

Gold Coast Primary Health Network
NEEDS ASSESSMENTS 2020

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH



phn
GOLD COAST

An Australian Government Initiative

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Local health needs and service issues

- Cultural competency, transport and cost all affect access to services for Aboriginal and Torres Strait Islander people
- Need to 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 compared to non-indigenous
- Some indication that maternal health may be an issue but there are very small numbers involved
- Low number of Aboriginal and Torres Strait health assessments completed (MBS item 715) on Gold Coast compared to Queensland rate



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

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 although in terms of numbers there are 11,356 Aboriginal and Torres Strait Islander people on the Gold Coast. 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. Nearly one in five (18%) Indigenous adults had indicators of chronic kidney disease, they were 2.1 times as likely as non-Indigenous adults to have these indicators .

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. Indigenous mothers were less likely to have five or more antenatal visits than non-Indigenous mothers (83% and 95%) . Tobacco smoking while pregnant is considered a leading preventable risk factor for adverse birth outcomes including low birthweight. In 2001, 50% of Indigenous mothers who gave birth reported smoking during pregnancy nationally . Indigenous mothers were 4 times as likely as non-Indigenous mothers to have smoked during pregnancy (age-standardised rate of 49% and 12% respectively).

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, the estimated resident population was 11,356 Aboriginal and Torres Strait Islander people living within the Gold Coast region, which represents approximately 1.8% of the total Gold Coast resident population. This is lower than the proportion of Aboriginal and Torres Strait Islander people across the Queensland (4.3%).

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: Australian Bureau of Statistics, Estimates of Aboriginal and Torres Strait Islander Australians, June 2016

Approximately 51% of Aboriginal and Torres Strait Islander people living in the Gold Coast region are female and 49% are male, which is similar for the overall regional population. However, there is a significant difference in the age profile. The median age for Aboriginal and Torres Strait Islander people living in the Gold Coast region is around 23 years, whereas the median age for all people living in the region is 38 years.

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/or Torres Strait Islander mothers in the Gold Coast region in 2018 was 10.4% (total of 14 births were underweight of the 135 total births), which was below the Queensland rate for Aboriginal and Torres Strait Islander people of 12.2%. The proportion of babies born at low birth weight for non-Indigenous people across the Gold Coast region during the same period was 6.0% (total of 396 births were underweight of the 6,585 total births). However, the low number of Aboriginal and Torres Strait Islander children born in the Gold Coast region is likely to affect the reliability of the data overtime.

A total of 23 Aboriginal and Torres Strait Islander women from the Gold Coast region who gave birth in 2017 (17.0%) 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 Gold Coast population at 4.0%.

Table 1 below shows that immunisation rates for Aboriginal and Torres Strait Islander children in 2020 were slightly higher than for non-Indigenous children at 2 year and 5 years and are slightly lower at 1 years.

Table 1: Proportion of children fully immunised in the Gold Coast PHN region by Indigenous status, March 2020



Source: Australian Institute of Health and Welfare analysis of Department of Human Services, Australian Immunisation Register statistics March 2020

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 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 three 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.

This data indicates that the Gold Coast Indigenous community had higher rates of chronic obstructive pulmonary disease and smoking than non-indigenous. 97.7% of Kalwun Indigenous patients had their BMI recorded which was a higher rate compared to mainstream practices for Indigenous and non-Indigenous patients. For other conditions, the Gold Coast Aboriginal and Torres Strait Islander community had comparable or lower rates for risk factors than the non-indigenous population.

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 of July 2019 to June 2020.

| | Kalwun Health service (non-adjusted) | | All practices excluding Kalwun (non-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) | 3,974 | | 9,767 | | 557,468 | |
| Diabetes (Type 1 or type 2) excludes gestational | 145 | 3.7% | 375 | 3.8% | 22,594 | 4.1% |
| Chronic obstructive Pulmonary Disease (COPD) | 126 | 3.2% | 182 | 1.9% | 12,941 | 2.2% |
| Coronary heart disease (CHD) | 93 | 2.4% | 232 | 2.4% | 18,737 | 3.4% |
| Chronic renal failure | 37 | 0.9% | 65 | 0.7% | 6,877 | 1.2% |
| Daily smoker | 769 | 19.5% | 1,787 | 18.3% | 59,670 | 10.7% |
| Drinker | 1,328 | 33.7% | 2,489 | 25.5% | 219,238 | 39.3% |
| Total patient with BMI recorded | 3,883 | 97.7% | 5,929 | 60.7% | 312,836 | 56.1% |
| Obesity (BMI>=30) | 617 | 15.9% | 1,630 | 16.7% | 68,623 | 21.9% |

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

Mortality outcomes

The Gold Coast PHN 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 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 2013 to 2017 for males and females by Indigenous status on the Gold Coast. This rate has remained stable among non-indigenous people but increased among Aboriginal and Torres Strait Islander people from 2011-2015 from 71 for Females and 57 for Males.

