



Health Service Profile 2019





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Quality Assurance for Aboriginal & Torres Strait Islander Medical Services (QAAMS)

REGISTERED TRAINING PRACTICES

Generalist Medical Training (GMT)
Generalist Practice Training Queensland (GPTQ)
Remote Vocational Training Scheme (RVTS)



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MESSAGE FROM THE CEO



This health service profile provides an overview of the key issues that communities are facing and is a resource that can start and continue relevant and insightful conversations with local health professionals and organisations. It also provides a deeper understanding of local population health issues and helps to assist in understanding demand for programs and services to assist with planning and funding of a wide range of Aboriginal and Torres Strait Islander specific services.

The health service profile also highlights the diversity of our population across the Goondir Health Services region. We recognise and are committed to providing equity in health service delivery and the social determinants of health, to enable progress towards long-term sustainable health improvements across our region.

Floyd Leedie

OUR VISION

To improve the health and well-being of Aboriginal and Torres Strait Islander people to a standard at least equal to that of the wider Australian community by providing holistic health care and medical services that meet best practice standards.

OUR MISSION

To equip the organisation with the appropriate medical facilities and resources to deliver programs in a culturally appropriate and sensitive manner to improve the health and well-being of all Aboriginal and Torres Strait Islander people in the service region.

OUR VALUES



Goondir in local Aboriginal language translates to *Medicine Man*.



ACKNOWLEDGEMENTS

We respectfully acknowledge the Traditional Owners of the land on which Goondir Health Services are physically located and where services are provided across its service region.

Goondir Health Services also gratefully acknowledges the valued input from their Board Members as well as all staff who contributed to the input of data and service analysis.

We would also like to thank community members, primary health care professionals including General Practitioners, medical specialists, allied health professionals, Aboriginal Health Practitioners/Workers and administrative and management staff who work hard to address health inequality and improve health outcomes for people living in the region.

We commissioned Healthy Futures (Australia) in the research, analysis and development of the Goondir Health Service Profile 2019.

We recognise the contributions of our partners including the Darling Downs Hospital and Health Service and the South West Hospital and Health Service, the Darling Downs and West Moreton Primary Health Network and the Western Queensland Primary Health Network within our health service region and we thank them for their ongoing support. We also acknowledge Generalist Medical Training (GMT), General Practice Training Queensland (GPTQ) and Remote Vocational Training Scheme (RVTS) who provide us with their GP Registrars. Additionally, we would like to acknowledge the unique partnership we have with the University of Queensland School of Dentistry, as a major partner delivering oral health care services to our large service area and beyond.

Finally, Goondir Health Services gratefully acknowledges funding support provided by the Department of the Prime Minister and Cabinet, the Department of Health, the Department of Social Services, and Queensland Department of Health.



GLOSSARY AND ABBREVIATIONS



ATSI	Aboriginal and Torres Strait Islander	IRSAD	Index of Relative Socio-economic Advantage and Disadvantage
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation	IRSD	Index of Relative Social-Economic Disadvantage
ATSICCHS	Aboriginal and Torres Strait Islander Community Controlled Health Service	LGA	Local Government Area
ASR	Age Standardised Rate	MBS	Medicare Benefits Scheme
ACSC	Ambulatory Care Sensitive Conditions	MHNIP	Mental Health Nurse Incentive Program
ABS	Australian Bureau of Statistics	MHTP	Mental Health Treatment Plan
AEDC	Australian Early Development Census	MMS	Mobile Medical Service
AIHW	Australian Institute of Health and Welfare	PPH	Potentially Preventable Hospitalisations
ASGS	Australian Statistical Geography Standard	PHN	Primary Health Network
COPD	Chronic Obstructive Pulmonary Disease	PHIDU	Public Health Information Development Unit
DDWMPHN	Darling Downs and West Moreton Primary Health Network	QLD	Queensland
DDHHS	Darling Downs Hospital and Health Service	RVTS	Remote Vocational Training Scheme
GPTQ	General Practice Training Queensland	RACF	Residential Aged Care Facility
GP	General Practitioner	SEIFA	Socio-Economic Indexes for Areas
GPMP	GP Management Plan	SWHHS	South West Hospital and Health Service
GMT	Generalist Medical Training	SA2	Statistical Area Level 2
HS	Health Service	SD	Statistical Division
HHS	Hospital and Health Service	TCA	Team Care Arrangement
		WQPHN	Western Queensland Primary Health Network

1. INTRODUCTION

OUR REGION AT A GLANCE (SUMMARY OF FINDINGS)

REGION

72,150 km²

4% OF QUEENSLAND

47%

**LIVE IN INNER-
REGIONAL AREAS**

39%

**LIVE IN OUTER-
REGIONAL AREAS**

SPANS 6 STATISTICAL AREAS (SA)

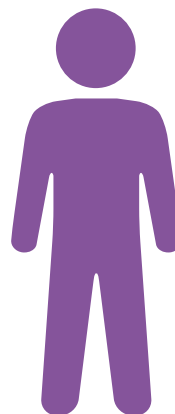
- Balonne
- Miles-Wandoan
- Chinchilla
- Tara
- Jondaryan
- Wambo

SPANS 2 HHS

- Darling Downs Hospital and Health Service (DDHHS)
- South West Hospital and Health Service (SWHHS)

SPANS 2 PHN

- Darling Downs and West Moreton Primary Health Network (DDWMPHN)
- Western Queensland Primary Health Network (WQPHN)



45,000+

PEOPLE

6.8%

**(3,074)
ABORIGINAL AND
TORRES STRAIT
ISLANDER ORIGIN**

Balonne SA2 had the largest percentage of Aboriginal and Torres Strait Islander people—16%

HIGH LEVEL OF DISADVANTAGE

>60% live in the two most disadvantaged SEIFA quintiles

APPROXIMATELY 50%

more total reported criminal offences in Goondir HS region compared to Queensland

Double the number of Indigenous (39.5%) children (0 to 14 years), compared to non-Indigenous (20.8%)

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

(compared to non-Indigenous) in Goondir HS:

- are **3 times more likely** to be in **one parent families** (26.4% vs 8.7%)
- children are **4 times more likely** to be living with a parent who was **not employed** (38% vs 12%)
- have **nearly half the rate of school completion** of year 12 (30% vs 56%)
- 18 to 24 year olds are **nearly half as likely to be working, studying or training** (33% vs 56%)
- have an **unemployment rate nearly 3 times higher** (19.7% vs 5.6%)
- are **3 times more likely** to be living in an **overcrowded household** (6.3% vs 2%)
- are **twice as likely** to be **renting a property** (59% vs 33%)

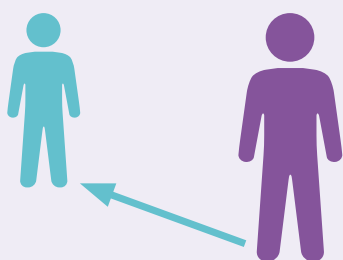
ENGAGEMENT WITH GOONDIR HEALTH SERVICES



HIGH LEVEL OF ENGAGEMENT WITH ABORIGINAL AND TORRES STRAIT ISLANDER (ATSI) COMMUNITY IN THE AREA

99% (2,963) of the region's ATSI are active patients at Goondir Health Services

48% increase in number of Goondir clients over past 4 years (doubled access to services)



↓ 20yrs

INDIGENOUS LIFESPAN



DIABETES DEATHS

2X

NATIONAL AVERAGE

BURDEN OF DISEASE

Indigenous age at death is 20 years less when compared to the non-Indigenous Queensland average

Coronary heart disease, chronic obstructive pulmonary disease (COPD) and diabetes were the leading causes of death in the region

Diabetes deaths were nearly **double the national average** for Balonne and Western Downs LGAs

Premature death rates (those that are mostly preventable) were highest for **cancer, circulatory system disease** and from **external causes** (including suicide)

HEALTH BEHAVIOURS

51% of Goondir clients (1 in 2) are current smokers

76 % of Goondir clients (approximately 3 in 4) are overweight or obese

53.3% of Goondir clients (who have had their alcohol status recorded) (1 in 2) had alcohol intake levels in the hazardous drinking range

47% of people (nearly 1 in 2) in Goondir HS do not participate in sufficient levels of exercise

SCREENING



↑ **22%**

2-yearly cervical cancer screening rates are up by 22% in 2017, and exceed Goondir target by 18%



21%

BELOW TARGET LEVELS

Overall rates of FluVax immunisation in 50+ age group are 21% below Goondir/National 2023 target levels



Rates of FluVax immunisation amongst vulnerable groups (type II diabetes/COPD patients) are **above** Goondir target levels

HEALTH STATUS

At the PHN level 17.3% of people aged 15 or over have fair or poor self-assessed health, which was higher than the national rate of 14.8%

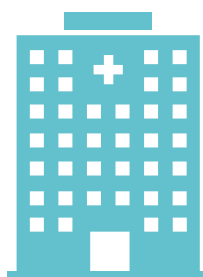
PHN LEVEL

17.3%

NATIONAL LEVEL

14.8%

HOSPITALISATIONS



↑ **1.5X**
COPD PPH

Balonne SA2

was classed as a potentially preventable hospitalisation (PPH) 'hotspot' for chronic ambulatory care sensitive conditions (ACSCs), COPD and ear, nose and throat (ENT)-type admissions

PPH for **COPD** were **1.5 times higher in Balonne** compared to Queensland

CHRONIC DISEASE

72%
DALBY
CLINIC

Dalby clinic has the highest proportion of patients with a chronic condition (72%)

**WQPHN
HIGHEST
SUICIDE
RATE**

WQPHN (which overlaps with Goondir HS) has the highest suicide rate nationally

**41%
HIGHER
THAN
NATIONAL**

Suicide rate in the DDWMPHN region (which overlaps with Goondir HS) is 41% higher than the national rate

Top chronic diseases amongst Goondir patients include:

ASTHMA	19.7%
DEPRESSION	13.4%
ARTHRITIS	9.3%
TYPE II DIABETES	6.3%
CORONARY HEART DISEASE	4.6%

MATERNAL AND CHILD HEALTH

Higher fertility rate (2.62) when compared to the state average of 1.86

Around **1 in 3 children** (33.6%) were **developmentally vulnerable** in **one or more** domains on the Australian Early Development Index (AEDI).

Around **1 in 5 children** (20.8%) were **developmentally vulnerable** in **two or more** domains on the AEDI

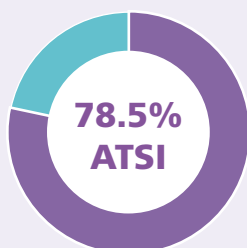
7.7% of babies had a low birth weight

35% of expectant mothers receive antenatal care during the first 13 weeks of pregnancy

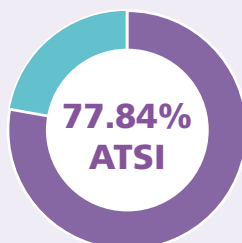
46.4% of pregnant women were smokers

89.3% of Goondir HS children aged 24 to 36 months were fully immunised

ORAL HEALTH UTILISATION



DALBY CLINIC
778 clients received oral care services



ST GEORGE CLINIC
704 clients received oral care services



HEALTH SERVICE UTILISATION



15% above
Child health checks are 15% above State average



18% above
Adult health checks are 18% above State average

72% of Goondir clients with a chronic disease have a current GP Management Plan (GPMP)

69% of Goondir clients with a chronic disease have Team Care Arrangements in place

84% of clients with a mental health condition have a mental health treatment plan (MHTP)

28% of clients with a MHTP have a current review

METHODOLOGY

The development of this health service profile involved extensive analysis of quantitative demographic, health and health service data. Where possible data was presented at the Statistical Area level two (SA2) which concords with the six SA2s within the Goondir Health Services (HS) Region. Data is also used from Indigenous Area Name, Local Government Area (LGA), the two Primary Health Networks (PHNs) and Hospital and Health Services (HHSs) that are in the region. Throughout the report, data has been compared against regional level, Queensland and national rates.

A broad range of data sources have been used including sources obtained from Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW), My Healthy Communities, Public Health Information Development Unit (PHIDU), Chief Health Officer Report, Medicare Australia, data from the two Hospital and Health Services and Primary Health Networks, and information extracted from key reports. Clinic performance data has also been used from Goondir HS performance dashboard, which includes measures from the National Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care. This data is reported by the larger towns of Dalby, Chinchilla, Miles, Tara, St George, Dirranbandi and Oakey.

LIMITATIONS

The Goondir HS profile has relied on national and state-level data, PHN, HHS, LGA, SA2 and clinic performance data which have been drawn from multiple data sources, which can vary from source to source. This can generate differences between data sets, which can result in slight variations in data outcomes. Where possible data has mostly been drawn from Aboriginal and Torres Strait Islander data sets. However, data limitations exist as not all data is split by Indigenous and non-Indigenous status or the population size was too small to even report data outcomes. Where this occurred, data was drawn from larger data sets to provide a general overview of the data outcomes. Limitations to consider include;

- The smaller the population the greater the potential for variation. Therefore, caution must be used in the interpretation of some findings.
- Survey derived data can have poor reliability due to small sample sizes and relatively high sampling error and therefore, should be viewed with caution and treated only as indicative.
- Care has been taken to concord data sources across the geographic areas to align with SA2 boundaries of Goondir HS Region. This means that in some instances, data may be viewed for a much smaller area than it was published at. Therefore, caution should be exercised in drawing strong conclusions from the data, particularly in relation to small geographic areas.



2. OUR REGION

GEOGRAPHY

The Goondir Health Services region encompasses an area in excess of 72,150km², with Toowoomba to the East, to Miles and Chinchilla in the North, Oakey, Dalby and Tara in the central catchment area, and St George and Dirranbandi to the South West bordering New South Wales.

There are two public Hospital and Health Services including Darling Downs Hospital and Health Service (DDHHS) and South West Hospital and Health Service (SWHHS). There are also two Primary Health Networks (PHNs) – Darling Downs and West Moreton Primary Health Network (DDWMPHN) and Western Queensland Primary Health Network (WQPHN).

