Gold Coast Health
Local Area Needs Assessment

2022-2025

Gold Coast Health
always care

Queensland
Government

CONTENTS

Acknowledgements

Jingeri. We acknowledge the Traditional Custodians of the land in which we work, live and grow, the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples, of the Yugambeh Language speaking nation. We also pay our respects to Elders past, present and emerging.

Many partners, groups and individuals provided guidance, expertise and lived experience in the preparation of the Gold Coast LANA. Gold Coast Health thanks our partners, the Gold Coast Primary Health Network and Kalwun Development Corporation, for working with us to develop the LANA, to ensure it reflects a shared understanding of the needs of our community. The LANA project team, together with our partners, would also like to acknowledge and thank the representatives of the following organisations, groups and their members for their contributions:

- Gold Coast LANA Governance Committee members
- Gold Coast Health Clinical Council
- Gold Coast Health Consumer Advisory Group
- Amaze Education
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- Aurora Healthcare
- BlueCare
- Bolton Clarke
- Bond University
- Carers Network
- City of Gold Coast
- Department of Children, Youth Justice and Multicultural Affairs
- Department of Corrections
- Education Queensland
- Gold Coast Health Market Reference Group
- Gold Coast Homelessness Network
- Gold Coast Hospital Foundation
- Gold Coast Primary Health Network Clinical Council

- Gold Coast Primary Health Network Consumer Advisory Council
- Gold Coast Youth Justice Centre
- Goldbridge Rehabilitation Services
- Griffith University
- Healthscope
- Lives Lived Well
- Multicultural Communities Council Gold Coast
- Numinbah Correctional Centre
- Pasifika community leaders
- Queensland Ambulance Service
- Queensland Corrective Services
- Queensland Police
- Ramsay Healthcare
- Refugee Health Network
- Richmond Fellowship Qld
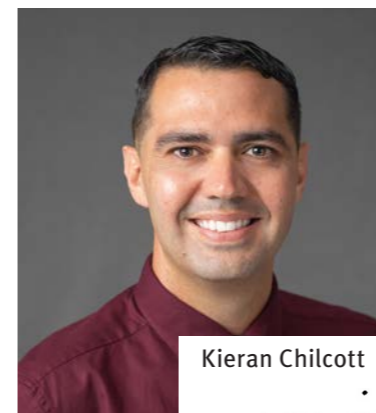- Salvation Army
- Southern Cross University
- TAFE Queensland
- Wesley Mission

Foreword

Ron Calvert

Our region is growing and changing, and so too are the health needs of our community.

The past three years have seen enormous change within the health system on the Gold Coast. Population growth and ageing continues to drive increased demand for healthcare services, a global pandemic has put pressure across all health service providers, and the pace of digital and technological change has accelerated. As resources become ever more constrained, these challenges can only be met if we transform how we provide healthcare and tailor services to meet the unique needs of our community into the future.

The Gold Coast Local Area Needs Assessment (LANA) provides a local, community-informed assessment of health need to support the health system in navigating the changing needs of our population. Co-delivered by Gold Coast Health, Gold Coast Primary Health Network and Kalwun Development Corporation, the LANA is a foundation for providing world-class healthcare to our community. It provides the broad system with a shared understanding of the health needs of Gold Coast residents and a clear indication of what is important to our patients, our community and our clinicians. In doing so, the LANA will assist the planning and delivery of health care services across the entire spectrum of health care delivery for the greatest population impact.

Matthew Carrodus

From here, the LANA will be used to underpin future service developments and to grow new ways of delivering healthcare hand in hand with our population, where and when they need it. Alongside the First Nations Health Equity Strategy, this work re-focusses the health system on ensuring everyone has the best opportunity of equitable health outcomes. It embodies our joint commitment to our community. We thank all those clinicians, providers, patients and community members who have contributed their time and expertise towards this work, and we look forward to continuing to develop ever closer ties as partners in delivering the best health care for our population.

Ron Calvert, Chief Executive, Gold Coast Health

Matthew Carrodus, Chief Executive Officer, Gold Coast Primary Health Network

Kieran Chilcott, Chief Executive Officer, Kalwun Development Corporation

Kieran Chilcott
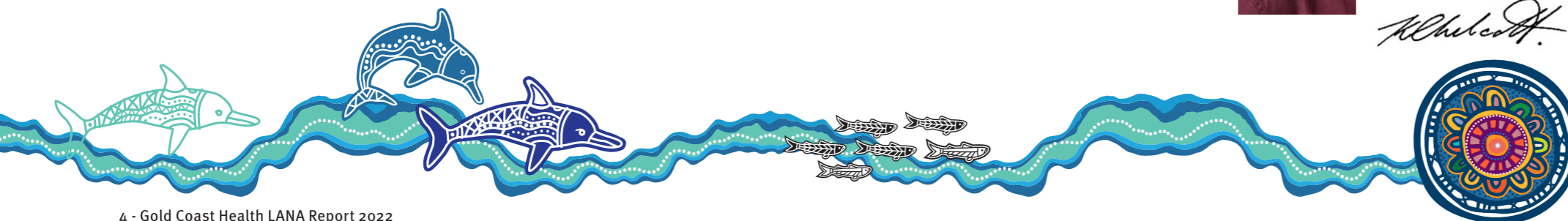
The Gold Coast Local Area Needs Assessment identifies the most significant health and service needs of the people who live within the Gold Coast Hospital and Health Service catchment area

Introduction

About the Local Area Needs Assessment

The Local Area Needs Assessment (LANA) identifies the most significant health and service needs of the people who live within the Gold Coast Hospital and Health Service (HHS) catchment area.

It is based upon detailed data analysis across multiple domains, as well as consultation with local stakeholders, clinicians, consumers and health organisations, to understand where there are service gaps or the need for new services.

Most importantly, Gold Coast Health has worked in partnership with Gold Coast Primary Health Network (PHN) and Kalwun Development Corporation (Kalwun) to develop the LANA, ensuring a shared understanding of the needs of our community.

Purpose

Queensland Health is aiming to improve equity across the health system by transforming planning and funding processes as outlined in *Unleashing the Potential: an open and equitable health system*. Each HHS across Queensland has undertaken a LANA which, when considered all together, will provide a detailed understanding of the health and service needs of people across the state. This will help to inform system wide priorities and support targeted commissioning of services to improve population health outcomes with the aim of ensuring all Queenslanders can enjoy excellent health outcomes, no matter where they live.

The Gold Coast Health LANA ensures we understand the health and services needs of our community, supporting a responsive and evidence-based system of planning and commissioning.

The LANA:

1. identifies need, demand, supply and prioritised gaps

2. identifies differences in health need between Hospital and Health Services

3. supports a drive for equitable health outcomes for all Queenslanders

4. provides a comprehensive local foundation to enable planning responsive to the unique needs of our community

5. enables stronger partnerships, especially with primary care, our First Nations service partners Kalwun, and non-government organisations, to drive more seamless patient journey

Scope

Gold Coast Health's LANA was conducted in accordance with the Department of Health LANA framework and minimum dataset requirements. This explored available demographic, health and wellbeing data for all Gold Coast residents, service data for the Gold Coast HHS catchment area (including service use by Northern New South Wales residents and other visitors) and multimodal consultation with Gold Coast residents, health consumers, service partners and providers.

Services located outside of the Gold Coast and Northern New South Wales (NSW) that are accessed due to ordinary movement of people or patient preference were considered out of scope (although the health need for those services is included). Future workforce or infrastructure needs are not identified as part of LANA – rather the LANA will support future planning for these requirements.

Governance

Development of the Gold Coast LANA was overseen by the Gold Coast LANA Governance Committee (the Committee), chaired by the GCHHS Executive Director Strategy, Transformation and Major Capital Division.

Committee membership included representation from across Gold Coast Health, Gold Coast PHN and Kalwun, including expertise in public health and epidemiology, nursing, medical and allied health services as well as First Nations and consumer representation. The Committee provided expert, strategic guidance throughout development of the LANA prior to endorsement by the Gold Coast Health Board.

Methodology

Development consisted of three key phases:

1. quantitative data analysis

2. consultation and engagement (qualitative analysis)

3. triangulation, or synthesis, of all the evidence to define and then prioritise needs

Analysis was completed by the Project Team, overseen and endorsed by the Governance Committee, along with the Gold Coast Health Executive Team and the Board. External Consultants supported community and stakeholder engagement during Phase 2. First Nations peoples were consulted separately as part of the Gold Coast Health First Nations Health Equity Strategy using a First Nations consultant and using culturally informed models of engagement.

Introduction

There were 38 key health needs identified throughout the LANA, grouped under 9 key themes:

- Social determinants of health
- Health and wellbeing
- Population growth
- First Nations people
- Children and young people
- Older people
- Cancer and chronic disease
- Mental health, alcohol, drug and substance misuse
- Culturally and linguistically diverse communities

Although these don't represent all needs of our population, these 38 are the most pressing.

Limitations

Health needs assessments are an established method for understanding health and service needs of a population. However, there are some limitations to acknowledge:

- Data captures known and expressed health need identified in either the data or raised in consultation. There may be additional unknown, unmet health needs

- While extensive consultation was undertaken with a concerted effort to reach vulnerable and complex need population groups, the views expressed by those consulted may not be representative of the broader population
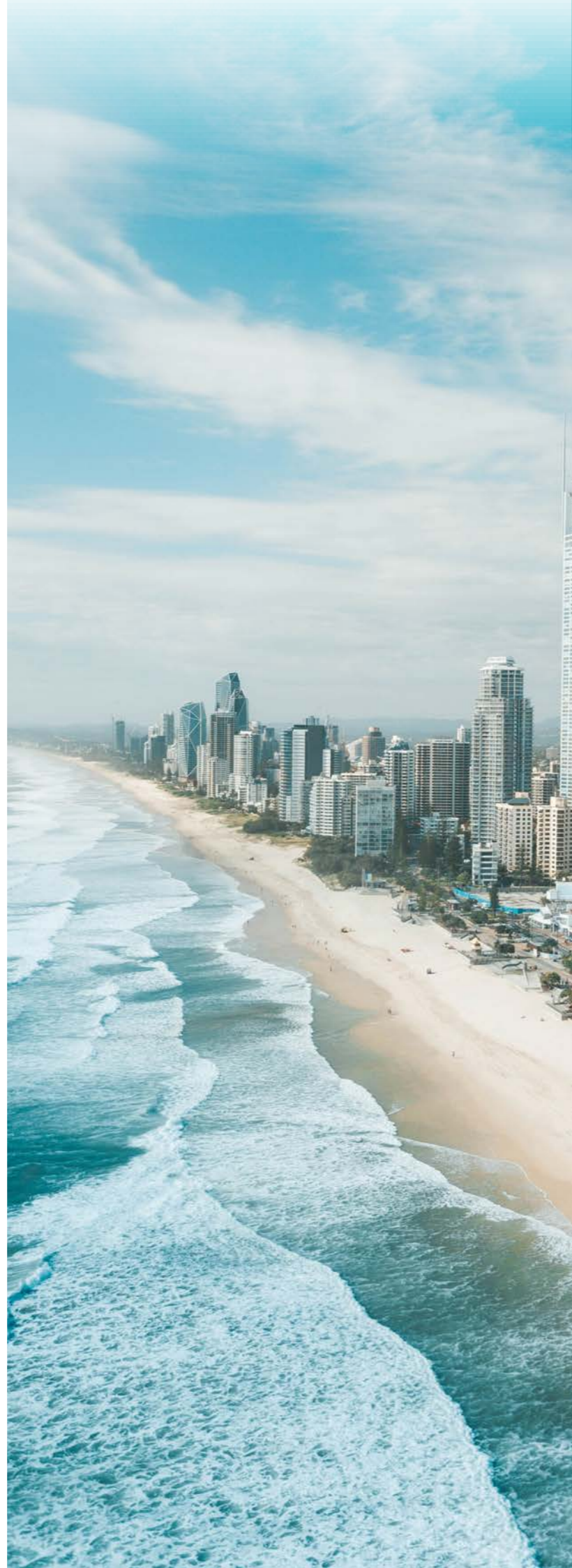
Gold Coast Snapshot

Population

Gold Coast is home to **12%** of Queensland's population, and has a higher annual growth rate than the Queensland average
Gold Coast 2.02% vs Queensland 1.54% [1]

GCH covers **1,858km²** and serves an estimated resident population of **649,659** people[1]

A baby born in **2018 - 2020** can expect to live **83.9 years**, higher than Queensland and Australian averages[3]

Gold Coast Population Age Profile 2021[5]

Age group	Percentage
0-14 years	18.1%
15-24 years	12.6%
25-64 years	52.3%
65 or older	17.0%
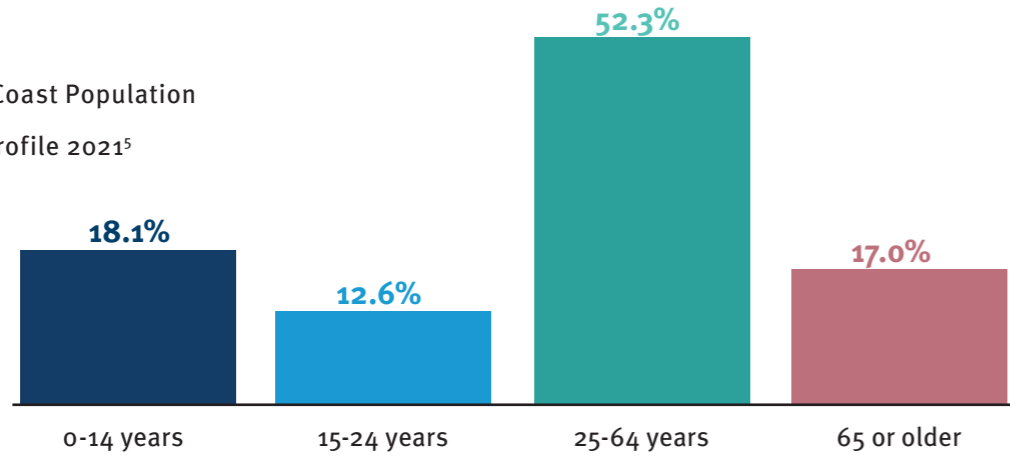
Figure 1

Gold Coast Health is **1 of 16** Hospital and Health Services in Queensland

The median age is **39** years old[2]

The northern Gold Coast is expected to **grow** by **3.9%** annually to 2031[4]

2.2% of people identify as **First Nations**[2]

5.5% need assistance with a **profound or severe disability**[2]

18.3% of people had a different address **one year ago**[2]

