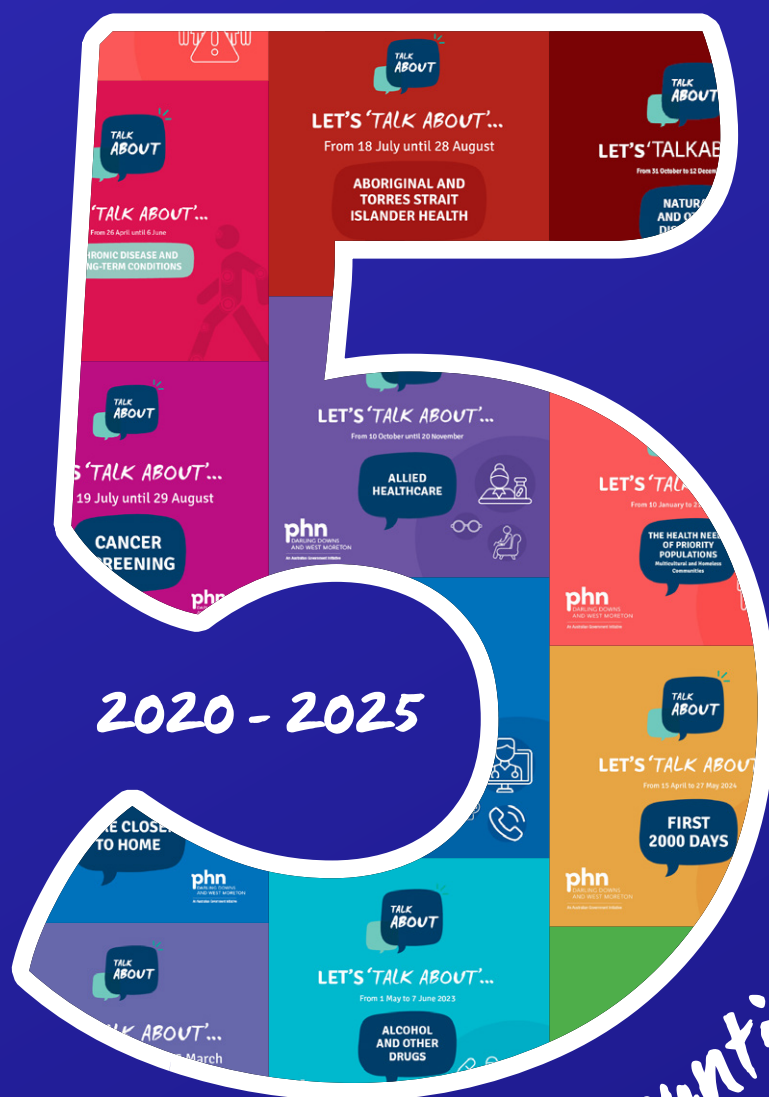


# FIVE YEARS OF TALK ABOUT



2020 - 2025

and counting!



## TALK ABOUT

For half a decade, TALK ABOUT has invited people across our region to share their experiences of accessing and delivering healthcare on a wide range of topics.

TALK ABOUT has received more than **2,500 respondents** over **23 health topics**, from Chronic Conditions and Mental Health, to Ageing Well and Digital Health Awareness.

Each topic has provided the PHN and our health system partners with the stories and numbers that guide how we can make healthcare better for everyone.

Thank you to everyone who has participated in and supported TALK ABOUT.

**Here is what we have learned...**



## Overview

We have covered 23 topics from 2020 - 2025 covering a wide range of health topics that impact people living in our region.

A fast-paced healthcare environment like the one we live in now can bring changes to the way our community accesses care. With this in mind, some topics were revisited throughout the life of the campaign.

