# ‘STEPS TOWARD A HEALTHY FUTURE’

# Darling Downs South West Queensland Aboriginal & Torres Strait Islander Health Plan 2014 - 2019

## COVER PAGE

## WITH ILLUSTRATIONS ETC

## Introduction:

On the 09th April 2014, a stakeholder forum was held in Toowoomba, Queensland. Over fifty (50) representatives attended from a range of organisations including; Aboriginal Medical Services, Hospital Health Services, Medicare Locals, Consumers, Employment Agencies, Non-Government, Not- for-profits, Department of Education and Councils. The purpose of the forum was to gather information to write this strategic plan that will

- ✓ Improve health outcomes for Aboriginal and Torres Strait Islander peoples living in the Darling Downs, South Burnett and South West regions;
- ✓ have a common direction and vision for the future that is owned by the people living in the region
- ✓ have a plan that shows how health services are made available for Aboriginal and Torres Strait Islander people throughout their lives.

This plan outlines strategies that are designed to support individual organisations and regional partnerships between stakeholders to enhance health outcomes for Aboriginal and Torres Strait Islander people.

## Acknowledgements:

We would like to thank the representatives that attended and also contributed post event via phone consultations as information, passion, knowledge and experience was contributed in order to develop this plan. In addition, we would like to acknowledge the traditional owners of the land within the Darling Downs South West Qld region.

It is also acknowledged that there are many existing partnerships and key relationships that already exist in the sector and it is endeavored that this plan will enhance and strengthen new and existing connections.

Funding to support the development of this Aboriginal & Torres Strait Islander Health Plan 2014-19 was provided by the Department of Health and the event was supported by the following organisations:

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# ACRONYMS:

DDSWQML – Darling Downs and South West Medicare Local

CNA – Comprehensive Needs Assessment

LGA – Local Government Area

COAG – Council of Australian Governments

RACCHO – Regional Aboriginal Community Controlled Health Organisations

AMS – Aboriginal Medical Service

NGO – Non Government Organisation

# Cultural Safety – Reconciliation and Access for all



## NATIONAL HEALTH PLAN 2013 -2031

### (VISION)

**“**The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realize health equality by 2031

## ABORIGINAL HEALTH - “CLOSING THE GAP”

1. Closing the life expectancy gap within a generation (by 2031)
2. Halving the gap in mortality rates for Indigenous children under five within a decade (by 2018)

### (Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033)

The 1989 National Aboriginal Health Strategy states that:

‘Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.’

# ‘STEPS TO A HEALTHY FUTURE’

The **Closing the Gap** commitments force Queensland Health to reflect on the past and say very clearly – we can and must change the way we do business. In order to take a genuine step forward so that Queensland Health can mature into following statements need to be embedded into the ethos of this organisation:

Improving Aboriginal and Torres Strait Islander people’s health is everyone’s business.

All Queensland Health staff are bound by the Queensland Government’s commitment to close the gap in health inequities between Aboriginal and Torres Strait Islander and other Queenslanders.

Services must be culturally and clinically responsive and appropriate in order to close the gap.

We acknowledge and respect the diversity in Aboriginal and Torres Strait Islander peoples and cultures and their right to equitable, accessible and quality health care.

Cultural capability just like clinical capability, is an ongoing journey of continuous individual learning and organisational improvement, in order to ensure best practice in health service delivery

