Australian Government
Department of Health

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An Australian Government Initiative

Care Finder Program

Template for Once-off Report on Supplementary Needs Assessment Activities

In accordance with Item E.6 of the Aged Care Schedule, PHNs must use this template to submit the Once-off Report on Supplementary Needs Assessment Activities due by 31 August 2022.

Central Queensland, Wide Bay, Sunshine Coast PHN

Instructions

Background

Prior to the initial commissioning of care finder services, the PHN must undertake additional activities, to supplement its existing Needs Assessment, to identify local needs in relation to care finder support.

These additional activities will provide the evidence base for the PHN's initial commissioning approach to care finder services and will therefore determine the services that the PHN will commission alongside the existing Assistance with Care and Housing (ACH) providers who will be offered a contract as care finders.

Purpose

The Once-off Report on Supplementary Needs Assessment Activities will:

- provide information on the additional activities undertaken by the PHN to identify local needs in relation to care finder support
- set out the evidence base for the PHN's initial commissioning approach to care finder services
- be a stand-alone update to the PHN's existing Needs Assessment
- inform development of the PHN's amended Activity Work Plan due by 31 August 2022.

Following the Once-off Report on Supplementary Needs Assessment Activities, the PHN will report on the outcomes of needs assessment activities relevant to the care finder program as part of its annual updated Needs Assessment.

Guidance

This template includes guidance to support the PHN in undertaking the additional activities to identify local needs in relation to care finder support. This guidance should be read in conjunction with, and is intended to complement, the guidance provided in the PHN Program Needs Assessment Policy Guide.

Submission requirements

The PHN must provide the information required in each section of this template. Limited supplementary information may be provided in attachments, but the PHN must not use attachments as a substitute for providing the information required in each section of this template.

The PHN must submit its completed template electronically, in the format of Microsoft Word 2003 or above, to the relevant state/territory PHN Program Manager mailbox and cc carefinders@health.gov.au. The instructions and guidance in this template (marked in italics) should be deleted prior to submission.

Reporting period

The Once-Off Report on Supplementary Needs Assessment Activities will set out the evidence base for the PHN's initial commissioning approach to care finder services and will therefore address the three-year period from 1 July 2022 to 30 June 2025.

The PHN will review and, where relevant, update the information in this Report as part of its annual updated Needs Assessment.

Public reporting

At a minimum, the PHN is required to make Section 2 of the Once-off Report on Supplementary Needs Assessment Activities publicly available on its website.

Section 1 Narrative

1.1 Actions to determine additional activities

This section provides a summary of actions taken by the CQWBSCPHN (the PHN) to determine the additional activities to be undertaken in order to identify local needs in relation to care finder support.

The actions that were undertaken included:

- Consultation and seeking agreement from the PHN's executive around timeframes and additional activities to be undertaken
- The establishment of an internal needs assessment working group with membership from Older Persons Health, Health Planning and Intelligence and Commissioned Services Planning teams for the purpose of:
    - Identifying additional activities to be completed within prescribed timeframes
    - Development of a project plan to guide the project, including identification of tasks, timeframes and schedule, responsible staff and communication plan
    - overseeing the needs assessment process from planning to execution and completion
- Identification of indicators of vulnerable older adults as specified by the care finder Guidance documentation and the literature to frame the needs analysis and ensure appropriate measures were analysed. These included: being of a minority or priority health population; medical comorbidities; substance use; cognitive impairment; impairment in activities of daily living, mobility and ability; malnutrition and being underweight; living alone; financial security and poverty; mental and emotional health; access to transport; social connections, relationships, social networks; having interests; community resources and environment including opportunities to develop friendships; adequate housing and sanitary living conditions; safe and age-friendly neighbourhoods; good hygiene; health literacy; adverse life events; and accessibility to appealing community, everyday utilities and service cultures and structures. Other indicative factors included: repeated ED or hospital presentations; neglect of medical problems, lack of follow up for appointments and noncompliance with medication; refusal of appropriate and needed assistance (e.g. home care, meal delivery); eviction or threat of eviction from housing; housing infestation; motor vehicle accidents or moving violations; "doctor shopping"; and victimisation and exploitation (Dickens et al. 2020; Papageorgiou et al. 2016; Culo 2011).
- Review of key documents to identify information relevant to local needs in relation to care finder support and further information required, including:
    - The PHNs existing Health Needs Assessment documents, which have a focus on older persons' health and wellbeing
    - The PHNs Healthy Ageing Strategy needs assessment, consultation data, strategy and implementation plan and other supplementary documentation, which had strong external consultation,
- Scoping to explore and determine matters such as:
    - the information needed to form an evidence base for the PHN's initial commissioning approach to care finder services

    - data to be analysed to build an understanding of the profile and needs of the local population in relation to care finder support, including relevant data sources and proxy measures
    - stakeholder and community consultations to be undertaken to assist in identifying local needs in relation to care finder support including undertaking a stakeholder analysis to identify the stakeholder and community groups to consult with, the level of consultation required, and consideration of appropriate consultation methods (e.g. face-to-face consultation, virtual consultation, surveys) achievable within the project timeframes and resources, as well as the geographic spread of the region
    - information to be analysed to build an understanding of the local service landscape as relevant to care finder support
- Collaboration with other PHNs including via the Queensland Northern Territory (QNT) PHN Care Finders Working Group to discuss matters such as:
    - approaches to stakeholder and community consultations

1.2 Additional activities undertaken

This section provides a brief description of each of the additional activities undertaken to identify local needs in relation to care finder support.

Data analysis undertaken to understand the profile and needs of the local population in relation to care finder support

The Once-off Report on Supplementary Needs Assessment Activities builds on the previous Needs Assessments undertaken by the PHN.

To identify local needs in relation to care finder support, data analysis was undertaken on quantitative secondary health and other population level administrative and qualitative data using a range of data types and data sources. These are outlined in the below table.

Table 1: Data analysis undertaken for supplementary needs assessment

	Types of data that was analysed	Data sources that were used
Socio-demographic, and social and health administrative data analysis	• Geographical distribution • Socio-economic disadvantage • Housing arrangements • Social engagement and family/community support • Health and disability status • Multiple disadvantages/barriers • Projected population changes • Health status and service utilisation	• Queensland Government Statistician's Office Regional Profiles • Census data (ABS) • Regional population data by age and sex (ABS) • SEIFA data (ABS) • General Social Survey data (ABS) • Department of Social Service Payments • Disability, Ageing and Carers Survey data (ABS) • Demographic data collated in the Report on Older Australians (AIHW)

		• Demographic data collated in Social Health Atlases, including the Social Health Atlas: Primary Health Networks (PHIDU) • Demographic data collated in .id community profiles (ABS) • Existing Health Needs Assessment data • Existing Healthy Ageing Strategy data

Qualitative survey data analysis	• Existing aged care support services and networks
	• Characteristics of care finder target populations across communities
	• Support requirements experienced by care finder target populations
	• Barriers and enablers to engaging with care finder target populations
	• Potential solutions for enhancing care finder population engagement
		• Findings from ACH/Navigator Trial provider, stakeholder and community consultations undertaken by the PHN to identify local needs in relation to care finder support
		• Findings from previous qualitative research undertaken by the PHN, including findings from previous stakeholder and community consultations
		  ○ HNA 2021 Community and Stakeholder surveys
		  ○ Aboriginal and Torres Strait Islander Community Survey 2021
		  ○ PHN Healthy Ageing Strategy Consultation 2021
		• Findings from existing reports in relation to issues experienced by people with complex needs and how this may impact navigation and access to services
		• Submissions, hearings and findings of the Royal Commission into Aged Care Quality and Safety in relation to aged care navigation and access issues experienced by people with complex needs

Local service and network mapping	• Existing local services relevant to care finders, their geographic distribution and nature of services provided • Opportunities to enhance integration between health, aged care and other systems within the context of the care finder program • Service models used in trial sites	• Desktop mapping using online directories including existing PHN databases • Directly contacting known providers in the region • Care finder program health and community care finders consultation survey data • ACH and Navigator trial providers consultation data • Consultation with additional service navigator trial sites in QLD including COTA and Brisbane South PHN
Determining needs of care finder target populations	• Identifying indicators and needs of hard to reach and older people who have fallen through the gaps	• Literature, including key government reports and policies

Stakeholder and community consultations undertaken to identify local needs in relation to care finder support

The PHN undertook stakeholder and community consultation to identify local needs and validate the secondary data in relation to care finder support.

The PHN has a large geographical spread across 12 LGAs ranging from metropolitan communities to remote communities. Given the geographical spread of the region and limited time constraints in planning and execution of the supplementary needs assessment activities, the PHN undertook online surveys for stakeholder and community consultation to enable consultation representative of the whole geographical region. Table 2 outlines the consultation pieces that were undertaken by the PHN.

Table 2: Consultation activities undertaken for supplementary needs assessment

Consultation piece	Target audience	Methodology	Number of responses	Information/data collected
Care finder program consumer and community survey	Older adult community members with experience with aged care	Online survey (Microsoft Forms)	28	• Valued attributes of aged care services in the local community • Perceived barriers to finding and obtaining the right aged care services • Perceived enablers to finding and obtaining the right aged care services

				• Experience of populations not accessing aged care supports and reasons why • Sources of information about aged care in the community
Care finder program health and community care providers survey	Health providers Community care providers	Online survey (Microsoft Forms)	54	• Characteristics of existing services and their locality • Characteristics of care finder populations encountered • Types of supports required by care finder target populations and their locations • Perceived barriers and enablers for older people needing intensive support • Potential solutions to enhance support for older people needing intensive support • Existing local relationships and networks benefitting services for older people needing intensive support
Care finder program ACH & Navigator trial provider survey	ACH providers (n=3) Navigator trial providers (n=2)	Online survey	5	

Care finder program consumer and community survey

The care finder consumer and community survey period was open from Friday 22 July 2022 to Wednesday 11 August 2022. A targeted social media campaign was used to disseminate and promote participation uptake via targeted Facebook boosted posts to key population groups. Key organisations were tagged in this media for increased visibility. Tagged organisations included: Council of the Ageing Australia; Council of the Ageing QLD; Centacare Catholic Family Services; Churches of Christ; Fraser Coast Family Networks; Southern Cross Support Services; Indigenous Wellbeing Centre; Just Better Care Australia; Anglicare Southern Queensland; Comlink Australia; Home Caring Community; Life Without Barriers; Right at Home Australia; Ozcare; Blue Care; Wellways; Suncare Community Services; Bolton Clarke.

The PHN also undertook mapping of community groups and organisations that have connections, interface or interact with the care finder target population. Mapping of these community groups and organisations was conducted via multiple online tools including local council directories, Yellow Pages, Google Maps, My Community Directory and Facebook pages. Mapped groups and organisations included cultural and religious groups, support groups and social groups for older people across the community. The survey was sent via email to these mapped groups where an email address was available.

Care finder program health and community care providers survey

The health and community care provider survey period was from Friday 22 July 2022 to Wednesday 11 August 2022. The survey was shared through the PHN website, social media channels PHN newsletters, and via the PHN's three clinical councils. The survey was sent directly to mapped stakeholders from existing PHN databases (e.g. COVID-19 community

provider mapping, existing newsletter mailing lists) and newly mapped contacts that were mapped through online tools such as My Community Directory and the My Aged Care find a provider tool. Targeted services included home support services, community support services hospital and health services and private health services.

The health and community care provider survey was completed by 54 health and community care providers representing all 12 LGAs in the region (Figure 1), with participants from hospital and health services (n=13), clinical private practices (n=5), non-clinical private services (n=1), home and community support services (n=20), council (n=1), peak representative bodies (n=2), neighbourhood centres (n=2) and other organisations (n=10) (Figure 2).

Figure 1: Number of care finder program and community care providers survey participants by Local Government Area serviced

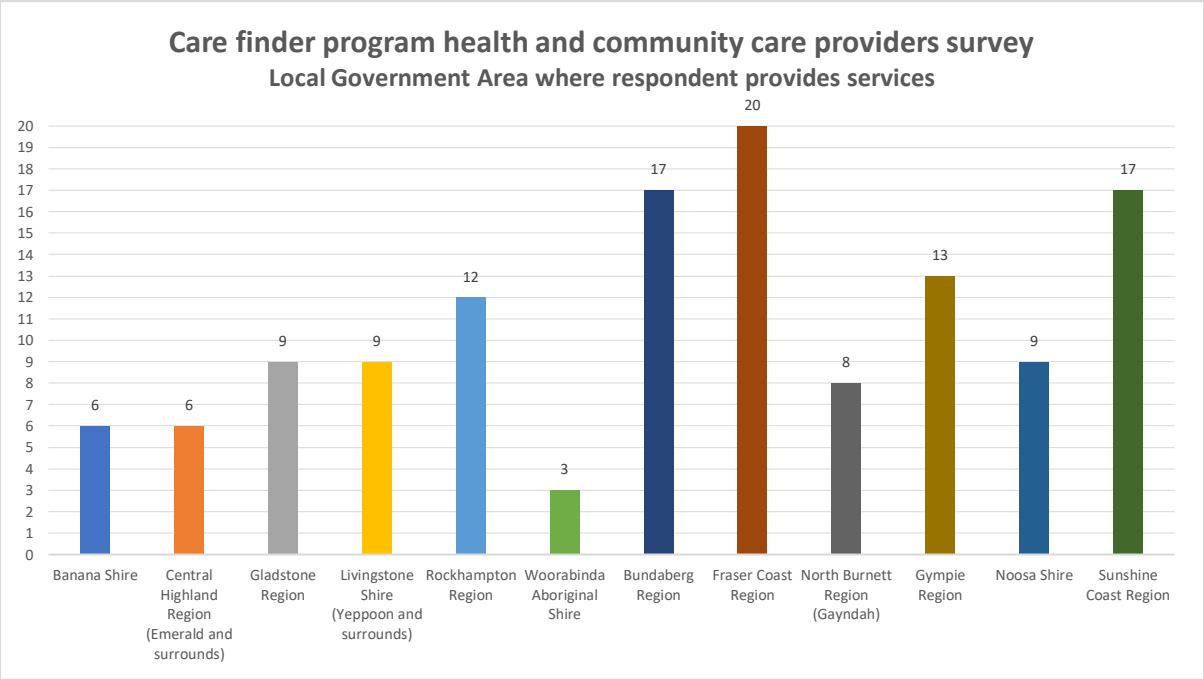
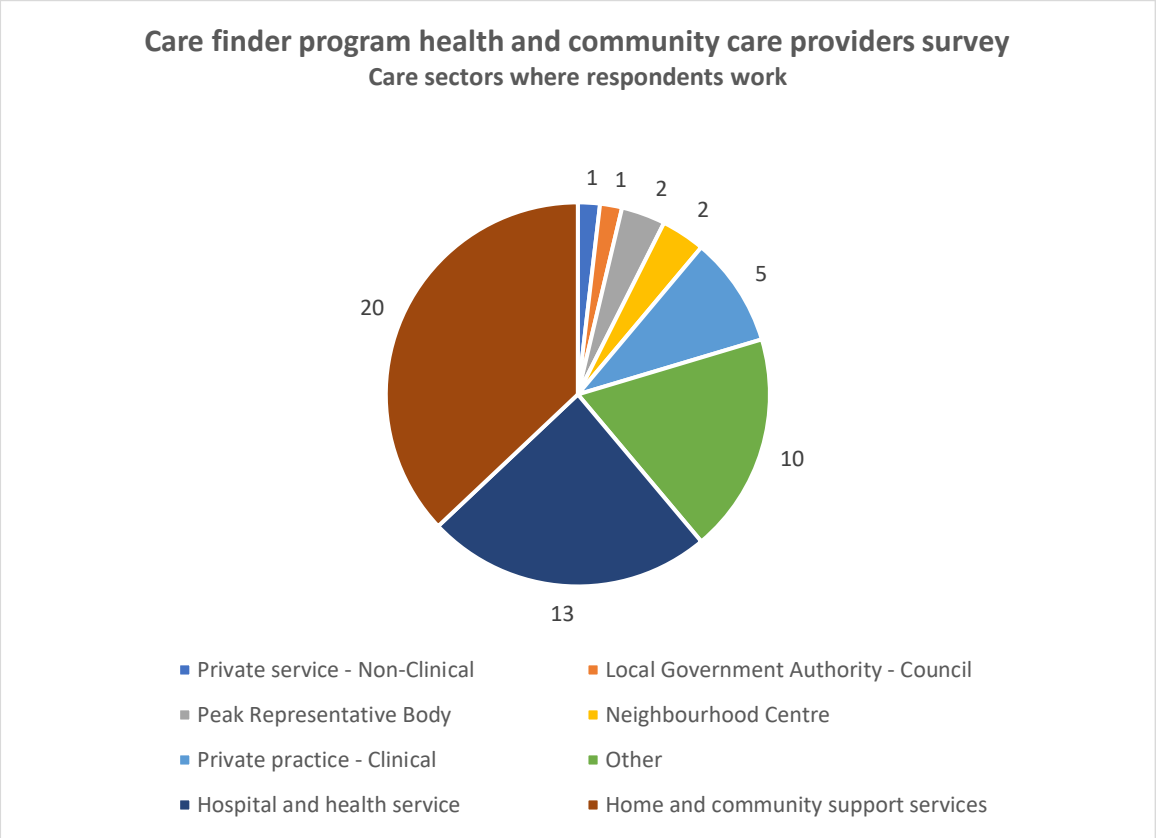


Figure 2: Number of care finder program health and community care providers survey by care sector type of participants



Analysis undertaken to understand the local service landscape as relevant to care finder support

The PHN undertook a range of activities to understand the local service landscape as relevant to care finder support. Service mapping was a large area of activity undertaken by the PHN to identify local services and understand the current landscape and geographical distribution of services. This included desktop mapping via online directories, utilising and combining existing PHN databases and contacting providers in the region to map stakeholders in the space. For example, the PHN consulted with Services Australia Aged Care Specialist Officers (ACSOs) to understand their role in providing face to face help and information about government funded aged care services. Analysis also included data collected through the care finder program health and community care finders survey outlined above (Table 2).

