

DISASTER RESILIENCE

2024—2025

PLAN



Contents

Acknowledgement	4
A message from our CEO	5

PART 1 Disaster Resilience Plan

1 Introduction.....	6
2 Vision	6
3 Guiding principles.....	6
4 CCQ’s Disaster Resilience Plan and its impact on health and wellbeing	7
5 Who is the Plan for?	7
6 Resilience-building Areas of Focus	8
7 Partners.....	11
8 Monitoring, Evaluation and Reporting.....	11
9 Links to other documents	11
10 Related CCQ Policies, Procedures and Plans	11

PART 2 Background

1 Introduction.....	13
2 CCQ Regional Context and Background	13
2.1. A changing climate, health and disaster	13
2.2. CCQ Regional Disaster Profile	13
2.2.1. CCQ Disaster Exposure - Type and Frequency.....	14
2.2.2. CCQ Disaster Activations	15
2.3. CCQ Existing Health Status Profile.....	15
2.3.1. CCQ Disaster Resilience Profile	17
2.3.2. Understanding resilience constraints	19
2.4. Authority and Governance	21
2.4.1. Queensland Disaster Management Act	21
2.4.2. Disaster Management Governance in the CCQ Region.....	22
2.4.3. Role of Primary Care and PHNs in Disasters.....	23
2.4.4. The role of communities in disaster management and resilience	23
2.4.5. First Nations people, climate, and health.....	25
2.4.6. Other legislation, standards, and plans	26
2.5.1. The Prevention, Preparedness, Response and Recovery Model	27
2.5.2. Other Disaster management and resilience principles.....	28

Appendix A – References	29
Appendix B – Abbreviations and Acronyms	32
Appendix C – Definitions	33
Appendix D – CCQ SA2 Ratings on National Disaster Resilience Index	36

Tables

Table 1.	LGA Risk Priority Table.....	14
Table 2.	List of DRFA Activations in last 5 years– CCQ Region.....	15
Table 3.	SA2 communities with lowest capacity for disaster resilience in CCQ	19
Table 4.	Australian Disaster Management Responsibilities	22
Table 5.	CCQ Regional Disaster Management Engagement	22

Figures

Figure 1.	Map of CCQ Region.....	16
Figure 2.	The Australian Disaster Resilience Index structure	18
Figure 3.	CCQ area map - Capacity for disaster resilience by SA2.....	18
Figure 4.	CCQ area map -Profiles of disaster resilience in CCQ SA2 communities	20
Figure 5.	Queensland Disaster Management Arrangements.....	21
Figure 6.	Prevention, Preparedness, Response and Recovery model	27

Acknowledgement

Country to Coast Queensland recognises and pays respect to the many Traditional Owners of Country, extending from the Sunshine Coast to Central Queensland and west to the Central Highlands.

We acknowledge their ongoing connection to their land and waters, and their systems of Lore and Culture that has allowed them to continue their custodianship of their Country that we are privileged to live and work on.

We extend our respect to Elders past, present and those on their journey.

A message from our CEO

As we release the Disaster Resilience Plan, I am both honoured and motivated by the opportunity this initiative brings to support our communities in Central Queensland, Wide Bay and the Sunshine Coast. Our regions face some of Australia's most severe natural disaster risks, including flooding, cyclones and bushfires, each with far-reaching implications for the health, wellbeing and resilience of the communities we support.

The World Health Organisation declared climate change as the greatest global health threat of the 21st century. At Country to Coast QLD (CCQ), we are committed to ensuring that the health and social systems in our communities are equipped to face these challenges head-on.

This Plan presents a clear, actionable roadmap to build and strengthen disaster resilience across our region. Our vision is a thriving CCQ Region where diverse communities are connected, strong and resilient in the face of a changing climate.

The Plan's three pillars—awareness of health risks, resilience within the health sector, and community-led initiatives—represent the foundation of our strategy. They provide clarity and focus as we address the layered challenges of disaster resilience. Whether it's equipping aged care homes with risk information, integrating primary care providers into disaster management arrangements, or empowering local initiatives through the Resilient Care Program, these actions will help us build a robust, coordinated response to future disasters.

CCQ recognises that disaster resilience is our collective responsibility. Together with local agencies, healthcare providers and communities, we are committed to strengthening our capacity to withstand and adapt to these events.

Thank you for your commitment and partnership on this essential journey.

Julie Sturgess
Chief Executive
Country to Coast QLD

PART 1 Disaster Resilience Plan

1 Introduction

As climate change is causing increasingly frequent and severe natural disasters, the need for a disaster resilience Plan has never been more critical. Queensland is the most disaster-impacted state in Australia and our communities face significant risks from flooding, severe weather, cyclones and bushfires among other hazards.

Recognising these challenges, Country to Coast QLD (CCQ) is committed to fostering resilience across its region through a strategic, proactive approach. This Plan outlines CCQ's commitment to safeguarding the health and wellbeing of communities in Central Queensland, Wide Bay and the Sunshine Coast and promoting collaboration that connects key partner agencies and communities to achieve better outcomes for all people when disasters hit.

2 Vision

A thriving CCQ Region where diverse communities are healthy, strong, connected and resilient in the face of a changing climate.

By providing a roadmap toward achieving this vision, the Plan aims to:

- enable a shared understanding of disaster resilience through the lens of health and wellbeing that can be adopted and applied by health and social partners, individuals and the CCQ community
- identify priority areas of focus for disaster resilience effort and investment, and
- identify practical, evidence-based projects over the next 12 months and beyond that will contribute to a resilient CCQ Region.

3 Guiding principles

The following principles underpin the Plan:

- **Community-centred:** We value the knowledge and experience of communities and build resilience collaboratively.
- **Risk-based:** We recognise that communities have differing levels of vulnerability to disasters that require unique approaches to building resilience.
- **Proactive:** We invest early in prevention, mitigation and preparedness activities that support health and wellbeing
- **Coordination and collaboration:** We foster partnerships and coordination among stakeholders, agencies and sectors.
- **Equity and inclusion:** We prioritise equitable access to resources, information, capacity building and support.
- **Adaptability and flexibility:** We remain adaptable to meet evolving challenges and changing circumstances.
- **Continuous improvement:** We learn from past experiences and feedback to continuously enhance strategies, policies and practices in disaster resilience.

4 CCQ's Disaster Resilience Plan and its impact on health and wellbeing

Natural disasters have devastating financial and social impacts on individuals, families, communities, businesses and governments. While they bring high upfront recovery costs, their long-term effects on health and wellbeing are even more concerning. For example, projected lifetime costs resulting from the Black Saturday fires are estimated at over \$1bn in mental health issues and \$321m in chronic and non-communicable disease. However, most health costs following disaster events are intangible¹.

Over the past five years the CCQ Region has experienced numerous significant emergencies and fourteen disaster declared events, most of which impacted multiple local government areas in the region. With high levels of socio-economic disadvantage especially outside the Southeastern corner of the region, an ageing population, high proportions of the population living with chronic disease, elevated figures of mental illness, and higher levels of smoking and other risky behaviours, the pre-existing health status of the CCQ community are at potential of increased impacts of disasters. The [CCQ Disaster Resilience Plan Background](#) provides more detail regarding the disaster risk, existing health status and community resilience across the region, including the resilience status by statistical area.

Building resilience at local, state, and national levels has become crucial in reducing the risks posed by natural disasters and climate change. Although disasters cannot be fully controlled, strengthening resilience can improve our ability to cope with and absorb these shocks more effectively. This Plan helps CCQ to collaborate with agencies, care providers, organisations and members of the community to better enhance disaster resilience across the region.

5 Who is the Plan for?

This plan aims to communicate CCQ's vision, principles, and actions for disaster resilience to external stakeholders, including communities, primary care providers, health and hospital services, and disaster management partners.

Everyone has a role to play in building disaster resilience. It is the collective responsibility of all sectors of society, including all levels of government, business, the non-government sector, communities, and individuals². If we work together with a united focus and a shared sense of responsibility to improve disaster resilience, it will be far more effective than the individual efforts of any one sector. Disaster resilience is not a stand-alone activity that can be achieved in a set timeframe, nor can it be achieved without a joint commitment and concerted effort by all sectors of society. CCQ sees it as an effort that is worth making because building disaster resilience is an investment in our future.

Through releasing this plan, CCQ aims to transparently share our vision and initiatives, ensuring all stakeholders are informed of our disaster resilience strategies. In doing this, we encourage aligned efforts, foster collaboration, and reduce the risk of duplicated activities. This united approach strengthens disaster preparedness across the region, enabling our communities to adapt to and withstand the growing challenges of climate change and extreme weather events more effectively.

This plan is supported by the CCQ Disaster Resilience Plan - Background, which also forms part of this document.

The plan will be reviewed and updated annually.

¹ Deloitte Access Economics (2016). *The Economic Cost of the Social Impact of Natural Disasters*. Prepared for the Australian Business Roundtable for Disaster Resilience & Safer Communities.

² Commonwealth of Australia (2021). National Climate Resilience and Adaptation Strategy 2021 – 2025.

6 Resilience-building areas of focus

CCQ recognises that building resilience is complex, with many layers, roles and responsibilities across multiple organisations. By breaking this Plan down into three key areas of focus, CCQ aims to make it simpler to participate, easier to understand and communicate, and more effective to measure its success. This Plan acknowledges that disaster resilience is a journey, not a destination. As environments and communities change, we need to be flexible and adaptable to meet new needs and challenges.

For this reason, CCQ has identified three broad pillars of focus that provide a strong place to start.

Pillar 1 Enhance awareness and understanding of the health risks our communities face

Understanding the health and wellbeing risks posed by disasters equips agencies, organisations, communities and individuals to proactively prevent, prepare and respond to disasters and minimise their impacts. By providing the opportunity to understand these risks, we further enhance the 'shared responsibility' for all stakeholders within each community we support and live³.