### Topics covered include:

- Mums, Bubs and Kids
- Aboriginal and Torres Strait Islander Health
- Care for Older Australians
- Alcohol and Other Drugs
- Mental Health
- Chronic Conditions
- Cancer Screening
- Care Closer to Home
- Allied Health
- Digital Health
- Young People
- Natural and Other Disasters
- Priority Populations
- First 2000 Days
- Disability and Neurodivergence
- Primary Care Workforce
- Women's Health

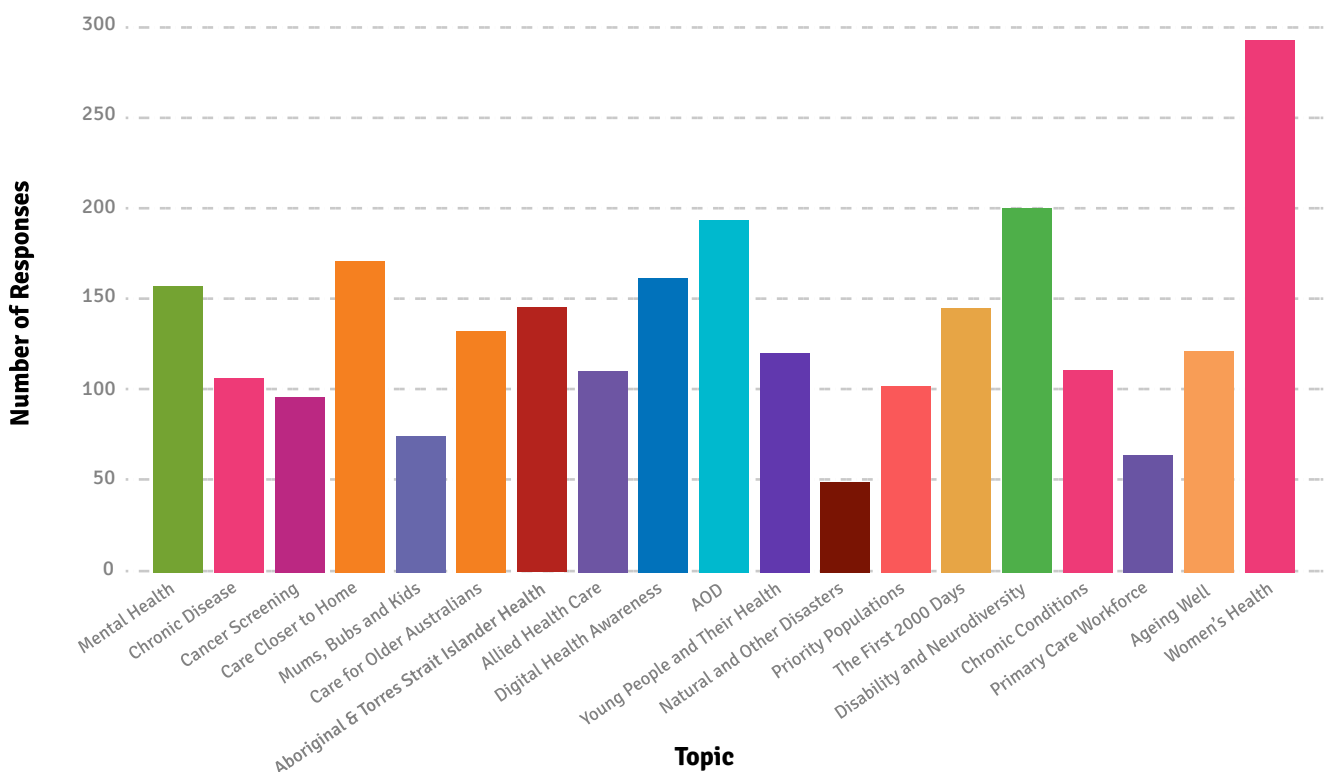


## Respondents

TALK ABOUT responses have grown steadily over the years as the campaign has built recognition and trust:



Responses by Topic



## When we asked respondents to rate their experience out of 10, this is what they shared:

**30%** 8/10 or higher

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**46%** 4/10 to 7/10

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**24%** 3/10 or lower

## People in the region told us what is most important to them in their care:

**46%** Professionalism and empathy

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**22%** Effective treatment and support

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**15%** Accessibility and timeliness

