

Making Tracks

towards closing the gap in health outcomes
for Indigenous Queenslanders by 2033

Investment Strategy 2015–2018



The Queensland Government acknowledges and respects traditional owners and Aboriginal and Torres Strait Islander elders past and present, on whose land we work to support the provision of safe and quality healthcare.

While every effort has been made to respect cultural traditions, readers are advised this publication may contain names and images of people who are deceased. All reasonable measures have been taken to ensure that information contained in this document is accurate, including histories, traditional names and pronunciations.

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: investment strategy 2015–2018

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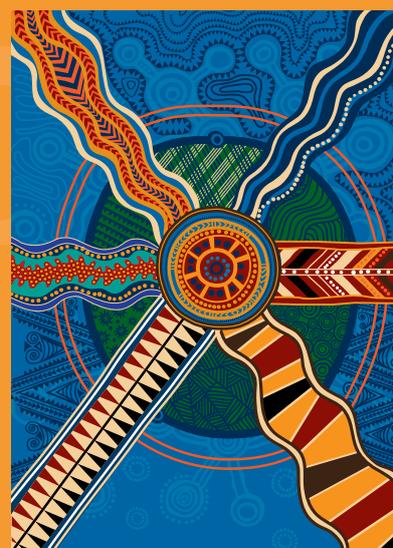
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Indigenous artwork is by Riki Salam of Gilimbaa Indigenous Creative Agency.

Foreword



The Queensland Government remains committed to closing the gap in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous people in Queensland. In particular, we will continue our efforts to close the life expectancy gap by 2033 and to halve the child mortality gap by 2018.

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: policy and accountability framework was published by the Queensland Government in 2010.

This *Making Tracks investment strategy 2015-2018* builds on the achievements of previous years and details key actions that will be undertaken by the Queensland Government over the next three years.

Under this strategy, the Queensland Government will allocate more than \$200 million over three years (2015–16 to 2017–2018) for evidence-based initiatives to address the health gap. Health services will provide culturally and clinically effective healthcare that is well planned and integrated within the health system. These services will focus on preventing ill-health, improving diagnosis and early intervention, and better management and treatment of illness.

Priorities for 2015–18 include:

- addressing the risk factors for chronic disease through preventive strategies and multidisciplinary management of existing chronic disease
- improving child health and education outcomes through effective antenatal care, parenting support, and ear and hearing health services
- improving service responsiveness for Aboriginal and Torres Strait Islander people with a mental illness
- embedding cultural capability into mainstream health service delivery
- strengthening our partnership with the Aboriginal and Torres Strait Islander community controlled health sector at both strategic and service delivery levels
- implementing initiatives that will improve access to health services and strengthen referral pathways between primary and acute care services.

The Queensland Government recognises that closing the health gap requires a multi-faceted approach—beyond what can be achieved by the health system alone. We will be working across government, in education, employment, housing, justice and environmental health to address other areas of Indigenous disadvantage that also impact on health outcomes.

Closing the gap is a long-term process requiring effort, collaboration and commitment across all levels of government in partnership with health service providers, and Aboriginal and Torres Strait Islander people. The foundations have been laid and some progress made, but lasting health gains will only be achieved by maintaining our collective effort and focus into the future.

I encourage the use of this strategy to drive practical solutions for achieving lasting improvements to the health status of Aboriginal and Torres Strait Islander people in Queensland.

The Honourable Cameron Dick MP

Minister for Health and Minister for Ambulance Services



Introduction

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: policy and accountability framework (Making Tracks) was published in 2010. It provides a comprehensive, evidence-based policy framework for effort required across the lifespan and health service continuum to achieve sustainable health gains for Aboriginal and Torres Strait Islander people in Queensland. It also records key indicators and trajectories against which the Queensland health system's performance is monitored. To complement Making Tracks, the Queensland Government publishes close the gap reports annually to record the extent of progress towards meeting specific-Indigenous health targets in Queensland.

The *Making Tracks investment strategy 2015–2018* articulates the actions the Queensland health system will take to make health services more accessible for Indigenous Queenslanders. Consistent with the Making Tracks policy and accountability framework, this strategy will guide investment by the Queensland Government to areas that will have the greatest impact on the health gap. In particular, the strategy:

- addresses the two *National Indigenous Reform Agreement health targets*—to close the gap in life expectancy by 2033 and to halve the gap in child mortality by 2018
- requires an increased and sustained *effort across the health system* to deliver culturally capable and responsive general health services complemented by targeted services and programs
- targets critical points *across the life span*—0–8 years for a strong and healthy start to life, 8–18 years to avert the uptake of risky health behaviours, and in young adulthood to address the early onset of chronic disease
- focuses on the *risk factors for chronic disease*, particularly smoking and obesity
- focuses on the major *contributors to the health gap*—mental illness, cardiovascular disease, diabetes, chronic respiratory disease and cancer
- integrates effort *across the health continuum* to promote good health, prevent illness where possible, improve diagnosis and early intervention, and better treat and manage existing illness
- attends to the health needs of people living in Aboriginal and Torres Strait Islander *communities, regional towns and urban centres*