In 2024-2025, CCQ will:

#	Action
1.1	Complete a detailed regional disaster and health risk assessment
1.2	As a part of the Resilient Care Program, undertake participatory local health resilience assessments in five local government areas, in partnership with government and community stakeholders.
1.3	Deliver disaster planning and business continuity workshops to Residential Aged Care Homes (RACHs), community aged care providers, and other community-based organisations

Success looks like

1. Communities and organisations in the CCQ Region have access to reliable disaster risk information.
2. There is a greater awareness and understanding of the types of disaster risk, the impacts on health and risk ratings across the region amongst CCQ and our key stakeholders.
3. Residential Aged Care Homes (RACHs) and community aged care providers have enhanced awareness of disaster risks, local system response capability and risks, and improved planning and collaboration capabilities.
4. Communities and organisations across five local government areas and the wider region have access to health resilience data and information.
5. Improved trust and stronger relationships between communities, primary care providers, CCQ and the Disaster Management community because of undertaking assessments.

³ Rawsthorne, M. (2023). 'Understanding community-led disaster preparedness', *Australian Journal of Emergency Management*, 38/2, April. Retrieved from: <https://knowledge.aidr.org.au/resources/ajem-april-2023-understanding-community-led-disaster-preparedness/>

Pillar 2 Enhance the resilience of the health sector in responding to disasters

Disaster resilience is a shared responsibility however current disaster management practices are not fully aligned with these principles and the potential benefits are not being realised. By including primary care in the work to understand risks, to plan and exercise for response, and to develop skills and capacity we can strengthen the health system's capacity to anticipate and cope with disasters, recover afterwards and adapt to changing circumstances.

In 2024-2025, CCQ will deliver the following:

#	Action
2.1	Represent primary care at Disaster Management Groups training and exercising.
2.2	Provide opportunity for disaster and business continuity planning to primary care providers.
2.3	Undertake advocacy for primary care to be formally mandated in Queensland Disaster Management Arrangements.
2.4	Undertake joint facilitation and expansion of Health Sub-Committees in collaboration with three local Health and Hospital Services.
2.5	Establish the Queensland PHN Disaster Management community of practice.
2.6	Investigate development of an MOU with key health stakeholders to enhance mental health support to as a trial for select communities affected by or at risk of disaster.
2.7	Establish a Primary Care volunteers in evacuation centres management register and protocol, in collaboration with each Local Government.
2.8	Train CCQ and supporting organisation staff to effectively coordinate the Primary Care response to emerging disasters and significant emergencies.
2.9	Enhance and expand participation in the "We Are Open" program with GPs, pharmacies, and Aboriginal Medical Services, and embed it into Local Disaster Management arrangements.
2.10	Undertake annual testing and review of CCQ Crisis Management Procedure.
2.11	Implement projects and actions prioritised through the Resilient Care program to strengthen resilience of the healthcare sector in four participating Local Government Areas (LGAs).

Success looks like

1. The disaster / emergency management sector understands the value of primary care in disaster response, with a view to establishing a formal role within the updated legislation and state plans, and the role of primary care in local disaster management is clear.
2. Primary care volunteers in evacuation centres are safe and effectively engaged.
3. CCQ staff and other primary care supporting staff are appropriately trained to coordinate and manage the response to disasters.
4. Primary care practices are engaged to provide extended access hours for community to increase resilience during and after disasters and significant emergencies.
5. There is greater integration of health disaster management plans between HHSs and primary care.

Success looks like

6. Primary health disaster frameworks are integrated into national and state disaster management plans.
7. Increase in shared knowledge, best practice and innovation in disaster resilience between PHNs.
8. The shared responsibility for resilience between all stakeholders is promoted and encouraged.
9. Community access mental health support after a disaster is enhanced and integrated into existing service provision.

Pillar 3 Foster and support community-led initiatives to enhance disaster resilience at the local level

The more resilient the community, the better their ability to recover, adapt and thrive in a changing climate. Disaster response and preparedness is just one facet of resilience. Resilient communities are those that are well-prepared for disasters, able to adapt and recover from challenges, and equipped with the resources, relationships, and knowledge to mitigate future risks and thrive⁴.

In the 2024-2025, CCQ will deliver the following:

Action

- 3.1 Complete the implementation of the Flood Wellbeing and Resilience Grants, share the results and learnings, and celebrate the successes.
- 3.2 Continue to develop strategic partnerships and apply for funding to enhance CCQ's community-led disaster resilient programs/portfolio.
- 3.3 Implement Year 1 of the Resilience Care Program in five local government areas, including conducting participatory health resilience assessments and co-designing local resilience projects with communities, primary care providers, and other key stakeholders.

Success looks like

1. The Flood Wellbeing and Resilience Grants are fully implemented, with all objectives met. Outcomes, insights, and best practices are effectively documented and shared with stakeholders, fostering sector-wide learning. Success is celebrated with community and partners, highlighting the positive impact on flood resilience and community wellbeing.
2. CCQ has new and strengthened strategic partnerships across the region to ensure disaster resilience work.
3. CCQ has an increased and diversified funding portfolio for disaster resilience that enables sustainable innovative community led resilience building across the region.
4. Year 1 of the Resilience Care Program is successfully executed across four local government areas.
5. Participatory health resilience assessments are completed, providing valuable insights into local needs and increasing participation and connections at the local level.

⁴ Australasian Institute for Disaster Resilience (2020). Community Engagement for Disaster Resilience. Retrieved from https://knowledge.aidr.org.au/media/7989/aidr_handbookcollection_communityengagementfordisasterresilience_2020.pdf

Success looks like

6. Collaborative efforts with communities, primary care providers, and key stakeholders lead to the co-design of targeted resilience projects, fostering strong local ownership and creating a foundation for sustained, community-driven resilience practices.

7 Partners

The CCQ Disaster Resilience Plan is a collaborative effort that involves a diverse array of partners, both internal and external to CCQ. Internally, various CCQ directorates work together to align resources and strategies and undertake resilience activities. Externally, the plan engages local governments, primary health care providers, Aboriginal medical services, pharmacies, mental health providers, and Hospital and Health Services (HHSs), as well as neighbourhood centres and other non-government organisations. This comprehensive network of partners ensures a coordinated approach to disaster resilience, drawing on the unique strengths and expertise of each organization to effectively support community preparedness and response efforts.

8 Monitoring, evaluation and reporting

CCQ is committed to monitoring, evaluating, and reporting on its disaster resilience and management plan to ensure effectiveness and continuous improvement.

The "What Success Looks Like" section has been included above to assist in effectively communicating the plan's goals and vision. However, a detailed monitoring and evaluation framework has also been developed to ensure continuous learning and accurate measurement of success.

Annual reporting will be provided to the CCQ board and will provide detailed insights into achievements, challenges, and adjustments made to optimise future planning and response initiatives. Highlights from this report will also be made available to CCQ's stakeholders. By implementing this robust framework, CCQ aims to maintain accountability, transparency, and effective delivery of resilient disaster management strategies across the region.

9 Links to other documents

- [Queensland Disaster Management Act \(2003\)](#)
- [Disaster Management and other Legislation Amendment Act \(2010\)](#)
- [Queensland Disaster Management Regulation \(2014\)](#)
- [National Health and Climate Strategy 2023](#)
- [Queensland Disaster Management Plan \(2023\)](#)
- [Queensland Recovery Plan \(2023\)](#)
- [Queensland Strategy for Disaster Resilience \(2022-2027\)](#)
- [District and Local Disaster Management Plans](#)

Links to further documents referenced in the collation of this plan are in [Appendix A – References](#).

10 Related CCQ policies, procedures and plans

Document number	Document name
PRO-DCM-001	CCQ Crisis Management Procedure
PRO-WHS-008	CCQ Emergency Response Plan

DISASTER RESILIENCE

2024—2025

BACKGROUND



PART 2 Background

1 Introduction

Country to Coast, QLD (CCQ) has established a CCQ Disaster Resilience Plan (**PART 1**) to support a structured and coordinated approach with our partners and community to enhance disaster resilience across the region. This background document provides the supporting context for the Plan by outlining the regional disaster risk, pre-existing health status of the communities and the disaster resilience across the region. It is to be used as a reference and supporting document by CCQ, its disaster management, resilience partners and the community when planning and delivering resilience activities.

2 CCQ regional context and background

2.1. A changing climate, health and disaster

The World Health Organisation has identified climate change as the greatest threat to human health in the 21st century. Across Australia, including in the CCQ Region, people are already experiencing the climatic effects of rising CO2 levels. Recent years have brought unprecedented climate extremes including droughts, fires, and floods, significantly impacting public health, including traumatic injuries, communicable diseases and mental health challenges. Exposure to environmental pollution, longer and hotter summers, along with more frequent and intense heatwaves, exacerbate these challenges. These events strain healthcare services, leading to shortages of supplies and personnel, delays in surgeries, hindered emergency responses, mental health deterioration, and increased public health risks.

However, illness, injury, and deaths related to disasters and extreme heat represent only a fraction of climate change's overall impact on health. Without action to reduce emissions, climate change will threaten food and water security, facilitate the spread of infectious diseases, and worsen air quality, with far-reaching and devastating consequences for health.

In Queensland, Australia, the terms "disaster" and "emergency" are used with specific meanings and distinctions. A **disaster** is defined as a serious disruption in a community caused by the impact of an event that requires a significant coordinated response by governments and other entities to help the community recover from the disruption. Conversely, an **emergency** is a sudden unforeseen happening which requires actions to correct and protect lives or property and the environment. It may include fire, explosion or toxic material release, an electrical failure, security breach or a natural event (Queensland Government. 2023).

In summary, while emergencies refer to urgent situations that demand immediate response to prevent harm or mitigate impacts, disasters are larger-scale events that cause significant disruption and often necessitate coordinated efforts beyond local capabilities to manage effectively. Both terms are crucial in emergency management planning and response efforts in Queensland and across Australia to ensure appropriate resources and actions are allocated based on the severity and scope of the situation.

2.2. CCQ Region disaster profile

This section outlines the disaster profile of the CCQ Region through a public health lens. The severity of health risks from disasters in the CCQ Region is greatly influenced by three factors:

1. **Exposure** – The CCQ Region is among the most disaster-prone in Australia and is experiencing an increase in the frequency and intensity of such events. Between 2020-2023, the region experienced natural disasters that resulted in Disaster Relief Funding Arrangement (DRFA)

activation on 16 occasions. By comparison, the Gold Coast PHN Region had 11 in the same time period.

