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Health & Services in Clermont

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INTEGRATING HEALTH CARE PLANNING FOR HEALTH AND
PROSPERITY IN NORTH QUEENSLAND PROJECT

Developed by the Integrating Health Care Planning for Health and Prosperity in North Queensland (IHCP-NQ) Project team

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1. Introduction

The Integrating Health Care Planning for Health and Prosperity in North Queensland project brings together key public and private health system partners across northern Queensland, including Hospital and Health Services, Primary Health Networks and the Community Controlled Health Sector to take a regional approach to strengthening the integration of care and place-based planning of workforce and service implementation in North Queensland. The project builds on findings and recommendations made in the Health Service Delivery Situational Analysis that was informed by widespread stakeholder engagement across northern Australia and a comprehensive review of existing knowledge.¹

The project region (northern Queensland) is a diverse setting with a mixture of farming, mining and Aboriginal and Torres Strait Islander communities in the more rural and remote areas, and places of higher density, urban living in major regional townships on the east coast. There are many similarities in health challenges and service delivery across the project region, with small, dispersed populations in challenging geographies.

In phase one of the project, a broad level gap analysis of health and services across the project region was conducted. This was supported with the development of the [Northern Queensland Health Atlas](https://arcg.is/5a4Xq); <https://arcg.is/5a4Xq>), an online interactive platform presenting population, health status, hospital utilisation, workforce, health care provision and service location data in map form. These resources were available to project and health stakeholders in the project region who then prioritised four communities for further place-based planning to improve health and services. Following further consultation with local community and health representatives, Clermont was confirmed as a site for phase two of the project.

The Clermont Local Reference Group (LRG) was established in November 2022 by the Clermont-based project support officer (a Clermont local and long term resident of the Isaac region). The LRG is an advisory group that meets monthly to guide project activities.

Purpose of this report

This report presents information about health and services for the community of Clermont as of February 2023. This section draws on publicly available data, data obtained through formal request processes and an initial service mapping exercise.

2. Population, health & services

Location

Clermont is located in the Local Government Area of Isaac Regional Council in northern Queensland (Figure 1). Clermont is a remote community (Australian Statistical Geography Standard Remoteness Area 4 and Modified Monash Model Category 6). This report refers to several units of geography used by various organisations to report data. See Appendix 1 for a description of each of these units.



Figure 1. Location of Clermont and Isaac Regional Council in northern Queensland.

Demographics

The estimated resident population of Clermont for 2021 was 3,933 people and is projected to grow to 4,399 people by 2031 (Figure 2).^{2,3} The fertility rate (three year rolling aggregate) was 2.6 births per woman with 61 births reported in 2020.⁴



Figure 2. Estimated resident population for Clermont 2007 to 2021 and project population for 2031.

The proportion of the population in each life stage age group has remained moderately constant since 2007 however there is a projected increase in the proportion of population aged 65 years and over and a projected decrease in population aged 45 to 64 years (Figure 3).²

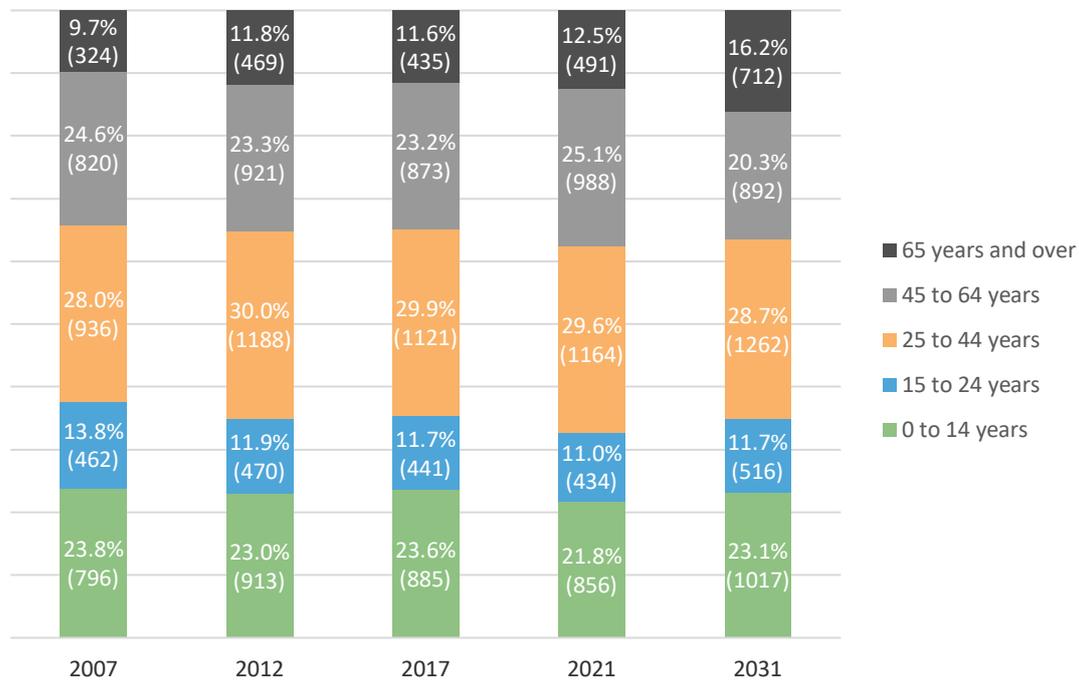


Figure 3. Estimated resident population and projected population of Clermont over time, by age group.

In 2021, about 8% of the population were aged 0 to 4 years.² Just over 12% of the Clermont population are aged over 65 years which is high compared with 6.4% of residents in the Isaac region. The age structure for the estimated resident population in 2021 (depicted in Figure 4)² and the median age was 36 years. About 47% of the resident population were female and 22% (n=865) were females of reproductive age (aged 15 years to 49 years).

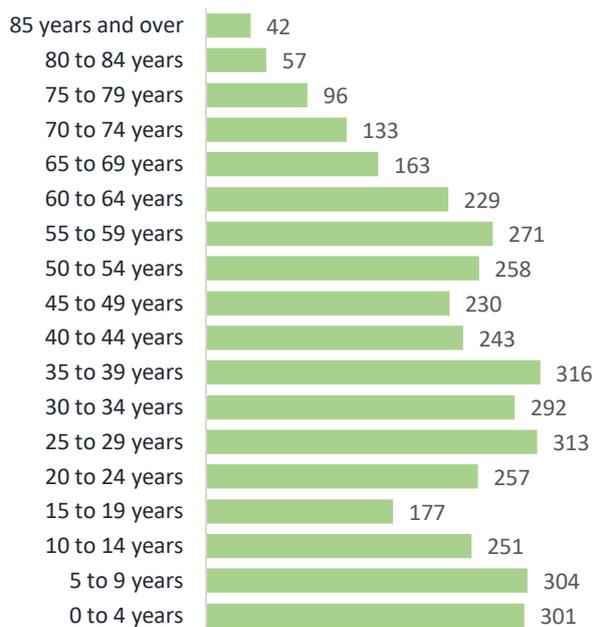


Figure 4. Estimated Resident Population for Clermont in 2021 by 5 year age groups.

The Census Night 2021 ratio compares the Census Night population to the usual resident population (defined as residing in the community for 6 months or more). For Clermont, this ratio was high at 139 meaning that there were 139 people per 100 usual residents on Census Night 2021 (Figure 5).

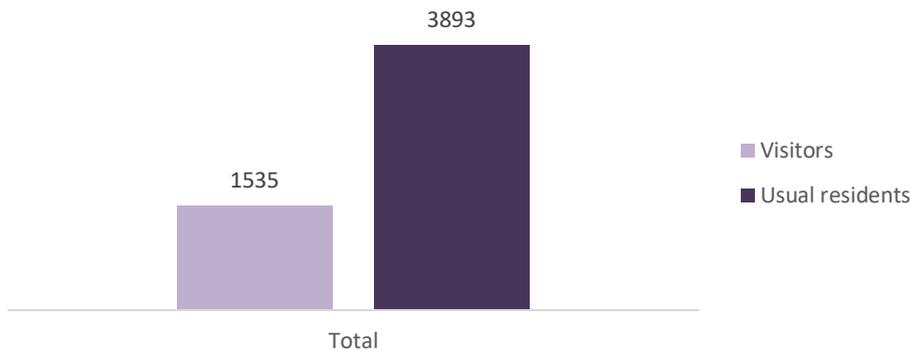


Figure 5. Usual resident population of Clermont (SA2) and visitors counted in Clermont on Census Night 2021. Note: Usual resident population differs from the official population figure provided by Estimated Resident Population.

