).
- reduced access to preventative treatments (e.g. fall prevention)
- reduced access to curative treatments such as wound care, rehabilitation recovery and injury recovery
- requirement for travel to access care, particularly in rural locations such as Collinsville, Dysart and Clermont
- limited or no access for more specialised allied health professions such as paediatric physiotherapy.

Interaction with other LANA Health Needs

Allied Health Services has strong correlation with other identified health needs including:

- Child and Youth Health
- Disability Diagnosis and Treatment
- Older Persons Care
- Mental Health
- Enhanced Palliative Care

How this Impacts our Community

The impact of this health need is:

- Increased morbidity in the community
- Delays to accessing required care
- Care occurring in inappropriate settings (e.g. within an Emergency Department rather than in a GP setting).

What the Data tells us

The average **Allied Health Medicare services** per 100 people in our community in 2018/19 was **65.9** compared with the Queensland average of 100. These results were **substantially poorer** in **Bowen Basin - North (45.6)** and **Whitsunday SA2 (62.5)** per 100 people.

There are substantially **fewer Allied Health professionals** across our region with:

» **0.68 Dentists** per 1,000 of our population compared with the Queensland average of 0.87. This is substantially worse for Bowen Basin SA3 where the rate is **0.42**.

» **0.58 Occupational Therapists** per 1,000 of our population compared with the Queensland average of 0.79. This is **substantially** worse for **Bowen Basin SA3 (.36)** and **Whitsunday (.22)**.

» **0.15 Optometrists** per 1,000 of our population compared with the Queensland average of 0.22. This is **worse** for **Bowen Basin SA3 (.09)** and **Whitsunday (.13)**.

» **0.69 Pharmacists** per 1,000 of our population compared with the Queensland average of 1.02. This is **substantially worse** for **Bowen Basin SA3 (0.42)**.

» **0.76 Physiotherapists** per 1,000 of the population compared with the Queensland average of 1.15. This is **worse** for **Bowen Basin SA3 (0.57)** and **Whitsunday (0.44)**.

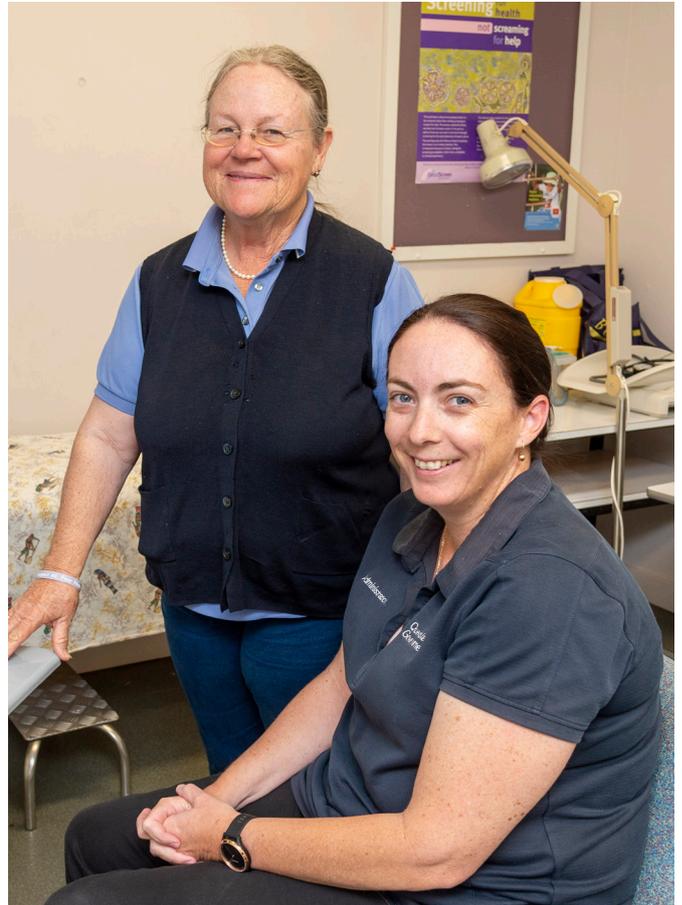
» **0.11 Podiatrists** per 1,000 of our population compared with the Queensland average of 0.17.