STATISTICAL AREAS

The Goondir Health Services footprint comprises six Statistical Areas (SA) (1)

Map of the DDSW Queensland region showing Goondir Health Service's catchment area

Balonne SA

- Home to 697 (15.9%) Indigenous people
- 3,308 persons (or 75.6%) were non-Indigenous
- A land mass covering 31,105 km²

Chinchilla SA

- Home to 420 (5.2%) Indigenous people
- 6,770 persons (or 83.3%) were non-Indigenous
- A land mass covering 8,048 km²

Jondaryan SA

- Home to 500 (6.7%) Indigenous people
- 6,537 persons (or 87.1%) were non-Indigenous
- A land mass covering 2,130 km²

Miles-Wandoan SA

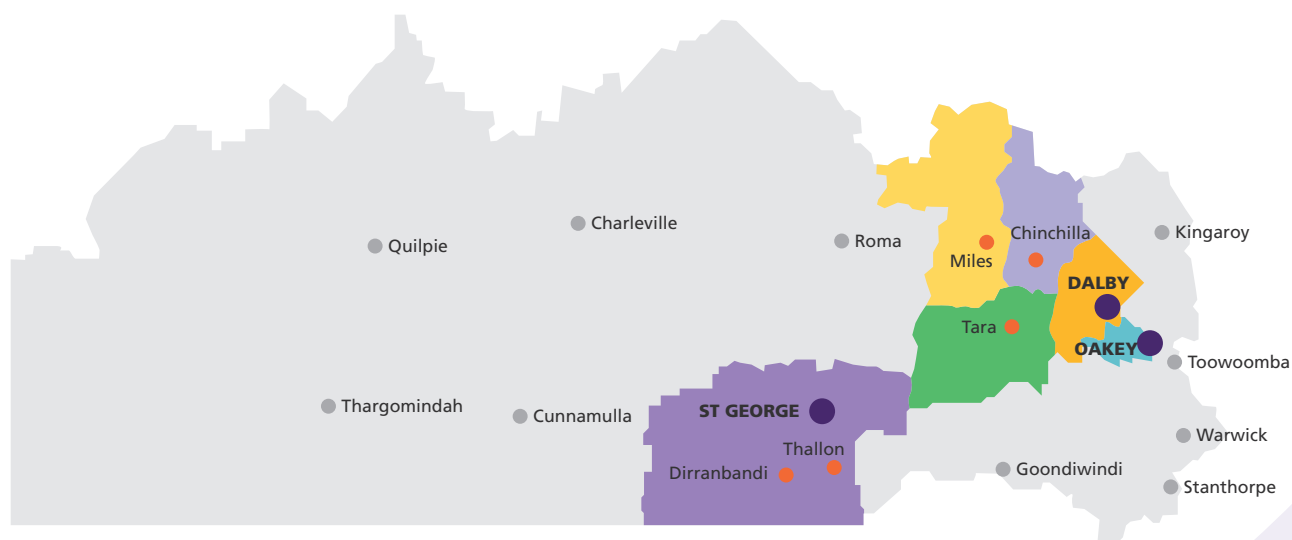
- Home to 167 (4.1%) Indigenous people
- 3,363 persons (or 82.8%) were non-Indigenous
- A land mass covering 11,841km²

Tara SA

- Home to 262 (6.2%) Indigenous people
- 3,115 persons (or 73.8%) were non-Indigenous
- A land mass covering 13,208 km²

Wambo SA

- Home to 1,028 (6%) Indigenous people
- 14,740 persons (or 86.6%) were non-Indigenous
- A land mass covering 5,700 km²



REMOTENESS

According to the Remoteness Area (RA) classification:

- 47%** live in inner regional locations
- 39%** live in outer regional locations
- 12%** live in remote locations
- 2%** live in very remote locations



SOCIO-ECONOMIC INDEX FOR AREAS (SEIFA) DISADVANTAGE

Socio-Economic Indexes for Areas (SEIFA) is a summary measure of the social and economic conditions of geographic areas across Australia. The index focuses on low-income earners, relatively lower education attainment, high unemployment and dwellings without motor vehicles. Low index values represent areas of most disadvantage and high values represent areas of least disadvantage (2).

Almost two thirds of Goondir HS region (61.2%) are in the two most disadvantaged quintiles. Tara has the highest SEIFA index with 72.3% in the most disadvantaged quintile, followed by Jondaryan (44.1%) and Chinchilla (38%) (see Table 1).

61.2%

ALMOST TWO THIRDS OF GOONDIR HS REGION LIVE IN THE TWO MOST DISADVANTAGED QUINTILES



Table 1. Population by Index of Relative Socio-Economic Advantage Disadvantage (IRSAD) quintiles by SA2, Goondir HS Region and Queensland, 2016

Goondir HS Region/SA2/ State	Quintile 1 (most disadvantaged)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (least disadvantaged)
Goondir HS	37%	24.2%	21.8%	12.5%	4.5%
Tara	72.3%	8.8 %	6.5%	12.4%	0%
Jondaryan	44.1%	15.8%	21.8%	13.7%	4.7%
Chinchilla	38%	31.3%	17.9%	12.8%	0%
Wambo	31.8%	23.7%	24%	11.1%	9.3%
Balonne	26.3%	35.2%	17.1%	21.4%	0%
Miles-Wandoan	18.6%	31.8%	40.7%	5.9%	3%
Queensland	20%	20%	20%	20%	20%

SERVICES PROFILE

EMERGENCY SERVICES, SCHOOLS AND HOSPITALS



48
SCHOOLS



16
POLICE STATIONS



14
HOSPITALS
(including Multi-Purpose Health Services)



11
AMBULANCE STATIONS

Wambo SA2 had the largest number of schools with 11 (3)

.....

AGED CARE SERVICES



18
AGED CARE SERVICES



520
AGED CARE SERVICE OPERATIONAL PLACES

Wambo SA2 had the largest number of aged care service operational places with 208 (4)

.....

OVERVIEW GOONDIR HEALTH SERVICES

Goondir Health Services (HS) is an Aboriginal and Islander Community Controlled Health Service (AICCHS) responsible for providing primary health care to in excess of 5000 clients over a region of approximately 72,000 square kilometres. Goondir HS aims to encourage Aboriginal and Torres Strait Islander people to self-determine their health outcomes, through provision of culturally appropriate health and lifestyle services.

Holistic care is the guiding principal of Goondir Health Services. Rather than adopting a siloed approach to treating illness, Goondir has a multifaceted team of professionals who engage the community across the whole spectrum of health, social and emotional wellbeing, supporting and building upon the strengths of their clients.

The service operates four clinics: Dalby, St George, Oakey, and a Mobile Medical Service (MMS). The clinics provide a range of primary health care services, including GP services, Aboriginal Health Practitioners/Workers, allied health services such as diabetes coordinators, maternal and child health nurses, hearing and health coordinators, and counsellors.

Goondir also provides social and emotional wellbeing (SEWB) including access to mental health counselling, Stolen Generation counselling, alcohol, drugs and smoking support and cessation and emergency relief assistance (Dalby). Goondir HS recognises the importance of good mental health as a vital part of overall health and wellbeing. The team at Goondir work together with clients to build better lives for individuals and their families.

Goondir also provides dental care through a partnership with the University of Queensland School of Dentistry. The Dalby clinic has a five-chair dental clinic equipped with digital x-ray equipment. Fifth year students at the University of Queensland offer suitable patients a range of dental services at the practice, under the supervision of a qualified dentist. This service has been extended to St George, which now runs a four-chair dental clinic which commenced in June 2017. Service utilisation data shows that 778 clients received oral care services in the Dalby clinic (78.5% ATSI) and 704 clients received oral care services in the St George clinic (77.84% ATSI).

Table 2. Overview of Goondir Health Services including visiting Allied Health and Specialist Services

Goondir Clinic Services					
Comprehensive Health Screening	Preventative Health Care	Vaccinations/ Immunisations	Chronic Disease Management	Dental Services	Sexual & Reproductive Health
Child & Maternal Health	Social & Emotional Wellbeing	Minor Procedures	Pathology Services	Integrated Team Care	Smoking Cessation
Nursing Home Visits	Health Promotion & Education	QUMAX	Transport Services	PTSS & NDIS Application Assistance	Supplementary Services
Goondir Visiting Allied Health Services					
Occupational Therapist/Pain Specialist	Physiotherapist	Podiatrist	Dietitian	Exercise Physiologist	Speech Therapist
Psychologist	Diabetic Educator	Audiology	Mental Health Practitioner	Integrated Living—Staying Strong Program	Chronic Disease Nurse
Child Health Nurse	CTG Pharmacist	Australian Hearing Services			
Goondir Visiting Specialist Health Services					
Paediatrician	Endocrinologist	Respiratory Physician	Cardiologist & Sonography	Optometrist	Ophthalmologist
Psychiatrist	Sleep Physician	General Physician	IDEAS Van	Telehealth	

Goondir rounds out the approach to holistic, client-centred care by providing a range of healthy lifestyle programs, tailored to its clients' needs. One such example is Sugar Shakers—a weekly group focusing on addressing diabetes through healthy cooking classes and regular group exercise. Social and emotional welfare is enhanced through a range of activities, such as regular women's sewing groups, the Big Buddy Youth Program, and a weekly playgroup for children up to school age and their carers.

As the Oakey and St George clinics are smaller and provide services to a smaller number of clients than the Dalby clinic, some of the services (such as psychology, podiatry, and dietetics) are provided by visiting health practitioners on a regular rotational basis. The Mobile Medical Service provides outreach services to the communities of Tara, Miles and Chinchilla. Many people also travel from surrounding communities such as Jandowae, Surat, Dirranbandi, Thallon, Chinchilla, Miles and Tara to access Goondir Health Services.

The Oakey clinic is currently looking to expand its premises to accommodate increased demand for culturally appropriate health services in the area, and to be able to implement some of the important social and emotional wellbeing programs that have been successful in other areas in the Goondir HS catchment.

ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION CHARACTERISTICS

POPULATION

The estimated resident population of the Goondir Health Services catchment area (as at June 2017) is just over 45,000 people, of which 3,074, or 6.8%, identified as Aboriginal and Torres Strait Islander heritage (compared to 4% of QLD Indigenous) (note that 9.8% of population did not state their status). The distribution of Indigenous across the region is not even, ranging from 4.1% in Miles-Wandoan Statistical Areas (SA) to 15.9% in the Balonne SA2 (1). The Goondir HS SA2 are presented in Table 3 and numbers are based on 2016 Census of Population and Housing question about Indigenous status.

Table 3. Number and percentage of Aboriginal and Torres Strait Islander peoples by SA2

Statistical Area 2	Indigenous Population	Non-Indigenous Population	% Population Identifying as Indigenous
Balonne	697	3,308	15.9%
Jondaryan	500	6,537	6.7%
Tara	262	3,115	6.2%
Wambo	1,028	14,740	6%
Chinchilla	420	6,770	5.2%
Miles-Wandoan	167	3,363	4.1%
Status not stated	4,437	9.8%	
TOTAL	3,074	37,833	6.8%

Source: ABS, Census of Population and Housing, 2016, Aboriginal and Torres Strait Islander Peoples Profile – 102



PATIENTS OF GOONDIR HS

A significant number (2,963 = 99% *) of the Aboriginal and Torres Strait Islander people living in the region were active patients of Goondir Health Services in 2017/18 (see Table 4), which demonstrates that Goondir HS provides excellent health care access to the Aboriginal and Torres Strait Islander population in the catchment area (5).

Table 4. Goondir Health Services Active Patients June 2018

Goondir HS	Patients	% Patients
Dalby	1,180	40%
St George	681	23%
Oakey	577	19%
Chinchilla	314	11%
Tara	140	5%
Miles	54	2%
Dirranbandi	17	<1%
TOTAL	2,963	100%

Source: Goondir HS, Performance Dashboard, June 2018

*Note: By Goondir calculations, approximately 99% of the Indigenous people in the region are current Goondir clients, as opposed to the 96% calculated using ABS data. Calculating actual proportions of Aboriginal and Torres Strait Islander people in the Goondir region can be difficult due to the transient population who travel from outside the catchment area to access services, and due to ABS data collection issues (under-reporting of Indigenous status). However, as Goondir work closely with the Aboriginal and Torres Strait Islander community, it is likely that the figures from the Goondir Performance Dashboard reflect the true population. Hence for the purposes of this report, the ATSI client population is reported as 99%.

6.8% Aboriginal and Torres Strait Islander heritage

15.9% Aboriginal and Torres Strait Islander population live in Balonne SA

99% of Aboriginal and Torres Strait Islander people in the region are active patients (over 9 in 10) at Goondir HS

48% increase in active patients over the past 4 years





The younger population has implications for services as there is a greater need for child, maternal health and youth services

AGE OVERVIEW

Segment 1 (0-14 years) (6)

Double the population (40%) of Aboriginal and Torres Strait Islander infants and children aged 0 to 14 years than non-Indigenous in the region (21%).

Segment 2 (15-24 years)

There is a greater proportion (17%) of Aboriginal and Torres Strait Islander teenagers and young people aged 15 to 24 years than non-Indigenous in the region (12%).

Segment 3 (25-34 years)

This segment of the Indigenous population (12%) mirrors the non-Indigenous (13%) population.

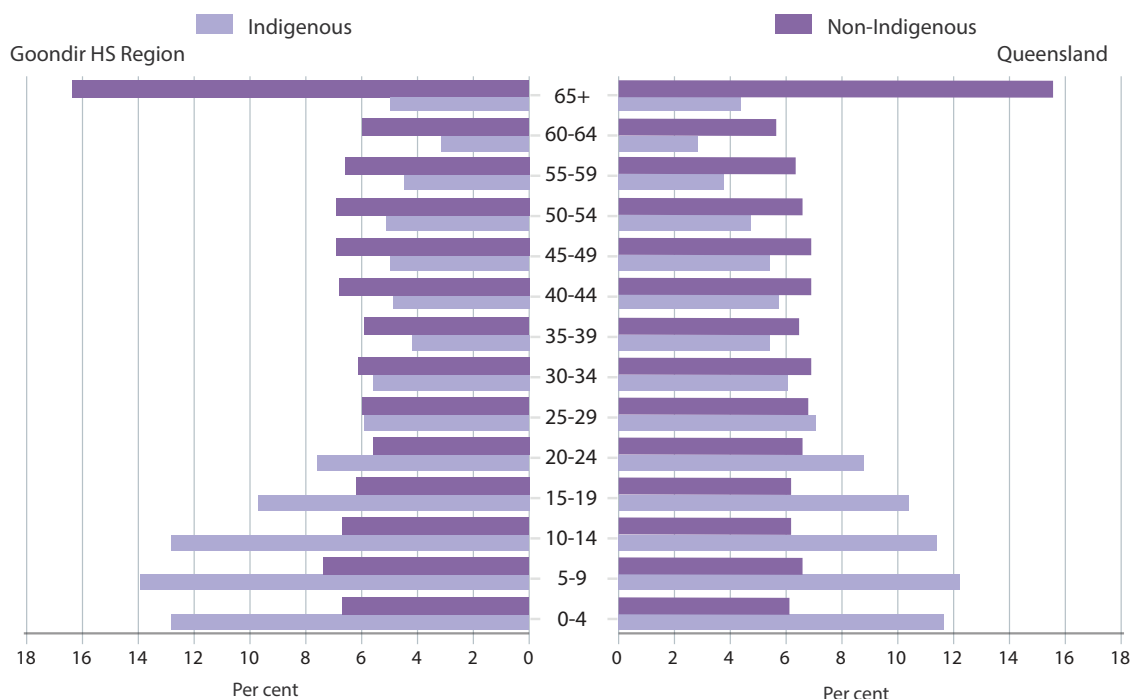
Segment 4 (35-59 years)

The number of Indigenous (10%) people aged 35 to 59 years drops away considerably when compared to non-Indigenous (22%) in the region.