2. **Health vulnerability** – The extent of pre-existing health issues in the region makes people more susceptible to adverse health effects from disasters. Much of the CCQ Region has higher-than-average rates of mental illnesses, chronic diseases, smoking, suicide, and other age-related health issues. This means communities are at increased risk of severe negative impacts from disasters due to pre-existing health issues. This is compounded by an unequal geographic and economic distribution of healthcare services, limited availability of resources, and commonly longer waiting times compared with other areas of Queensland.
3. **Capacity** – The region’s capacity for disaster resilience. Much of the CCQ Region is rated as having low levels of capacity for disaster resilience by the National Disaster Resilience Index. Entrenched social and economic disadvantage, limited access to resources and services, poor community cohesion, and restricted opportunities for adaptive learning, contribute to this rating.

Without intervention, the combination of the above factors generates significant risk to the region’s health and health systems. To address this risk, the Royal Commission into Natural Disaster Arrangements (2020) recommends the need for greater integration of primary healthcare providers into disaster management systems. Similarly, the National Climate and Health Strategy (2023) details the need to integrate a public health response into disaster management. These factors are explored in more detail below.

2.2.1. CCQ Region disaster exposure – Type and frequency

Throughout Queensland, all disaster management arrangements align with the *Disaster Management Act 2003* (the Act). Local governments are primarily responsible for managing disaster events within their local government area (LGA) and are ideally placed to provide specific disaster management at the community level given their knowledge and understanding of local social, environmental and economic issues.

A risk assessment review of each Local Disaster Management Group’s (LDMG) plans revealed the risk assessment outcomes for the top five hazards, shown in **Table 1** below, with a rating from 1-5 in order of priority, 1 being the highest priority.

Table 1. LGA Risk Priority Table

LGA	Flooding	Thunderstorm	Bushfire	Heatwave	Cyclone
Livingstone	1	4	2	5	3
Woorabinda	1	3	2	5	4
Central Highlands	1	3	2	5	4
Banana	1	3	2	5	4
Rockhampton	1	2	3	5	4
Bundaberg	1	2	3	5	4
Fraser Coast	1	2	3	5	4
Gladstone	1	2	3	5	4
North Burnett	1	2	3	4	5
Gympie	1	2	3	4	5
Noosa	1	2	3	4	5
Sunshine Coast	1	2	3	4	5

2.2.2. CCQ Region disaster activations

Significant emergencies and disasters which are complex in nature or involve significant community impacts meet the activation requirements under the Act. This allows for funding to be released by the Commonwealth or Queensland Governments from the National Emergency Management Agency (NEMA) or Queensland Reconstruction Authority (QRA).

This then allows for hardship payments for individuals and families and counter disaster funding to be provided to the affected areas to assist with relief and recovery efforts, both for community members and response and management agencies. Funding activations are a good way of mapping significant disasters in a region. Over the past five years, there have been multiple Disaster Recovery Funding Arrangements (DRFA) activations for significant events across the CCQ Region. **Table 2** below summarises activations experienced by specific LGAs.

Table 2. List of DRFA Activations in last 5 years– CCQ Region

Year	DRFA Activation	LGA											
		Central Highlands	Banana	North Burnett	Gympie	Fraser Coast	Livingstone	Woorabinda	Noosa	Sunshine Coast	Rockhampton	Bundaberg	Gladstone
2024	Tropical Cyclone Kirrily, Associated Rainfall and Flooding	●		●				●		●			●
	South QLD Severe Storms and Rainfall		●										
2023	Southern QLD Bushfires	●		●	●			●		●	●	●	●
	Northern & Central QLD Monsoon and Flooding	●					●	●					
2022	Southern QLD Flooding			●	●	●	●					●	●
	Southeast QLD Rainfall and Flooding			●	●	●			●	●		●	●
	Ex-Tropical Cyclone Seth			●	●	●						●	
	South QLD East Coast Low			●									
2021	Central, Southern & Western QLD Rainfall and Flooding	●	●	●	●			●	●			●	
2020	K'gari (formerly Fraser Island) Bushfires					●							
2019	QLD Bushfires			●	●	●	●		●	●	●	●	●
2018	Central QLD Bushfires	●	●				●	●			●	●	●
	Gympie Bushfires				●								
	Wide Bay-Burnett Severe Storms				●	●							

2.3. CCQ Existing Health Status Profile

The CCQ Region covers 161,108 km² from the Sunshine Coast, north to Rockhampton and west to Emerald with a population of 945,353 (**Figure 1**). Approximately 68.1% of CCQ's population live regionally or remotely, with 9.7% living in outer regional, remote or very remote areas.

CCQ residents endure significant health challenges, commonly at levels outside of Queensland state averages. These preconditions exacerbate the risk of severe impact in the event of a disaster.

Figure 1. Map of CCQ Region



Current health challenges in the region include:

- *High levels of socio-economic disadvantage*

People living in rural and remote areas tend to endure higher rates of socioeconomic disadvantage, poorer health behaviours and outcomes, and less access to services than people living in the urban context. For example, Woorabinda, 170km southwest of Rockhampton in Central Queensland, is the most disadvantaged LGA in Australia with 100% of its population living in the most disadvantaged quartile. Additionally, LGAs with comparatively high levels of disadvantage compared to national averages include Rockhampton, Bundaberg, Fraser Coast, North Burnett, Gympie and Gladstone (Australian Bureau of Statistics 2021a).

- *An ageing population*

As people age, care requirements often become more complex as the likelihood of having multiple chronic illnesses, frailty and disabilities grows. Eight of the 12 LGAs in the CCQ Region have a median age higher than the Queensland state average of 38 years. Median age estimates were highest in Fraser Coast (51) and Noosa (50) LGAs (Australian Bureau of Statistics 2021b). With an aging population, demand on primary care and allied health services increases.

- *High proportions of residents living with chronic diseases*

When communities experience high levels of chronic diseases and limited to access to health services, the impact of natural disasters can be devastating. Of the 12 LGAs in the CCQ Region,

eight indicate a greater proportion of individuals living with one or more long-term health conditions. Fraser Coast recorded the highest in the CCQ Region, with 40.3% of residents living with one or more long-term health conditions, compared to the Queensland average of 28.8% (Queensland Government Statistician's Office, 2024). Chronic health conditions ranked as the second-highest concern in stakeholder consultations conducted by CCQ in 2021 and were among the top five services identified as inadequate to meet demand by approximately half of the stakeholders (CQWBSCPHN, 2021).

- *High smoking and risky alcohol consumption, alongside increased prevalence of poor health status*

Within the CCQ Region, approximately 11% of adults smoked daily, and 39% consumed alcohol at risky levels, compared to 10% and 36%, respectively, in Queensland. The highest proportion of daily adult smokers in CCQ was found in the LGAs of Bundaberg, Central Highlands, and Fraser Coast. Additionally, the highest percentage of adults consuming alcohol at risky levels was in the Central Highlands and Livingstone LGAs. Residents of Bundaberg, Fraser Coast, Rockhampton, Gympie, and North Burnett were significantly more likely to perceive their health as 'fair' or 'poor' compared to the state average (Queensland Health, 2024).

- *Elevated figures of mental illness, suicide, and unmet needs for mental health services*

Results from the CCQ 2020-21 community health survey revealed that communities throughout the region identified a pressing need for increased accessibility and affordability of mental health services, particularly in rural and remote areas. Health workforce shortages, especially in rural and remote regions, emerged as a significant concern. In particular, the shortage of mental health professionals, General Practitioners, and Aboriginal and Torres Strait Islander Health Workers contributed to high workforce gap ratings (CQWBSCPHN 2021). Specifically, Rockhampton, North Burnett, Gympie, Gladstone, Bundaberg, and Fraser Coast LGAs demonstrated comparatively higher-than-average rates for mental and behavioural issues as well as individuals experiencing high or very high levels of psychological distress (PHIDU 2021). Over the 5-year period 2018–2022, the Burnett region (SA3) had one of the highest age-standardised suicide rates in Australia, with 32.3 deaths per 100,000 population. During the same period, the reportable suicide rates in males in Wide Bay (SA4) was the highest in Australia (37.6 deaths per 100,000 population) (AIHW 2023).

2.3.1. CCQ Region disaster resilience profile

Disaster resilience generally refers to the ability of a system (community, society or organisation) to withstand, adapt to and recover from the impacts of hazards and disasters. It is a broader concept that encompasses not only the ability to respond to and recover from disasters, but also the capacity to anticipate risks, reduce vulnerability and build adaptive capacity. CCQ's approach to disaster resilience focuses on long-term strategies and actions aimed at strengthening the overall ability of communities and systems to anticipate, bounce back and even thrive after a disaster.

The Australian Disaster Resilience Index is a standardised national assessment of disaster resilience in Australia. It provides a snapshot of community capacities to cope with and adapt to natural hazards like bushfires, floods, storms and earthquakes. By analysing social, economic, environmental, infrastructure, governance and geographical factors, it produces spatial maps showing resilience variations across Australia. The Index uses 77 indicators to estimate and distribute coping and adaptive capacities, aiding communities, governments, and industries in collaborative resilience efforts (see Error! Reference source not found., Australian Disaster Resilience Index 2020).

Each Statistical Areas Level 2 (SA2) in the CCQ Region is assigned a disaster resilience index value, with values ranging between 0 and 1, depicted in **Figure 3**. Communities are assessed in terms of having low, moderate, and high disaster resilience, reflecting different capacities to cope with and adapt to natural hazard events. A significant portion of SA2 areas in CCQ (57 out of 93) were assessed as having a 'low' capacity for disaster resilience, with most of these located in Wide Bay and Central Queensland regions.