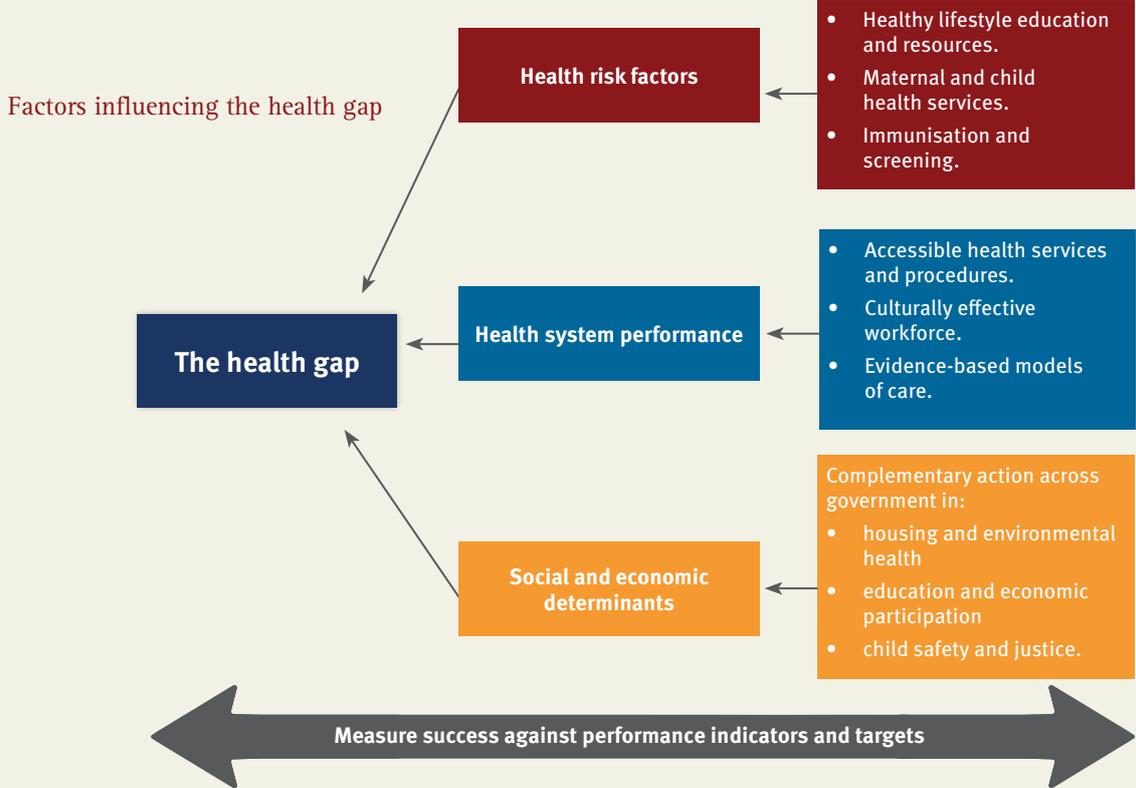
Snapshot

- One in three Aboriginal and Torres Strait Islander Australians live in Queensland.
- Indigenous Queenslanders make up 3.7 per cent of the Queensland population.
- Almost half of all Indigenous Queenslanders are less than 20 years of age.
- Most Indigenous Queenslanders live in regional centres (50 per cent) and major cities (30 per cent). About 20 per cent live in remote and very remote areas.
- Indigenous Queenslanders experience more ill-health and disability than non-Indigenous Queenslanders and are more likely to die at a young age. This disparity is known as the 'health gap'.
- In 2013–14, the health gap cost the Queensland hospital system an extra \$245 million. Addressing health disparities is both a social and economic imperative.

Queensland Indigenous and non-Indigenous population, 2013



The following diagram identifies the main factors that influence the health gap—health risk factors, the performance of the health system, the broader economic and social determinants of health, and the actions that aim to effect a reduction in the health gap. Success is monitored against a comprehensive suite of nationally-agreed performance indicators and targets, and progress reports are published annually.

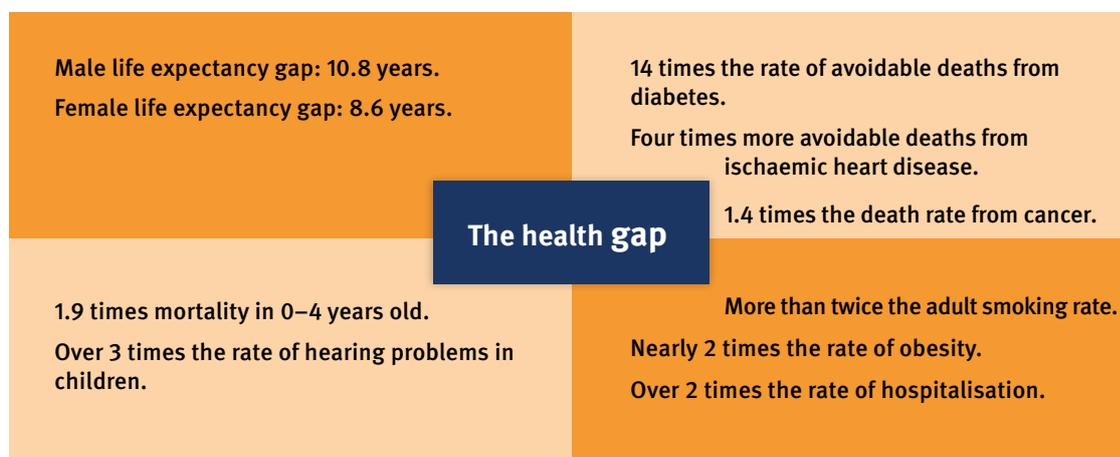


A targeted approach across the Queensland health system

THE HEALTH GAP

In 2010–12, the life expectancy gap between Indigenous and non-Indigenous Queenslanders was 10.8 years for males and 8.6 years for females (ABS, 2013).

