CHECKUP

Health in focus 2021

An annual snapshot of the main healthcare issues and trends in Queensland

CHECKUP

Acknowledgement of Country and commitment to diversity

CheckUP staff and board respectfully acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to the land, water and community. We pay respect to Elders past and present, and future leaders. CheckUP strongly supports equality for all. We embrace diversity and condemn any kind of discrimination, be it on the basis of race, religion, ethnicity, sexual orientation, gender identity or disability.

CheckUP Australia, *Health in Focus 2021*, https://checkup.org.au/news-publications/reports-and-publications/health-in-focus-report-2021-checkup/

Contents

Introduction and background 4

Demographics 5

- Overall 5
- Geographical distribution 5
- Age and Gender 6
- Self-reported health status 7

GPs 8

Access 9

Accessing health information 11

Prevention and testing 12

NDIS 13

Physical Activity 14

Mindfulness 17

Nutrition 18

Engagement 20

Telehealth 21

Aboriginal health services 24

Effects of Covid-19 25

Access to preventative healthcare 27

One big idea 28

Introduction and background

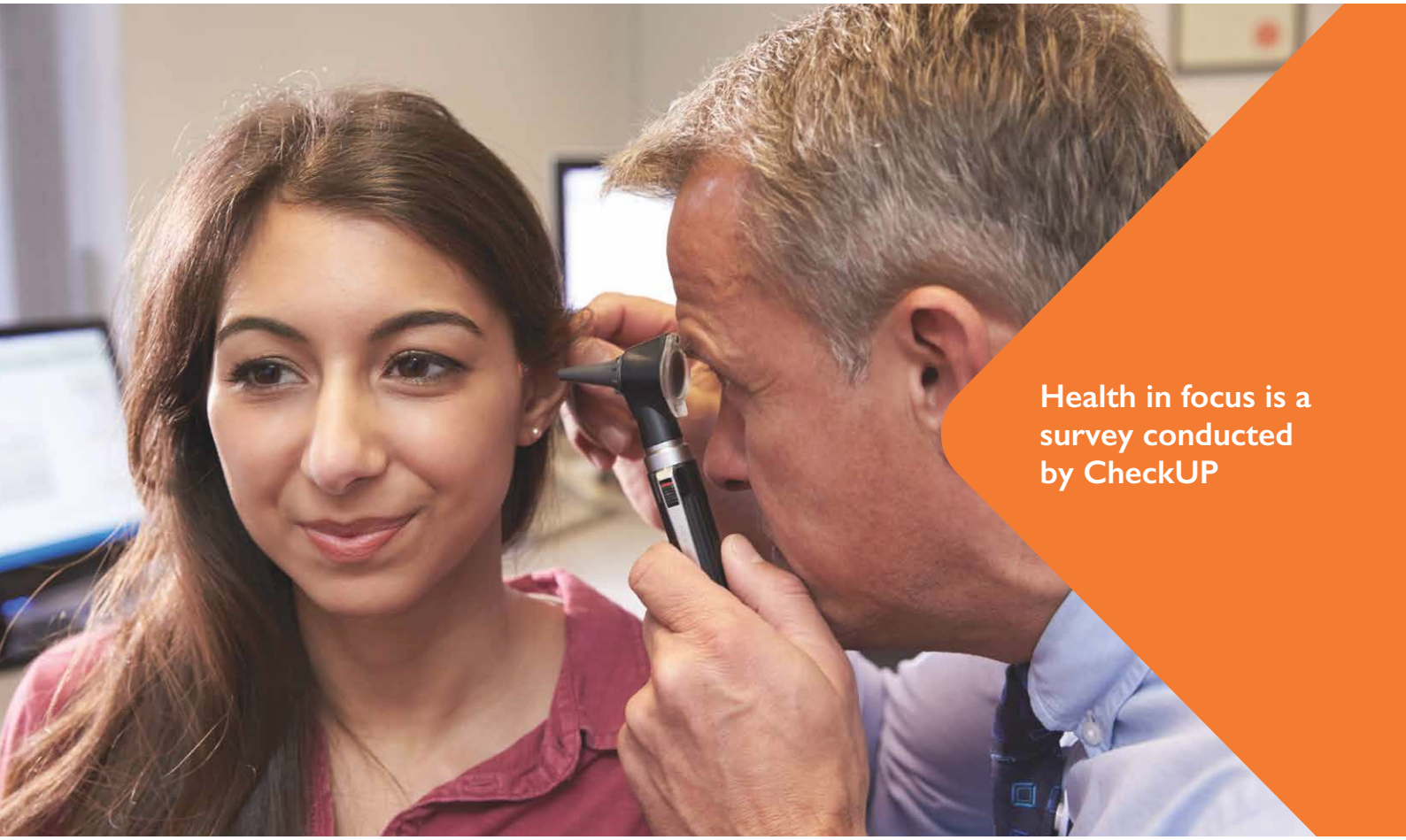
Health in Focus is a health survey conducted by CheckUP. It began as a census of GPs in Queensland and grew to include other healthcare providers and the general public. In recent years, the survey has increasingly focused on the public. In 2021, survey questions were reviewed in partnership with Griffith University, and designed solely for the general public.

Survey responses are collated to provide a snapshot of healthcare issues in Queensland. The survey aims to investigate issues and trends within primary healthcare. Topics covered in the survey include public health, preventative health, digital health, health information sources and public engagement. In 2021, the survey also sought to gather data on the impact of the Covid-19 pandemic on people's health and well-being.

CheckUP uses the results of the *Health in Focus* survey to:

- inform discussions with stakeholders
- inform internal planning
- identify areas of need
- identify and celebrate initiatives that have been successful
- increase the profile of primary healthcare in Queensland

Through *Health in Focus*, CheckUP is able to obtain an overall picture of health and healthcare issues in Queensland informed by everyday Queenslanders and identify any trends by comparing the data to surveys from previous years.



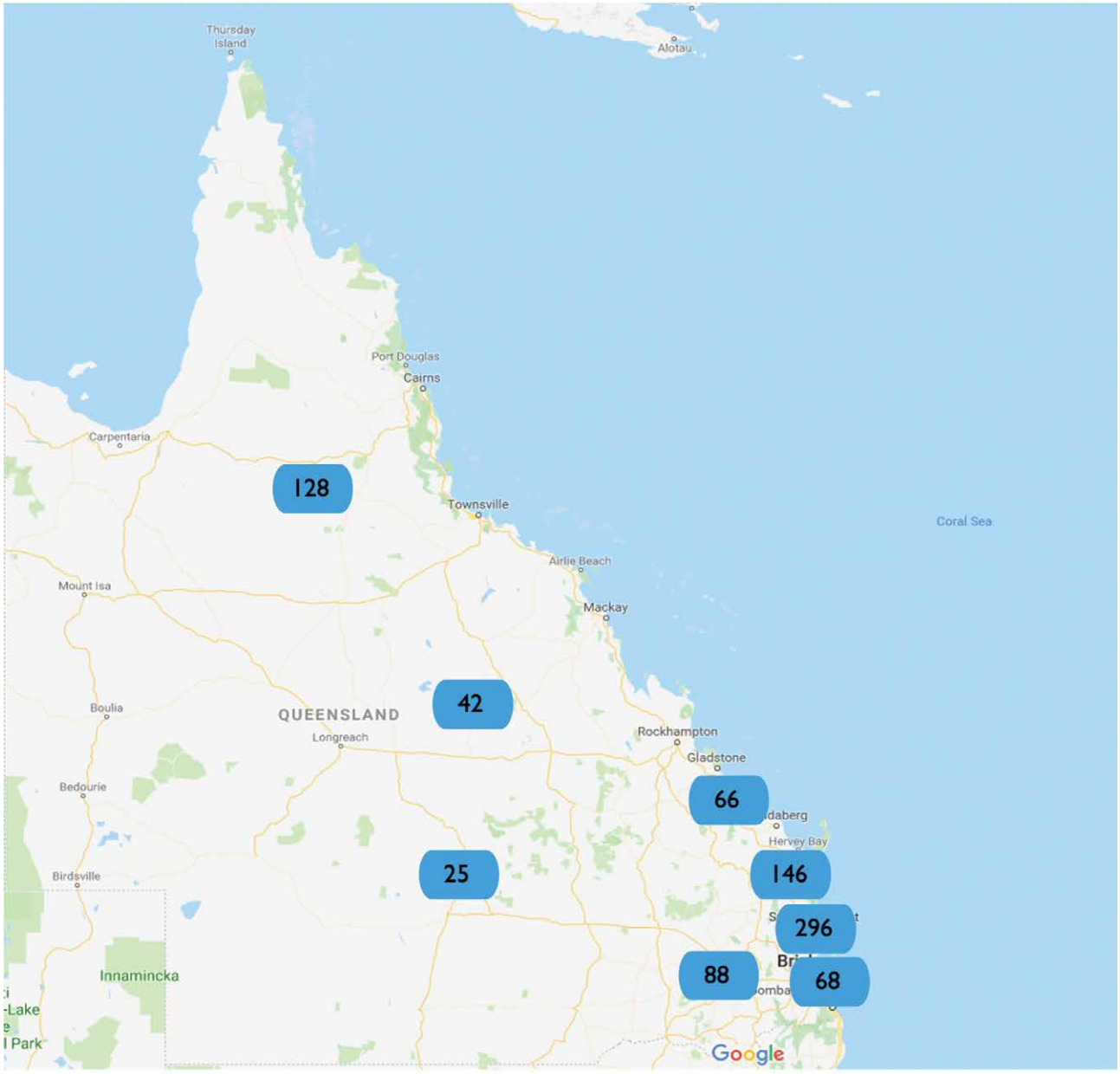
Demographics

Overall

In 2021, *Health in Focus* received 1,010 responses from the general public. The survey had a 77% completion rate.