Figure 2. The Australian Disaster Resilience Index structure

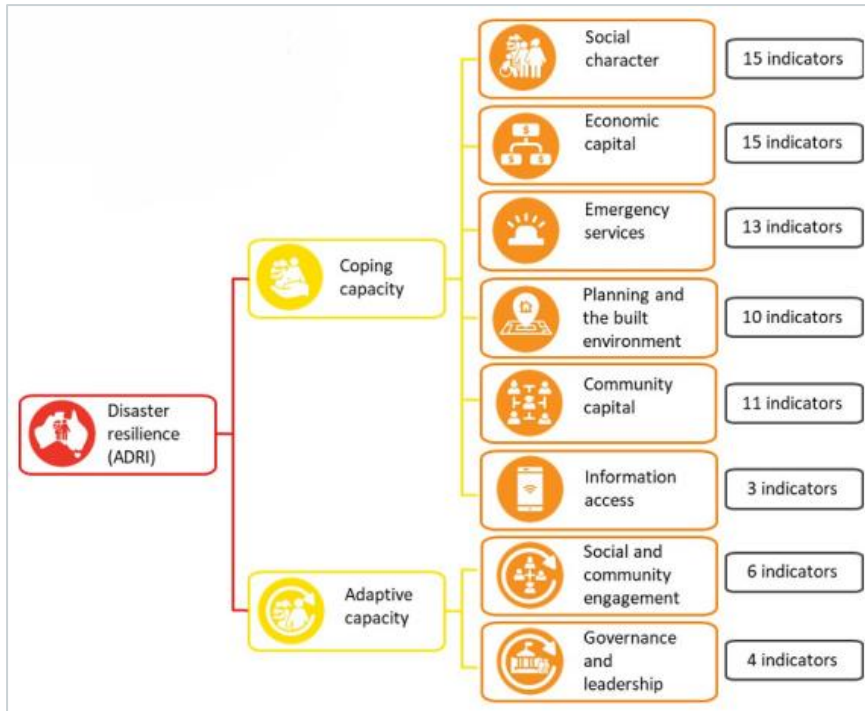


Figure 3. CCQ area map – Capacity for disaster resilience by SA2 in CCQ Region

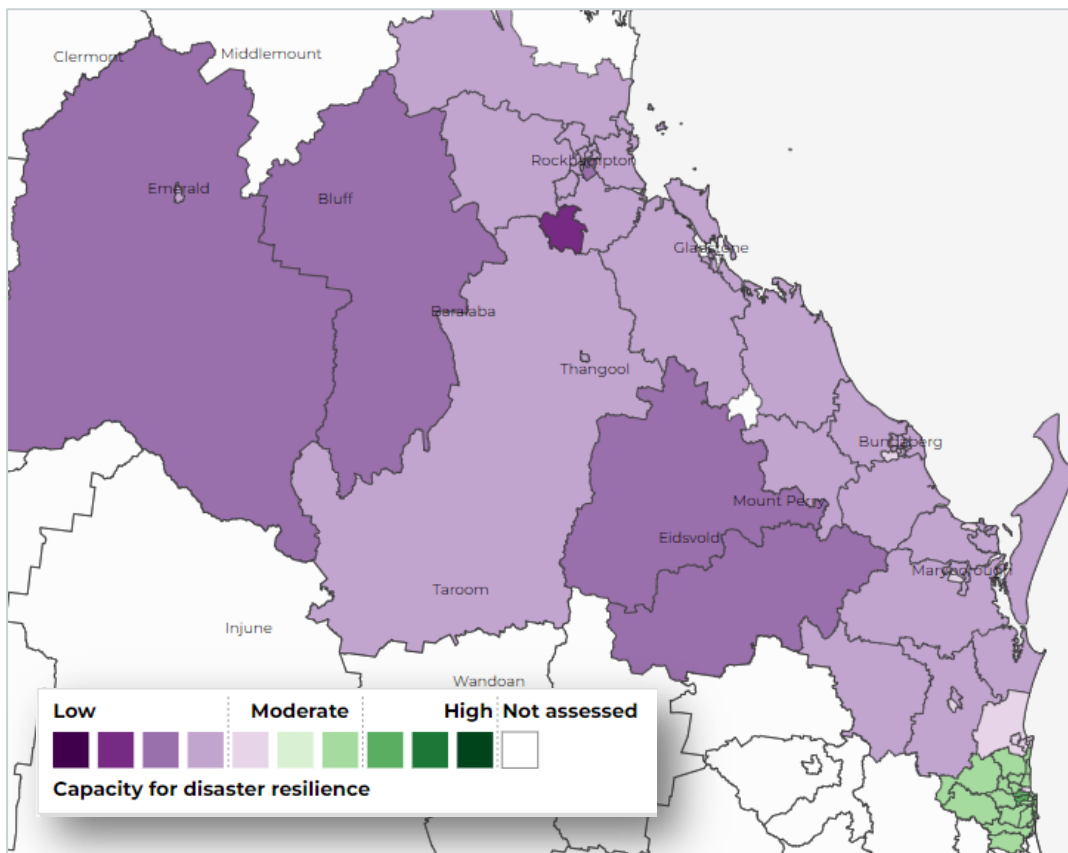


Table 3 shows the 10 SA2 areas with the lowest disaster resilience values in the CCQ Region. Communities in areas of 'low' disaster resilience may be characterised by being limited in their capacity to use available resources to cope with adverse events and to adjust to change through learning, adaptation and transformation. Limitations to disaster resilience may be entrenched by social and economic disadvantage, reduced access to or provision of resources and services, lower community cohesion and limited opportunities for adaptive learning and problem solving.

Thirty-three SA2 communities in the CCQ Region were rated as having 'moderate' disaster resilience, with the majority of these located in the Sunshine Coast and Noosa LGAs. Communities in areas of moderate disaster resilience have some capacity to use available resources to cope with adverse events, and some capacity to adjust to change through learning, adaptation and transformation. Moderate disaster resilience is generally underpinned with moderate levels of coping and adaptive capacity, economic capital, provision of and access to services, community cohesion and variable encouragement for adaptive learning and problem solving.

Only three SA2 areas in the CCQ Region were assessed as having 'high' disaster resilience, all located in the Sunshine Coast LGA. Communities in areas of high disaster resilience have enhanced capacity to use available resources to cope with adverse events, and enhanced capacity to adjust to change through learning, adaptation and transformation. Factors contributing to high disaster resilience may include employment, education, income, good access to or provision of resources and services, strong community cohesion and ample opportunities for adaptive learning and problem solving (Australian Disaster Resilience Index 2020).

With Queensland representing the area of Australia facing greatest impacts of climate change, much of the CCQ Region further reflects a low capacity of communities for disaster resilience, with those at greatest disadvantage listed in **Table 3**:

Table 3. SA2 communities with lowest capacity for disaster resilience in CCQ

	LGA	SA2	Disaster Resilience Value	Capacity Level
1	Rockhampton	Mount Morgan	0.1979	Low
2	Central Highlands	Central Highlands East	0.2422	Low
3	Rockhampton	Rockhampton City	0.2551	Low
4	Central Highlands	Central Highlands West	0.2599	Low
5	North Burnett	Monto - Eidsvold	0.2730	Low
6	North Burnett	Gayndah - Mundubbera	0.2778	Low
7	Rockhampton	Lakes Creek	0.2830	Low
8	Bundaberg	Bundaberg	0.2966	Low
9	Rockhampton	Berserker	0.2968	Low
10	Rockhampton	Rockhampton - West	0.3053	Low

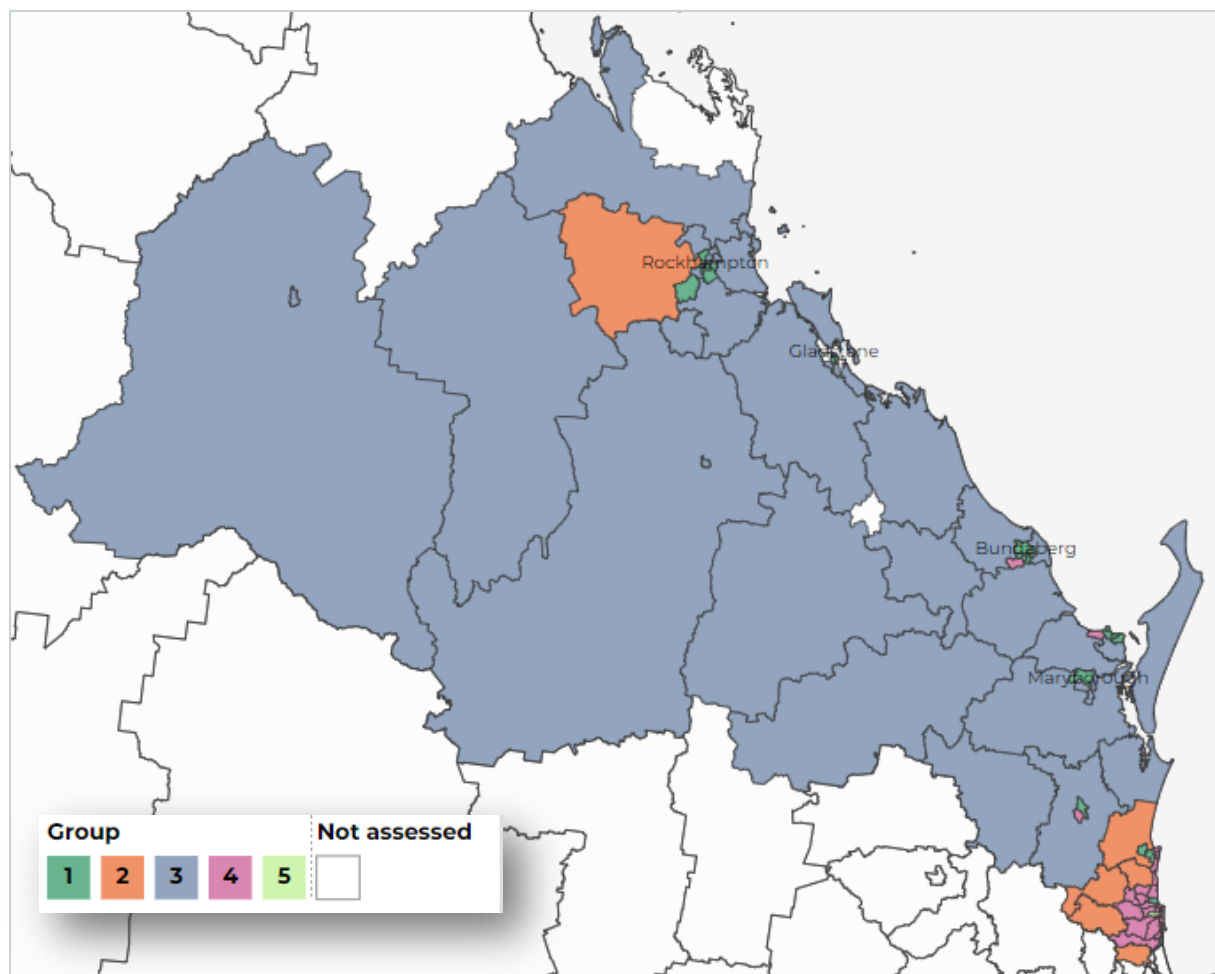
2.3.2. Understanding resilience constraints

The themes that influence disaster resilience in different locations have been used to group areas with similar resilience profiles.

