Northern Queensland Primary Health Network

Joint Regional Needs Assessment

2025 - 28

phn NORTHERN QUEENSLAND
An Australian Government Initiative

Torres and Cape Hospital and Health Service

Cairns and Hinterland Hospital and Health Service

Mackay Hospital and Health Service

Townsville Hospital and Health Service

Acknowledgement of country

As a collective, we acknowledge Aboriginal and Torres Strait Islander people as Australia's First Nations people and the Traditional Custodians of this land. We respect their continued connection to land, sea, country, kin and community. We also pay our respects to Elders past and present as the custodians of knowledge and lore.

We acknowledge the meaningful tapestry of diverse ancestral lands and respect the traditional and current relationships with air, sea, and waterways. We acknowledge culture as enduring and ongoing and we pay our collective respects to all.

Disclaimer

Contents

08 Executive summary

09 Our organisation

09 Our strategic plan

11 Introduction

11 Purpose

11 Governance

12 Our methodology

12 Phase one: Analysis, survey, and engagement

13 Phase two: Triangulation, identification, and prioritisation

14 Framework context

14 Definitions

14 Our region

15 Estimated resident population

15 Population projection

15 Population by sex

16 Population by age

17 Country of birth and proficiency in spoken English

17 Highest level of schooling

18 Australian Defence Force service

18 People with disability

19 Socio-economic disadvantage

20 Unemployment

20 People experiencing homelessness

21 Our health

21 Life expectancy

21 Births

22 Mortality

22 Infant mortality

22 Leading causes of death

23 Chronic conditions

24 Potentially preventable hospitalisations

25 Cancer screening participation

27 Healthy living

27 Smoking

27 Overweight and obesity

28 Physical activity

28 Alcohol consumption

29 Self-assessment of health

29 Health literacy

Contents (cont)

30 Mental health and wellbeing

- 30 Mentally unhealthy days
- 31 National Study of Mental Health and Wellbeing findings
- 33 Intentional self-harm hospitalisations
- 34 Alcohol and other drug treatment services

35 Mums and bubs

- 35 Total fertility rate
- 35 Mothers who smoked during pregnancy
- 36 Low birthweight births
- 36 Antenatal visits during first weeks of pregnancy
- 37 Pre-term birth
- 37 Immunisation
- 39 Children's health
- 40 Notifiable conditions in our region

42 Health workforce

- 42 Primary care nurses and midwives
- 42 Medicare-subsidised of general practitioner (GP) attendances
- 43 Diagnostic imaging services
- 43 Enhanced primary care GP attendance
- 43 GP aged care attendances
- 43 Specialist services
- 43 Psychiatrist services
- 44 Aged care services
- 44 Community services
- 44 Diabetes educators
- 45 Aboriginal and/or Torres Strait Islander Health Worker or Practitioners
- 45 Cultural awareness

46 Our Aboriginal and/or Torres Strait Islander people

46 Population characteristics

47 Highest level of schooling

47 People with disability

48 Employment

48 Socio-economic disadvantage

48 Disease burden

49 Life expectancy

49 Leading causes of death

49 Maternal and child health

50 Chronic conditions

50 Skin conditions

51 Older person's health

51 Access

51 Dementia

51 Workforce

52 Priority populations

52 Domestic and family violence

52 Australian South Sea Islander population

53 Refugee health

54 Acronyms

55 Appendix A: List of themes

56 Appendix B: List of health needs with stakeholder feedback

60 Appendix C: List of service needs with stakeholder feedback

63 References

Figures and tables

11 Figure 1. Joint Regional Needs Assessment Project Governance 2024

12 Figure 2. Joint Regional Needs Assessment engagements

16 Figure 3. Population distribution of people aged 65 years and older across our region, 2021

19 Figure 4. Top five LGAs with highest disability prevalence, 2021

19 Figure 5. Map visual of SEIFA across our region by LGA, 2021

20 Figure 6. Top five LGAs with highest unemployment rate for NQPHN region, June 2024

21 Figure 7. Top five LGAs with high number of births across NQPHN region, 2022

23 Table 1. List of leading causes of death for NQPHN region, 2022

24 Figure 8. Comparison of types of Potentially Preventable Hospitalisations by HHS, 2018-2021

24 Figure 9. Comparison of total Potentially Preventable Hospitalisations by HHS, 2018-2021

25 Figure 10. Comparison of breast cancer screening participation rate by SA3, 2019-2020

25 Figure 11. Comparison of cervical cancer screening participation rate by SA3, 2018-2021

26 Figure 12.Comparison of bowel cancer screening participation rate by SA3, 2020-21

27 Figure 13. Comparison of daily smoking prevalence by HHS, 2023

27 Figure 14. Comparison of overweight/ obese adults by HHS, 2023

28 Figure 15. Comparison of sufficient physical activity among adults by HHS, 2023

28 Figure 16. Comparison of risky alcohol consumption by HHS, 2023

29 Figure 17. Comparison of self-assessment status by HHS, 2023

31 Figure 18. Mentally unhealthy days by HHS, 2023

31 Figure 19. Lived experience of suicide in a lifetime by age, 2022

32 Figure 20. Lived experience of suicide in last 12 months by age, 2022

32 Figure 21. Self-harm behaviours in a lifetime by age, 2022

33 Figure 22. Self-harm behaviours in last 12 months by age, 2022

35 Figure 23. Top five LGAs with high total fertility rate, NQPHN region, 2022

Figures and tables (cont)

36 Figure 24. Smoking during pregnancy across our region, 2023

36 Figure 25. Low birthweight babies across our region, 2023

36 Figure 26. Antenatal visits of eight or more across our region, 2023

37 Figure 27. Pre-term births across our region, 2023

37 Figure 28. Quarterly trend of childhood immunisation rates, NQPHN region, 2023

37 Figure 29. Comparison of immunisation rates for one year olds by region, 2023

38 Figure 30. Comparison of immunisation rates for two year olds by region, 2023

38 Figure 31. Comparison of immunisation rates for five year olds by region, 2023

39 Figure 32. Comparison of overweight/obese children aged 5-17 years by region, 2022

39 Figure 33. Children developmentally vulnerable in more than two domains by LGA, 2021

41 Figure 34. Trend of infectious Syphilis notifications by region, 2019-2023

41 Figure 35. Trend of Acute Rheumatic Heart Disease notifications by region, 2019-2023

41 Figure 36. Trend of Acute Rheumatic Heart Fever notifications by region, 2019-2023

41 Figure 37. Trend of Influenza notifications by region, 2019-2023

42 Figure 38. Proportion of NQPHN population that received a Medicare subsidised GP attendance by age, 2023

43 Figure 39. Proportion of NQPHN population that received a Medicare subsidised specialist attendance by age, 2023

46 Figure 40. Top five SA2s with the highest proportion of Aboriginal and/or Torres Strait Islander people across our region

46 Figure 41. Proportion of Aboriginal and/or Torres Strait Islander population by age and sex, 2021

49 Figure 42. Comparison of antenatal visits of eight of more by region for Aboriginal and/or Torres Strait Islander mothers, 2023

49 Figure 43. Comparison of smoking during pregnancy by region for Aboriginal and/or Torres Strait Islander mothers, 2023

50 Figure 44. Comparison of low birthweight Aboriginal and/or Torres Strait Islander babies by region, 2023

Executive summary

Great health means communities that thrive - where chronic disease is prevented or well managed, mental wellbeing is supported, care is accessible no matter where you live, and every person receives culturally safe, coordinated services that respect their identity.

And it takes all parts of the health system working closely together - listening to people, understanding their unique needs, and working as a collective. People living in northern Queensland deserve health care that's connected, culturally safe, and close to home.

To make that possible, Northern Queensland Primary Health Network (NQPHN) has partnered with the four Hospital and Health Services in our region - Torres and Cape, Cairns and Hinterland, Townsville, and Mackay – to understand in more depth what our communities need most.

By combining local insight, lived experience, and health data, we've created a shared picture of our region's unique needs and where we need to focus next.

Key themes identified across the region include:

Access: The ability of individuals to obtain necessary health services, which may include availability, affordability, proximity, and the quality of care.

Child and maternal health: This refers to the health and wellbeing of women during pregnancy, childbirth, and the postpartum period, as well as the health of their children from infancy through adolescence. It covers services like prenatal care, immunisations, and nutrition.

Chronic conditions: Long-lasting conditions that can be controlled but not cured. Examples include diabetes, heart disease, arthritis, asthma, cancer and mental health conditions like depression. Managing these conditions often requires ongoing medical care and lifestyle changes.

Equity: In healthcare, equity means providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status. It aims for fairness in access, treatment, and health outcomes.

First Nations health: This focuses on the unique health challenges and opportunities faced by Aboriginal and/or Torres Strait Islander populations. It includes addressing cultural, social, and environmental determinants of health, as well as improving access to culturally appropriate healthcare services.

Healthy living: These are actions that increase the likelihood of negative health outcomes. Examples include smoking, excessive alcohol consumption, poor diet, physical inactivity, and unsafe sexual practices.

Mental health and wellbeing: Enhance knowledge of and access to supports that promote mental health and wellbeing within our community, with a particular emphasis on vulnerable priority groups. The Joint Regional Wellbeing Plan for Northern Queensland serves as a vital resource for a deeper understanding of the needs and priorities in this area.

Older persons health: This refers to the health care services and policies designed to support the elderly population, typically those over 65. It includes managing age-related diseases, promoting healthy ageing, long-term care, and palliative care.

Preventative health: This refers to measures aimed at preventing disease or injury before it occurs, through actions like vaccination, healthy lifestyle promotion, and early detection screenings (e.g., cancer screenings).

Workforce: The healthcare workforce refers to all people engaged in actions whose primary intent is to enhance health. This includes doctors, nurses, allied health professionals, support staff, and administrators.

The Joint Regional Needs Assessment is our foundation for the next three years, and lays the groundwork for better planning, smarter investment, and stronger partnerships that put people first.

Together, we will build a more connected, more equitable health system for all northern Queenslanders.

Our organisation

Northern Queensland Primary Health Network (NQPHN) is funded by the Australian Government to provide local communities with better access to improved primary healthcare services.

Our strategic plan

NQPHN's Strategic Plan 2025–28 is a roadmap for achieving better health and wellbeing outcomes across our diverse and vibrant region.

The plan reaffirms our enduring commitment to general practitioners as the cornerstone of primary care, while recognising and valuing the critical role of the broader health workforce - including mental health professionals, allied health professionals, pharmacists, nurses, Aboriginal and/or Torres Strait Islander Health Workers and Practitioners, peer support workers, and the many others who contribute to the delivery of care. Each plays a vital role in supporting healthier communities.

As we look to the future, this plan reflects our focus on innovation alongside the strengthening of best practice. It also signals our evolving role as a system connector, enabler, and advocate for northern Queensland.

We recognise the privilege and responsibility of working across such a geographically and culturally diverse region. Our strategies must be tailored to the unique needs of the people and places across our footprint — from our regional centres to our most remote communities, and especially our Aboriginal and/or Torres Strait Islander community members.

Developed within the parameters of the national PHN Program, the plan reflects our responsibility as a steward of public investment and our commitment to working in partnership to deliver meaningful, place-based impact and a healthier future for all northern Queenslanders.

See next page for NQPHN's strategic plan priorities.

Our vision

A healthy future for all northern Queenslanders

Our purpose

We connect, fund, and support primary healthcare so that all northern Queenslanders can access the care and information they need to live healthier lives. **We do this by:**

Commissioning

Commissioning targeted services that respond to local health challenges and opportunities.

Capacity building

Strengthening the primary healthcare workforce and supporting innovation, data and quality improvement, business sustainability, and reform.

Coordinating

Coordinating and connecting care across the system to improve access as well as patient and provider experiences.

Our partnerships

We understand that achieving our goals is only possible through strong collaboration with our members, funders, consumers, and our health and community partners. We value our shared ambition and are committed to strengthening and investing in these relationships.

Our strategic plan priorities

Introduction

Purpose

The Joint Regional Needs Assessment (JRNA) is a key deliverable required by the Commonwealth and State governments. For Primary Health Networks (PHNs), the JRNA plays a foundational role in shaping our future commissioning strategy. For Hospital and Health Services (HHSs), the JRNA supports identifying gaps in services and supports service planning.

For the first time in 2024, NQPHN and our four HHSs, worked together under a new framework to deliver our JRNA. The framework and implementation toolkit have been collaboratively developed in partnership with Queensland Aboriginal and Islander Health Council (QAIHC), Health Consumers Queensland, Queensland PHNs, Queensland Government, and the Department of Health, Disability and Ageing (DHDA).

The JRNA gives us the opportunity to collaboratively outline the health and service needs of our region with the four HHSs in our region. This in turn informs NQPHN's commissioning strategy, for planning and commissioning services that support better health outcomes for our communities.

Governance

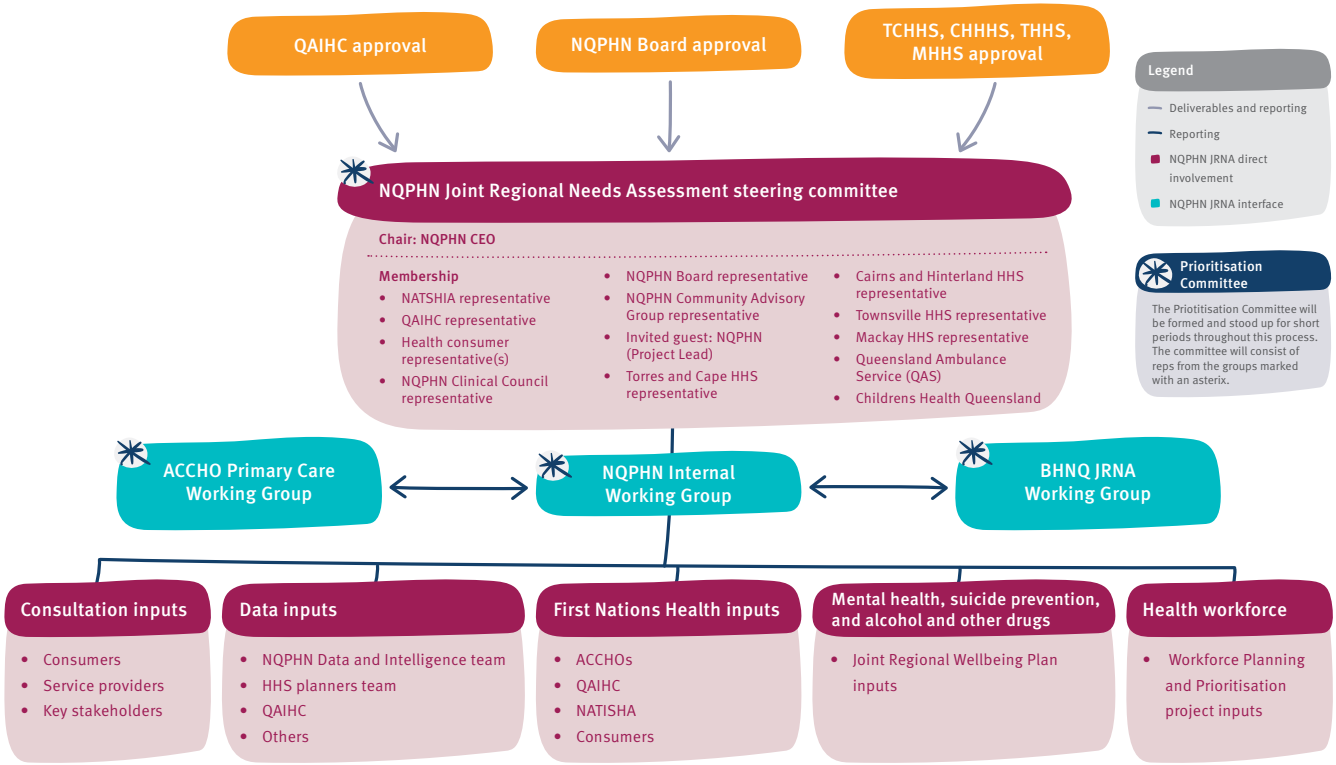
NQPHN developed the following committees to ensure accountability, transparency, and alignment with the project objectives. The governance structure (shown below) was developed to enable efficient decision-making, stakeholder engagement, and oversight across all aspects of the project.

The JRNA Steering Committee invited key membership from partnering HHSs along with other key stakeholders such as Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA), QAIHC, Queensland Ambulance (QAS), and Health Consumers Queensland.

Three working groups were established to support the analysis of data, drive project engagement, and seek cultural guidance regarding first nations communities. The groups met at varying frequencies with the Better Health North Queensland working group meeting most frequently.

The NQPHN JRNA project governance is provided below.

Figure 1. Joint Regional Needs Assessment Project Governance 2024



Our methodology

The needs assessment was managed by the Health Systems Innovation and Integration Operations Director in consultation with the above-mentioned governance committees.

A two phased approach was followed for Northern Queensland Primary Health Network (NQPHN) to identify the local and regional priorities.

Phase one: Analysis, survey, and engagement

The first phase involved:

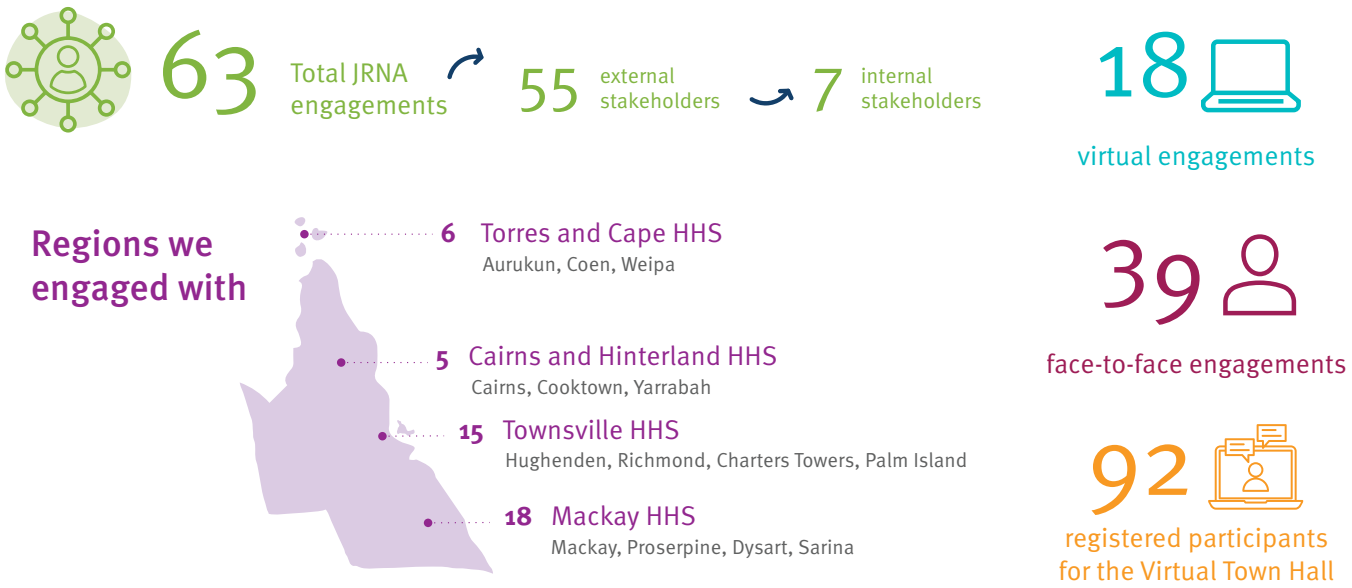
- in depth analysis of existing literature around primary care
- desktop review of policy and strategy documents relevant to primary health care
- quantitative data analysis of:
  - publicly available datasets such as the Australian Bureau of Statistics, Australian Institute of Health and Welfare
  - internal NQPHN owned datasets (General Practice dataset and Primary Mental Health Care dataset)
  - custom datasets from Queensland Health System Planning Branch
  - workforce dataset from the Department of Health, Disability and Ageing (DHDA)
- qualitative data analysis of stakeholder engagement through:
  - focus group discussions
  - face-to-face and online interviews
  - face-to-face and online workshops
- mixed data analysis of survey including thematic analysis.

A diverse range of stakeholders were engaged and consulted across our region. This included, and was not limited to, health service providers, health consumers, state and local political representatives, academics, researchers, and other sector representatives such as education, child safety, disability support, aged care, and community networks, etc.

The above-mentioned data sets were reviewed, and an early data findings report was presented to stakeholders in face-to-face and virtual engagements across the region.

A survey was shared throughout our region to hear the different perspectives of stakeholders, including health consumers. A total of **1,300 responses** were received, of which **53% were completed by consumers**.

Figure 2. Joint Regional Needs Assessment engagements



Phase two: Triangulation, identification, and prioritisation

Phase two involved triangulation, identification, and prioritisation of health and service needs. The identified priorities align with NQPHN's Strategic Plan and DHDA's Primary Health Networks Strategy 2023-24 document. The triangulation process included reviewing the data sets and the survey results, with a list of 47 needs identified. Of these, 22 were identified as service needs and 25 health needs.