ACH and Navigator trial provider consultation

The PHN commenced early consultation with ACH providers in December 2021, in anticipation of the PHNs – aged care funding schedule, to gain an understanding of the how the ACH service was delivered by each ACH provider in the region including current service models. In 2022, a Care finder program ACH & Navigator trial provider survey was developed and disseminated Friday 22 July 2022 as per Table 1. This survey was designed for the PHN to further understand the local service landscape particularly from ACH

providers and existing navigation services in the region. All three ACH providers and both service navigator trial providers in the region responded to this survey.

In addition to these activities, the PHN undertook additional analysis of opportunities to enhance integration between health, aged care and other systems within the context of the care finder program. This included identifying opportunities for future integration through collaboration with Queensland PHNs to establish a state-wide Community of Practice and state-wide integration meetings with organisations including Meals on Wheels.
In addition to this, the PHN consulted with additional service navigator trial sites in QLD including COTA and Brisbane South PHN to gain an understanding of service models utilised in these trials. COTA also provided support through the testing of survey tools prior to dissemination.

1.3 Processes for synthesis, triangulation and prioritisation

Data for this document were collected from a range of quantitative and qualitative sources (as defined in table 1). This includes published quantitative data as well as qualitative data collected from stakeholder consultations conducted by the PHN.

The triangulation matrix method outlined in the PHN Program Needs Assessment Policy Guide was used to compare data findings across sources for local needs, themes, and key issues in relation to care finder support. The identification and confirmation of needs across multiple data sources enabled the PHN to determine the priorities to address through the implementation of the care finder program. A summary of indicators from triangulation of data across LGAs and regions in the PHN is presented in Appendix A.

1.4 Issues encountered and reflections/lessons learned

Data issues

Although there were limitations to the data used in this needs assessment, the data gathered provided an initial insight to potentially important needs of the region in relation to the care finder program. Many of the needs identified through the needs assessment process are consistent with findings from previous assessments of older persons' health and were expected. However, key to the effectiveness of the local implementation of the care finder program will be further and continuous data collection that may take the form of further consultation and/or interagency collaboration, throughout the establishment and growth of the program, to more deeply explore and understand local needs and align program activities with those needs. This will ensure the effective roll out of the program that meets the needs and expectations of community and stakeholders and aligns with the broader healthy ageing strategies within the PHN region.

Data issues that were encountered when undertaking the additional activities to identify local needs in relation to care finder support are outlined below.

Quantitative data issues

- There were a lack of available data for some care finder population sub-groups. For example, local data on LGBTIQ+ population in the region.

    - Lack of available data does not reflect a lack of need. Needs relating to population sub-groups should be revisited during further needs assessments via community and stakeholder consultation.
- Some data were relatively dated despite being the most current and up-to-date available data. This may mean that needs in the region are not accurately represented through data.
    - For example, SEIFA data was last populated in 2016. The demographics in the PHN region have seen a shift with increased migration to the region and increased cost of living since the COVID-19 pandemic which is not reflected in this data.
- Elements within the data explored were defined and presented differently across various data sets (e.g. age groups) which results in a limited ability to compare data between different sources.
- There were a lack of data at local levels to inform needs within the region for some indicators.

Qualitative data limitations

During interpretation of the qualitative data, consideration was given to the following:

- There was a low response rate to the surveys, and data were likely not to be representative of the participant population.
- A one point in time snapshot survey does not provide strong evidence for understanding population changes or impact. Continued ongoing consultation is needed to understand the impact from the care finder program and to tease out other temporal associations. This will be important as the program commences.
- While a mix of multiple choice (with less validity and possibly some misinterpretation of answer options), and text answer questions were offered, survey responses do not tell the full story, and context may be lost. Surveys were self-administered and open to interpretation by participants. Responses could not be clarified nor expanded on for meaning. Future consultation, where time permits, should consider more intensive methods of consultation, including interagency opportunities to cross-fertilise experiences and ideas to generate meaningful input that may be able to be incorporated into the care finder program.
- It is hard to tell the real reason why some people do not respond to a question or select 'unsure'. They may choose not to answer for a particular reason, or they may not know the answer.
- Short timeframes prevented fully piloting the survey to minimise survey errors and ensure quality of questions.
- Consumers with experience in navigating and accessing aged care services were targeted in community and consumer surveys rather than care finder target populations given the difficulties in reaching these populations for consultation of this nature. In addition, online surveys are not suitable for people who do not have access to a computer or smart phone and/or have low digital literacy. This will particularly be the case for community members.
- There was a short survey period conducted during the 3rd wave of COVID-19 in the region, resulting in there being no prompt reminders to complete the survey beyond the initial promotion when distributed, a short social media campaign, and may have

been a low priority for front line health workers at this time to participate in the survey.

- Surveys were estimated to take 20 minutes to complete. This may have caused some hesitancy for busy people to participate in the survey and focusing and thinking clearly with competing urgent tasks. "Survey fatigue" with other competing surveys circulating at the time may have also influenced response rates.
- Reaching the care finder target population is impossible with an online survey (need face-to-face in their setting), therefore consultation strategies sought input from consumers with experience in navigating and accessing aged care services for insights to engaging in aged care.
- Some people are hesitant to engage in surveys because they do not see the value, mistrust who the information is for, and how it will be used, or do not feel comfortable in providing answers that may present themselves or their organisation in an unfavourable way.

Additional issues and lessons learned/reflections

Whilst undertaking activities, the PHN has identified the following considerations for future needs assessments:

- include service utilisation data from care finder organisations to identify patterns and trends, and
- review options for stakeholder and community consultation and consider alternate methods of consultation including face-to-face consultation, and utilising client feedback data, case study examples, and staff perspectives reported by commissioned care finder organisations.

Section 2 Outcomes

The table below provides a summary of the outcomes of the additional activities undertaken to identify local needs in relation to care finder support by triangulating findings from:

- data analysis to understand the profile and needs of the local population in relation to care finder support
- stakeholder and community consultations to identify local needs in relation to care finder support
- analysis undertaken to understand the local service landscape as relevant to care finder support.

Identified need	Key issue	Evidence

GENERAL
The PHN region has a high number of older people across the whole region
	Despite sub-regional variances, the overall geographical spread of older people is high across all parts of the region compared with Queensland and Australian averages. This will impact greatly on the number of services required in the region compared with other areas of the nation.
	
	Within the region, there is also a diversity of older people located in diverse communities (as reported below). This will impact on the nature of age care service support required and how it needs to be delivered,
		Data
		As of June 2021, population data for the PHN region shows:
		• The estimated resident population of the PHN region was 945,353 people
		• The proportion of the population aged 65 years and over for the PHN region is 21.2% (n=195,783), higher than the state average of 16.1%.
		• The Wide Bay (25.9% n=78,385) region has the highest proportion of older people aged 65 years and older followed by the Sunshine Coast (21.5% n=84,543) and Central Queensland (n=32,855 14.4%) (QGSO 2022a).
		As detailed in Table 1, 2019 population data shows:
		• 6 out of 12 LGAs have more than 20% of their population aged 65 and above. These LGAs are in Wide Bay and Sunshine Coast regions.
		• LGAs with the highest percentage of older people are:
		  ○ Fraser Coast (27.8%), Noosa (25.6%) and North Burnett (24.5%).
		• Fifty-two SA2 areas within the PHN have more than 20% of the population aged 65 years and above. SA2 areas with highest proportions are:
		  ○ Cooloola (40.5%), Noosaville (33.9%), Pialba - Eli Waters (32.9%), Caloundra and surroundings (32%) and Torquay and Maryborough (29%) (QGSO 2021).

Identified need	Key issue	Evidence
	including care and referral models and services. ***The proportion of the population aged 65 years and over for the PHN region is 21.2% (n=195,783), higher than the state average of 16.1%. 10 of 12 LGAs in the PHN have median ages higher than the QLD figure.***	**Table 1: PHN estimated resident population aged 65 years and over, by LGA, June 2019 (GQSO 2021)**

Region/LGA	Age group					Total 65+	% of total population
	65–69	70–74	75–79	80–84	85 and over		
Central Queensland	10,437	8,360	5,718	3,789	3,397	31,701	14.0
Banana (S)	717	540	383	283	230	2,153	15.2
Central Highlands (R) (Qld)	957	705	430	250	173	2,515	8.8
Gladstone (R)	2,656	2,082	1,300	695	567	7,300	11.5
Livingstone (S)	2,401	1,932	1,301	870	802	7,306	19.2
Rockhampton (R)	3,687	3,088	2,295	1,686	1,616	12,372	15.2
Woorabinda (S)	19	13	9	5	9	55	5.4
Wide Bay	16,241	15,880	10,860	6,794	5,624	55,399	26.0
Bundaberg (R)	6,631	6,380	4,569	3,026	2,498	23,104	24.1
Fraser Coast (R)	8,863	8,771	5,785	3,455	2,820	29,694	27.8
North Burnett (R)	747	729	506	313	306	2,601	24.5
Sunshine Coast	27,694	25,661	17,852	11,430	11,183	93,820	21.5
Gympie (R)	3,959	3,630	2,282	1,346	1,252	12,469	23.8
Noosa (S)	4,400	4,034	2,753	1,612	1,502	14,301	25.6
Sunshine Coast (R)	19,335	17,997	12,817	8,472	8,429	67,050	20.4
PHN Total	54,372	49,901	34,430	22,013	20,204	180,920	20.6

Table 2 shows 10 of 12 LGAs in the PHN had median ages higher than the QLD figure in 2020. LGA of Fraser Coast recorded the highest with a median age of 54.5 years (QLD = 37.8) (QGSO 2021).

Table 2: Median Age, by LGA, 2020 (QGSO 2021)

LGA	Median Age
Banana (S)	42.2
Central Highlands (R)	36.3
Gladstone (R)	39.0
Livingstone (S)	50.8
Rockhampton (R)	39.7

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Woorabinda (S)</td><td>23.8</td></tr>
<tr><td>Bundaberg (R)</td><td>48.0</td></tr>
<tr><td>Fraser Coast (R)</td><td>54.5</td></tr>
<tr><td>North Burnett (R)</td><td>49.9</td></tr>
<tr><td>Gympie (R)</td><td>51.4</td></tr>
<tr><td>Noosa (S)</td><td>52.6</td></tr>
<tr><td>Sunshine Coast (R)</td><td>44.9</td></tr>
<tr><td>Queensland</td><td>37.8</td></tr>
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<tr><td>GENERAL
The region has a rapidly ageing population</td><td>As people age, care requirements often become more complex and the likelihood of having multiple chronic illnesses, frailty and disabilities grows.

There are high numbers and proportions of older people in Wide Bay and Sunshine Coast areas, however Central Queensland is projected to experience very high growth in the number of older people aged 85 years and over.

The high proportion of older people in the PHN currently and projected for the future will mean there will be an increasing need and demand for aged care services to enable people to continue to live independently in their homes.</td><td>Data

An increase in median age projection indicates an ageing population. Table 3 shows an increase in median age from 2021 to 2041 is predicted to be highest in Livingstone (5.9 years) followed by Fraser Coast (4.7 years) (QGSO 2021). The PHN region will have an increase in median age over the state average, indicating an ageing population across the region.

Table 3: Median Age Projections, by LGA, 2018 (QGSO 2021)
<table>
<tr><th rowspan="2">LGA</th><th colspan="3">As at 30 June</th><th rowspan="2">Change 2021-2041</th></tr>
<tr><th>2021</th><th>2031</th><th>2041</th></tr>
<tr><td>Banana (S)</td><td>38.6</td><td>40.7</td><td>42.2</td><td>3.6</td></tr>
<tr><td>Central Highlands (R)</td><td>33.9</td><td>35.4</td><td>36.3</td><td>2.4</td></tr>
<tr><td>Gladstone (R)</td><td>36.3</td><td>38.1</td><td>39.0</td><td>2.4</td></tr>
<tr><td>Livingstone (S)</td><td>44.9</td><td>48.5</td><td>50.8</td><td>5.9</td></tr>
<tr><td>Rockhampton (R)</td><td>36.8</td><td>38.5</td><td>39.7</td><td>2.9</td></tr>
<tr><td>Woorabinda (S)</td><td>22.7</td><td>23.4</td><td>23.8</td><td>1.1</td></tr>
<tr><td>Bundaberg (R)</td><td>45.5</td><td>46.4</td><td>48.0</td><td>2.7</td></tr>
<tr><td>Fraser Coast (R)</td><td>49.8</td><td>52.7</td><td>54.5</td><td>4.7</td></tr>
<tr><td>North Burnett (R)</td><td>46.6</td><td>47.9</td><td>49.9</td><td>3.3</td></tr>
<tr><td>Gympie (R)</td><td>47.5</td><td>49.7</td><td>51.4</td><td>3.9</td></tr>
<tr><td>Noosa (S)</td><td>49.0</td><td>50.8</td><td>52.6</td><td>3.6</td></tr>
<tr><td>Sunshine Coast (R)</td><td>42.1</td><td>43.2</td><td>44.9</td><td>2.8</td></tr>
<tr><td>PHN Total</td><td>42.9</td><td>44.5</td><td>46.2</td><td>3.3</td></tr>
<tr><td>Queensland</td><td>37.9</td><td>39.4</td><td>40.7</td><td>2.8</td></tr>
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</table>

Identified need	Key issue	Evidence
	Monitoring the demand for services and needs of communities will be an important investment by health sectors moving forward. ***Median age projections in the region indicate an increase in median age higher than the state average, indicating an ageing population. The number of older people residing in the PHN area is also forecasted to double to 300,000 by 2036.***	Population projection predictions based on 2016 data and published in 2018 (QGSO 2018) show: • In 2016 there were an estimated 160,000 people aged 65 and over in the PHN – this is predicted to almost double to 300,000 by 2036. • By 2021, the proportion of the PHN population aged 65 and over will be 19.7%, compared to Queensland with 15.0%. This translates to 190,000 people aged 65 and over by 2021 (an increase of more than 30,000 elderly). • By 2036, it is projected that 9 out of 12 LGAs (exceptions Central Highlands, Gladstone and Woorabinda) will have more than 20% population aged over 65 years. • Six LGAs – Livingstone in Central Queensland, Bundaberg and Fraser Coast in Wide Bay, and Gympie, Noosa and Sunshine Coast LGAs in Sunshine Coast region are projected to have more than 30% of their population aged 65 years and over in 2036. • Central Queensland is projected to experience the highest growth in the number of people aged 85 years and over, increasing threefold by 2036. • The predictions based on the 2016 data indicate that until 2031 (from 2021) there will be 140,765 more people within the PHN indicating 24% increase in the population over a 10-year period. (QLD = 18% growth). The highest increase will be for Sunshine Coast area (94,876 people), followed by Central Queensland (23,078) and Wide Bay (22,811). The LGAs with highest increase will be Sunshine Coast (85,361), Fraser Coast (12,342) and Bundaberg (10,533). The population of Woorabinda is projected to reduce by 49 people from 2021 to 2031.
SUBGROUP Equitable access for outer regional, rural, and remote localities	People living in rural and remote areas tend to have higher rates of socioeconomic disadvantage, poorer health behaviours and outcomes and less access to services than people living in regional or metropolitan areas. The PHN catchment includes a high proportion of people living outside major cities and includes substantial numbers	**Data** The PHN region covers a large geographical footprint, with many diverse rural and remote communities. Around 72,800 people (8.9%) lived in outer regional, remote, or very remote locations within the PHN in 2016. This proportion was highest in Central Queensland area (25.2%, n=55,698) followed by Wide Bay area (7.3%, n=15,002). Almost 100% of population from the four LGAs within the PHN (Banana, Central Highlands, Woorabinda, and North Burnett) lives in remote areas (QGSO 2021). In the PHN region, 21 out of 101 SA2 areas have a portion of the population living in outer regional, remote or very remote areas, as outlined in Table 4 (QGSO 2022b): • 100% of the population in the following SA2 areas lives in outer regional, remote or very remote locations • Agnes Water – Miriam Vale; Banana; Biloela; Central Highlands – East; Central Highlands – West; Emerald; Gayndah – Mundubbera; Monto – Eidsvold; North Burnett; Shoalwater Bay

Identified need	Key issue	Evidence
	of people living in locations classified as rural and remote, predominantly in Central Queensland area. Aged care and other services are disproportionately distributed in rural/remote communities with workforce development being a key concern. Access to transport is a heightened issue in rural and remote communities to enable access to services. Internet access is also more limited. Social isolation tends to be greater with fewer accessible support opportunities Assets in rural/remote communities also differ from more regional and metropolitan areas which may be used to support access to services, such as community agencies and hubs as places to go for support and community and notable community support	• Communities of Gin Gin (71%), Kilkivan (57%) have over 50% of their population living in outer regional, remote and very remote areas. **Table 4: Population in remoteness area by SA2, PHN region, 2016 (QGSO 2022b)**

Custom region / SA2 / State	Remoteness area					
	Outer Regional Australia		Remote Australia		Very Remote Australia	
	number	%	number	%	number	%
Queensland	**667,630**	**14.2**	**71,328**	**1.5**	**52,722**	**1.1**
PHN region	**61,313**	**7.5**	**11,154**	**1.4**	**240**	**0**
Agnes Water - Miriam Vale	6,009	100	0	0	0	0
Banana	6,934	81.5	1,575	18.5	0	0
Biloela	5,751	100	0	0	0	0
Bouldercombe	722	38.5	0	0	0	0
Bundaberg Surrounds - North	409	4.6	0	0	0	0
Burrum - Fraser	0	0	224	2.3	0	0
Central Highlands - East	5,622	77.6	1,625	22.4	0	0
Central Highlands - West	1,310	16.1	6,601	81	240	2.9
Emerald	13,534	100	0	0	0	0
Gayndah - Mundubbera	6,641	100	0	0	0	0
Gin Gin	3,635	70.9	0	0	0	0
Gladstone Hinterland	2,074	17.7	428	3.7	0	0
Kilkivan	2,097	57.1	0	0	0	0
Maryborough Surrounds - South	253	3	0	0	0	0
Monto - Eidsvold	3,634	94.8	200	5.2	0	0
Mount Morgan	303	10.3	0	0	0	0
North Burnett	7	100	0	0	0	0
Rockhampton Surrounds - East	616	17.9	0	0	0	0
Rockhampton Surrounds - North	825	19.3	501	11.7	0	0
Rockhampton Surrounds - West	921	31.5	0	0	0	0
Shoalwater Bay	16	100	0	0	0	0

