Gold Coast Primary Health Network
Needs Assessment 2022

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 costs affect access to services for Aboriginal and Torres Strait Islander people.
- Limited services in northern Gold Coast for Aboriginal and Torres Strait Islander people.
- Low proportions of chronic disease early identification and self-management.
- There are 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.
- Service gaps in care coordination between health services, child safety and other services / supports / family.

Key findings

- The proportion of Aboriginal and Torres Strait Islander people is lower in the Gold Coast Primary Health Network (GCPHN) region (2.2%), than across the whole Australia (3.2%).
- 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, which is 2.1 times as likely as for non-Indigenous adults.
- On the Gold Coast, maternal and child health outcomes for Aboriginal and Torres Strait Islander people are generally more positive than in other regions but still lower than for 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. Indigenous mothers were 4 times as likely as non-Indigenous mothers to have smoked during pregnancy.
- 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 with accessibility, cultural competency, transport and cost, awareness, and appropriateness of services, particularly for mental health services.

Gold Coast Aboriginal and/or Torres Strait Islander population

Based on figures from the 2021 Census, there were 13,901 Aboriginal and Torres Strait Islander people living within the GCPHN region and 812,728 Nationally, with GCPHN having a lower percentage of Aboriginal and/or Torres Strait Islander peoples (2.2%) than nationally (3.2%). 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.

Table 1. Aboriginal and Torres Strait Islanders population, Gold Coast SA3 region, 2021

	Aboriginal and/or Torres Strait Islander population	
	Number	% of Gold Coast Indigenous population
Queensland	237,303	
Gold Coast	13,901	5.9%
Broadbeach-Burleigh	1,013	7.3%
Coolangatta	1,429	10.3%
Gold Coast-North	1,292	9.3%
Gold Coast Hinterland	432	3.1%
Mudgeeraba-Tallebudgera	750	5.4%
Nerang	1,759	12.7%
Ormeau-Oxenford	4,359	31.4%
Robina	919	6.6%
Southport	1,419	10.2%
Surfers Paradise	528	3.8%

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.

50.8% of Aboriginal and Torres Strait Islander people living in the GCPHN region are females and 49.2% are males, 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 Gold Coast is 24 years, whereas the median age for non-Indigenous people in the region is 39 years.

2021 Census data shows median weekly household income for Aboriginal and Torres Strait Islander people living in the GCPHN region was $1,834, which is higher than for Aboriginal and Torres Strait Islander people across Queensland and Australia. The median weekly rent was $450 and median monthly mortgage repayments were $2,001, which was comparable to all people living in the GCPHN region but higher than for the total Queensland and Australia.

Health status and outcomes

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 2020 national report[1]:

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% in 2008 to 66% in 2018-19.
- Smoking
    - Those aged 15–17 reported that they had never smoked increased from 72% in 2008 to 75% 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 increased from 35 per 1,000 in 2009 to 54 per 1,000 in 2018.
    - Over representation of Aboriginal and Torres Strait children in the child protection system. Of kids in care, 97% have health issues.
- Imprisonment
    - Rate of adults increased from 1,337 per 100,000 in 2006 to 2,088 per 100,000 in 2019.
- Health service access
    - In 2018–19, 3 in 10 Aboriginal and/or Torres Strait Islander people who needed to go to a health provider did not go, which is the same proportion as in 2012–13.
    - Barriers included cost, and health services being unavailable, far away or with long waiting times.

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. During the same period, a decrease in the cancer death rate among non-Indigenous

[1] Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW

Australians. 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 seen in Table 2.

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

	Indigenous population (%)	Non-Indigenous population (%)
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

In 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%[2] .

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% 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[3].

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[4]. As of March 2022, of the 11,860 active Indigenous patients (three visits in the past two years) 11% (n=1,297) had a cardiovascular diagnosis. Table 3 highlights Indigenous and non- Indigenous population with coded cardiovascular diagnoses and management indicators.

[2] AIHW analysis of state and territory BreastScreen register data (as at November 2020).
[3] 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.
[4] 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.