Segment 4 (60+ years)

This segment of Aboriginal and Torres Strait Islander is very small, only 9.5% of the population aged 60 years and over, compared to 16.3% of non-Indigenous persons.

Figure 1. Persons by age and Indigenous status, Goondir HS Region and Queensland, 2016



Source: ABS, Census of Population and Housing, 2016, Aboriginal and Torres Strait Islander Peoples Profile - I03

LIFE EXPECTANCY AT BIRTH

Life expectancy at birth is the number of years of life that a person is expected to live at the time they are born. Data from the ABS 2014-2016 for the Darling Downs-Maranoa SA4 region has an average life expectancy of 81.1 years with men in the region 78.8 years and women, 83.4 years (7). Data was not available by Indigenous status.

MEDIAN AGE AT DEATH

Median age at death by Indigenous Area Name for Indigenous persons is shown in Table 5 below (8). The data highlights that the Indigenous Area region within the Goondir Health Services catchment has a lower median age at death (56.7 years) when compared to the state average (60.5 years). Males on average have a median age at death which is 10 years less when compared to women. Median age of death for Indigenous males in Balonne Area Region is particularly low at 45 years of age. This is 12.8 years lower than Queensland (Indigenous) average and 32.8 years lower than Queensland (non-Indigenous) average.

Table 5. Median Age at Death by Indigenous Area Name, 2011-2015

Indigenous Area Name/State	Males Median Age (Years)	Females Median Age (Years)	Persons Median Age (Years)
Goondir Indigenous Area Region	54	64	56.7
Balonne	45	69.5	46.5
Dalby	59	49.5	53.5
Jondaryan-Oakey	57	73.5	70
Queensland (Indigenous)	57.8	63.2	60.5
Queensland (Non-Indigenous)	77.8	84.4	81.1

Source: ABS 3301.0, Births, Australia, 2016; ABS 3302.0, Deaths, Australia, 2016

There are significant differences in the median age at death of Indigenous and non-Indigenous populations by sex. In Queensland in 2016, the median age at death for Aboriginal and Torres Strait Islander males was 57.8 years, compared with 77.8 years for non-Indigenous males. Aboriginal and Torres Strait Islander females had a median age at death of 63.2 years, compared with 84.4 years for their non-Indigenous counterparts (9).

Indigenous age at death is 20 years less when compared to the non-Indigenous Queensland average



LEADING CAUSES OF DEATH AND MORTALITY

Data from the Australian Institute of Health and Welfare highlights the top 10 leading causes of death by Local Government Areas (LGA) (see Table 6) (10). It shows that coronary heart disease, COPD and diabetes percentages are higher in all three LGAs of the Goondir HS Region when compared to national levels. Please note that data was not available by Indigenous and non-Indigenous status.

Table 6. Top 10 Leading cause of death for Local Government Areas and Australia, 2012-2016*

Rank	Balonne	%	Western Downs	%	Toowoomba	%	Australia	%
1	Coronary heart disease	15.8	Coronary heart disease	13.7	Coronary heart disease	13.2	Coronary heart disease	12.9
2	Lung cancer	7.0	Cerebrovascular disease	5.9	Cerebrovascular disease	8.6	Dementia and Alzheimer disease	7.7
3	Chronic obstructive pulmonary disease (COPD)	6.3	Chronic obstructive pulmonary disease (COPD)	5.9	Dementia and Alzheimer disease	7.2	Cerebrovascular disease	7
4	Cerebrovascular disease	5.7	Diabetes	5.2	Chronic obstructive pulmonary disease	4.4	Lung cancer	5.4
5	Diabetes	5.1	Dementia and Alzheimer disease	5.0	Lung cancer	4.4	Chronic obstructive pulmonary disease (COPD)	4.4
6	Dementia and Alzheimer disease	4.4	Lung cancer	4.8	Diabetes	3.4	Diabetes	2.9
7	Influenza and pneumonia	3.2	Cancer of unknown or ill-defined primary site	3.4	Colorectal cancer	3.1	Colorectal cancer	2.8
8	Hypertensive disease	3.2	Prostate cancer	2.8	Cancer of unknown or ill-defined primary site	2.5	Cancer, unknown, ill-defined	2.5
9	Breast cancer	2.5	Heart failure and complications and ill-defined heart disease	2.8	Heart failure and complications and ill-defined heart disease	2.4	Heart failure and complications and ill-defined heart disease	2.1
10	Land transport accidents	2.5	Suicide	2.8	Prostate cancer	2.2	Prostate cancer	2.1

Source: AIHW (2017) MORT (Mortality Over Regions and Time) Local Government Areas, 2012-2016

*Note data does not concord directly with Goondir HS Region and was not available by Indigenous and Non-Indigenous status.

**UNDERLYING
CAUSE OF DEATH
in Goondir HS**

- coronary heart disease
- chronic obstructive pulmonary disease (COPD)
- diabetes

**AVOIDABLE DEATH
RATES** in Goondir
HS were highest in:**

- circulatory system disease
- cancer
- ischaemic heart disease

**PREMATURE DEATH
RATES** in Goondir
HS were highest in:**

- cancer
- circulatory system disease
- external causes (including suicide)

Diabetes deaths were nearly double the national average for Balonne and Western Downs LGAs

** Data for the causes of avoidable and premature deaths were not available at an LGA or SA2 level or by Indigenous status. Data has been drawn from the Darling Downs and West Moreton PHN region (which includes 74.9% of the population of Goondir HS region).

3. SOCIAL DETERMINANTS OF HEALTH

Determinants of health are factors that influence how likely we are to stay healthy or to become ill or injured. Many of the key drivers of health reside in our everyday living and working conditions—the circumstances in which we grow, live, work and age (11). Factors such as income, education, employment, social support, access to transport, nutritious food and access to health services are examples of social determinants that are associated with shaping an individual's health and wellbeing. Since social determinants are often pinpointed as a key cause of health inequalities, understanding the impact at a local level is important to informing programs and services to help reduce health gaps.

PEOPLE AND SOCIETY

Poor social and economic circumstances affect health throughout life. People living in disadvantaged circumstances are at greater risk of developing chronic diseases due to their exposure to risk factors such as poor diet, smoking and drug abuse. Continued stressful circumstances can make people feel worried and unable to cope, creating anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life. This can have powerful effects on health and lead to poor mental health and premature death.

FAMILIES AND HOUSEHOLDS

In Goondir HS region there are 11,248 families made up of different family types, including single parent families and couple families, and whether there was more than one family living in the household. Of these 26.4% of one family households with Aboriginal and or Torres Strait Islander people were occupied by one parent families, compared to 8.7% of non-Indigenous (12).

Table 7. Households(a) by family type by Indigenous status of household, Goondir HS Region, 2016

Household type	Households with Indigenous persons		Non-Indigenous Persons	
	Number	Percent (%)	Number	Percent (%)
One family households:				
Couple family with no children	207	16.3%	4,331	30.6%
Couple family with children	415	32.7%	4,188	29.6%
One parent family	335	26.4%	1,234	8.7%
Other family	14	1.1%	111	0.8%
Total	978	77%	9,870	69.7%
Multiple family households	40	3.1%	155	1.1%
Group households(b)	69	5.4%	407	2.9%
Lone person households	199	15.7%	3,733	26.4%
Total	1,270	100%	14,163	100%

(a) Excludes visitors only and other not classifiable households.

(b) A group household is a non-family household with more than one person present on Census Night.

Source: Compiled by Queensland Government Statisticians from ABS, *Census of Population and Housing, 2016, Aboriginal and Torres Strait Islander Peoples Profile* – 112



Aboriginal and Torres Strait Islander people were **three times more likely** compared to non-Indigenous to be in one parent families

Tara SA2 Indigenous population had the **highest** percentage (16.7%) of one parent families

CHILDREN IN JOBLESS FAMILIES

Participation in work, education and the community can affect parenting and social and family relationships. The psychosocial stress caused by unemployment can also have a strong impact on physical and mental health and wellbeing.

In Goondir HS area 38.1% of Indigenous dependent children (under 15 years of age) were from jobless families (compared to 12.1% of non-Indigenous families) (13).

Aboriginal and Torres Strait Islander children were nearly **four times more likely** to be living with a parent who was not employed, compared to non-Indigenous children

Within the region, **Tara SA2** had the **highest** percentage of Indigenous families with no parent employed (56%), followed by Miles-Wandoan (49%)

4x
more likely

DISABILITY

People with a profound or severe disability are those that need help with looking after themselves, getting around and/or talking to other people, because of a long-term health condition (for six months or more), a disability (for six months or more), or old age (13).



In Goondir HS region **6.9%** of Aboriginal and Torres Strait Islander people had a profound or severe disability, compared to **5.5%** of non-Indigenous persons in the region.

CRIMINAL OFFENCES

The number and rates of reported criminal offences are collected by the Queensland Police Service and presented in Table 8 (14).

Goondir HS Region:

- **6,975** reported offences in 2016-17, or **15,053** per 100,000 persons
- **459** offences against the person, or **991** per 100,000 persons
- **2,359** offences against property, or **5,091** per 100,000 persons
- Within the region, Balonne SA2 had the highest number of reported offences with **25,421** per 100,000 persons

Table 8. Reported criminal offences, Goondir HS Region and Queensland, 2016-2017

Goondir HS Region/ SA2/State	Offences against the person	Offences against property	Other offences	Total
	Rate per 100,000 persons			
Goondir HS Region	991	5,091	8,972	15,053
Balonne	1,824	7,550	16,047	25,421
Chinchilla	688	5,191	8,468	14,347
Jondaryan	578	3,597	3,570	7,745
Miles-Wandoan	811	3,174	7,947	11,933
Tara	1,467	5,370	10,977	17,814
Wambo	1,040	5,478	9,583	16,101
Queensland	699	4,691	4,753	10,142
Total	1,270	100%	14,163	100%

Source: Queensland Police Service, cited in Queensland Government Statistics Office Regional profiles available at <https://statistics.qgso.qld.gov.au/qld-regional-profiles> accessed 19/08/18

There were approximately **50% more total reported criminal offences** in Goondir HS region compared to Queensland

There were over **double the reported offences against another person** in **Balonne** (1,824 rate per 100,000 persons) and **Tara** (1,467 rate per 100,000 persons) when compared to Queensland (699 rate per 100,000 persons)



EDUCATION AND TRAINING

Completing schooling and higher levels of education offers more employment opportunities and better outcomes, such as higher earning capacity. Data from Goondir HS region shows that Indigenous people have lower school attainment levels, and lower levels of non-school qualifications (such as tertiary level qualifications) which can lead to poorer outcomes in life, including unemployment, poverty and social exclusion.

HIGHEST LEVEL OF SCHOOLING COMPLETED

30% of Aboriginal and Torres Strait Islander people had completed year 12 or equivalent, compared to 43% non-Indigenous persons in the region.

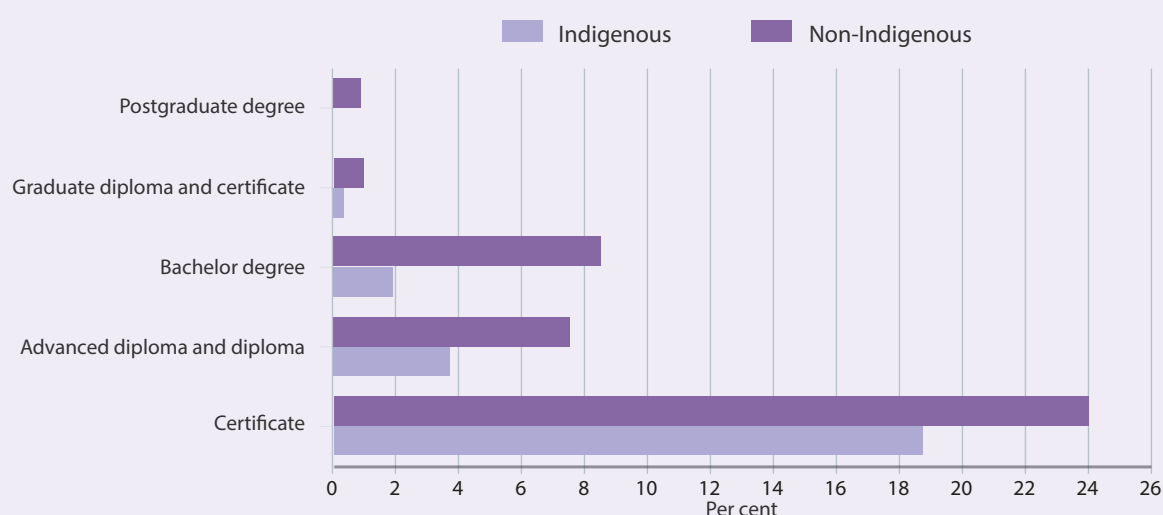
The Queensland comparison gap increases further with 56% of non-Indigenous persons completing year 12 or equivalent. This means that the rate of school completion of year 12 Indigenous persons in Goondir HS is nearly half that when compared to Queensland non-Indigenous persons (6).

NON-SCHOOL QUALIFICATIONS

34% of Aboriginal and Torres Strait Islander people aged 15 years and over had a non-school qualification, compared to 48% of non-Indigenous persons in the region (15).

Figure 2 shows that non-Indigenous persons living in Goondir HS region have a lower percentage of persons who have been awarded a non-school qualification. The contrast is particularly stark when comparing Bachelor degrees, with 2% of Indigenous persons obtaining a Bachelor degree, compared to 8% of non-Indigenous persons. However, the gap decreases somewhat for those awarded certificate qualifications with Indigenous persons 19%, compared to 24% of non-Indigenous persons living in the region.

