Let’s Yarn Health Equity

First Nations Health Consumer Survey Report

May 2022

Gold Coast Health always care

Queensland Government

Gold Coast Health Let's Yarn Health Equity First Nations Health Consumer Survey Report

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This report may be shared with the broader organisation and other stakeholders. Findings and recommendations may inform actions taken by the organisation and used for publication and conference presentation.

Acknowledgement of Country

Gold Coast Health acknowledges and pays respect to the past, present and future Traditional Custodians and Elders of the ***Yugambeh*** Language region and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

Disclaimer:

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1. Summary

The *Hospital and Health Boards Regulation 2012* was amended to include the development of a Health Equity Strategy which states "*the Service's key performance measures, as agreed by the Service and the Chief Aboriginal and Torres Strait Islander Health Officer, that relate to improving health and wellbeing outcomes for Aboriginal people and Torres Strait Islander people".* [1] Furthermore, in planning for a sustainable health service, the state's Department of Health has explored service integration and planning as a collaboration between the Department, Hospital and Health Services (HHS), clinicians, consumers and other key entities in the health sector, including Primary Care Networks. An agreed approach to assess health need at a local level through Local Area Needs Assessments (LANAs) was defined and the health and service needs of communities are being analysed to identify where available resources should be directed to address the greatest health need and/or deliver the greatest impact or value. [2]

Health Equity Strategy development is underpinned by the principle of co-design and similarly the LANA process requires complimentary consultation with communities, health professionals and health service providers. The Gold Coast Hospital and Health Service (GCHHS) Aboriginal and Torres Strait Islander health consumer survey was designed to further engage Gold Coast First Nations health consumers in the health equity agenda, while also exploring health need.

This report presents the GCHHS Aboriginal and Torres Strait Islander health consumers survey results and findings in relation to health equity and health need. The discussion highlights key learnings which support action in the following areas:

- Aboriginal and Torres Strait Islander Community engagement
- Aboriginal and Torres Strait Islander Community information assets
- GCHHS Aboriginal and Torres Strait Islander Health Service and targeted programs
- Indigenous status
- Aboriginal and Torres Strait Islander health promotion activities focusing on prevention
- Patient reported measures
- Racial discrimination and institutional racism
- Workforce
- Reconciliation.

2. Background

What does health equity mean for Queensland?

Health equity adopts a social justice and human rights-based approach to health and healthcare access by responding to differences between groups of people that considers what people need to attain their full health potential. The health system plays a pivotal role in addressing health equity, but every segment of society underpins health through the economic and social conditions in which people grow, live, work and age. Society as a whole, and not the health system alone, creates the foundations for good health.

A First Nations health equity approach is being adopted to galvanise a renewed and shared agenda to improve Aboriginal and Torres Strait Islander people's health outcomes, experiences and access to care across the health system. This agenda aims to build on the foundations of the past to reshape the health system by placing 'health equity' at its centre. To be successful, it must be underpinned by representation, leadership and shared decision-making with Aboriginal peoples and Torres Strait Islander peoples to change the current power balance and create a health system free from racism and discrimination.

First Nations Health Equity— a working definition

Achieving First Nations health equity requires eliminating the avoidable, unjust and unfair health differences experienced by Aboriginal and Torres Strait Islander peoples by addressing social and economic inequalities, historical injustices, racism and discrimination that lead to poorer health.

Strategies to achieve health equity include:

- Prioritising effort, strengthening accountability and redirecting investment across the health system
- Valuing our First Nations leadership and cultural strength
- Adopting and investing in different approaches
- Delivering culturally safe, responsive and capable healthcare services that First Nations peoples want and need to create healthier futures
- Eliminating racism and discrimination.

The First Nations health equity reform agenda has been set to address the legacy of institutional racism, strengthen relationships with First Nations peoples and implement new approaches to eliminate the

avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples.

First Nations Health Equity Strategy

One of the most significant reforms is the amendment to the Hospital and Health Boards Act 2011, requiring each Hospital and Health Service (HHS) to develop and implement a Health Equity Strategy in partnership with First Nations peoples and local Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs).

GCHHS adopted an SEQ regional and local approach to the development of a First Nations Health Equity Strategy. In response to the signing of a Statement of Commitment to reach First Nations Health Equity in South East Queensland by 2031, Institute of Urban Indigenous Health (IUIH) prepared the South East Queensland First Nations Health Equity Strategy, to provide a way to unite South East Queensland's Hospital and Health Services on the best way to achieve health outcome parity. GCHHS provided two consultation reports to inform the development of the Regional SEQ First Nations Health Equity Strategy, which was released in April 2022.

Committed to a genuine partnership approach, the GCHHS First Nations Health Equity Strategy Draft was co-designed with the local First Nations community and released to the public on 6 May 2022, for a period of 30 days to allow stakeholder feedback.

Local Area Needs Assessment

Queensland Health reports significant improvements in access to services across the continuum of care, attributed to the assessment of growth in service activity and funding allocation to support the delivery of these services. [3] However, health inequalities between various population groups remain.

To address these inequities, Queensland Health is seeking to transform its approach and utilise a more comprehensive assessment of the health need of a community to guide health service planning, models of care development and service commissioning. This approach includes the introduction of a Local Area Needs Assessment and priorities at each Hospital and Health Service (HHS) in partnership with Primary Health Networks (PHNs), Aboriginal and Torres Strait Islander Community Controlled Health Organisations, other local partners and consumers. [4]

healthcare need can be defined as a gap in a person's health state, which would benefit from an appropriate and effective care intervention – that is, the capacity to benefit from services which may be health education, disease prevention, diagnosis, treatment, rehabilitation or palliative care.

Consultation with communities

Community engagement and consultation can provide insights into the health needs of the population and barriers to service access that cannot be drawn from quantitative data alone.

GCHHS commenced the *Let's Yarn Health Equity* campaign in January 2022 as part of the First Nations Health Equity Strategy co-design process. Community participants raised the continual comparison between Aboriginal and Torres Strait Islander community members and the broader community as an example of a deficit-based narrative and preferred the opportunity to tell their health story.

The recent emergence of storytelling or Yarning as a research method in Australian Aboriginal and Torres Strait Island studies, and other Indigenous peoples of the world, is gaining momentum in education and social sciences. [5]

A survey was developed to explore GCHHS First Nations health consumer experience and guide deeper conversations via forums and focus groups. These processes support the local Aboriginal and Torres Strait Islander community to construct and communicate their unique health narrative and prioritise health action.

3. Methodology

Aim of activity

This activity was designed to engage health consumers from the Gold Coast Aboriginal and Torres Strait Islander community to explore:

- Health priorities and system enhancements for the Gold Coast Aboriginal and Torres Strait Islander community
- COVID-19 dose 3 uptake and/or hesitancy
- GCHHS ability to demonstrate Reconciliation Statement commitments.

Population and sampling method

The target population was defined as First Nations health consumers – that is, adult Aboriginal and Torres Strait Islander community members who accessed a Gold Coast Health Hospital or Fever Clinic between December 2021 and February 2022. The survey used a non-probability convenience sampling method, which engages those who meet certain criteria such as accessibility, availability at a given time, geographical proximity and willingness to participate.

The sampling framework included adult Aboriginal and/or Torres Strait Islander community members who attended a GCHHS fever clinic or hospital with a valid mobile number. Data was sourced from Gold Coast Health analytics and the medical division of the Divisional Analytics and Reporting Team (DART).

A Short Message Service (SMS) generated the survey invite and a maximum of two reminder messages were sent. The Gold Coast Public Health Unit data team identified participant COVID-19 vaccination status to assist guide follow-up phone calls, initially made to offer a free “COVID-19 Protected” polo shirt to double vaccinated community members. A selection of identified adults was contacted via phone to offer COVID-19 collateral, which may have influenced survey response. Response to the survey was voluntary and informed.

Survey development

As outlined in Figure 1, a draft survey was developed using two types of preparation: survey instrument development and survey administration and design.

The survey instrument was designed using existing literature and subject matter experts. To ensure the questions provided strong empirical evidence toward the overall program goal, the draft was initially reviewed by:

- Aboriginal and Torres Strait Islander Health Service
- Strategy and Health Service Planning (Epidemiologist)
- Gold Coast Public Health Unit (Epidemiologist and Assistant Project Officer).

After incorporating suggested changes, the revised survey was pre-tested to reduce measurement error and determine response burden and whether questions would be interpreted correctly by a sample of identified Aboriginal and Torres Strait Islander staff within GCHHS in a range of disciplines within four GCHHS service areas: Aboriginal and Torres Strait Islander Health Service, Nursing, Gold Coast Public Health Unit and Allied Health.

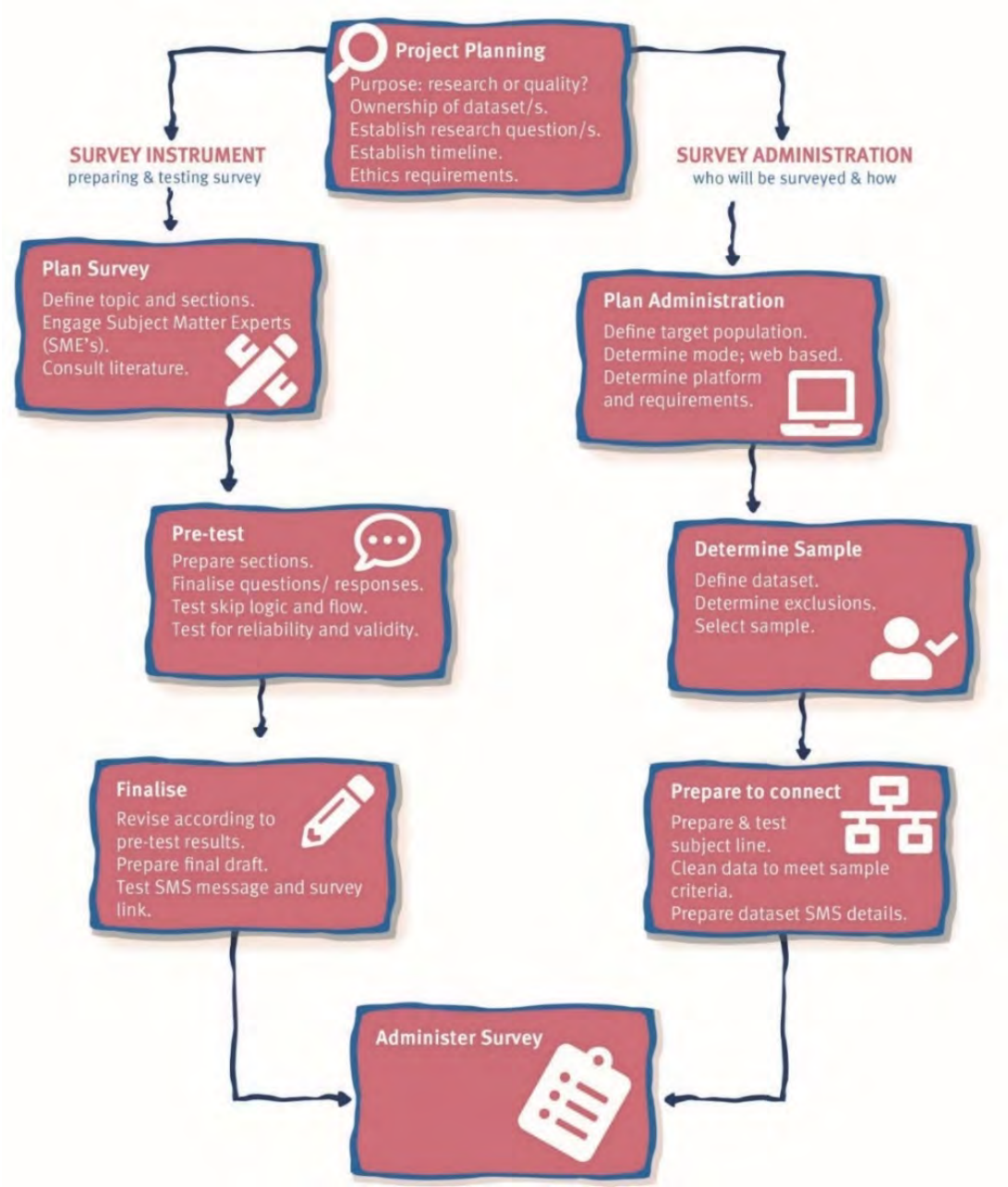

Figure 1: Survey development

Survey administration

The Survey, Figure 2 was administered over 32 days from 14 March 2022 to 14 April 2022, using Gold Coast Hospital and Health Services - Citizen Space, Consultation Hub, as a private consultation, available via URL. Citizen Space is a digital platform designed to support the end-to-end process of public involvement: design and creation of a response mechanism; data collection; final feedback and response publishing.

The survey was self-administered as an online questionnaire to avoid any interviewer and volunteer bias.

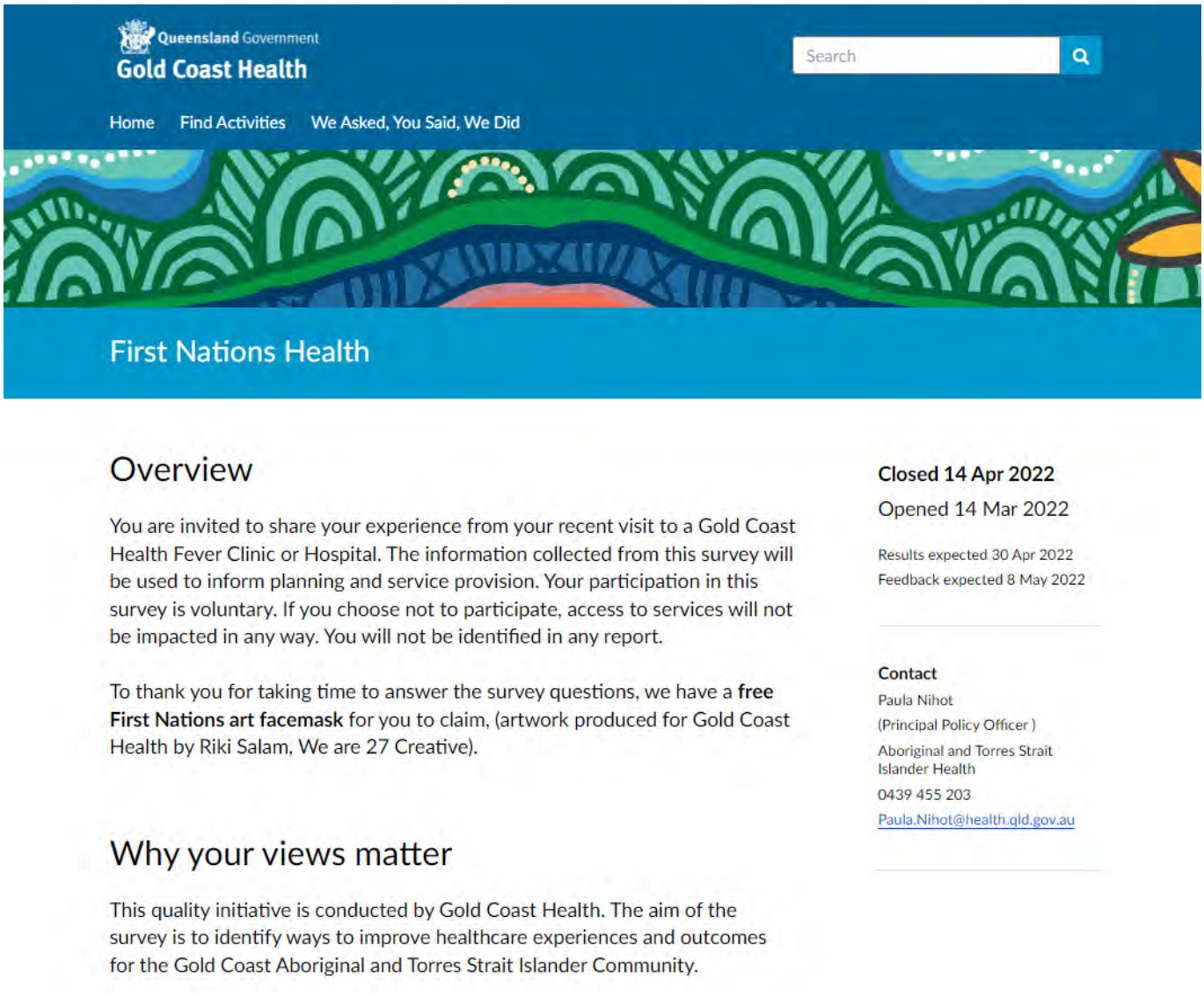

Figure 2: First Nations Health Survey

Respondent engagement

The survey was a private consultation, only communicated to adults with a valid mobile number presenting at a GCHHS fever clinic (Gold Coast University Hospital and Robina Health Precinct) between 14 October 2020 and 31 January 2022. Duplicate data was removed so that each adult only received one invite to participate.

A survey invitation including the survey link was sent via SMS from a Queensland Health email account to the sample, enabling respondents to take the survey on their mobile phone. Three text invites were utilised to communicate the survey opportunity (Figure 3).

Figure 3: SMS invite to participate

The SMS survey link directed respondents to the Gold Coast Health Consultation Hub COVID-19 survey landing page (Figure 2), which provided respondents the survey overview, contact and timeframes. As a quality improvement initiative, participation was voluntary. Survey invitees were informed that non-participation would not impact access to services and that respondents would not be identified in any report. A bespoke artwork mask was offered as an incentive to those completing the survey.

Telephone calls

Previous research conducted by the GCPHU (2021) found that Aboriginal and Torres Strait Islander people were three-to-four times more likely to disagree or strongly disagree that the COVID-19 information provided at the Fever Clinic was *user-friendly*, *understandable*, *easy to read* and *trustworthy*, compared to non-Indigenous people. Furthermore, the GCHHS *Let's Yarn Health Equity* Community engagement processes found that First Nations health consumers and staff (GCHHS and Kalwun) raised the need to explore opportunities to improve discharge planning to enhance patient continuity of care.

This quality initiative identified that a telephone call to selected members of the dataset would be an opportunity to build a continuity of care process for GCHHS Fever Clinic presentations. GCPHU provided an identified registered nurse (COVID-19), to make the telephone calls. Telephone calls were structured with the following enquiry process:

- Health status following test / COVID-19 case
- Awareness of GCHHS Aboriginal land Torres Strait islander Health Service and targeted programs
- Survey SMS received (offer to re-send)
- COVID-19 vaccination (offer a *Make the Choice* shirt to those who have received two doses of vaccine)
- Whether recipient had additional questions and/or something else to share.

Participant confidentiality and data storage

Respondents' participation remained anonymous and collected responses were not coded or linked to the dataset. While survey respondents may have elected to claim a free mask, this was not connected to an individual's survey response and required respondents to claim their mask via email to a dedicated First Nations Health Equity account (Figure 4).

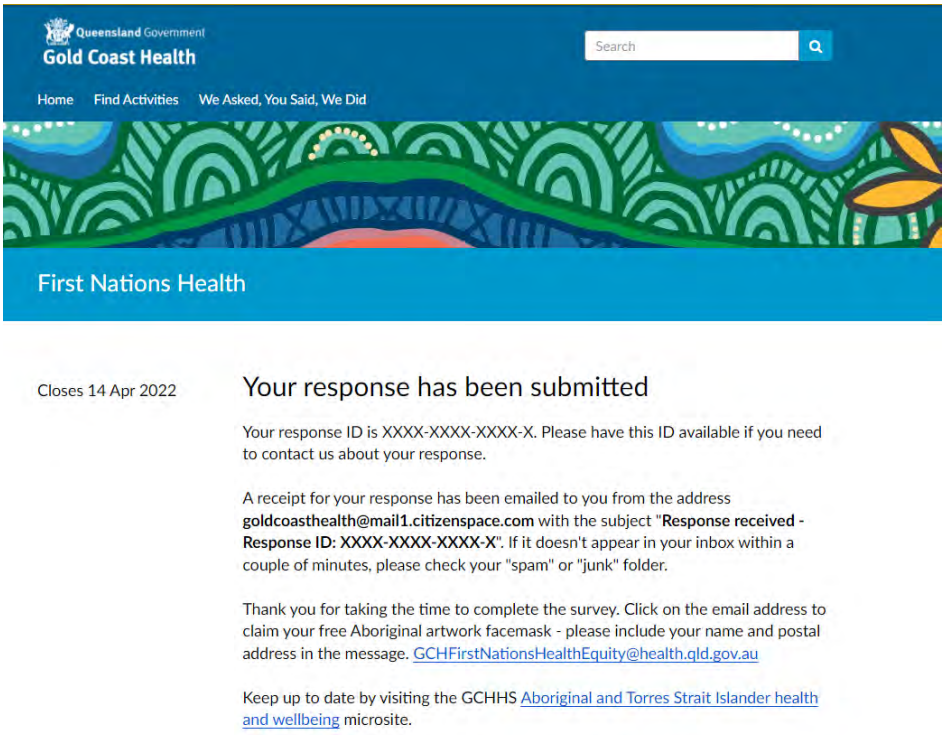

Figure 4: Response submitted message with details to claim artwork mask via email

Data storage

Collected data was stored on a Queensland Health secure network drive.

Limitations

As the survey was only administered to identified adults who engaged with Gold Coast health for a COVID-19 test, or hospital admission, a selection bias has been noted. We found that each engagement solicited additional responses, suggesting the greater the interaction between the potential respondent and those collecting the data, the higher the response rate.

The sample relied on accurate Indigenous status collection and willingness to identify as an Aboriginal and Torres Strait Islander person. Missing or incorrect Indigenous status in health data is commonplace, as found in this sample. A misclassification bias is noted.

The sample consisted of those attending a fever clinic, which suggests engagement in health, adoption of health-seeking behaviour and compliance with Government directives. All survey respondents reported receiving a COVID-19 vaccine revealing a vaccine acceptance bias.

Selected respondents were contacted via phone and if COVID-19 vaccinated (two doses) offered a COVID-19 protected polo shirt or singlet which may have influenced response. Telephone calls were made during work hours and from a private number. Due to an immense amount of scam or fraudulent calls from non-identified callers, a lack of trust, hesitancy, and scepticism to answer such calls exist.

The use of the internet by Aboriginal and Torres Strait Islander audiences varies depending on age, technical skill and location and may influence response rates.

4. Results

Approximately 8800 Aboriginal and Torres Strait Islander adults aged 18 years and over reside on the Gold Coast (2020 ERP). The survey targeted Aboriginal and/or Torres Strait Islander adults aged 18 years or older with a mobile number who attended a Gold Coast Fever Clinic or were admitted into a Gold Coast hospital facility between 01 December 2021 and 28 February 2022, a total of 684 unique persons.

Figure 5 shows that the Gold Coast Fever Clinics recorded 492 unique Aboriginal and/or Torres Strait Islander adults aged 18 years or older presented for a COVID-19 PCR test and 405 people had their Indigenous status recorded as Not Stated / Unknown or left blank over the three-month period.

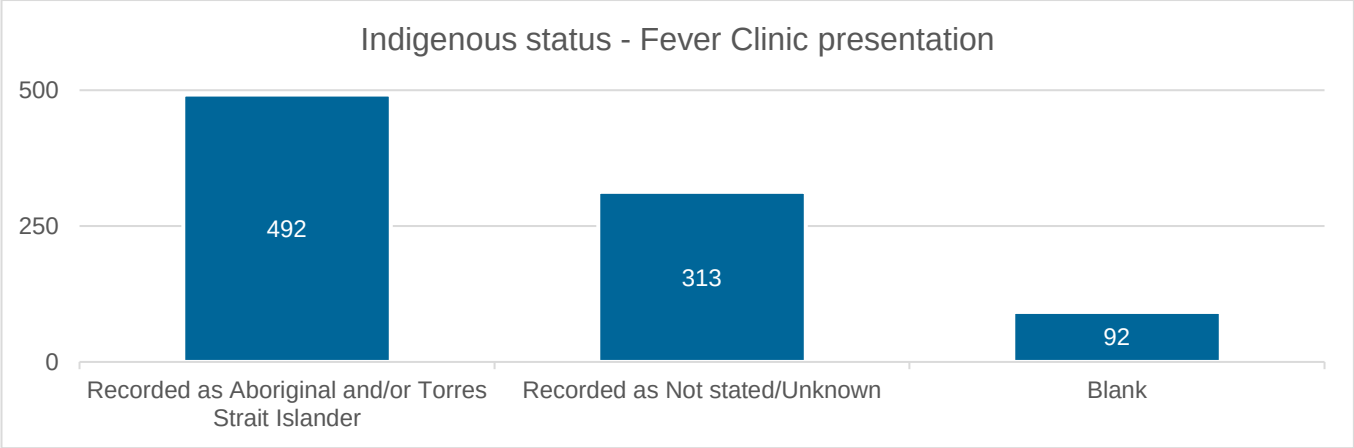

Figure 5: Gold Coast Fever Clinic Indigenous Status records (Dec 2021 - Feb 2022)

Survey results

The following results section documents findings from the GCHHS First Nations Health survey.

Demographics

A total of 133 respondents undertook the SEQ First Nations Health survey. Survey respondents were aged 18 years and older. A total of 125 respondents identified as being of Aboriginal and/ or Torres Strait Islander origin, while eight respondents identified as non-Indigenous, indicating incorrect Indigenous Status recording in the hospital information system. Non-Indigenous responses have been removed from the data analysis in the results and discussion sections of this report.

As seen in Figure 6, more females than males completed the survey (68% female, 32% male), which was a different proportion to the sample set (55% female, 45% male).

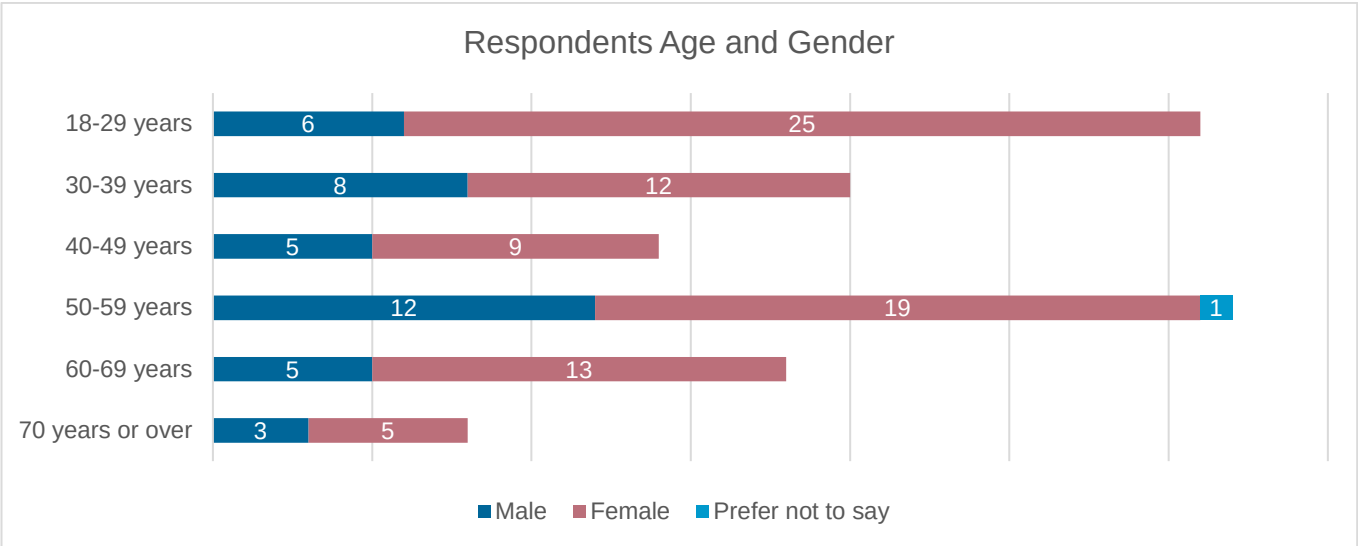

Figure 6: First Nations respondents by age range and gender

The largest responses were from those aged 18-29 years and 50-59 years (25% and 26% of respondents respectively). As seen in Figure 7, over 50% of the sample group was aged under 40 years (61%) whereas over 50% of the respondents were aged 40 years or over (59%) The largest response was from those aged 50-59 years, followed by those 18-29 years (26% and 25% respectively).