Based on the prioritisation framework endorsed by the Joint Regional Needs Assessment (JRNA) Steering Committee, the list of needs were scored by the JRNA Prioritisation Committee against the following criteria:

- magnitude
- impact
- effectiveness of intervention
- scope
- equity.

The list of needs were divided into tiers based on the JRNA Framework. Tiers were created by:

- calculating the mean value of the weighted scores against each need ($\bar{X}$=3.41)
  - needs with a weighted score above $\bar{X}$=3.41 are categorised as Tier 1 needs and those equal to or equidistance to the mean value are categorised as Tier 2
  - needs that received the least weighted score and were further from the mean than Tier 1 or Tier 2 have been identified as Tier 3 (emerging).

The final list of identified needs was endorsed by the JRNA Steering Committee. The final report was submitted to NQPHN's CEO and Executive Team for endorsement.

Framework context

Definitions

The following definitions for health needs and service needs have been described in the Joint Regional Needs Assessment Framework.

Health needs

This definition includes healthcare needs and health needs. These needs can be those that benefit from health care (e.g. health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care), and can also incorporate the wider social and environmental determinants of health (such as deprivation, housing, diet, education, employment, social context, or place) (Wright, Williams, & Wilkinson, 1998).

Service needs

These needs are identified 'gaps' in service provision (for example service capability, supply, and future demand).

Our region

Our region covers 510,172 km², making us the second largest Primary Health Network (PHN) in Queensland. The Northern Queensland Primary Health Network (NQPHN) region encompasses 31 Local Government Areas (LGAs) that have a diverse population with unique health needs and challenges.

The region's health profile reflects a mix of inner regional, outer regional, remote, and very remote communities, each with its own set of health disparities and priorities. Four Hospital and Health Services (HHS) are located within our region and deliver public health services:

- Torres and Cape HHS
- Cairns and Hinterland HHS
- Townsville HHS
- Mackay HHS.

The region's demographic composition, which includes

Aboriginal and/or Torres Strait Islander populations, culturally diverse communities, and ageing residents, further influences the health landscape. Social determinants of health, such as socioeconomic status, education levels, and environmental factors, play a crucial role in shaping health outcomes within the NQPHN region.

Estimated resident population

The estimated resident population of our region is

734,595

of which **16.1%** are aged **65 years and over**.

In our region,

of persons identify as Aboriginal and/or Torres Strait Islander people, compared to **4.6% of Queensland state**.

of people **in our region** were born overseas, with **8.5%** born in a non-English speaking country.

3.8% of our population live in remote areas while **3.6%** live in extremely remote areas (QGSO, 2024).

Population projection

Population projections provide an insight of what the future size and structure of a population by sex and age might look like. These changes in a population would be if the assumptions (fertility, mortality, and migration) about future trends occur (ABS, 2024).

In the year 2046, the **projected population** for our region is **909,807** with an **average annual growth rate of 1%** compared to **1.4% for Queensland state**. With a growing population, there will be an increase in health needs and service delivery across our region along with other social determinants that impact health outcomes.

It is projected that by the year 2046, Townsville LGA will have the highest population and Cairns LGA will have the fastest growth in population.

A population decline is projected by the year 2046 for the following LGAs, indicating these areas have ageing populations:

LGA name	Avg annual growth rate
Flinders LGA	-1.2%
Hinchinbrook LGA	-0.9%
Etheridge LGA	-0.6%
Croydon LGA	-0.6%

Population by sex

Gender and sex are a significant determinant of health experiences and outcomes. Understanding population distribution by sex and gender is important for informing health service delivery planning and identifying emerging needs across our region (DHDA, 2023).

For our region, there is an even distribution of males and females.

49.7% **females**

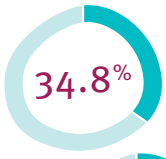
50.3% **males**

The percentage of **males (56%) in Isaac LGA is higher than that of females (44%)**. The opposite is seen in **Wujal Wujal LGA**, where the percentage of **females (55%) was higher compared to males (45%)**.

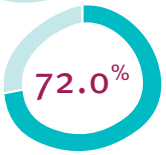
Population by age

The **majority of our population is between the ages of 25 and 64 years (52.3%)**, indicative that there may be workforce challenges when the number of working age individuals entering older age is greater than the number of younger population joining the workforce.

Within the region,



Northern Peninsula Area LGA had the largest percentage of **persons aged 0-14**



Isaac LGA had the largest percentage of **persons aged 15-64**

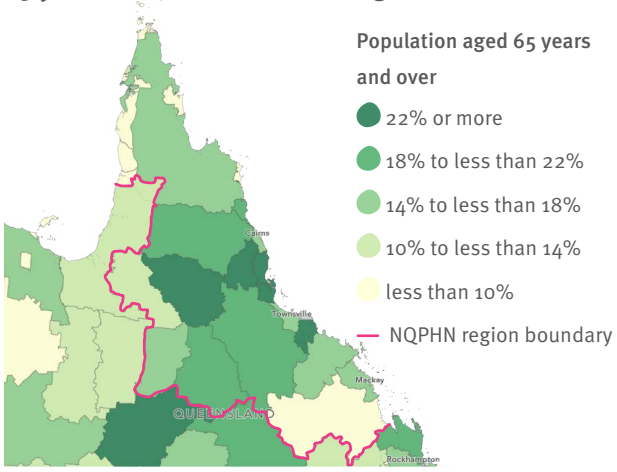
Population by age: 65 years and older

With the growing number of older people, the demand for health services increases. Nearly **16.1% of our population are aged 65 years and over**. There is an equal distribution of **males (49.8%)** and **females (50.2%)** aged 65 years and older in our region. A higher proportion of persons aged 65 years and over identified as Aboriginal and/or Torres Strait Islander were female (55%), compared to males (44%) – 1% preferred not to answer.

Hinchinbrook LGA has the largest proportion of people aged 65 years and over (29.1%), followed by Tablelands LGA (26.5%) and Burdekin LGA (23.9%)

55.4% of persons aged 65 years and over had a need for assistance were female, compared with 44.6% for male.

Figure 3. Population distribution of people aged 65 years and older across our region, 2021



Median age

One significant single indicator of a population's age distribution is its median age. The 'midpoint' of a population is determined by calculating the proportion of individuals who are older than the median age and those who are younger than it (ABS, 2024).

For our region, the median age is 38.8 years which is lesser than in the rest of Queensland (40.7 years). Croydon LGA had the largest increase in median age of 6.1 years from 2012 to 2022.

The LGAs with the youngest median ages of less than 30 years are:

LGA name	Median age (in years)
Northern Peninsula	24 years
Yarrabah LGA	25.9 years
Palm Island	26.8 years
Hope Vale LGA	28.6 years
Mapoon LGA	27.5 years
Napranum LGA	28.7 years
Torres Strait Island LGA	29 years
Kowanyama LGA	29.4 years
Aurukun LGA	29.4 years

All these LGAs have a high proportion of Aboriginal and/or Torres Strait Islander people.

The LGAs with the oldest median ages in our region are (ABS, 2021):

LGA name	Median age (in years)
Hinchinbrook LGA	51.9 years
Tablelands LGA	49.1 years
Cassowary Coast LGA	46.6 years
Douglas LGA	46.3 years

Country of birth and proficiency in spoken English

Various Australian Government strategies have identified people from cultural and linguistic backgrounds (CALD) as priority populations. Due to their diverse range of health needs, this population face several barriers in accessing health services (Assefa, 2022).

Compared to other Australians, this population are more likely to have poorer health care, service delivery, and health outcomes due to language barriers, lower health literacy, and challenges navigating an unfamiliar system (AIHW, 2024).

In our region,

were born overseas

of which **8.5%** were born in a non-English speaking country

Compared to **12.5% of Queensland state**.

Nearly **11% of our CALD population spoke a language other than English at home**.

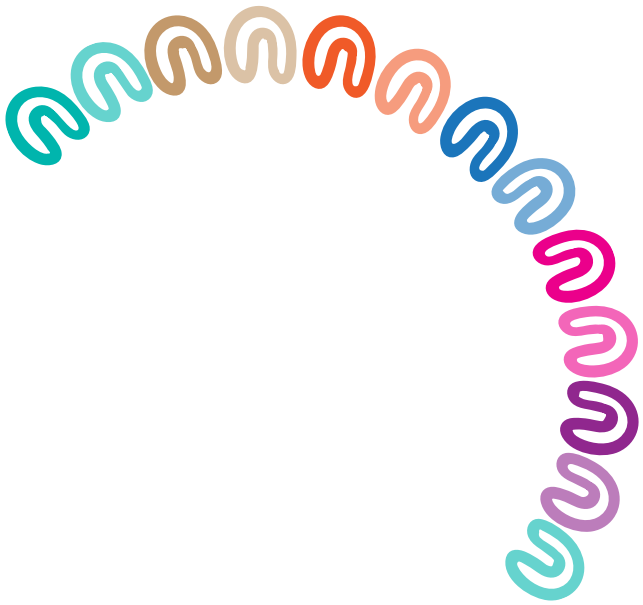
At an LGA level, **Cairns LGA had the highest proportion of people born overseas** (22.3%).

LGAs with a high proportion of persons from a non-English speaking country are:

- Cairns LGA (**13.5%**)
- Mareeba LGA (**10.4%**)
- Douglas LGA (**10%**).

The **median age for those born overseas in a country of non-English speaking background is 43.1 years** compared to the median age of Queensland state (41.2 years) (QGSO, 2024).

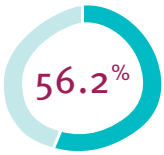
LGAs such as Torres Strait Island (**86.5%**), Aurukun (**82.9%**), and Yarrabah (**76.6%**) had the largest percentage of persons who stated they spoke a language other than English at home.



Highest level of schooling

Higher education has been demonstrated to have a generally favourable impact on a person's quality of life, especially through the indirect benefits of bettering one's health and income. Higher incomes and a greater chance of employment are typically linked to higher educational attainment levels.

Completing Year 12 or an equivalent certificate is currently regarded as a significant turning point in the Australian adult journey. Year 12 graduates have a higher chance of pursuing more education or training and making a smoother transition into the workforce. (AIHW, 2023).



individuals in our region completed the highest level of schooling of Year 11 or 12 (or equivalent)

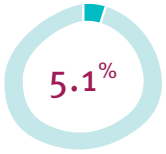
lower than **Queensland state (63.6%)**.

At an LGA level, Torres had the largest percentage of individuals whose highest level of schooling was year 11 or 12 (or equivalent) at **65.1%**, while Aurukun had the least at **18.7%**.

Pormpuraaw LGA had the largest percentage whose highest level of schooling was Year 8 or below (or did not go to school) with **14.3%** compared to Queensland state (**4.4%**). Weipa (**1.2%**) and Isaac (**2.8%**) LGAs had the least percentage of individuals whose highest level of schooling was Year 8 or below (or did not go to school).

Australian Defence Force service

A Veteran is a person living or deceased who has served or currently serves in the Australian Defence Force (ADF). Veterans include active, reserve, and retired personnel of the ADF. Veterans and their families are a crucial demographic for health and welfare monitoring. Although being in good health is a prerequisite for entering the ADF, military duty can cause health issues that are distinct from those faced by other Australians (ABS, 2021).



of our population are either currently or have previously served in the ADF

compared to 3.9% of Queensland state.

Nearly 3.8% have previously served in the ADF compared to 3.3% of Queensland state. Most Veterans in our region are male than female and are over the age of 45 years.

Townsville LGA had the highest percentage of persons who previously served in the ADF (5.6%) followed by Torres Strait Island LGA (4.9%), Tablelands LGA (4.8%), and Northern Peninsula Area LGA (4.8%).

People with disability

Currently, one in six Australians or around 18% of the population experience disability. This figure is increasing, partly due to an ageing population and the increase in the prevalence of long-term chronic health conditions. Persons with a profound or severe disability are defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility, and communication because of a long-term health condition (six months or more), a disability (lasting six months or more), or old age (AIHW, 2024).

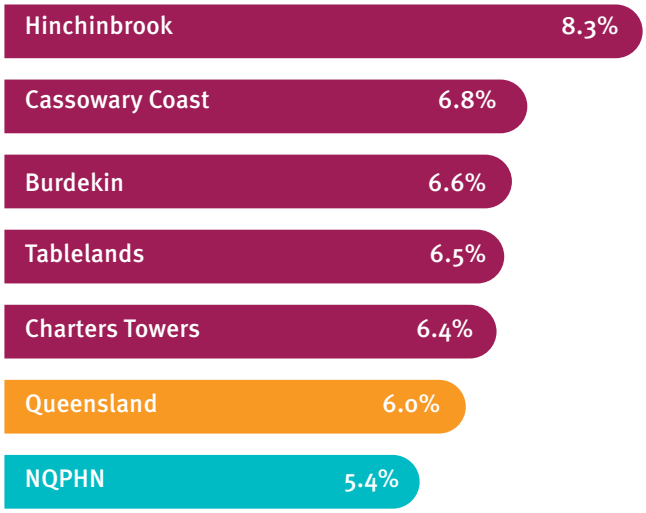
As reported in the Census of Population and Housing, 5.4% of our population have a profound or severe disability. 31.8% of persons aged 0–14 years who had a need for assistance were female, compared with 67.8% for males.

47.9% of persons who had need for assistance and identified as Aboriginal and/or Torres Strait Islander were female, compared with 51.6% for males. 55.6% of persons who had need for assistance and were born overseas in a non-English speaking country were female, compared with 43.5% for males.

At an LGA level, the largest proportion of people with profound or severe disability were seen in:

LGA name	Proportion of people with profound or severe disability
Hinchinbrook LGA	8.3%
Cassowary Coast LGA	6.8%
Burdekin LGA	6.6%

Figure 4. Top five LGAs with the highest proportion of individuals with a profound or severe disability within NQPHN region, 2021



Socio-economic disadvantage

SEIFA combines Census data such as income, education, employment, occupation, housing, and family structure to summarise the socio-economic characteristics of an area.

Each area receives a SEIFA score indicating how relatively advantaged or disadvantaged that area is compared with other areas. In 2021 an Index of Relative Socio-Economic Disadvantage was produced, ranking geographical areas in terms of their relative socio-economic disadvantage. Low index values represent areas of most disadvantage and high values represent areas of least disadvantage (ABS, 2023).

SEIFA Quintile 1: Most relatively disadvantaged areas

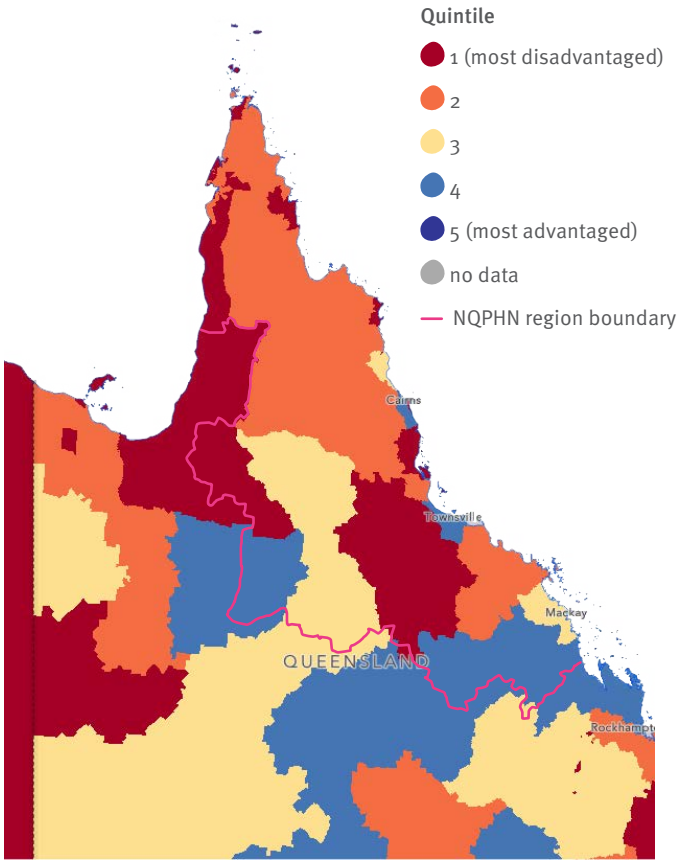
Quintile 1 indicates those areas that are most relatively disadvantaged. For our region, nearly 27% are the most disadvantaged quintile.

Of the 31 LGAs in our region, 11 LGAs had 100% of its population in the most disadvantaged quintile:

- Aurukun
- Croydon
- Kowanyama
- Mapoon
- Napranum
- Northern Peninsula Area
- Palm Island
- Pormpuraaw
- Torres Strait Island
- Wujal Wujal
- Yarrabah.

These LGAs, except for Croydon, have a high proportion of the population that identify as Aboriginal and/or Torres Strait Islander (~›80%). A majority of the population in these LGAs were young, had low incomes, and high levels of housing rentals (ABS, 2021).

Figure 5. Map visual of SEIFA across our region by LGA, 2021

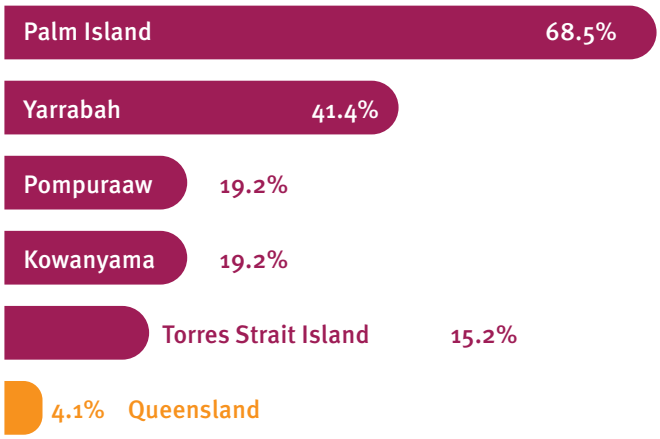


Unemployment

Unemployment rate is described as the proportion of the population aged 15 and over in the labour force who are unemployed. For our region, 3.6% of the population are unemployed which is slightly lower than Queensland state (4.1%) as of June 2024.

At an LGA level for our region, Palm Island has the highest unemployment rate at 68.5% while Weipa has the lowest at 0.7% (as of June 2024).

Figure 6. Top five LGAs with highest unemployment rate for NQPHN region, June 2024



People experiencing homelessness

Homelessness occurs when a person does not have secure access to adequate housing. Among the most socially and economically disadvantaged people in Australia are those who are homeless or at risk of becoming so.

Across Australia, 122,494 people were estimated to be experiencing homelessness on Census night in 2021. Males made up 55.9% of people experiencing homelessness; females made up 44.1%. 23.0% of all people experiencing homelessness were aged from 12 to 24 years (ABS, 2021).

Across our region,

nearly 5,000 people

are experiencing homelessness (67 per 10,000 persons).

This is much higher when compared to Queensland state (43.2 per 10,000 persons).

These 5,000 residents of our region represent 22% of people experiencing homelessness across Queensland state (QGSO, 2024).

Within our region at an LGA level, Yarrabah had the highest rate of people experiencing homelessness (1,503 per 10,000 persons) followed by Mapoon (1,199 per 10,000 persons). Croydon and Lockhart River did not report any people experiencing homelessness.

Our health

Our region encompasses a diverse population with unique health needs and challenges.

Health status can be assessed by looking at a diverse set of indicators – attributes or characteristics of our population that are measurable and depict our region's health.

Understanding our region's health needs provides us better understanding in making informed decisions.

Life expectancy

The most used measure to describe population health is life expectancy, which reflects the overall mortality rate of a population. Based on current age and sex specific death rates, it measures how long, on average, a person is expected to live. For Queensland state, life expectancy was estimated to be 80.9 years for Queensland males and 85.1 years for females in 2019-2021 (Queensland Health, 2023).

Since 2015 to 2022, at a Statistical Area 4 (SA4) level, the life expectancy at birth for our region has remained constant around 81.1 years. Females had a higher life expectancy (83.5 years) in comparison to males (78.7 years) across our region while at a state level there has been a decline for females (ABS, 2023).

Births

The birth rate is one of the most important determinants of population growth in a region, with potential implications for policy decisions about the health system, education, and the economy.

In 2022, there has been a decline in the number of births registered for Queensland, though the total fertility rate was higher than other states (1.71 births per woman).

For our region, the number of registered births in 2022 to mothers with a usual residence in NQPHN region was 8,908 births (Queensland Health, 2024). Within our region, Townsville LGA had the highest number of births registered followed by Cairns LGA and Mackay LGA (ABS, 2021). In 2021, the highest birth rates among women aged 15 to 49 years were across Torres and Cape HHS region (6.4%) (Queensland Health, 2023).

