

Needs Assessment Summary

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH



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

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GOLD COAST

An Australian Government Initiative

Aboriginal and Torres Strait Islander Health

Local health needs and service issues

- Large growth in Aboriginal and Torres Strait Islander population in Ormeau-Oxenford
- Some poor maternal and child health indicators
- Gaps remains in terms of life expectancy and many contributing factors
- High rates of smoking across region
- High rates of diabetes and mental health conditions
- Chronic disease early identification and self-management
- Cultural competency, transport and cost are factors that affect access



Key findings

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

On the Gold Coast, maternal and child health outcomes for Aboriginal and Torres Strait Islander people are generally more positive than other regions but still trail non-Indigenous outcomes significantly. Maternal smoking and limited uptake of antenatal care visits may be adversely impacting birth and health outcomes, although small numbers of Aboriginal and Torres Strait Islander children born each year affects data reliability. Smoking, poor nutrition, alcohol consumption and substance use all contribute to an increased likelihood of physical and mental health conditions, higher rates of hospitalisations, and higher rates of premature death.

While the Gold Coast region has some services targeted to Aboriginal and Torres Strait Islander people, including one Aboriginal Medical Service, 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

Aboriginal and Torres Strait Islander population

Based on figures from the 2016 Census, there are 9,501 Aboriginal and Torres Strait Islander people living within the Gold Coast region, which represents approximately 1.7% of the total Gold Coast resident population. This is lower than the proportion of Aboriginal and Torres Strait Islander people across the Queensland (4.0%) and Australian (2.8%) populations.

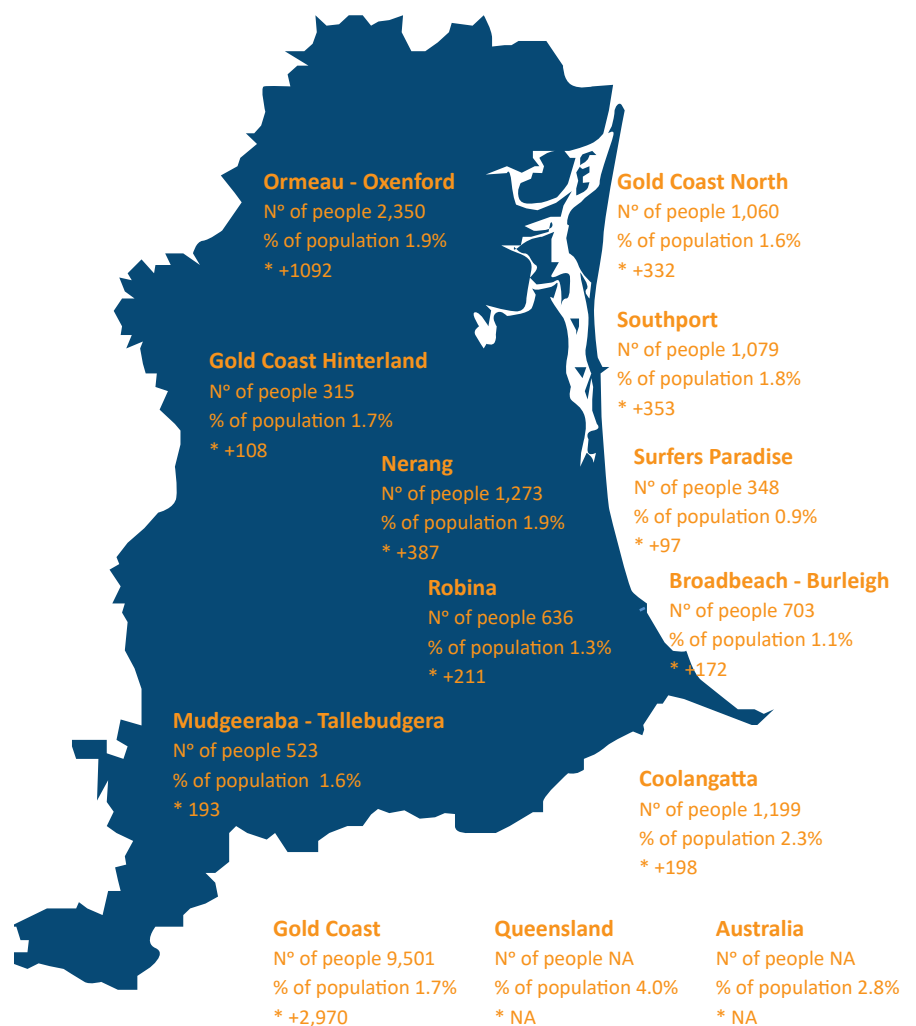
Table 1 below shows the SA3 regions with the highest number of Aboriginal and Torres Strait Islander people include Ormeau-Oxenford, Nerang and Coolangatta. The population of Aboriginal and Torres Strait Islander people in Ormeau-Oxenford has almost doubled since the 2011 Census.