The health gap is the difference in burden of disease estimates between Indigenous and non-Indigenous Queenslanders, and takes account of mortality, illness and injury.

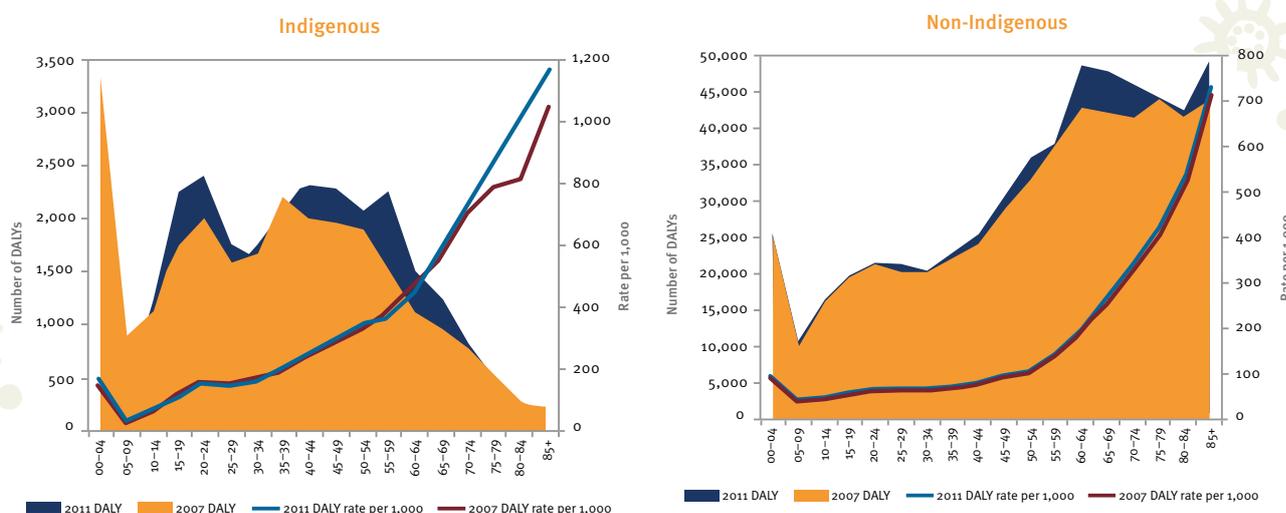


The greatest proportion of the health gap occurs in the 35–54 year age group (37.8 per cent), where the main causes of the gap were cardiovascular disease (27.8 per cent), diabetes (17.8 per cent) and chronic respiratory disease (12.9 per cent).

About 27.8 per cent of the health gap was in the 15–34 year age group, where the main causes of the gap were mental disorders (32.1 per cent) and intentional injuries (20.9 per cent).



Burden of disease and injury by age



A focus on the main drivers of the health gap for these age cohorts, particularly chronic diseases and their determinants in the middle years (35–43 years), will have a significant impact on reducing the burden of disease for Indigenous Queenslanders.

While cardiovascular disease is still the main contributor to mortality, mental illness has emerged as the main contributor to the burden of disease and injury among Indigenous Queenslanders, followed by cardiovascular disease and diabetes.

Obesity and smoking are the leading risk factors for chronic disease. There is great potential for health improvement by addressing these two risk factors.

The health gap is the culmination of many factors. These include

- the advanced stage of disease upon initial presentation to a health service
- disadvantage across a range of health determinants
- shortcomings in acute medical and surgical management
- higher rates of discharge against medical advice
- inadequate follow-up and management of chronic disease.

