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{ Reducing health service inequities
across Queensland



Strategic Plan 2010–2011

3. Reducing health service inequities across Queensland

Objectives and expected outcomes

- 3.1 Close the gap on health outcomes for Indigenous Queenslanders—evident by:
 - reducing the life expectancy gap between Indigenous and non-Indigenous Australians for children under five and adults
 - increasing the number of Indigenous women who gave birth and had five or more antenatal visits.
- 3.2 Close the gap in health outcomes for rural and remote Queenslanders—evident by expanding access to a broader range of specialist outreach services available to rural areas.
- 3.3 Improve access to mental health services across Queensland—evident by continuing the implementation of the *Queensland Plan for Mental Health (2007–2017)*.
- 3.4 Improve access to health services for people from culturally and linguistically diverse backgrounds—evident by continuing implementation of the *Queensland Health Strategic Plan for Multicultural Health 2007–2012*.

Key strategies

- 3.1.1 Continue to implement the Making Tracks Policy and Accountability Framework to provide targeted Indigenous programs in key health areas, including mothers and babies, children, adolescents and the prevention and management of adult chronic disease.
- 3.1.2 Implement the Aboriginal and Torres Strait Islander Cultural Capability Framework to improve access to, and delivery of mainstream health services and programs to Indigenous people.
- 3.1.3 Implement a group-based healthy lifestyle program for Aboriginal and Torres Strait Islander communities.
- 3.1.4 Implement the Indigenous Alcohol Diversion Program in dedicated communities.
- 3.1.5 Implement targeted quit smoking interventions for Aboriginal and Torres Strait Islander peoples.
- 3.2.1 Drive innovation to improve health service delivery in rural and regional communities, including:
 - expanding the capacity and increased usage of Telehealth technology
 - developing and implementing coordinated medical staffing and business solutions for Queensland rural health services.
- 3.2.2 Continue to implement health components of Blueprint for the Bush.
- 3.2.3 Provide improved rural maternity and child health services.
- 3.2.4 Improve patient transport and accommodation support in regional areas.
- 3.2.5 Develop a rural and remote infrastructure renewal program.





- 3.3.1 Progress the clinical reform process to ensure healthcare coordination across mental health care providers (government and non-government).
- 3.3.2 Commence Queensland's implementation of the *Fourth National Mental Health Plan*.
- 3.4.1 Continue to improve the availability and quality of interpreter services and resources for consumers from culturally diverse backgrounds.
- 3.4.2 Implement strategies to develop staff cultural capabilities in order for them to interact more effectively with people from culturally diverse background.

Key performance indicators

- Indigenous antenatal visits
- Indigenous birth weights
- Telehealth Occasions of Service
- Rate of community follow-up within seven days of post-discharge from mental health acute inpatient care.

Making Tracks

Incorporating Queensland Health's contribution to the Queensland Government Reconciliation Action Plan 2009–2012

The standard of health of Queensland's Aboriginal and Torres Strait Islander population is poor compared with other Queenslanders. *Making Tracks Towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework* is Queensland Health's overarching framework for closing the life expectancy gap within a generation (by 2033)—one of the key targets to which the Council of Australian Governments (COAG) has committed.

Implementing Making Tracks initiatives began in 2010–2011 with Queensland Health focusing in particular on:

- implementing initiatives under the Council of Australian Governments Indigenous Health Outcomes National Partnership Agreement, including funding for multidisciplinary care teams focusing on chronic disease and hospital liaison services
- implementing the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework
- developing a partnership between Queensland Health, the Commonwealth Department of Health and Ageing, the Queensland Aboriginal and Islander Health Council, the Royal Flying Doctor Service and General Practice Queensland to oversight plans for transitioning to community control of identified primary health care services.

In 2010–2011, initiatives undertaken as part of the Making Tracks implementation plan were funded under the National Partnership Agreements, the Chronic Disease Strategy, the Mental Health Plan and the Deadly Ears Program.

The Making Tracks accountability framework records baseline data for key indicators and trajectories to measure progress towards closing the health gap to 2033 and renewable triennial implementation plans.





Aboriginal and Torres Strait Islander Cultural Capability Framework

Launched in July 2010, the Aboriginal and Torres Strait Islander Cultural Capability Framework aims to improve the responsiveness of Queensland Health services to Aboriginal and Torres Strait Islander people's cultural needs.

The first Cultural Capability Framework implementation plan focuses on establishing programs, resources, systems and relationships for the systematic improvement of Aboriginal and Torres Strait Islander cultural capability across Queensland Health. Key activities in 2010–2011 were reviewing and revising the Aboriginal and Torres Strait Islander Cultural Awareness Program and developing resources to support cultural capability enhancement across the organisation.