Clermont is a community with a fluctuating population in most part due to fly-in fly-out/drive-in drive-out mining workforce, and in smaller part due to tourism and visiting services workforce. This dynamic is captured in the age ranges of the visiting population with the majority of visitors (71%) aged between 25 and 64 years (likely mining workforce) and 20% of visitors aged 65 years and over (likely 'grey nomads'; Figure 6).

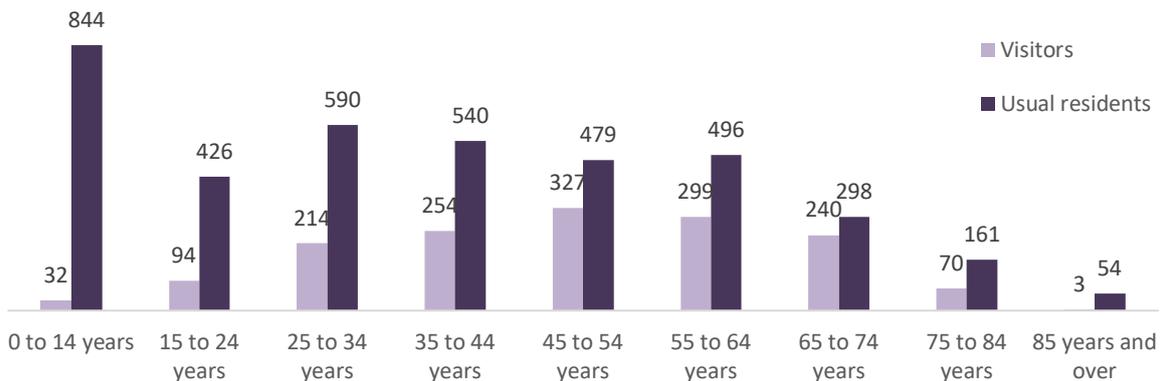


Figure 6. Usual resident population of Clermont and visitors counted in Clermont on Census Night 2021 by age group.

In 2021 (according to 2021 Census of Population and Housing), 3.6% of the Clermont population identified as Aboriginal and Torres Strait Islander.⁵ About 26% of the Aboriginal and Torres Strait Islander population were aged 0 to 14 years, 48% were aged between 15 years and 34 years with very few adults aged 65 years and over (Figure 7).

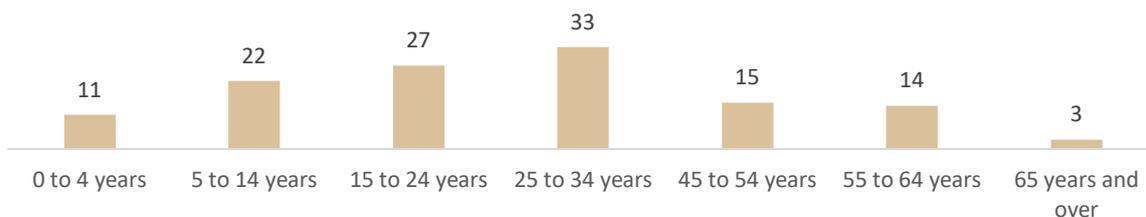


Figure 7. Number of people in Clermont (SA2) who identified as Aboriginal and Torres Strait Islander in 2021, by 5 year age groups. Note: the ABS makes small adjustments to all values to protect confidentiality of the data therefore the population numbers may not be exactly reflective of the Census Night 2021 count.

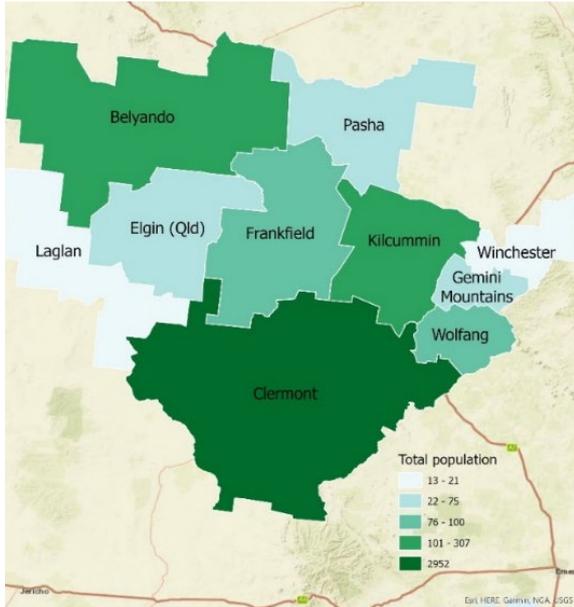


Figure 8. Map of distribution of the Clermont population.

The majority (76%) of the population lives in the township of Clermont. Other areas in the Clermont region include Belyando (7.8%), Kilcummin (5.9%), Frankfield (2.6%) and Wolfgang, Pasha, Gemini, Elgin, Laglan and Winchester all of which have relatively small populations (Figure 8 and Figure 9).⁵ According to the latest Census figures, the vast majority of people aged 65 years and over live in the township of Clermont.

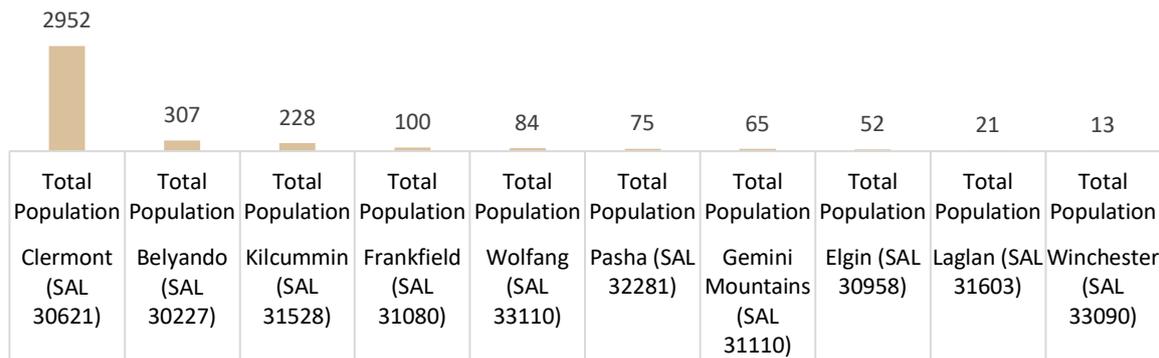


Figure 9. Population of areas (suburbs) in the Clermont SA2 area.

The Isaac Region is least disadvantaged compared with other local government areas in Queensland with an Index of Relative Socioeconomic Disadvantage (IRSD) in the tenth decile. However, Clermont has relatively higher disadvantage than other SA2 areas with an IRSD in the sixth decile (with the tenth decile being least disadvantaged).⁶ There are 405 families with children in the Clermont region, 79% of which have children aged under 15 years, and there are 92 single parent families, 68% of which have children aged under 15 years.⁵ About 88% of the population (aged over 15 years and no longer in school) completed high school to at least Year 10 level with about 50% of the population completing to Year 12.⁵

The largest industry of employment is agriculture (24%), mainly beef cattle farming followed by sheep farming and grain growing. The next largest industry of employment is mining with 20% of the employed population in this industry, followed by education and training (6%), construction (6%), and healthcare and social assistance (6%) (Figure 10).⁵ Smoothed estimates of the labour market for the Clermont area reported 2,220 people in the workforce for the quarter to June 2022 with an unemployment rate of 1.2% (or 27 people).⁷

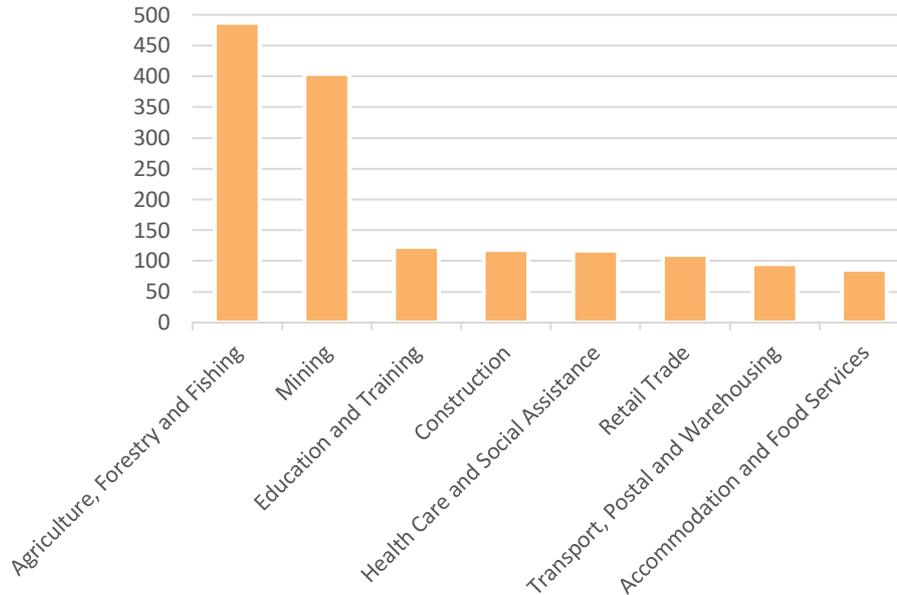


Figure 10. Top eight industries of employment in the Clermont area (count of employed population aged 15 years and over).