Gold Coast Population By SA2

2021 ERP

	4022 - 6000
	6001 - 8000
	8001 - 10000
	10001 - 12000
	12001 - 14000
	14001 - 16000
	16001 - 18000
	18001 - 20000
	20001 - 22000
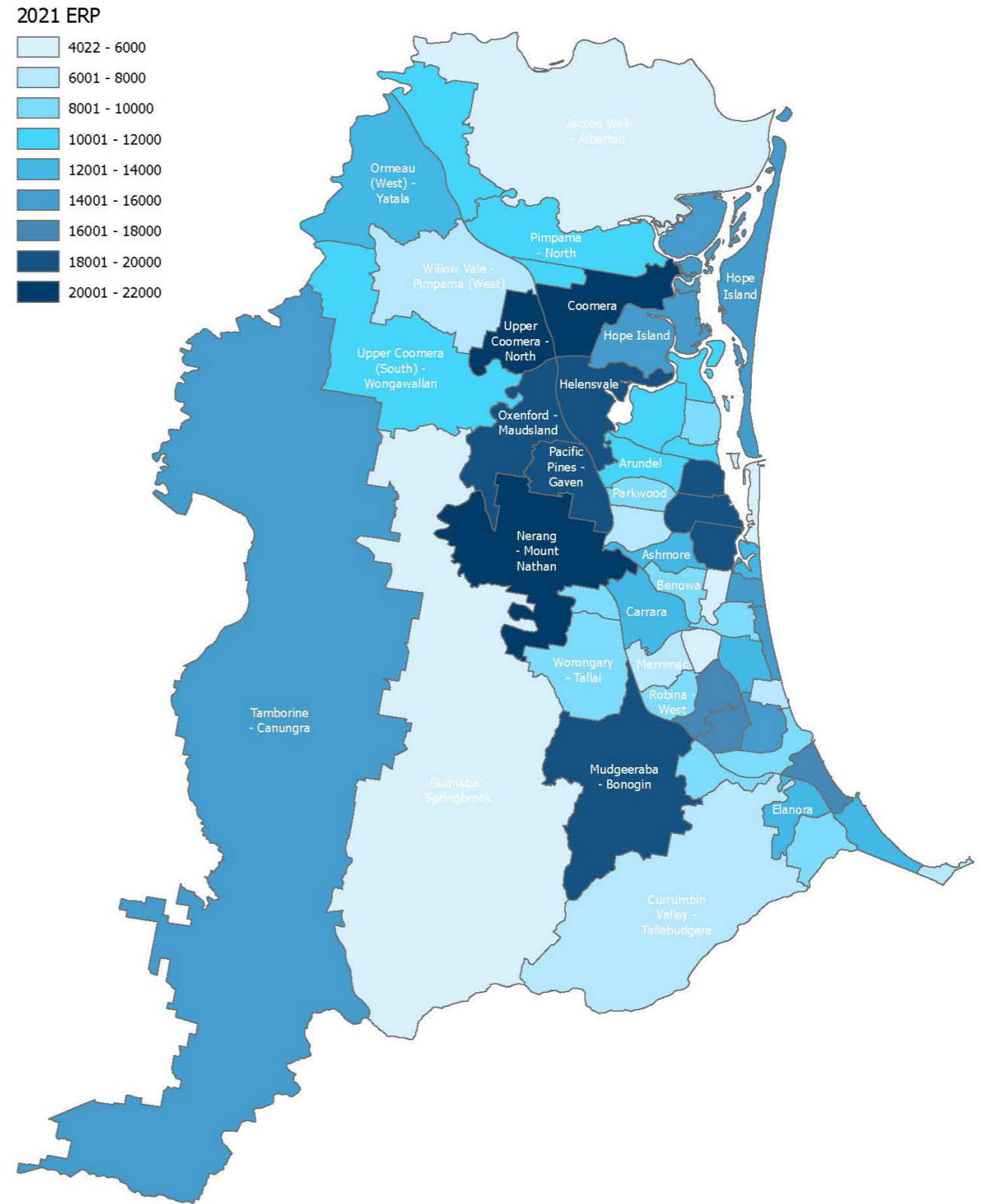
* As at 1st Sept 2022

* Estimated Resident Population by SA2; November 2022

Figure 2

Health Service Snapshot

Health care for Gold Coast residents is delivered by an array of public and private providers:

2 Public Hospitals

1 Public Day Surgery

7 Community and Child Health Facilities

4 Breast Screen Units

6 Private Hospitals

10 Private Day Hospitals/ Procedure Centres

6 Aboriginal Community Health Clinics

212 General Practices

54 Residential Aged Care Facilities

A **3rd** public hospital (Coomera) is planned for delivery **by 2027**

A public **Satellite Hospital** (Tugun) is due to open **in 2023**

A broad range of private allied health providers and non-government organisation care providers

Gold Coast Health services residents of other regions. In 2020-21:

2.1% Northern NSW

2.3% Metro South

1.3% Other interstate and overseas

Gold Coast Health employs over 10,400 FTE which includes:

4,934 nursing

1,413 medical

1,306 allied health professionals and assistants
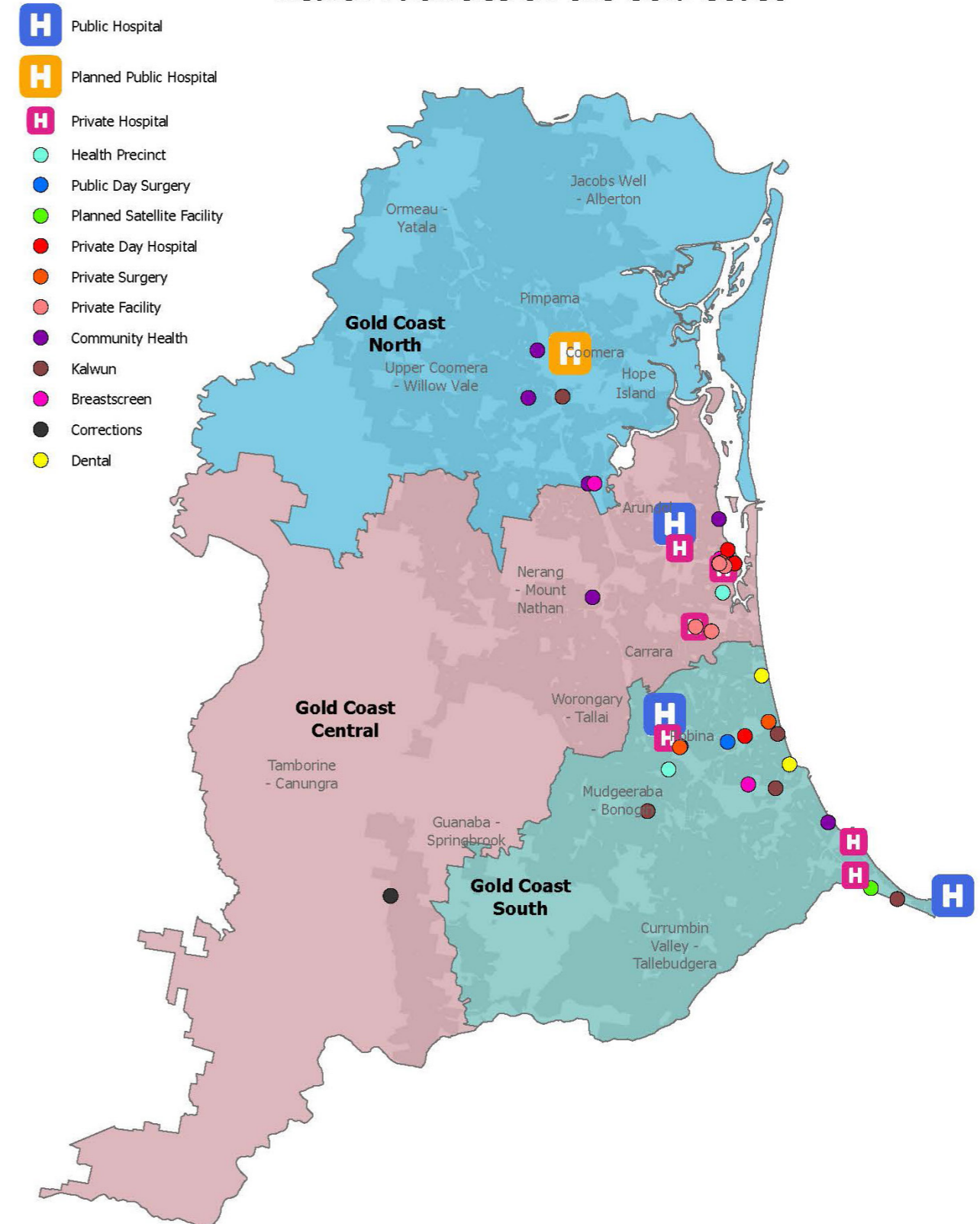
1,120 frontline support staff

Very few Gold Coast residents need to leave the region for inpatient care

93.5% of hospitalisations in Queensland for Gold Coast residents in 2021 occurred in a facility on the Gold Coast[7]

Gold Coast Health provides all public acute hospital services to the Gold Coast population. In 2020-21:

190,000+ patients through Emergency Department

200,000+ hospital admissions[5]

7,700+ babies born

27,000 virtual outpatient appointments

1,090,000+ outpatient appointments

Health Facilities on the Gold Coast

Legend:
- **H** Public Hospital
- **H** Planned Public Hospital
- **H** Private Hospital
- Health Precinct
- Public Day Surgery
- Planned Satellite Facility
- Private Day Hospital
- Private Surgery
- Private Facility
- Community Health
- Kalwun
- Breastscreen
- Corrections
- Dental

* As at 1st Sept 2022

Figure 3

Identified Key Health Needs

3. Identified Key Health Needs

There were 38 key health needs identified by the LANA, grouped into nine key priority areas and distributed across the life course and care continuum. The variety in needs reflects the breadth of systematic quantitative data analysis and broad consultation and engagement undertaken throughout the LANA discovery phase.

The final list of needs accounts for a core set of criteria used to identify the highest priority health needs of the population and assess the feasibility

of Gold Coast Health to impact them. The list is not exhaustive, but represents those needs identified as most significant to our clinicians, stakeholders and community, including such things as the size or severity of the issue. Plotting them across the care continuum assists future planning by indicating parts of the health care sector for action and/or future investment. Although these don't represent all needs of our population, these are the most pressing.

Health and service needs across the care continuum and lifecourse - graph key

Social Determinants of Health

A1 Target service delivery to match those with highest need, including those with socioeconomic disadvantage and Northern Gold Coast residents

A2 Better early identification of domestic and family violence and supported referral to domestic and family violence services

A3 Grow homelessness outreach services

Health and Wellbeing

B1 Preventative health strategies that respond to the increased burden of chronic disease

B2 Enable the promotion of protective behaviours at all life stages

B3 Practical healthcare system navigation by consumers and providers through co-design

B4 Support the health and wellbeing of carers and health staff

Population Growth

C1 Additional infrastructure to expand service capacity to meet growing demand

C2 Invest in alternate models of care, including digital opportunities, to mitigate and manage demand

C3 Strategic workforce planning, including affordable housing considerations, to accommodate the rapidly growing demand for services

First Nations Peoples

D1 Co-design services with First Nations Peoples to improve cultural safety, support and responsiveness

D2 Improve rapid access to acute, community and home based services for First Nations Peoples

D3 Strengthen and grow the First Nations health workforce, including representation across workforce streams

D4 Embed holistic and culturally informed notions of physical, mental, social and emotional wellbeing and healing

D5 Address increasing rates of cancers among First Nations Peoples

Children and Young People

E1 Increase childhood immunisation rates

E2 Enhance support for families during the First 2000 days, particularly those at risk

E3 Address increasing rates of maternal risk factors

E4 Early identification, diagnosis, intervention and support for children and young people with neuro developmental disorders

Older People

F1 Reduce incidence and impacts of frailty and falls

F2 Increase access to and navigation of appropriate social and home care support services

F3 Support Residential Aged Care Facilities to avoid preventable hospitalisations of facility residents

F4 A system of care and support for patients with dementia and challenging behaviours, and their carers

F5 Strengthen community (including residential) end of life and respite services and advocate for greater capacity

Cancer and Chronic Disease

G1 Improve early detection and management of chronic disease

G2 Improve screening, early detection and treatment of cancer

G3 Improve management of persistent pain

G4 Rapid access to alternate services to ED for chronic disease

Mental Health, Alcohol, Drugs and Substance Misuse

H1 Enhanced early intervention services to support and prevent mental health conditions, in particular depression and anxiety

H2 Increased access to psychological therapies to meet growing demand

H3 A coordinated mental health service system across service providers and levels of care

H4 Infrastructure development to provide sub-acute community based residential mental health services

H5 Address the high prevalence of vaping, particularly amongst young people

H6 Sufficient and age-appropriate mental health services for young people

H7 Improve access to drug, alcohol and substance addiction services, including rapid access and inpatient services

H8 Support system navigation for both consumers and service providers

Culturally and Linguistically Diverse Communities

I1 Responsive healthcare to meet the needs of a large and growing Pasifika community with high health needs and challenges accessing healthcare

I2 Culturally capable care to support our culturally and linguistically diverse population

