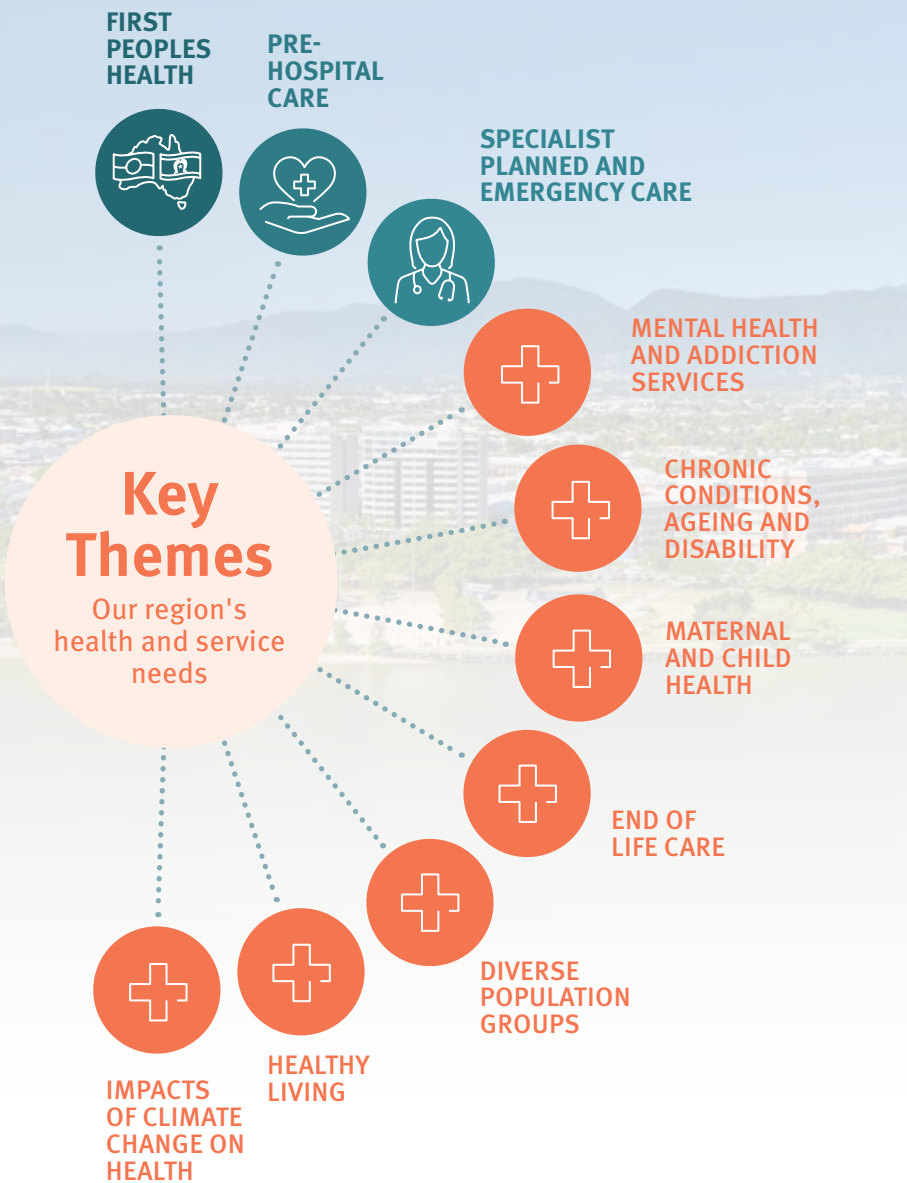


JOINT REGIONAL NEEDS ASSESSMENT



Key Facts

Cairns and Hinterland region



We serve a population of approximately **265,790**



Operating in an area approximately **142,000 km²**



First Peoples population **32,265** (12% of total population)



Projected population by 2032 **293,766**



Total registered births in 2023 **2757**

POPULATION BY AGE



0-14 years – 18.4%
15-64 years – 63.6%
65+ years – 18.0%

TOP 3 LANGUAGES OTHER THAN ENGLISH USED IN CHHS

Indigenous, Japanese, Italian

Consultation:

Online survey: 413 responses

Face-to-face meetings: 19 sessions, 329 attendees

FACTS AND FIGURES



Cairns and Hinterland Hospital and Health Service has:

