

Cairns and Hinterland
Hospital and Health Service



OUR LOCAL HEALTH NEEDS

LOCAL AREA NEEDS ASSESSMENT Snapshot 2022



Queensland
Government

WHAT IS A LOCAL AREA NEEDS ASSESSMENT?

This is a summary of the Cairns and Hinterland Hospital and Health Service's (CHHS) Local Area Needs Assessment (LANA), which was undertaken in 2022.

A health needs assessment is a systematic method for reviewing the health issues of a defined population and identifying their specific health needs. It allows for the identification of health inequities and service gaps, which can then be prioritised to inform future services and funding.

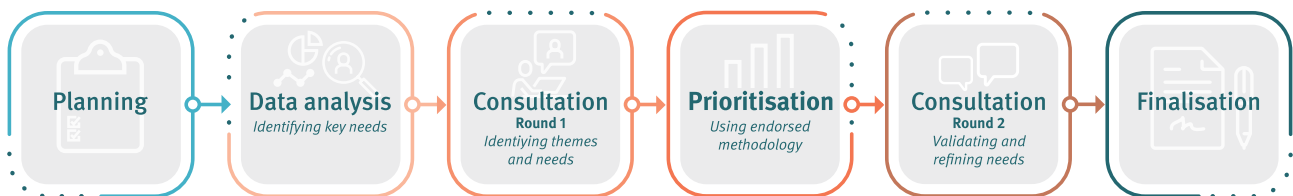
This is a holistic assessment of health and service needs of the whole population, irrespective of the sector or funder responsible, and as such some of the needs identified fall outside of the scope of Queensland Health. In these instances, we intend to play an advocacy role where possible to influence change to help improve health outcomes.

[View full report](#)



THE PROCESS

Health and service needs were identified through an extensive process that included quantitative analysis, consultation, literature scan and service profiling.



A wide range of stakeholders participated in the Local Area Needs Assessment, including health organisations, local councils, and community representatives.

Consultation data

Online survey results



Submission type	Participants
Health provider submissions	585
Community submissions	356
TOTAL	941

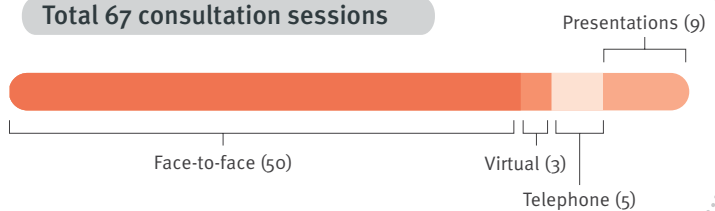
Face-to-face, telephone or virtual meetings



Region	Participants
Douglas <i>Mossman, Daintree, Port Douglas and surrounds</i>	19
Tablelands (East) <i>Kuranda, Atherton, Mareeba and surrounds</i>	52
Far North <i>Etheridge, Croydon, Mt Surprise, Mt Garnet and surrounds</i>	25
Cairns and surrounds <i>Cairns North, Cairns South and surrounds</i>	130
Cassowary Coast <i>Innisfail, Babinda, Mission Beach, Tully, Yarrabah and surrounds</i>	52
TOTAL	278

