

Making Tracks

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

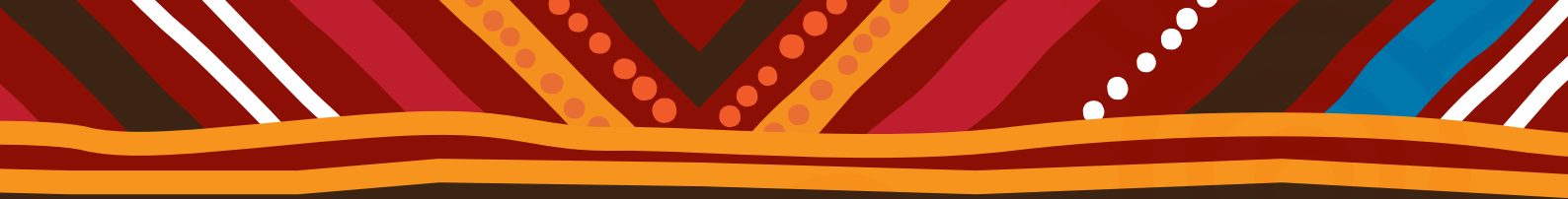
Implementation Plan 2009-10 to 2011-12



Tomorrow's Queensland:
strong, green, smart, healthy and fair

Toward 
Tomorrow's Queensland

 **Queensland
Government**



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- Queensland Treasury
- Department of Communities (Aboriginal and Torres Strait Islander Services, Child Safety, Local Government and Housing)
- Department of Education and Training
- Department of Justice and Attorney-General
- Queensland Police Service

2018

HALVING THE GAP IN MORTALITY RATES FOR
INDIGENOUS CHILDREN UNDER FIVE WITHIN A DECADE



Making Tracks

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

Implementation Plan 2009-10 to 2011-12

CLOSING THE LIFE EXPECTANCY GAP WITHIN A GENERATION

2033



Queensland Government-Making Tracks

This artwork represents both Aboriginal and Torres Strait Islander cultures in Queensland and speaks about the importance of traditional and cultural sensitivities and how that is communicated in the modern day health system in Queensland and how health professionals can best encourage and assist Aboriginal and Torres Strait Islander people through best practice.

These pathways depict the journey of travel and change for a brighter, healthier and happier future for all Aboriginal and Torres Strait Islander people. The central circular motif represents Health in Queensland, this is the meeting place where all people come to discuss and trade knowledge about best health practices and procedures.

The pathways leading both in and out of this central motif represent people traveling from different professions, different communities and different country, everyone important everyone contributing equally.

The surrounding markings and motifs represent an important network of people from these communities and how they are all connected and working together to empower Indigenous Queenslanders to have long healthy, productive lives.



Foreword

The Queensland Government is committed to working with Aboriginal and Torres Strait Islander communities and health service providers, and in collaboration with the Australian Government, towards closing the gap in health outcomes between Indigenous and non-Indigenous Queenslanders.

In 2007, the Council of Australian Governments (COAG) agreed to a comprehensive Indigenous Reform Agenda that will be pursued by all levels of governments in partnership with Aboriginal and Torres Strait Islander communities. To strive for health equality between Indigenous and non-Indigenous Australians, COAG committed to achieving the following targets:

- **Closing the life expectancy gap within a generation (by 2033); and**
- **Halving the gap in mortality rates for Indigenous children under five within a decade (by 2018).**

To give effect to this commitment in Queensland, the Queensland Government signed a Close the Gap Statement of Intent which commits the signatories to developing a *“long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequalities in health services to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.”*

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 provides a long-term, evidence-based policy and accountability framework consistent with COAG’s Indigenous Reform Agenda, the Statement of Intent, the Queensland Implementation Plan for the Indigenous Health Outcomes National Partnership Agreement and with the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013* to which the Queensland Government remains strongly committed. Under the *Making Tracks* policy and accountability framework, implementation plans will be published every three years. This document is the first in the series of triennial *Making Tracks* implementation plans and details the Queensland Government’s specific intentions for action towards closing the health gap during the period 2009–10 to 2011–12 within current policy, funding and service delivery arrangements. Future plans will build on this foundation, taking account of any changes to those arrangements under the National Health and Hospitals Reform Agenda. Through sustained focus, the Queensland Government and Aboriginal and Torres Strait Islander Queenslanders can together make a real difference to achieving equality of health outcomes between Indigenous and non-Indigenous Queenslanders.

The Honourable Paul Lucas
Deputy Premier
Minister for Health

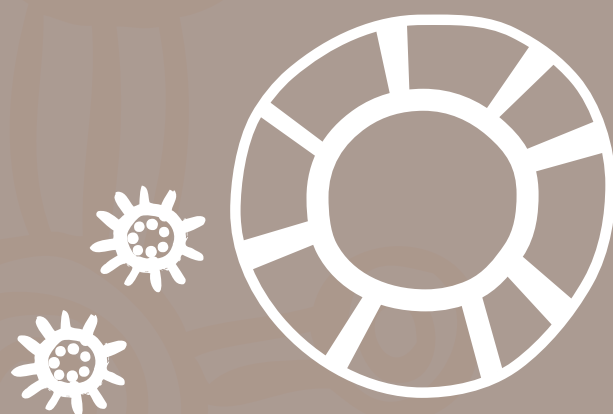
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Introduction

The Making Tracks Policy and Accountability Framework

Making tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework details the policy environment within which governments have committed to achieving health equality for Aboriginal and Torres Strait Islander people. It summarises the evidence for the most effective interventions to achieve this aim and articulates the priorities for health gain in Queensland and the measures against which performance will be monitored (see Figure 1).

The framework emphasizes the need for a multi-pronged strategy that includes:

- Increased and sustained effort across the entire health system to deliver culturally capable and responsive general health services complemented by Indigenous-specific programs and services; and providing continuity of care across service settings
- Health responses with critical intervention points particularly for 0-8 years for a strong and healthy start to life, 8-18 years to avert the uptake of risky health behaviours, and adulthood
- A focus on the risk factors for chronic disease to maximize the potential for health gain by targeting the leading causes of preventable mortality and morbidity experienced by Indigenous Queenslanders
- Effort across the health continuum to promote good health, prevent illness where possible and better manage existing illness
- Attention to the needs of urban populations as well as those living in regional and remote areas
- Complementary effort in other social policy areas, particularly in education and housing.

Within this context the evidence suggests that to bridge the health gap between Indigenous and non-Indigenous Australians, the most effective outcomes will be from simultaneous interventions in both the following areas:

- Improved early diagnosis, access to tests, treatment and management of the diseases and illness that together contribute 80 per cent of the health gap – cardiovascular disease, diabetes, chronic respiratory disease, cancers, mental illness and injury
- Health promotion and health education to prevent the adoption of risky health behaviours and to target the risk factors for poor health outcomes that together contribute to one-third of the health gap – in particular smoking cessation and obesity – but also alcohol misuse, physical inactivity, risky sexual practices and family violence.

To achieve these aims, the Making Tracks priority areas are:

A healthy start to life

- > Giving Aboriginal and Torres Strait Islander children 0-8 years a healthy and safe start to life through effective women's health services, ante-natal and infant care, improved education outcomes and child protection services.
- > Reaching out to 8-18 year olds to maintain the contact of young Aboriginal and Torres Strait Islander people with the health and education systems and to establish positive and sustainable patterns of health behavior that will impact heavily on adult physical and mental health outcomes.

Addressing risk factors

- > Reducing the modifiable risk factors that contribute to chronic disease through effective anti-smoking initiatives, mechanisms to address harmful alcohol consumption, improved nutrition, oral health, participation in physical activity, and improved access to reproductive and sexual health information and programs.
- > Improving the living environments of Indigenous Australians through environmental health and housing initiatives and efforts to improve community and personal safety.

Managing illness better

- > Assisting Indigenous Queenslanders with chronic disease through earlier diagnosis, improved access to screening, routine tests and procedures and appropriate treatment targeting in particular the most prevalent disease groups.

Effective health services

- > Improving access to, and experience of, the health system by enhancing the cultural competence of the health workforce and participating in health service systems that encourage integration between programs, between the hospital and primary health care systems and across all health service providers.
- > Developing a state-wide Aboriginal and Torres Strait Islander primary health care reform framework to improve the effectiveness of service delivery mechanisms and to inform the design and delivery of state funded programs and services for Indigenous Queenslanders.

Improving data and evidence

- > Continuing to improve the quality and availability of research and data, accountability mechanisms and evaluation to inform best practice approaches to health care for Indigenous Queenslanders.



Figure 1: The Making Tracks Policy and Accountability Framework

Figure 1 provides a snapshot summary of the *Making Tracks* policy and accountability framework. It includes the policy environment, government commitments and the evidence which underpins the framework and informs the identified areas for intervention that provide the best opportunity to achieve sustained health gains for Indigenous Queenslanders. It also summarises the key performance measures by which progress in addressing Indigenous health inequality in Queensland will be measured.

Close the gap targets

2018 To halve the child mortality gap for 0-5 year olds within a decade

2033 To close the gap in life expectancy within a generation





Effort across the health system and the health care continuum.

Focus on people living in urban as well as rural and remote areas.

Focus on intervention points across the lifespan.

Complementary effort in other social policy areas.

DOMAINS AND PRIORITIES

- A healthy start to life
- Maternal and child health
- Parenting support
- Young people's health
- Hearing health
- Education
- Child safety
- Emotional and social well-being
- Addressing risk factors
 - Health promotion
 - Smoking cessation
 - Drug and alcohol use
 - Oral health
 - Obesity -nutrition and physical activity
 - Sexual health
 - Environmental health and housing
- Managing illness better
 - Early diagnosis and intervention
 - Access to procedures, tests and treatment
 - Priority areas
 - Cardiovascular disease
 - Type 2 diabetes
 - Respiratory disease
 - Cancer
 - Mental illness

MEASURING PERFORMANCE

- A healthy start to life
 - Perinatal and infant mortality rates
 - Birth weights
 - Smoking rates in pregnancy
 - 5 or more ante-natal visits
 - Rates of anaemia in pregnancy
 - Rates of gestational diabetes
 - Breast feeding rates
 - Levels of childhood obesity
 - Injury rates in children
 - Hearing loss in children
 - Educational attainment
 - Rates of out of home care
 - Rates of risky alcohol consumption
 - Rates of teenage births
 - Numbers of child health checks
- Addressing risk factors
 - Smoking rates
 - Rates of risky alcohol consumption
 - Rates of decreased tooth decay
 - Levels of activity and nutrition
 - Rates of sexually transmissible infections
 - Numbers of people living in overcrowded and/ or substandard housing
- Managing illness better
 - Life expectancy and HALE
 - Better detection (adult health checks)
 - Less hospitalisation for cardio-vascular and respiratory diseases, diabetes, cancers and mental illness.
- Better Health Services
 - Number of care plans
 - Discharge against advice
 - Indigenous identification
 - Access to health services.

ENABLERS

- Better health services
- A capable workforce
- Improved access and the patient journey
 - Workforce pathways, supply and cultural competence
 - Data and Evidence
- Sustainable needs based funding



Making Tracks Implementation Plan 2009 – 10 to 2011 – 12

In this first triennial implementation plan, the Queensland Government details the specific initiatives towards closing the health gap for Indigenous Queenslanders that it will implement during the period 2009 – 10 to 2011 – 12. It includes the health commitments under the Council of Australian Governments' Indigenous Reform Agenda that are included in two national partnership agreements:

- *The Closing the Gap in Indigenous Health Outcomes National Partnership Agreement* signed by the Australian Prime Minister and the Queensland Premier in 2009 (see Figure 2)
- *The Indigenous Early Childhood Development National Partnership Agreement* signed by the Australian Prime Minister and the Queensland Premier in 2008 (see Figure 3)
- Other national partnership agreements which will impact on health outcomes covering areas such as remote Indigenous housing, homelessness, economic participation, education and child protection.

These agreements outline initiatives that commenced in 2009–2010 and focus on:

- Encouraging a service system response to Aboriginal and Torres Strait Islander people's health needs which includes a seamless journey between the primary health care sector and the acute care system
- Engaging vulnerable disengaged families through opportunistic screening and health promotion in non-health settings
- The most pressing causal factors impacting on adult chronic disease, in particular tackling smoking rates and obesity
- Averting the commencement of risky health behaviours through a range of interventions targeting 8–18 year olds
- Implementing a package of initiatives to improve early childhood development that includes increased early antenatal visits, post-natal care, reproductive and sexual health programs for teenagers, and the establishment of integrated Children and Family Centres in urban, rural and remote areas.

In addition, this plan details initiatives already being implemented by the Queensland Government that will contribute towards closing the health gap during the three-year life of this plan.

OTHER RELEVANT STATE POLICIES AND PLANS

Action to improve the health status of Indigenous Queenslanders will also be realised through the Queensland Government's commitment to the following mainstream and Indigenous specific state-wide health plans:

- Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework – Queensland Implementation Plan 2005¹
- Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009–2012
- Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005–10²
- Deadly Ears, Deadly Kids, Deadly Communities 2009–2013 – Making tracks to close the gap in ear health for Aboriginal and Torres Strait Islander young people in Queensland³
- Queensland Aboriginal and Torres Strait Islander Women's Cervical Screening Strategy 2006–2010⁴
- Queensland Health Aboriginal and Torres Strait Islander Environmental Health Plan 2008–12⁵
- Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033
- Queensland Strategy for Chronic Disease 2005–2015⁶ (general population)
- Queensland Health Population Health Plan 2007–2012⁷ (general population)
- Queensland Statewide Cancer Treatment Services Plan 2008–16⁸ (general population)
- Queensland Plan for Mental Health 2007–2017⁹ (general population)
- Queensland Statewide Renal Health Services Plan.¹⁰ (general population)

Many of the maternal and child health initiatives included in this plan comprise elements of the *Universal and Targeted Primary Health Care Model for Maternal and Child Health Services in Aboriginal and Torres Strait Islander Communities* trialled in Cape York from 2008. Details of the model are at Appendix One.

¹ Queensland Aboriginal and Torres Strait Islander Health Partnership, 2005. *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework Queensland Implementation Plan*, Brisbane 2005.

² Queensland Government, Queensland Health. *Strategic Policy for Aboriginal and Torres Strait Islander children and young people's health 2005–2010*, Nov 2005.

³ Queensland Government, Queensland Health. *Deadly Ears, Deadly Kids, Deadly Communities: 2008–2013 – A strategic framework for action to improve ear health for Aboriginal and Torres Strait Islander children and young people in Queensland*, Brisbane 2008.

⁴ Queensland Government, Queensland Health. *Queensland Aboriginal and Torres Strait Islander Women's Cervical Screening Strategy 2006–2010*, Brisbane 2007.

⁵ Queensland Government, Queensland Health. *Queensland Health Aboriginal and Torres Strait Islander Environmental Health Plan 2008–2012*, Brisbane, April 2008

⁶ Queensland Government, Queensland Health. *Queensland Strategy for Chronic Disease 2005–2015*, Queensland Health, December 2005.

⁷ Queensland Government, Queensland Health. *Queensland Health Population Health Plan 2007–2012*

⁸ Queensland Government, Queensland Health. *Queensland Statewide Cancer Treatment Services Plan 2008–16*, Brisbane 2008.

⁹ Queensland Government, Queensland Health. *Queensland Plan for Mental Health 2007–2017*, June 2008

¹⁰ Queensland Government, Queensland Health. *Queensland Statewide Renal Service Plan 2008–12*, Brisbane 2007.

Figure 2: Closing the Gap on Indigenous Health Outcomes National Partnership Agreement – Queensland initiatives

Priority	Expected Outcomes*	Queensland Initiatives**	Qld \$(m)
Tackling Smoking	Reduced smoking rate Reduced burden of tobacco related disease for Indigenous communities	QG1.1 Smoke Check expansion QG1.2 Quitline enhancements QG1.3 Promote staff quit smoking program QG1.4 Smoking cessation programs in custody QG1.5 Local social marketing and education QG1.6 Smoke-free message expansion	8.97
Primary Health Care (PHC) Services that can Deliver	Implementation of national best practice standards and accreditation processes for Indigenous health services delivering PHC Increased uptake of MBS- funded PHC services by Indigenous people Improved access to quality PHC through improved co-ordination across the health care continuum, particularly for people with chronic diseases and/or complex needs Provision of improved cultural security in services and increased cultural competence of the PHC workforce	QG2 Centre of Excellence in Indigenous PHC QG3 Statewide Framework for Indigenous PHC QG4 Establish Multidisciplinary care teams	90.79
Fixing the Gaps and Improving the Patient Journey	Reduced average length of stay in the long term Improved level of engagement between Indigenous patients, referred care providers and primary level providers (private or public) to deliver better follow up and referral processes Improved long term stability in primary provider choice Improved patient satisfaction with the care and patient journey (based on domains of concern to patients) Reduced admissions and incomplete treatments for Indigenous patients	QG5.1 New or expanded patient accommodation QG5.2 New or expanded patient transport QG6.1 Indigenous hospital liaison project QG6.2 New Cultural Capability Framework QG 7 New Care Connect pilot initiative	47.4
Healthy Transition to Adulthood	Increased sense of emotional and social well-being Reduced uptake of alcohol, tobacco and illicit drugs Reduced rates of sexually transmissible infections Reduced hospitalisations for violence and injury Reduced excess mortality and morbidity among Indigenous men	QG8: Establish a network of health professionals focusing on Indigenous male, youth, drug and alcohol and mental health services.	11.86
Making Indigenous Health Everyone's Business	Improved multi-agency, multi-program and inter-sectoral collaboration and coordination to meet the needs of Indigenous families and communities Improved access to targeted early detection and intervention programs by high need Indigenous families Reduced waiting times for health services Reduction in early mortality	QG9.1 Define models for social service partnerships QG9.2 Family Support pilot initiative	3.2
TOTAL			162.2

* Expected outcomes as a result of the impact of both Commonwealth and State/Territory initiatives.

** Queensland initiatives complement initiatives to be implemented nationally by the Australian Government.

Figure 3: Indigenous Early Childhood Development National Partnership Agreement – Queensland initiatives

<p>Element 1: Integration of Early Childhood Services Establishment of Children and Family Centres</p>	<p>\$75.18 million over four years (Australian Government funding)</p>
<p>Element 2: Antenatal Care, pre-pregnancy and teenage sexual and reproductive health Youth Well-being Program Safe Sex Resources Improve sexual health in prisons and youth detention centres Youth Peer Based Sexual Health and Positive Lifestyle Program Community Women's Health Forum Expand the role of mobile women's health nurses and women's health workers Expand the Smoke Check Program for staff of Aboriginal and Torres Strait Islander child, maternal and oral health programs Increase support for pregnant women in major hospital antenatal care, maternity and birthing units Expand the Young Pregnant and Parenting Support Program Establish midwifery models of care Strengthen the Aboriginal and Torres Strait Islander maternity workforce</p>	<p>\$29.95 million over four years (Australian Government funding)</p>
<p>Element 3: Increase access to, and use of, maternal and child health services by Indigenous families Expand the Deadly Ears Program Continue implementing the Indigenous Health Chronic Disease Package through an enhanced maternity initiative for implementation in rural areas with a high number of Indigenous births and a child health initiative in north Brisbane Continue implementation of the Cape York Maternal and Child Health Package, including the Baby Basket Initiative.</p>	<p>\$25.5 million over four years (Australian Government funding)</p> <p>\$21.25 million over five years (Queensland Government funding)</p>

IMPLEMENTATION, MONITORING AND REPORTING

Reporting on progress in meeting the deliverables contained in this *Making Tracks* plan will occur annually (where possible) against the performance measures included with each initiative in the following sections and those listed at **Appendix Two**. Survey data used to report against several of the indicators used in *Making Tracks* are not collected annually. For example the next *National Aboriginal and Torres Strait Islander Health Survey* will be conducted in 2010-11 and will be reported when available.

