### Demographics
- Median age of 35.3 years
- 4% of the population are Aboriginal and/or Torres Strait Islander people (581 persons)
- 4.7% of the population were born overseas in a non-English speaking country (675 persons) and 3.3% have a profound or severe disability.

### Social Determinants
- The percentage of persons in the most socio-economically disadvantaged quintile was 13.3% (QLD 15.7%).
- 8.4% of families with children have no parent employed.
- Low percentage of full-time secondary school participation of persons aged 16 (60.1%; QLD 77.6%).
- 1,532 persons live in remote areas (10.6%) with 24.1% of households without internet connectivity and 240 private dwellings with no motor vehicle.

### Health Status
- 15% of people reported their health as “fair” or “poor” (QLD 15.7%).
- 14.8% of children were developmentally vulnerable on two or more domains of early childhood development (QLD 13.8%).

**Compared to Queensland:**
- Higher prevalence of **overweight** (38.5%; QLD 34.6%), **obesity** (29.2%; QLD 23.2%) and **risky alcohol consumption** (25.2%; QLD 19.8%).
- Higher percentage of adults with **high blood pressure** (34%; QLD 29%), **high blood cholesterol** (33.9%; QLD 29%) and **diabetes/high blood sugar** (9.3%; QLD 9%).
- Significantly higher rate of **smoking during pregnancy** in the Central Queensland area (22%; QLD 17%).
- Five out of nine maternal and infant health indicators were worse in the Central Queensland area compared to Queensland.
- The Central Queensland area had significantly higher rates of premature deaths; including potentially avoidable, preventable, and treatable deaths, and deaths due to coronary heart disease.

### Services
- **Second lowest rate of mental health care plans prepared by GPs in the PHN catchment** and significantly lower use of psychologists and occupational therapists compared to Australia.
- The Central Queensland area showed significantly higher rates of potentially preventable hospitalisations in the PHN catchment.
- 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP.

### Stakeholder Feedback
- **Limited mental health services**, in relation to psychologists, social workers, alcohol and drug rehabilitation services, counsellors, and crisis support, were raised as a significant concern by multiple stakeholders.
- **Potential service gaps** identified by stakeholders included speech therapists, optometrists, Aboriginal and Torres Strait Islander health services, diabetes education, dietetics, physiotherapy, dental services, and **after hours and weekend services**.
- Stakeholders felt that people are not aware of the services that are available.
- Stakeholders noted that some communities rely on volunteers to deliver services, however the majority of volunteers are ageing.
- **The need for a skilled workforce**, especially in rural areas, was raised.
- **Limited public transport** to regional cities to access services was raised as a concern. Stakeholders noted that patients need to travel to inner regional towns to access radiography and physiotherapy services, post-orthopaedic surgery.
- Stakeholders felt that specialists should use teleconferencing or make regular visits to rural areas to improve access to health services.

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*ASR = Age standardised rate*
Central Highlands LGA (Central Queensland area)