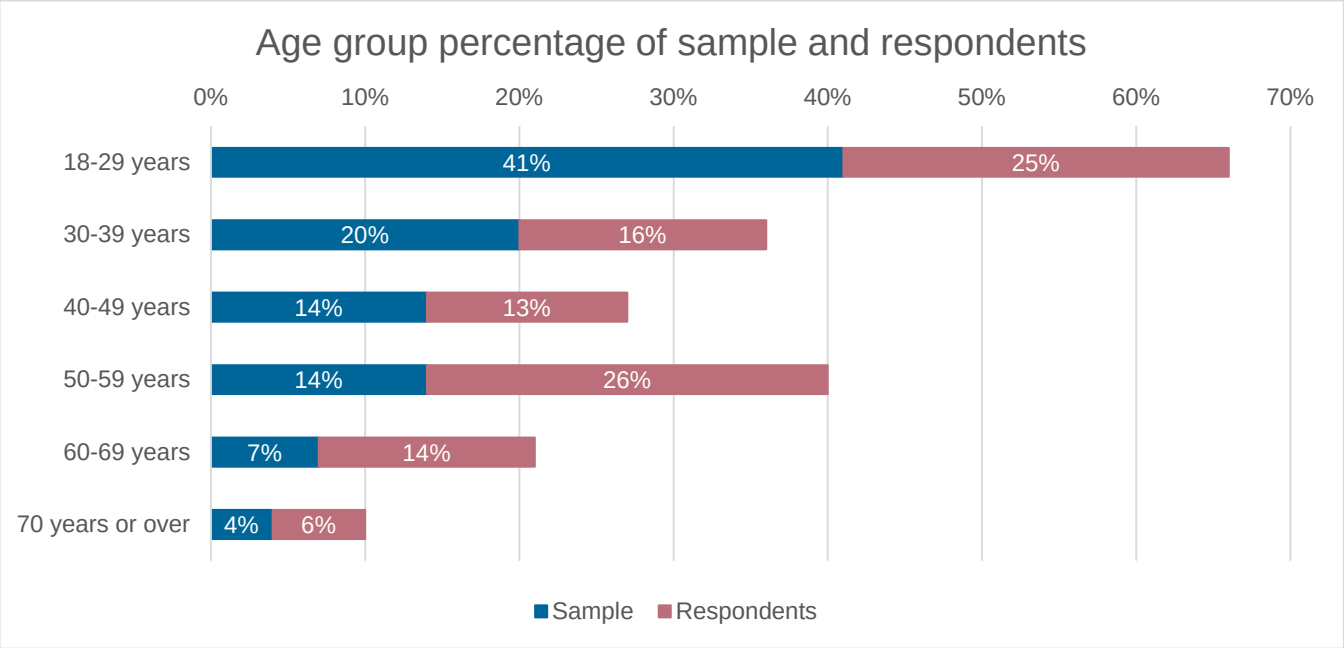

Figure 7: Sample and respondent age groups

The majority of respondents reside within the Gold Coast Local Government Area (92%), with postcodes distributed from 4207 – 4227. Ten respondents were residents from outside the Gold Coast LGA from both within Queensland and interstate locations:

- Queensland - five (two near Brisbane and three near Cairns)
- NSW - two
- Victoria - two
- South Australia – one.

Telephone conversations with 210 of the 492 people who had attended a Gold Coast Fever clinic found seven people had been incorrectly identified within the data set, suggesting inaccuracies in the GCHHS ability to identify and record Aboriginal and/or Torres Strait Islander status as prescribed in the National Safety and Quality healthcare Service (NSQHS) Standards.

Health priorities

Identifying areas of health need as an individual and community helps to inform service and program decisions. Question 1 asked respondents to rate the importance of identified health categories. As

presented in Figure 8, physical health (cancer, diabetes, heart, lung and kidney disease) was rated with the highest *extremely important* response, closely followed by social and emotional wellbeing (anxiety, depression and self-harm) (87% and 79% respectively). Physical health, social and emotional wellbeing and lifestyle (physical activity and healthy eating) did not receive any responses of *Not very important*.

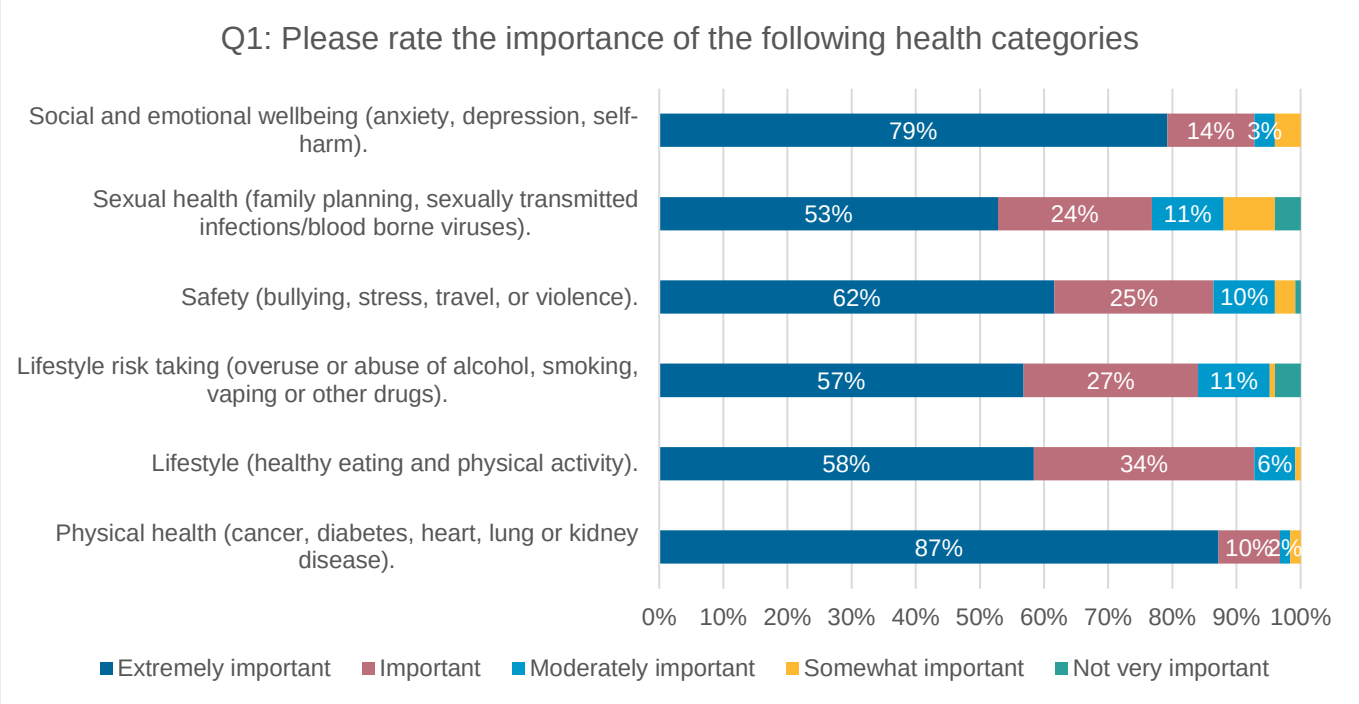

Figure 8: Rated importance of health and wellbeing issues

Other health priorities rated as important have been themed as:

- Infant and child health
- Family health
- Oral health
- Complex care
- Support groups
- Cultural connection and capability.

Question 2 asked respondents to reflect on their recent GCHHS experience and rate their satisfaction with the service against prescribed criteria. Overall, Figure 9 reveals a high level of satisfaction with the service ('very satisfied' and 'satisfied' responses) when compared to dissatisfaction ('dissatisfied' and 'strongly dissatisfied' responses). Satisfaction was particularly high in three areas, 'access', 'affordability', and 'enough time spent with patients' (78%, 75% and 78% respectively). Satisfaction was lower when looking at cultural capabilities within service provision; 'ability to eliminate racial discrimination' and

'ability to deliver culturally safe healthcare' (67% and 73% respectively). The ability of the health service to inform patients about healthcare options, including Indigenous health services programs and support, recorded the lowest level of satisfaction by respondents (54%).

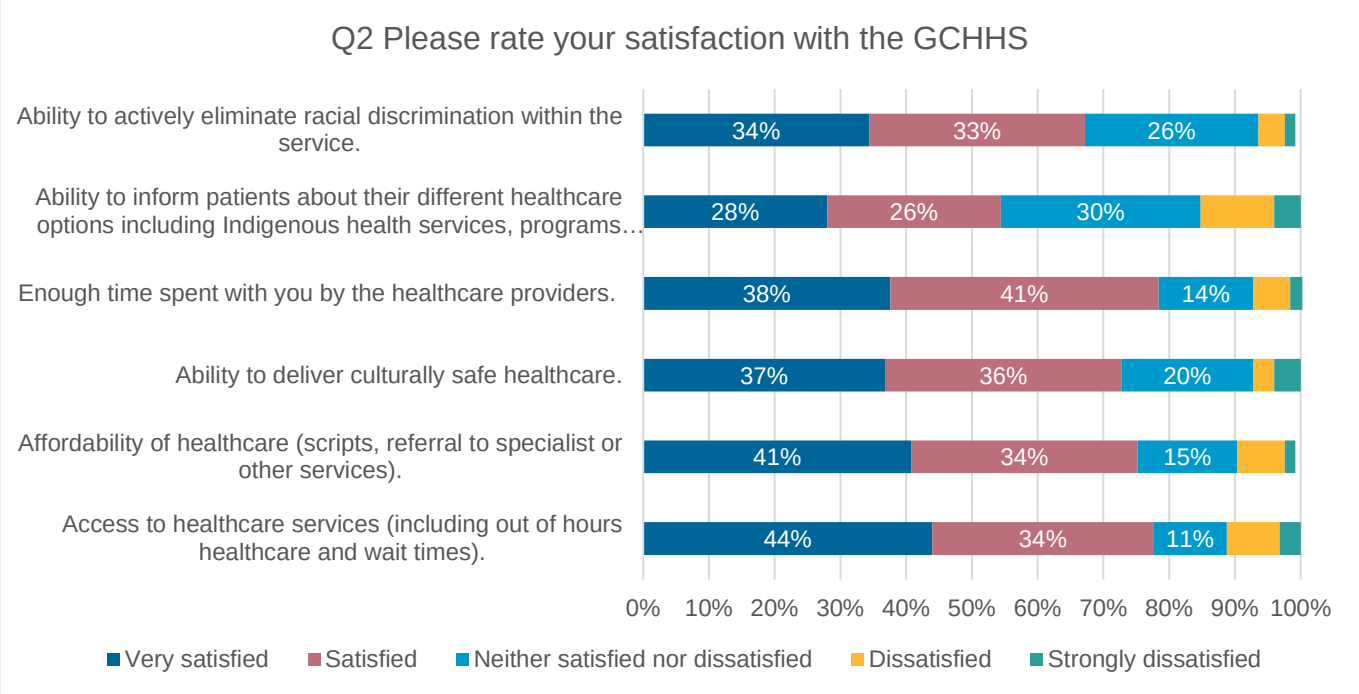

Figure 9: Service satisfaction

Aboriginal and Torres Strait Islander health is viewed in a holistic context that recognises not only physical health and wellbeing but also the social, emotional and cultural wellbeing of individuals, families and communities throughout the entire life course. Question 3 asked respondents to consider what could be done differently in Gold Coast Health to ensure patients are treated as a whole person.

> "Don't invalidate patient concerns making people feel crazy for believing that medications are working for them."
>
> Female respondent 20-24 years

> "More staff and more hospital beds, I was sent home at midnight due to low staff in the short stay unit."
>
> Male respondent, 15-19 years

Figure 10 reveals that *Avoiding long wait periods* and *increasing the number of Aboriginal and Torres Strait Islander staff* received the highest response (65% and 63% respectively) which was followed by *staff training to increase cultural awareness and referrals to First Nations services and programs* (61%).

With the exception of *talking regularly with Aboriginal and Torres Strait Islander community members* (49%) the provided categories received over 50% of respondents' selection.

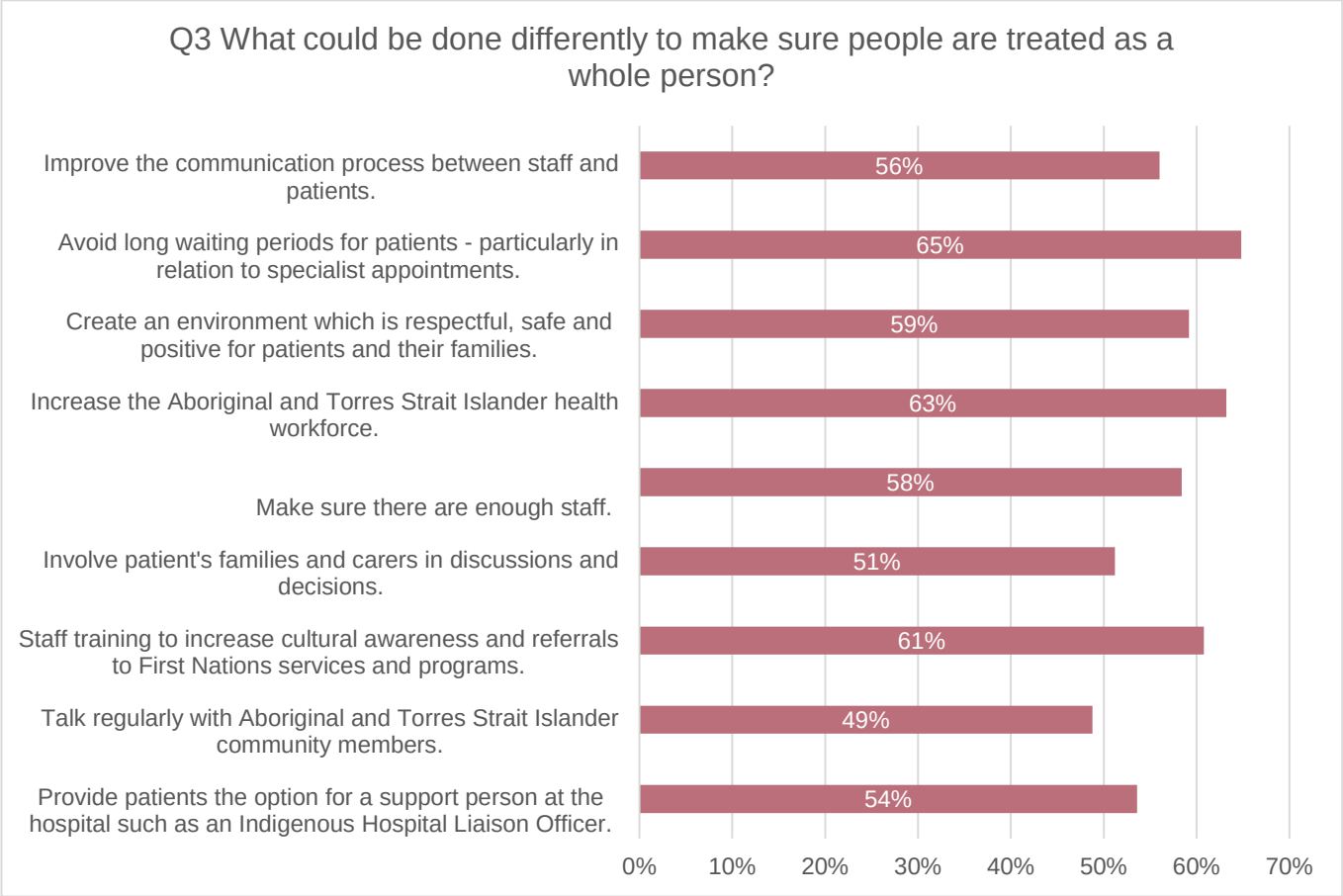

Figure 10: Treating people as a whole person

There were eight additional responses to question 3 which have been themed below:

- Communication skills (listen to the patient and display empathy throughout communication process)
- Support access through increased service (more staff, beds and weekend appointments)
- Cultural capability (increased cultural awareness and respect)
- Aboriginal artwork on uniforms/workwear.

Question four sought to identify opportunities to involve Aboriginal and Torres Strait Islander patients and carers in healthcare decisions (Figure 11). The highest response related to information and communication; *provide patients with enough information that is easy to understand and access* and *avoid complex medical jargon and provide information in simple and clear English* (65% and 62%

respectively). This was followed by *increasing the Aboriginal and Torres Strait Islander workforce* and *creating an environment which is respectful, safe and positive* (61% and 60% respectively).

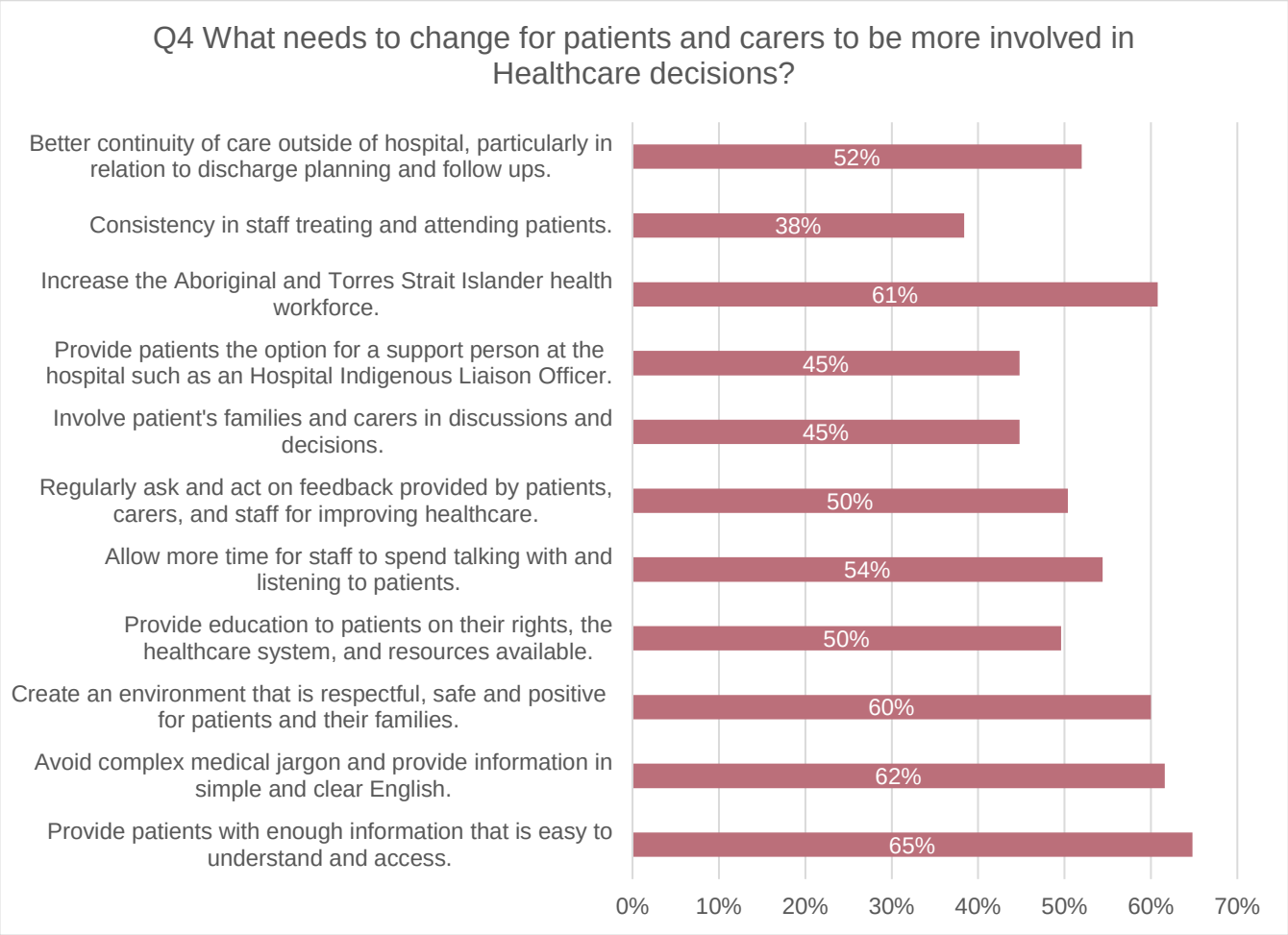

Figure 11: Changes to support First Nations patients and carers involvement in healthcare decisions

There were seven other responses to question four which have been themed and listed below:

- Communication (listen to the patient, less paperwork and more time with medical staff and explain what is happening, why, when, how)
- Free parking at all hospitals
- Operate under a cultural intelligence framework.

> "I have nothing but good praise and humility for GCUH environment."
>
> *Female respondent 50-54 years*

> "Acknowledge patients and carers questions and concerns, do not shut them out."
>
> *Female respondent 20-24 years*

Burden of disease

The Australian Burden of Disease Study 2018 reports a reduction in the burden connected with coronary heart disease, stroke, Type 2 diabetes and COPD (inflammatory lung disease) between 2003 and 2018 for Aboriginal and Torres Strait Islander Australians. While this is good news, an increase in burden associated with social and emotional wellbeing (anxiety, depression, suicide and self-harm) and chronic kidney disease was seen over the same 15-year period.

At an individual disease level, coronary heart disease showed the largest decrease over time between 2003 and 2018. Question 5 asked respondents if they remembered attending or hearing about a range of heart health programs. Recall for hearing about or participation in heart health programs (Figure 12) was greatest for the Deadly Choices healthy lifestyle program (63%), followed by the Annual Health Check (59%).

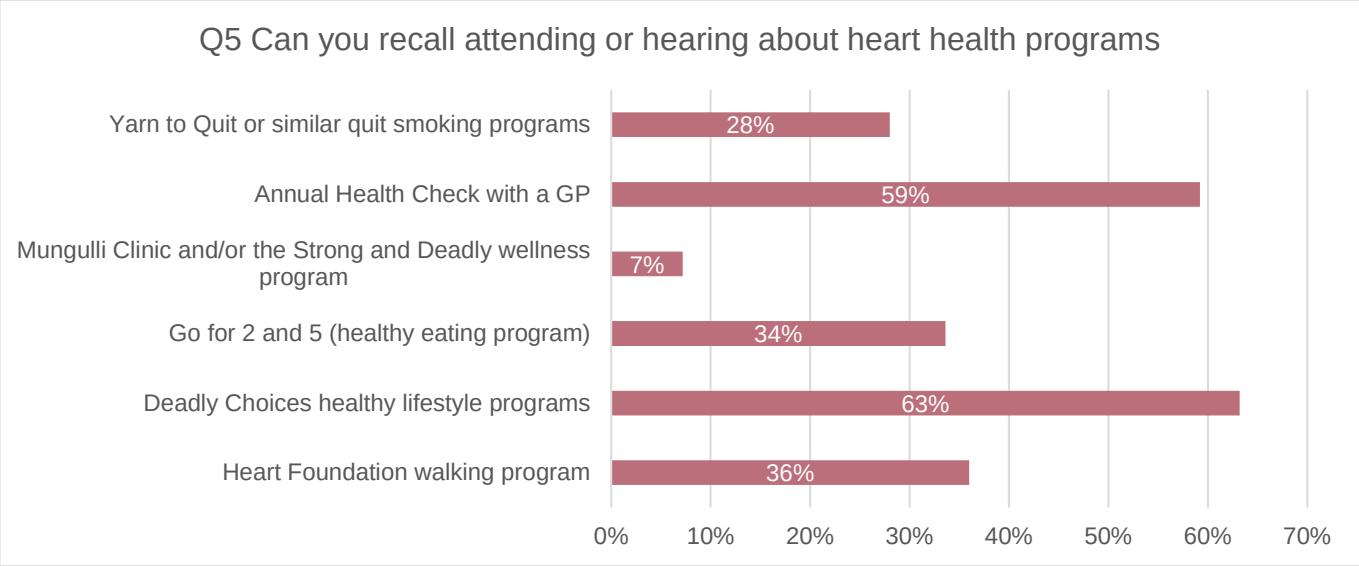

Figure 12: Heart health program recall

Seven respondents recalled other programs which have been themed and listed below:

- Community-based programs (parkrun, City of Gold Coasts Active & Healthy program, City of Gold Coasts Naturally GC program, Indigenous marathon project, Life be in it)
- Kalwun Health programs
- Smoking cessation programs (Quit B Fit).

> "parkrun."
>
> *Male respondent 15-19 years*

> "Life be in it – if Norm, a 'lethargic, beer-bellied, middle-aged couch potato, more interested in watching TV than doing exercise', could include daily activity in his normal routine, then I could too."
>
> *Female respondent 50-54 years*

An increase in total burden was reported within social and emotional wellbeing health conditions (anxiety, depression, suicide and self-harm). Question 6 asked respondents what they thought could help to reduce this burden in community. Figure 13 reveals that there was support for all the approaches presented, but the largest response was to support *access to social and emotional wellbeing services/programs delivered by Aboriginal and Torres Strait Islander people* (73%).

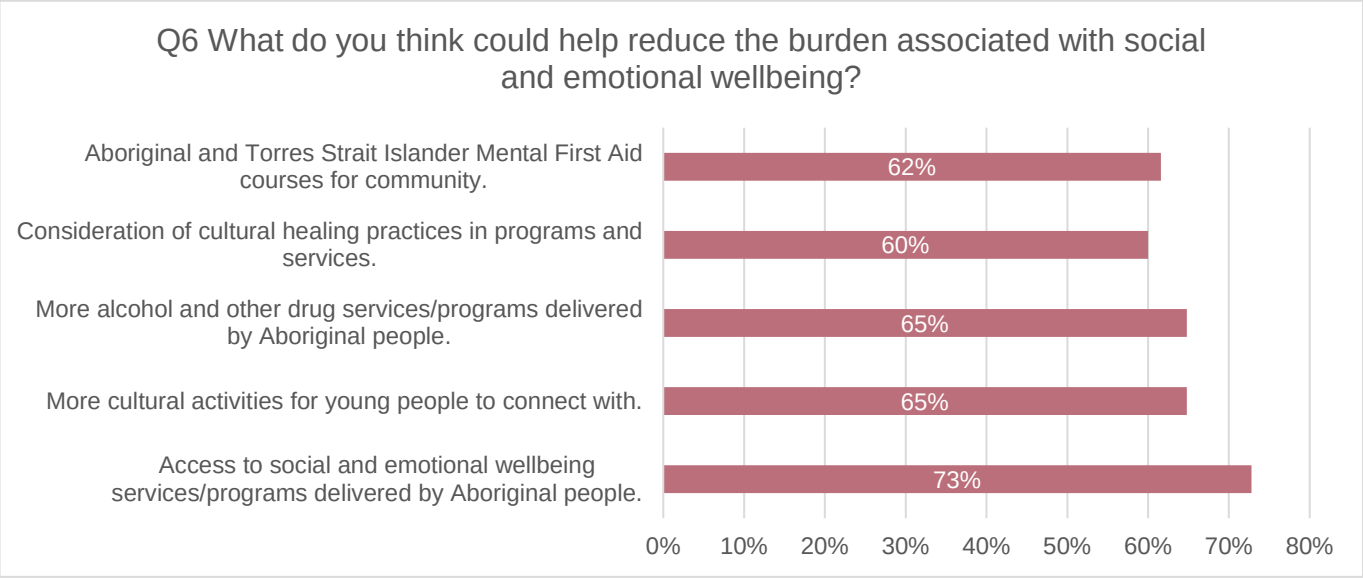

Figure 13: Reducing Social and Emotional Wellbeing burden

There were nine additional responses to this question, which have been themed below:

- Increased number of staff (Indigenous health workers, psychologist for transgenerational trauma)
- Permanent culturally safe space to heal, connect and educate
- Cultural safety
- Support groups
- Increased cultural awareness.

> "More available psychologist for transgenerational trauma which can be the cause of mental health issues."
>
> *Female respondent 20-24 years*

> "More Indigenous health workers required."
>
> *Male respondent 50-54 years*

> "Men's groups - groups where young males can speak openly and honestly about how they feel."
>
> *Male respondent 15-19 years*

Cancer is a major cause of illness and death among Aboriginal and Torres Strait Islander peoples, and this continues to increase. Question 7 asked respondents to consider what could help reduce cancer (lung, liver, breast, bowel, cervical and prostate) rates in the community. Respondents reported support for early detection, 'annual health check with GP' and 'national cancer screening programs' (90% and 71%), along with 'Deadly Choices or similar healthy lifestyle program' (77%) as ways to reduce cancer rates in Community (Figure 14).