Figure 2. Level of non-school qualification by Indigenous status(a), Goondir HS Region, 2016



Source: ABS, Census of Population and Housing, 2016, Aboriginal and Torres Strait Islander Peoples Profile – I14 and I15

WORK, STUDYING OR TRAINING (18 TO 24 YEARS)

33% of Aboriginal and Torres Strait Islander people aged 18 to 24 years were working, studying or training, compared to 59% of non-Indigenous persons living in the region (13).

This is nearly double the rate when compared to Indigenous persons and suggests that Indigenous persons living in Goondir HS region are less likely to be engaged in meaningful work, study or training which can impact their overall health

WORK AND INCOME

There is a complex interplay between health and welfare, where social factors such as an individual's employment, and income earning capacity can impact their overall health, and vice versa. Having a job can help a person to stay connected with society, develop skills and provide a sense of self-worth. Data from Goondir HS region highlights the widespread socioeconomic disadvantage experienced by Indigenous people living in the region which raises the importance of addressing the negative affect that unemployment can have on an individual's feelings of self-worth, their skill development and connection with society (16).

HOUSEHOLD INCOME

24.5% of Indigenous households in Goondir HS region earn less than \$400 per week, compared to 13% of non-Indigenous households.

UNEMPLOYMENT

The unemployment rate for Aboriginal and Torres Strait Islander people in Goondir HS region was 19.7%, compared to 5.6% of non-Indigenous persons.

Tara SA2 had the highest Indigenous unemployment rate of 27% in the Goondir HS region, with 36% of 15-24 year olds unemployed, followed by 64% of 25-34 years age group.

Jondaryan SA2 and Wambo SA2 also had high youth and young Indigenous people (15-24 years) unemployment rate of 31%.

Miles-Wandoan SA2 has a high employment rate of 33% for the 25-34 years age group.

Chinchilla SA2 has higher unemployment rates in the older age groups with Indigenous unemployment rates of 42% for 34-44 years age group, 21% for 45-54 years age group and 30% for 55-64 years age group.

Indigenous unemployment rate nearly **3 times higher** (compared to non-Indigenous)

WORK BY INDUSTRY

Health care and social assistance work is the most common industry Aboriginal and Torres Strait Islander people aged 15 to 64 years from Goondir HS region engage in, with 12.4% of the population, compared to 8% of non-Indigenous persons. This is followed by retail trade (10.6% versus 9.1%) and construction (10.5% versus 8.4%) as seen in Table 9. In contrast, nearly double the number of non-Indigenous persons (18.9%) work in agriculture, forestry and fishing compared to Indigenous persons (9.7%).

Table 9. Top 5 work by industry by Indigenous status, Goondir HS Region 2016

Industry	Households with Indigenous persons		Non-Indigenous Persons	
	Number	Percent (%)	Number	Percent (%)
Health care and social assistance	97	12.4%	1,410	8%
Retail trade	83	10.6%	1,606	9.1%
Construction	82	10.5%	1,477	8.4%
Agriculture, forestry and fishing	76	9.7%	3,327	18.9%
Public administration and safety	54	6.9%	1,046	5.9%
Education and training	54	6.9%	1,448	8.2%

Source: ABS, Census of Population and Housing, 2016, unpublished data (usual residence)

HOUSING

Indigenous Australians experience widespread socioeconomic disadvantage and health inequality that can negatively affect social and emotional wellbeing. This, in turn, can have negative impacts on employment, income, living conditions and opportunities. Therefore, issues such as access to safe, affordable housing, and decreasing overcrowding are key goals to Closing the Gap.

OVERCROWDING

6.3% of households with Aboriginal and Torres Strait Islander people in Goondir HS region were overcrowded, compared to 2% of non-Indigenous households.

Indigenous are **3 times more likely** to be living in overcrowded households

RENTING, BUYING OR OWNED

The majority of Aboriginal and Torres Strait Islander people living in Goondir HS region rent their property (59%), which is nearly double (33%) when compared to non-Indigenous households.

Nearly three times the number of non-Indigenous households (35%) own their property outright, compared to Indigenous households (14%).

INTERNET ACCESS

66.2% of households with Aboriginal and Torres Strait Islander people in Goondir HS region had Internet access, compared to 75.4% of non-Indigenous households.



4. ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Aboriginal and Torres Strait Islander people suffer a greater burden of disease than non-Indigenous people. Nationally, amongst Aboriginal and Torres Strait Islander people, the years of healthy life lost due to premature death or disability (DALY's) occurs at 2.3 times the rate of non-Indigenous people (17). Chronic diseases (such as mental and substance use disorders, cancer, chronic kidney disease, diabetes and respiratory disease) make up the largest part of the disease burden amongst Indigenous people (64% of DALY's), as well as accounting for 70% of the health gap disparity between Indigenous and non-Indigenous burden of disease (17).

The Closing the Gap initiative aims to address this disparity between the health of Aboriginal and Torres Strait Islander people and that of the rest of Australia. Part of the process of ensuring progress in this area is having a range of key performance indicators (KPIs) for health, to be able to monitor the current status, set goals, and measure improvements. In addition to the National KPIs (nKPIs) set by the Australian Government for achievement by 2023, Goondir Health Services have set their own targets on a range of health measures, reflecting their right to self-determination, and ability to work with the community to achieve positive health outcomes.

Encouragingly, as at June 2018 Goondir has met or exceeded many of the target measures of health performance, both at the National 2023 goal level, and at the Goondir Health Services target level. Additionally, Goondir performs better on many of these measures, compared to the Queensland average, and the national average. Some areas of health have not yet reached the target level, but data shows an improvement over the last 12 months (2017-2018), while other areas have either not improved, or have moved away from the goal level. These health areas will require special attention in order to reverse the trend.



HEALTH STATUS

SELF-REPORTED HEALTH STATUS

Self-reported health status is a measure used to assess the health of populations, capturing aspects of health that can often not be picked up with more objective measures. It is known that self-reported poor health is associated with subsequent illness and earlier death (18).

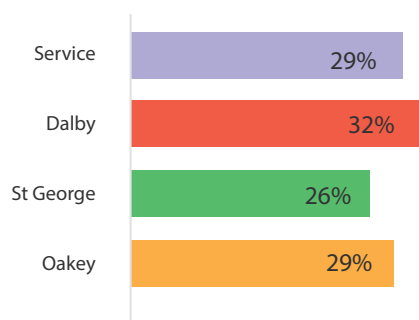
At the Primary Health Network level 17.3% (ASR) of people aged 15 or over have fair or poor self-assessed health, in the Darling Downs West Moreton PHN. This was the second highest level of all PHNs in Australia, and higher than the national rate of 14.8% (19). At the Local Government Area level, Balonne (which falls under WQPHN, and is part of the Goondir HS footprint), has a similarly high rate – 18% (ASR) of the region claiming fair or poor health (20).

These figures represent the population as a whole, and are not broken down according to Indigenous/ non-Indigenous status. However, taking into account the higher proportion of Aboriginal and Torres Strait Islander people in the area would suggest that this higher rate of poor health perception is very relevant to the community.

VALID HEALTH CARE CARDS

Analysis of Goondir performance data shows that 29% of Goondir clients do not have a valid health care card – that is, the card may be missing or out of date. This was relatively similar in each of the clinic areas, ranging from 31% of clients in Dalby, to 29% in Oakey, and 26% in St George (5).

Figure 3. Percentage of Goondir Patients without Valid Health Care Cards

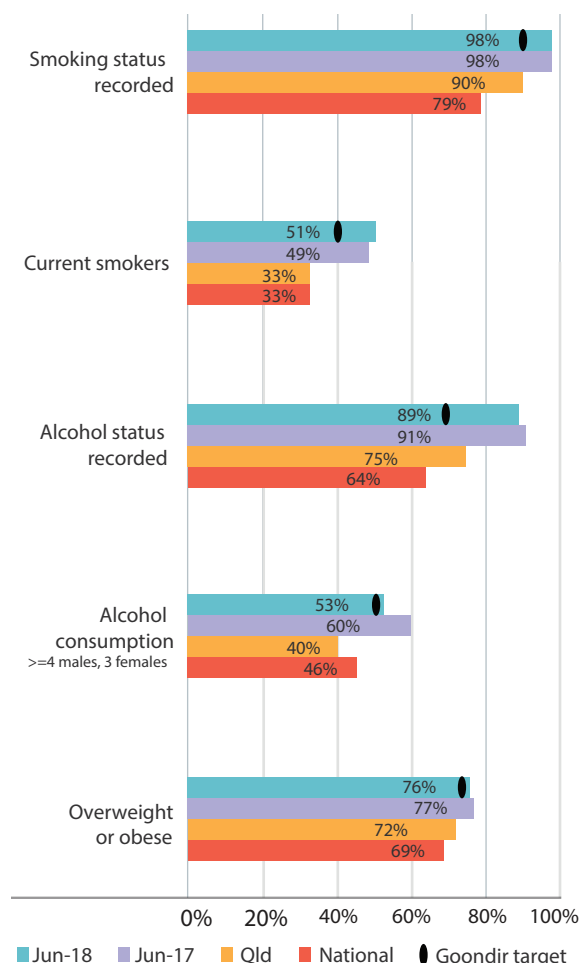


Source: Goondir Health Services, Performance Dashboard, 2018

HEALTH BEHAVIOURS

Health is impacted by a complex interplay of many factors. Some of them, such as environmental, social, and genetic factors, cannot be easily changed. Behavioural factors, or health behaviours, are what we do (or don't do) in our daily lives, and the extent to which we do it. Health behaviours are considered to be modifiable, which can lead to positive outcomes in terms of health. Monitoring of health behaviours, such as tobacco and alcohol intake, or obesity and physical inactivity, is important in monitoring the health of the community, and in determining areas of need, in terms of promoting healthy lifestyle messages and program implementation. Figure 4 below outlines Goondir's performance in these important measures.

Figure 4. Summary of Goondir Performance Data on Health Behaviours – ATSI Clients



Source: Goondir Health Services, Performance Dashboard, 2018

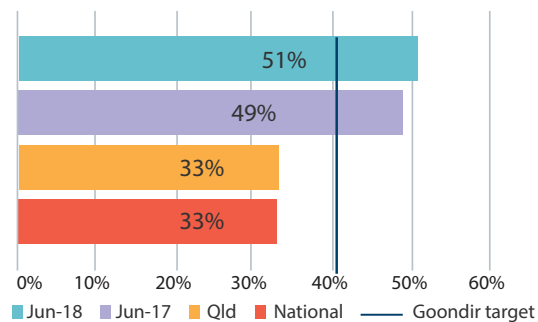


CURRENT SMOKERS—GOONDIR PERFORMANCE DATA, AND SURVEY DATA

According to performance data, nearly all (98%) of Goondir Aboriginal and Torres Strait Islander clients had their smoking status recorded as at June 2018. Performance data shows that the number of Aboriginal and Torres Strait Islander clients who are recorded as current smokers has risen slightly across the last year, from 48.8% in June 2017, to 51% in June 2018 (5) (see Figure 5). This is 18% higher than the state average, and 11% higher than the Goondir target of 40%. Therefore, a concerted effort needs to be made to reverse this trend.

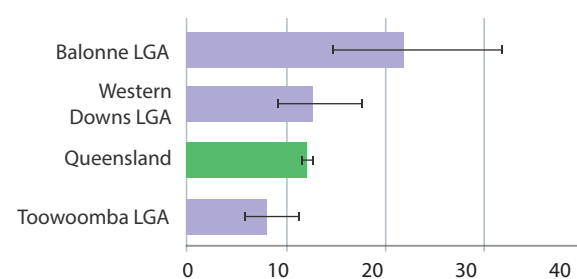
Survey data from the preventative health survey is more conservative with Balonne LGA (22.2%) and Western Downs LGA (12.9%) smoke daily compared to the Queensland average (12.1%). Toowoomba LGA is lower than the state average at 8.3% (see Figure 6).

Figure 5. Proportion of Goondir ATSI Clients Who Are Current Smokers



Source: Goondir Health Services, Performance Dashboard, 2018

Figure 6. Proportion of daily smokers for persons 18+ by LGA, 2015-2016*



*Data not split between Indigenous and non-Indigenous

51%

of Goondir clients (1 in 2) are current smokers, compared to 1 in 3 state-wide and nationally



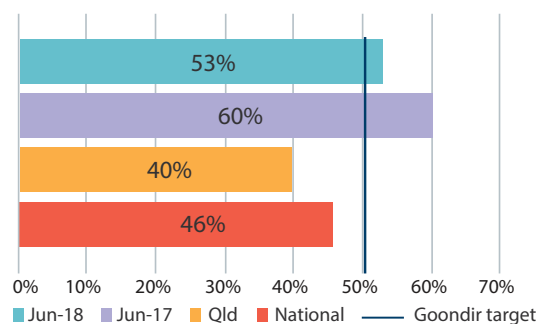
ALCOHOL CONSUMPTION—GOONDIR PERFORMANCE DATA, AND SURVEY DATA

According to Goondir performance data, 89.4% of Goondir's Aboriginal and Torres Strait Islander clients had their alcohol consumption status recorded, as at June 2018. The performance data shows that the rate of hazardous drinking amongst Goondir clients has been trending downwards over the past 12 months (see Figure 7). In June 2017, 60.1% of Goondir Services clients (who have had their alcohol status recorded) had alcohol intake levels in the hazardous drinking range, as recorded by the Audit-C tool—that is, a score of 4 or more for males, and 3 or more for females (21). There has been a steady decline in this proportion across the year, to 53.3% of patients having hazardous alcohol intake, as at June 2018 (5), although the level is still above target (50%), state (40%) and national (46%) levels.

According to survey data 25% of people (1 in 4) have a risky lifetime alcohol consumption (more than two standard drinks per day on average) (22).

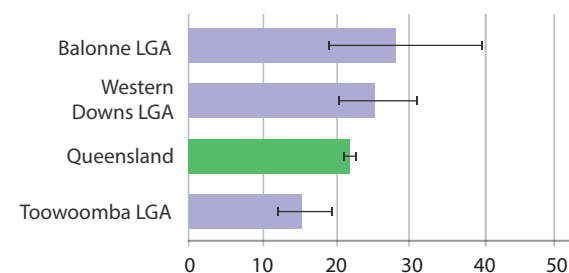
Balonne LGA (28.3%) and Western Downs LGA (25.4%) have higher risky lifetime of alcohol consumption compared to the Queensland average (21.8%). Toowoomba LGA of which Oakey town is situated is lower at 15.1% (see Figure 8).