9 Hospitals	10 Primary Health Centres	10 Community Health Centres
3 Residential Mental Health Centres	6,921 NDIS Participants (May 2024)	2,226 Residential Aged Care beds

CHHS Emergency Department attendances (FY23/24)

189,041

CHHS Emergency Department attendance 5 year growth (FY18/19 – 23/24)

18.4%

CHHS 5 YEAR SURGICAL GROWTH (FY18/19 – 23/24)

Total Elective Surgery referrals treated **7.4% increase**

Total Emergency/Trauma Surgery **20.0% increase**



Health Risk Factors

	CHHS	QLD
Risky lifetime drinking	41.6%	36.4%
Overweight Persons	33.2%	34.4%
Obese	24.8%	27.5%
Daily Smokers	12.8%	10.1%
Women smoking during first 20 weeks of pregnancy (all higher than state rate, except for Cairns North)	12.2%-41.1%	11.5%
Homeless rate per 10,000 persons	83.1	43.2
Sun burnt in previous 12 months	50.8%	49.3%
Premature births	10.0%	6.7%
Low birth weight	7.6%	5.3%
Persons with a profound or severe disability, in need of assistance	5.6%	6.0%
Percentage of total persons with the highest level of schooling being year 11 or higher	57.8%	63.6%
Percentage of persons in the lowest two disadvantaged quintiles	55.1%	40.0%

DEVELOPMENTALLY VULNERABLE CHILDREN

One or more domains	29.1%	24.7%
Two or more domains	16.9%	13.2%



Key Health Facts and Figures



First Peoples health

First Peoples in the CHHS region experience poorer health outcomes and higher burden of disease compared to the general population. They also have the highest burden of disease of all First People in Queensland.

HIGHEST BURDEN OF DISEASE AREAS FOR FIRST PEOPLES

1. Mental health and substance use disorders
2. Injuries
3. Cardiovascular Disease
4. Cancer and other neoplasms
5. Musculoskeletal disorders

FIRST PEOPLES LIFE EXPECTANCY
CHHS 76.3 years
QLD 77.0 years

KIDNEY DISEASE
Higher impacts of kidney disease compared to other First Peoples in QLD

RHEUMATIC HEART DISEASE (RHD)
First Peoples are **4 x** more likely to have RHD than non First Peoples

CANCER
First Peoples in the CHHS region have the **highest percentage of deaths** from cancer (16%)



Health Outcomes

	CHHS	QLD
Life Expectancy (years)	78.4	81.1
Suicide and self harm (crude rate per 100,000)	15.5-23.7	15.3
Rheumatic Heart Disease (RHD)	CHHS has 1.5 times QLD incidence	
Sexually transmitted infections and infectious diseases (STI/ID)	Higher rates of STI and ID compared to QLD	

TOP 5 LEADING CAUSES OF DEATH



1. Cancer (All types)
2. Coronary Heart Disease
3. Dementia including Alzheimers
4. Cerebrovascular Disease (inc. stroke)
5. Chronic Obstructive Pulmonary Disease (COPD)

IDENTIFIED HEALTH AND SERVICE NEEDS

☆ Prioritised needs



First Peoples health

- ☆ Greater access to culturally appropriate services for First Peoples in the region.
- ☆ Poorer health outcomes particularly for diabetes, cancer, kidney disease, suicide and self harm.
- ☆ Higher rates of smoking and smoking in pregnancy.

“Need more culturally appropriate staff”



Pre-hospital care

- ☆ Increase access to primary and community care services (including bulk billed services, GPs, allied health, after hours and First Peoples health services) particularly outside of Cairns.
- More access needed to Queensland Ambulance Services.

“The wait time for specialists is lengthy, we do not have enough GPs”



Specialist planned and emergency care

- ☆ Increase access to specialist planned and emergency care (including emergency department, acute and subacute hospital care, outpatient, surgical and procedural services) to ensure health services are available when our community need them most.



Mental health and addiction services

- ☆ Increase access to mental health and addiction services (community and acute care) to help address higher rates of suicide and intentional self-harm (particularly for First Peoples), higher rates of risky alcohol consumption and illicit drug use.
- Increase services across the care continuum, particularly outside of Cairns.
- Need for dedicated mental health inpatient beds for children and adolescents, older persons, mums and bubs, and substance addiction detoxification and rehabilitation for adolescents.