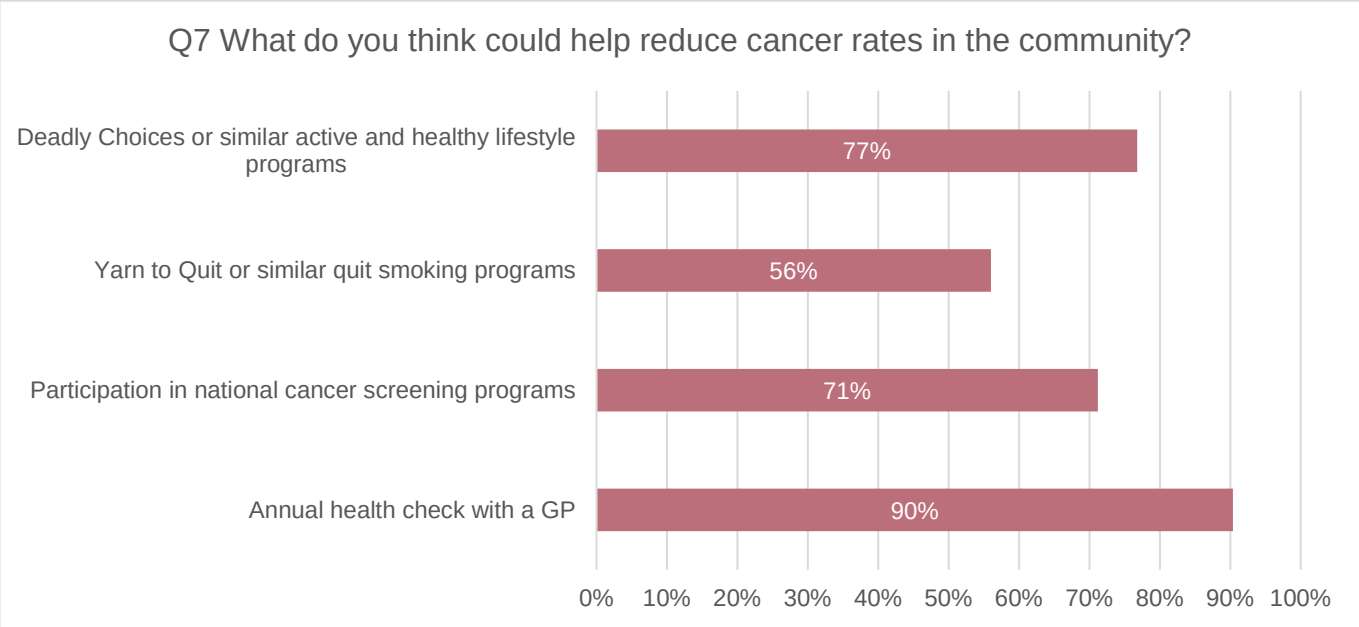

Figure 14: Ways to reduce cancer rates in community

Eight additional responses to this question were provided, which have been themed and listed below:

- Affordability of healthcare and specialist services
- Cultural safety (place, healthcare, healthcare professionals)
- Increase cost for unhealthy products (cigarettes)
- Annual CT scan.

"GP not having bias towards cultural or physical appearance (eg over weight) and relating more to medical symptoms."

Female respondent 20-24 years

"Doctors need to have less judgement and more understanding when younger Indigenous females ask for cancer checkups. It would be a great peace of mind to be tested and not brushed off."

Female respondent 30-34 years

The survey used burden of disease information over a 15-year period, which enabled participants to see change over time. When asked if this was useful in determining the local Aboriginal and Torres Strait Islander health narrative and making data informed decisions, 83% of respondents agreed (Figure 15).

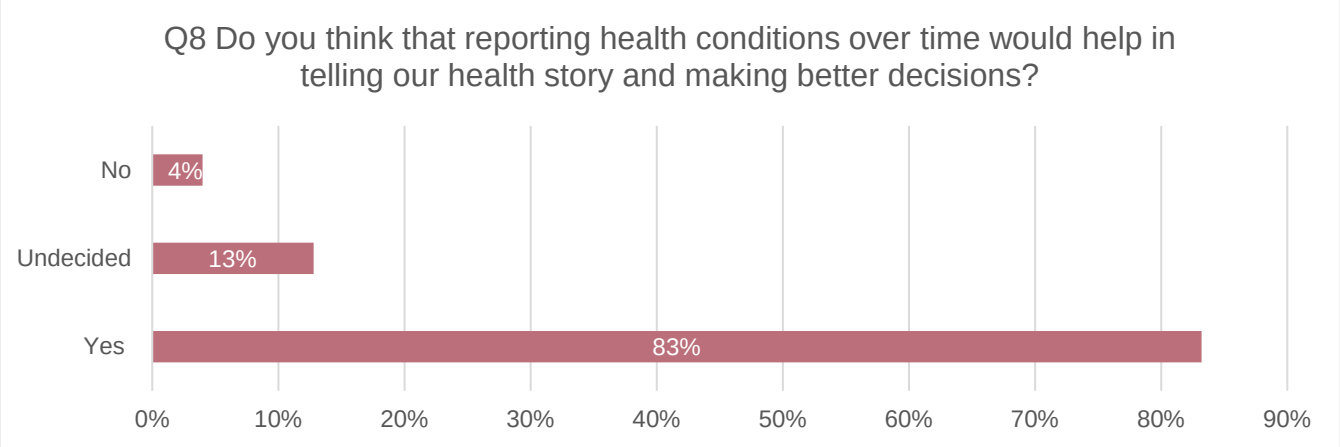

Figure 15: Reporting health condition data over time

Living in full health

Aboriginal and Torres Strait Islander peoples are, on average, living most of their lives in full health, which to some degree can be linked to prevention, early detection, and early treatment. When asked to describe individual health and wellbeing overall (Figure 16), most respondents (76%) reported 'very good' or 'good' (34% and 42% respectively). Three per cent of respondents reported their overall health and wellbeing as 'excellent' and 6% considered their health and wellbeing 'poor'.

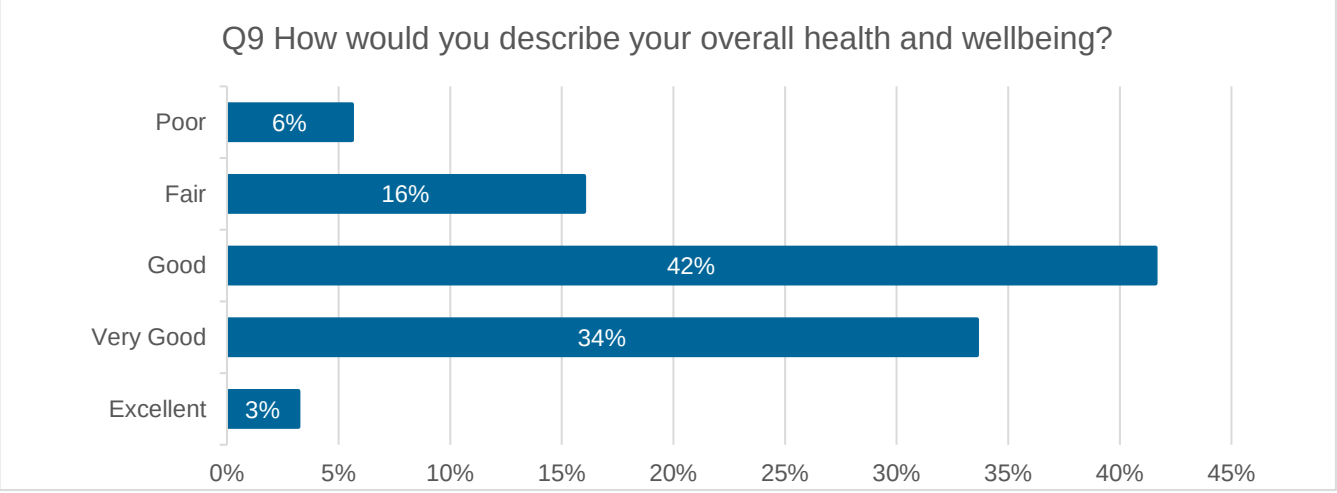

Figure 16: Overall health and wellbeing

When exploring overall health and wellbeing by respondent age group, Figure 17 reveals that those aged 20-24 years and 25-29 years were more likely to rate their wellbeing as 'very good' (60% and 67% respectively), this was followed by those 60-69 years (50%). The older respondents aged 75 years and

over and 70-74 years were most likely to rate their overall health and wellbeing as ‘good’ (67% and 60% respectively). While the overall percentage of respondents reporting ‘poor’ health was 6%, the age groups most likely to report poor health was 30-44 years. Only three age groups reported ‘excellent’ health: 30-34 years (29%), 35-39 years (8%) and 55-59 years (9%).

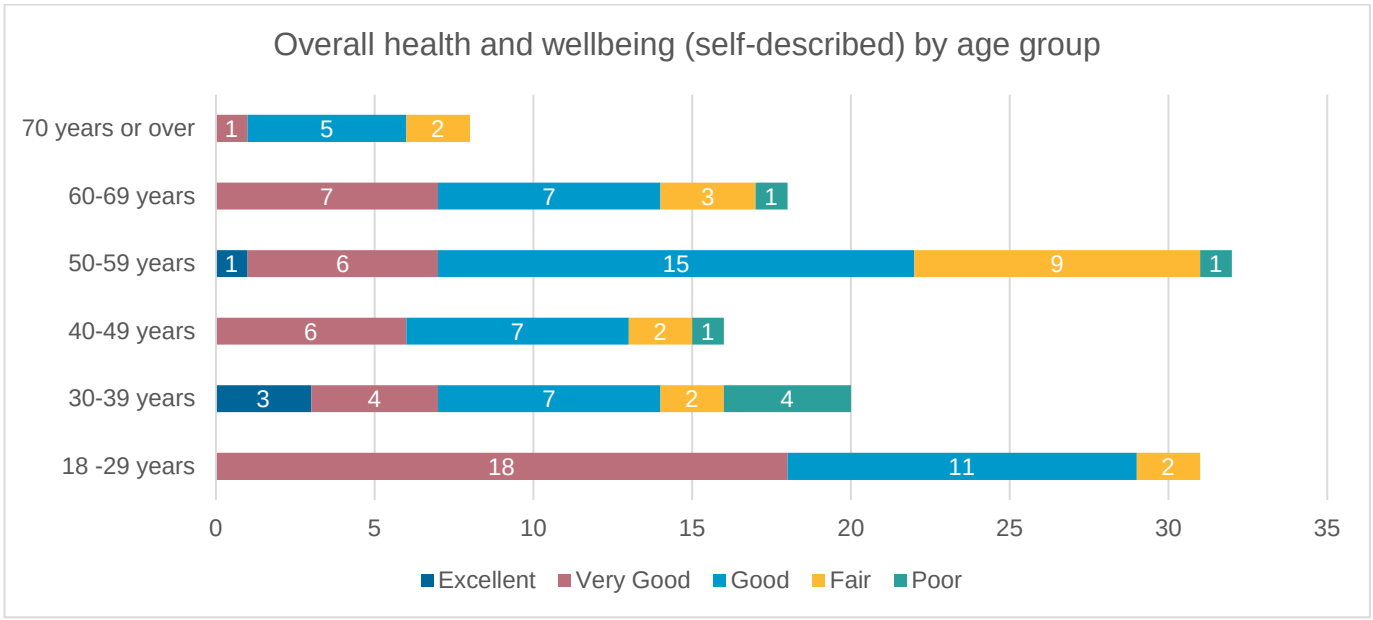

Figure 17: Overall health and wellbeing by respondent age group

Aboriginal and Torres Strait Islander people across the age spectrum can access an annual health check under Medicare Benefits Schedule (MBS) 715 item, free at Community Controlled Health clinics and bulk billing health clinics. Question 10 asked respondents how frequently they have an annual health check. Figure 18 reveals that 38% of respondents ‘always’ have an annual health check and 27% ‘never’ have an annual health check.

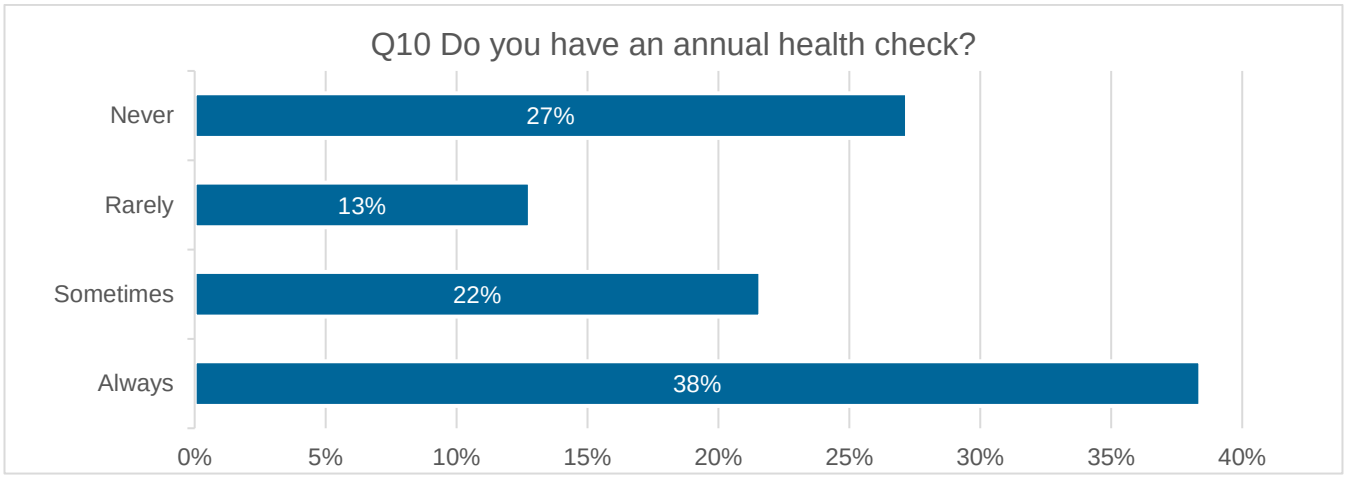

Figure 18: Annual health check

When exploring annual health check by age group, Figure 19 presents that for those aged 75 years or over, respondents reported ‘always’ having an annual health check (100%) and for those aged 15-19 years, respondents reported ‘never’ having a health check (100%).

Respondents more likely to report that they ‘always’ or ‘sometimes’ had an annual health check (over 50%) were in the age groups from 35 years and older. Respondents more likely to report ‘rarely’ or ‘never’ having an annual health check (over 50%) were in the age groups 34 years and younger.

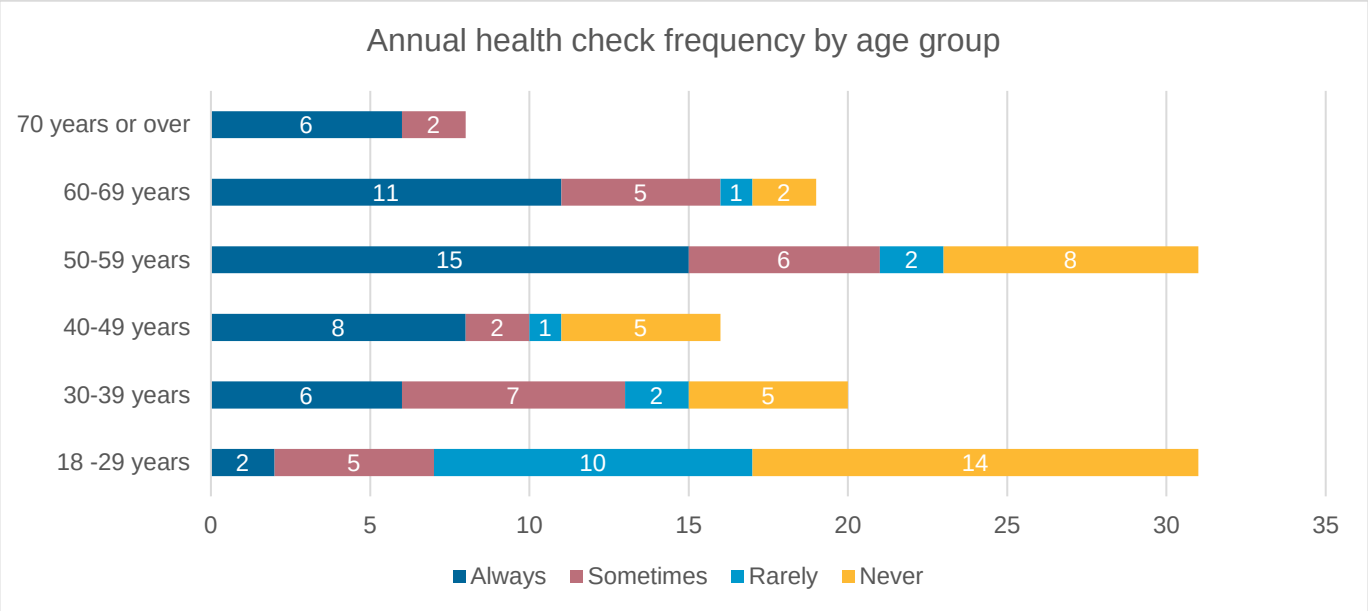

Figure 19: Annual health check by age group

Following an annual health check, medical practitioners identify opportunities to support patients to make choices for good health. This may include follow-up care with services or programs. Question 11 asked respondents whether a doctor made a referral to health services or programs after an annual health check.

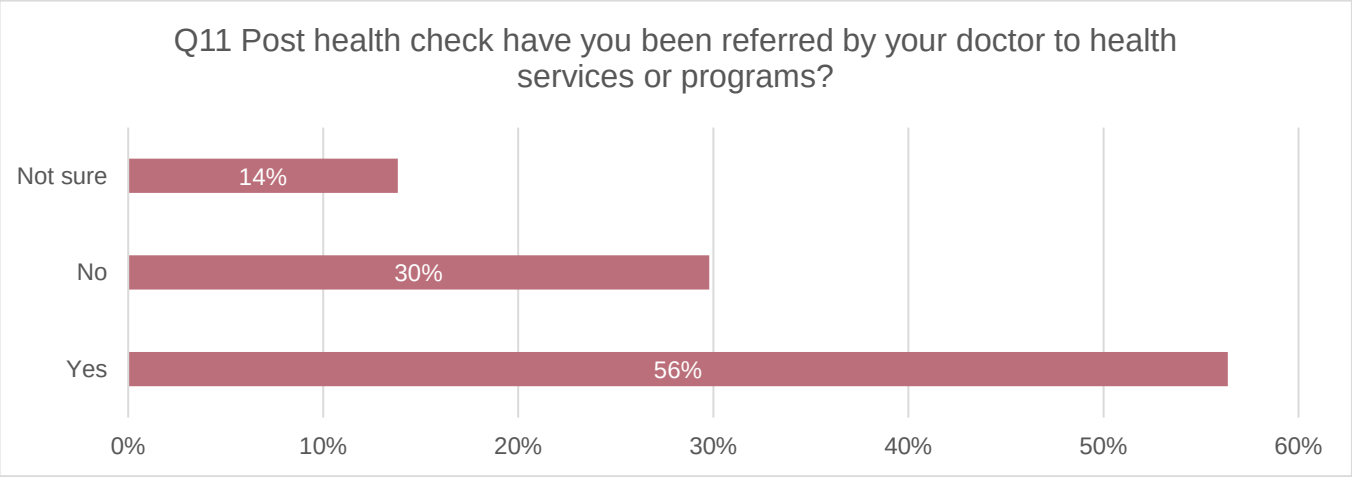

Figure 20: Health service or program referrals post health check

When removing the 25% of respondents who had not had an annual health check, Figure 20 reveals that for those undergoing an annual health check, most respondents (56%) had been referred to health services or programs.

Question 12 enquired as to whether health insurance was considered affordable by respondents. Figure 21 reveals that health insurance was considered affordable by 12% of respondents (2% completely agree and 10% somewhat agree). Most respondents (73%) disagreed with the statement ‘health insurance is affordable’ (43% completely disagreed and 30% disagreed).

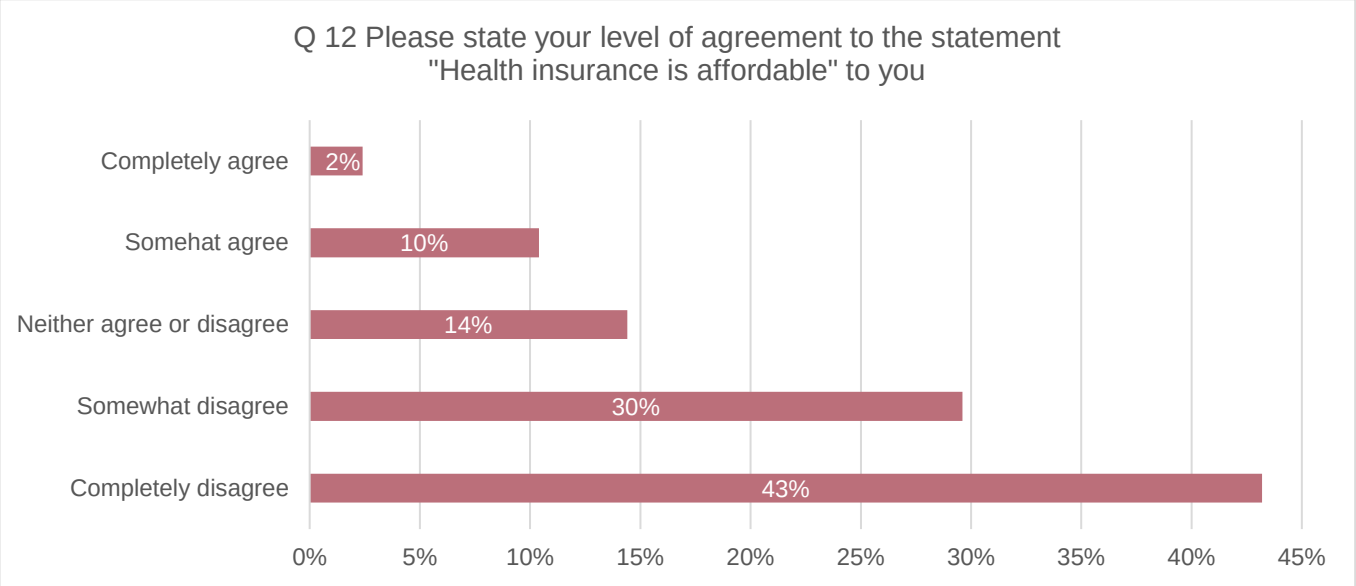

Figure 21: Affordability of health insurance

Vaccine behaviour

Vaccination behaviour was explored in an endeavour to ascertain whether prior vaccination behaviour influenced COVID-19 vaccine uptake.

Influenza vaccine

The annual influenza (flu) vaccine is free for all Aboriginal and Torres Strait Islander people aged six months and over through the National Immunisation Program (NIP). Question 13 asked respondents whether they had an annual flu vaccination. Figure 22 shows that most respondents (54%) ‘always’ have their annual flu vaccine, with a further 25% ‘sometimes’ having their annual flu vaccine. 32% of respondents reported rarely or never having the annual flu vaccine (10% and 12% respectively).

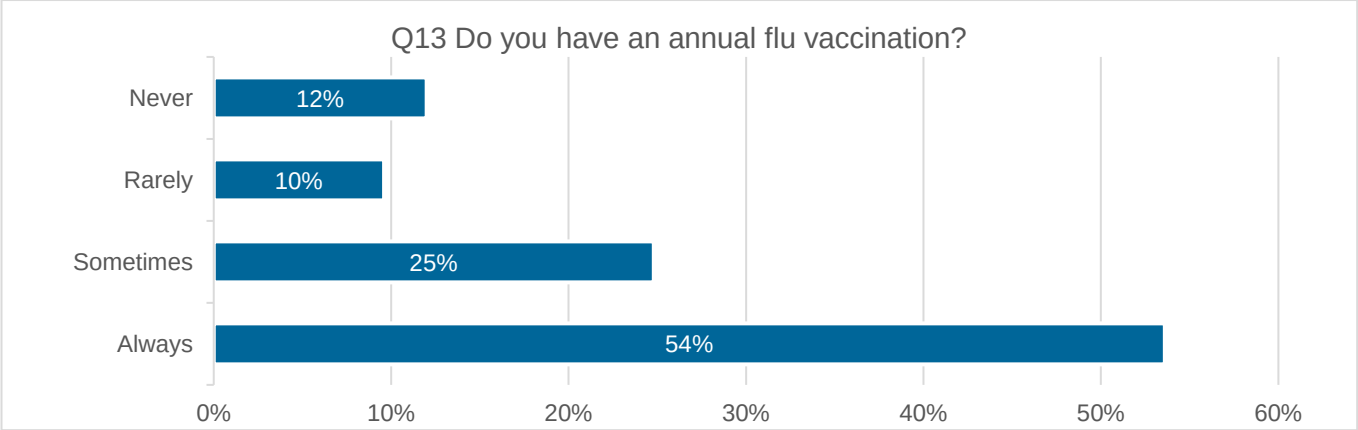

Figure 22: Annual flu vaccination

Figure 23 presents annual flu vaccine uptake by age group. Respondents aged 45 or older were more likely to report that they 'always' received a flu vaccination, while most participants aged 30-34 years (86%) reported that they 'rarely' or 'never' received a flu vaccination (57% and 29% respectively). Respondents aged 44 and younger had mixed responses across most answer options.

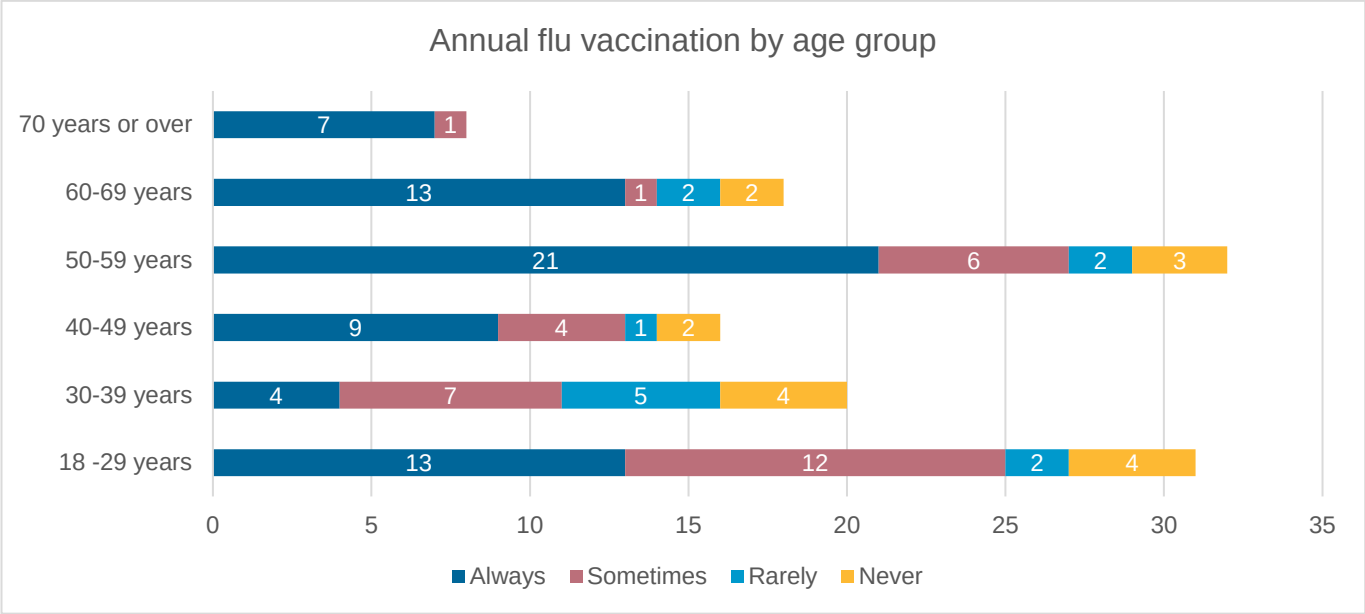

Figure 23: Annual flu vaccination by age group

Pneumococcal vaccine

Aboriginal and Torres Strait Islander peoples aged 50 and older are recommended to receive an additional pneumococcal vaccination (three doses in total). Question 14 sought to identify whether respondents aged 50 years or older had received the additional pneumococcal vaccination. Figure 24 reveals that 65% of respondents aged 50 year or over had not received three doses of pneumococcal

vaccine while 22% had. 13% of respondents were unsure as to whether they had received the additional third dose of pneumococcal vaccine.

