

2019

Needs Assessment Summary ABORIGINAL AND TORRES STRAIT ISLANDER



Aboriginal and Torres Strait Islander



Local health needs and service issues

- Cultural competency, transport and cost all affect access to services for Aboriginal and Torres Strait Islander people
- Focus on chronic disease early identification and self-management
- Large growth in Aboriginal and Torres Strait Islander population in Ormeau-Oxenford
- Gaps remain in terms of life expectancy and many contributing factors
- Higher rates of Aboriginal and Torres Strait Islander people with diabetes and COPD in the region and higher rates of smoking
- Some indication that maternal health may be an issue but there are very small numbers involved



Key findings

The proportion of Aboriginal and Torres Strait Islander people is relatively smaller in the Gold Coast Primary Health Network (GCPHN) region than other parts of Australia. Health outcomes for Aboriginal and Torres Strait Islander people across Queensland and Australia are generally poorer when compared to the non-Indigenous population, particularly for chronic conditions. Almost two-thirds of Aboriginal and Torres Strait Islander people in Queensland have a long-term health condition.

On the Gold Coast, maternal and child health outcomes for Aboriginal and Torres Strait Islander people are generally more positive than other regions but still trail non-Indigenous outcomes. Maternal smoking and limited uptake of antenatal care visits may be adversely impacting birth and health outcomes, it is difficult to determine due to small numbers.



While the Gold Coast region has some services targeted to Aboriginal and Torres Strait Islander people, including one Aboriginal Medical Service with three clinics, there are issues identified with accessibility, awareness and appropriateness of services, particularly for mental health services. Cultural competency, transport and cost are factors that affect access.



Evidence

Demographics

Based on figures from the 2016 Census, there are 9,486 Aboriginal and Torres Strait Islander people living within the Gold Coast region, which represents approximately 1.7% of the total Gold Coast resident population. This is lower than the proportion of Aboriginal and Torres Strait Islander people across the Queensland (4.0%) and Australian (2.8%) populations.

Figure 1 below shows the SA3 regions with the highest number of Aboriginal and Torres Strait Islander people include Ormeau-Oxenford, Nerang and Coolangatta. The population of Aboriginal and Torres Strait Islander people in Ormeau-Oxenford has almost doubled since the 2011 Census.

