



Companion to the Joint Regional Health Needs Assessments 2024



We acknowledge Aboriginal and Torres Strait Islander peoples as the Custodians of this land, the Jagera, Giabal and Jarowair People of the Wakka Wakka nation. We pay our respect to Elders past, present and emerging, and commit to a future with reconciliation and renewal at its heart.

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Acronyms

ABS – Australian Bureau of Statistics

AI – Artificial Intelligence

AIHW – Australian Institute of Health and Welfare

AOD – Alcohol and other drugs

CRAICCHS – Cherbourg Regional Aboriginal and Islander Community Controlled Health Services

DD – Darling Downs

DDH – Darling Downs Health

DDWMPHN – Darling Downs West Moreton Primary Health Network

ED – Emergency department

GPs – General practitioners

HCQ – Health Consumers Queensland

HHS – Hospital and Health Service

HNA – Health Needs Assessment

IRSAD – Index of Relative Socio-economic Advantage and Disadvantage

KTD – Kitchen Table Discussions

LGA – Local Government Area

PBS – Pharmaceutical Benefits Scheme

PHA – Population Health Area

PHIDU – Public Health Information Development Unit

PHN – Primary Health Network

PPH – Potentially preventable hospitalisation

SA2 – Statistical Areas Level 2

SEIFA – Socio-economic Indexes for Areas

WM – West Moreton

WMH – West Moreton Health

1. About this document

This document provides an overview of the process to develop Joint Regional Health Needs Assessments (HNAs) and should be used as a companion to the following HNAs:

- Joint Regional Health Needs Assessment: After Hours Care (July 2024)
- Joint Regional Health Needs Assessment: Homelessness (July 2024)
- Joint Regional Health Needs Assessment: Multicultural (July 2024).

This document also provides an overview of the Darling Downs and West Moreton (DDWM) region's population and demographics, to provide context and background for the three HNAs.

2. The Joint Regional Health Needs Assessment Project

In this project, the Darling Downs and West Moreton PHN (the PHN, West Moreton Health (WMH) and Darling Downs Health (DDH) partnered to develop three joint HNAs representing the primary health care needs and interests of three specific priority areas across the region:

- people who are at risk of or experiencing homelessness
- people from multicultural communities, including people from refugee and asylum seeker backgrounds and those who accessed humanitarian entrant and settlement programs
- people who need to access primary health care services outside regular operating hours.

The HNAs were completed through the implementation of an evidence-based methodology for understanding need and determining priorities. They were conducted according to the PHN Program – Needs Assessment Policy Guide.¹ Needs were considered from multiple perspectives as outlined in Bradshaw's Taxonomy of Need,² summarised in Figure 1.

A working group and steering committee consisting of members of the PHN, WMH and DDH were convened to oversee the delivering of the three HNAs. The groups met regularly throughout the project and more frequently during the project set up period.

¹ The PHN Program – Needs Assessment Policy Guide is available at www.health.gov.au/sites/default/files/documents/2021/07/primary-health-networks-phns-needs-assessment-policy-guide_0.pdf

² Bradshaw, J. R. (1972). The taxonomy of social need. In R. Cookson, R. Sainsbury, & C. Glendinning (Eds.), (2013), *Jonathon Bradshaw on social policy: Selected writings 1972–2011*. York: University of York.

Figure 1: Taxonomy of need



Key questions

Based on scoping interviews with key stakeholders within the region, a series of questions were formulated to guide the HNAs:

- What are the health needs of consumers within each priority area? This question considers data and stakeholder and consumer perspectives.
- Which of these needs are a priority for the region?
- What are the key services available for each priority area within the region? This includes health services and other services that could support health connections.
- What are the gaps in access to health services (for example, availability and health literacy) for each priority area?
- Within the context of prioritised need, what opportunities exist for the PHN and local partners to work toward meeting the health needs of each priority area?

Primary data sources

Stakeholder consultations

A series of individual and small group interviews and focus groups were conducted with a **total of 84 stakeholders** (interviews/small group interviews n=34 participants; focus groups n=50). The stakeholders were identified by the PHN, DDH and WMH, and included people working in non-government organisations, DDH, WMH, general practice (GP) and LGAs.