SA2 areas within the CCQ Region according to one of five disaster resilience profiles. The typology of each group can be used to understand disaster resilience in local communities, and the strengths and opportunities for making enhancements or improvements.

Group 1 areas (shaded in green) are generally well-supported by government services, have good access to information and emergency services, and high economic capital. However, these areas have constrained community capital, social character, and social and community engagement. There are 26 SA2 communities that belong to this group across the CCQ Region.

Figure 4. CCQ Region – Profiles of disaster resilience in SA2 areas



Group 2 areas (shaded in orange) are mostly inner regional, whose only constraint is poor access to information about natural hazards. Seven SA2 areas in CCQ belonged to this profile, located in Rockhampton, Noosa and Sunshine Coast LGAs.

Group 3 areas (shaded in grey) are mostly regional and remote communities. The resilience of these areas is strengthened by strong pro-social settings. However, communities with this profile face the most significant constraints, arising from reduced economic capital, planning and the built environment, emergency services, information access, and governance and leadership. There are forty SA2 communities in CCQ that belong to this group.

Group 4 areas (shaded in pink) are largely located in metropolitan Australia. In comparison to other groups, Group 4 areas are best placed overall to cope with, and adapt to, complex change associated with natural hazards, with no significant barriers to resilience. Twenty-six SA2 communities belong to this group, with a high proportion of these located in the Sunshine Coast and Noosa LGAs.

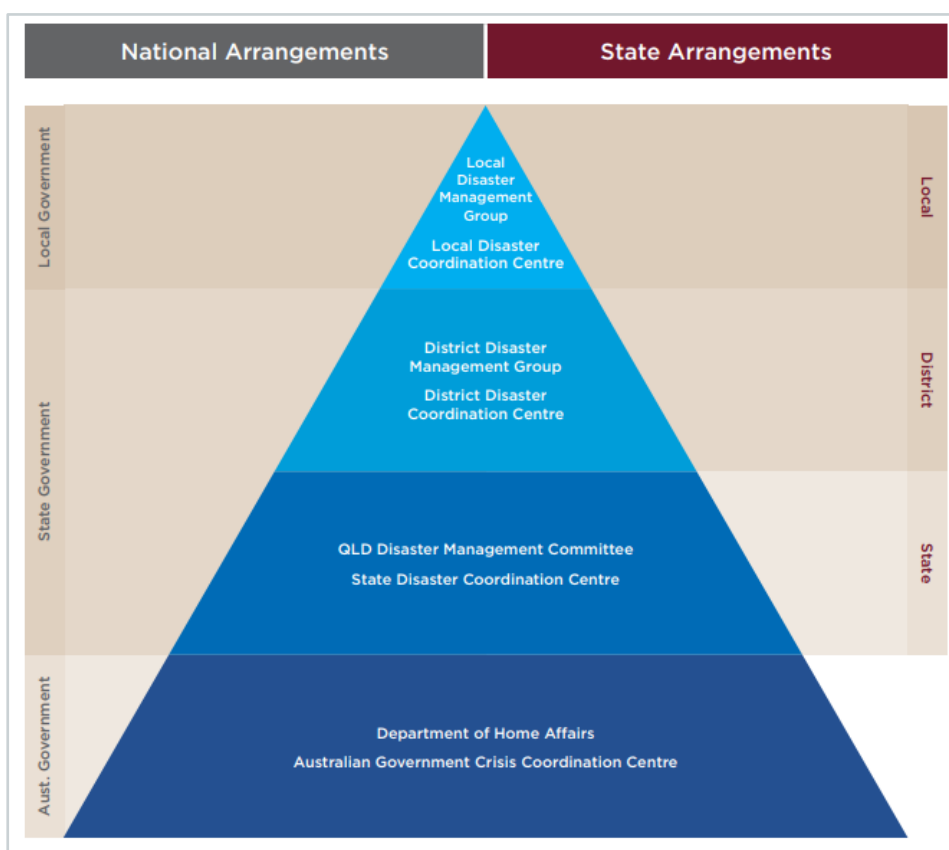
Finally, **Group 5** areas (shaded light green) are predominantly metropolitan SA2s that are well-placed to adapt to complex change, although these areas have constraints that arise from social character and community capital. There is one SA2 community in CCQ that belongs to this group, and this is Sippy Downs SA2 located on Sunshine Coast (Parsons *et al.* 2020).

2.4. Authority and Governance

2.4.1. Queensland Disaster Management Act 2023

The *Queensland Disaster Management Act 2023* (the Act) provides the legislative framework governing Queensland's comprehensive disaster management efforts across all levels of government. A summary of the Queensland Disaster Management Arrangements (QDMA) is shown in .

Figure 5. Queensland Disaster Management Arrangements



Under these arrangements:

- Local Governments are responsible for coordinating disaster management activities within their respective LGAs. This coordinating arrangement also includes supporting lead agencies in their management of events, such as Queensland Fire Department for Fire and Hazmat events.
- District Disaster Management Groups are responsible for supporting local governments when they require additional support and assistance.
- Queensland Health is the legislated lead agency for public health, medical services and emergency retrieval during disasters, including heatwaves, biological and radiological incidents and pandemics.
- Hospital and Health Services (HHSs) oversee health service-related aspects within their regions, reporting into local disaster management groups and district disaster management groups.
- This is achieved through HHS membership of each LDMG and DDMG and liaison arrangements to ensure effective communication and requests during events.

PHNs and primary health care providers do not have a legislated role or responsibility in the Act. This is discussed further below.

Table 4. Australian Disaster Management Responsibilities

Local Government	Queensland Government	Australian Government
<ul style="list-style-type: none"> • Holds responsibility for Coordination and Management of disasters in their identified LGA. • All disaster management and recovery in Queensland is locally led and state- and federally-supported. • Hold Local Disaster Management and Recovery Plans tailored to the identified risk profile of the LGA. • Engage with all agencies to coordinate all aspects of the disaster management continuum. 	<ul style="list-style-type: none"> • Has primary responsibility and accountability for responding to natural disasters by coordinating and directing combat and recovery agencies and other resources including coordination across multiple LGAs. • Has cascading levels of emergency management plans. • Queensland Health leads the health response in natural disasters and may request support from other agencies and partners when capacity cannot be met, including assistance from CCQ as the PHN. 	<ul style="list-style-type: none"> • Provides support to States and Territories when coordinated assistance is required during a crisis, working jointly with each impacted state or territory. • Provide financial and non-financial disaster relief (up to and including deployment of the Australian Defence Force in extreme circumstances) where requested and when the nature of a disaster is expected to exceed the capacity of the States to manage. • Invests in long-term recovery and resilience as well as disaster risk reduction.
<p>Note: The Royal Commission into Disaster Management Arrangements made several recommendations in relation to primary care. Once implemented, PHNs, including CCQ, may assume a formal mandated role in disaster management.</p>		

2.4.2. Disaster management governance in the CCQ Region

In line with the above arrangements, the CCQ Region covers:

- Twelve LGAs which also provide administration of each Local Disaster Management Group (LDMG).
- Six District Disaster Management Group (DDMG) regions, which are administered by Queensland Police Service (QPS).
- Three Hospital and Health Service regions, administered by Queensland Health through Hospital and Health Services (HHSs).

These areas are diverse in their regional profiles as well as their resilience to the effects of disasters, as outlined in the risk profile section below.

Table 5 summarises the HHS, DDMG and LDMGs in our region.

Table 5. CCQ Regional Disaster Management Engagement

HHS Region	District Disaster Management Group	Local Disaster Management Group
Sunshine Coast	Sunshine Coast	Sunshine Coast Noosa Shire
	Gympie	Gympie Regional
Wide Bay	Maryborough	Fraser Coast Regional
	Bundaberg	Bundaberg North Burnett Regional
Central Queensland	Gladstone	Gladstone Banana Shire
	Rockhampton	Rockhampton Regional Livingstone Shire Central Highlands Woorabinda Aboriginal Shire

2.4.3. Role of primary care and PHNs in disasters

Whilst Primary Health Networks (PHNs) do not have a formal role in state and territory disaster management arrangements at the present time, the role of primary care in natural disasters has been considered widely.

The inclusion of primary care in disaster arrangements is supported by the recommendations of the 2020 Royal Commission into Disaster Management Arrangements:

Australian, state and territory governments should develop arrangements that facilitate greater inclusion of primary healthcare providers in disaster management, including: representation on relevant disaster committees and plans and providing training, education and other supports. (Royal Commission into National Natural Disaster Arrangements, 2020).

The 2020 PHN Cooperative White Paper, *The Role of Primary Health Networks in Natural Disasters and Emergencies*, further recommends:

1. PHNs must be authorised by all levels of government and recurrently funded to coordinate regional primary healthcare responses as a part of the health response.
2. PHNs should be recognised as key agencies in national, state and regional health emergency preparedness and response plans and clear, formalised roles and responsibilities.

