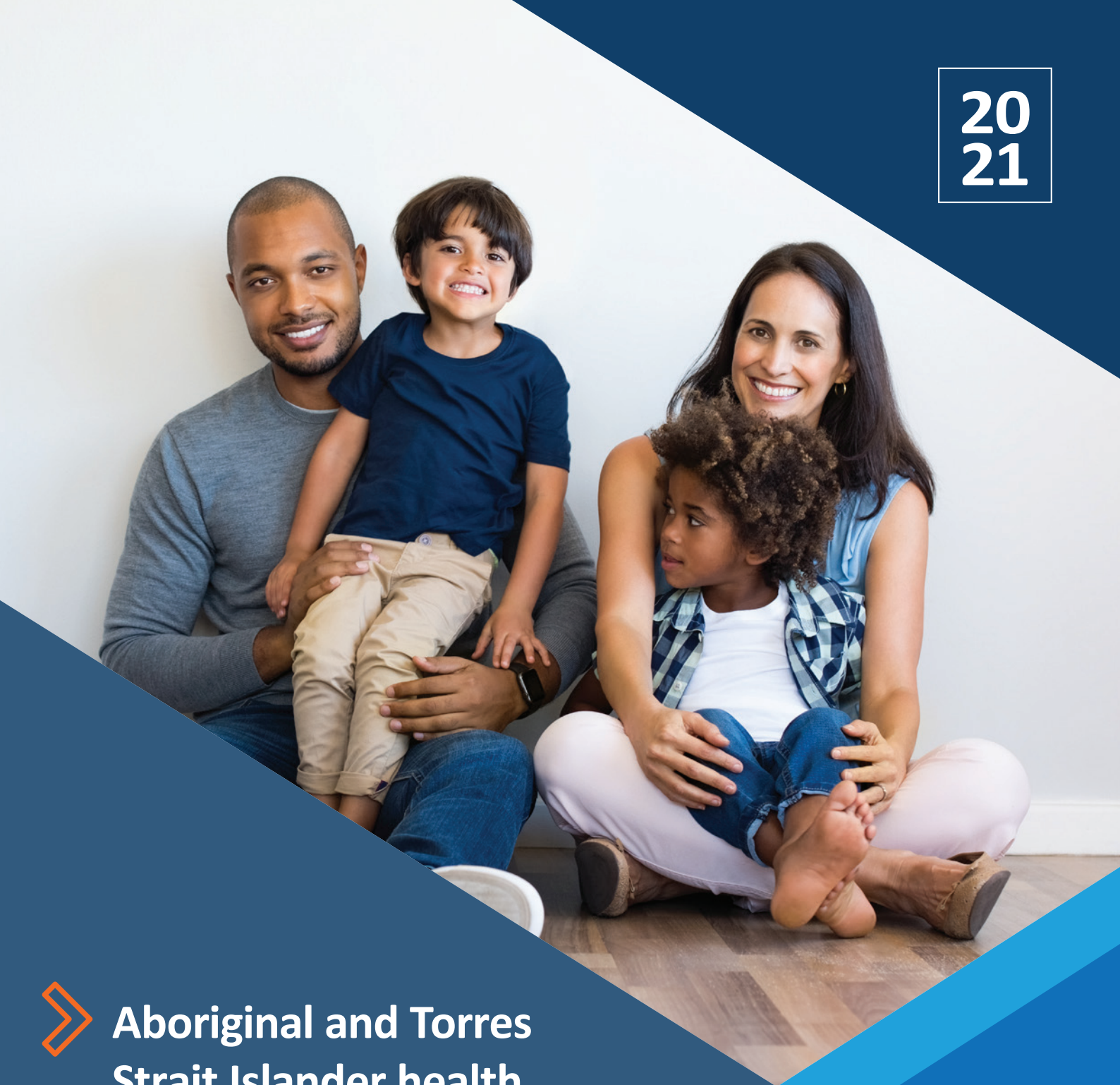
2021



Aboriginal and Torres Strait Islander health

Needs Assessment

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.
- Limited services in northern Gold Coast for Aboriginal and Torres Strait Islander people.
- Chronic disease early identification and self-management.
- Some indication that maternal health may be an issue but there are very small numbers involved.
- Low number of Aboriginal and Torres Strait Islander health assessments completed for Gold Coast Aboriginal and Torres Strait Islander people compared to national rate.
- Small number of Aboriginal and Torres Strait Islander health workers
- Low rate of cancer screening among Aboriginal and Torres Strait Islander people.
- Care coordination between health services, child safety and other services/supports/family.