Health portfolio performance will be monitored using the following mechanisms:

- Queensland and national health data collected and analysed for the national biennial reports against the *Aboriginal and Torres Strait Islander Health Performance Framework*¹¹
- Queensland Health service district collections including hospital and perinatal data and reports against the Queensland Health Indigenous key performance indicators
- Data collected and analysed for the annual reports against the *Closing the Gap on Indigenous Health Outcomes National Partnership Agreement* and the *Indigenous Early Childhood Development National Partnership Agreement*.

Non-health portfolio performance will be monitored using the following mechanisms:

- Data collected and analysed from relevant Queensland Government agencies for the annual Queensland Closing the Gap reports
- Data collected and analysed from relevant Queensland Government agencies for the national biennial reports against the *Aboriginal and Torres Strait Islander Health Performance Framework*
- Reporting mechanisms agreed through the Council of Australian Governments for monitoring progress under the *National Indigenous Reform Agreement*.

¹¹ Australian Health Ministers' Advisory Council 2005. *Aboriginal and Torres Strait Islander Health Performance Framework*, Standing Committee on Aboriginal and Torres Strait Islander Health 2005.



Efforts to improve the health status of Aboriginal and Torres Strait Islander people will be underpinned by a commitment to the following guiding principles:

- **Partnerships** – working across Government, and with the full range of service providers, and in partnership with Indigenous communities, provides the best opportunity to improve health and the broader determinants of health
- **Cultural Respect** – the cultural diversity, rights, views, values and expectations of Indigenous Queenslanders must be respected in the delivery of culturally appropriate health services
- **Indigenous health is everyone’s business** – improving the health status of Indigenous Queenslanders is a core responsibility and high priority for the whole health sector
- **Holistic health** – improving the health status of Indigenous Queenslanders must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance
- **Community control of primary health care services** – recognising the demonstrated effectiveness of Aboriginal and Torres Strait Islander community controlled health services (A&TSICCHSs) in providing comprehensive primary health care and working with them to improve the overall level and quality of health service provision; and supporting community decision-making as a fundamental component of health care provision.
- **Accountability** – for consultation, transparent decision-making and effective, sustainable services.

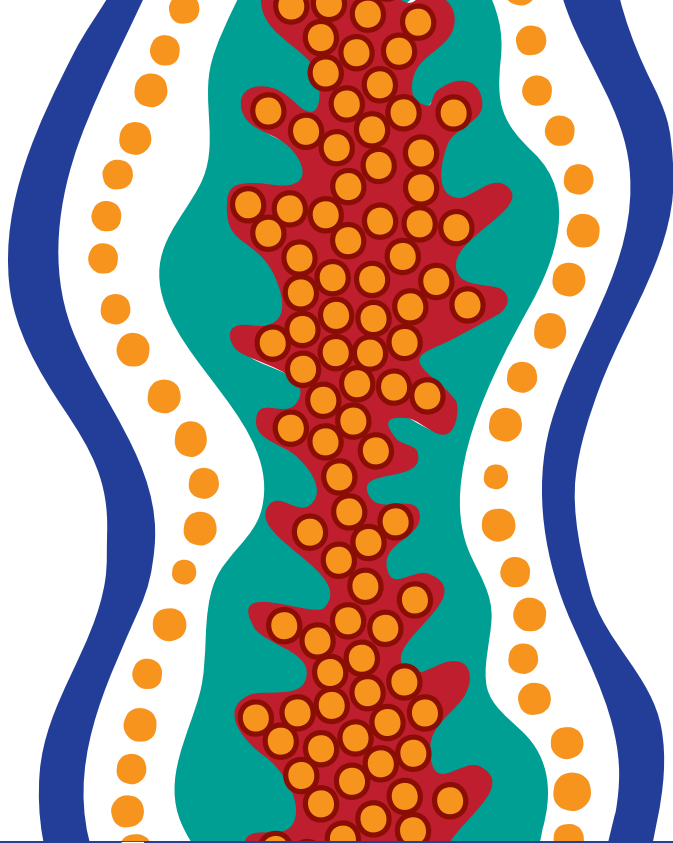
In addition, implementation of initiatives included in this plan will be guided by the following implementation principles:

- Adherence to the *Service Delivery Principles for Programs and Services for Indigenous Australians* and the *National Investment Principles in Remote Communities*¹² (see Appendix Three).
- Meaningful consultation with key stakeholders including A&TSICCHSs, the Australian Government and non-government health service providers in the design, location and delivery of services and programs to ensure effective coordination and integration with existing programs, utilising established collaborative mechanisms such as Regional Health Forums and Health Partnership working group structures
- Meaningful consultation with Indigenous communities to inform the design and delivery of site specific programs and services to maximise the likelihood of effectiveness and participation by Aboriginal and Torres Strait Islander people
- Identification of the most effective delivery mechanisms for new services and programs including utilising non-government service provider organisations (particularly A&TSICCHS) where they exist and where to do so would enhance the effectiveness of the service or program.

¹² COAG *National Indigenous Reform Agreement, 2009*



partnerships
cultural respect



1

Priority Area One

A Healthy and Safe Start

Children and young people up to 18 years of age represent approximately half of Queensland's total Aboriginal and Torres Strait Islander population with almost one-third under 12 years of age. Priority Area One recognises that to achieve sustainable health gains Aboriginal and Torres Strait Islander children must have a healthy and safe start to life free of avoidable illness and injury. To achieve this, a holistic approach to children's health is required which also takes account of the health of their parents and the environments in which children are raised. Maternal health and female reproductive health services and programs are of major importance in establishing a healthy start to the life of a child and initiatives to enhance these are included in this section. Male health is also crucial in contributing to the overall health and well-being of children, to the family unit and to future generations. Specific approaches to improve access by Aboriginal and Torres Strait Islander males in the health system are contained in *Priority Area Four*. Many of the maternal and child health initiatives included in this plan comprise elements of the *Universal and Targeted Primary Health Care Model for Maternal and Child Health Services in Aboriginal and Torres Strait Islander Communities* (see Appendix One).



Maternal and Child

Related state-wide strategies relevant to this Priority Area include:
Strategic Policy for Aboriginal and Torres Strait Islander children and young people's health 2005-2010
Indigenous Education Strategic Directions 2008-2011¹³
Deadly Ears, Deadly Kids, Deadly Communities: 2008-2013

INITIATIVE

Women's Health Education

Increase community education and resources to promote all aspects of women's health and well-being.

Indigenous Early Childhood Development NPA Initiative

Lead Agency: Queensland Health

Healthy Pregnancy and Breastfeeding

Expand the Young Parent Support Worker Program to provide prevention and early intervention services and support for young pregnant women and their partners.

Implement improved midwifery through the implementation of seven maternity outreach teams.

Indigenous Early Childhood Development NPA Initiative

Employ nine advanced health workers to improve community nutrition education for pregnant women and breastfeeding.

Employ child health nurses and Indigenous child health workers to focus on reducing alcohol and drug use in pregnancy and promoting healthy pregnancies.

Lead Agency: Queensland Health

Maternal and Child Health Package: Cape York

Service enhancements over four years for:

- A range of core local health promotion and early intervention services supported by more visiting specialist and allied health services
- A baby basket initiative to provide support to young mothers by supplying baby products at targeted times in the antenatal, postnatal and 6-month to toddler stages, dependent on attendance at child health clinics and acceptance of home visits with child health nurses
- A baby friendly health initiative to establish breastfeeding at birth and the training of health care providers in the promotion and sustainability of long-term breastfeeding. Under this initiative support will be provided to assist women where breastfeeding is not possible or where an infant is failing to thrive and breastfeeding cannot be sustained.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

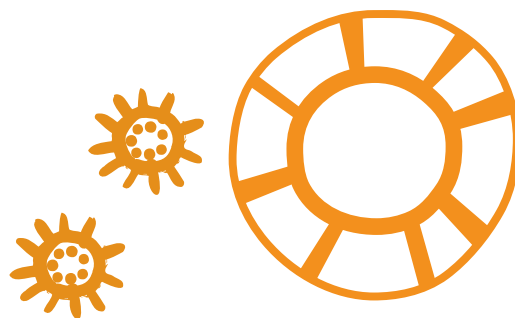
- Increased proportion of women having five or more antenatal visits
- Decreased proportion of women with anaemia or gestational diabetes during pregnancy
- Increased proportion of infants ever breastfed, breastfed on discharge from hospital at six and twelve months
- Decreased proportion of children under five years of age who are underweight or overweight

(Source: Queensland Health)

- Decreased incidence of low birth weight and pre-term birth (Source: HPF) and high birth weight.

- Reduced perinatal and infant death rates
- Reduced rates of smoking in pregnancy
- Increased rates of breastfeeding*¹⁴

(Source: HPF).



¹³ Queensland Government, Department of Education, Training and the Arts, 2008. *Indigenous Education Strategic Directions 2008-2011*.

¹⁴* indicates a performance indicator reliant on survey data not collected annually.

Integrated Services for Children and Families

INITIATIVE

Children and Family Centres

Establish 10 new integrated Children and Family Centres in urban, rural and regional centres across Queensland with relatively high Aboriginal and Torres Strait Islander populations. The Centres will provide a dynamic mix of services, responsive to community needs, that includes child care, early learning, and parent and family support services to ensure families receive the support they need. The Mt Isa, Cairns, Ipswich and Mareeba centres are due for completion in 2010 and Mackay, Rockhampton, Mornington Island, Doomadgee, Marsden and Palm Island in 2012.

Indigenous Early Childhood Development NPA Initiative
(Utilising Australian Government Funding)

Lead Agency: Department of Education and Training

PERFORMANCE MEASURES

- Increased proportion of Indigenous children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations
- Increased proportion of Indigenous three and four year olds participating in quality early childhood education and development and child care services
- Increased proportion of Indigenous children attending the Centres who go on to attend school regularly
- Increased proportion of Indigenous children and families accessing a range of services offered at or through the Centres, including but not limited to, childcare, early learning, child and maternal health, and parent and family support services

(Source: COAG National Partnerships Agreement).

Parenting Support

INITIATIVE

Parenting Support

Establish a Family Support pilot program to help Aboriginal and Torres Strait Islander parents and carers to navigate and access health and social support services and to tailor and coordinate required services.

Establish eight Young Parent Support Worker positions to support and improve the health of young women and their babies in the ante-natal and post-natal period.

Indigenous Health Outcomes NPA Initiatives

Lead Agency: Queensland Health

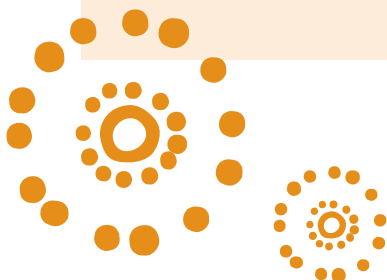
PERFORMANCE MEASURES

- Increased access to parenting support
(Source: Department of Communities)
- Decreased incidence of violence, abuse and neglect, and intention and unintentional injury involving children
- Decreased rates of out of home care
- Increased access to health services compared to need*

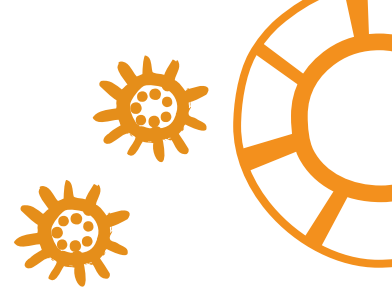
(Source: HPF)

- Reduced incidence of assault of children

(Source: Queensland Health).



Education



INITIATIVE

Early Childhood Education

As part of the Bound for Success education strategy for Cape York and the Torres Strait, expand the provision of pre-preparatory education services in 35 remote Indigenous communities.

Primary and Secondary Education

Implement the strategies included in *Indigenous Education Strategic Directions 2008-2011* which articulates the priorities of attendance, retention, literacy and numeracy attainment for Aboriginal and Torres Strait Islander students. This includes the development of Regional Indigenous Education Plans that are tailored to meet local education needs.

Lead Agency: Department of Education and Training

Parentline Project

Fund Boystown to deliver the Parentline Project which will provide telephone, web and email contact with counsellors for parents and carers of Indigenous children, children with a disability and children in rural and remote communities of Queensland. Face to face counselling will also be provided (where available) particularly in the communities of Doomadgee, Yarrabah, Woorabinda, Hopevale, Charleville and St George.

Lead Agency: Department of Communities

PERFORMANCE MEASURES

- Indigenous four year olds accessing early childhood education (pre-preparatory year) as a proportion of the Indigenous Year 1 enrolment (in the same year)
- Indigenous enrolment in a preparatory year program as a proportion of the Indigenous Year 1 enrolment
- Average Indigenous student attendance at school (Source: Department of Education and Training)
- Proportion of Indigenous students who are achieving the National Minimum Standard in Reading and Numeracy (Source: Queensland Studies Authority)
- Proportion of Indigenous students awarded a Senior Statement who are OP eligible and/or have received a VET qualification (Source: Queensland Studies Authority)
- Total number of occasions that general service information and referrals were provided
- Total number of individuals and families receiving support by location and target group (Source: Department of Education and Training).

Hearing Health

INITIATIVE

Deadly Ears Program

Target the high rates of ear disease amongst Indigenous children through the Deadly Ears Deadly Kids Deadly Communities Program which includes systematic screening and surveillance of Indigenous children up to 14 years and training for health workers in screening and health promotion activities.

Lead Agency: Queensland Health

Investigate alternative methods for resourcing schools in remote Indigenous communities where there is a high prevalence of students with a fluctuating or permanent conductive hearing loss (Otitis Media).

Lead Agency: Department of Education and Training

PERFORMANCE MEASURES

- Decreased rates of children reporting hearing loss (Source: HPF)
- Schools identified
- Appropriate alternative resourcing methodology is implemented (Source: Department of Education and Training.)



Child Safety

INITIATIVE

Recognised Entities

Continue funding independent non-government Indigenous organisations or individuals as Recognised Entities to assist the Department of Communities (Child Safety) by actively participating in all significant decisions affecting Indigenous children and young people including ensuring placements are culturally appropriate and to locate suitable kin. Recognised Entities also provide information and support to families throughout all phases of statutory involvement and aim to reduce the number of children removed from their communities and families by ensuring they are placed in accordance with child placement principles, including the principle of kinship care in the first instance.

Indigenous Family Support

Fund eleven new Aboriginal and Torres Strait Islander Family Support services in 2010-11 to work with both statutory and non-statutory clients in provision of intensive family support and facilitated specialist referrals.

Safe Houses

Further progress the establishment of safe houses in the communities of Kowanyama, Aurukun, Weipa/Napranum, Pormpuraaw, Doomadgee, Yarrabah and Palm Island and extend to Mornington Island, Eastern Cape York, the Northern Peninsula Area and the Torres Strait. Safe houses provide emergency short-term accommodation for children and young people who are unable to live safely at home for the time being. Intensive family support enables children to remain in their community and ensures safe reunification where possible and in the child's best interests. A residential care service will also be developed on the Atherton Tablelands to provide a transition for young people returning from "off-community" residential facilities to Western Cape York communities. Residential care services are also being provided in Cherbourg, Woorabinda and Logan.

Cultural Support Plans

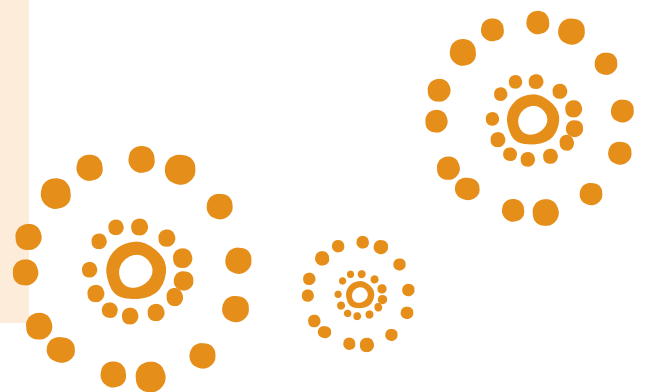
Cultural Support plans will be developed for each Indigenous child and young person in care to enable the delivery of culturally competent case work. A range of training and resources will be provided to support staff and Recognised Entities to develop and implement suitable cultural support plans to improve service responses for Indigenous children and young people, and to keep them connected with their families, communities and culture.

Lead Agency: Department of Communities (Child Safety)

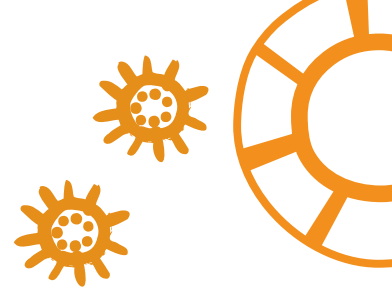
PERFORMANCE MEASURES

- Decreased incidence of violence, abuse and neglect
 - Decreased rates of out of home care
- (Source: HPF)
- 11 Family Support services established
 - Cultural Support Plans and resources developed and implemented

(Source: Department of Communities).



Family Violence



INITIATIVE

Domestic and Family Violence Strategy
Initiatives to target domestic and family violence will include a focus on the safety and well-being of children and models of support and community education specific to Aboriginal and Torres Strait Islander communities.

Lead Agency: Department of Communities

PERFORMANCE MEASURES

- Decreased incidence of violence, abuse and neglect
- Decreased rates of out of home care
- Decreased hospitalisation for injury and poisoning
- Decreased incidence of injury involving children (Source: HPF).

Young People's Health

INITIATIVE

Young People's Health and Well-Being Initiative
Establish an Aboriginal and Torres Strait Islander Youth Health and Well-being program of 13 school based Youth Health Workers in areas with a high Indigenous population. Youth health programs and parenting education for young people will be delivered in a community and school setting using the Core of Life Indigenous Youth Program.

Increase access for young women less than 20 years to sexual and reproductive health information and advice including contraception and pre-conceptual care.

Indigenous Early Childhood Development NPA Initiative
Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Decreased risky and high alcohol and drug consumption*
- Decreased rates of self reported unsafe sex* (Source: HPF)
- Decreased rates of sexually transmitted disease
- Reduction in the rate of teenage birth (Source: Queensland Health).

Emotional and Social Well-being

INITIATIVE

Suicide Prevention
Implement dedicated strategies to build individual and community resilience and to reduce suicide risk and mortality in Aboriginal and Torres Strait Islander populations.

Ed-Linq Expansion
Expand the Ed-Linq collaborative between the mental health and education sectors to address the mental health prevention and early intervention needs of Aboriginal and Torres Strait Islander school-aged children and young people living in urban, rural and isolated areas of Queensland.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Improved access to mental health services*
- Hospitalisation for injury and poisoning (Source: HPF).



Homelessness

INITIATIVE

National Partnership Agreement on Homelessness

Lead Agency: Department of Communities (Housing and Homelessness)

PERFORMANCE MEASURES

- Proportion of Australians who are homeless: by 2013 - 33 per cent decrease in homeless Indigenous Queenslanders.
- Number of families who maintain or secure safe and sustainable housing following family violence
- Number of young people (12 to 18 years) who are homeless or at risk of homelessness who are re-engaged with family, school and work
- Number of children (under 12 years) who are homeless or at risk of homelessness who are provided with additional support to maintain contact with their school
- Increase in the number of people exiting care and custodial settings into secure and affordable housing

(Source: Homelessness NPA Implementation Plan Performance Indicators and Benchmarks).

Welfare Reform Trial - Cape York

INITIATIVE

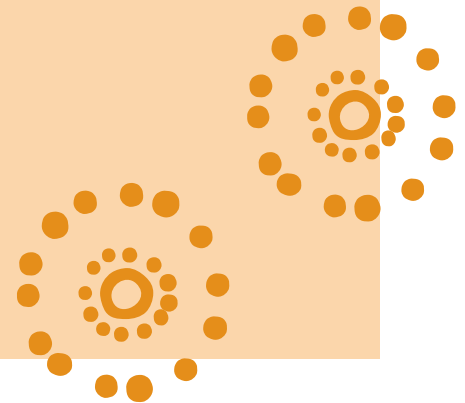
The Cape York Welfare Reform Trial is a joint Australian Government and Queensland Government initiative in partnership with Cape York Institute for Policy and Leadership, being developed and implemented in the communities of Coen, Hope Vale, Mossman Gorge and Aurukun from July 2008 until January 2012. The trial aims to support the restoration of socially responsible standards of behaviour and local authority and help people in these communities to resume primary responsibility for the well-being of their communities and for families and individuals within those communities, particularly children and other vulnerable groups.