## Indigenous Population Overview

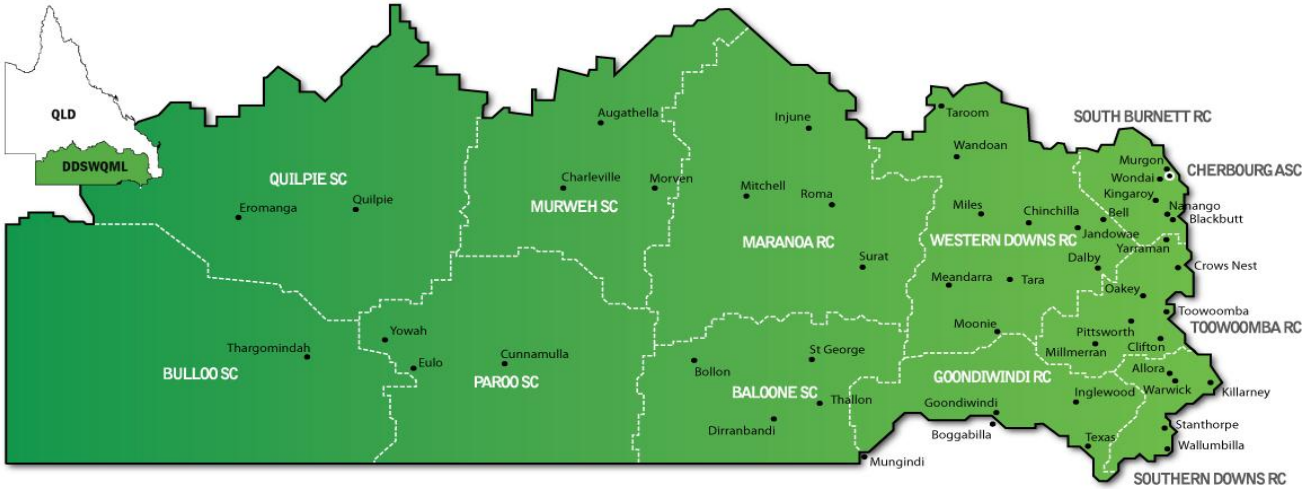


**Figure 1: Darling Downs South West Qld Region showing LGAs**

May 2015, Darling Downs South West Queensland Medicare Local (DDSWQML) undertook a Comprehensive Needs Assessment (CNA). Aspects of data has been extracted and inserted into this plan to guide development and implementation of the Health Plan. For further detail, refer to the DDSWQML CNA. The DDSWQML region (23% of Queensland) has a higher proportion of Indigenous people (4.8%) compared to Queensland (3.6%). Distribution of Indigenous people within DDSWQML area varied across LGAs with SWHHS LGA’s having higher Indigenous proportions compared to LGA’s found in the DDHHS area.

As reported in the DDSWQML Comprehensive Needs Assessment, the DDSWQML region had 14,430 persons who stated they were of Aboriginal and/or Torres Strait Islander origin. Indigenous persons made up 4.8% of the total population (compared with 3.6% in Queensland).Cherbourg an Aboriginal Shire Council, has a population of 1,272 Indigenous people make up 97.3% of the total Cherbourg population and is the largest Aboriginal Community in our region.

The population figures do not include 600 Aboriginal and/or Torres Strait Islander people living over the border in Boggabilla, Toomelah and Mungindi NSW, who regularly access health and other services in the Goondiwindi and St George/Roma areas.