The interviews and group interviews ran for between 30-60 minutes each. Key themes and findings were identified across interviews. A list of those interviewed is included in Appendix 1. The following groups within the PHNs were also consulted:

- Consumer Advisory Committee (7 February 2024)
- Clinical Council (30 January 2024).

Written input or submissions

An expression of interest paragraph was developed that was included in the PHN's Christmas newsletter and sent to registered stakeholders inviting them to provide written submissions. One response was received from a mental health professional in West Moreton of Samoan descent. Follow up information to an interview was provided via email by the Refugee Health Officer from Multicultural Australia.

TALK ABOUT Survey

TALK ABOUT is a short online survey implemented by the PHN to understand the perspectives and experiences of health consumers and healthcare providers in the region.³ A TALK ABOUT survey that was focused on the healthcare needs of vulnerable multicultural communities and those at risk of or who are homeless was conducted between 10 January and 21 February 2024. Questions relating to after hours care were also included. A total of 102 people responded to the survey, including 57 (56%) who identified as carers or community members and 45 who identified as health professionals (44%).

Kitchen Table Discussions

Health Consumers Queensland (HCQ) hosted a series of Kitchen Table Discussions (KTD) to create an opportunity to engage with community members about the HNA topics.⁴ A total of 59 people participated in these discussions. The events were hosted by consumers and included one yarning circle and two KTDs. A further three interviews were conducted with community organisations with strong connections to the priority populations.

Secondary data sources

A range of secondary data sources, described below, were available to inform the HNA.

Document review

Key documents from the PHN, DDH, WMH and from federal, state and local governments were reviewed. A rapid review of the literature was also conducted. Existing data collected by the PHN from previous KTDs⁵ and the TALK ABOUT surveys was reviewed as well.⁶

Previous KTDs and TALK ABOUT surveys spanned the following topics:

- Natural and Other Disasters, November 2023
- Health care for youths, August 2023
- Alcohol and Other Drugs, June 2023
- Digital Health Services, March 2023
- Allied Health, November 2022
- First Nations People, September 2022
- Care of Older Australians, May 2022
- Mums and Bubs, March 2022.

³ www.ddwmpnh.com.au/talk-about

⁴ www.hcq.org.au/kitchentablediscussions

⁵ KTDs are hosted by HCQ and are an opportunity to engage with community members across a variety of subjects. Representatives of HCQ run the KTDs. See www.hcq.org.au/kitchentablediscussions.

⁶ TALK ABOUT is a short survey the PHN conducts to ask consumers, carers and professionals about their experience with health care in their community.

Secondary data sources

Secondary data collections were reviewed to provide relevant demographic and geographic data and, where possible, service usage data. This data has been reported at the PHN level and by Local Government Area (LGA), depending on the nature and availability of the data. Data at a more granular level (SA2 level) was not available for these three HNAs. The secondary data sources included:

- PHN, including Kitchen Table Discussions, TALK ABOUT surveys, and concordance files for Local Government Areas (2021).⁷
- Australian Bureau of Statistics (ABS), including Population by Age and Sex, Regions of Australia (2022)⁸, Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) – Interactive Map,⁹ general Census Data¹⁰ and COVID-19 Mortality by wave.¹¹
- Australian Institute of Health and Welfare (AIHW), including Medicare Benefits Schedule (MBS) claims data, 2021–2022¹² and Specialist Homelessness Services Collection data cubes 2011–2012 to 2022–2023.¹³
- Public Health Information Development Unit (PHIDU), including the Social Health Atlas of Australia¹⁴ and the Housing Experiences and Suitability Atlas of Australia.¹⁵

Service mapping

Available services relevant to each of the three HNAs were identified through a mix of documents, stakeholders and an online search. To the extent to which it is possible and relevant, services have been described in each HNA and located on a visual map.

Validation and triangulation

To the extent which it is possible, information from stakeholder consultations, documents and available data have been analysed and considered from multiple perspectives and sources (triangulated) to better understand the issues impacting on the region.

A draft written report for each HNA was prepared synthesising the available evidence of health need within the region. These reports were reviewed and edited by members of the working group and steering committee.

A series of further presentations were held with PHN Council members. These presentations included a provision of the summary of the key findings, and a summary of the opportunities for the region. These presentations provided PHN stakeholders with an opportunity to discuss and sense-check the opportunities.

