



The health and care needs of Older Australians in the region with additional challenges - Care Finder Program

February 2023

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1. Introduction

The aged care system is complex, and some people find it more difficult than others to navigate and access the services they need.

Our PHN has established a network of care finders to provide specialist and intensive assistance to help people access aged care and connect with supports in the community.

My Aged Care is the entry point for people to find out about aged care and how to access services. This entry point was via phone or internet which is acknowledged that a face-to-face support to help people to navigate and access aged care.

Care finders specifically target senior Australians who need intensive support who could otherwise fall through the cracks. This will include people who are not yet receiving aged care services, as well as those who are.

For more information, please visit <https://www.ddwmphn.com.au/carefinder>

The priority and considerations for developing care finder services have been identified through a rigorous process of research and consultation, focused around the program requirements for care finder services. This was achieved through a needs assessment process undertaken by the PHN. Our PHN is in a unique position to bring together information from local health services, the workforce and the community to develop a clear picture of regional health needs for older Australians.

2. Our approach to needs assessment

We use trusted approaches to understand the community's health needs and define our priorities.

We review the most recent and reliable evidence using a rapid scoping review method for community health assessment and improvement planning that is built on the Mobilising for Action through Planning and Partnerships (MAPP) framework (Peters et al., 2015). In collaboration with our health partners, we then determine priority needs using a matrix approach (NACCHO, 2015).

For more information about our approach, see www.ddwmhna.com.au/what-we-do-with-the-hna.

We used several approaches to identify local needs concerning older Australians and care finder support in the Darling Downs and West Moreton Primary Health Network (DDWMPHN) region.

3. Needs assessment for care finder services

The proportion of Australians aged 65 and older continues to grow: From 15% of the population in 2017 to a predicted 22% by 2057. The ageing of the population creates both pressures and opportunities for health and welfare in our region (DDWMPHN, 2022; Queensland Government Statistics Office, 2022).

3.1 Population demographic

Our region has a similar proportion of older people to the rest of Queensland and Australia and growing rapidly.

3.1.1 Identified need

An increasing proportion of Australians aged 65 and older in the region.

3.1.2 Key issue

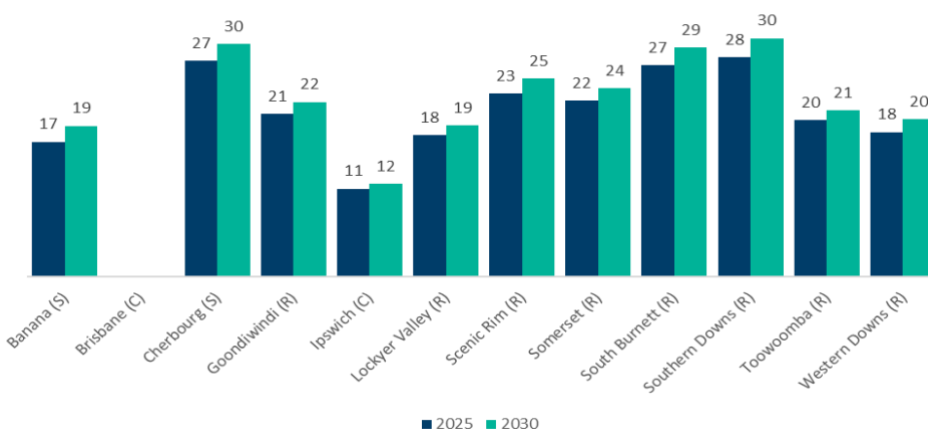
The proportion of older people in the population is growing rapidly, both in the region and across the rest of Queensland and Australia.

3.1.3 Evidence

By 2030, adults aged 65 and older will make up 18% of the Darling Downs and West Moreton population (Figure 1). For more information about our older Australians, see www.ddwmhna.com.au/improving-the-health-of-older-australians.

The ageing of the population creates both pressures and opportunities for health and welfare in our region (DDWMPHN., 2022; Queensland Government Statistician’s Office, 2021). An increasingly ageing population means that demand for care services increases because of the increased risks of declining health and functionality in older people (AIHW, 2020).

Figure 1: Population projection for older Australians in the region by local government area (LGA), 2025 and 2030



C = city; R = regional council; S = shire

Data source: PHIDU (2021)

3.2 Social determinants of healthy ageing in the older population

Social determinants of health include the social, economic and environmental factors influencing health outcomes. A systematic review of the determinants of healthy ageing concluded that Physical activity, diet, self-awareness, outlook/attitude, life-long learning, faith, social support, financial security, community engagement, and independence are determinants of healthy ageing (Abud et al., 2022).

3.2.1 Identified need

Social determinants of healthy ageing

3.2.2 Key issue

Recognising and addressing the social determinants of healthy ageing in the region may provide benefits for older populations in the region.

3.2.3 Evidence

Social determinants of health include the social, economic and environmental factors influencing health outcomes. A systematic review of the determinants of healthy ageing concluded that physical activity, diet, self-awareness, outlook/attitude, lifelong learning, faith, social support, financial security, community engagement and independence are determinants of healthy ageing (Abud et al., 2022). Adults living in lower socio-economic areas are more likely to show obesity, lower physical activity, higher sweetened drink consumption, and lower fruit and vegetable consumption (AIHW, 2021b).

There appears to be an increasing acknowledgement of the role of social determinants of healthy ageing in the DDWMPHN region (Health Consumer Queensland, May 2022).

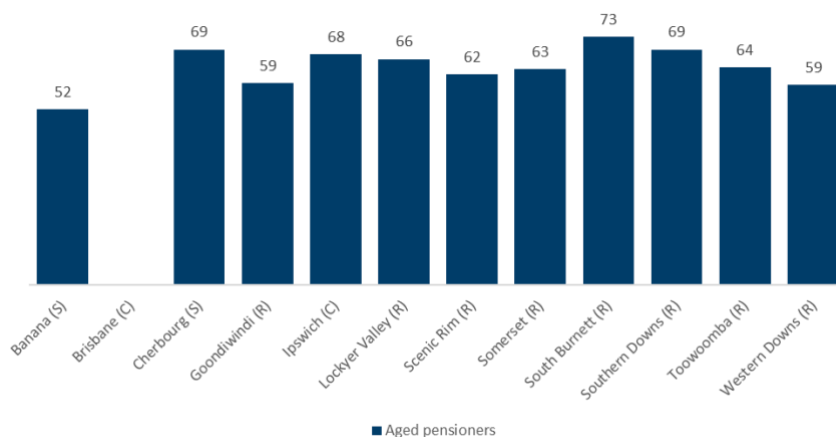
3.2.4 Key issue

Income and finance are important to maintaining the health and wellbeing of older Australians

3.2.5 Evidence

While there is a lack of data on specific target populations; some older adults in the region reported that a lack of money would limit their ability to attend medical appointments because of the increasing costs of transport and services (Health Consumer Queensland, May 2022). Almost 7 in 10 older people in the region received financial support as pensioners. South Burnett local government area (LGA) had the highest proportion of older people receiving a pension (Figure 2).