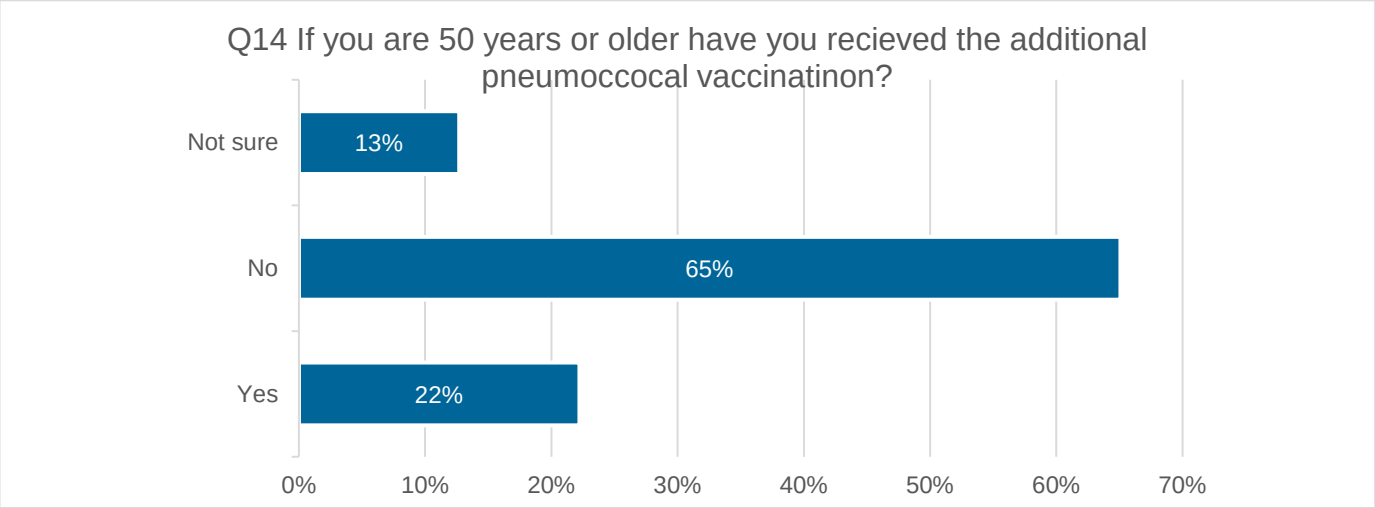

Figure 24: Additional pneumococcal vaccination (50 years and older)

Figure 25 explored pneumococcal three-dose vaccination by age group 50 years and above. Respondents aged 70 years and older were more likely to have had three doses of the vaccine (60% - 70-74 years and 67% 75 years or over). Those respondents aged 50-64 years were more likely not to have had three vaccine doses (76% 50-54 years, 73% 55-59 years and 80% 60-64years).

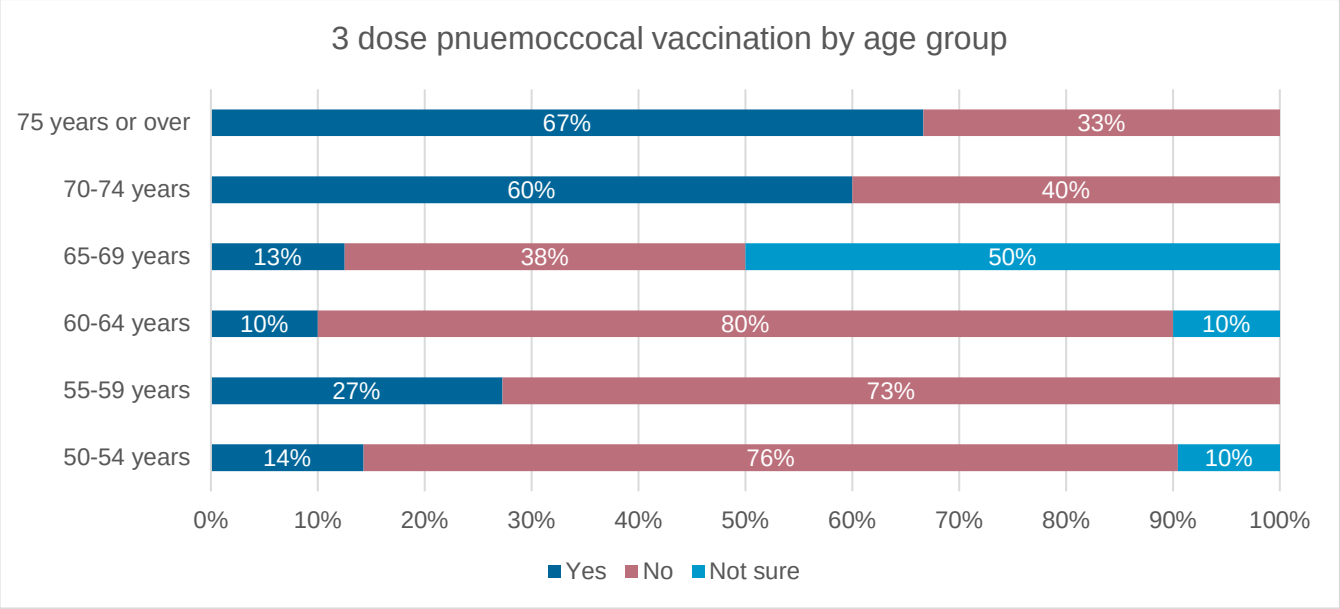

Figure 25: Additional pneumococcal vaccination (50 years and older) by age group

COVID-19

While the COVID-19 situation continues to change, national strategies to stay safe (including getting vaccinated) have been well promoted. Question 15 asked respondents whether they currently or

previously had COVID-19. Figure 26 presents that 53% of respondents had not had COVID-19 and 41% reported having a positive COVID test result (34% positive PCR test and 7% positive RAT test). 2% of respondents had COVID-19 symptoms and did not get a COVID-19 test to confirm a positive result.

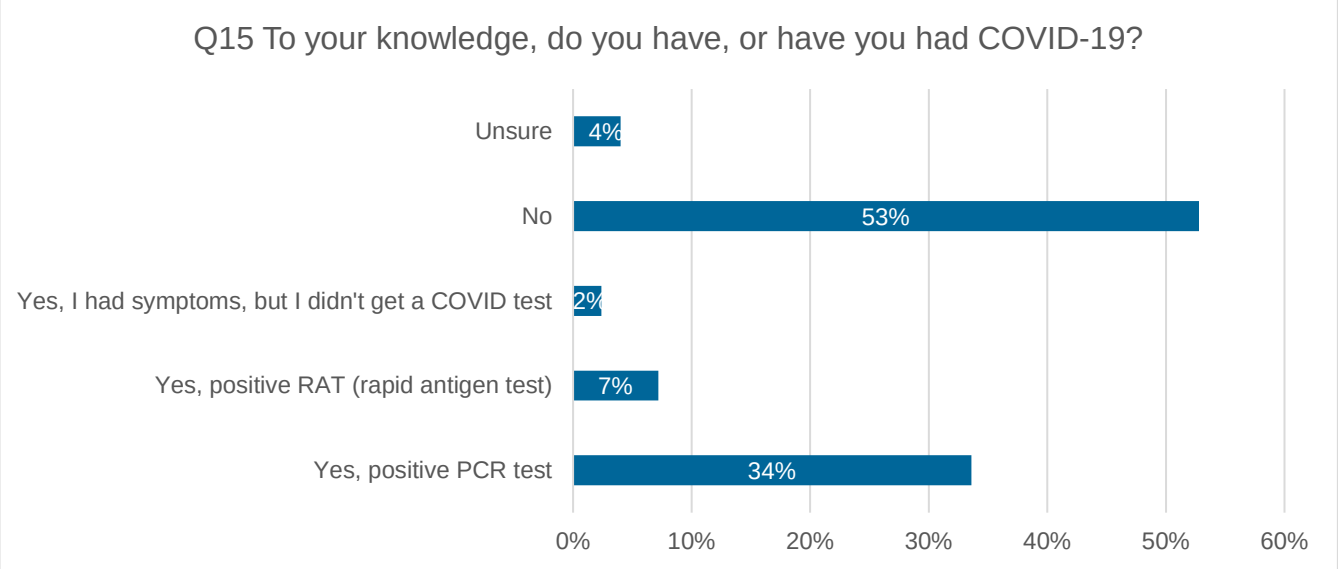

Figure 26: COVID-19 cases

Figure 26 displays COVID-19 cases by age group of respondents.

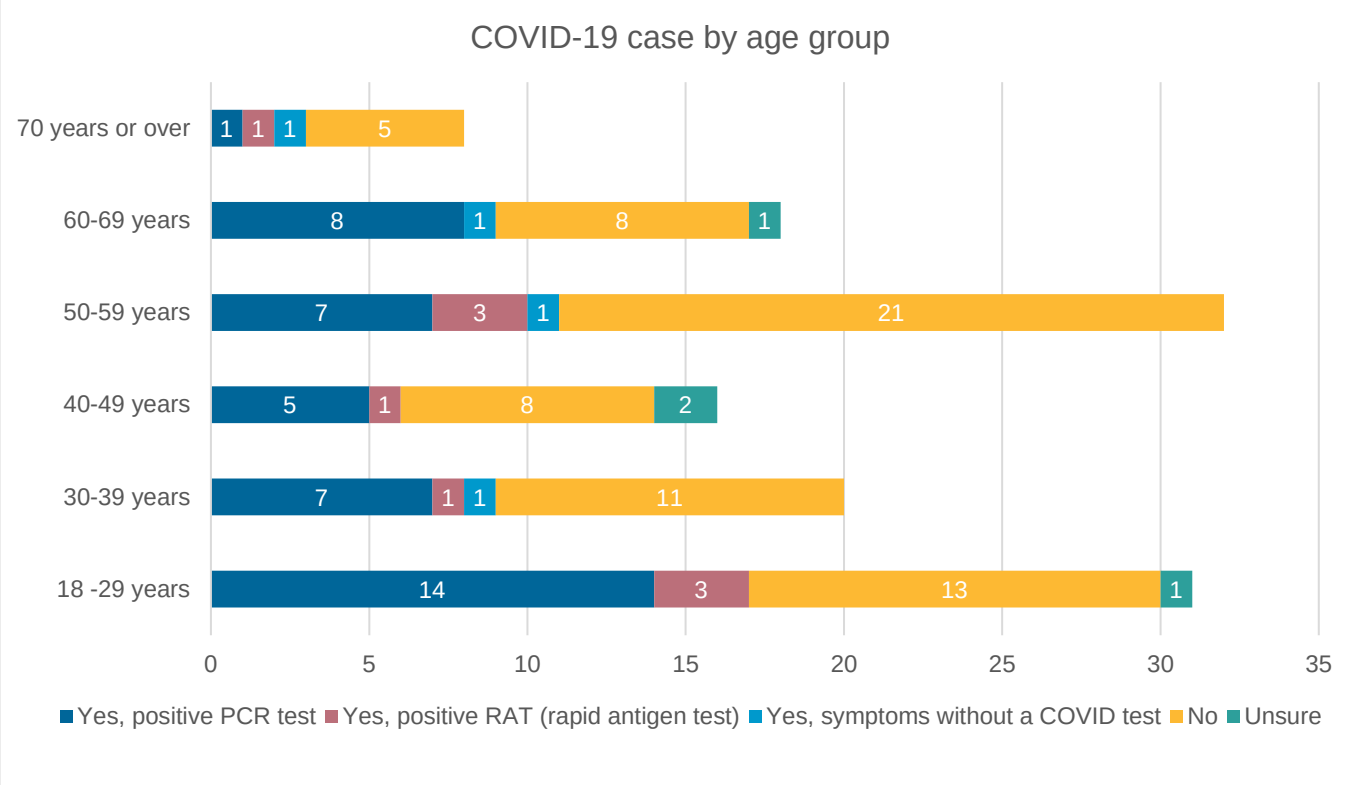

Figure 27: COVID-19 case by age group

A COVID-19 vaccine is the best way to stay protected and is free for all Australians aged five years or older. Question 16 asked respondents whether they have had the free COVID-19 vaccination. Figure 28 reveals that all survey respondents had received at least one dose of the COVID-19 vaccination.

Most respondents had received three doses of the COVID-19 vaccination (66%) and 32% had received two doses of the COVID-19 vaccination. Of the three respondents who reported having received one dose of the COVID-19 vaccination (2%), two were in the 50-54 year age group and one was in the 55-59 year age group.

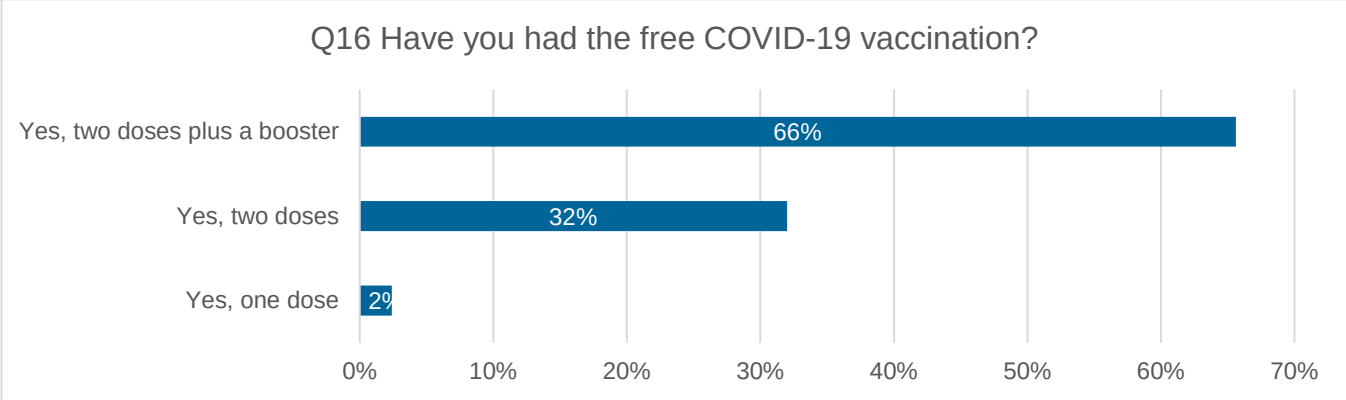

Figure 28: COVID-19 vaccination status

Question 17 asked those respondents who had not yet received the third dose of the COVID-19 vaccine if they were intending to do so. 65% of respondents reported an intention to receive the third dose (28% as soon as eligible and 37% at some stage). 35% of respondents reported not intending to receive the third dose of the COVID-19 vaccination (19% required additional information to make their decision, 9% preferred natural immunity and 7% decided it was not necessary).

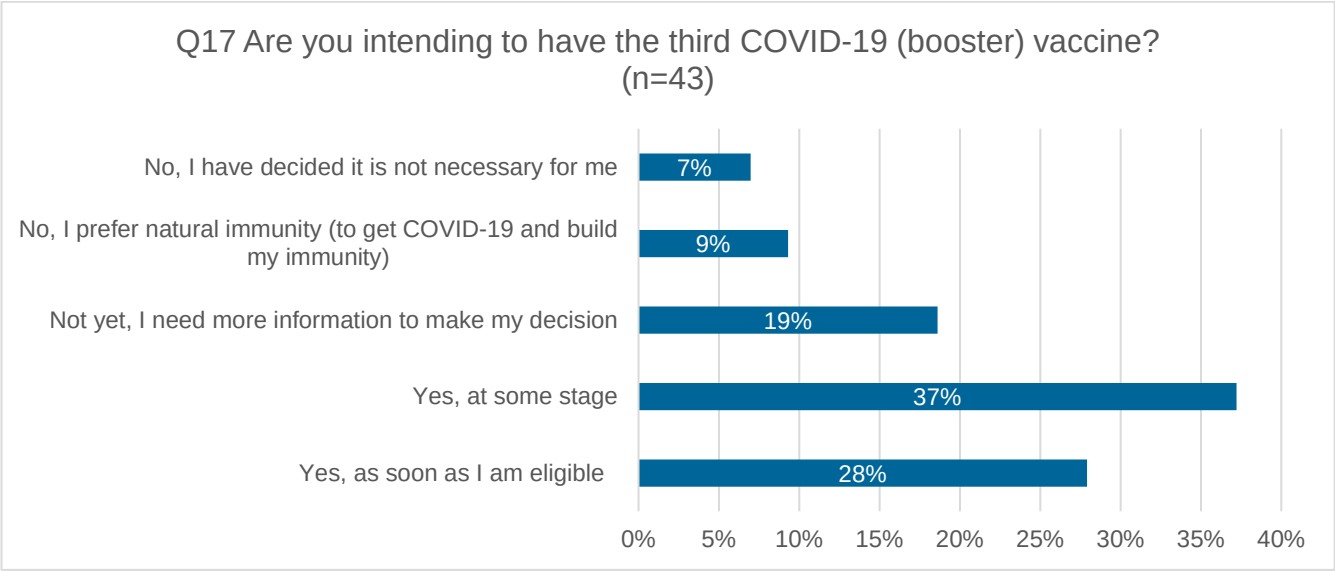

Figure 29: Intention to have 3rd dose COVID-19 vaccination

Two respondents reported ‘other reasons’ for not having the third dose of the vaccination which included concerns about previous vaccine reaction or testing of the vaccine.

> “I will not willingly have an experimental medication.”
>
> *Female respondent 60-64 years*

> “I had reaction to second dose.”
>
> *Female respondent 50-54 years*

Question 19 asked those respondents who had not yet had their third dose of the COVID-19 vaccination whether their view on the COVID-19 vaccination had changed over time. Figure 30 reveals that 56% of the respondents were now more inclined towards taking the COVID-19 vaccination.

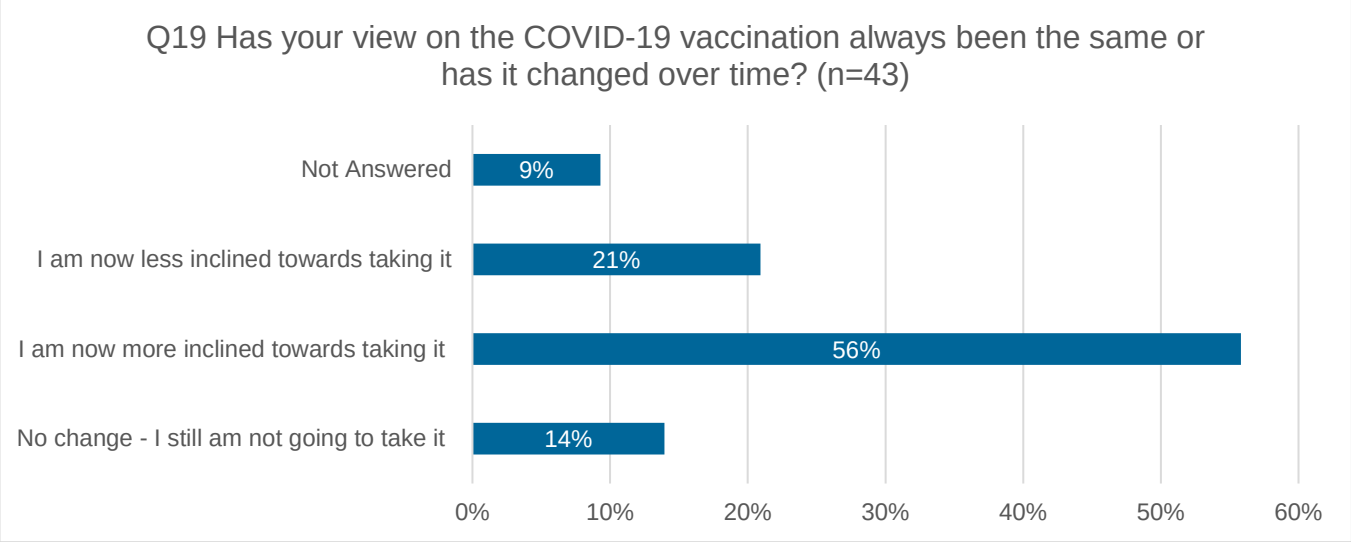

Figure 30: Views on COVID-19 vaccination over time

When looking at change of view towards the COVID-19 vaccination by age, Figure 31 reveals that those now more inclined to get the vaccine were in the 20-24 years age group, with nine out of the 10 respondents reporting this way. For other age groups, this was more evenly distributed between the responses.

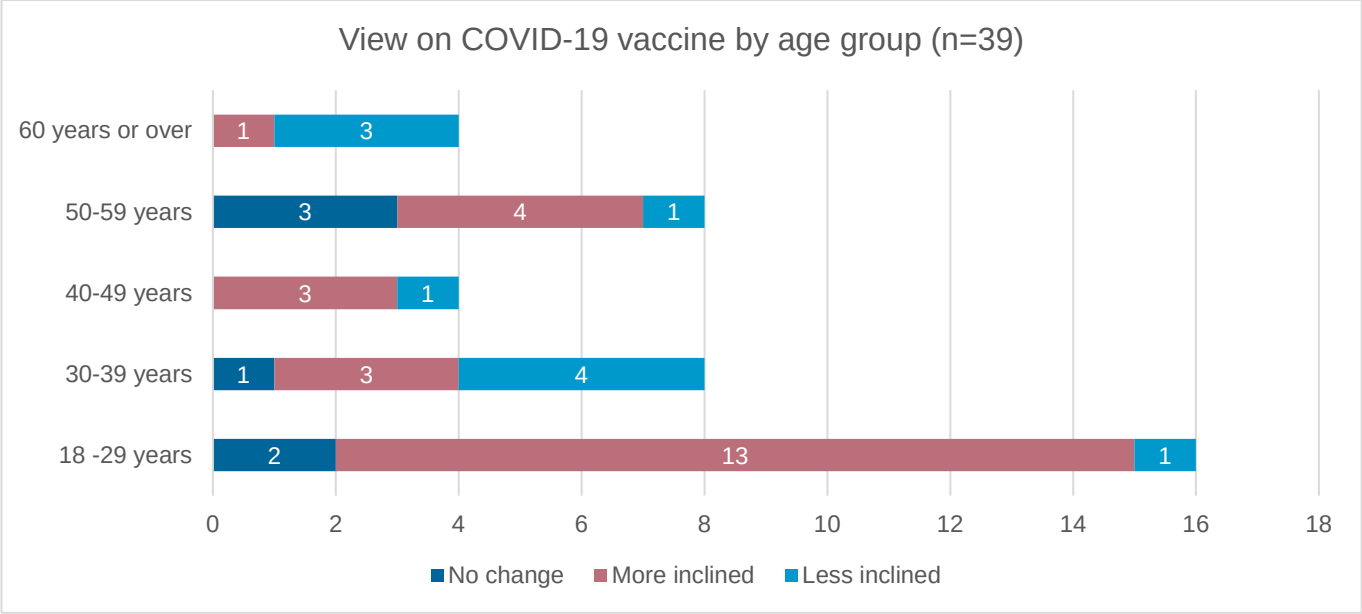

Figure 31: Views on COVID-19 vaccination over time by age group

Question 20 asked respondents whether their COVID-19 experience had influenced individual/family decisions on getting other vaccines. Figure 32 reveals that for the majority of respondents (76%), vaccination importance has remained the same. 16% of respondents are now more likely to get other vaccines and 8% are less likely to get other vaccines.

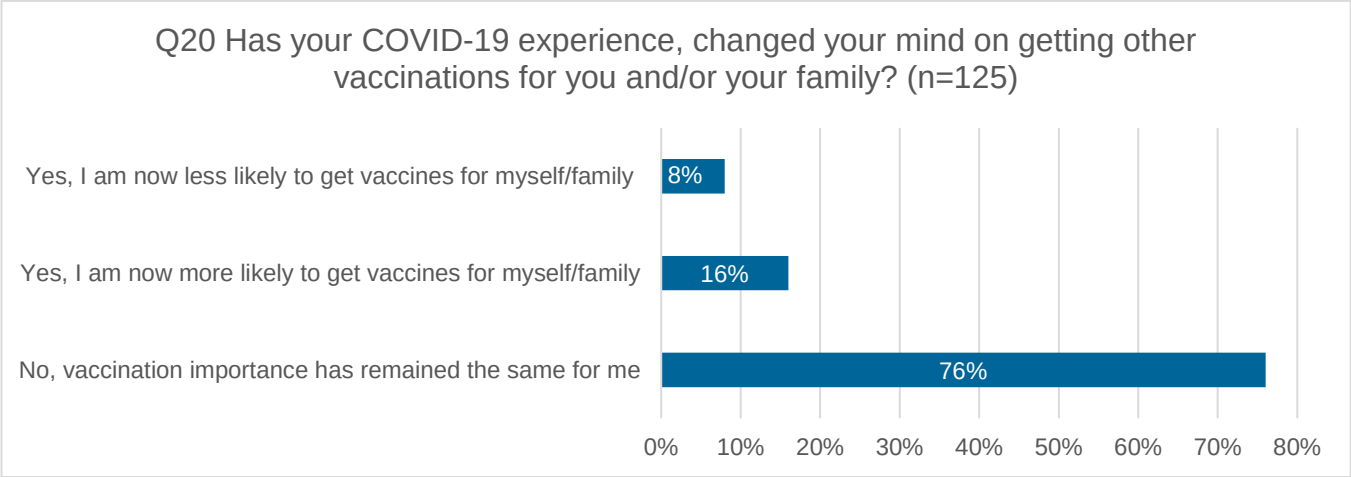

Figure 32: COVID-19 vaccination influence on other vaccinations

When exploring impact on other vaccine uptake by age group, Figure 33 shows that while for each age group vaccination uptake has not been influenced by COVID-19, those in the 20-24 age group and 50-54 age group have had the greatest change in being more likely to get other vaccines as a result of their COVID-19 experience.

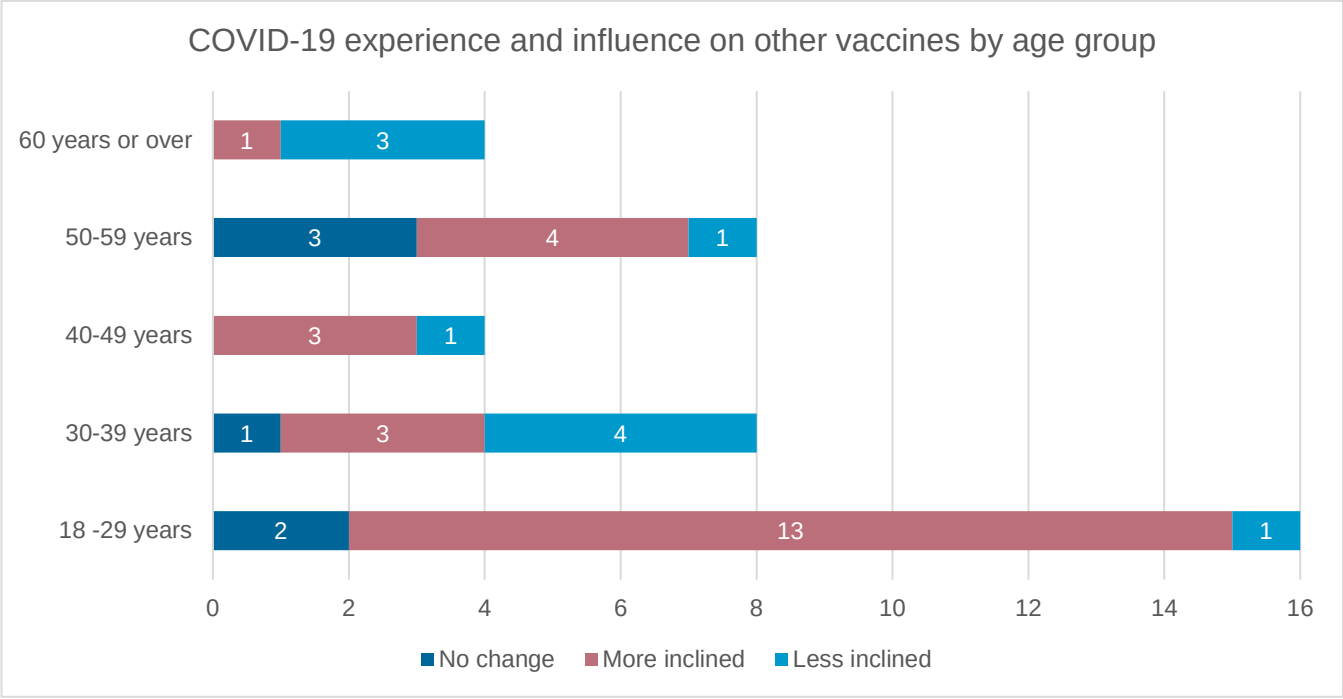

Figure 33: COVID-19 vaccination influence on other vaccinations by age group

43 respondents described why they answered this way, which have been themed and listed below.