Table 3. Patients with cardiovascular disease, Indigenous and non-indigenous patients, Gold Coast, 2022

	Indigenous patients		Non-Indigenous Patients	
	Number	Percent	Number	Percent
Total population	11,860		529,509	
Patients with cardiovascular disease	1,297	10.9%	95,251	18.0%
Patients with cardiovascular disease and smoking status recorded	1,258	97.0%	92,586	97.2%
Patients with cardiovascular disease and blood pressure recorded	1,138	87.7%	86,092	90.4%
Patients with cardiovascular disease and LDL recorded	863	66.5%	74,287	78.0%
Patients with cardiovascular disease and a GPMP recorded in the last 12 months	649	50.0%	51,107	53.4%
Patients with cardiovascular disease and TCA recorded in the last 12 months	612	47.2%	47,836	50.2%

Source: PATCAT. Notes: Data is sourced from general practices excluding Kalwun.

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.

In 2018-19, the rate of Aboriginal and Torres Strait Islander adults reported having diabetes or high blood sugar levels was about 17 per 100 people, compared to [5] per 100 people for non-Indigenous Australians[6].

Data from PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region[7] show that in March 2022, of the 11,860 active Indigenous patients

[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.

(three visits in the past two years), 4.7% (n=560) had a diabetes diagnosis. Table 4 highlights Indigenous and non-Indigenous population with diabetes diagnoses and management indicators.

Table 4. Patients with diabetes diagnoses, Indigenous and non-indigenous patients, Gold Coast, 2022

	Indigenous patients		Non-Indigenous patients	
	Number	Percent	Number	Percent
Total population	11,860		529,509	
Patients with a diabetes diagnosis	560	4.7%	26,939	5.1%
Patients with diabetes type 1	66	11.8%	2,596	9.6%
Patients with diabetes type 1 who had a HbA1C result recorded in the last 12 months	34	51.5%	1,925	74.2%
Patients with coded diabetes type 2	396	70.7%	20,565	76.3%
Patients with diabetes type 2 who had a HbA1C result recorded in the last 12 months	310	78.3%	18,053	87.8%
Patients with coded gestational diabetes	86	15.4%	3,885	14.4%
Patients with diabetes and a GPMP recorded in the last 12 months	304	54.3%	18,271	7.8%
Patients with diabetes and TCA recorded in the last 12 months	299	53.4%	17,640	65.5%
Patients with diabetes prescribed oral or injectable antidiabetic medication	437	78.0%	14,008	52.0%

Source: PATCAT. Notes: Data is sourced from general practices excluding Kalwun.

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].

Data from Gold Coast PHN's PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region[9] show that in March 2022, of the 11,860 active Indigenous patients (three visits in the past two years), 2.0% (n=245) had a coded chronic obstructive pulmonary disease diagnosis. Table 5 highlights active Indigenous and non-Indigenous population with chronic obstructive pulmonary diagnoses and management indicators.

Table 5. Patients with obstructive pulmonary disease diagnoses, Indigenous and non-indigenous patients, Gold Coast, March 2022

	Indigenous patients	Non-Indigenous patients

[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

[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.

	Number	Percent	Number	Percent
Total population	11,860		529,509	
Patients with coded chronic obstructive pulmonary disease diagnosis	245	2.1%	12,519	2.4%
Patients with COPD and smoking status recorded	242	98.8%	12,307	98.3%
Patients with COPD and a GPMP recorded in the last 12 months	134	54.7%	7,857	62.8%
Patients with COPD and TCA recorded in the last 12 months	126	51.4%	7,452	59.5%

Source: PATCAT. Notes: Data is sourced from general practices excluding Kalwun.

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% (total of 14 births were underweight of the 135 total births), which was below the Queensland rate of 12.2%.

The proportion of babies born at low birth weight for non-Indigenous people across the GCPHN region during the same period was 6.0% (total of 396 births 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.

A total of 23 (17%) Aboriginal and Torres Strait Islander women from the GCPHN region who gave birth in 2017 reported smoking during pregnancy. This was the lowest rate amongst Queensland Hospital and Health Service (HHS) regions but still significantly higher than for the non-Indigenous Gold Coast population at 4%.

Immunisation

Table 6 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, 2021

Age group	Aboriginal and Torres Strait 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% 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% had used substances in the last 12 months,
- 33% had exceeded the guidelines for alcohol consumption for single occasion, while 15.2% had exceeded guidelines for lifetime risk.

Mortality

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 a total of 95 deaths during this period (rate of 697 deaths per 100,000 persons).

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 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.