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<td><strong>Demographics</strong></td>
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<tr>
<td></td>
<td></td>
<td>- Median age of 32.1 years</td>
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<td>- Highest proportion of persons aged 25-44 years in the PHN catchment (33%)</td>
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<td>- 3.6% of the population are Aboriginal and/or Torres Strait Islander people (1,020 persons)</td>
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<td>- 4% of the population were born overseas in a non-English speaking country (1,140 persons) and 2.2% have a profound or severe disability</td>
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<td><strong>Social Determinants</strong></td>
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<td>- The percentage of persons in the least socio-economically disadvantaged quintile was 21.2%</td>
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<td>- 69.2% of the population live in outer regional areas, 30% live in remote areas, and remaining 0.8% live in very remote areas</td>
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<td>- Lower unemployment rate compared to Queensland (4.4%; QLD 6.5%)</td>
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<td><strong>Health Status</strong></td>
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<td>- 14.8% of people reported their health as &quot;fair&quot; or &quot;poor&quot; (QLD 15.7%)</td>
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<td>- Low immunisation rates for children aged 24-&lt;27 months (89.7%)</td>
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<td>- 21.7% of children in Central Highlands-East, within the Central Highlands LGA, were developmentally vulnerable on two or more domains of early childhood development (QLD 13.8%)</td>
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<td>- Compared to Queensland, higher rate (ASR per 100) of obesity (27.2, QLD 23.0) and overweight (36.1; QLD 34.6)</td>
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<td>- Compared to Queensland, the Central Queensland area had significantly higher rates of premature deaths; including potentially avoidable, preventable, and treatable deaths, and deaths due to coronary heart disease</td>
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<td>- Five out of nine maternal and infant health indicators were worse in the Central Queensland area compared to Queensland</td>
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<td><strong>Services</strong></td>
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<td>- Significantly lower use of GP services (compared to Queensland) and one of the lowest rates for mental health care plans prepared by GPs</td>
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<td>- Highest number of calls to 13HEALTH were made for abdominal pain and vomiting toddlers</td>
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<td>- Highest rate of hospital admissions due to infectious and parasite disease and respiratory diseases in the PHN catchment</td>
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<td>- 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP</td>
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<td>- There were approximately 11 dentists, 27 GPs, 9 occupational therapists, and 4 psychologists registered in the Central Highlands area</td>
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<td><strong>Stakeholder Feedback</strong></td>
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<td>- Limited mental health services, especially in outer regional areas such as Emerald, were raised as a significant concern by many stakeholders. Stakeholders noted that the mining downturn was leading to unemployment, business closures, domestic violence, people unable to provide for their families, and severe mental health issues.</td>
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<td>- Several issues were raised in relation to youth, including: teen pregnancy and sexually transmitted infections in the Indigenous community, and limited mental health services for children (long wait to access services; services for youth whose homes were affected by drugs and violence were felt to be limited.</td>
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<td>- Potential service gaps identified by multiple stakeholders included specialist services, mental health services, dental services, allied health services (raised by a number of respondents), nursing, drug and alcohol services, after hours and weekend services in some areas and information about services that are available.</td>
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<td>- Limited transport to access services in major cities is a significant issue for rural/regional areas.</td>
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<td>- Stakeholders expressed a desire for greater collaboration between hospitals and GPs and better coordination of visiting services to rural communities.</td>
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*ASR = Age standardised rate
## Gladstone LGA (Central Queensland area)

### Demographics
- Median age of 34.7 years
- Largest projected population growth in the PHN catchment, particularly in Boyne Island-Tannum Sands within the Gladstone LGA (8% growth p.a.)
- 3.5% of population are Aboriginal and/or Torres Strait Islander people (2,049 persons), 4.3% were born overseas in a non-English speaking country (2,488 persons), and 3.4% have a profound or severe disability

### Social Determinants
- 9.1% of families with children have no parent employed
- 14.7% of households experience rental stress
- 13.2% of the population live in outer regional areas, 0.2% live in remote areas
- A high percentage of households have no internet connectivity (17%)

### Health Status
- 16.3% of people reported their health as “fair” or “poor” (QLD 15.7%)
- Good immunisation coverage for children aged 12-<15 months (93.9%) and 24-<27 months (93.7%)
- 11.8% of children were developmentally vulnerable on two or more domains of early childhood development (QLD 13.8%)
- Compared to Queensland, higher prevalence of adults with high blood pressure (32.1%; QLD 29%), high blood cholesterol (32.4%; QLD 29%) and diabetes/high blood sugar (11.4%; QLD 9%)
- Compared to Australia, causes of premature mortality were significantly higher for lung cancer, external causes, and road traffic injuries
- The prevalence of smoking during pregnancy and smoking after 20 weeks of pregnancy was significantly higher in the Central Queensland area compared to Queensland
- Five out of nine maternal and infant health indicators were worse in the Central Queensland area compared to Queensland

### Services
- Compared to Australia, lower rates of mental health care plans prepared by GPs and significantly lower use of psychiatrists, psychologists, social workers and occupational therapy services
- The Central Queensland area showed significantly higher rates of potentially preventable hospitalisations in the PHN catchment
- 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP
- There were approximately 37 dentists, 78 GPs, 18 specialists, 22 occupational therapists, and 21 psychologists registered in the Gladstone area

### Stakeholder Feedback
- The need for mental health service provision was raised by a number of stakeholders.
- Limited weekend and after hours services were felt to be placing a strain on ambulance services in the Discovery Coast area, particularly during peak tourist periods.
- Stakeholders felt that rising unemployment was leading to mental health issues, domestic violence, and alcohol, tobacco and other illicit substance use.
- The need for oral health intervention was raised, with stakeholders noting that many people in Agnes Water and surrounds have poorer health outcomes due to limited free/low cost dental services.
- Multiple stakeholders raised the issue of difficulties associated with accessing specialist services, with most patients having to travel to Rockhampton to access paediatrician, oncology, orthopaedic, and psychiatry services. A desire for better public transport options to improve access to health services was expressed.
- Stakeholders indicated difficulties associated with attracting quality staff.