The White Paper also recommends that the Australian Government fund and resource PHNs to undertake Prevention, Preparedness, Response and Recovery (PPRR) activities in collaboration with Hospital and Health Services.

Many state and local disaster management plans and groups rely on emergency services such as the Queensland Ambulance Service (QAS) and the Hospital and Health Services (which are all state funded) but overlook the potentially invaluable contributions of primary healthcare provider enterprises such as General Practitioners (GPs), pharmacies, Aboriginal Medical Services, residential aged care providers (which are supported by federally funded PHNs).

Whilst not formally recognised (yet), PHNs including CCQ always have and will continue to play a critical role in disaster management. CCQ's specific contribution is outlined in section throughout this plan, with mechanisms such as the Crisis Management Team and Disaster Response Hub available to provide coordination and liaison across primary health care and within each supported LGA, Disaster District and HHS area.

2.4.4. The role of communities in disaster management and resilience

In the Act, the legislated role of communities primarily revolves around their participation in disaster management preparedness, response and recovery processes. Specifically, the Act outlines several key aspects:

- **Community engagement and consultation:** The Act emphasises the importance of engaging and consulting with communities in the development of disaster management plans. This includes identifying local risks, vulnerabilities, and community assets that can contribute to effective disaster response and recovery.
- **Community awareness and education:** Communities are encouraged to be aware of their roles and responsibilities during disasters. This involves educating community members about evacuation procedures, emergency contacts, and preparedness measures to minimise risks and enhance resilience.
- **Supporting vulnerable groups:** The Act recognises the need to support vulnerable groups within communities, such as the elderly, people with disabilities and socioeconomically

disadvantaged individuals. It mandates provisions for their inclusion in disaster planning and response efforts to ensure their safety and well-being.

- **Community-led initiatives:** While not explicitly legislated, the Act supports community-led initiatives that enhance local disaster preparedness and response capabilities. This includes fostering grassroots organisations, neighbourhood groups and volunteers who play crucial roles in supporting emergency services during disasters.

The *Queensland Prevention, Preparedness, Response and Recovery Disaster Management Guideline* (2018) outlines a community-led approach supports the rapid restoration of services essential to human wellbeing and presents an opportunity to build resilience and improve community circumstances and preparedness beyond their pre-disaster status.

Australia's *National Strategy for Disaster Resilience* (2011) published by the Australian Attorney-General's Department, has a central principle of shared responsibility, highlighting that government, the private sector, communities and individuals all have a role in disaster management preparedness, response and recovery.

The National Principles for Disaster Recovery highlight the importance of recovery being led by the community, acknowledging a community-led approach supports the resources, capacity, resilience and leadership already present within individuals and communities (Emergency Management Victoria, 2021).

Research and evidence also consistently demonstrate the effectiveness of community-led disaster preparedness, response, and recovery programs in improving overall health outcomes for individuals and communities. Some key findings include:

- **Social connections and support networks:** Community-led initiatives foster strong social networks and support systems, crucial for health resilience during disasters (Norris *et al.*, 2008).
- **Empowerment and agency:** Involving communities in decision-making and disaster planning empowers individuals, enhancing their ability to manage health challenges and contribute to community resilience (Paton & Johnston, 2006).
- **Community cohesion and responsibility:** Strong community ties promote cohesion and shared responsibility, creating a supportive environment for health management amidst stress and trauma (Hawdon *et al.*, 2016).
- **Effective communication:** Community-led approaches prioritise timely and accurate information-sharing, which is critical for coordinating health responses and reducing health risks (Pfefferbaum & North, 2020).
- **Education and resources:** Preparedness programs include health education and resources, equipping individuals with the knowledge and skills to address health issues in disaster settings (Redlener & Reilly, 2012).
- **Swift and coordinated health response:** Local communities often are the “first responders” and lead immediate health responses post-disaster, which can prevent prolonged health impacts and facilitate faster recovery (Norris *et al.*, 2008).

Additionally, communities' overall health resilience in disasters is enhanced by their ownership of resources and ability to self-organise across different phases of crises (Shirleyana *et al.*, 2023). Initiatives driven by communities and strong networks correlate with higher engagement and resilience (Aldrich, 2015). Disaster-affected communities advocate for respect, agency, and autonomy in disaster health preparedness and response efforts (Fire to Flourish, 2022).

Centralising communities in health risk and vulnerability assessments allows for local knowledge integration, enhancing ownership and control over ongoing health management strategies (Shirleyana, *et al.*, 2023).

Despite the commitment to community involvement in disaster management and resilience being enshrined in disaster policy, and the benefits of community-led disaster management being documented in research and literature, a documented “culture clash” impedes significant investment in community-led disaster management programs. Policy makers express commitment, but barriers persist (Binskin, Bennett & Macintosh, 2020; Crossweller & Tschakert, 2021).

This clash stems from fundamental differences between traditional command-and-control structures and the decentralised, participatory nature of community-led initiatives.

Policymakers often prioritise top-down decision-making and centralised control in emergency management, which can clash with the community-driven, locally contextualised approaches advocated by research (Aldrich et al., 2015). This clash is exacerbated by differing perceptions of expertise and authority, as well as concerns over accountability and risk management.

Historical practices and institutional norms within emergency management agencies may favour efficiency and standardised procedures, potentially overlooking the flexibility and responsiveness offered by community-led strategies (Shirleyana *et al.*, 2023). Despite increasing evidence of the effectiveness of community-led strategies in enhancing resilience and adaptive capacity, these cultural and institutional barriers persist, limiting the integration and support of community-led disaster management initiatives.

2.4.5. First Nations people, climate, and health

The Lowitja Institute (2024) defines First Nations people’s understanding of health and wellbeing as the awareness that “good health is dependent on respectful and reciprocal relationships to Country, culture, spirituality, community and family.” First Nations people care for Country through sustainable management of land and resources, enabled by knowledge developed over tens of thousands of years. Colonisation-driven climate change affects First Nations people’s wellbeing in myriad ways including impacts on the cultural and social determinants of health, making community-led and place-based solutions increasingly important initiatives to bolster resilience and disaster management.

First Nations people continue to draw on traditional knowledge and practices to keep communities and Country healthy, and contribute to climate change mitigation, adaptation, and disaster preparedness and response. Consistent with a “Health in All Policies” approach, the Australian Government recognises the importance of working across policy areas in partnership with First Nations people to address the impact of climate change on the social and cultural determinants of health. This includes activities that sustain connection to Country, community and family, the ability to practice culture and language, and self-determination. First Nations people continue to draw on traditional knowledge and practices to keep communities and Country healthy, and contribute to climate change mitigation, adaptation, and disaster preparedness and response. For example, First Nations land and sea management practices are based on deep and nuanced knowledges developed over tens of thousands of years of close observation and sustained custodianship of Country.

Within Queensland, the Act and subsequent frameworks recognise the importance of integrating Indigenous perspectives, knowledge systems, and community-led approaches across all phases of disaster management. Aboriginal and Torres Strait Islander peoples contribute invaluable traditional knowledge of their lands, environments, and natural hazards, enhancing risk assessments and mitigation strategies. They also play a crucial role as first responders, leveraging local knowledge and networks to initiate immediate responses and support affected communities, demonstrating resilience and emergency management capacity.

Yet, challenges persist in fully integrating Indigenous perspectives and leadership due to cultural recognition issues, institutional barriers and resource allocation constraints. Ongoing efforts aim to address these challenges, ensuring that Aboriginal and Torres Strait Islander roles are appropriately acknowledged, respected and supported in Queensland’s disaster management arrangements. This includes fostering partnerships, building trust, and enhancing community capacity for effective participation in disaster planning and response.

This has underpinned the establishment of Aboriginal Medical Services (AMS) which cater specifically to the health needs of Aboriginal and Torres Strait Islander peoples. In a resilience and disaster context, AMSs provide:

- i. health service provision
- ii. community engagement and education
- iii. cultural competence and sensitivity
- iv. advocacy and representation, and
- v. collaboration and coordination for health service delivery and disaster response efforts that are inclusive of Indigenous communities.

Despite their critical role, challenges such as funding constraints, limited resources, and the need for greater recognition of their expertise and contributions persist. Efforts are ongoing to enhance the integration of AMSs into Queensland's disaster management frameworks, ensuring that Aboriginal and Torres Strait Islander peoples receive culturally safe and effective health support during emergencies.

2.4.6. *Other legislation, standards, and plans*

This plan is aligned and developed to be consistent with the following disaster management legislation, standards and plans:

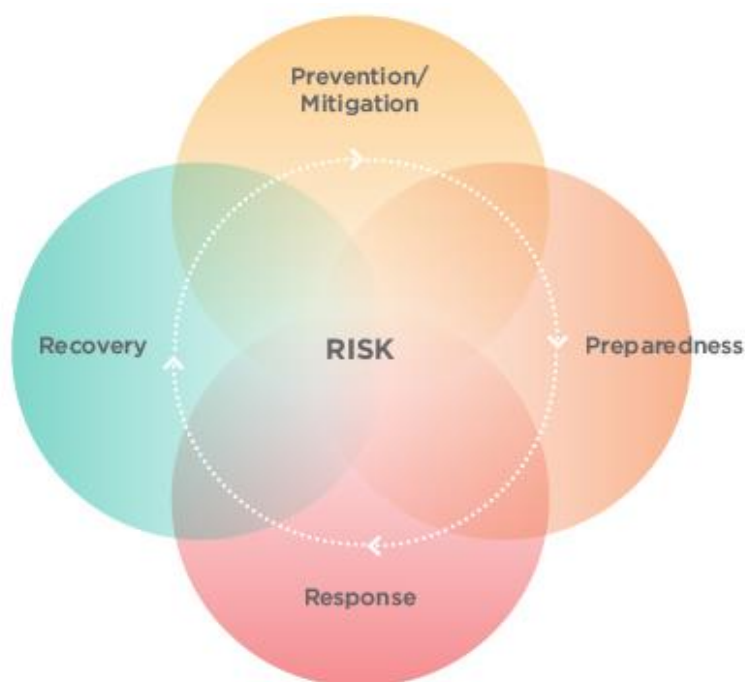
- [Disaster Management and other Legislation Amendment Act \(2010\)](#)
- [District and Local Disaster Management Plans](#)
- [National Health and Climate Strategy 2023](#)
- [Queensland Disaster Management Act \(2003\)](#)
- [Queensland Disaster Management Regulation \(2014\)](#)
- [Queensland Disaster Management Plan \(2023\)](#)
- [Queensland Recovery Plan \(2023\)](#)
- [Queensland Regional Resilience Strategies](#)
- [Queensland Strategy for Disaster Resilience \(2022-2027\)](#)
- [Queensland Prevention, Preparedness, Response and Recovery Disaster Management Guideline \(2023\)](#)
- [Queensland Health Disaster and Emergency Incident Plan \(2023\)](#)

Links to further documents referenced in the collation of this plan are in [Appendix A – References](#).