Figure 2: Percentage of older people receiving a pension in the DDWMPHN region, 2021



C = city; R = regional council; S = shire

Data source: (PHIDU, 2021).

3.2.6 Key issue

Access to healthcare services varies across the region.

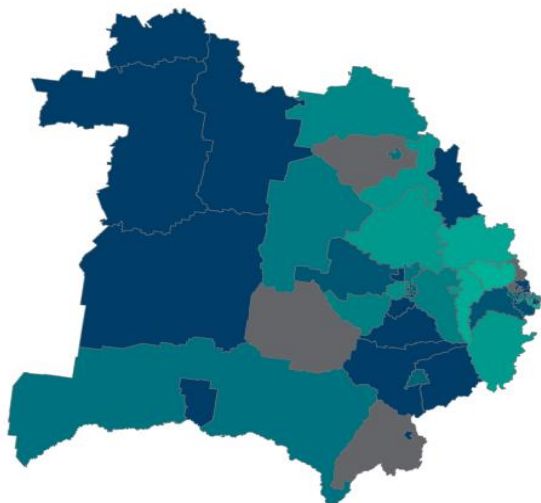
3.2.7 Evidence

Access to affordable, timely, high-quality health care will be vital to the needs of the target population, and a high demand for healthcare in the region has been reported in the Kitchen Table Discussions (Health Consumer Queensland, May 2022). Several older Australians highlighted the following challenges experienced when accessing healthcare services in the region:

- lack of services - many organisations have staff shortages, so they are unable to provide access to the services that are needed
- lack of sharing of concise medical information from health professionals to patients - some people are having a hard time understanding the plan for their health care, such as changes to medications with active ingredient prescribing, and multiple referrals as part of a care team
- some health professionals not knowing enough about other services within their region that could assist older people’s health
- feeling that health professionals are not relaying information to other health professionals
- needing more than 10 minutes with their GPs and other health professionals – feeling rushed, or like ‘just another number’.

The need for primary healthcare services in remote areas is predicted to increase (Australian Institute of Health Welfare, 2014). Figure 3 shows the region’s access to primary care services in SA2s (Statistical Area Level 2). Darker colours mean relatively good access to care relative to need, and lighter colours mean relatively poor access to care relative to need. For example, Gatton, Boonah, Raceview, Crows Nest–Rosalie, Redbank Plains, Camira–Gables, Esk, Lockyer Valley–East and Lowood SA2s had poor access to GP services, due to a range of factors such as travel distance to the nearest GP, access to motor vehicles, unemployment or other financial barriers.

Figure 3: Map of access to GP services relative to need index by SA2, 2020



Source: (DDWMPHN, 2021).

3.2.8 Key issue

Access to nutritious and affordable food is important to older Australians' wellbeing.

3.2.9 Evidence

Factors including illness, frailty, social isolation, limited mobility, and inability to walk to local food outlets or lift or carry goods can make older people vulnerable to food insecurity (Bowden, 2020). There is limited data on the number of older people in our region who have poor nutrition or are hungry. Community members have reported that Meals on Wheels is a good service but not always suitable for people with diabetes, who were given juice poppers and desserts; such services must emphasise fibre-rich food (Health Consumer Queensland, May 2022).

Around 3 in 4 older Australians in the region reported their own health as good to excellent, with 1 in 3 saying they had a healthy weight (Health Consumers Queensland 2022). Nutritional education or advice about diet has been shown to improve an ageing population's physical function and eating habits (Robinson, 2018).

3.2.10 Key issue

Social connectedness and loneliness can affect mental wellbeing, particularly for older Australians.

3.2.11 Evidence

Participants in the Kitchen Table Discussions and online engagement mentioned that (Health Consumer Queensland, May 2022):

- staying connected is essential – for example, having someone ringing daily to make sure they are all right, particularly for people living alone in remote and rural areas
- social interaction with family members and friends, and access to the community, are vital
- having pets/animals is important for mental health, especially for those living alone.

3.2.12 Key issue

Environmental factors can affect physical and mental wellbeing, and access to services.

3.2.13 Evidence

Neighbourhood environmental factors – such as access to public spaces, better transport services, well-connected streets and manageable walking distances to destinations – are associated with better health outcomes (AIHW, 2022b). The World Health Organization has been promoting an age-friendly built environment under its age-friendly cities movement, in which housing, transportation, outdoor spaces and public buildings are the main domains (Chau & Jamei, 2021).

Participants in the Kitchen Table Discussions pointed out several environmental features that are important to maintaining their wellbeing and quality of life. These included access to (Health Consumer Queensland, May 2022):

- public transport, especially in rural and remote areas
- open spaces and recreational facilities
- health facilities.