Figure 2: Median age at death by Indigenous status within Gold Coast region, by sex, 2013-2017



Source: Data compiled by PHIDU, Torrens University from deaths data based on the 2013 to 2017 Cause of Death Unit Record Files.

Health Service utilisation data

Figure 3 below shows the number of inpatient admissions reported for Aboriginal and Torres Strait Islander people, non-Aboriginal and Torres Strait Islander people and not stated/other. Approximately 1.7% of the total Gold Coast resident population is Aboriginal and/or Torres Strait Islander, as can be seen below 3.0% of inpatients at Gold Coast University and Robina Hospital in 2019/20 were Aboriginal and/or Torres Start Islander. Please note, this data may include people who do not live on the Gold Coast.

Figure 3: Number of hospital inpatients at hold Coast University and Robina Hospitals

| | 2014/2015 | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Aboriginal and/or Torres Strait Islander | 2,894 | 3,854 | 3,880 | 4,171 | 4,849 | 5,505 |
| Non-Indigenous | 135,648 | 148,623 | 156,766 | 167,535 | 179,345 | 179,497 |
| Not stated/unknown | 918 | 552 | 502 | 529 | 608 | 591 |

Source: Gold Coast Hospital and Health Service, Inpatient Admissions Data

Potentially Preventable Hospitalisations

Potentially preventable hospitalisations (PPH) is a proxy measure of primary care effectiveness. PPH are certain hospital admissions that potentially could have been prevented by timely and adequate health care in the community. The term PPH does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather the hospitalisation 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.

Admissions for potentially preventable conditions for Aboriginal persons in Gold Coast region from 2014/15 to 2016/17 was below the National and Queensland rate across the three broad categories: chronic, acute and vaccine preventable conditions as can be seen below in table 3.

Table 3: Admissions for potentially preventable conditions per 100,000 people, Aboriginal persons, 2014/15 to 2016/17

| | Admissions for potentially preventable conditions | Admissions for total vaccine-preventable conditions | Admissions for total acute conditions | Admissions for total chronic conditions |
|------------|---|---|---------------------------------------|---|
| National | 5,010 | 609 | 2,474 | 1,928 |
| Queensland | 5,152 | 471 | 2,684 | 1,993 |
| Gold Coast | 2,816 | 126 | 1,586 | 1,147 |

Source: National Hospital Morbidity Database via Public Health Information Development Unit

Between July 2018 and June 2019, there were a total of 440 potentially preventable hospitalisations recorded for Aboriginal and Torres Strait Islander people in the Gold Coast region, which represented 8.92% potentially preventable hospitalisations of all admitted patient separations. This rate was slightly above the Gold Coast non-Indigenous rate of 22,915 potentially preventable hospitalisations or 6.98% potentially preventable hospitalisations of all admitted patient separations.

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

- Diabetes complications- 55
- Convulsions and epilepsy- 48 admissions
- Urinary tract infections- 45 admissions
- Iron deficiency anemia- 42 admissions
- Cellulitis – 40

The above potentially preventable hospitalisations all featured among the leading potentially preventable hospitalisations for non-Indigenous Gold Coast residents except for Convulsions and epilepsy which was the ninth leading potentially preventable hospitalisation for non-Indigenous Gold Coast residents.

Medicare Benefits Schedule

Aboriginal and Torres Strait Islander people can receive an annual health check, designed specifically for indigenous Australians and funded through Medicare. The Indigenous-specific health check was introduced in recognition that Indigenous Australian's, as a group, experience some particular health risk.

The aim of this Indigenous-specific health check is to encourage early detection and treatment of common conditions that cause ill health and early death.

Table 4 provides a detailed breakdown of the delivery of Aboriginal and Torres Strait Islander health checks across the sub-regions of the Gold Coast.

Table 4: Indigenous-specific health check patients (MBS item 715), by National, Queensland Gold Coast and SA3 regions, 2017–18 (number and rate)

| Area name | Number of patients | Population estimate | Rate of use (per cent of Indigenous population) |
|---------------------------|--------------------|---------------------|--|
| Queensland | 82,903 | 221,276 | 37.5 |
| National | 229,704 | 798,365 | 28.8 |
| Gold Coast | 3,098 | 11,360 | 27.3 |
| Broadbeach - Burleigh | 230 | 859 | 26.7 |
| Coolangatta | 450 | 1,433 | 31.4 |
| Gold Coast - North | 347 | 1,284 | 27.0 |
| Gold Coast Hinterland | 79 | 375 | 21.2 |
| Mudgeeraba - Tallebudgera | 159 | 610 | 26.0 |
| Nerang | 438 | 1,494 | 29.3 |
| Ormeau - Oxenford | 744 | 2,804 | 26.5 |
| Robina | 192 | 750 | 25.6 |
| Southport | 348 | 1,299 | 26.8 |
| Surfers Paradise | 111 | 449 | 24.7 |

Source: AIHW analysis of the Medicare Benefits Schedule data.