The majority of primary school aged children are enrolled at Clermont State School (205 students) which provides education from Prep to Year 6.⁸ St Joseph’s Catholic Primary School also provides primary school education in the township of Clermont. Mistake Creek School (7 students) and Kilcummin State School (43 students) serve students in the outer areas of Clermont. Clermont State High School provides education for 182 students from Year 7 to Year 12.⁸ C&K Clermont Community Kindergarten and Clermont Kindergarten Day Care Centre provide kindergarten programs, long day care and before-and-after-school programs.

The majority of children beginning Year 1 are developmentally on track and have engaged caregivers.⁹ In 2021, at least 81% (52/64) of children assessed for development in the domains of health and wellbeing, social competence, emotional maturity, and communication were reported to be on track.⁹ Sixty-nine percent (44/64) of children assessed were reported to be developmentally on track in the language domain. Eleven percent (7/64) of children assessed were reportedly developmentally vulnerable in two or more domains.

Health behaviours

People living in rural and remote Australia have higher rates of smoking, smoking during pregnancy, sugary drink consumption, overweight or obesity and risky drinking habits.¹⁰ Importantly, rural and remote communities experience relatively lower socioeconomic status (compared with major cities) and this is also associated with higher rates of risky health behaviours.

Data about health behaviours specifically for the Clermont region are unavailable. However, in remote areas of the Isaac region (and like remote areas across Queensland), the vast majority of people are estimated to have insufficient vegetable consumption and about 50% of this population are estimated to have insufficient fruit consumption and physical activity.¹¹ About 16% of the population living in remote areas of the Isaac region are estimated to be daily smokers.¹¹ In the Isaac region, the proportion of population using alcohol in excess of guidelines is estimated to be worse than for Queensland for those aged 30 to 44 years and over 65 years, at 54.8% and 47.7% respectively.¹¹ Rates of sunburn are also higher in the Isaac region than for Queensland overall with 63% of the population estimated to experience sunburn in the past 12 months.¹¹ About 80% of the population living in the Isaac region is estimated to rate their health as good to excellent.¹¹

Participation in national cancer screening programs is also lower in rural and remote areas. Participation of women in the National Cervical Cancer Screening Program¹ across all age groups was much lower in the Bowen Basin - North region (SA3; 45.9% overall) compared with Mackay (SA3; 62.6%) and Queensland (62.1%; see Figure 11).¹²

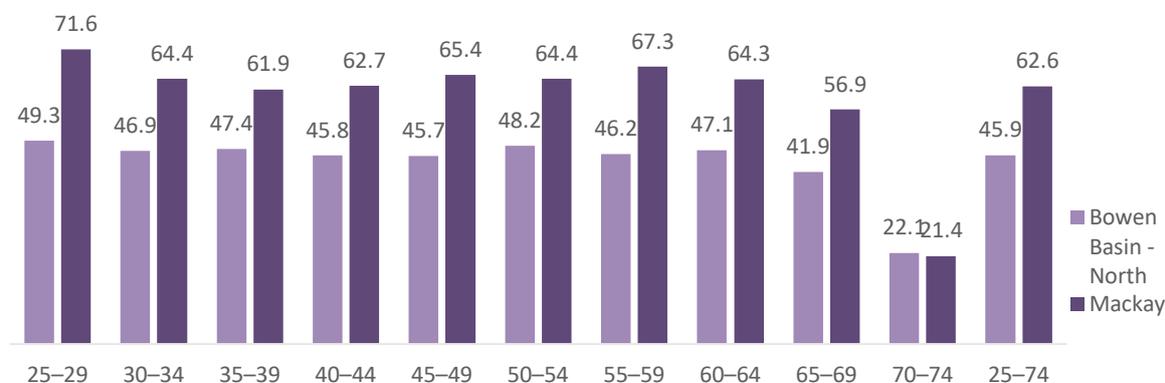


Figure 11. Crude participation rate (number of participants per number of women in age group) in National Cervical Cancer Screening Program for Bowen-Basin North and Mackay (SA3 regions).

Participation in the BreastScreen Australia program (in 2019-2020) was higher in Queensland (52.3%) compared with Australia (49.9%). The Queensland region with highest participation rate was Charter Towers-Ayr-Ingham at 67.2% compared with 61.5% in the Bowen Basin - North region.¹² Participation in the National Bowel Cancer Screening Program in 2019-2020 was slightly lower in Clermont (SA2) at 39.6% compared with Queensland (41.1%).¹² Nationally, and at state level, participation increases with age and is higher amongst females.¹³

Childhood immunisation coverage by 5 years of age was 92% of children in 2022 (rolling annualised coverage October 2021 to September 2022)¹⁴ in the Bowen Basin - North which is lower than the national aspirational coverage target of 95%.

¹ From 1 December 2017, The National Cervical Cancer Screening Program changed to a 5-yearly program for those aged 25-74 years. The participation rates detailed are interim estimates of 3-year participation rate.

Health status

The most common chronic conditions estimated to affect Australians are mental and behavioural conditions, back problems, arthritis, asthma and diabetes.¹⁵ In Clermont, asthma (7.4%), arthritis (5.9%), mental health conditions (5.5%), diabetes (3.5%) and heart disease (2.5%) were the most commonly reported chronic conditions (Figure 12).⁵ About 22% (n=842) of the population reported experiencing at least one chronic condition, with 16.2% (n= 630) reporting one condition, 3.6% (n=140) reporting two conditions and 2% (n=73) reporting three or more conditions.⁵ Almost 50% (n=246) of the population aged 65 years and over reported living with at least one chronic condition.