## What were the main themes?

- **Need for patient-centred care:**  
Across all regions, people consistently called for better empathy, listening, and respect, highlighting a widespread gap in patient-centred care.
- **Emerging specific needs:**  
Mentions of women's health and neurodiversity were common across Brisbane, Ipswich, Somerset, Southern Downs, Western Downs, and Toowoomba, signalling growing unmet needs for more tailored and informed care.
- **Affordability as a barrier:**  
High concern about "Affordability and Funding" in regional centres like Toowoomba shows that financial barriers are rising even where services are more available.
- **Human connection:**  
Everywhere, people valued being listened to, understood, and supported by professional, caring staff.
- **Access to services:**  
Timely appointments and local service options were consistently seen as major positives.
- **Condition management:**  
Effective management of health conditions stood out, especially in LGAs with higher response numbers, such as Lockyer Valley and Southern Downs.

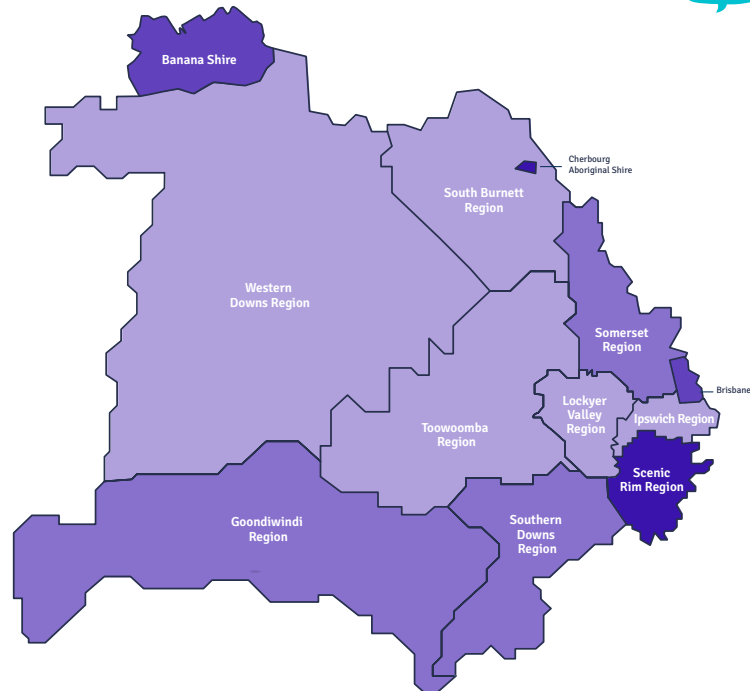
## Where do community members go first for information?

- **General Practitioners (GPs) and other frontline health professionals:**  
(e.g., nurses, specialists) remain the most trusted source of health information.
- **Secondary channels:**  
Government health websites and pharmacists also rank highly as reliable, evidence-based sources.

## Places

With a vast and diverse region spanning urban, regional, rural and remote communities, understanding the unique conditions and lived experiences of each area is essential.

Local context shapes how people access care, the services available to them, and the challenges they face. Gaining insight at a local level allows us to better respond to community needs and tailor healthcare approaches that are relevant, effective and equitable across the region.



NOTE: Darker areas indicate higher responses per 100,000 people.



### Across all LGAs:

The dedication and caring nature of staff is the single most celebrated aspect of healthcare experience.



### Rural/Regional LGAs:

Challenges often centre on geographical access, service availability gaps and workforce shortages which can create significant economic and time burdens for community members seeking care.



### Urban LGAs:

Challenges are more focused on the timeliness of appointments within busy general practices and the affordability of specialist healthcare and ongoing medication.