Geographical distribution

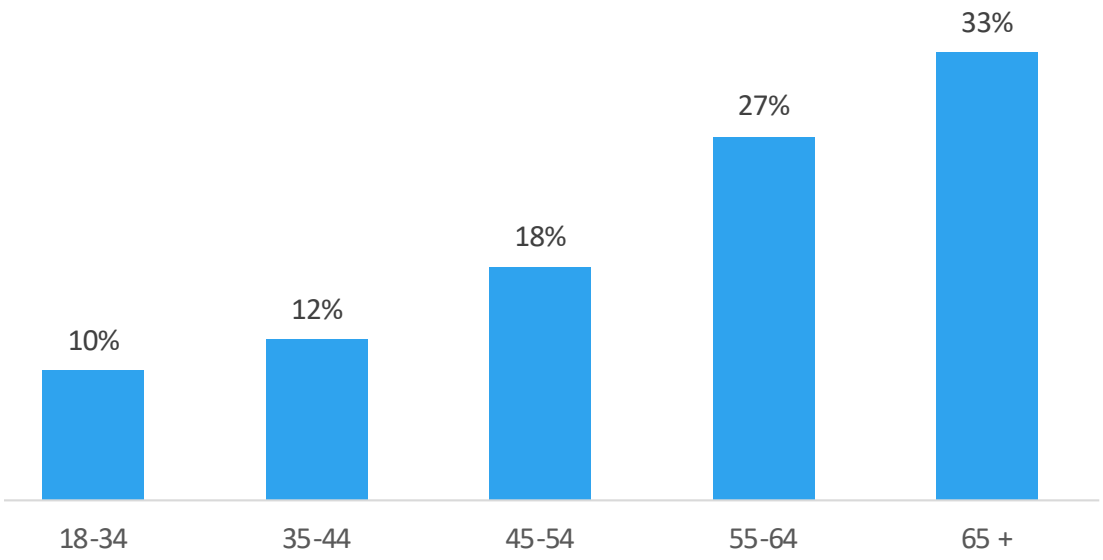
Because *Health in Focus* intends to get an accurate representation of viewpoints from across Queensland, a diverse geographical distribution of responses is important. Promotional strategies focussed on regional centres and responses from regional centres were fairly proportional to area populations as seen below.



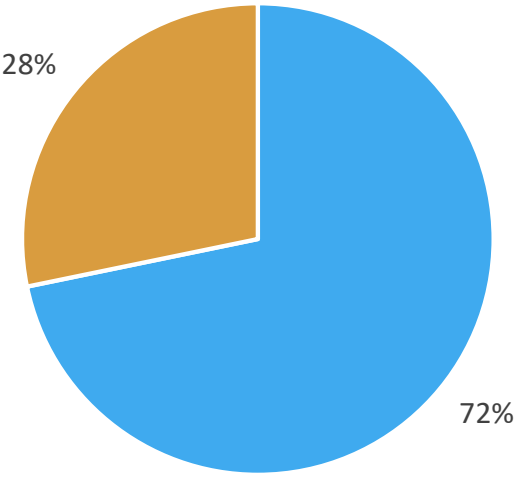
Age and Gender

Responses in 2021 were skewed towards older age groups (60% aged over 55 years) and female (72%).

Responses by age

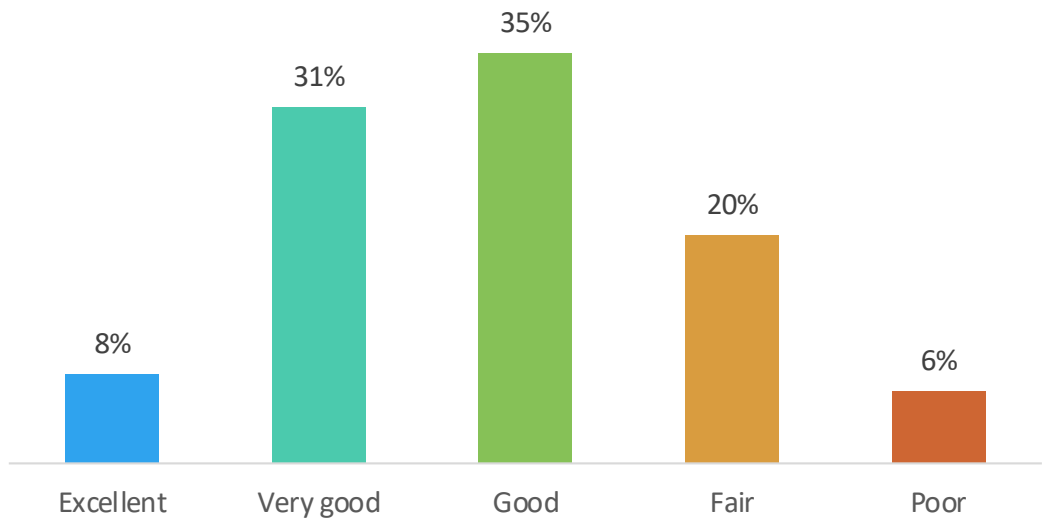


Responses by gender

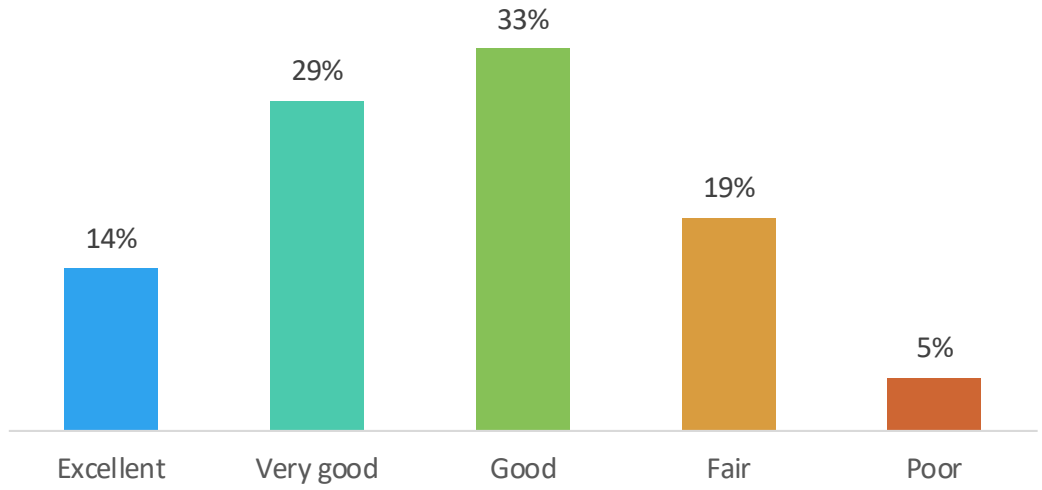


Self-reported health status

Physical health rating



Mental health rating



4% of respondents identified as Aboriginal and/or Torres Strait Islander

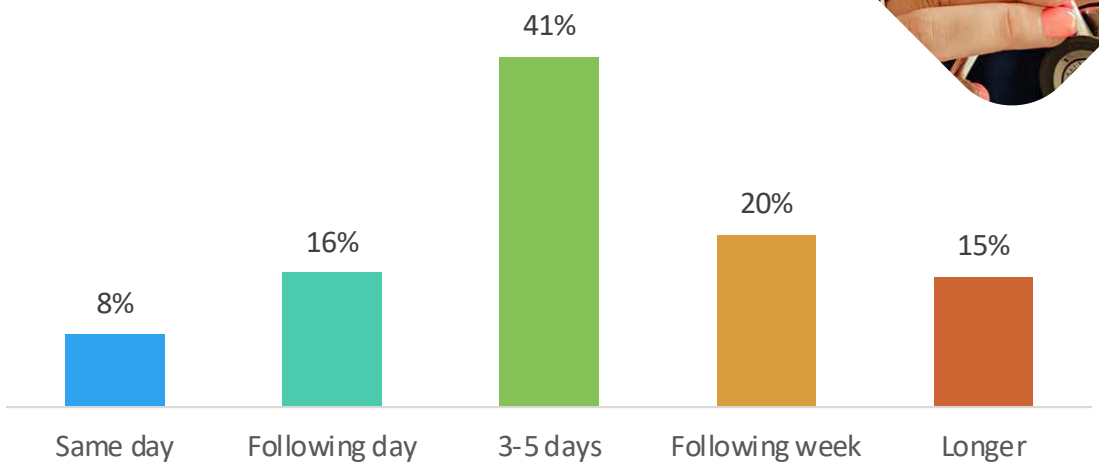
7% of respondents indicated they spoke a language other than English at home

15% of respondents indicated they have a disability and 11% were a caregiver for a person with a disability

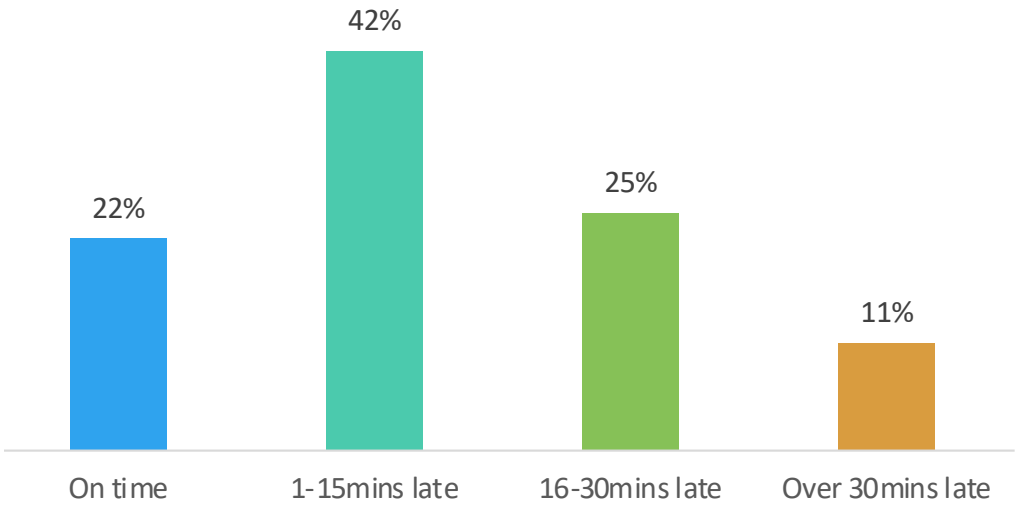
GPs

Timing

Typical wait time for GP appointment



Typical GP lateness



87% of respondents reported having a regular GP

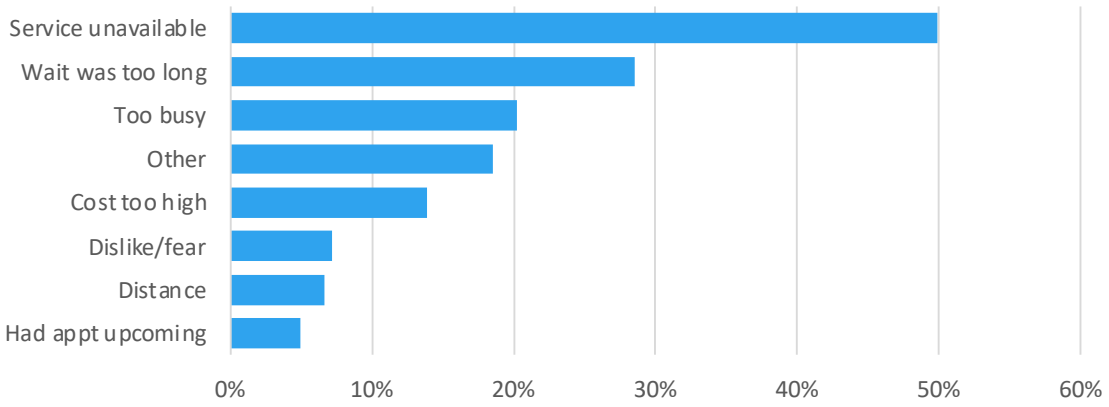
91% of respondents were satisfied or highly satisfied with the time spent and quality of care provided by their regular GP

Access

44% of respondents indicated there was at least one time in the last 12 months that they wanted to see a GP but didn't. Of these people, **50%** reported this was due to lack of available services.