Identified need	Key issue	Evidence
	with members supporting each other. Ensuring rural and remote communities have appropriate access to services within the limitations of living in rural and remote communities, which may mean different models of care and service provision, will be important given their status as a priority health population. ***Around 72,800 people (8.9%) live in outer regional, remote, or very remote locations within the PHN.***	Workforce disparities exist across our outer regional, rural and remote communities compared to more metropolitan areas, and each community faces their own unique workforce challenges (Vaan Gaans and Dent 2018). The Australian Association of Gerontology (2019) identified that workforce shortages exist for all areas of service provision including residential care and home care services in rural and remote Australia, which is contributing to serious inequity in access to aged care in these regions. Outer regional, rural and remote communities experience greater transport disadvantage than urban communities which can lead to 'transport poverty'. Limited public transport options and reliance on motor vehicles particularly affects lower income groups in these areas. Rising fuel prices, the need to travel far distances and lack of access to a motor vehicle are significant contributors to transport inequity in regional, rural and remote Australia (Coleman 2016). **Local service landscape** 78% of health and community care providers (n=42) responding to the care finder survey indicated that they serviced people who live in rural or remote areas. 40% of ACH providers and navigator trial sites (n=2) serviced people who live in rural or remote areas. **Consultation** Challenges arising from providing services in rural, remote, and outer regional areas was frequently raised by stakeholders. This included workforce challenges and the lack of available staffing due to low wages, low availability of housing and high cost of living. Providers highlighted people living in outer regional, rural, and remote locations are more prone to isolation, have limited transport options, poor internet connectivity, are more reluctant to engage with services unless at crisis point, and are overall more difficult to reach. There is limited support available for older people in these areas with very limited providers, and travel and distance required to access services hindering the provision of services. Consumers and community members also raised isolation and navigation issues as being more pronounced in rural and regional communities, validating the need for services and support like the care finder model in these communities. Consultations led by the PHN in 2021 also highlighted that ease of access to health and support services was extremely important to older people. Barriers to access were discussed, with access to transport the most frequent concern raised by participants. Some communities, particularly rural and regional areas, have limited or no public transport and when older people stop driving, transport can become a major problem. This impacts their level of independence, their ability to easily access services and supports, and is noted as a critical cause of isolation. The cost and inconvenience of arranging transport also is challenging for many. Access to primary health care services in rural / regional communities was also an area of particular concern (CQWBSCPHN 2021).
SUBGROUP Culturally safe services for Aboriginal and	Older Aboriginal and Torres Strait Islander people experience more complex	**Data**

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td>Torres Strait Islander people across the PHN region</td><td>health conditions and disability, and challenges in accessing culturally appropriate care.

Although most Aboriginal and Torres Strait Islander people generally report feeling culturally safe, there remain gaps in culturally appropriate service delivery which will be important for those older people currently disconnected from aged care. As well as cultural safety, Aboriginal and Torres Strait Islander communities report mistrust in confidentiality among providers which will also impact on engaging persons back into care systems.

Access to services is also hampered by a lack of awareness of services available and general health literacy in Indigenous communities across the region. Connection to culture and traditional healing is important among community, and currently GPs are reported as the most</td><td>Older Aboriginal and Torres Strait Islander people experience poorer health and have higher rates of disability than other Australians of the same age: being almost 3 times more likely to need help with self-care, mobility or communication (Australian Human Rights Commission, 2014). For Indigenous Australians, accessibility to culturally appropriate care in the aged care system is recognised as a major challenge (AIHW 2021).

2021 population data shows:

• Aboriginal and/or Torres Strait Islander people represent 4.4% of the PHN population, with more than 39,300 people identifying as Aboriginal and/or Torres Strait Islander.

• The highest proportion of people who identify as Aboriginal and/or Torres Strait Islander are in LGAs Woorabinda (91.6% n=933), Rockhampton (8.7% n=7,102), North Burnett (7.0% n=708), Gladstone (6.2% n=3,946) and Central Highlands (5.9% n=1,639).

• The proportion of people who identify as Aboriginal and/or Torres Strait Islander is higher than the QLD figure (QLD=4.6%) in 9 out of 12 LGAs in the PHN region indicating a high distribution of Aboriginal and Torres Strait Islander people across the region.

• Central Queensland region has the highest proportion of Aboriginal and Torres Strait Islander people, with 7.2% of the population identifying as Aboriginal and/or Torres Strait Islander (QGSO 2022a).

Within the Aboriginal and Torres Strait Islander population in the PHN, 15.3% of Aboriginal and Torres Strait Islander people are aged 50 years and older (QLD = 14.7%) (QGSO 2021). As shown in Table 5, the highest proportion of Aboriginal and Torres Strait Islander people aged 50 years and over is in North Burnett (23.8%). The highest number of Aboriginal and Torres Strait Islander people aged 50 years and over is in Rockhampton-Yeppoon (1,207) (PHIDU 2021).

Table 6: Aboriginal and Torres Strait Islanders People aged 50 years and over, 2016 (PHIDU 2021)
<table><tr><th rowspan="2">State/PHN/IARE</th><th rowspan="2">Total Aboriginal and Torres Strait Islander Population Number</th><th colspan="2">50 years and over</th></tr><tr><th>N</th><th>%</th></tr><tr><td>Banana</td><td>661</td><td>113</td><td>17.1</td></tr><tr><td>North Burnett</td><td>832</td><td>198</td><td>23.8</td></tr><tr><td>Gladstone</td><td>2,969</td><td>391</td><td>13.2</td></tr><tr><td>Rockhampton – Yeppoon</td><td>8, 963</td><td>1, 207</td><td>13.5</td></tr><tr><td>Central Capricorn</td><td>2, 574</td><td>342</td><td>13.3</td></tr></table></td></tr>
</table>

Identified need	Key issue	Evidence
	common service used for healthcare needs. Assets reported across the regions in Indigenous communities include community facilities, connectedness and looking after each other and family. Consideration of the unique needs of Aboriginal and Torres Strait Islanders within aged care systems by considering cultural needs, preferred service types and communication channels, and assets will be important. ***Within the Aboriginal and Torres Strait Islander population in the PHN, 15.3% of Aboriginal and Torres Strait Islander people are aged 50 years and older (QLD = 14.7%).***	

Bundaberg	4, 355	741	17.0
Fraser Coast	5, 018	846	16.9
Cooloola- Gympie	1, 919	303	15.8
Caloundra	2, 630	373	14.2
Maroochy	4, 065	656	16.1
Nanango-Kilkivan	167	33	19.9
Noosa	930	182	19.9
The PHN	***35,082***	***5,385***	***15.3***
Queensland	***221,276***	***32,441***	***14.7***

Local service landscape

In care finder consultation, 55% of health and community care providers (n=30) indicated that they service older Aboriginal and Torres Strait Islander people. 3 providers also indicated that they service the Woorabinda Aboriginal Shire. 60% of ACH and service navigator trial providers (n=3) indicated that they service older Aboriginal and Torres Strait Islander people, of which 3 also provide services in Woorabinda Aboriginal Shire.

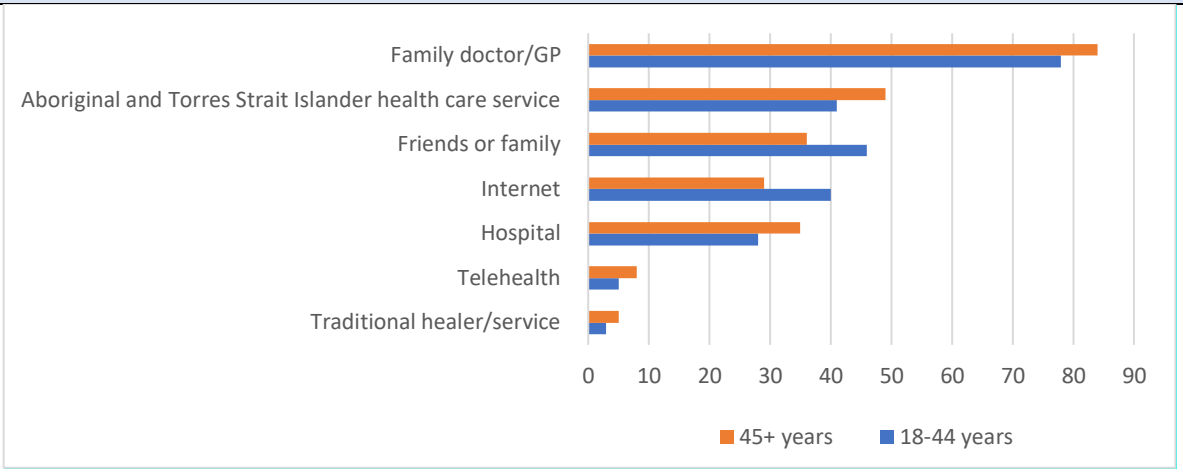
Consultation

In the care finder consultation, culturally appropriate support for Aboriginal and Torres Strait Islander people was recognised as important to support older people requiring more intensive assistance who are unable and/or reluctant to connect with aged care services.

In the PHN Stakeholder HNA Survey (CQWBSCPHN 2021b), 30 respondents were organisations that primarily support Aboriginal and Torres Strait Islander people. Around 14 (almost 50%) felt that there were gaps in provision of older persons' health services. Key gaps listed by respondents were transport to services and appointments, long wait lists for aged care funding and packages, and provision of holistic care.

The PHNs Aboriginal and Torres Strait Islander Community Survey 2021 (CQWBSCPHN 2021c) showed when sourcing health information or advice, most participants (>75%) reported going to their family doctor or general practitioner. This was followed by Aboriginal and Torres Strait Islander health care services, friends or family, the internet and the hospital. Older participants (45 years and older) were less likely to use the internet and friends or family for information or advice compared to those aged less than 45 years (Figure 1).

Figure 1: Source of health information by age (%), 2021

Identified need	Key issue	Evidence
		 Findings from the Royal Commission into Aged Care Quality and Safety (2021) identified that Aboriginal and Torres Strait Islander people have specific needs in accessing aged care. The report makes recommendations regarding: • the importance of culturally appropriate and safe care • the requirement for trauma-informed approaches to providing care, particularly with members of the Stolen Generations • the need to increase facilitation of provision of care on Country (or with options to return to Country where this is not possible) • the potential to integrate aged care with existing Indigenous organisations such as healthcare providers, disability services and social service providers
GENERAL Digital literacy and access to the internet is low amongst older people	Low digital literacy and poor access to internet impedes the ability to navigate and access online support services and telehealth services, as well as Government support websites including My Aged Care and Centrelink. Older people also report the	**Data** Rates of digital literacy are low in Older Australians, data shows: • Approximately 8% of older Australians aged 50 years and over are digitally disengaged and do not perform any duties online • Approximately 26% of the population aged 50 years and over do not access the internet more than once a month • Approximately 11% of the population aged 50 years and over do not have any form of internet access. They were likely to be older—aged 70 years and above (eSafety 2018). Older people are also less likely to have internet access at home (PHIDU 2021):

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td>increased need to use digital technology for all means of life, including utilities which can also be a real barrier to independent living within communities.

In addition, there is a noted reluctance by some older people to become digitally literate and a preference for face to face or personal interactions and care. This is particularly the case for older people with disabilities or failing hearing, vision and dexterity impacting ability to use technology without assistance devices.

Councils and community centres in the region, particularly in more rural areas note the demand for intensive assistance in engaging in technology and technological-based services for everyday living that is not being filled adequately. Technology is not only an enabler for negotiating health and social systems, but also for socially</td><td>

As shown in Table 7, amongst older people aged 65 years and over in the PHN region, internet access from home was lowest in Woorabinda (27.6%), North Burnett (46.6%) and Banana (53.2%) compared to 68.4% for QLD.
10 of 12 LGAs in the PHN region have a lower proportion of internet access for people aged 65 years and over than the state average (QLD=68.4%).

Table 7: Internet Access from Dwelling, 65+ years, 2016 (PHIDU, 2021)
<table>
<tr><th rowspan="2">LGA</th><th colspan="2">Internet Access from Dwelling, 65+</th></tr>
<tr><th>Number</th><th>%</th></tr>
<tr><td>Banana (S)</td><td>1,147</td><td>53.2</td></tr>
<tr><td>Central Highlands (R)</td><td>1,745</td><td>58.5</td></tr>
<tr><td>Gladstone (R)</td><td>4,553</td><td>65.5</td></tr>
<tr><td>Livingstone (S)</td><td>4, 519</td><td>66.4</td></tr>
<tr><td>Rockhampton (R)</td><td>6,287</td><td>55.4</td></tr>
<tr><td>Woorabinda (S)</td><td>8</td><td>27.6</td></tr>
<tr><td>Bundaberg (R)</td><td>13,332</td><td>61.4</td></tr>
<tr><td>Fraser Coast (R)</td><td>17,774</td><td>65.9</td></tr>
<tr><td>North Burnett (R)</td><td>1,183</td><td>46.6</td></tr>
<tr><td>Gympie (R)</td><td>6,859</td><td>62.5</td></tr>
<tr><td>Noosa (S)</td><td>9, 887</td><td>77.3</td></tr>
<tr><td>Sunshine Coast (R)</td><td>43, 243</td><td>74.6</td></tr>
<tr><td>The PHN</td><td>110,537</td><td>56.5</td></tr>
<tr><td>Queensland</td><td></td><td>68.4</td></tr>
<tr><td>Australia</td><td></td><td>66.3</td></tr>
</table>
Consultation

In consultations undertaken by the PHN in 2021 (CQWBSCPHN 2021b), many stakeholders spoke about the complexities associated with using digital technologies to access health and services for older people. Issues discussed included digital literacy including skills, confidence and willingness to use technology; whether support exists (family or external) to help people access and use technology; a persons' actual access to it (in some cases, people do not have internet or devices at all); and the impact of a persons' health such as their vision and hearing on being able to successfully engage with technology.
</td></tr>
</table>

Identified need	Key issue	Evidence
	interaction for older people in isolated living conditions. ***Approximately 8% of older Australians aged 50 years and over are digitally disengaged and do not perform any duties online***	In care finder community consultations, low digital literacy, and lack of access to technology was identified as a major barrier as to why older people struggle to connect with the services they need. More than half of community members raised issues around low digital access and low digital literacy as major difficulties for older people who need support in not accessing the services they need. Community members identified that the aged care system is not user friendly for elderly or vulnerable people who do not have access to the internet or technology or the skills to use technology and navigate information on the internet. It was frequently raised that the online aged care system is difficult to navigate. *There is no dedicated place for seniors to obtain information except online and most seniors are not comfortable using computers or any online platforms (Consumer 24)* *A lot of elderly in this area only have a landline phone and no mobile or home computer. If they don't have a supportive family or friend to help them become aware or help them to navigate the very confusing My Aged Care system they fall through the cracks. This has been worsened by COVID with isolation with elderly people wanting to stay in their homes more (Consumer 25)* The increasingly online nature of aged care information and rapid changes and adoption of technology and internet meant that some felt left behind. *most of or senior population have worked all their lives for the benefit of their communities and for Australia. many of them now feel confused and abandoned. Times have changed so quickly and technology is so advanced that many feel they have been left behind and lose hope (Consumer 24)* In the health and community care provider consultation, 57% of providers (n=31) identified no internet or telephone as one of the main barriers for people requiring intensive assistance to access and connect with aged care services to get the help they need. This was echoed by 60% of ACH and service navigator trial sites (n=3). Consumers as well as community care providers agreed for the need for face-to-face support for vulnerable older Australians, as information accessed on the computer is perceived as confusing, untrusted, and alien.
SUBGROUP High proportion of older people living in socio-economic disadvantage	People living in socio-economic disadvantage have poorer health outcomes, bearing a significantly higher burden of disease and disability, and a lower prevalence of protective factors.	**Data** **Socio-economic Index for Areas** In 2016 an Index of Relative Socio-Economic Disadvantage (IRSD) was developed by the Australian Bureau of Statistics, ranking geographical areas in terms of their relative socio-economic disadvantage. The IRSD focuses on low-income earners, relatively lower education attainment, high unemployment, and dwellings without motor vehicles. SEIFA data indicates that some areas of the PHN are more disadvantaged compared to Queensland. Based on the Index of Relative Socio-Economic Disadvantage (IRSD) (QGSO 2022a): • 28.5% of the population in the PHN region were in the most disadvantaged quintile.

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td>The SEIFA (which focuses on income, education attainment, unemployment and dwellings without motor vehicles) indicates that some areas within the PHN are more disadvantaged than Queensland overall.

People from low socio-economic backgrounds also engage in health (and other social support) services less and tend to have lower health literacy. They can be more reluctant to engage in government services and have lower access to the internet and digital technologies. Security in the forms of finance, housing and emotional are also important.

The demand for intensive support services across the region is greatest for people from low socio-economic backgrounds, which will have unique health as well as social needs that will need to be taken into consideration when provided with support services. Intensive rapport building, comprehensive</td><td>

54.1% of the population in the Wide Bay region was in the most disadvantaged quintile, indicating a high distribution of socio-economic disadvantage.
LGAs with highest percentages of people in the most disadvantaged quintile were:

Woorabinda (100%), Fraser Coast (59.4%), North Burnett (57.1%), Bundaberg (49.5%), Gympie (46.1%) and Rockhampton (39.1%)

Age Pension

In 2022, 63% of those aged 65 years and over in the PHN region were receiving the Age Pension. Wide Bay region had highest proportion (70%) of people aged 65 and over receiving the Age Pension followed by Sunshine Coast (61.1%) and Central Queensland (57%) (DSS 2022).