Queensland Health is regularly applying the Aboriginal and Torres Strait Islander Protocols: Welcome to Country and Acknowledgement of Traditional Owner/Custodians and Elders at meetings, workshops and other forums. The Director-General communicated the protocols to all Queensland Health districts and a link to the protocols is published on the Queensland Health intranet site.

Queensland Health has provided an Aboriginal and Torres Strait Islander Cultural Awareness Program for staff for 15 years. The program was reviewed to become the Aboriginal and Torres Strait Islander Cultural Practice Program with an increased focus on practical skills that will increase the ability of staff to deliver culturally capable health services.

All Health Service Districts and Divisions have workforce action plans with specified targets of 3.7 per cent of the workforce being Aboriginal and/or Torres Strait Islander. *You Pla, Me Pla*—a mentoring program for Aboriginal and Torres Strait Islander staff—was launched late in 2010.

The initiatives contributed to commitments made under the Queensland Reconciliation Action Plan.

Transition to community control

In 2010–2011, a partnership between government and service provider organisations was established to oversee plans for transition to community control of identified Queensland Health primary healthcare services.

Nutrition program for stores in remote Indigenous communities

Queensland Health is funding a two-year nutrition program in remote stores to improve food supply and demand for healthy foods. Store nutritionists are implementing a range of initiatives, including the Remote Indigenous Stores and Takeaway Guidelines for stocking healthy foods, healthy food marketing ideas, a healthy store checklist, a buyers' guide and tracking sales. Other activities include in-store cooking demonstrations, implementing a healthy food labelling system and community nutrition education sessions.



Living Strong: A healthy lifestyle program for Aboriginal and Torres Strait Islander communities

Living Strong is a group-based healthy lifestyle program designed specifically for Aboriginal and Torres Strait Islander people. It aims to prevent chronic disease and improve health and wellbeing through health screening and a series of workshops. During 2010–2011, 18 Living Strong programs were conducted across Queensland.

The workshops address various lifestyle and personal issues, including healthy eating, physical activity, self esteem and behaviour change. The program also incorporates practical sessions on cooking, shopping, budgeting and physical activity. Living Strong is an accredited lifestyle management program for preventing type 2 diabetes and has been successfully co-branded and promoted in national and statewide social marketing campaigns.

Queensland Indigenous Alcohol Diversion Program

In 2010–2011, Queensland Indigenous Alcohol Diversion Program achievements in the Cairns, Townsville and Rockhampton Health Service Districts included:

- increasing the number of participants graduating from the program—thereby reducing the number of people re-offending from alcohol related offences
- improving health and social outcomes of the community through better resourcing—such as more training for clinical and support staff
- increasing parenting capacity through education provided by the Parenting under Pressure program.

The 2009–2010 data showed a graduation rate of more than 30 per cent compared with 22 per cent in 2008–2009. It is anticipated the data will indicate a rise to 32 per cent for 2010–2011. The improvements in program outcomes produce a positive flow-on effect throughout the community with further reductions in crime, offences and adverse behaviour and improved health and social outcomes. Parenting

capacity has improved and has further contributed to the Closing the Gap initiative and improved health outcomes.

Quit Smoking interventions for Aboriginal and Torres Strait Islander people

SmokeCheck training was delivered to 450 health workers to improve their intervention skills to assist people to quit smoking. Sixty Indigenous Queensland Health staff joined a 16-week quit program, and 115 Indigenous sporting and cultural community events received small grants to promote positive smoke-free messages.

Breast screening

For the first time, television community service announcements aimed at increasing breast cancer screening participation rates for Aboriginal and Torres Strait Islander women were implemented. Aboriginal and Torres Strait Islander women currently have a significantly lower participation rate in the program.

Injury prevention and safety promotion in the Aboriginal community of Cherbourg

This initiative was achieved through a partnership between Cherbourg Aboriginal Shire Council, Queensland Health public health staff, Health Promotion Queensland, the Queensland Injury Prevention Council, the Queensland Injury Surveillance Unit and the University of Southern Queensland.

The project aims to:

- build collaborative stakeholder relationships
- engage the community to identify and promote safety
- prevent injury
- increase knowledge and skills on safety promotion and injury prevention
- provide resources to build and enhance workforce capacity
- improve surveillance systems and other sources of data.