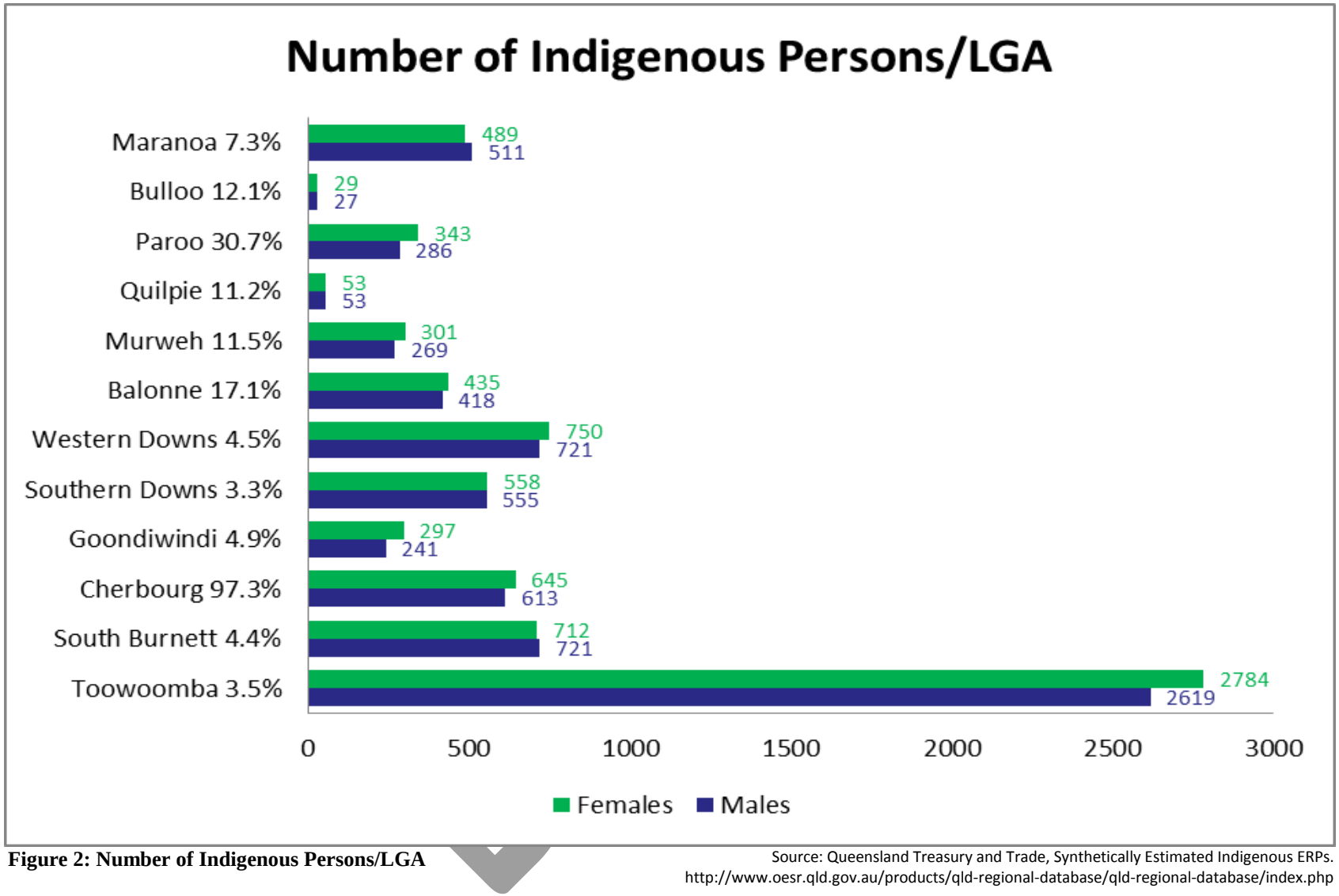


**Figure 2: Number of Indigenous Persons/LGA**

Source: Queensland Treasury and Trade, Synthetically Estimated Indigenous ERPs. http://www.oesr.qld.gov.au/products/qld-regional-database/qld-regional-database/index.php

# RISK FACTORS

## Identified gaps and areas of concern to be addressed

**Aboriginal and Torres Strait Islander Health Performance –Progress towards closing the health gap for Aboriginal and Torres Strait Islander people in Queensland 2013**

- Mortality trajectories to track progress against key drivers of Indigenous mortality, particularly those conditions which contribute significantly to the life expectancy gap:
    - Circulatory disease (Ischaemic heart disease, stroke)
    - Respiratory disease (Chronic lower respiratory disease)
    - Endocrine disease (Diabetes)
    - Accident and injury (Stroke)
    - Avoidable mortality (mortality due to preventable conditions)
- Child mortality:
    - Neonatal mortality
    - Infant mortality
    - Child mortality (0-4 years)
    - Child mortality (1-4 years)
    - Perinatal mortality (neonatal mortality and stillbirths)
    - Stillbirths
    - Post-neonatal mortality

- Child and maternal health data:
    - Rate of more than 5 antenatal visits

  - Low birth weight babies
  - Smoking rates for women who are pregnant
  - Smoking rates at 20 weeks for women who are pregnant

- Immunisation rates:
  - 12 - <15 months
  - 24 - <27 months
  - 60 - <63 months

- Hospital separations:
  - Priority heat maps
  - Condition specific analysis

**COAG – Life expectancy -** Source: 2012 Aboriginal and Torres Strait Islander Health Performance Framework 2012 report

### Closing the life expectancy gap within a generation (by 2031)

- There is a significant gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous people in Queensland.
- For the 2010-12 period the life expectancy gap for Indigenous Queenslanders was **10.8 years** for males and **8.6 years** for females.