The graph below shows other reasons (respondents could select up to three).

Reasons for not seeing a GP

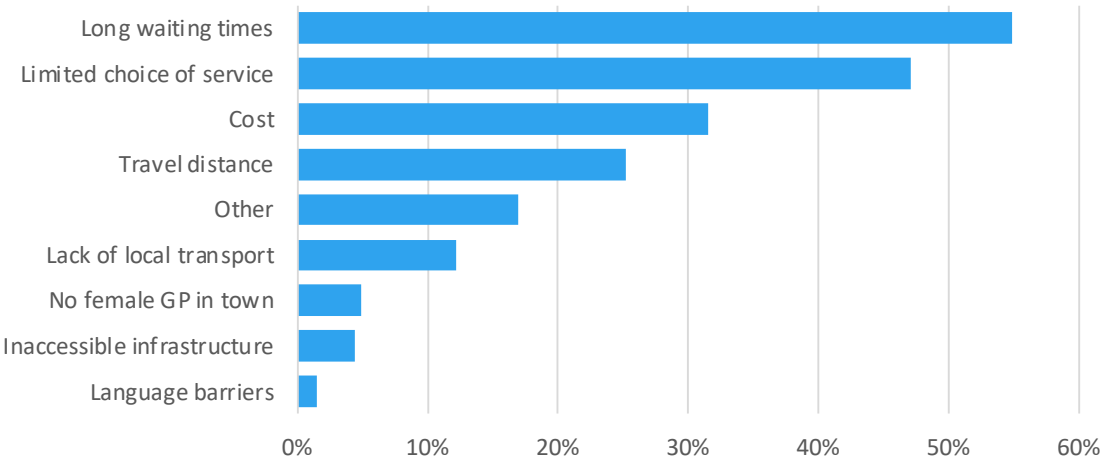


Most respondents who selected "Other" mentioned Covid-19 and the associated safety measures as factors in not seeing a GP. Many did not go to the doctor because they were experiencing symptoms.

25% of respondents reported experiencing barriers to accessing healthcare. Of these people, the most common reason given was long waiting times, with **55%** of respondents facing this barrier.

The graph below shows other barriers (respondents could select up to three).

Barriers to healthcare



Lack of available services

The word cloud below shows the frequency of reported missing services.

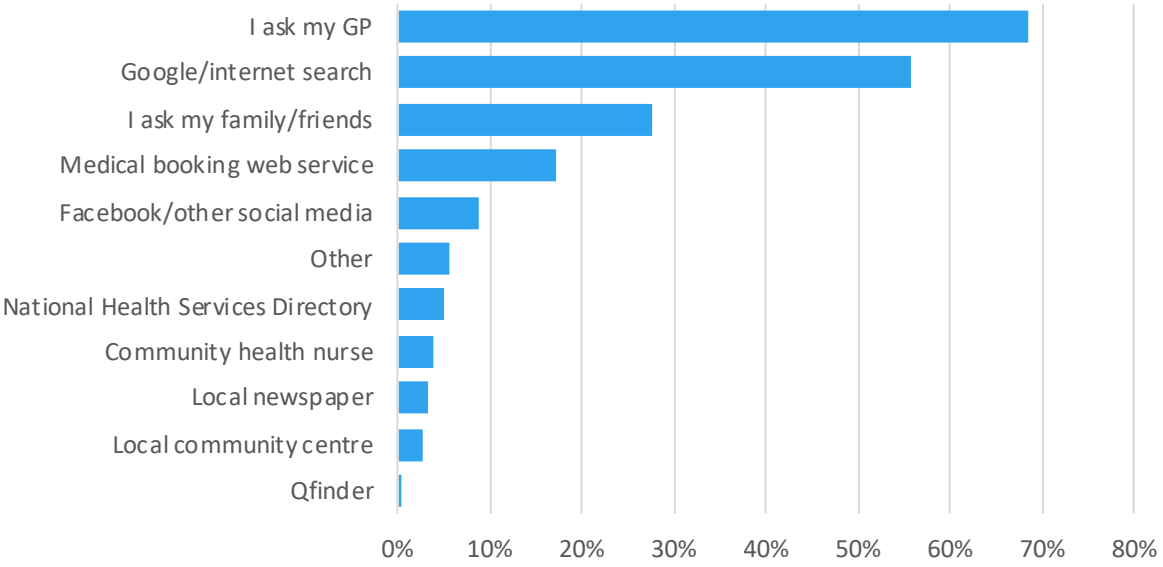
26% of respondents indicated there were some healthcare services they did not have access to in their local area.

Accessing health information

Respondents most commonly accessed information about health services by asking their GP, with **68%** of respondents doing so.

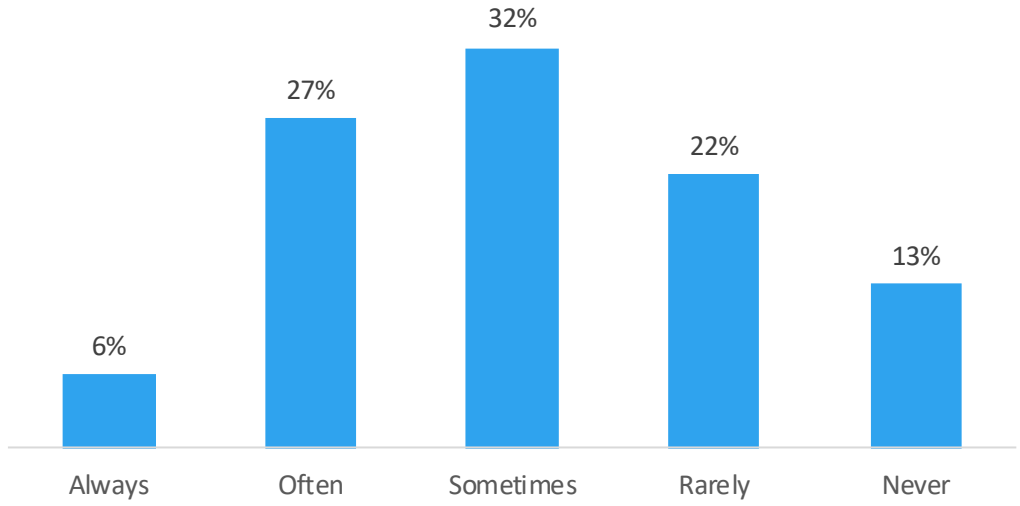
The graph below shows other sources (respondents could select up to three sources).

Sources of healthcare service information



Respondents were also asked how frequently they relied on the Internet as a first source for information for any health condition or symptom, with one-third indicating always or often.

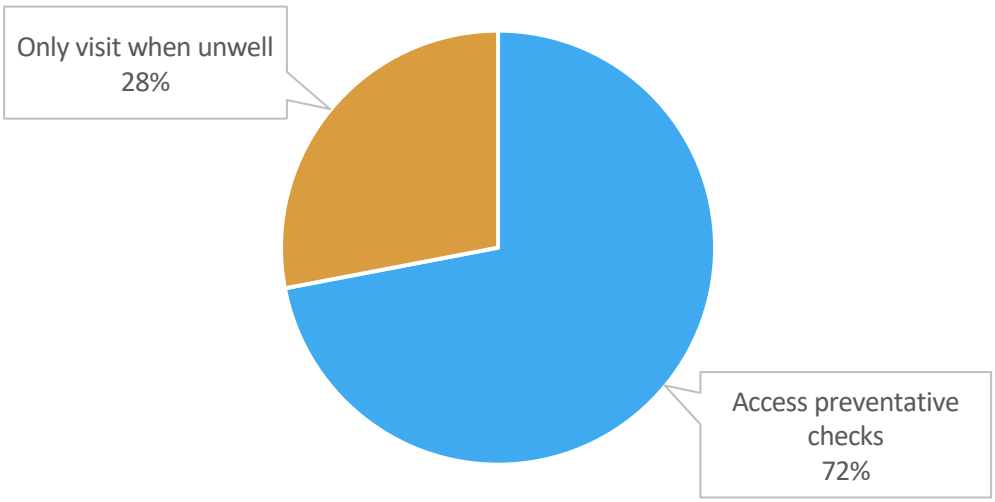
Use of Internet as first source for health information



Prevention and testing

72% of respondents reported regularly visiting a GP or health service for preventative checks/screening. The remaining respondents reported only accessing healthcare services when unwell.

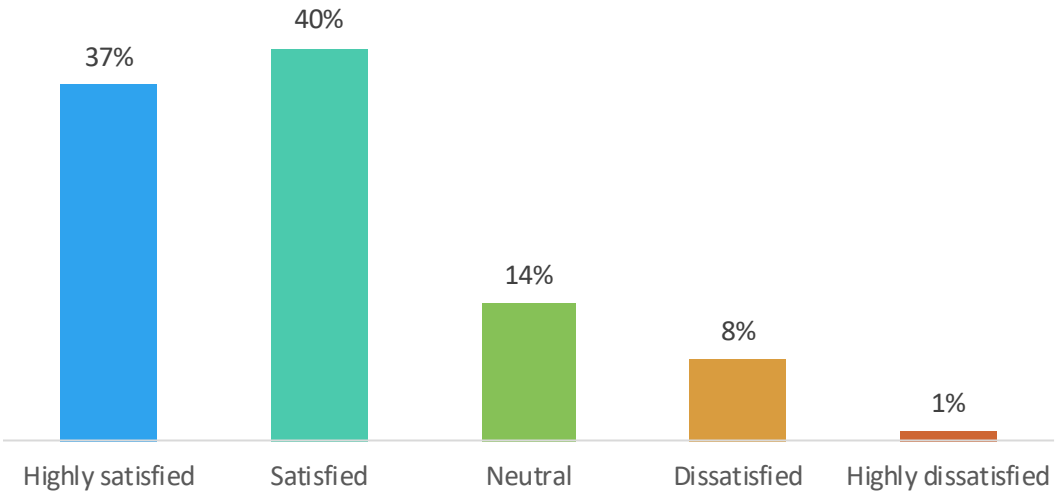
Participation in preventative checks



Genetic testing

13% of respondents had discussed genetic testing (e.g., prenatal screening, newborn screening, predictive screening such as BRCA1, etc) with their GP. Of these, respondents were largely satisfied with the information they received.