Table 8: Age pension recipients by LGA, March Quarter 2022 (DSS 2022)
<table>
<tr><th>Region/LGA</th><th>Age Pension Number</th><th>Age pension recipients as % of total 65+ population</th></tr>
<tr><td>Central Queensland</td><td>21,290</td><td>57.0</td></tr>
<tr><td>Banana (S)</td><td>1,114</td><td>50.3</td></tr>
<tr><td>Central Highlands (R) (Qld)</td><td>1,317</td><td>49.5</td></tr>
<tr><td>Gladstone (R)</td><td>5,457</td><td>70.5</td></tr>
<tr><td>Livingstone (S)</td><td>4,560</td><td>60.0</td></tr>
<tr><td>Rockhampton (R)</td><td>8,818</td><td>70.0</td></tr>
<tr><td>Woorabinda (S)</td><td>24</td><td>41.4</td></tr>
<tr><td>Wide Bay</td><td>42,164</td><td>70.0</td></tr>
<tr><td>Bundaberg (R)</td><td>17,591</td><td>74.2</td></tr>
<tr><td>Fraser Coast (R)</td><td>22,920</td><td>74.2</td></tr>
<tr><td>North Burnett (R)</td><td>1,653</td><td>61.4</td></tr>
<tr><td>Sunshine Coast</td><td>59,838</td><td>61.1</td></tr>
<tr><td>Gympie (R)</td><td>8,985</td><td>69.3</td></tr>
<tr><td>Noosa (S)</td><td>7,811</td><td>52.4</td></tr>
<tr><td>Sunshine Coast (R)</td><td>43,042</td><td>61.8</td></tr>
<tr><td>PHN total</td><td>123,292</td><td>63</td></tr>
</table>
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</table>

Identified need	Key issue	Evidence
	assessments and linkages and referral systems between health and social sectors and services will be vital to being effective in improving the health and wellbeing outcomes of these populations. ***Several LGAs in the PHN region have higher levels of socio-economic disadvantage compared to the rest of the region. These communities are Woorabinda, Fraser Coast, North Burnett, Bundaberg, Gympie and Rockhampton.***	**Seniors Health Care Card** In 2022, approximately 1 in 10 people aged 65 years and over in the PHN region are Commonwealth Senior's Health Card holders. As outlined in Table 9, LGAs of Noosa (13.2%), Banana (12.1%), Sunshine Coast (11.8%), and Livingstone (11%) have the highest proportion of senior's health card holders among 65+ population in the PHN (QLD = 9.7%) (DSS 2022). **Table 9: Commonwealth Seniors Health Card holders, by LGA, 2022 (DSS 2022)** LGA | Commonwealth Seniors Health Card Number | SHC holders as % of 65+population ***Central Queensland*** | ***2890*** | ***9.1*** Banana (S) | 260 | 12.1 Central Highlands (R) | 185 | 7.4 Gladstone (R) | 698 | 9.6 Livingstone (S) | 806 | 11.0 Rockhampton (R) | 941 | 7.6 Woorabinda (S) | - | n/a ***Wide Bay*** | ***3,969*** | ***7.2*** Bundaberg (R) | 1,780 | 7.7 Fraser Coast (R) | 1,925 | 6.5 North Burnett (R) | 264 | 10.1 ***Sunshine Coast*** | ***10,680*** | ***11.4*** Gympie (R) | 880 | 7.1 Noosa (S) | 1,894 | 13.2 Sunshine Coast (R) | 7,906 | 11.8 ***PHN total*** | ***17539*** | ***9.7*** **Local service landscape** In care finder consultations, 80% of health and community care providers (n=43) indicated that they mostly support financially and socially disadvantaged older people through their services. This was the highest special needs' group serviced. This was

Identified need	Key issue	Evidence
		echoed by ACH and Navigator trial services, with 100% of these providers (n=5) indicating that they mostly support financially and socially disadvantaged older people. **Consultation** In care finder consultations, fear of costs was highlighted as one of the biggest barriers for people that require more intensive assistance to access and connect with aged care services, with 76% of health and community care providers (n=41) identifying this as a major barrier. This was echoed by ACH and Navigator trial sites, with 80% (n=4) also highlighting this as a major barrier. Some community members also raised fear of costs and affordability of services was a difficulty experienced by people when it comes to finding and obtaining the right aged care services.

SUBGROUP
Housing insecurity and homelessness
	Homelessness is a complex issue that presents many barriers for people accessing services.
	
	Older women, aged 55 years and over, were the fastest growing cohort of homeless Australians. Homelessness is a growing issue across the region.
	
	Certain areas within the PHN catchment have recorded high numbers of people who are homeless. Homelessness is associated with higher prevalence of chronic conditions including mental health. Rockhampton and Central Highlands in Central Queensland, Bundaberg and Gin Gin in Wide Bay, and Nambour and Gympie in Sunshine Coast area have
		Data
		
		2016 population data shows (QGSO 2021):
		
		• The rate of homelessness was less within the PHN compared to Queensland (36.2 compared to 45.6 per 10,000 persons). The rate and number of homeless persons was highest in the Wide Bay region (52 per 10,000 persons, n=1,522), followed by Central Queensland (40.8 per 10,000, n=929) and Sunshine Coast (25.1 per 10,000, n=894).
		• The rate of homelessness in the PHN region was highest in the following LGAs:
		  ○ Woorabinda (652.2 per 10,000 persons, n=63) followed by North Burnett (63.4 per 10,000, n=69), Gympie (58 per 100000, n=289) and Rockhampton (46.8 per 10,000, n=372)
		• The highest number of homeless persons were in the following LGAs:
		  ○ Sunshine Coast (n=785, 26.2 per 10,000), Fraser Coast (n=456, 43.6 per 10,000) and Bundaberg (n=408, 43.3 per 10,000).
		• Rockhampton City (n=169; 430.7 per 100,000) had the highest number and rates of homelessness while Bundaberg (n=95; 144.5 per 100,000), Gin Gin (n=66; 127.8 per 100,000) and West Gladstone (n=51; 109.4 per 100,000) SA2 areas had only highest rate of homelessness
		
		Very little information is available on elderly people who are homeless and live within the PHN. However, in Australia, 1 in 6 (or 16%) of all homeless people in 2016 were aged 55 and over (around 18,600 people). Homelessness is a growing problem for older Australians and will likely continue to increase over time due to an ageing population and declining rates of home ownership among older people. Over the last decade, the number of older homeless people increased by 49%, with the largest changes measured in people aged 65–74 and 55–64 (AIHW 2018). Older women, aged 55 years and over, were the fastest growing cohort of homeless Australians between 2011 and 2016, increasing by 31% (Australian Human Rights Commission 2019). The number of older Australians seeking assistance from specialist homelessness services grew by 8% on average per year between 2012–13 and 2016–17 (AIHW 2018).

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td>high numbers of homeless people.

COVID-19 has also exacerbated the housing crisis and community displacement. The extent of its impact is yet to be fully understood but is likely to increase demand for support for this health priority population which is already being reported by providers across the region. It will be important to continue to provide support services for this population and monitor changes in demand throughout the care finder program. It is likely the demand and needs of these populations and the locations of the issue will change over time. Coverage of homeless populations by the care finders network will be important.</td><td>Researchers have also reported on the impact of the COVID-19 pandemic on homelessness and housing insecurity. The COVID-19 pandemic has increased rental stress in social housing and the private market, increasing the risk of homelessness for more people across Australia (Atkins and Baldassar 2020). There is limited recent data to show the impacts in the PHN region.

Older people who are renting are vulnerable to homelessness and can have restricted access to home modifications. In 2016, the proportion of older people aged 65 years and over and renting was highest in Woorabinda (82.8%) and Rockhampton (14.1%) compared to 13.6% for QLD (PHIDU 2021).

Table 10: Proportion of Renters, 65+ years, 2016 (PHIDU 2021)
<table><tr><th rowspan="2">LGA</th><th colspan="2">Renting, 65+</th></tr><tr><th>Number</th><th>%</th></tr><tr><td>Banana (S)</td><td>189</td><td>8.8</td></tr><tr><td>Central Highlands (R)</td><td>329</td><td>11.0</td></tr><tr><td>Gladstone (R)</td><td>859</td><td>12.4</td></tr><tr><td>Livingstone (S)</td><td>712</td><td>10.5</td></tr><tr><td>Rockhampton (R)</td><td>1,598</td><td>14.1</td></tr><tr><td>Woorabinda (S)</td><td>24</td><td>82.8</td></tr><tr><td>Bundaberg (R)</td><td>2,638</td><td>12.2</td></tr><tr><td>North Burnett (R)</td><td>219</td><td>8.6</td></tr><tr><td>Gympie (R)</td><td>1,290</td><td>11.8</td></tr><tr><td>Noosa (S)</td><td>1,363</td><td>10.7</td></tr><tr><td>Sunshine Coast (R)</td><td>6,626</td><td>11.4</td></tr><tr><td>PHN Total</td><td>21,189</td><td>10.8</td></tr><tr><td>Queensland</td><td></td><td>13.6</td></tr><tr><td>Australia</td><td></td><td>12.2</td></tr></table>
2021 data on housing tenure shows, the proportion of social housing (rented dwellings) was highest in LGAs: Woorabinda (88.6%), Rockhampton (4.5%), Banana (4.3%), Central Highlands (3.6%) and Livingstone (3.6%) (PHIDU 2021).

Table 11: Social Housing & Privately Rented Dwellings, 2021 (PHIDU 2021)
<table><tr><th>LGA Name</th><th>Social housing (rented dwellings)</th></tr></table></td></tr>
</table>

Identified need	Key issue	Evidence

	2021 URP		
	Social housing (rented) dwellings	Total private dwellings	% Social housing (rented dwellings)
Banana (S)	215	4,995	4.3
Central Highlands (R)	330	9,284	3.6
Gladstone (R)	845	23,181	3.6
Livingstone (S)	252	13,783	1.8
Rockhampton (R)	1,359	29,911	4.5
Woorabinda (S)	242	273	**88.6**
Bundaberg (R)	1,247	38,462	3.2
Fraser Coast (R)	1,161	43,927	2.6
North Burnett (R)	104	3, 903	2.7
Gympie (R)	377	20,461	1.8
Noosa (S)	346	21,847	1.6
Sunshine Coast (R)	2,683	127,927	2.1
Queensland	***61,277***	***1,869,462***	***3.3***

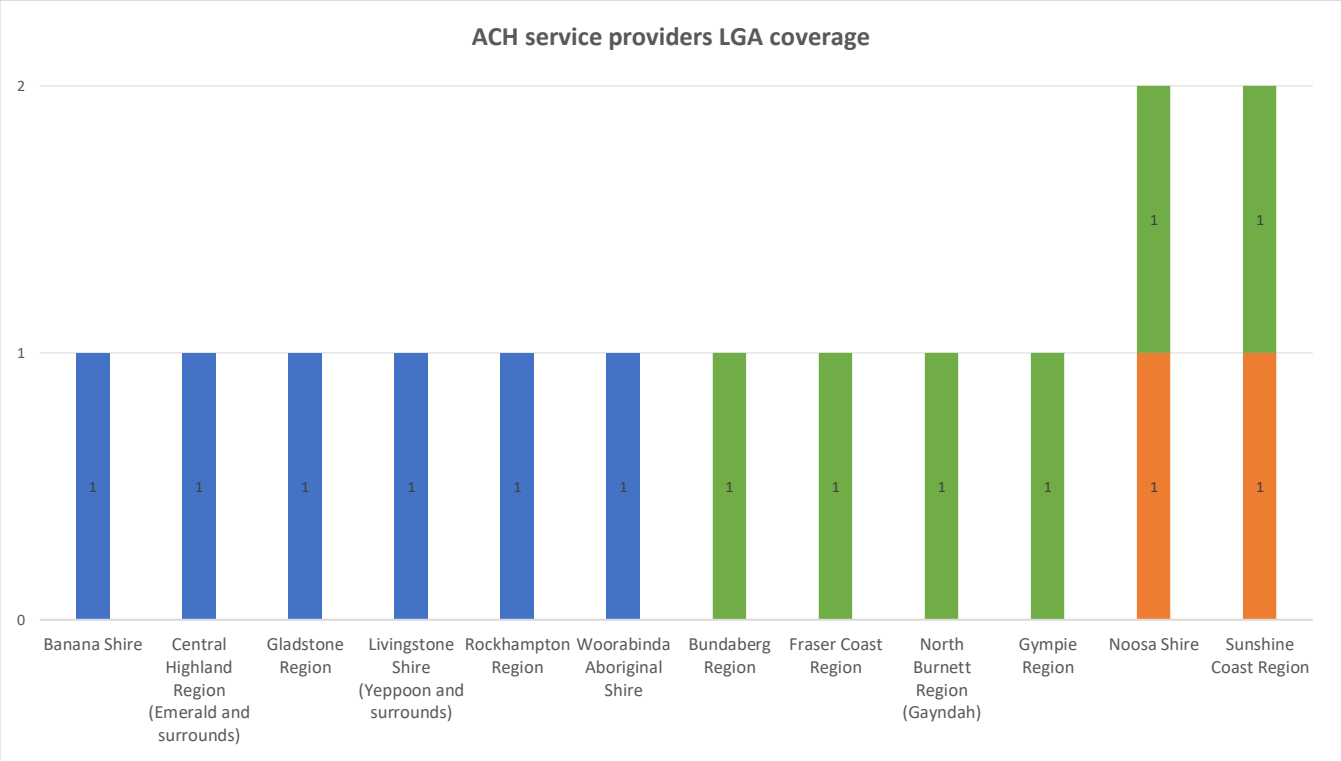
Consultation

Social conditions, including housing, ranked among the top-3rd health concerns in the 2021 PHN Stakeholder Survey (identified by 1 in 3 stakeholders). Housing was identified as a key gap by stakeholders in an open-ended question about areas for improvement (CQWBSCPHN 2021b). In addition, access to safe and affordable housing was the 2nd-top ranking unmet need identified in 2021 PHN Community Survey (CQWBSCPHN 2021b). Access to housing and community displacement came up consistently in consultation with community in an open-ended question on areas for improvement.

Further PHN community and stakeholder consultations also revealed an increasing worry around rising levels of homelessness (CQWBSCPHN 2021a). The following issues and factors that impact on people's ability to age in place were identified during consultation (in addition to social connectedness):

- Having good financial and housing security – there was concerns around people's true understanding of their financial situation or ability to access to adequate income sources to live well, as well as an increasing worry around rising levels of homelessness.

Identified need	Key issue	Evidence
		• Being able to modify the home and receive varying levels of assistance in the home as a person's needs increase was also identified as a need, in order to help them maintain independence and remain in their homes long term or as long as possible. In care finder consultations, some providers noted the increase in homelessness with seniors getting priced out of the rental market and older people living in vehicles needing intensive support. **Local service landscape** In care finder consultations, 54% of health and community care providers (n=29) indicated that they support older people who are homeless or at risk of homelessness. All three ACH providers in the PHN region were also consulted, from this consultation it was identified that ACH services provide support to people experiencing housing insecurity and homelessness across all LGAs as outlined in Figure 2. Through consultations with ACH providers, it was raised that there is increasing demand for ACH service with an increasing population experiencing housing insecurity and homelessness. **Figure 2: ACH service providers LGA coverage**

Identified need	Key issue	Evidence
		
SUBGROUP Culturally safe and inclusive care for older people who identify as LGBTIQ+	LGBTIQ+ Australians experience worse social and health outcomes than other Australians, with members of these communities' reporting difficulties in accessing health and other services because of stigma and discrimination. Estimates predict that 1 in 10 people identifying as LGBTIQ+ are aged 55 and	**Data** Estimates from the 2019 ABS General Social Survey show that 1 in 10 (10%) of those who identified as gay, lesbian or bisexual were aged 55 and over (AIHW, 2021b). According to the Australian Human Rights Commission (2021), people who identify as LGBTIQ+ can face particular issues later in life, especially in accessing safe and inclusive aged care services. Peisah et al. (2018) report that older people who identify as LGBTIQ+ experience lower mental and physical health, in comparison to their heterosexual peers. Hiding sexual orientation, gender identity or intersex status was a necessary protection against discrimination and violence for many older people who identify as LGBTIQ+, particularly the very elderly. Older people who identify as LGBTIQ+ also tend to experience more loneliness than their heterosexual peers because of stigma, discrimination, and barriers to care (National Academies of Sciences, Engineering, and Medicine 2020). **Local service landscape**

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td>over. Ensuring culturally appropriate services that understand the unique issues of this population will be an important component of the care finder program.</td><td>In care finder consultations, 37% of health and community care providers (n=20), and 1 ACH and service navigator trial provider (20%) indicated that they provide care to older people who identify as LGBTIQ+. This figure may be higher as some LGBTIQ+ older people may choose not to disclose.

Consultation

In care finder stakeholder consultations, fear of discrimination was raised as a barrier for LGBTIQ+ people accessing care and services. The need for cultural safety amongst staff and organisations, leveraging existing networks in the community and building trust was also raised.</td></tr>
<tr><td>SUBGROUP
Culturally appropriate services for culturally and linguistically diverse communities</td><td>Approximately 6.2% of people in the PHN region are born in non-English speaking countries.

The COVID-19 pandemic has highlighted the difficulties that people from CALD backgrounds have in accessing health care and the impact this has on health outcomes.

The PHN catchment has pockets of CALD populations, sometimes isolated within communities that may not have similar cultural backgrounds.

CALD older persons are often unaware of services or supports or be reluctant to connect with services.