*ASR = Age standardised rate

### Projected population growth: 2.9% p.a. (59,461 persons to 121,266 persons between 2011-2036)
Livingstone LGA (Central Queensland area)

Area 11,784.1km²  Population 36,378 persons

Projected population growth: 2.5% p.a. (33,394 persons to 62,226 persons between 2011-2036)

Demographics
- Median age of 41.5 years
- Majority of the population are within the 45-64 age group (29.4%)
- Relatively high percentage of elderly population aged 65 years and older (15.6%; QLD 14%)
- 3.4% of population are Aboriginal and/or Torres Strait Islander people (1,109 persons), 3% were born overseas in a non-English speaking country (992 persons), and 4.2% have a profound or severe disability

Social Determinants
- The percentage of persons in the most socio-economically disadvantaged quintile was 11%
- 4.7% of the population live in outer regional areas (1,528 persons) and 1.5% live in remote areas (504 persons)
- Compared to Queensland, lower percentage of people have a bachelor degree or higher (11.2%; 15.9%)

Health Status
- Compared to Queensland, higher rate (ASR per 100) of overweight (40.1; QLD 34.6), obesity (27.2; QLD 23.2) and risky alcohol consumption (27.0; QLD 19.8)
- Compared to Queensland, significantly higher rate of smoking during pregnancy in the Central Queensland area (22%; QLD 17%)
- Five out of nine maternal and infant health indicators were worse in the Central Queensland area compared to Queensland
- Compared to Queensland, the Central Queensland area had significantly higher rates of premature deaths; including potentially avoidable, preventable, and treatable deaths, and deaths due to coronary heart disease

Services
- The Central Queensland area showed significantly higher rates of potentially preventable hospitalisations in the PHN catchment
- 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP

Stakeholder Feedback
- Stakeholders noted the increasing complexity of the ageing community and felt that there was limited capacity to meet the needs of people with dementia and psychogeriatric needs.
- Geographical isolation and limited services in the region is a significant concern for people living in Livingstone. Stakeholders noted that patients often need to travel to Rockhampton for paediatric speech pathology, physiotherapy, occupational therapy, oral health and psychology services.
- Long wait lists to access services was raised as a significant concern.
- A desire for more primary health care in the area was expressed. It was suggested that some of these could be provided via outreach services from Rockhampton.
- Stakeholders noted that there are limited bulk billing clinics, especially for mental health services.
- Due to transport and finance costs, compounded by loss of employment and income, it was felt that many families are unable to access the health services they need.
- In the Central Queensland area, stakeholders expressed a desire for greater collaboration and non-duplication of services and stated that the PHN should work towards improving this.

*In 2014, the shire of Livingstone de-amalgamated from the Rockhampton Regional Council, following a referendum in 2013. Whilst some demographic indicators are available from the Queensland Government Statistician’s Office for Livingstone LGA, many of the health indicators included are based on 2011 geographical classifications in which Livingstone Shire is included in the Rockhampton LGA.

*ASR = Age standardised rate
# Rockhampton LGA (Central Queensland area)

**Area** 6,572.1 km²  
**Population** 84,439 persons

| Projected population growth: 1.6% p.a. (78,939 persons to 116,297 persons between 2011 to 2036) |