The project is directed through a reference group representing all partners. Activities to reduce injury and promote safety have addressed injury surveillance, animal management, substance misuse, litter, road safety, sun safety and recreational activity. Programs already implemented during Youth Week and NAIDOC Week have a particular focus on Closing the Gap. Assessments of outcomes and impact will inform future activities and help disseminate strategies to other communities.

Aboriginal and Torres Strait Islander art in public buildings

In line with commitments under the Queensland Reconciliation Action Plan, Queensland Health commissioned Gilimbaa—an Indigenous creative agency—to develop artwork that reflects our commitment to Closing the Gap. Fifty-five canvases and explanatory plaques have been distributed across Queensland Health facilities. A further \$10,000 was provided to 16 Health Service Districts to buy or commission local artwork or other cultural resources.

Government Champion for Yarrabah community

Under the Queensland Government Champion Program, the most senior officers in the Queensland Public Service work with a particular Indigenous community in a whole-of-government context. As Government Champion for Yarrabah, the Director-General of Queensland Health has worked in partnership with the Yarrabah Aboriginal Shire Council and the Yarrabah community and funded a youth advisory committee and a Government Champion support officer to facilitate community engagement. The Director-General prioritised economic development strategies and engaged PricewaterhouseCoopers to work with the community (pro bono) to facilitate sustainable, locally-managed, economic development strategies—including business, training and employment opportunities in Yarrabah.

Rural and remote Queensland

Telehealth

There has been a 78 per cent growth in the use of Telehealth in 2010–2011. From 1 July 2010 to 30 June 2011, 10,834 non-admitted Telehealth occasions of service were reported in the monthly activity collection, compared with 6,088 for the same period in 2009–2010.

Telehealth is the delivery of health services and information through live and interactive video and audio links, storing and forwarding test results and diagnostic images—such as teleradiology—and using electronic equipment to monitor people in their own homes.

By using such technology to connect patients, consumers, and health service providers across the state, Telehealth has the potential to improve access to specialist care and reduce travel and inconvenience. Telehealth may also be useful in providing professional support to health service providers in rural and remote areas.

Queensland Health has an established network of Telehealth technology and has been using live interactive video links for more than a decade. However, more can be done to realise Queensland Health's vision for Telehealth—to embed it into everyday services as an accepted and supported enabler of healthcare for all Queenslanders.

Achieving the vision requires a strong focus on governing structures and organisational capabilities together with a targeted program of engagement and adoption.

Achievement towards expanding the capacity and increased usage of Telehealth technology in Queensland Health during 2010–2011 is indicated by the following preliminary data:

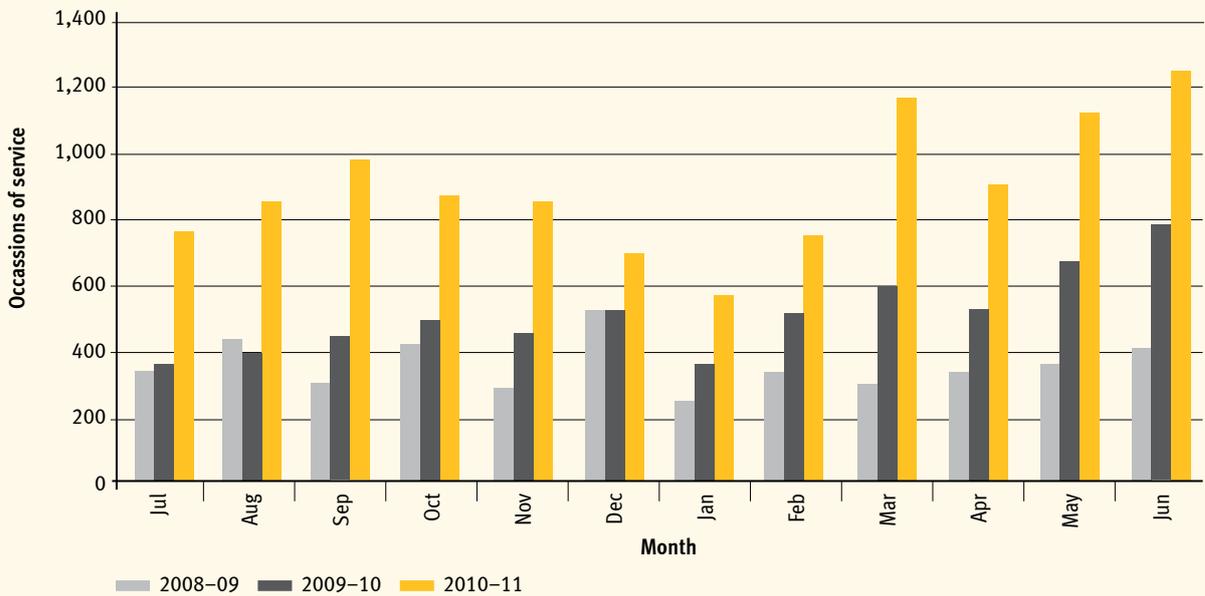
- At 30 June 2011 there were 960 video conferencing systems available for delivering Telehealth in Queensland Health. That is a 16 per cent increase from the number of video conferencing systems available in June 2010.