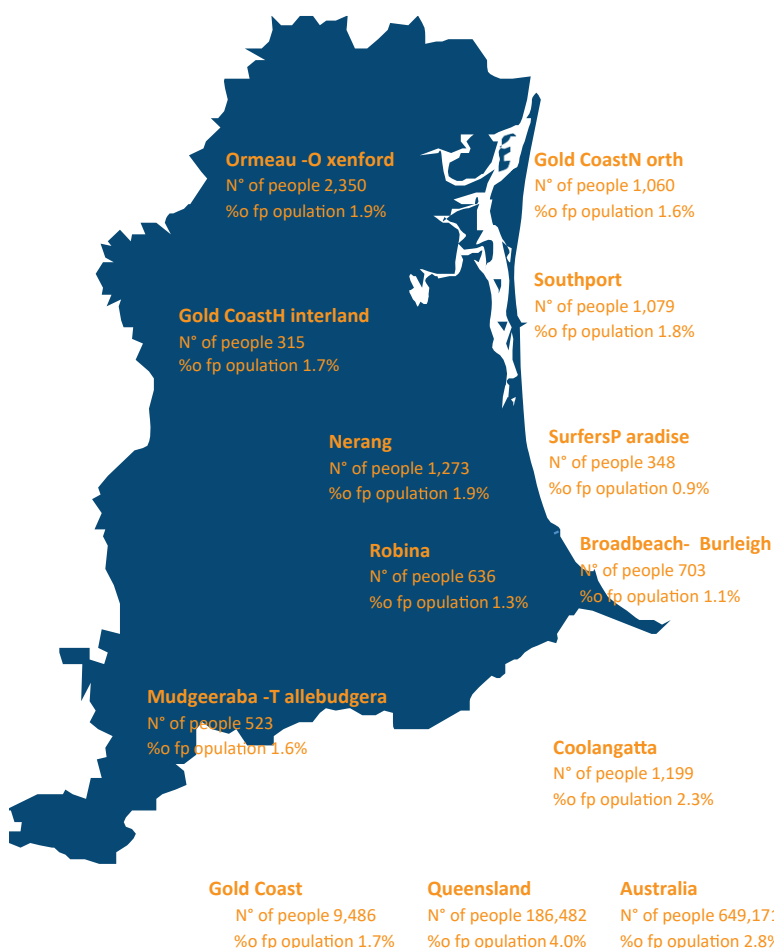


Figure 1. Number of Aboriginal and Torres Strait Islander people within Gold Coast region, by SA3 region, 2016

Source: Language and Cultural Diversity Report 2016

Census data shows median weekly household income for Aboriginal and Torres Strait Islander people living in the Gold Coast region was \$1,486, which is higher than for Aboriginal and Torres Strait Islander people across both Queensland and Australia. The median weekly rent was \$390 and median monthly mortgage repayments were \$2,000, which was again higher than both Queensland and Australia. These median figures are comparable to all people living in the Gold Coast region.

Maternal and child health outcomes

The proportion of babies born at low birth weight (i.e. less than 2500 grams) to Aboriginal and Torres Strait Islander mothers in the Gold Coast region in 2015-16 was 6.0% (total of 7 births), the 3rd lowest rate of all 16 Hospital and Health Service (HHS) regions across Queensland. The proportion of low birth weight for all births across the Gold Coast region during the same period was 4.0%. However, the low number of Aboriginal and Torres Strait Islander children born in the Gold Coast region is likely to affect the reliability.

A total of 30 Aboriginal and Torres Strait Islander women from the Gold Coast region who gave birth in 2015-16 (25.0%) reported smoking during pregnancy. This was the lowest rate amongst Queensland Hospital and Health Service (HHS) regions but was still significantly higher than the non-Indigenous population at 5.3%. Maternal smoking is a known risk factor for low birth weight and pre-term births².

The Gold Coast region recorded the 4th lowest rate of mothers that attended five or more antenatal visits out of all 16 HHS regions at a rate of 83.2%, compared to the Queensland average of 87.8%.

Table 1 below shows that immunisation rates for Aboriginal and Torres Strait Islander children in 2019 were slightly higher than for non-Indigenous children at 1 year and 5 years and are slightly lower at 2 years.



1 year	96.9% Aboriginal and Torres Strait Islander children	92.9% All children
2 years	89.2% Aboriginal and Torres Strait Islander children	89.8% All children
5 years	93.6% Aboriginal and Torres Strait Islander children	92.7% All children

Table 1: Proportion of children fully immunised in the Gold Coast PHN region by Indigenous status, March 2019

Source: Australian Institute of Health and Welfare analysis of Department of Human Services, Australian Immunisation Register statistics March 2019

¹ Queensland Health, Closing the Gap - Performance Report 2016

² Queensland Health Perinatal Data Collection, Statistical Services Branch, Department of Health

Chronic disease risk factors

The National Aboriginal and Torres Strait Islander Social Survey, conducted by the Australian Bureau of Statistics every 6-8 years, provides data for a range of health and wellbeing items for Aboriginal and Torres Strait Islander persons aged 15 years and over across Queensland. Findings from the 2014-15 survey include:

- 64.3% of Aboriginal and Torres Strait Islander people in Queensland had a long-term health condition, including 28% with a mental health condition
- 38.1% were a current daily smoker
- 49.9% had inadequate daily fruit consumption, and 95.4% had inadequate daily vegetable consumption
- 29.0% had used substances in the last 12 months
- 33% had exceeded the guidelines for alcohol consumption for single occasion risk, while 15.2% had exceeded guidelines for lifetime risk.

Data regarding the prevalence of chronic health conditions and risk factors such as smoking, poor nutrition, obesity, hypertension and physical inactivity for Aboriginal and Torres Strait Islander people at the Gold Coast regional level is not readily available. General practice data provides some information at a local level.