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 per cent) Indigenous adults had indicators of chronic kidney disease, they were 2.1 times as likely as non-Indigenous adults to have these indicators1.
- 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 per cent and 95 per cent)2. Tobacco smoking while pregnant is considered a leading preventable risk factor for adverse birth outcomes including low birthweight. In Indigenous mothers were 4 times as likely as non-Indigenous mothers to have smoked during pregnancy (age-standardised rate of 49 per cent and 12 per cent respectively).
- While the GCPHN 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.

1 Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW

2 Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW

Evidence

Since 2006, Aboriginal and Torres Strait Islander health Performance Framework (HPF) reports have provided information about Indigenous Australians health outcomes, key drivers of health and the performance of the health system. Key indicators extracted from the national report:

Improving:

- cardiovascular disease
  - Age-standardised rate of deaths per 100,000 population decreased from 323 in 2006 to 229 in 2018.
- education
  - Proportion of people aged 20–24 who had a year 12 or equivalent qualification increased from 45 per cent in 2008 to 66 per cent in 2018-19.
- smoking
  - Those aged 15–17 reported that they had never smoked increased from 72 per cent in 2008 to 75 per cent in 2018-19.
- health checks
  - The rate of Medicare health checks increased per 1,000 population from 68 in 2009-10 to 297 in 2018-19.

Not Improving:

- cancer
  - Age-standardised rate of deaths per 100,000 population increased from 205 in 2006 to 235 in 2018.
- out of home care
  - Rate of children in out of home care per 1,000 increased from 35 in 2009 to 54 in 2018.
  - Over representation of Aboriginal and Torres Strait children in the child protection system. Of kids in care, 97 per cent have health issues.
- Imprisonment
  - Rate of adults per 100,000 increased from 1,337 in 2006 to 2,088 in 2019.
- health service access
  - In 2018–19, 3 in 10 who needed to go to a health provider did not go—the same proportion as in 2012–13.
  - Barriers included cost, and health services being unavailable, far away or with long waiting times.

Demographics

Based on figures from the 2016 Census, the estimated resident population was 12,818 Aboriginal and Torres Strait Islander people living within the GCPHN region, which represents approximately 2.0 per cent of the total Gold Coast resident population. Local Aboriginal and Torres Strait Islander service providers report that the identified population are likely to be an underestimation.

Table 1 shows the GCPHN Statistical Area Level 3 (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.

Table 1. Aboriginal and Torres Strait Islanders estimated resident population, National, Queensland, Gold Coast including SA3 region, 2019-20

	Aboriginal and/or Torres Strait Islander	Percentage of proportion of Aboriginal and/or Torres Strait Islander population
Broadbeach-Burleigh	921	7.4%
Coolangatta	1,565	12.5%
Gold Coast-North	1,399	11.2%
Gold Coast Hinterland	414	3.3%
Mudgeeraba-Tallebudgera	669	5.4%
Nerang	1,615	12.9%
Ormeau-Oxenford	3,518	28.2%
Robina	830	6.6%
Southport	1,408	11.3%
Surfers Paradise	501	4.0%
Gold Coast	12,818	5.4%
Queensland	238,522	

Source: AIHW analysis of MBS data and Australian Bureau of Statistics (ABS) population data. This data set is a component of the minimum data set.

Approximately 51 per cent of Aboriginal and Torres Strait Islander people living in the GCPHN region are female and 49 per cent 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 people living on the GCPHN region is 23 years, whereas the median age for non-Indigenous people in the region is 38 years.

Census data shows median weekly household income for Aboriginal and Torres Strait Islander people living in the GCPHN 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 GCPHN region.

Health status and outcomes

Cancer

Cancer is currently the leading cause of death among Indigenous Australians. Between 2006 and 2018, the age-standardised death rate from cancer among Indigenous Australians increased from 205 to 235 per 100,000 people. A decrease in the cancer death rate among non-Indigenous Australians occurred over the same period. Indigenous Australians have lower cancer screening rates and are more likely to be diagnosed with cancer at more advanced stages resulting in lower cancer survival rates.

National screening programs in Australia reduce the risk of death from breast, cervical and bowel cancer. Indigenous Australians have lower rates of participation in screening programs than non-Indigenous Australians for breast cancer (age-standardised) and bowel cancer as can be seen in Table 2.