Figure 7. Top five LGAs with high number of births across NQPHN region, 2022

	LGA name	Number of births
1	Townsville LGA	2,625
2	Cairns LGA	2,160
3	Mackay LGA	1,574
4	Whitsunday LGA	448
5	Cassowary Coast LGA	342

Mortality

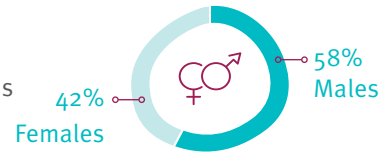
Mortality is an important measure used to learn about risk factors of diseases and compare health events of a population over time. The different mortality patterns help provide insight and identify any factors that may negatively impact the health outcomes of a population that further help inform health policies and decisions.

In 2022, there were 190,939 deaths registered in Australia, and **38,160 in Queensland**.

For our region,

5,092 deaths were registered

There was a higher proportion of male deaths compared to females.



Of these, **13.1% cause of deaths was due to suicide** (n=669). The deaths due to suicide were **higher among males** for our region, (~83%, n=554). At an LGA level, Townsville registered the highest deaths (**25%**) followed by Cairns (AIHW, 2022).

Infant mortality

Infant mortality is an important measure that provides insight into the effectiveness of our health system, and particularly of maternal and child health services. Infant mortality refers to deaths of infants under one year of age.

Infant deaths are reported to be higher in remote and very remote communities compared to major cities, dependent upon various socio-economic factors. While there has been a decline in infant mortality rates across the state and nationally, **for our region, the infant mortality rate was higher than Queensland state** (5.6 per 1,000 births vs 4.1 per 1,000 births) in 2019.

Leading causes of death

Measuring the cause of death helps us assess the effectiveness of our health systems and direct our resources to where they are most needed. A list of causes of death based on the International Classification of Diseases (ICD-10) is used to register a death in Australia (WHO, 2024). Based on this, the following have been identified as the top 10 leading causes of death in our region between 2018-2022 (AIHW, 2022).

Coronary heart disease (CHD), also known as ischemic heart disease is the most common heart disease and is the **leading cause of death across Queensland and nationally** in 2022. Across the globe, it is also ranked as the leading cause of death and was responsible for 13% of global total deaths. Nearly **50%** of the deaths in our region were due to CHD. It is estimated that a higher percentage of males have CHD compared to females and commonly seen in older age groups nationally (WHO, 2024). It ranked as the second leading cause of death among our region's female population while it was the first leading cause of death for males.

Dementia refers to a group of conditions marked by progressive decline in brain function, affecting memory, speech, cognitive abilities, personality, behaviour, and mobility. There are different types, but the most common is Alzheimer's disease. Dementia presents a notable and increasing health and aged care challenge in Australia, greatly affecting the well-being and quality of life of individuals living with this condition (AIHW, 2024).

Dementia, including Alzheimer's disease, was the second leading cause of death across Queensland state (**8.7%**) as well as for our region (**35%**). A majority of the deaths across our region due to Dementia, including Alzheimer's, disease were reported among females (**~61%**).

With an ageing and growing population across our region, it is predicted there will be more than double the number of people with dementia. From a burden of disease perspective, the burden of dementia was nearly 248,000 disability-adjusted life years (DALY)[1], with **59%** of the burden attributed to dying prematurely and **41%** due to the impacts of living with dementia.

1 Burden of disease refers to the quantified impact of living with and dying prematurely from a disease or injury and is measured using disability-adjusted life years (DALY). One DALY is equivalent to one year of healthy life lost.

Table 1. List of leading causes of death for NQPHN region, 2022

Rank	Cause of death (ICD-10)	Number of deaths
1	Coronary heart disease	2,551
2	Dementia including Alzheimer's disease	1,759
3	Lung cancer	1,453
4	Cerebrovascular disease	1,233
5	Chronic obstructive pulmonary disease	1,089

Chronic conditions

Chronic conditions are an ongoing public health concern. They are also referred to as chronic diseases or long-term health conditions. They tend to have lasted or are expected to last more than six months. They are the result of a combination of genetic, physiological, environmental, and behavioural factors. A large proportion of the population experience multimorbidity (where they have more than 2 or more chronic conditions at the same time) (AIHW, 2024).

The most common chronic conditions reported are:

- arthritis
- asthma
- back problems
- cancer
- chronic obstructive pulmonary disease
- diabetes
- heart, stroke, and vascular disease
- kidney disease
- mental health conditions
- osteoporosis.

With one or more long term health condition

For our region, **26.3%** of the population have one or more long-term health conditions compared to **32.9%** of Queensland state. More males (**69%**) reported to have one or more long term health conditions compared to females (**31%**) in our region.

At an LGA level, the following have a higher proportion of the population with more than one long-term health condition:

LGA name	Proportion of population with more than one long-term health condition
Hinchinbrook LGA	33.4%
Burdekin LGA	30.1%
Tablelands LGA	29.7%

The most common long-term health conditions were mental health condition (including depression or anxiety) at **8.2%**, followed by arthritis (**8.1%**).

The other long-term conditions reported for our region were:

Condition	Proportion of population with this condition
Asthma	7.1%
Diabetes	4.6%
Heart disease (including heart attack or angina)	4.0%
Cancer	2.8%

Those aged 55 years and older reported to have one or more long-term health conditions. As the rates of illness and disease increase, the strain on our health system also grows. In addition to chronic conditions, factors such as infectious diseases, injuries, and trauma significantly contribute to the poor health of Australians (DHDA, 2021).

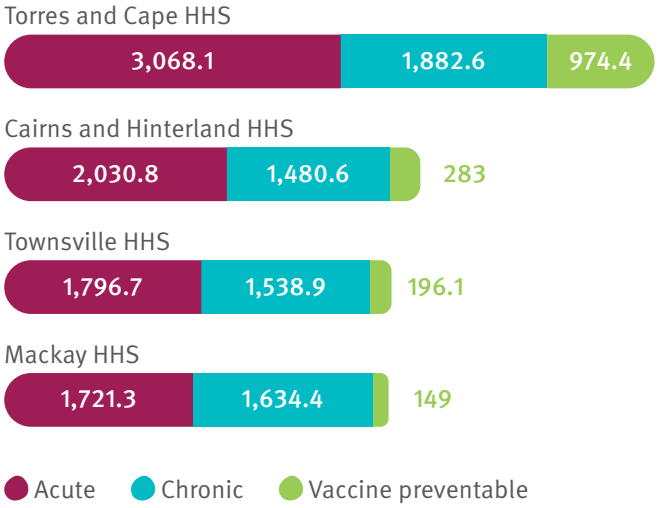
Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPH) are those hospital admissions that could have potentially been prevented through the provision of appropriate preventative health interventions and early disease management in primary care and community-based care settings. These are used as measures of health system performance in Australia and internationally. Identified from diagnoses documented in hospital admission records, PPHs fall into three broad categories: chronic, acute, and vaccine-preventable, encompassing a total of 22 distinct health conditions.

- **Acute:** Conditions that occur suddenly and may not be preventable but may not result in hospitalisation if timely and adequate care has been received.
- **Chronic:** Conditions that may be preventable through behaviour modification and lifestyle change but can also be managed effectively through timely care to prevent deterioration and hospitalisation.
- **Vaccine-preventable:** Conditions that be prevented by vaccination.

Higher rates of PPH indicate a lack of timely, accessible and adequate primary care (AIHW , 2024). For our region, the crude rate for all potentially preventable hospitalisations (PPH – total) was **3,668.2 per 100,000 persons** which is slightly higher than Queensland state (**3,379.2 per 100,000 persons**).

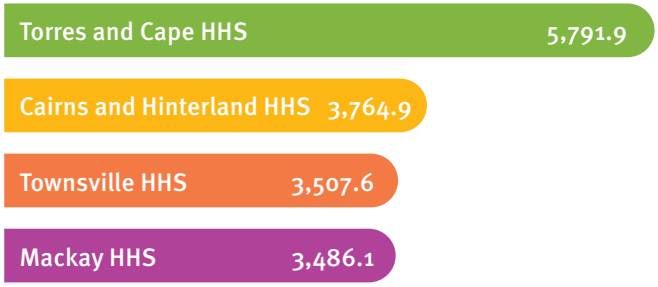
Figure 8. Comparison of types of Potentially Preventable Hospitalisations by HHS, 2018-2021



For acute PPHs, the crude rate for our region was **1,915.1 per 100,000 persons** – again slightly higher than Queensland state (**1670.5 per 100,000 persons**). The crude rate for chronic potentially preventable hospitalisations was slightly lower than Queensland state (**1,554.7 per 100,000 persons vs 1,512.7 per 100,000 persons**). Vaccine preventable PPH crude rate for our region was **247.7 per 100,000 persons**, which was slightly higher than Queensland state (**255.2 per 100,000 persons**) (AIHW, 2024).

At an HHS level, the crude hospitalisation rates for all types were the highest for the Torres and Cape HHS (Queensland Health, 2024).

Figure 9. Comparison of total Potentially Preventable Hospitalisations by HHS, 2018-2021



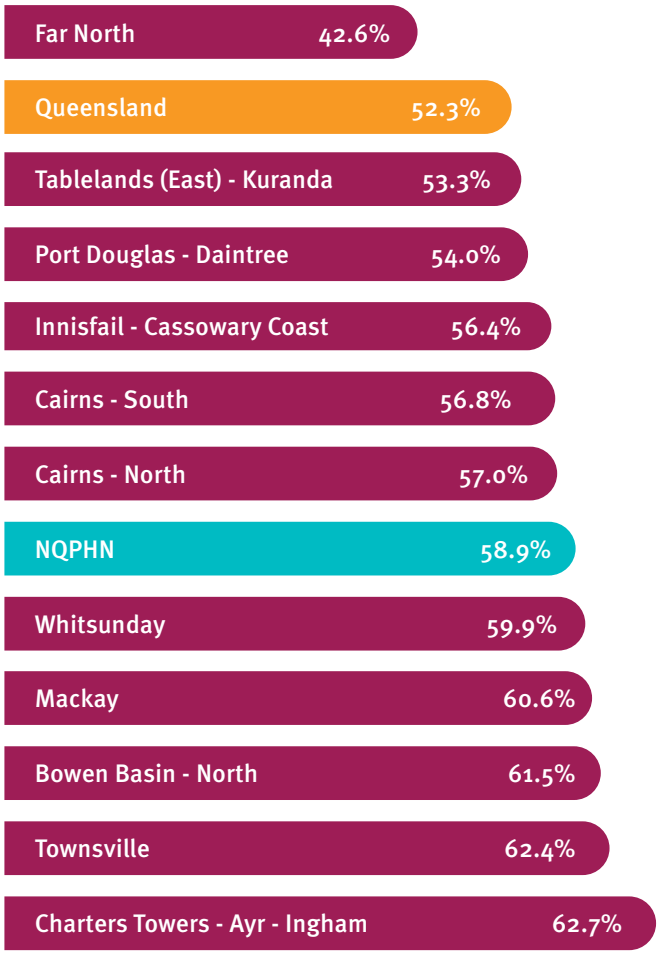
Cancer screening participation

Cancer is one of the major causes of illness and death in Australia. Cancer screening helps in early detection of cancer that allows for early intervention and treatment which in turn improves health outcomes. Cancer screening involves tests that look for signs of cancer or conditions that cause cancer before the symptoms are experienced by an individual. There are national level screening programs for breast, cervical, and bowel cancers that specifically focus on certain population groups.

Breast cancer screening

Breast cancer screening program is targeted at women aged 50-74 years, where free two-yearly screening mammograms are offered for those aged 40 years and older. **In 2019-2020, NQPHN had the highest participation rate for breast cancer screening at 58.9%** compared to Queensland state (52.3%). At SA3 level, Charters Towers-Ayr-Ingham had the highest participation rate for breast screening at 67.2%.

Figure 10. Comparison of breast cancer screening participation rate by SA3, 2019-2020

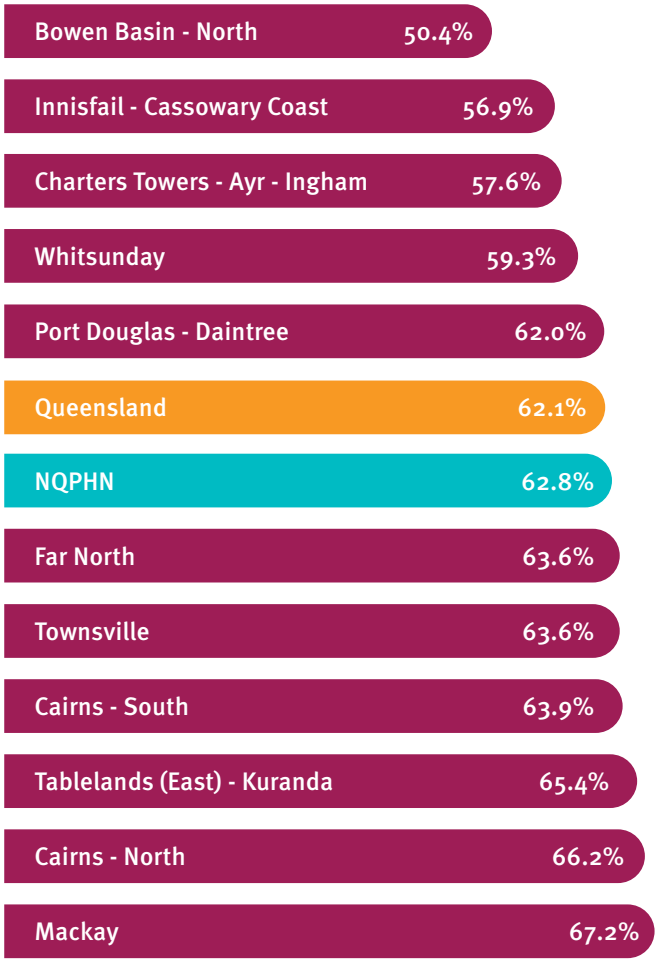


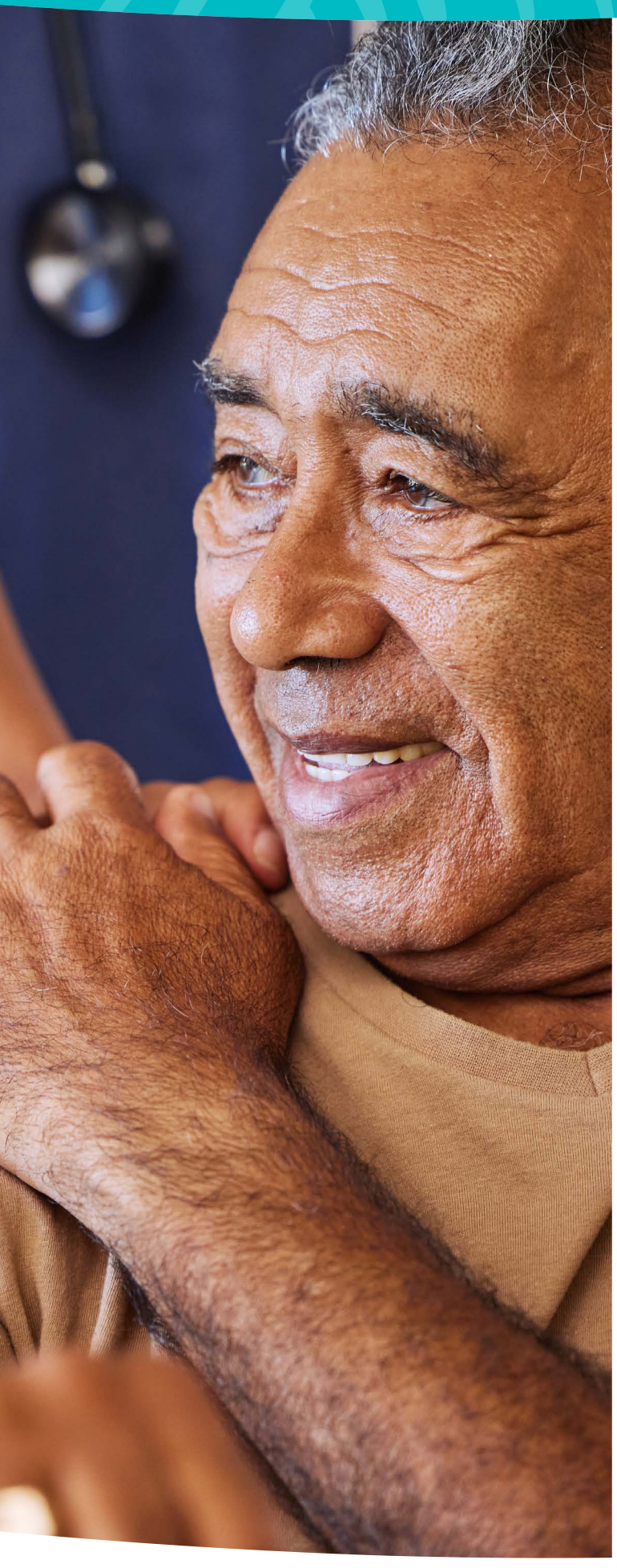
Cervical cancer screening

Cervical cancer screening is implemented through the National Cervical Screening Program, which aims to reduce cervical cancer cases nationally. The screening is done every five years for those aged 25-74 years via a human papillomavirus (HPV) test.

The estimated cervical screening participation rate for our region was 62.8% in 2018-2021 on par with the national participation rate of 62.4% and Queensland state (62.1%).

Figure 11. Comparison of cervical cancer screening participation rate by SA3, 2018-2021



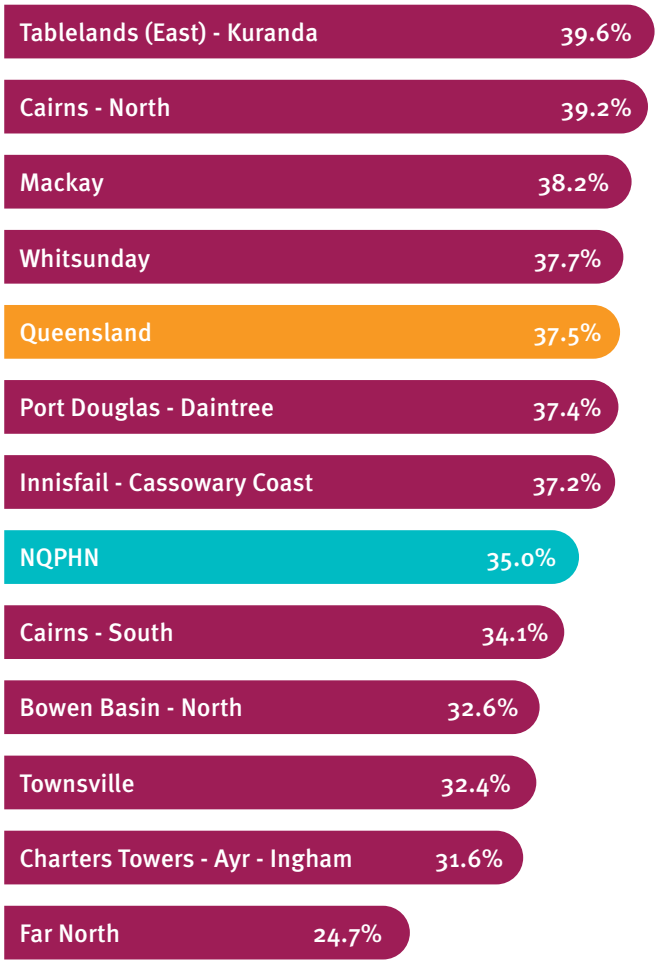


Bowel cancer screening

Bowel cancer screening is implemented via the National Bowel Cancer Screening Program that aims to reduce incidence and deaths due to bowel cancer. This screening is done every two years specifically for those aged 50-74 years.

In 2020-21, for our region, the bowel cancer screening participation rate was 35%, slightly lower than Queensland state's participation rate of 37.5%. (AIHW, 2023).

Figure 12.Comparison of bowel cancer screening participation rate by SA3, 2020-21



Healthy living

Smoking

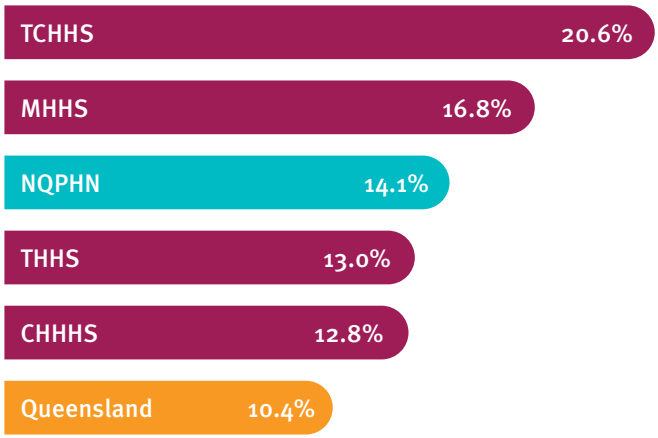
Smoking remains the leading preventable cause of death and disease in Australia. For our region, 14.1% adults smoked daily in 2022 when compared to 10.4% of Queensland state. 15.2% adult males smoked daily compared to 13% of females across our region.

