

Population health snapshot – Brisbane North

Our region

Our region covers the areas north of the Brisbane River to Jimna including parts of the Brisbane City and Somerset Council areas, along with the Moreton Bay Regional Council area. For planning purposes, the region is divided into six sub regions:

- Brisbane Inner City
- Brisbane West
- Brisbane North
- Pine Rivers
- Redcliffe – North Lakes
- Moreton Bay North.

The region is home to over **960,000** residents and is projected to increase to over **1,200,000** residents by **2036**.



 The population is diverse, with over **14,000** people of **Aboriginal and Torres Strait Islander** descent live in the region, representing **1.7 per cent** of the region's total population as at **2011**.

 **One in five** (20.1 per cent) residents were **born overseas** (189,128 people), with **10 per cent** of residents of the PHN region speaking a **first language other than English**.



While there are pockets of social disadvantage across the entire region, with one in eight people residing in areas considered most disadvantaged, the sub regions of Pine Rivers, Moreton Bay North and Redcliffe - North Lakes demonstrate significantly higher levels of socioeconomic disadvantage, poorer health outcomes and limited access to health services.



Education, employment, income and housing stability influence an individual's health and the health of communities. These factors contribute to the social conditions in which people work, live and play. These factors are known as the **social determinants of health** and significantly influence the health of our population.

The **unemployment rate** is **5.2 per cent** across the region and almost one in four children (23.7 per cent) are developmentally vulnerable. These rates are higher in the Moreton Bay North sub region, where the unemployment rate is 6.5 per cent and 28.9 per cent of children are developmentally vulnerable.



The **median household income** per annum in the region is nearly **\$90,000** however; there is significant variation across the sub regions, with Moreton Bay North having the lowest median household income per annum. Brisbane Inner City has the highest median income (\$124,052), which is nearly double that of Moreton Bay North (\$66,908).



One third of low income households (an estimated 34,000 households)¹ in the PHN region experience either **rental or mortgage stress**, with the highest rate in the Moreton Bay North sub region. Approximately 2730 people are homeless in the region with this number concentrated in Brisbane Inner City sub region (1229 people).



Our health

In general, the health of the region's population compares well to the rest of Queensland. However, there is some variation between the health determinants and health status of residents within our region.

There are a range of behaviours that pose a risk to the health of our population, ranging from smoking, high risk alcohol consumption, sedentary lifestyles and poor diet and nutrition.



One in five adults in the region are classified as **obese**, with rates increasing in areas of higher socioeconomic disadvantage.



An estimated **16.4 per cent** of adults **smoke**, with Indigenous adults 2.7 times more likely to be a smoker compared to non-Indigenous adults.

Five per cent of adults within the region also **consume alcohol at levels of high risk**.



Childhood immunisation rates in the region are improving, but they are still below the national target of **95 per cent**. Immunisation rates for Aboriginal and Torres Strait Islander children are 90.3 per cent for children aged 12 to 15 months, 89.5 per cent for 24 to 27 months and 93.6 per cent for 60 to 63 months.



The region's **life expectancy** is longer than the Queensland life expectancy at **80.7 years** for males and **84.5 years** for females compared to 79.9 years and 84.2 years respectively for Queensland. While the life expectancy for the region's Aboriginal and Torres Strait Islander population is not available, the life expectancy for Aboriginal and Torres Strait Islander people in Queensland is 68.7 years for males and 74.4 years for females.

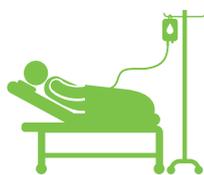
The **infant mortality** rate in the region is lower than the Queensland rate at 4.1 deaths per 1,000 live births compared to 4.6 deaths per 1,000 live births. The rate of babies with low birth weights was consistent with the State; however, 10.1 per cent of Aboriginal and Torres Strait Islander babies were born underweight.

The region's **potentially avoidable deaths** were consistent with the national average of 106.7 deaths per 100,000 people. While the rate of potentially avoidable deaths in the region increased from 103.6 deaths per 100,000 people in 2012 to 108 deaths per 100,000 people in 2013, five-year trends between 2009 and 2013 indicate that the rate of potentially avoidable deaths in the region is decreasing.