- Mental health services have shown very strong growth in the provision of services by Telehealth. The provision of services in the 2010–2011 financial year—compared to the 2009–2010 financial year—increased 104 per cent (see Graph 11).

Several Health Service Districts demonstrated achievements in delivering Telehealth services, including Metro North (diabetes), Townsville (oncology) and Mackay (paediatrics).

In 2010–2011, funding was allocated to support more than a dozen Telehealth initiatives, including Telehealth services for chronic health conditions and cancer, and establishing new roles to support the planning and coordination of Telehealth in regional and remote areas.

Graph 11: Non-admitted Patient Occasions of Service for Telehealth/Telemedicine by month, Public Acute Hospitals, Queensland, 2008–09, 2009–10 and 2010–11p.
 p. Preliminary data, subject to change

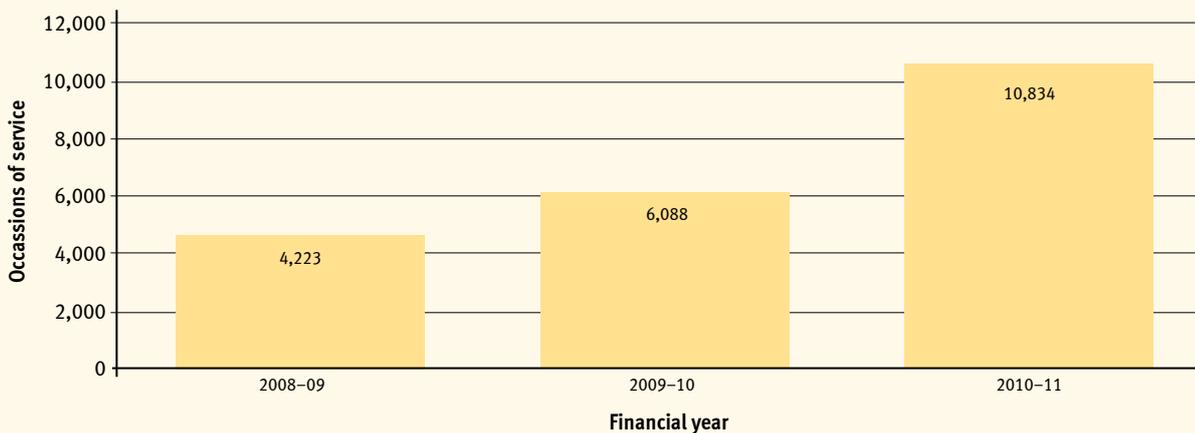


Source: Monthly Activity Collection





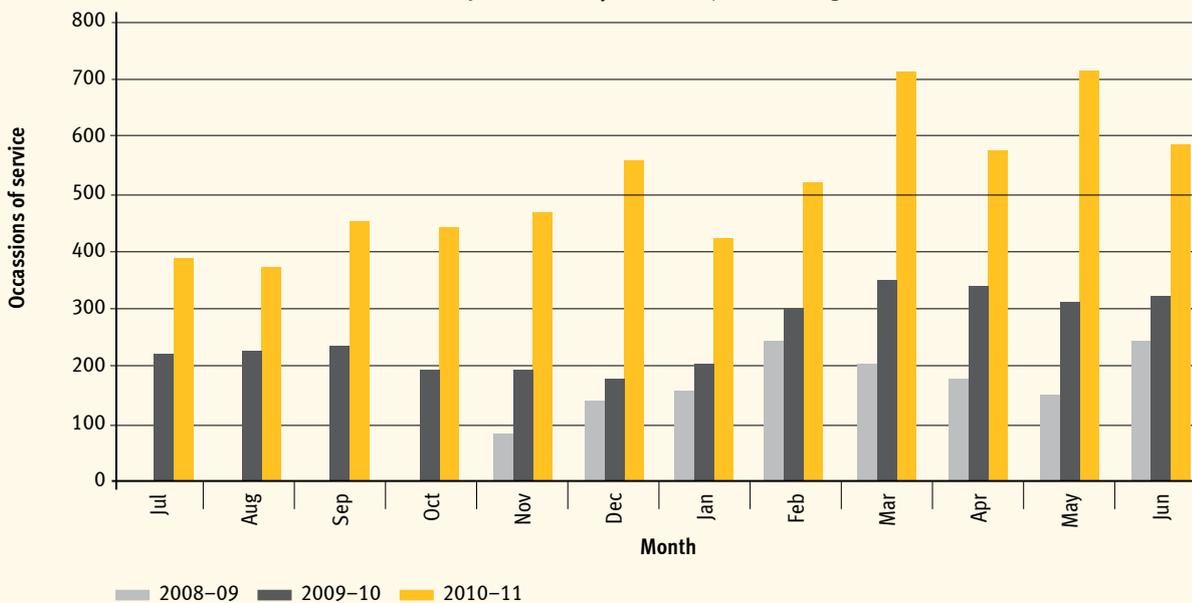
Graph 12: Non-admitted patient Occasions of Service (OoS) delivered via Telehealth/Telemedicine 2008–09, 2009–10 and 2010–11p. Public Acute Hospitals, Queensland.
 p. Preliminary data, subject to change