This was a significant reduction from 2005-07, where the gap in life expectancy was **11.8 years** for males and **10 years** for females, a gain of **1 year** for males and **1.4 years** for females

### COAG - Halve the gap in mortality rates

### Halving the gap in mortality rates for Indigenous children under five with a decade (by 2018)

- In Queensland, the Indigenous mortality rate for children under five years is almost twice the non-Indigenous (1.9 times the rate for the period 2006-2010).
- The bulk of child mortality occurs during the first year of life, and in particular within the first 28 days, where Indigenous mortality is over 1.8 times the non-Indigenous rate.
- Maternal factors and complications of pregnancy, labour and delivery as well as disorders related to length of gestation affecting the growth of the foetus and new born babies have been identified as leading causes of infant mortality.
- External causes become by far the leading causes of mortality once a baby reaches one year of age.
- Currently Queensland is on target to achieve a halving of the rate in Indigenous mortality for children aged 0-4 years by 2018. However, it is important that effort to sustain these improvements is maintained

## SECTIONS

**(Section One)  Organisational and Cultural Change**

- Workforce Development; staff training; staff recruitment and retention;
- Partnerships and collaboration development
- Cultural competency; framework development
- Sustainability

**(Section Two) Mothers and Babies**

- Antenatal care
- Postnatal care
- Immunisations
- Health Checks – hearing; dental; speech

**(Section Three) Chronic Disease**

- Diagnosis
- Hospitalisations
- Follow up care
- Preventative measures

**(Section Four) Social Determinants**

- Mental Health
- Child and Family Well-being (including child protection and family violence)
- Drugs and Alcohol;
- Housing
- Employment

# SECTION ONE

## ORGANISATIONAL AND CULTURAL CHANGE

Partnerships and collaboration; Cultural competency; Sustainability; Workforce; Data; Technology

# Section One – Organisational and Cultural change

## FOCUS AREA 1 - Partnerships and Collaborations

OBJECTIVE – To enhance the relationship between service providers in the Region to deliver best practice, accessible services to community members

| STRATEGY | PERFORMANCE INDICATORS | TIMEFRAME |
|---|---|---|
| Formation of a regionally wide Group (which may be the RACCHO) to progress partnership and collaboration ideas | Creation of Terms of Reference written and approved | Meet twice a year |
| All stakeholders to contribute to the National Health Service Directory which will map the services across the region | Existence of a Service Map that is current and accessible to all services | Available for use by January 2015 |
| Forums for service staff and community members to continue to build relationships and promote forward movement of planning | In conjunction with the National Aboriginal recognition days community forums are held | 5 across the region |
| Formation and building Partnerships with the potential of outlining agreed expectations | Template offered by the DDSWQML for partnership agreements<br><br>Evidence of working partnerships and collaboration – meeting notes and meeting agendas | Ongoing |

| | | |
|---|---|---|
| **Section One – Organisational and Cultural change**<br><br>**FOCUS AREA 2 – Cultural Competency** | | |
| OBJECTIVE - Implementation of a cultural competency framework in all health services | | |
| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
| Introduction of Cultural Competency Framework | Identification of existing framework that is appropriate for this purpose | December 2014 |
| Implementation of Framework by organisation and Services | Evidence of implementation across organisation | March 2015 |
| Source and/or develop appropriate, available cultural awareness training for staff | Registration schedule for members of staff | December 2014 |

## Section One – Organisational and Cultural change

### FOCUS AREA 3 - Sustainability

OBJECTIVE – To ensure the future of service delivery in a consistent and predictable manner

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Build sustainability of Aboriginal Health Services by sourcing funding opportunities | Contribution from alternative sources and partnerships | Ongoing from 2014 towards 2019 |
| | Utilise this health plan as supporting documentation for grant/funding applications | When required |
| | RACCHO or other group to identify various funding sources and cycles and promote within the nominated stakeholder group | Information available as needed |
| Build and develop collaborations that lead to efficient and economically sound service delivery | Evidence of collaborations that enhance service provision to community members | Ongoing from 2014 |
| | Development of patient pathways through multiple service providers minimising duplication, for example hospital to AMS to community to NGO | |

| | | |
|---|---|---|
| Cultural safety – to ensure community members continue to access services | Cultural Frameworks in place and feedback of community members<br><br>Investigate the feasibility of developing an audit tool. | Individual organisations to assess internal capacity to deliver culturally safe services. |
| Respectful practices – to ensure the well-being and satisfaction of people who access the services | Clients brochures and wall poster reflecting respectful practice<br><br>Evaluation of individual services including evaluating the number of Aboriginal & Torres Strait Islander clients accessing individual services<br><br>Review health literacy and appropriateness of services and materials | Ongoing – evaluation six monthly for individual organisations |