At an HHS level, Torres and Cape HHS had the highest daily smoking rates at 20.6% followed by Mackay HHS at 16.8%.

At an LGA level, Cook had the highest percentage of daily smokers at 28.6% followed by Whitsunday (20%) and Mareeba (17.9%) while the least was in Douglas (10.7%), Tablelands (11.6%), and Burdekin (12%).

A higher proportion of adults aged 45-54 years (~20%) smoked daily compared to older age groups (65+ years) with Mareeba being the highest at 28.2%. Whitsunday LGA has the highest proportion of adult females who smoked daily (23.7%), compared to 16.4% of adult males (Queensland Health, 2023).

Figure 13. Comparison of daily smoking prevalence by HHS, 2023



Overweight and obesity

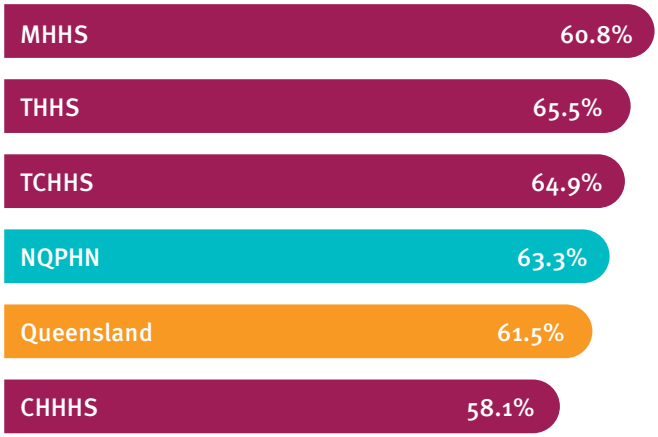
Overweight and obesity are complex public health challenges. The prevalence of overweight and obesity in the adult Queensland population is high.

For our region, 63.3% of adults are overweight/obese. A higher proportion of males (68.7%) aged 18 years and above were found to be overweight/obese compared to females (57.9%) for our region.

Mackay HHS has the highest prevalence rate of overweight/obese adults at 68% while Cairns HHS has a lower prevalence rate of 58.1% (lower than Queensland state, 61.5%). Nearly 70% of males (aged 18 years and older) across all HHS regions were found to be overweight or obese. A similar pattern was seen among males 65 years and older for all HHSs.

At an LGA level, the highest proportion of overweight/obese adults were in Charters Towers (76.3%), Whitsunday (69%), and Hinchinbrook (68.9%) while the least was seen in Cook (49.8%), Douglas (52.2%), and Mareeba (56.7%) in 2021-22. Isaac LGA had a higher proportion of males (18 years and older) overweight/obese (78%) compared to females (55.9%) while Charters Towers had a higher proportion of female (75%) and male (77.4%) adults who were overweight/obese (Queensland Health, 2023).

Figure 14. Comparison of overweight/obese adults by HHS, 2023

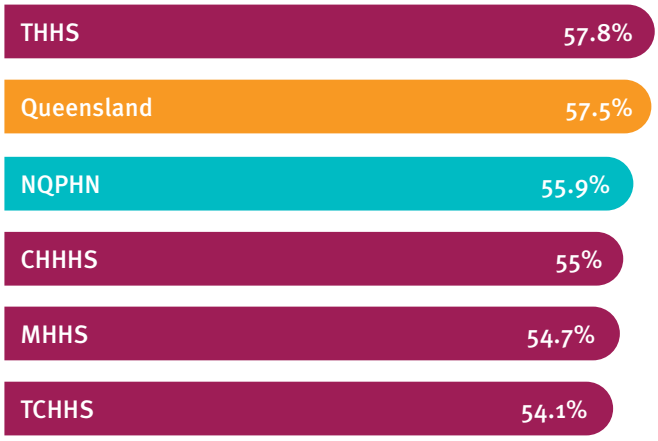


Physical activity

In 2021, more than half of Queensland adults (56.6%) were sufficiently physically active, according to the 2004 guidelines which recommend at least 150 minutes of moderate intensity physical activity over five or more sessions weekly.

For our region, 56% of adults were sufficiently physically active. Townsville HHS has the highest proportion of adults who were physically active (57.8%), while other HHS populations were 55% physically active (Queensland Health, 2023).

Figure 15. Comparison of sufficient physical activity among adults by HHS, 2023



Alcohol consumption

In 2022, more than one-third (36.4%) of adult Queenslanders consumed alcohol at levels that were risky to their health. 41.9% of our region's adults (18 years and older) consumed alcohol at risky levels (exceeding guideline 1).

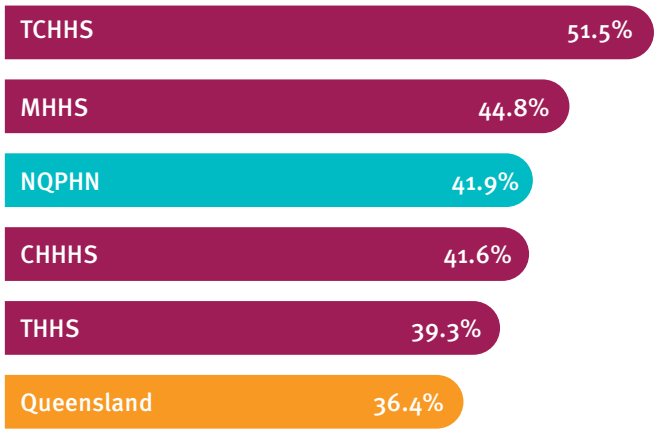
The highest prevalence of risky alcohol consumption was in the Torres and Cape HHS region at 51.5% and the least in Townsville HHS region at 39.3%. A higher proportion of adult males (68%) consumed alcohol at risky levels compared to adult females (34.5%) in the Torres and Cape HHS region. All HHSs had a higher proportion of adult males consuming alcohol at risky levels (>55%).

At an LGA level, a higher proportion of adults aged 18 years and older consumed alcohol at risky levels in Cook (52.6%), Douglas (51%), and Whitsunday (49.4%).

A higher proportion of adult males for the following LGAs consumed alcohol at risky levels (Queensland Health, 2023):

LGA name	Proportion of adult males	Proportion of adult females
Charters Towers LGA	63.1%	18.4%
Isaac LGA	61.9%	30.6%
Mackay LGA	61.4%	24%

Figure 16. Comparison of risky alcohol consumption by HHS, 2023



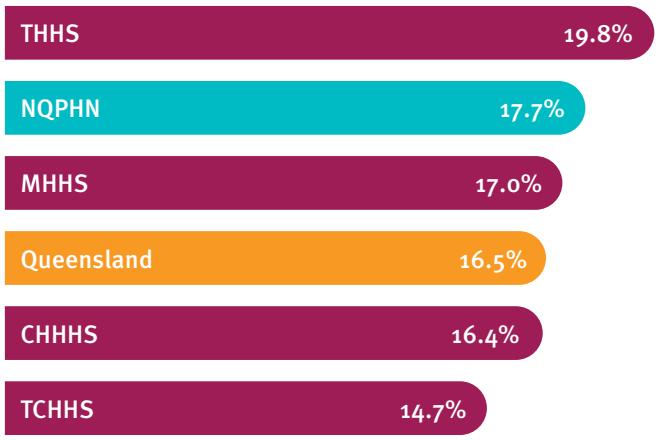
Self-assessment of health

Self-assessed health status is a commonly used measure of overall health which reflects a person's perception of his or her own health at a given point in time. It is a useful measure of a person's current health status and provides a broad picture of a population's overall health (ABS,2018).

In 2021-22, 82.3% of our population self-rated their health to be excellent, very good, or good. Nearly an equal proportion of males and females aged 18 years and above reported that their health was excellent, very good, or good. 71% of adults aged 65 years and older considered themselves to be in excellent, very good or good health (Queensland Health, 2023).

Across our region, nearly 17% of adults 18 years above self-assessed their health as fair or poor. Townsville HHS had a higher proportion of nearly 20% self-assess their health as fair or poor (Queensland Health, 2023).

Figure 17. Comparison of self-assessment status by HHS, 2023



Health literacy

Health literacy has been identified as a significant concern, nationally. Nearly 60% of adult Australians were reported to have low health literacy rates which meant it impacted their health decisions (ACSQHC, 2014).

It has been identified that people with low literacy rates are linked to having poorer health outcomes overall and poor health behaviours that include limited use of health services and high hospital re-admission rates (AIHW, 2024).

Mental health and wellbeing

Northern Queensland Primary Health Network (NQPHN) recognises and honours those with direct lived experience – individuals who have faced suicide, mental health challenges, or struggles with alcohol and other drugs, leading to significant life changes and personal transformation. We understand that lived experiences exist on a spectrum and can evolve throughout life. We deeply value the contributions of people with lived experience. We acknowledge that sharing your story takes immense strength and courage. Every journey is unique, and we respect and appreciate the diversity of experiences people bring to the table.

Mental wellbeing plays an important role in one's overall health. Mental health is intertwined with and influenced by various socio-economic factors, that include access to services, living conditions and employment status. These factors not only affect the individual but also have an impact on their families and carers. A mental disorder is denoted as a clinical disruption in an individual's cognitive processes, emotional regulation, or behaviour. The term encompasses a range of disorders like anxiety, affective and substance use disorders. An individual can be negatively affected by symptoms of mental health concerns without meeting the criteria for a mental disorder.

At an HHS level, Townsville HHS had a higher proportion of adults with the long-term health condition identified as mental health condition (including depression or anxiety) at **9.8%**, followed by Mackay HHS (**7.6%**) and Cairns and Hinterland HHS (**7.6%**) (QGSO, 2024).

23.2% of people aged 16-85 years in our region reported a mental disorder in the last 12 months. A higher proportion of females reported a mental disorder in the last 12 months compared to males (**26.9% vs 19.6%**) (ABS, 2023).

18.8% of people aged 16-85 years consulted a health professional for mental health in the last 12 months across our region. A higher proportion of those aged 16-24 years (**28%**) consulted a health professional for mental health in the last 12 months compared to other age groups. A higher percentage of females consulted a health professional than males across our region (**23.9% vs 13.7%**).

Mentally unhealthy days

One of the many measures of health-related quality of life (HRQoL) is the number of days a person assessed themselves to be in good health. It is an easily interpreted metric for policy applications. This instrument asks people's physical and mental health status over the previous 30 days and results are reported as the number of unhealthy days.

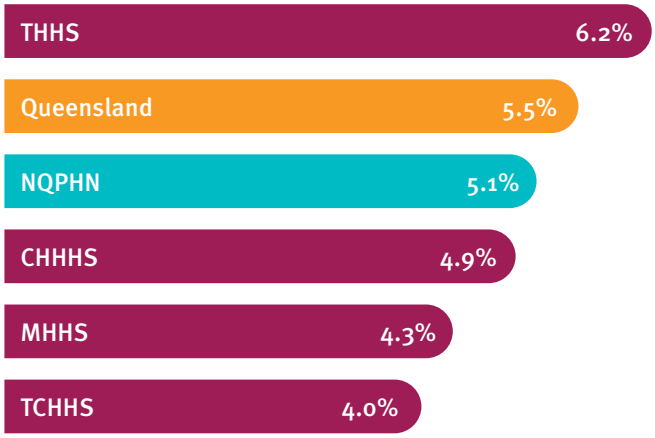
Internationally, healthy days results have proved useful for monitoring population health and understanding demographic and socioeconomic disparities, burden of illness and disability, and relationship between health and modifiable risk factors.

In Queensland, the number of healthy days was associated with sociodemographic differences, modifiable risk factors, and population-level hospitalisations.

- In 2022, Queensland adults averaged a total of **9.0 unhealthy days** in the past 30 days (Figure 4). This includes an average of **4.9 physical unhealthy days** and **5.7 mental unhealthy days**.
- In the five-year period (2017–2022), the number of unhealthy days increased by **1.4 days**—from an average of **7.6 to 9.0 unhealthy days** for Queensland adults.
- Younger females showed an increase over the period, where the total unhealthy days increased from **7.6 days** to **11.6 days** for females aged 18 to 29 years (Figure 5). This was strongly driven by the increase in mental unhealthy days, which increased from **5.4 days to 9.1 days**.

For our region, adults aged 18 years and older stated that they had **6.2 mentally unhealthy days** in the past 30 days. Townsville HHS region adults reported to have a higher number of mentally unhealthy days in the last 30 days (Figure 18) (Queensland Health, 2023).

Figure 18. Mentally unhealthy days by HHS, 2023



National Study of Mental Health and Wellbeing findings

According to the National Study of Mental Health and Wellbeing, the following modelled estimates have been identified for our region.

Lived experience of suicide

For our region, in 2022, **20.1%** of people aged 16 to 85 years had experienced suicidal thoughts, of which **19.1%** are males and **21.1%** are females. Across all age groups, a higher proportion of females than males were found to have experienced suicidal thoughts.

For our region, **3.5%** of people had experienced suicidal thoughts in the last 12 months. Of this, a higher proportion of females had experienced suicidal thoughts compared to males across all age groups. For those aged 16-24 years, a higher proportion of females (**9.5%**) experienced suicidal thoughts in the last 12 months compared to males (**5.4%**).

A slight decline has been observed in the number of deaths caused by suicide from 2019 (n=146) to 2022 (n=126) (AIHW, 2022).

Figure 19. Lived experience of suicide in a lifetime by age, 2022

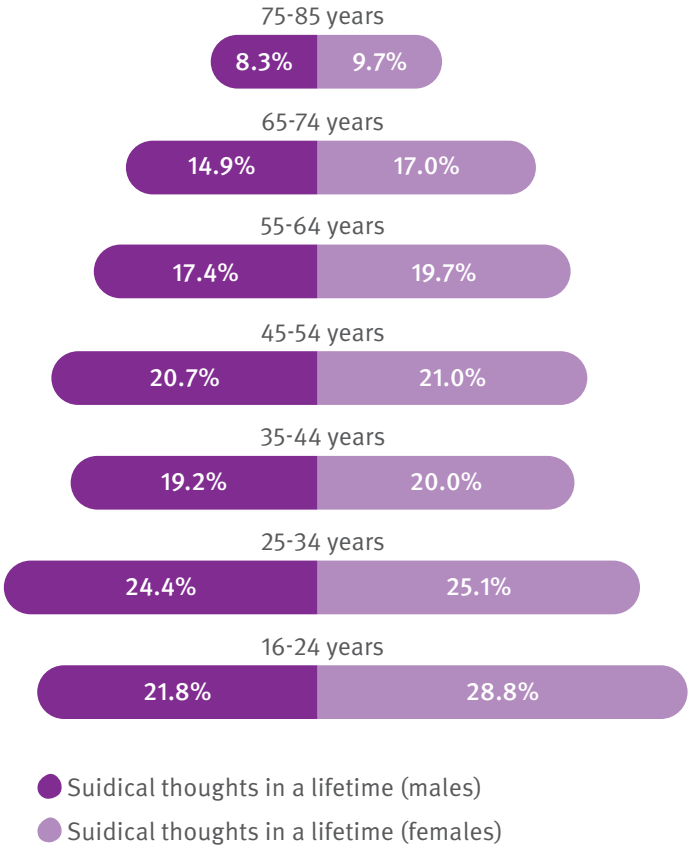
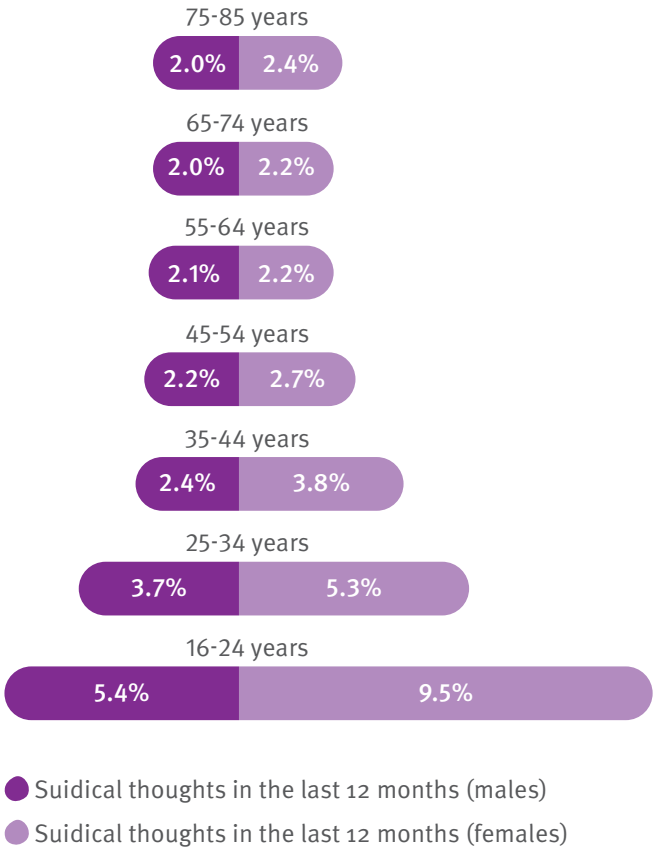


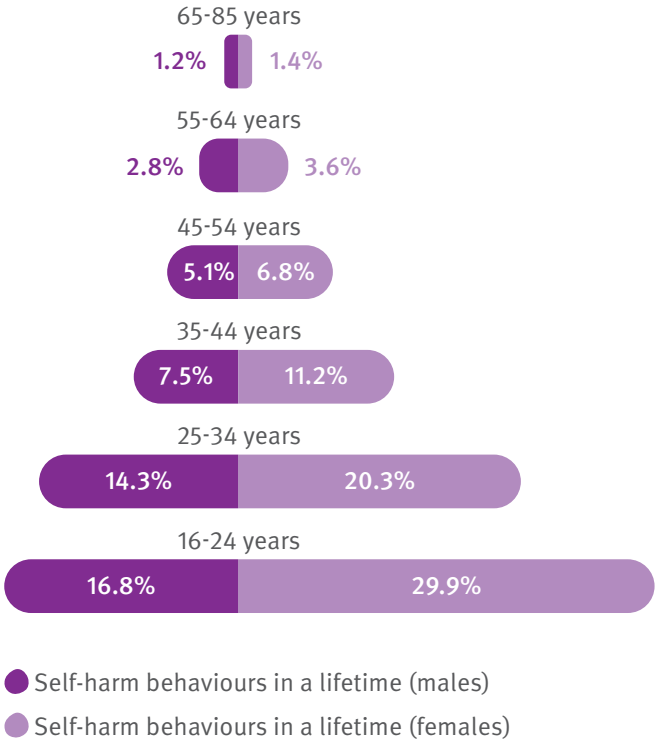
Figure 20. Lived experience of suicide in last 12 months by age, 2022



Self-harm behaviour

9.5% of people living in private dwellings aged 16 to 85 years have self-harmed in their lifetime. For all ages, 11.4% females self-harmed in their lifetime compared to 7.5% males. (ABS, 2023).

Figure 21. Self-harm behaviours in a lifetime by age, 2022



LGBTIQ+ community

In the National Study of Mental Health and Wellbeing 2020-22, nearly 74.5% of LGBTIQ+ people nationally had experienced a mental disorder at some time in their life and almost three in five (58.7%) had a mental disorder in the last 12 months. It was noted that a higher proportion of LGBTIQ+ people consulted a health professional for their mental health than heterosexual people. Among this, younger people were more likely to use the health service than older.

Nearly 43.9% had high or very high levels of psychological distress and 47.8% (nearly half of all LGBTIQ+ people) had experienced suicidal thoughts at some point in their lifetime (ABS, 2023).

Veterans' health

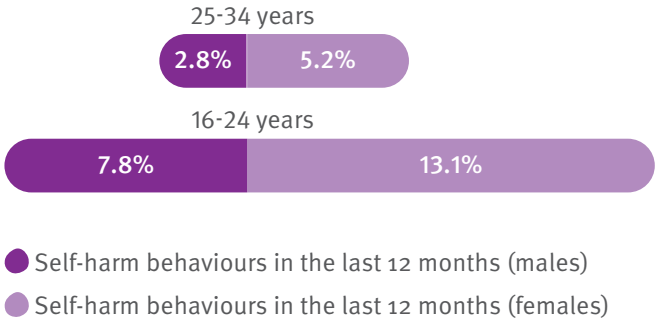
Male veterans reported a higher prevalence of several long-term health conditions in 2020-21 (ABS, 2021). According to the National Study of Mental Health and Wellbeing 2020-22, it was noted that veterans were less likely to report a mental health disorder in the last 12 months, specifically anxiety disorders.