» **0.45 Psychologists** per 1,000 of our population compared with the Queensland average of 1.02. This is **substantially worse** for **Bowen Basin SA3 (0.21)** and **Whitsunday (0.26)**.

Consumer story

“I am a carer for an NDIS participant. Accessing services to support those with increased needs is very difficult – a 3 month wait for an OT assessment, a 6 month wait for speech pathology services, an 8 week wait for psychiatry services. On top of dealing with the NDIA/NDIS – very difficult even as an experienced health care worker.”

“I am new to town and unable to source a podiatrist as they have no capacity to take new clients. I am a high-risk foot client having to travel 300km to the closest bulk billed podiatrist, with no travel assistance from PTSS. I have no car or licence, there is no public or private transport in town, so I need to ask a friend to drive but they are not available at times due to their own commitments.”



Who does this Impact?

Barriers to accessing Allied Health services impacts our whole community however is likely to impact certain groups more than others. This includes:

- rural and remote locations, where there are very limited allied health services.
- residents with high health needs who rely on allied health staff to manage complex needs
- Key demographic groups such as older persons and aged care facility residents
- Areas such as Bowen Basin and Whitsunday SA3 where there are relatively fewer allied health professionals
- Those living on lower socio-economic status, unable to pay for private allied health services.

System Level Considerations:

- Australia currently has its lowest unemployment figures in 50 years. The ability to attract and retain workforce is a nation-wide challenge which is exacerbated in regional and remote environments.
- The *Advancing Health service delivery through workforce: A strategy for Queensland 2017-2026*.

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Affordability of Care



Health System Integration and Navigation



Ability to Attract and Retain Workforce



Health Funding

Older Persons

There are gaps in availability and access to clinical and aged care for older residents across our communities.

Health Need Summary

Older persons care and access to aged care services (both in-home and within residential aged care facilities [RACF]) is a significant challenge for our communities. Key issues identified in the LANA process include:

- lack of RACF places across the region, and long waitlists for many people to access care.
- no RACF places in rural areas such as Moranbah and Dysart (and the subsequent need to receive care away from home, family, community etc for residents)
- lack of on-the-ground specialist Geriatrician services
- inability to get timely Aged Care Assessment Team (ACAT) assessments (particularly in rural and regional locations)
- limited local clinical capability to deal with older persons with higher care needs (including dementia and mental health)
- limited access to respite care, particularly in rural/regional locations
- lack of workforce to support aged care needs.

Interaction with other LANA Health Needs

Older Persons has a strong correlation with other identified health needs including:

- GP services
- Aboriginal and Torres Strait Islander health
- Allied Health services
- Specialist services

Who does this Impact?

This health need impacts all older persons (and their families), however the highest impact of these is experienced by:

- Those living in more regional/remote locations
- Aboriginal and Torres Strait Islander older persons

How this Impacts our Communities

The impact of this health need on our community is:

- Increased care in inappropriate settings (e.g. older persons occupying hospital beds rather than aged care facilities)
- Community displacement and isolation (for those travelling to received aged care)
- Poorer health outcomes for older residents
- Increased impacts on supporting services (e.g. QAS and QPS) and increased morbidity and mortality.



What the Data tells us

As at 30 June 2021, there were **1,222** operational **aged care** services across our region (including home care, residential care and restorative care).

There were **63.5** places in **Residential Care** for people aged **70+** in 2021 per 1,000 of the Mackay Aged Care Planning region population compared with **72.5** per 1,000 for Queensland and 72.9 for Australia (this does not include Bowen Planning region)

16% of the population aged **65+** report **profound or severe disability** (the State average is 16.8%). Some SA2s in the Mackay region have **significantly higher** rates of **disability** in older populations with

East Mackay, Mackay, South Mackay and West Mackay all reporting an average of **24%** of residents aged **65+** having a profound or severe disability.

Although Collinsville has one of the highest proportion of individuals aged **65+** in MHHS, there are only **7** residential places in that SA2.

