



Investment Strategy

2018–2021

Making Tracks

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



Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Investment Strategy 2018–2021

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



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

Foreword

I am pleased to deliver the latest *Making Tracks Investment Strategy 2018–2021*. This marks the fourth triennial plan developed under the *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework* (Making Tracks) since its launch in 2010.

Making Tracks articulates a vision for closing the gap in health outcomes between First Nations Queenslanders and their non-Indigenous counterparts. While Making Tracks addresses the two health related targets set by the Council of Australian Governments (COAG) – closing the life expectancy gap by 2033 and halving the child mortality gap by 2018 – it also acknowledges that there is a need for sustained effort across the entire health system to truly make a difference to health outcomes for Indigenous Queenslanders.

The Queensland Government remains committed to working with COAG partners on refreshing the Closing the Gap agenda in 2018–19.

While we are still some way from achieving health equality, improvements in adult and child mortality indicate that the health sector in Queensland is now better addressing the needs of Aboriginal and Torres Strait Islander people. We must maintain this momentum to ensure further gains continue to be made.

This Investment Strategy continues the achievements of previous strategies. It recognises the need to stay the course – we must look at the evidence to build on the interventions that work, and refine those where progress is not as apparent. The evidence also helps us identify emerging risks – where early interventions could have a marked impact on health outcomes.

This Investment Strategy aligns with the *Advancing Queensland's Priorities* to give all our children a great start, and to keep Queenslanders healthy.

Under this Strategy (from 2018 to 2021), the Queensland Government will invest more than \$270 million on health services and programs targeted to Aboriginal and Torres Strait Islander people.

This Investment Strategy includes the Queensland Government's election commitments for Aboriginal and Torres Strait Islander health, including \$16 million over two years for prevention and health promotion across the state, and \$500,000 for community engagement and education programs to support positive sexual and relationship choices for young Aboriginal and Torres Strait Islander Queenslanders.

There is also new investment in maternal health services, mental health and wellbeing, and tackling rheumatic heart disease.

Investment alone will not close the health gap – system-level changes are required to support a health system to deliver integrated and culturally capable health care to all Aboriginal and Torres Strait Islander Queenslanders. This cannot be achieved alone – it is not the single responsibility of government, or community, or individuals, but of us all. It must be a concerted effort, carried out in true partnership with all stakeholders, placing Aboriginal and Torres Strait Islander individuals, families and communities at the centre of planning, design and implementation of health services and programs.



The Honourable Steven Miles MP
Minister for Health and
Minister for Ambulance Services

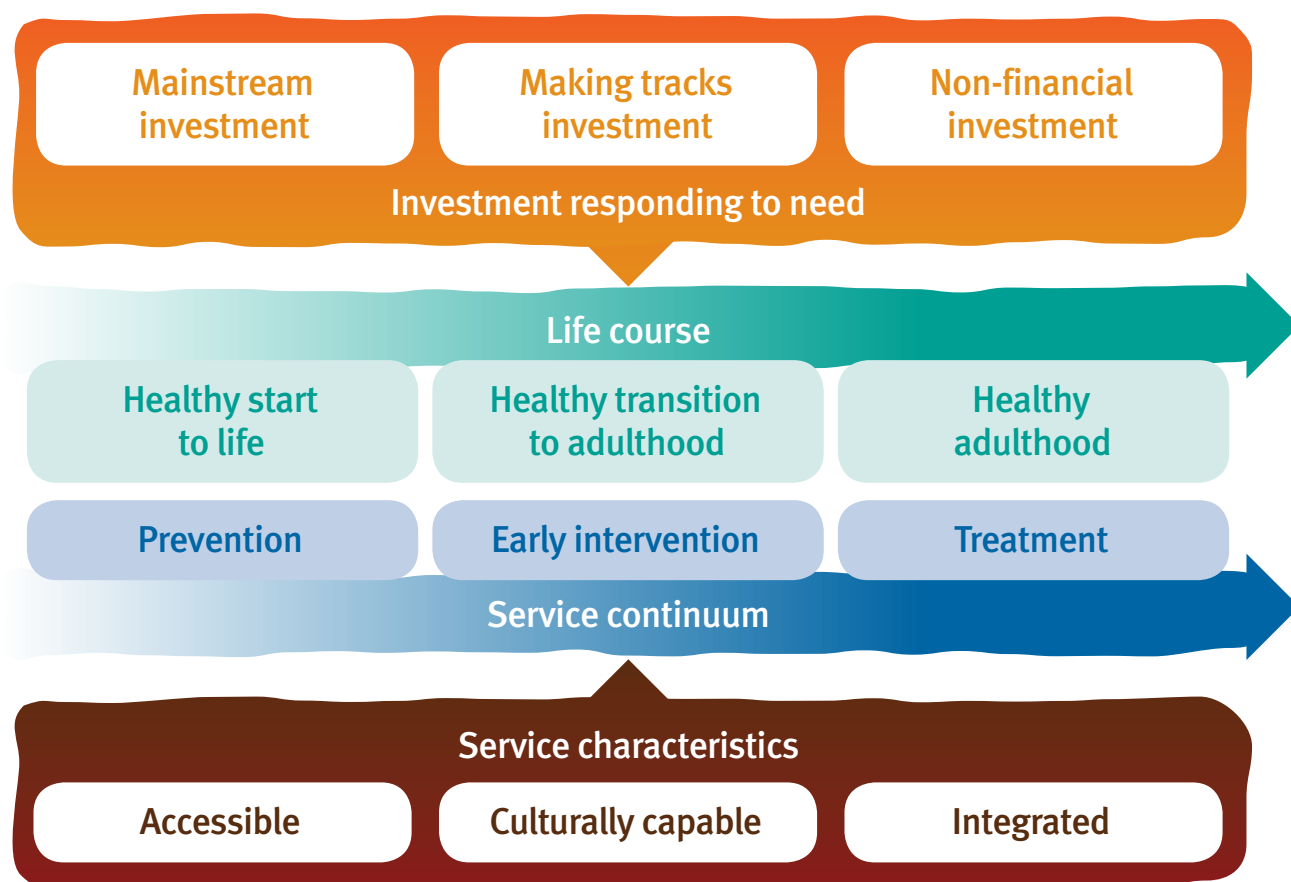
Introduction

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework (Making Tracks), published in 2010, is Queensland Health's overarching policy framework for Aboriginal and Torres Strait Islander health. It outlines a vision for achieving health equality for Indigenous and non-Indigenous Queenslanders and establishes the strong evidence base for health interventions and health system reform to achieve sustained health gains for Queensland's Aboriginal and Torres Strait Islander population.

This *Making Tracks Investment Strategy 2018–2021* (Investment Strategy) seeks to operationalise the priorities set out in Making Tracks, building on the progress made over recent years and recognising that change takes time and sustained effort. Targeted Queensland Government investment in Aboriginal and Torres Strait Islander health is more than \$270 million over the life of this Investment Strategy.

This Investment Strategy recognises the health system in Queensland is multifaceted and there is a need to invest in the system as well as focus on key intervention points across the life course, and target both existing and emerging health priorities. A key theme across priority areas is the need to invest in prevention and health promotion activities, acknowledging the need to stem the early onset of chronic disease in Queensland's Aboriginal and Torres Strait Islander population that will lead to long-term saving to the health system.

This Investment Strategy takes a two-fold approach to better targeting health services for Aboriginal and Torres Strait Islander people. It supports the growth of the Aboriginal and Torres Strait Islander community controlled health sector, as the largest network of primary health care services dedicated to Aboriginal and Torres Strait Islander Queenslanders, as well as building the cultural capability of Queensland Health hospitals and health facilities, as the largest provider of secondary and tertiary health care services.





Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs) provide frontline, culturally capable and locally responsive health services, as well as act as a conduit between individuals and the services delivered by Queensland Health and private practice. Partnering with these services will support a smoother journey for Aboriginal and Torres Strait Islander patients from primary health care, through to the tertiary system and back into primary care. Almost 40 percent of the investment under this Investment Strategy will be directed to ATSI CCHOs.