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<tr>
<th>Demographics</th>
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<tbody>
<tr>
<td>• Median age of 34.6 years</td>
<td>• Rockhampton City (16%) and The Range-Allenstown (16%), within the Rockhampton LGA, have the highest proportion of youth (15-24 years) in the PHN catchment</td>
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<td>• Rockhampton City (16%) and The Range-Allenstown (16%), within the Rockhampton LGA, have the highest proportion of youth (15-24 years) in the PHN catchment</td>
<td>• 6.4% of population are Aboriginal and/or Torres Strait Islander people (4,889 persons), 4.7% were born overseas in a non-English speaking country (3,611 persons), and 4.9% have a profound or severe disability</td>
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<td>• The percentage of persons in the most socio-economically disadvantaged quintile was 37.4%</td>
<td>• Highest unemployment rate in the Central Queensland area (8.4%)</td>
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<td>• 15.3% of families with children have no parent employed</td>
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<td>• Rockhampton City (227) and Berserker (74) have the highest number of homeless people</td>
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<td>• Compared to Queensland, higher percentage of adults with high blood pressure (31.1%; QLD 29%) and high blood cholesterol (29.9%; QLD 29%)</td>
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<td>• Compared to Australia, causes of premature mortality were significantly higher for cancer, lung cancer, breast cancer, circulatory system diseases, ischemic heart diseases, cerebrovascular, respiratory diseases, chronic obstructive pulmonary disease, and external causes</td>
<td>• Five out of nine maternal and infant health indicators were worse in the Central Queensland area compared to Queensland</td>
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<td>• Significantly lower use of GP services (compared to Queensland) and significantly lower use of psychiatrists, psychologists, social workers and occupational therapy services (compared to Australia)</td>
<td>• Highest rate of hospital admissions for same day dialysis in the PHN catchment</td>
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<td>• 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP</td>
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<td>• 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP</td>
<td>• There were approximately 58 dentists, 127 GPs, 52 occupational therapists and 85 psychologists registered in the Rockhampton area</td>
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<th>Stakeholder Feedback</th>
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<tr>
<td>• Stakeholders noted the increasing complexity of the ageing community and limited capacity to meet the needs of people with dementia and psychogeriatric needs.</td>
<td>• A significant concern raised was difficulties in attracting and retaining qualified staff and specialists in Rockhampton.</td>
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<td>• Stakeholders felt that limited specialist services within the region makes the management of complex medical issues difficult due to costs associated with travel.</td>
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<td>• Concerns were raised regarding the homeless, with the majority of homeless demonstrating poor health due to limited access to primary health care services. Stakeholders also expressed the potential need for more emergency accommodation as after hours as hostels and shelters fill up by the end of the day.</td>
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<td>• Several child and youth protection issues were raised, including homelessness, substance abuse and domestic violence affected homes.</td>
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*In 2014, the shire of Livingstone de-amalgamated from the Rockhampton Regional Council, following a referendum in 2013. Many of the health indicators included are based on 2011 geographical classifications in which Rockhampton LGA includes Livingstone Shire.*

*ASR = Age standardised rate*
### Woorabinda LGA (Central Queensland area)

#### Demographics
- Lowest median age in the PHN catchment (23.8 years)
- Largest percentage of persons aged 0-14 years in the PHN catchment (30.9%)
- 92.8% of population are Aboriginal and/or Torres Strait Islander people (877 persons) and 2.9% have a profound or severe disability

#### Social Determinants
- The percentage of persons in the most socio-economically disadvantaged quintile was 99.3%
- Unemployment rate of 8.3%; largest percentage of persons receiving an unemployment benefit in the PHN catchment (35.3%; QLD 5.6%)
- More than half of families with children have no parent employed (52.6%)
- Low educational attainment of tertiary qualification; 4.1% of people hold a bachelor degree or higher
- The majority of housing available in Woorabinda is government-owned.
- Approximately half of the population do not own a motor vehicle (47.8%), and 61.6% of the population do not have internet connectivity

#### Health Status
- 16.6% of people reported their health as “fair” or “poor” (QLD 15.7%)
- 18.8% of children were developmentally vulnerable on the language and cognitive skills domain of early childhood development (QLD 9.1%) and 12.5% on the emotional maturity domain (QLD 9.3%)
- Compared to Queensland, higher rate (ASR per 100) of diabetes mellitus (5.6; QLD 5.1), circulatory system diseases (19.1; QLD 17.8) and chronic obstructive pulmonary disease (3.3; QLD 2.7)
- Compared to Australia, premature mortality was significantly higher for external causes
- Compared to Queensland, significantly higher percentage of smoking during pregnancy in the Central Queensland area (22%; QLD 17%)
- Five out of nine maternal and infant health indicators were worse in the Central Queensland area compared to Queensland

#### Services
- Highest number of out-reach services under the Medical Outreach Indigenous Chronic Disease Program provided to Woorabinda LGA (153 days per year)
- 17% of patients in the Central Queensland area felt that they waited longer than acceptable to get an appointment with a GP

#### Stakeholder Feedback
- Mental health was raised as the biggest concern amongst stakeholders in light of depression, suicide, and teen pregnancy among the youth. Stakeholders raised the potential need for social workers and counselling—particularly a female counsellor was raised.
- Stakeholders felt that continuity of services is very important in the Indigenous community, whereby services that come to the area need to be in place over the long-term in order for patients to build trust.
- Staffing of services must be culturally appropriate and acceptable to the community.
- Multiple stakeholders noted that after hours services in Woorabinda are working well and ear health services for young children.

*ASR = Age standardised rate*