Table 2. Participation in cancer screening programs, national, 2017-18

	Indigenous	Non-Indigenous
	Per cent	
Women aged 50–74 screened for breast cancer— age-standardised rate, 2017–2018	38	54
People aged 50–74 participating in National Bowel Screening Program, 2017	21	43
People aged 50–74 having follow up colonoscopy, where appropriate, 2017	51	67

Sources: HPF Table D3.04.9—AIHW analysis of BreastScreen Australia data; AIHW 2019e.

During 2020, a reduction was seen in number of screening mammograms completed through BreastScreen Australia for people aged 50 to 74. Between January to September in 2018, there was 9,575 completed mammograms through BreastScreen Australia by Indigenous Australians aged 50 to 74, compared to 8,574 completed in 2020 in the same time frame, a decrease of 11 per cent[3] .

Cardiovascular disease

Cardiovascular disease, also referred to as circulatory disease, includes conditions such as coronary heart disease and stroke. It is the second leading cause of death among Aboriginal and Torres Strait Islander people, accounting for 23 per cent of deaths (3,300) in 2014–2018 (data from NSW, Qld, WA, SA and NT combined). For Indigenous adults aged 25–54, rates of self-reported cardiovascular disease are about double those of non-Indigenous adults in corresponding age groups in both non-remote and remote areas[4].

3 AIHW analysis of state and territory BreastScreen register data (as at November 2020).
4 HPF Table D1.05.2—AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19 and National Health Survey 2017–18.

Analysing data extracted from Gold Coast PHN's PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region[5]. As of March 2021, of the 10,340 active Indigenous patients (three visits in the past two years) 11 per cent (n=1,143) had a coded cardiovascular diagnosis. Table 3 highlights active Indigenous and non- Indigenous population with coded cardiovascular diagnoses, with management indicators.

Table 3. Active population with coded cardiovascular disease, Indigenous and non-indigenous patients, March 2021

	All general practices excluding Kalwun		All general practices excluding Kalwun	
	Number	**Rate**	**Number**	**Rate**
	Indigenous patients		**Non-Indigenous Patients**	
Total Population	10,340		515,662	
Active population with coded cardiovascular disease	1,143	11%	90,011	17%
Active patients with coded cardiovascular disease and smoking status recorded	1,112	97%	87,184	97%
Active patients with coded cardiovascular disease and blood pressure recorded	1,030	90%	82,988	92%
Active patients with coded cardiovascular disease and LDL recorded	799	70%	71,581	80%
Active patients with coded cardiovascular disease and a GPMP recorded in the last 12 months	581	51%	26,543	29%
Active patients with coded cardiovascular disease and TCA recorded in the last 12 months	551	48%	23,438	26%

Source, PATCAT including 158 general practices

Diabetes

Diabetes is a chronic condition marked by high levels of glucose in the blood. The main types of diabetes are type 1, type 2 and gestational. Type 2 diabetes is the most common form and is largely preventable by maintaining a healthy lifestyle.

- **Type 1 diabetes:** lifelong autoimmune disease that usually has onset in childhood or early adolescence. A person with type 1 diabetes requires daily insulin replacement to survive.
- **Type 2 diabetes:** The most common form of diabetes. It involves a genetic component but is largely preventable and is often associated with lifestyle factors including physical inactivity, poor diet, being overweight or obese, and tobacco smoking.
- **Gestational diabetes:** characterised by glucose intolerance of varying severity that develops or is first recognised during pregnancy, mostly in the second or third trimester. It usually resolves after the baby is born but can recur in later pregnancies and significantly increases the risk of developing type 2 diabetes in later life, both for the mother and the baby.

5 Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), 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.

In 2018-19, about 17 per cent of Aboriginal and Torres Strait Islander adults reported having diabetes or high blood sugar levels, compared with 6.1 per cent of non-Indigenous Australians (age-standardised)[6].

Analysing data extracted from Gold Coast PHN's PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region[7]. As of March 2021, of the 10,340 active Indigenous patients (three visits in the past two years) 4.7 per cent (n=485) had a coded diabetes diagnosis. Table 4 highlights active Indigenous and non- Indigenous population with coded diabetes diagnoses, with management indicators.