“Mental health care is still lagging behind”



Chronic Conditions, Ageing and Disability

- ☆ Higher prevalence and death rates for diabetes and kidney disease, particularly for First Peoples and particularly outside of Cairns.
- ☆ Higher prevalence of years lived with a disability and lung (respiratory) conditions and higher death rates for cardiovascular and lung (respiratory) conditions.
- ☆ Increase access to cancer care services, particularly outside of Cairns to address higher prevalence and death rates for cancer.
- ☆ Increase access to services to prevent and manage higher rates of rheumatic heart disease.
- ☆ Increase access to aged care services (including residential aged care and home care services), particularly outside of Cairns.
- Increase services for chronic conditions (including paediatric cardiology and chronic pain services), ageing (including dementia services) and disability services.



Maternal and child health

- ☆ Higher rates of developmentally vulnerable children, preterm babies, low birthweight babies and smoking in pregnancy.
- Increase access to multidisciplinary maternal and infant health and child health services, particularly outside of Cairns.

“Lack of child health community services. Universal and targeted services need investment”



End of life care

- Increase end-of-life care as close to home as possible, particularly outside of Cairns, where there are few to no services.

“Limited care for aging population, minimal care for palliative patients”



Diverse population groups

- Increase access to health care and support services (particularly outside of Cairns) for vulnerable population groups, including people who are homeless, those impacted by domestic violence, refugees, those in contact with the justice system, people who identify as LGBTQIA+.



Healthy living

- Higher rates of risky alcohol intake and illicit drug use, smoking (and smoking in pregnancy), being overweight or obese, rates of being sunburnt, rates of sexually transmitted diseases and infectious disease and inadequate fruit and vegetable intake.
- Increase access to healthy living support services, oral health services and sexual health and infectious disease services, particularly outside of Cairns.



Impacts of climate change on health

- Growing need to adapt health services to meet changing healthcare needs associated with climate change (such as increased respiratory related, heat related and potential increased infectious diseases associated with climate change and improved infrastructure resilience).

ENABLERS

Culturally appropriate care

Coordination of care

Skilled Workforce (particularly for rural and remote)

Supporting infrastructure

ICT connectivity and equipment

Transport and parking

What is a Joint Regional Needs Assessment?

A joint regional needs assessment (JRNA) is a systematic method of identifying unmet health and service needs of a population and determining if changes are required to meet those unmet needs. It helps to determine the community's health priorities, how to better use resources and plan programs or activities that support people's health needs. The JRNA is a collaborative assessment, jointly delivered by the Cairns and Hinterland Hospital and Health Service, the Northern Queensland Primary Health Network and the Queensland Aboriginal and Islander Health Council. There is also involvement of the Queensland Ambulance Service (QAS), non-government healthcare providers and consumers in the Cairns and Hinterland region.

What is the process for a Joint Regional Needs Assessment?



Data

We analyse a range of population and health data and literature to develop an understanding of the health and service needs in the Cairns and Hinterland region



Consultation to confirm needs

Consultation to understand health and service needs of the region building on previous advice we have already received



Validate and prioritise needs

A robust process is applied to validate and prioritise needs for the region



Publish JRNA report

A final report is published with key facts and figures for the region and the list of prioritised health and service needs for the region

Want more details?

There is a Northern Queensland Primary Health Care (NQPHN) joint regional needs assessment that encompasses the regions of the Torres and Cape Hospital and Health Service, Cairns and Hinterland Hospital and Health Service, Townsville Hospital and Health Service and Mackay Hospital and Health Service.

More information can be found here:

<https://nqphn.com.au/about-us/reports-and-plans/joint-regional-needs-assessment>

(There may be some data differences between this needs assessment and the NQPHN needs assessment due to use of different data sources and/or year(s) of data reported. The CHHS identified health and service needs align with the broader NQPHN regional needs identified)

For further information on the Cairns and Hinterland Hospital and Health Service JRNA, please contact:
chhs_planning@health.qld.gov.au

"A greater and wider range of cancer treatment services for our region"

"We need better access to services outside the hospital"

"Accessibility to specialist, long wait times on public health list to see a specialist"