Table 1: Number of Aboriginal and Torres Strait Islander people within Gold Coast region, by SA3 region, 20160

Source: Australian Bureau of Statistics, 2016 Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples Profile (Cat. No. 2002.0)

* Note: Adding sub-totals of SA3 regions does not equal 9,501 due to rounding adjustments made by ABS for small figures

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 39 years.



* Change from 2011 Census data

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

Maternal and child health outcomes

The proportion of babies born at low birth weight (i.e. less than 2500 grams) to Aboriginal and Torres Strait Islander mothers in the Gold Coast region in 2015-16 was 6.0% (7 births), the 3rd lowest rate of all 16 Hospital and Health Service (HHS) regions across Queensland. The proportion of low birth weight for all births across the Gold Coast region during the same period was 4.0%. However, the low number of Aboriginal and Torres Strait Islander children born on the Gold Coast region is likely to affect the reliability of using proportion as an estimate, as in the previous year (2014-15) the Gold Coast recorded the 2nd highest proportion of low birth weight Aboriginal and Torres Strait Islander babies of all HHS regions at 14.1% (11 births)¹.

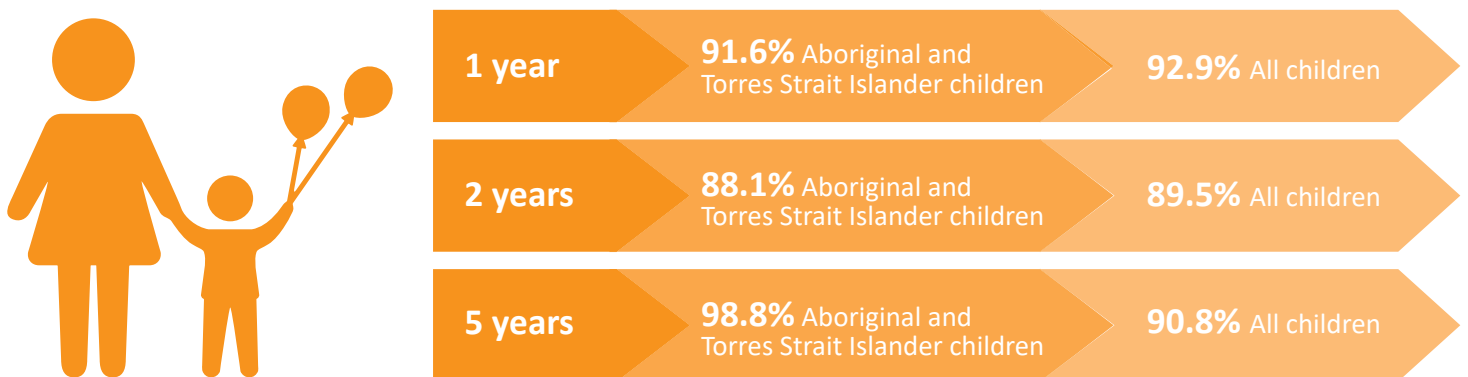
A total of 30 Aboriginal and Torres Strait Islander women from the Gold Coast region who gave birth in 2015-16 (25.0%) reported smoking during pregnancy. This was the lowest rate amongst HHS regions but was still significantly higher than the non-Indigenous population at 5.3%. Maternal smoking is a known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

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

Table 2 below shows that immunisation rates for Aboriginal and Torres Strait Islander children in 2015-16 were only slightly lower than for non-Indigenous children at 1 year and 2 years, and are significantly higher at 5 years.

Table 2: Proportion of children fully immunised in the Gold Coast PHN region by Indigenous status, 2015-16

Source: Australian Institute of Health and Welfare analysis of Department of Human Services, Australian Immunisation Register statistics 2015-16. Accessed via www.myhealthycommunities.gov.au



¹ Queensland Health, Closing the Gap - Performance Report 2016

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

Chronic disease risk factors

Data that breaks down 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.