Table 2 below provides a snapshot of the numbers of Aboriginal and Torres Strait Islander patients serviced by general practices in the Gold Coast region. This data is reported by practices to the GCPHN and extracted from the PATCAT system¹. The data is differentiated into Aboriginal and Torres Strait Islander patients receiving services at mainstream practices and patients receiving services at the Kalwun Health Service, the sole Aboriginal Community Controlled Health Organisation (ACCHO) in the Gold Coast region. This data demonstrates the important role played by mainstream general practice in supporting Aboriginal and Torres Strait Islander people in the region.

Table 2: Reported health status for Aboriginal and Torres Strait Islander patients at mainstream general practices and Kalwun Health Service within the Gold Coast PHN region, as at September 2019

	Kalwun Health service (non-adjusted)		All practices excluding Kalwun (adjusted)		All practices excluding Kalwun (adjusted)	
	Indigenous patients		Indigenous patients		Non-Indigenous Patients	
	Number	%	Number	%	Number	%
Active patients (3 visits in the last 2 years)	3,948		7,867		526,348	
Diabetes (Type 1 or type 2) excludes gestational	141	3.6%	318	4.0%	20,096	3.8%
Chronic obstructive Pulmonary Disease (COPD)	125	3.2%	194	2.5%	11,743	2.2%
Coronary heart disease (CHD)	90	2.3%	211	2.7%	17,302	3.3%
Chronic renal failure	34	0.9%	60	0.8%	5,987	1.1%
Daily smoker	738	9.6%	982	12.5%	24,025	4.6%
Drinker	1,338	33.9%	2,539	32.3%	199,759	38.0%
Total patient with BMI recorded (last 12 months)	3,039	77.0%	3,906	49.7%	153,436	29.2%
Obesity (BMI \geq 30)	724	23.8%	1,067	27.3%	42,592	27.8%

Source: Gold Coast PHN PATCAT data. Source data provided by general practices reporting to Gold Coast PHN via PATCAT system.

1 Disclaimer: This report includes data from 153 general practices in the Gold Coast PHN region that submit data to PATCAT (PenCS - data aggregation tool). While there are limitations to general practice data, the data is still able to provide valuable insights into population cohorts that access primary care in the Gold Coast PHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple practices. Patients may be represented in both Kalwun and mainstream general practices if they attend both.

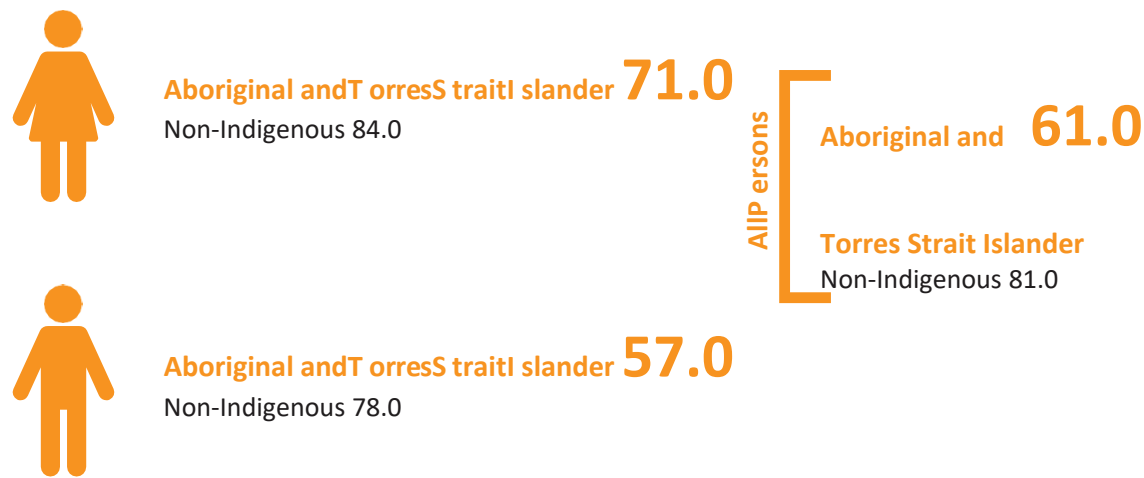
This data indicates that the Gold Coast Indigenous community had higher rates of chronic obstructive pulmonary disease and smoking than non-indigenous. For other conditions the Gold Coast Aboriginal and Torres Strait Islander community had comparable or lower rates than the non-indigenous population.