Themes for those where vaccination importance has remained the same included:

- Routine behaviour (always been vaccinated and will continue to do so, our family values vaccinations - we will continue to be vaccinated)
- Vaccines are important and help you stay healthy (vaccinations help prevent disease and provide better outcomes for our overall health)
- Vaccines are evidence-based science
- Decrease the risk of spreading disease to those more vulnerable (especially when travelling to remote communities).

"I was vaccinated as a child and continue to receive regular flu shots as an adult, I see how important they are and am happy to continue to do my part to keep those around me safe with the covid vaccine."

Female respondent 25-29 years

"Our family has always had our vaccinations when due. We try to be as healthy as we can be."

Male respondent 75 years and over

"I think having vaccinations helped me get over COVID-19 a lot easier."

Male respondent 60-64 years

Themes for those more likely to get vaccinated included:

- COVID-19 vaccine was mandatory for work
- Aboriginal and Torres Strait Islander people are at greater risk of getting some vaccine-preventable diseases and vaccines offer extra protection
- Avoid getting really sick (I had COVID and believe that without the vaccine my experience would have been worse, prevented death)
- Stay safe and healthy (I have had the COVID-19 vaccine and haven't had COVID)
- Keep my family safe (decrease the risk of spreading disease to those more vulnerable).

"It shouldn't be a major issue for our people to make the decision to get more vaccinations as we are more prone to health risks than others - we need to look out for each other."

Male respondent 20-24 years

"I want to protect my family."

Female respondent 15-19 years

"I had COVID-19. I believe if I did not have the vaccine my experience would have been worse."

Female respondent 65-69 years

Themes for those less likely to get vaccine:

- Reaction to COVID-19 vaccine (reaction to the booster was worse than COVID-19)
- Lack of trust in Government (Government has kept lying throughout the pandemic, Government made you choose the vaccine or lose your job, media reports show an increase in cardiac conditions worldwide)
- Poor information supplied about vaccines

- COVID-19 vaccine did not prevent me from getting the virus
- Prefer natural immunity (I am healthy – COVID-19 was like a bad cold)
- Not sure about the long-term side effects of the COVID-19 vaccine (the vaccine has not been around long enough to test for long term side effects in growing children and adolescents).

> "For a person with optimal health, it [COVID-19], in my experience, was little more than a bad cold."
>
> *Female respondent 55-59 years*

> "The booster was worse than COVID."
>
> *Female respondent 65-69 years*

> "I don't trust the Government anymore - they keep lying."
>
> *Male respondent 60-64years*

Question 20 asked respondents whether they were a parent or guardian of a child or children (including adopted children) under 18 years of age. Figure 34 shows that 23% of respondents were a parent or guardian of a child or children under 18 year of age (n=29) and 77% of respondents were not.

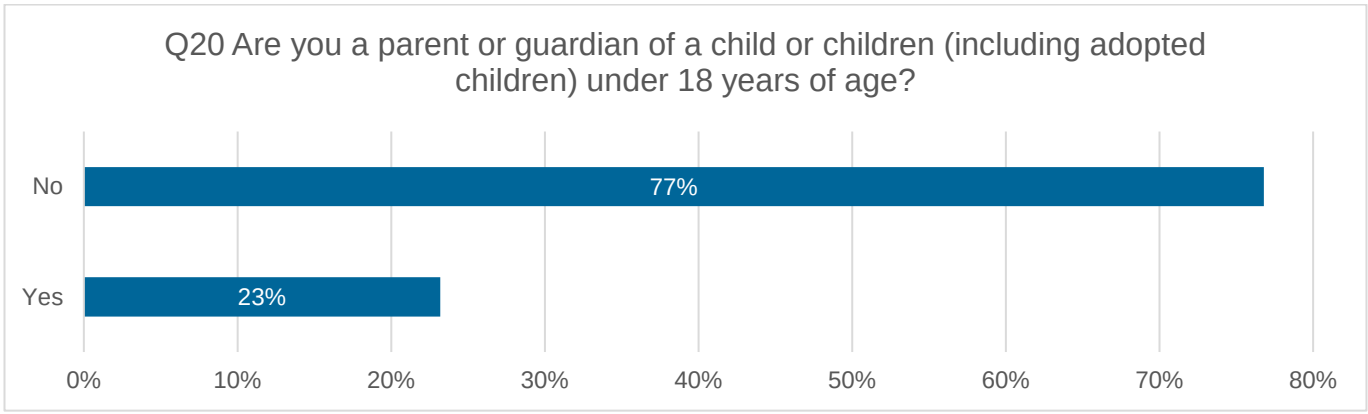

Figure 34: Parent/guardian of child/children under 18 years

Question 21 asked parent respondents if their child/children had received their COVID-19 vaccination. Figure 35 reveals that 13 respondents reported a child/children had received their COVID-19 vaccination (45%), eight respondents reported their child was ineligible (28%) and eight reported their child/children had not received the COVID-19 vaccine.

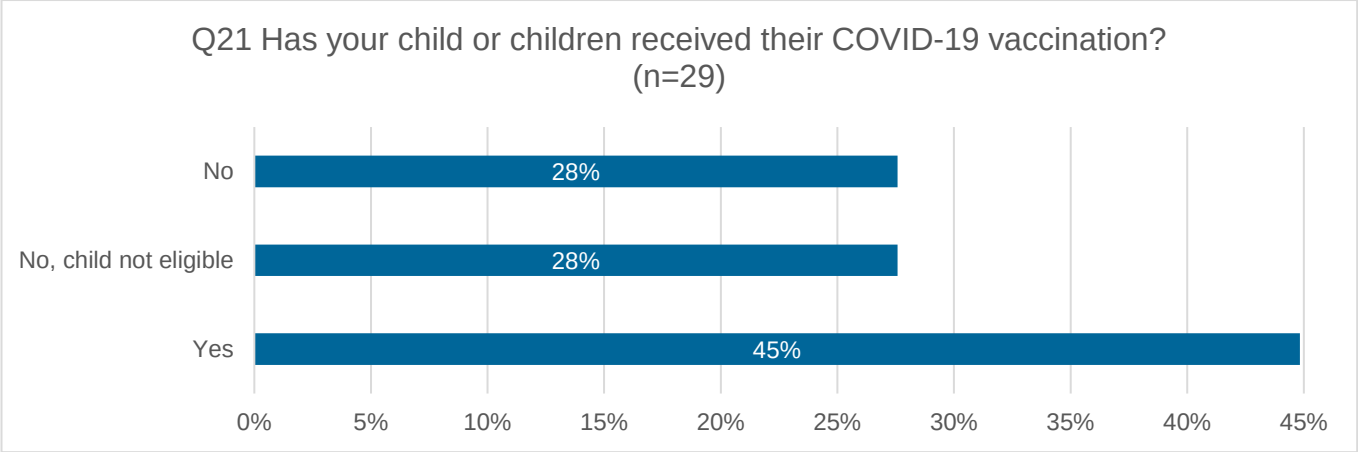

Figure 35: Child COVID-19 vaccination status

Question 22 asked those respondents whose child/children were not vaccinated to select the reason which best described why. Figure 36 shows that a belief that 'children were too young to be vaccinated' was the highest reported reason for children not receiving the COVID-19 vaccine.

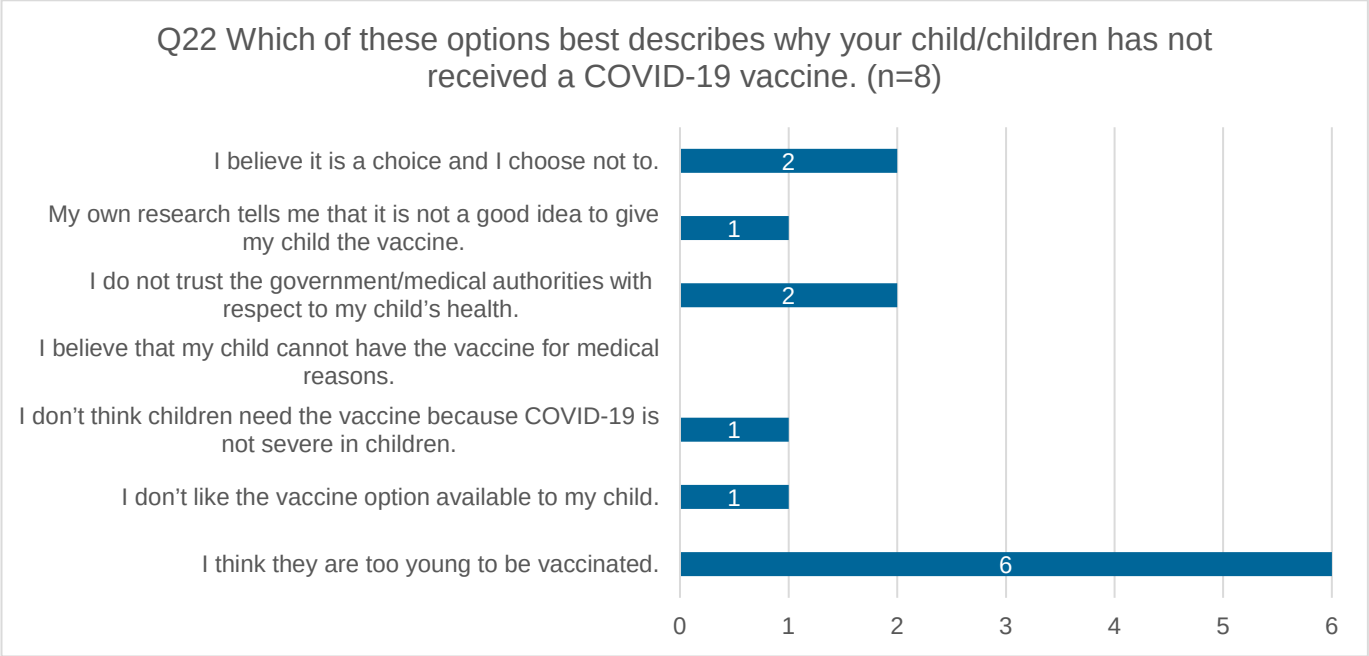

Figure 36: Reasons why child/children have not received the COVID-19 vaccination

One respondent reported that their child's fear to receive the COVID-19 vaccination had delayed vaccination opportunities.

Health Equity

Access

Gold Coast Health explored the Gold Coast Aboriginal and Torres Strait Islander Community opinion about access to healthcare services in *Let's Yarn health equity* activities. Question 23 asked respondents to consider the most significant barriers that keep you or your family from accessing healthcare when it was required. Figure 37 reveals that *availability of GP appointments* followed by *time* were reported as the most significant barriers (38% and 30% respectively).

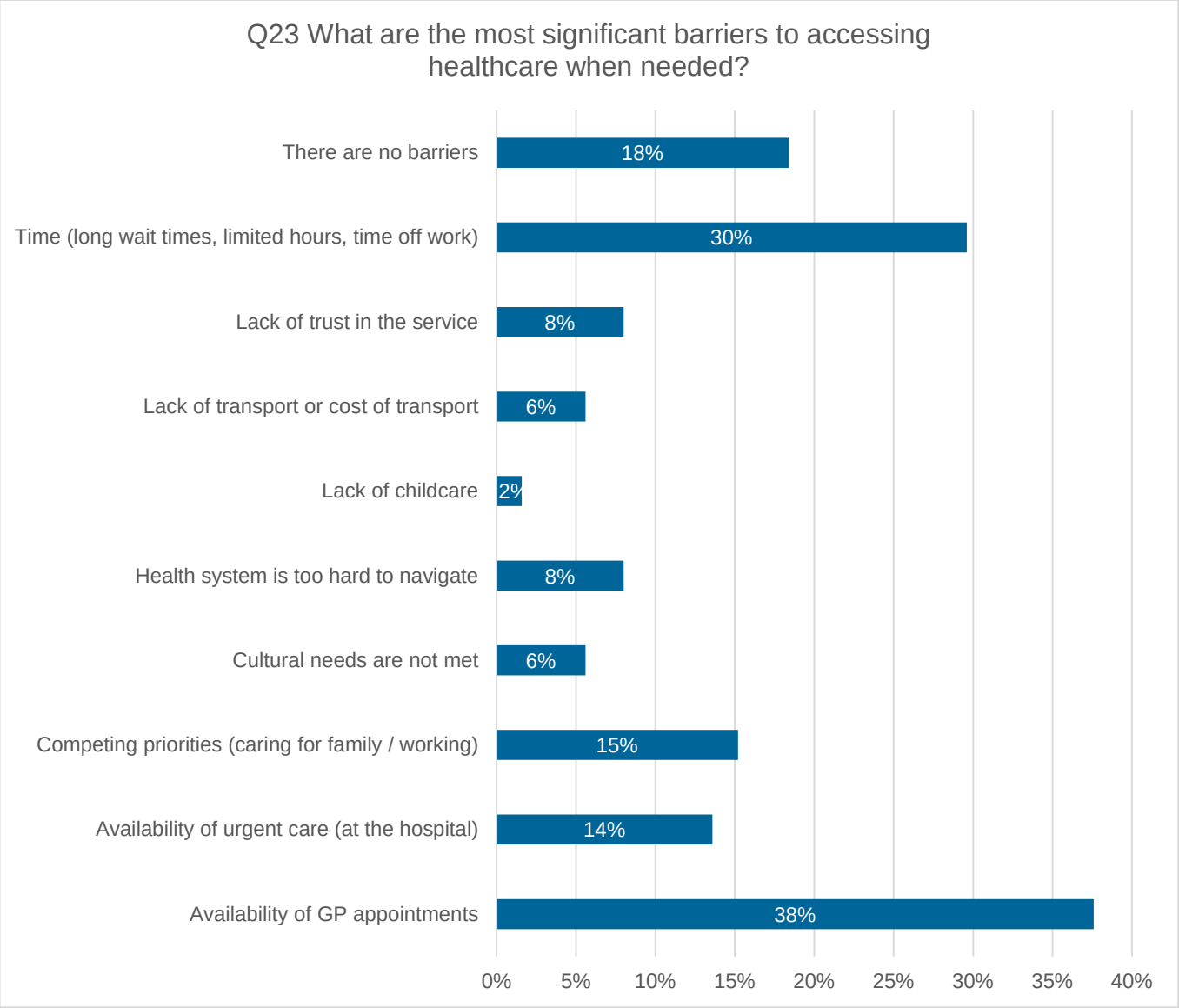

Figure 37: Most significant barrier to accessing healthcare when needed

An additional 11 responses were provided as significant barriers to accessing healthcare when needed, which have been themed and listed below:

> "Worries about not being believed or sent home without treatment due to lack of beds."
>
> *Female respondent 25-29 years*

> "Ability to get the same Dr and time off work in the hours my Dr works."
>
> *Male respondent 35-39 years*

> "After surgery I have no one to collect me… I have used Volunteering GC transport to return me home, and my elderly neighbour whom does not drive meets me at my front door. This should be enough for the hospital GCUH, to release me?"
>
> *preferred not to say gender, 55-59 years*

- Fear (not being admitted due to bed shortages, not considered sick enough, negative GP experiences)
- Cost (medical, specialist, competing priorities)
- Preference for cultural remedies
- Transport (post-surgery).

Reconciliation Statement

The Gold Coast Health's Board Statement of Reconciliation was launched during June 2021. It was communicated to event attendees as "*our commitment to eight definite actions across the health system, a visual and public statement of how we will achieve this*". Question 24 asked respondents to rate their satisfaction with Gold Coast Health's ability to demonstrate each commitment within their health service interactions.

Figure 38 reveals that respondents were between 50-60% satisfied with the health service's ability to demonstrate the Reconciliation Statement commitments, with the exception of *increase the employment and retention rate of Aboriginal and Torres Strait Islander peoples across the organisation*. The workforce commitment received the highest dissatisfaction rating (21%) from respondents (16% 'dissatisfied' and 5% 'strongly dissatisfied') across each of the commitments and a much lower satisfaction rating (36%).

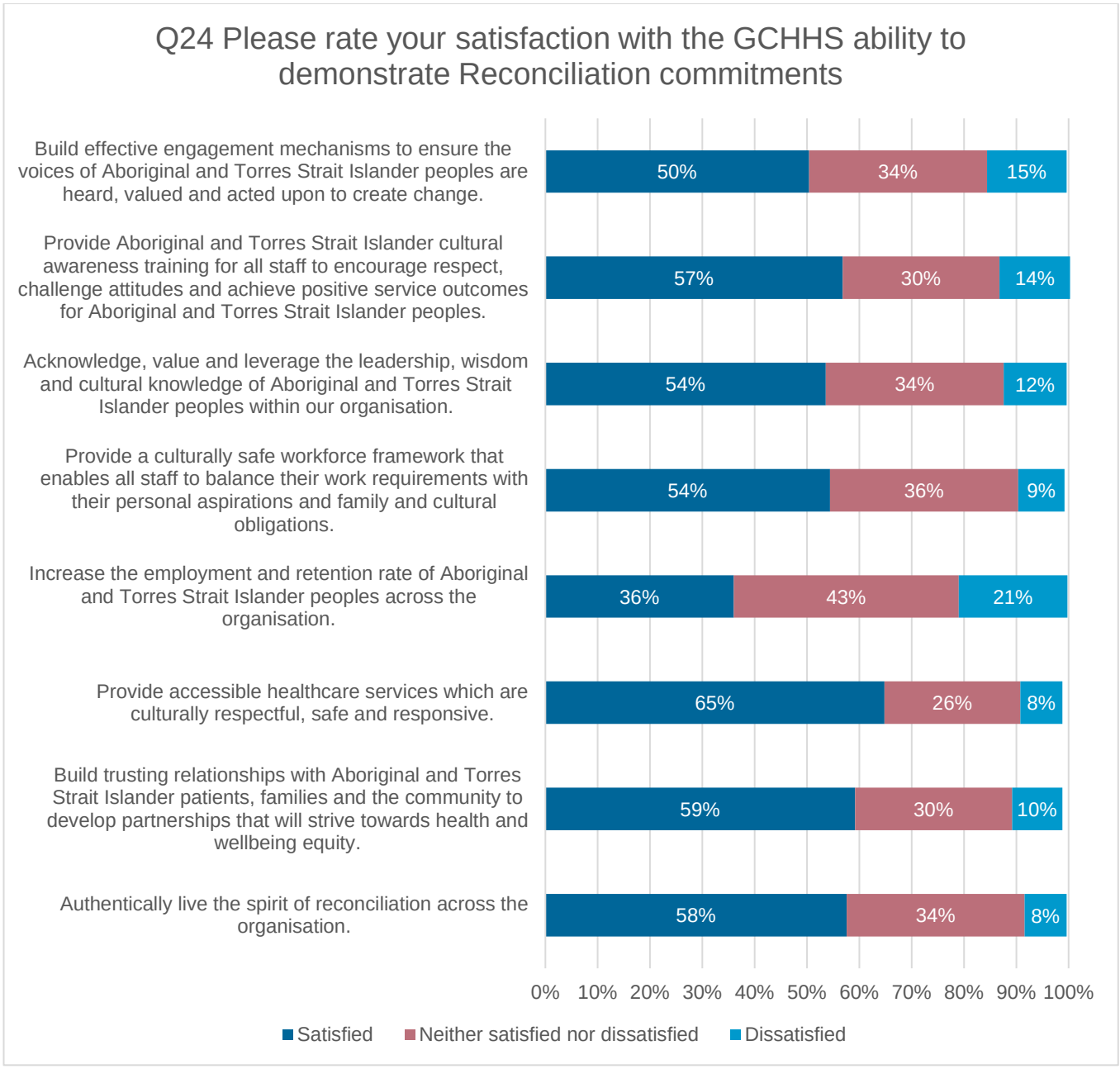

Figure 38: Satisfaction rating with the health services ability to demonstrate Reconciliation Statement commitments

5. Telephone calls

Between 18 March and 12 April 2022, the COVID-19 registered nurse (identified) within the Gold Coast Public Health Unit telephoned Aboriginal and/or Torres Strait Islander adults from the Fever Clinic data set. The telephone call was made during business hours from a GCHHS landline, which displayed 'No caller ID' on a mobile screen. A total of 445 telephone calls were made, of which 210 calls were answered (Figure 39). For the 235 that did not answer the phone, a message was left which invited a return call. Twenty-three telephone numbers had been disconnected and 40 people returned the initial telephone call.

From the telephone conversations, 208 people had received their second and/or third dose COVID-19 vaccination (109 and 99 respectively) and two people were unvaccinated (Figure 38).

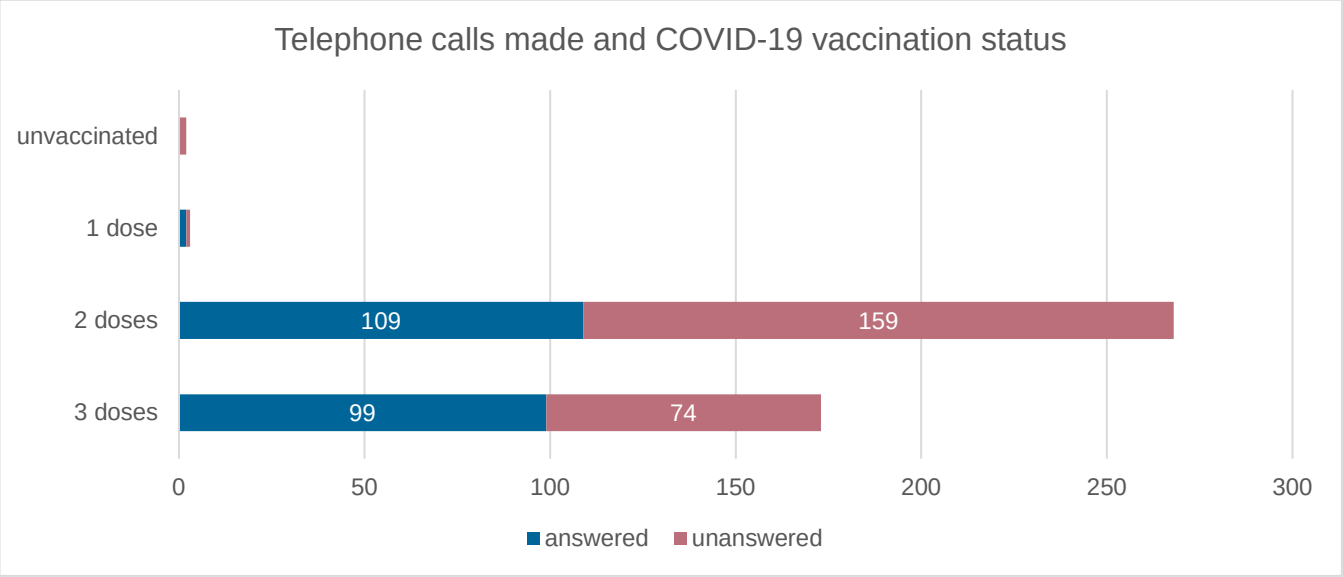

Figure 39: Telephone calls made by registered nurse (identified)

Health Status following COVID-19 test

The initial telephone interaction required time to build rapport with the community member. This was established through a formal introduction and enquiring as to how the patient was recovering following their COVID-19 test. Most individuals who had tested positive and experienced only mild symptoms reported they had recovered well. A small percentage (less than 5%) continued to experience minor to moderate symptoms in the weeks or months following and mentioned they were being treated by their GPs and managing their symptoms well. For those admitted to hospital, concerns were raised about discharge planning. When leaving the hospital, these patients were unsure about:

- What they should or should not do post COVID

- Whether follow-up treatment was required and if so by whom
- Any relevant support services and their contact details.

A few patients receiving the follow-up call talked about additional health concerns and the nurse was able to provide contact details for the following support services:

- Mob Link (Institute for Urban Indigenous Health)
- Kalwun Health
- AskIzzy (crisis support)
- Brother to Brother (24-hour crisis line for Aboriginal men)
- 13 Yarn (National Aboriginal and Torre Strait Islander crisis line)
- Yugambeh Regional Aboriginal Corporation Alliance (YRACA).

Awareness of the GCHHS Aboriginal and Torres Strait Islander Health Service and targeted programs

When asked if they were aware of the Aboriginal and Torres Strait Islander Health Service and targeted programs, 25% were aware and 20% were unaware (Figure 40). Over half of the respondents were unsure (55%).

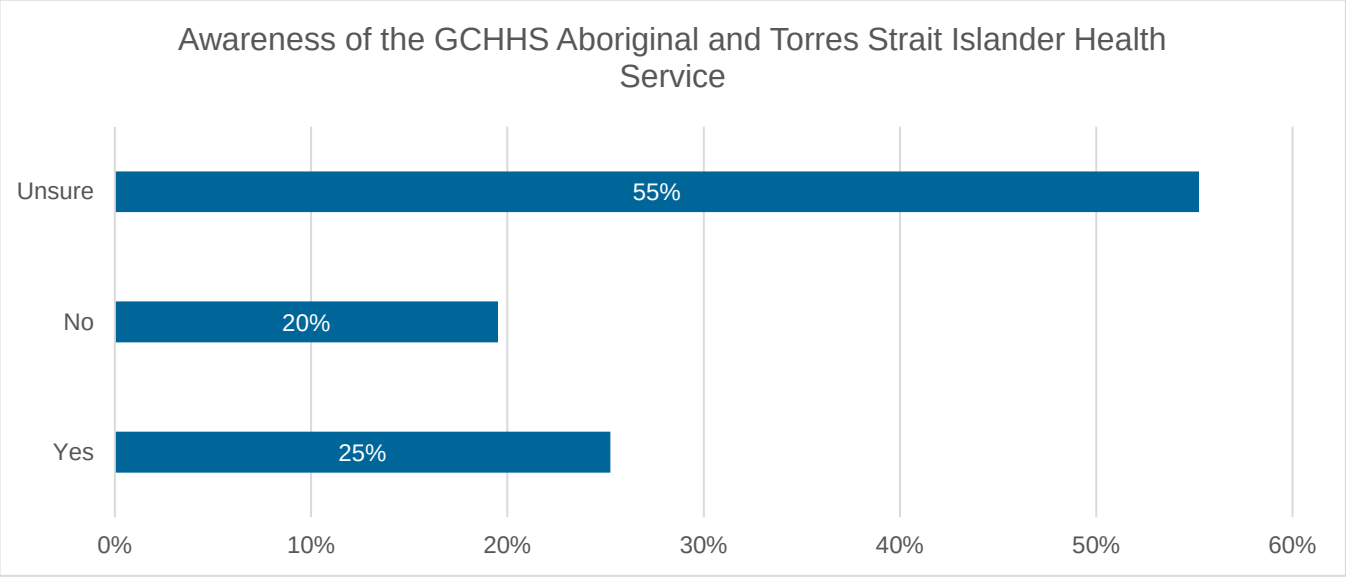

Figure 40: Awareness of the GCHHS Aboriginal and Torres Strait Islander health service and targeted programs

For those that were aware of the service, they offered compliments, expressing high satisfaction with the service and programs offered. There was a consistent request for additional staff, as access could get difficult at times. Telephone respondents expressed a willingness to travel long distances to access the

"While in recovery after surgery, the IHLO was able to advocate for my health needs when I couldn't."

Female telephone respondent, 25 – 29 years

"I have been using the GCHHS service for 15 years and have always identified as Aboriginal. This phone call is the first contact I have had with anyone from the Aboriginal Health Service."

