

Integrating Health Care Planning for Health and Prosperity in North Queensland

Project Update

December 2021

Project Summary

The Integrating Health Care Planning for Health and Prosperity in North Queensland Project commenced on 15th April 2021 and will conclude on the 14th April 2024. JCU has received funding for the project from the Cooperative Research Centre for Developing Northern Australia Ltd (CRCNA), with a financial contribution from the Tropical Australian Academic Health Centre (TAAHC), and in-kind contributions from project partners. It aims to improve the responsiveness of health services to the health needs of communities in the North Queensland region.

Current Activities

Following the identification and compilation of a list of publicly available datasets and sources, work is continuing to define a set of key indicators that will guide the selection and use of datasets for the purpose of this project. Indicators will assist identify health needs, inequity and service gaps within NQ communities.

The project key indicators list has been designed considering the domains of the World Health Organisation's Health System Building Blocks Framework,¹ with the addition of community engagement (see Figure 1). The draft list was presented to the second Technical Reference Group (TRG) meeting on Friday 29th October 2021 where partners provided feedback and further guidance.

Figure 1. Framework for project key indicators.



Engagement with the TRG, and NQPHN and planning officers from the Hospital and Health Services

through the Health Needs Assessment (HNA) / Local Area Needs Assessment (LANA) working group has identified other relevant initiatives occurring simultaneously, and opportunities for collaborating, sharing information and leveraging outcomes to maximise benefits.

Challenges

Some publicly available data lacks currency, due to delays in more recent information being published. The project is using publicly available data only in Phase 1, to facilitate replication by any individual or community who may be interested in conducting place-based planning processes. Data are also available by different geographical units (e.g. SAs, or LGAs) that creates challenges for comparisons and analyses.

Future Activities

Mapping of population datasets has commenced and work will continue to explore innovative ways of analysing and visualising data. Mapped data will display community health needs (morbidity, risk factors and perceived needs), services available and workforce information. Four prioritised communities will be invited to participate in place-based planning processes in Phase 2.

Interactive maps will be publicly available for use by project partners and other stakeholders to assist in identifying priority communities who may be interested in participating in place-based planning processes to improve health service efficiencies in the second phase of the project.

¹ World Health Organisation (2007). Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: WHO.

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