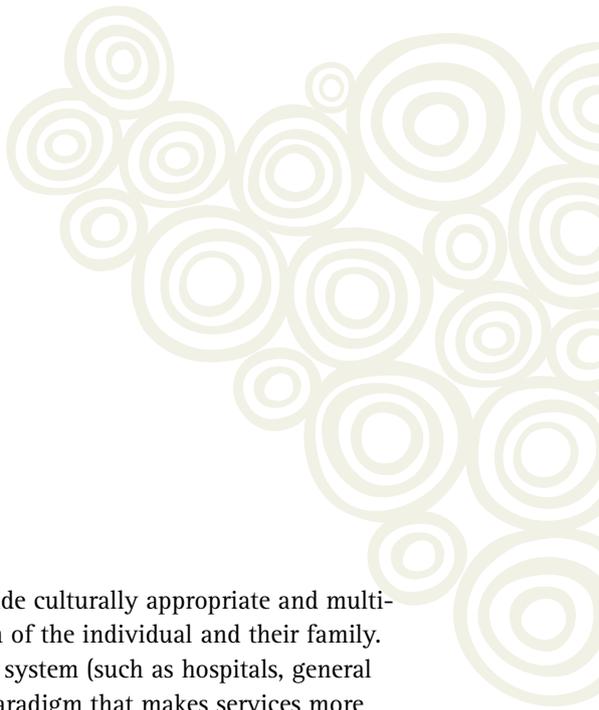
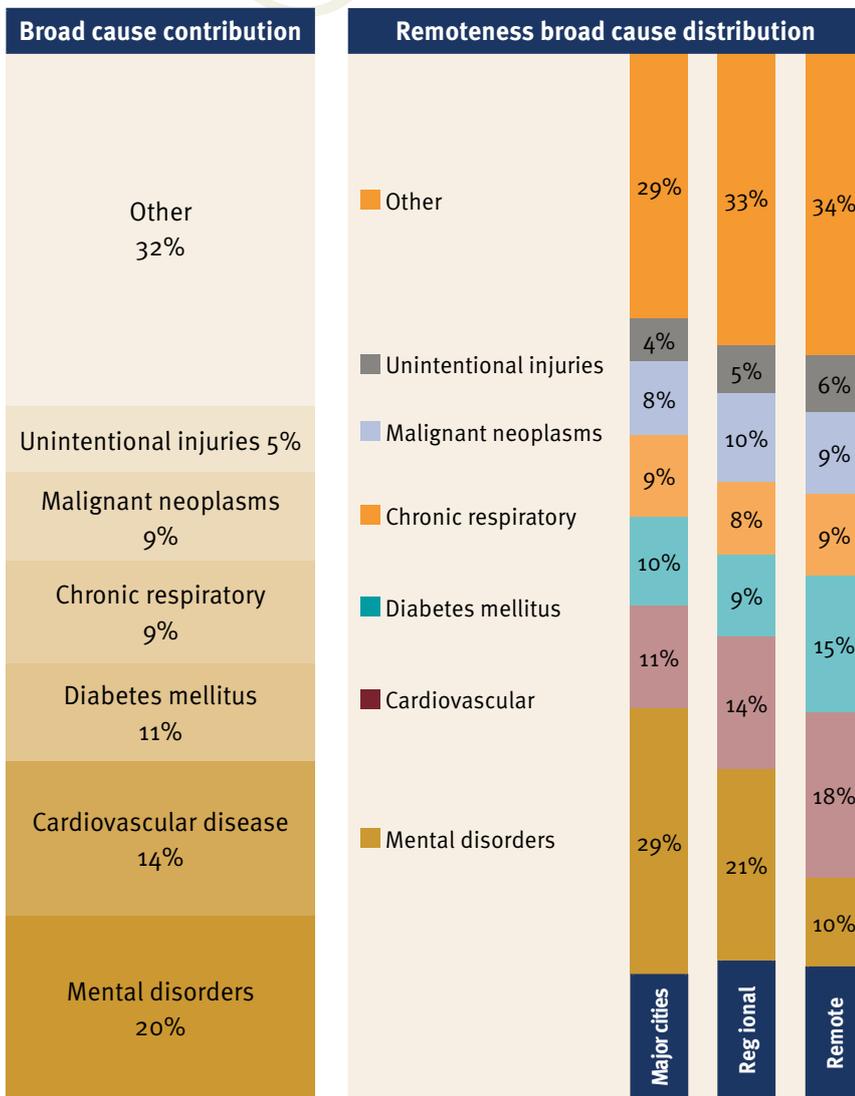
Snapshot

The Queensland Government will provide more than \$200 million over three years (2015–16 to 2017–18) to support a range of targeted and effective health services aimed at improving and sustaining health outcomes for Indigenous Queenslanders.

Efforts to improve chronic disease and maternal and child health outcomes will be strengthened and new strategies to improve service responses for people with mental illness will be developed and implemented.



Queensland Indigenous burden of disease (2011)



IMPROVING THE PATIENT JOURNEY

Aboriginal and Torres Strait Islander community-controlled health services provide culturally appropriate and multi-disciplinary models of comprehensive primary healthcare which target the health of the individual and their family. They complement the general health services provided by the mainstream health system (such as hospitals, general practice and medical specialists) by providing health services within a cultural paradigm that makes services more accessible to Indigenous Queenslanders.

The health gap will persist unless the models of healthcare delivered by mainstream services are provided in a way that maximises participation by Indigenous Queenslanders. Examples of culturally effective models of mainstream service delivery to Indigenous Queenslanders include the:

- *Southern Queensland Centre of Excellence in Indigenous Primary Health Care, Inala*
- *Deadly Ears—the state-wide ear and hearing health program for Indigenous children.*

Both of these initiatives are delivered by state-run Hospital and Health Services (HHSs) in close collaboration with the local community in which programs are delivered.

Partnerships between Indigenous community-controlled health services and HHSs are strongly encouraged. These partnerships can:

- foster the sharing of skills and expertise
- provide a mechanism for improving the cultural effectiveness of the mainstream workforce
- help to strengthen the patient journey through integrated referral pathways between primary and acute care providers.