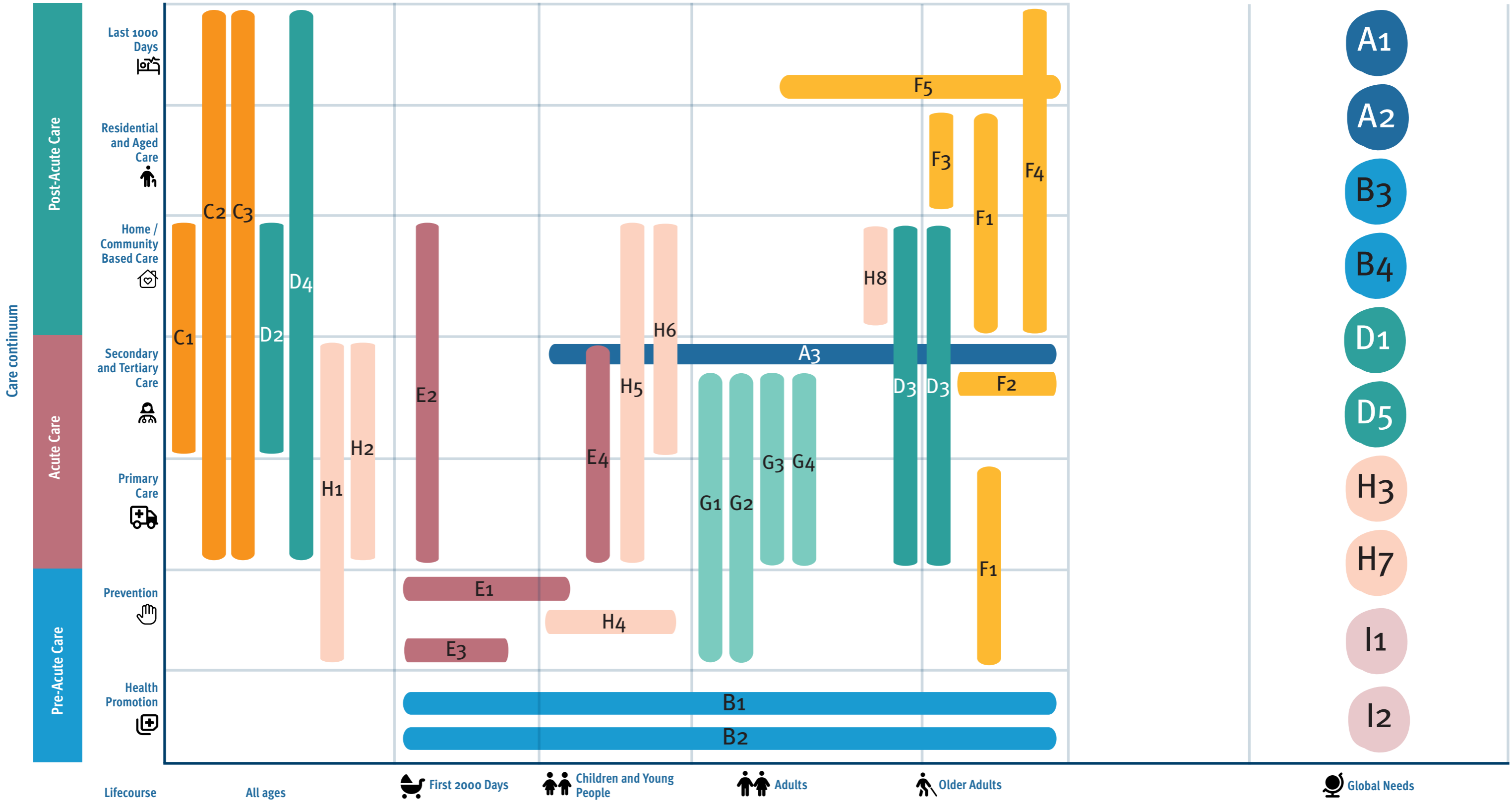# Health and service needs across the care continuum and lifecourse

Figure 4: Identified needs across the lifecourse and care continuum

3.1 Social Determinants of Health

Key Health Needs

A1 Target service delivery to match those with highest need, including those with socioeconomic disadvantage and Northern Gold Coast residents

A2 Better early identification of domestic and family violence and supported referral to domestic and family violence services

A3 Grow homelessness outreach services

● There are local pockets of disadvantage and higher risk factors

📍 Around **125,000** people lived in the 3 most disadvantaged socio-economic groups[8]

📍 **Highest disadvantaged areas** Gold Coast-North, Nerang, Ormeau-Oxenford, Southport and Surfers Paradise[9]

🐷 **6.8%** have an income of **<$650 per week**[2]

💬 Domestic and family violence was in survey respondents' top 5 Healthcare Priorities for both children and adults

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● Housing affordability is poorer than elsewhere, with very high housing stress, and it's worsening

🏛 **15.7%** mortgage stress[2]

🚚 **42.1%** rental stress[2]

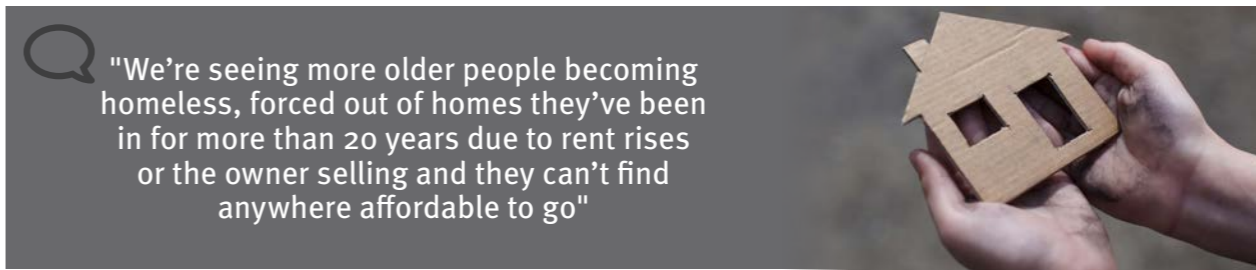🔄 Four bedroom house is **27%** higher than the Queensland median[2]

$ **Higher housing stress** - Surfers Paradise and Gold Coast North residents (48% rental stress)[10]

🏢 Rental vacancy rates are less than **1%**[11]

● Domestic and family violence is a significant concern for many stakeholders

👮 Police note domestic and family violence is an increasing factor in reported offences[13]

Domestic Violence Orders rate is higher than **Queensland average**[14]

🚨 Attempted strangulations in domestic and family violence is higher than Queensland average[14]

● Homelessness continues to be an issue with additional pressure from declining housing affordability

💬 Stakeholders report growth in homelessness, overcrowded housing and at-risk populations due to financial stress, low housing affordability and availability

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💬 "We're seeing more older people becoming homeless, forced out of homes they've been in for more than 20 years due to rent rises or the owner selling and they can't find anywhere affordable to go"

> " Rough sleeping isn't just in Southport anymore "

More than **5,000** people applying for social housing, approximately half on homeless applications[12]

💬 "The Northern Corridor is a hotspot for Queensland Ambulance Service."

- Focus group participant

Socioeconomic status is strongly related to health outcomes. The relatively advantaged Gold Coast population has historically enjoyed excellent life expectancy and good health outcomes, but we have begun to experience a downward shift in some markers of health. In addition, some suburbs are so diverse – from multimillion dollar homes to high density developments – that disadvantage is concealed by averages. Without thorough data analysis, the true nature and size of need on the Gold Coast can be hidden.

The Local Area Needs Assessment (LANA) has revealed that some groups of Gold Coast people do not have equitable health outcomes. Large, and growing, numbers of people experiencing socioeconomic disadvantage, First Nations people and culturally and linguistically diverse groups are concentrated in the rapidly developing Northern Gold Coast and longer established areas such as Southport and Nerang. These areas are all experiencing greater health needs than the general population across multiple domains. Added to this, home affordability (with the growing risk of homelessness) and domestic and family violence are of particular concern for our broader community.

The health sector cannot fix issues leading to disadvantage, but it can play its part in reaching and serving our most vulnerable people. We can continue to develop existing partnerships with other agencies and stakeholders, including schools, justice and police services. We can embed inter-agency policy around broad issues such as disability and domestic and family violence. We can continue to develop more comprehensive and seamless journeys for people with complex needs at all stages of life.

Our Homeless Health Outreach Team, caring for homeless people out on the street, works in partnership with City of Gold Coast, Queensland Police Service and others, and is a great example of inter-agency collaboration to support service access and navigation. Together with our partners, and with the support of the Department of Health, we can continue to target interventions and intensive support to those who need it most.

3.2 Health and Wellbeing

Key Health Needs

B1 Preventative health strategies that respond to the increased burden of chronic disease

B2 Enable the promotion of protective behaviours at all life stages

B3 Practical healthcare system navigation by consumers, carers and providers through co-design

B4 Support the health and wellbeing of carers and health staff

● Gold Coast residents mostly live healthier lives than the Queensland average, but there are pockets of higher risk, particularly in the northern Gold Coast

 High alcohol use **1.5x** Qld average in Broadbeach-Burleigh[15]

 Two-thirds of adults were sunburnt in last 12 months[15]

 Obesity **1.5x** Queensland average in Ormeau-Yatala[15]

 Only **1 in 10 adults** and **1 in 20 children** had adequate daily vegetable consumption[16]

 Northern Gold Coast residents were **least happy** with their levels of exercise

● The health system can be challenging to navigate

> Stakeholders reported enhanced nurse navigation, wrap-around support, inter-agency co-operation, and one-stop-shop health services as key service needs

● Community members want greater health promotion and awareness of healthy lifestyle programs

 Need for **more health promotion**, lifestyle programs, services and facilities

● Many Gold Coast residents provide unpaid care for another person

 At least **1 in 10** Gold Coast residents provided unpaid care to a person with a disability, health condition or due to old age **in** 2021

> "We've always been seen as more healthy than the rest of Queensland but we are starting to see a downwards shift, especially in those areas with lots of housing developments."

Health promotion – activities that support communities and individuals to increase control over their health and encourage healthy behaviours e.g. legislation, awareness campaigns

Prevention – primary: avoiding disease occurring e.g. dental hygiene, nutritional supplements, immunisation or secondary: early detection of disease to improve positive health outcomes

To be effective, both of these require **health literacy**, an individual's capacity to use health information and navigate the health system to access appropriate services when required

The Australian Burden of Disease Study 2018 estimated that a large component of all the disease and injury experienced by Australians was attributable to lifestyle and environmental risk factors:

8.6% Tobaco Use

8.4% High body mass

5.4% Alcohol use

3.0% Illicit drug use

2.5% Physical inactivity

Doing all we can to remain as healthy as we can be, for as long as possible, makes sense. 'Health literacy' describes the range of skills required to obtain and critically review health information and take the required action to access and navigate the right services and support.

The LANA analysis indicated some key areas of health for our community to focus on. We continue to see high levels of sunburn despite being a hotspot for skin cancer; our diets are deficient in adequate vegetables, known to protect against many chronic diseases; and obesity rates are higher than Queensland averages (especially in northern Gold Coast suburbs), and rising.

Our health literacy program already focuses on ensuring access to clear, concise information and supporting collaborative discussions between health professionals, patients and carers, to help them to make choices that are right for them. We need to continue to develop models of care that assist people to navigate our complex health system, including readily available digital solutions.

In collaboration with our partners, we can also do more to support people to adopt protective and preventative behaviours to support good physical and mental health, such as a healthy diet and exercise, sun safety and immunisation, and early screening for signs of ill health, including dental health and cancer screening.

Driving wellbeing will require investment in Public Health Units, in epidemiology capacity and health promotion. Partnerships between our Public Health Unit, City of Gold Coast and the Primary Health Network, taking a collective responsibility in actioning wellbeing strategies, will be key to ensuring a whole of community response to health and wellbeing. Collaborative, consistent engagement supported by digital technology will provide the best opportunity for future wellbeing that is the envy of the state.

> "If we don't act now to help people live more healthy lives we are storing up big problems for our future"

3.3 Population Growth

Key Health Needs

C1 Additional infrastructure to expand service capacity to meet growing demand

C2 Invest in alternate models of care, including digital opportunities, to mitigate and manage demand

C3 Strategic workforce planning, including affordable housing considerations, to accommodate the rapidly growing demand for services

● The Gold Coast population is growing rapidly especially in those population groups that use health care the most

- Population growth rate **1.5x** Queensland average[1]
- An additional **147,906** people are expected to live in the Gold Coast by **2031**[17]
- **1 in 5** people are expected to be aged 65+ by 2031[18]
- The number of children[18] is expected to grow by **17.7%** by 2031, **1.6x** the Queensland average projected growth for children[17]
- The northern corridor is the fastest growing region, expecting to grow **3.9%** annually to 2031[19]
- Coomera (14.6% per year), Worongary-Tallai (9.7% per year), Pimpama (4.9% per year) and Mermaid Beach – Broadbeach (4.9% per year) are projected to have the highest growth[17]

● Growth and changing health needs mean increased demand for hospital services and pressure on waiting times

- Gold Coast residents use ED at a **7.5%** higher rate than they used to[24]
- Hospitalisations at Gold Coast facilities grew by **4.5%** between 2020-21 and 2021-22[20]
- Gold Coast residents are utilising hospital inpatient services at an **8.0%** higher rate than 5 years ago[21]
- Over half of consumers on the specialist **outpatient waitlist** have been waiting for longer than clinically recommended[22]
- The proportion of elective surgeries occurring within clinical recommended time has **declined** across all urgency categories[22]
- Increase in **long waits for elective surgery** across all urgency categories, particularly categories 2 and 3[22]

> " The Gold Coast [population] is just exploding, especially in the north and all the high rises on the coast"
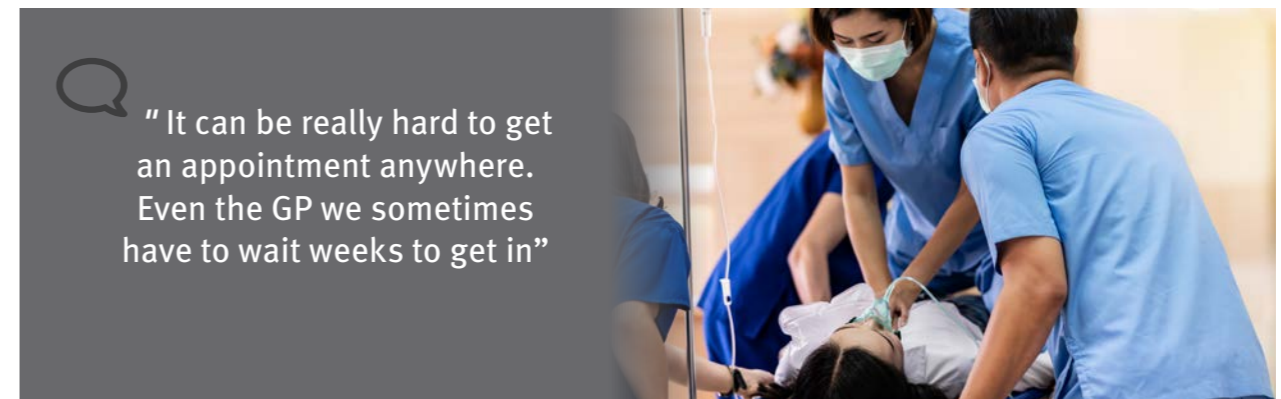
> " It can be really hard to get an appointment anywhere. Even the GP we sometimes have to wait weeks to get in"

Evolving digital technology is offering new ways of delivering services that reduce waits and are more convenient

Hospital demand is not growing just due to population growth, but also because people are using hospital more than they used to

The number of emergency department presentations grew by 15.5% from 2016-17 to 2020-21[23]

The rate of Category 2 presentations to ED grew by almost 40% from 2016-17 to 2020-21[25]

With our vibrant, enviable lifestyle, it's no surprise that the Gold Coast continues to attract new residents. Population growth is faster here than almost anywhere else in Queensland, especially in the northern part of the Gold Coast, where large numbers of people live, yet have few local services. As our population grows, so does the demand for health services in hospitals, the community and in primary care – services which have already been stretched in recent years by the challenges of the Covid-19 pandemic.

Pressure on our health care system is especially visible through increases in waiting times for outpatient services, elective surgery or GP visits. The stark reality is that our current capacity cannot meet the needs of our future population.