55.1% of those in permanent residential care in Mackay Aged Care Planning region had a **diagnosis of dementia**.

At March 2022, **61.1%** of non-hospital ACAT assessments were completed within the low target of 40 days (target is 90%).

Mackay HHS Staff story

“We have a lovely elderly gentleman who is cognitively unable to care for himself ... at the hospital ... and is completely frustrated and confused as to why he must stay here. We have kept him as busy as we have been able ... but there are times that his frustrations get the better of him. This should not be an issue but has been because there has been nowhere more appropriate to move him to.”

“Dementia patients I care for are frightened, depressed and frustrated by being kept in an uncomfortable, clinical environment for months on end while awaiting placement in aged care facilities.”

Mackay HHS Staff Survey Results

Aged care access was the 2nd most common theme amongst Mackay HHS staff when asked to identify their top 3 unmet health needs for the community.

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Affordability of Care



Health System Integration and Navigation



Ability to Attract and Retain Workforce



Health Funding



Appropriate and Sufficient Care Environments



Travel for Health Access

Chronic Disease

Our communities experience a higher prevalence of chronic disease than elsewhere in Queensland.

Health Need Summary

The Mackay, Isaac and Whitsunday regions have on average higher prevalence of chronic disease than is experienced elsewhere in Queensland resulting in unmet or partially met health needs. This includes higher than average rates of:

- obesity
- cardiovascular disease
- respiratory disease
- diabetes
- cancer
- arthritis
- kidney disease

In addition to the specific conditions, there is significant health need generated through co-morbidities (i.e. the occurrence of two or more chronic conditions).

Note: because of its prevalence and impact, mental health (whilst a chronic health condition) has been identified as its own health need. It therefore has not been covered in this section.



Who does this Impact?

The prevalence of chronic diseases impacts our whole adult population, but there is a higher prevalence in key groups, including:

- Aboriginal and Torres Strait Islander communities
- Obesity particularly in Bowen and Collinsville SA2
- Maternal obesity
- Cardiovascular disease for residents in Mackay and Bowen Basin North SA2
- Chronic obstructive pulmonary disease in the broader Mackay region, Moranbah, Clermont and Broadsound Nebo SA2.
- Diabetes rates in Collinsville, Bowen and Sarina
- Arthritis across all of Mackay and Bowen Basin – North SA3
- Lower socio-economic status communities
- Older persons.

How this Impacts our Communities

The impact of this health need on our communities includes:

- Increased rates of morbidity and ill health
- Lower quality of life
- Increased rates of hospitalisation
- Increased rates of mortality.

Interaction with other Health Needs

Chronic Disease has a strong correlation with other identified health needs including:

- Health education and prevention
- GP services
- Aboriginal and Torres Strait Islander health
- Alcohol, other drug and addiction services
- Occupational impacts on health.

What the Data tells us

Residents who report doing **sufficient physical** is **54.3%** which is **lower** than the Queensland average of 58.3%

All SA2s in our community have a **higher proportion** of **obesity** compared to the state (**32.7** per 100), with the **highest rates** in **Bowen** (**43.0** per 100) and **Collinsville** (**43.0** per 100).

There is a **higher** rate of **obesity for mothers** in our community than the State average with an average of **25** for **non-First Nations** mothers (State average of 21.4) and **40.2** for **First Nations Mothers** (State average 30.7)

All SA2 in **Bowen Basin North** and **Mackay SA3's** have an age **standardised prevalence** rate of **heart, stroke** and **vascular disease over** the Statewide average of 4.7.

Every SA2 in the HHS had **higher age** standardised rates of **high blood pressure** than the State average of **13** per 100 people in 2017/18 (no SA2 was below 23).

Every SA2 in the HHS has **higher age standardised** rates of **Chronic Obstructive pulmonary disease** than the State average of **3.5** per 100 people in 2017/18.

The worst performing SA2 include **West Mackay, South Mackay, Mackay, East Mackay Moranbah, Clermont** and **Broadsound-Nebo** SA2 which all recorded an ASR of **4.1** per 100 people.