It is important to ensure Aboriginal and Torres Strait Islander people benefit from the Queensland Government's overall investment in health (approximately \$17 billion per annum), necessitating all Queensland Health services to be culturally capable and accessible to Aboriginal and Torres Strait Islander Queenslanders.

Continuing to invest in improving access and building the cultural capability of all Queensland Health services remains a cornerstone of this Investment Strategy. Almost half of the Making Tracks investment goes to Hospital and Health Services (HHSs) to supplement mainstream funding. The remaining funding under this Investment Strategy goes to local councils, non-government organisations, and tertiary institutions.

A long-term vision for Making Tracks is that hospital-based services for Aboriginal and Torres Strait Islander people be funded from mainstream funding streams, and the Making Tracks investment be directed to providing services in the community setting.

This Investment Strategy showcases some of the activities being undertaken across the health system in Queensland to highlight the breadth of activities across the priority areas. It is not an exhaustive list of funded activities.

The policy context

Through the Council of Australian Governments (COAG), in 2008 the Queensland Government committed to implementing the *National Indigenous Reform Agreement*, which commits all governments to reducing Indigenous disadvantage across health, education and employment measured by the Closing the Gap targets. The two health outcome targets are:

- Close the gap in life expectancy within a generation (by 2031)
- Halve the gap in child mortality within a decade (by 2018).

The Queensland Government will continue to collaborate with policy makers across all levels of governments, focusing on the social determinants of health (for example, income, employment, education, housing and cultural safety) as well as promoting the protective factors (such as language, culture and family) as key factors in delivering culturally capable health care.

The Making Tracks policy framework and Investment Strategy sit within the broader mainstream policy frameworks for Queensland Health. They complement existing plans such as *My health, Queensland's future: Advancing health 2026*, the *Health and Wellbeing Strategic Framework 2017 to 2026*, and more specific plans, such as the *Queensland Statewide Renal Services Plan*, the mental health, alcohol and other drug services plan, *Connecting care to recovery (2016–2021)*, and the draft *Older Persons Health Strategy (2018–2023)* which aims to create a public health environment in which the health and health services for older people are continually improving and identifies Aboriginal and Torres Strait Islander Australians as a unique target population for the provision of timely, culturally appropriate, quality health services.

In addition, it is important the health system and individual Queenslanders leverage opportunities presented by other initiatives, such as the Australian Government's *National Disability Insurance Scheme*, supporting the many Australians with a significant and permanent disability.

In recognition of the importance of building cultural capability across Queensland Health services, Queensland Health launched the *Statement of Action towards Closing the Gap in health outcomes* in late 2017. The Statement of Action identifies three action areas to address institutional racism and build a culturally capable health system in Queensland. Work has commenced to embed these actions into the policies and plans across Queensland Health, which will continue over the life of this Investment Strategy. These action areas are:

- **Promote opportunities to embed Aboriginal and Torres Strait Islander representation in Queensland Health's leadership, governance and workforce.**
- **Improve local engagement between Queensland Health and Aboriginal and Torres Strait Islander people, communities and organisations.**
- **Improve transparency, reporting and accountability in Closing the Gap progress.**

Priority areas for action

As identified in Making Tracks, there is a recognised need for the continued delivery of targeted programs for Aboriginal and Torres Strait Islander people, across the life course and across health conditions. Beyond that, this Investment Strategy identifies the system-level reforms required to influence change.

This Investment Strategy has been built on a set of principles which have guided the priority areas, and the targeted activities under these.

The priority areas for action do not sit in isolation of each other. Improving the health system, as well as improving access and the patient journey, will have a positive impact across the life course. Some conditions, for example, mental health disorders, must be addressed in each of the life stages – perinatal mental health will support a healthy start to life for babies; building resilience in young people as they transition to adulthood is essential; and for some people, the recovery journey can extend through adulthood. Helping people navigate the health system to access the mental health services they need when they need them is crucial.



The five priority areas for this Investment Strategy, mapped against the Making Tracks priority areas, are set out below.



Making Tracks Priority: A Healthy Start to Life

A Healthy Start to Life

Improving care before and during pregnancy and supporting developmental needs to provide children the best start to life.

Making Tracks Priority: Addressing Risk Factors

A Healthy Transition to Adulthood

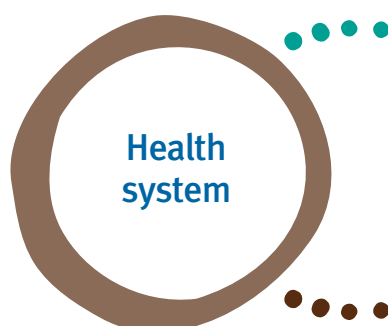
Empowering young Aboriginal and Torres Strait Islander people to make healthy choices into adulthood.



Making Tracks Priority: Managing Illness Better

Tackling Chronic Disease

Targeted efforts against the key chronic diseases which lead to early morbidity and mortality by focusing on minimising key risk factors.



Making Tracks Priority: Effective Health Services

Improving Access and the Patient Journey

Support Aboriginal and Torres Strait Islander people to navigate their health journey, including providing services closer to home and in a culturally appropriate environment.

Making Tracks Priority: Improving Data and Evidence

Improving the System

Influencing change across the health system and supporting the implementation of community-driven change.

A snapshot of Queensland

While significant disparity between health outcomes for Indigenous and non-Indigenous Queenslanders remain, improvements across each of the five priority areas are evident.

Priority

1

A Healthy Start to Life

Areas of improvement

- The rate of child mortality for Aboriginal and Torres Strait Islander Queenslanders has decreased by 19 percent since 2004–08.
- The proportion of pregnant Aboriginal and Torres Strait Islander women attending five or more antenatal visits throughout pregnancy increased by 11.8 percent between 2007–08 and 2016–17, to 89.5 percent overall. Antenatal visits can assist in the identification and management of issues during pregnancy and birth, as well as providing an opportunity for primary prevention interventions.
- The vaccination rate for Aboriginal and Torres Strait Islander children aged 5 years reached 96.2 percent in 2016–17, surpassing the rate of non-Indigenous children and exceeding the national and Queensland target.

Areas of concern

- Rates of Aboriginal and Torres Strait Islander mothers who smoked during pregnancy improved significantly between 2005–06 and 2016–17 (by 10.2 percent), however remain high at 43.4 percent. Smoking during pregnancy is a major risk factor for birthing low birth weight babies. Smoking remains highly prevalent in the broader Aboriginal and Torres Strait Islander population in Queensland (approximately 43 percent). Given the risk factors of passive smoking are similar to those for maternal smoking, without curbing smoking rates in the broader community, likelihood of significant improvements in maternal smoking is limited.
- The proportion of babies born to Aboriginal and Torres Strait Islander mothers with low birth weight has not significantly changed since 2002–03 and remains high at 10.3 percent. Low birth weight babies have higher risk of mortality in the early years and are at increased risk of developing diabetes, renal disease and cardiovascular disease as adults.

Priority

2

A Healthy Transition to Adulthood

Areas of improvement

- While aged-standardised smoking rates among Aboriginal and Torres Strait Islander Queenslanders (42 percent in 2014–15) remain significantly higher than the non-Indigenous population (16 percent in 2014–15), the rate has declined over time (from around 50 percent in 2002). More still needs to be done. Health promotion activities across the state continue to target smoking rates.

Areas of concern

- Mental health disorders were the leading contributor to burden of disease in Aboriginal and Torres Strait Islander Queenslanders in 2011, accounting for 20 percent of the total burden. The rate of hospitalisation for mental disorders due to psychoactive substance use increased significantly between 2009–10 and 2016–17, by 120 percent. Aboriginal and Torres Strait Islander Queenslanders are hospitalised at 3.3 times the rate of non-Indigenous Queenslanders.

Priority

3

Tackling Chronic Disease

Areas of improvement

- Overall mortality for Aboriginal and Torres Strait Islander Queenslanders decreased significantly between 2002 and 2015, by 28.2 percent. Improvements were largely driven by a decreasing rate of mortality from cardiovascular disease and respiratory disease. In 2011, cardiovascular disease and respiratory disease combined contributed a significant 3.7 years to the life expectancy gap.