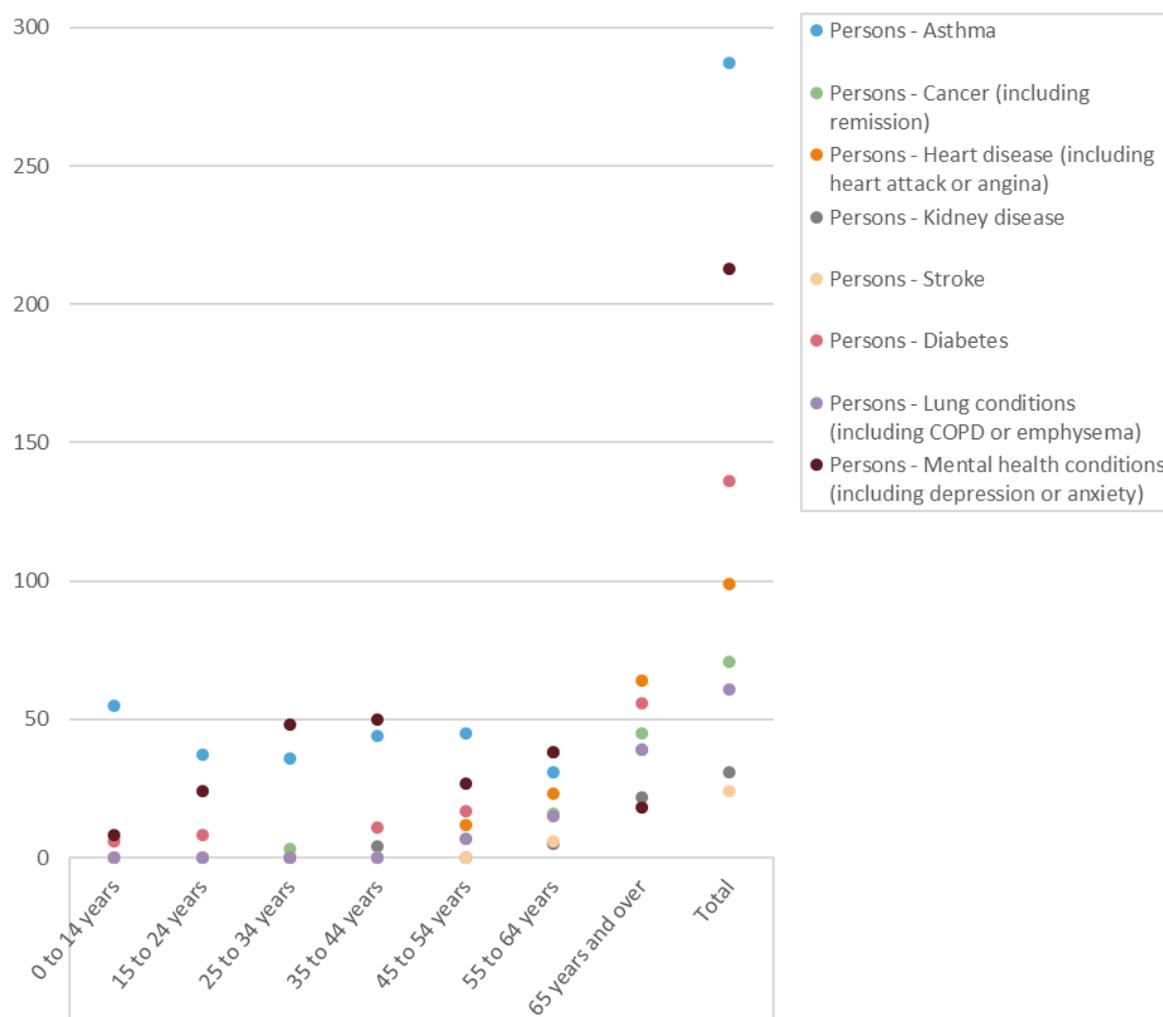


Figure 12. Number and type of long-term health conditions by age and sex reported by the Clermont community.

The population aged 65 years and over reported arthritis (21.4%), heart disease (12.5%) and diabetes (10.9%) most commonly.⁵ The prevalence of asthma was at least 6.1% for each age group: the highest prevalence of 9.4% was reported in the 45 to 54 year age group followed by 8.7% in the 15 to 24 years age group and 8.1% in the 35 to 44 years age group.⁵ Mental health conditions were reported by all age groups with a prevalence of at least 5.6% across age groups between 15 to 24 years and 55 to 64 years.⁵ The highest prevalence of mental health conditions was reported in the 35 to 44 years age group at 9.3%, followed by the 25 to 34 years age group at 8.1%.

Importantly, data presented here have been captured through the 2021 Census for Population and Housing and differ from the accepted national source for prevalence data, the National Health

Survey (NHS). Estimates of asthma, diabetes and prevalence of three or more chronic conditions based on the NHS are higher than those reported through the 2021 Census.

The Mackay Local Area Needs Assessment (LANA) also reports data on rates of chronic disease, and provides further insight into how rates in Clermont compare with the rest of Queensland. Clermont has higher age-standardised rates of Chronic Obstructive Pulmonary Disease than the state average (4.1 per 100 people compared with of 3.5 per 100 people); and higher age-standardised rates of diabetes than the state average of 4.7 per 100 people.¹⁶

There are an estimated 502 people living with a disability in Clermont, with about 35% of this cohort being aged 65 years or over.¹⁷ An estimated 326 people are living with moderate or mild core activity limitation.¹⁷ An estimated 4% of the population (n=109) are primary carers.¹⁷

Overall, the incidence of new cancer diagnoses in Clermont is below the Australian average. However, estimates of diagnoses of some specific cancers are above the Australian average: head and neck cancers (24% above), classic myeloproliferative neoplasms (20% above), melanoma (13% above), oesophageal cancer (11% above) and leukaemia (6% above).¹⁸ The estimated risk of dying from all cancers within five years of diagnosis is 8% above the Australian average.¹⁸

Morbidity and mortality

Morbidity

The rate of burden of disease, or the loss of healthy life due to injury, illness or premature deaths, increases with remoteness and socioeconomic disadvantage, and was 1.4 times higher in remote and very remote areas compared to metropolitan areas.¹⁹ In particular, the burden of kidney and urinary diseases, injuries, infectious diseases, endocrine disorders and cardiovascular diseases are higher in remote and very remote areas.¹⁹

Specific conditions

The age-standardised rate for heart-related hospital admissions for Isaac Regional Shire for the period 2012 to 2016 was lower than for Queensland at 37.9 admissions per 10,000 persons compared with 49.5 admissions per 10,000 persons for Queensland.²⁰

In 2019/2020, crude hospitalisation rates for self-harm in the Bowen Basin – North (SA3) region were higher for females and lower for males when compared with those for the Mackay (SA3) region. The hospitalisation rate (crude) for intentional self-harm for females in the Bowen Basin - North (SA3) region was more than three times as high as that of males (females 352 per 100,000; males 78 per 100,000).²¹ The rate of hospitalisation for self-harm was highest in the 24 years and under age group.²¹

Life expectancy

Life expectancy at birth is lower for populations living outside metropolitan areas.¹⁰ The life expectancy at birth for people living in Greater Brisbane is 83.6 years compared with 82.5 years for the rest of Queensland (2018-2020).¹⁰ Aboriginal and Torres Strait Islander people have a lower life expectancy than non-Indigenous people. Based on deaths in the period 2015 to 2017, the life expectancy at birth for Aboriginal and Torres Strait Islander people was 71.6 years for males and 75.6 years for females compared with 80.5 years for non-indigenous males and 84.6 years for non-Indigenous females.^{22,23} In remote and very remote areas, life expectancy decreases considerably with Aboriginal and Torres Strait Islander males having a life expectancy of 65.9 years at birth compared and females having a life expectancy of 69.6 years at birth.²²

Mortality

For the Isaac region, over the period 2015 to 2019, there were 215 deaths and 59% of these were premature deaths (that is, death occurred under 75 years of age).²⁴ In 2019, 59.3% of premature deaths were potentially avoidable.²⁴ The number one cause of death in the Isaac region (for 2015-2019) was coronary heart disease with 42 deaths primarily attributed to this condition.²⁴ Further, the Isaac region had an age-standardised rate of 73.9 deaths due to coronary heart disease per 100,000 persons compared with 70.1 per 100,000 for Queensland and 63.8 per 100,000 for Australia.²⁰ Other leading causes of death in the Isaac region were lung cancer (12 deaths), suicide (12 deaths), land transport accidents (12 deaths), cerebrovascular disease (11 deaths) and diabetes (8 deaths). Age-standardised suicide rates are higher outside metropolitan areas.²⁵ In the Bowen Basin - North (SA3) region, there were 29 deaths by suicide for the period 2015 to 2019.²¹ The age-standardised suicide rate was 18.2 deaths per 100,000 compared with 15.6 deaths per 100,000 for Queensland.

Health and social care

Health and social care for the broader Clermont community involves a mixture of public and private services located locally or delivered via visiting services. External services, such as state and national helplines, are also emerging as a source of support. The Clermont region is located within the Mackay Hospital and Health Services (MHHS) catchment for public health services delivered by Queensland Health. The region is serviced by the Clermont Multi-Purpose Health Service (better known as the Clermont Hospital) and the major referral hospital is Mackay Base Hospital. Figure 13 depicts MHHS facilities in the Clermont and Isaac region. The Queensland Ambulance Service (QAS) is based in Clermont and services a large region around this base. Retrieval Services Queensland (RSQ) coordinates retrieval services in emergencies. The North Queensland Primary Health Network (NQPHN) provides Commonwealth funded commissioned services and support for primary health care.