All but 3 SA2 in the region have **higher age** standardised rates of **diabetes** than the State average of **4.7** per 100 people in 2017/18. **Worst** performing of these were **Sarina** (**7.0**), **Bowen** (**6.9**) and **Collinsville** (**6.9**) SA2s

All SA2 in Mackay and Bowen Basin – North SA3 have **higher rates** of **arthritis** than the Queensland ASR of 13.9. The **worst** performing SA2s include **Slade Point, North Mackay, Mackay Harbour, Andergrove - Beaconsfield** all of whom recorded an ASR of **16** for the 2017/18 year.

There is significant variance in data in terms of age standardised rates (per 100,000) for all types of **Cancer** incidence in the HHS. Worst performing SA2s across the region include: East Mackay (**713.9**), Mackay (**713.9**), South Mackay (**713.9**) and West Mackay (**713.9**). The Queensland average is 589.8. There is **substantial variance** across **cancer types** and prevalence rates by SA2.

Health Care Provider Survey feedback

Question: In your opinion, what are the key factors causing these unmet needs?

“Cheap high caloric foods, expensive low caloric foods, lack of exercise/ sport programs.”

“Inadequate professional resources, inadequate public programs and legislation.”

Question: Based on your experience, what are the 3 most important improvements Government and community could do to improve peoples’ health and wellbeing?

“Legislation and programs to change eating habits/ choices.”

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Broader Social Impacts on Health



Occupational Impacts on personal and family health



Ability to Attract and Retain Workforce



Travel for Health Access

Specialist Services

There are health need gaps due to lack of availability of specialist medical services within Mackay HHS.

Health Need Summary

There are health need gaps due to the availability of specialist medical services within our community resulting in the need to wait or travel to receive health care. Services considered within this list include:

- Ophthalmology
- Ear Nose Throat (ENT)
- Urology
- Orthopaedics
- Dermatology (particularly in coastal regions)
- Paediatrics
- Cardiology
- Endocrinology
- Gastroenterology
- Pain Management
- General Surgery
- Rheumatology
- Vascular Surgery
- Nephrology
- Respiratory

At time of drafting (Jun – Oct 2022), the impact of the COVID-19 pandemic on specialist access and wait times remains significant, particularly because of Statewide decisions to freeze certain elective surgery procedures during the worst waves of the pandemic.

Interaction with other Health Needs

Specialist Services has a strong correlation with other identified health needs including:

- GP services
- Mental Health
- Aboriginal and Torres Strait Islander health
- Health education and prevention
- Chronic Disease

Who does this Impact?

This health need impacts all residents however the highest impact is experienced by:

- Older residents
- Community members with complex and/or co-morbid conditions
- Residents living in rural and remote settings.

How this Impacts our Communities

- There is increased morbidity and wait times to access care for Mackay Hospital and Health Service residents as a result of access needs for specialist medical care.
- There is a need for residents to travel outside of the HHS to receive some specialist services.



What the Data tells us

In the 21/22 financial year, **91%** of Category 1 **elective surgery patients** were treated in **recommended time** (within 30 days), **73.1%** of Category 2 elective surgery patients were treated in time (within 90 days) and **72.8%** of Category 3 **elective surgery patients** were **treated** in time (within 365 days) across Mackay HHS.

In the 21/22 financial year, **61.9%** of Category 1 **specialist outpatient appointments** were within recommended time (30 days), **47.9%** of Category 2 **specialist outpatients appointments** were seen within time (90 days) and **91.8%** of Category 3 **Specialist outpatient appointments** were seen within time (365 days).

At June 2022, the specialties with the largest specialist outpatient waitlists by volume was **ophthalmology**, followed by **ENT, Neurosurgery, Cardiology** and **Gynaecology**.

In the 2021 calendar year there was **19,539** public **PTSS claims** submitted. The vast majority of these claims were for specialist services.

Of all PTSS submissions in 2021 (i.e. public and private), **52%** were to attend services in **Mackay**, **21%** were to attend services in **Townsville**, and **16%** were to attend services in **Brisbane**.