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 2014-15 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.

Table 3 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 PHN and extracted from the PATCAT system. The data is broken down into Aboriginal and Torres Strait Islander patients receiving services at mainstream practices along with patients receiving services at the Kalwun Health Service, the sole Aboriginal Community Controlled Health Organisation (ACCHO) located in the Gold Coast region. This data demonstrates the important role played by mainstream general practice in supporting Aboriginal and Torres Strait Inlander people in the region.

Table 3: Reported health status for Aboriginal and Torres Strait Islander patients at mainstream general practices and Kalwun Health Service within the Gold Coast PHN region, as at September 2017

Source: Gold Coast PHN PATCAT data. Source data provided by general practices reporting to Gold Coast PHN via PATCAT system. Data extracts submitted in September 2017 and report generated October 2017.

	Kalwun Health Service (non-adjusted)		All practices excluding Kalwun (adjusted)		All practices excluding Kalwun (adjusted)	
	Number	%	Number	%	Number	%
Active patients (3 visits in 2 years)	3,377		5,501		374,035	
Diabetes (Type 1, Type 2 or not defined as Type1 or Type 2) excludes Gestational	195	0.6	329	0.6	17,800	0.5
Chronic Obstructive Pulmonary Disease (COPD)	111	0.3	130	0.2	8,585	0.2
Coronary Heart Disease (CHD)	95	0.3	144	0.3	12,946	0.3
Chronic Renal Heart Failure	32	0.1	44	0.1	4,410	0.1
Daily smoker	726	21.5	1,064	19.3	42,389	11.3
Drinker	479	14.2	753	13.7	52,267	14.0
Total patients with BMI recorded (last 24 months)	3,130		2,851		157,552	
Obesity (BMI>=30)	609	19.5	493	23.3	35,874	22.8

Disclaimer: This report includes data from 130 (69%) general practices in the Gold Coast PHN region that submit data to PATCAT (PenCS - data aggregation tool). While there are limitations to general practice data, the data is still able to provide valuable insights into population cohorts that access primary care in the Gold Coast PHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple practices.

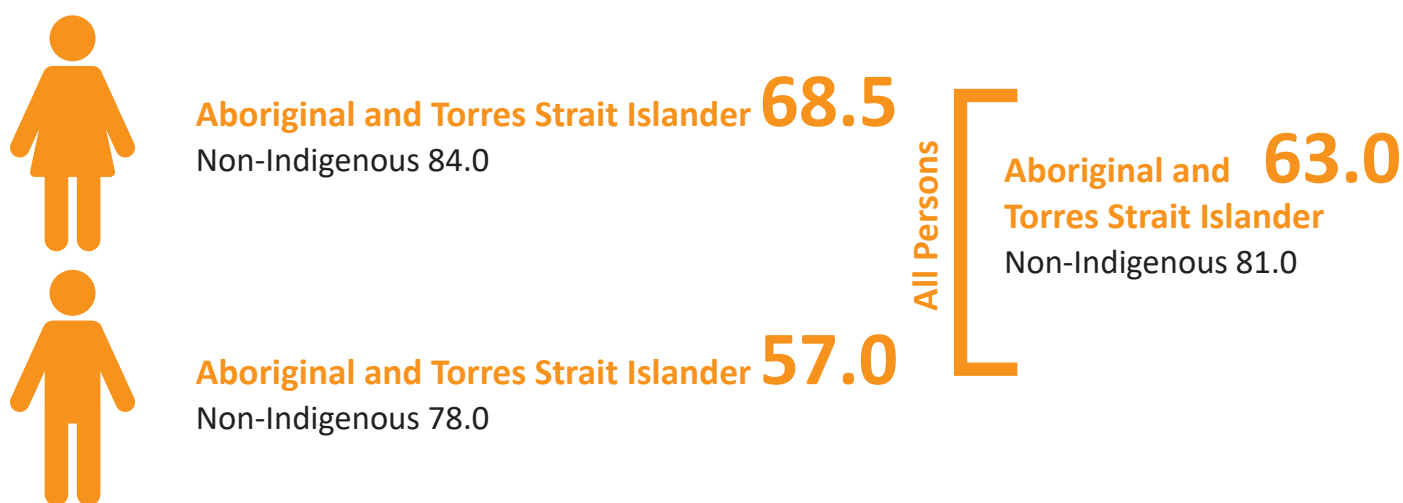
Mortality outcomes

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

Aboriginal and Torres Strait Islander people in the Gold Coast region have higher rates of premature death than non-Indigenous Australians. Table 4 below shows the median age at death over the period 2010 to 2014 for males and females by Indigenous status.