3.3 Health conditions

3.3.1 Identified need

Chronic conditions

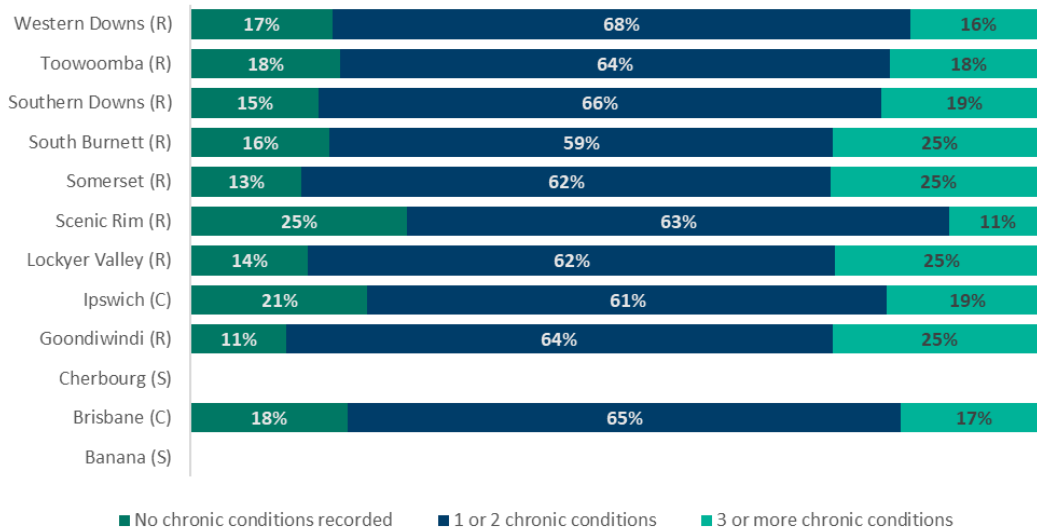
3.3.2 Key issue

Musculoskeletal problems, cardiovascular diseases, diabetes, mental disorders and respiratory conditions are the most commonly reported chronic comorbidities among older Australians in the region.

3.3.3 Evidence

A high proportion (59–68%) of older Australians in the region have one or two chronic conditions (Figure 4). Musculoskeletal problems, cardiovascular diseases, mental health and diabetes are the most commonly reported chronic conditions among older Australians in the region (DDWMPHN, 2022). The challenges in responding to comorbidity include ensuring coordination of services, managing multiple medications and ensuring effective communication between services. It is also important that the plan for older Australians' health is explained well and understood, to help them make informed decisions about their own care, and to become more active in maintaining their own health and wellbeing.

Figure 4: Proportion of older people with chronic conditions, June 2022



C = city; R = regional council; S = shire

Data source: (DDWMPHN, 2022)

3.3.4 Identified need

Mental health issues

3.3.5 Key issue

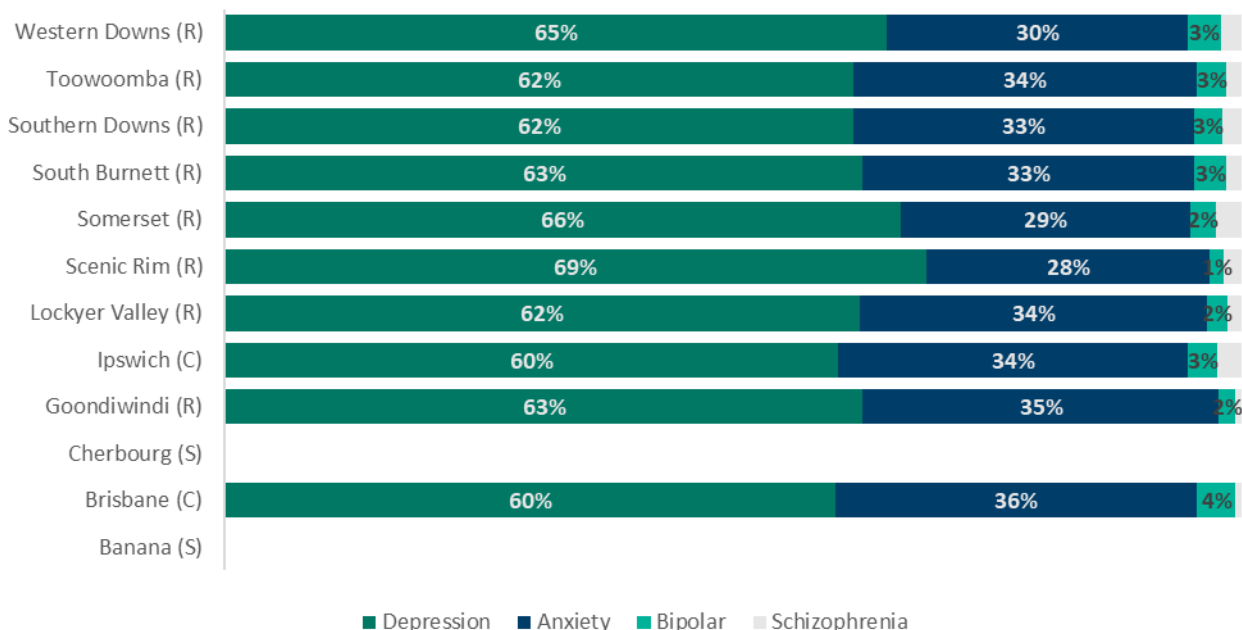
The region has an increasing number of older people diagnosed with mental health disorders, including those with chronic comorbidities. In addition, there is limited availability of appropriate services and staff for older people.

The region has an increasing number of older people diagnosed with mental disorders, including those with chronic comorbidities. In addition, there is limited availability of appropriate services and staff for older people within existing resources.

3.3.6 Evidence

In the past 2 years, around 15,900 older Australians with at least one visit to their GP had a mental health diagnosis in the region. Ipswich and Toowoomba LGAs reported the highest proportion of older people with mental health concerns; the remote LGAs of Southern Downs and South Burnett reported increasing numbers of older people with diagnosed mental health concerns (Figure 5).

Figure 5: Distribution of mental illnesses among older Australians with mental illness in the region, June 2022



C = city; R = regional council; S = shire

Data source: (DDWMPHN, 2022)

3.3.7 Identified need

Dementia

3.3.8 Key issue

The region has an increasing number of people living with dementia, including early-onset dementia.

3.3.9 Evidence

In 2020, 46% of people in permanent residential aged care in the region had a diagnosis of dementia, compared with 54% in Australia (AIHW, 2021d). An estimated 6,600 patients aged 65 and older who had at least one visit to their primary care provider in the region had dementia in the past 2 years. Toowoomba, Ipswich and Lockyer Valley LGAs reported a higher number of dementia patients than other LGAs in the region (DDWMPHN, 2022).