Table 7. Median age at death by Indigenous status, by sex, Gold Coast, 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.

Utilisation of health services

Inpatient admissions

Table 8 shows the number of inpatient admissions to Gold Coast public hospital, separated by patients' Indigenous status. In 2019-20, there were 5,505 inpatients at Gold Coast University and Robina Hospital that identified as Aboriginal and/or Torres Start Islanders.

Table 8. Number of hospital admissions to Gold Coast University and Robina Hospital, by Indigenous status, 2014-15 to 2019-20

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
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) are 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 (Table 9).

Table 9. Admissions for potentially preventable conditions per 100,000 people, Aboriginal persons, 2014-15 to 2016-17

	Potentially preventable conditions - total	Vaccine-preventable conditions	Acute conditions	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 PPH for Aboriginal and Torres Strait Islander people in the GCPHN region, which represented 8.9% PPH of all admitted patient separations. This rate was slightly above the Gold Coast non-Indigenous rate of 22,915 PPH or 7% 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 admissions
- Convulsions and epilepsy: 48 admissions
- Urinary tract infections: 45 admissions
- Iron deficiency anemia: 42 admissions
- Cellulitis: 40 admissions

The above conditions were also among the leading PPH for non-Indigenous Gold Coast residents, except for convulsions and epilepsy which was the ninth leading reason for PPH.

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 Australians, as a group, experience some specific health risks.

The aim of the 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 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 2020-21, compared to both the national and Queensland rate.

Table 10. Indigenous-specific health checks, Gold Coast SA3 regions, 2020-21

Region	Indigenous-specific health	
	Number of patients	% of Indigenous regional population
National	236,610	27.2%
Queensland	82,324	33.7%
Gold Coast SA4	3,029	22.8%
Broadbeach - Burleigh	173	18.3%
Coolangatta	345	21.3%
Gold Coast - North	351	24.4%
Gold Coast Hinterland	85	20.0%
Mudgeeraba - Tallebudgera	132	19.2%
Nerang	376	22.8%
Ormeau - Oxenford	940	25.1%
Robina	178	20.9%
Southport	344	23.9%
Surfers Paradise	105	20.1%

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 early detection of health concerns, 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 items 10987, 81300-81360)

Indigenous Australians may also 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 both the national rate and 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 who received a follow-up service within 12 months of the assessment, Gold Coast SA3 regions, 2019-20

Region	Patients who received an Indigenous-specific health check	Patients who received an Indigenous-specific health check and an Indigenous-specific follow-up in the following 12 months	
		Number	%
National	238,837	111,503	46.7%
Queensland	84,003	44,767	53.3%
Gold Coast SA4	3,334	1,783	53.5%
Broadbeach - Burleigh	225	118	52.4%
Coolangatta	451	282	62.5%
Gold Coast - North	354	165	46.6%
Gold Coast Hinterland	85	39	45.9%
Mudgeeraba - Tallebudgera	157	89	56.7%
Nerang	395	212	53.7%
Ormeau - Oxenford	986	539	54.7%
Robina	189	106	56.1%
Southport	382	173	45.3%
Surfers Paradise	111	59	53.2%

Source: AIHW analysis of MBS data. NOTE: Indigenous-specific health check has MBS item 715.

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 may inhibit service accessibility.

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 GPs on the Gold Coast, 11 (1.4%) identified as Aboriginal and/or Torres Strait Islander, and 0.6% of specialists identified as Aboriginal and/or Torres Strait Islander. These data are largely consistent with the national figures; 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	Specialists
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	212	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

Karulbo Aboriginal and Torres Strait Islander Partnership Council (September 2017)

- 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 that 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.

GCPHN Community Advisory Council (CAC) (February 2017)

- 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

- 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 may not align to the national guide to preventive Aboriginal and/or Torres Strait Islander health.
- Service users have indicated limited after-hours services at the three Kalwun medical services. It is difficult to get consultation for a child outside of school hours.
- Mainstream services lack confidence delivering culturally competent Aboriginal and Torres Strait Islander services.

Australian Government

phn GOLD COAST
An Australian Government Initiative

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

Gold Coast Primary Health Network

Level 1, 14 Edgewater Court Robina QLD 4226 | PO Box 3576, Robina Town Centre QLD 4230
P 07 5635 2455 | E info@gcphn.com.au | W www.gcphn.org.au

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

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