Mortality outcomes

The Gold Coast HHS region recorded the 5th lowest rate of all-cause mortality for Aboriginal and Torres Strait Islander persons of the 16 Queensland HHS regions between 2009-2013 of 697.0 deaths per 100,000 persons, which represented a total of 95 deaths during this period. Data is not available at a regional level for cause of death, but across Queensland the leading cause of death during this period was cardiovascular disease (25%), followed by ‘other’ causes (24%) and cancers (21%).

Aboriginal and Torres Strait Islander people in the Gold Coast region have higher rates of premature death than non-Indigenous Australians. Figure 2 below, shows the median age at death over the period 2011 to 2015 for males and females by Indigenous status. This can be viewed by the region that was selected by the region that was compared for the following regions.


Figure 2: Median age at death by Indigenous status within Gold Coast region, by sex, 2011-2015



Health Service utilisation data

Figure 3 below shows the number of hospital discharges reported for Aboriginal and Torres Strait Islander people increased over the last three reporting years. A hospital discharge refers to the cessation of care for a patient that was admitted to hospital.

Figure 3: Number of hospital discharges for Aboriginal and Torres Strait Islander people at GCHHS facilities

	Gold CoastH ospital (Southport)	Robina Hospital	Transition Care Program	Total
	2013/14 -1 ,548	2013/14 -8 70	2013/14 -9	2,427
	2014/15 -2 ,073	2014/15 -9 30	2014/15 -4	3,007
	2015/16 -2 ,680	2015/16 -1 ,188	2015/16 -4	3,872
	Total- 6,301	Total- 2,988	Total- 17	9,306

In addition to hospital admissions, there were over 30,000 outpatient appointments at Gold Coast Health facilities for Aboriginal and Torres Strait Islander patients completed during 2013-14 to 2015-16. The top three clinics for outpatient appointments based on activity in 2015-16 were all related to maternal or child health services.

Gold Coast Health also provides data on the number of 'avoidable' admissions. Between May 2013 and December 2016, there were a total of 862 avoidable admissions recorded for Aboriginal and Torres Strait Islander people in the Gold Coast region, which represented 1.9% of all admissions. The number of patients were 583, indicating that some individuals were admitted more than once. Admissions were highest in the 40-64 years age group, followed by the 20-39 years age group.

The five leading categories for avoidable admissions amongst Aboriginal and Torres Strait Islander people during this period were:

- UTI including pyelonephritis—107 admissions (12.4% of all Indigenous admissions)
- Cellulitis—98 admissions (11.4%)
- Convulsions and epilepsy—98 admissions (11.4%)
- Ear, nose and throat infections—94 admissions (10.9%)
- COPD—79 admissions (9.2%)

All Aboriginal and Torres Strait Islander people, regardless of age, are eligible for an annual health check listed as item 715 on the Medicare Benefits Schedule (MBS). It aims to support early detection, diagnosis and intervention for common and treatable conditions. Figure 4 below demonstrates there has been an increase in the total number of Aboriginal and Torres Strait Islander health checks within the Gold Coast PHN region over the last few years. The figures indicate that an estimated 33.93% of Aboriginal and Torres Strait Islander people in the Gold Coast region accessed a health check in 2016-17.