Figure 7. Proportion of Goondir ATSI Clients with Risky Alcohol Consumption



Source: Goondir Health Services, Performance Dashboard, 2018

Figure 8. Proportion of risky lifetime alcohol consumption for persons 18+ by LGA, 2015-2016*



*Data not split between Indigenous and non-Indigenous

53.3%

(over 1 in 2) of Goondir clients (who have had their alcohol status recorded) had alcohol intake levels in the hazardous drinking range

7% reduction

in risky alcohol intake amongst clients over past 12 months

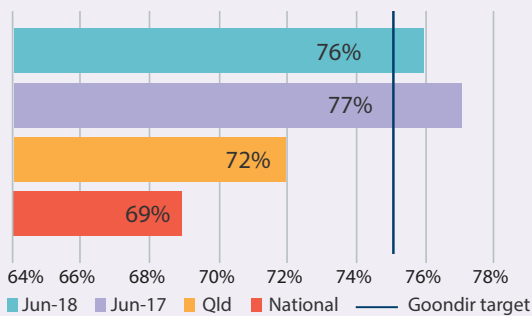


OVERWEIGHT OR OBESE—GOONDIR PERFORMANCE DATA, AND SURVEY DATA

According to performance data, just over three-quarters of Goondir's Aboriginal and Torres Strait Islander clients are currently overweight or obese (5) (see Figure 9). At 76.1%, this is slightly above the Goondir target (75%) and Queensland average of 72%, and 7% above the national average (69%). Therefore, there remains some work to do to reduce this level, as it is virtually unchanged across the last 12 months.

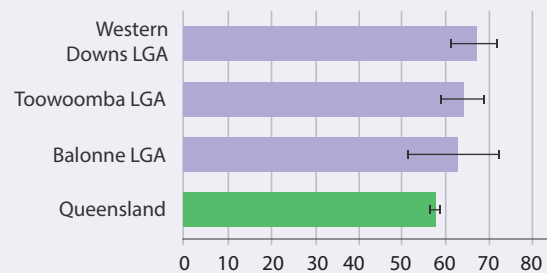
When comparing to survey data at LGA level the proportion of overweight and obese persons is 65% (versus QLD 58%) with Western Downs LGA reporting a higher number of overweight and obese people (67%) (see Figure 10) (22).

Figure 9. Proportion of Goondir ATSI Clients Overweight / Obese



Source: Goondir Health Services, Performance Dashboard, 2018

Figure 10. Proportion of overweight and obese for persons 18+ by LGA, 2015-2016*



*Data not split between Indigenous and non-Indigenous

76 %

of Goondir clients
(approximately 3 in 4)
are overweight or obese

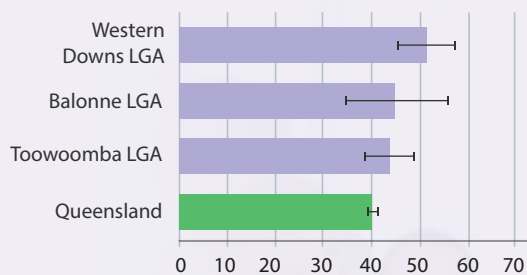




PHYSICAL INACTIVITY —SURVEY DATA ONLY

When comparing to survey data at LGA level the proportion of insufficient physical activity for Goondir HS is 47% (versus QLD 40%) (see Figure 11) (22).

Figure 11. Proportion of insufficient physical activity for persons 18+ by LGA, 2015-2016*



*Data not split between Indigenous and non-Indigenous

47%

of people (nearly 1 in 2) in
Goondir HS do not participate
in sufficient levels of exercise)

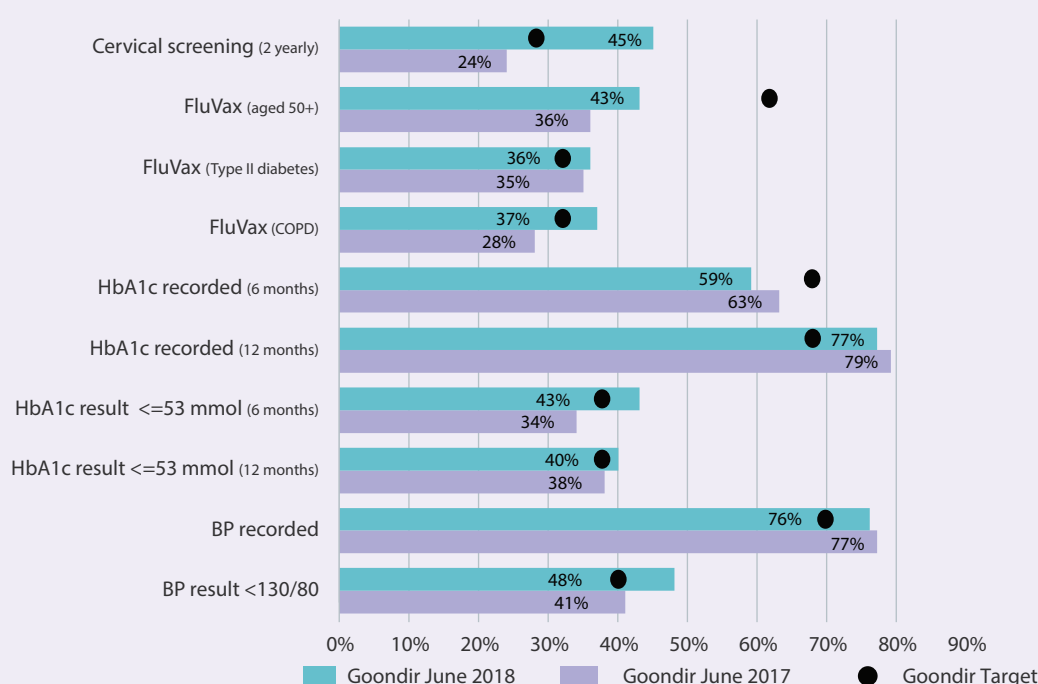




PREVENTATIVE HEALTH AND SCREENING

While good access to medical treatment is important in managing the health of the community, it is arguably more important to prevent ill health in the first place. This is done through a range of preventative approaches which monitor for disease before it becomes problematic, as well as through preventing disease through immunisation. Figure 12 outlines Goondir's performance across the range of preventative health and screening measures for June 2018, compared to June 2017, and the target level.

Figure 12. Screening and Preventative Health, ATSI Clients, June 2017-June 2018



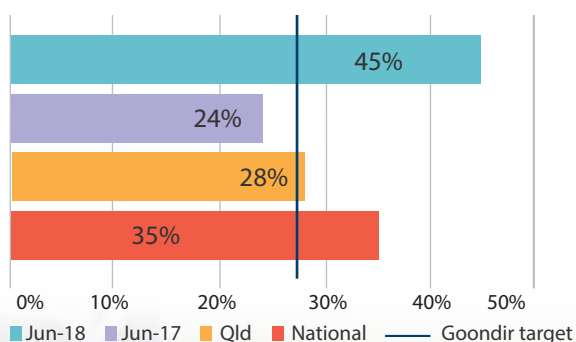
Source: Goondir Health Services, Performance Dashboard, 2018



CERVICAL SCREENING

Goondir Health Services has made important in-roads with clients, with respect to increasing two-yearly cervical cancer screening rates. The past 12 months has seen a large increase in the proportion of Goondir clients having received cervical screening in the past two years. In June 2018, performance data reveals that 45.3% of clients were recorded as having received cervical screening, up 21.8% from the previous year (23.5% in June 2017) (5) (see Figure 13). This exceeds the Goondir target by 18%. It is also higher than the state and national averages for 2-yearly cervical cancer screening (28% and 35% respectively).

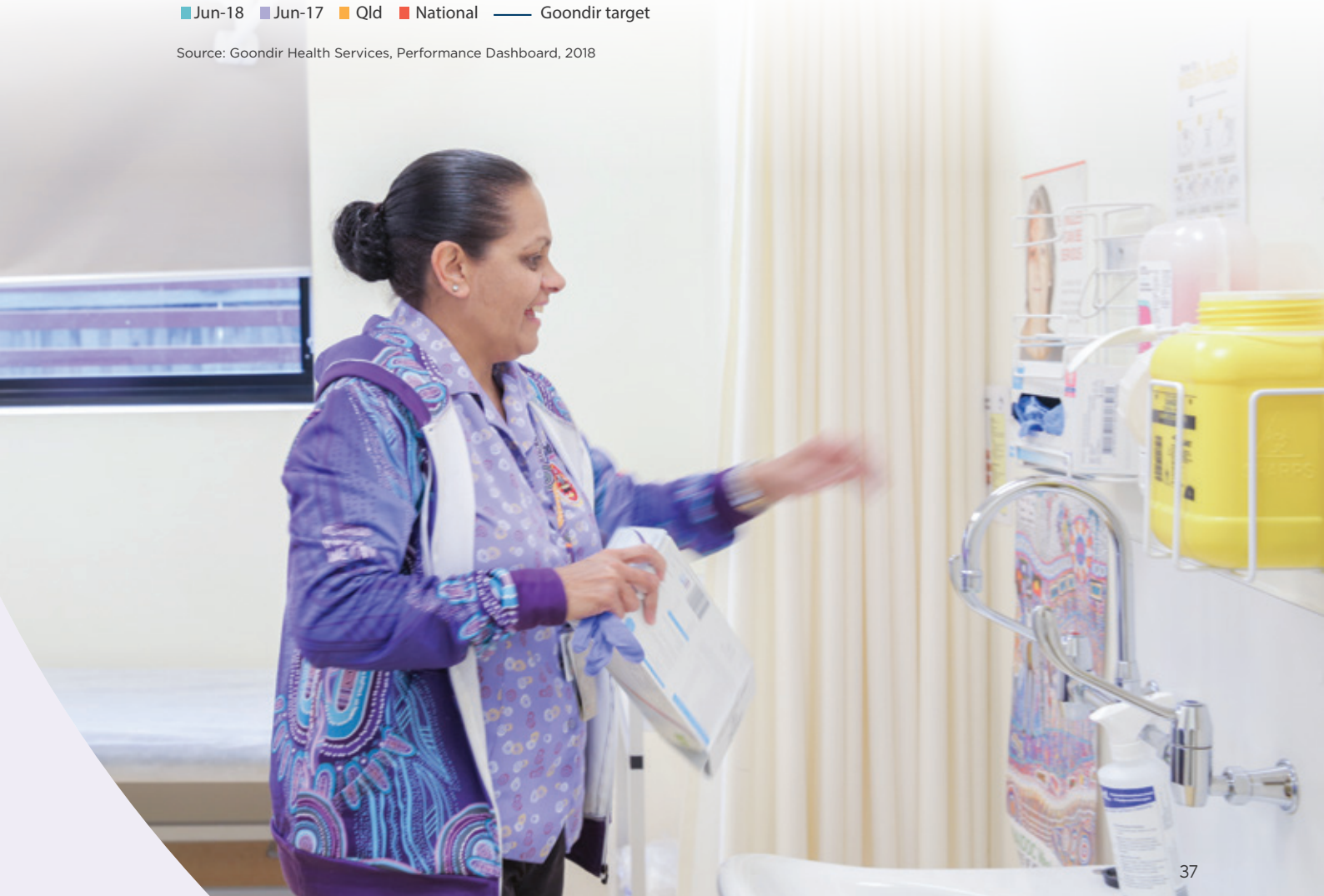
Figure 13. Proportion of Goondir ATSI Female Clients Receiving Cervical Cancer Screening in Past 24 Months



Source: Goondir Health Services, Performance Dashboard, 2018

↑22%

2-yearly cervical cancer screening rates are up by 22% on last year, and exceed Goondir target by 18%, and 17% better than Queensland





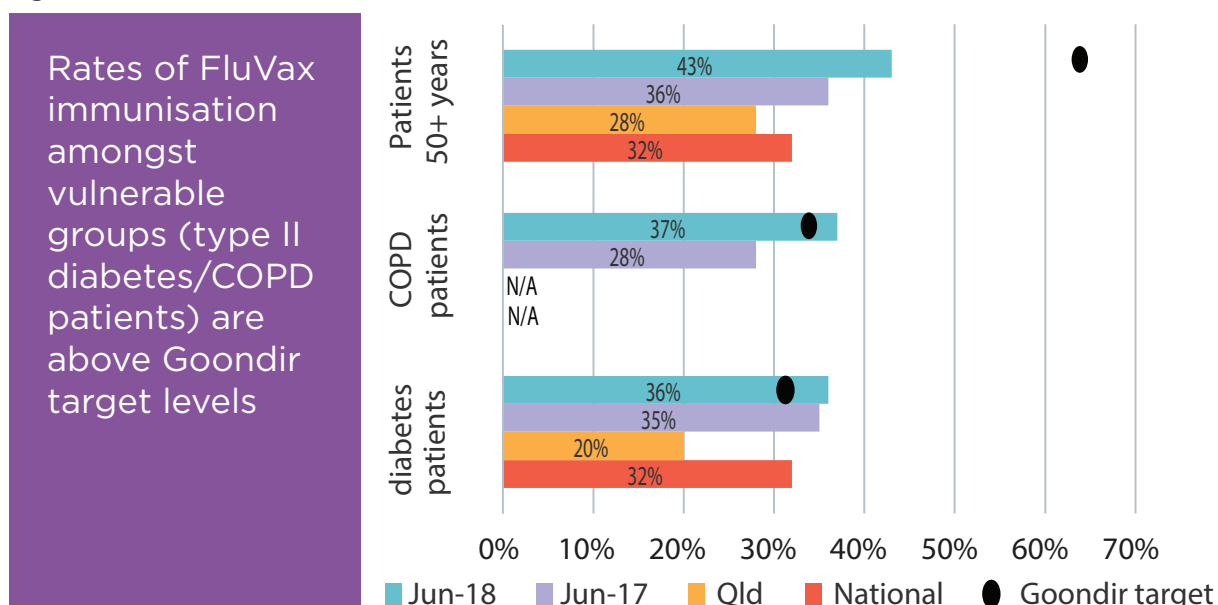
IMMUNISED AGAINST INFLUENZA (AGED 50 AND OVER)

Immunisation rates against influenza virus amongst Goondir Aboriginal and Torres Strait Islander clients aged 50 and over has increased over the past 12 months, up from 35.9% in June 2017, to 43% in June 2018, according to performance data (5) (see Figure 14). However, although this shows positive progress, and is above the state rate of 28%, and national rate of 32%, efforts in this area need to continue in order to reach the Goondir target immunisation rate of 64%.