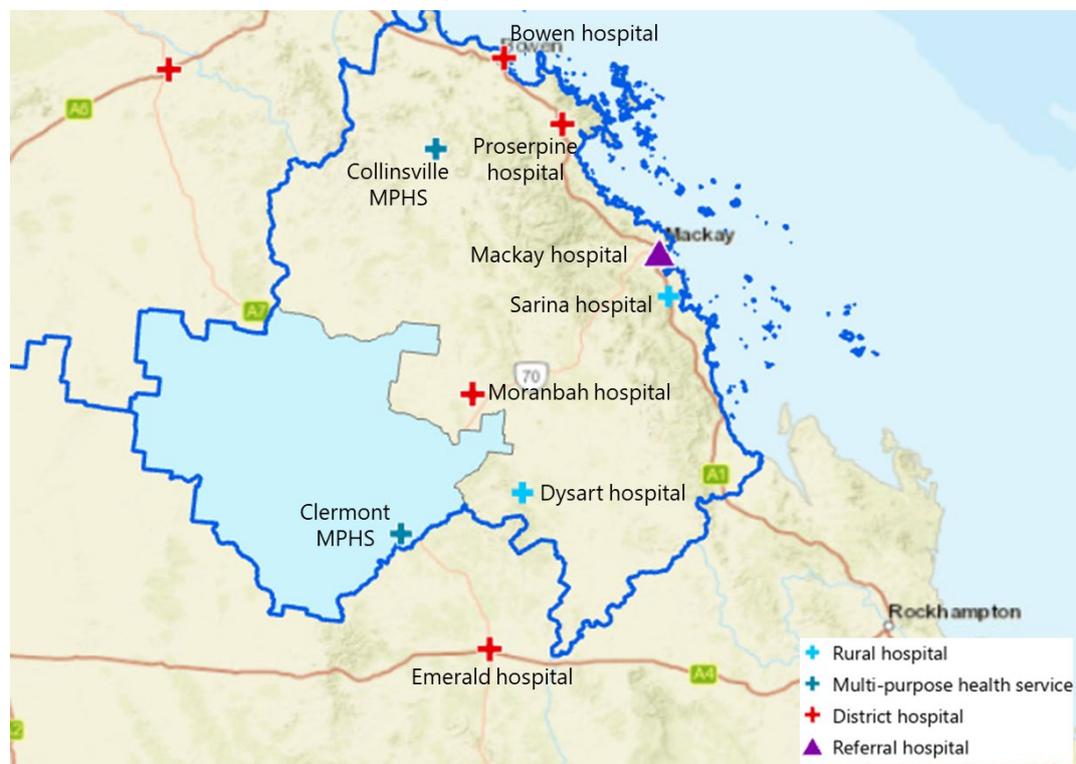
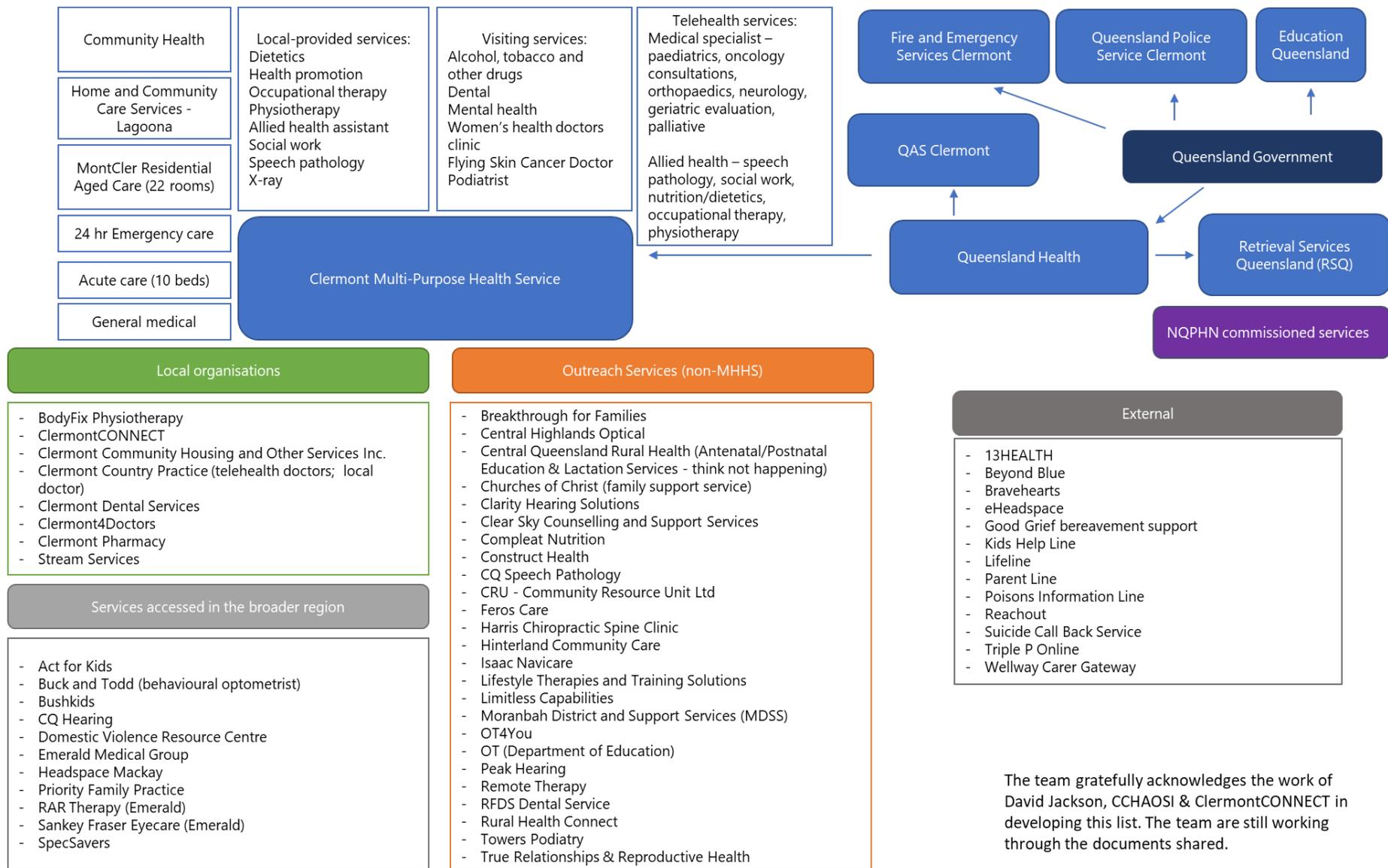


Figure 13. Public health services in MHHS catchment (Clermont region shaded in light blue).

This rest of this section consists of information about services available locally or via other means for the Clermont community. It draws on the findings of a desktop review of health and social services for the Clermont community, informal stakeholder consultation and relevant knowledge shared through a formal co-design process with the Clermont community. An overview of services available for Clermont is found in Figure 14.



The team gratefully acknowledges the work of David Jackson, CCHAOSI & ClermontCONNECT in developing this list. The team are still working through the documents shared.

Figure 14. Map of services that support the health of the Clermont community.

Queensland Health services

Clermont Hospital (MHHS)

The Clermont hospital provides acute care, secondary care and community services. The hospital has ten beds for management of patients with acute conditions and also provides 24 hour emergency services at the hospital emergency department. Outpatient services are provided for general medicine, such as wound care and care for other acute conditions. In addition, Clermont hospital provides residential aged care on-site at the new MontCler facility. This aged care facility has 18 rooms that were added in 2018 to the existing four rooms.

Medical specialists conduct appointments with residents of the Clermont region through telehealth – this includes geriatric evaluation, orthopaedics, neurology, oncology consultations and paediatrics – where appropriate. Patients often need to travel to Mackay or other major cities to access specialist services (including for specialist outpatient services).

Community health services are provided by multidisciplinary teams of health and allied health professionals and are focused on health promotion, risk prevention and management of existing health conditions. MHHS delivers community health services, including clinical nursing services, at Clermont hospital and in homes.

Community health services are delivered by nurses, occupational therapists, physiotherapists, social workers, a speech pathologist, dietitian and allied health assistant. Occupational therapists, physiotherapists and social workers deliver services through the Allied Health Hinterland model. Under this model of service delivery, some allied health professionals are located in Clermont while others are located in Moranbah and Dysart, and outreach to each community is shared. Community health services support people with moderate, severe or profound disabilities to help avoid premature admission to residential aged care under the Commonwealth Home Support Program (CHSP). This program was formerly called the Home and Community Care (HACC) program. Support includes domestic assistance, social support, nursing care, personal care, in-home respite, home medical aids and transport. The Lagoon facility also hosts activities for social wellbeing under the CHSP.

Dental services are provided in a purpose built dental clinic at the Clermont hospital. Staff from Mackay Base Hospital visit periodically to provide dental services for people who meet eligibility requirements for free, public dental care.

Clermont Queensland Ambulance Service

The Clermont Ambulance Service provides pre-hospital emergency care and patient transport services. Five paramedics work in pairs to service the Clermont region.

Retrieval Services Queensland (RSQ)

RSQ provide clinical coordination of emergency aeromedical retrieval and interhospital transfer for Queensland Health. Staff at the Clermont hospital communicate with RSQ to organise retrievals. RSQ also provide advice and support through the Telehealth Emergency Management Support Unit (TEMSU) with an aim of facilitating care in place where possible and appropriate. Aeromedical retrieval is important for timely advanced emergency care.

Primary health care

Primary health care is delivered by a mixture of place-based services in Clermont and a multitude of visiting services (including MHHS services, privately funded services and CheckUP supported services).