⁷ www.health.gov.au/resources/publications/primary-health-networks-phn-2017-concordance-files-local-government-areas-2021?language=en

⁸ www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/latest-release

⁹ www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/late

¹⁰ www.abs.gov.au/census/find-census-data/search-by-area

¹¹ www.abs.gov.au/articles/covid-19-mortality-wave

¹² www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-gp-allied-health-and-specialis/contents/about

¹³ www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/data-cubes

¹⁴ <https://phidu.torrens.edu.au/social-health-atlases/data>

¹⁵ <https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/housing-atlas>

Prioritising regional need

There are many ways to prioritise need. Members of the working group and the steering committee agreed not to use a matrix approach to prioritise need. Rather, in this instance, the choice was made to prioritise need using a mix of normative, felt and comparative need.

Two workshops were conducted with stakeholders from the PHN, DDH and WMH in March 2024 – one in Toowoomba and the other in Springfield. Most of the stakeholders at these workshops had participated in the consultations. All stakeholders were provided with the draft HNA reports and a summary of the regional opportunities identified within the reports prior to attending. A short presentation of the key findings, and opportunities for the region, within each HNA, was provided during the workshops. Stakeholders were then asked to consider and discuss the opportunities, and identify which of these may be priorities for the region.

Two additional online meetings were conducted with stakeholders from the PHN, DDH and WMH. During these meetings, stakeholders were asked to consider a possible 20 priorities and then rank their top 10 priorities. This information was further summarised, providing a high level picture of the priorities across the region.

A summary of the current regional priorities is presented in Table 1.

Table 1: A summary of current regional priorities

Opportunity	HNA theme	Relevant region
Develop and or adopt education resources and provide education for community leaders and community members	Multicultural	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba
Expand the existing Refugee Health Officer positions funded at SSI and Multicultural Australia	Multicultural	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba
Identify and resource refugee-ready GPs that can complete health checks on newly arrived refugees, particularly in West Moreton	Multicultural	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba
Provide education and support to consumers to help them understand what services are available and where it is most appropriate to get their health needs met	After Hours	Relevant across the region – with a focus on Toowoomba and Ipswich

Opportunity	HNA theme	Relevant region
Enhance access to interpreters for consumers receiving primary health both during the day and after hours	Multicultural and After Hours	Relevant across the region – with a focus on Toowoomba and Ipswich
Fund a telehealth clinical service after hours for addiction withdrawal management	After Hours	Relevant for Toowoomba and Ipswich
Develop community transport within the region	All	Relevant across the region
Fund a multidisciplinary homelessness health outreach team to provide services and support for people with mental health, alcohol and other drugs, and physical health concerns	Homelessness	Relevant across the region
Increase outreach workers and mobile health services focusing on the Ipswich region, but also consider youth homelessness in Western Downs, Somerset and Ipswich	Homelessness	Relevant across the region – with a focus on Ipswich
Increase trauma informed and culturally appropriate services so health consumers feel safer engaging with services	All	Relevant across the region
Review the data on after hours referrals to HHS Residential Aged Care Facility Support Services to support conversations to develop a model for shared arrangements within the region	After Hours	Relevant across the region – with a focus on Toowoomba and Ipswich