Note: 2010–11p. (January to June 2011) MAC data extracted 21 July 2011, 2010–11*p. (July to December 2010) MAC data extracted 24 January 2011, 2009–10 MAC Data extracted 17 December 2010 and 2008–09 MAC data extracted 20 July 2010.

Source: Monthly Active collection (MAC), Queensland Health

Graph 13: Unique count of Provisions of Service (PoS) delivered via videoconference by month, 2008–09* (Nov–June), 2009–10 and 2010–11p.
 p. Preliminary data, subject to change



* 2008–09 contains data for period 14 November 2008 to 30 June 2009. CIMHA (Consumer Integrated Mental Health Application) was released statewide 14 November 2008.

Source: Consumer Integrated Mental Health Application

Queensland Country Practice

Queensland Country Practice is a specialised Queensland Health unit established to enhance the sustainability of medical staff in the rural and remote areas. Queensland Country Practice oversees a senior and junior medical officer relief service and private practice services and provides strategic advice on medical workforce solutions.

Queensland Country Practice has conducted reviews of business and clinical arrangements in several rural hospitals. This has generated several innovative outcomes, including at Longreach where a public and private partnership has increased the number of doctors and the focus on primary healthcare.

Rollout of Queensland Health Enterprise Radiology Information System (QRIS) and Picture Archiving and Communication System (PACS) technology

The rollout of QRIS and PACS technology providing rural and remote sites with access to images and reports online.

All 130 Queensland Health medical imaging sites can produce digital images, 118 sites now have the ability to transfer images online and 116 sites have access to radiology reports online. That enables faster and, where required, remote access to specialist opinions to inform patient treatment.

The External Radiology Reporting Interface (ERRI) allows images to be sent to external radiology providers with reports returned electronically and transferred directly into Queensland Health systems for viewing by the referring clinician. Reported turnaround times for rural and remote areas are now more clinically appropriate.

The Statewide Medical Imaging Support Service (SMISS) continues to support rural and remote communities through providing radiographer and sonographer relief and training and supporting x-ray operators. In 2010–2011, services provided were:



- 199 periods of relief for radiographers and sonographers
- introductory training for 41 x-ray operators
- assessment of 55 x-ray operators for annual use licence renewals
- radiographic advice and support for five satellite facilities in the Mount Isa district
- radiographic support for the Regional Tuberculosis Control Unit at Cairns Base Hospital and outreach clinics in the Torres Strait.

This year, SMISS introduced using videoconferencing to assess x-ray operators in Far North Queensland.

Radiology support in Clinical and Statewide Services is assisting Health Service Districts with requirements of the Diagnostic Imaging Accreditation Scheme Stage II. The Department of Health and Ageing (DoHA) scheme is essential for all medical imaging services to continue to access Medicare rebates. In 2010–2011 all medical imaging facilities achieved accreditation.

DoHA funded an additional five radiologist registrar positions to support regional Queensland—two in Townsville, two at BreastScreen Queensland (BSQ) and one in Toowoomba.

The BSQ Radiographer Relief Service (RSS) was established in 2010. It provides centrally coordinated radiographer coverage to BSQ Services, mobiles and relocatables across the state.





The program has been very successful. It has recruited a pool base of 21 radiographers, including 16 full and part-time permanent radiographers and five temporary radiographers. RSS has provided 377 weeks of radiographer coverage to BSQ Services since it started.