Table 4. Active population with coded diabetes diagnoses, Indigenous and non-indigenous patients, March 2021

	All general practices excluding Kalwun		All general practices excluding Kalwun	
	Number	Rate	Number	Rate
	Indigenous patients		Non-Indigenous Patients	
Total Population	10,340		515,662	
Active population with coded diabetes diagnosis	485	4.7%	25,492	4.9%
Active population with coded diabetes type 1	54	11%	2,543	10.0%
Active population with coded diabetes type 1 who had a HbA1C result recorded in the last 12 months	23	43%	1,488	59%
Active population with coded diabetes type 2	353	73%	19,955	78%
Active population with coded diabetes type 2 who had a HbA1C result recorded in the last 12 months	210	59%	14,571	73%
Active population with coded gestational diabetes	72	15%	3,545	14%
Active patients with diabetes and a GPMP recorded in the last 12 months	152	31%	10,295	40%
Active patients with Diabetes and TCA recorded in the last 12 months	137	28%	9,462	37%
Active patients with diabetes prescribed oral or injectable antidiabetic medication	355	73%	19,464	76%

Source, PATCAT

Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease is a preventable and treatable lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. GPs are often the first point of contact for people who develop COPD. According to Bettering the Evaluation and Care of health (BEACH) survey, in the ten-year period from 2006–07 to 2015–16, the estimated rate of COPD management in general practice was around 0.9 per 100 encounters[8]

6 HPF Table D1.09.2—AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19 and ABS National Health Survey 2017–18.

7 Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), 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.

8 Britt H, Miller GC, Bayram C, Henderson J, Valenti L, Harrison C et al. 2016. A decade of Australian general practice activity 2006–07 to 2015–16. General practice series no. 41. Sydney: Sydney University Press

Analysing data extracted from Gold Coast PHN's PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region[9]. As of March 2021, of the 10,340 active Indigenous patients (three visits in the past two years) 2.3 per cent (n=233) had a coded chronic obstructive pulmonary disease diagnosis. Table 5 highlights active Indigenous and non- Indigenous population with coded chronic obstructive pulmonary diagnoses, with management indicators.

Table 5. Active population with coded obstructive pulmonary disease diagnoses, Indigenous and non-indigenous patients, March 2021

	All general practices excluding Kalwun		All general practices excluding Kalwun	
	Number	**Rate**	**Number**	**Rate**
	Indigenous patients		**Non-Indigenous Patients**	
Total Population	10,340		515,662	
Active patients with coded chronic obstructive pulmonary disease diagnosis	233	2.3%	12,359	2.4%
Active patients with COPD and smoking status recorded	216	93%	12,151	98%
Active patients with COPD and a GPMP recorded in the last 12 months	70	30%	4,226	34%
Active patients with COPD and TCA recorded in the last 12 months	65	28%	3,782	31%

Source, PATCAT

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 GCPHN region in 2018 was 10.4 per cent (total of 14 births were underweight of the 135 total births), which was below the Queensland rate of 12.2 per cent.

The proportion of babies born at low birth weight for non-Indigenous people across the GCPHN region during the same period was 6.0 per cent (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 GCPHN region is likely to affect the reliability of the data overtime.

A total of 23 Aboriginal and Torres Strait Islander women from the GCPHN region who gave birth in 2017 (17 per cent) 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 per cent.

9 Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), 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.

Immunisation

Table 6 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 6. Immunisation rates for Aboriginal and Torres Strait Islander children and all children, Gold Coast, March 2021

Age group	Aboriginal and Torres Start Islander children	All children
1 year	91.5%	92.6%
2 years	91.6%	89.9%
5 years	95.8%	92.5%

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

Mortality outcomes

The GCPHN 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 with 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 per cent), followed by 'other' causes (24 per cent) and cancers (21 per cent). Aboriginal and Torres Strait Islander people in the GCPHN region have higher rates of premature death than non-Indigenous Australians.

Life expectancy

Life expectancy and deaths are widely used as indicators of population health. Although Australia's national life expectancy is high compared with that of other countries, there are significant disparities between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

Table 7, 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.

Table 7. Median age at death by Indigenous status within GCPHN region, by sex, 2013-2017

	Male	Female	All persons
Aboriginal and Torres Strait Islander	60	72.5	66.5
Non-Indigenous	78	84	81

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

Health system performance

Impatient admissions

Table 8 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 per cent of the total Gold Coast resident population is Aboriginal and/or Torres Strait Islander, as can be seen below three per cent of inpatients at Gold Coast University and Robna 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.

Table 8. Number of hospital inpatients at hold Coast University and Robina Hospital

	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. This data set is a component of the minimum data set.

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 healthcare 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 GCPHN 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 9.

Table 9. 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. This data set is a component of the minimum data set.

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 GCPHN region, which represented 8.9 per cent 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 7 per cent 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 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 10 provides a detailed breakdown of the delivery of Aboriginal and Torres Strait Islander health checks across the sub-regions of the Gold Coast. GCPHN region has a lower rate of Indigenous health assessments completed in 2019-20 compared to both the national and Queensland rate.