Areas of concern

- Cancer was the leading cause of death for Aboriginal and Torres Strait Islander Queenslanders in 2015, contributing 24.3 percent of deaths compared to 14.3 percent of deaths in 2002. Aboriginal and Torres Strait Islander Queenslanders experienced mortality from cancer at 1.4 times the rate of non-Indigenous Queenslanders.
- Weight management remains a concern as 66 percent of Aboriginal and Torres Strait Islander Queenslanders aged 15 years were overweight or obese in 2012–13.

Priority

5

Improving the System

Areas of improvement

- The importance of access to culturally capable primary health care cannot be underestimated. Comprehensive primary health care promotes regular health checks and individual care plans. It links patients to services across the health system and facilitates transition into and out of the tertiary system.
- Queensland Health has supported the establishment of new Aboriginal and Torres Strait Islander community controlled primary health care centres in several locations across the state.
- Queensland Health has also transitioned state-run primary health care services to community control over recent years and will continue to support transition where practical.

Priority

4

Improving Access and the Patient Journey

Areas of improvement

- Mortality rates from cardiovascular disease halved between 2002 and 2015. This is principally driven by increased access to interventional cardiology and increased access to secondary prevention for coronary heart disease and stroke.

Areas of concern

- Indigenous Queenslanders have higher incidences of screen-detectable cancers however, they have lower rates of hospitalisation, and are diagnosed at more advanced stages, often with more complex comorbidities than non-Indigenous Queenslanders. An increase in the deaths from cancer, coupled with a corresponding decrease in the deaths from cardiovascular disease has resulted in cancer now being the leading cause of death for Aboriginal and Torres Strait Islander Queenslanders.
- Deaths from cancer increased by 186 between 2002–2004 and 2013–2015, of which 67 (36.0 percent) were deaths from lung cancer. This is expected to remain a challenge into the future due to a slower decline in Aboriginal and Torres Strait Islander smoking rates compared to the non-Indigenous population, a considerably higher smoking rate, and the latent period for lung cancer which can be up to 30 years.

Areas of concern

- Fragmentation in the health system can result in the most vulnerable in our society not being able to navigate the health system and as a consequence, not receiving the treatment they require. With 30 percent of Aboriginal and Torres Strait Islander Queenslanders reporting high or very high levels of psychological distress (in 2012–13), the need for integrated services is paramount.
- It is also important that patients remain in the health system in order to receive treatment. Indigenous Queenslanders discharge themselves from hospital at 4.5 times the rate of their non-Indigenous counterparts. This suggests further work needs to occur to improve the cultural capability of Queensland hospitals.





Priority 1

A Healthy Start to Life

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The Healthy Start to Life priority recognises that all children should have a healthy and safe start to life, free of avoidable illness and injury. A healthy start to life establishes the building blocks for good health for children to achieve their full potential throughout life. This health journey commences before conception and continues through to adulthood. In the Indigenous context, culturally appropriate antenatal and postnatal care for pregnant women and new mothers, including perinatal mental health, are essential elements of a healthy start to life for babies.

Factors affecting child development before, during and after pregnancy, such as low birth weight, pre-term birth, birthing complications, promoting breastfeeding and immunisation remain a focus as these have long term health consequences into childhood and through to the adult years. Parenting programs, reflecting the role of fathers and families, play an important part in the early childhood years. As well, early childhood interventions to reduce preventable childhood diseases such as otitis media are essential to ensure children have the best chance of succeeding at school.

Queensland's Indigenous population is young – in 2015 almost half (46.5 percent) of the Aboriginal and Torres Strait Islander population was under 19 years of age, compared with 25.3 percent of the non-Indigenous population. This highlights the impact that can be made through initiatives targeting child development and the early years.

The policy response

Culturally capable health services

Queensland Health will continue to invest in improving access to culturally appropriate maternal and child health services. This includes growing the Aboriginal and Torres Strait Islander community controlled health sector, as frontline service deliverers who provide an important entry point into the health system for many expectant mothers, and continue to care for babies and families after birth.

HHSs are also provided funding to improve the cultural capability of maternity and child health services. This funding supplements mainstream maternal and child health services.

Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs)

Continued initiative: \$4.7 million
(over three years from 2018–19)

The Aboriginal and Torres Strait Islander community controlled health sector delivers culturally appropriate, evidence-based comprehensive maternal and child health and parenting support services. These services are delivered in partnership with the community and other service providers.



Hospital and Health Services (HHSs)

Continued initiative: \$8.4 million
(over three years from 2018–19)

HHSs are improving the cultural appropriateness of mainstream women's health, maternal and child health services including antenatal, intrapartum, postnatal, early parenting care and young parent support in hospitals and community health centres.



Ngarrama Program – Metro North HHS

Continued initiative

Metro North HHS delivers the Ngarrama program for Aboriginal and Torres Strait Islander women and their families who birth at the Royal Brisbane and Women's Hospital, Caboolture and Redcliffe Hospitals. 'Ngarrama', meaning Guardian Birth Spirit in Yuwaalayaay language, delivers a collaborative continuity of care model across the interface of community and hospital services through all aspects of antenatal, birthing and early postnatal care to Aboriginal and Torres Strait Islander families. The model was developed in collaboration with the local community and operates differently in each site to respond to local need.

Maternity services

Queensland Health has committed to developing a three-year *Aboriginal and Torres Strait Islander Maternity Services Action Plan*, to specifically address the high rates of pre-term births and perinatal mortality in Aboriginal and Torres Strait Islander mothers and babies. The Plan will outline a model of maternity care focusing on continuity of care and carer, as well as strategies for building the capacity of community controlled maternity services, developing Aboriginal and Torres Strait Islander governance and leadership in maternity services, and building a clinically and culturally capable workforce across Queensland. The Plan will provide a pathway for future investment in maternity services in Queensland.

Maternal health services continue to be enhanced by the establishment of multidisciplinary teams in hospitals. There are around 22 Aboriginal and Torres Strait Islander maternal health workers within multidisciplinary teams in both hospitals and non-government organisations across the state.

Queensland Health will continue to support innovative models of maternity and birthing services for Aboriginal and Torres Strait Islander women and babies.

Quality Improvement Payments – HHSs

New initiative

HHSs will be incentivised to increase the uptake of antenatal care by Aboriginal and Torres Strait Islander women and undertake effective smoking interventions through the availability of a targeted Quality Improvement Payment.

HHSs will receive Quality Improvement Payments for significant increases in the number of Indigenous women receiving early and ongoing antenatal care, as well as those who cease smoking by 20 weeks of pregnancy.

Birth in our Communities partnership

Continued initiative

Queensland Health supports the *Birth in our Communities* (BiOC) program, which establishes a continuity of care model for women and their families birthing an Aboriginal and Torres Strait Islander baby in Brisbane. The program is built on a partnership model between the Mater Mothers' Hospital, the Institute for Urban Indigenous Health and the Aboriginal and Torres Strait Islander Community Health Service Brisbane.

The program provides 24/7 continuity of care through pregnancy, birth and up to six weeks postnatally for women birthing an Aboriginal or Torres Strait Islander baby.

The premise of BiOC is to ensure every woman participating in the program has their own midwife on call, as well as a support team that includes Indigenous Health Workers, student midwives, doctors and other health professionals. The service provides antenatal care, smoking cessation advice, intrapartum care, birthing support, perinatal mental health, breastfeeding support and family support services.

Between late 2013 and 2017, the BiOC program provided care to 499 women who gave birth to 508 Indigenous babies. Of the women in the program, 88.4 percent had five or more antenatal visits and 80.0 percent had first contact with the health service within first trimester of pregnancy.

Child health services

Queensland Health will continue its investment and activity in targeted interventions, such as hearing and nutrition, to reduce preventable diseases of early childhood and adolescence. In the early years, these interventions support improved readiness for school, setting Aboriginal and Torres Strait Islander children up for a life of learning.

Deadly Kids, Deadly Futures is a ten-year framework (2016–2026) for improving the health, early childhood development and education outcomes of Aboriginal and Torres Strait Islander children in Queensland. It is a partnership between the Departments of Health and Education, and a range of public and private organisations in health, early childhood development and education.