Satisfaction with genetic testing information



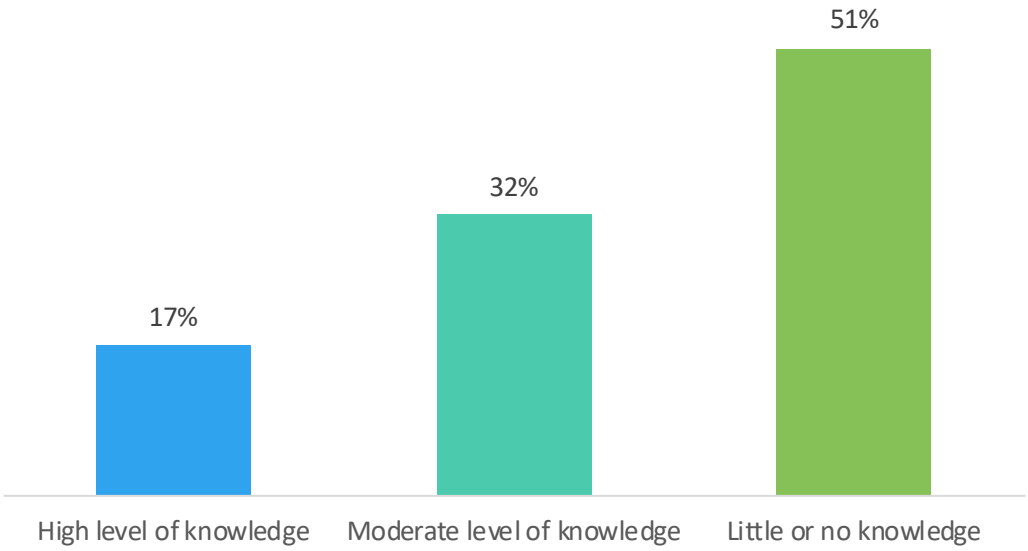
NDIS

15% of respondents indicated they have a disability

11% of respondents indicated they were a caregiver for a person with a disability

Respondents in these groups were asked to rate their level of knowledge about the NDIS. Knowledge about the NDIS remains low even among people with disabilities and carers.

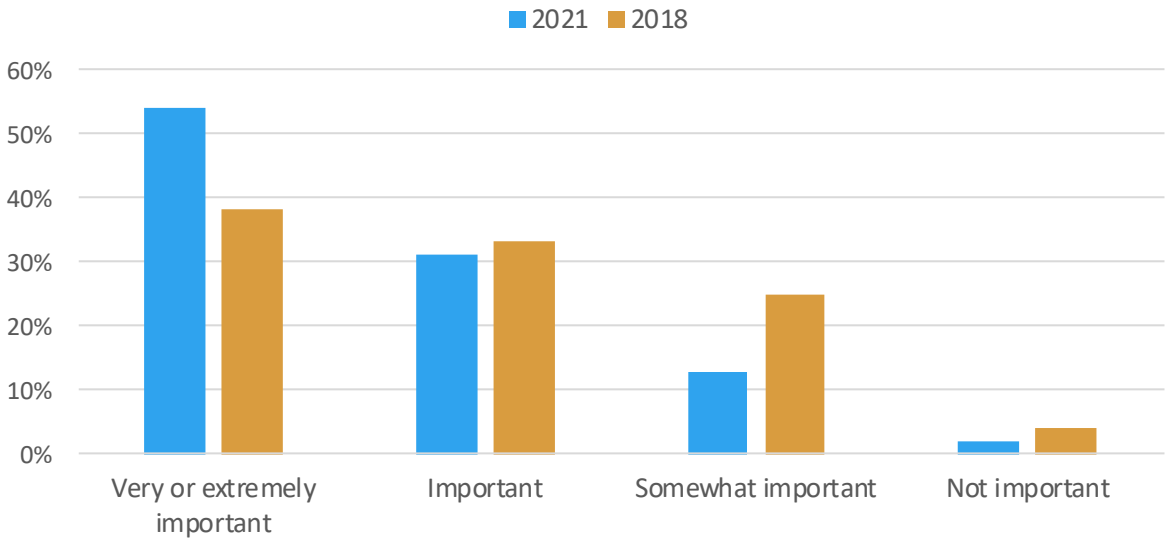
NDIS knowledge



Physical Activity

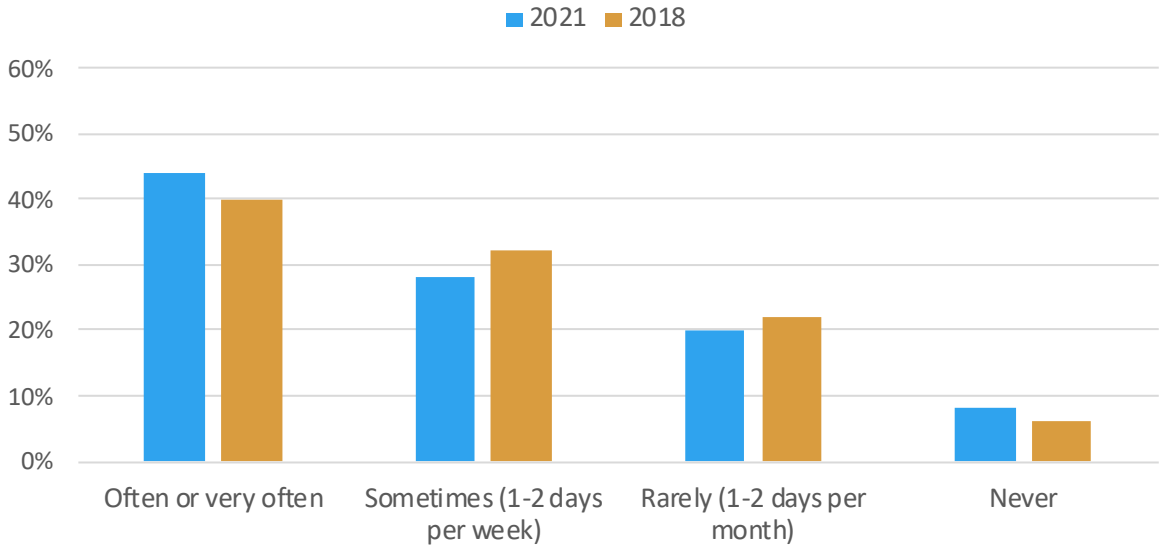
Respondents were asked how important physical activity is to them. The amount of people who said it was very or extremely important significantly increased since the last survey in 2018.

Importance of physical activity



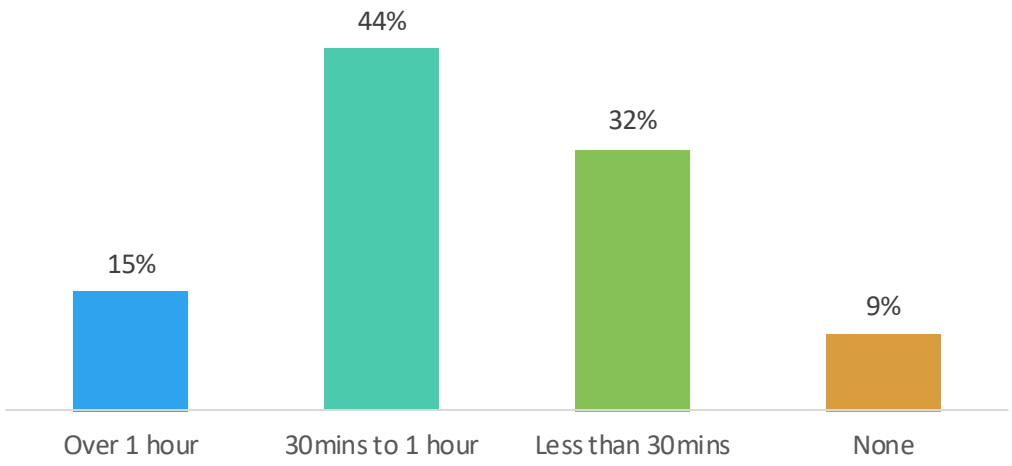
Respondents were then asked how regularly they participated in moderate or high intensity physical activity/exercise. There was a slight increase in the amount of people who often did moderate-high intensity activity compared to 2018.

Frequency of moderate-high intensity activity



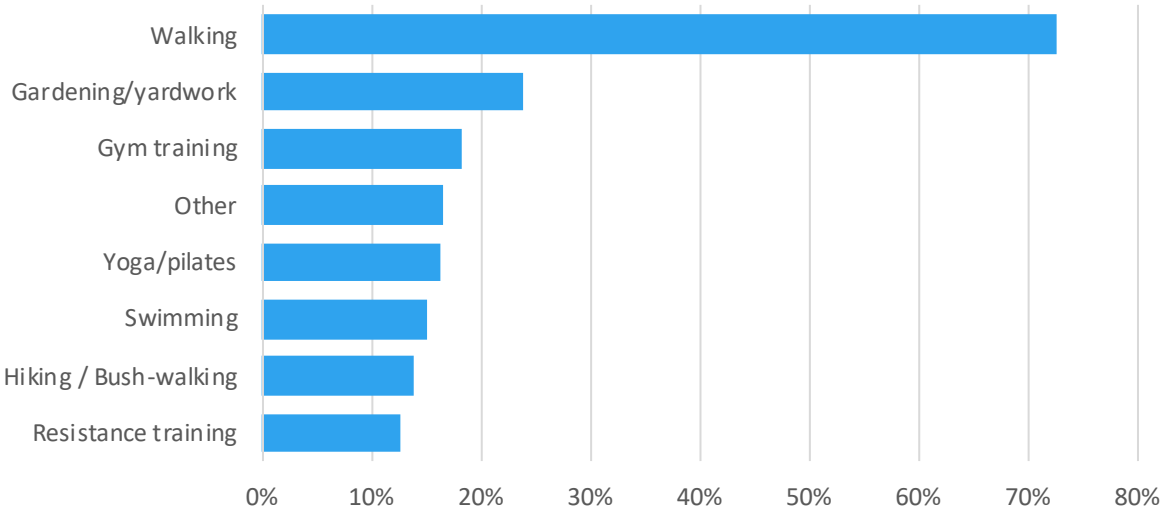
44% of respondents did 30 minutes to an hour of physical activity each day.
The most commonly reported physical activity was walking at **73%.**
Gym training was only reported by **18%** of respondents.