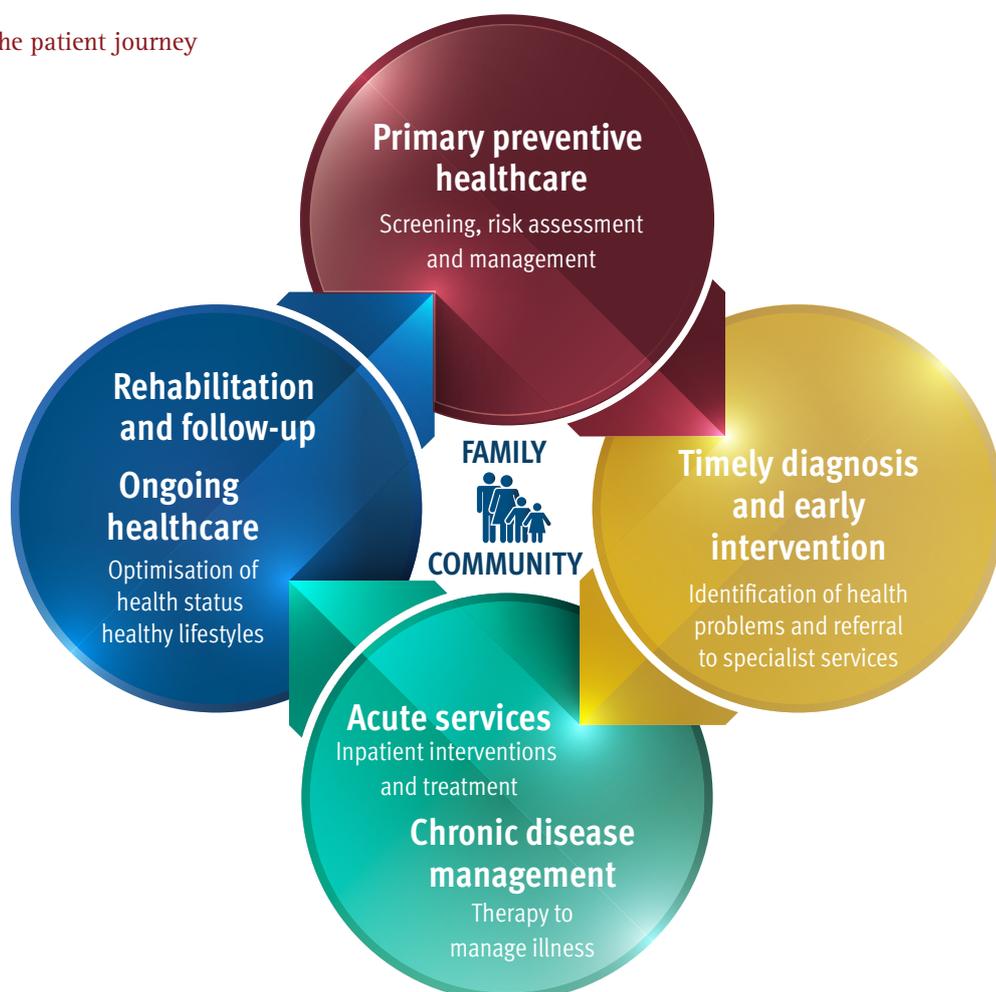
In-hospital care for Aboriginal and Torres Strait Islander patients can be improved through Indigenous hospital liaison services that provide:

- cultural support and intensive case management (where required) for patients and their families
- cultural mentorship and advice to mainstream clinicians managing the healthcare of Aboriginal and Torres Strait Islander patients.

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* has been adopted in recognition that—to close the health gap—all parts of the health system must be equipped with the skills, knowledge and behaviours that are required to plan support, improve and deliver services in a culturally appropriate manner.

The following diagram illustrates a patient-centred journey through the health system. Ideally referral pathways and care co-ordination arrangements will facilitate the smooth transition of a patient through their health care journey, ensuring that their needs are met at each point of contact with the health system.

The patient journey



Principles

The *Making Tracks investment strategy 2015–2018* is underpinned by a commitment to the following principles:

Cultural respect: the cultural diversity, rights, views, values and expectations of Indigenous Queenslanders are respected in the delivery of culturally appropriate health services.

Core responsibility: closing the health gap is core business and a high priority for the Queensland health sector.

Community engagement: Indigenous communities are involved in the design and delivery of health services provided by HHSs.

Partnerships: working across government, and with the full range of health service providers in partnership with Indigenous communities, provides the best opportunity to improve health and the broader determinants of health.

Community control of primary healthcare services: the demonstrated effectiveness of Aboriginal and Torres Strait Islander community-controlled health services in providing comprehensive primary healthcare is recognised and supported.

Value for money: funding is targeted to evidence-based interventions that will achieve sustainable health outcomes and close the health gap.

Accountability: for consultation, transparent decision-making, and effective and sustainable services.

Priorities 2015–2018

In 2015–2018, the Queensland Government's investment in health services targeted to Aboriginal and Torres Strait Islander people will focus on:

A healthy start to life: improving the health literacy and reproductive health of young women through culturally effective women's health services, antenatal and infant care, parenting support and child health services.

A healthy transition to adulthood: to establish positive patterns of health behaviour that will impact heavily on adult physical and mental health outcomes. Areas of focus include youth mental health, and sexual and reproductive health.

Preventing and treating chronic disease: reducing the modifiable risk factors for chronic disease through health education, health promotion and preventive strategies, health checks and evidence-based interventions to identify and treat chronic disease.

Improving access and the patient journey: through an integrated and effective health system which supports patients to navigate the hospital environment, including improved discharge planning, connecting patients with their primary healthcare provider, and improving the cultural capability of the mainstream health system.

Innovation, effectiveness and value for money: ensuring that funding is used for maximum impact on health outcomes through appropriate and innovative models of care and service delivery arrangements.