The Queensland Government passed the *Family Responsibilities Commission Act 2008* to introduce a new statutory entity, the Family Responsibilities Commission which has the authority to refer people who are not meeting parental and community responsibilities to appropriate support services, including drug and alcohol, mental health, relationship counselling and income management assistance.

Lead Agency: Department of Communities

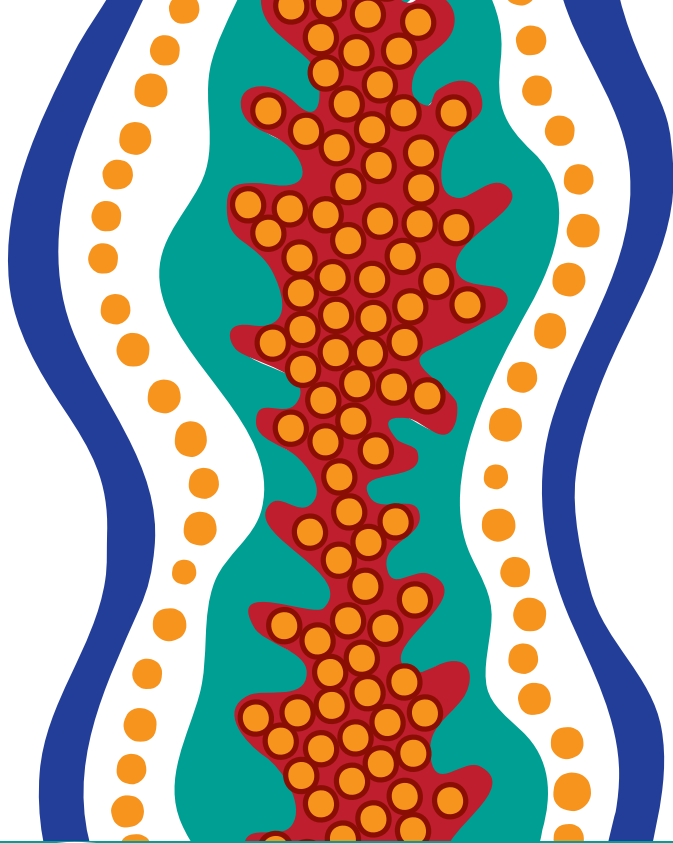
PERFORMANCE MEASURES

- Decreased child abuse and neglect
- Decreased family and community violence (Source: HPF)
- Decreased substance use (drug and alcohol) related crime and hospital admissions (Source: HPF/Police)
- Decreased tenancy breaches (Source: Department of Communities)
- Increased school attendance (Source: Department of Education and Training)
- Increased labour force participation (Source: Department of Employment and Economic Development).





a holistic approach
to health



2

Priority Area Two

Addressing Risk Factors

Priority Area Two focuses on the risk factors associated with high rates of adult chronic disease and poor physical and mental health outcomes.

Including those associated with lifestyle and behaviour (such as smoking), living environments (such as overcrowding) and life stressors (such as family violence). It recognises the need for promotion of healthy behaviours and health education to avert the adoption of risky health practices and to help those who already have chronic diseases manage their illness by adopting a healthier life-style. Health promotion approaches specifically targeting Indigenous Queenslanders and the establishment of a dedicated health promotion workforce that can work with Aboriginal and Torres Strait Islander people across the risk factors are crucial to preventing the development of chronic diseases in adults. In particular, this plan includes efforts to reduce smoking and obesity, the two leading contributors to the health gap, and to reduce the impact on individuals and communities of harmful alcohol consumption.



Health Promotion

Related state-wide strategies relevant to this Priority Area include:
Queensland Strategy for Chronic Disease 2005-2015 (general population)
Queensland Health Population Health Plan 2007-2017 (general population)
Queensland Plan for Mental Health 2007-2017 (general population)
Queensland Health Aboriginal and Torres Strait Islander Environmental Health Plan 2008-2012
Implementation Plan for the National Partnership Agreement on Remote Indigenous Housing Queensland

INITIATIVE

Health Education Kiosks

Maintain the Health Interactive Technology Network (HITnet) kiosks across Queensland as a health promotion vehicle. Install a sexual and reproductive health module on 10 additional kiosks across Queensland. Develop a new fruit and vegetables promotion module installation on kiosks across Queensland.

Lead Agency: Queensland Health

Health Promotion –Traditional Indigenous Games

Over five years, develop and implement Traditional Indigenous Games (TIG) initiatives to promote health and physical activity in the school setting.

Lead Agency: Department of Education and Training (with Queensland Health)

Indigenous Mental Health First Aid

Evaluate the impact of delivering a culturally adapted Mental Health First Aid Course in three dedicated Queensland sites (rural, remote and urban) in partnership with A&TSICCHSs. Under this initiative, Indigenous staff of health services will be trained as instructors to deliver mental health first aid courses to Indigenous Queenslanders. The initiative will be evaluated to inform future planning and the retention of a pool of instructors in Aboriginal and Torres Strait Islander communities.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Increased usage of HITnet kiosks
- Development, implementation and evaluation of an additional module

(Source: Queensland Health)

- Traditional Indigenous Games embedded into school curriculum

(Source: Department of Education and Training)

- Decreased risky and high alcohol and drug consumption*

- Decreased rates of self-reported unsafe sex*

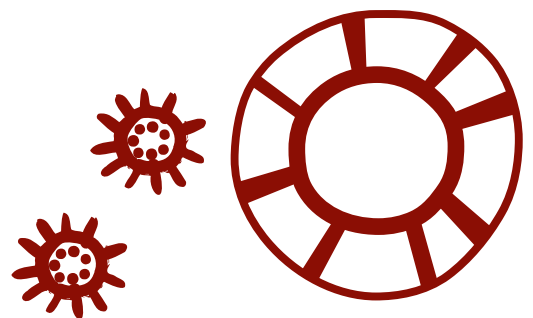
(Source: HPF)

- Mental Health First Aid course planned, conducted and evaluated across three sites

- Increased mental health literacy in three sites

- Improved access to mental health services and treatment options

(Source: Queensland Health evaluation data).



Smoking Cessation

INITIATIVE

Indigenous Tobacco Control Initiative

- Enhance Quitline to provide more culturally sensitive services
- Expand the SmokeCheck program targeting midwives, Indigenous Child Health Workers and Oral Health Workers who see a large number of Aboriginal and Torres Strait Islander clients
- Implement innovative initiatives targeting specific groups such as parents and carers, young people and prisoners
- Work with communities to promote and enforce smoke free environments
- Implement a 16 week quit program for staff of Queensland Health and A&TSICCHSs.

This initiative will be underpinned by community engagement and capacity building principles.

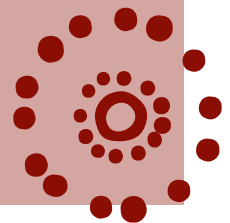
Indigenous Health Outcomes NPA Initiative and Indigenous Early Childhood Development NPA Initiative.

Lead Agency: Queensland Health

This initiative will be supported by social marketing and Indigenous tobacco campaigns and workforce measures being implemented nationally by the Australian Government under the Indigenous Health Outcomes NPA.

PERFORMANCE MEASURES

- Increase usage of Quitline services by Indigenous Queenslanders. Target = 900 clients through a 16 week program
- Decreased rates of smoking during pregnancy. (Source: Queensland Health)
- Decreased rates of smoking*
- Decreased percentage of population aged 18 and over reporting they are a current smoker* (Source: HPF).



Alcohol and Drug Use

INITIATIVE

Indigenous Alcohol Rehabilitation and Support Program – Cape York

Through the Queensland Police Citizens Youth and Welfare Association provide drug and alcohol diversion programs (eg education, sport and recreation, and cultural programs) in remote Indigenous communities.

Lead Agency: Queensland Health (with Department of Communities and Queensland Police Service)

Alcohol Reform Package

The alcohol reform package (jointly funded by the Australian and Queensland Governments), is being established to support community Alcohol Management Plans and provides:

- enhanced drug treatment services, including detoxification and rehabilitation for 21 Indigenous communities across Queensland
- increased counselling and social support services
- legislative and enforcement measures including revised alcohol restrictions.

Lead Agency: Department of Communities and Office of Gaming and Regulation (with Queensland Health and Queensland Police Service)

PERFORMANCE MEASURES

- Decreased rates of harmful alcohol consumption*
- Decreased usage of drug and other substance use including inhalants* (Source: HPF)
- Indigenous Alcohol Diversion Program Evaluation report by December 2009 will inform future initiatives (Source: Department of Justice and Attorney-General)
- Indigenous students with access to curriculum units supported to make successful transition to secondary school (Source: Department of Education and Training).



Alcohol and Drug Use

INITIATIVE cont.

Indigenous Alcohol Diversion Program

Provide treatment, residential rehabilitation, after care, counselling, group programs and supported accommodation for alcohol-dependant offenders over a 20 week period in Rockhampton, Woorabinda, Cairns, Yarrabah and Townsville with after care to Palm Island.

Lead Agency: Department of Justice and Attorney-General (with Queensland Health, Department of Communities and Queensland Police Service)

Drug Education

Utilise Australian Government funding provided under the Queensland School Drug Education Strategy to support whole of school approaches in 5 north Queensland schools to the transition of remote Indigenous students into boarding schools through the development and implementation of a comprehensive drug education program.

Lead Agency: Department of Education and Training

Nutrition and Physical Activity

INITIATIVE

Food Supply in Remote Communities

- Improve food supply in remote communities by implementing Remote Indigenous Stores and Takeaways Project recommendations
- Provide Green Label System training for health professionals and staff of remote stores and takeaway outlets.

Lead Agency: Queensland Health

Nutrition and Physical Activity Programs

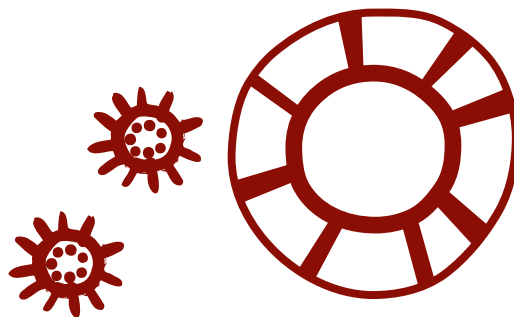
Implement nutrition and physical activity programs including:

- in partnership with PCYC, support the delivery of targeted sport, recreation and physical activity programs across Indigenous communities
- in partnership with Tagai State College, deliver sport, recreation and physical activity programs in the Torres Strait
- evidence-based projects and programs (eg Brief Intervention cooking skills/food preparation programs, nutrition resources for school students, Active Roma project, Healthy Elders (physical activity) program
- the *Deadly Sports Program* - an initiative to deliver physical activity and health benefits to Indigenous communities. The program is delivered to children and adults with presentations on healthy eating and nutrition and the benefits of becoming physically active. Culturally appropriate visual aids such as posters are distributed to program participants to help remind them of the healthy messages.

Lead Agency: Queensland Health (with Department of Communities (Sport and Recreation) and Queensland Police Service)

PERFORMANCE MEASURES

- Improved access to healthy foods
- Number of staff trained in Green Label System (Source: Queensland Health)
- Improved dietary behaviours and physical activity* (Source: HPF)
- Increase in number of people participating in regular physical activity
- Number of programs (sport, recreation, cultural) delivered
- Community satisfaction with services provided (Source: Department of Communities).





Oral Health

INITIATIVE

Oral Health Partnerships

Establish partnerships between state dental services and A&TSICCHSs that have dental health infrastructure, including the establishment of flexible services and programs.

Lead Agency: Queensland Health

Fluoridation

Undertake consultation with Aboriginal and Torres Strait Islander Councils on water fluoridation and the associated Fluoridation Capital Assistance Program. Implement water fluoridation in all scheduled Indigenous Councils in 2009-10 and commence planning for extending water fluoridation to other Indigenous Councils where it is safe and effective to do so.

Lead Agency: Department of Infrastructure and Planning

PERFORMANCE MEASURES

- Screening outcomes by recommended waiting times (proportion of Indigenous population seen within the recommended time according to needs)
- Decreased oral cancer rates
- Dental general anaesthetic rates for children (Source: Queensland Health)
- Decreased rates of decayed, missing and/or filled teeth (Source: HPF)
- Proportion of the Indigenous population in Queensland with access to fluoridated water supplies (Source: Department of Infrastructure and Planning).

Sexual Health

INITIATIVE

Testing and Treatment

Expansion of testing for, and treatment of, sexually transmissible infections and blood-borne viruses in Indigenous Queenslanders, including those in prisons.

Safe Sex Promotion

Develop resources and implement a safe sex social marketing campaign targeting Indigenous young people in urban and rural/remote areas. Hold Snakefest festivals to promote safe sex in 20 locations across Queensland over a five year period.

Positive Lifestyle and Interactive Communication

Develop and implement a sexual health and positive lifestyle program and an interactive information technology communication system for Indigenous youth, particularly those aged 10-14 years.

Indigenous Early Childhood Development NPA Initiatives

Sexual Health Workers

Engage both men and women as Indigenous sexual health workers throughout Queensland to ensure a culturally sensitive approach to sexual health program delivery. Support their participation in the annual Deadly Sex Congress for networking and peer support.

Lead Agency: Queensland Health

PERFORMANCE MEASURE

- Increased testing for Chlamydia and gonorrhoea and blood-borne viruses
- Increased number of people with Hepatitis C receiving treatment
- Increased proportion of people in custody with STIs and blood-borne viruses receiving testing and treatment
- Increased proportion of people in custody with Hepatitis C receiving treatment
- Decrease incidence of Chlamydia and gonorrhoea
- Improved knowledge regarding safe sex (Source: Queensland Health).



Environmental Health

INITIATIVE

Environmental Health Worker Program

Employ Environmental Health Workers to implement local priority environmental health initiatives.

Lead Agency: Department of Infrastructure and Planning

Extend existing environmental health programs to non-discrete communities that have relatively high proportions of Indigenous residents.

Establish closer working relationships with primary health care providers in discrete Indigenous communities to enable environmental health and primary health care responses.

Lead Agency: Queensland Health

Animal Management Program

Fund participating councils for animal management workers and operational activities including veterinary services and control of domestic and pest animals.

Lead Agency: Queensland Health (with Department of Primary Industries and Fisheries)

Indigenous Environmental Health Infrastructure Grants

Fund Indigenous Councils to develop, operate and maintain environmental health related infrastructure, to reduce exposure to health hazards.

Lead Agency: Department of Infrastructure and Planning

PERFORMANCE MEASURES

- Number of environmental health workers
- Increased implementation of community based environmental health programs
- Improved retention rates for Indigenous health practitioners.
- Environmental health needs of non-discrete communities identified and prioritised
- Consultation framework with local governments and other stakeholders developed and implemented
- Increase in animal management plans implemented by local governments
- Number of projects being jointly developed and implemented by primary health care providers and Environmental Health Workers
- Decreased rates of, and hospitalisation for, renal disease, skin diseases, respiratory diseases, gastrointestinal disease and Hepatitis A
(Source: Queensland Health).



Housing

INITIATIVE

Remote Indigenous Housing Partnership Agreement

Implement a range of initiatives that will:

- significantly reduce severe overcrowding in remote Indigenous communities
- Increase the supply of new houses and improve the condition of existing housing in remote Indigenous communities
- ensure that rental houses are well maintained and managed in remote Indigenous communities.

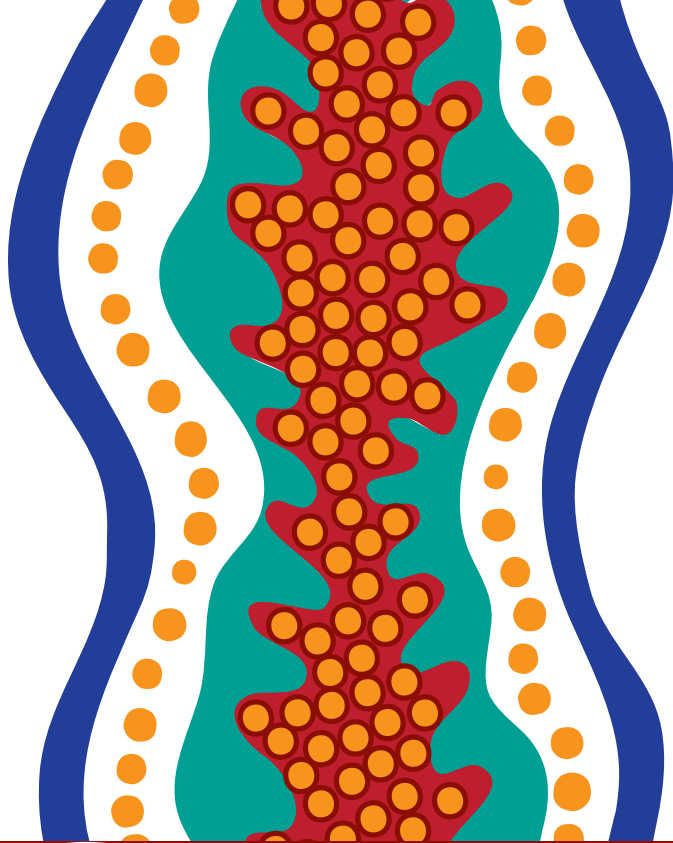
Implement one social housing system across all social housing to enable Aboriginal and Torres Strait Islander people in need to receive housing assistance that best meets their need for the duration of that need.

Lead Agency: Department of Communities (Housing and Homelessness)

PERFORMANCE MEASURES

- Average occupancy rates
- Incidence of homelessness
- Number and percentage of dwellings that are overcrowded
- Number of new dwellings constructed
- Number of dwellings replaced or significantly upgraded
- Number of households covered by tenancy management arrangements overseen by Department of Communities
- Number of dwellings inspected through standard property inspection regime
- Number of communities and dwellings (including town camps) covered by normalised service level standards and delivery arrangements for essential and municipal services
- Proportion of Aboriginal and Torres Strait Islander people on the Housing Register
- Proportion of Aboriginal and Torres Strait Islander people receiving housing assistance.





3

Priority Area Three

Managing Illness Better

Recent data¹⁵ informs us that for Aboriginal and Torres Strait Islander people the mortality gap is considerably greater than the disability gap, reflecting the fact that Indigenous Australians are more likely to die from an illness than non-Indigenous Australians from the same illness. This means that there is a large potential for health gain and for reducing the life expectancy gap through both prevention strategies and better management of existing illness. Cardiovascular disease, type 2 diabetes, chronic respiratory conditions, cancers, mental disorders and injuries account for 80 per cent of the health gap between Indigenous and non-Indigenous Queenslanders. Priority Area Three focuses on improving diagnosis, access to appropriate tests and procedures, clinical treatment and self-management of chronic disease and cancer in adult populations.



¹⁵ Vos et al, 2007.

Chronic Disease

Related state-wide strategies relevant to this Priority Area include:

Queensland Strategy for Chronic Disease 2005-2015 (general population)

Queensland Aboriginal and Torres Strait Islander Women's Cervical Screening Strategy 2006-2010

Queensland Statewide Cancer Treatment Services Plan 2008-16 (general population)

Queensland Statewide Renal Health Services Plan 2008-17 (general population)

INITIATIVE

Chronic Disease Multidisciplinary Teams

Engage additional allied health staff and specialists to provide multi-disciplinary chronic disease intervention response teams to support remote areas with high Indigenous populations and low access. Teams will have an emphasis on adult health check follow-up.

Indigenous Health Outcomes NPA Initiative

Mainstream Chronic Disease Strategies

Implement mainstream health strategies with attention to the needs of Indigenous Queenslanders.

Lead Agency: Queensland Health

Chronic Disease Centre – Thursday Island

Provide an integrated facility to enable the delivery of chronic disease management for the Torres Strait and Northern Peninsula Areas based on a multi-disciplinary approach.