The Queensland Government has already committed to a large increase in hospital capacity on the Gold Coast, including expansions at current sites, a new satellite hospital at Tugun, and a new hospital in Coomera. But, this alone will not be enough. We will still need to expand our community care options and to work collaboratively with all health care service providers across Southeast Queensland on workforce planning to ensure we have enough health care workers, both professional and non-professional, to safely deliver the health care services Gold Coasters need.

Fortunately, rapidly developing digital technology is allowing us to design new ways of providing health care, including virtual, community and home-based care. Investing in these alternate models of care is an important part of securing future health care delivery as it is not only cost efficient, allowing our financial resources to go further, but is also more convenient for our patients.

3.4 First Nations Peoples

Key Health Needs

D1 Co-design services with First Nations peoples to improve cultural safety, support and responsiveness

D2 Improve rapid access to acute, community and home based services for First Nations peoples

D3 Strengthen and grow the First Nations health workforce, including representation across workforce streams

D4 Embed holistic and culturally informed notions of physical, mental, social and emotional wellbeing and healing

D5 Address increasing rates of cancers among First Nations peoples

● The Gold Coast Health First Nations Health Equity strategy identifies six key areas co-developed with First Nations people, and organisations on the Gold Coast

1. Cultural safety
Actively eliminate racial discrimination and institutioanl racism within services

2. Access
Increase access to healthcare services

3. Determinants
Influence the social, cultural, and economic determinants of health

4. Service and data enhancement
Deliver sustainable, culturally safe, and responsive healthcare services

5. Service delivery partnerships
Work with First Nations people, communities, and organisations to design, deliver, monitor and review health services

6. A strong and capable workforce
Strengthen the First Nations workforce

● The First Nations population is growing and their health profile is changing

14,336 First Nations residents in 2020 (**2.2%** of GC population) **Queensland average**[1]

19% mortality reduction to 2019[26]

Cancer is the leading cause of death[26]

Stakeholders identified that co-designing health services with First Nations peoples, communities and organisations will support services that are culturally safe and responsive to the needs of Community

> "Employment targets need to include leadership positions in multiple disciplines and levels. You can't be what you can't see. We want to see our people employed across the HHS in all roles and levels
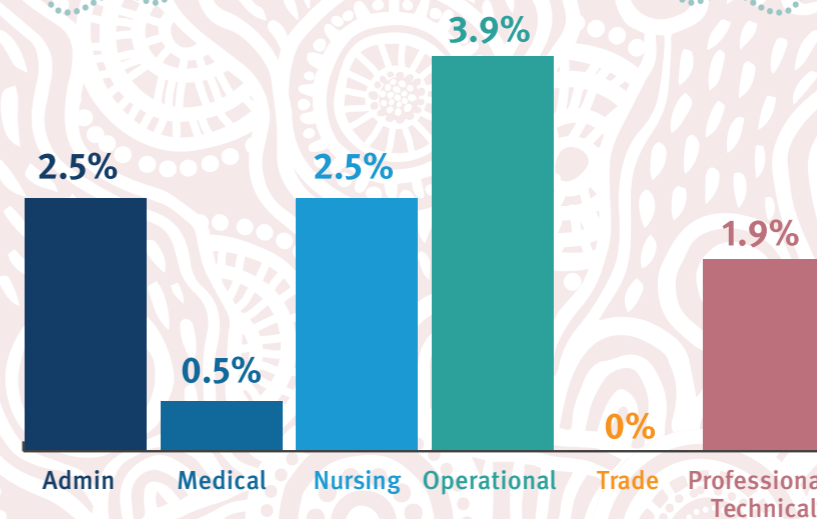> - First Nations focus group participant"

> "I want my health service to have cultural considerations that ensure I get the service that I deserve, that is based around my cultural needs, not just my self-care needs."
> - First Nations health consumer

2.5% Admin
0.5% Medical
2.5% Nursing
3.9% Operational
0% Trade
1.9% Professional/Technical

Figure 5

> "Programs need to be better based on the needs of the community
> - First Nations health consumer"

● More First Nations peoples living on the Gold Coast are engaged with primary healthcare

Twice as many are getting an Indigenous specific health check **than a decade ago**[27]

50% returned for a follow up health check

● First Nations people are not proportionately represented in the Gold Coast Health workforce

2.3% of the GCHHS workforce **identified** as Aboriginal and/or Torres Strait Islander

Low representation in medical, trade and professional/technical workforces

First Nations peoples have a long and rich history in Gold Coast region. The Yugambeh language speaking peoples have been Custodians of the region for millennia and continue to make a valuable and enduring impact on the Land and lives of the people who occupy it. In recent years, First Nations people on the Gold Coast have begun to experience an improvement in health outcomes, including living longer, enabled by a strong community-controlled health service provider, Kalwun Development Corporation, and supported by the primary and secondary care sectors.

Gold Coast Health is firmly committed to partnering with First Nations peoples to deliver a shared vision of health equity, as signalled through the co-signing of the Statement of Commitment in November 2021. Our shared strategic vision is outlined in the First Nations Health Equity Strategy 2022, written in partnership with Kalwun and the Gold Coast PHN, and entrenches a First Nations community voice via sustained engagement throughout the process. The strategy acknowledges six foundations for achieving First Nations health equity: partnering with First Nations peoples to co-design health care services; eliminating racism; influencing determinants of health; improving access to culturally safe services; embedding holistic notions of health; and building and supporting a First Nations workforce that is representative of the local population, across all workforce streams.

A key declining marker in health is noted as an increased risk of cancer, likely associated with increasing age, requiring improved models of care to increase screening and enable early detection and treatment. Timely, culturally safe access to services is vital for First Nations peoples, mindful of frequently complex needs. In addition to the broad foundations, the Health Equity Strategy identifies the reduction of elective surgery, specialist outpatient and emergency department wait times for First Nations people as an action area which will support an ongoing improvement in equitable outcomes.

3.5 Children and Young People

Key Health Needs

E1 Increase childhood immunisation rates

E2 Enhance support for families during the First 2000 days, particularly those at risk

E3 Address increasing rates of maternal risk factors areas of concern

E4 Early identification, diagnosis, intervention and support for children and young people with neuro developmental disorders

● A higher proportion of pregnant Gold Coast women have increased risk during pregnancy compared to five years ago[29]

Maternal smoking increased from **5.4%** (2017) to **6.8%** (2022) of **pregnant women**

Proportion of **low birth weight** babies has risen

1 in 6 mothers have a **BMI of 30+**
1 in 5 in Ormeau and Oxenford[30]

● Developmental vulnerability and neurodiversity are an ongoing concern with lifelong impacts and are concentrated in key locations

Ormeau-Oxenford **13.4%** and Gold Coast North **12.0%** had the **highest proportion** of developmental vulnerability (> 2 AEDC domains)

Two thirds of all children who were **developmentally vulnerable** in at least 2 domains live in Ormeau-Oxenford, Nerang, or Gold Coast North

Approximately **900** children on Child Development Service **waitlist**

● Parental health literacy is presenting challenges for health service access and childhood immunisation

1 in 10
Gold Coast children are **not fully immunised** at 1, 2 and 5 years old

Gold Coast children had **lower rates of immunisation** than the QLD average[31]

1 in 10
Gold Coast children are **developmentally vulnerable** as they start school[32]

"Anxiety/depression, drug and alcohol abuse, neurodiversity, other mental health issues, vaping and e-cigarettes identified as top priorities for adolescents by survey respondents
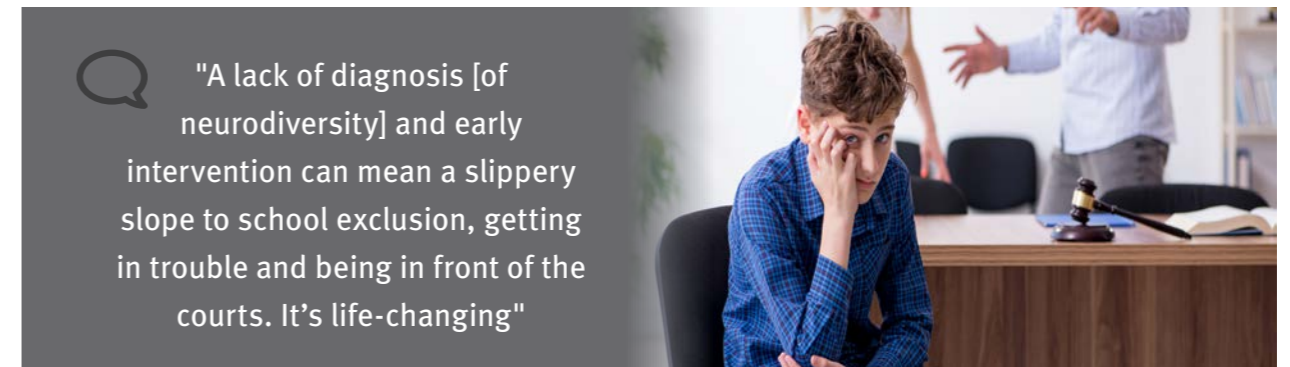
"A lack of diagnosis [of neurodiversity] and early intervention can mean a slippery slope to school exclusion, getting in trouble and being in front of the courts. It's life-changing"

Limited availability, cost and convenience of screening and specialist services lead to delayed diagnosis of neurodevelopmental disorders in children

" Waitlists are so long that children are beyond the age limit and never seen "

Stakeholders reported parents can struggle to navigate the health system, which leads to parents and children not receiving the ongoing check ups and care they need

School readiness, immunisation, neglect/abuse, neurodiversity and DFV identified as the top priorities for children by survey respondents

Our shifting socioeconomic profile is associated with declining markers of health outcomes for mothers, babies and children. After long trends of improvement, key risk factors such as smoking and obesity in pregnancy are now rising. Childhood immunisation rates are lower than both Queensland and national averages. Few young children appear to receive all their recommended health checks, potentially missing early diagnosis of problems. Early childhood development vulnerabilities persist, concentrated in the northern half of the Gold Coast.

For adolescents and young people, poor mental health (especially anxiety and depression) is a key health care need and vaping or 'e-cigarettes' is identified as a very significant issue by public health and education sectors, not only for adolescents and young adults but emerging in primary school aged children.

Our community identified a key opportunity for cohesive, wrap-around services that support new families with parenting and navigating the health care system effectively. The Waijungbah Jarjums service - a comprehensive, culturally appropriate model of care for First Nations women throughout pregnancy, birth and those first 2000 days of childhood - has coincided with improved outcomes for First Nations babies, higher satisfaction with health care experiences for mums and excellent immunisation rates. Our Complex Families initiative provides intensive service navigation and inter-agency collaborative support for families with multiple health and social issues, facing some of the most challenging circumstances imaginable. These models have shown that targeting services and models of care to meet specific needs has significant benefits.

Although Gold Coast Health is fortunate to have a highly capable neurodiversity team, schools and parents identified limited availability/affordability of child psychology and neurodevelopmental assessment services as a concern, anecdotally associated with poorer educational outcomes and leading to longer term mental health issues. Long waits for child development outpatient services require addressing.

Finally, whilst Gold Coast has some strong adolescent mental health services, more is needed to match the growing community demand and prevent longer term issues.

3.6 Older People

Key Health Needs

F1 Reduce incidence and impacts of frailty and falls

F2 Increase access to and navigation of appropriate social and home care support services

F3 Support Residential Aged Care Facilities to avoid preventable hospitalisations of facility residents

F4 A system of care and support for patients with dementia and challenging behaviours, and their carers

F5 Strengthen community (including residential) end of life and respite services and advocate for greater capacity

● Older people (75+) have more frequent contact with health services and higher complexity care needs[7]

7.4% of the population but **20%** of hospital admissions

59% longer average length of stay

Older people are hospitalised at **10%** above the Queensland average rate[35]

● Reduced mobility, and falls, are a significant and growing burden

10% annual growth in ED presentations for falls[34]

Hospitalisations due to falls **16%** above Queensland average[56]

Hospitalisations due to fractured hip (neck of femur) **10%** above Queensland average[36]

● Dementia care and carer support is an increasing priority as the population ages

1,200+ dementia deaths in 2015-2019 and rate increasing[37]

18% in hospitalisations for dementia and behavioural issues in last 2 years[38]

> " I know a 94 year old lady who lives independently but can't easily walk without being out of breath. But she can't access Federal services because she can shower herself "

● Support to stay at home is often inadequate

1,300+ people waiting to receive an approved home care package in 2021[39]

> "By the time a care package starts, the wait has been so long (the older person) has deteriorated and needs a higher level of service and the assessment and waiting cycle starts all over again"

● End of life support and palliative care services in the home are increasingly needed as the population ages

2/3rd of people who die were **75+** years old [26]

Palliative care hospitalisations are **30%** lower than the state average[40]

783 palliative care appointments to clients in residential aged care in 2021-22[22]

Top survey priorities for older people
- declining mobility
- falls and broken bones
- dementia
- chronic pain
- heart disease

Older people generally need hospital more often, and stay longer, than other age groups. Older people on the Gold Coast use hospital 10% more than the Queensland average, and recent growth shows no signs of slowing. The rate of emergency attendances due to falls is rising by 10% each year. Dementia and behavioural challenges in older people are also growing rapidly, making it difficult for families to continue caring effectively for their loved ones.

LANA analysis and consultation illustrated significant issues across the health sector in meeting the needs of older people. Support to remain within the home and avoid aged care or hospital was frequently identified as either absent or inadequate, with very high numbers of eligible people waiting for care packages to be actioned. The LANA clearly identified declining mobility, falls and frailty as the top health priority for older people, indicating opportunities for prevention and rehabilitation as well as requirements for growth in hospital services. Residential aged care services also require support to avoid needing to resort to hospitalisation for their residents.

Gold Coast Health and our partners are already working on a range of developments to support older people including: providing care directly within the residential aged care setting (3000+ appointments in 2021/22) to avoid an unnecessary trip to hospital; streamlined specialist assessment and treatment of older people attending the emergency department; and 'hospital in the home services' - supported by emerging digital monitoring technologies - enabling earlier discharge from hospital to the comfort of home.

The LANA indicates key areas for ongoing development: partnering across the sector to assist patients and in navigating available services and to provide a more seamless journey; building more effective models of care to support the growing number of dementia patients and their families; a focus on prevention and management of frailty and falls (including investing in digital enablers); and growing support for Gold Coast residents and their families at the end of life. Such developments will provide benefits for both patients and the broader health system.