Despite the overall immunisation rate being considerably below the target rate, positive improvements have been made, in terms of the rate of immunisation against influenza amongst Goondir clients with COPD. This is an important target group, as influenza can exacerbate disease in these patients. According to performance data, in June 2018, 37% of Aboriginal and Torres Strait Islander clients with COPD had received the influenza vaccine (5), up 10% on the previous year, and 5% more than the Goondir target of 32% (see Figure 14).

Similarly, people with Type II Diabetes are more at risk from complications due to influenza, so it is important to ensure this group is protected by immunisation against the virus. The immunisation rate amongst this group of Goondir Health Services clients remained relatively stable from last year, at 36.1% in June 2018, compared to 35.4% in June 2017 (5) (see Figure 14). This is 5% higher than the Goondir target (31%), 11% higher than the state average, and 4% higher than the national average for this group of patients (20% and 32% respectively).

Figure 14. ATSI Client FluVax Immunisation Rates



Source: Goondir Health Services, Performance Dashboard, 2018

**15%
higher**

Overall rates of FluVax immunisation in 50+ age group are 21% below Goondir/National 2023 target levels, but rate is 15% higher than current Queensland rate



HbA1C ≤53

Recording at 6 Months:

Goondir performance data shows that there was a drop off over the last year of about 4% in the number of HbA1c levels recorded at six months, down from 63.2% in June 2017, to 59.3% in June 2018 (5). While this level is considerably higher compared to current state and national levels (42% and 48% respectively), it is significantly lower than the Goondir target level (and the National 2023 target level) of 69%, and so efforts should re-focus on making sure this data is recorded.

Recording at 12 Months:

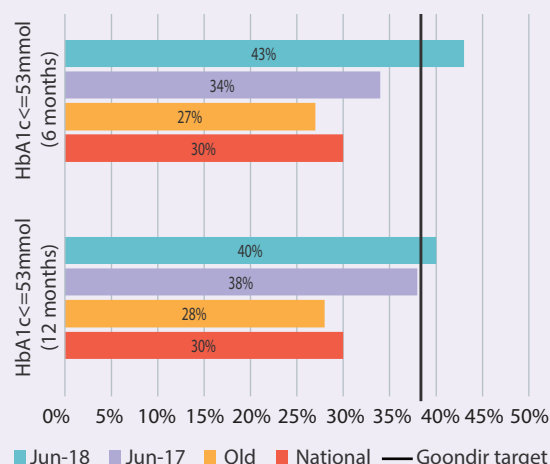
Performance data reveals that 76.6% of clients have their HbA1c levels recorded at 12 months, which is 8% above the Goondir target of 69% (5), and well above the current state and national levels (55% and 61% respectively). It should be noted that although this is above the target level, there has been a steady decline in recording of this data over the past year (down from 79.2% in June 2017), which mirrors the decline seen in the recording of the 6 month data. Efforts should be made to ensure that this level does not continue the downward trend, to avoid dropping below target levels.

Results at 6 and 12 Months:

Performance data shows that in June 2018, 43.3% of Goondir clients (who had their levels recorded) achieved a 6 monthly HbA1c result of ≤ 53mmol, which is 9.8% more than in June 2017, and higher than the Goondir target of 38% (5) (see Figure 15). This is also higher than current state and national averages (27% and 30% respectively).

Likewise, according to performance data, there was improvement in HbA1c results at 12 months (though to a slightly lesser extent), with 39.6% of patients (with a recorded level) achieving HbA1c result of ≤ 53 mmol in June 2018, up 1.8% from the same period last year (5) (see Figure 15). Further, this exceeds the Goondir target of 38%, and the current state and national levels (28% and 30% respectively).

Figure 15. Percentage of Goondir ATSI Patients Achieving HbA1c Levels of ≤53 mmol



Source: Goondir Health Services, Performance Dashboard, 2018

↓ HbA1C recording levels at **6 months** have **declined** over the past year, and are below the Goondir target level by 10%

↑ HbA1c recording levels at **12 months** are **8% better** than the Goondir target levels, but recording has declined over the past 12 months

↑ HbA1c results at **6 and 12 months** are **better** than Goondir target levels for proportion of patients recording a result ≤ 53 mmol

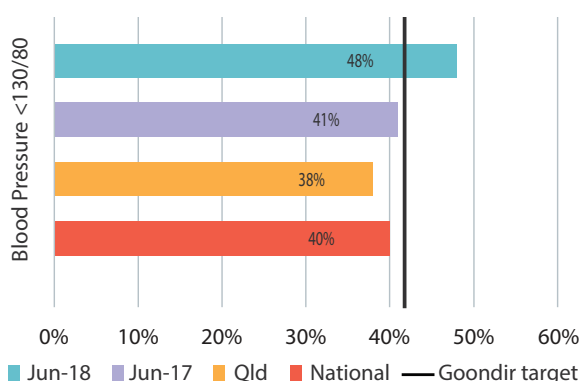


BLOOD PRESSURE <130/80

According to performance data, in June 2018, 76.2% of patients had their blood pressure recorded. While this was marginally down on the same period last year (77.2%), it is still above the Goondir target of 70% (5), and higher than the current state and national levels (62% and 61% respectively).

Of those patients whose blood pressure was recorded in June 2018, 47.9% had a result of $\leq 130/80$, almost 8% higher than the Goondir target level. This is a 6.7% increase over the same time last year (5). This level is almost 10% above the current state level (38%), and almost 8% higher than the current national level (see Figure 16).

Figure 16. Blood Pressure <130/80, ATSI Clients – June 2017 to June 2018



Source: Goondir Health Services, Performance Dashboard, 2018

↑ 6%

Recording of blood pressure is above Goondir target levels (by 6%)

Proportion of patients with blood pressure results $\leq 130/80$ is above Goondir target levels (by 7%)



HOSPITALISATIONS (BY INDIGENOUS AREA NAME)

POTENTIALLY PREVENTABLE HOSPITAL ADMISSIONS

Potentially preventable hospitalisation (PPH) is a measure used to determine the number of admissions to hospital for conditions that could be avoided by suitable treatment or early intervention in the primary care setting. Examination by population subgroup, such as rates amongst Aboriginal and Torres Strait Islander people compared to non-Indigenous populations, provides useful information about performance of community and primary care sectors across a range of disease categories. This highlights potential areas for the sector to focus on and better prevent certain illnesses from occurring or worsening to the point of requiring hospitalisation (23).

At the PHN level, Darling Downs West Moreton PHN has an age-standardised rate of 3374 potentially preventable hospitalisations per 100,000 (2015-2016 results) (24). This is the third highest rate of potentially preventable hospitalisations of the 31 PHNs, and is considerably higher than the national rate of 2643 per 100,000 people (24).

At a more local level, Table 10 shows the average annual age-standardised rate of potentially preventable hospitalisations by Indigenous area (where data is available), compared to the state and national levels. According to data from the 2012/13 to 2014/15 reporting period (data released 2018), the total number of admissions to hospital for potentially preventable conditions amongst the Aboriginal and Torres Strait Islander population stands 5173 people per 100,000 nationally, and 5172 people per 100,000 across Queensland (average annual ASR) (25). The rate of potentially preventable hospitalisations in Balonne is higher than the state and national level for total PPHs, as well as for acute and chronic PPHs. However, the rate of PPHs for vaccine preventable conditions was considerably lower than that of Queensland and nationally, (suggesting a successful vaccination approach in the regions). Data on total PPHs, and PPHs due to vaccine preventable conditions was not available in the Dalby and Jondaryan / Oakey areas. However, the rate in these two regions of PPHs for chronic conditions, and for acute conditions, was lower than both the state and national levels (see Table 10).

Table 10. Aboriginal and Torres Strait Islander Potentially Preventable Hospitalisations, by Indigenous Area Name, 2012/13 to 2014/15

Indigenous Area Name	Potentially Preventable Hospitalisations (Average Annual ASR per 100,000)				
	Balonne	Dalby	Jondaryan / Oakey	Queensland	Australia
Total	5699	n/a	n/a	5172	5173
Vaccine preventable conditions	169	n/a	n/a	354	491
Acute conditions	3267	2115	2557	2767	2648
Chronic conditions	2254	2070	1606	2048	2034

Source: PHIDU 2018, Social Health Atlas of Australia, Data by Indigenous Area



A 2016 analysis of potentially preventable hospitalisation 'hotspots', found that two of the SA2 regions included in the Goondir Health Services footprint had persistently high rates of PPH admissions for a range of ambulatory care sensitive conditions (ACSCs) (26). Tara SA had a particularly high rate of PPH for cellulitis, while Balonne was classed as a PPH 'hotspot' for chronic ambulatory care sensitive conditions (ACSCs), COPD and ENT-type admissions (26). While this data is not Indigenous-specific, the authors noted in their calculation of 'hotspot' that areas of lower socio-economic status, regional areas, and areas with a higher proportion of Aboriginal and Torres Strait Islander people were more likely to be hotspots. These are all characteristics which are relevant to the population served by Goondir Health Services.

The report also suggests that the best means of tackling PPH hotspots is to implement preventative activities for the specific conditions in the areas of concern. Since 99% of the Aboriginal and Torres Strait Islander community in the region are active patients at Goondir Health Services, Goondir is well placed to address this area of need, through provision of targeted approaches to these potentially preventable conditions.

POTENTIALLY PREVENTABLE HOSPITAL ADMISSIONS FOR COPD AND DIABETES

Chronic Obstructive Pulmonary Disease (COPD) and diabetes affects Aboriginal and Torres Strait Islander communities across Australia at rates higher than those seen in the non-Indigenous population. Analysis of potentially preventable hospitalisation rates for COPD, and complications from diabetes amongst Aboriginal and Torres Strait Islanders reveals variation across the region, in terms of areas which are most affected, compared to state and national levels (see Table 11).

In the period spanning 2012/2013 to 2014/2015, there were 736 hospitalisations for this COPD in Balonne, which is approximately 1.5 times higher than the rate for Aboriginal and Torres Strait Islanders in Queensland (495 ASR per 100,000 people) and Australia (516 ASR per 100,000 people) (25). Encouragingly, the rate in both the Jondaryan / Oakey region (416 ASR per 100,000 people) and in Dalby (389 ASR per 100,000 people) (25) was lower than the Queensland and Australian rates.

In terms of potentially preventable hospitalisations for diabetes complications, the rate of PPH for diabetes complications amongst Aboriginal and Torres Strait Islanders (as recorded during the 2013/13 – 2014/15 reporting period) in Queensland was 503.7 (average ASR per 100,000 population), while the national rate was lower, at 435.1 per 100,000 (ASR). The Indigenous areas of Balonne, Dalby and Jondaryan/Oakey all had rates lower than that of Queensland as a whole (491.1, 371.4, and 333.4 average ASR per 100,000 population, respectively), and only Balonne had a rate higher than the national average rate.

Table 11. Potentially Preventable Hospitalisations – COPD, Diabetes Complications (2012/12 – 2014/15)

Region	COPD PPH (Av. ASR per 100,000)	Diabetes Complication PPH (Av. ASR per 100,000)
Balonne	736.3	491.1
Dalby	389.3	371.4
Jondaryan / Oakey	415.9	333.4
Queensland	494.6	503.7
Australia	515.7	435.1

Source: PHIDU (2018) Aboriginal and Torres Strait Islander Social Health Atlas of Australia

CHRONIC DISEASE PROFILE

CHRONIC DISEASE PREVALENCE

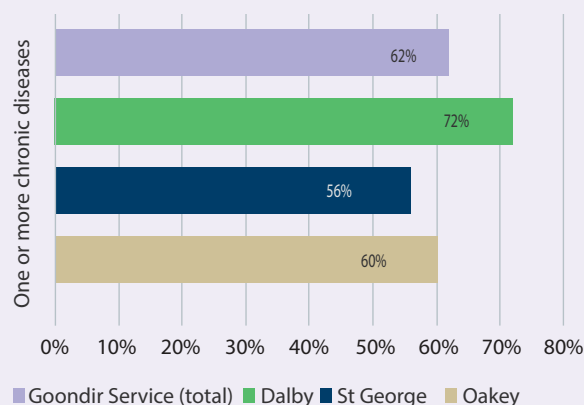
Chronic diseases are a range of conditions which have long-lasting effects, and represent a significant proportion of the burden of ill health in Australia, with people of Aboriginal and Torres Strait Islander heritage being particularly affected by these conditions. Nationally, it is estimated that 50% of people suffer from at least one chronic disease (27). This is even higher amongst Aboriginal and Torres Strait Islander people, at 64% nationally and 65% across Queensland (28).

According to performance data, as of June 2018, just under two-thirds (62.1%) of all Goondir clients have at least one chronic disease (see Figure 8) (5), which is comparable to what is seen in the rest of Queensland and Australia. This rate is approximately the same for Aboriginal and Torres Strait Islander clients (61.6%) and non-Indigenous clients (63.2%).

Analysis of the performance data shows that in 2018, Goondir had an increase of 590 more patients with a chronic disease since June 2017, representing a 48% increase over the year (compared to a 28% increase over the same period amongst non-Indigenous patients).

Amongst the Aboriginal and Torres Strait Islander clients of the three most populous regions serviced by Goondir Health Services (Dalby, St George and Oakey), performance data shows that the Dalby region has the highest proportion of patients with chronic disease (72%) while St George has the lowest (56%) (see Figure 17).