3.3.1 Identified need

3.4 Health risks and behaviour

3.4.1 Key issue

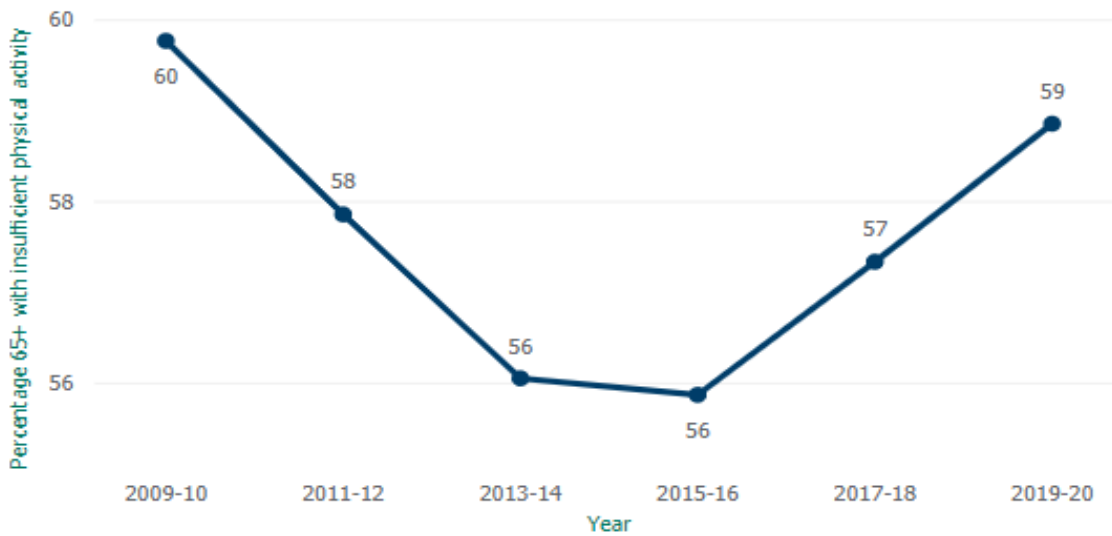
A high proportion of older people in the region do not engage in enough physical activity.

3.4.2 Evidence

Data on physical activity among older people in the region indicated that the proportion of older people undertaking insufficient physical activity increased from 2015–16 to 2019–20 (Figure 6).

Around 2 in 5 older Australians reported that they get enough exercise (Health Consumer Queensland, May 2022).

Figure 6: Percentage of people aged 65 and older with insufficient physical activity in the PHN region, 2009-10 to 2019-20



Data source: (PHIDU, 2021).

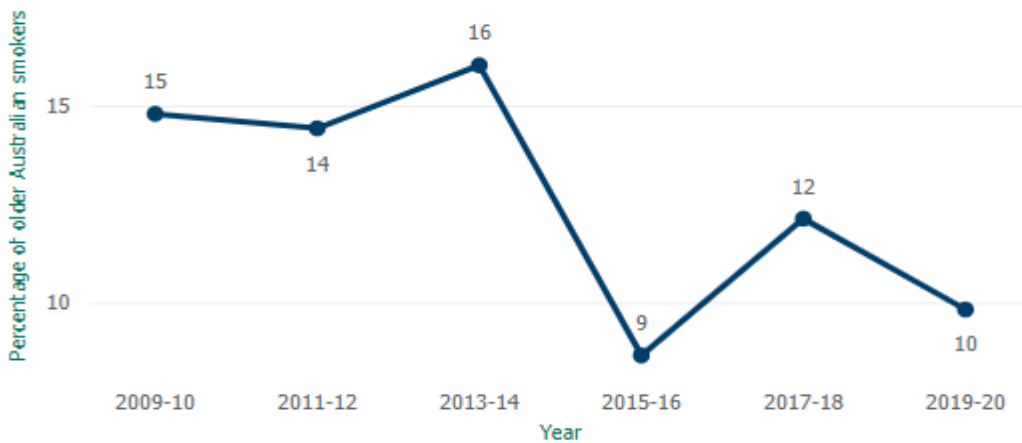
3.4.3 Key issue

The rate of smoking in older Australians in the region is higher than for Australia.

7.1.5 Evidence

The latest data show that the prevalence of smoking in older Australians in the region fell to 10% in 2019–20 (Figure 7); however, the rate is still high compared with 7% nationally.

Figure 7: Percentage of people in the PHN region aged 65 years and older who are smokers, 2009-10 to 2019-20



Data source: (PHIDU, 2021).

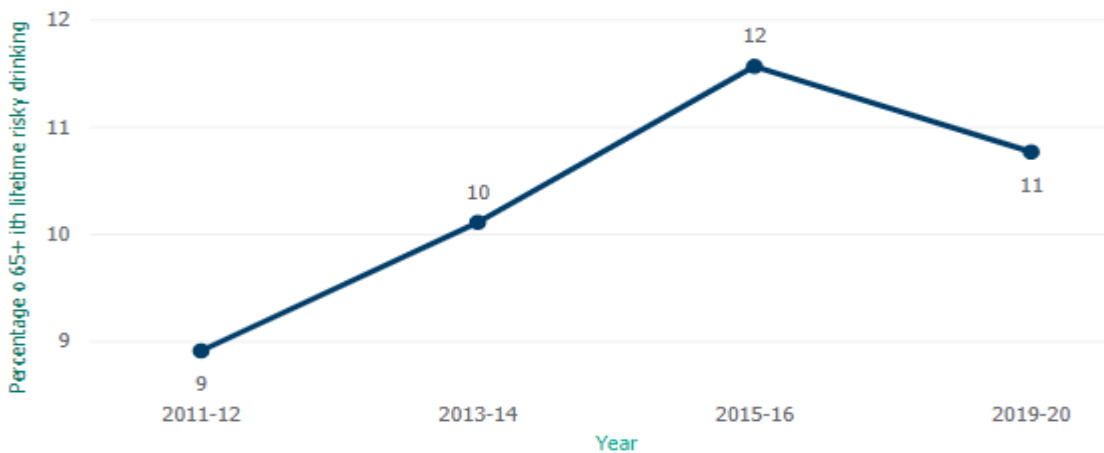
3.4.4 Key issue

A relatively low proportion of older people in the region drink at risky levels.

3.4.5 Evidence

About 11% of older people in the PHN region drink at risky levels, marginally lower than the national average of 15% (Figure 8). Guidelines (based on lifetime risk) recommend no more than 2 standard drinks per day.

Figure 8: Proportion of people 65 years and older with lifetime risky drinking, 2011-12 to 2019-20



Data source: (PHIDU, 2021).