Cultural safety of service provision will be important</td><td>Data
2021 data shows 6.2% (n=58,341) of the people in the PHN region are born in non-English speaking countries. This is highest in the Sunshine Coast region (7.4%, n=29,602), followed by Wide Bay (5.4%, n=16,478) and Central Queensland (5.4%, n=12,261) (QGSO 2021)

As shown in Table 12, the proportion of people aged 65 years and over, born in non-English speaking countries is highest in LGAs Noosa (8.3%) followed by Sunshine Coast (7.8%) and Gladstone (7.1%) (QGSO 2021).

Table 12: Born in a NES Country, 65+ years, 2016 (QGSO 2021)
<table>
<tr><th rowspan="2">LGA</th><th colspan="2">Born in NESB Country, 65+</th></tr>
<tr><th>Number</th><th>%</th></tr>
<tr><td>Banana (S)</td><td>58</td><td>2.9</td></tr>
<tr><td>Central Highlands (R)</td><td>93</td><td>4.4</td></tr>
<tr><td>Gladstone (R)</td><td>452</td><td>7.1</td></tr>
<tr><td>Livingstone (S)</td><td>322</td><td>5.0</td></tr>
<tr><td>Rockhampton (R)</td><td>389</td><td>3.3</td></tr>
<tr><td>Woorabinda (S)</td><td>0</td><td>0.0</td></tr>
<tr><td>Bundaberg (R)</td><td>1,407</td><td>6.5</td></tr>
<tr><td>Fraser Coast (R)</td><td>1,835</td><td>6.9</td></tr>
<tr><td>North Burnett (R)</td><td>80</td><td>3.2</td></tr>
<tr><td>Gympie (R)</td><td>628</td><td>5.6</td></tr>
<tr><td>Noosa (S)</td><td>1,048</td><td>8.3</td></tr>
<tr><td>Sunshine Coast (R)</td><td>4,648</td><td>7.8</td></tr>
</table></td></tr>
</table>

Identified need	Key issue	Evidence
	consideration in the are finder program to support CALD older people, especially where other cultural support services may not exist.	

Queensland		***11.0***
Australia		***20.5***

The proportion of residents that speak a language other than English at home was highest in LGAs Rockhampton (6.8%), Sunshine Coast (6.3%), Central Highlands (6.1%) and Noosa (6%). These figures are lower than the QLD figure (13.5%) (QGSO 2021).

Table 13: Born in a NESB Country & Spoke Another Language at Home, 2021 (QGSO 2021)

LGA	Born in NESB Country		Spoke Another Language at Home	
	Number	%	Number	%
Banana (S)	717	4.9	675	4.7
Central Highlands (R)	1,514	5.4	1,696	6.1
Gladstone (R)	3,633	5.7	3,739	5.9
Livingstone (S)	1,289	3.3	1,153	2.9
Rockhampton (R)	5,088	6.2	5,555	**6.8**
Woorabinda (S)	-	-	42	4.1
Bundaberg (R)	6,197	6.2	5,390	5.4
Fraser Coast (R)	6,156	5.5	4,499	4.1
North Burnett (R)	612	6.1	570	5.7
Gympie (R)	2,173	4.1	1,568	2.9
Noosa (S)	4,513	**8.0**	3,361	6.0
Sunshine Coast (R)	25,041	7.3	21,739	6.3
Queensland	***645,628***	***12.5***	***696,056***	***13.5***

Local service landscape

In care finder consultations, 56% of health and community care providers (n=30), and 60% of ACH and service navigator trial providers (n=3) indicated that they provide care to culturally and/or linguistically diverse older people.

Consultation

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td></td><td>Consultation showed that CALD communities may be unaware of services or supports or be reluctant to connect with services. Providers highlighted the need for culturally safe support, including rapport and trust building, the effective use of translators and sharing in language resources.</td></tr>
<tr><td>SUBGROUP
Veterans</td><td>Older veterans make up ten percent of the population in our PHN.

Veterans have unique health and social needs and can have poorer health outcomes than other older people.

There are pockets of veterans spread across the PHN catchment.

Safe services sensitive to the needs of veterans and their unique health and social issues will be important in the care finder program.</td><td>Data

In 2021, there were about 18,320 Department of Veteran’s Affairs (DVA) clients in the PHN, which is about 10% of the older population in the region (DVA 2021). As shown in Table 14, the Sunshine Coast region recorded the highest number of older veterans in 2021.

Table 14: Number of DVA clients, by LGA, 2021 (DVA 2021)
<table><tr><th>LGA</th><th>Total N of DVA Clients</th></tr><tr><td>Central Queensland</td><td>2,550</td></tr><tr><td>Banana (S)</td><td>106</td></tr><tr><td>Central Highlands (R)</td><td>180</td></tr><tr><td>Gladstone (R)</td><td>732</td></tr><tr><td>Livingstone (S)</td><td>575</td></tr><tr><td>Rockhampton (R)</td><td>957</td></tr><tr><td>Woorabinda (S)</td><td>-</td></tr><tr><td>Wide Bay</td><td>6,209</td></tr><tr><td>Bundaberg (R)</td><td>2,357</td></tr><tr><td>Fraser Coast (R)</td><td>3,695</td></tr><tr><td>North Burnett (R)</td><td>157</td></tr><tr><td>Sunshine Coast</td><td>9,561</td></tr><tr><td>Gympie (R)</td><td>1,297</td></tr><tr><td>Noosa (S)</td><td>1,095</td></tr><tr><td>Sunshine Coast (R)</td><td>7,169</td></tr><tr><td>PHN total</td><td>18,320</td></tr></table>
Local service landscape

In care finder consultations, 50% of health and community care providers (n=27) indicated that they service older veterans. 40% of ACH and service navigator trial providers (n=2) indicated that they service older veterans.</td></tr>
</table>

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td>SUBGROUP
People living with disability</td><td>Older people living with disability have higher need of assistance and care, often have poorer social experiences and health outcomes. They can also have greater issues accessing sensitive and appropriate care.

Functional capacity decreases with increasing age. The proportion of people with profound and severe disabilities in the PHN catchment varies substantially and is high compared to Queensland in some areas, particularly in Wide Bay.

In addition to the increased needs of older people with a disability, often their carers also have their own disability and can also be socially isolated and need of support themselves. Carers can also lack the knowledge and skills to adequately care for their loved ones with limited access to support for this care.</td><td>Data

People with a profound or severe core activity limitation are those needing assistance in their day to day lives in one or more of the three core activity areas of self-care, mobility and communication because of: a long-term health condition (lasting six months or more), a disability (lasting six months or more) and/or old age.

The number of people who are 65 years and over and have a profound or severe disability and are living in the community are shown in Table 15. 2016 data (PHIDU 2021) shows that:

(1) Within the PHN, 6.0% of people were in a need of assistance with a profound or severe disability (QLD = 4.8%).

(2) Within the PHN, 13.8% of people aged 65 years and over had a profound or severe disability and living in the community, similar to the QLD figure.

(3) LGAs located in the Wide Bay region had the highest proportion of people aged 65 years and over with profound or severe disability and living in the community: Fraser Coast (16.7%), Bundaberg (15.8%) and North Burnett (15.8%).

Table 1: Distribution of people living with a profound or severe disability by LGA, 2016 (PHIDU 2021)
<table>
<tr><th rowspan="2">LGA</th><th colspan="3">People with a profound or severe disability and living in the community, All age</th><th colspan="3">People with a profound or severe disability and living in the community, 65 years and over</th></tr>
<tr><th>Number of Persons</th><th>Total population</th><th>% persons</th><th>Number of Persons</th><th>Population aged 65 years +</th><th>% persons</th></tr>
<tr><td>Queensland</td><td>216,397</td><td>4,470,404</td><td>4.8</td><td>96,559</td><td>695,250</td><td>13.9</td></tr>
<tr><td>PHN</td><td>46,688</td><td>780,555</td><td>6.0</td><td>21,852</td><td>158,258</td><td>13.8</td></tr>
<tr><td>Banana (S)</td><td>437</td><td>13,096</td><td>3.1</td><td>207</td><td>1,756</td><td>11.0</td></tr>
<tr><td>Central Highlands (R)</td><td>684</td><td>27,786</td><td>2.5</td><td>232</td><td>2,091</td><td>11.1</td></tr>
<tr><td>Gladstone (R)</td><td>2,270</td><td>57,651</td><td>3.9</td><td>807</td><td>6,150</td><td>13.1</td></tr>
<tr><td>Livingstone (S)</td><td>1,660</td><td>33,086</td><td>5.0</td><td>837</td><td>5,976</td><td>14.0</td></tr>
<tr><td>Rockhampton (R)</td><td>4,211</td><td>74,539</td><td>5.6</td><td>1,701</td><td>11,371</td><td>15.0</td></tr>
<tr><td>Woorabinda (S)</td><td>25</td><td>946</td><td>2.6</td><td>8</td><td>39</td><td>20.5</td></tr>
<tr><td>Bundaberg (R)</td><td>6,939</td><td>86,917</td><td>8.0</td><td>3,193</td><td>20,156</td><td>15.8</td></tr>
<tr><td>Fraser Coast (R)</td><td>9,017</td><td>95,849</td><td>9.4</td><td>4,234</td><td>25,398</td><td>16.7</td></tr>
<tr><td>North Burnett (R)</td><td>630</td><td>9,353</td><td>6.7</td><td>341</td><td>2,161</td><td>15.8</td></tr>
</table>
</td></tr>
</table>

Identified need	Key issue	Evidence

People with a disability (and potentially their carers) will be important target groups for the region.

Gympie (R)	3,769	45,788	8.2	1,584	10,231	15.5
Noosa (S)	2,677	52,731	5.1	1,459	13,622	10.7
Sunshine Coast (R)	14,397	282,787	5.1	7,269	59,370	12.2

- The prevalence of disability increased with age with one in nine (11.6%) people aged 0-64 years and one in two (49.6%) people aged 65 years and over had disability. About 49% (or 377,300 people) of Queenslanders aged 65 years or older were living with a disability in 2018. When this is applied to the PHN, that is an estimated about 90,000 older people above the age of 65 in the PHN region who might have some types/levels of disability (ABS 2019).
- Among older Australians with disability, nationally 35.4% had a profound or severe limitation. However, among older Queenslanders, 14% were living with severe or profound disability (Queensland Health 2020a). Applying the latter proportion to the PHN, about n=12,600 older people are living in the PHN region with severe or profound disability. Applying the state-wide proportion to the PHN region:
- 15.0% had a moderate limitation (PHN n=13,500)
- 40.1% had a mild limitation (PHN n=36,000)
- 22.5% needed assistance with health care (this represents about n=20,200 people within the PHN region)

Data pesented in Table 16 shows the following (PHIDU 2021)

- Rockhampton LGA (3%) had the highest proprtion of older peole with a disability, living alone and with a low income (QLD 2.4%).
- Woorabinda LGA (17.2%) had the highest proprotion of older people with a disability, are renters and low income (QLD 1.6%).
- Woorabinda LGA (1.1%) had the highest proportion of older people with a disability, living alone, and low income (QLD 0.6.%).

Table 2: Triple & Quadruple Jeopardy, 2016 (PHIDU 2021)

LGA	Triple jeopardy – living alone, with disability, low income, 65+ years (%)	Triple jeopardy – renters, with disability, low income, 65+ years (%)	Quadruple jeopardy – renters, living alone, with disability, low income, 65+ years (%)

Identified need	Key issue	Evidence

Banana (S)	2.1	0.9	0.5
Central Highlands (R)	1.3	1.0	0.5
Gladstone (R)	1.9	1.2	0.5
Livingstone (S)	2.2	1.2	0.6
Rockhampton (R)	**3.0**	2.1	**1.1**
Woorabinda (S)	0.0	**17.2**	0.0
Bundaberg (R)	2.6	1.8	0.8
North Burnett (R)	2.7	1.4	0.5
Fraser Coast (R)	2.5	1.8	0.5
Gympie (R)	2.5	1.7	0.6
Noosa (S)	1.5	0.8	0.3
Sunshine Coast (R)	2.1	1.1	0.4
Queensland	***2.4***	***1.6***	***0.6***
Australia	***2.7***	***1.6***	***0.7***

Consultation

In care finder consultations, one ACH provider noted the aged care system is difficult to navigate, and almost impossible for older Australians with added barriers such as disability.

Findings from the Royal Commission into Aged Care Quality and Safety (2021) identified that people who acquire a disability over the age of 65 and are therefore ineligible for the NDIS receive inconsistencies in the supports and services available to them in the aged care system.

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td>GENERAL
Those experiencing long-term, complex health conditions</td><td>Older people are likely to experience more long-term and complex health conditions including falls, frailty, dementia, mental health issues (including suicide and self-inflicted injuries), and multi-morbidities. The PHN region has high proportions of older people with chronic conditions placing increased burdens on health services.

Chronic complex conditions are associated with increasing disability, increased cost of living and sometimes inability to travel which exacerbate poorer health and wellbeing and inhibit accessing aged care.

Considering the health and wellbeing of older people holistically and from a person-centred perspective will be key, along with providing relevant and coordinated service support. Having an awareness and understanding of the client's health and wellbeing needs and supporting access to relevant services to address</td><td>Data

Self-rated health

Self-rated health status is a subjective measure that depends on an individual's expectations for their own health and their comparisons with others around them (Delpierre et al. 2009). The 2019-2020 data from Queensland Health (2021) indicates that a significantly higher % of people (compared to QLD) from Bundaberg (23.2%), Fraser Coast (23.9%), Gladstone (20.7%), Gympie (24.3%), North Burnett (22.9%) and Rockhampton (21.8%) indicated that they feel that their health is fair or poor (QLD=15.6%).

Dementia

In 2018, there were an estimated 219,000 Australians with dementia, a 12.7% increase from 194,400 in 2015 (ABS 2019). This number is projected to double from 13,700 in 2016 to 27,000 in 2030 (Alzheimer's Australia QLD 2011). Females, with a prevalence of 1.0%, were more likely than males to have the condition (0.8%). There is variation in the prevalence of dementia across age groups, with the condition being very rare in those under 65 years of age (0.1%), increasing to over one quarter (27.5%) of those aged 95 years and over (ABS 2019).

The number of people living with dementia was projected to more than double for the SC area from 7,300 in 2016, to 14,800 in 2030. The Wide Bay region was projected to experience the greatest increase in proportion of people living with dementia between 2016 (19.6 per 1,000 population) and 2030 (31.9). This was significantly greater than the Queensland estimates (12.6 to 18.4).

Latest mortality data indicated that together, dementia and Alzheimer's disease were the second leading cause of death in the PHN, responsible for 2,234 or 7.2% of deaths in the 2013-2017 period (AIHW 2019). Around half of those (951, or 9% of deaths) occurred in Sunshine Coast LGA. Gladstone and Rockhampton LGAs have the highest rate (ASRs 43.3 per 100,000) of deaths due to dementia and Alzheimer's disease in the PHN (PHN ASR 36.7 per 100,000; AUS 40.0 per 100,000). Livingstone LGA had the lowest rate (ASR 25.4 per 100,000) (Dementia Australia 2018).

Table 3: Estimated number of people living with dementia in 2021 and 2058, by LGA (Dementia Australia 2018)

<table>
<tr><th>Location</th><th>Estimated number of people living with dementia in 2021</th><th>Rate per 1,000 population aged 65 and over (based on 2019-20 population) *</th><th>Estimated number of people living with dementia in 2058</th></tr>
<tr><td>Central Queensland</td><td>3656</td><td>115.3</td><td>6732</td></tr>
<tr><td>Banana</td><td>258</td><td>119.8</td><td>435</td></tr>
<tr><td>Central Highlands</td><td>272</td><td>108.2</td><td>644</td></tr>
</table>
</td></tr>
</table>

Identified need	Key issue	Evidence
	these needs is within scope for care finders. However, managing a client's chronic conditions is not in scope for the care finder program.	