> "We need more support in the home setting to avoid people needing hospital or having to go into aged care earlier than is really needed"

3.7 Cancer and Chronic Disease

Key Health Needs

G1 Improve early detection and management of chronic disease

G2 Improve screening, early detection and treatment of cancer

G3 Improve management of persistent pain

G4 Rapid access to alternate services to ED for chronic disease

- Chronic diseases account for much of the disease burden experienced by Gold Coasters
  - **119,291** people reporting with at least 1, and **17,500** people reporting with at least 3 chronic health conditions[41]
  - **23,000** diabetes[41]
  - **1 in 4** deaths are due to circulatory diseases[26]
  - **One third** of all recent **ED** growth is due to chest and abdominal **pain**[42]

- Our common cancers are mostly detectable and treatable if found early but screening rates are not high enough
  - Breast and cervical screening rates **‹ 60%**[44][45]
  - Bowel cancer screening rate **~ 40%**[45]

- Cancers are the Gold Coast leading cause of death
  - Cancers caused **31%** of Gold Coast deaths in 2017-2019[26]
  - Lung, liver and colorectal cancers made up **50%** of the cancer deaths[26]
  - Melanoma, prostate and breast cancers were the most commonly diagnosed cancers[43]

- Many people live with persistent pain but cannot access services
  - **› 53,500** people with arthritis[41]
  - Hospitalisations above Queensland average for arthritis (1.4 x), hip replacements (1.1 x) revision hip replacements (1.6 x)[46]
  - **800+** people waiting for pain clinics, a third are waiting longer than clinically recommended[22]

> Heart disease ranked second health priority for adults (survey)

> Cancer ranked third health priority by adults (survey)

> "Pain clinics are notorious for long wait times, to the point that consumers never get in" - Consumer

> Persistent pain was ranked the fourth leading health priority for adults and older people by survey respondents

Gold Coast hospitalisations above Queensland average

1.4 x Arthritis **1.1 x** Hip replacements **1.6 x** Revision hip replacements
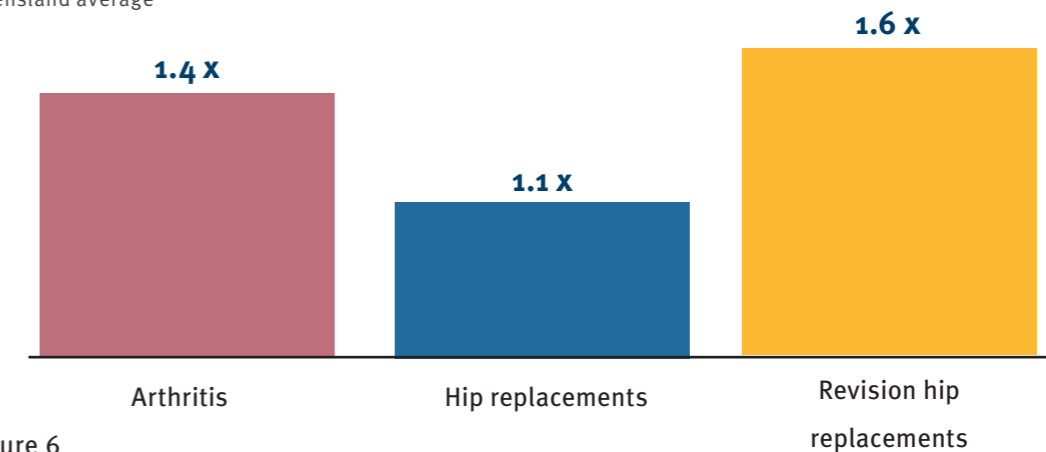
Figure 6

Although Australians, and particularly Gold Coasters, have one of the best life expectancies in the world (approximately 84 years), on average we live the last ten years of our lives in ill health – and this is not improving. Currently, after the age of 60, most of that ill health in the Gold Coast community is due to cancer and chronic diseases. In many cases, the risks of experiencing many of these preventable diseases can be reduced by making healthier lifestyle choices. Early screening and diagnosis can also ensure timely treatment, helping to avoid severe consequences.

Over a third of eligible people do not access breast and cervical cancer screening, and over a half of those eligible do not screen for bowel cancer. Diabetic Gold Coasters would almost fill the Metricon stadium and those with arthritis would fill it twice over, with our rate for hospital care for arthritis much higher than the Queensland average. Almost 1 in 5 of us has a chronic disease and there are large numbers of people living in pain, with inadequate access to services to support them.

Gold Coast Health is already taking action to increase timely care for some of our most common health issues. Teams are developing rapid diagnosis and treatment solutions to avoid long waits in emergency with issues such as chest pain. GPs and the primary care sector partner with Gold Coast Health in managing chronic disease effectively, and First Nations people are participating in health checks with Kalwun at higher numbers than ever before.
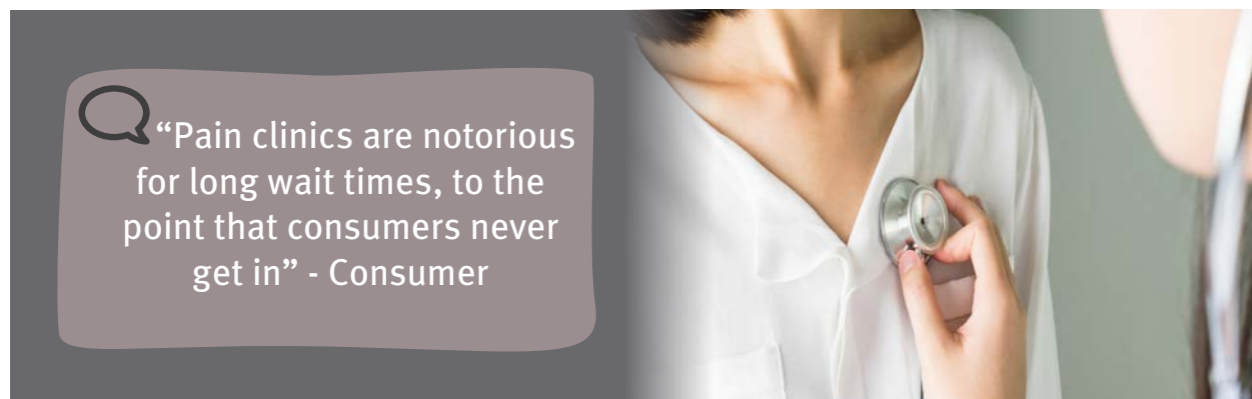
3.8 Mental Health, Alcohol, Drugs and Substance Misuse

Key Health Needs

H1 Enhanced early intervention services to support and prevent mental health conditions, in particular depression and anxiety

H2 Increased access to psychological therapies to meet growing demand

H3 A coordinated mental health service system across service providers and levels of care

H4 Infrastructure development to provide sub-acute community based residential mental health services

H5 Address the high prevalence of vaping, particularly amongst young people

H6 Sufficient and age-appropriate mental health services for young people

H7 Improve access to drug, alcohol and substance addiction services, including rapid access and inpatient services

H8 Support system navigation for both consumers and service providers

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● **Mental health disorders are highly prevalent in the Gold Coast population**

1 in 12 people (53,000+) reported a mental health condition[41], but primary care data estimates are much higher[47]

Psychological conditions accounted for **13.3%** of primary care visits[48]

Psychology and GP mental health visits above national average[49]

Mental health rates rising for young people and adults[50]

● **There are very limited inpatient drug and alcohol services, including detoxification services**

44% lower than expected hospitalisations for drug and alcohol inpatient services, based on the Queensland rate[51]

● **E-cigarette and "vape" use is a growing issue, particularly amongst children and young people**

E-cigarette/vape use is reported to be prevalent in **adolescents** due to the ease with which they can access the products

Stakeholders report children **as young as 8** vaping at school

Schools report **800+** school days lost due to vaping related suspensions

> Psychology demand outstrips supply and the public market is diminishing

> There are almost no residential withdrawal services and none for adolescents

> Anxiety and depression ranked top health priority for adolescents/adults and high priority for older people/children

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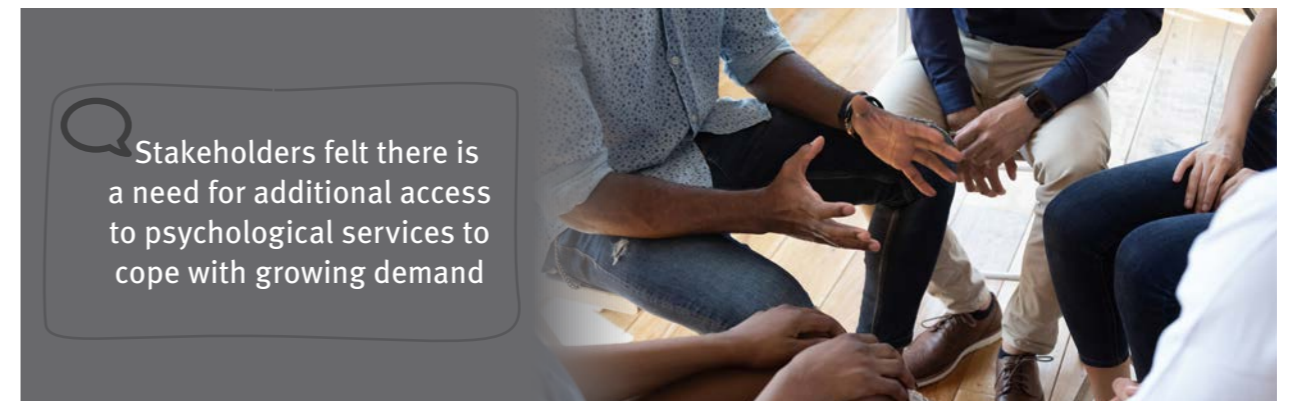
> Stakeholders felt there is a need for additional access to psychological services to cope with growing demand

> " People seem to think vaping is safe compared to smoking... the vast majority of younger adults are vaping these days "

> " Someone who decides today they want to quit drugs just can't get help. And they can't wait for it or the moment is lost "

> " I just regularly see ...people keep bouncing in and out. Community [transition is] lacking if they bounce back - Mental health service provider "

> " Increased mental health support [is] needed... long wait times are tortuous for many consumers with anxiety "

Mental ill health and substance misuse were identified as the key concern by the Gold Coast community, accounting for a large proportion of health care demand right across the health care system. In primary care, GP and psychology visits for mental illness are well above national averages and yet there is more unmet demand. Patients and stakeholders reported a lack of affordable psychology support across a wide range of issues – from anxiety and depression to pain and chronic disease management - due to limited public sector access and high costs in the private sector. Despite federal funding, schools reported challenges recruiting to psychologist vacancies. And although demand for mental health services was articulated across the lifespan, particular emphasis was noted for adolescents and young people, especially for anxiety and depression.

A lack of adequate community care options, particularly 'step-down' residential mental health services was considered a contributor to readmission to inpatient care. Limited public access to residential substance misuse and rehabilitation, or 'detox' services, was of particular concern. Consultation also identified the critical need for rapid access to services when presenting for help, especially for substance misuse, where waiting inevitably meant the momentum of the help-seeking decision was lost, reducing opportunity for successful outcomes. These are key areas of opportunity for future new investment.

The Queensland Government has already committed to the expansion of inpatient mental health services via the secure mental health rehabilitation unit to be built on the Gold Coast University Hospital site. In addition, the Gold Coast Joint Regional Plan for Mental Health, co-designed between system providers, stakeholders, peer workers and service users, has provided a strong foundation for collaborative service development and delivery between partners on the Gold Coast. It has helped drive several service improvements, including development of the Crisis Stabilisation service – for rapid access to lower acuity specialised emergency support; community based Safe Spaces for drop-in access; and working groups to progress cross-agency solutions to challenging issues, including suicide prevention. The Plan, and subsequent refreshes, will provide the basis to shape future developments for mental health services.

3.9 Culturally and linguistically diverse communities

Key Health Needs

I1 Responsive healthcare to meet the needs of a large and growing Pasifika community with high health needs and challenges accessing healthcare

I2 Culturally capable care to support our culturally and linguistically diverse population

● Gold Coast residents were more culturally and linguistically diverse than the Queensland average in 2021[2]

● Gold Coast Health facilities provide services to diverse peoples who require support from families and interpreter services as part of their care[52]

Gold Coast Population Country of Birth 2021

28.9% (185,000+)
Overseas

13.7% (87,000+)
Non-English speaking background country
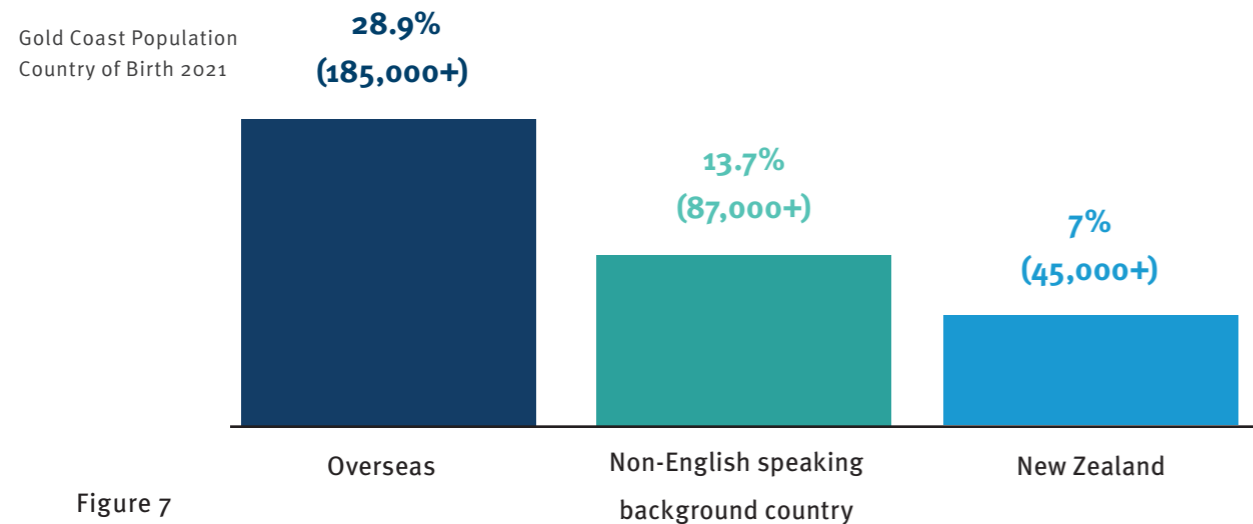
7% (45,000+)
New Zealand

Figure 7

📍 More than **45,000** people who were born overseas live in **Ormeau-Oxenford**

Gold Coast Health provided over **5,400** interpreter services in 2021-22

25% of interpreter services were for Mandarin, **9%** were for Auslan and **9%** for Japanese

💬 Stakeholders report cost is a barrier for accessing healthcare where residents born overseas do not qualify for state funded care, making emergency care the only viable option

💬 Consumers identified cultural barriers still prevent access to certain services, including preventative and screening services

💬 Interpreter services reduce language barriers but do not respond to cultural considerations for many multicultural communities accessing healthcare