2.5. Best Practice Disaster Management Models and Frameworks

The evolution of disaster management in Queensland and Australia has been underpinned by the Prevention, Preparedness, Response and Recovery (PPRR) model (refer **Figure 6**). In the past two decades, in the face of increasing evidence of the challenges presented by climate change influenced disasters, much academic and practical interest has emerged about the notion of disaster resilience, which is seen to underpin disaster management through proactively strengthening a community or system's ability to absorb hazards quickly, recover essential functions, adapt to new conditions and thrive. Both PPRR and disaster resilience approaches represent individually and collectively important contributions to disaster management best practice, alongside various other inputs.

Figure 6. Prevention, Preparedness, Response and Recovery model



2.5.1. The Prevention, Preparedness, Response and Recovery model

The PPRR model of managing disasters is a utilised widely for managing disasters across the Australian and Queensland Disaster Management Arrangements (Queensland Government, 2023).

In this model, collective and individual actions across the four key areas are taken to reduce risk. Each is explained in more detail as follows:

Prevention and mitigation involve proactive measures to prevent or minimise the occurrence and impact of hazards with potential to escalate into disasters. In public health, this includes vaccination programs to prevent disease outbreaks, sanitation initiatives to reduce the spread of waterborne illnesses, and food safety regulations. Additionally, reducing carbon footprints through energy-efficient practices and sustainable resource management promotes both natural disaster prevention but also improves environmental health while mitigating health risks.

Preparedness ensures readiness to respond swiftly and efficiently to disaster events. Preparedness includes developing and updating emergency response plans for individuals, neighbourhoods, and in the case of health businesses, conducting training and simulations for healthcare professionals and first responders, and establishing communication networks to coordinate response efforts. Preparedness efforts also encompass stockpiling vaccines, medications, and personal protective equipment (PPE) to mitigate the spread of infectious diseases and protect healthcare workers on the front lines.

Response in disaster management involves immediate actions to mitigate disaster impacts, save lives, and ensure the well-being of affected populations. This includes deploying emergency personnel, setting up temporary shelters or treatment centres, conducting assessments of needs, and providing essential services like medical care and basic supplies. In healthcare settings, response efforts focus on deploying medical teams, establishing field hospitals, conducting rapid testing for diseases, and ensuring adequate supplies.

Recovery takes place after the disaster event, and focuses on activities such as restoring infrastructure, supporting health and well-being, and supporting the immediate and longer term physical and mental health recovery of affected individuals and communities.

As described by disaster management authorities the application of PPRR is considered a characteristic of Australian and Queensland Disaster Management Arrangements. These arrangements reflect a structured approach and application that is primarily driven and implemented by authorities across a range of disciplines (emergency services, local government, civil society etc).

2.5.2. *Other Disaster management and resilience principles*

Aside from the PPRR model and its underpinning of disaster resilience, a range of other approaches have potential to inform decision makers and contribute to best practice in disaster management:

- **Comprehensive approach:** The PPRR model provides a comprehensive framework that addresses all phases of disaster management, from prevention through to recovery. Each phase is interconnected, with activities in one phase influencing and supporting actions in subsequent phases.
- **Continuous improvement:** Disaster management is an ongoing process that involves continuous learning, adaptation, and improvement based on lessons learned from past disasters and changing risk landscapes.
- **Community involvement:** Effective disaster management requires collaboration and involvement from all sectors of society, including government agencies, emergency responders, community organizations, businesses, and individuals. Community engagement and participation are essential for building resilience, enhancing preparedness, and ensuring effective response and recovery efforts.
- **Accountability and learning:** Evaluating and reviewing disaster management activities after each event promotes accountability, identifies strengths and areas for improvement, and supports continuous learning and adaptation of strategies and plans.
- **Inclusivity and equity:** Ensuring that disaster management efforts address the needs of vulnerable populations, including marginalized groups, persons with disabilities, and other at-risk communities, promotes equity and reduces disparities in disaster outcomes

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Appendix B – Abbreviations and Acronyms

Abbreviation	Definition	Abbreviation	Definition
AC	Ambulance Coordinator	IMT	Incident Management Team
AGCCC	Australian Government Crisis Coordination Centre	LDC	Local Disaster Coordinator
AIIMS	Australian Inter-Service Incident Management System	LDCC	Local Disaster Coordination Centre
AMA	Australian Medical Association	LDMG	Local Disaster Management Group
BCP	Business Continuity Plan	LDMP	Local Disaster Management Plan
CCQ	Country to Coast Qld	NGO's	Non-Government Organisations
CHO	Chief Health Officer	PHN	Primary Health Network
CMO	Chief Medical Officer	PPRR	Prevent Prepare Respond Recovery
DDC	District Disaster Coordinator	QAS	Queensland Ambulance Service
DDCC	District Disaster Coordination Centre	QDMA	Queensland Disaster Management Arrangements
DDMG	District Disaster Management Group	QDMC	Queensland Disaster Management Committee
DDMP	District Disaster Management Plan	QFES	Queensland Fire and Emergency Services
DRH	Disaster Response Hub	QPS	Queensland Police Services
EAP	Employee Assistance Program	SDC	State Disaster Coordinator
E/DMP	Emergency/Disaster Management Plan	SDCC	State Disaster Coordination Centre
EOC	Emergency Operations Centre	SDCG	State Disaster Coordination Group
EPCM	Emergency Preparedness and Continuity Management	SDMP	State Disaster Management Plan
GP	General Practitioner Medicine	SDRA	State Disaster Relief Arrangements
HDMU	Health Disaster Management Unit	SHC	State Health Coordinator
HEOC	Health Emergency Operations Centre	SHECC	State Health Emergency Control Centre
HFG	Health Function Group	SITREP	Situation Report
HHS	Hospital and Health Service	SOP	Standard Operating Procedure
HIC	Health Incident Controller	XO	Executive Officer

Appendix C – Definitions

Term	Definition
"ALL HAZARDS" APPROACH	The range of situations that could possibly involve emergency management is extensive. An all-hazards approach requires a form of emergency planning adaptable to a wide range of exigencies.
COMMAND	Command is the internal direction of the members and resources of an agency in the performance of the organisation's roles and tasks, by agreement and in accordance with relevant legislation. Command operates vertically within an organisation.
CONTROL	Control is the overall direction of emergency management activities. Authority to control is established and may be included in an emergency plan. It carries with it the responsibility for tasking in accordance with the needs of the situation. In Queensland Health, control relates to the declared emergency situation, and operates horizontally across Districts.
COMMUNICATION	Communication is two-way and can be internally (to staff) or externally (to the community, other agencies, and media) focused. Communication will provide information, direction, or advice to, or for staff or the community. Communication also occurs between CCQ and disaster management groups to support the transfer of operational information (e.g., tasking, direction, and priorities) to coordinate the response and recovery.
COMMUNITY RECOVERY	Refers to the coordinated process of supporting disaster affected individuals, families and communities towards the restoration of emotional, social, economic, and physical wellbeing following a disaster. Services delivered typically include provision of information, payment of financial assistance, and provision of personal and psychological support.
DISASTER	A serious disruption to a community caused by the impact of an event that requires a significant coordinated response by the state and other entities to help the community recover from the disruption. Serious disruption means: <ul style="list-style-type: none"> ▪ Loss of human life, or illness or injury to humans ▪ Widespread or severe property loss or damage ▪ Widespread or severe damage to the environment.
DISASTER (EVENT)	<ul style="list-style-type: none"> ▪ A cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption, or other natural happening ▪ An explosion or fire, a chemical, fuel or oil spill, or a gas leak ▪ An infestation, plague, or epidemic ▪ A failure of, or disruption to, an essential service or infrastructure ▪ An attack against the state, or another event similar to an event mentioned ▪ An event may be natural or caused by human acts, or omissions.
DISASTER (AND EMERGENCY) MANAGEMENT	<p>Definition: Disaster management refers to the systematic process of preparing for, responding to, recovering from, and mitigating the impacts of disasters.</p> <p>Activities: It includes activities such as preparedness (planning, training, drills), response (immediate actions to save lives and reduce suffering), recovery (restoring infrastructure, services, and communities), and mitigation (efforts to reduce the impact of future disasters).</p> <p>Focus: Disaster management focuses on the organized efforts and procedures to deal with the immediate aftermath of a disaster and to minimize its impacts.</p>
DISASTER (AND EMERGENCY) OPERATIONS	Activities undertaken before, during, or after a disaster event happens to help reduce the level of serious disruption to the community.