Table 4: Median age at death by Indigenous status within Gold Coast region, by sex, 2010-2014

Source: Data compiled by PHIDU, Torrens University from deaths data based on the 2010 to 2014 Cause of Death Unit Record Files.




Health Service utilisation data

Table 5 below shows the number of hospital discharges reported for Aboriginal and Torres Strait Islander people has increased significantly over the last three reporting years. A hospital discharge refers to the cessation of care for a patient that was admitted to hospital.

Table 5: Number of hospital discharges for Aboriginal and Torres Strait Islander people at GCHHS facilities

Source: Data provided by Gold Coast HHS Health Informatics Directorate



	Gold Coast Hospital (Southport)	Robina Hospital	Transition Care Program	Total
2013/14	1,548	870	9	2,427
2014/15	2,073	930	4	3,007
2015/16	2,680	1,188	4	3,872
Total	6,301	2,988	17	9,306

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

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

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

All Aboriginal and Torres Strait Islander people, regardless of age, are eligible for an annual health check listed as item 715 on the Medicare Benefits Schedule (MBS). It aims to support early detection, diagnosis and intervention for common and treatable conditions. Table 6 below demonstrates there has been a significant increase in the number of Aboriginal and Torres Strait Islander health checks within the Gold Coast PHN region over the last few years. The figures indicate that an estimated 29.9% of Aboriginal and Torres Strait Islander people in the Gold Coast region accessed a health check in 2015-16.

Table 6: Number of MBS –funded Aboriginal and Torres Strait Islander health checks (MBS Item 715) claimed within Gold Coast PHN region, 2012-13 to 2015-16

Source: Analysis of Medicare Australia Statistics, Department of Human Services.