Female telephone respondent 50-54 years

"The Aboriginal Hospital Liaison Officers at GCUH are amazing. Very knowledgeable, helpful and considerate."

Male 55 years telephone respondent

"Staff offered to refer me to the Indigenous Hospital Liaison Officers. I was very appreciative that the nurses were offering these services. I would have liked to accept their offer but I was too overwhelmed at the time and didn't want to see anyone."

Female telephone respondent, 25-29 years

"As a Healthcare worker, it was upsetting that no one reached out from an Aboriginal or Torres Strait Islander COVID-19 Response Team during the time I had covid early 2022."

Female telephone respondent, 35 -39 years

service and programs because they had built a trusting relationship with staff. Others expressed that after moving from the Gold Coast, the distance to travel to the targeted services and programs was too great, but they were appreciative of the support from the service, and some had found targeted reliable services close by.

Those who were aware of the service and programs but had not accessed them, expressed that they were comfortable with their healthcare, but were pleased the service existed if ever they needed to reach out. For those unaware of the service, they had not been in hospital or had recently moved to the area and were unaware of any Aboriginal and Torres Strait Islander services in the region.

This question provided an opportunity for patients to talk about their healthcare experience. Patients raised the need for GCHHS to invest in additional education focused on racial discrimination and cultural awareness which would contribute to cultural safety outcomes. More generally, patients wanted staff to show empathy and compassion at each healthcare interaction. One telephone respondent who works for Queensland Health raised that within all health services 'Cultural Competence' training was mandatory. As an Aboriginal man, he felt that this was the governments way of 'ticking a box' – cultural safety was counted by number of participants, not the reflections and experiences of Aboriginal and Torres Strait

Islander peoples admitted to hospital. He mentioned that Community would often speak openly about their experiences in hospital and that Queensland Health staff demonstrated a lack of cultural awareness, sensitivity and empathy.

COVID-19 vaccination (*Make the Choice* collateral)

When discussing COVID-19 vaccination, there was a variety of reasons raised by patients which supported vaccine uptake including:

- Existing health condition and/or immunocompromised – Vaccination offered individual protection against the severity of COVID-19
- Enabler to travel, work, go out
- Family influence – especially those who work in healthcare/infectious diseases
- For the protection of others – many were vaccinated to protect their family members who had severe health conditions or to protect those around them
- Healthcare professional advice – GP recommended the vaccine
- Protective factor – if vaccination was mandatory for a family member, parents would step up to be vaccinated first in fear that their children would experience an adverse reaction or lifelong consequence alone
- Vaccine mandates – some people felt they were not given the ability to choose due to forced restrictions and they needed to:
    - remain employed (especially those employed in high-risk settings such as aged care/childcare)
    - visit family in hospital
    - travel (connect with family / take a holiday)
    - play sport

Patients also discussed vaccine hesitancy influencers, including:

- Vaccine mandates – resistance to the notion of forced vaccination
- Knowledge of adverse events (severe reaction)
- Personal experience or knowledge of someone who experienced an adverse event (following a COVID-19 vaccination

- Distrust – new vaccine which has not been used/tested sufficiently; an experimental drug; Government approval seemed rushed; conspiracy theories
- Level of knowledge and awareness – access to accurate knowledge, misinformation via media and social media voiced opinions.

Those who had received two doses of the vaccination were offered a free Make the Choice COVID-19 Protected polo shirt or singlet (Figure 41). A total of 141 individuals claimed a free shirt for themselves or two-dose vaccinated family members. The individual packages were sent via the Gold Coast Public Health Unit postage service. Sixty-seven people respectfully declined the free shirt offer.

Figure 41: Make the Choice COVID-19 Protected polo shirt

During the initiative, the Project Manager contacted the registered nurse COVID-19 (identified) about an opportunity to share a story on social media. The Communication and Engagement team was seeking a consumer story from a COVID-19 case who had been three-dose vaccinated. While outside the project scope, during a telephone conversation the registered nurse asked a telephone recipient who met the media brief if she would be willing to share her story. This was agreed and contact details were provided to a GCHHS Corporate Affairs Communication Officer to prepare. The story was posted on the GCHHS Facebook page on 18 April 2022 (Figure 42).

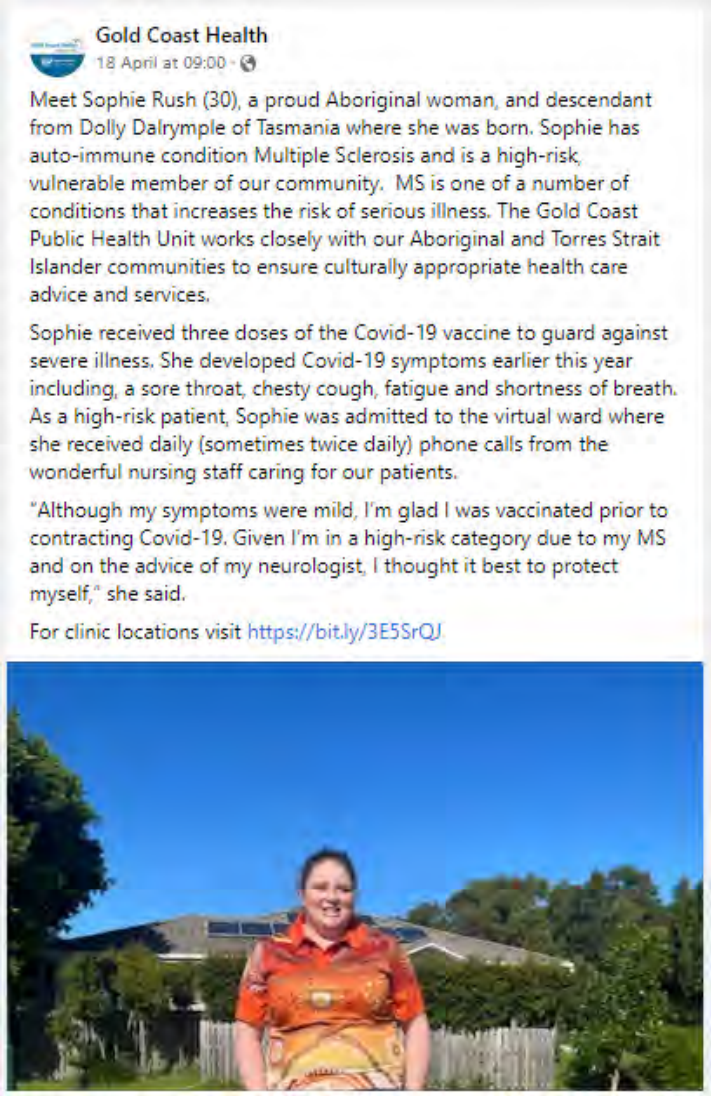

Figure 42: Social media story

SMS Survey received

Telephone respondents were asked whether they had received an SMS text from Queensland Health inviting participation via a survey. The majority of those telephoned answered yes, but expressed that they were unsure as to what the message was about or why they had received the message. This had some believe it was spam, but after talking with the registered nurse 26 requested the SMS be sent again.

6. Discussion

First Nations health consumer engagement

Consumer engagement is a recognised component of the Australian health system. It is reflected in the national and state health policy and is a requirement of the National Safety and Quality Health Service (NSQHS) Standards. NSQHS Action 2.13 states:

"The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.[6]"

Collaboration with Aboriginal and Torres Strait Islander peoples and health organisations is the most effective tool for building cultural safety in public hospitals, reducing discharge against medical advice, and improving care pathways after discharge.

Australian cohort studies have demonstrated that Aboriginal and Torres Strait Islander people respond to postal surveys, though not always to the same extent as the total Australian population[7]. Furthermore, the Western Australian Department of Health found Aboriginal health consumers were not reluctant or unwilling to respond to a Patient Evaluation of Health Service Survey.[8] The *GCHHS First Nations Health Consumer Survey* targeted adult First Nations health consumers attending a GCHHS fever clinic or admitted to hospital between December 2021 and February 2022. Invitations to participate in an online survey were sent via an SMS message with an active weblink. The initial response was low but resending the SMS message with the inclusion of the survey incentive (bespoke artwork facemask) resulted in a much larger response, providing insights into engagement. It is suggested that GCHHS identifies meaningful and cost-appropriate incentives, such as a set of bespoke artwork lapel pins to accompany community participatory processes (Figure 43). The incentive message should be included within the initial SMS text to positively influence the health consumer response rate.

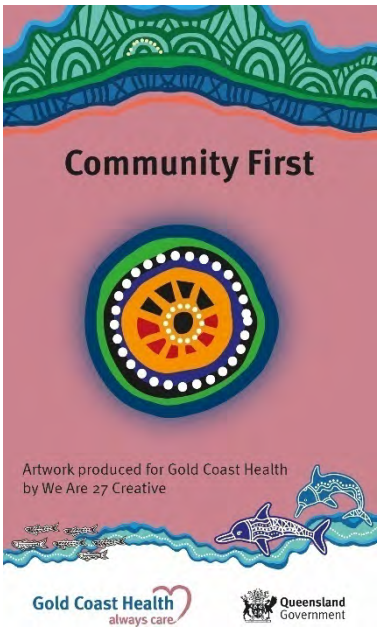

Figure 43: Community First lapel pin design (example)

When asked whether people had received the text message, telephone respondents mentioned that they were not sure why they had received the text message or what it was about. The Australian Government's Occasional Paper No.16, *Aboriginal and Torres Strait Islander views on research in their communities*, highlights conducting consultations prior to research as an important process to encourage active participation in the definition of matters of concern, while providing insights into the ways potential participants understand the influence of their contribution.[9]

First Nations Health Equity agenda aims to improve integration of health service delivery with Service Delivery Stakeholders (Aboriginal and Torres Strait Islander community-controlled health organisations and local primary healthcare organisations including Primary Health Networks). For the Gold Coast, this provides opportunity for GCHHS, Kalwun Health and the Gold Coast Primary Health Network (GCPHN) to partner. GCHHS, Kalwun and GCPHN could explore collaborative approaches to Community engagement, such as the development and administration of an annual survey to evaluate actions/campaigns and influence annual planning processes. Promoting participatory opportunities, via the Aboriginal and Torres Strait Islander health and wellbeing microsite Working together | Gold Coast Health, will increase awareness and credibility of engagement opportunities. Further sharing of participatory opportunities through local First Nations networks and at events will increase awareness of the GCHHS efforts to meaningfully engage and respond to the Community voice as well as to promote participants' opportunities to influence local healthcare.

The NSQHS requires healthcare services to develop a framework and associated processes to ensure that Aboriginal and Torres Strait Islander people who use services receive healthcare that meets their needs.[6] As Gold Coast Health has not yet defined an embedded approach for partnering with Aboriginal and Torres Strait Islander communities, the development of a *framework for partnership* should include meaningful participatory processes as presented in this quality initiative through case study examples.

Indigenous status and identifier question

The NSQHS Standards Action 5.8 states:

"The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems." [6]

These processes should ensure that all people, regardless of appearance and across all service areas, are asked whether they identify as being of Aboriginal and/or Torres Strait Islander origin and be routinely recorded in information systems, which are consistent across administrative and clinical information systems. Best-practice collection of Aboriginal and Torres Strait Islander status requires that:

> *All clients, whether Aboriginal, Torres Strait Islander or non-Indigenous, have the right to self-report their Indigenous status, rather than have their status assumed and recorded on their behalf.*[10]

While the *GCHHS First Nations Health Consumer Survey* targeted those health consumers who identified as Aboriginal and/or Torres Strait Islander as recorded in the HHS Hospital Based Corporate Information System (HBCIS), eight survey respondents identified as non-Indigenous and seven people who were telephoned identified as non-Indigenous. The GCH analytics report for GCHHS fever clinic presentations during December 2021 reported 188 'Not Stated/Unknown' or 'blank' responses recorded

within the Indigenous status field (GCUH=115, ROBH =73). Incomplete and inaccurate identification of the Aboriginal and Torres Strait Islander population is common in administrative and clinical information systems in health service organisations across Australia.[11] Incorrect and/or inconsistent data collection leads to Aboriginal and Torres Strait Islander clients being incorrectly reported in healthcare systems. 'Not Stated/Unknown' records are not included in systems for monitoring and understanding the health of Aboriginal and Torres Strait Islander Australians, which raises problems for conducting analysis and drawing conclusions from available data. [10]

The findings from this initiative indicate that the mandatory Indigenous status question is not being asked as per the NSQHS Standard.[6] In 2021, Gold Coast Public Health Unit implemented the "*Don't' be shy! Identify." campaign* to support Aboriginal and Torres Strait Islander Community members self-identify. This campaign should be complemented with staff training as per the national best practice guidelines for collecting Indigenous status in health data sets:

1. Training in the correct and consistent collection of Indigenous status may best be delivered as part of a training program that focuses on overall data collection and data quality. Staff should understand that this item is one of several that should be asked of all clients attending or registering with a service - for the purposes of useful and reliable data, effective policy and better service delivery.
2. While it is recommended that health service staff receive training in cultural safety for Aboriginal and Torres Strait Islander clients, such training should not be considered a prerequisite for the collection of Indigenous status using the standard question.
3. It is recommended that all staff in health service settings receive training in standard procedures for dealing with threatening or aggressive clients; however, this training should be conducted separately to training in the collection of Indigenous status.

Service satisfaction

Racial discrimination and institutional racism are well-documented structural determinants of Aboriginal and Torres Strait Islander health inequity,[12] with a growing body of evidence showing strong associations between self-reported racism and poor health outcomes across minority groups worldwide.[13] Racism can make Aboriginal and Torres Strait Islander people feel uncomfortable accessing health services and less likely to seek care.[14]

Institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's hospital and health services (HHS) act as significant barriers in the delivery of healthcare. The *Matrix for Identifying Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services* was used to conduct an audit of each of Queensland's sixteen HHSs in 2014-15. The subsequent report found Gold Coast Hospital and Health Service exhibited extreme levels of institutional racism.[15]

The GCHHS *First Nations Health Equity Strategy 2022-2025 (Draft)*[16] identifies strategies to actively eliminate racial discrimination and institutional racism within the HHS, but the health equity agenda has revealed more can be done. When exploring GCHHS satisfaction, survey respondents reported a lower satisfaction with the GCHHS ability to demonstrate cultural capabilities within service provision:

- Ability to eliminate racial discrimination
- Ability to deliver culturally safe healthcare.

The health services ability to inform patients about healthcare options including Indigenous health services programs and support recorded the lowest level of satisfaction by respondents, highlighting opportunities to increase staff awareness of targeted services, programs, and the role each staff member plays in the provision of equitable care.

Accessible, quality and responsive healthcare must be delivered in line with community needs and priorities. Twenty per cent of First Nations health consumers who were telephoned were unaware of the Gold Coast Health Aboriginal and Torres Strait Islander Health Service, with 55% reporting they were unsure if they were aware. Staff are required to access clinical information systems which detail Indigenous status and, for Aboriginal and Torres Strait Islander patients, make appropriate referrals to the Gold Coast Health Aboriginal and Torres Strait Islander Health Service and programs.

NSQHS Standard Action 1.21: “Improving cultural competency promotes the provision of a supportive environment and clear processes for the workforce to explore the cultural needs of Aboriginal and Torres Strait Islander patients”. [6] The literature considers cultural awareness and cultural competency on a continuum, contributing to a culturally safe environment that is respectful of Aboriginal and Torres Strait Islander patients and workforce. The GCHHS Cultural Capability is delivered by the GCHHS Organisation Capability team within the Human Resource division. The cultural practice program (CPP) which has been delivered in a variety of formats since 2001 has a target of 95% staff participation. Reports indicate 61% of GCHHS staff have completed the mandatory training program. [16]

Let’s Yarn Health Equity focus group discussions revealed that the Indigenous Hospital Liaison Officers were conducting in-service education to ward staff at GCUH.[17] This education was being offered at the request of ward staff who had previously completed the one-off CPP but expressed a need to explore how within their role they could positively contribute to Aboriginal and Torres Strait Islander health outcomes. IHLO’s reported an increase in referrals to the IHLO service post in-service training.

"I think the IHLO team when they're doing in their in-service provision, the education that they provide is so crucial given that our cultural practice program is not doing its job… the IHLO team offer intimate sort of knowledge."

Focus Group participant

"[In-service] feedback is fewer Riskmans and those Riskmans have involved education with regards to the need for knowledge of Aboriginal and Torres Strait Islander people coming into the hospital their deterrents or their triggers, their trauma and things like that."

Focus Group participant

First Nations staff from external organisations also discussed the GCHHS CPP. Discussions highlighted developing a co-designed program representative of community voice and evaluation metrics which were relevant to Community, in preference to program participation rates.

"If they're [GCHHS], going to be delivering culturally safe practice or the cultural practice programs or all that sort of stuff, make sure that we get the outcomes that we want as well, so that we can put these strategies in place and make them effective."

Focus Group participant

"It's also about feeding back to Gold Coast Health that perhaps the cultural practice program needs to be reviewed in light of feedback and investigating what could be more beneficial for staff and for community in in the development or redesign process."

Focus Group participant

"I think one big things is constantly reviewing our data. Are we actually inputting when our mob are accessing those services so we can look at our cultural services; cultural awareness trainings and cultural safety trainings that are in place. Look at how many of our mob are accessing and what are the needs around data imputing to see if staff at either cultural health services or back in the hospitals, are meeting the needs of our mob when they're coming in. Are our mob actually accessing culturally safe services, and if not, why not?"

Focus Group participant

Opportunities to support COVID-19 vaccination uptake by Gold Coast Aboriginal and Torres Strait Islander Community at Broadbeach Vaccination Centre (BVC) were explored and progressed by GCPHU. BVC signage included the bespoke artwork, in an effort to create a welcoming environment. To increase awareness of the BVC team's role in supporting Community vaccination uptake, the GCPHU Assistant Project Officer (identified) offered 30-minute in-service sessions on a Wednesday during change of shift (Appendix 4).

Staff participants (n=65) reported an increase in understanding of Aboriginal and Torres Strait Islander:

- Culture (94%)
- Health and wellbeing (98.5%)
- Determinants of health (95.4%)
- COVID-19 Vaccine uptake (98.5%).

Furthermore, 98.5% of participants reported that the BVC First Nations education session reinforced how their role positively contributed to Aboriginal and Torres Strait Islander health outcomes.

> "Extremely interesting and engaging. Beneficial in providing a better understanding of our vulnerable community."
>
> *BVC education session participant*

> "Amazing, engaging and kept it real. Very educational."
>
> *BVC education session participant*

> "I found the online component very long and a little boring! [The presenter of this session / name removed] was very engaging and passionate about his role within his community and how to help us further understand his culture."
>
> *BVC education session participant*

This model of in-service training could be adapted to promote why the NSQHS Standard has specific actions for Aboriginal and Torres Strait Islander peoples' health and the role we each play in providing equitable care.

Frequent promotion of the Aboriginal and Torres Strait Islander Health Service and targeted programs will increase the visibility of the service to staff within the HHS. The development of Aboriginal and Torres Strait Islander Health Service videos which aim to increase awareness and access of the service and programs would prove beneficial for staff education and Community promotion.

Person-centred care; family-centred care

An effective and responsive health system for Aboriginal and Torres Strait Islander people provides access to holistic healthcare that is integrated, person and family-centred [18] Person-centred care is tailored to the person according to their own preferences and priorities. Embedded in this approach is the right to self-determine care, which for Aboriginal and Torres Strait Islander people includes the ability to choose a family-centred model of care that recognises the key role family plays in health.[18] This acknowledges kinship connections, including support for family and extended networks.

When asked to consider what could be done differently in Gold Coast Health to ensure patients are treated as a whole person, consistent with Gold Coast First Nation Health Equity consultations,[22] survey respondents rated highly:

- An increase in the Aboriginal and Torres Strait Islander health workforce
- An increase in staff cultural awareness and referral to First Nations services and programs
- Avoid long waiting periods for patients – particularly in relation to specialist appointments.

In response to community consultation, *A strong and capable workforce* was added as a Priority Area within the GCHHS First Nations Health Equity Strategy 2022-2025 (Draft).[16] Approaches to enhance cultural capacity of GCHHS staff and the provision of referrals to targeted services and programs for Aboriginal and Torres Strait Islander patients has been discussed earlier in this report.

When considering opportunities to involve Aboriginal and Torres Strait Islander patients and carers in healthcare decisions, the highest number of responses from survey participants related to information and communication, followed by workforce and the creation of safe and supportive environments:

- Provide patients with enough information that is easy to understand and access
- Avoid complex medical jargon and provide information in simple and clear English
- Increase the Aboriginal and Torres Strait Islander health workforce
- Create an environment which is respectful, safe and positive for patients and their families.

The Gold Coast Fever Clinic Survey, administered by the Gold Coast Public Health Unit in 2020/2021, aimed to determine the appropriateness of COVID-19 information provided at fever clinics for Aboriginal and Torres Strait Islander peoples.[19] Significantly more Aboriginal and Torres Strait Islander survey respondents ‘disagreed’ or ‘strongly disagreed’ that the COVID-19 information provided at the fever clinics was trustworthy, understandable, easy to read and user friendly. These findings suggested that existing COVID-19 information was not appropriate for many Aboriginal and Torres Strait Islander peoples and the design of consumer-friendly health information focused on readability and plain language would be beneficial. The GCPHU First Nations COVID-19 response team developed a GCH

Aboriginal and Torres Strait Islander health and wellbeing microsite (Figure 44), which included a dedicated COVID-19 page to begin addressing consumer information needs.

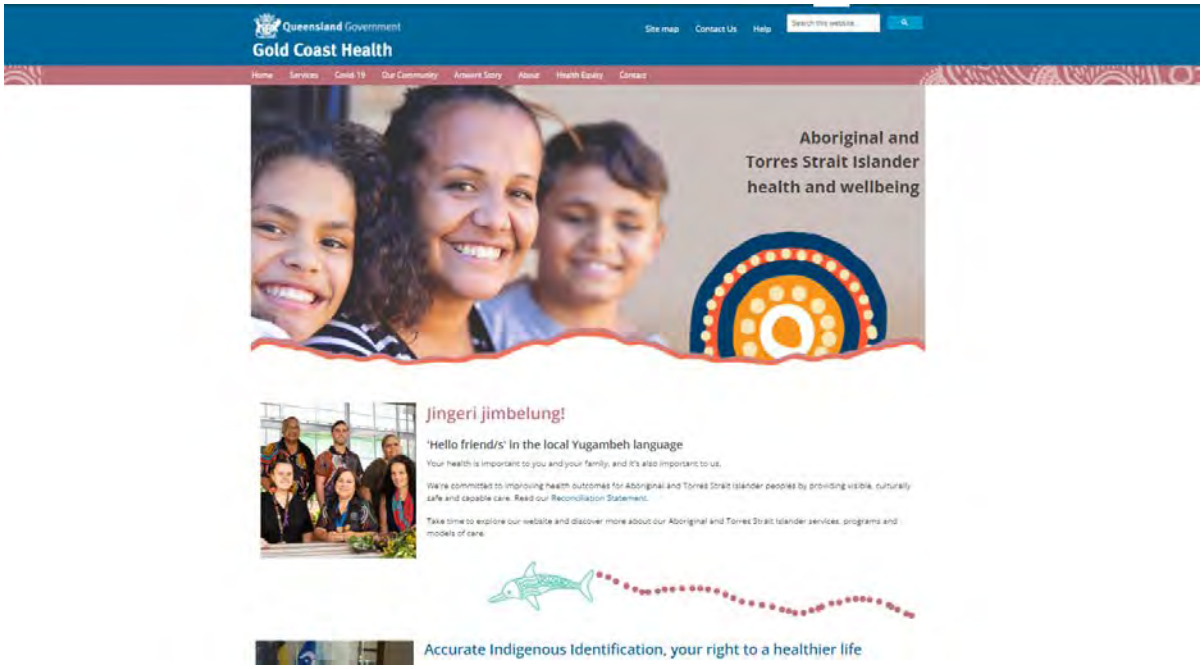

Figure 44: GCH Aboriginal and Torres Strait Islander health and wellbeing microsite home page

Research has found health resources are difficult to understand and engage with as many were too long, used small text and formal language and lacked diagrams.[20] The GCPHU First Nations COVID-19 response team held Community focus groups to assess several COVID-19 resources and other health information resources in an endeavour to explore health information needs of the Gold Coast Aboriginal Community.[21] There was a general preference for videos over print resources, as these were more engaging and the content was clear and succinct. Having an Aboriginal and Torres Strait Islander person in the video created a more culturally appropriate and trustworthy resource. Similarly, posters with images of Aboriginal and Torres Strait Islander peoples on them were more engaging and culturally propriate than posters without images. Online/internet, including social media, was an accessible and convenient mode of accessing health information for many focus group participants, except for older aged participants who did not believe online to be accessible. Focus group participants viewed the Gold Coast Health Aboriginal and Torres Strait Islander microsite as an engaging, credible and trustworthy source of information.

A set of complementary service brochures were developed to support those who preferred printed material to online material (Figure 45).

Figure 45: GCHHS brochures targeted services and programs

The Gold Coast First Nations Healthy Equity consultation held in December 2021 highlighted Community need for timely access to information and processes throughout the healthy equity journey.[22] As the microsite is a dynamic and flexible resource, a Health Equity page was added to support community access information, consultation reports, and the Strategy. This platform demonstrated the GCHHS commitment to transparency while building service integrity and accountability.

Community reports the microsite as an engaging, credible, and trustworthy source of information, but GCHHS staff are reported as not referring Aboriginal and Torres Strait Islander clients to targeted services and programs. Further promotion of these assets internally and externally should occur to increase awareness of, and access to, culturally appropriate information, services and programs.

The intent of the NSQHS Standard Action 1.33 is to create an environment where Aboriginal and Torres Strait Islander people feel welcome and respected when receiving care. [6] The GCHHS commissioned Riki Salam of *We Are 27 Creative* to create a bespoke artwork piece which captured the organisation's cultural aspirations. Titled ***yanbalehla karulbo yuwanu*** (walking together in kindness), the artwork was endorsed for use in 2021, and the GCPHU First Nations COVID-19 response team led an initiative to install artwork decals at all GCHHS facilities. These decals symbolise that GCHHS facilities are welcoming places; a place where Aboriginal and Torres Strait Islander people can feel safe, comfortable, accepted and confident that they will be respected, listened to and well cared for. The artwork showcases our patients - those at the heart of everything we do - in the centre. They are embraced by

our health service values - integrity; community first; respect; compassion; excellence; and empower. In April 2022, the ***yanbalehla karulbo yuwanu*** icons were adopted to depict the GCHHS corporate values (Figure 46).

Figure 46: GCHHS corporate value icons

Carrara Health Centre is progressing bespoke artwork use throughout the facility, which communicates a strong message to staff - Aboriginal and Torres Strait Islander health is everybody's business, integral to the way we act and work. The current approval process to install artwork, including decals, includes:

- Endorsement from the Arts and Health Advisory Committee which meets quarterly
- Approval from Facilities Management (buildings and logistics), who may request financial delegate approval.

Simplifying the process so that GCHHS departments, wards and outpatient areas could access bespoke artwork (including as decals), would support the creation of supportive environments for Aboriginal and Torres Strait Islander patients.

Health consumer health priorities, access and affordability

> *There is no single Aboriginal and/or Torres Strait Islander identity. Therefore, there is no single way to deliver care and services to Aboriginal and Torres Strait Islander people. For health and social and emotional wellbeing services to be responsive, these services must be tailored. They must suit the individual circumstances of people in the context of their cultures, backgrounds, experiences, families and communities.*[23]

Addressing the health needs of Aboriginal and Torres Strait Islander people is a requirement of the NSQHS Standards (Action 1.2) [6], but also contributes to defining community need as part of a Local Area Need Assessment (LANA). Identifying areas of health need as an individual and community helps to inform service and program decisions.

While all areas of health were considered important to survey respondents, of extreme importance was physical health (cancer, diabetes, heart, lung and kidney disease). Access to culturally safe and responsive best practice early intervention must continue to be enhanced to ensure early identification of risk factors and proactive management of these chronic conditions.

Having strong social and emotional wellbeing is considered a protective factor that reduces associated risks of mental health[24] and was considered extremely important by survey participants. The long history of colonisation and the resulting intergenerational trauma has impacted both individual and collective mental health experiences, highlighting the need for culturally safe and responsive mental health and suicide prevention services that are underpinned by trauma-aware and healing-informed approaches.