Snapshot

In 2015–2018 priority attention will be given to:

- addressing cardiovascular disease, diabetes and associated risk factors, and reducing potentially preventable hospitalisation through prevention, early diagnosis and intervention
- improving service responses for Aboriginal and Torres Strait Islander people with mental illness, emotional and social wellbeing issues, and substance misuse problems
- embedding cultural capability in the planning, design and delivery of health services by enhancing the knowledge, skills and behaviours of the health workforce in culturally responsive patient care
- providing maternal and child health services including targeted strategies to address middle ear disease, associated hearing loss and rheumatic heart disease in children
- improving access to health services and strengthening referral pathways between primary and acute services.

Key actions at a glance

During 2015–2018, the Queensland Government will invest in implementing the strategy outlined on page 14.

We will target funding and service responses to those health conditions that most contribute to the burden of disease, particularly mental illness, cardiovascular disease, chronic respiratory disease and diabetes.

We will also keep people informed about what they can do to live longer, healthier lives and to prevent ill-health. Aboriginal and Torres Strait Islander Queenslanders will be provided with culturally-relevant information to help them take action to prevent chronic disease and mental illness. Preventive interventions that allow people to identify health problems early are also strongly supported. Cancer screening, comprehensive annual health checks and immunisation are important preventive measures that Aboriginal and Torres Strait Islander people should undertake on a regular basis to support their own health outcomes.

Key state funded health services and programs to be implemented under this investment strategy are described below.

A HEALTHY START TO LIFE

- *Deadly Ears—the state-wide ear and hearing health program for Indigenous children*
- Maternal and child health multidisciplinary teams in hospitals and communities across Queensland
- Improved readiness for school of Aboriginal and Torres Strait Islander children through targeted early childhood vision, hearing and nutritional screening

A HEALTHY TRANSITION TO ADULTHOOD

- Sexual and reproductive health education and interventions to reduce high rates of sexually transmissible infections
- Intensive post-detention support and assistance to effectively transition young Aboriginal and Torres Strait Islander people back into the community
- Local mentoring support to refer and link young Aboriginal and Torres Strait Islander people with local community-based organisations and other wrap-around services
- Funding the Institute for Urban Indigenous Health to promote the Broncos Partnership Deadly Choices health promotion and screening program across Queensland

PREVENTING AND TREATING CHRONIC DISEASE

- Culturally appropriate quit smoking brief interventions and education
- Preventive strategies to improve health literacy and healthy lifestyles, immunisation rates, and participation in cancer screening and general health checks
- *Queensland Aboriginal and Torres Strait Islander Cardiac Health Strategy 2014–17* to reduce mortality from cardiovascular disease, to improve people's knowledge about cardiac health and to address rheumatic heart disease among Aboriginal and Torres Strait Islander Queenslanders
- Targeted approaches to tackling diabetes in Aboriginal and Torres Strait Islander people
- Drug and alcohol services in 21 Aboriginal and Torres Strait Islander communities to address the impacts of high rates of addiction



INNOVATION, EFFECTIVENESS AND IMPROVING THE PATIENT JOURNEY

- *Queensland Aboriginal and Torres Strait Islander Mental Health Strategy 2015–18* (under development) to improve diagnosis, treatment and service access for Indigenous Queenslanders with severe mental illness
- Embed cultural capability training in the implementation of the new Nurse Navigator Program, and target the program to Aboriginal and Torres Strait Islander people and other Queenslanders with high rates of chronic disease.
- Hospital liaison services in major facilities to help Aboriginal and Torres Strait Islander patients understand and navigate the hospital experience, including linking with primary healthcare and improved discharge planning
- The Indigenous Cardiac Outreach Program and the Indigenous Respiratory Outreach Program to support people with chronic disease living in remote and very remote locations
- Strategies to improve the cultural and clinical effectiveness of hospital and ambulance services, including the development of cultural skills for frontline staff
- Funding to support the establishment of new community-controlled health clinics in Edmonton, Laidley, Goodna, Caboolture, Maryborough, Wynnum and Warwick
- Funding to support the expansion of Indigenous-specific clinics and services in Hervey Bay, Townsville, Bowen, Proserpine, Bundaberg, Oakey, Doomadgee and Mornington Island
- Exploring the establishment of a joint state/Commonwealth mechanism for commissioning services in the Torres and Cape HHS
- eHealth infrastructure for primary and community health settings in Far North Queensland
- The Southern Queensland Centre of Excellence in Indigenous Primary Health Care at Inala
- Transition of primary healthcare services to community control in at least two Cape York communities
- Funding to support the expansion of Aboriginal and Torres Strait Islander clinics and services in Hervey Bay, Townsville, Bowen, Proserpine, Bundaberg, Oakey, Doomadgee and Mornington Island