[Clermont Country General practice](#)

There is a single private general practice that was established in September 2019. The practice is staffed by an experienced general practitioner (the practice owner) and two telehealth doctors. An experienced nurse practitioner credentialed as a diabetes educator and with particular skills in chronic disease management, women's health screening, childhood immunisations and check-ups, health education and health promotion started at the clinic in November 2022. The practice is open weekdays from 9am to 5pm and is closed on Saturday and Sunday.

[Clermont Dental Services](#)

There is a private dental service that operates three days a week. The service is staffed by two dentists that visit from Emerald.

[Clermont Pharmacy](#)

There is one pharmacist in Clermont who owns and operates the local pharmacy. The pharmacist has lived in the community for many years. The pharmacy services the general community and is open on weekdays from 8.30am to 5.30pm, Saturday from 8.30am to 12pm and is closed on Sundays.

[Other community health and social services](#)

[Place-based services](#)

Clermont Community Housing and Other Services Inc. (CCHAOSI)

CCHAOSI is a not for profit organisation that manages Commonwealth and state fundings to deliver emergency relief and low income housing to disadvantaged and homeless people in Clermont. The organisation is an agent for Services Australia and is open for two to four hours on weekdays. The organisation also coordinates the Piano Tree Project which is focussed on facilitating mental health education and activities.

Stream Services

Stream Services is a registered National Disability Insurance Scheme (NDIS) provider and has been delivering disability support services in Clermont, central Queensland and the Central Highlands since 2019. The NDIS is jointly funded by the Commonwealth and Queensland government. It provides funding for people aged 7 years to 65 years with disability caused by a permanent impairment to support greater independence, access to new skills, jobs, volunteering and improved quality of life.

[Visiting and external services](#)

There are many services that visit Clermont to provide services aimed at health promotion and support for wellbeing. These services may be privately funded, supported with funding through CheckUP or funded through other sources such as the NQPHN. They may be delivered face to face visits as well as by telephone or telehealth (see Figure 14).

Service utilisation

Primary health care

The main chronic conditions that are managed in general practice in the NQPHN catchment area (January 2017-July 2021) are hypertension and hyperlipidaemia (40.7% of patients), mental health problems (38.2%), musculoskeletal conditions (35.2%) and respiratory conditions (23.8%).²⁶ General practice data for the Clermont region were requested but could not be accessed from the NQPHN due to privacy issues or from Services Australia due to complexity of the application process and time limitations. Given the self-reported prevalence of specific chronic conditions in Clermont (in the Census of Population and Housing 2021; see Figure 12) a similar trend is likely for residents accessing general practice in Clermont.

Potentially Preventable Hospitalisations (PPH) are an important indicator of the effectiveness of primary health care. PPH relate to hospitalisations for specific chronic, acute or vaccine-preventable conditions whereby effective primary health care could have prevented hospitalisation. The proportion of episodes of admitted patient care to private and public hospitals for usual residents of the Clermont region (SA2) that were for PPH conditions has progressively decreased from 13.3% in 2016/2017 to 8.6% in 2020/2021 (Figure 15).²⁷ The majority of PPH over this time period were for chronic and acute conditions: hospitalisation due to diabetes complications was the most common PPH condition across all five years (23 to 47 episodes).²⁸ It is important to note that episodes of admitted patient care do not equate to number of individuals; an individual may have more than one episode of admitted patient care and thus multiple numbers of admissions for a PPH condition. Other top five chronic PPH conditions included chronic obstructive pulmonary disease, congestive cardiac failure and angina. Other acute PPH conditions included dental conditions; ear, nose and throat infections; urinary tract infections and cellulitis.

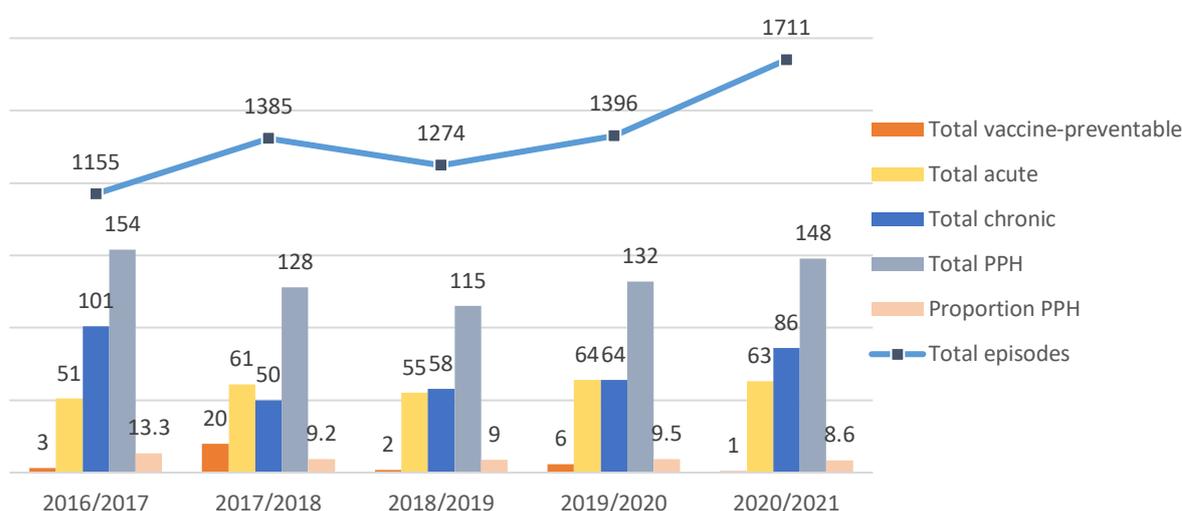


Figure 15. Episodes of admitted patient care for Potentially Preventable Hospitalisation conditions for usual residents of the Clermont region.

Dental services

Data for dental services are mostly unavailable. There is a private dental practice operated by two dentists that visit three days a week. The Royal Flying Doctors Service (RFDS) Dental Service visits Clermont once a year for seven days. There is also a purpose built dental clinic at the Clermont hospital for people who meet eligibility requirements for free, public dental care. The waiting list for the public visiting dental service at Clermont hospital, as at June 2022, had 207 clients on the waiting

list for general care.²⁹ Of these clients, 120 had been waiting less than 12 months and 87 had been waiting 12 to 24 months, with this type of care desirable within 24 months.

Hospital admissions

All hospitalisations for usual residents of the Clermont region

There were 1,711 hospitalisations at public and private hospitals for usual residents of the Clermont region in 2020/2021.³⁰ The majority of hospitalisations occurred at a facility other than the Clermont hospital, with 815 admissions at another MHHS facility and 221 at a Central Queensland HHS facility. The most common reasons for hospital admissions in 2020/2021 for usual residents of the Clermont region by diagnostic chapter are found in Table 5.³⁰

Table 1. Most frequent reasons for hospitalisations for usual residents of the Clermont region by principal diagnosis chapter.

Principal diagnosis chapter	Short description	Number of admissions
Factors influencing health status and contact with health services		346
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified		208
Diseases of the digestive system		195
Injury, poisoning and certain other consequences of external causes		157
Pregnancy, childbirth and the puerperium		112
Diseases of the circulatory system		94
Neoplasms		87

Hospitalisations at Clermont Hospital

The number of hospitalisations at Clermont hospital is on an upward trend with 379 admissions in 2018/2019 and 493 admissions in 2021/2022 (Figure 16).³¹

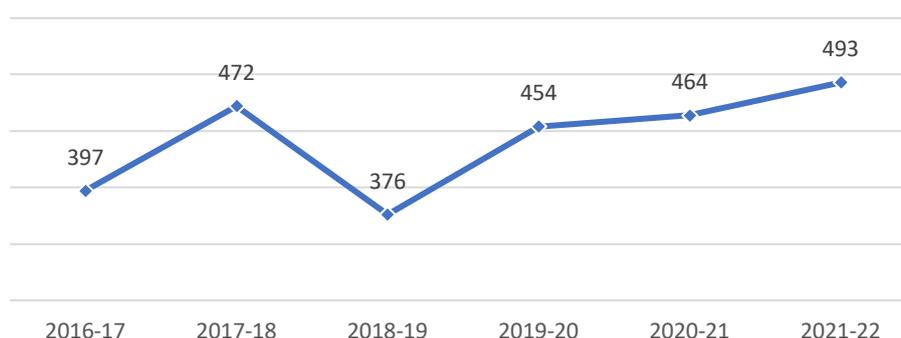


Figure 16. Number of hospitalisations at Clermont hospital by category, per year.