3.4.6 Key issue

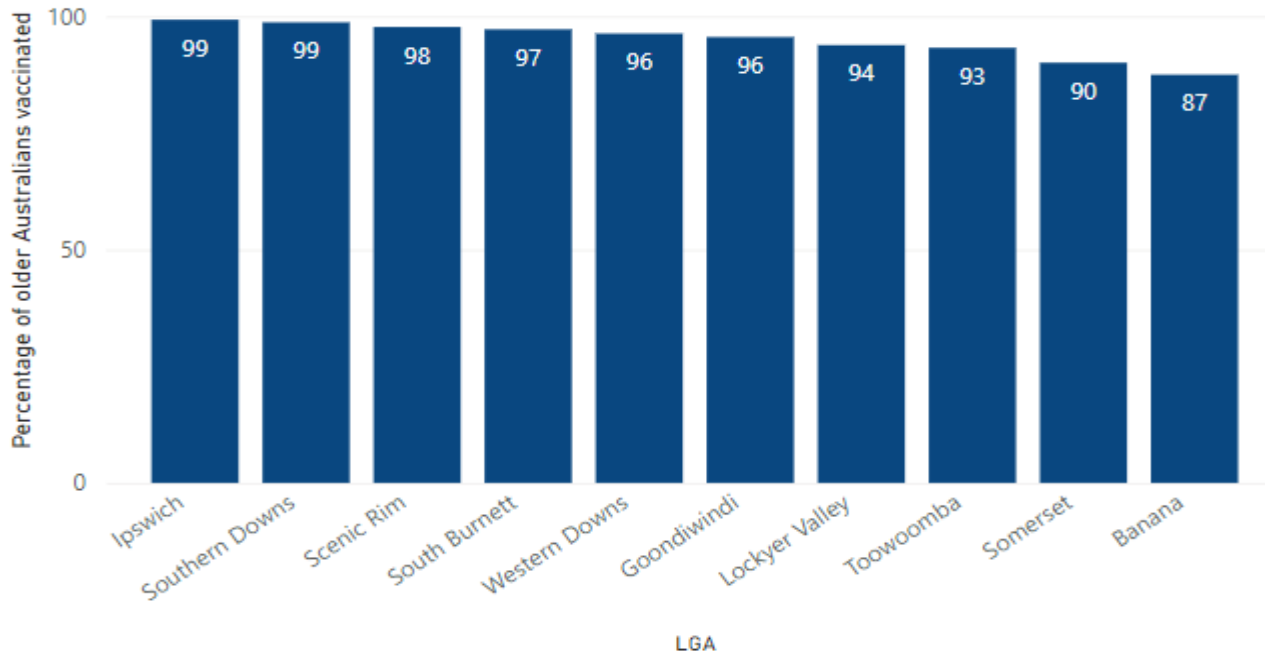
The Uptake of COVID-19 and influenza vaccination among older Australians varies across the region.

3.4.7 Evidence

Vaccination against influenza and COVID-19 is recommended for all older Australians at risk for these diseases. Influenza vaccination is given annually, and all older Australians require COVID-19 vaccinations.

There is high COVID-19 vaccination uptake among Australians in the region aged 50 and over, ranging from 88% to 99% (Figure 9). Banana and Somerset LGAs reported slightly lower rates of vaccination. This may indicate COVID-19 vaccine hesitancy within the target population of older Australians, as well as potential concerns about access to appropriate information and care.

Figure 9: Proportion of older Australians with completed COVID-19 vaccination in the region, July 2022



C = city; R = regional council; S = shire

Data source: Queensland CVAX Dashboard (July 2022).

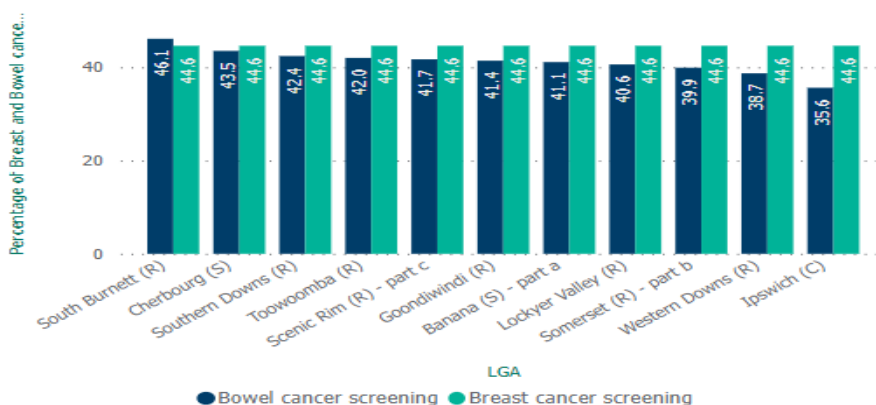
3.4.8 Key issue

There is an ongoing need to increase promotion and awareness of cancer screening among older Australians in the region.

3.4.9 Evidence

From 2018–19 to 2019–20, participation rates for bowel and breast cancer screening in the region fell from 54% to 52% and 40% to 38%, respectively (AIHW, 2022a). Western Downs and Ipswich LGAs reported the lowest participation rates (Figure 10).

Figure 10: Bowel and breast cancer screening rates in the region, 2018–19



C = city; R = regional council; S = shire

Data source: (PHIDU, 2021).

3.5 Existing care services

3.5.1 Identified need

Care finder organisations

3.5.2 Key issue

The region had limited coverage of assistance with care and housing services.

3.5.3 Evidence

Two Assistance with Care and Housing (ACH) providers will transition to the care finder program on 1 January 2023. The insights gained from the current ACH providers in the region include:

- no comprehensive directory of services in the region.
- lack of workforce to cater for ongoing referral needs.
- gaps in the capacity of mainstream services to provide support.

3.5.4 Identified need

Primary care services

3.5.5 Key issue

Access to GPs, specialists and allied services varies according to where older people live.

3.5.6 Evidence

Older people's access to primary care services depends on their access to transport, where they live and their cultural background (AIHW, 2021e). Kitchen Table Discussions held in Lockyer Valley, Inglewood, Rosewood, Ipswich, and the cultural and linguistically diverse community in Toowoomba identified the following as common barriers to accessing services (Health Consumer Queensland, May 2022):

- long waiting times for health consultations
- long waiting times for routine necessary health tests such as bowel checks – from 2 to 5 years
- lack of information sharing between GPs, hospitals and specialists
- lack of staff, especially in rural and remote areas such as Inglewood
- lack of public transport in rural and remote areas.

3.5.7 Identified need

Acute and emergency department use

3.5.8 Key issue

High numbers of older people with potentially preventable conditions are presenting to emergency departments and being admitted to hospital.