Figure 4: Number of MBS –funded Aboriginal and Torres Strait Islander health checks (MBS Item 715) claimed within Gold Coast PHN region, 2013-14 to 2016-17

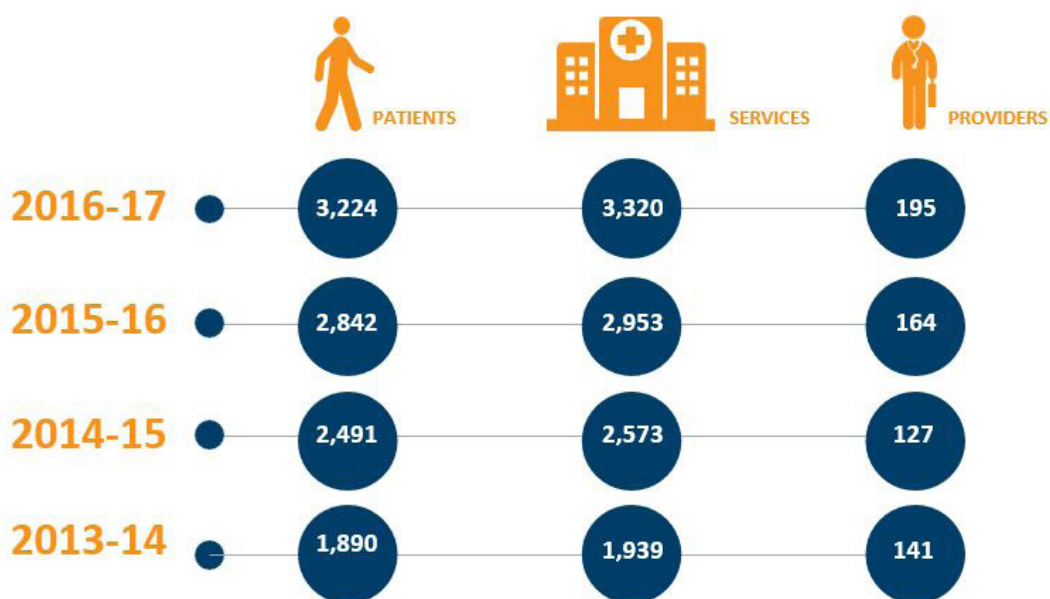


Table 3 provides a detailed breakdown of the delivery of Aboriginal and Torres Strait Islander health checks across the sub-regions of the Gold Coast.

Table 3: Regional breakdown of Aboriginal and Torres Strait Islander health checks (MBS Item 715), by SA3 region, 2017-18

Sub-region (SA3)	2017-18
Broadbeach-Burleigh	230
Coolangatta	450
Gold Coast-North	347
Gold Coast Hinterland	79
Mudgeeraba-Tallebudgera	159
Narang	438
Ormeau-Oxenford	744
Robina	192
Southport	348
Surfers Paradise	111

Source: Australian Institute of Health and Welfare, Indigenous health checks and follow-ups-Medicare Benefits data (Mapped to the patient's address)

Service Mapping

Services	Number in GCPHN Region	Distribution	Capacity Discussion
General practices	202	Clinics are generally well spread across Gold Coast; majority in coastal and central areas.	<ul style="list-style-type: none"> Health Workforce data suggests around 1% of GPs on the Gold Coast identify as Aboriginal and Torres Strait Islander There are some Indigenous GPs on the GC who do not openly identify due to their own professional, cultural and privacy preferences
Kalwun Development Corporation including the Kalwun Health Service	1	3 Aboriginal Medical Service locations (Bilinga, Miami, Oxenford) 1 community care service for frail aged or disability (Bonogin) 1 dental and allied health (Miami) 2 family wellbeing service (Burleigh and Coomera)	<ul style="list-style-type: none"> Kalwun run 3 Medical clinics GP clinics offering a comprehensive suite of services Locations offer reasonable accessibility and there are a range of comprehensive services at each site While services target Aboriginal and Torres Strait Islander patients, most services are open to all patients Transport assistance provided to patients who need it Kalwun also provide support and programs for Indigenous people with chronic conditions
Krurungal; Aboriginal & Torres Strait Islander Corporation for Welfare, Housing & Resource	1	1 located at Coolangatta Airport, Bilinga	<ul style="list-style-type: none"> Krurungal are GCPHN funded for the Community Pathway Connector program. A non-clinical service aimed at connecting people to appropriate health and support services. Transport assistance is provided, where required by people accessing services. Emergency Relief program Children and Schooling Program (CASP) Cultural Awareness Training
Mungulli Wellness Clinic, Gold Coast Health	1	Helensvale and Robina Outreach clinics also available	<ul style="list-style-type: none"> Adults who identify as either an Aboriginal or Torres Strait Islander person are eligible A culturally safe chronic disease management program for people with complex needs relating to respiratory, kidney disease, heart failure or diabetes. Aboriginal and Torres Strait Islander Health Worker is the first point of contact for clients Demand remains stable—GPs are referring clients into programs
Aboriginal Health Service, Gold Coast Health	1	Gold Coast University Hospital (Southport) and Robina Hospital	<ul style="list-style-type: none"> Provides service navigation support to Indigenous patients Access to mainstream primary health services is supported through two Closing the Gap staff members This service is a member of the Karulbo Aboriginal and Torres Strait Islander Health Partnership
Yan-Coorara, Gold Coast Health	1	Palm Beach	<ul style="list-style-type: none"> Program aimed to support social and emotional health