There is a consistent trend over time of a high number of hospitalisations for patients aged 16 to 25 years and 56 to 85 years (Figure 17).³¹ Notably, the number of hospitalisations for people aged 56 to 85 years at Clermont hospital increased from 2018/2019 to 2021/2022, with a two-fold increase in hospitalisations in the age group 56 to 65 years.³¹

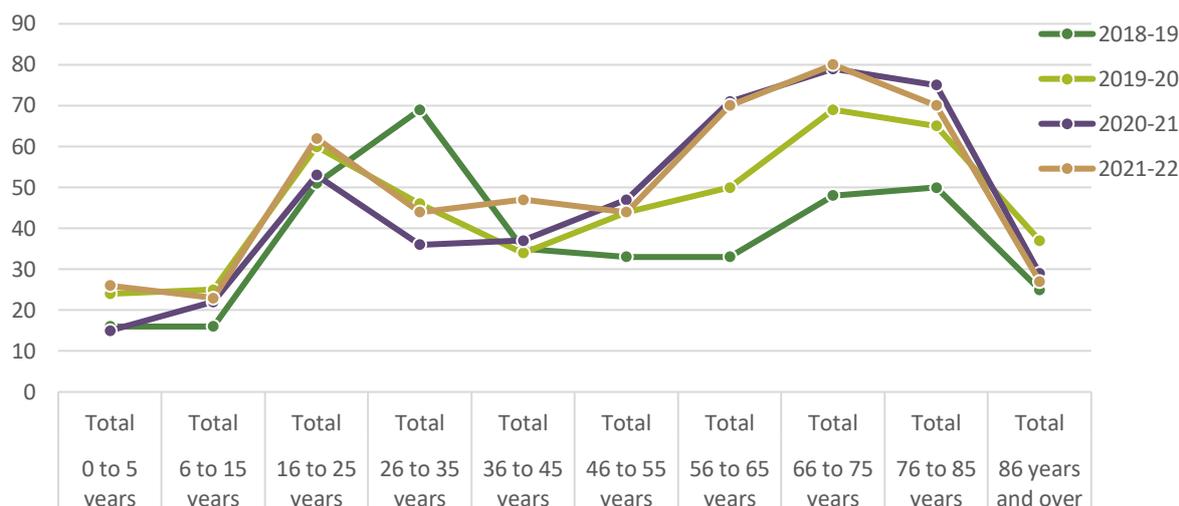


Figure 17. Number of hospitalisations at Clermont hospital by age group from 2018/2019 to 2021/2022..

There were notably more male hospitalisations (than female hospitalisations) between the ages 46 to 75 years (Figure 18) and this was consistent over the three years 2019/2020 to 2021/2022.

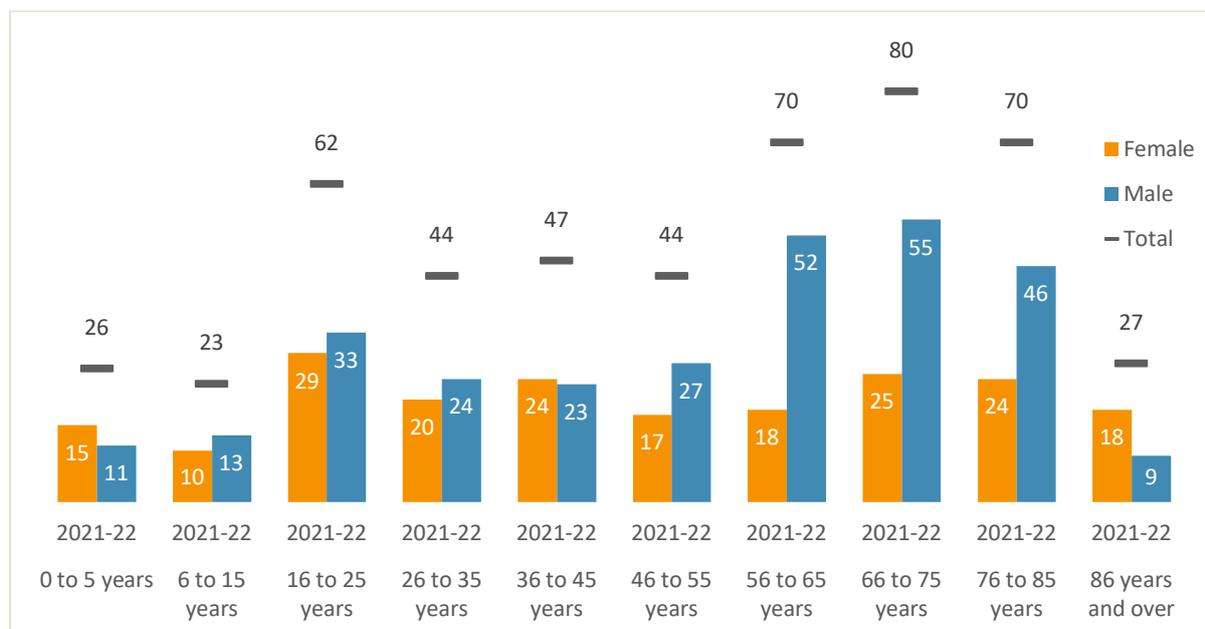


Figure 18. Hospitalisations at Clermont hospital by age group and sex 2021/2022.

Emergency care

Emergency care at Clermont Hospital

The number of attendances for emergency care (both urgent and low urgency) at Clermont hospital have gradually increased between 2016/2017 and 2020/2021 (Figure 19).³² However, there was a dramatic increase of 2,000 attendances in 2021/2022 compared with 2020/2021.³² Lower urgency care (Category 4 and Category 5) contributed significantly to this increase in attendances (Figure 20). The age distribution of patients attending for emergency care in 2020/2021 and 2021/2022 is shown in Figure 21 and Figure 22. All age groups contributed to the significant increase in lower urgency care in 2021/2022 with the greatest increase (a ten-fold increase) being for patients aged 86 years and over.

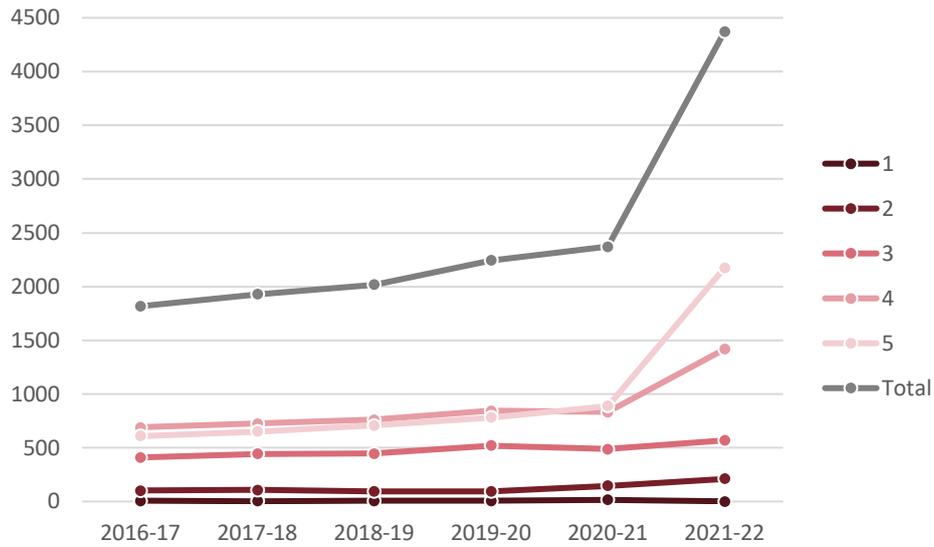


Figure 19. Total attendances for emergency care at Clermont hospital by triage category, 2016/2017 to 2021/2022.