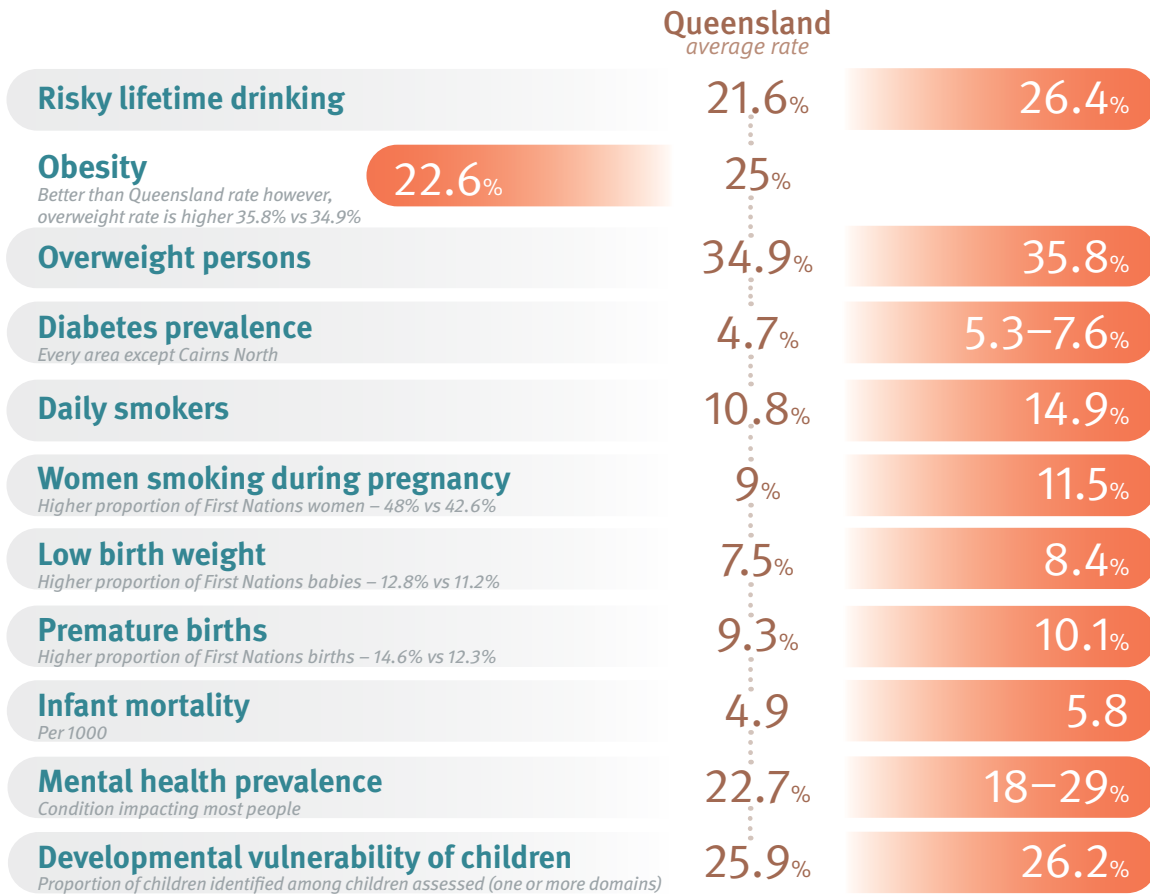


Total 67 consultation sessions

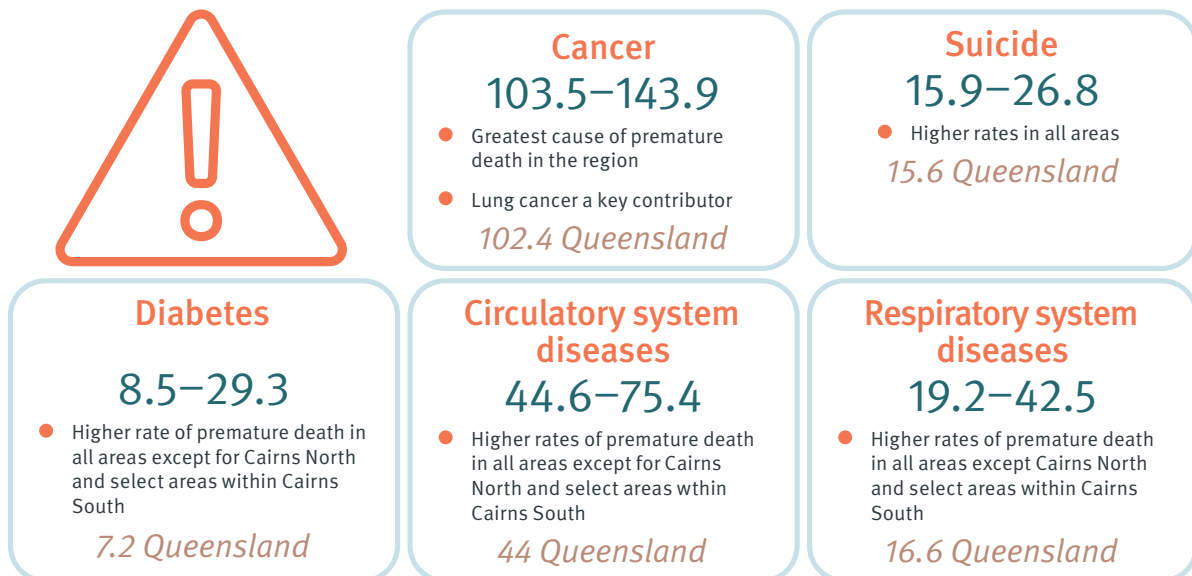


HEALTH RISK FACTORS

The population in the CHHS region has higher health risk factors, lower life expectancy, a higher prevalence of disease, and a higher number of potentially preventable hospitalisations compared to the rest of Queensland.



POORER HEALTH OUTCOMES (per 100,000 people)



First Nations people

46x more likely to have acute rheumatic fever/rheumatic heart disease

3x more likely to have a sexually transmitted infection

6x more likely to have end stage kidney disease

For further details on First Nations People health status in the CHHS region scan the QR code to view the **CHHS First Peoples Health Equity Strategy**.



THE OUTCOMES

The initial LANA process identified 58 needs for the region and after further consultation and assessment these were refined to 34 health and service needs. There were four key themes across these needs:



Health and Service needs for the region

The 34 identified health and service needs have been prioritised into three tiers.

Tier 1: Top 10 Health and Service needs for the region

(Listed in priority order)

Identified need <i>(summary)</i>	Detailed description of needs
Mental health and addiction services	Identified need for mental health and addiction services across the primary, community and acute care sectors, inclusive of residential facilities for mental health and addiction and a focus on coordination of care across services
Transport to enable access to health services	Identified need for transport services to enable access to health services, inclusive of the usability of the Patient Travel Subsidy Scheme as well as better coordination of appointments to reduce travel requirements
Access to GPs for patients to receive timely care	Identified need for timely access to GP services, inclusive of primary and preventative treatment, referrals to specialist services and management of chronic conditions
First Nations peoples' cultural safety (including workforce)	Provision of culturally safe services and First Nations peoples' representation in the health workforce (particularly for rural and remote areas) was described as a key barrier to access to health services by First Nations peoples
Health workforce availability and capability	Identified need for health workforce attraction, retention and wellbeing and consideration of alternative workforce models to meet health service demand. Strong desire for Cairns University Hospital as an opportunity to assist by 'growing our own' and attracting and retaining health workforce in the region
Safe and appropriate care for culturally diverse and vulnerable people	Identified need for safe and people centred health care for culturally diverse and vulnerable people, particularly for First Nations peoples, refugees, people from culturally and linguistically diverse (CALD) backgrounds, people with disabilities, people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTIQA+), and people with dementia, especially in the areas of mental health and sexual health services