💬 Pasifika communities **needs** are not being met due to limitations on their communities' access to healthcare based on their visa, citizenship status and cultural barriers
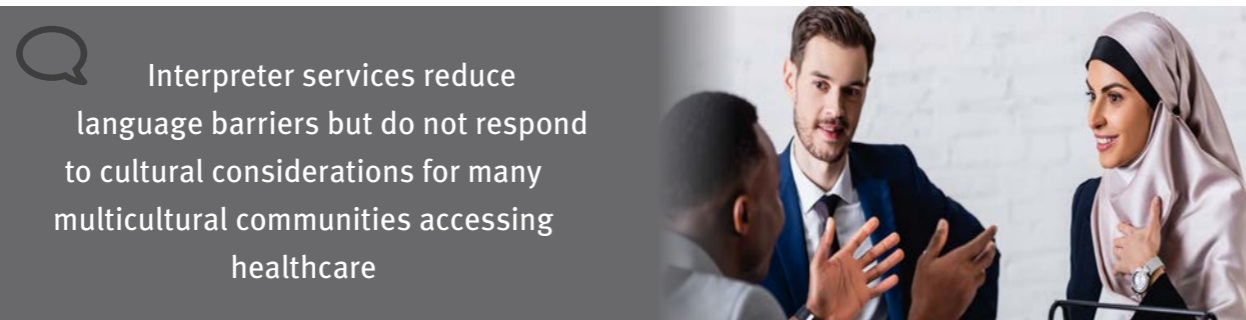
❝ [We need to] engage suitably qualified and culturally appropriate [mental health] staff; and identify staff that have clinical skillsets ❞

❝ Sometimes it's a choice – rent, food, clothing or healthcare. Having a roof over our heads, food for us and the kids
- Pasifika consumer ❞

❝ My mum was just answering 'yes' to the doctor and he thought she understood, but she didn't want to cause a fuss and had no idea what he was saying ❞

❝ We assume that if someone has previously been able to manage English language they still can, but getting older and being sick can mean they lose the ability and people don't realise it ❞

The Gold Coast population comprises a diverse range of cultures and peoples from all around the world, with 3 in 10 residents born overseas. The 2021 Census found that Gold Coast has Queensland's largest population groups of overseas-born persons from 26 of the 49 different countries listed by the ABS. In additional to diverse language and cultural needs, where overseas born residents don't have state funded healthcare rights in Australia, the emergency department frequently becomes the first choice for medical care.

Building a workforce and system that is culturally safe is key to meeting the needs of the many culturally and linguistically diverse peoples that use Gold Coast health services. Gold Coast Health routinely provides interpreter services in its facilities and has broad ranging spiritual support services but more distinct cultural needs may go unmet. Culturally unsafe environments can frequently be a deterrent for seeking timely care, discharging early and ultimately poorer health outcomes. In a diverse region, such as the Gold Coast, this represents a significant need.

Gold Coast is home to the largest New Zealand born population in Queensland, many of whom identify as Māori. As First Nations people of New Zealand/Aotearoa, many Māori people experience similar inequities as First Nations people in Australia, due to colonisation, dispossession and racism. However, following migration to the Gold Coast there are no mechanisms to record Māori cultural identity in hospital data sets, which makes this population invisible for the purposes of planning and service design.

The LANA has identified opportunities for ongoing engagement with culturally and linguistically diverse populations, in particular Pasifika peoples, via the Multicultural Communities Council Gold Coast and other cultural groups. Engagement with communities will support the development of culturally informed services, system navigation pathways, and digitally enabled access to care until such time as datasets improve our understanding of the absolute need.

4 Next Steps

Needs that were identified throughout the Gold Coast LANA will inform statewide work that articulates a set of priorities across the system, for future strategic planning and investment.

The Gold Coast LANA will be embedded in local planning, investment and strategy through linkages to existing and forthcoming work, including:

- First Nations Healthy Equity Strategy
- Gold Coast Health Strategic Asset Management Plan
- Gold Coast Health Service Plan 2023-2026
- Gold Coast Health Strategic Plan 2024-2028
- Internal operational planning

The LANA will also form the basis for joint planning between Gold Coast Health and local partners, particularly Gold Coast PHN and Kalwun. Engagement mechanisms with partners that were utilised throughout the LANA will be embedded to support joint planning activities and collaboration into the future.

The LANA will undergo a full refresh every three years, with the next iteration to be published in 2025.

Glossary
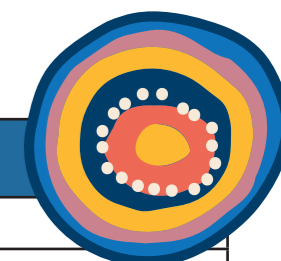
Abbreviation / terminology	Description
ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
CALD	Culturally and linguistically diverse
CAG	Consumer Advisory Group
COGC	Consumer Advisory Group
DFV	Domestic and Family Violence
DOH	Department of Health
ED	Estimated Resident Population
ERP	General Practitioner
FTE	Full Time Equivalent
GCH	Gold Coast Health
GCHHS	Gold Coast Hospital and Health Service
GCPHN	Gold Coast Primary Health Network
GP	General Practitioner
HHS	Hospital and Health Service
IRSD	Index of Relative Socioeconomic Disadvantage
LANA	Local area needs assessment
NDIS	National Disability Insurance Scheme
NGO	Nongovernmental organisation
NSW	New South Wales
OOS	Occasion of service
PPH	Potentially Preventable Hospitalizations
QAS	Queensland Ambulance Service
QLD	Queensland
QPS	Queensland Police Service
RACF	Residential Aged Care Facility
SA2	Statistical Area Level 2
SA3	Statistical Area Level 3
SEIFA	Socio-Economic Indexes for Areas

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SQM Research 2022, Residential vacancy rates Region: Gold Coast Main, website accessed: 9 November 2022

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2) Queensland Government Statistician's Office, Queensland Treasury 2022, Queensland Regional Profiles: Resident Profile for Gold Coast Statistical Area Level 4
3) Australian Bureau of Statistics 2021, Life tables (2018-2020)
4) Queensland Government Statistician's Office 2018, Queensland Government population projections (2018 edition)
5) Includes sub and non-acute, mental health, procedures and interventions
6) 2021-22; Decision Support System HR Payroll module
7) Queensland Health Admitted Patient Data Collection
8) SEIFA = Socio-Economic Indexes for Areas
9) Australian Bureau of Statistics 2018, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016
10) Surfers Paradise SA3 and Gold Coast-North SA3; Australian Bureau of Statistics 2021, Census Quickstats
11) SQM Research 2022
12) Department of Communities, Housing and Digital Economy 2020, Social Housing Register
13) 2015-2019; Queensland Police Service 2020
14) Queensland Police Service 2020
15) 2019-20; Queensland survey analytic system
16) 2018-19; Queensland survey analytic system

17) 2021-2031; Queensland Government Statisticians Office 2018, Queensland Government population projections (2018 edition)
18) 0-14 year olds
19) Ormeau Oxenford SA3; Queensland Government Statisticians Office 2018, Queensland Government population projections (2018 edition)
20) Sub-Acute, Mental Health and Procedural admissions included; Queensland Health Admitted Patient Data Collection
21) Combined public and private hospitalisations; 2017-18 to 2021-22; directly age-standardised to 2001 Australian population; Queensland Health Admitted Patient Data Collection
22) Decision Support System Elective Admissions Management module
23) Emergency Data Collection
24) 7.5% increase in crude rate 2016-17 to 2020-21
25) Crude rate; Gold Coast Health analysis of Emergency Data Collection
26) Cause of Death Unit Record File, Australian Coordinating Registry
27) 2012-13 to 2021-22
28) Decision Support System Human Resources Equal Employment Opportunity module
29) Queensland Perinatal Data Collection
30) Maternal BMI for Ormeau-Oxenford SA3 calculated for period 2017-2021
31) Rolling 12 months to March 2022 1, 2 and 5 year old coverage – GC: 91.1%, 89.9%, 91.5% respectively; Qld: 93.9%, 92.8%, 94.2% respectively
32) Australian Early Development Census (AEDC) domains: physical health and wellbeing; social competencies; emotional maturity; language and cognitive skills (school-based); and communication skills and general knowledge.
33) As at August 2022; Decision Support System Elective Admissions Management module
34) 2020-21; Emergency Data Collection
35) Age specific rate 75+; Queensland Health Admitted Patient Data Collection
36) ICD-10-AM Principal diagnosis codes S720-S722; RR=1.1 in 2020-21; Age specific rate 75+; Queensland Health Admitted Patient Data Collection
37) 5 year rate directly age standardised to Australian 2001 population; Cause of Death Unit Record File, Australian Coordinating Registry
38) ICD-10-AM Principal diagnosis codes F00-F03; Queensland Health Admitted Patient Data Collection
39) As at December 2021, South Coast Aged Care Planning Region; Department of Health 2022, Australian Government
40) 2020-21, based on indirectly age standardised rates compared with Queensland; Queensland Health Admitted Patient Data Collection
41) Australian Bureau of Statistics 2021, Census Quickstats Gold Coast SA4
42) 2014-15 to 2020-21; Emergency Data Collection
43) Queensland Cancer Register
44) AIHW analysis of state and territory BreastScreen register data
45) AIHW analysis of National Cancer Screening Register data
46) Indirectly aged standardised to Qld population; Queensland Health Admitted Patient Data Collection
47) Gold Coast Primary Health Network analysis of practice data from Practice Aggregation Tool for the Clinical Audit Tool
48) Gold Coast Primary Health Network analysis of practice data from Primary Sense
49) AIHW analysis of Medicare Benefits claims data
50) 2013-14 to 2018-19; AIHW analysis of Medicare Benefits claims data
51) Indirectly age standardised rates to Qld; Queensland Health Admitted Patient Data Collection
52) Interpreter Online

Appendix A - Maps

Gold Coast Population Density 2021
Persons Per Square Kilometre

Persons Per KM

- 15 - 424
- 424 - 1338
- 1338 - 2173
- 2173 - 3440
- 3440 - 5042

* As at 1st Sept 2022

Figure 8

75 years + Gold Coast
Population By SA2

Population 75+

- 255 - 336
- 337 - 463
- 464 - 601
- 602 - 745
- 746 - 869
- 870 - 1010
- 1011 - 1166
- 1167 - 1362
- 1363 - 1893
- 1894 - 2300
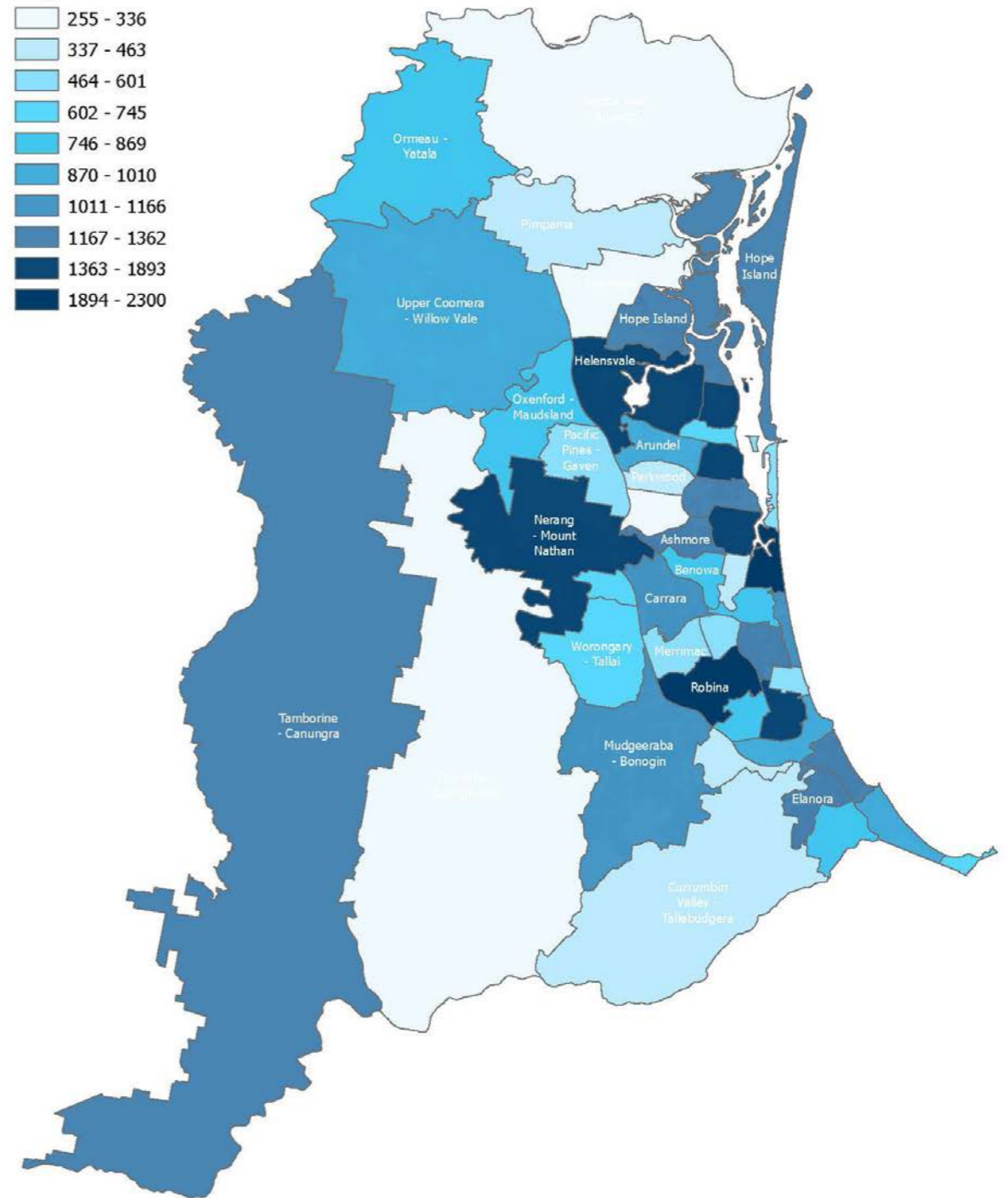
* As at 1st Sept 2022

Figure 9

Appendix A - Maps

Gold Coast 2021 ERP By SA3

2021 ERP

- 20349 - 30000
- 30001 - 60000
- 60001 - 90000
- 90001 - 120000
- 120001 - 150000
- 150001 - 180000