Figure 17. Proportion of Goondir ATSI Clients with One or More Chronic Disease, 2018



Source: Goondir Health Services, Performance Dashboard, 2018



↑ 48%

48% increase in Goondir ATSI clients with **at least one chronic condition** (2017-2018)

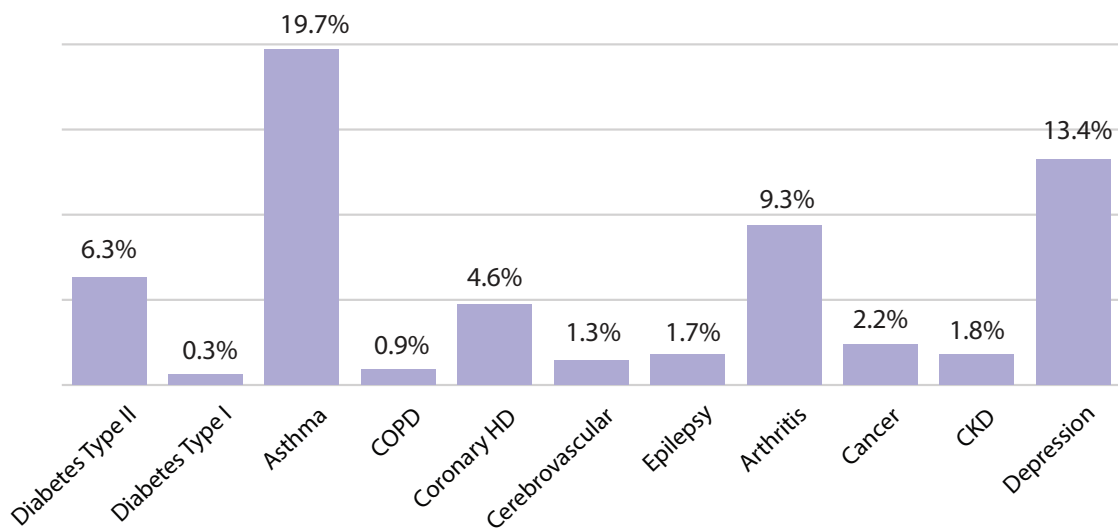
72%

Dalby clinic has the highest proportion of patients with a chronic condition (72%)

CHRONIC DISEASE PROFILE

Chronic disease makes up a significant proportion of the ill health suffered by Goondir Service's clients. According to performance data, there was a 48% increase in the number of patients with a chronic disease from June 2017 to June 2018 (5). The graph below (Figure 18) outlines the profile of chronic disease amongst Aboriginal and Torres Strait Islander Goondir clients as at June 2018.

Figure 18. Prevalence of Specific Chronic Diseases, as a proportion of all Goondir Services ATSI Clients, June 2018



Source: Goondir Health Services, Performance Dashboard, 2018



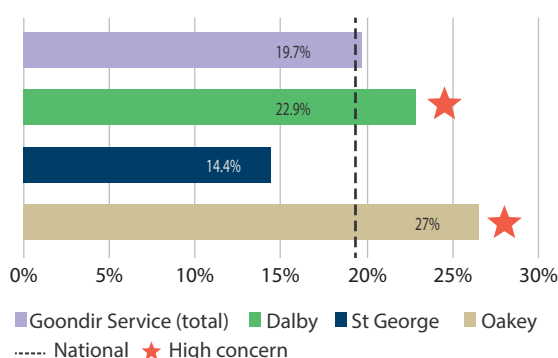
TOP 5 CHRONIC CONDITIONS

In terms of total numbers of patients with a chronic condition, **asthma, depression, arthritis, type II diabetes and coronary heart disease are the top five chronic diseases amongst Goondir patients.** Of those conditions where data was collected, almost all had an increased proportion of patients over the past year, except for Type I diabetes (although caution should be taken when interpreting these figures, due to small numbers).

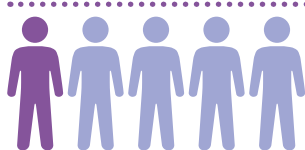
1. ASTHMA

As can be seen in Figure 18 above, asthma is the chronic condition occurring most commonly amongst Goondir clients. Currently, 11% of all Australians have asthma, but, as with many conditions, this rate is higher amongst the Aboriginal and Torres Strait Islander population, with 18% of this population having asthma, nationally (29). Performance data shows that the rate of asthma amongst Goondir patients is higher than the national average, at 19.7% amongst Aboriginal and Torres Strait Islander clients. The prevalence of asthma in Oakey and Dalby is particularly high (at 26.5% and 22.9% respectively), placing these two areas in the category of “high concern” for Goondir Health Services (see Figure 19).

Figure 19. Proportion of Goondir ATSI Patients with Asthma



Source: Goondir Health Services, Performance Dashboard, 2018



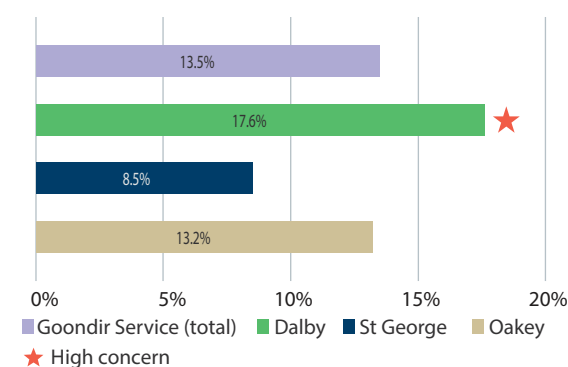
1 in 5 Indigenous people have asthma (19.7%)

2. DEPRESSION

Research has shown that mental disorders are a significant contributor to loss of health amongst Aboriginal and Torres Strait Islander people across Queensland (30). While ‘mental disorders’ covers a wide range of conditions, depression is an important contributor to this problem, having a major impact on the social and emotional wellbeing of the community.

According to performance data, across the region serviced by Goondir Health Services, depression is the second most common chronic condition (behind asthma) recorded amongst clients with chronic disease, with 13.5% of Aboriginal and Torres Strait Islander clients experiencing the condition, as at June 2018 – placing it in the “disease of high concern” category (see Figure 20) (5). Looking at the specific regions, the rate of depression is considerably higher in Dalby, at 17.6%, making this community an area of high concern, and therefore a key priority.

Figure 20. Proportion of Goondir ATSI Patients with Depression



Source: Goondir Health Services, Performance Dashboard, 2018



Over 1 in 10 Indigenous people have depression (13.4%)

3. ARTHRITIS

Arthritis is an inflammatory condition of the joints, which causes a range of symptoms from pain and stiffness, through to disability. This serious condition is a significant contributor to national health care costs.

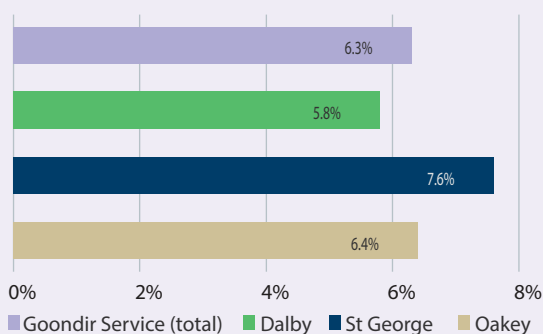
While there is scant availability of comparable current national data available on rates of arthritis in the Indigenous population, figures from 2004-2005 show that prevalence of arthritis in Aboriginal and Torres Strait Islander people, nationally, is 9.1%, which is around 1.2 times that of non-Indigenous people (31). This rate is reflected in the current performance data, with 9.3% of patients having the condition, as at June 2018 (5).

4. DIABETES

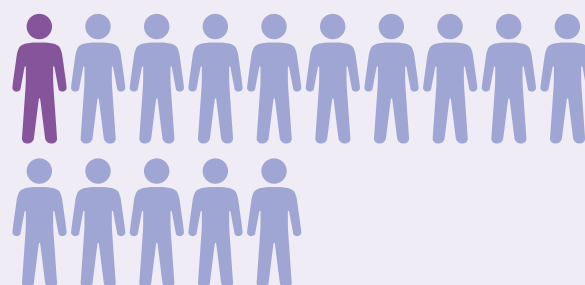
Nationally, 8% of Aboriginal and Torres Strait Islander people self-reported as having some form of diabetes or high blood sugar levels (29). Rates of diabetes or high blood sugar levels for Aboriginal and Torres Strait Islander adults (aged 25 years and over) are between three and five times that of the comparable population of non-Indigenous people, highlighting the health disparity between these two groups.

According to performance data, the prevalence of Type II Diabetes amongst Goondir Health Services Aboriginal and Torres Strait Islander clients is 6.3%, as at June 2018 (see Figure 21). While this is better than the national average, it is still approximately one and half times the rate of the non-Indigenous clients (5).

Figure 21. Proportion of Goondir ATSI Patients with Type II Diabetes



Source: Goondir Health Services, Performance Dashboard, 2018



5. CORONARY HEART DISEASE (CHD)

Coronary heart disease (CHD) is the leading contributor to burden of disease amongst Aboriginal and Torres Strait Islander people (17). Additionally, circulatory diseases are the leading cause of death amongst Aboriginal and Torres Strait Islanders (at approximately 1.5 times the rate of that in non-Indigenous Australians), and CHD comprises 55% of these deaths (32). On a local level, CHD is also disease of major concern in the Goondir services region, being the fifth most prevalent chronic disease amongst clients, according to performance data (5).

SUICIDE RATE

Nationally, suicide rates are much higher amongst Aboriginal and Torres Strait Islander people than amongst the non-Indigenous population (standardised rate of 23.8 deaths per 100,000 vs 11.4 deaths per 100,000), and death by suicide accounts for a greater proportion of Aboriginal and Torres Strait Islander deaths (5.5%) than the proportion in non-Indigenous people (1.7%) (33). This gap between Indigenous and non-Indigenous deaths by suicide is known to be increasing, largely due to an increase in suicide amongst younger age groups.

At a PHN level, the suicide rate in the DDWMPHN region is 41% higher than the national rate (34). While this figure covers both Indigenous and non-Indigenous deaths, across Australia, the suicide rate is higher amongst Aboriginal and Torres Strait Islanders, and therefore it is reasonable to expect that the Indigenous community in the region is similarly affected to a greater extent.

WQPHN (which overlaps with Goondir HS) has the **highest suicide rate nationally**



Suicide rate in the DDWMPHN region (which overlaps with Goondir HS)

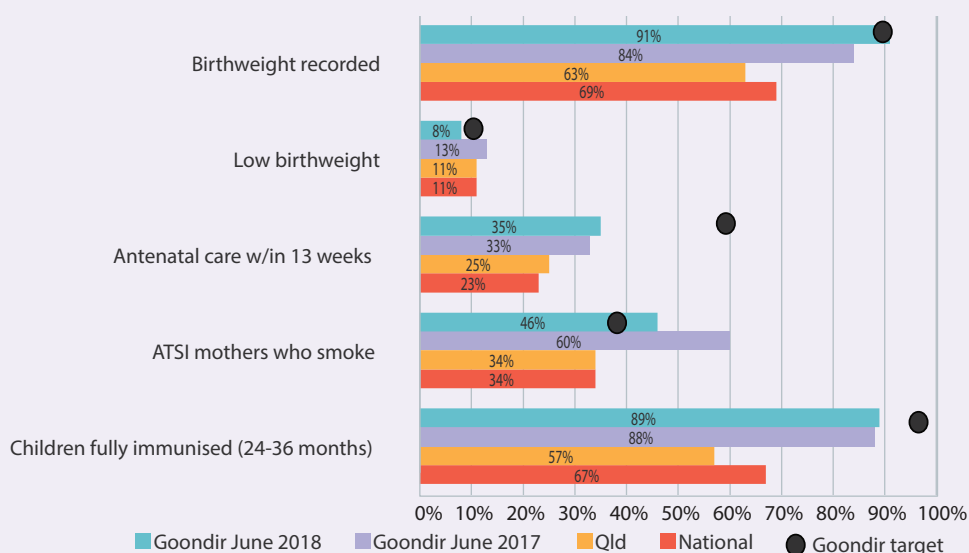
41% higher
THAN NATIONAL RATE

MATERNAL AND CHILD HEALTH

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. Environmental, cultural and social interactions factors such as access to early intervention services, educational, employment, social support, cultural groups and availability of resources to meet daily needs influence maternal and child health behaviours and health status.

The determinants that influence maternal health also affect pregnancy outcomes and infant and child health. Good maternal nutrition and healthy infant and childhood growth are fundamental to achieving and maintaining good health throughout the life cycle. Lifelong impacts of poor maternal and infant health and nutrition can affect the birthweight of babies, their growth and development as a child and continue to affect health as an adult. Exposure to risk factors such as poor maternal nutrition, smoking and substance abuse during pregnancy significantly impact lifelong health outcomes. Figure 22 provides an overview of child and maternal health outcomes and a description of each risk factor is outlined.

Figure 22. Overview of Goondir ATSI client child and maternal health



Source: Goondir Health Services, Performance Dashboard, 2018

INFANT BIRTHS AND FERTILITY RATE

In 2016 there were 675 births in Goondir Health Services Region (25). Every SA2 in the region had a higher fertility rate (average 2.62) when compared to the state average of 1.86. Balonne SA2 had the highest fertility of all SA2s.

Table 12. Infant births and fertility rate by SA2, 2016

Statistical Area 2	Births	Total Fertility Rate
Balonne	65	2.86
Jondaryan	100	2.6
Tara	59	2.67
Wambo	232	2.8
Chinchilla	154	2.6
Miles-Wandoan	65	2.18
Goondir HS Region (total)	675	2.62 (average)

Source: PHIDU (2018) Aboriginal and Torres Strait Islander, Social Health Atlas of Australia, July 2018



LOW BIRTHWEIGHT

Babies born with low birthweight are known to be at risk of developing a range of health conditions. Some of these occur during the new-born stage, such as respiratory distress and jaundice, thus putting the baby's life at risk. Other conditions may develop later in life, including diabetes, heart disease and high blood pressure, impacting their health as adults. Some of the modifiable risk factors for low birth weight include tobacco and alcohol consumption during pregnancy. Low birthweight is also linked to low socio-economic status. Therefore, recording of low birthweight is an important part in monitoring the health of the community.

As at June 2018, 91.2% of Goondir patients who gave birth had their child's birthweight recorded. This is an increase of 7.6% on the same time last year, and is 1.2% higher than the Goondir target for recording birthweight (5). This level of recording birthweight is much higher than in the rest of Queensland, with only 63% of babies having their birthweight recorded, state-wide. It is also higher than the national average of 69%.

Importantly, there has been a decrease in the proportion of babies born with low birthweight, down to 7.7% in June 2018, from 13% in Jun 2017 (5). This exceeds the Goondir target of 10% of babies with low birthweight, and is also below the state and national levels (11% of babies with recorded low birth weight) (see Figure 22).