Local health promotion, screening and prevention services	Identified need for increased health promotion, screening, and prevention that can be accessed locally by the community. Shift of focus in health care to wellness models and high value care delivered in the right setting
Aged care services, particularly in rural areas	Identified need for services to support better ageing, including home care and support services, residential aged care facilities and assessment services, particularly in rural and remote areas
Prevention and management of Rheumatic Heart Disease	Identified need for prevention and management of acute rheumatic fever (ARF) and Rheumatic Heart Disease (RHD), particularly for First Nations peoples
Care coordination between services delivered by Cairns and Hinterland Hospital and Health Service and with other HHSs	Identified need for care coordination and easy sharing of information between services delivered by the CHHS and between HHSs to improve patient experiences and outcomes



Tier 2: Health and Service needs for the region

(Listed in priority order)

Identified need <i>(summary)</i>	Detailed description of needs
Housing and education	Identified need for improved access to better quality, affordable housing (including social housing), homelessness services to meet demand and improved opportunities and pathways for education, particularly in rural and remote areas to achieve improved health outcomes
Rural and remote access to health services	Identified need for rural and remote access to health services with opportunities for alternative models of care, including workforce, use of technology, and locally co-designed models with communities
Community health and early intervention services	Identified need for community-based health services and early intervention services (both for maternal and child health, and chronic disease), particularly to prevent or slow disease progression
Care coordination between CHHS and the primary care sector	Identified need for improved care coordination between the CHHS and the primary care sector (and other health service providers), including sharing of information and different models of working together
Services and specialised services for people with disabilities, including National Disability Insurance Scheme (NDIS)	Identified need for services, including specialised services, for adults and children with disabilities, including NDIS services as well as improved care coordination between CHHS and disability service providers
Diabetes and kidney disease prevention and early intervention	Identified need for diabetes and kidney disease prevention and early intervention to slow disease progression