Gladstone	810	111.0	1,830
Livingstone	770	105.4	1,297
Rockhampton	1,543	**124.7**	2,499
Woorabinda	3	54.5	27
Wide Bay	**6,094**	**110.0**	**9,909**
Bundaberg	2,595	112.3	3,497
Fraser Coast	3,206	108.0	6,102
North Burnett	293	112.6	310
Sunshine Coast	**10,467**	**111.6**	**22,662**
Gympie	1,302	104.4	2,288
Noosa	1527	106.8	2992
Sunshine Coast	7,638	113.9	17,382
PHN	***20,217***	***111.7***	***39,303***
Queensland	***90,000***	***112.5***	***207,000***

Falls

Falls are common amongst people aged 65 years and over, with around 30% of adults over 65 experiencing at least one fall per year. More than half of all injury deaths in this age group are due to falls (Australian and New Zealand Falls Prevention Society 2021). Injuries resulting from falls are the major cause of death, hospitalisation and emergency department presentations among elderly population. More than half of all injury deaths in this age group are due to falls. The PHN catchment shows similar rates of falls with Queensland. Falls are a major cause of hip fractures accounting for 91% of the hip fractures among elderly (NDIS 2020) and greatly contribute towards reducing quality of life for the elderly. With regards to falls in people aged 65 and above (Queensland Health 2020a):

- Highest rate of falls was reported within the PHN (8,223 ASR per 100,000 people; n=13,956) compared to other six Qld PHN regions.
- The rate of falls within the PHN was significantly higher compared to Queensland rate (7,704 ASR per 100,000 people)
- Rate of falls was significantly higher in Sunshine Coast Hospital & Health Service (HHS) (ASR 8,549 per 100,000) and Wide Bay HHS (ASR 8,135 per 100,000).
- Rate of falls in CQ was similar to Queensland rate (ASR 7,358 per 100,000)

Identified need	Key issue	Evidence
		Queensland Health admissions data for 2017-18 indicated that there were 8,848 falls admissions for people aged 65 years and over in the PHN. The crude rate of falls admissions per 1,000 people aged 65 and over in the PHN (54.9) was significantly lower than the state average (72.9) in all areas except for North Burnett LGA (76.0) (Queensland Health 2019). **Frailty** In Queensland in 2016, the prevalence of frailty in those aged 65+ living in the greater Brisbane region was estimated to be 1.5% and 5.7% were pre-frail. For those in the rest of Queensland, the prevalence of frailty in 2016 was 1.8%; this is estimated to be rising to 2.2% in 2027 as for pre-frailty, prevalence estimates were 7.3% (2016) and 8.3% (2027) (Queensland Health 2021). For the PHN older population, that is approximately n=14,200 people with pre-frailty and n=3,700 people with frailty in 2019-20. A small-scale study involving 592 older people living in 10 aged care facilities in Queensland reported a much higher prevalence of frailty (44%) and pre-frailty (46%) (Queensland Health 2021). This suggests that there is a potentially higher number of undiagnosed cases of frailty and prefrailty. **Chronic conditions and multimorbidity** Results from the National Health Survey 2017-18 (Queensland Health 2019) indicated that about 75% of PHN residents over 65 years of age have one or more long-term health conditions (QLD 78.5%). Additionally, approximately: • 41% of PHN residents aged over 65 had high blood pressure (QLD 38%) • 21% had high cholesterol (QLD 19%) • 16% had anxiety related problems (QLD 12%) For older adults (65 years and older), the leading conditions in PHN were: • Total diseases of the eye and adnexa (88.5%; QLD 93%) • Total endocrine, nutritional and metabolic diseases (37.5%; QLD 37%) • Mental illness (20%; QLD 20.4%) • Number of responses were small to indicate other conditions As people age, they are more likely to report multiple chronic conditions. Among older Australians living in the community, almost half aged 65-74 years have five or more long-term conditions, increasing to 80 per cent of those aged 85 years or over reported (AIHW 2012). Considering all persons in Queensland in 2017–18 (Queensland Health 2019):

Identified need	Key issue	Evidence
		• 52% reported no chronic condition • 27% reported one chronic condition • 22% reported two or more chronic conditions. The proportion of people reporting two or more chronic conditions increased with age in QLD in 2017-19 (DOH2019): • 6% of those aged 0-24 years • 23% of those aged 25-65 years • 51% of those aged 65 years and over Among 65 years and older Queenslanders, there were 6.1 (5.7–6.5) physical unhealthy days and 2.8 (2.5–3.1) mental unhealthy days in the past 30 days, when the data was collected (2017-18). These days were higher in people with disadvantaged SES status and living in remote areas (Queensland Health 2020b). Coronary heart disease was the leading cause of burden (10.9%) in adults aged 65 and over. This was followed by dementia (8.3%), COPD (6.5%), stroke (4.8%) and lung cancer (4.5%) (AIHW 2020a). **Consultation** Chronic health conditions was the 2nd top ranking health concern in stakeholder consultations conducted by the PHN in 2021 (CQWBSCPHN 2021b). It was among the top 5 ranking services not adequate to meet demand (identified by about half of stakeholders). About 1 in 3 stakeholders reported the healthcare system being ineffective in improving physical health outcomes of clients. Mental health and cognitive functionality was also a key sub-theme of maintaining functionality into older age. Dementia was a particular area of concern, and many people expressed a need for capacity and resources, both at the community and provider level, to be able to identify and support people with dementia.
GENERAL Social engagement, isolation and loneliness in older people	Social isolation and loneliness can be harmful to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on people's lives. On the other hand social participation through social	Social isolation and loneliness disproportionally effect older people as they are more likely to face factors such as living alone, chronic diseases, hearing loss and the loss of family or friends (CDC 2021). Healthy social and emotional wellbeing in later life is significantly influenced by strong and positive relationships and networks, with studies showing social isolation and loneliness in older people leads to increased likelihood of premature death and conditions such as depression, anxiety, and dementia (National Academies of Sciences, Engineering, and Medicine 2020). Several risk factors have been identified as contributors to social isolation and loneliness amongst older people, including living alone and lack of access to transport to access social engagements.

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td>interactions with family and friends and society leads to feeling of self-worth, life satisfaction and meaningful contribution to society.

There are communities across the PHN catchment where high proportions of older people are living on their own and/or not participating in society.

Reconnecting them with society and services will be important. Identifying these populations when they are not connecting may be difficult which will need to be considered in the care finder program. Using the assets within communities and communities themselves as part of the process will be vital, as will working alongside councils, community centres and organisations and ensuring there are social activities and/or programs that older people can be connected with.

Elder abuse and domestic related emotional trauma</td><td>2021 data shows that lone person households in the PHN region were highest in LGAs North Burnett (30.7%) followed by Gympie (27.2%) compared with 23.5% for Queensland (QGSO 2021). In 2016, the proportion of older people aged 65 years and older living alone was highest in Rockhampton (27.8%), in comparison, the QLD figure is 23.5% (PHIDU 2021).

Table 18: Proportion of People Living Alone, 65+ years, 2016 (PHIDU 2021)
<table><tr><th rowspan="2">LGA</th><th colspan="2">Living Alone, 65+</th></tr><tr><th>Number</th><th>%</th></tr><tr><td>Banana (S)</td><td>498</td><td>23.1</td></tr><tr><td>Central Highlands (R)</td><td>603</td><td>20.2</td></tr><tr><td>Gladstone (R)</td><td>1,436</td><td>20.7</td></tr><tr><td>Livingstone (S)</td><td>1,436</td><td>20.7</td></tr><tr><td>Rockhampton (R)</td><td>3,159</td><td>27.8</td></tr><tr><td>Woorabinda (S)</td><td>7</td><td>24.1</td></tr><tr><td>Bundaberg (R)</td><td>4,907</td><td>22.6</td></tr><tr><td>Fraser Coast (R)</td><td>5,789</td><td>21.5</td></tr><tr><td>North Burnett (R)</td><td>602</td><td>23.7</td></tr><tr><td>Gympie (R)</td><td>2,536</td><td>23.1</td></tr><tr><td>Noosa (S)</td><td>2,589</td><td>20.2</td></tr><tr><td>Sunshine Coast (R)</td><td>13,090</td><td>22.6</td></tr><tr><td>Queensland</td><td></td><td>23.5</td></tr><tr><td>Australia</td><td></td><td>24.8</td></tr></table>
In terms of the impact COVID on social participation, a national survey conducted in January 2021 asked whether people had attended one or more social gatherings since 1 December 2020, when many of the restrictions had been eased or lifted. Results showed that:
Around 3 in 10 (31%) older people chose not to attend any social gatherings
Nationally, the majority were comfortable or very comfortable attending social gatherings at their own residence (85%), or at a friend or family member’s residence (85%) (AIHW 2021b).</td></tr>
</table>

<table>
<tr><th>Identified need</th><th>Key issue</th><th>Evidence</th></tr>
<tr><td></td><td>can also be issues for older people that goes hidden which greatly impacts social connection (and health more generally). Little data is known about the issue locally, but it is an increasing concern in communities which needs to be included within the considerations for the care finder program.</td><td>In February 2021, 14% of older people nationally reported having participated in social gatherings of more than 10 people at least once a week in the last 4 weeks. In March 2020, before COVID-19 restrictions began, 1 in 4 (26%) older people reported having participated (AIHW 2021b).

During the pandemic, loneliness remained the most reported personal stressor due to COVID-19. In May 2020, not long after the social distancing requirements had been in place, loneliness was reported as a personal stressor experienced in the last 4 weeks due to COVID-19 for around 1 in 5 (20%) older people nationally. Later in the pandemic in October 2020, 1 in 10 (10%) older people reported loneliness nationally (AIHW 2021b).

Volunteering as a specific form of participation has positive associations with healthy ageing, improving perceived health, life satisfaction, positive mood and reduced mortality levels among older adults (Douglas et al 2017). As shown in Table 19, local data shows:

• Older people who volunteer is highest in Banana (25.7%) and higher than Queensland figure (17.6%).
• Volunteering is lowest in Woorabinda (7.3%) followed by Bundaberg (15.8%) and Fraser Coast (15.9%) compared to Queensland figure (17.6%) (PHIDU 2021).

Table 19 Community Strength Indicators by LGA, 2016, (PHIDU 2021)
<table>
<tr><th>LGA</th><th>Volunteering 65+ years (%)</th><th>Provide unpaid childcare, 65+ years (%)</th><th>Provide unpaid assistance to people with a disability, 65+ years (%)</th></tr>
<tr><td>Banana (S)</td><td>25.7</td><td>8.5</td><td>9.7</td></tr>
<tr><td>Central Highlands (R)</td><td>22.0</td><td>8.3</td><td>8.9</td></tr>
<tr><td>Gladstone (R)</td><td>19.5</td><td>8.2</td><td>9.9</td></tr>
<tr><td>Livingstone (S)</td><td>19.9</td><td>8.9</td><td>10.4</td></tr>
<tr><td>Rockhampton (R)</td><td>16.8</td><td>8.6</td><td>10.5</td></tr>
<tr><td>Woorabinda (S)</td><td>7.3</td><td>9.8</td><td>0.0</td></tr>
<tr><td>Bundaberg (R)</td><td>15.8</td><td>6.0</td><td>11.5</td></tr>
<tr><td>Fraser Coast (R)</td><td>24.9</td><td>5.4</td><td>11.2</td></tr>
<tr><td>North Burnett (R)</td><td>15.9</td><td>4.9</td><td>12.0</td></tr>
<tr><td>Gympie (R)</td><td>19.4</td><td>5.4</td><td>12.1</td></tr>
<tr><td>Noosa (S)</td><td>22.1</td><td>9.1</td><td>11.2</td></tr>
<tr><td>Sunshine Coast (R)</td><td>20.6</td><td>9.5</td><td>11.4</td></tr>
</table></td></tr>
</table>

Identified need	Key issue	Evidence

Queensland	***17.6***	***10.5***	***11.3***
Australia	***18.4***	***12.4***	***11.6***

During the COVID-19 pandemic, the proportion of adult Australians doing voluntary work in the previous 12-months decreased from 36% in late 2019 to 24% in April 2021. It was reported that those who stopped volunteering were far more likely to say they felt lonely at least some of the time in the previous four weeks than those who continued volunteering (Biddle and Gray 2021).

Social isolation is further associated with increased risk of elder abuse as isolation renders elders more vulnerable to exploitation for psychological, emotional and physical reasons, and further allows abusive behaviour to often go undetected (National Academies of Sciences, Engineering, and Medicine 2020). Although prevalence data in Australia is lacking, the incidence of elder abuse continues to be a growing concern (27 HAS) with research showing that 1 in 6 older Australians are experiencing some form of abuse (Qu et al. 2021).

Consultation

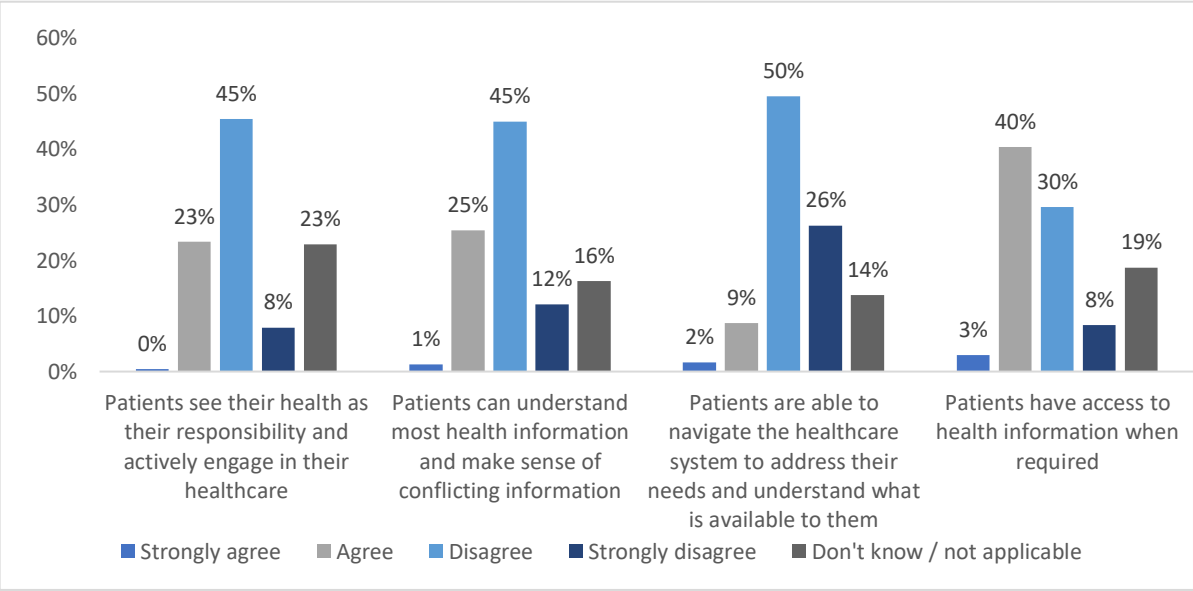
In care finder consultations, community members noted increased isolation since the COVID-19 pandemic. Some health and care providers also noted isolation as a particular issue for older people.

The Families in Australia Survey, summarises the disruption to families and communities throughout the pandemic time (2020-current) and indicates that (AIFS 2021):

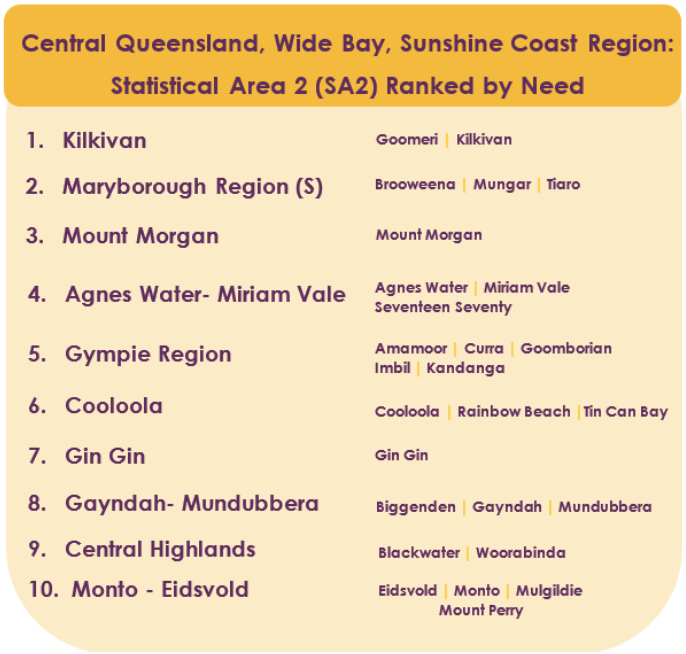
- Limited technological skills were a common barrier to older people connecting with family, although several older participants commented that adult children were too busy or unwilling to communicate.
- Many grandparents found their regular patterns of care of or contact with grandchildren disrupted by COVID restrictions and felt disconnected and isolated from their children and grandchildren.
- Almost 30% of respondents who reported needing help with everyday tasks due to a disability or illness said that they did not receive help from professional services, but they would like to.
- COVID prevented many people from performing volunteer work. The number of respondents volunteering since COVID restrictions were lifted has not equalled the numbers volunteering before restrictions, suggesting that volunteer numbers across Australia have yet to recover to pre-COVID levels.

In community and stakeholder consultations conducted by the PHN (CQWBSCPHN 2021b), isolation of seniors was an issue raised during consultation. In many cases, there are many local opportunities available such as social groups, community activities or events (such as U3A, card groups, men's sheds etc.), but being aware of what these are and how to access them (or how to support people to access them) was often discussed. Intergenerational connection and learning was also

Identified need	Key issue	Evidence
		highlighted as important, both in relation to passing down knowledge and also in contributing to feelings of social connectedness.
GENERAL Low literacy levels of older people including low understanding and confidence in navigating a complex and stigmatised system	Vulnerable older people do not understand or know how to navigate the aged care system. Low health literacy commonly leads to reduced access to services and poorer health outcomes. It is also associated with undesirable outcomes, such as premature death among older people, lower participation in preventative programs and poor medication adherence. There is evidence that aged care reforms are not well understood by older people in the PHN catchment and a fleeing among stakeholders and community that there is currently inadequate support to engage older people in the system. Important to any strategies focusing on health literacy is considering the system and service environment and its role in health literacy as well as the older persons. This will require not only working with	**Consultation** The most prevalent theme throughout the care finder community and stakeholder consultations was the inability of older people who need it most being able to effectively understand and confidently navigate the system, coupled with the complexities of the system. Over 90% of health and community care providers noted that people requiring intensive assistance to access and connect with aged care services did not know what to do, where to go or who to ask. At least 3 in 4 community members agreed there are people in their communities who are not accessing the aged care support they need because they don't know about it or don't know how to. *They don't understand it. You have not made it simple. Too much red tape and no one to give clarity (Consumer 13)* Community members raised that the aged care system is complex and confusing, and growing increasingly stigmatised amongst older people from negative media and stories shared via word-of-mouth. *They don't know who to ask, or what is available. They also hear negative stories from others and don't investigate* for *themselves (Consumer 8)* It was also raised that it is difficult for older people to know what is available and who to ask. It was recognised that face to face support is required for older people to be supported through the system. When asked where people in the community go to find information, consumers raised: GPs, support groups and community groups, friends, family, known service providers, health providers, community events, newsletters, libraries. Not knowing what services are available and/or how to access them was the 8th top ranking health concern in the PHN Stakeholder Survey (identified by 1 in 5 stakeholders) (CQWBSCPHN 2021b). Not having at least one health care provider that people feel comfortable to discuss their concerns with, was identified by <5% as one of their 3 main health concerns, and up to 3 in 4 stakeholders identified health literacy issues within communities. Domains most frequently reported as requiring attention included navigating healthcare system, patients understanding and making sense of health information, actively engaging in healthcare, and having access to health information. Stakeholders also raised poor health literacy and specifically navigation of the health care system as an area for improvement in open ended question. The PHN Stakeholder Survey conducted in 2021 (CQWBSCPHN 2021b) explored patient health literacy and ability to navigate services and access information. Aspects that were most negatively perceived by stakeholders related to patients' ability to source and interpret information and navigate services and systems (Figure 3):