This study also noted that nationally, 17% of all veterans had received at least one mental health related consultation with a health professional in the last 12 months. Nearly 6.4% of all veterans reported having self-harmed in their lifetime and 19% had experienced suicidal thoughts (ABS, 2023).

Intentional self-harm hospitalisations

There was a decline in the number of intentional self-harm hospitalisations across our region from **1,428 per 100,000** population in 2020 to **1,246 per 100,000** population in 2022. A slight increase is observed in females for self-harm hospitalisations across our region from **63.7%** in 2020 to **66%** 2022. **32.1%** of females in the age group 0-24 years were reported for self-harm hospitalisations compared to **11.1%** males in 2022 (AIHW, 2023).

Figure 22. Self-harm behaviours in last 12 months by age, 2022



Alcohol and other drug treatment services

The Australian Government, along with state and territory governments, funds both non-government and government agencies to offer various alcohol and other drug (AOD) treatment services. These services are available in residential and non-residential settings and typically encompass treatments like detoxification, rehabilitation, counselling, and pharmacotherapy. Several treatment options are available to support individuals undergoing treatment for alcohol or drug use, primarily focusing on minimising the harm associated with substance use through services like counselling, information, and education.

In 2023, an estimated **6,201** alcohol and other drug treatment clients lived in our region. The majority of the clients receiving treatment were male (**61.3%**) compared to female (**38.3%**). Nearly half of the clients receiving treatment (**48.1%**) were aged 20-39 years. **32.5%** of clients identified as Aboriginal and/or Torres Strait Islander.

9,012 treatment episodes were provided to clients across our region. Counselling was the most common type of treatment provided to all clients (**39%**), followed by assessment only (**36.4%**). The majority of the closed episode treatments were in a non-residential treatment facility (**82.3%**). For all clients, the most common source of referral into treatment was self/family (**41.2%**) followed by health services (**35.7%**).

Of clients receiving treatment, **95.8%** received treatment for their own alcohol or drug use. **11.1%** of clients receiving treatment for their own alcohol or drug use were 10-19 years of age. **96.5%** of treatment episodes were provided for clients for their own alcohol or drug use.

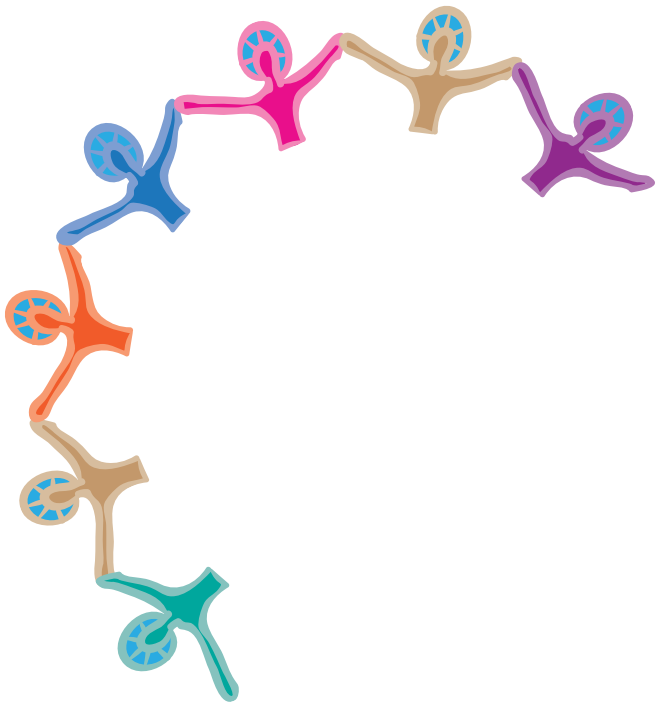
The three most common principal drug of concern among clients who received treatment for their own alcohol or drug use were:

Drug of concern	Proportion of clients receiving treatment
Alcohol	48.2%
Cannabis	21.0%
Amphetamines	20.0%

For alcohol related treatment episodes, there has been an increase over the last five years from **40.1%** in 2018 to **48.2%** in 2023.

40.2% of referrals for treatment were self/family referrals while **36.4%** were from a health service. For clients who received treatment for their own alcohol or drug use, the main treatment types were assessment only (**37.7%**), counselling (**37.4%**), and rehabilitation (**9.3%**).

Within our region, there are **51 alcohol and other drug treatment agencies** as of 2023 (AIHW, 2024).



Mums and bubs

The health and wellbeing of a mother and baby before, during, and after pregnancy play a very important role on the health outcomes for both.

There are various factors that contribute towards this such as access to quality health services, health status, the region they live in, and others.

In addition, there are other risk factors for mothers, such as smoking, drinking, being older, and being obese, that are linked to poor birth outcomes (Queensland Health, 2023).

Total fertility rate

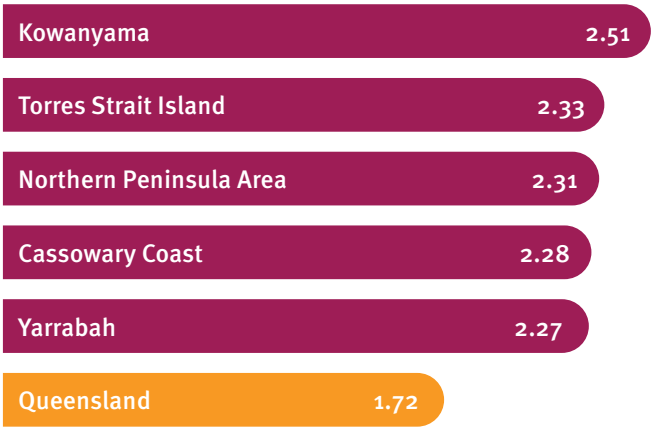
The total fertility rate is a measure that gives the average number of children an Australian woman would have during her lifetime should she experience the age-specific fertility rates present at the time.

The total fertility rate for our region is 1.98 (births per female) which is slightly higher than Queensland state (1.72 births per female).

Across our region, the following LGAs had a high total fertility rate (ABS, 2023):

LGA name	Fertility rate
Kowanyama LGA	2.51 births per female
Torres Strait Island LGA	2.33 births per female
Northern Peninsula Area LGA	2.31 births per female

Figure 23. Top five LGAs with high total fertility rate, NQPHN region, 2022



In 2021, the highest birth rate among women 15 to 49 years was across the Torres and Cape HHS region (6.4%).

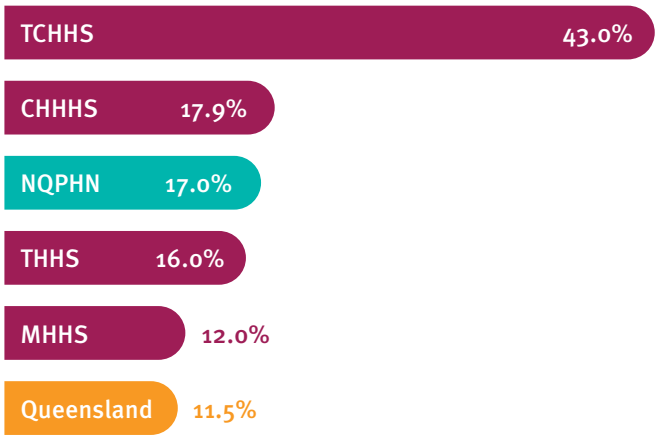
Mothers who smoked during pregnancy

Across our region, 17% of mothers smoked during pregnancy, much higher than Queensland state (11.5%). 52.4% of mothers who identified as Aboriginal and/or Torres Strait Islander smoked during pregnancy across our region.

A high proportion of mothers in Torres and Cape HHS region (43.2%) smoked during pregnancy which was 2.5 times higher than NQPHN. 54.3% of mothers who identified as Aboriginal and/or Torres Strait Islander smoked during pregnancy in the Torres and Cape HHS region.

At an SA2 level, Dalrymple in Charters Tower region had nearly 83% of mothers smoke during pregnancy followed by Kowanyama-Pormpuraaw at 68.4% (Queensland Health, 2024).

Figure 24. Smoking during pregnancy across our region, 2023



Low birthweight births

Low birthweight is defined as a baby weighing less than 2,500 grams. It can be a result of preterm birth (gestation age less than 37 weeks) or restricted foetal growth.

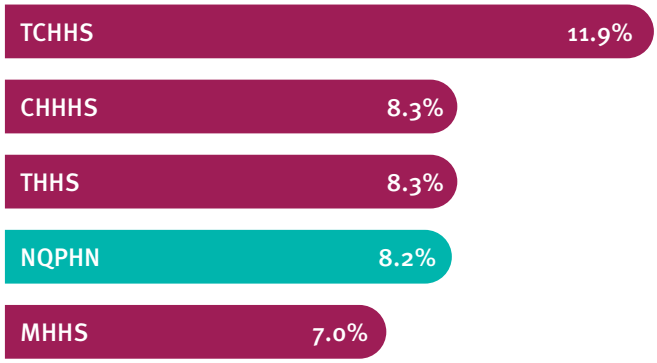
Low birthweight can impact a child's survival, perinatal mortality, infant mortality, and the development of chronic diseases later in life.

Some factors associated with low birthweight include:

- **Smoking:** Mothers who smoke during pregnancy are more likely to have low birthweight babies.
- **Antenatal care:** Mothers who receive antenatal care are less likely to have low birthweight babies.
- **Aboriginal and/or Torres Strait Islander status:** Aboriginal and/or Torres Strait Islander mothers are more likely to have low birthweight babies than non-Aboriginal and/or Torres Strait Islander mothers.

In 2023, 8.2% births in our region were low birthweight. 11.9% births were low birthweight for TCHHS region, compared to 7% for Mackay HHS (Queensland Health, 2024).

Figure 25. Low birthweight babies across our region, 2023



Antenatal visits during first weeks of pregnancy

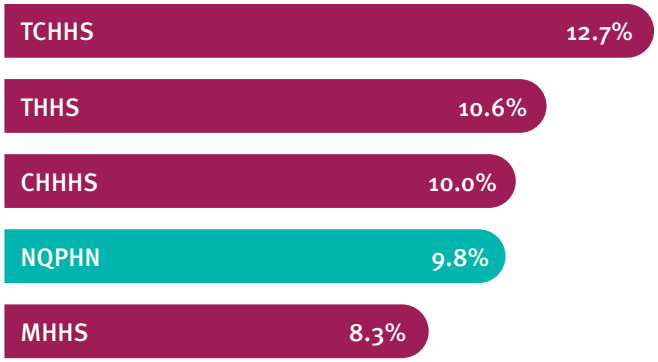
Across our region, nearly 85% of mothers attended eight or more antenatal visits. At an HHS level, Townsville HHS had the highest percentage of mothers attend eight or more antenatal visits (86.7%) while Torres and Cape HHS had the least (77.6%) (Queensland Health, 2024).

Figure 26. Antenatal visits of eight or more across our region, 2023

Pre-term birth

9.8% of births in our region were pre-term. At an HHS level, the highest proportion of pre-term births was within the Torres and Cape HHS (12.7%) (Queensland Health, 2024).

Figure 27. Pre-term births across our region, 2023



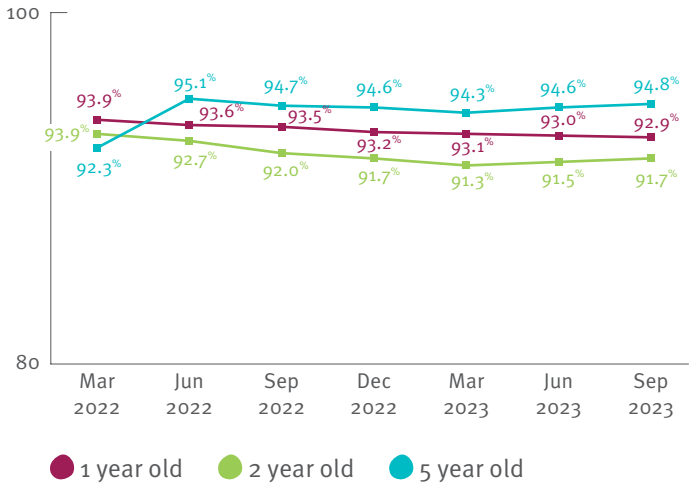
Immunisation

The proportion of Australian children who have received every vaccination advised for their age in the National Immunisation Program Schedule is known as childhood immunisation coverage. Measuring childhood immunisation coverage helps monitor level of protection against vaccine-preventable diseases. Australia's national aspirational coverage target is 95%.

Nationally, the current coverage status for all age groups is above 90%, with the highest observed among five year olds (93.8%) (DHDA, 2024).

Queensland state's childhood vaccination coverage target is 95% for ages one, two, and five year olds, with highest observed for five year olds (93.5%) (Queensland Health, 2023).

Figure 28. Quarterly trend of childhood immunisation rates, NQPHN region, 2023



One year olds

Childhood immunisation rate for one year olds in our region has seen a decline from 93.9% (Sep 2022) to 92.9% (Dec 2023). Across the region, Mackay HHS had the highest proportion of one year olds fully immunised (95.2%) compared to Torres and Cape HHS which had a slightly lower rate (91.4%).

Figure 29. Comparison of immunisation rates for one year olds by region, 2023

Two year olds

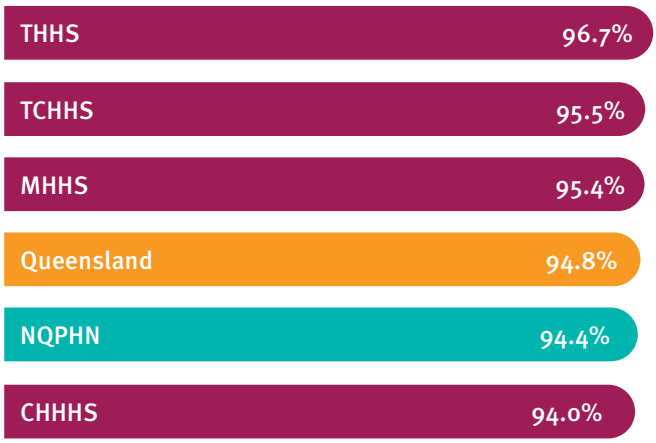
Childhood immunisation rates for two year olds in our region has observed a decline from 93.1% (Sep 2022) to 91.7% (Dec 2023). At an HHS level, Mackay HHS (92.9%) had the highest percentage of fully immunised two year olds while Torres and Cape HHS were slightly lower (90.9%).

Figure 30. Comparison of immunisation rates for two year olds by region, 2023

Five year olds

Childhood immunisation rates for five year olds in our region has observed an increase from 92.3% (Sep 2022) to 94.8% (Dec 2023) (DHDA, 2023). For five year olds, Townville HHS had 96.7% of five year olds fully immunised, slightly higher than Queensland state (94.8%) and meeting the national target of 95%.

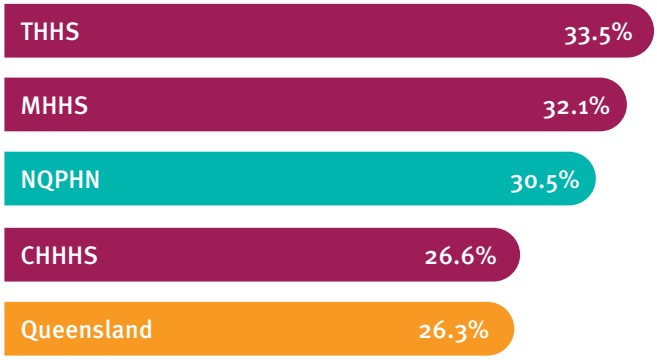
Figure 31. Comparison of immunisation rates for five year olds by region, 2023



Children's health

Children's health plays an important role in their future health and wellbeing. By addressing risk factors in childhood, the prevalence of avoidable chronic conditions among adults can be impacted. For the NQPHN region, 30.5% of the 5-17 year age group were reported overweight/obese in 2021-22 higher Queensland state (26.3%).

Figure 32. Comparison of overweight/obese children aged 5-17 years by region, 2022



For NQPHN region, the prevalence of overweight/obese children varied across age groups. The highest proportion of overweight/obese children was reported for the 5-7 year age group at 40% while the least was reported among 16-17 year olds at 23.4%.

Across the NQPHN region, 3.3% of children aged 5-11 years and 4.4% aged 12-17 years had sufficient daily vegetable consumption in 2021-22 compared to Queensland (3.2%).

Developmentally vulnerable children

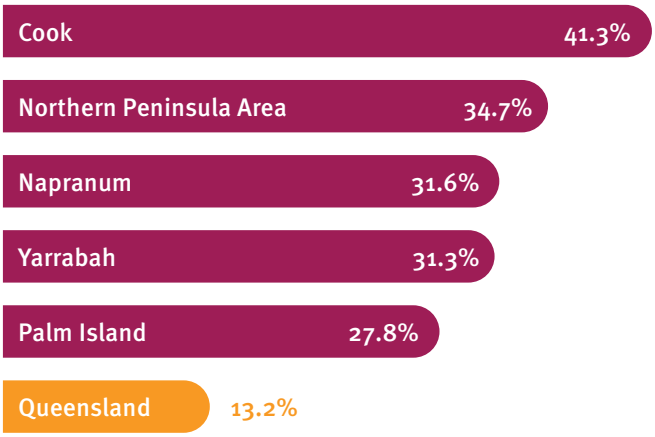
The Australian Early Development Census provides insights about children's development prior to entry to school. It focuses on five domains of early childhood development:

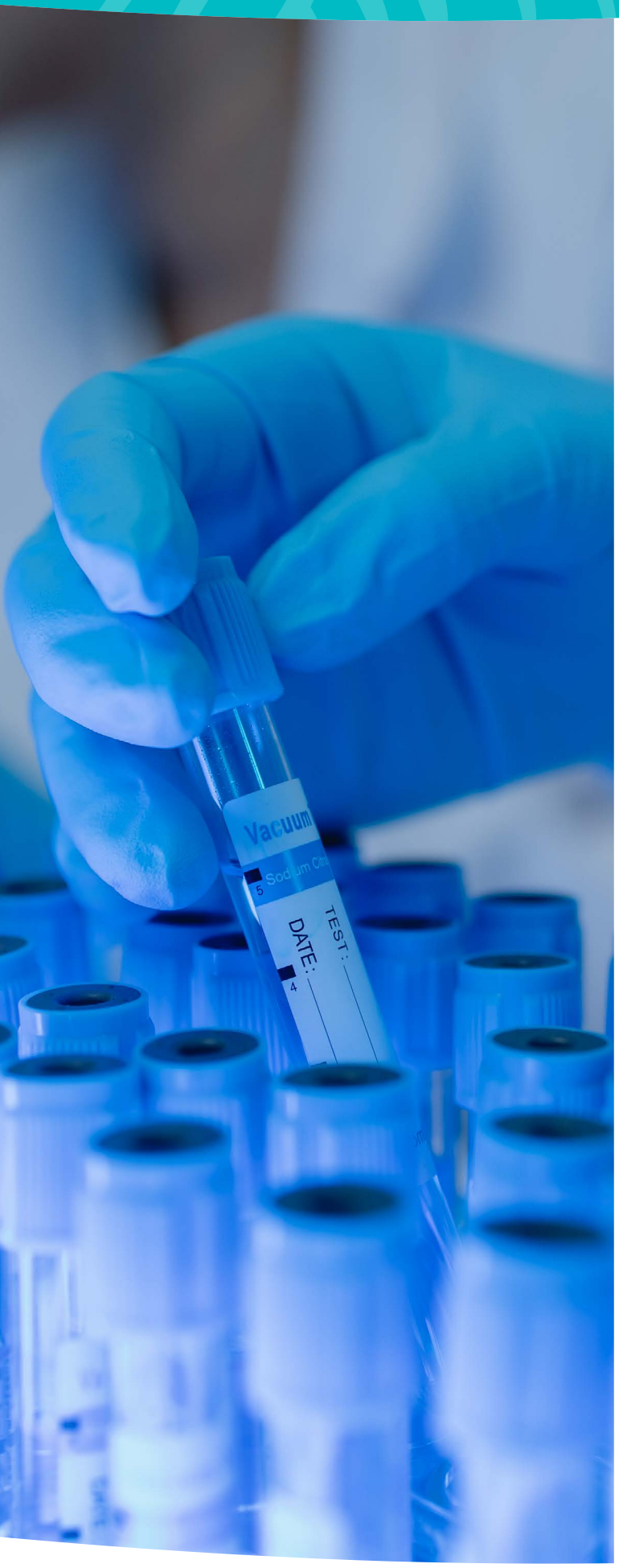
- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills
- communication skills and general knowledge.

These are considered as predictors of a child's health, education and social outcomes.

For our region at an LGA level, data was unavailable for nine LGAs mainly in the Torres and Cape HHS region. For the remaining LGAs, Cook LGA (41.3%) noted the highest proportion of children developmentally vulnerable in two or more domains which was much higher than Queensland state (13.2%) in 2021.