**Section One – Organisational and Cultural Change**

**FOCUS AREA 4 - A Trained, Confident, Sustainable, Stable Workforce**

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To ensure sustainability for the organisation and a work satisfaction for staff teams

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Quality assurance measures for recruitment and selection of staff | Recruitment and selection process package is developed in all organisations | June 2015 and ongoing |
| Traineeships and on-the-job mentoring and coaching | Strategy for introduction of trainees and coaching models | June 2015 and ongoing |
| Career development and promotion pathway | Annual professional development plans for each staff member | June 2015 and ongoing |

| | | |
|---|---|---|
| | Development of career pathways and outline financial and personal support resources | |
| Ongoing staff development opportunities | Training register available | Ongoing 2014 – 15 |
| Clarity of work role and expectations | Position description for staff available | Ongoing 2014- 15 |

| Section One – Organisational and Cultural Change<br><br>**FOCUS AREA 5 – Improved Access to and use of Technology** | | |
|---|---|---|
| **OBJECTIVE** – To develop ways to improve communication between services, community members and medical specialists | | |
| **STRATEGY** | **PERFORMANCE INDICATORS** | **TIMELINES** |
| Use of Skype and video-conferencing capacity in a medical services | Access to and evidenced use of Skype and Video conferencing in all services | December 2015 and ongoing |
| Appropriate and regular training for all staff in use of the technology | Item on Training register | December 2015 and ongoing |
| Introduction of use of technology to community members | Introduction pack for community members | December 2015 and ongoing |
| Source funding for establishment of technology | Technology installed | December 2015 |

# SECTION TWO

# CHRONIC DISEASE MANAGEMENT

Chronic Disease – diagnosis, monitoring follow-up and planning for future management

## Section Two – Chronic Disease

**FOCUS AREA 1 – Referral Pathways**

OBJECTIVE – To ensure smooth processes for people in accessing secondary and tertiary services in or outside the community

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Identification and documenting of local referral points | Referral pathways mapped | December 2014 |

## Section Two – Chronic Disease

### FOCUS AREA 2 –Intervention for Chronic Disease Complications

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To reduce development of complications for people with chronic disease

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Reduce incidence of smoking rates in the community | Reduced numbers of people smoking<br><br>Introduction of targeted programs<br><br>Smoke free facilities<br><br>Visibility of signage offering support to quit<br><br>Implementation of quit smoking programs<br><br>Identification of clients for follow-up<br><br>Number of Aboriginal organisations with no-smoking policy<br><br>Number of Aboriginal organisations who are smoke free | Ongoing 2014 - 19 |
| Develop stronger partnerships between Aboriginal | Attendance at reviews | |

| | | |
|---|---|---|
| Medical Services and Alcohol, and other services | Number of jointly managed clients | Ongoing from 2014 |
| Identify evidence based weight management programs in the region including sports and exercise programs | Programs identified<br><br>Programs implemented | Ongoing from 2014 |

**Section Two – Chronic Disease**

**FOCUS AREA 3 - Integration and Coordination**

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To improve the coordinated approach to chronic disease care in culturally appropriate settings

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Reduce the number avoidable admissions to hospital services | Decreased number of avoidable admissions | December 2015 and each year |
| To improve follow-up with people who have chronic diseases when admitted to hospital and on discharge | Number of client chronic disease management plans | Ongoing 2014 and each year |
| To reduce numbers of separations from hospitals against medical advice and gathering feedback | Number of chronic disease management plans developed with the patient and their family support system<br><br>Feedback forms from clients after discharge against medical advice | 2014 – 15 and ongoing |

| | | |
|---|---|---|
| To investigate a coordinated and sustainable approach to transport for community access to services | Transport working party established<br><br>Identification of options, gaps and new ways of using existing resources | June 2015 and ongoing |
| Review models of care and service delivery to reduce travel needs | Discuss at South West Partnership Council<br><br>Evidence of alternative service models | December 2015 and ongoing |

# SECTION THREE

## MOTHERS AND BABIES

**refer to Figure 3 (extract of DDSWQML CNA)*

The gap between Aboriginal and Torres Strait Islander and non-Indigenous antenatal visits has improved from baseline, when the gap was 21.6% to 2012/13 when the gap was 8.9%. Over this period South West Aboriginal and Torres Strait Islander rates improved by 20%, while the Queensland non-Indigenous rates improved by 2%.