Consumer stories

“I’ve been waiting for a good period of time to see a specialist about a prolapsed disc in my back which is pressing on a nerve root...so very painful. It’s been very difficult waiting to see a specialist that only come to Mackay on a monthly basis. I’m aware it is not only me waiting to see a specialist, but also many others. I feel Mackay need more specialists in this field on a more regular basis.”

“Currently travelling to Townsville for specialist medical services. Often I get to Townsville and only spend 10 minutes with a specialist doctor when I consider the appointment could have been done via telehealth/zoom or similar platform if that service was available locally.”

Health Need Drivers

The following health need drivers influence this health need:



Ability to Attract and Retain Workforce



Appropriate and Sufficient Care Environments



Affordability of Care



Health Funding



Travel for Health Access

Other Prioritised Health Needs

PRIORITY ELEVEN

There is relatively poor health literacy in the Mackay, Whitsunday and Isaac regions, leading to poor decision making around individual, family and community health.

Health Need Summary

Access to Health Education and Prevention is a significant barrier to enhanced health outcomes for the people of Mackay, Whitsunday and Isaac. There are several factors which contribute to this health need:

- The relative lower number of GPs in the region
- The relatively low number of allied health professionals in the region
- The relatively poor health literacy of many community members as identified in feedback provided.

Data Highlights

In 2019/20 HHS residents had a **higher rate of potentially preventable hospitalisations** per 100 residents (7.9) than the Queensland average (7.7).

In 2019 20 HHS **First Nations** residents had a **higher rate of potentially preventable hospitalisations** per 100 residents (9.4) when compared with the Queensland average of 8.9.

Sufficient physical activity for adults in Mackay HHS is **54.3%** which is **lower** than the Queensland average of 58.3%.

All SA2s have a **higher** proportion of **obesity** compared to the state (32.7 per 100), with the **highest** ASR in **Bowen** (43.0 per 100) and **Collinsville** (43.0 per 100).

There is a **higher** rate of **obesity for mothers** than the State average with an average of **25** for **non-First Nations** mothers (State average of 21.4) and **40.2** for **First Nations** mothers (State average 30.7).

Health Need Impact

The impact of the lack of health prevention and education is that the community are making poor decisions about their personal health, which is leading to higher rates of chronic and infectious disease, higher rates of morbidity and higher mortality rates.

Interaction with other Health Needs

Poor health literacy has a strong correlation with other identified health needs including:

- GP services
- Mental Health
- Aboriginal and Torres Strait Islander health
- Chronic Disease
- Infectious Disease
- Alcohol, other drugs and other addictions.

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Ability to Attract and Retain Workforce



Health Funding



Affordability of Care



Travel for Health Access



Broader Social Impacts on Health

PRIORITY TWELVE

There are significant barriers to the access, diagnosis and treatment for people with a disability in the Mackay, Whitsunday and Isaac regions.

Health Need Summary

There are significant barriers to the access, diagnosis and treatment for people with a disability in the Mackay, Whitsunday and Isaac regions. This includes access and treatment for NDIS participants.

Health Need Impact

The impact of this health need is delayed diagnosis and treatment for disabled residents in the Mackay HHS catchment leading to poorer health outcomes.

Interaction with other Health Needs

Disability diagnosis and treatment has a strong correlation with other identified health needs including:

- Allied Health services
- GP services
- Child health services
- Aboriginal and Torres Strait Islander health.

Data Highlights

Nearly all SA2 in Mackay SA3 have **NDIS Participation** rates (per 1,000) **well above** the Queensland average of **17.4**. **Mackay SA2** has the **highest** with **40.7%** per 1,000. Participation rates in **Bowen Basin - North** and Whitsunday SA3 are **below** the Queensland average.

16% of the population aged **65+** report profound or **severe disability** (the State average is 16.8%).

Some SA2s in the Mackay region have **significantly higher** rates of **disability** in **older** population groups with **East Mackay, Mackay, South Mackay** and **West Mackay** all reporting an average of **24%** of residents aged 65+ having a **profound or severe disability**.



Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Ability to Attract and Retain Workforce



Health Funding



Affordability of Care



Travel for Health Access



Appropriate and Sufficient Care Environments

Other Prioritised Health Needs

PRIORITY THIRTEEN

Some communities across Mackay, Whitsunday and Isaac struggle to access reliable community health and diagnostic services.

Health Need Summary

Some communities across Mackay, Isaac and the Whitsundays struggle to access reliable community health and diagnostic services leading to unmet and/or partially met health needs. This includes:

- Pathology services
- Sexual health services
- Imaging services
- Family health services
- Oral health services
- Wound care services.

Health Need Impact

The impact of this health need, is:

- delayed diagnosis
- time and cost to travel to access services
- increasing acuity of disease burden
- potentially care in inappropriate settings.

Interaction with other Health Needs

Community health and diagnostic services has a strong correlation with other identified health needs including:

- Allied Health services
- Child and Youth Health
- Older Persons
- Aboriginal and Torres Strait Islander Health.

Data Highlights

In 2021, **1,021** PTSS claims for public patients were for **access to radiology** or **ultrasound services** in **Mackay**.

In 2021 there were **460** PTSS claims for residents of **Collinsville** for **access to radiology** or **ultrasound services**.

In 2021 there were **52** PTSS claims for residents in **Clermont** or attending Clermont hospital for **access to radiology** or **ultrasound services**.

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Ability to Attract and Retain Workforce



Health Funding



Travel for Health Access



Appropriate and Sufficient Care Environments

PRIORITY FOURTEEN

There are challenges in accessing antenatal, perinatal and women’s health services, particularly for residents living in regional/ remote areas.

Health Need Summary

There are challenges in accessing antenatal, perinatal and more broadly women’s health services, particularly for residents living in regional and remote areas across Mackay, Isaac and Whitsundays. Challenges include:

- accessing antenatal services for women in rural locations
• accessing perinatal services for women in rural locations
• birthing away from home for women and their families in rural locations
• time to access gynaecological services
• travel requirements to access maternity and women’s health services.

Data Highlights

Antenatal care (8 or more visits per 100 people) is particularly low for First Nations persons in Bowen (59.3%) and non-First Nations people in Collinsville (75%), Airlie – Whitsundays (77.8%), Broadsound – Nebo (77.9%).

In 2014-2018 Bowen & Collinsville (Bowen Basin – North SA3) had higher rates of infant mortality rate per 1,000 than the HHS and Queensland total.

In the June 2022 quarter, 56.3% of gynaecology specialist outpatient appointments delivered within recommended times.

In the June 2022 quarter, 55.9% of gynaecology elective surgery procedures were delivered within clinically recommended times.

Health Need Impact

There is potentially poorer health outcomes and higher morbidity for mothers and babies because of the need to travel to access care and wait times to access health care.

Interaction with other Health Needs

Community health and diagnostic services has a strong correlation with other identified health needs including:

- Allied Health
• Child and Youth Health
• Aboriginal and Torres Strait Islander Health.

Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Ability to Attract and Retain Workforce



Health Funding



Affordability of Care



Travel for Health Access



Appropriate and Sufficient Care Environments

Other Prioritised Health Needs

PRIORITY FIFTEEN

There are higher rates of infectious diseases across Mackay HHS communities leading to poorer health outcomes than those experienced elsewhere.

Health Need Summary

There is higher than average rates of infectious diseases (particularly sexually transmitted infections) across the Mackay, Isaac and Whitsunday communities leading to poorer health outcomes than those experienced elsewhere in Queensland.

Data Highlights

The **sexually transmitted infection** rate is **130** per 10,000 **First Nations** People within the HHS catchment and **59** per 10,000 **non-First Nations** People.

Immunology & infection rate separations have the **5th highest** relative utilisation, suggesting a high **burden of disease** in the region.

STI rates grew from 2018 to 2019 driven by both First Nations and non-First Nations people with diagnoses of **chlamydia** or **gonorrhoea**.



Health Need Drivers

The following Mackay HHS LANA Health Need Drivers have a direct influence on this health need:



Broader Social Impacts on Health



Ability to Attract and Retain Workforce



Occupational Impacts on personal and family health



Appropriate and Sufficient Care Environments

Health Need Impact

The impact of this health need is increased morbidity for Mackay Hospital and Health service residents because of infectious diseases.