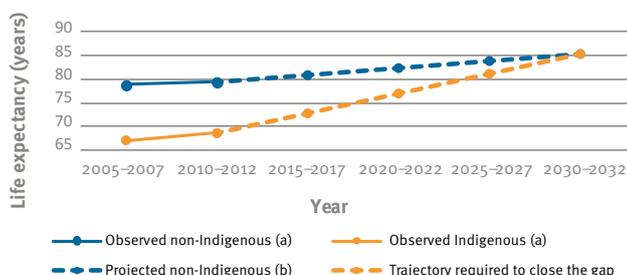
Queensland Aboriginal and Torres Strait Islander Health Investment Strategy 2015–2018

| Priority | Expected outcomes | Queensland initiatives | Timeframe |
|---|---|--|---|
| A healthy start to life | <ul style="list-style-type: none"> Reduced rate of low birth weight Reduced child mortality gap Reduced rate of otitis media | 1.1 Targeted maternal and child health services 1.2 Deadly Ears—ear and hearing health program for Indigenous children 1.3 Parenting support to assist vulnerable and at risk families and children | 1.1 Ongoing 1.2 Ongoing 1.3 2015–2016 |
| A healthy transition to adulthood | <ul style="list-style-type: none"> Improved mental health outcomes Increased sense of emotional and social wellbeing Reduced uptake of alcohol, tobacco and illicit drugs Reduced rates of sexually transmissible infections | 2.1 Targeted sexual and reproductive health education and intervention 2.2 Youth mental health services 2.3 Intensive post-detention transition support and mentoring services 2.4 Institute for Urban Indigenous Health’s Broncos Partnership Deadly Choices health promotion and screening program | 2.1 2015–2016 2.2 2015–2016 2.3 2015–2016 2.4 2015–2018 |
| Tackling chronic disease | <ul style="list-style-type: none"> Reduced life expectancy gap Reduced early and preventable mortality Reduced incidence and prevalence of preventable diseases Reduced rates of potentially preventable hospitalisations Reduced uptake and rate of smoking, consumption of alcohol at risky levels, and use of illicit substances and inhalants Reduced rate of overweight and obesity, and sedentary level of physical activity Increased proportion of fruit and vegetable consumption Increased access to Medicare Benefits Schedule (MBS) 715 health checks | 3.1 Quit smoking services and programs 3.2 Drug and alcohol court diversion services 3.3 Healthy lifestyle education 3.4 Multidisciplinary chronic disease healthcare services 3.5 Screening, immunisation and health checks 3.6 Implementation of the <i>Queensland Aboriginal and Torres Strait Islander cardiac health strategy 2014–2017</i> | 3.1 2015–2016 3.2 2015–2016 3.3 2015–2018 3.4 Ongoing 3.5 Ongoing 3.6 2015–2018 |
| Innovation access and improving the patient journey | <ul style="list-style-type: none"> Reduced hospital admissions, re-admissions and incomplete treatments Increased access to surgery as needed Increased access to primary healthcare Improved coordination across the care continuum Improved patient journey through the health system Improved cultural competence of health services Increased numbers of Aboriginal and Torres Strait Islander people in the health workforce Improved mental health outcomes and service responses | 4.1 Strategies to improve the cultural capability of health practice in the public health system 4.2 Patient transport and other healthcare transition support services 4.3 Indigenous hospital liaison services 4.4 Development and implementation of a targeted strategy to improve service responses for Indigenous Queenslanders with a mental illness 4.5 Outreach services for people in rural and remote locations 4.6 Strategies to improve access to surgery and renal services 4.7 Local partnerships between HHSs, primary health networks and Aboriginal and Torres Strait Islander community controlled health services | 4.1 Ongoing 4.2 2015–2016 4.3 Ongoing 4.4 2015–2018 4.5 Ongoing 4.6 2015–2016 4.7 Ongoing |

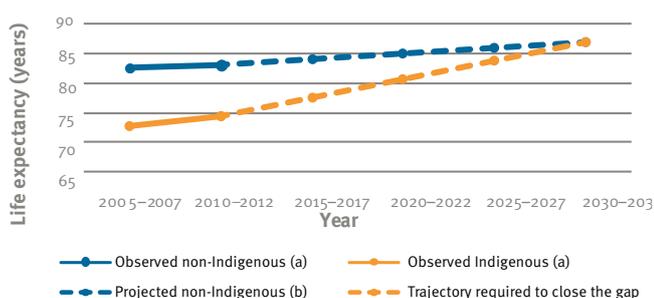
Monitoring performance

The Council of Australian Governments has agreed to a collective effort to closing the life expectancy gap across Australia by 2033 and to halving the gap in mortality rates for children 0-4 years of age by 2018. In Queensland, progress in achieving these targets is monitored against trajectories which map recent trends for Indigenous and non-Indigenous Queenslanders, and future projections if these trends were to continue.

Queensland – male Indigenous life expectancy trajectory

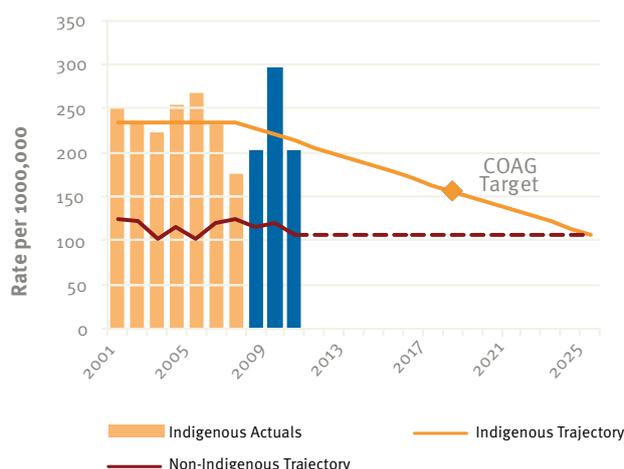


Queensland – female Indigenous life expectancy trajectory



Beyond these national targets, the Queensland Government also commits to a future where, within 30 years, Aboriginal and Torres Strait Islander people will experience the same outcomes as other Queenslanders against all health indicators.