13 HEALTH

From 1 July 2010 to 30 June 2011, 28.18 per cent of callers (49,708 calls) triaged by 13 HEALTH nurses called from outside South East Queensland.

Patient Accommodation Program

The Queensland Government's \$15 million Patient Accommodation Program continues to be implemented through provision of grants to non-government organisations to improve the availability of affordable accommodation for patients and their escorts travelling to rural and regional locations to receive treatment for cancer, heart disease and other illnesses.

One million dollars was provided to the new Rockhampton patient accommodation facility which commenced operations in September 2010. The remainder of the \$15 million was allocated to the Cancer Council Queensland, the Australian Red Cross and the Leukaemia Foundation for improved accommodation in Cairns, Toowoomba and Townsville.

Multipurpose health services

In 2010–2011 Childers was approved as a fully operational multipurpose health service. Consultation with local communities and healthcare providers about the multipurpose health service model of care resulted in provisional approval for services in Julia Creek, Babinda and Mount Morgan.

Mental health

The *Queensland Plan for Mental Health 2007–2017* provides a 10-year blueprint for reforming the mental health system, using a whole-of-government approach. The Queensland Government has invested \$632.4 million in the plan since 2007–2008.

Implementation of the plan's first four years has seen improvements for mental health services. Key achievements include:

- establishing the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention
- a 24 per cent increase in public community mental health service capacity, with the establishment of 531 new medical, nursing, allied health and support positions
- progress in 17 capital works projects to deliver 146 additional beds
- establishing 20 service integration coordinators to improve coordination of services provided across government, non-government and private sector services
- reducing the community mental health services vacancy rate from 12 per cent to four per cent
- launching a new mental health information system for clinicians, which has improved timely access to consumer clinical information.

A major focus of the plan is engaging multiple agencies in planning and delivering services to minimise service gaps and promote best use of limited resources.

Queensland plays a lead role in advocating for and developing a detailed national implementation strategy for the Fourth National Mental Health Plan through its work with the national Mental Health Standing Committee. At a statewide level, the Queensland Mental Health Reform Committee has been established to act as a peak cross-sector and cross-government body to drive Queensland's implementation of the fourth plan and associated initiatives under the National Mental Health Strategy.

Significant progress has been made, including:

- developing a sustained and comprehensive stigma reduction strategy (action 1)
- strategies to promote the cross-sector incorporation of the National Standards for Mental Health Services 2010 (action 27).

Queensland is undertaking the essential preliminary work on a Social Inclusion Flagship. It will drive activities to promote supported employment and vocational programs, a recovery-oriented service system, and greater integration between housing, justice, community and the aged care sectors with mental health support.

Other current work focuses on increasing consumer and carer employment in clinical and community support settings.

Clinical Reform Initiative

The Clinical Reform Initiative (CRI) Working Together to Change project was established in 2010–2011. The CRI aims to improve service delivery through efficient use of resources to support the plan's implementation. CRI has developed three key strategies:

- The Mental Health Alcohol and Other Drugs Directorate is working collaboratively with Health Service Districts to develop and implement local strategic plans for service reform, based on an analysis of the alignment of clinical service delivery with national and state requirements. The initiative has started in the Gold Coast and Cairns and Hinterland Health Service Districts.
- Implementing statewide models of service. The acute care team models of service has been prioritised for the first targeted implementation strategy, starting in the Cairns and Hinterland and Gold Coast Health Service Districts. Statewide coordinated planning has also started at a cluster level with acute care team leaders and consultant psychiatrists.
- Developing a Mental Health Performance Management Framework to improve the capacity of mental health services to use data and information to effectively target service improvement initiatives that align with the plan.

Suicide Prevention Action Plan

Under the *Queensland Plan for Mental Health 2007–2017*, suicide prevention is part of a broader mental health reform agenda with responsibility for addressing suicide in Queensland, cutting across departments, sectors and agencies. The approach recognises that no single department or agency can tackle suicide in isolation, and each has a direct or indirect role to play in reducing suicide risk and mortality.

The *Queensland Government Suicide Prevention Action Plan: Taking Action to Prevent Suicide in Queensland 2010–2015* (Taking Action) provides a blueprint for a whole-of-government, whole-of-community approach to suicide prevention. The Queensland Government is implementing a range of complementary actions as part of *Taking Action* to improve the early detection, initial management, assessment and treatment of people at risk of suicide in Queensland.