Figure 33. Children developmentally vulnerable in more than two domains by LGA, 2021





Notifiable conditions in our region

Queensland Health have public health units within each HHS across the state that focus on disease, illness, and injury prevention along with health promotion. These public health units maintain a registry for notifiable conditions as part of surveillance across the state by HHS. Based on this dataset, the following notifiable conditions have been reviewed for NQPHN region.

Sexually transmitted infections

Over the last five years, there has been an increase in the number of notifications for the following sexually transmissible conditions across our region (Queensland Health, 2024):

- chlamydia
- gonorrhoea
- infectious syphilis.

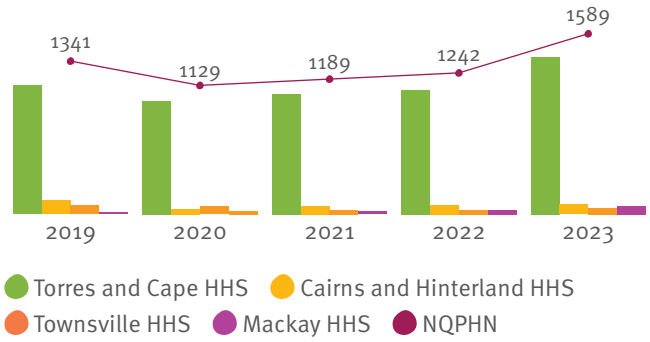
At an HHS level, Torres and Cape HHS has seen an increase in the number of notifications of infectious syphilis at nearly **15 times higher** than the other HHSs (Queensland Health, 2024).

In 2022, of the **1,090 infectious syphilis notifications** in Queensland, **16%** were from North Queensland, of which **43%** were among First Nations Queenslanders (reporting only heterosexual sex as their exposure), and **16%** among other North Queenslander men who have sex with men.

Between 2010 and 2022, **54%** of syphilis cases were notified for First Nations women of reproductive age (15-44 years) across North Queensland. During the same period, **47%** (n=233) of syphilis cases (infectious/latent) were notified for all pregnant women, of which **191 cases** were among First Nations women.

44 congenital syphilis cases were notified between 2011 and 2022, of which **26 cases** were from North Queensland. (Queensland Health, 2022)

Figure 34. Trend of infectious Syphilis notifications by region, 2019-2023

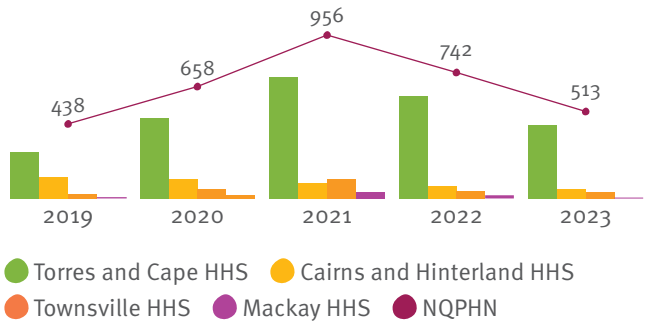


Heart Disease and Rheumatic Heart Fever

In Queensland, the prevalence of Rheumatic Heart Disease for First Nations females was **945 per 100,000** population (**1,179 cases**), compared with **523 per 100,000** for First Nations males (**644 cases**) (AIHW, 2024).

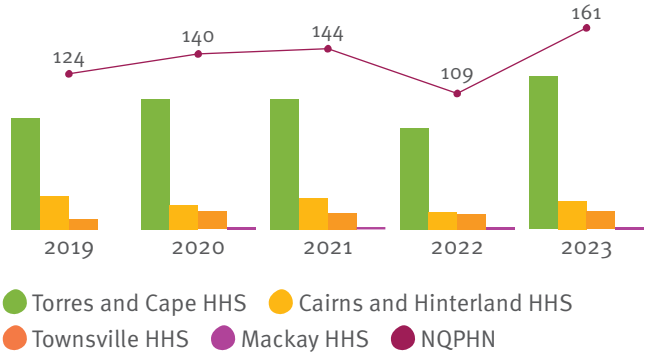
For our region, there is a decline in the number of Acute Rheumatic Heart Disease notifications when compared to the last three years. The highest number of notifications were across Torres and Cape HHS region with **425 notifications** reported in 2023 (Queensland Health, 2024).

Figure 35. Trend of Acute Rheumatic Heart Disease notifications by region, 2019-2023



An increase in the number of Acute Rheumatic Heart Fever notifications across our region has been observed, with the highest number of notifications across Torres and Cape HHS region (122 notifications) (Queensland Health, 2024).

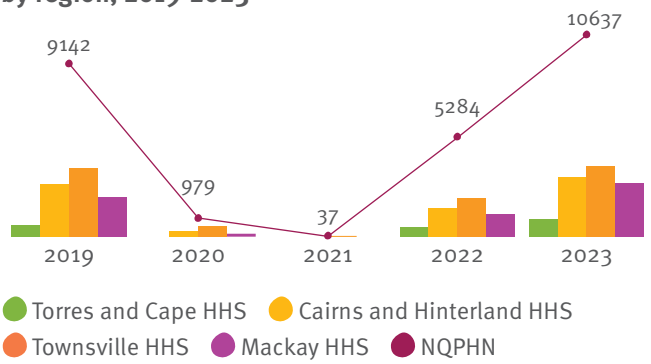
Figure 36. Trend of Acute Rheumatic Heart Fever notifications by region, 2019-2023



Influenza

For our region, there has been an increase in the number of notifications of Influenza over the last two years (Queensland Health, 2024).

Figure 37. Trend of Influenza notifications by region, 2019-2023



Health workforce

Our region has the largest remote, rural, and regional medical workforce in the state with a majority working in outer regional locations. Compared to 2022, there has been an overall decrease in the workforce numbers across our region (HWQ, 2023).

The Australian Medical Association's (AMA) report in 2022 states that the demand for general practitioner services has increased nationally but the supply has not improved. The report identified that demand is mainly driven by population growth, ageing population, and increase in consultation time due to complexity of health concerns (AMA, 2022). With an ageing population across our region, this is a need that has been identified by various stakeholders.

For our region, there are **3,448 general practitioners** in the workforce as of 2023. Of these, the highest number of general practitioners were in Townsville LGA (**1,305**), Cairns LGA (**1,085**), and Mackay LGA (**518**). Rural LGAs such as Richmond, Burdekin, and Flinders had less than five general practitioners while remote LGAs such as Pormpuraaw, Torres Strait Island, and Napranum have no general practitioners (DHDA, 2022).

In 2023, it was reported that our region had the highest percentage of female practitioners (**~50%**). **55.5%** of general practitioners in our region acquired their medical qualification from an Australian university while **44.5%** were overseas trained (HWQ, 2023).

There are **179 general practices across our region**, of which:

- **2** are in the **Torres and Cape HHS region**
- **65** are in the **Cairns and Hinterland HHS region**
- **62** are in the **Townsville HHS region**
- **50** are in the **Mackay HHS region** (NQPHN CRM, 2024).

35.4% of our region's general practices are in rural and remote areas (MMM3-MMM7) (NQPHN CRM, 2024). In our region we have a total of **18 Aboriginal Community Controlled Organisations (ACCHOs)** (NQPHN CRM, 2024).

Primary care nurses and midwives

There were **2,361 nurses** in primary and community settings as of 2023 (DHDA, 2023). Of these, **1,992** were registered nurses and **369** were enrolled nurses. There was a comparatively higher number of nurses in a hospital setting across our region (**6,941**) (DHDA, 2024). **10%** of people across our region received a Medicare-subsidised service from a nurse practitioner, nurse, midwife, or Aboriginal health worker in 2022-23.

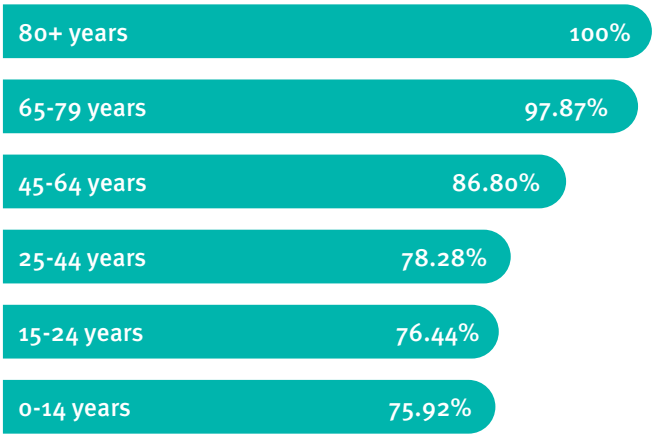
Across the primary and community setting in our region there are **156** midwives as of 2023 (DHDA, 2024). About **0.19%** of people in our region received Medicare-subsidised midwifery services in 2022-23.

Medicare-subsidised of general practitioner (GP) attendances

Medicare-subsidised services data provides an insight into the use of non-hospital Medicare-subsidised services provided by GPs and medical specialists.

For our region, **83%** of our population received a Medicare-subsidised GP attendance in 2022-23. A higher proportion of females (**87.8%**) received a GP attendance compared to males (**78.9%**). A large proportion of residents aged 65 years and above received a Medicare-subsidised GP attendance (**97.8%**).

Figure 38. Proportion of NQPHN population that received a Medicare-subsidised GP attendance by age, 2023



Diagnostic imaging services

38% of our population received a Medicare-subsidised diagnostic imaging service (AIHW, 2024). In 2022, there were 468 medical radiation practitioners across our region. Across Queensland state, there are 893 accredited imaging practices (ACSQHC, 2023).

Enhanced primary care GP attendance

These are Medicare-subsidised services from their GPs for those living with complex health conditions, including chronic or terminal medical conditions. Nearly 25% of our region's population received a Medicare-subsidised GP enhanced primary care attendance, which was much higher than metropolitan based PHNs (16%) (AIHW, 2024).

GP aged care attendances

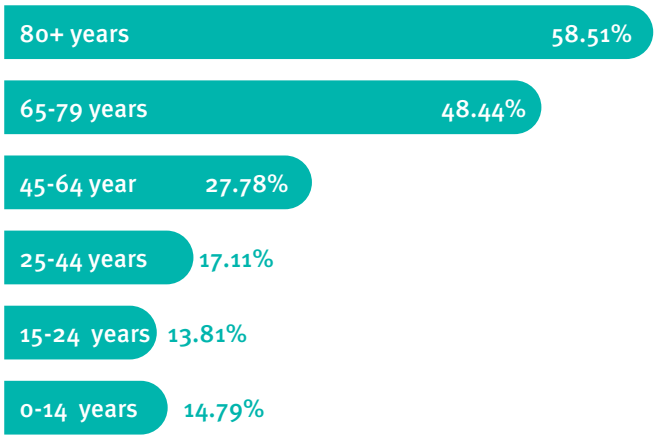
For aged care, there were nearly 83,400 GP attendances to residential aged care settings (i.e., 13.2 GP attendances per residential aged care patient). Of the 31 PHNs, NQPHN had the lowest number of attendances (AIHW, 2024).

Specialist services

Specialist homelessness services (SHS) are funded by non-government agencies to provide a range of support services for people experiencing homelessness. For our region in 2022-23, a total of 12,950 clients were assisted by SHS agencies. Most clients were 39 years and younger.

At an LGA level, the highest SHS delivery was in Townsville, Cairns, and Mackay while the least was in Etheridge, Wujal Wujal, and Mapoon (AIHW, 2024).

Figure 39. Proportion of NQPHN population that received a Medicare-subsidised specialist attendance by age, 2023



From a mental health workforce perspective (AIHW, 2024) in our region there are:

Type of mental health workforce	Total numbers
Psychologists	647
Mental health nurses	610
Mental health occupational therapists	111
Accredited mental health social workers	111
Psychiatrists	93

Psychiatrist services

In 2022-23, 1.3% of people received Medicare-subsidised services for psychiatrist services. Those aged 15-44 years received a higher proportion of psychiatry services compared to other age groups. A slightly higher proportion of females received psychiatrist services than males in our region (AIHW, 2024).

Nationally, there are 4,300 psychiatrists as of 2023. Of these, the majority were male (57%). For our region, there are 93 psychiatrists working as of 2023 (AIHW, 2024).

Aged care services

The number of mainstream aged care services in our region are:

Type of aged care service	Total numbers
Residential care	60
Home care	94
Home support outlets	136

For our region, 86.2% of residential care are occupied by people aged 65 years and older. The number of people aged 65 years and older living in permanent residential care were 56.5 per 1,000 target population. 55.2% of our older people living in permanent residential aged care had a diagnosis of dementia.

The most used home support service in our region by older people was domestic assistance. Admissions into permanent residential care were higher among those 75 years and older. 22.9% of our older population aged 65 years and above live alone in our region (AIHW, June 2022).

Community services

Community support services enables individuals to navigate the health system and receive low intensity support to live independently (Queensland Health, 2023). These support services vary across different areas of health.

Diabetes educators

About 0.34% of people received Medicare-subsidised services for diabetes education across our region. A majority of those who accessed these services were aged 65-79 years with an equal distribution among males and females (AIHW, 2024). Diabetes was reported as one of the long-term health conditions across our region, affecting 4.6% of the population (ABS, 2021).

Aboriginal and/or Torres Strait Islander Health Worker or Practitioners

Nationally, there are 1,741 Aboriginal and/or Torres Strait Islander Health Workers or Practitioners. Nearly 94% of Aboriginal and/or Torres Strait Islander staff were employed at Aboriginal Community Controlled Health Services (ACHHSs).

The proportion of staff identifying as Aboriginal and/or Torres Strait Islander in all Commonwealth-funded Aboriginal and/or Torres Strait Islander primary health care organisations was the highest for Aboriginal and/or Torres Strait Islander Health Practitioners (99.7%) and Aboriginal and/or Torres Strait Islander Health Workers (99.5%).

Evidence suggests that Aboriginal and/or Torres Strait Islander Health Worker or Practitioners contribute towards improvement of attendance at appointments, acceptance of treatment and assessment recommendations as well as enhance referrals and improve follow up (AIHW, 2024).

10.8% of our region's population identify as Aboriginal and/or Torres Strait Islander. From our general practice data, it is noted that we have a high proportion of the population accessing general practices for various health concerns. In addition, there are **18 Aboriginal Community Controlled Health Services (ACCHSs)** present across our region that focus on delivery of primary care services for our Aboriginal and/or Torres Strait Islander communities (DHDA, 2022).

Stakeholders stated the importance and need of Aboriginal and/or Torres Strait Islander Health Workers or Practitioners across our region through the JRNA survey. The role of Aboriginal and/or Torres Strait Islander Health Workers or Practitioners was identified to play a crucial role in assisting consumers navigate the varied health services.

Stakeholders also stated the need to build professional capacity of existing Aboriginal and/or Torres Strait Islander Health Workers or Practitioners and provide opportunities for the same (NQPHN, 2024).

Cultural awareness

Queensland health's framework on cultural capability noted that there were a number of barriers that restrict Aboriginal and/or Torres Strait Islander people's access to equitable and quality health care. Some of the barriers mentioned included health service provider attitudes and practice, communication issues, poor cultural understanding, and racism (Queensland Health, 2024).

Our Aboriginal and/or Torres Strait Islander people

Aboriginal and/or Torres Strait Islander people represent the first peoples of Australia. They do not form a singular entity but rather consist of numerous groups, each with its unique languages, historical backgrounds, and cultural practices (AIHW, 2024).

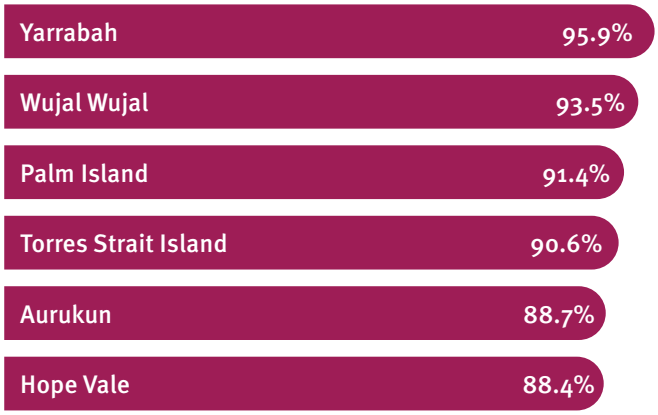
Our region has the largest Aboriginal and/or Torres Strait Islander population compared to other Queensland PHNs. Nearly **11%** of our region's population identify as Aboriginal and/or Torres Strait Islander people, compared to **4.6%** of Queensland state. Of this, **6.6%** identify as Aboriginal, **2.1%** identify as Torres Strait Islander and **1.9%** identify as both Aboriginal and/or Torres Strait Islander. A significant proportion of our Aboriginal and/or Torres Strait Islander people reside in remote and very remote areas.

The Aboriginal and/or Torres Strait Islander people in the NQPHN region represent diverse cultures with unique health needs. This population faces significant health disparities including higher rates of chronic diseases, lower life expectancy, and greater challenges in accessing healthcare services.

Population characteristics

The estimated resident population of Aboriginal and/or Torres Strait Islander people for our region is 75,693 (10.8%). At an SA2 level, the highest population density of Aboriginal and/or Torres Strait Islander people was reported across Torres Strait Islands SA2, Cape York SA2 and Yarrabah SA2.

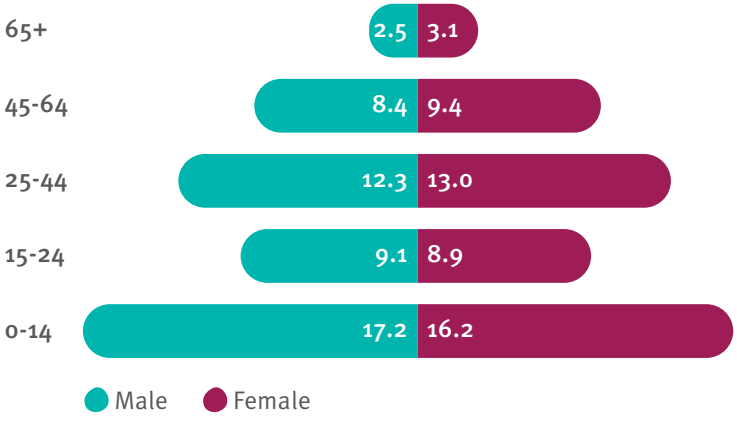
Figure 40. Top five SA2s with the highest proportion of Aboriginal and/or Torres Strait Islander people across our region



There is an equal distribution of Aboriginal and/or Torres Strait Islander males (10.6%) and females (11%) across our region.

Nearly one-third (33.3%) of Aboriginal and/or Torres Strait Islander people belonged to the 0-14 years age group, while 5.6% were aged 65 years and above (Figure 41).

Figure 41. Proportion of Aboriginal and/or Torres Strait Islander population by age and sex, 2021



The median age Aboriginal and/or Torres Strait Islander population is 23.4 years for Queensland state. For Aboriginal and/or Torres Strait Islander females the median age was slightly lower than males (22.8 years vs 24.1 years) (ABS, 2023).

The most spoken Aboriginal and/or Torres Strait Islander languages across Australia are (ABS, 2022):

- Yumplatok (Torres Strait Creole)
- Kriol
- Djambarrpuyngu.

Highest level of schooling

Increased levels of education have been associated with enhanced health and wellbeing, improved health awareness, higher income, greater employment opportunities, improved working environments, and various additional social advantages.

The National Agreement on Closing the Gap[2] has identified the importance of Aboriginal and/or Torres Strait Islander students achieving their full learning potential (AIHW, 2024).

For our region, 41.7% of Aboriginal and/or Torres Strait Islander people aged 15 years and over had completed Year 12 or equivalent which was slightly lower than Queensland state (44%). In 2021, a higher proportion of Aboriginal and/or Torres Strait Islander females completed Year 12 or equivalent compared to males (43.7% vs 39.5%).

6.6% of Aboriginal and/or Torres Strait Islander people completed Year 8 or below while almost 1% of the Aboriginal and/or Torres Strait Islander population did not go to school.

In 2021, 8.8% of Aboriginal and/or Torres Strait Islander people were undertaking a vocational training or university education (ABS, 2021).

Due to the scarcity of higher education options available within their local communities, numerous Aboriginal and/or Torres Strait Islander students aiming to pursue advanced studies must move to other locations. A significant number of Aboriginal and/or Torres Strait Islander university students originate from regional and remote areas, with housing and relocation expenses frequently adding to their financial burdens. Those who relocate may encounter additional obstacles, including feelings of isolation due to separation from their families and communities (AIHW, 2024).