Lead Agency: Queensland Health

This initiative will be supported by national chronic disease measures being implemented in Queensland by the Australian Government under the Indigenous Health Outcomes NPA. The first measure will employ and train Healthy Lifestyle Workers to assist in lifestyle modification for Indigenous Australians, who have, or are at risk of developing, a chronic disease. It will also train existing health professionals to deliver chronic disease self-management programs to Indigenous Australians with an existing illness. The second measure will encourage general practitioners to provide best practice management of chronic disease through provision of Practice Incentive Payments and funding to improve care coordination.

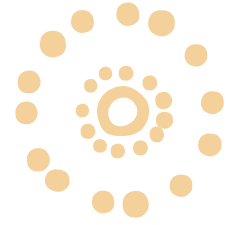
PERFORMANCE MEASURES

- Improved early detection and early treatment (Adult Health Checks)
- Decreased rates of cardiovascular and renal disease
- Decreased hospitalisation for diabetes
- Decreased rates of and hospitalisation for chronic diseases

(Source: HPF).



Cardiovascular Diseases



INITIATIVE

Cardiac Outreach Service

Provide cardiac outreach services to Indigenous communities including cardiac rehabilitation and education.

Rheumatic Heart Disease Register and Control

Establish a state-wide register and control program for Acute Rheumatic Fever and Rheumatic Heart Diseases.

Funded by the Australian Government.

Lead Agency: Queensland Health

Coach Program Pilot®

Test the applicability of the COACH Program® for remote Indigenous communities through a 6 month pilot in the Torres and NPA Health Service District. The Program uses 13HEALTH telephone infrastructure to assist cardio-vascular patients to manage their risk factors.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Decreased rates of hospitalisation for cardio-vascular disease, high blood pressure, circulatory disease and hypertension

(Source: HPF)

- Decrease in cases of missed diagnosis of rheumatic fever.
- Increase in adherence rates to penicillin secondary prophylaxis
- State-wide register and control program established and fully operational by 2012

(Source: Queensland Health)

- Reduction in hospital readmissions by cardio-vascular patients following pilot of COACH Program

(Source: Queensland Health).

Type 2 Diabetes and Renal Disease

INITIATIVE

Prevention and Management of Type 2 Diabetes

Provide glucose monitoring machines to A&T/SICCHSs to support more effective patient management and reduce the morbidity risks associated with poor diabetes management, thereby delaying the need for more costly kidney dialysis by at least 15 years.

Indigenous Health Outcomes NPA Initiative

Renal Services

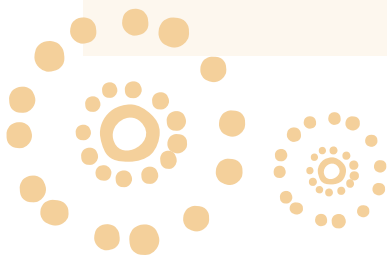
Establish five additional renal dialysis chairs in south east Queensland hospitals, the short term relocation of the Royal Brisbane Women's Hospital Home and Independent Dialysis Service, training of the existing Indigenous health workforce and a kidney transplant pilot to address blood group incompatibility.

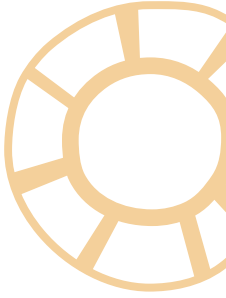
Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Decreased hospitalisation for diabetes and renal disease
- Decreased percentage of people reporting diabetes/high blood sugar levels*

(Source: HPF).





Chronic Respiratory Disease

INITIATIVE

Community Based Respiratory Services Program

In partnership with A&TSICCHSs, develop and pilot a model for delivering mainstream respiratory promotion, prevention, early detection and treatment services to Indigenous Australians within an urban setting. The project will identify a role for respiratory nurses working within a multi-disciplinary team environment.

Indigenous Health Outcomes NPA Initiative

Lead Agency: Queensland Health

See also initiatives targeting smoking.

PERFORMANCE MEASURES

- Decreased rates of hospitalisation for pneumonia
- Decreased rates of hospitalisation for asthma
(Source: HPF)
- Clients with spirometry confirmed respiratory diagnosis
- Clients with smoking status recorded at each service visit
- Clients who complete a rehabilitation/exercise program
- COPD clients vaccinated with fluvax and Pneumovax
- COPD and asthma clients provided with an action plan
- Prescribed asthma patients attending A&TSICCHSs that are taking preventer medication regularly
- Indigenous Health Workers who have attended QUIT Training

(Source: Queensland Health).



Cancer

INITIATIVE

Breast Cancer

Develop resources to encourage participation by Indigenous women aged 50-69 years in the BreastScreen Queensland Program.

Train, and provide resources to, Health Workers to enable promotion of breast cancer screening.

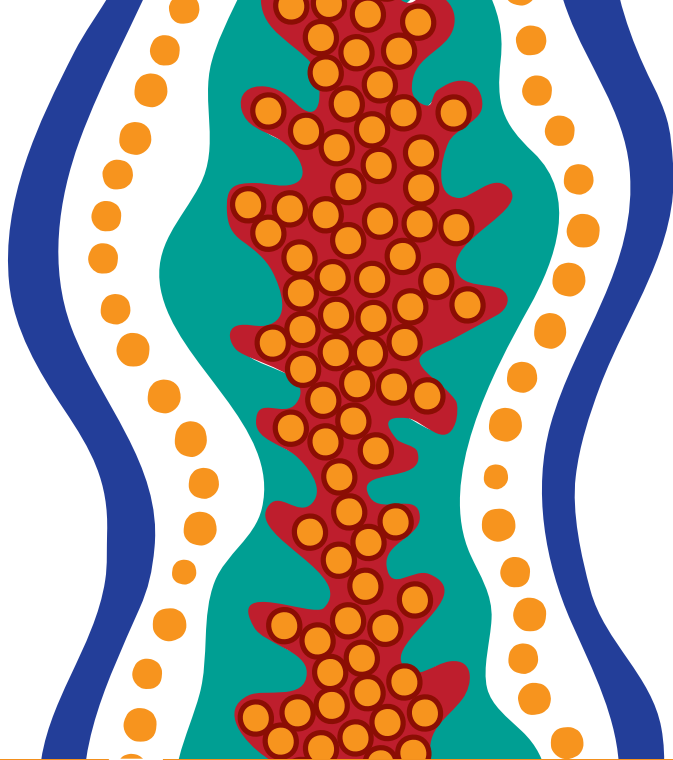
Develop and implement a mobile BreastScreen Service in consultation with Aboriginal and Torres Strait Islander women that would meet the cultural and geographic needs of women living in rural and remote Queensland.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Decreased mortality associated with breast cancer
- Increased participation rates for Aboriginal and Torres Strait Islander women
- A dedicated mobile BreastScreen Service developed and implemented
(Source: Queensland Health).





4

Priority Area Four Better Health Services

Improving access to, and the effectiveness of, health services for Aboriginal and Torres Strait Islander Queenslanders is a continuous improvement process and is multi-faceted. The effectiveness of existing health services can be enhanced to provide more culturally sensitive and responsive programs and can be staffed by a workforce that has had both the clinical and cultural training to make them competent practitioners of health service delivery for Indigenous Queenslanders. Attracting and retaining an effective workforce, career pathways for Aboriginal and Torres Strait Islander employees within the health system and strategies for improving participation by Indigenous Australians in the health workforce are ongoing priorities. Health services can be informed by better engagement with Indigenous communities and by the involvement of Indigenous Queenslanders in planning and program design and implementation. Access to health services and programs can be improved too – by promoting their availability, by making them places that Indigenous Queenslanders feel confident in attending and by the provision of transport and accommodation in close proximity to services. The patient experience across the health system, particularly between primary and acute care services, can be improved through better integration of services, through increased collaboration with non-government health service providers (particularly A&TTSICHSs) and by improved transition care arrangements, including discharge planning, transfer of patient records and follow-up care. Strategies to improve access by Aboriginal and Torres Strait Islander males to health services require particular attention given the disengagement of teenage boys and men from the health system and their poor health outcomes. Finally, improving access to health services by Indigenous Queenslanders that live in urban areas is crucial in addressing the life expectancy gap. Identifying how to reach Indigenous Queenslanders residing in metropolitan areas effectively and to engage them in health services and programs remains an ongoing priority.



Primary Health Care Reform

Related state-wide strategies relevant to this Priority Area include:
*Queensland Statewide Health Services Plan 2008-2012*¹⁶
Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, Queensland Implementation Plan
*Queensland Health – The Aboriginal and Torres Strait Islander Health Worker Career Structure 2007*¹⁷
*Queensland Health – Aboriginal and Torres Strait Islander Nursing and Midwifery Strategy 2010-2012*¹⁸

INITIATIVE

Develop and implement a state-wide framework to identify the suite of core primary health care services that should be accessible by all Queenslanders, the best options/models of primary health care governance, funding and services appropriate to urban, rural and remote settings for local implementation.

Support development of A&TTSICCHSs in Cape York and Yarrabah to increase participation in the design and delivery of primary health care.

Commencing with Cape York and Yarrabah, identify and implement alternative approaches to primary health care service delivery and secure sustainable Australian Government primary health care funding.

Investigate expansion of the Audit and Best Practice for Chronic Disease (ABCD) initiative focusing on continuous improvement in prevention, early intervention and effective management of chronic disease.

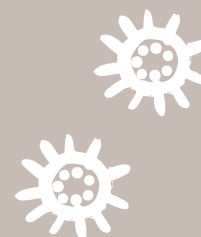
Indigenous Health Outcomes NPA Initiative

Support Yarrabah Council by funding a project officer position to assist the Council engage with negotiation tables and with the Director-General of Queensland Health as the Government Champion for the Yarrabah community.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Framework developed
(Source: Queensland Health).
- Core/minimum primary health care service standards agreed with the Commonwealth Government and the Aboriginal and Torres Strait Islander community controlled sector
- Funding and service models identified
(Source: Queensland Health).



Male Health

INITIATIVE

Develop a Queensland Health male health policy and work with health service providers at district level and Aboriginal and Torres Strait Islander males within communities to promote the availability of state and community controlled health services and the importance of regular health checks, follow-up and healthy lifestyle choices.

Indigenous Health Outcomes NPA Initiative

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Decreased rates of discharge against medical advice
- Increased access to health services
(Source: Queensland Health).



¹⁶ Queensland Government, Queensland Health 2007. *Queensland Statewide Health Services Plan 2007-2012*, Brisbane February 2007.

¹⁷ Queensland Government, Queensland Health 2007. *The Aboriginal and Torres Strait Islander Health Worker Career Structure 2007*, Brisbane 2007.

Improving Access to Health Services and Programs

INITIATIVE

Improving Access in Urban Areas

Undertake research to identify how to intervene appropriately to target Aboriginal and Torres Strait Islander people residing in urban areas as a minority population in order to improve access to health services and health outcomes.

Indigenous Health Outcomes NPA Initiative

Centre Of Excellence in Primary Health Care

Establish a Southern Queensland Centre of Excellence in Indigenous Primary Health Care to provide training for medical, nursing and allied health students in a non-hospital setting and to undertake research into good practice Indigenous primary health care. The Centre will build on the Inala Indigenous Health Service to increase its urban services and to provide support for existing health services in Southern Queensland rural and remote communities.

Indigenous Health Outcomes NPA Initiative

Improving the Patient Journey

Explore and promote Indigenous hospital liaison models with a focus on health service districts with lower than expected Indigenous identification and high rates of discharge against medical advice.

Indigenous Health Outcomes NPA Initiative

Establish an Aboriginal and Torres Strait Islander Care Connect pilot initiative to follow-up patients after discharge from hospital and to link them with community based health services including general practitioners and A&T/SICCHSs.

Indigenous Health Outcomes NPA Initiative

Lead Agency: Queensland Health

Saibai Island Primary Health Care Centre

Construct a new primary health care centre with provision for staff accommodation at Saibai Island, Torres Strait.

Australian Government Funded.

Lead Agency: Queensland Health

Yarrabah Primary Health Care Centre

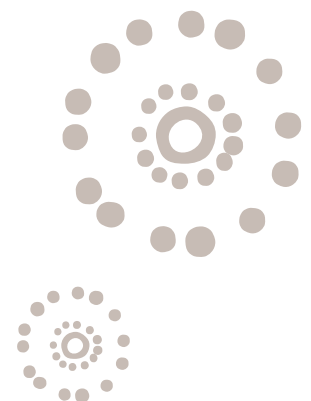
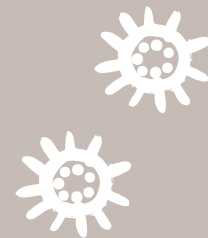
Construct a primary health care centre (including staff accommodation) on a new site that allows for the co-location and integration of Gurriny Yealamucka A&T/SICCHS with the health services provided by Queensland Health and a new Queensland Ambulance Service facility.

Lead Agency: Queensland Health

Improving access to health services is also supported through Australian Government measures under the Indigenous Health Outcomes NPA which aim to expand access to Pharmaceutical Benefits Scheme medicine co-payments and the Medicare Benefits Schedule by Indigenous Australians.

PERFORMANCE MEASURES

- Approaches and interventions targeting Indigenous Australians living in urban areas identified and strategies developed
(Source: Queensland Health)
- Centre of Excellence fully operational by 2011-12
(Source: Queensland Health)
- Increased access to key hospital procedures
- Increased numbers of clients with preventable chronic diseases with a current care plan
(Source: HPP).
- Increased Indigenous identification in hospitals
- Decreased rates of discharge against medical advice
- Increased numbers of clients undertaking adult/child health checks and early screening
(Source: Queensland Health).





Transport and Accommodation

INITIATIVE

Transport

Establish new, or improve existing, transport services in high need locations to provide transport for Indigenous patients from airports/transit centres to hospitals and other health services.

Indigenous Health Outcomes NPA Initiative

Accommodation

Establish culturally appropriate hostel accommodation for Indigenous patients and/or their families travelling from rural and remote communities to major centres for specialist medical care.

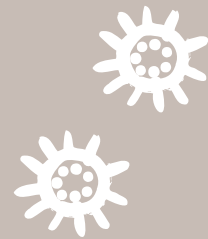
Indigenous Health Outcomes NPA Initiative

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Transport services established and operational
- Improvements to helipads completed
- Culturally appropriate hostel accommodation established and operational

(Source: Queensland Health).



Telehealth

INITIATIVE

Telehealth

Establish formal agreements between Health Service Districts and A&TSCCHSs to enable access by A&TSCCHS clinical staff to Queensland Health Telehealth facilities.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Agreements and protocols for use established and implemented

(Source: Queensland Health).



Improved Mental Health Services and Service Integration

INITIATIVE

Mental Health Partnerships and Capacity Building

Establish an Indigenous Mental Health Collaborative between Queensland Health and Disability Services Queensland to provide a cross-sectoral planning mechanism that enables integrated Aboriginal and Torres Strait Islander mental health service planning and service delivery across sectors. Activities of the Collaborative would aim to increase the capacity of community services to respond to the mental health and social and emotional well-being of Indigenous Queenslanders.

Lead Agency: Queensland Health (with Department of Communities)

Establish mental health partnerships between state mental health services and A&T/SICCHS including the establishment of flexible services and programs.

Integration of Mental Health and Drug/Alcohol Services

Improve service integration across mental health and substance use services to facilitate culturally appropriate engagement between mainstream dual diagnosis coordinators, community and service providers in urban and remote areas, with a specific focus on engaging Indigenous youth with mental illness and ATODS services.

Indigenous Health Outcomes NPA Initiative

Employ dual diagnosis coordinators to facilitate coordination between mental health and drug and alcohol services, and to provide training and skill development for mental health services.

Employ a psychologist to deliver a comprehensive range of clinical services to Indigenous Queenslanders with a particular focus on dual diagnosis (co-occurring drug/alcohol and mental illness) at the co-located Mental Health and Indigenous Health service at Inala Community Health Centre.

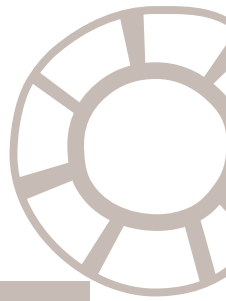
Development of state-wide guidelines for mental health services to ensure routine screening of all mental health consumers for drug and alcohol problems and the provision of brief therapeutic interventions.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Increased community mental health service contacts
- Improved access to mental health services
- Decreased hospitalisation for injury and poisoning
(Source: HPF)
- Integrated service planning and delivery across the sectors
(Source: Queensland Health)
- Improved access to ATODS services
- Increase in the number of mental health clients who are Aboriginal and Torres Strait Islander and who have a primary or secondary diagnosis relating to drug/alcohol use
- Increase in the percentage of new mental health clients who are Aboriginal and Torres Strait Islander and who had an alcohol and drug screen recorded
(Source: CLS/PMHS/CIMHA).





Delivering a Culturally Capable Workforce

INITIATIVE

Cultural Capability

Develop a Cultural Capability Framework for all clinical and non-clinical staff working with, and developing policies and programs for, Indigenous Queenslanders to increase their cultural capability, facilitate more culturally sensitive interactions, promote better identification of Indigenous status and improved clinical practice.

Indigenous Health Outcomes NPA Initiative

Improve the cultural effectiveness of the health workforce by establishing Indigenous specific positions within major maternity and ante-natal care units.

Queensland Health Indigenous Workforce Strategy

Implement the Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009–2012 and develop Health District level action plans to increase the number of Aboriginal and Torres Strait Islander people working across all occupational streams within Queensland Health. Initiatives include:

- strengthening partnerships with high schools, vocational education, training sector, tertiary sector and key Indigenous employment agencies
- implementing a Mentoring Program for Indigenous staff
- encouraging greater uptake of cadetships and scholarship programs
- enhancing professional support and development of Indigenous staff
- implementing appropriately targeted recruitment systems and processes.

Indigenous Nursing

Support Indigenous Queenslanders to complete undergraduate and postgraduate nursing qualifications by supporting:

- Indigenous nursing students from rural and remote areas to undertake nursing qualifications at the University of Southern Queensland by engaging a second Indigenous nurse academic for three years
- Indigenous nursing students through an enrolled nursing program at Southbank TAFE for three years
- six Indigenous Queenslanders to undertake national nurse practitioner qualifications
- 100 undergraduate nursing and midwifery students through the national Indigenous cadetship program.

Develop an Indigenous nursing and midwifery strategy to provide a framework for increasing the proportion of Indigenous nurses employed within Queensland Health from an estimated 1.5 per cent in 2009 to 3.7 per cent by 2018.

Engage a senior Torres Strait Islander registered nurse to Queensland Health's Office of the Chief Nurse to develop an orientation package for nurses planning to work in the Thursday Island Hospital and Primary Health Care Centre and as Remote Area Nurses.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Cultural competency package developed and implementation commenced
- Core competencies developed and training implemented
- Target of Indigenous Queenslanders within the Queensland Health workforce (3.7 per cent state-wide)

(Source: Queensland Health)

- Proportion of Aboriginal and Torres Strait Islander nurses within the Queensland Health nursing workforce increased to 2 per cent by 2012
- 3.7 per cent of all nursing scholarship holders and research grant recipients are Indigenous Queenslanders
- Increase in number of Aboriginal and Torres Strait Islander nurses with postgraduate qualifications

(Source: Queensland Health).



Workforce – Pathways and Supply

INITIATIVE

Health Education Employment Pathways

Work with Universities (JCU and UQ) to map qualifications and design and implement an articulation framework for the Aboriginal and Torres Strait Islander health workforce.