Table 10. Indigenous-specific health check patients (MBS item 715), by National, Queensland Gold Coast and SA3 regions, 2019-20 (number and rate)

Area name	The number of unique patients who received an Indigenous-specific health check in the financial year.	The estimated or projected Indigenous population at 31 December of each financial year, averaged from 30 June estimates.	The number of patients who received an Indigenous-specific health check as a proportion of the Indigenous population in each financial year.
National	238,696	855,698	27.9%
Queensland	83,984	238,522	35.2%
Gold Coast	3,333	12,818	26.0%
Broadbeach - Burleigh	225	921	24.4%
Coolangatta	450	1,565	28.8%
Gold Coast - North	354	1,399	25.3%
Gold Coast Hinterland	85	414	20.5%
Mudgeeraba - Tallebudgera	157	669	23.4%
Nerang	395	1,615	24.5%
Ormeau - Oxenford	986	3,518	28.0%
Robina	189	830	22.8%
Southport	382	1,408	27.1%
Surfers Paradise	111	501	22.1%

Source: AIHW analysis of MBS data 'Indigenous-specific health checks include Medicare Benefits Schedule (MBS) items: 715, 228 (face-to-face) and 92004, 92011, 92016, 92023 (telehealth). This data set is a component of the minimum data set.

Indigenous health assessments are important for finding health issues, however, improving health outcomes also requires appropriate follow-up of any issues identified during a health check[10]. 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, general 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. As can be seen below, the rate of Indigenous-specific health check patients who received a follow-up service in the 12 months following their health check on the Gold Coast was above the national rate while below the Queensland rate.

10 Bailie J, Schierhout GH, Kelaher MA, Laycock AF, Percival NA, O'Donoghue LR et al. 2014, 2014. Follow-up of Indigenous-specific health assessments—a socioecological analysis. Medical Journal of Australia 200: 653–657.

Table 11. 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, 2018-19

Area name	The number of unique patients who received an Indigenous-specific health check in the financial year and received an Indigenous-specific follow-up service in the 12 months following their health check(s).	The number of unique patients who received an Indigenous-specific health check in the financial year.	The proportion of Indigenous-specific health check patients who received a follow-up service in the 12 months following their health check(s), by financial year of the health check(s).
National	112,745	241,017	46.8%
Queensland	45,894	87,196	52.6%
Gold Coast	1,693	3,394	49.9%
Broadbeach - Burleigh	129	250	51.6%
Coolangatta	256	434	58.9%
Gold Coast - North	150	362	41.3%
Gold Coast Hinterland	40	86	46.2%
Mudgeeraba - Tallebudgera	74	161	45.6%
Nerang	204	386	52.9%
Ormeau - Oxenford	520	973	53.4%
Robina	108	255	42.4%
Southport	162	384	42.3%
Surfers Paradise	51	104	49.0%

Source: AIHW analysis of MBS data

Aboriginal and Torres Strait Islander Health Workforce

Appropriate, culturally safe accessible services are an essential component of healthcare for Aboriginals and Torres Strait Islander Australians[11] . 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 (GP) on the Gold Coast, 11 (1.4 per cent) identified as Aboriginal and/or Torres Strait Islander and for Specialists on the Gold Coast, 0.6 per cent 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 GPs 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.

11 Department of Health 2013. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Department of Health

Table 12. Aboriginal and Torres Strait Islander people in the health workforce, Gold Coast, 2018

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

Source. Health Workforce Data, Department of Health, 2018

Service system

Services	Number in the GCPHN region	Distribution	Capacity Discussion
General practices	206	Clinics are generally well spread across Gold Coast; majority in coastal and central areas.	• 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)	• 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	• 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	• 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	• 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
Aboriginal Health Service, Gold Coast Health	1	Gold Coast University Hospital (Southport) and Robina Hospital	• 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	• Program aimed to support social and emotional health

COACH Indigenous-specific stream, Queensland Health	State-wide	Phone service	• 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	• 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	• 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 healthcare.

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 2020-21 confirm:

- The most 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.
- Service users have indicated limited after-hours services at the three Kalwun medical services
    - Difficult to get consultation for a child outside of school hours.
- Mainstream services confidence delivering culturally competent Aboriginal and Torres Strait Islander services.

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Gold Coast Primary Health Network

"Building one world class health system for the Gold Coast."

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Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.