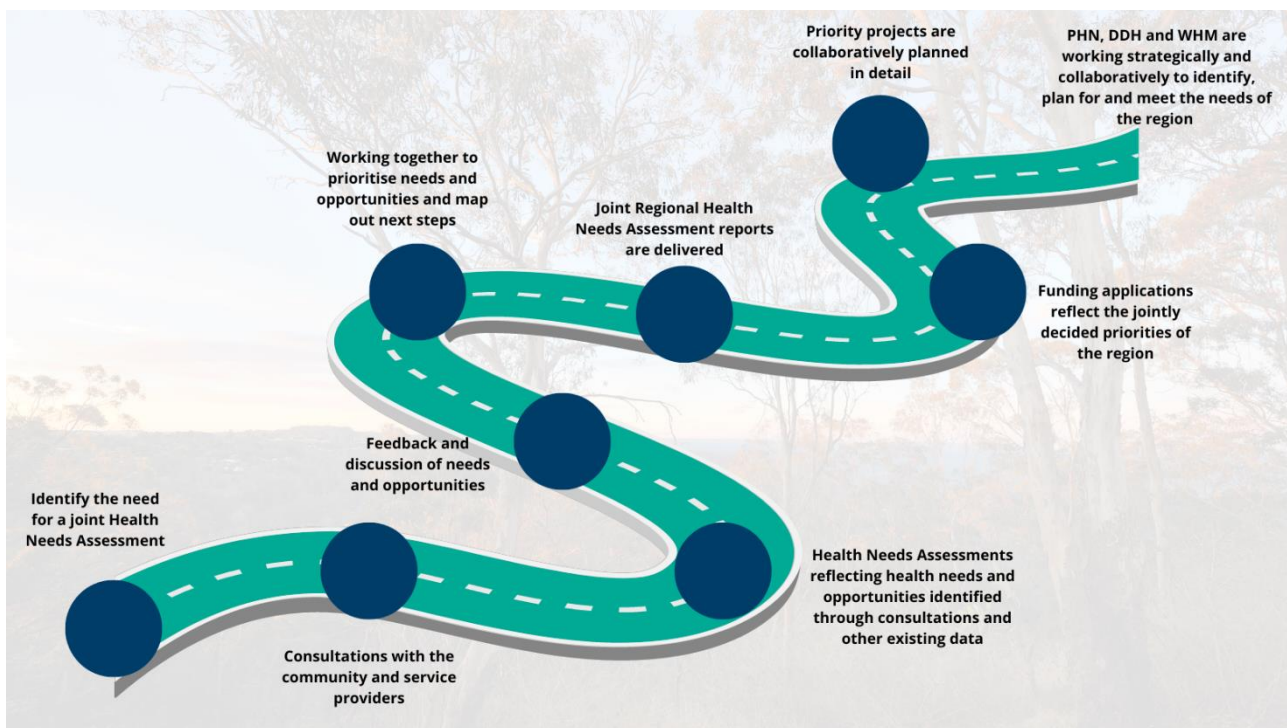
Progressing the Joint Regional Health Needs Assessment

The progression of a joint regional HNA between the PHN, DDH and WMH is iterative, consultative and goal-focused.

The HNA reports for After Hours, Multicultural and At Risk of or Experiencing Homelessness, together with a register of opportunities, will assist each agency to make decisions about actions and potential funding to address joint regional priorities.

Furthermore, this process provides opportunities for the key health agencies within the region to work strategically and collaboratively in an ongoing way to identify, plan for and meet the needs of the region.

Figure 2: Roadmap to progress toward a Joint Regional Health Needs Assessment and collaboration to meet the region's needs



3. Our organisations and region profiles

The three organisations involved in delivering the health needs assessment have slightly different roles and responsibilities within the health system.

West Moreton Health



Darling Downs Health



Primary Health Networks are independent organisations funded by the Commonwealth Department of Health and Aged Care to coordinate primary health care in their region.¹⁶

Darling Downs and West Moreton PHN is one of 31 primary health networks around Australia. The PHN's role in the health system is to both support primary health – the health care people seek first in their community, such as GPs, pharmacies and allied health professionals – as well as work with partners to ensure the right care is there for those who need it most. While the PHN's focus is primary care, they collaborate across the whole system to enable communities in the region to have access to excellent health care, closer to home. Where needed, the PHN commissions additional services in the region, to enable equitable health and wellbeing across the lifespan.

Hospital and Health Services are part of the State Government health delivery system and have the primary function of delivering hospital and other health services through service agreements with the Queensland Government.

Darling Downs Health is committed to serving the communities within the region – which spans 90,000 square kilometres – as well as serving those that rely on the organisation's services from outside the region's boundaries. DDH's public hospital and healthcare services comprise 28 facilities, caring for nearly 300,000 people. These facilities include one large regional referral hospital; one extended inpatient mental health service; three medium-sized rural hospitals; eleven rural hospitals; four multipurpose health services; one community outpatient clinic; one community care facility and six residential aged care facilities.

West Moreton Health provides health and wellbeing services to more than 320,000 people across the Somerset, Scenic Rim, Lockyer Valley and Ipswich communities. Its borders stretch to the north of Esk, west of Gatton, east of Ipswich and Springfield, and south of Boonah. WMH provides preventative and primary healthcare services, ambulatory services, acute care, sub-acute care and oral health, mental health and other specialised services (including prison health services and alcohol and other drugs services) to the region. West Moreton is the fastest growing region in Queensland in relative terms with a population that is expected to almost double to 588,000 by 2036.