In general, the **self-assessed health** of our residents varies with residents of the Redcliffe – North Lakes and Moreton Bay North sub regions more likely to rate their health as 'fair' or 'poor' than the rest of Queensland.

¹ Low income households are defined as within the lowest 40 per cent of the income distribution

Almost **half of the adult population** suffer from a **chronic condition**, with a five per cent increase in the number of adults who had a chronic condition between 2011–12 and 2012–13. The prevalence of chronic conditions in the region is on par with the Queensland rate, except for **high blood cholesterol**, which is slightly above the Queensland rate (30.9 per cent to 30.7 per cent respectively). Moreton Bay North reported the highest prevalence of seven of the eight reported **chronic conditions** in the region. Residents of Redcliffe-North Lakes also experience high rates of premature mortality. The proportion of people living with a **disability** is highest in Moreton Bay North at 5.6 per cent, followed by Redcliffe-North Lakes at 5.5 per cent compared to the regional rate of 4.1 per cent.



Mental disorders, diabetes mellitus and nervous system and sense organ disorders are the largest **non-fatal burden of disease** within the region. Cardiovascular disease, cancer and unintentional injuries are the largest contributors to the **fatal burden of disease** in the region.

The prevalence of **mental health** issues has increased over the last five years, particularly among younger residents of the region. Rates of **psychological distress** and estimated mental and behavioural disorders are highest in Moreton Bay North (12.2 per cent) and Redcliffe-North Lakes (11.4 per cent).

Deaths from **suicide** in the region are **higher than the Australian average** (11.2 deaths per 100,000 and 11 deaths per 100,000 respectively), particularly among males (17.3 deaths per 100,000 people). The rate of deaths from suicide in parts of the Moreton Bay North, Redcliffe – North Lakes and Brisbane Inner City sub regions is of considerable concern.



Health of Aboriginal and Torres Strait Islander people

The health status of **Aboriginal and Torres Strait Islander** residents in the region is significantly poorer compared to non-Indigenous residents. Aboriginal and Torres Strait Islander people have **poorer self-assessed health**, higher prevalence of **long-term health conditions** and experience a **higher burden of disease** compared to the non-Indigenous population.

Aboriginal and Torres Strait Islander people in the region have **poorer social determinants of health**, which contribute greatly to the **health gap**. Aboriginal and Torres Strait Islander people have lower levels of education, lower levels of employment and lower incomes than the non-Indigenous population in the region. Aboriginal and Torres Strait Islander people are also more likely to be **living in unfavourable housing conditions**, with 11.3 per cent of the Aboriginal and Torres Strait Islander households considered to be overcrowded, compared to 4.3 per cent of non-Indigenous households in the region.

In addition, Aboriginal and Torres Strait Islander children are more likely to be developmentally vulnerable in more than one domain. While there have been recent improvements in the welfare of Aboriginal and Torres Strait Islander people in the PHN region, there is still a sizeable gap that is contributing to poorer health outcomes among the Aboriginal and Torres Strait Islander population of the PHN region.

Access to services

The provision of and access to health services significantly impacts the health needs of the community. Health care is generally divided into three main types; primary health care, secondary health care and hospital care, which includes emergency care. While a range of health care services are distributed similar to population density, they are not distributed according to needs. Residents of Moreton Bay North in particular have high demand for health services, with 4.8 per cent of Moreton Bay North residents considered high GP attenders. GP FTE per 100,000 people is lowest in Moreton Bay North (89 FTE per 100,000 people) and this is creating significant inequalities in accessing health services for the region's disadvantaged populations.

There are over **300 general practices** in the region, which provide the bulk of primary health care services and play an important role in the overall health system. There are five public hospitals and a number of private hospitals, which provide a range of clinical services. A range of community care services also operate in the region, which provide a range of aged care, allied health, mental health, alcohol and drug and other health care services. There are also five Aboriginal Medical Service Clinics within the region, providing culturally specific services to the region's Aboriginal and Torres Strait Islander population.

Residents of the PHN region **visit their general practitioner (GP) just under six times every year**, with 11 per cent of the population visiting their GP 12 or more times a year. Between 2012 and 2015, an estimated **six per cent** of the population commenced a chronic disease management plan, with four per cent commencing a GP mental health treatment plan.