Health Careers in Schools

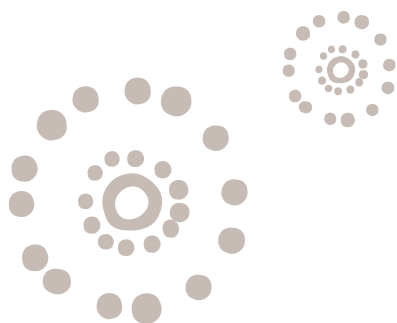
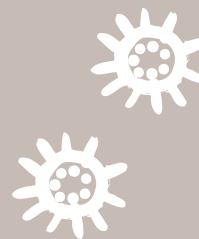
Develop, in collaboration with QAIHC, a state wide program to promote health careers to Aboriginal and Torres Strait Islander school children including:

- identifying three testing sites in partnership with key stakeholders.
- developing promotion packages and marketing materials
- recruiting an implementation team for the testing sites
- developing an evaluation framework and a database to track testing site outcomes
- marketing Queensland Health incentives and opportunities to access a health education career pathway as identified in the Aboriginal and Torres Strait Islander Health Education Employment Pathway
- targeting initially Aboriginal and Torres Strait Islander school children with the potential for later adaptation for promotion of health careers to all school children (years 6/7 and above) in rural and remote communities.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Framework developed
(Source: Queensland Health)
- Marketing/communication/ website and database developed
(Source: Queensland Health).



Maternal and Child Health Workforce

INITIATIVE

Develop and implement a package of initiatives to strengthen the capacity of the maternal and child health workforce including:

- expanding the role of Women's Health Nurses and Women's Health Workers to include promotion of healthy lifestyles
- developing a skilled Indigenous maternal and child health workforce focussing competencies on promotion of healthy pregnancies, post natal care, post natal depression and child health and safety
- establishing maternal and child health educator positions to support workplace training and skills development.

Indigenous Early Childhood Development NPA Initiatives

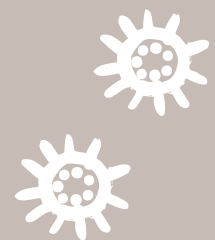
Provide training to enhance the skills and capacity of the Indigenous maternal and child health workforce including:

- training in the Family Partnerships Program
- accreditation in the Positive Parenting Program for Indigenous families
- Certificate IV Scholarship funding for students.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Improved dietary and breastfeeding practices*
- Reduced perinatal and infant death rates
(Source: HPF)
- Decreased numbers of low birth weight infants and high birth weight
- Increased proportion of women having 5 or more antenatal visits
- Reduced rates of smoking in pregnancy.
(Source: Queensland Health)
- Numbers of scholarships and cadetships. Number of graduates
(Source: Queensland Health).



Mental Health Workforce

INITIATIVE

Indigenous Mental Health Work Force

Enhance mental health service provision to Indigenous Queenslanders in urban, regional and remote areas through mainstream community mental health services consistent with established staffing benchmarks and population growth targets.

Ensure that the Aboriginal and Torres Strait Islander mental health workforce is suitably qualified and has access to appropriate professional development to support their clinical roles. Employ additional Aboriginal and Torres Strait Islander mental health workers to provide assessment, treatment and care to Indigenous Queenslanders who have a mental illness.

Establish a specialist hub of expertise to provide leadership and oversight the development of service models, workforce and partnerships in collaboration with the Centre for Rural and Remote Mental Health Queensland. The specialist hub will provide support for Aboriginal and Torres Strait Islander mental health workers in the development and delivery of clinical services.

Employ additional clinicians to provide tertiary state-wide forensic services including child and youth community forensic outreach, prison mental health and court liaison services.

Lead Agency: Queensland Health

PERFORMANCE MEASURES

- Increased number of Indigenous Mental Health Workers employed in Queensland by 52 per cent or to 120 FTE per 100,000 population by 2017
(Source: Queensland Health)
- Increased community mental health service contacts
- Improved access to mental health services
(Source: HPF)
- State-wide specialist hub for Indigenous mental health established and operational by July 2012
(Source: Queensland Health)
- Number of Indigenous consumers with one or more treatment days from Court Liaison Services who are admitted to a mental health service within seven days
- Number of Indigenous consumers referred from Court Liaison Services to Prison Mental Health Services
- Proportion of Indigenous consumers per total consumers with one or more Prison Mental Health Service treatment days
- Number of CYFOS open cases who are Indigenous as a percentage of the number of Indigenous Young People on Youth Justice Orders
(Source: CLS/PMHS/CIMHA).



Health Promotion Workforce

INITIATIVE

Implement scholarships to support two existing Indigenous Queensland Health employees to study nutrition at an undergraduate or post-graduate level for up to three years. Fund the delivery of a Certificate IV course in nutrition.

Employ Health Promotion Workers with expertise in Alcohol, Tobacco and Other Drugs to implement, monitor and evaluate evidence-based alcohol, tobacco and other Drug Prevention programs.

Expand the dedicated Indigenous nutrition primary prevention workforce across Queensland to implement evidence-based programs that support healthy lifestyles, healthy pregnancy and childhood growth and to meet Queensland's commitments under the National Remote Indigenous Food Security Strategy.

Increase the capacity and skills of the existing and future health workforce through training in health promotion, nutrition and physical activity:

- Graduate Diploma in Indigenous Health Promotion
- Masters of Public Health
- scholarships and cadetships for Indigenous Queenslanders
- VET sector/courses and competencies
- mentoring programs

Lead Agency: Queensland Health

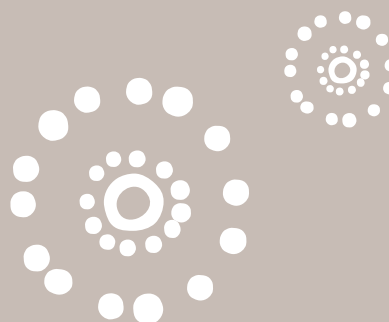
These initiatives will be complemented by Australian Government measures under the Indigenous Health Outcomes NPA that aim to increase the number of specialists, general practitioners and allied health professionals providing services to Indigenous Australians living in rural and remote Australia and to increase access to specialist services to those living in urban areas. Education, training and support for local Indigenous people to work as Indigenous Outreach Workers in A&T&SICCHS and Divisions of General Practice, additional GP registrar posts and nursing scholarships and clinical placement programs will also be provided.

(See also Healthy Lifestyle Workers Initiative – Priority Area Three).

PERFORMANCE MEASURES

- Decreased rates of smoking and harmful alcohol consumption*
- Increased levels of physical activity
- Increased consumption of fruit and vegetable.*
- Decreased rates of decayed, missing and/or filled teeth
- Number of scholarships, cadetships and graduates:
 - Five Masters in Public Health
 - Four postgraduate – research
 - Two undergraduate or postgraduate nutrition scholarships over three years
- Number of students completing:
 - Certificate IV course (10 per year)
 - Physical activity unit available for inclusion in existing Certificate IV courses

(Source: Queensland Health).



Indigenous Sexual Health Workforce

INITIATIVE

Sexual Health Mobile Service Hub

Expand the Indigenous Sexual Health Workforce and create a mobile sexual health service hub to provide professional development and guidance to existing and new Indigenous Sexual Health Workers in the greater Brisbane area.

PERFORMANCE MEASURES

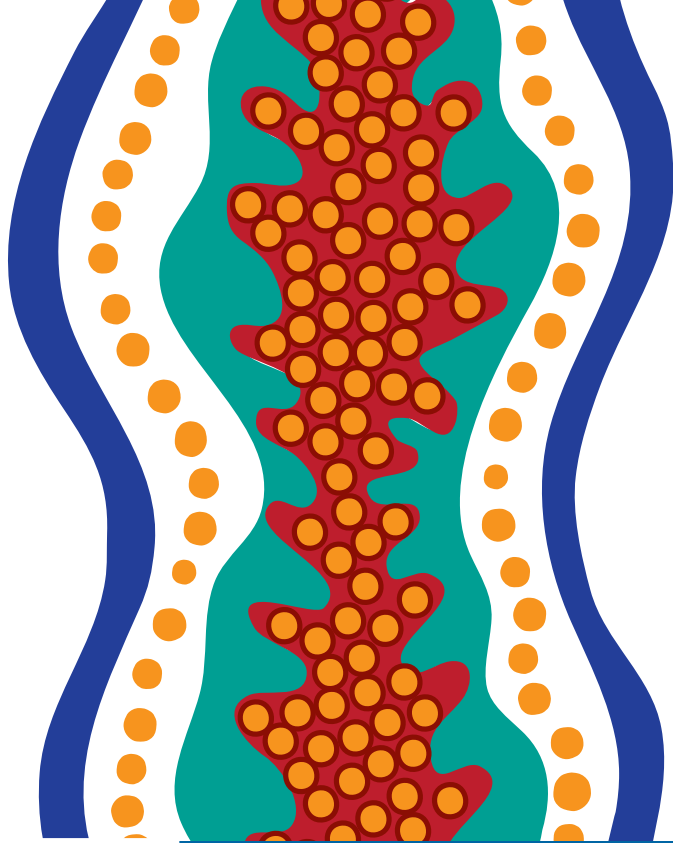
Hub created. New Indigenous Health Workers employed in the greater Brisbane area.

(Source: Queensland Health).





engaging
communities



Priority Area Five

Improving Data and Evidence

Continuing to improve the quality and availability of data and evidence is crucial to inform evidence-based clinical practice, so that we can get better at determining where and how to intervene to improve the health status and the health care experience of Indigenous Queenslanders. Monitoring and understanding how effective we are, whether we deliver on our commitments and, most importantly, whether we make a difference to health outcomes for Indigenous Queenslanders, is critical if we are to continue to improve within a good practice health care framework and if the close the gap targets are to be achieved.



Data Quality and Availability

INITIATIVE

Repeat the Healthy Food Access Basket Survey in 2009.

Continue development of indicator measures and collection of data for monitoring and evaluating primary health care, population health and determinants of health activities.

Indigenous Identification Project

Improve the quality of Indigenous identification in hospitals through policy, procedures, systems, communication, training and cultural capability.

Improve the capture, availability and dissemination of data describing health and well-being outcomes of Indigenous Queenslanders by developing protocols to guide the collection, analysis and reporting of data and using these to develop and deliver local level health and well-being information to users.

Develop an Indigenous Health Statistics Quality and Use Plan to maximise the quality, availability and use of existing information in Queensland.

Lead Agency: Queensland Health

Continue development of mechanisms for the multi-purpose use of data being collected by primary health care/community health services, including the development of a primary health care data system that provides decision support, population register and recall.

Lead Agency: Queensland Health (with Office of Economic and Statistical Research)

Improve the measurement of Indigenous vital statistics in Queensland.

Lead Agency: Office of Economic and Statistical Research (with Queensland Health)

These initiatives will be complemented by a literature review, market research and consultation at the national level that will be undertaken by the Australian Government under the Indigenous Health Outcomes NPA to identify the factors that impact on health behaviours and to increase awareness and relevance of health services. The initiative will focus on diabetes, cardiovascular disease and heart disease and will target people who have low engagement with health services. In addition, a comprehensive chronic disease management tool for use by health care professionals in the prevention and primary care management of chronic disease in Indigenous Australians will also be developed.

PERFORMANCE MEASURES

- Baseline health indicators established
- Changes in indicators identified
(Source: Queensland Health)
- Additional indicator measures agreed and implemented at Health District level
- Increased estimated capture of Indigenous status to above 90 per cent in Queensland Health admitted patient data collection for public acute facilities
- Completion of Queensland Health audits of non-admitted patient data (outpatients and emergency departments) and admitted patient data
- Completion of data linkage projects to examine quality of school based oral health data and if suitable, development of indicators for monitoring and reporting progress
- Implementation of Indigenous identification training
(Source: Queensland Health)
- Increased estimated coverage of Indigenous deaths
- Increased estimated coverage of Indigenous births
- Intercensal Indigenous and non-Indigenous small area estimated resident populations available on OESR website updated each year
(Source: Queensland Health/OESR)
- Development and implementation of tools for benchmarking, monitoring and evaluation of Indigenous health outcomes and health determinants
- Development of best practice protocols to guide collection, analysis, reporting and dissemination of Indigenous data
- Development, dissemination and evaluation of local level data package
- Development of web accessible information describing Indigenous health and well-being outcomes at various geographic levels
(Source: Queensland Health).

Evidence Based Practice

INITIATIVE

Best Practice and Quality Improvement – Mental Health

Undertake a comprehensive scoping exercise to identify and record best practice approaches in mental health promotion and culturally appropriate models of mental health service delivery for Indigenous Queenslanders, including consideration of the specific needs of urban, rural and remote communities.

Undertake a research project to determine the clinical and cultural needs of, and the prevalence of mental disorders amongst, Indigenous Queenslanders in custodial centres to inform mental health service planning and delivery.

Lead Agency: [Queensland Health](#)

PERFORMANCE MEASURES

- Research completed, reports developed and disseminated.

(Source: [Queensland Health](#)).

Evaluation

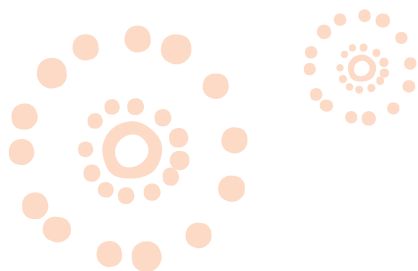
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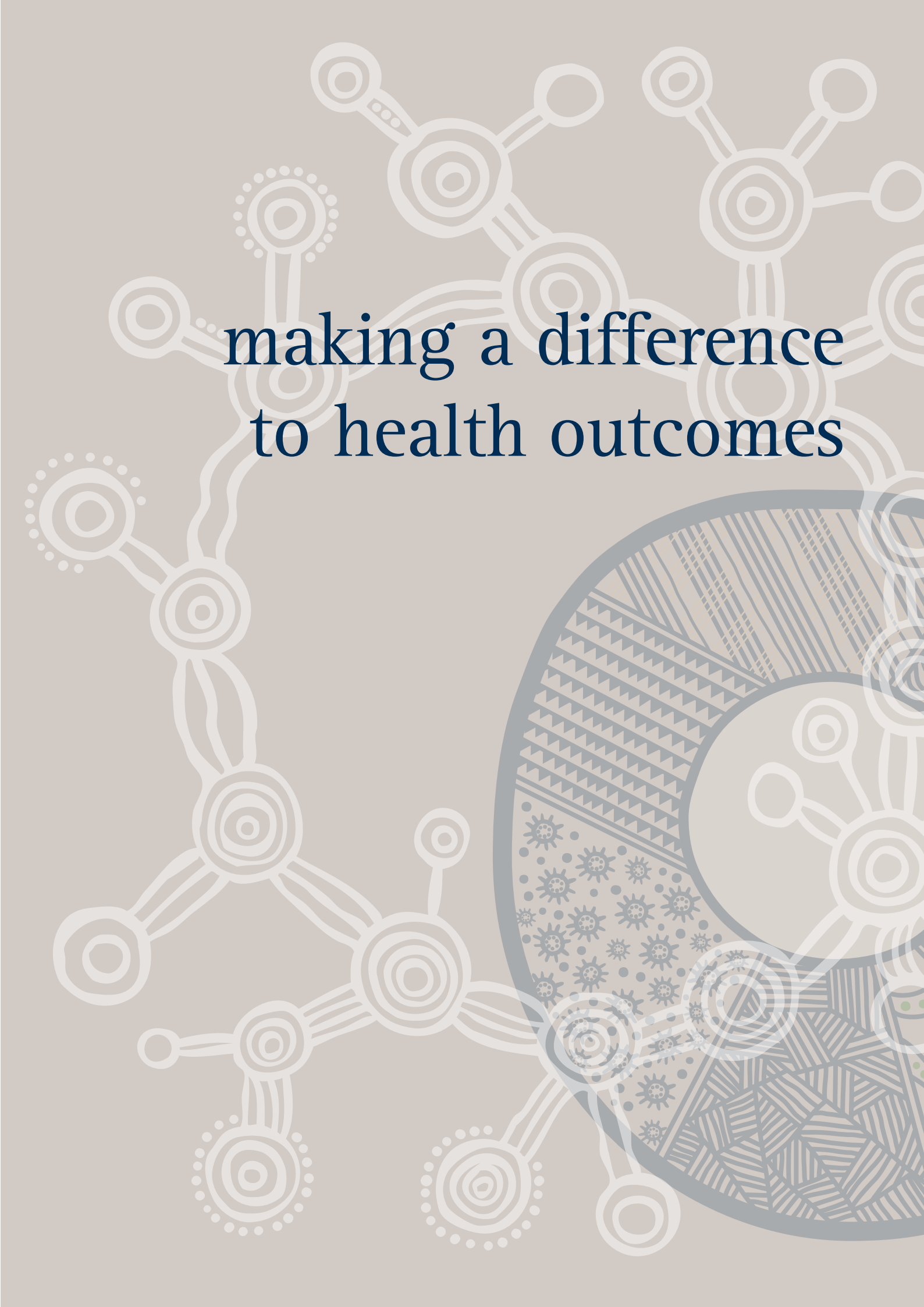
Conduct an independent evaluation of the Welfare Reform Trial to assess whether the intervention effected significant change in the four area of focus (rebuilding social norms and restoring Indigenous authority; addressing the welfare pedestal; increasing individual engagement in the real economy; and transitioning people to homeownership). It will also assess whether the interventions were implemented effectively and inform future government decision-making and social policy development.

Lead Agency: [Department of Premier and Cabinet](#)

PERFORMANCE MEASURES

- Decreased child abuse and neglect
- Decreased family and community violence
(Source: [HPF](#))
- Decreased substance use (drug and alcohol) related crime and hospital admissions
(Source: [HPF/Police](#))
- Increased school attendance
(Source: [Department of Education and Training](#))
- Decreased tenancy breaches
(Source: [Department of Communities](#))
- Increased labour force participation
(Source: [Department of Employment and Economic Development](#)).





making a difference
to health outcomes



Appendix One

MATERNAL AND CHILD HEALTH SERVICES MODEL

Universal and Targeted Primary Health Care Model for Maternal and Child Health Services for Aboriginal and Torres Strait Islander Communities

Research in far north Queensland has identified the high rates of preventable health problems experienced by children in remote communities and the need for urgent public health intervention. The Paediatric Outreach Service over a four and a half year period identified ten key health/disease conditions with chronic suppurative otitis media, suspected child abuse and neglect and failure to thrive as the three most common presentations. High rates of anaemia, prematurity, asthma, hearing impairment, foetal alcohol syndrome, congenital heart disease and rheumatic heart disease were also identified.¹⁹ Other research states that for many children born in remote communities by the age of 10 years, up to 40 per cent will have developed a chronic suppurative ear infection causing hearing loss, 10-15 per cent will have developed malnutrition and about 30 per cent will have anaemia. Some will suffer the highest rate of rheumatic heart disease in the world and a further five per cent will have been hospitalised for preventable pneumonia.²⁰

Comprehensive primary prevention maternal and child health services have been proved to be an effective investment in promoting the healthy growth and development of children in the critical early years. The Universal and Targeted Primary Health Care Model aims to strengthen the capacity of existing primary health care services in remote communities by establishing community based Maternal and Child Health Primary Prevention Teams supported by visiting Maternal and Child Health Intervention Teams. The model, which has been trialled in Cape York from 2008, promotes protective behaviours and safe environments for children, enhances primary prevention services to address risk factors and increases accessibility to medical and allied health specialist services. A Program Support and Coordination Team oversees the establishment and implementation of the two teams and the implementation design for the universal and targeted delivery integration model.

Other communities that would benefit from the application of this model include:

- Cluster 1 - Cairns and Cape York - Kowanyama, Pormpuraaw, Laura, Coen, Aurukun, Lockhart River, Napranum, Old Mapoon, Yarrabah, Wujal Wujal, Hope Vale Cooktown, and Mossman Gorge
- Cluster 2 - Torres Strait Islands and Northern Peninsula Area - Seisia, Injinoo, New Mapoon, Bamaga, Umagico, Top Western Cluster, Near Western Cluster, Central Cluster, Eastern Cluster and Inner Islands
- Cluster 3 - Doomadgee, Mornington Island and Palm Island
- Cherbourg and Woorabinda.