More than 91% of newborns had their birthweight recorded (up 7% on last year)

The proportion of low birthweight babies has decreased by approximately 5% from June 2017 to June 2018

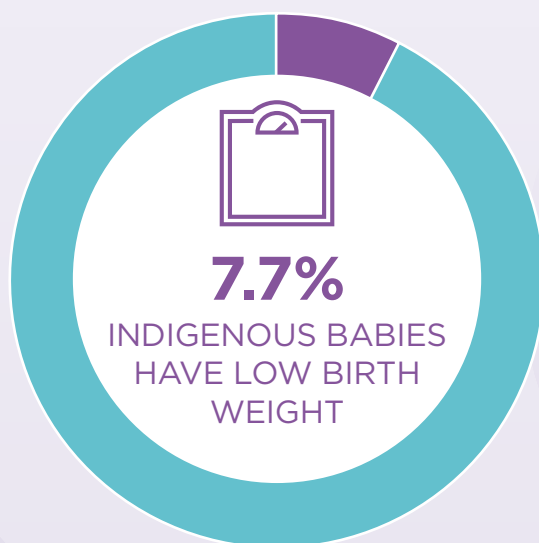


ANTENATAL CARE

Antenatal care, in the form of regular assessment, monitoring and provision of support for expectant mothers during the first trimester, is known to improve health outcomes for mothers and babies (35). It has been shown to be particularly important for Aboriginal and Torres Strait Islander mothers, as they are at greater risk of suffering from poor maternal health, and of having pre-term labour and low birth weight babies (36).

More needs to be done, in terms of antenatal care, for Goondir Health Services to reach health care targets in this area. The June 2018 performance data shows only a slight increase in the number of pregnant clients receiving antenatal care in the first 13 weeks of pregnancy (34.5% in June 2018, compared to 33.3% in June 2017) (5). While this is around 10% better than the state and national averages (at 25% for Queensland, 23% nationally), it is still well below the Goondir target of 60% (see Figure 22).

Proportion of Goondir expectant mothers receiving antenatal care during the first 13 weeks is 25% below Goondir target levels





SMOKING DURING PREGNANCY

Smoking during pregnancy is associated with a range of poor health outcomes, including increased risk of premature birth, and low birth weight. Limiting exposure to tobacco during pregnancy is important to improving maternal and child health.

According to performance data, in the last year, Goondir has made good progress with respect to decreasing smoking levels in pregnant women who identify as being of Aboriginal and Torres Strait Islander origin. However, this effort needs to continue, in order for the service to reach its targets. According to performance data, in June 2018, 46.4% of pregnant women were recorded as being smokers (see Figure 22) (5). This is a decrease of 13.6% on the June 2017 level (60% pregnant smokers), but is still 9% short of the Goondir target of 37%, and more than 10% higher than that of the Queensland and national averages (34%).

Rates of smoking during pregnancy amongst Indigenous women has decreased by 13% over last 12 months, but is still 9% below Goondir target

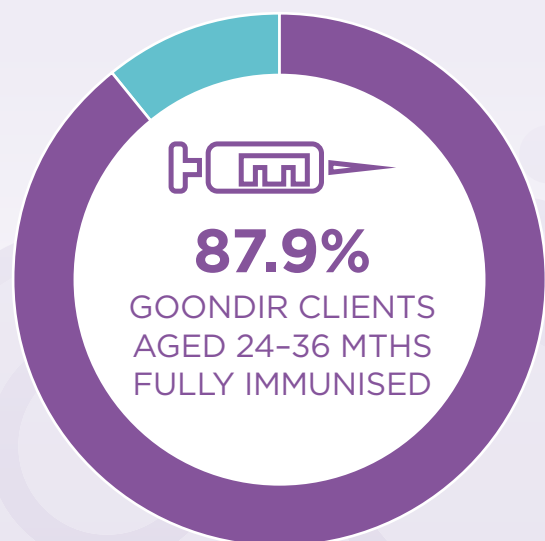


CHILDHOOD IMMUNISATION —AGED 24 TO 36 MONTHS

Fully immunising children is an important step in Closing the Gap for Aboriginal and Torres Strait Islander people. Immunisation helps prevent serious health issues, and even death, but the success of an immunisation strategy is dependent on the proportion of people who are immunised.

Performance data shows that in June 2017, 87.9% of Goondir clients aged 24 to 36 months were fully immunised, and this proportion continued to trend upwards over the next five months, peaking in November 2017 at 94%, after which point there has been a gradual decline. As at June 2018, 89.3% of children (aged 24 to 36 months) are fully immunised (5), which, while being well above the state level of 57%, and national level of 67%, is still 7% short of the Goondir Services and National 2023 targets of 96% (see Figure 22). Since the level has been slowly declining over the past year, this should be closely monitored to ensure that the trend does not continue.

Childhood immunisation rates at Goondir are 7% below the target level of 96%



AUSTRALIAN EARLY DEVELOPMENT CENSUS (AEDC)

Participating and engaging in learning and formal education from an early age are central to a child's development. The Australian Early Development Census (AEDC) is a population-based measure of how children have developed by the time they start school. It looks at five areas of early childhood development domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge (37).

The AEDC reports whether children are on track, at risk or developmentally vulnerable across each of the five domains. Children that are developmentally vulnerable demonstrate much lower than average competencies in that domain.

According to data for the Goondir HS region, Balonne SA2 had the highest percentage of children developmentally vulnerable on two domains (35.8%), followed by Chinchilla SA2 (27.9%). These figures are double when compared to the state average.



Around 1 in 3 children (33.6%) were developmentally vulnerable in one or more domains



Around 1 in 5 (20.8%) children were developmentally vulnerable in two or more domains

Table 13. Developmentally vulnerable children by summary domains by SA2, Goondir HS Region and Queensland, 2015

Goondir HS Region/SA2/State	Domains		Children assessed
	One or more domains	Two or more domains	
	Percent		Number
Goondir HS Region	33.6%	20.8%	744
Balonne	47.5%	35.8%	81
Chinchilla	44.5%	27.9%	147
Jondaryan	35.2%	21.9%	105
Miles-Wandoan	36.7%	20%	50
Tara	35.5%	17.7%	62
Wambo	23.1%	13.7%	299
Queensland	26.1%	14%	62,103

Source: Australian Early Development Census (2015) Data Explorer.

HEALTH SERVICE UTILISATION—HEALTH CHECKS AND CARE PLANS

HEALTH CHECK —CHILD 0-4 YEARS

Goondir performance data shows that the current rate of health checks for children aged 0 to 4 years at Goondir stands at 58.3%—a 1% increase over June 2017, and 11% below the Goondir and National 2023 target level of 69% (5). The level of health checks rose in the first six months of this period (reaching 61.6% in December 2017), but then steadily declined thereafter back to the level seen in June 2017.

Although this level is considerably higher than the state and national averages of 43% and 35% respectively, more work needs to be done to reach the target proportion.

HEALTH CHECK —ADULT, AGED 25 YEARS +

The proportion of Goondir Aboriginal and Torres Strait Islander clients aged 25 years and over who have had an adult health check stands at 78.8% as at June 2018, according to performance data, which is a slight increase on the previous June (76.4%) (5). It should be noted that the national 2023 target for adult health checks is between 63 and 74%. Goondir has set their Service target at the upper limit of this (74%) and the performance figures show that the current rate exceeds this level by almost 5%. Furthermore, this is approximately 18% higher than the state average for adult health checks (61%), and almost 30% higher than the national average.



Child health checks

15% above
STATE AVERAGE



Adult health checks

18% above
STATE AVERAGE



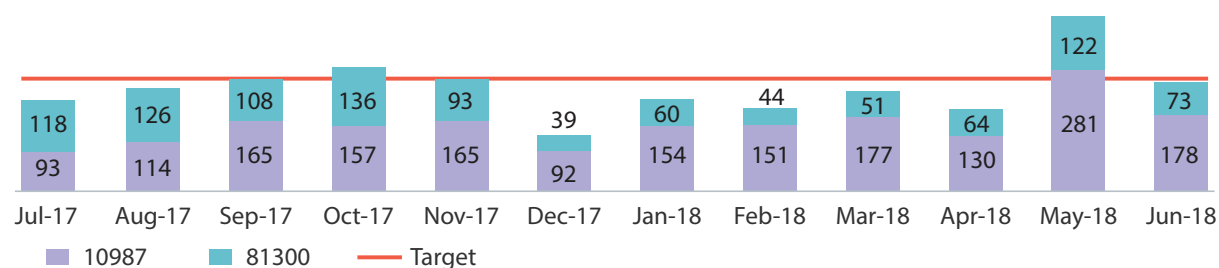


ABORIGINAL HEALTH CHECK FOLLOW-UPS—ITEM 10987 REGISTERED NURSE/ AHP, ITEM 81300 ABORIGINAL HEALTH WORKER

According to performance data, Goondir Health Services provided 2,891 Aboriginal Health Check follow-ups, in the year from July 2017 to June 2018 (5). As can be seen in Figure 23, apart from a large spike in follow-ups in May 2018, the level of health check follow-ups sits around or below target level across the year.

The vast majority of these checks occurred through the Dalby clinic. The mobile clinic recorded its highest activity for Aboriginal health check follow-ups (Item 10987 only) in October and November 2017, and March and May 2018, with greater than 10 follow-ups in each of these months.

Figure 23. Aboriginal Health Check Follow-Ups (Item 10897/81300) – July 2017-June 2018



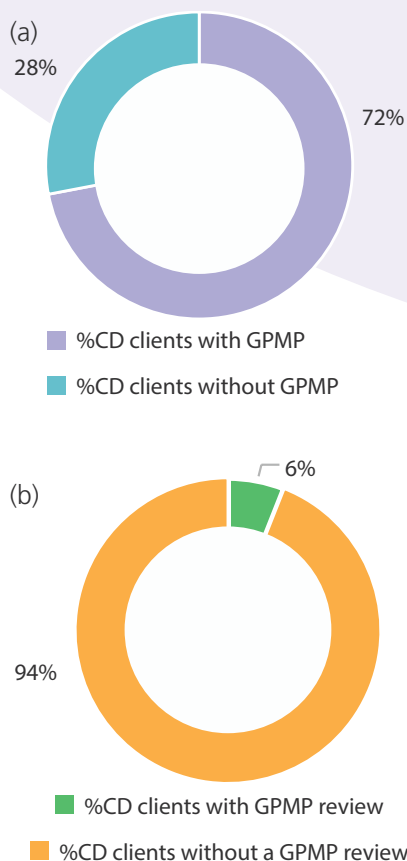
Source: Goondir Health Services, Performance Dashboard, 2018

GP MANAGEMENT PLAN (GPMP) AND GPMP REVIEWS

GP Management Plans (GPMPs) and GPMP Reviews are designed to aid in the coordination of care for people with chronic health conditions, such as asthma, diabetes, arthritis and a range of heart conditions. They are a useful tool for keeping up-to-date information about a patient's health, and for knowledge sharing amongst the key people involved in treating and managing the condition, to make sure everyone is working together for the client.

Performance data reveals that 72% of Goondir clients with a chronic disease have a current GPMP – that is, a plan has been done within the last 24 months (5) (see Figure 24). This is an increase of 8% over the June 2017 figure (64%), and meets the Goondir target of greater than 70%. However, only 6% of the Goondir clients with a chronic disease had a GPMP review (see Figure 24), well short of the Goondir target level of 45%.

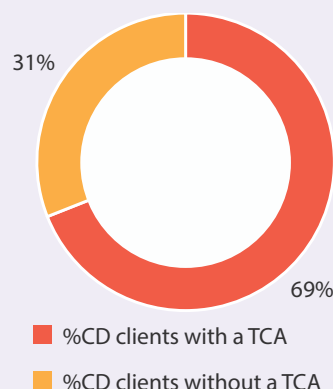
Figure 24. Proportion of Goondir chronic disease patients GPMP (a), and with a GPMP Review (b)



TEAM CARE ARRANGEMENTS (TCA)

According to Goondir performance data, as at June 2018, 69% of Goondir clients with a chronic disease have Team Care Arrangements in place (5) (see Figure 25). This is an 11% increase over June 2017 (54%), and is 4% above the Goondir target of 65%.

Figure 25. Proportion of Goondir ATSI chronic disease patients with a TCA



MENTAL HEALTH TREATMENT PLANS

Performance data shows that, as at June 2018, Goondir has a total of 606 clients with a mental health condition. This is approximately 200 more clients than the target, and greater than 100 clients more than recorded in July 2017, meaning that demand has far outstripped what the service had predicted. However, despite this large increase in clients with mental health conditions, performance data reveals that 84% of the clients with a mental health condition have a current mental health treatment plan – 24% above target levels (5).

Month-on-month, over the past 12 months the performance target has been exceeded for the proportion of Aboriginal and Torres Strait Islander clients with mental health treatment plans, as seen in the graph below (Figure 26). The proportion of mental health clients with a MHTP has risen by 15% over this period.

Figure 26. Percentage of Goondir Mental Health Clients with a MHTP, July 2017-June 2018



Source: Goondir Health Services, Performance Dashboard, 2018

In terms of Mental Health Treatment Plan Reviews, in the year to June 2018, 172 patients (28%) had a current review (5). This is just 2% short of the target of 30% of patients having a MHTP review. This is also 8% up on the number of reviews issued in July 2017.



84% of clients with a mental health condition have a mental health treatment plan

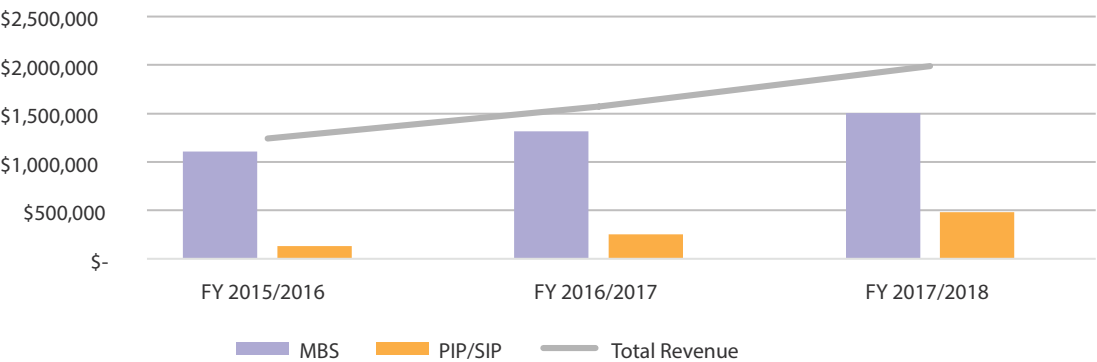
28% of clients with a MHTP have a current review

REVENUE

Total Revenue

Over the past year, Goondir Health Services have benefited more clients by successfully providing chronic disease management plans for those with chronic diseases. This increase in disease management plans has also generated an increase in revenue with MBS and PIP/SIP income showing a 261 % improvement (over three years).

Figure 27. Revenue Tracking Over 3 Years (2015-2016 – 2017-2018)



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