Tier 3: Additional Health and Service needs for the region

(listed in alphabetical order)

Ageing infrastructure in CHHS rural facilities	Domestic violence support services and crisis accommodation	Renal dialysis services across the region
Cancer and haematology services	End of life care and services	Respiratory health and services
Cardiac health and services	Fresh food access in rural and remote areas	Rural and remote ambulance services and resourcing
Child health and services	Infectious diseases services	Rural and remote telecommunication and internet services
Chronic pain services	Maternal and antenatal health and services	Sexual health services, particularly in rural and remote areas
Dental health and services	Prisoner health and services	Specialised women's and men's health services

REGIONAL PROFILES

Far North area

*Etheridge, Croydon, Forsyth, Mt Surprise, Mt Garnet and surrounds**

7.4k population

3% of total CHHS population

1% projected increase by 2031

Engagement in risky health behaviours

(Higher than Queensland averages)

- ▶ lifetime drinking
- ▶ highest rate of smoking
- ▶ insufficient physical exercise
- Largest and most remote geographic area within CHHS, with the smallest population.
- Higher proportion of older people, First Nations people and people who are socio-economically disadvantaged — living in crowded dwellings compared to the rest of the region.
- Highest percentage of children who are developmentally vulnerable in the CHHS region — significantly above the Queensland rate.
- Life expectancy is the lowest in this area for the CHHS region. Premature mortality rates are higher compared to Queensland, with cancer being the highest cause.
- Use of health services (including GP services) is lowest in this area for the whole of the CHHS region.

Douglas area

*Mossman, Daintree, Port Douglas and surrounds**

12k population

5% of total CHHS population

6% projected increase by 2031

Engagement in risky health behaviours

(Higher than Queensland averages)

- ▶ highest rate of lifetime drinking
- ▶ second highest rate of smoking
- ▶ overweight and high blood pressure
- Second highest proportion of people aged 65+ in the region (18.5%), including older First Nations peoples.
- Premature mortality rates are higher than Queensland for all causes with the exception of suicide and road traffic injuries (note diabetes rate data suppressed for privacy).
- Less people utilise GP services and MBS-billable chronic disease services compared to Queensland.

*I heard of people driving to Cairns to see a GP.
-Port Douglas resident*

Tablelands (East) area

*Kuranda, Atherton, Mareeba and surrounds**

42k population

16% of total CHHS population

8% projected increase by 2031

Engagement in risky health behaviours

(Higher than Queensland averages)

- ▶ overweight
- ▶ smoking
- ▶ insufficient physical exercise
- Highest proportion of people aged 65+ in the region (23%), and the highest proportion of people living with dementia.
- Higher risk factors for babies and children (including smoking in pregnancy) and higher proportion of developmentally vulnerable children.
- Premature mortality rates for cancer, breast cancer, lung and heart diseases, external causes, diabetes and suicide (highest in the CHHS region) are higher than Queensland rates.
- Fewer people utilise GP services compared to the Queensland average.

*There are 2 baskets - ED in 4 hours or GP in 2 weeks. Need another basket.
- Tablelands resident*

• **Georgetown**
• **Forsyth**



Cairns North area

Palm Cove to Stratford (including Redlynch and surrounds)*

- 57k population
- 22% of total CHHS population
- 14% projected increase by 2031

Engagement in risky health behaviours

(Higher than Queensland averages)

- ▶ lifetime drinking
- ▶ smoking
- ▶ insufficient physical exercise
- Lowest prevalence of disease and premature mortality of all regions in the CHHS.