Comprehensive Primary Prevention Maternal and Child Health Services - Design Features

Feature A: Primary Prevention Maternal and Child Health Services

- Good quality, antenatal care and education services
- Personal and family support programs
- Intensive home based interventions to support parents/caregivers
- Breastfeeding, child nutrition and immunisation programs
- Early identification of developmental problems and disability for children through the promotion of well child health checks and referral services
- First time mothers support groups and young parent support programs to promote infant care
- Improved parenting skills
- Information for parents on the promotion of child development and education
- Early childhood programs and school health checks for school age children
- Injury prevention programs.

Feature B: Workplace Training and Education

Effective instruction for Indigenous Health Workers and completion of the Certificate IV in Child and Youth Health (Aboriginal and Torres Strait Islander) will address the educational needs that are the difference between current knowledge and performance and the desired level of knowledge or performance. There is general agreement that staff training is crucial for the management and provision of quality comprehensive primary prevention maternal and child health services.

Aims of the Model

To improve antenatal services which better respond to the needs of all pregnant women and significantly improve the proportion of children that are born healthy by:

- Reducing the incidence of teenage pregnancy
- Providing targeted antenatal information and services to teenage and vulnerable mothers
- Increasing maternal knowledge, skills and confidence regarding protective and risk factors for a healthy pregnancy
- Providing antenatal education to all women
- Reducing maternal risk factors such as tobacco and alcohol use and sexually transmissible infections
- Reducing perinatal and infant death due to low birth weight and sudden infant death syndrome
- Decreasing the incidence of low birth weight and prematurity.

¹⁹ Rothstein J, Heazlewood R and Fraser M 2007. "Health of Aboriginal and Torres Strait Islander Children in Far North Queensland Findings of a Paediatric Outreach Service" in *The Medical Journal of Australia* Vol 188, No. 10.

²⁰ Couzos, S 2004. *Aboriginal Health: Perspective*, ABC Radio National Transcript 15 January 2004.

To improve the health and development of children from birth to five years by intervening early through:

- Increasing access to health checks and screening of growth and development and early identification of health problems and conditions for infants, children and young people
- Increasing numbers of children vaccinated
- Increasing long term breastfeeding rates and child nutrition
- Reducing intentional injury and non-intentional injury
- Increasing the capacity of communities and families to provide physically and psychologically safe and supportive environments
- Decreasing child abuse and neglect
- Decreasing the incidence of preventable conditions such as respiratory disease, obesity, malnutrition, neurodevelopmental delay and disorders, oral health conditions, rheumatic heart disease, sexually transmissible infections, skin and subcutaneous conditions, early onset of diabetes mellitus type 2, asthma and group A streptococcus
- Strengthening parents' knowledge and skills.

Structure of the Model

The Universal and Targeted Primary Health Care Model is based on a structure comprised of three critical tiers:

- Tier 1 – Maternal and Child Health Primary Prevention Teams (community based)
- Tier 2 – Maternal and Child Health Intervention Response Teams (visiting)
- Tier 3 – Program Support and Coordination Team

Tier 1: Maternal and Child Health Primary Prevention Teams (community based)

Maternal and Child Health Primary Prevention Teams will provide universal primary prevention services. The teams will build on existing primary health care services in each community and will provide referrals to the Maternal and Child Health Intervention Response Teams. The role of the primary prevention teams is to provide intensive early intervention and prevention programs in maternal and child health including prenatal care, universal and targeted post birth support through home visiting, parent education on infant care, child health checks (including growth monitoring, developmental screening, social and emotional developmental assessment, iron deficiency and anaemia), parenting programs to address behavioural management, injury prevention, school nutrition programs, parent and child empowerment programs, health education in schools, including 'core of life' program, sexual and reproductive health education and support programs for young people who are pregnant and/or who are parents.

Tier 2: Maternal and Child Health Intervention Response Teams (visiting)

The response teams will provide secondary level intervention services including strategies to promote good antenatal care, paediatric specialists assessments for child development (such as low birth weight, prematurity, respiratory disease and foetal alcohol spectrum disorder), childhood diseases (such as rheumatic fever and rheumatic heart disease, congenital heart and hearing impairment), abuse and neglect, physical, speech and social and emotional developmental assessments and behavioural management.

Tier 3: Program Support Coordination Team

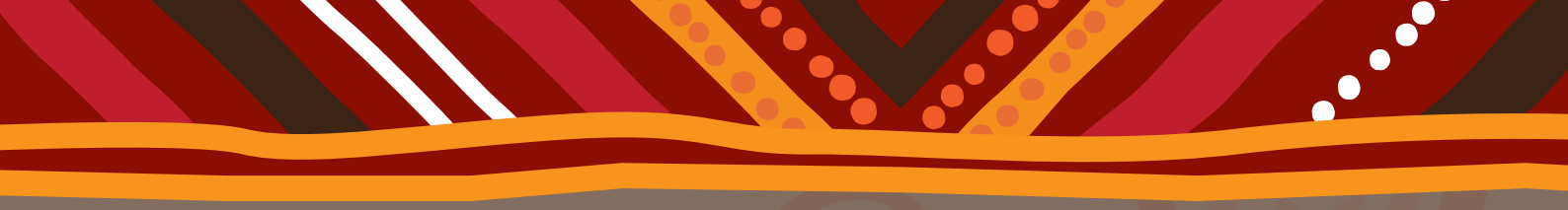
The support team will oversee the establishment and implementation of the Maternal and Child Health Primary Prevention and Intervention Response Teams and will develop the implementation design for the universal and targeted service delivery integration model. The support team will work in collaboration with Queensland Health service districts to assist in the recruitment and selection of staff, service scheduling, development and implementation of policy and procedures for the operation of the teams and the establishment of a data collection and monitoring system.

Clinical Education, Clinical Supervision and Mentoring

The success of the model is reliant on having sufficiently trained and experienced health care providers working collaboratively within each tier of the model. To ensure the transfer of knowledge and the facilitation of learning, five maternal and child health educators and a Senior Aboriginal and Torres Strait Islander Health Worker will be tasked with the development of a workplace based learning environment and culture. Most of the clinical learning or training will be conducted within the workplace and a mentorship model most suitable to each clinical setting will be adopted.

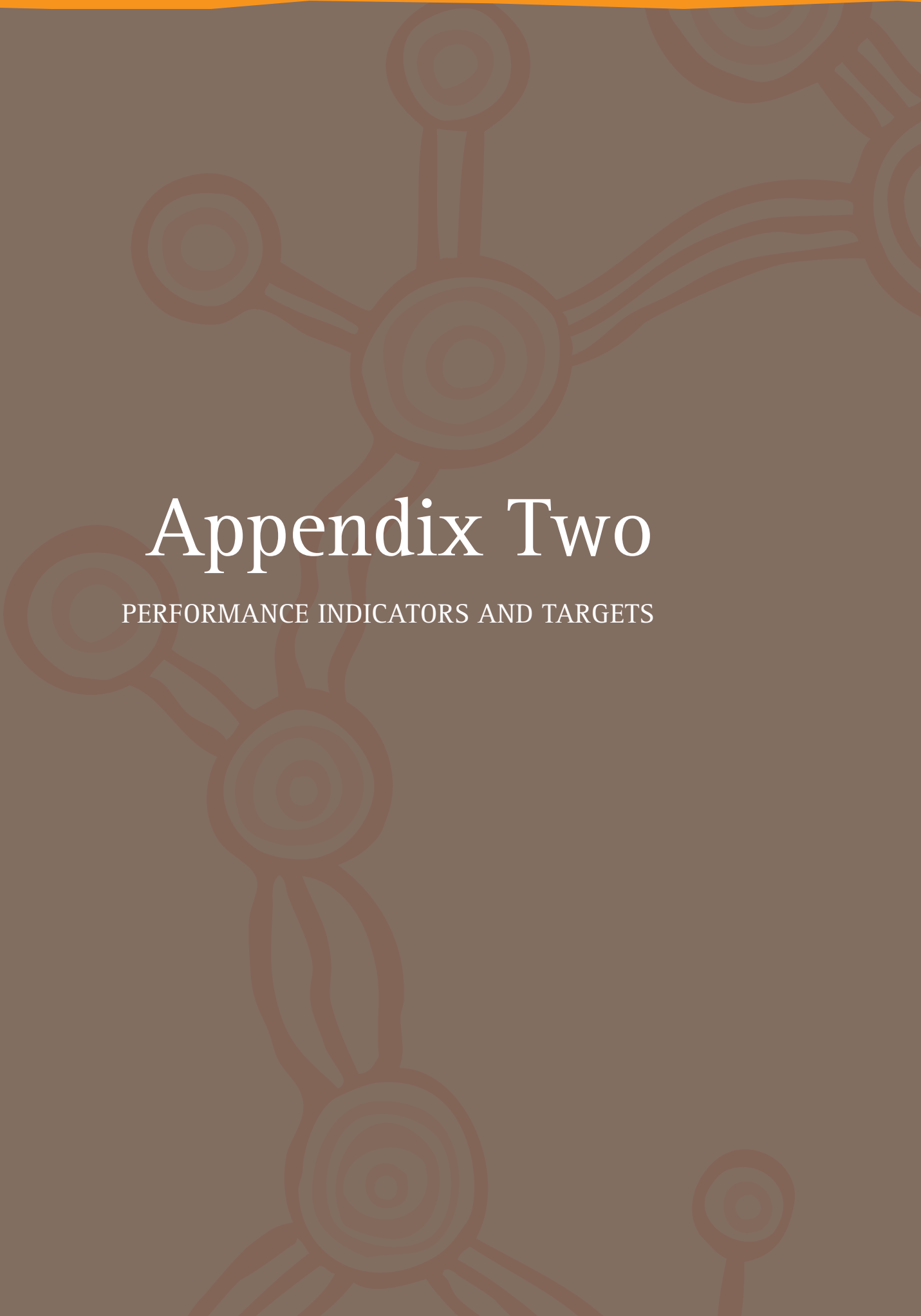


training education practice



Appendix Two

PERFORMANCE INDICATORS AND TARGETS



COAG National Targets and Indicators

The following COAG Indigenous Reform targets have been adopted by all governments.

- Close the life expectancy gap within a generation (by 2033)
- Halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade
- All four year olds in remote areas have access to early childhood education within five years
- At least halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020.

Aboriginal and Torres Strait Islander Health Performance Framework

The *Aboriginal and Torres Strait Islander Health Performance Framework* was developed by the Standing Committee on Aboriginal and Torres Strait Islander Health in 2005 and is based on the *National Health Performance Framework* developed for the mainstream health system in 2001. The Framework enables monitoring of health status, health system performance and the broader determinants of health in improving Aboriginal and Torres Strait Islander health and provides a basis for measuring progress in meeting the objectives of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*. The *Aboriginal and Torres Strait Islander Health Performance Framework* comprises three tiers of indicators:

- **Tier One - health status and health outcomes** which measures the prevalence of disease or injury, human function, life expectancy and well-being
- **Tier Two - determinants of health status** which measures the determinants of health including socio-economic status, educational levels, environmental factors and health behaviours
- **Tier Three - health system performance** which measures the effectiveness, responsiveness, accessibility and sustainability of the health system.

Figure 4 details the performance indicators reported biennially under the *Aboriginal and Torres Strait Islander Health Performance Framework*.

Healthy for Life (child and maternal health performance indicators)

The Healthy for Life Program is funded by the Australian Government to deliver maternal and child health services and prevention and care for people with chronic conditions. Several Queensland Health Service Districts are in the process of implementing the Healthy for Life program. Under this program, service providers (including Queensland Health) are required to collect and report against the nationally agreed performance measures listed below:

Short To Medium Term (1-4 Years)

Increase in first attendance for antenatal care in first trimester.

10 per cent increase per year of adult and child health checks, with associated plans for follow-up.

30 per cent improvement in best practice service delivery for people with chronic conditions.

Longer Term (5-10 Years)

Increase in mean birth weight up to within 200g of the non-Indigenous population.

Decrease in incidence of low-birth weight by 10 per cent.

Reduction in selected behavioural risk factors (eg smoking and alcohol misuse among others) in pregnancy by 10 per cent.

30 per cent reduction in hospital admissions for chronic disease complications.

30 per cent improvement in number of patients with intermediate health outcomes within an acceptable range.

Figure 4: Aboriginal and Torres Strait Islander Health Performance Framework Indicators

HEALTH STATUS AND OUTCOMES (TIER 1)

Health Conditions

- 1.01 Low birthweight infants
- 1.02 Top reasons for hospitalisation
- 1.03 Hospitalisation for injury and poisoning
- 1.04 Hospitalisation for Pneumonia
- 1.05 Circulatory disease
- 1.06 Acute rheumatic fever and heart disease
- 1.07 High blood pressure
- 1.08 Diabetes
- 1.09 End stage renal disease
- 1.10 Decayed, missing, filled teeth
- 1.11 HIV/AIDS, Hepatitis C and STIs
- 1.12 Children's hearing loss

Human Function

- 1.13 Disability
- 1.14 Community functioning

Life Expectancy and Well-being

- 1.15 Perceived health status
- 1.16 Social and emotional well-being
- 1.17 Life expectancy at birth
- 1.18 Median age at death

Deaths

- 1.19 Infant mortality rate
- 1.20 Perinatal mortality
- 1.21 Sudden infant death syndrome
- 1.22 All causes age-standardised death rates
- 1.23 Leading causes of mortality
- 1.24 Maternal mortality
- 1.25 Avoidable and preventable deaths

DETERMINANTS OF HEALTH (TIER 2)

Environmental Factors

- 2.01 Access to functional housing with utilities
- 2.02 Overcrowding in housing
- 2.03 Environmental tobacco smoke

Socio-economic Factors

- 2.04 Years 3,5 and 7 literacy and numeracy
- 2.05 Years 10 and 12 retention and attainment
- 2.06 Educational participation/attainment of adults
- 2.07 Employment including CDEP participation
- 2.08 Income
- 2.09 Housing tenure type
- 2.10 Index of disadvantage

Community Capacity

Demography

- 2.11 Dependency ratio
- 2.12 Single-parent families by age

Safety and Crime

- 2.13 Community safety
- 2.14 Contact with justice system
- 2.15 Child protection

Other

- 2.16 Transport
- 2.17 Access to traditional lands

Health Behaviours

Tobacco, alcohol and other drugs

- 2.18 Tobacco use
- 2.19 Tobacco smoking during pregnancy
- 2.20 Risky and high alcohol consumption
- 2.21 Drug and other substance use

Physical activity

- 2.22 Level of physical activity

Nutrition

- 2.23 Dietary behaviours
- 2.24 Breast feeding practices
- 2.25 Self reported unsafe sex
- 2.26 Prevalence of overweight and obesity

HEALTH SYSTEM PERFORMANCE (TIER 3)

Effective/Appropriate/Efficient

- 3.01 Ante-natal care
- 3.02 Immunisation (child and adult)
- 3.03 Early detection and early treatment
- 3.04 Chronic disease management
- 3.05 Differential access to hospital procedures
- 3.06 Ambulatory care sensitive admissions
- 3.07 Health promotion

Responsive

- 3.08 Discharge against medical advice
- 3.09 Access to mental health services
- 3.10 Indigenous Australians in health workforce
- 3.11 Competent governance

Accessible

- 3.12 Access to services by types of service compared to need
- 3.13 Access to prescription medicines
- 3.14 Access to after hours primary health care

Continuous

- 3.15 Regular GP or health service
- 3.16 Care planning for clients with chronic diseases

Capable

- 3.17 Accreditation
- 3.18 Indigenous Australians in training education for health related disciplines

Sustainable

- 3.19 Expenditure on Indigenous health compared to need
- 3.20 Recruitment and retention of clinical management staff (including GPs)

Source: AHMAC, 2005.

Queensland Health key performance indicators

The following Queensland Health key performance indicators have been adopted by all Health Services Districts and progress against these indicators will be reported annually.

1. The proportion of patients who discharge themselves from hospital against medical advice
2. The proportion of Indigenous patients accurately identified as being of Aboriginal and Torres Strait Islander status within the Queensland Hospital Admitted Patient Data
3. The proportion of women who give birth who had five or more antenatal visits during pregnancy
4. The proportion of live birth, singleton babies born weighing less than 2500 grams
5. The proportion of pregnant women who smoked at any time during pregnancy
6. The proportion of pregnant women who smoked at any time during pregnancy but had quit by 20 weeks gestation
7. The direct standardised rates of potentially preventable hospitalisations:
 - Acute conditions
 - Chronic conditions
 - Vaccine preventable conditions
8. Rates of hospitalisation of children aged 0-14 for selected conditions:
 - Influenza and pneumonia
 - Upper respiratory infections
 - Gastro-intestinal infections and dehydration
 - Selected skin infections
 - Injury and assault
 - Selected dental conditions
 - Asthma
 - Selected ear, nose and throat conditions
 - Epilepsy and convulsions.

Figure 5: Queensland Close the Gap Indicator Framework – Health Indicators

Target	Indicators	Measure	
Healthy Lives			
Close the life expectancy gap within a generation	Life expectancy	Estimated life expectancy at birth	
	Mortality rate by cause of death	Age standardised mortality rate per 100,000 persons by cause of death	
	Hospitalisation rates by principal diagnosis	Age standardised rate of admission to hospital per 100,000 person (excluding dialysis) by ICD 10 chapter	
	Access to health care compared with need	Proportion of persons accessing health care by type of service Proportion of persons who needed to access to health care but did not	
	Chronic disease		Age standardised rate of admission to hospital per 100,000 persons dialysis
			Age standardised rate of admission to hospital per 100,000 persons pyelonephritis
			Age standardised rate of admission to hospital per 100,000 persons diabetes and complications
			Age standardised rate of admission to hospital per 100,000 persons cellulitis
			Age standardised rate of admission to hospital per 100,000 persons circulatory disease
			Age standardised rate of admission to hospital per 100,000 persons end stage renal disease
			Age standardised rate of admission to hospital per 100,000 persons chronic obstructive pulmonary disease
			Rate ratio of incidence of renal failure, Indigenous: non-Indigenous
Median age at which treatment for renal failure commenced			
Age specific rate of treatment onset for renal failure			
Proportion of persons by main reason for renal failure			
Discharge against medical advice	Percentage of admissions who discharge against medical advice		
Rates of current daily smokers	Proportion of persons aged 18 years and older smoking daily		
Average daily alcohol consumption and associated risk levels	Proportion of persons aged 18 years and older drinking at risky or high risk levels		
Levels of obesity	Proportion of persons aged 15 years and older considered overweight or obese		
Level of physical activity	Proportion of persons aged 15 years and older with sedentary/low level exercise		
Safe and supportive communities	Age standardised rate of admission to hospital per 100,000 persons assault		

Establishment of Close the Gap Trajectories

In order to track improvements towards achieving set targets at regular intervals, Queensland Health has developed trajectories²² for 12 key Aboriginal and Torres Strait Islander health indicators that will guide and inform progress in closing the health gap. In developing the trajectories, four key steps were undertaken:

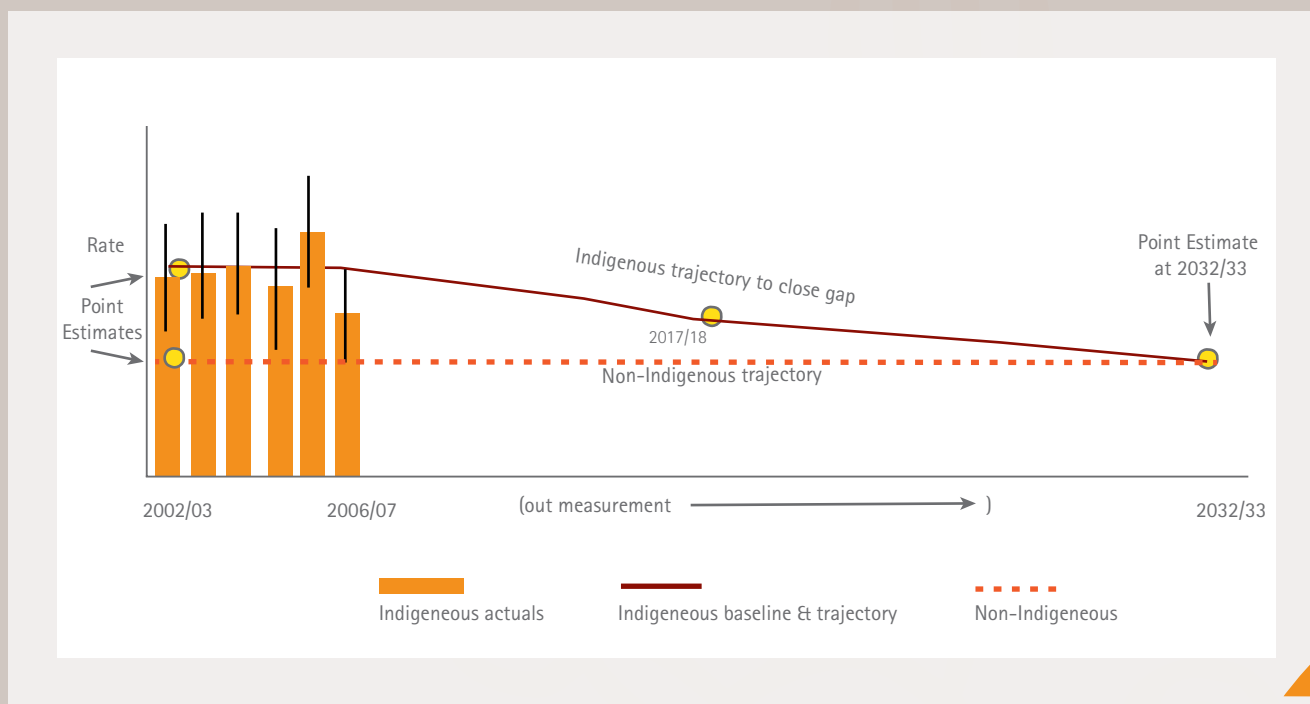
1. Extraction and analysis of historical trends for the Indigenous and non-Indigenous populations
2. Regression analysis from which a non-Indigenous trajectory to 2017-18 (the target for halving child mortality rates) and 2032-33 (the target for closing the life expectancy gap) could be estimated
3. Establishment of an Indigenous baseline using the latest available data
4. Development of a trajectory for the Indigenous population from the current Indigenous baseline to the non-Indigenous trajectory target at 2017-18 and 2032-33. From this, selected summary statistics can be derived, such as the current Indigenous and non-Indigenous rates and rate ratios, and the estimated rate or point reduction required per year to stay on track with the trajectory.