When asked to think about the most significant barriers to accessing healthcare when needed, survey respondents reported:

- Availability of GP appointments
- Time (long wait times, limited hours, time off work)
- Availability of primary healthcare and bulk billing services.

One survey participant suggested exploring Saturday specialist appointments in preference to midweek appointments during school and work hours. The GCHHS *First Nations Health Equity Strategy (Draft)*[16] Priority Area Service delivery partnerships could include opportunities to partner with Kalwun Health to deliver creative models of care through partnership arrangements. These models would further support the Community Controlled Health Sector's comprehensive primary healthcare service delivery, including tailoring of services to meet community need, increased access to services by community, and enhanced integration of services.

Burden of disease

Every year in Australia, many years of healthy life are lost because of injury, illness, or premature deaths in the population. This loss of healthy life is called the 'burden of disease'. In 2018, Aboriginal and Torres Strait Islander people lost 240,000 years of healthy life (total burden) due to living with illness or injury (non-fatal) 53% of total burden and dying prematurely (fatal) 47% of total burden[25].

Chronic diseases accounted for 63% of the total disease burden among Aboriginal and Torres Strait Islander people. The five disease groups that caused the most burden among Aboriginal and Torres Strait Islander people were mental and substance-use disorders, injuries (which includes suicide), cardiovascular diseases, cancer, and musculoskeletal conditions. [25]

In 2018, 49% of the burden of disease in Aboriginal and Torres Strait Islander people could have been prevented by avoiding exposure to modifiable risk factors including tobacco use (12%), alcohol use (10%), overweight and obesity (9.7%), illicit drug use (6.9%) and dietary factors (6.2%). [25]

Heart disease

While the rate of deaths from heart disease in Aboriginal and Torres Strait Islander people has fallen by half in the past 20 years, it remains the leading cause of death, despite being highly preventable if detected early and managed with lifestyle changes and medication. [25]

Social and emotional wellbeing

Social and emotional wellbeing is a holistic concept that includes mental health and illness but also encompasses the importance of connection to land, culture, spirituality and ancestry, and how these affect the wellbeing of the individual and the community[26]

Social and emotional wellbeing may change across the life course: what is important to a child's social and emotional wellbeing may be quite different to what is important to an Elder. However, across the life course a positive sense of social and emotional wellbeing is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives. [26]

Cancer

Australia's record of cancer survival is one of the best in the world, yet Aboriginal and Torres Strait Islander people continue to experience disparities in cancer outcomes. Research[27] has found that Aboriginal and Torres Strait Islander people:

- Have a different pattern of cancer incidence, with some cancers occurring more commonly than among non-Indigenous Australians (lung, liver, cervical cancers), while other cancers occur at lower incidence rates (prostate, bowel, breast cancer among women)[28]
- Have high incidence of cancers that are preventable but are also more likely to be fatal (lung cancer, liver cancer)
- Are less likely to participate in bowel, breast and cervical cancer population screening programs.

Let's Yarn Health Equity Community consultation revealed a preference for strengths-based approaches, resulting in the *GCHHS First Nations Health Consumer Survey* using an Appreciative Inquiry methodology to explore burden of disease. This strengths-based approach aimed to build on health consumer knowledge and experience to drive further change. When survey respondents were asked to think about actions that could reduce the associated burden for heart disease, social and emotional wellbeing and cancer, there was strong support for programs and services which facilitated early detection and prevention. The IUIH Deadly Choice program had high recall among survey participants.

When exploring national frameworks (National Aboriginal and Torres Strait Islander Cancer Framework and National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing), principles of co-design, public participation, collaboration across

sectors and informed practice underpin proposed action. Furthermore, the Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing presents the cultural determinants of health across associated risk and protective factors, as a strengths-based model for intervention[29]. "*The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing*." [18]

The literature review for the ***Mayi Kuwayu*** Study identified six main domains for describing culture specific to Aboriginal and Torres Strait Islander peoples related to health and wellbeing.[30] These domains, along with their corresponding sub-domains, are detailed in Figure 47.

Figure 47: Cultural determinants of health

Recognising the direct protective and strengthening impact that practicing culture has on health and wellbeing provides a local opportunity to co-design the inclusion of cultural determinants as protective factors within preventative health programs, or more broadly the GCHHS *framework for partnership*. Supporting community members to define what the inclusion of cultural determinants looks like at a local level will enable GCHHS to partner effectively in appropriate services and program design. Table 1 demonstrates how this could be achieved through community engagement, noting that the content is only an example to guide Community input and conversation.

Table 1: Opportunities to include strength-based action in program and service design and delivery.

Domain	Sub domain	Protective factors - opportunity for inclusion
Connection to country: Connection to country helps underpin identity, a sense of belonging and a place of nurturing.	spiritual connection	• large events include a Traditional Custodian Welcome to Country • other activities and programs commence with an Acknowledgement of Country and Traditional Custodians. • explore opportunities activities and events to be scheduled in natural outdoor settings such as school gardens, parks, along the foreshore etc.
	health and traditional foods	• inclusion of traditional bush tucker ingredients in catering – eg. lemon myrtle infused water
	living on Country	
	land rights and autonomy	
	caring for Country	• promote healthy Country practices, such as cleaning rubbish after using areas, or using sustainable products that can be recycled rather than becoming land fill. • promote gifts or awards of local edible native plant species – link to spiritual connection through Traditional Custodian stories • support venues to consider local native plants in landscape design
Cultural expression and continuity: Connection to self and culture can be developed and maintained through a	identity	• participants identify where they are from on the Tindale map
	cultural practices	• include activities based on cultural practice, eg. Yarning circles when sharing information

range of activities and embedded throughout all avenues of life.		• include modified Traditional Indigenous Games as part of introduction activities
	art and music	• inclusion of Aboriginal and/or Torres Strait Islander art / images on developed collateral • images to comprise local Community in recognisable settings • use of Aboriginal and/or Torres Strait Islander music as soundscape or at activity registration (e.g. music video of Yugambeh Youth Choir on large screen in registration area / morning tea or lunch areas)

Using Community-defined protective factors, GCHHS can create supportive environments for the delivery of strengths-based, place-based, and evidence-informed action. Furthermore, partnerships with IUIH and Kalwun can be established to develop and/or modify priority prevention programs under the Deadly Choices banner. Developed programs could be trialled on the Gold Coast and, with successful outcomes, expand across South East Queensland, contributing to learnings of shared best practice.

Aboriginal and Torres Strait Islander people and communities must have the resources to determine their own health and wellbeing priorities and needs. Access to local trend data helps communities make informed decisions on programs and policies that best meet local priorities and needs. To support this, Aboriginal and Torres Strait Islander organisations and communities need access to, and ownership of, the data that involves and impacts them. The GCHHS should prioritise opportunities to report health conditions over time in an endeavour to support the local Community tell the Aboriginal and Torres Strait Islander health narrative. Along with trend data reports, a health report card could communicate outcomes. Case studies which contribute to the local health narrative and build knowledge to guide informed decision-making could be included in the health report card.

This approach would assist GCHHS demonstrated NSQHS Action 1.4: Implementing and monitoring targeted strategies, through the establishment of priorities and implementation actions to improve Aboriginal and Torres Strait Islander health. [6] This includes allocating resources; developing, collecting and analysing indicators; monitoring progress and reporting against targets; and evaluating the effectiveness of the systems that are being used. [6]

Living in full health

For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community. Self-assessed health status reflects a person's perception of their own health, and most survey respondents reported their health as ‘very good’ or ‘good’.

Early intervention is a key stage of prevention that includes identifying, diagnosing, treating and managing health and wellbeing issues to stop them becoming more serious. The Medicare Benefit Scheme item 715 health check for Aboriginal and Torres Strait Islander people is a comprehensive assessment of physical, psychological and social health in a primary care setting. It occurs across age groups and is a key early intervention opportunity. 38% of survey respondents reported ‘always’ having an annual health check, and 27% reported ‘never’ having a health check. As annual health checks can be accessed free at Community Controlled Health clinics and bulk billing health clinics, further work is required to explore ways to increase Community annual uptake of MBS health checks and Medicare GPs offering MBS health checks (including MBS items 715, 228, 92004 and 92016).

Most survey respondents (73%) disagreed that health insurance was affordable. This may increase access to the Community Controlled Health Service (CCHS) for the delivery of primary healthcare services by Aboriginal and Torres Strait Islander people and highlights the importance of supporting partnership approaches in areas of unmet need.

Vaccine behaviour

The flu vaccine is free for all Aboriginal and Torres Strait Islander people six months and older. The vaccine is recognised internationally as the most effective method of preventing influenza-related morbidity and mortality. 32% of survey respondents reported rarely or never having their annual flu vax.

Pneumococcal disease is a bacterial infection which is especially serious for young children and older people. It can cause pneumonia, bloodstream infection and meningitis (inflammation of the membranes around the brain). Aboriginal and Torres Strait Islander adults aged 50 years and over are recommended to receive an additional pneumococcal vaccine (three doses in total) which is provided free as part of the National Immunisation Program (NIP). 76% of survey respondents between 50 and 64 years of age reported not having their third dose of the pneumococcal vaccine. Further discussion with those Community members over 50 years is required to understand why they have not received the third dose and identify opportunities to support vaccination uptake.

Immunisations protect against vaccine-preventable conditions and promotes good health. Collaboration between GCHHS, Kalwun Health and Gold Coast Primary Health Network to identify opportunities to improve influenza and pneumococcal vaccination uptake are required. Culturally safe and responsive immunisation programs supported by effective patient recall systems should be explored, especially when responding to emerging health concerns, such as pandemics.

Focus group discussions hosted by the Gold Coast Public Health Unit in 2021 found that plain language and visual representations using images of real people, preferably local Aboriginal and Torres Strait Islander peoples in recognisable settings, was most impacting to Gold Coast Aboriginal and Torres Strait

Islander community members.[21] These considerations are vital when considering the design of targeted resources to support programs for the Gold Coast Aboriginal and Torres Strait Islander Community.

COVID-19

Overall, the Queensland community demonstrated a high level of support for COVID-19 vaccination. However, there are pockets within the community that require greater support to increase immunisation rates. Creative efforts to close the gap between Aboriginal and Torres Strait Islander and non-Indigenous up-to-date COVID-19 vaccination rates are required. As of 20 February 2022, Gold Coast recorded 61% second dose COVID-19 vaccination among the local Aboriginal and Torres Strait Islander community aged 16 years and older, compared with 89% in the overall population, representing a twenty-eight-percentage point gap in coverage. Previous research conducted by the Gold Coast Public Health Unit (2021) suggested vaccine hesitancy rather than service access was a significant driver of this lower coverage, influenced by mistrust of the government and misinformation exposure through social media.[21]

The *Make the choice* campaign, launched in August 2021, aims to help address the gap in vaccination rates between First Nations people and the general population. A collaborative effort between the Queensland Aboriginal and Islander Health Council, Queensland Health and the IUIH, the campaign features “Our New World Together” artwork created by Jedess Hudson, Ewamian and Western Yalanji artist of North Queensland with a strong message - *Make the Choice* and *get vaccinated!*. The artwork features in campaign collateral (such as polo shirts, singlets, bucket hats, water bottles and bags), which has been distributed by the Aboriginal and Torres Strait Islander Health Division to Hospital and Health Services.

A COVID-19 vaccine is the best way to stay protected and is free for all Australians aged five years or older. All survey respondents reported that they had received a COVID-19 vaccination (one, two or three dose). For those who are not at increased risk of severe illness from COVID-19, a two-dose primary course and a booster dose provides very good and lasting protection against COVID-19.[31] Of those who had not yet received their third dose, 65% reported an intention to.

The Queensland *COVID-19 Vaccination Plan to Unite Families* was the State’s plan for Queensland’s borders and details changes to domestic and international travel to Queensland, aiming to support full vaccination uptake of the eligible population to 90%.[32] The Public Health and Social Measures linked to vaccination status (November 2021) also detailed venue capacity/density limits and refusal of entry to those unvaccinated people aged 16 years from the following settings:

- Vulnerable settings (aged, care, hospitals, prisons, disability services)
- Hospitality venues

- Indoor entertainment venues
- Outdoor entertainment activities
- Festivals
- Queensland Government owned galleries, museums and libraries.

COVID-19 capacity/density restrictions were lifted on the 14 April 2022, along with the removal of check-in requirements from all settings except vulnerable and high-risk settings. Rapid review reports suggest that the introduction of COVID-19 health certification for international travel and, in domestic contexts, managing entry into settings such as nightclubs, large events, hospitals, gyms, or indoor hospitality rapidly increased vaccination uptake.[33] This survey found that vaccination intention had changed over time with a significant proportion of those community members aged 20-24 now more inclined to get the COVID-19 vaccine. Influencers of vaccination intention was not further explored with respondents.

When asked about the influence that COVID-19 had on other vaccinations, vaccination importance had remained the same for nearly 80% of survey respondents. Respondents expressed that as they had received childhood vaccines, vaccination was routine behaviour and important to prevent disease. The national coverage rate for Aboriginal and Torres Strait Islander five-year-olds was 96.79% at March 2022, well above the target of 95% and the highest immunisation rate of any age group.[34] An opportunity to continue vaccination conversation as a routine part of the Gold Coast Aboriginal and Torres Strait Islander Community exist.

Reconciliation

Reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous people, for the benefit of all Australians. Reconciliation Australia identified five integral and interrelated dimensions to measure reconciliation: race relations; equality and equity; institutional integrity; unity; and historical acceptance[35]. These five dimensions of reconciliation are interrelated, and full reconciliation relies on all five being progressed.

Support for reconciliation has grown significantly over the past three decades. There is a far greater awareness of the complexity and magnitude of First Nations', knowledges and languages; and more Australians now understand and acknowledge the impact that colonisation and the modern Australian state have had on First Nations families and communities. [36]

The GCH Reconciliation Statement was launched during National Reconciliation Week 2021. This Statement makes eight commitments as principles that underpin the way we work. As a principle, it can be difficult to tangibly see the commitment in action. For example, what would *authentically live the spirit of Reconciliation* look like in a hospital or community health setting and how would we measure success against this principle? To achieve the GCH Reconciliation Statement commitments requires detailed

action, such as a co-designed Reconciliation Action Plan (RAP). A RAP details how the GCHHS will make the Reconciliation Statement commitments a reality. The RAP's co-design process will contribute to building *effective engagement mechanisms to ensure the voices of Aboriginal and Torres Strait Islander peoples are heard, valued and acted upon to create change* (Reconciliation Statement commitment), while embedding co-design as standard planning, service delivery and program processes. For GCH, this is a logical next step to the First Nations Health Equity agenda.

Discharge planning and continuity of care

Telephonic follow-up calls are increasingly being used in clinical practice for patients requiring additional support post-discharge[37]. Nurse-led telephonic follow-up has been shown to be inexpensive and effective for post-discharge education[38]. The NSQHS Comprehensive Care Standard, Action 5.13: *Developing the comprehensive care plan*, includes discharge planning for discharge from the health service organisation.[6] Discharge planning identifies any services, equipment and follow-up that may be needed to safely discharge a patient. For Aboriginal and Torres Strait Islander patients, it may also include consideration of the transport, accommodation and setting into which a patient is being discharged, and the availability of support services.

Discharge planning was raised by those receiving telephone calls from the registered nurse and continuity of care was raised in *Let's Yarn Health Equity* phase 1 as priority areas. High levels of continuity of care have been shown to result in positive patient experiences, greater patient satisfaction, increased treatment adherence and improved patient outcomes[39], [40] The Health Foundation (UK) conducted a cross-sectional study examining the association of continuity of care and hospital admission, finding higher continuity of care was associated with 12.49% (95% confidence intervals: 9.45, 19.29) fewer hospital admissions, compared with patients with low continuity of care.[41]

Person-centred and family-centred care requires an integrated health system that people can seamlessly navigate regardless of their healthcare needs. A key part of this is ensuring access to follow-up care across primary, secondary, tertiary, specialist and allied health services, particularly in the context of health assessments. Telephonic follow-up calls are a potentially cost-effective way to ascertain patient concerns and outcomes in their home environment. A registered nurse (identified) telephone service offered as part of discharge planning could enhance service linkages and integration for continuity and coordination of holistic care, including access to follow-up care and support services.

Consistent with findings from the SEQ First Nations Health Equity Strategy GCH Consultation report [17], the invite to share experiences and opinions enabled participants to feel valued and that their voice mattered. Telephonic follow-up calls could be extended to explore Patient Reported Experience Measures (PREMs) and Patient-reported outcome measures (PROMs) offered as a telephone assisted survey or link to an online survey. PROMs support person-centred and value-based care by providing a

way of measuring health outcome from the patient's perspective.[6] NSW Health is progressing culturally appropriate patient-reported measures (PRMs) with specific reference to the health-related quality of life (QoL) tool. This provides GCHHS an opportunity to learn and explore experience measures that are strengths-based, reflect an Aboriginal and Torres Strait Islander worldview and measure aspects of experience relevant to the Gold Coast Aboriginal and Torres Strait Islander Community.

7. Recommendations

The following recommendations are presented under the activity aims in response to Gold Coast Aboriginal and Torres Strait Islander health consumer survey response and telephone conversations.

Health priorities and system enhancements for the Gold Coast Aboriginal and Torres Strait Islander Community.

1. Aboriginal and Torres Strait Islander Community engagement

1.1. Document all Aboriginal and Torres Strait Islander Community and health consumer engagement opportunities on the GCH Aboriginal and Torres Strait Islander health and wellbeing microsite Working together | Gold Coast Health and promote via stakeholder networks.

1.2. Produce targeted incentives and include incentive promotion within engagement opportunity invitations.

1.3. Collaborate with GCH First Nations Health Equity Service Delivery Stakeholders (GCHHS, Kalwun and GCPHN) to produce:

- Aboriginal and Torres Strait Islander Community and health consumer engagement Framework
- Aboriginal and Torres Strait Islander Community and health consumer engagement Strategy.

2. Governance

2.1. Establish a GCHHS First Nations Health Equity Executive Committee to support the implementation, monitoring and review of the GCHHS First Nations Health Equity Strategy and facilitate locally led decision making through:

- Access to health trend data to inform program and policy development that best meets local priorities and need
- Production of an annual Health Equity report card, which is made accessible via the Aboriginal and Torres Strait Islander health and wellbeing microsite Health Equity page Health Equity | Gold Coast Health.

3. Aboriginal and Torres Strait Islander Community information assets

3.1. When developing targeted information materials (print, web, social media, radio and video) ensure:

- Use of plain language and visual representations which accommodate different levels of health literacy
- Use images of real people, preferably local Aboriginal and Torres Strait Islander peoples in recognisable settings

- Use of online platforms to share information and support older aged people to access technology-based health information.

4. GCH Aboriginal and Torres Strait Islander Health Service and targeted programs

4.1. Increase staff awareness of GCH Aboriginal and Torres Strait Islander Health Service and targeted programs to provide patients appropriate information and referrals.

4.2. Increase Community access to culturally appropriate information, services, and programs.

4.3. Review staff training and education to ensure inclusion of the NSQHS Standard Aboriginal and Torres Strait Islander specific actions. Ensure co-design opportunities exist if training is to be enhanced or re-designed.

4.4. Explore opportunities for Executive Divisions to identify ongoing professional development opportunities for staff education which promote the NSQHS Standard specific actions for Aboriginal and Torres Strait Islander health and provision of equitable care.

4.5. Produce a suite of Aboriginal and Torres Strait Islander Health Service and targeted programs video education materials:

- Aboriginal and Torres Strait Islander Hospital Liaison Officers
- Nurse Navigator - Chronic Disease, Aboriginal and Torres Strait Islander
- Yan-Coorara – social and emotional wellbeing
- Mungulli Clinic and programs
- Healthy eating dietitian services.

4.6. Regularly feature the Aboriginal and Torres Strait Islander Health Service and targeted programs internally and promote the Aboriginal and Torres Strait Islander health and wellbeing microsite.

5. Indigenous status

5.1. Expand the *Don't be shy! Identify*. campaign to include a focus on Gold Coast Health systems and processes which include:

- A review to understand how Indigenous status data is collected, stored, and used, and opportunities for improvement
- A review of Indigenous status education and training provided to Gold Coast Health staff to ensure inclusion of requirements as per the National best practice guidelines for collecting Indigenous status in health data set
- Identifying opportunities to build community supports and increase awareness of the relevance and importance of Indigenous status collection within the health service.

6. Focus group discussions (Yarning circles)

6.1. Expand this quality initiative to further explore health need and prioritisation through engagement with Aboriginal and Torres Strait Islander adults in focus group discussions (Yarning circles) to:

- Identify supports to overcome barriers to healthcare access

- Identify supports for individuals and families to get an annual health check (MBS715)
- Identify opportunities to normalise health checks for children and young people
- Explore access to social and emotional wellbeing services
- Explore what a service underpinned by trauma-aware and healing-informed approaches would look like on the Gold Coast
- Identify strategies for Gold Coast health to become an employer of choice for Aboriginal and Torres Strait Islander people
- Identify opportunities to attract and retain Aboriginal and Torres Strait Islander staff within GCHHS.

7. Health promotion

7.1. Engage Aboriginal and Torres Strait Islander Community in the definition of cultural determinants as strength-based action in program and service design and delivery.

7.2. Explore opportunities for collaborative health promotion and preventive health approaches with Health and Wellbeing Queensland and IUIH to develop Deadly Choices programs in response to community need:

- Cancer prevention
- Social and Emotional wellbeing.

8. Discharge planning

8.1. Employ a registered nurse (identified) to provide telephonic follow-up calls as part of discharge planning to:

- Provide access to follow-up care and support services
- Enhance service linkages and integration for continuity and coordination of holistic care.

9. Patient-reported measures (PRMs)

9.1. Further explore culturally appropriate patient-reported measures to codesign Aboriginal and Torres Strait islander Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

9.2. Explore PROMs and PREMs implementation models which could include using telephone assisted survey administered by discharge planning registered nurse (identified).

10. Racial discrimination and institutional racism

10.1. Support the development of the GCHHS First Nations Health Equity Strategy implementation plan to define key actions, milestones, and Community-defined measures to actively eliminate racial discrimination and institutional racism within services.

10.2. Identify and action a Community Accountability model whereby the GCHHS presents the HHS actions to counter racism and reports incidences of racism to the Yugambeh Region Aboriginal Corporation Alliance.

10.3. Support the development of staff cultural capabilities through a co-designed program representative of community voice and Community-defined metrics.

11. Aboriginal and Torres Strait Islander workforce

11.1. Support the development of the GCHHS First Nations Health Equity Strategy implementation plan to define key actions, milestones and Community-defined measures to strengthen the GCHHS First Nations workforce.

COVID-19 dose 3 uptake and/or hesitancy

12. Continue to promote vaccination as normal Community behaviour to prevent disease through consumer stories and childhood vaccination rates.

12.1. Expand this research to further explore:

- Reasons Community members aged over 50 have not received the third dose pneumococcal vaccination and Community members aged under 50 do not have their annual influenza vaccination and implement strategies to support vaccination uptake
- COVID-19 vaccine hesitancy in unvaccinated Community age groups and dose three hesitancy in Community who have received the second dose
- Opportunities to provide Community with up-to-date COVID-19 information to support informed choice.

GCHHS ability to demonstrate Reconciliation Statement commitments

13. Undertake a co-design process with Gold Coast First Nations Stakeholders to develop a Gold Coast Health Reconciliation Action Plan (RAP).

8. Appendices

Appendix 1: GCHHS First Nations Health Consumer survey

Overview

You are invited to share your experience from your recent visit to a Gold Coast Health Fever Clinic or Hospital admission. The information collected from this survey will be used to inform planning and service provision. Your participation in this survey is voluntary. If you choose not to participate, access to services will not be impacted in any way. You will not be identified in any report. To thank you for taking time to answer the survey questions, we have a free Aboriginal facemask for you to claim, artwork produced for Gold Coast Health by Riki Salam, We are 27 Creative.

Why your views matter

This quality initiative is conducted by Gold Coast Health. The aim of the survey is to identify ways to improve healthcare experiences and outcomes for the Gold Coast Aboriginal and Torres Strait Islander Community. The responses collected in this survey will be used to improve healthcare for our community.

Call to action heading: Have your say!

Related links

- Jingeri jimbelung! | Gold Coast Health
- Health Equity | Gold Coast Health
- reconciliation-statement-a2-poster-v2_signed.pdf (publications.qld.gov.au)

What happens next?

Results from this survey will be produced into a report which will inform the First Nations Health Equity Action Plan and Local Area Needs Assessment. A random selection of people will be contacted by a Project Officer who will phone to further explore local prevention activities.

To register your interest in participating in a local Yarning session email your details to: GCHFirstNationsHealthEquity@health.qld.gov.au

Yarning Sessions will be facilitated by Lynda Maybanks, a descendant of both Yugara and Yugembeh language regions, who is a communications and engagement consultant with extensive experience working with First Nations communities and the health sector.

Completion message: Thank you for taking the time to complete the survey. Click on the email address to claim your free Aboriginal artwork facemask - please include your name and postal address in the message. GCHFirstNationsHealthEquity@health.qld.gov.au

Keep up to date by visiting the GCHHS Aboriginal and Torres Strait Islander health and wellbeing microsite https://www.goldcoast. health.qld.gov.au/aboriginal-and-torres-strait-islander-service

Important aspects of health and wellbeing

Identifying areas of health need as an individual and community helps to inform service and program decisions. The following questions ask for your thoughts around health need.

1. When considering **you and your family's** health and wellbeing, please rate the importance of the following health categories.

(Required)

	Extremely important	Important	Moderately important	Somewhat important	Not very important
Physical health (cancer, diabetes, heart, lung or kidney disease).	❍	❍	❍	❍	❍
Lifestyle (healthy eating and physical activity).	❍	❍	❍	❍	❍
Lifestyle risk taking (overuse or abuse of alcohol, smoking, vaping or other drugs).	❍	❍	❍	❍	❍
Safety (bullying, stress, travel, or violence).	❍	❍	❍	❍	❍
Sexual health (family planning, sexually transmitted infections/blood borne viruses).	❍	❍	❍	❍	❍
Social and emotional wellbeing (anxiety, depression, self-harm).	❍	❍	❍	❍	❍

Please list any other health priority areas for you and your family _____

2. Thinking about your recent experience at Gold Coast Health, please rate your satisfaction with the following services:

(Required)

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Strongly dissatisfied
Access to healthcare services (including out of hours healthcare and wait times).	❍	❍	❍	❍	❍

Affordability of healthcare (scripts, referral to specialist or other services).	❍	❍	❍	❍	❍
Ability to deliver culturally safe healthcare.	❍	❍	❍	❍	❍
Enough time spent with you by the healthcare providers.	❍	❍	❍	❍	❍
Ability to inform patients about their different healthcare options including Indigenous health services, programs and support.	❍	❍	❍	❍	❍
Ability to provide access to health information that was easy to understand.	❍	❍	❍	❍	❍
Ability to actively eliminate racial discrimination within the service.	❍	❍	❍	❍	❍

Do you have any other comments about the service?

_____

Holistic healthcare

Aboriginal and Torres Strait Islander health is viewed in a holistic context that recognises not only physical health and wellbeing but also the social, emotional and cultural wellbeing of individuals, families and communities throughout the entire life course.

The following questions ask for your thoughts about holistic healthcare.

3. What could be done differently in Gold Coast Health to make sure patients are treated as a whole person?

(Required)

Select all that apply

- ❍ Provide patients the option for a support person at the hospital such as an Indigenous Hospital Liaison Officer.
- ❍ Talk regularly with Aboriginal and Torres Strait Islander community members.
- ❍ Staff training to increase cultural awareness and referrals to First Nations services and programs.