Interaction with other Health Needs

Infectious diseases have a strong correlation with other identified health needs including:

- Poor Health Literacy
- Aboriginal and Torres Strait Islander Health
- GP services
- Mental Health.

Making it Happen



This LANA report is a point-in-time assessment of the health needs of the Mackay HHS catchment and will need to be regularly reviewed and updated to ensure currency.

It is anticipated that a light touch update will occur annually and that a wholistic review will be completed every three years.

Importantly this is a health needs assessment, not a planning document. Addressing the unmet health needs identified in this report will require dedicated planning with input from a range of key partners in health care provision. This includes:

- Better Health North Queensland (BHNQ). BHNQ is a collaboration between the five North Queensland Hospital and Health Services; North West HHS, Torres and Cape HHS, Cairns and Hinterland HHS, Townsville HHS, Mackay HHS and other key partners working to improve the health of Northern Queenslanders
- The Queensland Department of Health
- North Queensland Primary Health Network
- Residential Aged Care Facilities
- Local Primary health care services (including Aboriginal and Islander Community Controlled Health Organisations).



Importantly there is the opportunity for future enhanced service collaboration and planning such as through the PHN Health Needs Assessment, and the reinvigoration of key initiatives such as the Mackay Regional Strategic Health PACT.

Appendix A – Abbreviations and Acronyms

ABS	Australian Bureau of Statistics	PHN	Primary Healthcare Network
ACAT	Aged Care Assessment Team	PTSS	Patient Travel Subsidy Scheme
AECD	Australian Early Development Census	QAS	Queensland Ambulance Service
ERP	Estimated Resident Population	QLD	Queensland
GP	General Practitioner	QPS	Queensland Police Service
HHS	Hospital and Health Service	RACF	Residential Aged Care Facility
LANA	Local Area Needs Assessment	SA2	Statistical Area 2
LGA	Local Government Area	SA3	Statistical Area 3
NDIA	National Disability Insurance Agency	SPACE	Specialist Palliative Care in Agreed Care
NDIS	National Disability Insurance Scheme	SPaRTa	Specialist Palliative Rural Telehealth Service
NQPHN	North Queensland Primary Healthcare Network	SRG	Service Related Group
OT	Occupational Therapy	VAD	Voluntary Assisted Dying

Appendix B – Data Summary



Development of this LANA utilises both quantitative and qualitative data, extracted from national, state and local sources. Due to the intention to convey data concisely, references have not been provided and instead are

available on request from the Mackay HHS Strategy and Planning team via: mhhs_planning@health.qld.gov.au.

The above notwithstanding, in broad terms data has been accessed via the following:

DATA TYPE	DATA SOURCE
Population Data	Generally sourced from the Australian Bureau of Statistics (ABS) Population estimates by SA2 and above (ASGS2021), 2001 to 2021 accessible via: https://www.abs.gov.au/statistics/people/population/regional-population/2021 Additional information was sourced from the Queensland Governments Statisticians Office Regional Profiles, accessed October 2022 via: https://statistics.qgso.qld.gov.au/qld-regional-profiles
Population Social and Demographic Statistics	Generally sourced from the ABS 2021 Census data accessible via: https://www.abs.gov.au/census/find-census-data/search-by-area Additional information was sourced from the Queensland Governments Statisticians Office Regional Profiles, accessed October 2022 via: https://statistics.qgso.qld.gov.au/qld-regional-profiles
Population Health and Wellness Statistics	Regional information is available from the 2020 Department of Health Chief Health Officers Report available via: https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report/current/full Regional information is available from the Public Health Information Development Unit (PHIDU), Torrens University Australia accessed in October 2022 and available via: https://phidu.torrens.edu.au/
Health Access, Health Need and Service Utilisation	Department of Health Planning Portal Power BI dashboard accessed September 2021.
Australian Child Development information	Accessed via the Australian Early Development Census accessed via: https://www.aedc.gov.au/data