Term	Definition
DISASTER (AND EMERGENCY) RESILIENCE	Disaster resilience refers to the ability of a system (community, society, or organization) to withstand, adapt to, and recover from the impacts of hazards and disasters.
EMERGENCY OPERATIONS CENTRE (EOC)	A facility, either static or mobile, from which the total operation or aspects of the operation are managed. A facility established to control and coordinate the response and support to an incident or emergency. The CCQ Disaster response Hub (DRH) is the dedicated EOC.
HEALTH EVENT	An incident arising from natural and technological disasters that endangers or threatens to endanger the wellbeing of persons in Queensland and requires a significant and coordinated health response. This particularly applies to and includes: <ul style="list-style-type: none"> ▪ Biological hazard ▪ Chemical hazard ▪ Radiation hazard ▪ Significant disease outbreak ▪ Food systems threat ▪ Drugs, poisons, and therapeutic goods threats, e.g., acts of terrorism
HEALTH INCIDENT CONTROLLER (HIC)	The senior health person controlling the health response to a major health incident.
HEALTH SERVICES	Any medical care, hospital services, public health support, environment, community, or allied health service relating to the maintenance, restoration, or improvement of health in the community.
HOSPITAL AND HEALTH SERVICE (HHS)	Hospital and Health Services are defined by geographical boundaries. There are 17 HHSs within Queensland.
LEVELS OF ACTIVATION	Whole-of-government descriptions of the level of operation (resources and coordination) being applied to an event. The level of activation can apply overall, or can be applied specifically to a plan, team, or operations centre.
LEAD AGENCY	The agency identified as primarily responsible for planning and coordinating the response to a specific type of incident/disaster.
MITIGATION	Measures taken in advance of an incident, aimed at decreasing, or eliminating its impacts on the community or the environment.
OPERATIONAL DEBRIEF	A meeting held during, or at the end of an operation, to assess its conduct or results. Final debriefing needs to be delayed until all information and data is available to inform the debrief.
PREPAREDNESS	The knowledge, capability, and capacity developed by organisations, communities, and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, or current hazardous events or conditions.
PREVENTION	Activities and measures to avoid existing and new disaster risks. Prevention (i.e., disaster prevention) expresses the concept and intention to completely avoid potential adverse impacts of hazardous events. While certain disaster risks cannot be eliminated, prevention aims at reducing vulnerability and exposure in such contexts where, as a result, the risk of disaster is removed. Examples include dams or embankments that eliminate flood risks, land - use regulations that do not permit any settlement in high-risk zones, seismic engineering designs that ensure the survival and function of a critical building in any likely earthquake and immunization against vaccine-preventable diseases. Prevention measures can also be taken during or after a hazardous event or disaster to prevent secondary hazards or their consequences, such as measures to prevent the contamination of water.

Term	Definition
RECOVERY	The coordinated process of supporting affected communities in the reconstruction of the physical infrastructure, restoration of the economy and of the environment, and support for the emotional, social, and physical wellbeing of those affected.
RESPONSE	To respond rapidly and decisively to a disaster event and manage its immediate consequences. The activities taken in anticipation of, during, and immediately after an event to ensure that its effects are minimised.
SITUATIONAL AWARENESS	A person's awareness of what is happening in the vicinity or within an incident, in order to understand how information, events, and one's own actions will impact objectives, both immediately and in the near future.
SITUATION REPORT (SITREP)	A brief report that is published and updated periodically during an emergency that outlines the details of the emergency, the health tasks generated, and the responses undertaken as become known.
STANDARD OPERATING PROCEDURE (SOP)	A set of directions detailing what actions could be taken, as well as how, when, by whom, and why, for specific incidents or tasks.
STATE HEALTH COORDINATOR (SHC)	The Chief Health Officer or delegate. Provides high level support and advice to the Health Incident Controller as well as coordinating an integrated response with other agencies.
SUPPORTING AGENCY	An agency, service, organisation, or authority aiding the controlling authority.
TRAINING	Refers to preparatory action required to attain the competencies required for the successful performance of each role within CCQ management structure.
TRIAGE	The process by which casualties are sorted, prioritised, and distributed according to their need.

Appendix D – CCQ SA2 Ratings on National Disaster Resilience Index

	LGA	SA2	Disaster Resilience Value	Capacity Level
1.	Rockhampton	Mount Morgan	0.1979	Low
2.	Central Highlands	Central Highlands East	0.2422	Low
3.	Rockhampton	Rockhampton City	0.2551	Low
4.	Central Highlands	Central Highlands West	0.2599	Low
5.	North Burnett	Monto - Eidsvold	0.2730	Low
6.	North Burnett	Gayndah – Mundubbera	0.2778	Low
7.	Rockhampton	Lakes Creek	0.2830	Low
8.	Bundaberg	Bundaberg	0.2966	Low
9.	Rockhampton	Berserker	0.2968	Low
10.	Rockhampton	Rockhampton - West	0.3053	Low
11.	Bundaberg	Gin Gin	0.3064	Low
12.	Fraser Coast	Granville	0.3123	Low
13.	Rockhampton	Bouldercombe	0.3140	Low
14.	Central Highlands	Emerald	0.3202	Low
15.	Gympie	Kilkivan	0.3259	Low
16.	Gympie	Cooloola	0.3267	Low
17.	Fraser Coast	Burrum - Fraser	0.3295	Low
18.	Rockhampton	Rockhampton Region – West	0.3358	Low
19.	Rockhampton	Park Avenue	0.3377	Low
20.	Banana	Banana	0.3446	Low
21.	Rockhampton	Norman Gardens	0.3493	Low
22.	Gladstone	Gladstone Hinterland	0.3504	Low
23.	Gladstone	Agnes Water – Miriam Vale	0.3510	Low
24.	Gladstone	Gladstone	0.3543	Low
25.	Rockhampton	Parkhurst – Kawana	0.3572	Low
26.	Fraser Coast	Point Vernon	0.3584	Low
27.	Rockhampton	Emu Park	0.3588	Low
28.	Rockhampton	The Range - Allenstown	0.3609	Low
29.	Rockhampton	Rockhampton Region - East	0.3626	Low
30.	Rockhampton	Frenchville – Mt Archer	0.3640	Low
31.	Rockhampton	Rockhampton Region - North	0.3669	Low
32.	Gladstone	West Gladstone	0.3689	Low
33.	Rockhampton	Gracemere	0.3723	Low
34.	Bundaberg	Bundaberg Region - South	0.3743	Low
35.	Fraser Coast	Maryborough - South	0.3794	Low
36.	Bundaberg	Ashfield - Kepnock	0.3870	Low
37.	Gympie	Gympie Region	0.3871	Low
38.	Fraser Coast	Booral – River Heads	0.3875	Low
39.	Fraser Coast	Maryborough	0.3898	Low

LGA	SA2	Disaster Resilience Value	Capacity Level
40. Fraser Coast	Torquay – Scarness - Kawungan	0.3912	Low
41. Gladstone	Boyne Island – Tannum Sands	0.3924	Low
42. Bundaberg	Svensson Heights - Norville	0.3926	Low
43. Rockhampton	Yeppoon	0.3945	Low
44. Gladstone	Clinton – New Auckland	0.3949	Low
45. Gladstone	Telina - Toolooa	0.3962	Low
46. Bundaberg	Bundaberg North - Gooburrum	0.3991	Low
47. Bundaberg	Bundaberg Region - North	0.4010	Low
48. Gladstone	Kin Kora – Sun Valley	0.4035	Low
49. Rockhampton	Glenlee – Rockyview	0.4041	Low
50. Bundaberg	Walkervale – Avenell Heights	0.4043	Low
51. Gympie	Gympie North	0.4062	Low
52. Fraser Coast	Pialba – Eli Waters	0.4101	Low
53. Fraser Coast	Urangan - Wondunna	0.4209	Low
54. Banana	Biloela	0.4231	Low
55. Bundaberg	Bundaberg East - Kalkie	0.4286	Low
56. Bundaberg	Millbank – Avoca	0.4410	Low
57. Bundaberg	Bargara – Burnett Heads	0.4454	Low
58. Noosa	Noosa Hinterland	0.4787	Moderate
59. Noosa	Noosaville	0.4788	Moderate
60. Gympie	Gympie South	0.4832	Moderate
61. Fraser Coast	Tinana	0.4874	Moderate
62. Sunshine Coast	Caloundra - Kings Beach	0.4887	Moderate
63. Fraser Coast	Craignish – Dundowran Beach	0.4945	Moderate
64. Noosa	Tewantin	0.4993	Moderate
65. Bundaberg	Branyan - Kensington	0.5073	Moderate
66. Noosa	Noosa Heads	0.5144	Moderate
67. Sunshine Coast	Maroochydore - Kuluin	0.5366	Moderate
68. Noosa	Sunshine Beach	0.5416	Moderate
69. Sunshine Coast	Glass House Mountains	0.5481	Moderate
70. Sunshine Coast	Mooloolaba – Alexandra Headland	0.5556	Moderate
71. Sunshine Coast	Beerwah	0.5658	Moderate
72. Sunshine Coast	Maroochy Hinterland	0.5670	Moderate
73. Sunshine Coast	Moffat Beach – Battery Hill	0.5787	Moderate
74. Sunshine Coast	Eumundi - Yandina	0.5848	Moderate
75. Sunshine Coast	Caloundra - Hinterland	0.5896	Moderate
76. Sunshine Coast	Sippy Downs	0.6002	Moderate
77. Sunshine Coast	Buddina - Minyama	0.6067	Moderate
78. Sunshine Coast	Nambour	0.6076	Moderate
79. Sunshine Coast	Caloundra - West	0.6101	Moderate
80. Sunshine Coast	Mountain Creek	0.6129	Moderate

LGA	SA2	Disaster Resilience Value	Capacity Level
81. Sunshine Coast	Golden Beach – Pelican Waters	0.6138	Moderate
82. Sunshine Coast	Bli Bli	0.6160	Moderate
83. Sunshine Coast	Marcoola – Mudjimba	0.6170	Moderate
84. Sunshine Coast	Parrearra – Warana	0.6236	Moderate
85. Sunshine Coast	Coolum Beach	0.6248	Moderate
86. Sunshine Coast	Palmwoods	0.6349	Moderate
87. Sunshine Coast	Wurtulla – Birtinya	0.6388	Moderate
88. Sunshine Coast	Landsborough	0.6439	Moderate
89. Noosa	Peregian	0.6461	Moderate
90. Sunshine Coast	Diddillibah - Rosemount	0.6469	Moderate
91. Sunshine Coast	Aroona – Currimundi	0.6666	High
92. Sunshine Coast	Buderim South	0.6937	High
93. Sunshine Coast	Buderim North	0.6983	High