People with disability

Aboriginal and/or Torres Strait Islander people face a heightened risk of disability due to heightened exposure to factors like low birth weight, chronic illnesses, preventable diseases, conditions such as otitis media and acute rheumatic fever, injuries, and substance use (AIHW, 2024). The National Agreement on Closing the Gap works towards ensuring Aboriginal and/or Torres Strait Islander people with disability are highlighted in national policies and reforms as well in terms of investments that are accessible, inclusive, and equitable.

Across Australia, 38% of Aboriginal and/or Torres Strait Islander people are living with a disability. Of this, 8.1% are living with severe or profound disability (ABS, 2019). For our region, 5.8% of Aboriginal and/or Torres Strait Islander people are living with a profound or severe disability, which is slightly higher than Queensland state (4%).

The prevalence of disabilities among Aboriginal and/or Torres Strait Islander people rises with age, starting at 33% among individuals aged 15–24 and escalating to 79% among those aged 65 and above.

For our region, nearly 28% of Aboriginal and/or Torres Strait Islander people aged 65 years and over were living with a profound or severe disability. 47.9% of persons who had need for assistance and identified as Aboriginal and/or Torres Strait Islander were female, compared with 51.6% for males.

2 The National Agreement on Closing the Gap (the National Agreement) was developed in partnership between Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. It has been built around four Priority Reforms that have been directly informed by First Nations people. The National Agreement has identified the importance of First Nations students achieving their full learning potential. To support this outcome, it includes the following targets to direct policy attention and monitor progress: Target 5 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96 per cent.

Employment

There is an intrinsic link between employment and health. Employment plays a positive role in both individual and community wellbeing by enhancing financial stability, social standing, personal growth, interpersonal connections, self-worth, and mental health.

Culturally appropriate and secure employment can support wider social determinants influencing health and enhance health service accessibility through increased incomes. Lack of cultural proficiency in work environments significantly affects the general health and welfare of Aboriginal and/or Torres Strait Islander workers, particularly impacting social and emotional wellbeing.

The 2020 National Agreement on Closing the Gap introduced new objectives concerning employment, emphasising the necessity of fostering robust economic engagement and growth for both Aboriginal and/or Torres Strait Islander people and their communities, along with ensuring the involvement of youth in education or employment opportunities.[3]

For our region, nearly 54% of Aboriginal and/or Torres Strait Islander adults aged 25 to 64 years were employed, of which 38.7% aged 15 to 24 years were employed.

There is an equal proportion of male and female Aboriginal and/or Torres Strait Islander people employed across our region. The unemployment rate amongst our region's Aboriginal and/or Torres Strait Islander people aged 15 to 64 years is 4.3%. For those aged 15-24 years, the unemployment rate is 7.9% and is the highest among all age groups.

Socio-economic disadvantage

In 2021, a larger proportion of Aboriginal and/or Torres Strait Islander persons in our region lived in areas that are categorised as most disadvantaged (based on the SEIFA index). At a Statistical Area Level 2 (SA2), Aurukun, Kowanyama-Pormpuraaw, Northern Peninsula, Palm Island, Torres Strait Islands, and Yarrabah are 100% in the most disadvantaged quintile.

These areas have a large proportion of Aboriginal and/or Torres Strait Islander people, most with all residents identifying as Aboriginal and/or Torres Strait Islander people.

According to the ABS Census, in 2021 307 per 10,000 Aboriginal and/or Torres Strait Islander people were experiencing homelessness (ABS, 2021).

Disease burden

The disease burden among Aboriginal and/or Torres Strait Islander people is high across Australia. The primary contributors to this burden were:

- mental and substance use disorders
- injuries
- chronic conditions such as cardiovascular disease, cancer, musculoskeletal conditions, and respiratory disease.

Those in remote areas also face elevated rates of potentially preventable hospitalisations and avoidable fatalities. This is particularly significant for First Nations people, as their proportion of the total population rises with remoteness, from 2.2% in major cities to 47.1% in very remote areas (AIHW, 2018).

First Nations individuals encounter greater challenges in accessing healthcare services, stemming from various barriers such as cost and a lack of available or culturally appropriate healthcare services.

3 Target 8: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62 per cent (compared with a 2016 baseline level of 51 per cent).

Life expectancy

A state level overview for Aboriginal and/or Torres Strait Islander people presented that the life expectancy at birth in Queensland was **72 years for males** and **76.4 years for females** between 2015-2017. Data is not available at a regional level.

At a national level, life expectancy of Aboriginal and/or Torres Strait Islander people living in remote and very remote areas was lower. The National Agreement on Closing the Gap identified life expectancy as one of its targets to address by 2031 (AIHW, 2024).

Leading causes of death

At a regional level, there is no data available to look at the leading causes of death among Aboriginal and/or Torres Strait Islander people. However, at a state level the top five leading causes of death across Queensland state in 2021 were:

- ischaemic heart disease
- diabetes
- lung cancer
- chronic lower respiratory disease (mainly associated with smoking)
- intentional self-harm.

Intentional self-harm was noted as the second leading cause of death among Aboriginal and/or Torres Strait Islander males (Queensland Health, 2023).

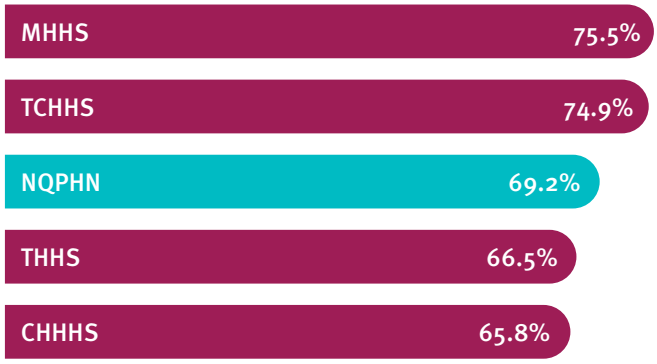
Maternal and child health

Antenatal visits

For our region, **69.2%** of Aboriginal and/or Torres Strait Islander mothers attended **eight or more** antenatal visits.

At an HHS level, Mackay HHS had the highest proportion of mothers attend (**75.5%**), while Cairns and Hinterland HHS had the least (**65.8%**) (Queensland Health, 2024).

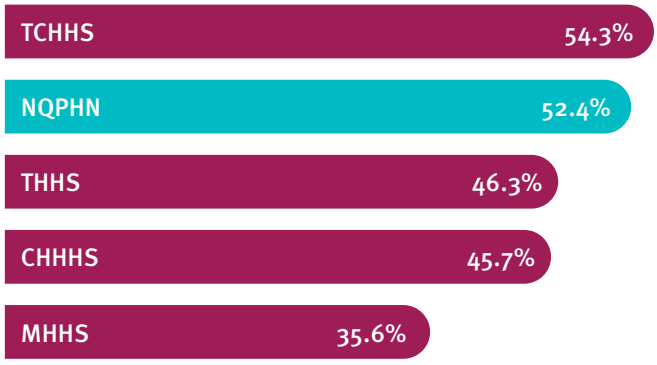
Figure 42. Comparison of antenatal visits of eight of more by region for Aboriginal and/or Torres Strait Islander mothers, 2023



Smoking during pregnancy

NQPHN reported **52.4%** of Aboriginal and/or Torres Strait Islander mothers smoked during pregnancy in 2023. The highest proportion of Aboriginal and/or Torres Strait Islander mothers who smoked during pregnancy were reported for Torres and Cape HHS region (**54.3%**) while Mackay HHS reported a lower proportion (**35.6%**) (Queensland Health, 2024).

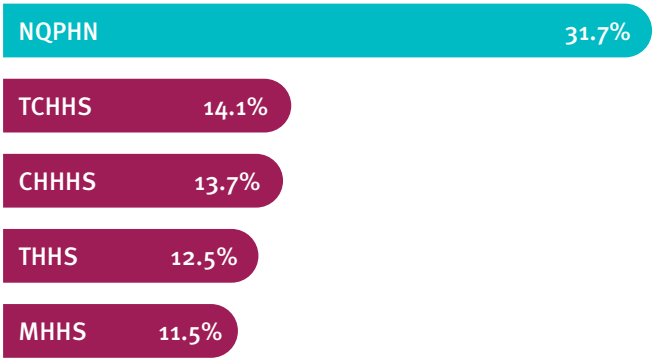
Figure 43. Comparison of smoking during pregnancy by region for Aboriginal and/or Torres Strait Islander mothers, 2023



Low birthweight

In 2023, for our region, 31.7% of Aboriginal and/or Torres Strait Islander babies born were of low birthweight. At an HHS level, Torres and Cape HHS had the highest proportion of low birthweight Aboriginal and/or Torres Strait Islander babies (14.1%) while Mackay HHS had a lower proportion (11.5%) in comparison (Queensland Health, 2024).

Figure 44. Comparison of low birthweight Aboriginal and/or Torres Strait Islander babies by region, 2023



Chronic conditions

16.5% of Aboriginal and/or Torres Strait Islander people had more than one long term health condition across our region. 51% of Aboriginal and/or Torres Strait Islander people aged 45 years and over had one or more long term health conditions.

The most common long-term health conditions observed among Aboriginal and/or Torres Strait Islander people across our region were (QGSO, 2024):

Condition	Proportion of Aboriginal and/or Torres Strait Islander people with condition
Asthma	36.1%
Diabetes	30.0%
Mental health condition (including depression or anxiety)	29.4%

34% of Aboriginal and/or Torres Strait Islander general practice patients reported to have one or more chronic conditions.

The top five chronic conditions observed for Aboriginal and/or Torres Strait Islander people who accessed mainstream general practice are (NQPHN, 2024):

Condition	Proportion of Aboriginal and/or Torres Strait Islander people who accessed mainstream general practice
Mental health	43%
Respiratory condition	32%
Chronic musculoskeletal condition	27%
Diabetes	23%
Chronic cardiac conditions	11%

From our general practice dataset, diabetes was identified as one of the top five existing chronic conditions diagnoses for our region's Aboriginal and/or Torres Strait Islander people who accessed mainstream general practice (NQPHN, 2024).

Aboriginal and/or Torres Strait Islander people living in remote areas were reported to have higher rates of cardiovascular disease (18%) than metropolitan areas in 2018-2019. It was noted as the leading cause of death among Aboriginal and/or Torres Strait Islander people. Those who reported having cardiovascular disease also reported having diabetes and kidney disease (AIHW, 2024).

16.8% of our Aboriginal and/or Torres Strait Islander people reported heart disease (including heart attack or angina) as a long-term health condition (ABS, 2021). In our general practice data, 27% of clients reported with hypertension and hyperlipidaemia and 11% with chronic cardiovascular conditions (NQPHN, 2024).

Skin conditions

Scabies has been identified to be widespread among Aboriginal and/or Torres Strait Islander children in remote communities due to various socio-economic factors (Gramp, 2021). Scabies is endemic in remote northern Australia, with nearly 35% of children and 25% of adults affected (Romani L, 2015).

Health service providers stated that scabies and other skin conditions such as impetigo were prevalent among the communities they serviced (NQPHN, 2024). Limited/no data availability restricted further investigation at a granular level.

Older person's health

Adults who are 65 years and older are considered as older Australians. For older Aboriginal and/or Torres Strait Islander Australians, it is adults aged 50 years and older.

With varying ages, socioeconomic backgrounds, life experiences, and lifestyles, older Australians are a diverse population. All these elements impact the health and wellness of Australians and have an impact on the ageing process.

Nationally, it has been reported we have an ageing population due to increase in life expectancy and decrease in fertility rates. Nearly **16%** of the population is comprised of adults aged 65 years and older. It is projected that by 2066, the age profile of the older population will change with an increase in number observed (AIHW, 2024).

Supporting the health and welfare of Australia's ageing population is becoming more and more crucial. Measuring the general health, functioning, life expectancy, and death of older adults is just as important as identifying their health issues. The impact that illness has on the life of older Australians is very significant.

Nearly **74%** of people aged 65 years and older self-assessed and reported their health as good, very good or excellent in the ABS National Health Survey 2022, nationally.

Access

Nationally, individuals who were approved for a home care package during the 2017–18 financial year experienced a median wait time of **495 days** to receive a package at their designated level. Individuals approved for permanent residential aged care had a median wait time of **34 days** before entering the facility.

Culturally and linguistically diverse people, people living in outer regional and remote areas, and people with dementia may face barriers to care service access. Of the individuals who had their first comprehensive assessment in financial year 2017-18, **20%** received approval for a home care package and **22%** for permanent residential aged care (AIHW, 2023).

Dementia

For Queensland state, it is estimated that nearly 82,270 people are living with all forms of dementia as of 2024. At an LGA level, Townsville has **2,471** estimated people living with dementia, followed by Cairns (**2,282**), and Mackay (**1,732**). Tablelands and Cassowary Coast LGAs were also noted to have more than **600 individuals** living with dementia as of 2024 (Dementia Australia, 2023). While the prevalence of dementia is high amongst our population, there is limited data availability about support services.

Workforce

As of 2023, there are **168 aged care services** across our region. Of these, **58** were identified as residential aged care homes. There were **13** GP attendances per residential aged care patient in 2022-2023 across our region. This was comparatively lower than metropolitan areas which was **19** GP attendances per residential aged care patient (AIHW, 2024). **1,102** nurses worked in an aged care setting. Of these, **753** were registered nurses while **349** were enrolled nurses (DHDA, 2024).

The Australian Health Practitioners Registration Agency (AHPRA) report on podiatry workforce stated that nationally, in 2022, there were **5,823 podiatrists** of which a higher proportion were females (**58.9%**). **43.2%** of podiatrists registered were aged under 35 years while **21%** were aged 50 years and over. There were **19.4 podiatrists per 100,000** population across Queensland in 2022, which is lower than the national rate of **22.4 podiatrists per 100,000** population. For remote areas, there were **9.2 podiatrists per 100,000** population while for remote areas there were **8.8 per 100,000** (Ahpra, 2022).

In 2022, there were a total of **72 podiatrists** across NQPHN region. There has been a decline in numbers since 2020 where there were **86 podiatrists** in our region. A higher proportion of podiatrists were aged 34 years and under with an equal distribution between males and females (DHDA, 2022).

Priority populations

A priority population refers to groups of people who face significant health disparities or vulnerabilities due to various factors such as socioeconomic disadvantage, cultural background, geographic location etc., that require targeted interventions and support. These populations often experience poorer health outcomes and are more susceptible to specific health risks (AIHW, 2023).

Domestic and family violence

For our region, at an LGA level, Townsville, Cairns, and Mackay had the highest number of domestic violence protection order (DVO) applications lodged with the Magistrate Courts. In the last five years, Townsville and Cairns were in the **top 10** locations across Queensland with **more than 1,000** DVO applications. Townsville was noted as the highest location where the DVO conditions were breached (**4,246 in 2023-24 vs 2,789 in 2022-23**).

For Queensland state, the number of breaches lodged for DVO conditions has almost doubled (21,095 in 2018-2019 vs 40,471 in 2023-2024) (Queensland Courts, 2024).

Domestic and family violence were noted as a current health need encountered in a practice setting. The need for support services for domestic and family violence victims was noted. The absence of awareness and management of domestic and family violence victims among service providers was also raised by stakeholders (NQPHN, 2024).

Australian South Sea Islander population

Queensland state is home to **5,562 persons** of Australian South Sea Islander ancestry, where **54.5%** identify as of Aboriginal origin and another **10.2%** collectively identify as Torres Strait Islander or both Aboriginal and/or Torres Strait Islander.

Nearly **9.5%** of Australian South Sea Islander population were aged 65 years or older. The Australian South Sea Islander population belonged to a younger age group with nearly **49%** under the age of 30 years.

The top three selected long-term conditions reported by Australian South Sea Islander females were:

Condition	Proportion of Australian South Sea Islander population with condition
Asthma	14.6%
Mental health conditions	10.3%
Diabetes	9.1%

For Australian South Sea Islander males, the same top three conditions were reported, but in a slightly different order:

Condition	Proportion of Australian South Sea Islander population with condition
Asthma	9.4%
Diabetes	8.8%
Mental health conditions	7.0%

For our region, Mackay LGA has the largest number of Australian South Sea Islander residents (n=850 persons), followed by Townsville LGA (n=400), and Cairns LGA (n=310) (QGSO, 2022).

Refugee health

The meaning of a 'refugee' in the Migration Act 1958 (the Act) is a person in Australia who is:

- outside their country of nationality or former habitual residence (their home country) and
- owing to a 'well-founded fear of persecution', is unable or unwilling to return to their home country or to seek the protection of that country (Department of Home Affairs, 2024).

In our region, the following local government areas are welcoming cities for refugees across our region (Refugee Council of Australia, 2024):

- Cairns LGA
- Townsville LGA
- Flinders LGA.

Queensland Health offers refugee health services across Queensland by working with GPs and other primary care professionals in the community. The following locations are where refugee health services are offered for our region:

- **Cairns:** This includes refugee health nursing assessment and referral to general practices for completion of medical assessments and ongoing care
- **Townsville:** Services for newly arrived people of refugee background (Queensland Health, 2023).

From July 2022 to April 2024,

- a total of **242 refugees** were resettled **in Townsville** and **122 in Cairns**
- **50.4%** of the refugees resettled in Townsville were in the 18-55 years age group while for Cairns it was **53.3%**
- The country of citizenship of majority of the refugees resettled in Townsville was Central Africa and for Cairns it was Congo (DRC).

Acronyms

Term	Definition
ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
ARF	Acute Rheumatic Fever
CALD	Culturally and Linguistically Diverse
CHHHS	Cairns and Hinterland Hospital and Health Service
COPD	Chronic Obstructive Pulmonary Disease
DHDA	Department of Health, Disability and Ageing
GP	General Practitioner
HHS	Hospital and Health Service
HRQoL	Health-related quality of life
JRNA	Joint Regional Needs Assessment
LGA	Local Government Area
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer+
MHHS	Mackay Hospital and Health Service
NATSIHA	Northern Aboriginal Torres Strait Islander Health Alliance
NQPHN	Northern Queensland Primary Health Network
PHN	Primary Health Network
PPH	Potentially Preventable Hospitalisation
QAIHC	Queensland Aboriginal and Islander Health Council
RACH	Residential Aged Care Home
SA	Statistical Area
SEIFA	Socio-Economic Indexes for Areas
TCHHS	Torres and Cape Hospital and Health Service
THHS	Townsville Hospital and Health Service

Appendix A: List of themes

Theme	Theme description
Access	The ability of individuals to obtain necessary health services, which may include availability, affordability, proximity, and the quality of care.
Child and maternal health	This refers to the health and wellbeing of women during pregnancy, childbirth, and the postpartum period, as well as the health of their children from infancy through adolescence. It covers services like prenatal care, immunisations, and nutrition.
Chronic conditions	Long-lasting conditions that can be controlled but not cured. Examples include diabetes, heart disease, arthritis, asthma, cancer, and mental health conditions like depression. Managing these conditions often requires ongoing medical care and lifestyle changes.
Equity	In healthcare, equity means providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status. It aims for fairness in access, treatment, and health outcomes.
First Nations health	This focuses on the unique health challenges and opportunities faced by Aboriginal and/or Torres Strait Islander populations. It includes addressing cultural, social, and environmental determinants of health, as well as improving access to culturally appropriate healthcare services.
Healthy living	These are actions that increase the likelihood of negative health outcomes. Examples include smoking, excessive alcohol consumption, poor diet, physical inactivity, and unsafe sexual practices.
Mental health and wellbeing	Enhance knowledge of and access to supports that promote mental health and wellbeing within our community, with a particular emphasis on vulnerable priority groups. The Joint Regional Wellbeing Plan for Northern Queensland serves as a vital resource for a deeper understanding of the needs and priorities in this area.
Older persons health	This refers to the health care services and policies designed to support the elderly population, typically those over 65. It includes managing age-related diseases, promoting healthy ageing, long-term care, and palliative care.
Preventative health	This refers to measures aimed at preventing disease or injury before it occurs, through actions like vaccination, healthy lifestyle promotion, and early detection screenings (e.g., cancer screenings).
Workforce	The healthcare workforce refers to all people engaged in actions whose primary intent is to enhance health. This includes doctors, nurses, allied health professionals, support staff, and administrators.

Appendix B: List of health needs with stakeholder feedback

Theme	Health need	Stakeholder feedback
Access	Access to specialists is limited due to long waiting times across our region.	Lack of availability and access to various specialists was noted by different stakeholders, including consumers. In addition, long waiting times were identified as a contributing factor to access along with long travel durations. Consumers and health service providers raised concerns around lack of paediatric specialists across our regional and remote areas.
Child and maternal health	Across our region, prevalence of developmental delays among children is high while identification is inadequate.	Stakeholders provided strong feedback that there was a lack of specialist services for early identification of varied developmental delays across our region. This in turn impacted the health outcomes of children. The long wait times, delayed access to early intervention services, delayed medical diagnosis and access to regular development health assessments were noted as contributing causes for this need.
	Immunisation rates among 2 year olds has declined in our region.	Stakeholders noted the need for effective interventions around immunisation in our region.
	In our rural and remote regions, low birth weight is highly prevalent.	Stakeholders stated low birthweight babies were a concern in our remote areas and emphasis on natal care was needed.
	Obesity rates are high among children aged 5-11 years across THHS region.	Stakeholders noted that childhood obesity was a concern in our region. The need for effective interventions to address this was expressed as obesity was noted as a contributory factor to other health conditions.
Chronic conditions	High prevalence of chronic conditions across our region among adults.	Stakeholders stated that chronic diseases were a pressing health issue across our region. Management of these diseases was identified as a challenge given the limited availability and access to team-based care (general practitioners, specialists, allied health). Health service providers identified chronic diseases as a primary care priority across our region.