*“Caring and compassionate local clinicians.”*

*“Consistent GP and specialist care for chronic conditions.”*

*“Patients can’t access services due to cost and lack of places.”*

*“Community pharmacists supportive and knowledgeable.”*



## Across the region

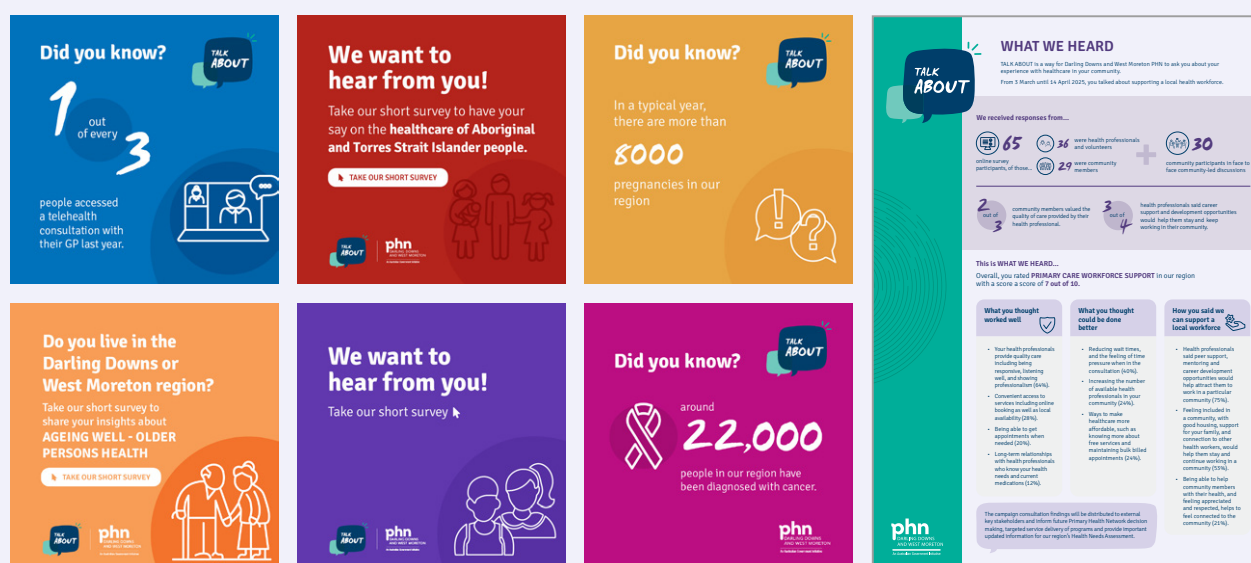
Our region is home to people from many different walks of life. We listened to people across our region and this is what we learned.

Local Government Area	What did we hear from people living in the area?	Most trusted sources of health information
<b>Cherbourg</b>	Culturally safe chronic care delivered by a trusted local service is highly valued, with strong reliance on Aboriginal Health Workers and community-based information. Structural gaps remain when accessing health appointments out of local area.	Aboriginal Health Workers, community-based info
<b>Goondiwindi</b>	Consistent providers and dependable chronic condition care are highly appreciated, along with valued maternal and child health supports. However, gaps remain in specialised and broader maternal/child services.	Hospital and professional sources
<b>Ipswich</b>	Good facilities and strong community engagement are viewed positively, but affordability, access challenges, and communication issues recur. There is a higher reliance on digital sources of health information.	Family/friends, social media
<b>Lockyer Valley</b>	Caring staff and reliable service availability are strengths, with continuity of care noted as a positive. Community members want lower costs and more consistent workforce.	Facebook, family, local word-of-mouth
<b>Scenic Rim</b>	Accessible, trusted care is a key strength yet cost pressures and limited timely appointments remain challenges. Gaps persist in GP and allied health availability.	Local GPs, AMA, online sites
<b>Somerset</b>	Reliable, community-focused care is appreciated, but cost and availability issues—particularly GP shortages—limit access. Community rely more highly on online search for health information in place of local guidance.	Family, government, Google

\*Brisbane and Banana LGAs not included due to small response size.

## Across the region (continued)

Local Government Area	What did we hear from people living in the area?	Most trusted sources of health information
South Burnett	Providers are seen as accessible and caring, contributing to high satisfaction. Still, gaps in allied health access and limited transport infrastructure restrict overall care access.	Family, Facebook, local clinicians
Southern Downs	Patients value strong GP and specialist care, reflecting confidence in quality. Yet shortages and affordability concerns signal growing pressure on access and workforce sustainability.	Family, professional associations
Toowoomba	Coordinated hospital and GP care with strong professional collaboration works well. The main gaps relate to limited specialist access and growing needs in aged and mental health services.	Local hospitals, the PHN, government sites
Western Downs	Compassionate GP and allied care supports positive women's health outcomes and strong trust. Workforce shortages and high costs remain key gaps, contributing to uneven access across towns.	GPs, pharmacists, government health info



Example of social media campaign tiles.