Identified need	Key issue	Evidence
	older individuals but also providers of health information and their environments and systems. Key to health literacy is enabling older people to manage their health, access information and make informed decisions, as well as their carers.	• Patients see their health as their responsibility and actively engage in their healthcare (53% disagreed or strongly disagreed) • Patients can understand most health information and make sense of conflicting information (57% disagreed or strongly disagreed) • Patients are able to navigate the healthcare system to address their needs and understand what is available to them (76% disagreed or strongly disagreed) • Patients have access to health information when required (38% disagreed or strongly disagreed) **Figure 3: Respondents' perceptions of patients' health literacy and ability to source and interpret information and navigate the healthcare system, 2021 (CQWBSCPHN 2021b)**  Community and stakeholder engagement was conducted by the PHN in 2021 to gain an understanding of the key needs and issues facing our seniors across the region (CQWBSCPHN 2021a). A key perception from many stakeholders and community members was that healthy ageing outcomes are influenced by a persons' access to services and supports. Ease of access to health and support services was extremely important to older people. The complexity of the health and aged care system

Identified need	Key issue	Evidence
		was raised, and for many navigating the system was a key concern – including access to information, understanding what is available, and completing the applications/paperwork.
GENERAL Local service landscape	Availability and access to appropriate care in a coordinated and integrated system. Older people living independently within their communities live a longer and healthier life. However, their environment including access to care need to be accessible and of quality. There are gaps in the availability and accessibility of services for older people across the PHN region which lead to non-attendance when needed. There are issues associated with care management and coordination with people falling through the cracks, including in transitioning from hospital back into daily life. This is evidenced by the high rate of potentially preventable hospitalisations (PPH), low rates of MBS care management plans and high emergency department presentations.	**Data** Based on the Australian Census 2016 population overview, the following category (and %) of people who might need aged care services in the PHN (AIHW 202): • 1.6% of Indigenous people (50+) (Qld 2%; AUS 1.5%) • 12.2% of people who require support for core activity (50+) (Qld 11.4%; AUS 11.7%) • 22.9% of people who live alone (65+) (Qld 23.7%; AUS 24.3%) • 24.3 % of people who were born outside of Australia (65+) (QLD 28.8%; AUS 36.8%) • 3.6 % of people of whom preferred language is other than English (65+) (QLD 8.1%; AUS 17.6%) **Local Service Landscape** **Commonwealth Home Support Program (CHSP)** There were 142 organisations providing home support services across the PHN region in 2019-20 (AIHW 2020). Services under the program are provided on an on-going or episodic basis, depending on need. The rates for home support recipients were: • PHN: 339 per 1,000 people aged 70 years and older • QLD: 340 per 1,000 people aged 70 years and older • Australia: 290 per 1,000 people aged 70 years and older **Residential aged care, home care and transition care** Residential aged care was most common type of aged care support in the PHN. As at 30 June 2020, the occupancy rate for residential care in the PHN region was 87.7% (AIHW 2020). As at 30 June 2020, in the PHN region there were (AIHW 2020): • 101 RACFs offering services through 8,459 places (or 95.3% of the places in aged care) • 131 services providing home care packages (places data were not available for home care) • 3 services providing transition care linked to 162 places (1.8% of the total places in aged care) • Rate of places per 1000 people in residential aged care (70 years and above) was 65 within the PHN in 2020; this is lower compared to QLD (74) and national rate (75) despite the PHN's higher proportion of elderly people compared to the state and national figures. These rates have been steady since 2017. • 53.4% of people using permanent residential care in our PHN had a diagnosis of dementia (as of 30 June 2020). Rate of recipients per 1000 target population (70+) as of 30th June 2020 (AIHW 2020):

Identified need	Key issue	Evidence
	Integration within and between health and social services are problematic with a lack of knowledge of existing services and referral pathways and systems at a community level. There are opportunities for greater networking and intersectoral partnerships and co-commissioning of services and projects of need to support identified service need. One of the most important constraints providing services in the PHN relate to workforce, including the recruitment and retention of staff. This also impacts on service quality and client experience. Also, within community environments, there are issues of environments not being age friendly supporting older people to get out and about in their communities to be able to live well independently. This includes attitudes about ageing within	• For residential care: 57.5 for the PHN; QLD 64. In 2019, the rate was 39.9 for the PHN and QLD-43.5. The rates were significantly increased both within the PHN and QLD. • For home care: 57.1 for the PHN; QLD 46.4. The rates were similarly low for PHN and QLD, both 26.4 in 2019. • For home support: PHN and State rates were similar: 339 for the PHN; QLD 340. The rates were 233.5 (PHN) and 231.6 (QLD) in 2019. Health Workforce Queensland (Wellman et al. 2022) undertook a health workforce ranking methodology which incorporates; GP FTE to population ratio, MM classification of remoteness, SEIFA (IRSAD), vulnerable population aged under 5 or over 65 years, and Aboriginal and Torres Strait Islander status. Priority SA2s indicate areas of possible current and/or ongoing workforce need. Figure 4 outlines the priority SA2s for the CQWBSC region and highlights the main towns or communities located within each priority area. **Figure 4: CQWBSC Region: Statistical Area Level 2 (SA2) ranked by need (Wellman et al. 2022)** 

Identified need	Key issue	Evidence
	communities and the contribution older people can make to society. There is also evidence of shortages in support services for home aged care services to ensure appropriate support and home modifications to enable independent living. Ensuring care finder services integrate into local systems and lead opportunities to support older people will be important. Identifying relevant intermediaries will be vital.	**Consultation** The PHN community health survey found the most commonly accessed services by older people included the following (CQWBSCPHN 2021a): • Over a third of respondents aged 65 years or older (39%) felt they needed to see GP / doctor in the last 12 months but did not go. The main reasons for this cohort for not seeing a GP was that they could not get an appointment and no doctor or GP nearby. • Approximately a third of respondents aged 65 years or older felt they needed to see specialist, dental professional or allied health professional but did not go due to unavailability of the services in the area. • About 14% of respondents aged 65 years or older felt they needed to see a mental health specialist but could not make an appointment. Responses received from older people to a question "What is one thing you would like to change about your community to make it the healthiest place it can be?" included the following (CQWBSCPHN 2021a): • Better transport options for elderly people/patients (Bundaberg) • Affordable exercise opportunities for older people (Gympie, Noosa) • Access to better aged care facilities (Noosa, rural localities of Gympie such as Cooloola SA2, Kilkivan SA2) Sunshine Coast respondents highlighted the need to improve access to better aged care facilities. The PHN stakeholders provided their views on the adequacy of service provision to meet older people's health need (CQWBSCPHN 2021b). The findings indicated that about 28% of respondents agreed that there were adequate numbers of the services for older people, whereas half the respondents did not agree to the statement. The proportion of disagreed respondents were similar at around 47-50% across all three regions of the PHN. The respondents were also asked to assess how accessible and appropriate were health care services for older people. About 40% of the respondents indicated that the services for this population group were not accessible or appropriate; 20% were unsure and only about one third felt that the services were accessible and appropriate (CQWBSCHPHN 2021b). The PHN stakeholder needs assessment survey (CQWBSCPHN 2021b) found that about half **s**takeholders identified services for older people as being not meeting demand (ranked about 9th). Gaps and opportunities identified by stakeholders included: access to gerontology and other specialists, long wait times for ACAT and therefore packages, in-home care, palliative care services, RACFs sub-standard; not well trained staff, RACFs GP and specialist visits, lack of public transport to access centrally based services, My aged Care system very challenging.

Identified need	Key issue	Evidence
		In addition, 1 in 4 stakeholders identified palliative care as not meeting demand. Stakeholders identified gaps and opportunities including: fully funded palliative care service in-home and over weekends, care-coordination including early referral, sufficient beds, palliative care physician, access to hygiene and nursing service for people under 65 year olds as not funded by NDIS, equipment (CQWBSCPHN 2021b). In the care finder consultations, the need for greater access to aged care services was considerably noted throughout the care finder stakeholder and community consultations. Consumers noted many issues including long wait times for both assessments and services, inability to find providers with availability, and lack of staff in aged care services. Stakeholders noted lack of workforce in aged care and long wait times, particularly relating to domestic assistance. *I find it very frustrating that there are no services for domestic assistance. When I go onto the My Aged Care Portal I see that some providers have availability on the portal and then when I contact them I find out they don't.* *The wait times for services are way too long and there are people who have Home Care Packages who are not accessing the services and people on CHSP are disadvantaged* *If services were more accessible then people would not need to be placed in Residential Care as often. Many of them don't want to go into care but with the lack of services and the wait times for them to commence they are forced into Residential Care (Provider 36).* Health and community care providers were asked an open-end question on the most effective ways to engage and assist people requiring more intensive assistance who are unable and/or reluctant to connect with aged care services. Over half of respondents (51%) raised the need for face-to-face support. Respondents described that this allows for effective building of trust and rapport and the effective delivery of information and support. *It has been effective to provide regular ongoing contact with step by step assistance. Providing too much information at one time has not been helpful (Provider 54)* The next most frequent response was community engagement including targeted information sessions, and community education to provide information and encourage warm referrals. *Reducing their preconcieved fears by perhaps doing regular workshops for them to explain each step of the prossess, if they are in a group they can discuss it amongst themselves and it may work in reverse and they may provide ideas that are able to be trialled or implemented (Provider 51)* The need for a central referral intake process was raised by some respondents to the health and community care provider survey. Health and community care providers were also asked to describe opportunities that would enhance integration between health, aged care, and other systems for older people to have the assistance they require, particularly for those

Identified need	Key issue	Evidence
		most in need of support. Responses were mixed and included enhanced integration with hospital and general practice, CHSP focussed interagency meetings, integration with migrant services, discharge planning pathways, community nurse navigators, regular case conferencing and meetings with referrers and providers. *The current systems are somewhat separate and non-collaborative. A defined and distinct pathway through primary health, secondary health and aged care would assist in ensuring people are aware of, access or referred to the appropriate support services (Provider 33)* Health Workforce Queensland (Wellman et al. 2022) conducted a Health Workforce Needs Assessment in the PHN region. Table 20 shows mean workforce gap ratings across the workforce in the region, with bold values (60 or higher) indicative of a potential serious gap in the region. **Table 20: Mean workforce gap ratings for the CQWBCSC region and each HHS area (Wellman et al. 2022)**

Type of workforce	CQWBSC region Total *M* (Rank)	Central Queensland HHS *M* (Rank)	Wide Bay HHS *M* (Rank)	Sunshine Coast HHS *M* (*Rank*)
Psychology	**80.39 (1)**	**81.61 (1)**	**84.01 (1)**	**70.62 (1)**
Occupational Therapy	**74.33 (2)**	**79.61 (2)**	**77.80 (2)**	57.84 (5)
Social Work	**74.32 (3)**	**77.40 (3)**	**76.73 (5)**	**63.81 (3)**
Speech Pathology	**74.02 (4)**	**75.97 (5)**	**77.31 (3)**	**64.83 (2)**
General Practice	**73.14 (5)**	**76.91 (4)**	**76.87 (4)**	59.73 (4)
Nursing/Midwifery	**65.52 (6)**	**68.21 (6)**	**68.48 (6)**	55.55 (6)
ATSI Health	**60.57 (7)**	**63.73 (8)**	**61.49 (7)**	52.82 (7)
Diabetes Education	59.03 (8)	**64.82 (7)**	58.37 (9)	49.77 (8)
Nutrition/Dietetic	57.36 (9)	**61.22 (9)**	59.78 (8)	47.36 (9)
Exercise Physiology	54.23 (10)	59.03 (11)	57.07 (11)	39.32 (15)
Radiography/Sonography	54.16 (11)	59.58 (10)	56.34 (12)	41.06 (13)
Podiatry	53.57 (12)	58.39 (12)	55.68 (13)	39.55 (14)
Dentistry	52.99 (13)	52.76 (14)	58.19 (10)	44.00 (11)
Physiotherapy	51.78 (14)	54.57 (13)	53.54 (14)	43.56 (12)
Audiology	45.66 (15)	48.81 (15)	45.45 (15)	40.30 (14)
Optometry	43.85 (16)	42.54 (16)	43.92 (16)	46.28 (10)

Identified need	Key issue	Evidence

Pharmacy	31.81 (17)	39.19 (17)	28.60 (17)	24.46 (17)

The main workforce gap themes and issues identified by respondents are shown in figure 5.

Figure 5: Workforce Gap Themes for CQWBSC region (Wellman et al. 2022)

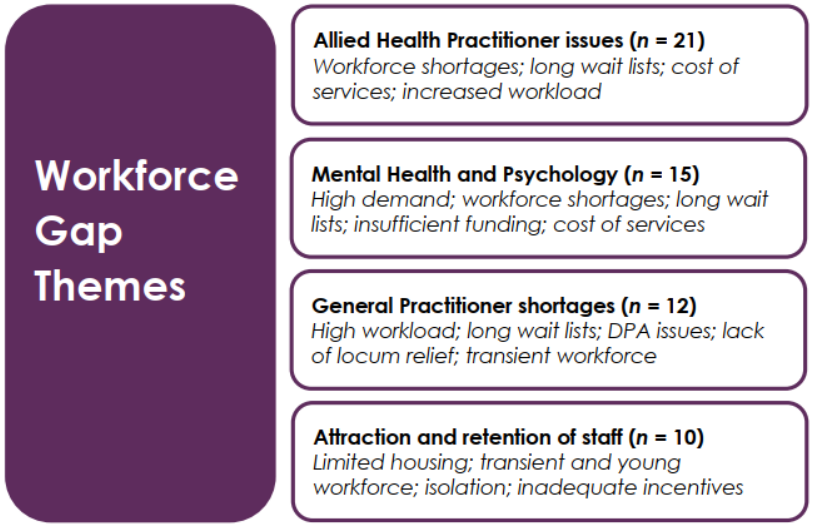


Table 21 shows mean service gap ratings across the region. Mean service gap ratings in aged care were highest in Wide Bay and Central Queensland.

Table 21: Mean service gap ratings for CQWBSC region and each HHS area (Wellman et al. 2022)

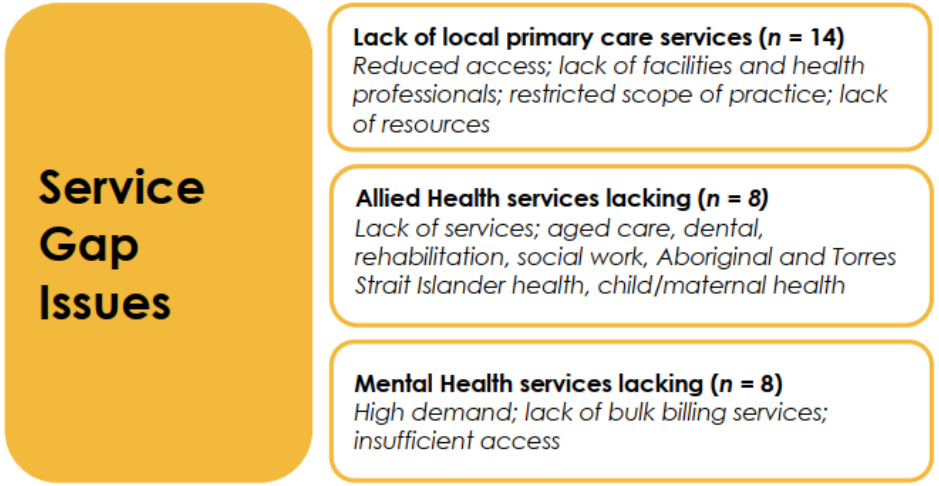
Type of workforce	CQWBSC region *Total* *M (Rank)*	Central Queensland HHS *M* (*Rank*)	Wide Bay HHS *M* (Rank)	Sunshine Coast HHS *M* (*Rank*)
Mental health	**83.39 (1)**	**84.16 (1)**	**84.89 (1)**	**79.03 (1)**

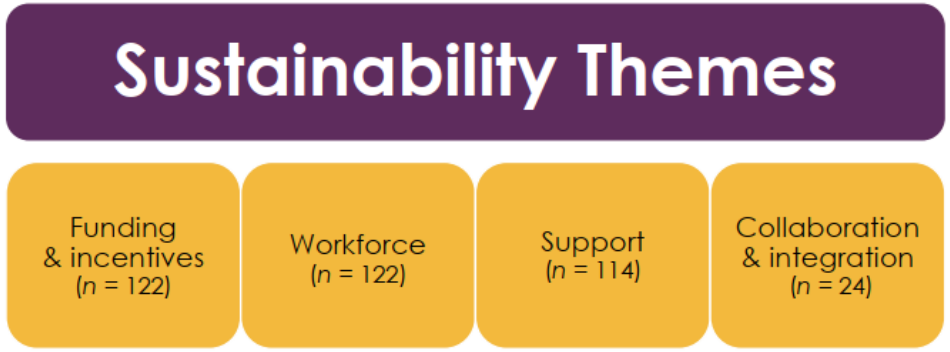
Identified need	Key issue	Evidence

Community-based rehabilitation	**78.49 (2)**	**81.84 (2)**	**81.47 (2)**	**66.31 (3)**
Alcohol & other drugs	**77.58 (3)**	**78.29 (3)**	**76.75 (3)**	**77.85 (2)**
Aged care	**70.82 (4)**	**71.55 (5)**	**76.53 (4)**	58.61 (9)
Social support	**69.08 (5)**	**71.45 (7)**	**71.65 (7)**	59.86 (7)
Child health	**68.47 (6)**	**68.94 (9)**	**70.60 (8)**	**64.03 (4)**
Palliative care	**66.96 (7)**	**71.48 (6)**	**72.68 (5)**	49.00 (13)
Oral health	**66.54 (8)**	**65.24 (12)**	**72.00 (6)**	59.45 (8)
Refugee & immigrant health	**66.17 (9)**	**71.98 (4)**	**63.43 (9)**	**61.09 (6)**
Disability	**65.15 (10)**	**68.54 (10)**	**63.22 (10)**	**62.36 (5)**
Health prevention/promotion	**63.76 (11)**	**69.95 (8)**	**61.51 (12)**	56.91 (10)
ATSI health	**60.91 (12)**	**66.27 (11)**	**61.59 (11)**	51.59 (12)
Maternal health	59.82 (13)	**62.11 (13)**	**60.98 (13)**	52.26 (11)

The main service gap themes and issues identified by respondents are shown in figure 6.