*Not enough doctors,
not enough mental health support*
-Cairns South resident



Cairns South area

Kanimbla to Gordonvale (including Cairns City and surrounds)*

- 106k population
- 41% of total CHHS population
- 24.5% projected increase by 2031

Engagement in risky health behaviours

(Higher than Queensland averages)

- ▶ lifetime drinking
- ▶ smoking
- ▶ overweight and insufficient physical exercise
- Nearly half of the First Nations population of CHHS live in the Cairns South region.
- 25% of people in the Cairns City area were born in non-English speaking countries.
- Premature mortality rates in most areas of Cairns South for cancer, lung cancer, suicide, diabetes, heart and lung conditions are higher than Queensland rates.



Cassowary Coast area

Innisfail, Babinda, Mission Beach, Tully, Yarrabah and surrounds*

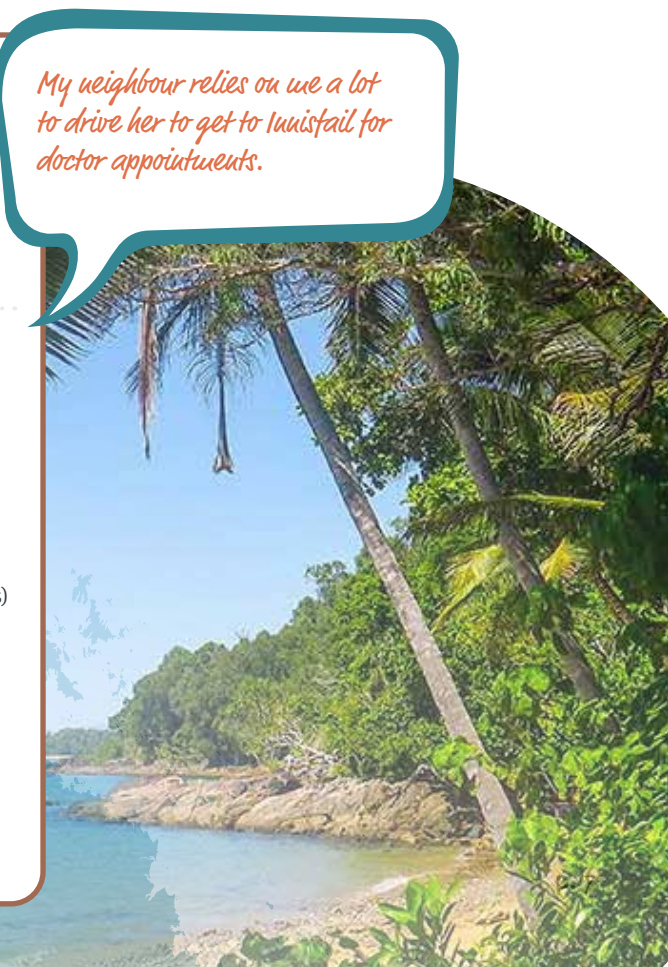
- 34k population
- 13% of total CHHS population
- 3% projected increase by 2031

Engagement in risky health behaviours

(Higher than Queensland averages)

- ▶ lifetime drinking
- ▶ smoking and smoking in pregnancy
- ▶ obesity and insufficient physical exercise
- More people live in crowded dwellings.
- Premature mortality rates for cancer, lung cancer, lung and heart diseases, external causes, diabetes and suicide (for some areas) are higher than Queensland rates.
- Less people use GP, allied health, chronic disease and mental health (MBS billable) services compared to Queensland rates.
- Yarrabah is located within this health region and has the highest proportion of First Nations peoples (98%) of all areas within the CHHS catchment. It is also the most socio-economically disadvantaged region in the CHHS.

*My neighbour relies on me a lot
to drive her to get to Innisfail for
doctor appointments.*