Example of 'What We Heard' post campaign report.



## People

The Darling Downs and West Moreton region is home to many diverse communities.

Understanding the specific experiences of all communities across the region helps inform how the health system can become better for everyone.



### General demographics:

#### Gender

Although men participated less frequently, they rated higher compared to women when asked about their overall experiences of health services.

 **6.5/10**  
**Men**

 **5.8/10**  
**Women**

#### Delivering or accessing care

Health professionals rated their experiences slightly higher than community members, followed by carers who rated the lowest.

 **6.0/10** Health professional

 **5.6/10** Community member

 **5.0/10** Carer

## Aboriginal and Torres Strait Islander people

### What is working well?

Aboriginal and Torres Strait Islander community members place strong importance on being treated with respect, listened to without judgement, and having their cultural background understood in the care setting. They value staff who take time to explain things clearly and who create a sense of safety and trust, particularly when discussing sensitive health issues.

Positive experiences often come from interactions where practitioners show genuine care, consistency and cultural awareness, and where services feel connected to community. Having someone who understands local context, community relationships and cultural expectations makes healthcare feel more accessible and more meaningful.

### What would make things better?

The most significant challenges relate to access: difficulty securing timely appointments, long wait times, limited local services and workforce shortages. These access barriers are often compounded by transport difficulties and the cost of care, especially for specialist services.

Cultural safety remains a concern when services feel rushed, impersonal or not attuned to the needs of Aboriginal and Torres Strait Islander peoples.

Some community members describe uncertainty about where to go when access is limited, which can add to delays in seeking care. Together, these issues create a pattern where people defer care, experience delays in diagnosis and treatment, or rely heavily on a small number of familiar providers.

### Trusted sources of health information:

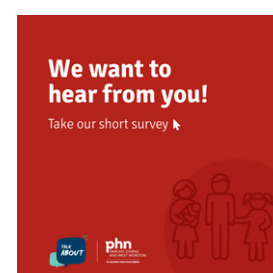
Community members consistently identify GPs, nurses, hospitals, Aboriginal Medical Services and local health workers as their most reliable sources of health information.

These are valued because of existing relationships, cultural understanding and the reassurance that the advice is accurate. Online sources, social media and general internet searches are used far less, reflecting a preference for personal, clinician-led guidance rather than digital channels. Health messaging for Aboriginal and Torres Strait Islander communities therefore travels most effectively through frontline practitioners, community clinics and established care networks.

### Quotes provided by people who identified in their submission as Aboriginal and/or Torres Strait Islander.

*“One GP was very thorough in how she helped me to understand my options. She was also calm and delivered news in a factual and objective, but friendly manner.” – Women’s Health*

*“Confidence in privacy and data security would be the main priority” – Digital Health Awareness*



Example of marketing campaign assets to support the topic of Aboriginal and Torres Strait Islander peoples healthcare.

## LGBTIQA+

### What is working well?

Seen, heard and validated: Respondents greatly appreciated experiences where their health concerns were taken seriously, they felt genuinely seen and heard, and their complex health journeys were validated, often leading to appropriate referrals or progress in treatment.

### What would make things better?

The greatest need for improvement is in inclusive training, cultural safety, and proactively addressing stigma in healthcare settings. Respondents frequently report anxiety about disclosing identity, fears of discrimination, and difficulty finding providers with sufficient clinical knowledge in this area, which leads to avoidance of necessary medical appointments.

### Trusted sources of health information:

The majority of respondents indicated they would consult various healthcare professionals, including general practitioners (GPs), nurses, pharmacists, allied health practitioners, and hospital staff, for health information. This demonstrated a strong reliance on clinical expertise and direct medical advice.

A substantial portion of respondents reported turning to a range of online sources for health information, such as Google, Facebook, TikTok, and other online communities or AI tools like Chat GPT.