Average daily time spent doing physical activity



Respondents were asked what type of physical activity they undertook in a typical month. Up to three responses could be selected.

Type of physical activity undertaken

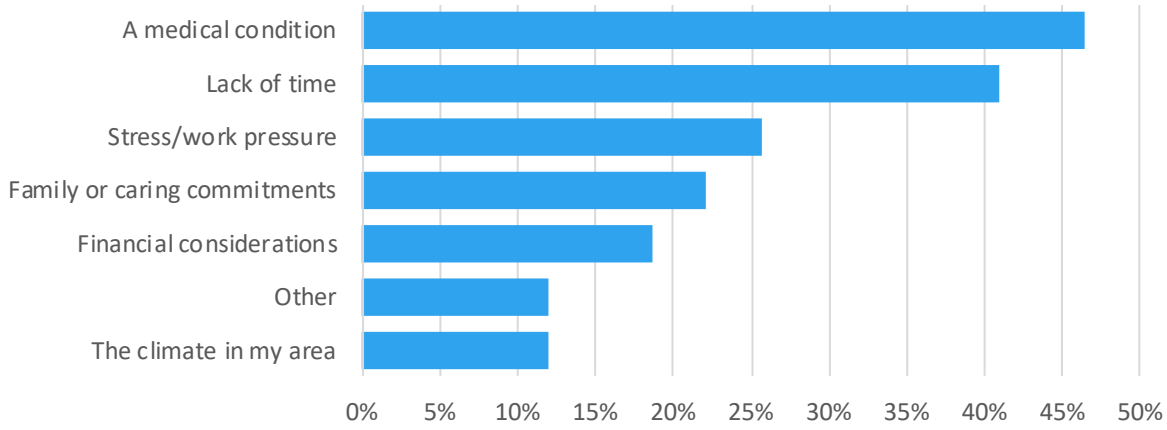


The most common answers provided in 'Other' were dancing and Zumba.

Barriers to more physical activity

60% of respondents indicated that there were barriers preventing them from doing more physical activity. The barriers reported are listed below. Respondents could pick up to three barriers.

Barriers to increased physical activity



Respondents who faced barriers were asked what would help them to do more physical activity. The most common responses were:

35% said subsidised gym or pool memberships

23% said free/subsidised community exercise groups

19% said support from their workplace

14% said free outdoor gym equipment in local parks

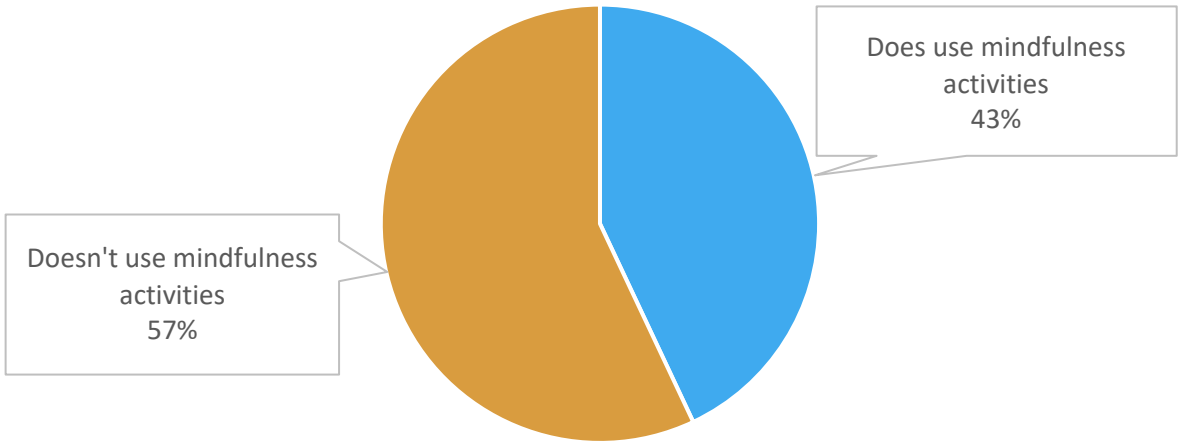
Mindfulness

Respondents were asked if they engage in mindfulness activities such as meditation, yoga, breathing exercises, or colouring in/drawing.

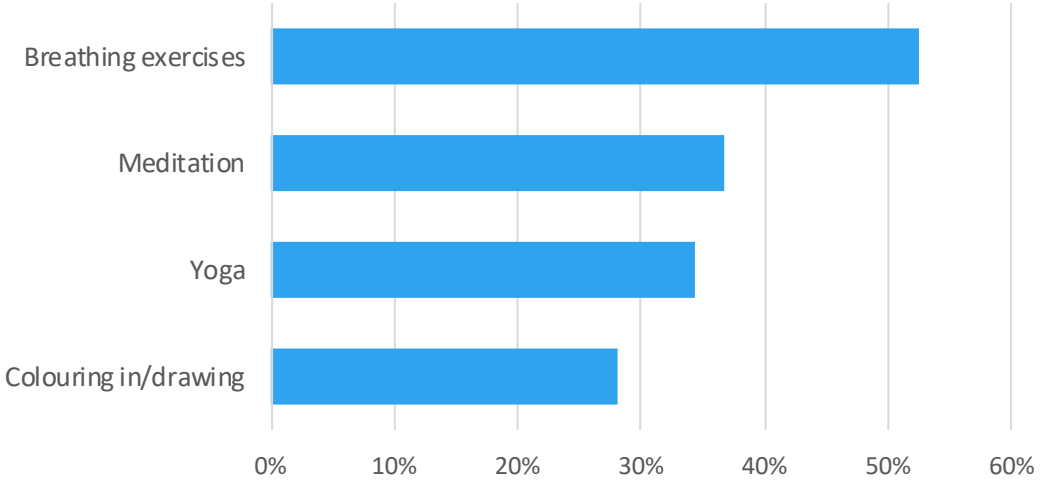
43% of respondents participated in mindfulness activities.

Of those respondents, **52%** did breathing exercises, making it the most popular type of mindfulness activity.

Participation in mindfulness activities



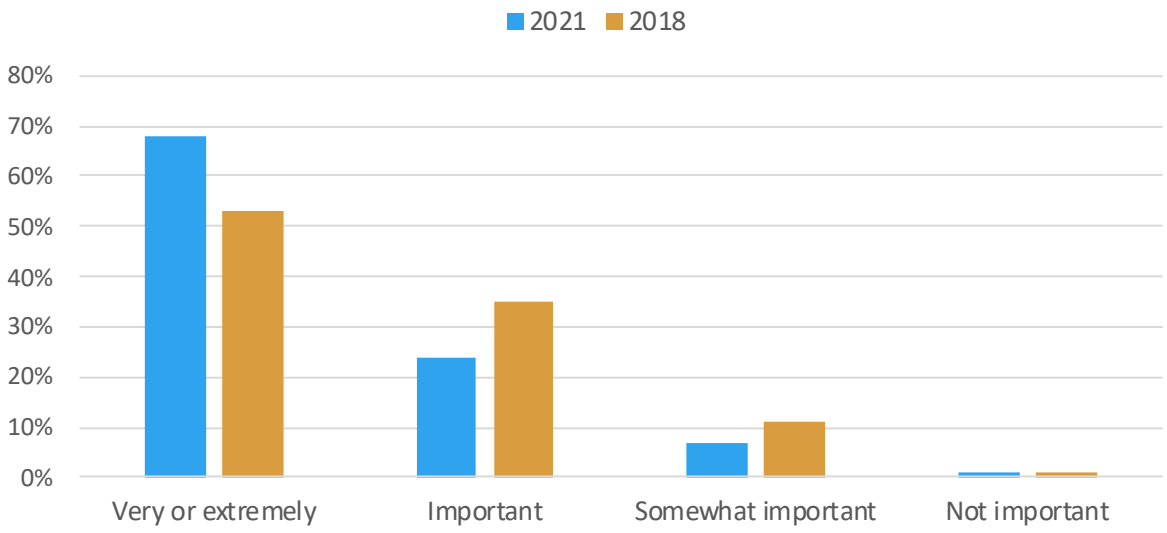
Types of mindfulness activities



Nutrition

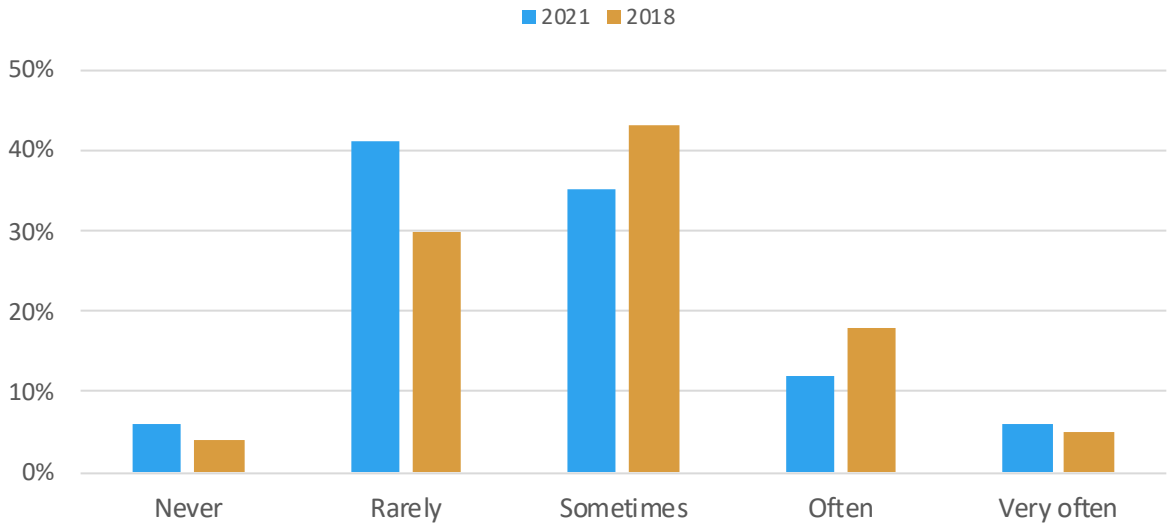
Respondents were asked how important good nutrition is to them. The proportion of people who said good nutrition was very or extremely important to them increased since the 2018 survey.