Taking Action will deliver the following new initiatives:

- Dedicated positions in key government agencies—Queensland Police Service and the Departments of Education and Training and Community Safety and Communities—to ensure staff are equipped with the knowledge, skills, and pathways to identify and manage suicide risk.
- Specialist senior positions within district health services to improve access to and the quality of mental health services for people at risk of suicide.
- Developing a framework to guide the detection, assessment, management and follow-up of people presenting with possible suicidal risk in all Queensland Health settings.
- Engaging key sectors, including rail authorities, to plan and implement actions to reduce hotspots for suicidal behaviour.
- Planning and developing suicide risk early detection and intervention models that suit priority industries and occupational groups, such as farmers and construction workers.
- Partnering with the Queensland Aboriginal and Torres Strait Islander Hub for Mental Health to plan and develop culturally appropriate suicide prevention models.





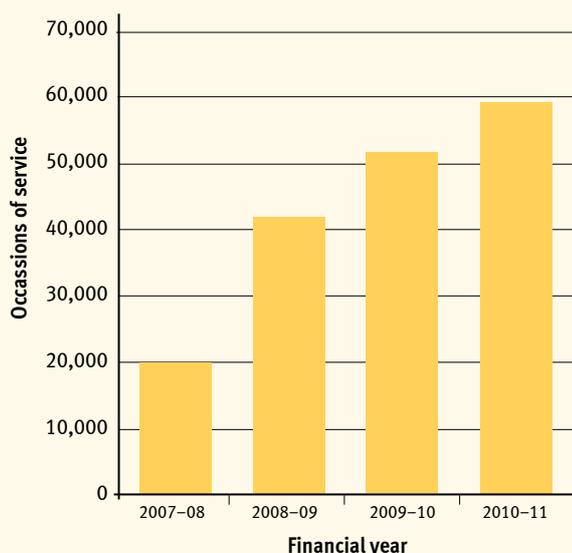
- Dedicated funding to enhance the non-government sector’s capacity to provide quality and evidence-based suicide prevention services and activities.
- Funding to improve the quality, timeliness and utility of Queensland suicide mortality data for enhancing suicide prevention and risk reduction in the state.

Consumers from culturally and linguistically diverse backgrounds

Training on how to request and work with interpreters was provided to 2,265 staff during 344 training sessions. A staff awareness campaign to educate staff about the link between using interpreters and increased patient safety was also implemented.

About 59,000 interpreter services were provided in 2010–2011, an increase of 8,000 services since 2009–2010. The figure below shows Queensland Health now provides more than double the number of interpreter services compared to when the service began in 2007–2008.

Graph 14: Increase in interpreter service provision since the establishment of the Queensland Health Interpreter Service



Fourteen health information resources for consumers from culturally and linguistically diverse backgrounds were developed on topics such as mental health and cancer screening services. The resources were each translated into six to 14 languages. Queensland Health now provides translated information to consumers on more than 18 health topics through its multicultural websites.

The cultural capability of health care staff was supported by the development of two new resources on the care of Hindu and Sikh patients and a series of health and cultural profiles were developed on 18 culturally diverse communities in Queensland.

Advice on Queensland Health’s expectations for provision of culturally competent care was provided at orientation sessions to 11,745 new staff between 1 July 2010 and 30 June 2011.

Cross-cultural training sessions were attended by more than 1,600 staff, with a similar number attending mental health specific cross-cultural training. Information on how to provide culturally competent care was incorporated into 10 training programs across a range of Queensland Health services, contributing to a more culturally inclusive approach into staff training.

National Partnership Agreements

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

In November 2008, COAG agreed to the National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes. The NPA’s objective is to close the life expectancy gap between Aboriginal and Torres Strait Islanders and non-Indigenous Australians within a generation.

The NPA’s five nationally agreed priority areas are:

- tackling smoking—because smoking is a leading cause of chronic disease

- healthy transition to adulthood—to address young people’s behaviours during high-risk periods in their life
- making Indigenous health everyone’s business—supporting vulnerable families accessing social services including health services
- primary health care services that deliver—because getting early intervention and treatment can help extend the life of Aboriginal and Torres Strait Islander people with chronic disease
- fixing the gaps and improving the patient journey—providing new services to support the treatment and the journey of patients within our health care system.

1. Tackle Smoking

Queensland Health 2010–2011 key deliverables included:

- phase 2 recruitment and up-skilling of additional SmokeCheck personnel completed
- reviewing the SmokeCheck service delivery model completed
- continued statewide promotion and delivery of a free staff quit smoking program
- on-going delivery of smoking cessation services in custodial settings with 36 Offender Health Services staff from four prisons trained in the SmokeCheck tobacco brief intervention program
- development and dissemination of a Quit Smoking Resources Kit to prison-based health service staff to support delivery of nurse-initiated brief intervention; 750 Offender Health Services staff participated in a free 16-week quit smoking course.