Deadly Ears, Deadly Kids, Deadly Communities

Continued initiative

The Queensland Government's *Deadly Ears, Deadly Kids, Deadly Communities* program provides a coordinated and comprehensive response to middle ear disease and the associated hearing loss experienced by Aboriginal and Torres Strait Islander children. Funding of around \$4 million per annum delivers outreach clinical services and local capacity building in communities across rural and remote Queensland.

Immunisation is one of the most successful and cost-effective health interventions, as the benefits of personal immunity extend to the whole community. In 2016–17, vaccination rates for children aged five years in Queensland were higher for Aboriginal and Torres Strait Islander children (96.2 percent) than non-Indigenous children (93.7 percent). However, Aboriginal and Torres Strait Islander children aged one year and two years were immunised at a lower rate than non-Indigenous children. This gap remains a concern as it indicates a higher proportion of very young Aboriginal and Torres Strait Islander children are vulnerable to vaccine-preventable diseases than non-Indigenous infants in Queensland.

Queensland Health will continue to work with primary and community health providers across the sector, particularly the ATSI CCHOs, to drive further improvement in immunisation coverage in Queensland's Indigenous children.

Immunisation project – Queensland Aboriginal and Islander Health Council

Continued initiative

Queensland Aboriginal and Islander Health Council (QAIHC) provides leadership, advice and assistance to member organisations (ATSI CCHOs) throughout Queensland to improve their immunisation services and contribute to raising immunisation coverage rates for Aboriginal and Torres Strait Islander people.





Priority 2

A Healthy Transition to Adulthood



With almost half of Aboriginal and Torres Strait Islander Queenslanders under 19 years of age, there is a real opportunity to implement initiatives for young people that will have a positive impact on their lives and their communities going forward.

Promoting healthy lifestyle and behavioural choices in young people can translate to establishing lifelong positive habits and behaviours. These positive healthy behaviours have enormous implications for adult physical and mental health outcomes, including reducing the risk of developing chronic diseases. Encompassed in healthy lifestyle choices is a focus on physical activity, alcohol and drug use, and sexual and reproductive health. Health promotion across healthy lifestyles, sexual health, tobacco, alcohol and other drugs remains a focus for Queensland Health.

Mental disorders (including mental illnesses and substance misuse disorders) as a group of conditions are the leading contributor to the Indigenous burden of disease in Queensland, contributing up to 20 percent of the total disease burden. Aboriginal and Torres Strait Islander Queenslanders experience higher rates of psychological distress, mental disorders, assault and suicide than other Queenslanders. Addressing youth mental health is a priority for the Queensland Government.

The policy response

Health promotion

Youth Connect – Central Queensland HHS

Continued initiative

Youth Connect in Central Queensland encourages young people to be informed and engaged in their health. The program offers education and interventions on a broad range of health issues including sexual health, alcohol, mental health and chronic disease. The program also delivers clinical services and links youth with other health and social support services.

Mental health

The *Fifth National Mental Health Plan 2017–2022* was endorsed by the COAG in August 2017. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention is one of the eight targeted priority areas in the Plan. Queensland played a key role in the Aboriginal and Torres Strait Islander national consultations in developing the Plan.

Queensland Health will continue implementing the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021* which aims to close the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders.

Mental Health Coordination – Townsville HHS and Children's Health Queensland HHS

Continued initiative

Mental health coordination services in Townsville and Brisbane increase the support and service coordination for young Aboriginal and Torres Strait Islander people with complex mental health needs to help them transition from hospital back to the community.

Alcohol and other drugs

Indigenous-specific alcohol, tobacco and other drugs youth treatment programs provide a focussed treatment model and service to Aboriginal and Torres Strait Islander young people 12 to 24 years with substance misuse problems in communities across the state.

Indigenous Alcohol Tobacco and Other Drugs Youth Program

Continued initiative: \$3.3 million
(over three years from 2018–19)

The *Indigenous Alcohol Tobacco and Other Drugs Youth Program* is delivered in hospitals and identified locations across the state. The program delivers alcohol, tobacco and substance misuse harm prevention, early intervention and treatment services to reduce the uptake and rates of harm caused by alcohol consumption, smoking and use of illicit substances and inhalants by Aboriginal and Torres Strait Islander young people.

Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs)

Continued initiative

ATSICCHOs in identified locations provide treatment services for young people aged 12–17 years with substance misuse problems.

Sexual health

Queensland Health will continue to deliver targeted actions under the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021* and the broader *Queensland Sexual Health Strategy 2016–2021*. This includes health education and interventions to reduce rates of sexually transmissible infections.

The *Strong, Proud, Healthy and Safe* school relationship curriculum is aimed at majority Aboriginal and Torres Strait Islander enrolment schools in North Queensland. In partnership with the Department of Education, this program is aimed at Years 5 to 10 to deliver sustainable, comprehensive and culturally appropriate sexual health and relationships education.

Deadly Choices – Sexual and relationship health promotion

New initiative: \$0.5 million
(over three years from 2018–19)

The *Deadly Choices Healthy Lifestyle* brand will be used to support young Aboriginal and Torres Strait Islander people make positive choices in their relationships and sexual health. Sexual and reproductive health promotion and screening for sexually transmissible infections will be incorporated into community events, school-based education activities and health checks across Queensland.

Funding for new activities includes expansion of multimedia, community engagement and education.



Sexual Health – supporting ATSICCHOs in North Queensland

Continued initiative

QAIHC and Gidgee Healing are increasing access to sexual health education and screening for sexually transmissible infections for Aboriginal and Torres Strait Islander people in North Queensland.

Gidgee Healing will increase screening in Mount Isa and lower Gulf communities with QAIHC providing targeted support to ATSICCHOs across north Queensland. The sector is well placed to provide screening and treatment in a primary care setting, as part of general health checks, antenatal or other health services.

This activity enables ATSICCHOs to meet local population needs while ensuring alignment with existing efforts under the *North Queensland Aboriginal and Torres Strait Islander sexually transmissible infections Action Plan 2016–2021*.

Youth Health and Wellbeing Services – HHSs

Continued initiative

Funding of \$0.9 million per annum is provided to HHSs to provide a range of services to improve the health and wellbeing of Aboriginal and Torres Strait Islander youth including sexual health, pregnancy, birthing, parenting education and positive lifestyles programs. These programs aim to decrease participation in risky activities such as alcohol consumption, smoking and substance use, as well as improving decision-making around safe sex practices. Outreach sexual health services are provided to youth in detention.

Transition from prison

Aboriginal and Torres Strait Islander youth in corrective services also continue to be linked in with mentoring and other programs to effectively transition back into the community and access the wrap-around services to support their transition.

Mental Health Transition Service

Continued initiative

The *Mental Health Transition Service* through the Brisbane Youth Detention Centre provides post release support services for Aboriginal and Torres Strait Islander young people with severe and complex mental health problems transitioning from detention into the community.





Priority 3

Tackling Chronic Disease



While a healthy transition to adulthood for Aboriginal and Torres Strait Islander Queenslanders is a priority, early onset chronic disease cannot be overlooked as a significant contributor to the gap in life expectancy for Aboriginal and Torres Strait Islander people.

A three-pronged approach is required to address this – firstly, a stronger focus on raising awareness to prevent the uptake of contributing lifestyle and behavioural factors, such as smoking, poor nutrition and physical inactivity, secondly, environments that support healthy lifestyle behaviours, and thirdly, initiatives for better ongoing management of people with chronic diseases.

The policy response

Culturally capable health services

Primary health care must be the frontline response in early detection and management of chronic disease. For Aboriginal and Torres Strait Islander people, the Aboriginal and Torres Strait Islander community controlled health sector is paramount in increasing access to a comprehensive model of primary health care. The Queensland Government invests in ATSI CCHOs in recognition of their essential and unique role as a key entry point to the health system for Aboriginal and Torres Strait Islander Queenslanders.

ATSI CCHOs promote regular health checks and develop care plans to address individual health needs. This model ensures a patient's comprehensive needs are considered and facilitates access to required follow up and allied health services. The Aboriginal and Torres Strait Islander community controlled health sector provides opportunity to ensure patients are linked to other support services such as the National Disability Insurance Scheme, which can provide reasonable and necessary supports for a better life.

Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs)

Continued initiative

ATSI CCHOs in Queensland are funded for multidisciplinary primary health care services targeting chronic disease conditions across the lifespan. Almost \$20 million per annum is provided to ATSI CCHOs for primary health care, including chronic disease management.



Multidisciplinary Care Teams – HHSs

Continued initiative

Queensland Health continues to invest in multidisciplinary care team approaches in HHSs across the state. Multidisciplinary teams improve the responsiveness of the public health system by increasing access to clinically and culturally effective models of care. Funding of \$3.2 million per annum supports multidisciplinary teams in Palm Island, Wide Bay, Metro South, Gold Coast, Darling Downs and Mackay regions.

Targeted prevention programs

Health promotion and disease prevention programs are a major focus for this government over the life of this Investment Strategy. Promoting healthy lifestyle choices and enhancing health literacy has been identified as an important intervention to prevent onset of chronic disease in this and future generations of Indigenous Queenslanders.

Targeted prevention programs will address the leading contributors to the Indigenous burden of disease and injury in Queensland and complement mainstream diabetes and chronic disease programs.

Early investment in health promotion activities can be expected to stem the increasing demand for downstream secondary and tertiary care.

Quitline

Continued initiative

Quitline provides ongoing access to a team of Aboriginal and Torres Strait Islander counsellors to deliver the evidence-based proactive quit support program, *Yarn to Quit*. Aboriginal and Torres Strait Islander Queenslanders can receive single-session information and quit support or participate in an intensive quit support program that combines multiple support calls with free nicotine replacement products.

In 2017–18, Quitline supported 975 Aboriginal and Torres Strait Islander clients, a 33 percent increase from 2014–15. Quitline provides culturally appropriate quit smoking brief interventions and education across the state.



Institute for Urban Indigenous Health and the Brisbane Broncos

Continued initiative

The healthy lifestyle partnership between the Institute for Urban Indigenous Health and the Brisbane Broncos capitalises on the popularity of Broncos players and has drawn increasing numbers of Aboriginal and Torres Strait Islander people attending Deadly Choices community days.

***B.strong* training program**

Continued initiative

Menzies School of Health Research is delivering the evidence-based *B.strong* training program to upskill the health and community workforce across Queensland to provide brief interventions to Aboriginal and Torres Strait Islander people to quit smoking, eat healthy and be more physically active.

Healthy Indigenous Communities project

Continued investment

Apunipima Cape York Health Council works with local Councils in Cape York to build capacity and create environments that support healthy lifestyles.

***Deadly Choices Healthy Lifestyle* program**

New initiative: \$16 million (over two years from 2018–19)

Deadly Choices is the Institute for Urban Indigenous Health's flagship community engagement and health promotion program. The grassroots campaign started in south-east Queensland in 2011 and has expanded to include statewide health promotion activities and licenced partnerships across Queensland and interstate.

Deadly Choices was developed as a community-based chronic disease prevention and education program for Aboriginal and Torres Strait Islander Queenslanders of all ages.

The *Deadly Choices* brand has proven to be a powerful vehicle for positive change across Queensland's Aboriginal and Torres Strait Islander communities. As well as improving health awareness in the community, it has translated into a significant increase of Aboriginal and Torres Strait Islander Queenslanders accessing primary health care services.

The Queensland Government is investing in the *Deadly Choices Healthy Lifestyle* program as the key Aboriginal and Torres Strait Islander health promotion and prevention program for the state. The *Deadly Choices Healthy Lifestyle* program will expand on the successes of the *Deadly Choices* program. It will extend in both scope and reach across the state.

The *Deadly Choices Healthy Lifestyle* program is a multifaceted health promotion program, incorporating social marketing and media, high profile health ambassadors, community and sporting events, physical activity programs, and education in schools, youth detention centres and community groups.

The *Deadly Choices* school education program will focus on leadership and mentoring, chronic disease awareness, tobacco, nutrition, physical activity, harmful substances, healthy relationships and raising awareness and access to health services. The Australian Government's *Tackling Indigenous Smoking* program will be integrated within the *Deadly Choices Healthy Lifestyle* program.

The program provides employment opportunities for Aboriginal and Torres Strait Islander people as facilitators, personal trainers, data managers and multi-media officers. The program will be supported by a statewide team based at the Institute for Urban Indigenous Health to provide workforce support and training, overall governance, continuous quality improvement, and data management and reporting to ensure consistency of the program between sites.

Chronic disease management and treatment

The primary health care sector plays an important role in the early diagnosis and intervention of chronic disease. This early diagnosis is fundamental to improving health outcomes for patients with chronic conditions.

Queensland Health will continue to invest in chronic disease management and treatment services, given the significant burden of existing chronic disease in Queensland's Aboriginal and Torres Strait Islander population. This includes targeted solutions in both hospital and community-based settings addressing key chronic diseases. These programs play an important role in improving access for Aboriginal and Torres Strait Islander people to specialist treatment as well as supporting their return to community and ongoing treatment by local primary health care providers.

Queensland Health continues to support and deliver programs targeting the management of chronic diseases, such as *Tackling Diabetes*, the *Better Cardiac Care* project at Metro South HHS, *Chronic Kidney Disease Telehealth* program in Cairns and Hinterland HHS and the *Chronic Disease Care Coordination Service for Sarina* provided by Mackay HHS.

Queensland Health, together with key sector partners, has developed the *Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018–2021* in response to the unacceptably high rates of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in Queensland's Aboriginal and Torres Strait Islander population.

Rheumatic Heart Disease Action Plan

New initiative: \$4.5 million
(over three years from 2018–19)

Investment under the *Rheumatic Heart Disease Action Plan* will support an increased awareness of ARF and RHD among Aboriginal and Torres Strait Islander Queenslanders, with increased education for communities and clinicians on identifying the early symptoms of ARF and the importance of early treatment.

The Plan will foster clinical knowledge on ARF and RHD across the health workforce, to support early diagnosis and treatment.

Additionally, the Queensland RHD Register and Control Program based in Cairns will be enhanced to enable stronger linkages with acute cardiology services to ensure patients can access the required ongoing care and review.

Environmental health

Environmental Health

Continued initiative

Queensland Health invests in Aboriginal and Torres Strait Islander Councils in discrete Indigenous communities to provide environmental health services for their communities.

Services address key issues such as food safety, water and sanitation, waste management, sewage, hygiene, vector and pest control, and animal management. Services mitigate the risks associated with public health hazards and build sustainable environmental health programs.

Local councils are employing local Indigenous Environmental Health Workers and Animal Management Workers, as well as empowering communities through supported training opportunities, capacity building and providing local workers with nationally recognised qualifications.

Alcohol and other drugs

Queensland Health is working with Aboriginal and Torres Strait Islander peak bodies to enhance the capacity of alcohol and other drug treatment providers to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people accessing these services.

Alcohol and Other Drugs Treatment Services

Continued initiative

Queensland Health continues to fund drug and alcohol management and treatment services across the State. Specialist alcohol and other drug services are delivered through Hospital and Health Services and non-government organisation treatment providers across Queensland. Specialist treatment services are provided to Aboriginal and Torres Strait Islander peoples specifically, and as part of services delivered to the broader population.

Mental health and social and emotional wellbeing

Queensland Health continues to fund community support services delivering culturally appropriate psychosocial support and rehabilitation services for Aboriginal and Torres Strait Islander people who are experiencing a severe and persistent mental illness. Queensland Health supports mental health services across the patient journey, from community-based services through to acute services in the hospital setting.

Funding is provided to support the Aboriginal and Torres Strait Islander community controlled sector to deliver services in the primary health care setting. Four Cape York Wellbeing Centres, operated by Apunipima Cape York Health Council, are a joint initiative of the Australian and Queensland Governments providing access to mental health and drug and alcohol support services to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders. Services provided include social and emotional wellbeing counselling, education and promotion and community capacity building such as mental health first aid training.

Queensland Health facilities provide clinical mental health case management across the state and are supported by Aboriginal and Torres Strait Islander Mental Health Officers in some facilities.