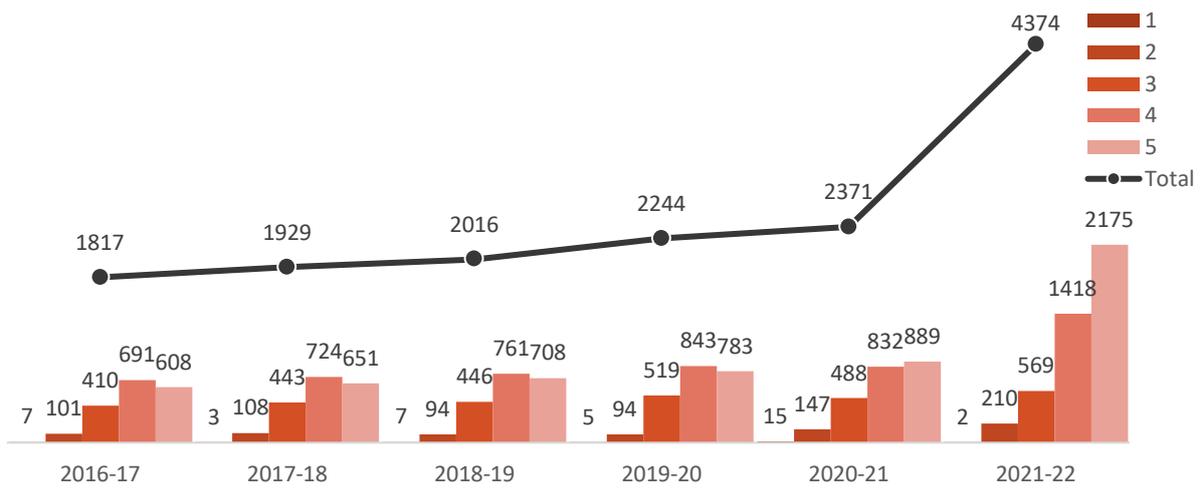


Figure 20. Attendances for emergency care at Clermont hospital by triage category. Note: Category 1 (Immediately life-threatening to be seen within 2 minutes of arriving); Category 2 (Imminently life-threatening to be seen within 10 minutes of arriving); Category 3 (Potentially life-threatening to be seen within 30 minutes of arriving); Category 4 (Potentially serious to be seen within 60 minutes of arriving); Category 5 (Less urgent to be seen within 120 minutes of arriving).

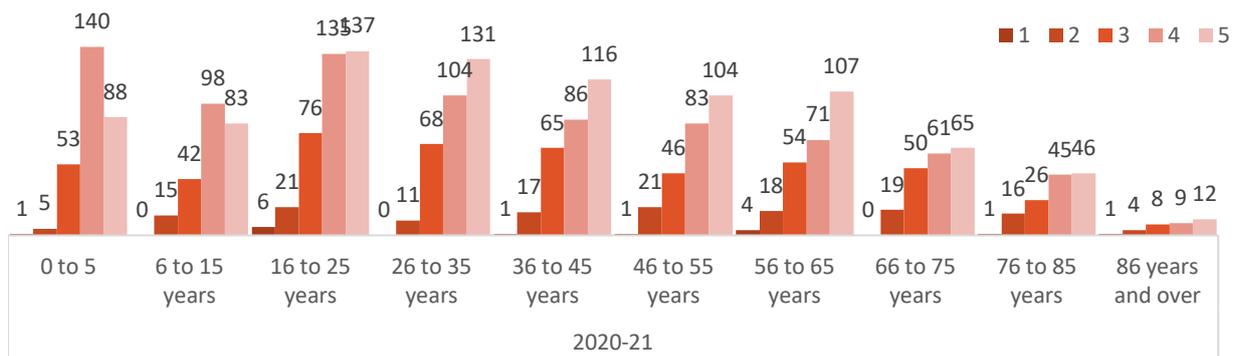


Figure 21. Attendances for emergency care at Clermont hospital by triage category and age group (2020/2021).



Figure 22. Attendances for emergency care at Clermont hospital by triage category and age group (2021/2022).

Emergency retrievals

RSQ coordinated 122 emergency retrievals (and/or interhospital transfers) in 2020/2021 from Clermont hospital, and 96 retrievals in both 2019/2020 and 2018/2019.³³ Of retrievals in 2020/2021, 6.6% were Priority 1 (transfer in less than 1 hour), 28.7% were Priority 2 (transfer in 1 to 3 hours), 45% were Priority 3 (transfer in 3 to 6 hours and the remaining 19.7% were Priority 4 (transfer in 6 to 24 hours; Figure 23). This was also the general trend in previous years.

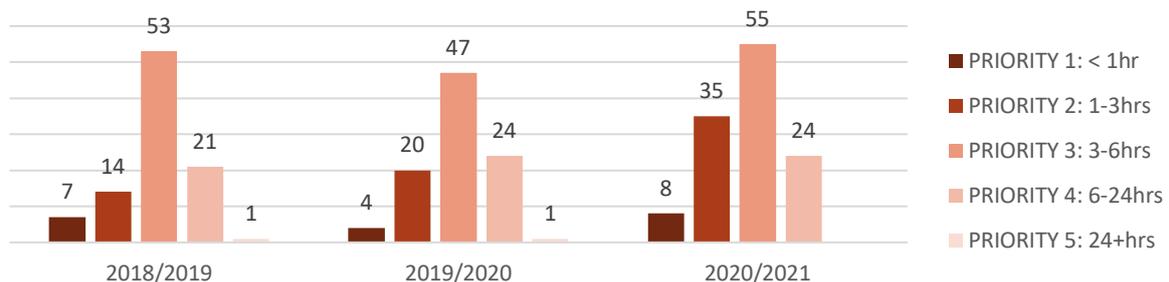


Figure 23. Number of emergency retrievals/interhospital transfers coordinated by RSQ by priority, over time.

In each year, 2018/2019 to 2020/2021, over 55% to 61% of retrievals coordinated by RSQ were for males (Figure 24).

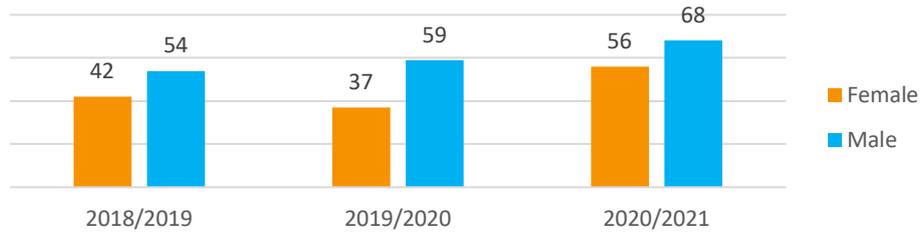


Figure 24. Number of emergency retrievals/interhospital transfers coordinated by RSQ by sex, over time.

The top three illness assessments that required transfer from Clermont hospital are listed in Table 6.³³

Table 2. Top 3 reasons for emergency retrieval/interhospital transfer by RSQ from Clermont hospital.

Illness assessment	Year		
	2020/2021	2019/2020	2018/2019
Injury, poisoning and certain other consequence of external causes	32	28	26
Diseases of the circulatory system	17	23	9
Diseases of the digestive system	20	14	12

Aged care and disability sector

About 8% of usual residents of Clermont (60% of whom were female) provided unpaid assistance to a person with a disability, health condition or due to old age during the two weeks before Census night 2021.⁵ There are currently 50 people registered with the NDIS in the Clermont region (September 2022).³⁴

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Appendix 1. Units of geography

Suburbs and Localities (SAL)

SALs are structures within the Australian Statistical Geography Standard (ASGS) that have been defined by the Australian Bureau of Statistics.

They are an approximation of the officially recognised boundaries of suburbs (in cities and larger towns) and localities (outside cities and larger towns) as defined by the State and Territory governments of Australia.

The suburbs in the Clermont region are Clermont, Wolfgang, Gemini Mountains, Winchester, Kilcummin, Frankfield, Elgin, Laglan, Belyando and Pasha.



Local Government Area (LGA)

LGAs are structures within the Australian Statistical Geography Standard (ASGS) that have been defined by the Australian Bureau of Statistics.

They are an approximation of gazetted local government boundaries as defined by each State and Territory Local Government Department.

For the community of Clermont, LGA refers to the catchment area of Isaac Regional Council. This region is shaded green in the map image.



Statistical Area Level 2 (SA2)

SA2s are structures within the Australian Statistical Geography Standard (ASGS) that have been defined by the Australian Bureau of Statistics.

SA2s have been created to represent a community that interacts together socially and economically. They generally have a population between 3,000 and 25,000 with an average of about 10,000 people. SA2s in remote and regional areas generally have smaller populations than those in urban areas.



The community of Clermont lies within the SA2 of Clermont. This region is shaded in the map image.

Statistical Area Level 3 (SA3)

SA3s are structures within the Australian Statistical Geography Standard (ASGS) that have been defined by the Australian Bureau of Statistics.

SA3s have been created to represent areas that have similar regional characteristics and these units are recognised as having a distinct identity and similar social and economic characteristics. In general, SA3s are designed to have populations between 30,000 and 130,000 people.



The community of Clermont lies within the SA3 of the Bowen Basin - North. This region is shaded in the map image. The Bowen Basin contains the LGA of Isaac Shire, and the Whitsunday Shire Shire (excluding the Whitsunday Islands and Airlie Beach area).