3.5.9 Evidence

Analysis of data from 2018-19 to 2020-21 shows that the number of older people presenting with triage 4 and 5 conditions to local emergency departments is increasing. Ipswich, Toowoomba and

Somerset LGAs had the highest rate of older people presenting to the emergency department with potentially preventable conditions in 2019-20 (Figure 11). Cherbourg, Banana and Somerset LGAs had the highest hospital admission rates for potentially preventable conditions (Figure 12).

Figure 11: Emergency department presentations by older people per 100,000 with a potentially preventable condition by LGA, 2020

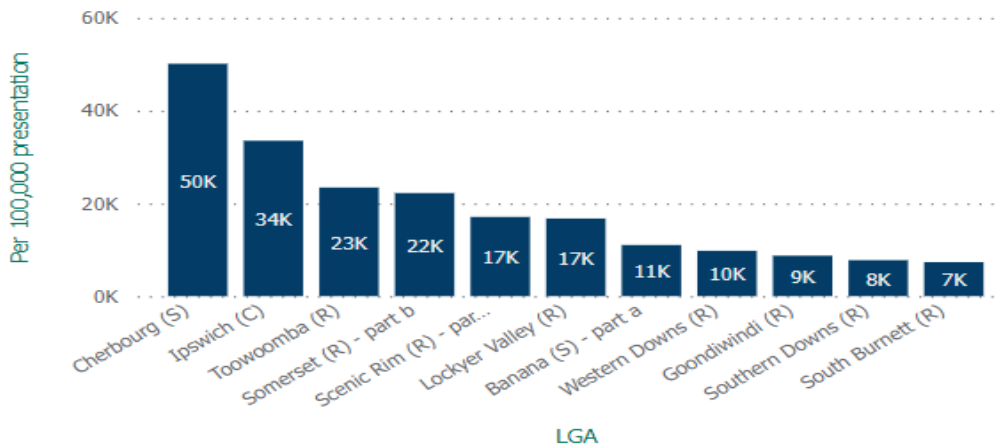
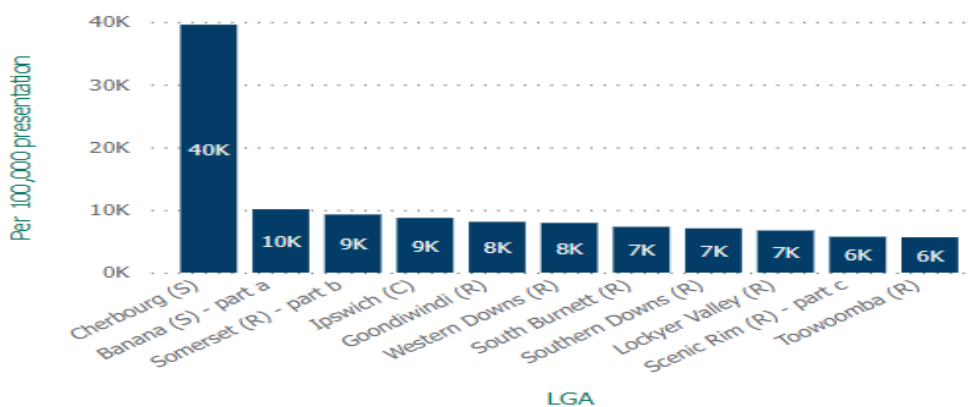


Figure 12: Admissions in public hospitals of older people per 100,000 for potentially preventable conditions by LGA, 2020



C = city; R = regional council; S = shire

Data source: (PHIDU, 2021)

3.6 Older Australians in the region with additional challenges (target populations)

This section gathers data from consultations held with aged care providers, local government organisations and consumers in the PHN region to identify target care finder populations and other issues experienced by the target populations. We engaged with more than 70 participants from 20 aged care service providers and local government organisations in the region. The key topics discussed were target populations having one or more reasons or requiring intensive support, barriers and gaps, and possible solutions.

3.6.1 Identified need

Target populations

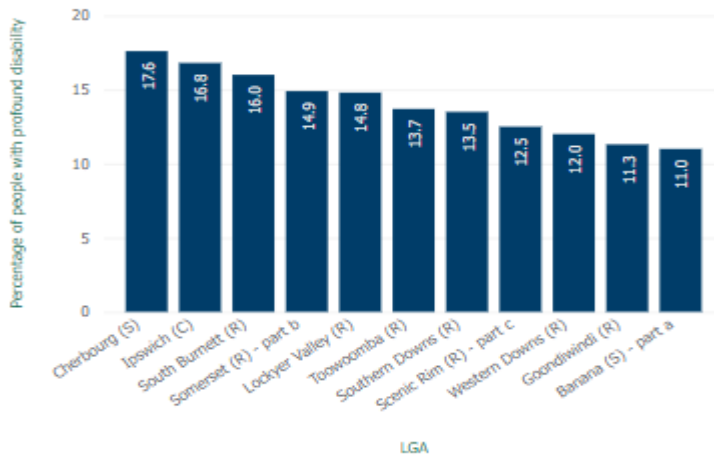
3.6.2 Key issues

A high proportion of older people with a profound or severe disability.

3.6.3 Evidence

Cherbourg LGA reported the highest proportion of older Australians with profound or severe disability, and those with profound or severe disability who are currently living in the community (Figure 13).

Figure 13: Percentage of people aged 65 or older with a profound disability and living in the community by LGA, 2020



C = city; R = regional council; S = shire

Data source: (PHIDU, 2021)