Aboriginal and Torres Strait Islander Mental Health Officers

Continued initiative: \$2.3 million
(over three years from 2018–19)

Aboriginal and Torres Strait Islander Mental Health Officers have been established in facilities with the highest volumes of Indigenous inpatients (Cairns, Toowoomba, Townsville, Royal Brisbane Women's Hospital, Logan and Princess Alexandra Hospital). The officers work with patients entering the acute mental health system to plan and manage the transition of care and support on entry and discharge from hospital.

Community Mental Health Services (Community Support Services)

Continued initiative

Community support services enhance the continuum of mental health services available to individuals experiencing a severe and persistent mental illness who require psychosocial support and rehabilitation to Aboriginal and Torres Strait Islander people and the broader population.

Community support service providers deliver individual and group support and rehabilitation, and family and carer support services in far north Queensland, Brisbane and Ipswich.

Indigenous Mental Health Intervention Program

Continued initiative

Men's and women's *Indigenous Mental Health Intervention Program* provides mental health services to incarcerated men and women and supports transition back to the community.

Urban Indigenous Mental Health and Substance Use Service Utilisation Survey

New initiative

The Queensland Centre for Mental Health Research (QCMHR), a partnership between Queensland Health and the University of Queensland based at West Moreton HHS, will conduct an Urban Indigenous Mental Health and Substance Use Service Utilisation Survey in Queensland. The survey will examine the type and quality of urban mental health and substance use services being accessed, to inform future policy, planning and investment in mental health and substance use services for Aboriginal and Torres Strait Islander Queenslanders.





Priority 4

Improving Access and the Patient Journey



The health system in Queensland is complex with services being delivered across broad geographical boundaries and by wide-ranging providers. Supporting patients through the health system at each stage of their health journey is integral to better health outcomes. For Aboriginal and Torres Strait Islander Queenslanders, this requires active engagement with communities to plan and design culturally capable health services.

Cultural capability needs to occur at all entry, exit and care points within the health system – hospitals, community health services, outreach clinics and primary health care centres. Private health providers (GPs, specialists and allied health professionals) also have a key role to play in supporting the patient journey. It is essential to establish health services that Aboriginal and Torres Strait Islander people feel comfortable in and are willing to access.

Strong partnerships across the system and with the community foster seamless transition through primary, secondary and tertiary care, creating a health system that delivers the best possible health services to the Aboriginal and Torres Strait Islander population, particularly in areas disproportionately impacting Aboriginal and Torres Strait Islander people and communities, such as chronic disease, rheumatic heart disease and mental disorders.

The policy response

Access to primary health care services

The cornerstone of culturally-centred care is the Aboriginal and Torres Strait Islander community controlled health sector. These services provide culturally appropriate and multidisciplinary models of comprehensive primary health care which focus on the health of the individual and their family. They complement health services provided by hospitals, general practice and medical specialists.

Queensland Health has continued to grow its investment in the sector in recent years, acknowledging its important role in increasing access to primary health care and subsequent improvements in health outcomes. This has included funding the establishment of new primary health care centres and targeted funding of primary health care programs in areas of identified need.

Over recent years, Queensland Health has provided funding to the community controlled sector to establish new primary health care centres across the state. The aim of this investment is to improve access to culturally capable health services and enable patients to access services closer to home. Queensland Health will continue to look for opportunities to expand the current primary health care system.

Galangoor Duwalami Primary Health Care Service

Continued initiative

Galangoor Duwalami Primary Health Care Service has been funded for the operation of new primary health care clinics in Hervey Bay and Maryborough. The service was also funded for the refurbishment out of its new centre in Hervey Bay to allow the expansion of the centre in response to community need.

Navigating the health system

Since 2016, nurse navigators have been introduced across Queensland Health. Nurse navigators offer a dedicated coordination role helping patients with complex health conditions navigate from their referring primary care provider, through hospital-based care, and back home again. Across the state, these positions have been valuable in supporting Aboriginal and Torres Strait Islander patients.

Indigenous Hospital Liaison Officers (IHLOs)

Continued initiative

Indigenous Hospital Liaison Officers (IHLOs) have been established within hospitals across Queensland Health to assist Aboriginal and Torres Strait Islander patients and families understand and navigate the hospital system, including linking with primary health care and improving discharge planning. IHLOs act as a cultural link between health professionals and Aboriginal and Torres Strait Islander patients and their families. IHLOs play a key role in supporting Aboriginal and Torres Strait Islander patients through their journey, including assisting in referrals to other support services. IHLOs have a critical role in supporting hospital staff to deliver culturally capable care. IHLO funding of more than \$3.4 million per annum is provided to HHSs.



Preventable Hospitalisations project

Continued initiative

This initiative, based at the Sunshine Coast, has established a team to work with patients at the interface between hospital admissions and return to community-based services. Using a team approach and working with the patient and their primary health care service, short-term interventions are used to minimise the need for ongoing acute interventions. The primary aim is to reduce the rate of avoidable and unexpected hospital presentations.

Coordinated and integrated health care

Coordinated and integrated health care across sectors and services has long been recognised as fundamental to maximising health outcomes, particularly for vulnerable patients and families with chronic or complex conditions. Queensland Health funds the Aboriginal and Torres Strait Islander community controlled health sector to provide in-reach to hospitals to support better coordination of care for Indigenous Queenslanders. Queensland Health will explore opportunities to expand innovative models of partnership with the Aboriginal and Torres Strait Islander community controlled sector to provide community-based and culturally appropriate support to Indigenous patients across the health care continuum.

The *Lower Gulf Strategy* is an example of coordinated and integrated health care – a partnership between North West HHS, Gidgee Healing and the Western Queensland Primary Health Network. It supports a collective regional approach to health service system reform, integration, planning and delivery. Community controlled Gidgee Healing services are co-located within the HHS facilities in Mornington Island, Doomadgee and Normanton, and joint planning of allied health services across the region now occurs. The longer-term vision for the *Lower Gulf Strategy* is to transition all Queensland Health primary health care services provided in the lower Gulf region to community control under Gidgee Healing. The *Lower Gulf Strategy* represents a cohesive partnership focussed on meeting the needs of the communities it services.

IUIH CONNECT

Continued initiative

IUIH CONNECT supports coordinated and integrated health care across sectors and service interfaces in south east Queensland through the Institute for Urban Indigenous Health.

IUIH CONNECT is a single contact point for individuals, carers, families, community members and service providers who require assistance in identifying available health and social support services for Aboriginal and Torres Strait Islander people. The program has a focus on supporting people through the transition from tertiary to primary health care by utilising a network of referring organisations and connecting service providers.

Culturally capable health services

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* was reviewed in 2017, to identify outcomes achieved under the Framework and provide a road map for moving further towards system-wide cultural capability. Following the review, Queensland Health will focus its efforts on aligning and integrating Queensland Health activity with broader Queensland Government and national cultural capability activity. Key areas of focus are supporting Aboriginal and Torres Strait Islander leadership, continuing to embed cultural capability across the Queensland Health workforce, and ensuring Aboriginal and Torres Strait Islander input into the planning, design and delivery of Queensland Health policies and services. *Queensland Health's Statement of Action towards Closing the Gap in Health Outcomes* (see Priority 5: Improving the System) also addresses these key themes.

Services closer to home

Providing services in the community rather than in hospital is a key mechanism to addressing both geographical and cultural barriers. As part of the broader *Specialist Outpatient Strategy: Improving the patient journey by 2020*, successful partnerships have been established between Queensland Health cardiology specialists, the Aboriginal and Torres Strait Islander community controlled health sector and Queensland Health community health services.

Cardiology outreach has been delivered to numerous rural and remote sites across the state, with around 450 Indigenous patients being seen annually. Queensland Health will continue to explore opportunities to expand this successful initiative.