# Section Three – Mothers and Babies

**FOCUS AREA 1 - Antenatal Care**

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To encourage early connectedness with support systems to achieve best outcomes for mothers and babies

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Smoking during pregnancy – develop interventions to reduce smoking in pregnant women<br><br>**refer to Figure 4 (extract of DDSWQML CNA)* | Reduced rates of smoking amongst pregnant Aboriginal women<br><br>Data on birth weights of babies born | Ongoing 2014 -2015 and beyond |
| Identify smoking reduction programs e.g. Quit For New Life | Programs identified<br><br>Programs implemented | December 2014 and beyond |
| Establish a working party to investigate the use of antenatal services and the needs of Aboriginal women who are pregnant | Working Party established with Terms of Reference | Established by June 2015 and ongoing |

| | | |
|---|---|---|
| | Develop a framework for best practice Antenatal Services for Aboriginal women | By June 2015 and ongoing review |

**Section Three – Mothers and Babies**

**FOCUS AREA 2 - Post Natal Care**

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To improve the health outcomes for growing babies

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Monitoring by health service staff in home where possible | Number of plans for monitoring mothers and babies in home<br><br>Numbers attending Mums n Bubs groups | Now and ongoing |
| Improve rates of immunisation for mothers and babies to maintain and improve health outcomes for both including active follow up<br><br>**refer to Figure 5 (extract of DDSWQML CNA)* | Number of mothers and babies overdue, number followed up and umber of vaccination rates | 2014 -15 and beyond |
| Development of a schedule of health checks for aboriginal children in the region | Schedule of health checks | December 2015 |

| | | |
|---|---|---|
| Build partnership to implement or continue regular speech and hearing checks for school aged children | Number of visits<br><br>Number of diagnoses and treatment plans | Partnerships developed by December 2015 and ongoing |

## Maternal Age and Indigenous Status

Approximately 50% of all births among Indigenous mothers are to women aged 24 years and under whereas approximately 60% of births among non-Indigenous mothers are to women aged between 25-34 years. There is a higher proportion of teen pregnancy among Indigenous mothers.