Trajectories have been developed for the following indicators:

- Life expectancy at birth for males and females
- Perinatal mortality
- Infant/young child (0-4 years) mortality
- Women who smoked at any time during pregnancy
- Births to teenage mothers (less than 20 years of age)
- Antenatal visits (5 or more)
- Low birth weight (less than 2500 grams)
- Low gestational age (less than 37 weeks)
- Selected potentially preventable hospitalizations (acute, chronic and vaccine preventable conditions)
- Discharge against medical advice.

Of these, trajectories pertaining to life expectancy, infant mortality, birth weight and selected potentially preventable hospitalizations are presented in the following tables. However, in monitoring and reporting on progress towards closing the health gap, Queensland Health will provide progress reports against all the indicators for which trajectories have been developed at intervals ranging from annually to every five years depending on availability of data.

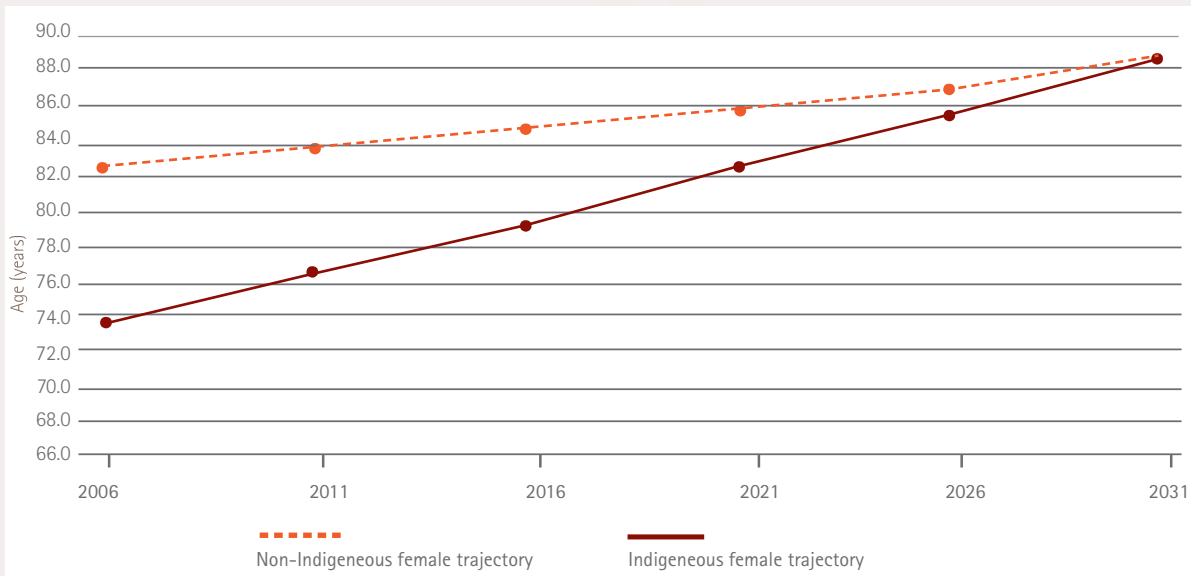
Figure 6: Diagrammatic representation of developing a trajectory



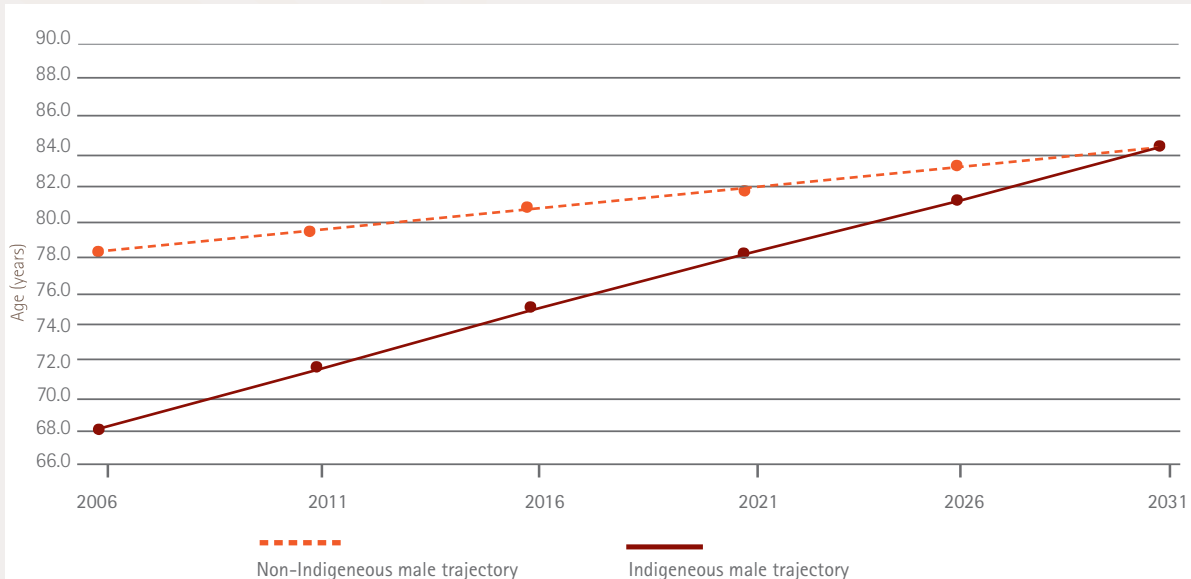
²² Queensland Government, Queensland Health. Indigenous Strategy Team, Health Statistics Centre. *Closing the gap in Indigenous disadvantage: trajectories for key health indicators*, March 2009 (unpublished).

Figure 7: Estimated life expectancy at birth - trajectory to close the gap

Queensland - Female Indigenous Life Expectancy Trajectory



Queensland - Male Indigenous Life Expectancy Trajectory

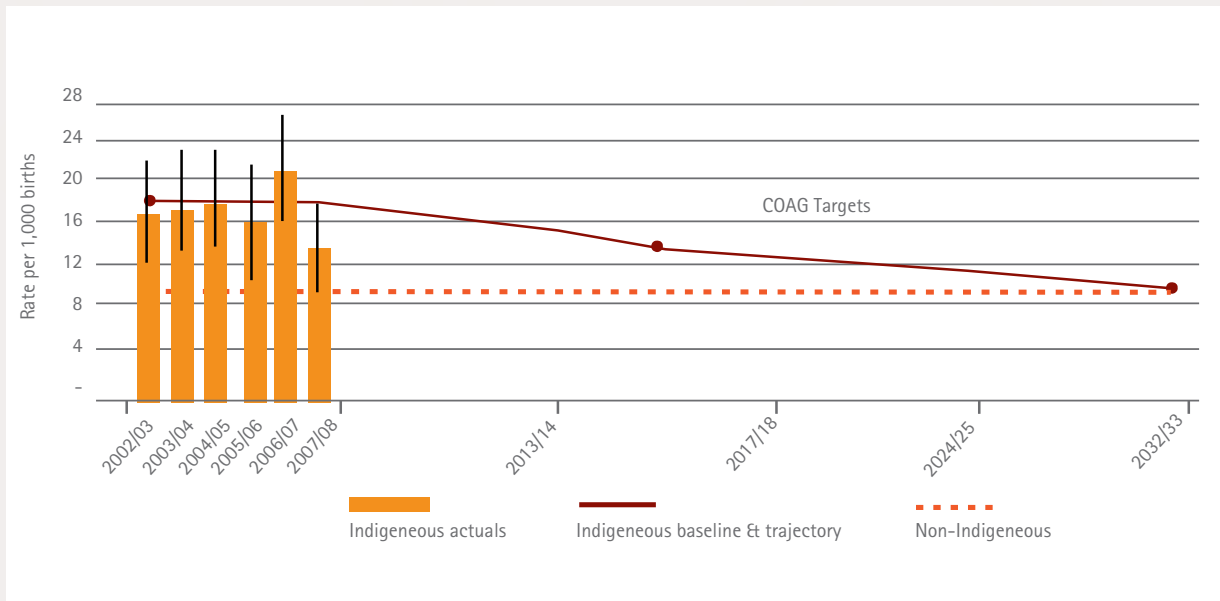


Trajectory Methodology Notes:

Life expectancy estimates will only be available every 5 years. Trajectory targets for non-Indigenous life expectancy of 0.24 gain per year were held constant. This estimated annual gain was derived from Australian total population trends for the past 25 years using OECD data.

Source: Australian Bureau of Statistics Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Cat No. 55.003, May 2009.

Figure 8: Perinatal mortality rates (per 1,000 births) Queensland 2002-03 to 2032-33 – trajectory to close the gap



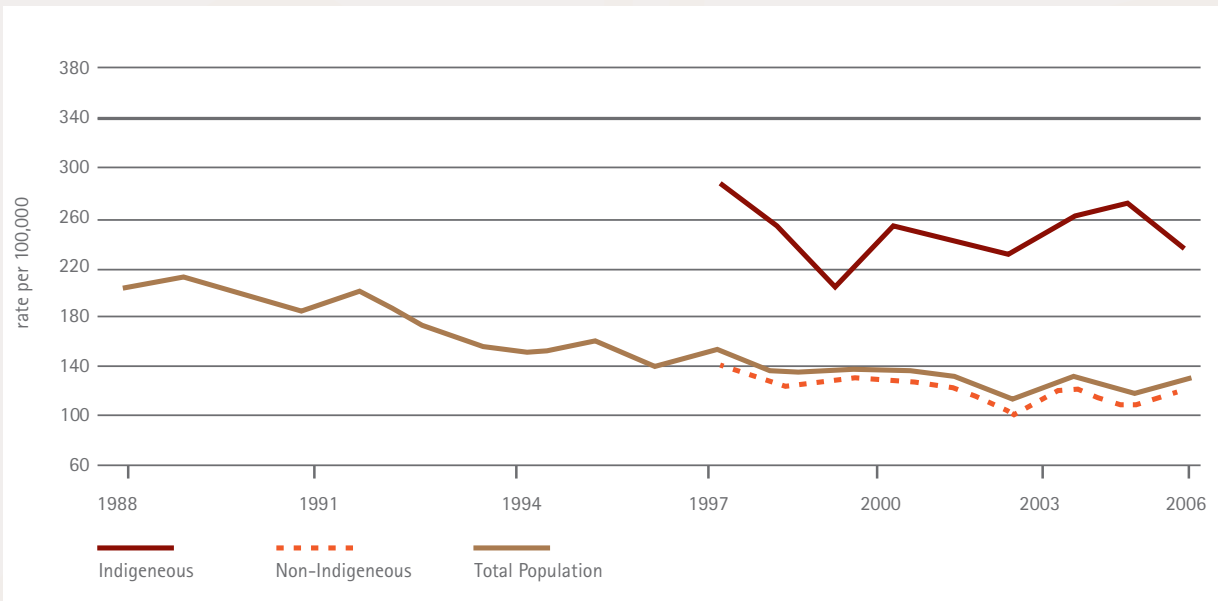
Trajectory Methodology Notes:

Targets for the first 10 years (2008-09 to 2017-18) are based on halving the gap between Indigenous and non-Indigenous perinatal mortality rates. Targets for the next 15 years (2018-19 to 2032-33) are based on closing the gap between Indigenous and non-Indigenous perinatal mortality rates. Trajectory for non-Indigenous perinatal mortality rates was held constant based on the assumption that further significant improvement in non-Indigenous rates will be small. Unknown Indigenous status of the mother is included within the non-Indigenous category. Perinatal mortality includes stillborns (either born at 20 weeks or more gestation or weight at least 400 grams at birth) and neonatal deaths (live-born that have died within 28 days).

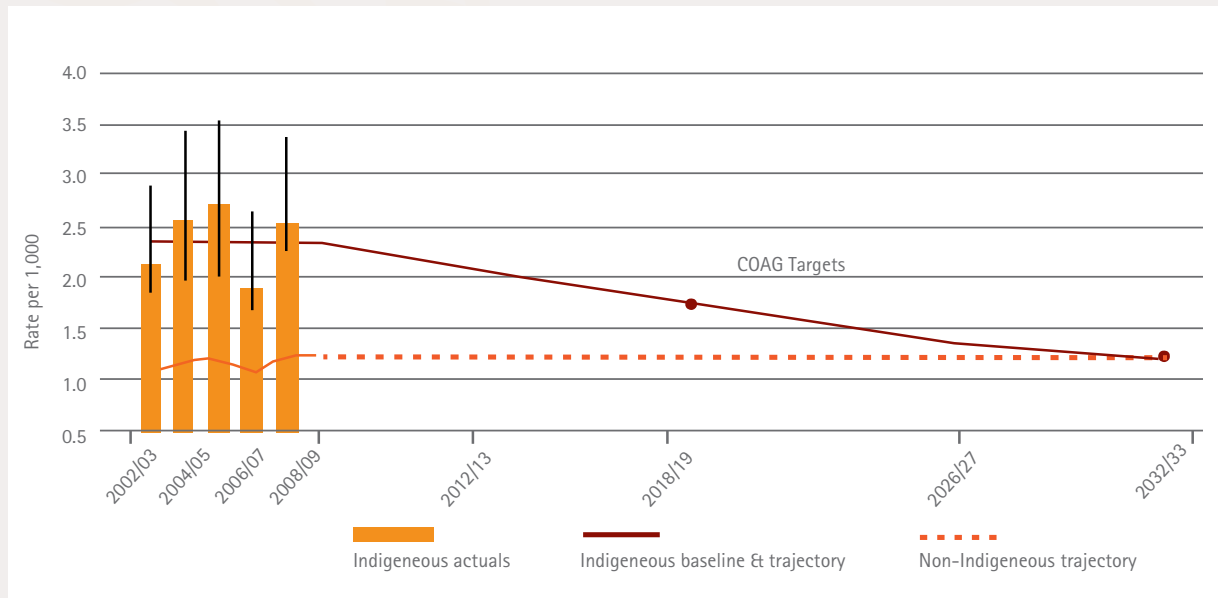
Source: Queensland Health Perinatal Data Collection, 2002-03 to 2007-08.

Figure 9: Infant/young child (0-4 years) mortality rates, Queensland, 2002-03 to 2032-33 – trajectory to close the gap

Queensland - Mortality (0 to 4 years), rate per 100,000 population, 1988 to 2006



Queensland - Mortality (0 to 4 years), rate per 100,000 population 2002-03 to 2032-33 trajectory



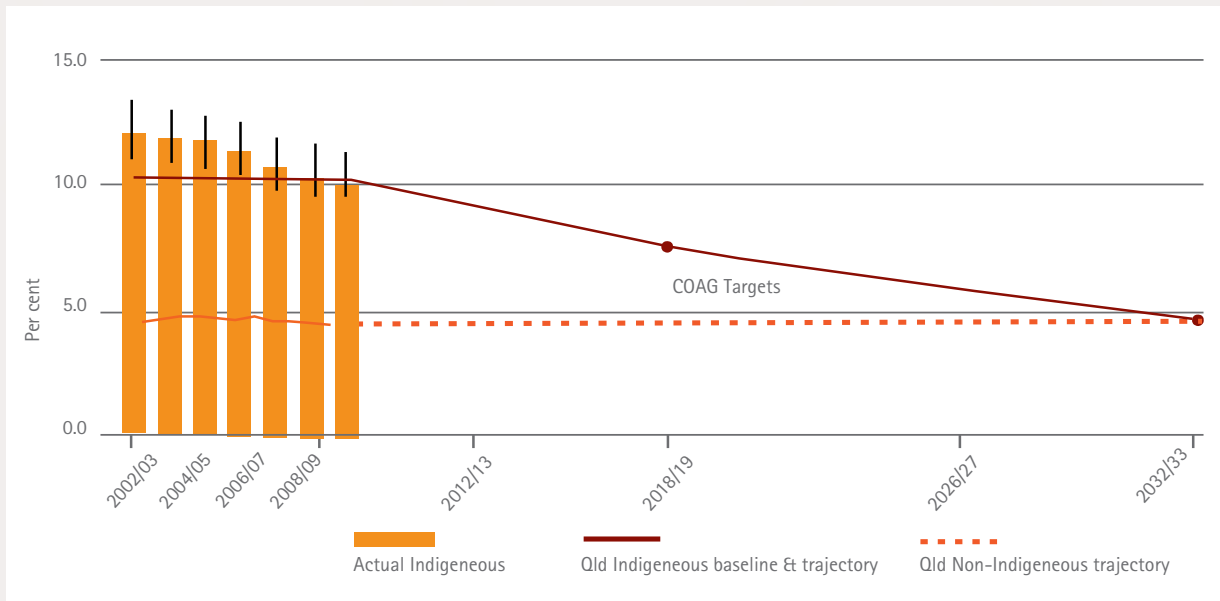
Trajectory Methodology Notes:

* Expected number derived by applying the non-Indigenous Queensland rate of mortality to the total number of among children aged 0-4 years. Targets for the first 10 years (2008-09 to 2017-18) are based on halving the gap between Indigenous and non-Indigenous young child mortality rates. Targets for the next 15 years (2019-2033) are based on closing the gap between Indigenous and non-Indigenous young

child mortality rates. Trajectory for non-Indigenous young child mortality rates were held constant at 2002-03 to 2006-07 levels (1.2 per 1,000) based on the assumption that further significant improvement in non-Indigenous rates will be small. Years are based on year of registration of deaths.