¹⁶ www.health.gov.au/our-work/phn/what-PHNs-are

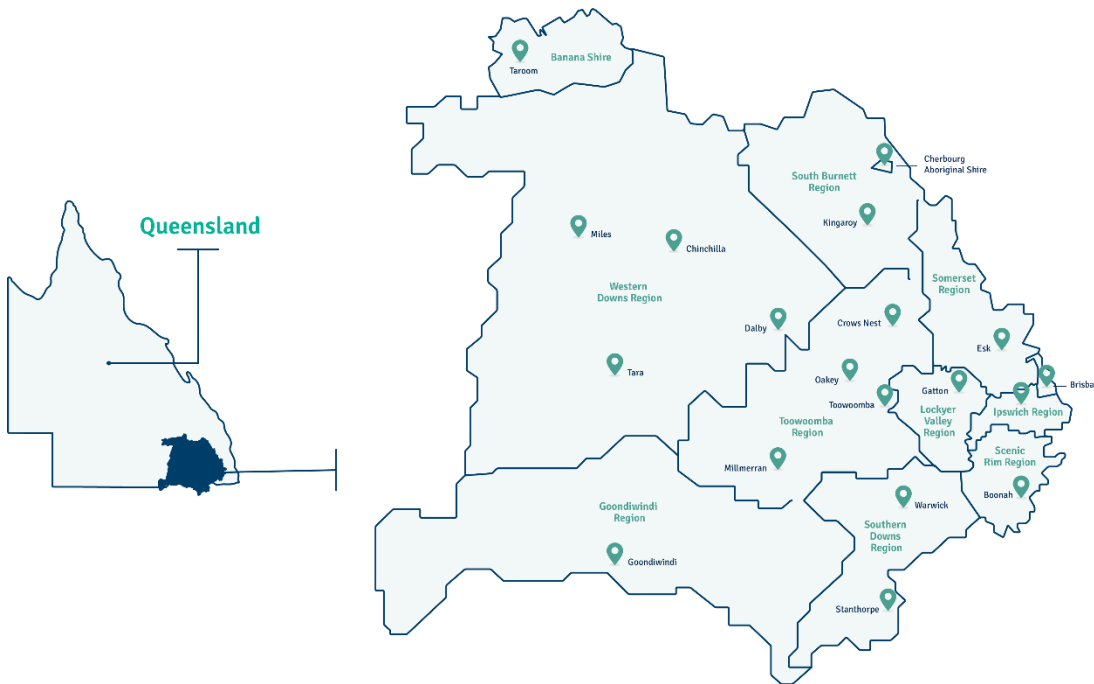
The Darling Downs and West Moreton Region

In 2022, the total population of the region was estimated to be 606,588.¹⁷ The region is one of the fastest growing areas in Australia and predicted to grow by 20% by 2030.

The responsibility for provision of health care and health services in the region is shared between the PHN, DDH and WMH. Aboriginal Community Controlled Health Organisations in the region include Carbal Medical Services, Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS), Goolburri Health Advancement Corporation, Goondir Health Services and Kambu Aboriginal and Torres Strait Islander Corporation for Health.

The region covers 99,000 km² and spans 12 local government areas (LGAs). The major communities in the region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs. The region also includes communities located in the Banana Shire and Brisbane.

Figure 3: Darling Downs and West Moreton Region



Source: DDWMPHN 2024.