Ormeau - Oxenford

Gold Coast - North

Southport

Nerang

Surfers Paradise

Robina

Broadbeach - Burleigh

Mudgeeraba - Tallebudgera

Coolangatta
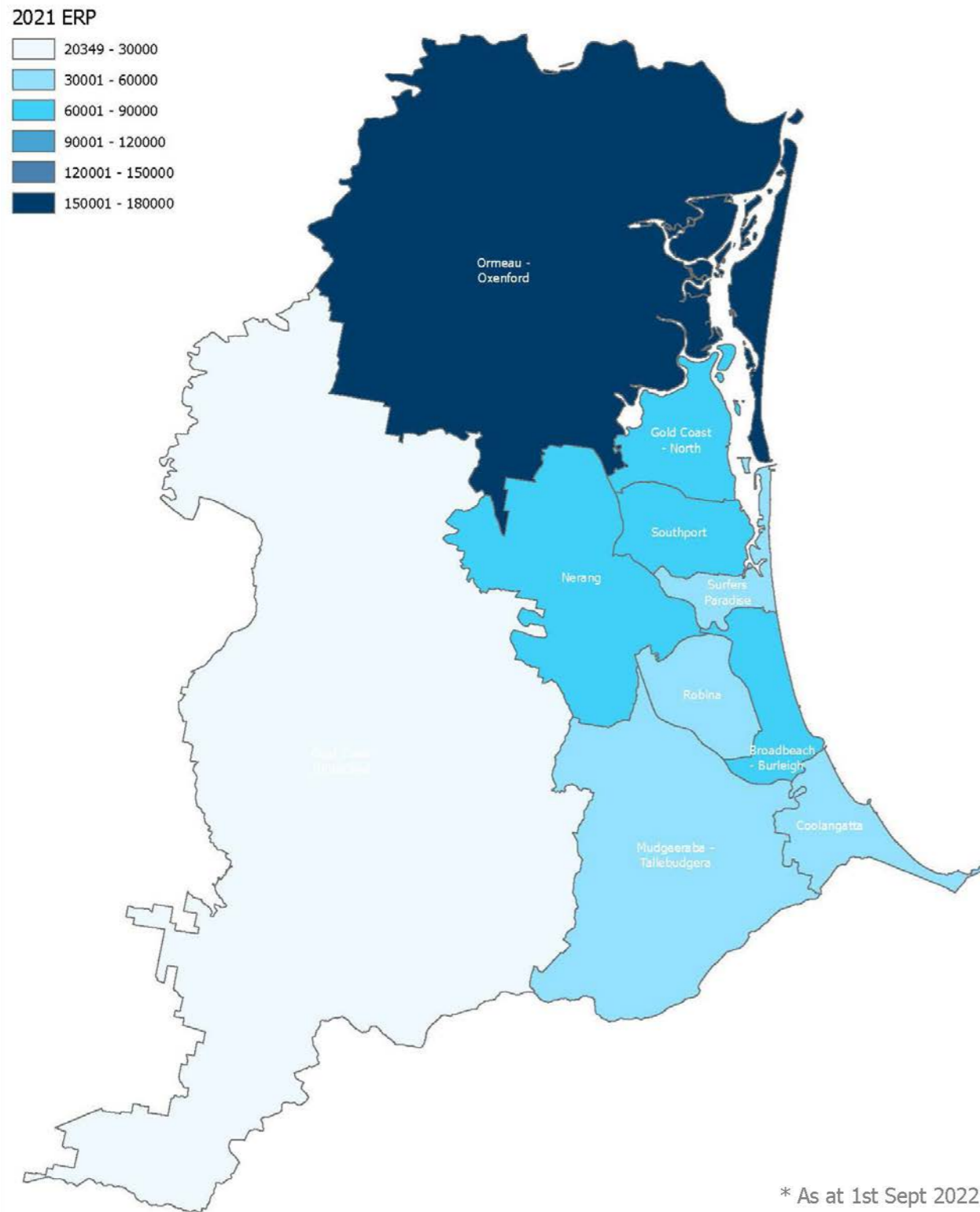
*As at 1st Sept 2022

Figure 10

General Practices on the Gold Coast

Number of GP's Per General Practice

- 1 - 3
- 4 - 6
- 7 - 9
- 10 - 15
- 16 - 23

Jacobs Well - Alberton

Ormeau - Yatala

Pimpama

Gold Coast North

Coomera

Upper Coomera - Willow Vale

Hope Island

Helensvale

Pacific Pines - Gaven

Arundel

Nerang - Mount Nathan

Carrara

Gold Coast Central

Worongary - Tallai

Robina

Tamborine - Canungra

Mudgeeraba - Bonogin

Elanora

Guanaba - Springbrook

Gold Coast South

Currumbin Valley - Tallebudgera

*As at 1st Sept 2022

Figure 11

Appendix A - Maps

Gold Coast GP's Per 1000 Population By SA2

GPs per 1000

- 4.2 - 5.6
- 2.8 - 4.2
- 2.2 - 2.8
- 1.9 - 2.2
- 1.6 - 1.9
- 1.5 - 1.6
- 1.2 - 1.5
- 0.9 - 1.2
- 0.4 - 0.9
- 0.0 - 0.4

Jacobs Well - Alberton

Ormeau - Yatala

Pimpama

Coomera

Hope Island

Upper Coomera - Willow Vale

Hope Island J

Helensvale

Oxenford - Maudsland

Pacific Pines - Gaven

Arundel

Parkwood

Nerang - Mount Nathan

Ashmore

Benowa

Carrara

Worongary - Tallai

Robina

Tamborine - Canungra

Mudgeeraba - Bonogin

Elanora
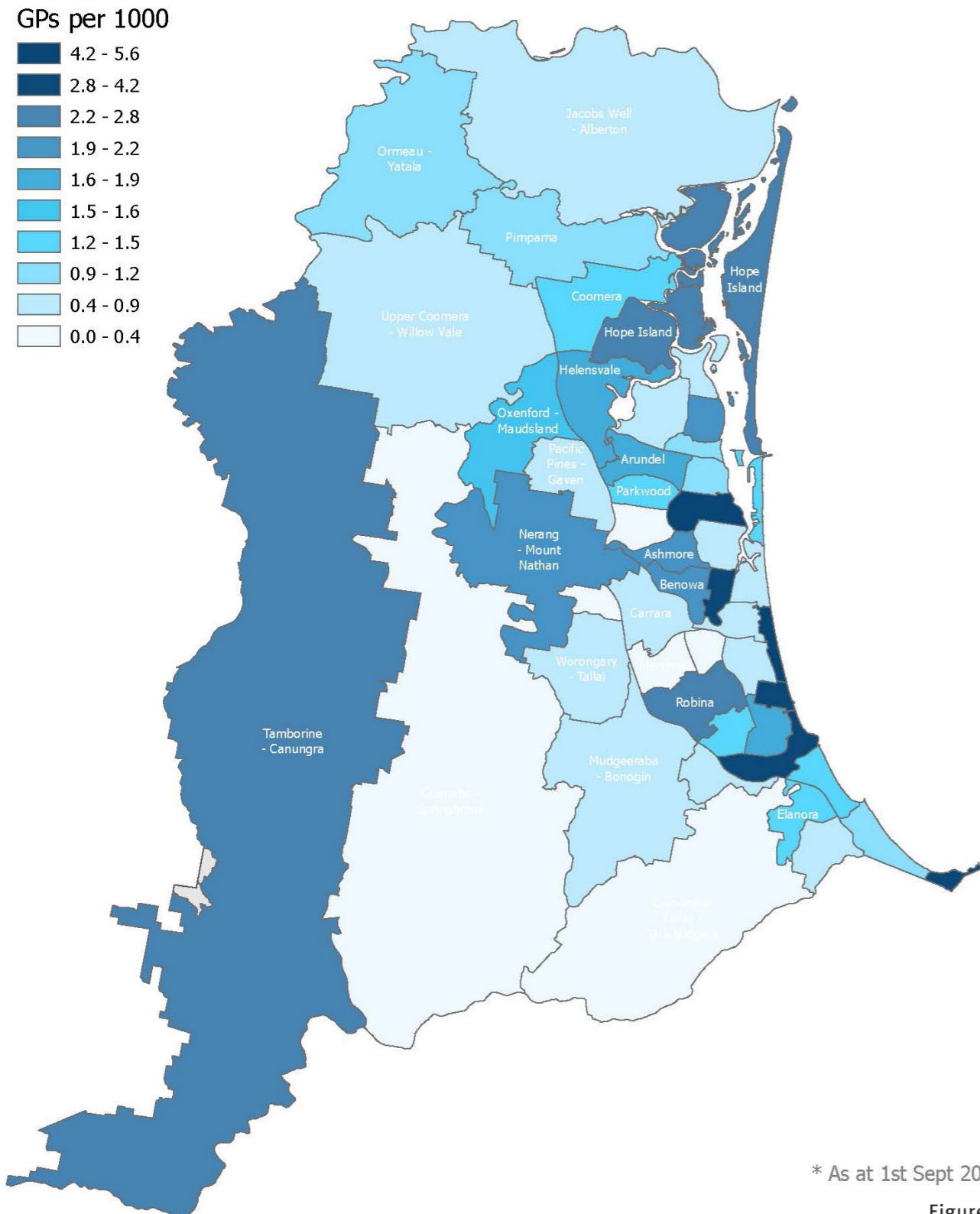
* As at 1st Sept 2022

Figure 12

RACF (Residential Aged Care Facilities) on the Gold Coast

RACF Beds

- 36 - 62
- 63 - 103
- 104 - 137
- 138 - 178
- 179 - 349

Gold Coast North

Gold Coast Central

Gold Coast South
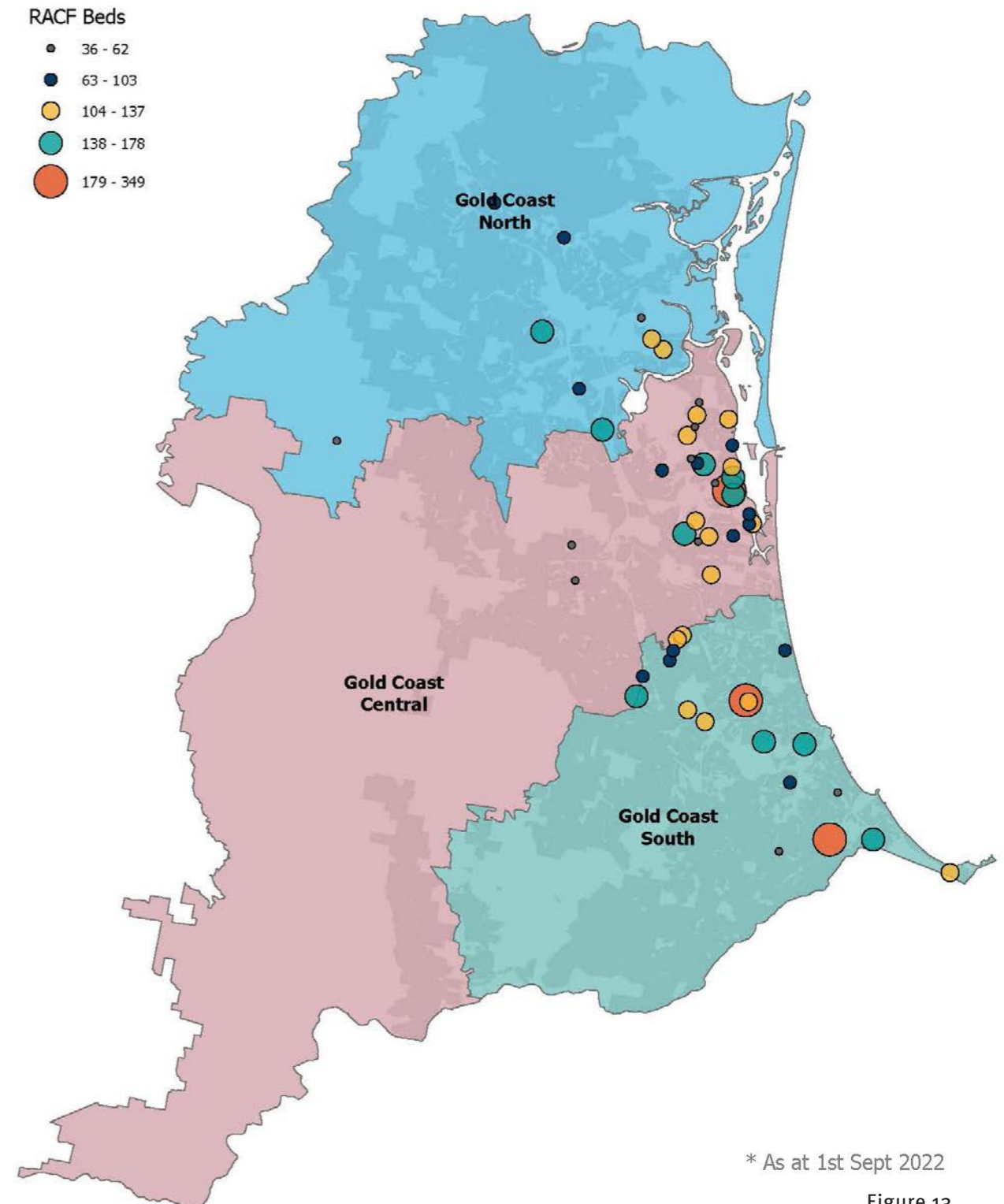
* As at 1st Sept 2022

Figure 13

Appendix B - Gold Coast HHS Geographic area

SA3 Name	SA2 Name	Remoteness[53]
Gold Coast - North	Arundel	1. Major Cities
	Biggera Waters	1. Major Cities
	Coombabah	1. Major Cities
	Labrador	1. Major Cities
	Paradise Point - Hollywell	1. Major Cities
	Runaway Bay	1. Major Cities
Nerang	Carrara	1. Major Cities
	Highland Park	1. Major Cities
	Nerang - Mount Nathan	1. Major Cities
	Pacific Pines - Gaven	1. Major Cities
	Worongary	1. Major Cities
Southport	Ashmore	1. Major Cities
	Molendinar	1. Major Cities
	Parkwood	1. Major Cities
	Southport - North	1. Major Cities
	Southport - South	1. Major Cities
Surfers Paradise	Benowa	1. Major Cities
	Bundall	1. Major Cities
	Main Beach	1. Major Cities
	Surfers Paradise	1. Major Cities
Gold Coast Hinterland	Guanaba - Springbrook	2. Inner Regional
	Tamborine-Canungra	1. Major Cities
Ormeau - Oxenford	Coomera	1. Major Cities
	Helensvale	1. Major Cities
	Hope Island	1. Major Cities
	Jacobs Well - Alberton	1. Major Cities
	Ormeau - Yatala	1. Major Cities
	Oxenford - Maudsland	1. Major Cities
	Pimpama	1. Major Cities
	Upper Coomera - Willow Vale	1. Major Cities

SA3 Name	SA2 Name	Remoteness[53]
Broadbeach - Burleigh	Broadbeach Waters	1. Major Cities
	Burleigh Heads	1. Major Cities
	Burleigh Waters	1. Major Cities
	Mermaid Beach - Broadbeach	1. Major Cities
	Mermaid Waters	1. Major Cities
	Miami	1. Major Cities
Coolangatta	Coolangatta	1. Major Cities
	Currumbin - Tugun	1. Major Cities
	Currmbin Waters	1. Major Cities
	Elanora	1. Major Cities
	Palm Beach	1. Major Cities
Mudgeeraba - Tallebudgera	Currumbin Valley - Tallebudgera	1. Major Cities
	Mudgeeraba - Bonogin	1. Major Cities
	Reedy Creek - Andrews	1. Major Cities
Robina	Clear Island Waters	1. Major Cities
	Merrimac	1. Major Cities
	Robina	1. Major Cities
	Varsity Lakes	1. Major Cities

Source: Australian Bureau of Statistics Catalogue No. 3235.0 - Regional Population by Age and Sex, Australia; Hospital and Health Service level data derived by Statistical Analysis Linkage Team, Statistical Services Branch, Department of Health, Queensland.