The number of **Aboriginal and Torres Strait Islander people receiving a health assessment** is increasing. In 2014-15, there were **6202** Aboriginal and Torres Strait Islander health assessments carried out in the region, an increase of 12 per cent from 2011-12.



In our hospitals, there were approximately **280,000** presentations to the **emergency department** in 2015-16, **40 per cent** of which occurred **after hours**. Over one third of emergency department presentations to hospitals in the region are considered **potentially preventable**.



In 2014-15, there were over **420,000 hospitalisations** in the region. The rate of hospitalisations has grown by 23.7 per cent since 2010. Fifty one and a half per cent of hospitalisations in the region are to private facilities.



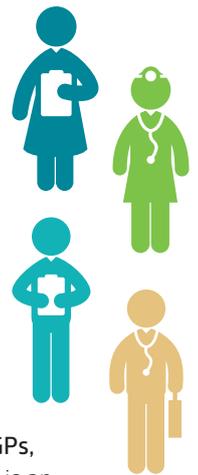
In 2013-14, **potentially preventable hospitalisations** accounted for six per cent of all hospital admissions in the region, consistent with the national rate. Potentially preventable hospitalisations for chronic conditions, including COPD, Diabetes and Asthma, accounted for more than 10,000 hospitalisations. Hospitalisations for acute and vaccine preventable conditions accounted for more than 13,000 hospitalisations.

For **community aged care**, there are 21 home care places per 1000 people aged 65 years and older in the region, which is consistent with the national rate. However, there is a variation within the region. The number varies from zero places in the Hills District to 360 places per 1000 people in Caboolture.

Residential aged care places are more common than home care packages, with 2.7 residential care places to every home care place in the region. This is an average of 58 residential care places per 1000 people. The distribution of residential aged care places varies from 18 places per 1000 in Bribie – Beachmere to 145 places per 1000 in Brisbane Inner.

Our workforce

In 2014, the **health workforce** in the region was estimated to be over **23,000 people**. This workforce comprises of general practitioners, specialists, nurses, midwives, psychologists, pharmacists and a range of other medical practitioners and allied health professionals.



Overall, the region is relatively well serviced by health professionals. However, there is some disparity within the region, particularly among **GPs, psychologists and specialists**. The GP workforce is an ageing workforce, particularly in the Kenmore – Brookfield – Moggill, Caboolture Hinterland and Sandgate areas, where over half of the registered GP workforce are 55 years of age and over. There are also a low proportion of younger GPs across the region.

GPs in the northern areas of the region are more likely to **work longer hours**. This is associated with fewer GPs trying to meet higher need in areas such as Caboolture, Bribie – Beachmere and Redcliffe. The high GP workload in these areas is also associated with **districts of workforce shortage**.

Psychologists are not equally distributed throughout the region. Psychologists tend to be centrally located, contributing to access issues for people in Redcliffe, Narangba – Burpengary and Bribie–Beachmere, where there is a higher need for mental health services and low accessibility. There is also a slight association with the number of psychologists and average hours worked.

Allied health services as a whole tend to be lacking in the northern areas of the region, reinforcing service access issues. Distribution patterns for **specialists** are similar to psychologists; but the high workload of specialists is of concern.

Our priorities

In February 2017, Brisbane North PHN (the PHN) and the Metro North Hospital and Health Service (the HHS) completed a joint health needs assessment of the residents of the Brisbane North and Moreton Bay regions (the region). This assessment draws on a range of health data sources across the primary, community and hospital care sectors to provide a population health snapshot of our region's population.

This report provides a brief overview of the population residing in the region. It outlines the health determinants, the health risks, health status, access to health services and health workforce for the region.

This work builds on the Health Needs Assessment conducted by the PHN in early 2016. From this initial assessment, the PHN identified a number of priority themes for health system improvement including:

- health promotion
- potentially preventable hospitalisations
- Moreton Bay North
- Aboriginal and Torres Strait Islander health.

The PHN is currently consulting with stakeholders to confirm the priorities for action to ensure that the health needs identified are still relevant in light of updated joint health needs assessment.

From our consultations, the PHN will develop a clear set of priorities for service delivery and health planning into the future.