Better Cardiac Care program

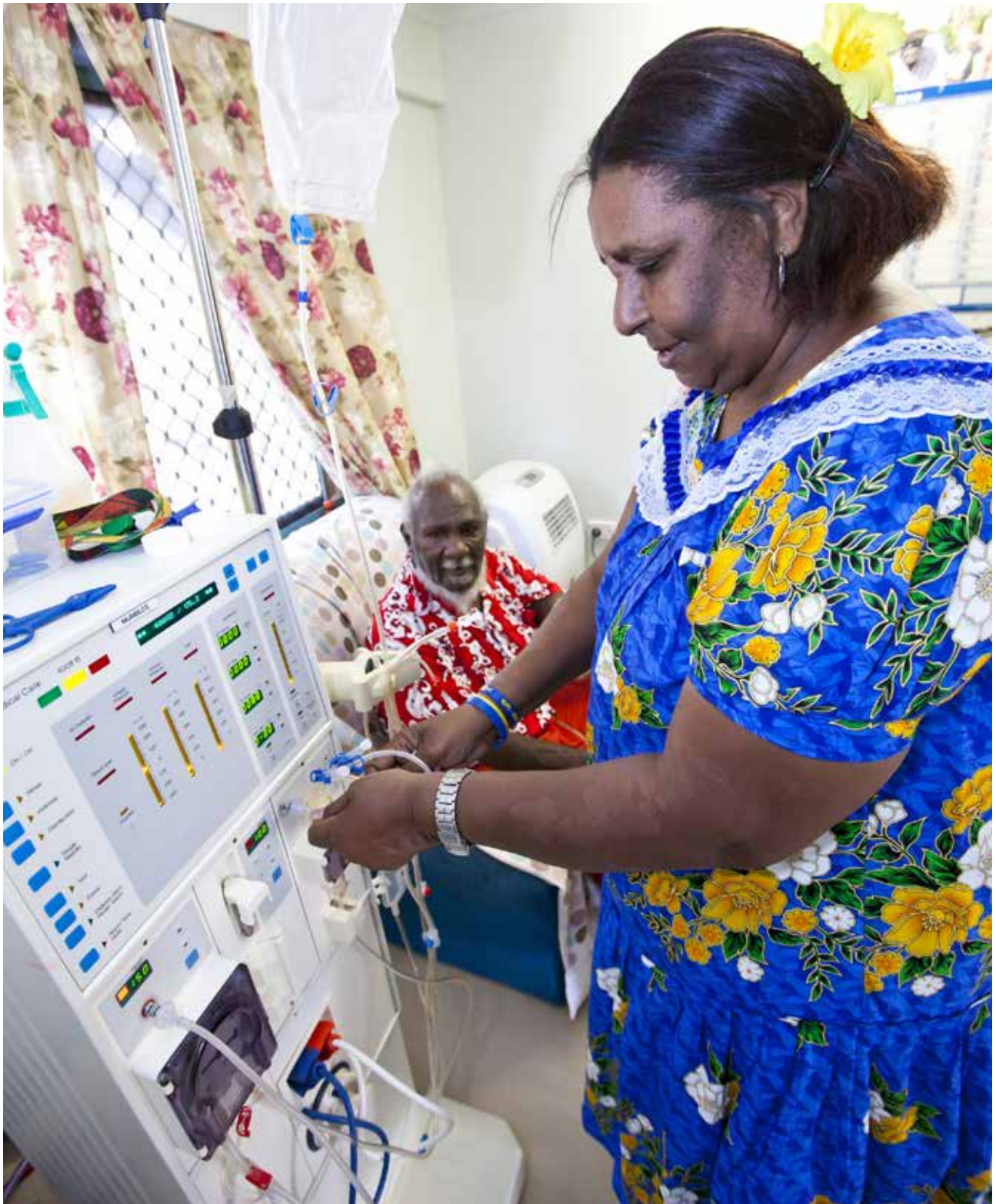
Continued initiative

The *Better Cardiac Care* program has seen cardiologists working within community controlled primary health care services to deliver specialist cardiac care. The program has partnered with the Aboriginal and Torres Strait Islander community controlled sector in Metro South HHS and uses a patient-centred approach to provide specialist cardiology services within the community.

This allows for streamlined referrals and follow up between general practitioners and specialists. The outreach program in South Brisbane has resulted in more than 350 Indigenous patients being provided cardiology treatment in urban community settings across four locations, since September 2016.

Integrating an Indigenous Health Liaison Officer into the multidisciplinary team has enhanced patient engagement, enabling the service to respond to a patient's cultural needs, as well as their clinical needs, from the patient's first clinical contact with the service. A culturally appropriate patient-specific education booklet supports a 'teach back' method to enhance patient understanding of admission, treatment and follow-up care and address health literacy barriers. Transition back to community care is streamlined through the production of a modified clinical handover document and ensuring patients are linked to their primary health care provider.

Improved patient engagement and empowerment have been key to the program's success. This has also improved clinical outcomes at 90 days including lower rates of death, heart attack, unplanned revascularization or unplanned cardiac readmission. The reduction in unplanned readmission has resulted in the saving of over 300 bed days over two years.





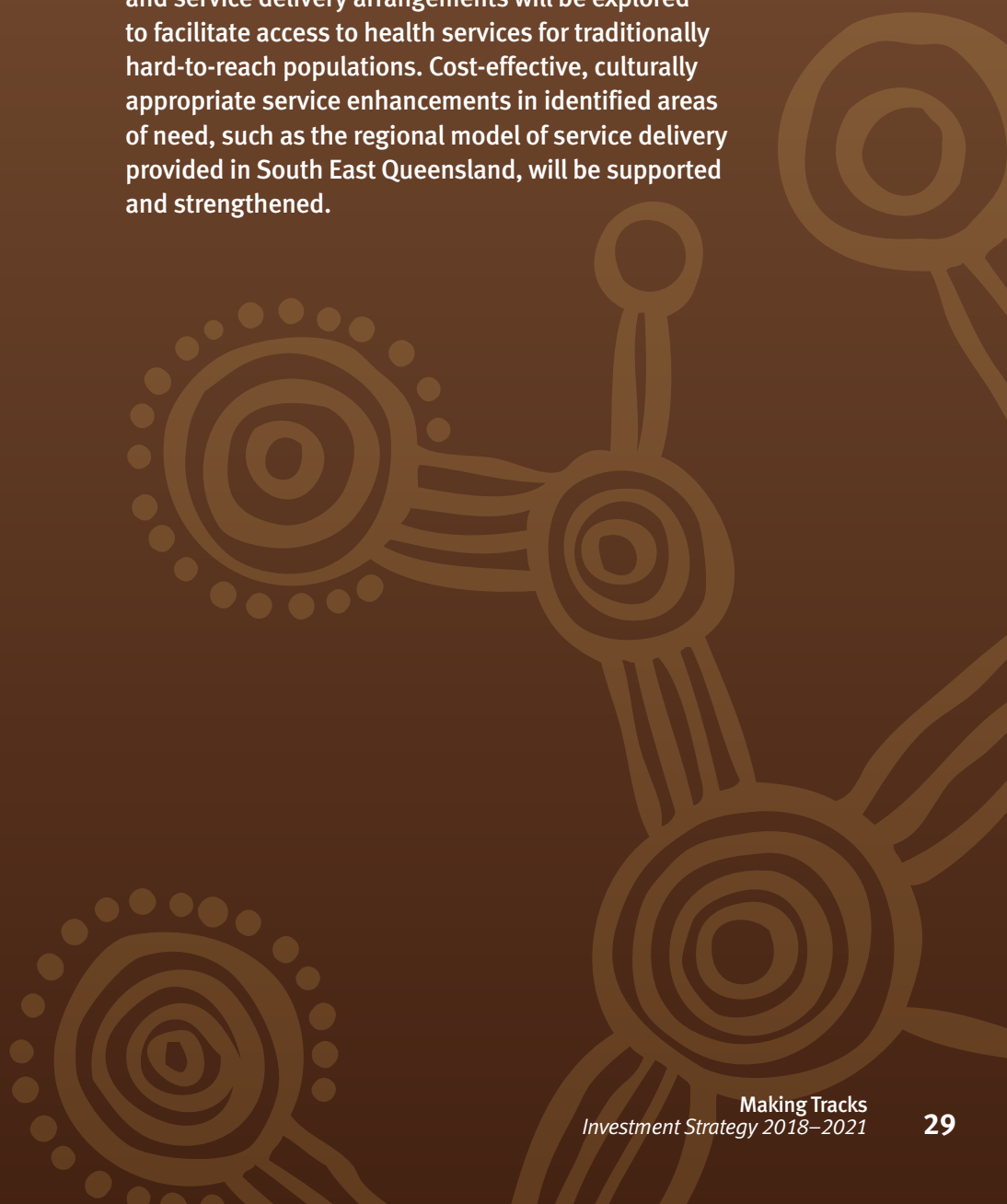


Priority 5

Improving the System



Just as the population is changing, the health system must continue to evolve to better support the needs of all Queenslanders. New and innovative models of care and service delivery arrangements will be explored to facilitate access to health services for traditionally hard-to-reach populations. Cost-effective, culturally appropriate service enhancements in identified areas of need, such as the regional model of service delivery provided in South East Queensland, will be supported and strengthened.