### Quotes provided by people who identified in their submission as LGBTIQA+.

“More time spent discussing care and action plan to manage conditions”  
– **Women’s Health**

“Being listened to, understood... not being misgendered, not having to give free training about gender diversity.”  
– **Disability and Neurodiversity**

## People living with disability

### What is working well?

Empathy, respect and communication: Respondents frequently highlighted the positive impact of healthcare professionals who demonstrated genuine empathy, actively listened to their concerns, and treated them with respect and dignity.

This included practitioners taking time to explain conditions, validating experiences, and fostering a comfortable environment for discussion.

### What would make things better?

Improvement is critically needed in physical accessibility of facilities (ramps, wide doors, appropriate examination equipment), communicative accessibility (e.g., easy-read materials, booking forms, digital platforms), and ensuring staff have a clear understanding of the NDIS system and disability-specific needs to avoid confusion and duplication of effort.

### Trusted sources of health information:

Healthcare professionals: Forty-five per cent of people said they prioritised direct engagement with healthcare professionals, including GPs, nurses, pharmacists, and allied health staff, as their primary source for health information. This indicated a strong reliance on expert medical advice.

**Quotes provided by people who identified in their submission as living with disability.**

*"I feel that I have been well treated and supported through this health management pathway."* – **Ageing Well**

*"We need better access to services that have accessible buildings."* – **Disability and Neurodivergence**

*"Quieter/sensory friendly waiting areas."* – **Disability and Neurodivergence**



Example of marketing campaign assets to support the topic of people living with disability.

## Multicultural

This section captures the voices of people who told us they speak a language other than English at home, and/or who recently moved to Australia.

### What is working well?

**Person-Centred Care and Empathy:** Respondents frequently highlighted practitioners' friendly, caring, and empathetic approaches, emphasising the importance of feeling listened to, understood, and treated with respect and dignity, often without judgment.

People from multicultural backgrounds highly rate experiences where accredited interpreters are easily accessible (not just family members) and where staff demonstrate genuine cultural awareness and respect for diverse health beliefs and practices.

### What would make things better?

Key areas for improvement include ensuring consistent access to and quality of language services (especially in emergency or regional settings), developing clear, verified health literacy materials in priority languages, and increasing staff training in cultural competency to reduce communication breakdowns and improve treatment adherence.

### Trusted sources of health information:


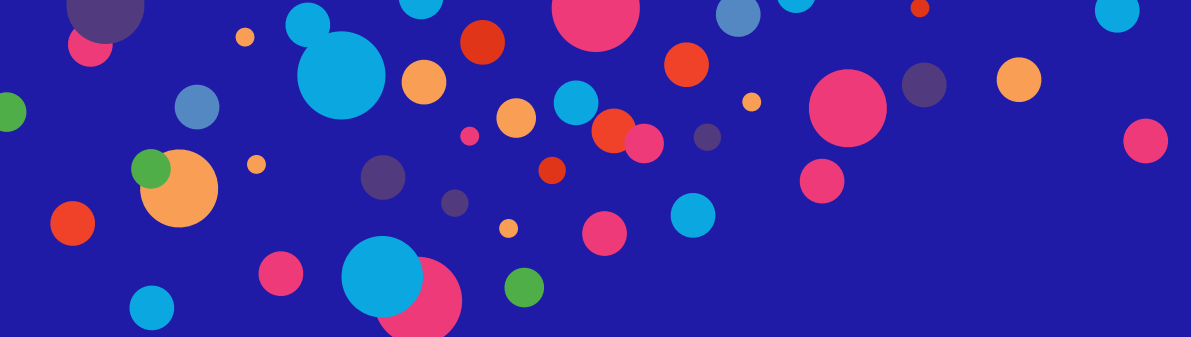
Respondents frequently mentioned seeking health information directly from qualified

Quotes provided by people who identified in their submission as Multicultural.

*"More general practitioner in the area with availability"* - **Allied Health**

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*"Reduced/subsidised cost... we have no public specialists for some specialities in this region"* - **Chronic Conditions**



Read all previous topic-specific 'What We Heard' reports and keep up to date with upcoming topics by visiting our webpage.

[ddwmpnh.com.au/talk-about](http://ddwmpnh.com.au/talk-about)

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