Services	Number in GCPHN Region	Distribution	Capacity Discussion
COACH Indigenous-specific stream, Queensland Health	State-wide	Phone service	<ul style="list-style-type: none"> • Free phone coaching service is available to support Indigenous people with chronic disease self-management • Very low awareness of Indigenous specific stream of COACH • Limited information on how service differs from mainstream COACH • Very low referrals to COACH program in general, unsure if any indigenous referrals
Kirrawe Indigenous Mentoring Service	1	Labrador	<ul style="list-style-type: none"> • Formal mentoring program • Aims to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people • Provides individual support, advice and guidance and help in practical ways at important transition points in their life
Institute for Urban Indigenous Health	1	Staff based in each Kalwun clinic at Bilinga, Miami and Oxenford	<ul style="list-style-type: none"> • GCPHN funded care coordination services for Aboriginal and Torres Strait Islander patients with chronic disease • Numbers of patients involved have been steadily increasing



Consultation

Consultation with the Karulbo Aboriginal and Torres Strait Islander Partnership Council (September 2017) indicated:

- Potential service gaps in coordination of medication across Gold Coast Health and primary care support for transition to NDIS, services for young people transitioning out of Department of Child Safety care
- Most commonly identified issues affecting access to mainstream services included transport, cultural competency and cost.
- Most commonly identified issues affecting access to indigenous specific services included transport and cost.
- Coordination of holistic care was very important with information sharing and collaboration being seen as key elements to support this
- Barriers to coordinated care include limited knowledge of roles and responsibilities, funding and red tape, lack of culturally specific roles in programs such as PIR, transport, limited outside of work hours service and limited access to specialists
- There was strong belief Gold Coast Aboriginal and Torres Strait Islander Community are more likely to access services if they are provided by an Aboriginal and Torres Strait Islander health professional
- Cultural competence for mainstream service providers was seen by all as very important and this was across all areas of health care

From August 2016 to December 2018), 74 people from General Practice and various Allied Health providers representing 42 organisations have undertaken GCPHN cultural training. Most respondents to the 2017 Primary Care Opinion Survey had not undertaken cultural safety training through GCPHN, but those who had indicated it improved their ability to work with Aboriginal and Torres Strait Islander people. There was significant interest from respondents in this area, practice nurses and practice managers were the most likely to indicate an interest in cultural safety training while general practitioners were the least likely.

More broadly, the Gold Coast PHN's Community Advisory Council (CAC) met in February 2017 and identified that marginalised groups such as Aboriginal and Torres Strait Islander people "continually seem to fall through the cracks". The CAC recommended a focus on health inequality, respectful and appropriate care, inclusion and the impact of stigma.

Consultation and feedback from stakeholders throughout 2018/19 confirm:

- The most commonly identified issue affecting access to Indigenous specific services is transport
- Housing issues, rental arrears and lack of funds for food are ongoing system issues that are difficult to overcome
- There is a demand for more Aboriginal and Torres Strait Islander workers, particularly male workers for both mental health and alcohol and other drugs.
- Indigenous Health checks, (MBS item 715) may not align to the national guide to preventive ATSI health.

Gold Coast Primary Health Network

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“Building one world class health system for the Gold Coast.”

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