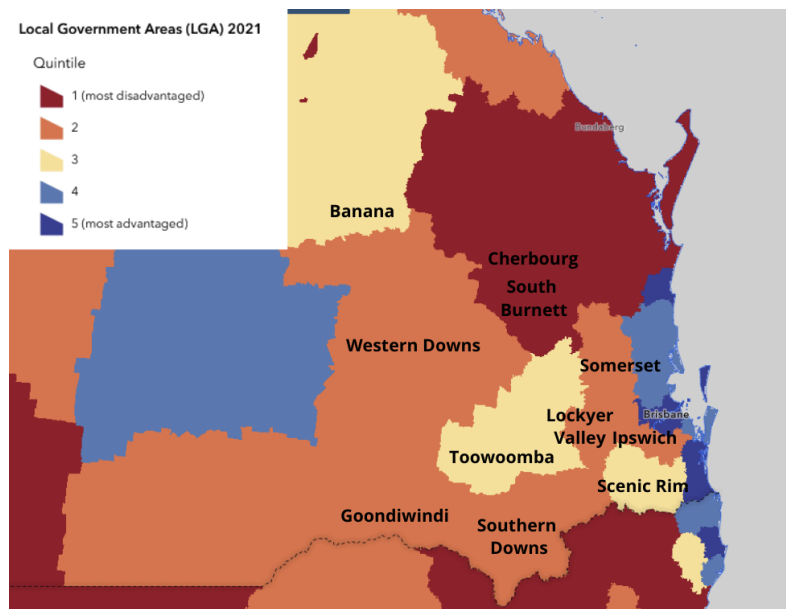
The region is located outside the capital city and supports health care in urban, regional, rural and remote settings, all with their unique challenges. The region also contains areas of high disadvantage, as defined by the Socio-Economic Indexes for Areas (SEIFA, IRSAD), as shown in Figure 4, with:

- Two LGAs ranked in the most disadvantaged quintile by SEIFA (South Burnett, Cherbourg)

¹⁷ PHIDU (2023). Social Health Atlas of Australia 2023. Based on ABS 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2022.

- Five LGAs ranked in the second most disadvantaged quintile (Ipswich, Lockyer Valley, Southern Downs, Goondiwindi and Western Downs)
- Three LGAs are in the third most disadvantaged quintile (Toowoomba, Scenic Rim and Banana Shire).

Figure 4: SEIFA – by Local Government Area



Source: Adapted from ABS (2021). Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD), interactive map, accessed February 2024.

As illustrated in Table 2, the most populated parts of the region are the Ipswich and Toowoomba LGAs. The Ipswich LGA had the highest growth rate of any Queensland LGA in 2021–2022 (within which Ripley had the highest growth rate of any Queensland SA2¹⁸ area of 21%, a growth of 2,700 people, and Springfield had growth of 1,900 people). The least populated LGA in the region is Goondiwindi. This excludes the Brisbane LGA (of which only Lake Manchester/England Creek is within the West Moreton area and is not included in Table 1).

¹⁸ Statistical Areas Level 2 (SA2s) are medium-sized general-purpose areas built up from whole Statistical Areas Level 1 (SA1s). Their purpose is to represent a community that interacts together socially and economically. SA2s generally have a population between 3,000 and 25,000, with an average of about 10,000 people.

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Table 2: Population by Local Government Area

Region	LGA	Estimated resident population, 2022 (ABS 2023)	Proportion of LGA that falls within DDWM region (PHN, 2017) (%)	Estimated resident population that falls within DDWM region (ABS, 2023)
DD	Toowoomba	178,399	100	178,399
DD	Southern Downs	36,994	100	36,994
DD	Western Downs	34,542	100	34,542
DD	South Burnett	33,789	100	33,789
DD	Goondiwindi	10,410	100	10,410
DD	Cherbourg	1,128	100	1,128
DD	Banana Shire*	14,513	6.50	961
DD total				295,262
WM	Ipswich	242,653	100	242,653
WM	Lockyer Valley	41,750	100	41,750
WM	Somerset*	25,057	80.10	20,596
WM	Scenic Rim*	42,984	29.20	12,945
WM total				284,403

Source: ABS (2023). Estimated Resident Population by LGA, Regional Population 2021–2022. Released 31 August 2023. *Adjusted by percentage of population that falls within the DDWM area – Banana – 6.5%; Scenic Rim – 29.2%; Somerset – 80.1%. Lake Manchester/England Creek is the only area within the Brisbane LGA that falls within the DDWM area but has 0 residents (ABS population by SA2), so has been excluded.