Queensland child (0-4 years) mortality trajectory



TARGETS

By 2018 – Halve the child mortality gap

By 2033 – Close the life expectancy gap

By 2044 – No gap in health outcomes

The performance of the whole health system in continuously improving the health outcomes of Indigenous Queenslanders is also monitored through Queensland close the gap reports published annually. These reports, produced by the Queensland Department of Health, record progress in closing the health gap against an expanded suite of indicators. Performance monitoring for Aboriginal and Torres Strait Islander health in Queensland is summarised in the table below.

| Targets | HHS Performance Indicators | Health System Performance Indicators |
|---|---|---|
| Halve child mortality gap by 2018 Parity of life expectancy by 2033 Parity of health outcomes by 2044 | Discharge from hospital against medical advice Recording of Indigenous status on hospital admission Hospitalisation for potentially preventable conditions Number of antenatal visits in the first trimester Low birth weight Smoking during pregnancy | Mortality and morbidity for selected conditions, by age, sex and geographic distribution Incidence, prevalence, mortality and hospitalisation for key conditions and risk factors Screening and immunisation rates and participation in health checks. Proportion of hospitalisations with a procedure recorded by type of conditions. Rate of excess cost of hospital activity |

Glossary

Aboriginal Community Controlled Health Service is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver a holistic and culturally appropriate primary healthcare to the community that controls it. (Source: National Aboriginal Community Controlled Health Organisation)

Burden of disease is a summary measure of population health (disability adjusted life years and health adjusted life expectancy) that aims to quantify the gap between the ideal of living to old age in good health, and the current situation where healthy life is shortened by illness, injury, disability and premature death. It is an important measure for health policy and planning because it quantifies the total impact of health conditions on the individual at the population level in a comparable and consistent way. (Source: www.health.qld.gov.au/epidemiology/publications/burden-of-disease.asp)

Chronic disease is a disease of long duration and generally slow progression which often does not resolve spontaneously and is rarely cured completely. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes contribute significantly to premature mortality for Aboriginal and Torres Strait Islander people.

eHealth is a program which provides electronic solutions for Queensland public hospitals and facilities allowing clinicians and their supporting staff to have immediate access to patient information no matter where in Queensland the patient receives care. Better information management allows for access to more complete and accurate patient information, and improved sharing of information between relevant health service providers.

Emotional and social wellbeing refers to the whole-state-of-health, with the focus on mental health, so that Indigenous Australians can reach their full physical, emotional, cultural and spiritual potential at the individual, family and community level.

Environmental health refers to living environments which promote good public health, including basic environmental health infrastructure, such as housing, water and sewerage.

Health gap refers to the difference between the burden of disease estimates for Indigenous Australians in a given calendar year and what the estimates would have been if Indigenous Australians had experienced mortality and disability at the level of the total Australian population.

Health sector consists of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations.

Health services include alcohol and drug services, health promotion and disease prevention services, women's and men's health, child and maternal health, aged care services, service for people living with a disability, mental health services as well as clinical and hospital services.

Hospital and Health Services are statutory agencies established and funded by the Queensland Government to deliver a range of integrated services, including hospital inpatient, outpatient and emergency services, community and mental health services, aged care services, public health and health promotion programs.

Indigenous Queenslander is used in this document to describe a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal person or a Torres Strait Islander, is accepted as such by the community in which he or she lives, and who resides in Queensland.

Low birth weight is defined as less than 2500 grams. Percentages of low birth weight babies are higher for Aboriginal and Torres Strait Islander mothers than non-Indigenous mothers. Low birth weight constitutes a risk factor for diseases of early childhood and chronic disease in later life.

Mainstream or general health service or program refers to health and health-related services that are available to, and accessed by, the general population. Improving access by Indigenous Queenslanders to mainstream services and improve the cultural capacity of mainstream services is a high priority.

MBS 715 health check is an item number funded under the Medicare Benefits Schedule that specifically refers to a comprehensive health check on a patient who identifies as Aboriginal and/or Torres Strait Islander.



Mortality rate refers to the number of deaths registered in a given calendar year expressed as a proportion of the estimated resident population at June 30 that year. Age specific death rates are the number of deaths at a specified age as a proportion of the resident population of the same age. Higher age specific death rates in younger age groups indicate excess of unnecessary early deaths.

Preventive health refers to services designed to protect and promote health and to prevent illness, injury and disability.

Prevalence indicates how often a particular health condition can be found within a particular population. High prevalence of a disorder indicates that more people in that population have the disease or condition at any one point in time.

Primary healthcare is the first point of contact between the community and the health system. Primary healthcare in Queensland is provided through:

- general practitioners
- government operated community health services
- primary healthcare clinics
- the Royal Flying Doctor Service
- public and private dental health services
- Aboriginal and Torres Strait Islander community-controlled health services.

It also includes some outpatient services provided by a general hospital. Primary healthcare services provide clinical and community healthcare, and facilitate access to specialist health services.

Targeted health services refer to services and programs that are designed and provided for Aboriginal and Torres Strait Islander people.



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