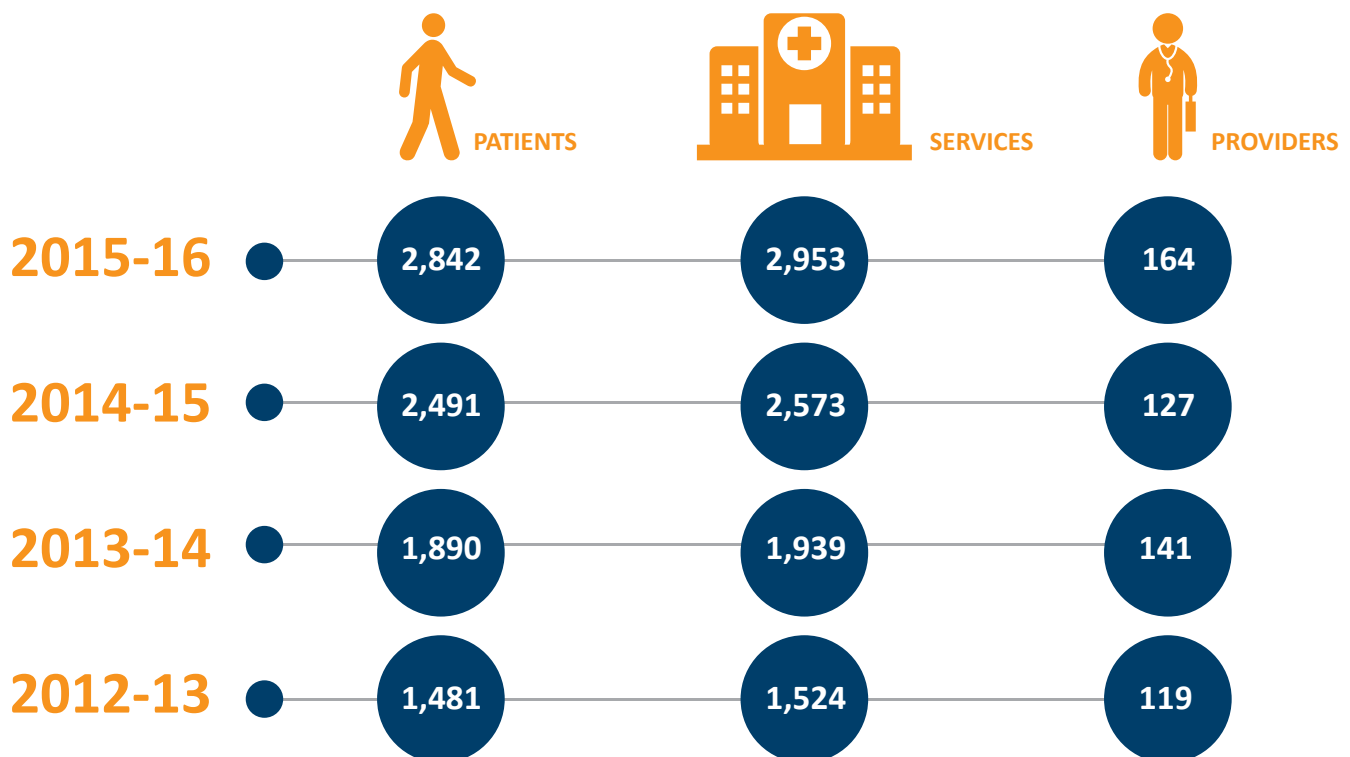


Table 7 provides a detailed breakdown of the delivery of Aboriginal and Torres Strait Islander health checks across the sub-regions of the Gold Coast.

Table 7: Regional breakdown of Aboriginal and Torres Strait Islander health checks (MBS Item 715), by SA3 region, 2015-16

Source: Analysis of Medicare Australia Statistics, Department of Human Services.
 Note: MBS Schedule data is based on the location of the practice where services are processed, whereas population estimates are based on Census data of where people reside. People travelling to access services in different locations to where they reside accounts for the proportion in Broadbeach – Burleigh being >100%.

Sub-region (SA3)	Number of providers	Number of patients	% of people receiving services*	Change in patients since 2012-13
Broadbeach – Burleigh	23	908	129%	+119
Coolangatta	14	666	56%	+636
Gold Coast – North	24	196	18%	+54
Gold Coast Hinterland	0	0	0%	0
Mudgeeraba – Tallebudgera	0	0	0%	0
Nerang	25	80	6%	+44
Ormeau – Oxenford	32	859	37%	+468
Robina	14	38	6%	-6
Southport	20	57	5%	+14
Surfers Paradise	7	34	10%	+34

Based on information provided by the Gold Coast Hospital and Health Service (GCHHS), 1.9% of all hospital admissions that were considered ‘potentially avoidable’ were for Aboriginal and Torres Strait Islander people during 2013-16, while accounting for only around 1.7% of the population.

Service System

Services	Number in GCPHN Region	Distribution	Capacity Discussion
General practices	180	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
Aboriginal Medical Service, Kalwun Health Service	1	3 GP locations (Bilinga, Miami, Oxenford) 1 community care service for frail aged or disability (Bonogin) 1 dental and allied health (Miami) 2 family wellbeing service (Burleigh and Coomera)	<ul style="list-style-type: none"> Kalwun run 3 GP clinics located in the North and now in the South. 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
Mungulli Wellness Clinic, Gold Coast Health	1	Helensvale and Robina Outreach clinics also available	<ul style="list-style-type: none"> Adults who identify as either an Aboriginal or Torres Strait Islander person are eligible A culturally safe chronic disease management program for people with complex needs relating to respiratory, kidney disease, heart failure or diabetes. Aboriginal and Torres Strait Islander Health Worker is the first point of contact for clients Demand remains stable—GPs are referring clients into programs
Aboriginal Health Service, Gold Coast Health	1	Gold Coast University Hospital (Southport) and Robina Hospital	<ul style="list-style-type: none"> Provides service navigation support to Indigenous patients Access to mainstream primary health services is supported through two Closing the Gap staff members This service is a member of the Karulbo Aboriginal and Torres Strait Islander Health Partnership
Yan-Coorara, Gold Coast Health	1	Palm Beach	<ul style="list-style-type: none"> Program aimed to support social and emotional health

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

Over the last few years, 81 people from General Practice and various Allied Health providers representing over 61 organisations across the Gold Coast have undertaken GCPHN cultural training. Of the total of 180 General Practices on the Gold Coast, 94 (52%) are recorded as Closing the Gap registered. 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 indicated 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 as part of the needs assessment process identified that marginalised groups such as Aboriginal and Torres Strait Islander people "continually seem to fall through the cracks" and recommended a focus on tackling health inequality, ensuring respectful and appropriate care, inclusion and impact of stigma.

Gold Coast Primary Health Network

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