West Moreton Region overview¹⁹

West Moreton residents

- 72% live in the city
- 28% live in the inner region – Boonah, Esk, Gatton, Lockyer Valley
- SEIFA data shows 51% of residents in the West Moreton region were in the most disadvantaged quintile compared to 20% for Queensland (2021)
- 22% of the population is aged 0–14 years (2017–2019)
- Approximately 10,000 residents identify as being of Pasifika or Maori ancestry, with the highest proportion by population in Ipswich East (53.6%), Springfield (22.4%), and Ipswich City (18.2%) (2021)
- The First Nations population comprises 5.2% of total population, higher than Queensland (4.7%) with the highest proportion by population in Leichhardt One-Mile (10.8%), Riverview (10.6%) and Brassal (7.4%), (2021)
- There is a higher rate of unemployment (6.3%) compared to the overall Queensland rate of 3.8%, with the highest unemployment in Riverview (22%), Leichhardt One-Mile (16.8%) and Goodna (11.6%) (2023)

Growth rate

- 2021–2046 population growth is projected at 3% compound annual growth rate (CAGR) which is higher than Queensland overall (1.4%) – the highest relative growth in the state.
- 2021–2046 projected population growth is highest in the SA2 areas of Ripley (9.6%), Rosewood (7.4%) and Springfield Lakes (4.8%)

Health status

- The adult obesity rate was 32.5% compared to the overall Queensland rate of 27.3% (2021–2022)
- The median age at death for First Nations people is 55 years in Ipswich and 67 years in Beaudesert-Boonah, respectively lower and higher compared to the overall Queensland age (60 years) (2014–2018 figures)
- In the Ipswich LGA, 40% of First Nations mothers smoked during pregnancy, compared to 13% of non-indigenous mothers (2019)
- In the Ipswich LGA, First Nations mothers access antenatal care at lower rates (66%) than non-indigenous mothers (82%) (2019)
- 14.9% of children in the region were developmentally vulnerable in two or more domains compared to the overall Queensland rate of 13.2% (2021)
- 46.1% of people had mental health concerns ranging from mild to severe, compared to the overall Queensland rate of 42.5% (2019–2020)
- 6.8% of the population is living with severe and profound disability, compared to the overall Queensland rate of 6% (2021)
- There is a higher incidence of chronic disease in key SA2 areas:
 - 34.8 people per 100 in Ipswich East experience mental and behavioural problems, versus 22.7 for Queensland overall

¹⁹ Information in this section comes from West Moreton Health Local Area Needs Analysis, 2022–2025 (2023 Refresh), published October 2023.

- In Gatton, Ipswich Central and North Ipswich-Tivoli 16.5 people per 100 live with arthritis. In Ipswich–East, 16.4 people per 100 live with arthritis, compared to 13.9 per 100 across Queensland overall
- In Ipswich-Central and North Ipswich-Tivoli, 16.7 per 100 people have asthma. In Leichhardt-One Mile and Brassall, 15.9 people in 100 have asthma, compared to 11.8 per 100 in Queensland overall
- In Redbank Plains, 5.9 per 100 have heart, stroke and vascular diseases. In Raceview, Ripley and Churchill–Yamanto, 5.8 per 100 have heart, stroke and other vascular diseases, compared to 4.7 per 100 in Queensland
- In Redbank Plains, 13 per 100 people have Diabetes Mellitus. In Bundamba and Ipswich-Central, the number is 6.5 per 100 and in Ipswich-East , it is 6.2 people per 100. This is compared to 4.7 per 100 in Queensland overall.

Service use

- Rates of potentially preventable hospitalisations (PPH) are comparable to overall Queensland rates for Chronic PPH (54% compared to 55% for Queensland), Acute PPH (44%, the same as for Queensland) and vaccine preventable (2%, the same as for Queensland)
- 97.4% of First Nations children are fully immunised at 5 years of age compared to the overall Queensland rate of 97.1%
- The top 3 overnight public separations²⁰ (by service-related group) in 2022–2023 were:
 - Obstetrics – 3,313 separations
 - Respiratory medicine – 3,114 separations
 - Non-subspecialty medicine – 2,467 separations
- The proportion of emergency dental services rose from 72.9% to 94.7% between 2018–2019 and 2022–2023 (of occasions of service for 16+ years patients)
- The 28-day mental health readmission rates were lower for West Moreton (12.6%) than Queensland (13.1%) for 2022-2023, as at April 2023.
- There were 10,384 occasions of telehealth outpatient service in 2022–2023
- Emergency department presentations increased between 2017 and 2023 by:
 - 51.8% – Gatton Hospital (CAGR 11%)
 - 42.3% – Esk Hospital (CAGR 9.2%)
 - 36.4% – Laidley Hospital (CAGR 8.1%)
 - 25.5% – Boonah Hospital (CAGR 5.8%)
 - 17.1% – Ipswich Hospital (CAGR 4%)
- Allied Health made up 63.1% of Boonah Hospital’s outpatient occasions of service, 45.9% for Laidley Hospital, 37.6% for Gatton Hospital, and 20.5% for Esk Hospital
- First Nations people received 6.1% of the Allied Health outpatient occasions of service
- There is a higher rate of discharge against medical advice for First Nations people of 3.7%, compared to 1.7% non-indigenous people.