Figure 6: Service Gap Themes for the CQWBSC region (Wellman et al. 2022)



Identified need	Key issue	Evidence
		Figure 7 shows the service sustainability themes that were identified across the region. **Figure 7: Sustainability Themes for the CQWBSC region (Wellman et al. 2022)** 

Section 3 Priorities

This section provides a summary of the priorities determined from the additional activities conducted to identify local needs in relation to care finder support.

Locations to be prioritised for care finder support

Central Queensland, Wide Bay, Sunshine Coast PHN is home to a diverse and large footprint, servicing a population of over 945,353 people and covering twelve local government areas, varying across a diverse geographic region of 161,108km². The proportion of the population aged 65 years and over for the PHN region is 21.2%, equating to over 195,783 older people who call the PHN region home. The PHN population is rapidly ageing, with the number of older people residing in the PHN area forecasted to double between the years of 2016 to 2036, to approximately 300,000 older people.

Appendix A shows the distribution of needs across the PHN regions and LGAs using indicators related to the care finder program. As per appendix A, all LGAs in the PHN region had at least 2 indicators higher than the state average.

- Across the 6 LGAs in the Central Queensland region, the LGAs with the highest indicators were Rockhampton (11) and Woorabinda (9). The average number of indicators higher than the state average across the region was 6.
- Across the 3 LGAs in the Wide Bay region, the LGAs with the highest indicators were North Burnett (13) and Bundaberg (9). The average number indicators higher than the state average across the region was 10.
- Across the 3 LGAs in the Sunshine Coast region, the LGA with the highest indicators was Gympie (7). The average number indicators higher than the state average across the region was 4.

Need exists across the whole PHN region, with multiple disadvantages and barriers primarily concentrated in the Wide Bay region (LGAs: Bundaberg, Fraser Coast, North Burnett), some parts of Central Queensland (LGAs: Banana, Livingstone, Rockhampton, Woorabinda) and Gympie in the Sunshine Coast region.

With a rapidly ageing population across the whole region, it is recommended that the care finder model is implemented across the entire region. With consideration for the concentration of barriers in above-listed areas, it is essential there is adequate coverage in these LGAs in particular.

Recommendation: The commissioned care finder network will provide coverage across the whole PHN region

Target population sub-groups to be prioritised for care finder support

Within the PHN population, there are priority population groups within the older population that face considerable health disparities and challenges and inequities in relation to accessing services.

Housing insecurity and homelessness

Homelessness is a complex issue that presents many barriers for people accessing services. Older women, aged 55 years and over, were the fastest growing cohort of homeless Australians between 2011 to 2016. Since the COVID-19 pandemic, rental stress in social housing and the private market is increasing across the country, increasing risk of housing insecurity and homelessness for many older Australians.

As per Figure 2 in Section 2, ACH service providers in the PHN region provide coverage across each LGA across the region. Despite wide coverage from ACH providers, data and consultations show an increasing need in this space. As such, older people experiencing housing insecurity and homelessness across the PHN region are a target population to be prioritised for care finder support.

Recommendation: Commissioned care finder services will be requested to demonstrate need and work with the PHN to undertake a continuous review of care finder services in identifying and meeting demand for housing insecurity and homeless populations throughout the length of contract.

Outer regional, rural and remote communities

As the PHN region covers outer regional, rural and remote localities, equity of access to care and services for these communities is a priority. People living in these areas have higher rates of socioeconomic disadvantage, poorer health outcomes and less access to services. They are also disproportionately affected by workforce shortages. Older people living in outer regional, rural and remote communities experience increased issues with social isolation and lower ability to navigate and access the right services at the right time.

The below table (table 4 from section 2) shows population distribution across outer regional, rural and remote areas across the PHN. Care finder organisations commissioned in each LGA must ensure equitable access to the following SA2 regions within each LGA.

Table 1: Population in remoteness area by LGA and SA2, PHN region, 2016 (QGSO 2022b)

SA2 area	LGA	Remoteness area					
		Outer Regional Australia		Remote Australia		Very Remote Australia	
		number	%	number	%	number	%
Agnes Water - Miriam Vale	Gladstone	6,009	100	0	0	0	0
Banana	Banana	6,934	81.5	1,575	18.5	0	0
Biloela	Banana	5,751	100	0	0	0	0
Bouldercombe	Rockhampton	722	38.5	0	0	0	0
Bundaberg Surrounds – North	Bundaberg	409	4.6	0	0	0	0
Burrum - Fraser	Fraser Coast	0	0	224	2.3	0	0
Central Highlands - East	Central Highlands	5,622	77.6	1,625	22.4	0	0
Central Highlands - West	Central Highlands	1,310	16.1	6,601	81	240	2.9
Emerald	Central Highlands	13,534	100	0	0	0	0
Gayndah - Mundubbera	North Burnett	6,641	100	0	0	0	0
Gin Gin	Bundaberg	3,635	70.9	0	0	0	0
Gladstone Hinterland	Gladstone	2,074	17.7	428	3.7	0	0
Kilkivan	Gympie	2,097	57.1	0	0	0	0

Maryborough Surrounds - South	Fraser Coast	253	3	0	0	0	0
Monto - Eidsvold	North Burnett	3,634	94.8	200	5.2	0	0
Mount Morgan	Rockhampton	303	10.3	0	0	0	0
North Burnett	North Burnett	7	100	0	0	0	0
Rockhampton Surrounds - East	Livingstone	616	17.9	0	0	0	0
Rockhampton Surrounds - North	Livingstone	825	19.3	501	11.7	0	0
Rockhampton Surrounds - West	Rockhampton	921	31.5	0	0	0	0
Shoalwater Bay	Livingstone	16	100	0	0	0	0

Recommendation: The commissioned care finder network will provide full coverage across each LGA including all SA2 areas, ensuring equitable access for all communities in each LGA.

Approaches to be prioritised for meeting the needs of all diverse groups that will form part of the care finder target population

All care finder services will need to be culturally safe and provide culturally appropriate care for all diverse groups that form part of the care finder target population. This includes people with disabilities, people who identify as LGBTIQ+, cultural and linguistically diverse people, care leavers, our first nations people, and veterans.

Data regarding the distribution of diverse communities such as care leavers and people who identify as LGBTIQ+ is limited across the PHN region. Attribute specific providers with existing networks and trust within these diverse communities should be considered as attribute specific care finder services where they can demonstrate local need within the reach and capability of each provider. Older Aboriginal and/or Torres Strait Islander people who are within the care finder target population should be able to choose whether to receive support from a care finder or Trusted Indigenous Facilitator, if both are available.

Recommendation: All commissioned care finder services will ensure staff are trained in cultural competencies across diverse groups and clients forming part of the care finder target populations, and ensure clients are satisfied with services provided. Attribute specific care finder services will also be commissioned to reach subgroups where there is a specific need.

Through the supplementary needs assessment activities, a number of general needs have also been identified as key issues for the older population in the PHN region, including all diverse groups that form part of the care finder target population. These are listed below and important for all care finder services to consider in respect to care finder roll-out.

Social isolation and loneliness in older people – social isolation and loneliness can be harmful to both mental and physical health. Older people are disproportionately affected by COVID-19. Since the COVID-19 pandemic there has been a marked decline in protective factors including social engagement and volunteering. As such, older people are experiencing more loneliness and are at increased risk of experiencing social isolation.

Support for older people with low literacy including low understanding and confidence in navigating a complex and stigmatised system – vulnerable older people do not understand or know how to access the aged care system. The most prevalent theme throughout the local care finder community and stakeholder consultations was the inability of older people who need it most being able to effectively understand and confidently navigate the system, coupled with the complexities of the system.

Digital literacy and access to the internet is low amongst older people – low digital literacy and poor access to internet impedes the ability to navigate and access to online support services and telehealth services, as well as Government support websites including My Aged Care and Centrelink. Approximately 8% of older Australians aged 50 years and over are digitally disengaged and do not perform any duties online.

Recommendations: Care finder services will be individually tailored for each client and care finder staff will have an understanding of the broader needs and issues impacting care finder clients across the region

Activities to be prioritised to enhance integration between the health, aged care and other systems within the context of the care finder program.

Activities undertaken in the supplementary needs assessment demonstrate key activities to be prioritised by the PHN and commissioned care finder services to ensure the care finder program is integrated and accessible for the care finder population.

All care finder services will initially manage referral intake processes and undertake a continuous review of the model of the model which could inform differing intake models down the track e.g. central intake at state or local level.

Care finder services identify, establish and maintain relationships with local intermediaries at a community level and will assist in embedding referral pathways through relationships with local intermediaries and raising awareness of the care finder service that they provide. In care finder consultations, health and community care providers were asked to describe opportunities that would enhance integration between health, aged care, and other systems for older people to have the assistance they require, particularly for those most in need of support. Integration opportunities identified included hospital and general practice, CHSP service providers, support services for diverse groups such as migrant services and community nurse navigators.

Where care finder services are receiving requests to support people who are not within the care finder target population, care finder organisations will explain the care finder target population to referrers and redirect them to appropriate supports and provide feedback to the PHN around gaps in local services.

Care finder services will develop and deliver appropriate activities to promote and raise awareness of care finder services with potential referrers, intermediaries and the target population. In care finder consultations, when asked where in the community people go to find information, consumers identified GPs, support groups, community groups, known service providers in aged care, health providers, community events, libraries. Health and community care providers also raised community engagement including targeted information sessions, and community education as an effective way to engage and assist people requiring intensive assistance who are unable and/or reluctant to connect with aged care services.

Commissioned care finder organisations may provide assertive outreach in a group setting that is focussed on the care finder target population. General information sessions to people outside the target population, and information sessions delivered by trained community speakers and volunteers, are outside the scope of the care finder program.

In addition to these activities, care finder services will share local experiences and lessons learned in relation to referral pathways at community of practice meetings coordinated by the PHN.

The PHN will increase awareness of care finder services among General Practitioners, primary health care more broadly, and community organisations through the development of local referral pathways; embedding developed pathways within the PHNs 3 Health Pathways websites and promoting these; and, ensuring contracted providers directly undertake adequate promotion of their service to community referrers and intermediaries.

The PHN will also provide a forum, through community of practice meetings, for care finder organisations to build cross organisation networks, establish cross provider referral pathways, and allow sharing of local experiences, lessons learned, innovations and key findings in relation to the service. The PHN will also advocate for gaps and needs, including integration issues throughout the program.

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Appendix A: Summary of Indicators – Triangulation

		Population					Socio-Economic			Housing			Health & Social						
Region	LGA	Median Age, 2020	Older people (>60 years), 2016	Indigenous Population, 50+ 2016	Born Overseas in NESB Country, 65+, 2016	Outer regional, remote, or very remote areas, 2016	People living in areas defined as low SEIFA, 2016	Age Care Pension Recipients, 65+, 2022	Household Internet Access, 65+ 2016	Homelessness Rate, per 10, 000, 2016	Lone Person Households, 65+, 2016	Privately Renting, 65+, 2016	People with a profound or severe disability living in the community, 65+, 2016	Self-rated Health (fair/poor), 2019-20	Living with dementia population aged 65 and over (based on 2019-20 population) *	Volunteering, 65+, 2016	Provide unpaid childcare, 65+, 2016	Provide unpaid assistance to people with a disability, 65+	Number of indicators showing Higher/Lower than state average
			%	%	%	%	%	%	%	rate	%	%	%	%	rate	%	%	%	
CQ	Banana	42.2	21.0	4	2.9	**100**	17.2	50.3	53.2	34.2	23.1	8.8	11.0	16.0	119.8	25.7	8.5	9.7	5
	Central Highlands	36.3	13.6	4.3	4.4	**100**	14.0	49.5	58.5	42.2	20.2	11.0	11.1	11.0	108.2	22.0	8.3	8.9	2
	Gladstone	39.0	17.2	4.1	7.1	13.8	21.5	70.5	65.5	34.2	20.7	12.4	13.1	20.7	111.0	19.5	8.2	9.9	3
	Livingstone	**50.8**	26.1	4.4	5.0	5.4	16.5	60.0	66.4	25.6	20.7	10.5	14.0	19.6	105.4	19.9	8.9	10.4	6
	Rockhampton	39.7	20.6	7.4	3.3	2.4	39.1	70.0	55.4	46.8	**27.8**	**14.1**	15.0	21.8	**124.7**	16.8	8.6	10.5	11
	Woorabinda	23.8	8.5	94.4	0.0	**100**	**100**	41.4	**27.6**	**652.2**	24.1	82.8	**20.5**	n/a	54.5	**7.3**	9.8	0.0	9
WB	Bundaberg	48.0	31.2	4	6.5	4.4	49.5	**74.2**	61.4	43.3	22.6	12.2	15.8	23.2	112.3	15.8	6.0	11.5	9
	Fraser Coast	54.5	**35.7**	4.2	6.9	0.4	59.4	**74.2**	65.9	43.6	21.5	12.1	16.7	23.9	108.0	24.9	5.4	11.2	7
	North Burnett	49.9	31.6	6.5	3.2	**100**	57.1	61.4	46.6	63.4	23.7	8.6	15.8	22.9	112.6	15.9	4.9	**12.0**	**13**
SC	Gympie	51.4	31.5	3.6	5.6	4.3	46.1	69.3	62.5	58.0	23.1	11.8	15.5	**24.3**	104.4	19.4	5.4	12.1	7
	Noosa	52.6	33.5	1.5	8.3	0	5.8	52.4	77.3	19.4	20.2	10.7	10.7	11.0	106.8	22.1	9.1	11.2	2
	Sunshine Coast	44.9	26.7	1.9	7.8	0	9.1	61.8	74.6	26.2	22.6	11.4	12.2	12.6	113.9	20.6	9.5	11.4	2
	Queensland	37.8		4.0	11.0	-	-		68.4	45.6	23.5	13.6	13.9	15.6	112.5	17.6	10.5	11.3	

Highlighted blue indicates lower or higher than QLD average. Bold indicates highest/lowest for PHN

* Rate per 1,000 population aged 65 and over (based on 2019-20 population)

Region	Population	Socio Economic	Housing	Health	Social Engagement
PHN	Proportion of older people is set to increase significantly. 6 LGAs with 20% population aged 65yrs and over	Pockets of high social economic disadvantage across the PHN	Secure and affordable housing an issue. Rate of homelessness in PHN is lower than Queensland rate Being able to modify the home and receive varying levels of assistance in the home as a person's needs increase was identified as a need in the PHN.	The number of people living with dementia set to double An estimated about 90,000 older people above the age of 65 in the PHN region who might have some types/levels of disability Similar proportions of people 65+ with a disability compared to QLD ⇓ Rate of falls higher than QLD	• Older people connect with others in the community (e.g. social activities, friendships) was rated as 4th highest community strength in the PHN, with just under one third of respondents (34%) selecting this as a strength
Central Queensland	Lowest proportion of older people in PHN 85+ population set to triple ⇓ High median age: Livingstone ⇑ Highest number of Aboriginal and Torres Strait Islanders aged 50 years + : Rockhampton-Yeppoon	LGAs highly disadvantaged: Woorabinda & Rockhampton 100% remote: Central Highlands, Banana & Woorabinda ⇓ Low household internet access - older people in Woorabinda	⇑ High proportions of older people living alone: Rockhampton ⇑ High proportion of older people renting: Woorabinda & Rockhampton ⇑ High rate of Homelessness: Woorabinda & Rockhampton ⇑ Rockhampton City SA2 had highest numbers and rates of homelessness	⇑ High rate of dementia: Rockhampton & Banana • High proportion of older people with three or more chronic conditions in these SA2 areas: Mount Morgan, Berserker, Lakes Creek and Rockhampton	⇓ High proportion of older volunteers: Banana ⇓ Low proportion of older volunteers: Woorabinda ⇑ High proportion of older people providing unpaid childcare: Woorabinda
Wide Bay	Highest proportion of older people in PHN. ⇑ High proportion of older people: Fraser Coast & North Burnett ⇑ High proportion of older people in following SA2 areas: Pialba - Eli Waters, Torquay and Maryborough ⇑ Highest proportion of Aboriginal and Torres Strait Islanders aged 50 years +: North Burnett	LGAs highly disadvantaged: Bundaberg, Fraser Coast, North Burnett ⇑ Low household internet access for older people: North Burnett ⇑ High prop of age care pension recipients: Bundaberg & Fraser Coast	⇑ High rate of homelessness: North Burnett	Wide Bay projected to have large increase in proportion of people living with dementia ⇑ High rate of dementia: North Burnett ⇑ Rate of falls higher in WBHHS compared to QLD ⇑ High proportion of older people with a disability: Bundaberg & North Burnett	⇑ High proportions of older carers: Fraser Coast ⇑ Low proportion of older people volunteering: Bundaberg (15.8%) &Fraser Coast (15.9%) *LGA* ⇑ Low proportions of older people in Fraser Coast (4.9%) LGA providing unpaid childcare
Sunshine Coast	Highest number of older people. ⇓ High median age: Gympie & Noosa. ⇓ High proportion of older people: Noosa ⇓ High proportion of older people in following SA2 areas: Cooloola, Noosaville, Caloundra and surroundings (32%)	LGAs highly disadvantaged: Gympie	Highest number of homeless people: Sunshine Coast ⇑ High rate of homelessness: Gympie	⇓ High rate of dementia: Sunshine Coast ⇓ Rate of falls higher in SCHHS compared to QLD ⇓ High proportion of older people with three or more chronic conditions: Gympie-North SA2	⇓ High proportions of older carers: Gympie