Location of the health check is based on postcode of the person's Medicare mailing address. Geographical areas are classified using the 2016 Australian Statistical Geography Standard.

Indigenous health assessments (MBS item 715 and 228) are important for finding health issues, however, improving health outcomes also requires appropriate follow-up of any issues identified during a health check ⁴. Based on needs identified during a health check, Aboriginal and Torres Strait Islander people can access Indigenous-specific follow up services- from allied health workers, practice nurses or Aboriginal and Torres Strait Islander health practitioners (MBS item 10987, 81300-81360)

Indigenous Australians may receive follow up care through other MBS items that are also available to non-Indigenous patients. An example of this would be an Indigenous person is diagnosed with a mental health condition, the GP might prepare a mental health treatment plan. Data captured below only relates to Indigenous-specific items only.

Table 5: Indigenous-specific health check patients (MBS item 715) who received a follow-up service within 12 months of the Indigenous health assessment (MBS item 715), by National, Queensland Gold Coast and SA3 regions, 2016-17

| Area name | Number of follow-up patients | Number of health check patients (MBS item 715) | Rate of follow-up (per cent of health check patients) |
|---------------------------|------------------------------|--|---|
| Australia | 84,365 | 211,508 | 39.9 |
| Queensland | 35,860 | 77,045 | 46.5 |
| Gold Coast | 1,241 | 2,602 | 47.7 |
| Broadbeach - Burleigh | 109 | 196 | 56.0 |
| Coolangatta | 254 | 394 | 64.5 |
| Gold Coast - North | 108 | 309 | 34.8 |
| Gold Coast Hinterland | n.p. | 65 | n.p. |
| Mudgeeraba - Tallebudgera | 65 | 127 | 51.3 |
| Nerang | 170 | 370 | 46.0 |
| Ormeau - Oxenford | 250 | 572 | 43.8 |
| Robina | 111 | 202 | 54.9 |
| Southport | 115 | 287 | 40.2 |
| Surfers Paradise | n.p. | 81 | n.p. |

Source: AIHW analysis of the Medicare Benefits Schedule data. Location of the health check is based on postcode of the person's Medicare mailing address. Geographical areas are classified using the 2016 Australian Statistical Geography Standard.

Aboriginal and Torres Strait Islander Health Workforce

Appropriate, culturally safe accessible services are an essential component of health care for Aboriginals and Torres Strait Islander Australians⁵. Indigenous Australians are significantly under-represented in the health workforce, which potentially contributes to inhibiting access services for some Aboriginal and Torres Strait Islander people. The Indigenous workforce is essential to ensuring that the health system can address the needs of Indigenous Australians. Indigenous health professionals can align their unique clinical and sociocultural skills to improve patient care, improve access to services and ensure culturally appropriate care in the services that they and their non Indigenous colleagues deliver.

Health workforce data from 2018 identified that of the 807 active General Practitioners on the Gold Coast, 11 (1.4%) identified as Aboriginal and/or Torres Strait Islander and for Specialists on the Gold Coast, 0.6% identified as Aboriginal and/or Torres Strait Islander. Data suggest Gold Coast Aboriginal and Torres Strait Islander Health workforce representation is largely consistent with the national figures.

National data identified in 2018, the age-standardised rate of General Practitioners who identified as Aboriginal and/or Torres Strait Islander was 16 per 100,000 people compared to 113 per 100,000 people among non-Indigenous Australians in 2018

Table 5. Aboriginal and Torres Strait Islander people in the health workforce, Gold Coast, 2018

| | General Practitioners on Gold Coast | Specialist |
|--|-------------------------------------|------------|
| Total | 807 | 904 |
| Aboriginal and/or Torres Strait Islander | 11 | 5 |
| Rate of Indigenous workforce | 1.4% | 0.6% |

Service System

| Services | Number in GCPHN Region | Distribution | Capacity Discussion |
|--|------------------------|---|--|
| General practices | 207 | 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 (Bilings, 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 |
| Krurungel; Aboriginal & Torres Strait Islander Corporation for Welfare, Housing & Resource | 1 | 1 located at Coolangatta Airport, Bilings | <ul style="list-style-type: none"> Krurungel 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 |
| Mungutti Wellness Clinic, Gold Coast Health | 1 | Hellensvale 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 |
| Yen-Coorens, Gold Coast Health | 1 | Palm Beech | <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 |
| Kirrawee 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 Kahwun clinic at Bilings, Miami and Owenford | <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 2019/20 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.”

Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health

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