Source: ABS Cause of Death data collection 2002-03 to 2006-07

Figure 10: Proportion of low birth weight babies (less than 2500 grams at birth) born to Aboriginal and Torres Strait Islander women, 2003 to 2033
 – trajectory to close the gap



Trajectory Methodology Notes:

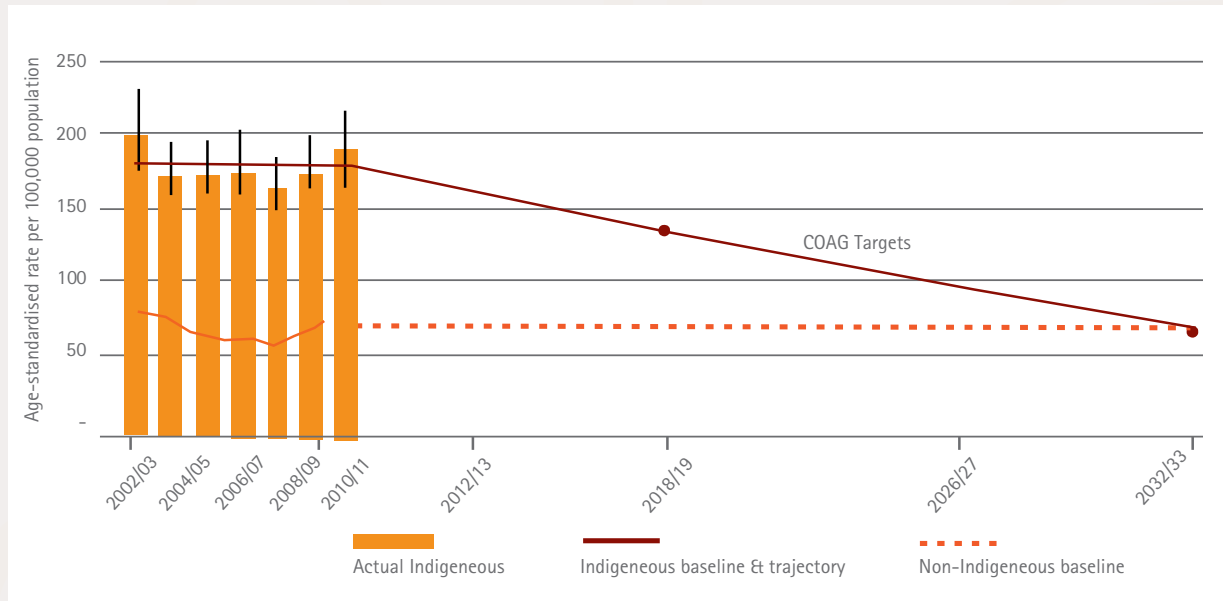
Targets for the first 10 years (2008-09 to 2017-18) are based on **halving** the gap between Indigenous and non-Indigenous perinatal mortality rates. Targets for the next 15 years (2018-19 to 2032-33) are based on **closing** the gap between Indigenous and non-Indigenous perinatal mortality rates. Trajectory for non-Indigenous low birth weight rate was held constant based on the assumption that further significant improvement in non-Indigenous rates will be small. Unknown Indigenous status of the mother is included within the non-Indigenous category.

Source: Queensland Health Perinatal Data Collection, 2002-03 to 2007-08

Figure 11: Selected potentially preventable hospitalisation – vaccine preventable, acute and chronic conditions

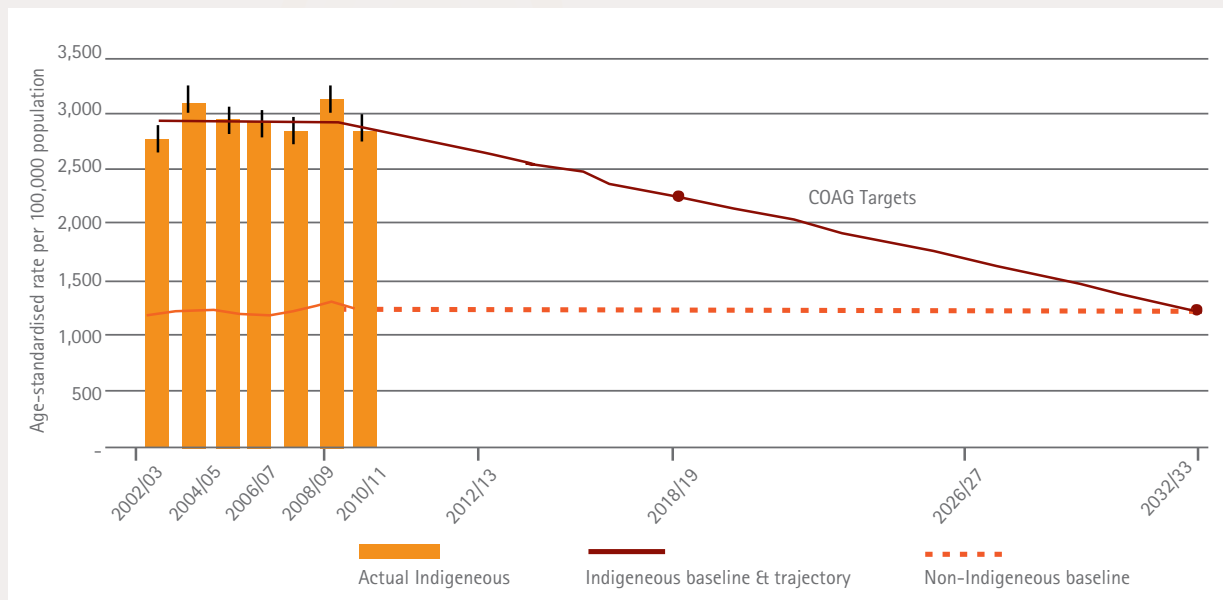
Queensland - Potentially Preventable Hospitalisations - Vaccine Preventable Conditions

Indigenous and non-Indigenous age standardised rates and trajectory to 2033

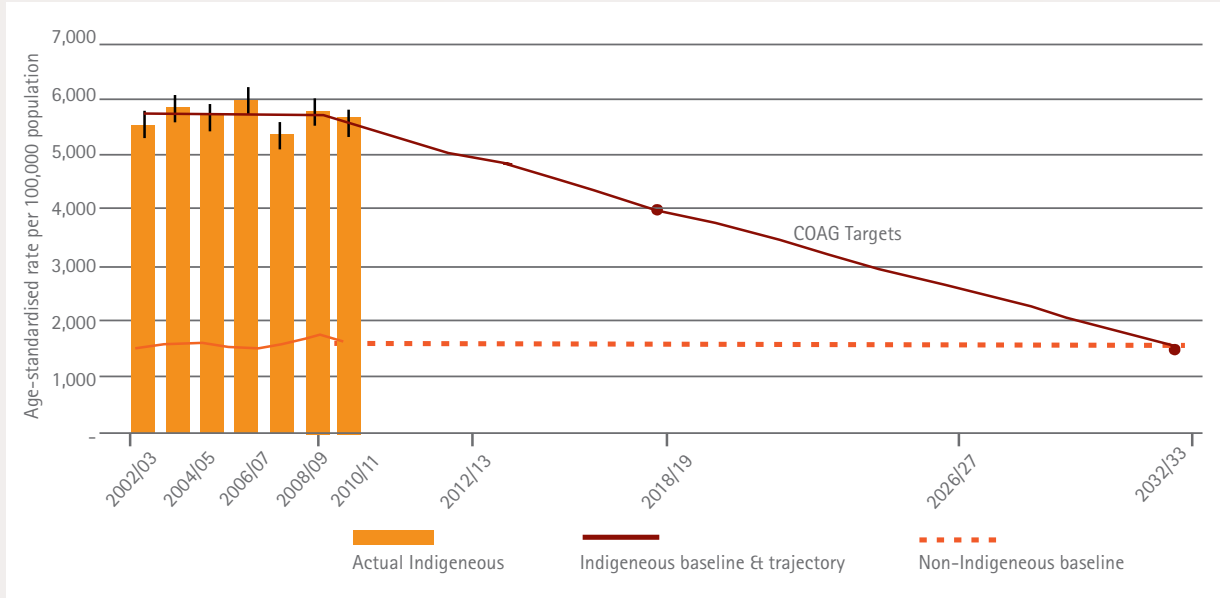


Queensland - Potentially Preventable Hospitalisations - Acute Conditions

Indigenous and non-Indigenous age standardised rates and trajectory to 2033



Queensland - Potentially Preventable Hospitalisations - Chronic Conditions
Indigenous and non-Indigenous age standardised rates and trajectory to 2033



Trajectory Methodology Notes:

2002–2003 data are the earliest available that enables consistent ICD-10 AM coding of conditions to compare. Trajectories for non-Indigenous preventable rates were held constant based on the assumption that further significant improvement in non-Indigenous rates would be small. Unknown Indigenous status is included within the non-Indigenous category.

Source: Queensland Health Admitted Patient Data Collection (Queensland Health APDC), 2002–03 to 2007–08.



Appendix Three

IMPLEMENTATION PRINCIPLES

Making Tracks Guiding Principles

Efforts to improve the health status of Aboriginal and Torres Strait Islander peoples will be underpinned by a commitment to the following guiding principles:

- **Partnerships** – working across Government, and with the full range of service providers, and in partnership with Indigenous communities, provides the best opportunity to improve health and the broader determinants of health
- **Cultural Respect** – the cultural diversity, rights, views, values and expectations of Indigenous Queenslanders must be respected in the delivery of culturally appropriate health services
- **Indigenous health is everyone's business** – improving the health status of Indigenous Queenslanders is a core responsibility and high priority for the whole health sector
- **Holistic health** – improving the health status of Indigenous Queenslanders must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance
- **Community control of primary health care services** – recognising the demonstrated effectiveness of A&T&SICCHSs in providing comprehensive primary health care and working with them to improve the overall level and quality of health service provision; and supporting community decision-making as a fundamental component of health care provision
- **Accountability** – for consultation, transparent decision-making and effective, sustainable services.

Making Tracks Implementation Principles

- Meaningful consultation with key stakeholders including A&T&SICCHSs, the Australian Government and non-government health service providers in the design, location and delivery of services and programs to ensure effective coordination and integration with existing programs, utilising established collaborative mechanisms such as Regional Health Forums and Health Partnership working group structures
- Meaningful consultation with Aboriginal and Torres Strait Islander communities to inform the design and delivery of site specific programs and services to maximise the likelihood of effectiveness and participation by community members
- Identification of the most effective delivery mechanisms for new services and programs including utilising non-government service provider organisations (particularly A&T&SICCHS) where they exist and where to do so would enhance the effectiveness of the service or program.

Service delivery principles for programs and services for Indigenous Australians

Purpose

These principles draw upon the *National Framework of Principles for Government Service Delivery to Indigenous Australians* agreed to by COAG in 2009. These principles are to guide COAG in the:

- (a) design and delivery of Indigenous specific and mainstream government programs and services provided to Indigenous people; and
- (b) development and negotiation of National Partnership Agreements, National Agreements and reform proposals.

Principles

- **Priority principle:** Programs and services should contribute to Closing the Gap by meeting the targets endorsed by COAG while being appropriate to local community needs.
- **Indigenous engagement principle:** Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services.
- **Sustainability principle:** Programs and services should be directed and resourced over an adequate period of time to meet the COAG targets.
- **Access Principle:** Programs and services should be physically and culturally accessible to Indigenous people recognising the diversity of urban, regional and remote needs.
- **Integration principle:** There should be collaboration between and within Governments at all levels and their agencies to effectively coordinate programs and services.
- **Accountability principle:** Programs and services should have regular and transparent performance monitoring, review and evaluation.

Principles in Detail

Priority principle: Programs and services should contribute to Closing the Gap by meeting the targets endorsed by COAG while being appropriate to local community needs. The COAG targets are:

- (a) close the life expectancy gap within a generation;
- (b) halve the gap in mortality rates for children under five within a decade;
- (c) halve the gap in reading, writing and numeracy within a decade;
- (d) halve the gap in employment outcomes and opportunities within a decade;
- (e) at least halve the gap for Indigenous students in Year 12 or equivalent attainment rates by 2020; and
- (f) within five years provide access to a quality early childhood education program to all Indigenous four year olds in remote Indigenous communities.

Indigenous engagement principle: Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services. In particular, attention is to be given to:

- (a) recognising that strong relationships/partnerships between government, community and service providers increase the capacity to achieve identified outcomes and work towards building these relationships;
- (b) engaging and empowering Indigenous people who use Government services, and the broader Indigenous community in the design and delivery of programs and services as appropriate;
- (c) recognising local circumstances;
- (d) ensuring Indigenous representation is appropriate, having regard to local representation as required;
- (e) being transparent regarding the role and level of Indigenous engagement along a continuum from information sharing to decision-making; and
- (f) recognising Indigenous culture, language and identity.

Sustainability principle: Programs and services should be directed and resourced over an adequate period of time to meet the COAG targets. In particular, attention is to be given to:

- (a) service system orientation, particularly:
 - (i) using evidence to develop and redesign programs, services and set priorities;
 - (ii) recognising the importance of early intervention; and
 - (iii) including strategies that increase independence, empowerment and self management;
- (b) ensuring adequate and appropriate resources, particularly:
 - (i) setting time-frames for meeting short, medium and longer-term targets and outcomes;
 - (ii) considering flexibility in program design to meet local needs;
 - (iii) considering workforce supply and future planning;
 - (iv) considering sustaining or redesigning services to best use existing resources, as well as the need for programs and services to meet the COAG targets;
- (v) minimising administrative red tape to enable greater integration of program and service delivery;
- (vi) ensuring that programs and services are efficient and fiscally sustainable; and
- (vii) ensuring that infrastructure is appropriate and adequately maintained;
- (c) building the capacity of both Indigenous people and of services to meet the needs of Indigenous people, particularly:
 - (i) developing the skills, knowledge and competencies, including independence and empowerment of Indigenous people, communities and organisations;
 - (ii) supporting Indigenous communities to harness the engagement of corporate, non government and philanthropic sectors;

- (iii) building governments' and service delivery organisations' capacity to develop and implement policies, procedures, and protocols that recognise Indigenous people's culture, needs and aspirations;
- (iv) ensuring that programs and services foster and do not erode capacity or capability of clients; and
- (v) recognising when Indigenous delivery is an important contributor to outcomes (direct and indirect), and in those instances fostering opportunities for Indigenous service delivery.

Access Principle: Programs and services should be physically and culturally accessible to Indigenous people recognising the diversity of urban, regional and remote needs.

In particular, attention is to be given to:

- (a) considering appropriate and adequate infrastructure and placement of services (including transport, IT, telecommunications and use of interpreter services);
- (b) minimising administrative red tape that may be a barrier to access; and
- (c) providing adequate information regarding available programs and services.

Integration principle: There should be collaboration between and within Governments at all levels, their agencies and funded service providers to effectively coordinate programs and services. In particular attention is to be given to:

- (a) articulating responsibilities between all levels of government;
- (b) identifying and addressing gaps and overlaps in the continuum of service delivery;
- (c) ensuring services and programs are provided in an integrated and collaborative manner both between all levels of governments and between services;
- (d) ensuring services and programs do not set incentives that negatively affect outcomes of other programs and services; and
- (e) recognising that a centrally agreed strategic focus should not inhibit service delivery responses that are sensitive to local contexts.

Accountability principle: Programs and services should have regular and transparent performance monitoring, review and evaluation. In particular, attention is to be given to:

- (a) choosing performance measures based on contribution to the COAG targets and report them publicly;
- (b) ensuring mainstream service delivery agencies have strategies in place to achieve Indigenous outcomes and meet Indigenous needs;
- (c) clearly articulating the service level to be delivered;
- (d) ensuring accountability of organisations for the government funds that they administer on behalf of Indigenous people;
- (e) periodically measuring/reviewing to assess the contribution of programs and services to the above, and adapting programs and services as appropriate;

- (f) clearly defining and agreeing responsibilities of government and communities;
- (g) supporting the capacity of the Indigenous service sector and communities to play a role in delivering services and influencing service delivery systems/organisations to ensure their responsiveness, access and appropriateness to Indigenous people; and
- (h) evaluating programs and services from multiple perspectives including from the client, Indigenous communities and government perspectives and incorporating lessons into future program and services design.

National Investment Principles in Remote Communities

National principles for investment in remote locations include:

- (a) remote Indigenous communities and communities in remote areas with significant Indigenous populations are entitled to standards of services and infrastructure broadly comparable with that in non-Indigenous communities of similar size, location and need elsewhere in Australia;
- (b) investment decisions should aim to-
 - (i) improve participation in education/training and the market economy on a sustainable basis;
 - (ii) reduce dependence on welfare wherever possible;
 - (iii) promote personal responsibility; and
 - (iv) engagement and behaviours consistent with positive social norms;
- (c) priority for enhanced infrastructure support and service provision should be to larger and more economically sustainable communities where secure land tenure exists, allowing for services outreach to and access by smaller surrounding communities, including-
 - (i) recognising Indigenous peoples' cultural connections to homelands (whether on a visiting or permanent basis) but avoiding expectations of major investment in service provision where there are few economic or educational opportunities; and
 - (ii) facilitating voluntary mobility by individuals and families to areas where better education and job opportunities exist, with higher standards of services.



Appendix Four

GLOSSARY AND REFERENCES

Definitions

Aboriginal or Torres Strait Islander Health Worker

A Queensland Health Aboriginal and Torres Strait Islander Health Worker is an Aboriginal or Torres Strait Islander person who works within a primary health care framework to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander individuals, families and communities; is required to hold the specified Aboriginal and Torres Strait Islander primary health care qualification; and advocates for the delivery of services in accordance with the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health.

Aboriginal and Torres Strait Islander Community Controlled Health Services

The community controlled health sector defines a community controlled health service as an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body that is elected by the local community, delivering a holistic and culturally appropriate primary health care to the community that controls it. However, it is widely acknowledged that there are a variety of governance structures currently in place that may be considered stages along a process that can lead over time to the development of a fully community controlled primary health care service.

Chronic Disease

The chronic disorders of ischaemic heart disease, type 2 diabetes, renal disease, hypertension, stroke and chronic respiratory disease can be grouped together from a public health perspective as they have common underlying risk factors. These are most notably poor nutrition, inadequate environmental health conditions, alcohol misuse and tobacco smoking. The diseases and their risk factors are also inextricably linked with the socio-economic determinants of health, particularly education and employment.

Emotional and Social Well-Being

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

Creating and maintaining environments which promote good public health including provision of 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

Includes 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.

Indigenous Queenslanders

The term "Indigenous Queensland" is used in this plan 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

Defined as less than 2,500 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/ 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 improving the cultural capacity of mainstream services is a high priority.

Morbidity

Refers to ill health in an individual and to levels of ill health in a population or group.

Mortality Rate

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.

Population (Public) Health

The organised response by society to protect and promote health and to prevent illness, injury and disability. Population health is characterised by planning and intervening for better health in populations rather than focussing on the health of identifiable individuals and takes account of the broad behavioural, social, physical and environmental determinants of health.

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 Health Care

The health care available to the general community in their local area. It is the first point of contact between the community and the health care system. Primary health care in Queensland is provided through general practitioners, government operated community health services and primary health care clinics, the Royal Flying Doctor Service, public and private dental health services and Aboriginal and Torres Strait Islander community controlled health services. It also includes some outpatient services provided by a general hospital. Primary health care services provide clinical and community health care and facilitate access to specialist health services.

(Sources: NATSIHC 2003; Vos et al 2007; Queensland Health 2007)

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
A&T&SICCHS	Aboriginal and Torres Strait Islander Community Controlled Health Services
CIMHA	Consumer Integrated Mental Health Application
CLS	Court Liaison Service
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
CYFOs	Child and Youth Justice Orders
HPF	Aboriginal and Torres Strait Islander Health Performance Framework
JCU	James Cook University
KPIs	Key Performance Indicators
NPA	National Partnership Agreement
OESR	Office for Economic and Statistical Research
PMHS	Prison Mental Health Service
QAIHC	Queensland Aboriginal and Islander Health Council
RTOs	Registered Training Organisations
STIs	Sexually transmissible infections
TIG	Traditional Indigenous Games
UQ	University of Queensland
VET	Vocational Education and Training

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