Importance of nutrition



Respondents were asked about the frequency of their consumption of junk food. Since 2018, the frequency of junk food consumption has decreased.

Regularity of junk food consumption



Respondents were asked what would help them eat healthier food:

40% of respondents said more affordable fresh fruit and vegetable options at local supermarkets

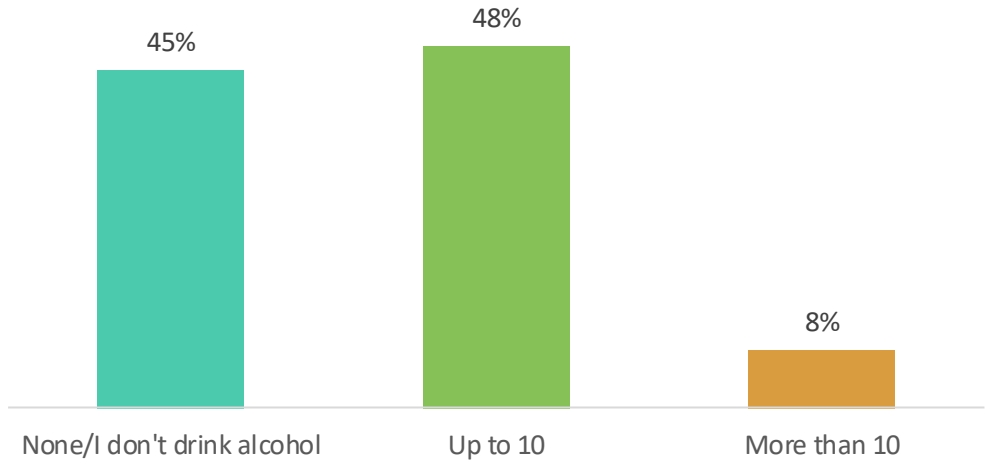
35% of respondents said healthier options at local restaurants and take-aways

27% of respondents said being able to find affordable healthy meal ideas and recipes

26% of respondents said free access to dietitian support for prevention activities

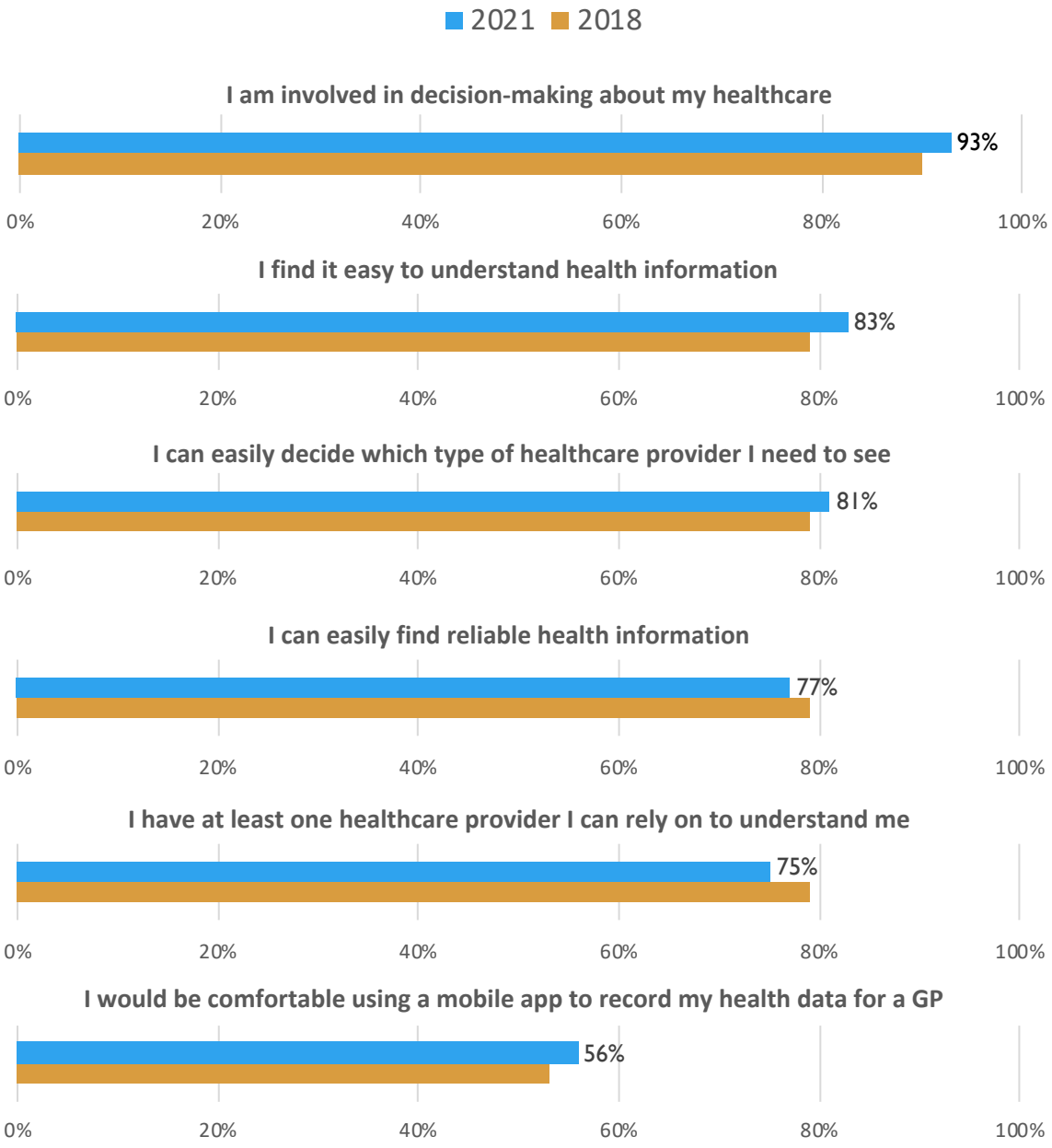
Respondents were also asked about their alcohol consumption.

45% of respondents do not drink any alcohol during an average week while **8%** reporting drinking at very high levels (more than 10 standard drinks per week).



Engagement

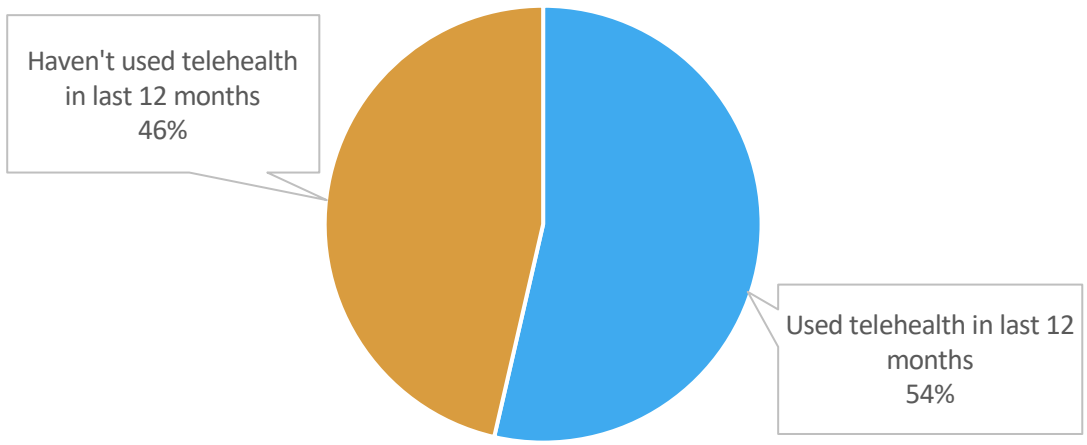
Respondents were asked to rate their agreement with a series of statements about their engagement with the healthcare system. The percentage of respondents who selected 'agree' or 'strongly agree' are shown below, compared to the 2018 results.



Telehealth

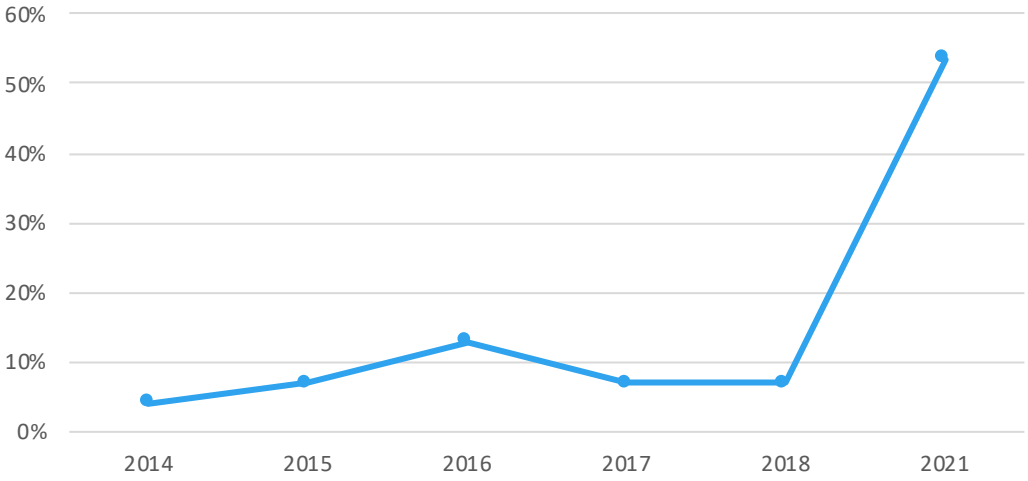
54% of respondents had used telehealth services in the last 12 months

Telehealth usage



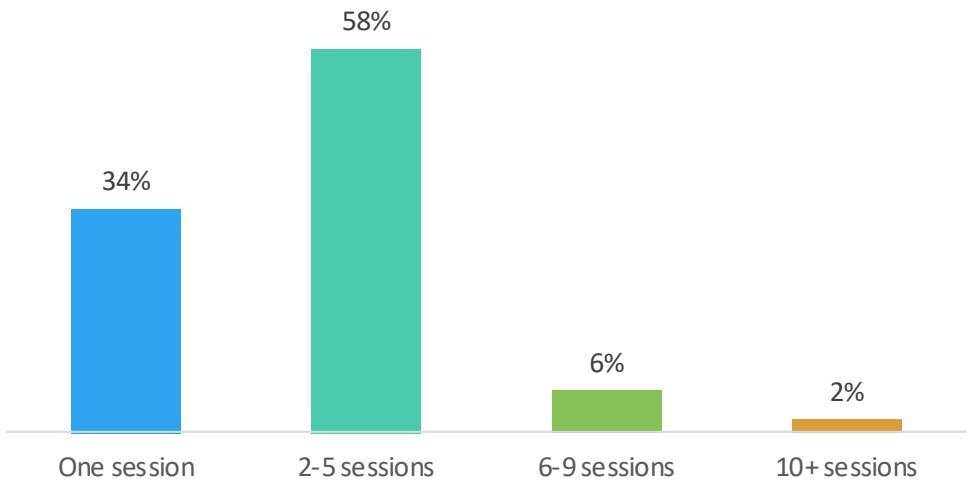
Covid-19 has had a major impact on the utilisation of telehealth. The percentage of respondents who had used telehealth in the last 12 months rose from **7%** in 2018 to **54%** in 2021.