Table 1: Gold Coast HHS Geographic area

[53] Statistical Area Level 3 (SA3) and Level 2 (SA2); Australian Statistical Geography Standard (ASGS) 2016 Edition (2017 to 2020)

Appendix C - Methodology

The recommended LANA methodology and the minimum data elements for use in the LANA are outlined in detail in the Department of Health LANA Framework Document. The method adopted by Gold Coast Health consisted of three key phases.

	Phase 1: Quantitative analysis	Phase 2: Engagement	Phase 3: Prioritisation
Aim	Identify health and service needs based on available datasets	Identify needs that aren't captured in data and validate identified need determined in Phase 1	Triangulate evidence from health and service needs analyses and consultation to identify priorities which Gold Coast Health can action
Method	- Desktop analysis of health, activity & demographic data - Regional health service mapping	- Consultation with stakeholders through focus groups, interviews and survey methods	- Application of prioritisation methodology
Key Element	- Geography and demography - Health determinants - Health status - Service utilition - Access and availability - Service profile	- Consumers - PHN - Kalwun - First Nations peoples - Clinical Council - Gold Coast Health clinical services - Public Health	- Gold Coast health and service priorities list

Figure 14: Gold Coast LANA methodology phases

Phase 1: Quantitative Analysis

Phase 1 aimed to assess community health and service needs through an analysis of existing health, demographic, service utilisation, survey data, service mapping and supply data. There were six key domains explored which included the minimum data elements for use in the 2021 LANA as outlined by the Department of Health, and additional data elements chosen by Gold Coast Health in response to local needs. The key domains were:

Health needs assessment:

  - Geography and demography

  - Health determinants and behaviours

  - Health status including morbidity and mortality

Service needs assessment:

  - Service utilisation

  - Access and availability of services

  - Service profiling

Where possible, data was obtained from the original source to enable additional exploration and analyses. The Queensland Health Planning Portal was used for remaining datasets that cannot be accessed directly and the Gold Coast Primary Health Network Health Needs Assessment[54] was used for primary care data and some health determinant data.

Where possible, historical, current and projected data was analysed to the lowest geographic breakdown, by First Nations status, and by age and sex. Analysis was in the form of rates and descriptive statistics, and historical and/or projected change over time. Populations who experience higher levels of health inequity or have more complex health and cultural needs were investigated within the analyses, where possible and relevant. The identified population groups included:

  • First Nations peoples

  • Culturally and linguistically diverse peoples (in particular Pasifika peoples)

  • People living with a disability

  • Older people (defined as 75+ years of age)

  • Groups identified in *Unleashing the Potential Recommendation 1* – people living with, or at risk of developing diabetes; children in the first 2000 days of life (including pregnancy); and people living with mental illness

Phase 2: Engagement

Phase 2 aimed to engage with community, clinicians, and other stakeholders to identify health and service needs which were not captured within Phase 1, and to validate the findings of Phase 1. Consultation was undertaken internally by Gold Coast Health and externally by consultants as per Figure 5.

Figure 15: Phase 2 stakeholder summary. Stakeholders are outlined in Table 1.

Partners	Gold Coast Health	External Stakeholders	Community Stakeholders
• GCPHN • Kalwun	• Gold Coast Health Board • Executive leadership • Clinical leadership • Clinical staff • Non-Clinical staff	• Private hospitals • Primary Care • Community health services • NGOs • Local Government • Higher, Adult and General Education • Other public sector agencies • City of Gold Coast • NDIS	• Healthcare consumers, families and carers • Community organisations • Volunteer networks • Targeted community subgroups (e.g. for identified priorities or needs) • First Nations Traditional Custodians and groups • Culturally and linguistically diverse populations • People living with disability

Table 2: Gold Coast LANA stakeholder list

A mixed method approach to consultation was undertaken using online community surveys, focus groups and stakeholder meetings. Existing consultation was utilised where possible to avoid duplication between parallel projects. Consultation was undertaken to focus on known key areas including people with diabetes, the First 2000 days, older people, and areas identified within the GCPHN HNA identified need areas. A specialised First Nations engagement was run separately via the Health Equity Strategy process which was conducted by a First Nations external consultant. The methods are described in detail at Gold Coast Health First Nations Health Equity Strategy.

Phase 3: Triangulation of Evidence and Prioritisation

Triangulation of Evidence

Throughout the LANA discovery phase, evidence from Phases 1 and 2 was examined by the project team and presented to the Governance Committee and existing stakeholder and expert networks.

From this process, key themes emerged which were supported from the evidence collected in Phases 1 and 2. These were collated and then considered in Phase 3.

Figure 16: Gold Coast LANA themes of identified needs

Prioritisation

Phase 3 prioritised the health and service needs identified in Phases 1 and 2 using a predetermined prioritisation matrix. Prioritisation aimed to:

- create a structure which makes setting priorities systematic and evidence based

- ensure the most important issues for the community are addressed

- allow for the involvement of stakeholders in the setting of priorities, assisting buy-in and ensuring priorities are comprehensive

- ensure an open process and allow for deliberation through the establishment of criteria in a structured and inclusive way

The LANA Framework outlined a number of essential criteria for use in prioritisation, as well as additional criteria. The scoring matrix including the weighting and criteria are presented in Table 2.

Prioritisation

Criteria	Description	Weight	Measure definition
Within scope/influence of health system	The extent to which the identified need can be impacted through the actions/ remit of Gold Coast Health	1	0 = The identified need cannot be directly impacted through the actions of Gold Coast Health, or the primary responsibility is within the remit of another government agency and opportunities for collaboration do not exist/ are not within the scope of the health system 1= The identified need can be directly influenced by the actions of Gold Coast Health, or the primary responsibility is within the remit of another government agency and opportunities for collaboration exist/ are within the scope of the health system
Consequence of unmet need	Severity of consequences of the need on the population and health system	2.0	0 = Limited to no health consequences if not met / low DALY contribution 1 = Minor consequences if need not met/low DALY contribution 2 = Moderate consequences if need not met/ moderate DALY contribution 3 = Significant consequences if need not met/high DALY contribution
Magnitude of need	The number of people who are directly impacted by the identified need	2.0	0 = <50 population 1 = 51 - 1,000 population 2 = 1,001 - 10,000 population 3 = >10,000 population
Equity	Disproportionate impact on population groups who are known to experience health inequity	1.75	0 = the identified population does not experience health inequity 3 = the population in which this need has been identified experiences disproportionate levels of inequity
Validation of need	Level of confidence (based on evidence) that the need exists	1.75	0 = Weak qualitative or quantitative evidence; low confidence 1 = Moderate qualitative or quantitative evidence; moderate confidence 2 = Strong level of qualitative evidence only (survey finding; multiple interviews) or strong level of quantitative evidence only; high confidence 3 = Strong level of quantitative evidence from a reliable data source and strong qualitative evidence of issue; very high confidence

Criteria	Description	Weight	Measure definition
Urgency of solution	Timeliness of solution required to address identified need	1.50	0 = Timeliness of solution will have no impact/problem is improving 1 = Timeliness of solution will have little impact on health outcomes 2 = Action is required in the medium term to address need and prevent adverse health outcomes/problem is stable 3 = Immediate action is required to prevent further exacerbation of need and deterioration of health outcomes/problem is rapidly worsening
Feasibility to affect need	Expected resource intensity, acceptability, scope constraints of a possible solution	1.0	0 = not feasible (significant infrastructure, staffing, out of scope, not acceptable, no evidence to support solution) 1 = significant additional resourcing required or change to the health system 2 = some resourcing or changes required, but manageable within existing constraints 3 = able to be implemented with minimal additional resourcing
Alignment with existing strategy and policy	The extent to which the identified need or associated action align with current Queensland Government, Department of Health or Gold Coast Health policy and strategic direction	1.0	0 = Not explicitly identified or implied as a priority or action area 1 = Fits within overall strategic and policy objectives of government and partner agencies 2 = Fits within the Department of Health strategic and policy context as a named/ specific objective 3 = Aligns with localised policy, planning and strategy

Table 3: Prioritisation criteria definitions
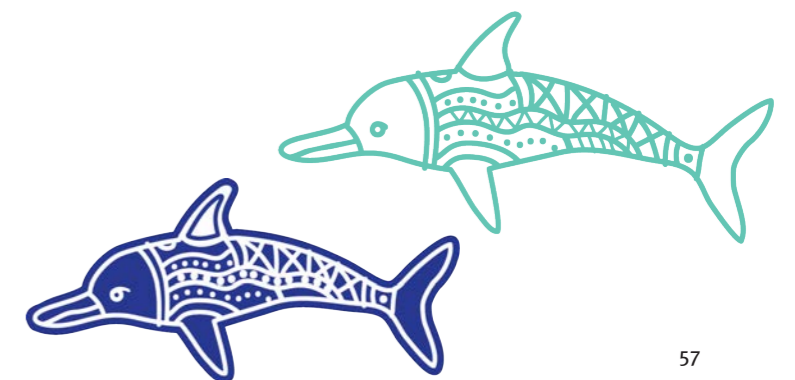
Prioritisation

The LANA project team developed the prioritisation criteria using the LANA Framework and available published evidence as a guide. The prioritisation methodology, including the criteria and their relative weighting in the overall ranking, was reviewed and endorsed by the LANA Governance Committee prior to use.

Prioritisation involved three steps (also shown in Figure 17):

  Step 1: Needs statements and their evidence were screened through essential (yes/no) criteria to determine if the need identified was within the scope or influence of the health system. Items that did not meet this criterion were screened out.

  Step 2: Needs statements were individually scored against each of the prioritisation criteria. Each criterion was weighted (according to the standardised weight determined by the Committee) and a composite score for each item was calculated.

  Step 3: A preliminary ranking of items were reviewed by the Committee who then provided feedback and suggested amendments to specific items (with justification). Following acceptance, the amended final score was recorded against the item with an annotation detailing the rationale for score change.
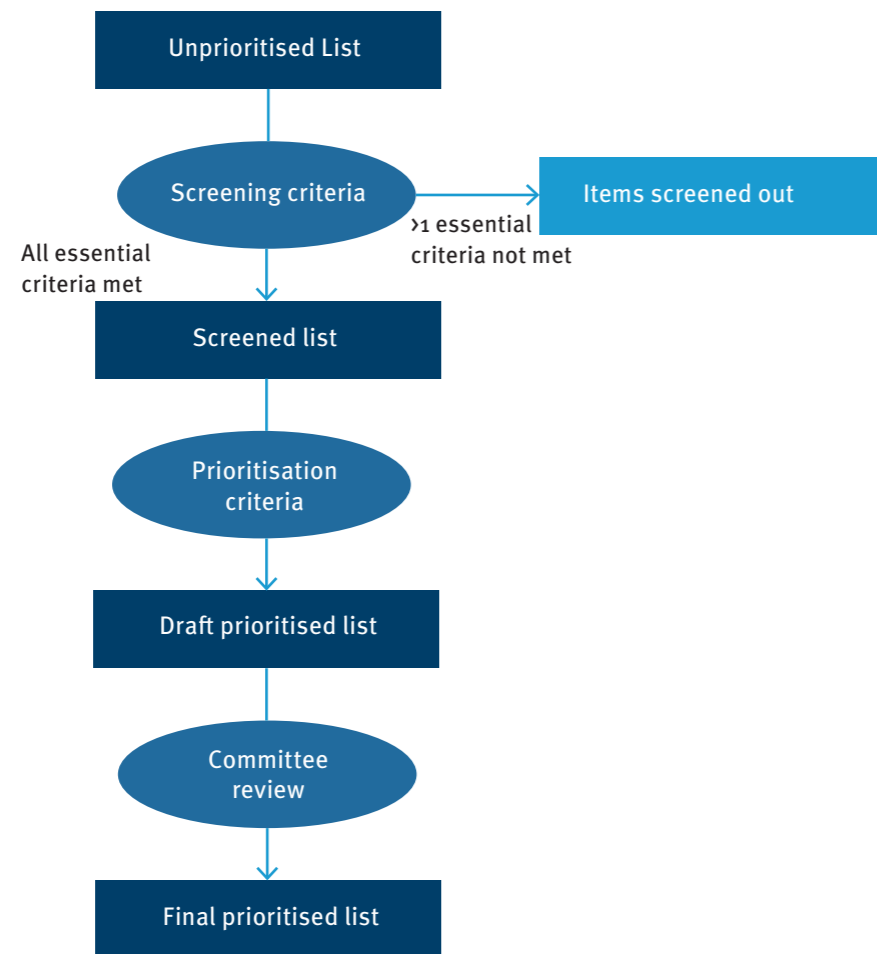

Figure 17: LANA prioritisation process

Appendix D - Phase 1 Data Sources

The Department of Health LANA Framework provided guidance on a minimum data set for analysis by all HHSs in development of LANAs and was the foundation for Gold Coast Health's LANA analysis.

Domain	Data Element
Geography and Demography	Population
	Fertility
	Cultural Diversity
	Geography
Health risks – social determinants	Housing, Education, Financial indicators
	Socio-Economic Indexes for Areas (SEIFA)
Health determinants – health behaviours	Cancer Screening Rates
	Health Behaviours
	Immunisations
Health status	Perinatal indicators
	Morbidity
	Potentially preventable hospitalisations
	Self-assessed health conditions
	Mortality
Service utilisation	Primary care attendance (MBS)
	Emergency Department, Inpatient, Sub-Acute, and Outpatient Utilisation
	Relative utilisation; Self sufficiency
	Aged Care
Service access and availability	Hospital and health system capacity
	Hospital and health system capability
	Wait times
	Workforce
Service profiling	Regional Health service profile

Table 4: Data Sources