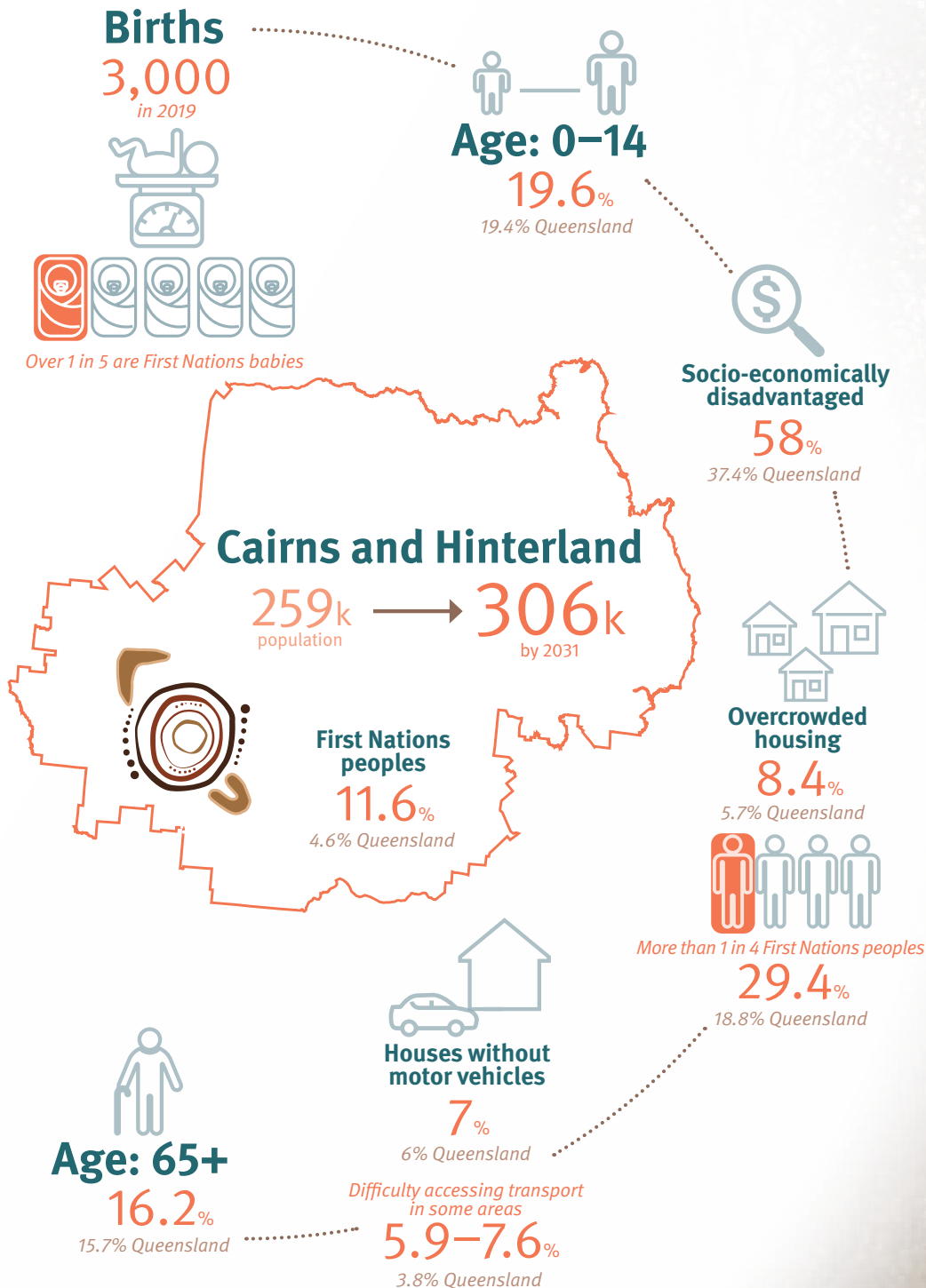
NEXT STEPS

The Cairns and Hinterland Hospital and Health Service (CHHHS) and Northern Queensland Primary Health Network (NQPHN) share similar priority areas for future health planning and agree that a joint regional health plan is a positive way forward.

The CHHHS will integrate the identified health and service needs into its planning, including for clinical services, infrastructure for existing and future health facilities, and workforce and models of care. The CHHHS consulted concurrently on its First Peoples' Health Equity Strategy 2022-2025 and the Local Area Needs Assessment and both will inform the next steps.

Where the identified health and service needs fall outside the scope of Queensland Health's remit, the CHHHS will also seek to partner and collaborate with other health organisations, or play an advocacy role, to help meet the broader health needs of the community.

OUR POPULATION



WANT MORE DETAILS?

Refer to full report for population details on people living with a disability, culturally and linguistically diverse people and other key population details.

The complete Local Area Needs Assessment report is available: www.cairns-hinterland.health.qld.gov.au/

For further information: chhhs-planning@health.qld.gov.au