Telehealth usage



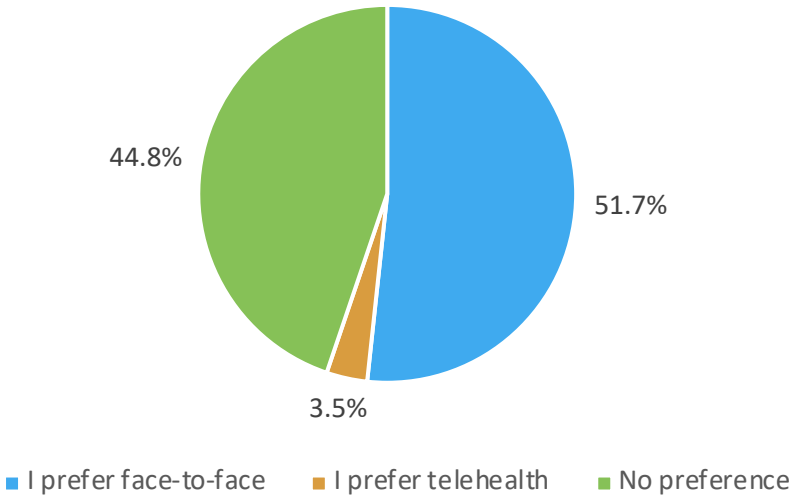
The majority of respondents who had used telehealth services in the last 12 months had used it on 2-5 occasions.

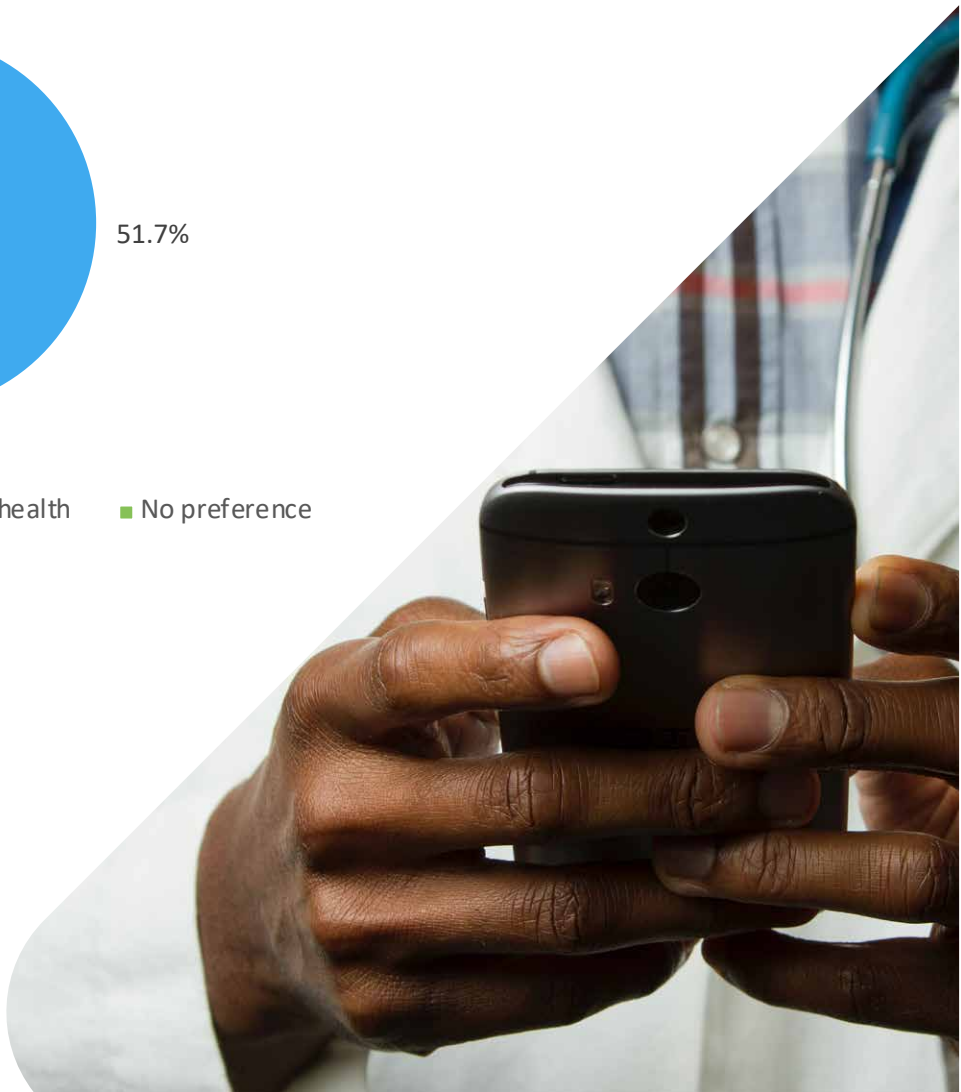
Number of telehealth sessions



Respondents were asked their preference for telehealth or face-to-face consultations. Only **3.5%** preferred telehealth consults.

Consult type performance





Respondents who indicated a preference for either face-to-face or telehealth were asked why they preferred that mode of consultation.

For those who preferred face-to-face consults, the most commons reasons were:

81% said telehealth lacked the necessary personal touch for consultation

53% said they were not able to have all their needs addressed with telehealth

22% said their health conditions were not suitable for telehealth

For those who preferred telehealth consults, the most common reasons were:

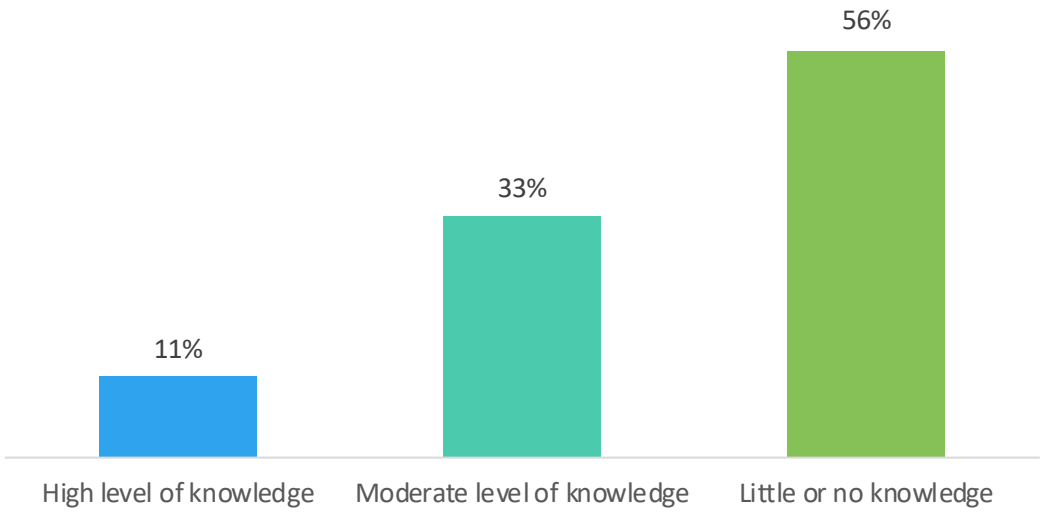
60% said the convenience and efficiency of telehealth

24% said better access to GPs

Aboriginal health services

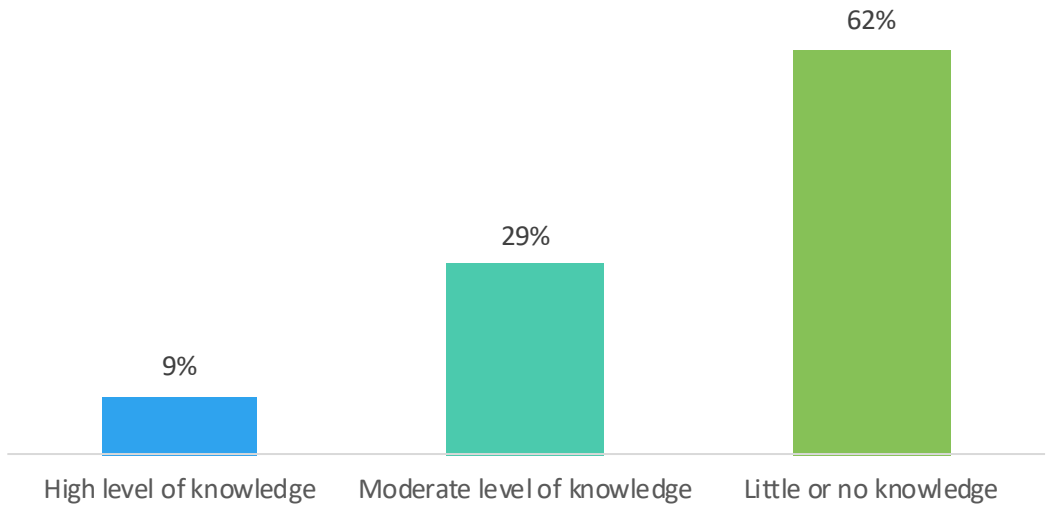
Respondents were asked to indicate their level of knowledge and understanding of the role of an Aboriginal Health Practitioner.

Knowledge of Aboriginal Health Practitioner role



Respondents were also asked to indicate their level of knowledge and understanding of the services provided by their local Aboriginal Medical Service.