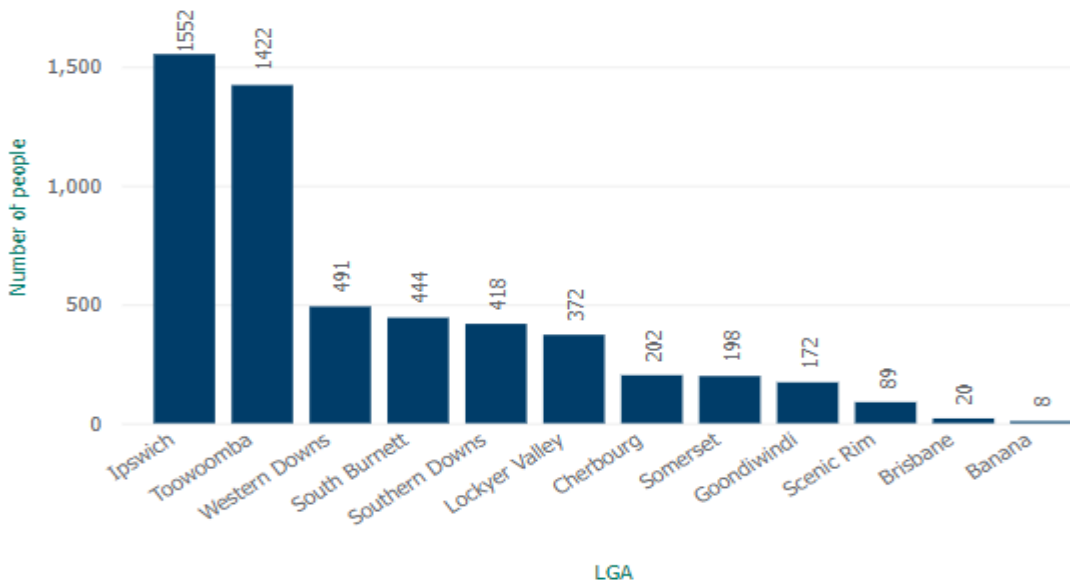
3.6.4 Key issue

The region has a high proportion of older Aboriginal and Torres Strait Islander people, who have a higher likelihood of health problems than non-Indigenous people.

3.6.5 Evidence

Aboriginal and Torres Strait Islander people are more likely to develop chronic conditions early than non-Indigenous Australians (AIHW, 2021a). About 5,400 older Indigenous people live in the region, with the highest numbers in the Ipswich and Toowoomba LGAs (Figure 14).

Figure 14: Number of Aboriginal and Torres Strait Islander people aged 50 and over in the region, 2021



C = city; R = regional council; S = shire

Data source: (ABS, 2021).

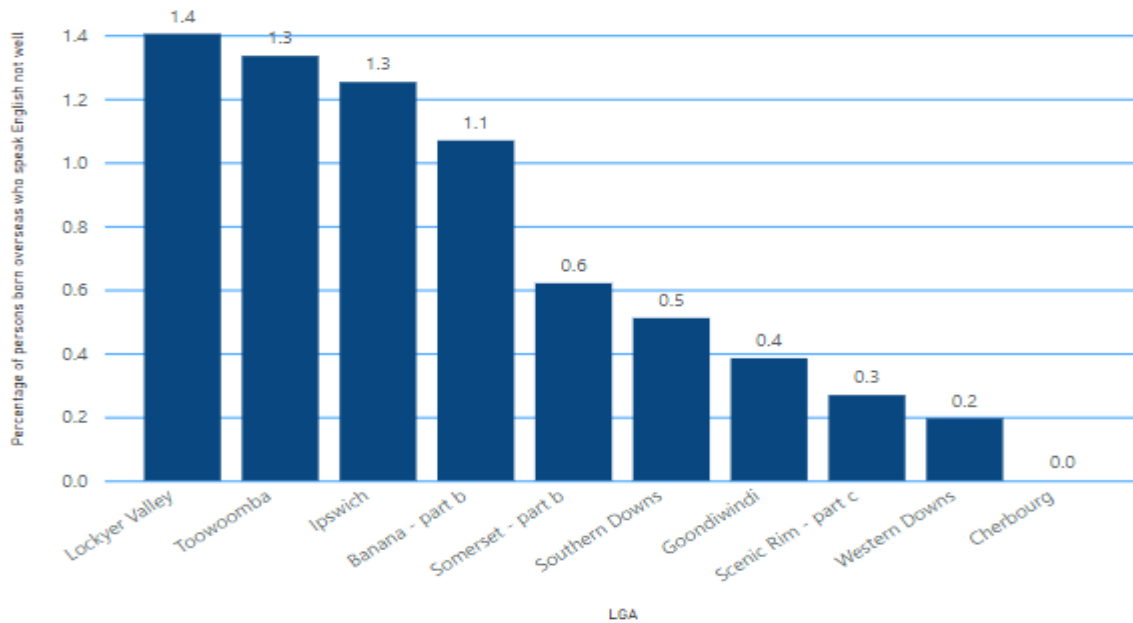
3.6.6 Key issue

Older non-English speaking people require service providers with the cultural competence to meet their needs.

3.6.7 Evidence

The cultural competence of service providers is an essential asset for addressing inequities, and encouraging the health and wellbeing of culturally and linguistically diverse people, especially those with poor proficiency in English (Garrido et al., 2019). Stakeholders and service providers also mentioned that addressing the needs of migrants and ethnic minorities is a challenge for host communities. Within the region, Lockyer Valley, Banana and Ipswich LGAs reported the highest rates of people born overseas reporting poor English proficiency (Figure 15). The Toowoomba region is also a location that supports a large number of people who access humanitarian settlement services.

Figure 15: Percentage of people aged 15 or over born overseas who speak English poorly or not at all, by LGA, 2021



C = city; R = regional council; S = shire

Data source: (PHIDU, 2021).

3.6.8 Key issue

Older LGBTIQ+ people in the region have difficulties accessing health care.

3.6.9 Evidence

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) older Australians in the region experience health inequalities and barriers to accessing primary care services. No data are currently available to estimate the number of LGBTIQ+ people in the DDWMPHN region. However, consultation with community members and stakeholders in the region indicated that older LGBTIQ+ people experience difficulties accessing health care, along with aggression and violence that threaten their safety and wellbeing.

3.6.10 Key issue

Some other older adults face additional barriers to accessing health care, such as learning disability or low literacy.

3.6.11 Evidence

Stakeholders identified the following as people with additional challenges:

- older people with learning disabilities – this group of people requires more complex support
- older people with low reading and health literacy – people who have trouble understanding the aged care system
- forgotten older Australians – people who are uncomfortable engaging with the government due to past discrimination and/or trauma.

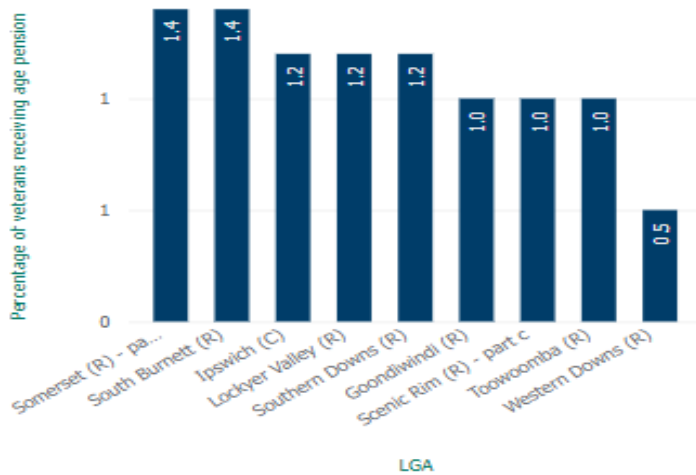
3.6.12 Key issue

Older veterans may require specialised care services.