The policy response

The Statement of Action towards Closing the Gap in Health Outcomes

The Statement of Action aims to address institutional racism in the health system in order to improve Aboriginal and Torres Strait Islander health and wellbeing in Queensland. The vision of the Statement is to develop a health system that offers culturally appropriate, safe and responsive health care to Aboriginal and Torres Strait Islander Queenslanders. The Statement of Action commits all areas of Queensland Health to establish mechanisms to address three key action areas:

- Promoting opportunities to embed Aboriginal and Torres Strait Islander representation in Queensland Health's leadership, governance and workforce;
- Improving local engagement and partnerships between Queensland Health and Aboriginal and Torres Strait Islander people, communities and organisations; and
- Improving transparency, reporting and accountability in Closing the Gap progress.

The Statement of Action necessitates HHSs to develop Closing the Gap health plans for their health service district, which will clearly articulate activities to support improved outcomes for their Aboriginal and Torres Strait Islander population.

The Statement of Action recognises that a whole-of-government approach is essential to support Queensland Health's efforts in addressing social determinants such as income, employment, education and cultural safety, all of which have substantial impacts on the health of Aboriginal and Torres Strait Islander people.

Transition to community control

The Queensland Government remains committed to transitioning state-funded primary health care services to community controlled arrangements, where such transition is supported by the community. Community control is an evidence-based model of care that can remove barriers preventing Aboriginal and Torres Strait Islander people accessing health services.

Health services delivered through community control arrangements provide greater opportunity for local communities to inform how services are delivered in their community to align with local needs, and are community and culturally appropriate.

Community control also supports the key principles of empowerment and self-determination, pivotal to the overall health and wellbeing of Aboriginal and Torres Strait Islander people and communities.

Transition to community control is a long-standing priority of the Queensland Government, and has been progressed where there is a clear mandate that this is what community wants, and evidence that safe quality health services can continue to be delivered.

Transition will not look the same in all locations – it can occur over different timeframes, include different partner organisations, and can occur in urban, rural and remote locations.

In some communities, transition may be an agreed integrated model of care, or in others, all primary health care services be delivered by an ATSI CCHO. Every community is unique, and transition will be guided by community aspirations and readiness across key service domains including governance, quality and risk, information systems, and service planning and coordination.

The Queensland Government's commitment to community control has meant that in Yarrabah local primary health care services are now delivered by the local ATSI CCHO, Gurriny Yealamucka Health Service, under community control arrangements, and transition is also being progressed in the lower Gulf and Cape York regions through collaboration with Gidgee Healing and Apunipima Cape York Health Council.

Palm Island comprehensive primary health care

Continued initiative

The Palm Island Health Action Plan 2018–2028 was launched in April 2018. The establishment of a comprehensive primary health care service on Palm Island, supporting a shift towards a strengthened prevention and early intervention approach which encompasses social determinants of health is a priority in the Plan.

A new Palm Island primary health care facility is scheduled to be opened in 2018–19. This new facility will be the central hub for health services on Palm Island.

Under the Plan, Townsville HHS is committed to the transition of primary health care services on Palm Island to community control arrangements, providing greater opportunity for Palm Island residents to inform health service decision-making and delivery.

Innovation in service delivery

Establishing and trialling new models of service delivery supports improved access and provides an opportunity to better integrate services across the health system. Breaking down the barriers between primary, allied and acute care is an important part of supporting Aboriginal and Torres Strait Islander people in health. Existing service models should be examined to gauge their effectiveness and how they could be enhanced to better meet the needs of their target populations.

Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Metro South HHS

Continued initiative: \$6.6 million
(over three years from 2018–19)

The Inala Indigenous Health Service evolved from a small health service to a state of the art teaching and research facility under the banner of the Centre of Excellence. The Centre provides training for the Aboriginal and Torres Strait Islander health workforce, community development, and a research agenda centred on best practice models of care.

The purpose-built Centre of Excellence opened in 2013, providing general clinical services (GP) fully integrated with onsite specialist services for ophthalmology, paediatrics, hepatology, endocrinology and cardiology (echocardiograms and exercise stress tests) all within a primary health care setting.

In January 2018, the Centre expanded access to specialist care to include adult, child and adolescent psychiatry, and hepatology services. This Centre now has over 6,000 patients.



Dental health services in ATSI CCHOs

Continued initiative

Preventative and treatment dental services are being delivered through an integrated model of care across south east Queensland. Integrating services into primary health care increases access to dental services in a culturally capable environment.

Culturally capable health services

The second edition of the National Safety and Quality Health Service (NSQHS) Standards was released in November 2017, with six Aboriginal and Torres Strait Islander-specific actions. The six actions cover working in partnership with Aboriginal and Torres Strait Islander communities, building a culturally capable workforce and environment, addressing specific health needs, and improved identification of Aboriginal and Torres Strait Islander people. Many other actions in the NSQHS Standards support improvements in health care for Aboriginal and Torres Strait Islander people. Health service organisations, including hospital and health facilities, will be assessed against the new standards from January 2019.

Monitoring and reporting

Queensland Health continues to measure and report against the collective efforts across the health system to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders.

Measuring performance is multi-purpose – it informs progress toward closing the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders, it enables better targeting of Making Tracks investment funding, and it establishes an evidence base for targeting mainstream investment to best meet the needs of Aboriginal and Torres Strait Islander people.

A strong evidence base in Aboriginal and Torres Strait Islander health outcomes has been developed over the past decade, which has enabled more clarity around challenges the system faces, and to a lesser extent, initiatives which are impacting on closing the gap.

Queensland Health monitors and reports on the Queensland health system's progress against the two COAG Closing the Gap targets, which are also reported annually on a national basis by the Australian Government.

Queensland Health measures progress across a range of population health outcomes through the annual *Closing the Gap Performance Report*, which provides a localised overview of the COAG Closing the Gap targets, as well as a range of statewide supporting indicators that gauge system-wide progress for Queensland Government. The *Burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people* documents also monitor and report on population health outcomes and provides an envelope of disease burden to target investment.

Program specific investment is also monitored to ensure that investments which are having an impact can be enhanced and maintained and funding that is not impacting can be redirected to optimise investment.

Queensland Health measures activity and system effectiveness through HHS Service Agreement Key Performance Indicators, which include the domains of safe, effective, patient-centred, timely, efficient and equitable.

Queensland Health has established two new Aboriginal and Torres Strait Islander-specific high-level indicators for monitoring HHS efforts to improve Aboriginal and Torres Strait Islander health outcomes.

The first focuses on infant and maternal health, specifically reducing the incidence of low birth weight babies born to Aboriginal and Torres Strait Islander mothers.

The second indicator focuses on Aboriginal and Torres Strait Islander representation in the Queensland Health workforce and sets growth targets for the Aboriginal and Torres Strait Islander workforce within HHSs.

The suite of existing HHS key performance indicators will also be disaggregated to enable HHSs to identify the ongoing impact of system changes for their Aboriginal and Torres Strait Islander population.

The Department is also streamlining reporting and quality frameworks for the Aboriginal and Torres Strait Islander community controlled health sector for projects funded under Making Tracks. This includes stronger utilisation of the national Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care and external accreditation systems.



Making Tracks

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

Investment Strategy 2018–2021

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