- ❍ Involve patient's families and carers in discussions and decisions.
- ❍ Make sure there are enough staff.
- ❍ Increase the Aboriginal and Torres Strait Islander health workforce.
- ❍ Create an environment which is respectful, safe and positive for patients and their families.
- ❍ Avoid long waiting periods for patients - particularly in relation to specialist appointments.
- ❍ Improve the communication process between staff and patients.
- ❍ Other (please describe)

4. What needs to change for patients and carers to be more involved in healthcare decisions on the Gold Coast?

(Required)

Select all that apply

- ❍ Provide patients with enough information that is easy to understand and access.
- ❍ Avoid complex medical jargon and provide information in simple and clear English.
- ❍ Create an environment that is respectful, safe and positive for patients and their families.
- ❍ Provide education to patients on their rights, the healthcare system, and resources available.
- ❍ Allow more time for staff to spend talking with and listening to patients.
- ❍ Regularly ask and act on feedback provided by patients, carers, and staff for improving healthcare.
- ❍ Involve patient's families and carers in discussions and decisions.
- ❍ Provide patients the option for a support person at the hospital such as an Hospital Indigenous Liaison Officer.
- ❍ Make sure there are enough staff.
- ❍ Increase the Aboriginal and Torres Strait Islander health workforce.
- ❍ Consistency in staff treating and attending patients.
- ❍ Better continuity of care outside of hospital, particularly in relation to discharge planning and follow ups.
- ❍ Other (please describe)

Burden of Disease

The Australian Burden of Disease Study 2018, reports a reduction in the burden connected with coronary heart disease, stroke, Type 2 diabetes and COPD (inflammatory lung disease) between 2003 and 2018 for Aboriginal and Torres Strait Islander Australians. While this is good news, an increase in burden associated with social and emotional wellbeing, (anxiety, depression, suicide and self-harm) and chronic kidney disease is seen over the same fifteen-year period.

The following questions relate to your thoughts and opinions about Aboriginal and Torres Strait Islander peoples burden of disease.

5. At an individual disease level, coronary heart disease showed the largest decrease over time between 2003 and 2018. When thinking about heart disease do you remember hearing about or attending any of the following heart health programs?

(Required)

Select all that apply

- ❍ Heart Foundation walking program
- ❍ Deadly Choices healthy lifestyle programs
- ❍ Go for 2 and 5 (healthy eating program)
- ❍ Mungulli Clinic and/or the Strong and Deadly wellness program
- ❍ Annual Health Check with a GP
- ❍ Yarn to Quit or similar quit smoking programs
- ❍ Other (please describe) _____

6. An increase in total burden was reported within social and emotional wellbeing health conditions, (anxiety, depression, suicide and self-harm). When thinking about the social and emotional wellbeing of community, what do you think could help to reduce this burden?

(Required)

Select all that apply

- ❍ Access to social and emotional wellbeing services/programs delivered by Aboriginal people.
- ❍ More cultural activities for young people to connect with.
- ❍ More alcohol and other drug services/programs delivered by Aboriginal people.
- ❍ Consideration of cultural healing practices in programs and services.
- ❍ Aboriginal and Torres Strait Islander Mental First Aid courses for community.
- ❍ Other (please describe) _____

7. Cancer is a major cause of illness and death in community, and this continues to increase. When thinking about cancer (lung, liver, breast, bowel, cervical and prostate), what do you think could help reduce cancer rates in the community?

(Required)

Select all that apply

- ❍ Annual health check with a GP
- ❍ Participation in national cancer screening programs
- ❍ Yarn to Quit or similar quit smoking programs
- ❍ Deadly Choices or similar active and healthy lifestyle programs
- ❍ Other (please describe) _____

8. Do you think that reporting health conditions over time, perhaps 10-15 years, would help in telling our health story and making better decisions?

(Required)

Please select only one item

- ❍ Yes
- ❍ No
- ❍ Undecided

Living in full health

Aboriginal and Torres Strait Islander peoples are, on average live most of their lives in full health, which to some degree can be linked to prevention, early detection and early treatment.

The following questions relate you your overall health and wellbeing.

9. In general, how would you describe your overall health and wellbeing?

(Required)

Please select only one item

- ❍ Excellent
- ❍ Very Good
- ❍ Good
- ❍ Fair
- ❍ Poor

10. An annual health check (715 MBS item) is free at your local Aboriginal Community Controlled Health Organisation and bulk billing health clinics. Do you have an annual health check? (715?)

(Required)

Please select only one item

- ❍ Always
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

11. After an annual health check, you can be supported to make choices for good health. This may include follow-up care with services or programs. Have you been referred by your doctor to health services or programs?

(Required)

Please select only one item

- ❍ Yes
- ❍ No
- ❍ Not sure
- ❍ Not applicable as I haven't had a health check

12. Please state your level of agreement to the statement: Health insurance is affordable to you.

- o Completely disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Completely agree

13. The flu vaccine is free for all Aboriginal and Torres Strait Islander people aged 6 months and over. Do you have an annual flu vaccination?

(Required)

Please select only one item

- ❍ Always
- ❍ Sometimes
- ❍ Rarely

- ❍ Never

14. Aboriginal and Torres Strait Islander peoples aged 50 or older are recommended to receive an additional pneumococcal vaccination. If you are 50 or older, have you received the additional pneumococcal vaccination?

Please select only one item

- ❍ Yes
- ❍ No
- ❍ Not sure
- ❍ Not applicable, I am not 50 years or older

COVID-19

While the COVID-19 situation continues to change, we have national strategies to stay safe including getting vaccinated. The following questions relate to your COVID-19 behaviour and intentions.

15. To your knowledge, do you have, or have you had COVID-19?

(Required)

Please select only one item

- ❍ Yes, positive PCR test
- ❍ Yes, positive RAT (Rapid Antigen Test)
- ❍ Yes, I had COVID-19 symptoms, but I didn't get a COVID-19 test
- ❍ No
- ❍ Unsure

16. A COVID-19 vaccine is the safest way to stay protected and is free for all Australians aged 5 years or older. Have you had the free COVID-19 vaccination?

(Required)

Please select only one item

- ❍ Yes, one dose
- ❍ Yes, two doses
- ❍ Yes, three doses (including booster) (skip Q17 question)
- ❍ No (logic – go to Vaccine hesitancy)

17. The third dose of the COVID-19 vaccination is recommended whether you have had COVID or not, to improve protection and prevent the spread of the virus. The third dose is available free of

charge for Australians aged 16 and over who have had their second dose at least 3 months ago. Are you intending to have the third dose (booster) vaccine?

(Required)

Please select only one item

- ❍ Yes, as soon as I am eligible
- ❍ Yes, at some stage
- ❍ Not yet, I need more information to make my decision
- ❍ No, I prefer natural immunity (to get COVID-19 and build my immunity)
- ❍ No, I have decided it is not necessary for me
- ❍ No, other (please describe)

Vaccine hesitancy

18 (a) Which of these reasons best explains why you have not yet received a COVID-19 vaccine?

- ❍ I am concerned about the vaccine (e.g. it is not safe, it was developed too quickly, I do not know what is in it).
- ❍ I feel COVID-19 is a hoax
- ❍ I am not sure about long-term side effects of the vaccine.
- ❍ I do not like any of the vaccine options available to me.
- ❍ I do not trust the government and/or medical authorities.
- ❍ I believe that I cannot have the vaccine due to medical reasons.
- ❍ I believe in natural immunity (get sick and build up immunity).
- ❍ It is not mandatory for my work.
- ❍ No reason really, I just don’t’ want it.
- ❍ Other, please describe

18 (b) Has your view on the COVID-19 vaccination always been the same or has it changed over time?

- ❍ No change - I still am not going to take it
- ❍ I am now more inclined towards taking it
- ❍ I am now less inclined towards taking it

Child vaccination

19. Has your COVID-19 experience, changed your mind on getting other vaccinations for you and/or your family?

(Required)

Please select only one item

- ❍ No, vaccination importance has remained the same for me
- ❍ Yes, I am now more likely to get vaccines for myself/family
- ❍ Yes, I am now less likely to get vaccines for myself/family

Please describe why you answered this way _____

20. Are you a parent or guardian of a child or children (including adopted children) under 18 years of age?

(Required)

Select all that apply

- ❍ Yes
- ❍ No (logic - go to Health Equity)

21. Has your child or children received their COVID-19 vaccination?

(Required)

Please select only one item

- ❍ Yes, (one, two or three doses)
- ❍ No, my child is not eligible
- ❍ No (logic – go to Vaccine hesitancy child)

22. Which of these options best describes why your child/children has not yet received a COVID-19 vaccine?

Select all that apply

- ❍ I think they are too young to be vaccinated.
- ❍ I don't like the vaccine option available to my child.
- ❍ I don't think children need the vaccine because COVID-19 is not severe in children.
- ❍ I believe that my child cannot have the vaccine for medical reasons.
- ❍ I do not trust the government/medical authorities with respect to my child's health.
- ❍ My own research tells me that it is not a good idea to give my child the vaccine.

- ❍ I believe it is a choice and I choose not to.
- ❍ No reason really, I just won't let them take it.
- ❍ Other (please describe) _____

Health Equity

Gold Coast Health explored community opinions about healthcare services in a number *Let's Yarn health equity* activities. The following questions relate to these discussions.

23. What are the most significant barriers that keep **you or your family** from accessing healthcare when they need it?

(Required)

Select item 1-5

- ❍ Availability of GP appointments
- ❍ Availability of urgent care (at the hospital)
- ❍ Competing priorities (caring for family / working)
- ❍ Cultural needs are not met
- ❍ Health system is too hard to navigate
- ❍ Lack of childcare
- ❍ Lack of transport or cost of transport
- ❍ Lack of trust in the service
- ❍ Time (long wait times, limited hours, time off work)
- ❍ There are no barriers
- ❍ Other (please describe)

24. The Gold Coast Health Reconciliation Statement was launched in 2021, and makes eight commitments – please rate your satisfaction with Gold Coast Health's ability to demonstrate each commitment in your interactions with the health service (link to document)

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Strongly dissatisfied
Authentically live the spirit of reconciliation across the organisation.	❍	❍	❍	❍	❍

Build trusting relationships with Aboriginal and Torres Strait Islander patients, families and the community to develop partnerships that will strive towards health and wellbeing equity.	❍	❍	❍	❍	❍
Provide accessible healthcare services which are culturally respectful, safe and responsive.	❍	❍	❍	❍	❍
Increase the employment and retention rate of Aboriginal and Torres Strait Islander peoples across the organisation.	❍	❍	❍	❍	❍
Provide a culturally safe workforce framework that enables all staff to balance their work requirements with their personal aspirations and family and cultural obligations.	❍	❍	❍	❍	❍
Acknowledge, value and leverage the leadership, wisdom and cultural knowledge of Aboriginal and Torres Strait Islander peoples within our organisation.	❍	❍	❍	❍	❍
Provide Aboriginal and Torres Strait Islander cultural awareness training for all staff to encourage respect, challenge attitudes and achieve positive service outcomes for Aboriginal and Torres Strait Islander peoples.	❍	❍	❍	❍	❍
Build effective engagement mechanisms to ensure the voices of Aboriginal and Torres Strait Islander peoples are heard, valued and acted upon to create change.	❍	❍	❍	❍	❍

A bit about you

To help us ensure we are capturing everyone's views on Aboriginal and Torres Strait Islander health, please answer the following. All answers will be anonymous.

25. Do you identify as an Aboriginal and/or Torres Strait Islander person?

(Required)

Please select only one item

- ❍ Yes, Aboriginal
- ❍ Yes, Torres Strait Islander
- ❍ Yes, Aboriginal and Torres Strait Islander
- ❍ No

26. What best describes your gender?

(Required)

Please select only one item

- ❍ Male
- ❍ Female
- ❍ Prefer not to say
- ❍ Prefer to self-describe: _____

27. What is your age group?

(Required)

Please select only one item

- ❍ 15-19 years
- ❍ 20-24 years
- ❍ 25-29 years
- ❍ 30-34 years
- ❍ 35-39 years
- ❍ 40-44 years
- ❍ 45-49 years
- ❍ 50-54 years
- ❍ 55-59 years
- ❍ 60-64 years
- ❍ 65-69 years
- ❍ 70-74 years
- ❍ 75 years and over

28. What is your postcode?

(Required)

_____

Appendix 2: First Nations Health Consumer Survey – user friendliness evaluation

Aboriginal and Torres Strait Islander Health Service

Lets yarn Health Equity: Phase 2 Survey

Preview: https://goldcoasthealth.citizenspace.com/public-health/6826cf26/start_preview?token=dda0c9f2dbaac5a505f9bd0d19a53e43f0b62d31

Please indicate whether you agree or disagree with the following statements

	Agree	Neither agree or disagree	Disagree
Feedback on questions			
Q1. The questions in this survey were worded clearly If not: which questions were problematic _____			
Q2. The questions included in this survey were relevant to me If not: which questions were not relevant _____			
Q3. The questions included in this survey were confusing If so, which questions were confusing _____			
Q4. The order of the questions in this survey made sense to me If not: which questions did not make sense _____			
Completing the survey			
Q5. The survey took longer than expected to complete			
Q6. Total time taken to complete the survey: _____minutes			
Q7. I would have preferred to complete this survey on paper	❑ YES	❑ NO	
Q8. I would have preferred to complete this survey as a telephone assisted call	❑ YES	❑ NO	
Q8. Were there any questions that seemed to be repetitive? If so: which questions were repetitive? _____	❑ YES	❑ NO	
Q9. Is there anything you felt was missing from this survey? If so: what was missing from the survey? _____	❑ YES	❑ NO	
Q10. Any other comments or feedback?			

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Appendix 3: GCHHS Reconciliation Statement

Reconciliation Statement

Gold Coast Health is committed to improved health equity for Aboriginal and Torres Strait Islander peoples in our community.

In making this commitment, Gold Coast Health acknowledges the Traditional Custodians of the Gold Coast, the Yugambeh-speaking peoples, whose land, wind and waters we all now share. We pay tribute to their unique values and their ancient and enduring cultures, which deepen and enrich the life of our community.

We pay our respects to Elders, past, present and emerging; we recognise the right of Aboriginal and Torres Strait Islander peoples to self-determination, and we acknowledge those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

Gold Coast Health makes the following commitments:

1. Authentically live the spirit of reconciliation across the organisation.
2. Build trusting relationships with Aboriginal and Torres Strait Islander patients, families and the community to develop partnerships that will strive towards health and wellbeing equity.
3. Provide accessible healthcare services which are culturally respectful, safe and responsive.
4. Increase the employment and retention rate of Aboriginal and Torres Strait Islander peoples across the organisation.
5. Provide a culturally safe workforce framework that enables all staff to balance their work requirements with their personal aspirations and family and cultural obligations.
6. Acknowledge, value and leverage the leadership, wisdom and cultural knowledge of Aboriginal and Torres Strait Islander peoples within our organisation.
7. Provide Aboriginal and Torres Strait Islander cultural awareness training for all staff to encourage respect, challenge attitudes and achieve positive service outcomes for Aboriginal and Torres Strait Islander peoples.
8. Build effective engagement mechanisms to ensure the voices of Aboriginal and Torres Strait Islander peoples are heard, valued and acted upon to create change.

Gold Coast Health will continue to walk in partnership with all Aboriginal and Torres Strait Islander peoples in our community in a spirit of reconciliation and in line with our Always Care philosophy and our values; Respect, Integrity, Excellence, Community First, Compassion and Empower.

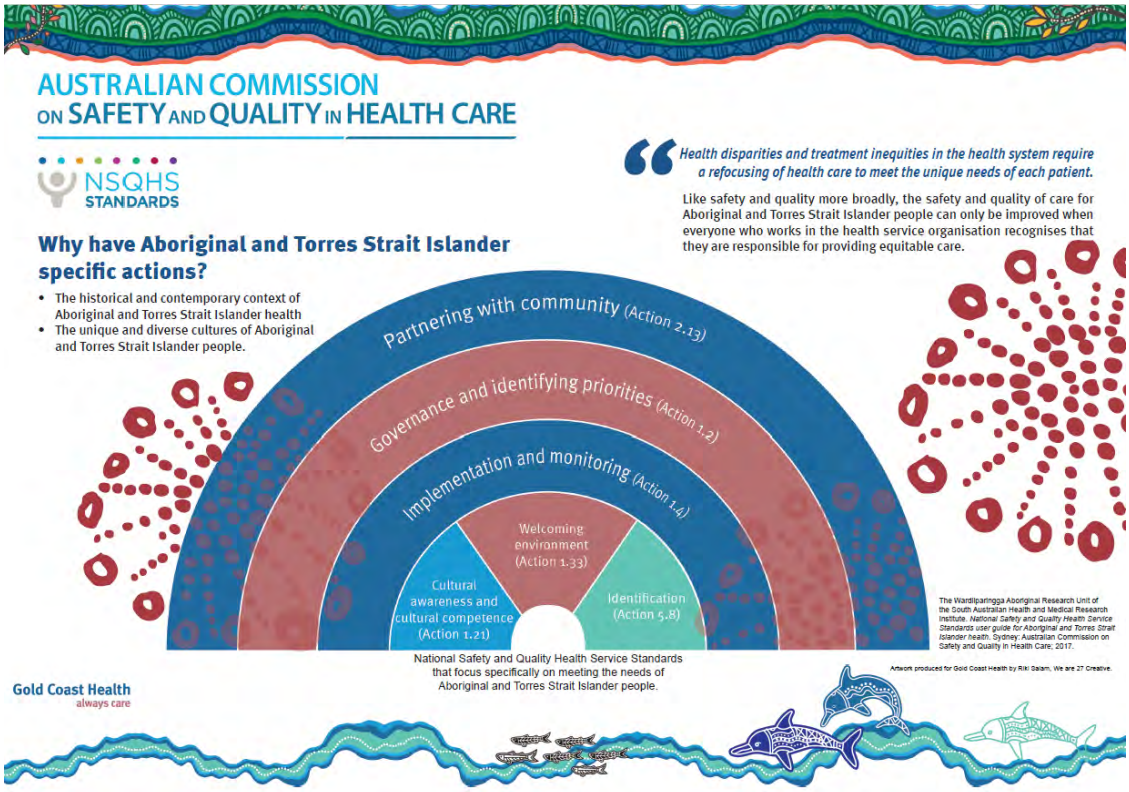
Ian Langdon
Chair

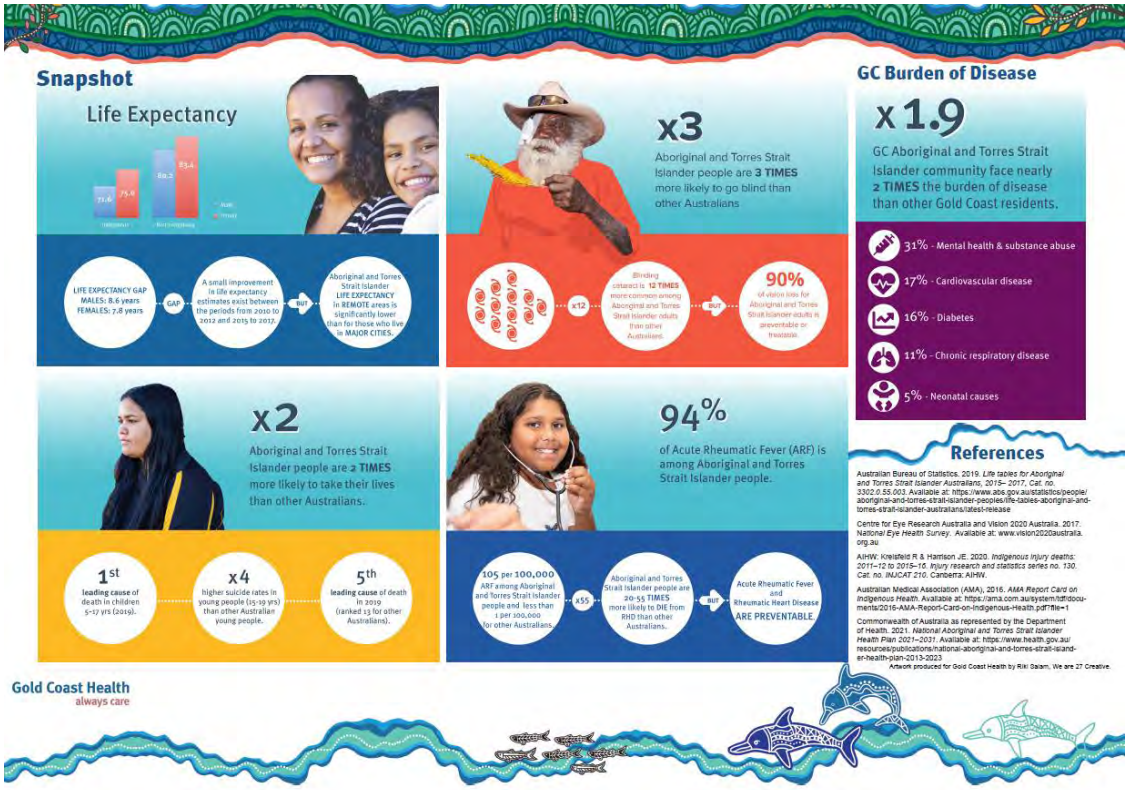
Ron Calvert
Chief Executive

Gold Coast Health always care

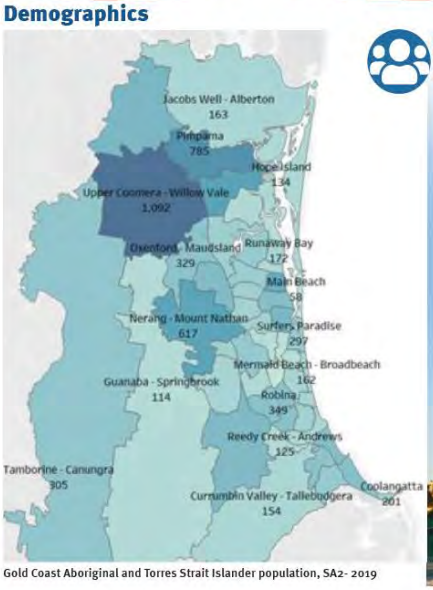
Queensland Government

Appendix 4: Assistant Project Officer Broadbeach Vaccination Centre presentation slides





Demographics



Gold Coast Aboriginal and Torres Strait Islander population, SA2- 2019

POPULATION:
13,480 (ERP 2019)
by 2026 over 15,000

GROWTH AREA:
Northern Gold Coast

AGE DISTRIBUTION:
3 in 5 are aged 30 yrs or less

INCOME:
35% earn less than $400/wk

HOUSEHOLD:
8% reside in overcrowded housing

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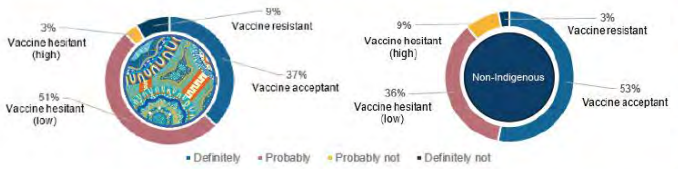
COVID-19 Vaccination Acceptance (Gold Coast)



The Gold Coast Fever Clinic Survey (2020-2021), found that when comparing participant Indigenous status with intention to receive the COVID-19 vaccination, Aboriginal and Torres Strait Islander respondents were more likely to indicate vaccine resistance, reported as 'definitely not' (9% compared to 3%) and less likely to indicate vaccine acceptance, reported as 'definitely' (37% compared to 53%), when compared to non-Indigenous respondents.

Gold Coast Public Health Unit

"Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine services. Vaccine hesitancy is complex and context specific, varying across geographies and vaccine types.

World Health Organisation

ACCEPTANT	HESITANT			RESISTANT
Accept all	Accept but	Accept some, delay some, refuse others	Refuse but	Refuse all
"I will have the vaccine as soon as it is available."	*"The risks are probably the same as any other injection."*	*"I would have the one that doesn't cause blood clots." "Yes, once proven effective and people aren't getting side effects." "I may wait a while to confirm that it is safe, but I believe in vaccines."*	*"I am not having the COVID vaccine at this point."*	*"I am not putting a substance in my body knowing it could be fatal."*

The Gold Coast Aboriginal and Torres Strait Islander focus group discussions, May 2021, found a vaccine hesitancy spectrum within community.

Gold Coast Public Health Unit

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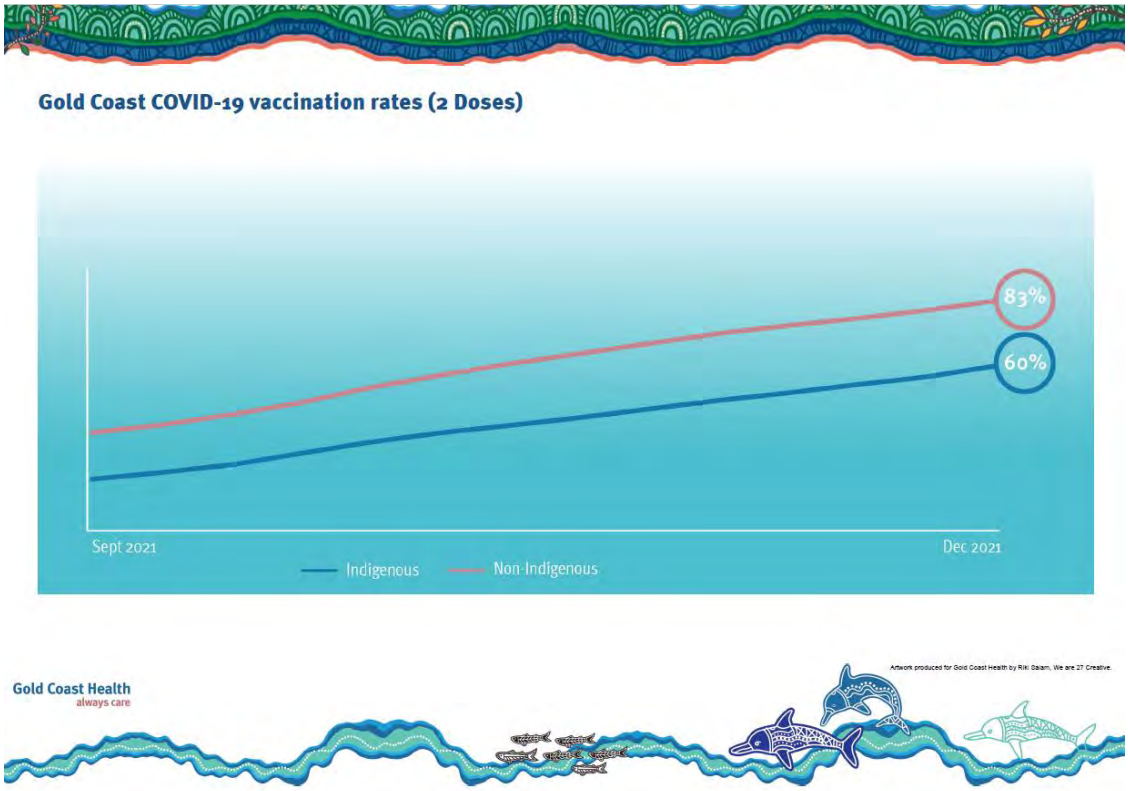
Gold Coast COVID-19 vaccination rates (2 Doses)
83%
60%
Sept 2021
Dec 2021
Indigenous
Non-Indigenous
Gold Coast Health
always care


Closing the COVID-19 vaccine gap
RESOURCE
COMMUNICATE
ENGAGE
COLLABORATE
Gold Coast,
thanks
for helping to protect
our community
Gold Coast Health
always care

9. Glossary

'Aboriginal and Torres Strait Islander peoples' & 'First Nations peoples'	Preferences in terminology vary across Australia for individuals, communities, and agencies. The terms 'Aboriginal and Torres Strait Islander peoples' and 'First Nations peoples' are used interchangeably rather than 'Indigenous'. While 'Indigenous' is commonly used in many national and international contexts, QH's preferred terminology is 'Aboriginal and Torres Strait Islander peoples', 'Aboriginal peoples and Torres Strait Islander peoples' and/or 'First Nations peoples', with the latter used interchangeably once it has been noted that 'First Nations peoples' refers to both Aboriginal peoples and Torres Strait Islander peoples as First peoples in Queensland. In an endeavour to promote good practice communications, terminology preferences were sought from Gold Coast Aboriginal and Torres Strait Islander community members who participated in focus group discussions, May 2021, as part of the GCPHU COVID-19 response. Most participants across all age groups believed that 'Aboriginal and Torres Strait Islander' was the most appropriate term to use. This was followed by 'First Nations', whereas only some of the participants within those aged 55 years or older considered 'Indigenous' as an appropriate term.

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