Health workforce

- The registered health workforce of 6,759 makes up 5.13% of the entire health workforce of Queensland (2021)
- There were 105 FTE First Nations health workers, who make up 2.3% of the West Moreton health workforce (2023)

²⁰ These are episodes of admitted patient care.

Darling Downs Region overview²¹

Darling Downs residents

- The Darling Downs population makes up an estimated 5.5% of the total Queensland population
- DDH has an estimated <1% growth (CAGR) which is lower than the overall Queensland growth rate of 2%
- The population aged 65 years and over is projected to grow by 2.42% (CAGR) to 2026
- The 80+ years age group for males and females is projected to have the highest growth rate of around 3% whereas age groups from 5–29 years are projected to decline
- 51% of the population is female, and 49% male
- 1.67% of the population are people born overseas in predominantly non-English speaking countries who have been resident in Australia for less than 5 years
- 3.9% of the population are people born overseas in predominantly non-English speaking countries who have been residents in Australia for more than 5 years
- Toowoomba is a recognised Refugee Welcome Zone and has high rates of refugee settlement
- The region has a high First Nations population. The SA3 areas with the highest First Nations population are:
 - Toowoomba (38%)
 - Burnett (21%)
 - Darling Downs – East (15%)
 - Granite Belt (14%)
 - Darling Downs (West) Maranoa (12%)

Health priorities

The region has six prevention priorities:

- Housing availability
- Economic status
- Educational attainment
- Use of tobacco-related products
- Overweight and obesity rates
- Childhood development

The five priority health conditions for the region are:

- Mental health
- Diabetes, arthritis, cardiovascular disease and respiratory illness
- Cancer
- Acute dental conditions
- Dementia

²¹ Information in this section comes from Darling Downs Health Service Data Snapshot (Resource #6189.v.1), published April 2023.

Health workforce

- The health workforce of 6,308 people is made up of:
 - 650 medical staff
 - 3070 nurses
 - 887 operational staff
 - 772 health professionals, technical and health professionals and allied health assistants
 - 863 administration staff
 - 41 trades and artisans
 - 35 First Nations health workers

Appendix 1: Stakeholders consulted

Many individuals and representatives of local organisations were consulted with as part of collating the Joint Health Needs Assessments 2024. We would like to thank everyone who gave their time and input to this process. While we won't list each individual by name, we have outlined below the organisations and groups that participating individuals represented.

Health Needs Assessment: Multicultural communities and Homelessness

- Base Services
- Civic Assist
- Darling Downs and West Moreton PHN Advisory Council
- Darling Downs and West Moreton PHN Clinical Council
- Darling Downs African Communities Council (DDACC)
- Darling Downs Health staff and stakeholders
- Ethnic Communities Council of Queensland (ECCQ)
- Footprints
- inCommunity Inc
- Ipswich City Council
- Ipswich Community Youth Service
- Mater Refugee Health Clinic
- Mercy Community Services CAMS Project
- Multicultural Australia
- QPASTT
- Queensland Council for LGBTI Health
- St Vincent de Paul
- SSI
- Sunrise Way
- Toowoomba Men's Homeless Shelter
- Toowoomba Regional Council
- Uniting Care
- West Moreton Health staff and stakeholders
- Yarns Heal QLD
- YWCA

Health Needs Assessment: After Hours Care

- Darling Downs and West Moreton PHN Advisory Council
- Darling Downs and West Moreton PHN Clinical Council
- Darling Downs Health staff and stakeholders
- Toowoomba Medicare Urgent Care Clinic
- West Moreton Health Emergency Department