Knowledge about Aboriginal Medical Service



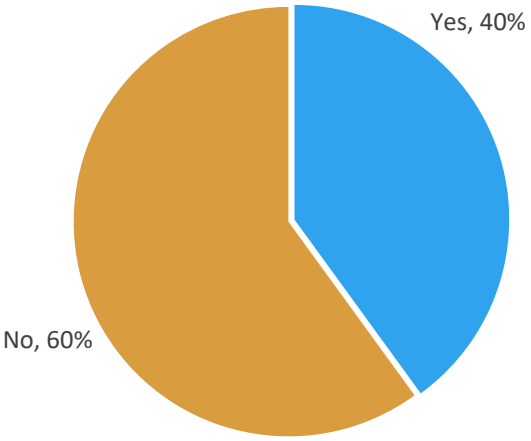
Effects of Covid-19

Respondents were asked a series of questions about how the Covid-19 pandemic has affected their health.

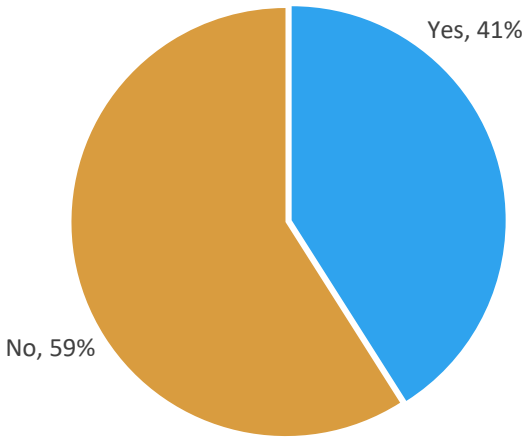
Approximately **40%** of respondents reported a decline in either their mental or physical health, while **38%** reported exercising less and **24%** ate less healthily.

16% of respondents indicated that their alcohol intake increased during the pandemic.

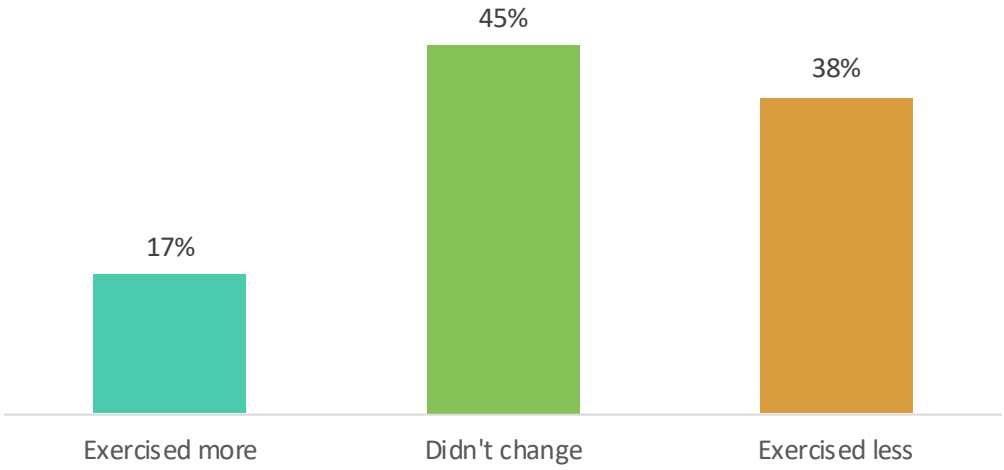
Has your mental health worsened during the pandemic?



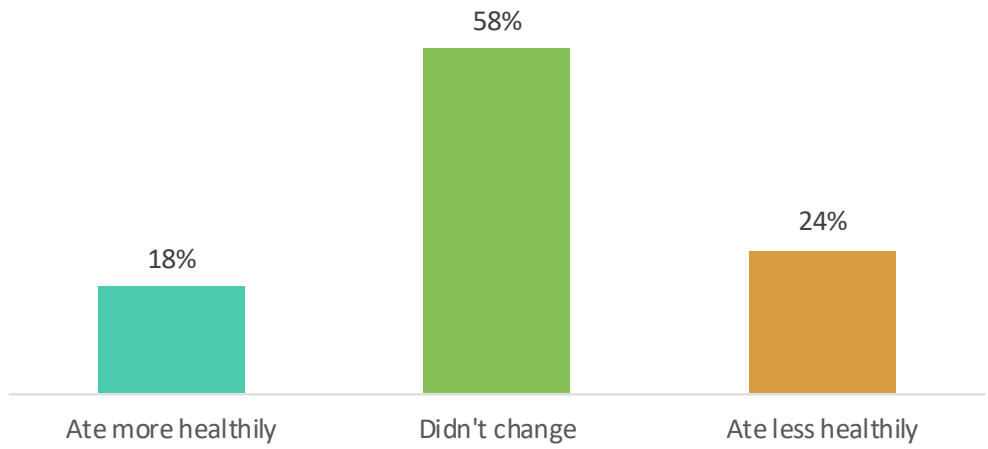
Has your physical health worsened during the pandemic?



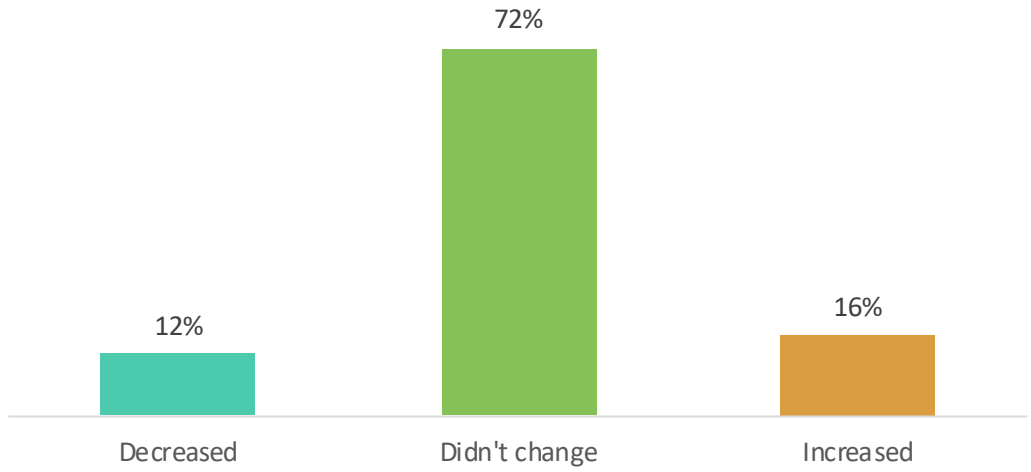
How has the amount of physical activity you do changed during the pandemic?



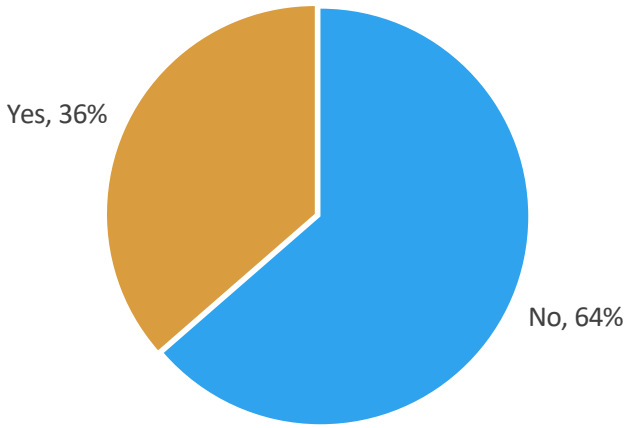
How has your diet changed during the pandemic?



How has your alcohol consumption changed during the pandemic?



Did your access to telehealth consults increase during lockdown?



Access to preventative healthcare

Respondents were asked how their access to preventative healthcare changed during the Covid-19 pandemic in free text.

The majority of respondents (about **60%**) indicated that their access did not change during the pandemic.

Approximately **30%** found that it became more difficult to access preventative healthcare.

Around **3%** reported easier access during the pandemic, with most of those citing the increased availability of telehealth.s healthily.

The remaining responses were mostly mixed – reporting that some things became more difficult to access and some easier.

One big idea

As in previous years, respondents were asked for 'one big idea' that would improve the health system. Overall, the most common theme was to increase access to healthcare through increased availability/reduced cost. Other common themes included preventative health, education, health hubs, and better integration between private and public health systems.

Accessibility

Many members of the public suggested greater accessibility of services. Respondents commonly indicated their desire for increased workforce and rural/remote services.

"Get more GPs to regional areas."

"Being able to see a designated GP much quicker than a week away."

"Better access (including reduced wait times) to specialist services within the public health system in regional areas."

"Directly increase funding to identify, attract, and retain quality nurses and doctors to the public system."

"Government investment in increased health staff numbers to enable correct care for all patients whilst providing an improved workplace for health workers. This would help to prevent burnout and high staff turnover."

"Greater incentives for rural and regional young people to study medicine and then return to, or remain in, their local areas."

"Increase nurse numbers at all hospitals."

"Increase funding to support services for aged and disabled people and make these services simpler to apply for."

"More doctors in country areas and more medical staff in hospitals so waiting times are reduced and the need to travel for procedures is lessened."

"Regular specialist visits to rural communities, incentives to draw doctors to these areas."

"24-hour clinics to access a doctor."

"We need more health care providers across all levels. There are huge waiting lists to see a psychologist."

Cost

Many respondents wanted to reduce the cost of health care. Ideas for doing this included extending the scope of Medicare (especially to dental), increasing rebates, and increasing funding to encourage bulk billing.

"Adding dental to Medicare! It is a necessary health service that many people find difficult to afford and therefore just neglect."

"All medical consultations for GPs and specialists should be bulk billed for everyone."

"More bulk billing & no cuts to Medicare."

"Substantially increased Medicare subsidies. They are completely out of touch with today's costs and what doctors charge. Australia doesn't have a free health system any longer. It has a partially funded one."

"Make dental care cheaper, part of Medicare. If you have poor dental health, then all other health issues are exacerbated."

"Every GP should be able to bulk bill because the rebate they receive is adequate enough for them to do so."

"More funding. The gap, especially for specialists, is growing to the point where they are unaffordable, so I delay them or don't make appointments."

Other ideas

"Focus on better nutrition and lifestyle. Educate about nutrition and prevention."

"Free community health services offering multidisciplinary services and prevention activities"

"The development of major health hubs where complimentary services could be based together for a holistic approach to treatment and preventative medicine. "

"The health care system would benefit from a publicly supported preventative mental health system. Currently the only way to see a psychiatrist to address mental health in a preventative manner (prior to crisis) is to pay for one privately."

"More integration between the public and private health care system, both digitally and otherwise."

"Improved referral communication between GPs and private providers/facilities involving the patient."

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