2. Healthy transition to adulthood

Key deliverables in 2010–2011 included providing \$7.9 million over three years for new sexual health, mental health and alcohol and drug services for Aboriginal and Torres Strait Islander young people aged from eight to 18.

Suicide prevention

Queensland Health led the development of a new Queensland Government suicide prevention action plan that provides a blueprint for a whole-of-government, statewide approach to suicide prevention—comprising the development and implementation of targeted strategies to meet the specific needs of groups at increased risk of suicide, including Aboriginal and Torres Strait Islander people. In 2010–2011, the following initiatives were progressed:

- developing culturally appropriate suicide prevention models
- funding \$200,000 to support suicide prevention initiatives for Indigenous Queenslanders.

Perinatal infant mental health

Queensland Centre for Perinatal and Infant Mental Health worked in partnership with the Centre for Rural and Remote Mental Health Queensland to develop a DVD called Stay Connected, Stay Strong, before and after baby for Aboriginal and Torres Strait Islander communities. The DVD was developed to help Aboriginal and Torres Strait Islander people understand the importance of good social and emotional wellbeing during and after pregnancy and in early parenthood.

Aboriginal and Torres Strait Islander Mental Health First Aid

The Mental Health Alcohol and Other Drugs Directorate began implementing and coordinating a statewide approach to providing Aboriginal and Torres Strait Islander Mental Health First Aid across Queensland. The initiative focuses on building capacity and knowledge within communities and reducing the stigma surrounding social emotional wellbeing. Through collaborative partnerships with non-government health sectors the Mental Health Alcohol and Other Drugs Directorate is contributing towards establishing a sustainable pool of instructors in Aboriginal and Torres Strait Islander communities to deliver the Aboriginal and Torres Strait Islander Mental Health First Aid program.





Aboriginal and Torres Strait Islander children and young people care coordination project

The care coordination model is an ideal framework that requires interagency cooperation and fosters a coordinated, collaborative approach to service provision for the target group. The approach builds on and supports the Aboriginal and Torres Strait Islander holistic view of health, which incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities. The Aboriginal and Torres Strait Islander children and young people care coordination project will employ three service integration coordinators across three mental Health Service Districts in Queensland— Children’s Health Services and the Townsville and Toowoomba mental health services.

Sexual health services

A network of four public health officers is being established. The positions will build effective networks, be responsible for identifying gaps and needs, and develop strategies to address them at local and regional levels. The positions will also support the 39 Queensland Health Indigenous sexual health workers and other staff in sexual health services involved in health promotion and prevention work with Indigenous people.

3. Making Indigenous health everyone’s business

Queensland Health 2010–2011 key deliverables include ongoing consultation on a pilot study for improved integrated services for vulnerable families with a focus on the design and location of services.

4. Primary health care service that can deliver

Queensland Health 2010–2011 key deliverables include:

- a Queensland Framework for Indigenous Primary Health Care—key milestones of the initiative are being met, including developing the framework’s core services elements for consultation

- establishing the Southern Queensland Centre of Excellence in Indigenous Primary Health—the initiative’s key milestones are being met, including infrastructure plans to expand the Inala Community Health Centre and recruit new clinical positions and outreach teams
- a statewide rollout of the Audit for Best Practice and Chronic Disease program to 60 new sites, which is ongoing. All key deliverables are being met and 32 new sites have enrolled in the program
- the continued implementation of the Indigenous Cardiac Outreach program, which provides specialist cardiology outreach services to 18 communities in the Lower Gulf, Central West and Central Queensland regions.
- the rollout of a new multidisciplinary care team for improved chronic disease services—all key milestones are being met, including establishing new service models negotiated and service contracts (or equivalent).

5. Fixing the gaps and improving the patient journey

Queensland Health 2010–2011 key deliverables include:

- the continued implementation of the Care Connect Pilot, which provides early intervention services to reduce the burden of renal and other chronic disease experienced by Aboriginal and Torres Strait Islander people in the Metro North catchment area of Brisbane. Key milestones for the project are being met, which include providing care coordination services for Care Connect program clients linking with appropriate primary, secondary or tertiary diagnostic and treatment services.
- strategies to embed the *Queensland Health Cultural Capacity Framework 2010–2033* across the organisation, which are ongoing.
- new and expanded Hospital Liaison Services have been finalised, including \$4.7 million for new services to assist Aboriginal and Torres Strait Islander people to navigate through the health system and access appropriate treatment. Sites for new or expanded accommodation and transport services have also been identified.