3.6.13 Evidence

There are about 1,400 veteran pensioners in the region. About 800 have accessed GP services in the region in the past 24 months. Somerset and South Burnett LGAs had the highest proportion of veteran pensioners (Figure 16).

Figure 16: Percentage of veterans receiving age pension, by LGA, 2021



C = city; R = regional council; S = shire

Data source: (PHIDU, 2021).

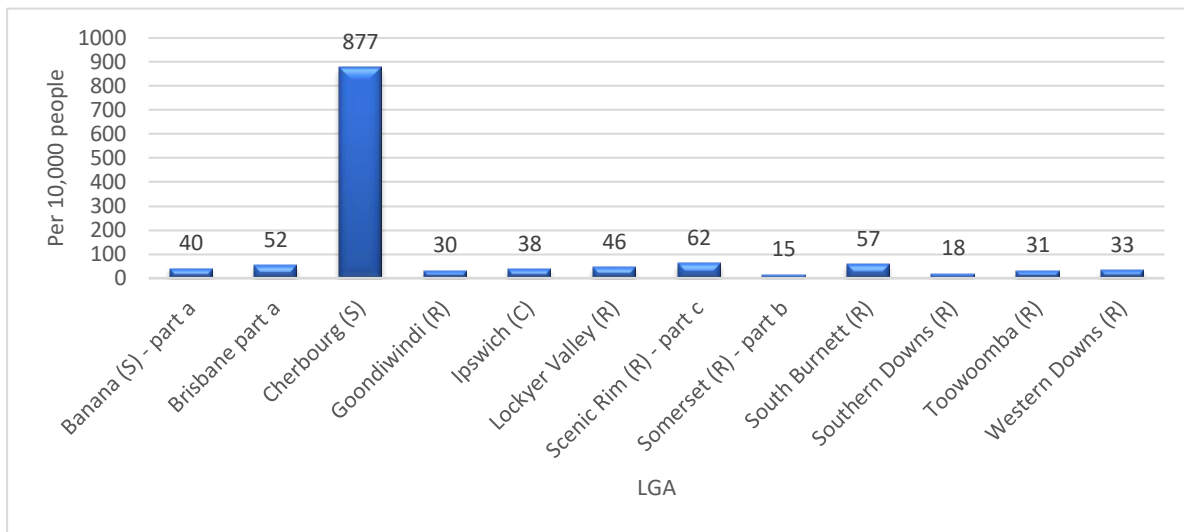
3.6.14 Key issue

The number of older homeless people may be increasing in the region.

3.6.15 Evidence

In 2016, more than 1,850 homeless people were identified in the region. Cherbourg, Scenic Rim and South Burnett LGAs reported the highest rates of homeless people per 10,000 population (Figure 17). More recent data on homelessness and older individuals are not yet available for the region. However, consultation indicates that the ageing homeless population will increase in the region, leading to increased healthcare and shelter costs.

Figure 17: Homeless people per 10,000 in the region, 2016



C = city; R = regional council; S = shire

Data source: (Queensland Government Statistician’s Office, 2021).

3.6.16 Identified need

Accessing services

3.6.17 Key issue

Older people in the region experience several barriers to accessing aged care services.

3.6.18 Evidence

The following are some of the key issues raised by aged care services and local government organisations about access to services for the target population in the region:

- There is a lack of knowledge among older people about the aged care and healthcare systems.
- Older people may have difficulties navigating the system without someone helping them.
- The aged care workforce is under severe strain, and the lack of workers is an issue for regional care finder organisations, especially in rural and remote areas.
- Members of minority communities – such as culturally and linguistically diverse, and LGBTIQ+ groups – felt isolated because of fear, low English proficiency and lack of culturally specific aged care services.

4. Identifying and prioritised areas

We reviewed all key findings from the assessments conducted and identified the critical underlying factors that influenced the health wellbeing, and outcomes of the target populations. We ranked the priority areas based on local data and insights, conditions, social determinants of health and remoteness. The table below indicates the number of older people living in 'jeopardy' (multiple disadvantages and barriers) in the region.

Table 1: Priotisation indicators and ranking by LGA.

LGA/Measure	Number of older people in the region	% of Older people	% of Older Indigenous people	The proportion of older people with poor English and born	% of older people with profound disability	The proportion of veterans aged 60+ years (%)	% of homeless older people	Remoteness (Monash Model) – (%)	Remoteness service loading (%)	Social determinants (Index of Relative Socio-economic Disadvantage (%))	Ranking
Toowoomba	33743	19.5	4.2	0.7	14.1	1	0.3	28.6	50	98.9	8
Ipswich	26196	11.4	5.9	1.2	15.5	1.2	0.4	14.3	0.0	96.1	9
Lockyer Valley	7204	17.6	5.2	1.4	14.4	1.2	0.5	57.1	62.5	94.5	5
Southern Downs	6243	17.3	6.7	0.6	20.9	1.2	0.2	71.4	75.0	93.7	4
Western Downs	5790	17.0	8.5	0.2	12.8	0.5	0.3	71.4	75.0	95.7	10
South Burnett	5620	17.0	7.9	0.1	23.7	1.4	0.6	71.4	75.0	89.1	2
Somerset	3750	18.8	5.3	0.5	16.3	1.4	0.2	71.4	75.0	92.9	3
Scenic Rim	2237	17.2	4.0	0.3	16.4	1	0.6	71.4	75.0	98.3	11
Goondiwindi	2012	20.1	8.5	0.4	12.3	1	0.3	71.4	75.0	97.4	6
Brisbane (Karana Downs SA2)	917	13.5	2.2		0.0		0.5	14.3	0.0	104.8	12
Cherbourg	154	12.9	100.0	0	17.5		8.8	71.4	75.0	83.5	1
Banana	151	16.1	5.3	1.3	12.6		0.4	71.4	75.0	99.7	6
	Key										
	More Red=Disadvantaged relative to other LGAs										
	More Green=Advantaged relative to other LGAs										

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