Continued on next page →

Appendix B (cont)

Theme	Health need	Stakeholder feedback
Equity	A proportion of our population have a profound or severe disability that impacts their access to health services across the region.	Consumers with a disability stated that cost of visiting a doctor and distance were barriers to access health services. They mentioned it was a challenge to access mental health services and general disability services across our region. Other stakeholders stated that there was a lack of support services for those with a disability, specifically children.
	Diabetes is highly prevalent amongst Australian South Sea Islander people.	As part of the JRNA engagement, different stakeholders who identified as Australian South Sea Islander were engaged with. From a consumer's perspective, it was found that the cost of visiting a general practice, medication, and distance were barriers in accessing primary care. Health service providers and other sector representatives stated that the main health concerns were diabetes and heart disease among this cohort.
	Limited housing access in our region leading to poor health outcomes for people experiencing homelessness.	Health service providers identified people experiencing homelessness as a priority population and stated there was an increase in the number of people experiencing homelessness across our region. People experiencing homelessness were identified to have limited access to health services and long waiting times.
	Skin conditions such as scabies is common across our region.	Health service providers stated that scabies and other skin conditions such as impetigo were prevalent among the communities they serviced. Limited/no data availability restricted further investigation at a granular level.
First Nations health	Chronic disease management is limited for our regions Aboriginal and/or Torres Strait Islander peoples.	Stakeholders mentioned chronic disease management and prevention was a challenge given the low resource settings. They identified it as a common health condition across our region with recommendations to improve awareness as well as resources around chronic disease management, given the high prevalence. It was also noted that there is a growing need for effective management of chronic conditions.
	Cardiac conditions are highly prevalent among our Aboriginal and/or Torres Strait Islander peoples.	Stakeholders stated cardiovascular disease as a highly prevalent condition across our region. They stated the need for focus on awareness as well as access to specialists to address this health concern.
	Among our Aboriginal and/or Torres Strait Islander peoples, diabetes is highly prevalent.	Stakeholders stated diabetes was a current health issue across our region along with other chronic conditions. The associated health issues with diabetes as well as management of the same was raised as a concern for our region.
	Rheumatic Heart Disease and Rheumatic Heart Fever are prevalent among our Aboriginal and/or Torres Strait Islander peoples across our region.	Rheumatic Heart Disease was stated by stakeholders as a common health issue that was a current and unmet health need across our region.

Continued on next page →

Appendix B (cont)

Theme	Health need	Stakeholder feedback
Healthy living	For our region, daily smoking rates are relatively high among adults 18 years and older.	Stakeholders expressed smoking was a contributory factor to poor health outcomes as well as prevalence of chronic conditions. They noted vaping was on the rise across our region.
	Obesity rates are high for our adult population across our region.	Stakeholders identified obesity as a rising health concern across our region. They stated socio-economic disadvantages were contributing to a rise in obesity rates. It was stated that obesity played a role in the increase of chronic conditions across the region. The need to address this through awareness of health promotion activities was noted. Consumers expressed there was limited access to healthy food due to affordability.
	Prevalence of smoking during pregnancy are extremely high across most of our region.	Stakeholders expressed smoking was a contributory factor to poor health outcomes as well as prevalence of chronic conditions. They noted vaping was on the rise across our region.
	Risky alcohol consumption rates are high among adult population for our region.	Stakeholders voiced concerns around the impact of high alcohol consumption across our region. They stated there was limited understanding of alcohol dependence and its long-term health effects. Alcohol use was considered as a contributor towards mental health conditions as well.
	Sexually Transmitted Infections are significantly high among adults across our region.	Stakeholders identified the need to improve awareness around sexual health and conditions across our region. They stated there was a lack of resources in accessing sexual health services and noted sexually transmitted infections as current health concern in our region especially among the youth.
	Substance use among our region's adults is high.	Substance use was identified by stakeholders as a common health concern in our region. They stated the need to improve awareness and access to support services would assist in addressing this concern.

Continued on next page →

Appendix B (cont)

Theme	Health need	Stakeholder feedback
Mental health and wellbeing	Adult mental health, with a focus on older individuals, and those living in rural and remote areas.	Stakeholders such as health service providers stated mental health issues were a rising concern across our region. They stated the need for mental health services in rural and remote regions which were cost effective and integrated into existing services. The lack of mental health clinicians across our region was also raised as a concern. Long wait times, lack of workforce, cost, and distance were noted as contributory factors to poor access to services.
	Limited knowledge among service providers around management of Veteran's health.	Stakeholders stated limited understanding of veteran's health management across our region. Given the high proportion of veterans, this was identified as a health concern.
	Mental health conditions (anxiety and depression) are highly prevalent among all age groups across our region.	Mental health conditions were noted as a common health concern across our region by stakeholders. The need for mental health services that are accessible, with timely consultations and judgement-free approach was raised by stakeholders.
	Poor mental health wellbeing among LGBTIQ+ community identified as an emerging need.	Stakeholders stated LGBTIQ+ people's mental health needs were noted as an emerging health concern. Awareness of health services and targeted health promotion activities were recommended for this community.
	Suicide ideation and intent among youth are an emerging need across our region.	Stakeholders identified suicide risk as a health concern across our region. Early suicide prevention and interventions were raised as a need specifically for youth.

Appendix C: List of service needs with stakeholder feedback

Theme	Service need	Stakeholder feedback
Access	Community support services are limited across our region for young and older people.	In the JRNA survey, stakeholders identified disability support, youth support, and older person support services needed to be improved and increased across our region.
	Diagnostic imaging services across rural and remote regions are inadequate.	Stakeholders shared the limited availability of diagnostic imaging services across rural and remote areas. Factors such as distance, long waiting times, limited options, and transport fees were raised as challenge in accessing existing services.
	Lack of availability of palliative care services across our rural regions.	Stakeholders stated the limited availability of palliative care services across our region. Comprehensive palliative services were noted as a need, specifically in rural and remote areas. Availability of these services were limited/absent in rural areas. Lack of funding for palliative care services was noted as a reason for absence of these services. Given the rise in aging population and high chronic conditions prevalence, the need for these services is high.
	Limited access to general practice services across the region due to various drivers such as transport, cost, and availability.	Stakeholders stated access to general practice as a major challenge in delivery of health services across our region. Long waiting times, distance, limited transportation, and affordability were noted as contributing factors to access.
Child and maternal health	Antenatal care among mothers in rural and remote regions is inadequate.	Stakeholders stated access to antenatal care was limited due to various factors such as affordability, limited workforce, distance, and long waitlists.
Equity	Lack of understanding among service providers around management of victims of domestic and family violence.	Domestic and family violence was noted as a current health need encountered in a practice setting. The need for support services for domestic and family violence victims was noted. The absence of awareness and management of domestic and family violence victims among service providers was also raised by stakeholders.
	Limited availability of primary care services for refugee and asylum seekers across Cairns and Townsville.	Stakeholders stated there were a low number of health professionals who understood the complex health needs of refugees and asylum seekers. There is a general lack of understanding around the needs of this community and limited funding availability.
	Limited cultural awareness in management of refugees and asylum seekers among service providers.	Stakeholders stated there were gaps in understanding the various cultural norms of refugees and asylum seekers among service providers. Upskilling existing workforce around cultural awareness was raised as a recommendation by stakeholders.

Appendix C (cont)

Theme	Service need	Stakeholder feedback
Older persons health	Dementia related care and support services are extremely limited for our aging population.	Stakeholders shared the need for more support services across the region for those living with dementia. Dementia was identified as a current health issue by health service providers across our region. They stated the lack of support services burdened the existing health system and there is a need to improve availability of these services across our region.
	Limited access to podiatrists in rural and remote regions with aging population.	Stakeholders stated the limited availability of podiatrists; transport fees and distance affected the community's access to these services. Given the chronic conditions burden and aging population, the need for more podiatrists was strongly recommended by stakeholders.
	Limited availability of support services and residential aged care homes for our aging population.	Stakeholders expressed the need for more infrastructure, workforce, and service availability for aged care. They stated there was a lack/absence of workforce trained in rural and aged care services across our region. The long wait times, limited funding, and access to aged care service providers were raised as existing concerns.
	Long waiting times for aged care assessments across our region.	Stakeholders stated that the long waiting times impacted on the health of older people across our region. They expressed that navigating the process was a challenge for many with limited support availability.
Preventative health	Community engagement around preventative health conditions is inadequate across our region.	Stakeholders identified the need to improve community engagement and involvement in preventative health conditions. They stated currently there were poor levels of engagement which needed to be enhanced. This includes capacity building, transparent evaluation, and equitable engagement with the diverse communities living in our region.
	Low levels of health literacy across our community.	Stakeholders stated there was a lack of education of health issues across our region and an opportunity to address this through health promotion activities.
Mental health and wellbeing	Limited or no access to psychiatric services across our region.	Stakeholders stated there was a big gap in availability of psychiatrists across our region. Given the high mental health needs and prevalence of mental health conditions, stakeholders recommended increased access to psychiatric services in our region. The lack of psychiatrists increased the demand of service needs as well as mental health conditions.

Appendix C (cont)

Theme	Service need	Stakeholder feedback
Workforce	Cultural awareness among service providers across our region is limited.	Stakeholders shared the need to update and improve cultural awareness of service providers across our region. They stated there was a lack of understanding around cultural practices and beliefs given we service a culturally diverse population.
	Maldistribution of general practitioners and shortage of general practices across our rural and remote areas.	Stakeholders identified the limited availability of general practices across our region added work burden to existing general practices. Staff burn out and turnover were raised as concerns due to the same. This impacts the wait times for consumers who are unable to access general practitioners in a timely manner.
	Workforce shortage of clinical staff such as nurses across our region.	Stakeholders such as health service providers stated the lack of nurses in primary care settings limited the availability of services. Retention rates of nurses across the region also was raised as a challenge. Upskilling of nurses working in general practices was identified to help reduce the burden on general practices.
	Workforce shortage of diabetic educators across our rural area.	While there are no datasets available around the number of diabetic educators, stakeholders stated the need for diabetic educators across our region. Health service providers stated that diabetes was one of the most common health issues they encountered in their practice and identified it as a pressing health issue across our region.
	Workforce shortage of Aboriginal and/or Torres Strait Islander Health Workers or Practitioners across our remote regions.	Stakeholders stated the importance and need of Aboriginal and/or Torres Strait Islander Health Workers or Practitioners across our region through the JRNA survey. The role of Aboriginal and/or Torres Strait Islander Health Workers or Practitioners was identified to play a crucial role in assisting consumers navigate the varied health services. Stakeholders also stated the need to build professional capacity of existing Aboriginal and/or Torres Strait Islander Health Workers or Practitioners and provide opportunities for the same.
	Workforce shortage of midwives in our rural areas.	Stakeholders stated the need to expand the roles of midwives in a primary care setting and community-based setting. Consumers stated they had to travel long distances to see a midwife across our region given the limited availability of existing midwives.
	Workforce shortage of support services staff.	Stakeholders stated there was workforce shortage of support staff across varied health services. Given the high demand for health services due to prevalence of various health conditions, the need for more support staff was raised. High workload, low retention rates, high staff turnover, and limited skillset were noted as contributing factors to shortage of support staff across our region.

References

Department of Home Affairs. (2024). Refugee and Humanitarian program. Department of Home Affairs - Immigration and citizenship.

ABS. (2019, December 11). National Aboriginal and Torres Strait Islander Health Survey. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release#disability

ABS. (2021). Census DataPacks - 2021 2021 Aboriginal and/or Torres Strait Islander Peoples (Indigenous) Profile for Statistical Area 2 (SA2) : Queensland. Australian Bureau of Statistics.

ABS. (2021). Census DataPacks - General Community Profile for Local Government Areas (LGAs) - Queensland. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/census/find-census-data/datapacks?release=2021&product=GCP&geography=LGA&header=S

ABS. (2021). Census DataPacks - General Community Profile for Local Government Areas (LGAs) - Queensland. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/census/find-census-data/datapacks?release=2021&product=GCP&geography=LGA&header=S

ABS. (2022, October 25). Language Statistics for Aboriginal and Torres Strait Islander Peoples. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/language-statistics-aboriginal-and-torres-strait-islander-peoples/2021#

ABS. (2023). Births, Australia. Australian Bureau of Statistics.

ABS. (2023, August 31). Estimates of Aboriginal and Torres Strait Islander Australians. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/30-june-2021

ABS. (2023). Life expectancy. Australian Bureau of Statistics.

ABS. (2023, October 5). National Study of Mental Health and Wellbeing. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release#data-downloads

ABS. (2023, April 27). Socio-Economic Indexes for Areas (SEIFA), Australia. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release#index-of-relative-socio-economic-advantage-and-disadvantage-irsad-

ABS. (2024). Regional population by age and sex. Australian Bureau of Statistics.

ACSQHC. (2014). Health Literacy - Taking action to improve safety and quality. Australian Commission on Safety and Quality in Health Care.

ACSQHC. (2023). Diagnostic Imaging Accreditation Scheme Data. Australian Commission on Safety and Quality in Health Care.

Ahpra. (2022). Podiatry workforce analysis. Australian Health Practitioner Regulation Agency.

AIHW . (2024). Potentially preventable hospitalisations in Australia by small geographic areas, 2020–21 to 2021–22. Australian Institute of Health and Welfare.

References (cont)

AIHW. (2018). Australian Burden of Disease Study Impact and causes of illness and death in Aboriginal and Torres Strait Islander people. Australian Institute of Health and Welfare.

AIHW. (2022, June 06). Mortality Over Regions and Time (MORT) books. Australian Institute of Health and Welfare.

AIHW. (2022). Suicide by PHN areas. Retrieved from Suicide & self-harm monitoring: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-phn-areas

AIHW. (2023). Cancer screening programs: quarterly data. Australian Institute of Health and Welfare.

AIHW. (2023, September 07). Higher education, vocational education and training. Australia's welfare.

AIHW. (2023). Intentional self-harm hospitalisations by PHN areas. Retrieved from Suicide & self-harm monitoring: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/intentional-self-harm-hospitalisations-by-phn-area

AIHW. (2023). Population groups. Retrieved from Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports-data/population-groups

AIHW. (2023). Unmet needs in aged care: How long did Australians wait for aged care services? Australian Institute of Health and Welfare.

AIHW. (2024). Aboriginal and Torres Strait Islander Health Performance Framework. Australian Institute of Health and Welfare.

AIHW. (2024). Aboriginal and Torres Strait Islander Health Performance Framework. AIHW: Australian Government.

AIHW. (2024). Alcohol and other drug treatment services in Australia annual report. Australian Institute of Health and Welfare.

AIHW. (2024). Chronic conditions. Australian Institute of Health and Welfare.

AIHW. (2024). Dementia in Australia. Australian Institute of Health and Welfare.

AIHW. (2024). Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23. Australian Institute of Health and Welfare.

AIHW. (2024). Mental Health Workforce. Australian Institute of Health and Welfare.

AIHW. (2024). Older Australians. Retrieved from Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports/older-people/older-australians/contents/summary

AIHW. (2024). People with disability in Australia. Australian Institute of Health and Welfare.

AIHW. (2024). Potentially preventable hospitalisations in Australia by small geographic areas, 2020–21 to 2021–22. Australian Institute of Health and Welfare.

AIHW. (2024, July 02). Profile of First Nations people. Aboriginal and Torres Strait Islander people .

References (cont)

AIHW. (2024). Social determinants of health among culturally and linguistically diverse people in Australia. Australian Institute of Health and Welfare.

AIHW. (2024). Specialist Homelessness Services Collection data cubes 2011-2012 to 2022-2023. Australian Institute of Health and Welfare.

AIHW. (2024). What are the determinants of health? Australian Institute of Health and Welfare.

AIHW. (June 2022). My aged care region tool. Australian Institute of Health and Welfare.

AMA. (2022). The general practitioner workforce: why the neglect must end. Australian Medical Association.

Assefa, R. B. (2022, May 03). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. BMC Public Health(880), 2-14.

Dementia Australia. (2023). Local Government Areas (LGA) Dementia Prevalence Data estimates 2024-2054 . Dementia Australia.

DHDA. (2021). National Preventive Health Strategy 2021–2030. Commonwealth of Australia as represented by the Department of Health 2021.

DHDA. (2022). Health Workforce Data . Department of Health and Aged Care.

DHDA. (2023). Childhood immunisation coverage data (PHN and SA3). Department of Health and Aged Care.

DHDA. (2023, March 8). National Women's Health Strategy 2020–2030. Department of Health and Aged Care.

DHDA. (2024, October). Childhood immunisation coverage. Retrieved from Department of Health and Aged Care: https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage

DHDA. (2024). HeaDS UPP Tool. Retrieved from Department of Health and Aged Care, Data Portal: https://dataportal.health.gov.au/

Gramp, P. G. (2021). Scabies in remote Aboriginal and Torres Strait Islander populations in Australia: A narrative review. National Library of Medicine.

HWQ. (2023). Minimum Data Set Summary Report 2023. Brisbane: Health Workforce Queensland.

HWQ. (2023). Workforce Summary - General Practitioners. Brisbane: Health Workforce Queensland.

NQPHN. (2024). NQPHN General Practice Data. Northern Queensland Primary Health Network.

NQPHN. (2024). NQPHN Joint Regional Needs Assessment Survey . Northern Queensland Primary Health Network.

NQPHN CRM. (2024). NQPHN CRM data.

QGSO. (2022). Australian South Sea Islanders in Queensland, Census 2021 . Queensland Government Statistician's Office .

QGSO. (2024). Queensland Regional Profiles - Men and Women profile for NQPHN region June 2024. Queensland Government Statisticians Office.

References (cont)

QGSO. (2024). Queensland Regional Profiles: Resident Profiles for NQPHN region. Queensland Government Statistician's Office .

Queensland Courts. (2024). Queensland Courts' domestic and family violence (DFV) statistics. Retrieved from Queensland Courts: https://www.courts.qld.gov.au/court-users/researchers-and-public/stats

Queensland Health. (2022). Notifications of Syphilis in Queensland 2022 report. Public Health Intelligence Branch.

Queensland Health. (2023, October). Queensland Community Support Scheme. Retrieved from Queensland Government: https://www.qld.gov.au/community/getting-support-health-social-issue/community-home-care-services/queensland-community-support-scheme

Queensland Health. (2023, June 2). Services for refugees and asylum seekers. Retrieved from Queensland Health: https://www.health.qld.gov.au/public-health/groups/multicultural/refugee-services/refugee-and-asylum-seeker-services#

Queensland Health. (2023). The health of Queenslanders - Report of the Chief Health Officer Queensland. Queensland Health.

Queensland Health. (2024). Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033. Queensland Health.

Queensland Health. (2024). Joint Regional Needs Assessment Data Report - Potentially Preventable Hospitalisations. Queensland Health.

Queensland Health. (2024). Joint Regional Needs Assessment PHN Data Release - Perinatal Data Collection . Queensland Health.

Queensland Health. (2024). Notifiable Conditions annual reporting. Retrieved from Queensland Health - Surveillance reports: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable/annual

Refugee Council of Australia. (2024, 07 1). Current Refugee Welcome Zones. Retrieved from Refugee Council of Australia: https://www.refugeecouncil.org.au/how-many-refugee-welcome-zones-are-there/#:~:text=There%20are%20currently%20177%20Refugee,listed%20in%20the%20table%20below.

Romani L, S. A. (2015). Prevalence of scabies and impetigo worldwide: a systematic review. . Lancet Infectious Disease.

WHO. (2024, August 7). The top 10 causes of death. Retrieved from World Health Organisation: https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death#:~:text=It%20is%20important%20to%20know,where%20they%20are%20needed%20most.

Wright, J., Williams, R., & Wilkinson, J. (1998). Development and importance of health needs assessment. BMJ, 316(7140), 1310-1313. Retrieved from https://doi.org/10.1136/bmj.316.7140.1310

phn
NORTHERN QUEENSLAND
An Australian Government Initiative

e: support@nqphn.com.au
w: nqphn.com.au

Torres and Cape
Hospital and Health Service

Cairns and Hinterland
Hospital and Health Service

Mackay
Hospital and Health Service

Townsville
Hospital
and Health
Service