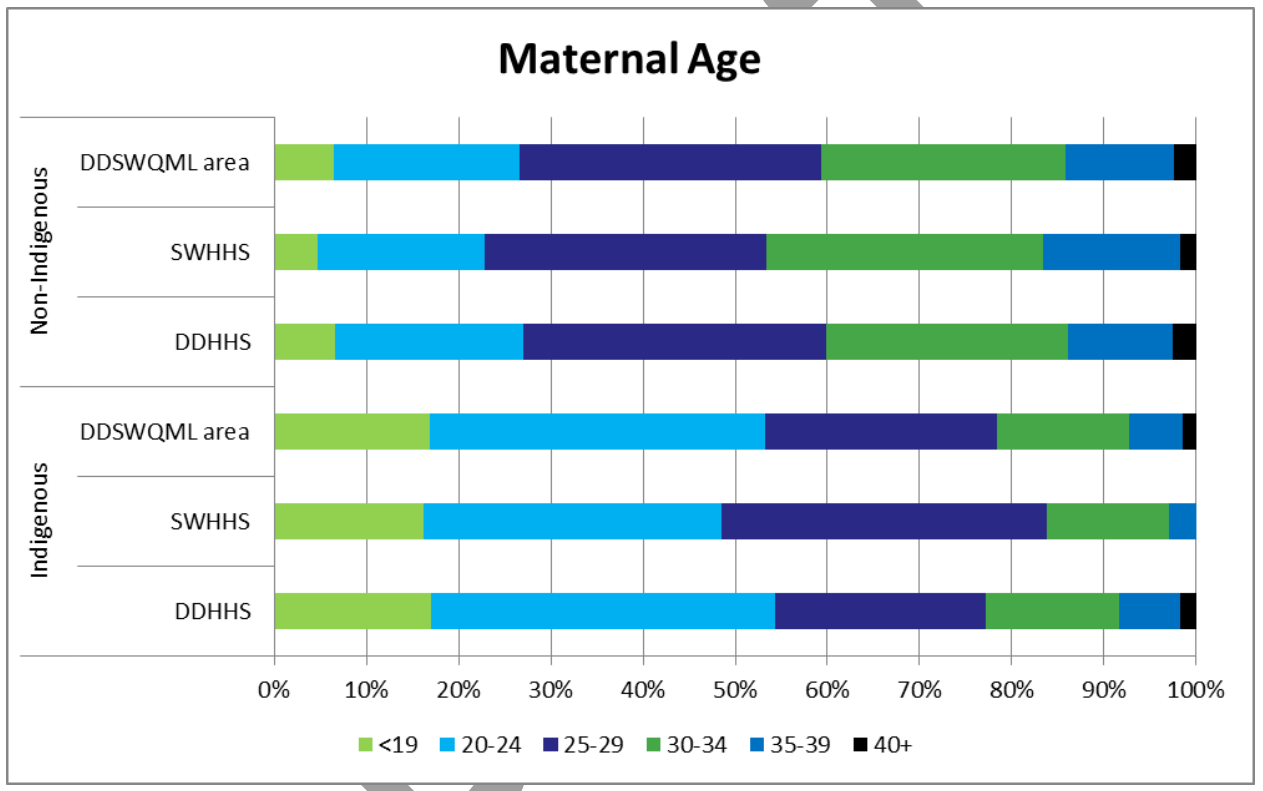


**Figure 3: DDSWQML Maternal Age**

*Data Source: Perinatal Data Collection, Health Statistics Unit, Department of Health*
*Extracted by: Statistical Reporting and Coordination, Health Statistics Unit, Department of Health, 21 Feb 2014*

## Maternal Smoking

| Year | Indigenous Status | HHS | LGA | Smoking Status Before 20 weeks gestation | | | Smoking Status After 20 weeks gestation | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | Total | Yes | No | Total |
| 2012 | Indigenous | Darling Downs | Cherbourg | 31 | 7 | 38 | 30 | 8 | 38 |
| | | | Goondiwindi | 10 | 6 | 16 | 9 | 7 | 16 |
| | | | South Burnett | 32 | 6 | 38 | 31 | 7 | 38 |
| | | | Southern Downs | 16 | 15 | 31 | 15 | 16 | 31 |
| | | | Toowoomba | 66 | 57 | 123 | 59 | 63 | 123 |
| | | | Western Downs, Banana | 26 | 16 | 43 | 23 | 20 | 43 |
| | | South West | Balonne | 10 | 9 | 19 | 8 | 11 | 19 |
| | | | Bulloo, Paroo, Quilpie | 6 | 7 | 13 | 6 | 7 | 13 |
| | | | Maranoa | 13 | 12 | 25 | 12 | 13 | 25 |
| | | | Murweh | 6 | 5 | 11 | 6 | 5 | 11 |
| | Non-Indigenous | Darling Downs | Goondiwindi | 26 | 115 | 141 | 23 | 118 | 141 |
| | | | South Burnett | 87 | 301 | 388 | 80 | 308 | 388 |
| | | | Southern Downs | 98 | 306 | 404 | 83 | 321 | 404 |
| | | | Toowoomba | 288 | 1,738 | 2,027 | 221 | 1,804 | 2,027 |
| | | | Western Downs, Banana | 109 | 394 | 504 | 85 | 418 | 504 |
| | | South West | Balonne | 7 | 50 | 57 | 6 | 51 | 57 |
| | | | Bulloo, Paroo, Quilpie | 4 | 22 | 26 | 4 | 22 | 26 |
| | | | Maranoa | 34 | 181 | 216 | 31 | 185 | 216 |
| | | | Murweh | 10 | 51 | 61 | 6 | 55 | 61 |
| | Total | Darling Downs | Cherbourg | 31 | 7 | 38 | 30 | 8 | 38 |
| | | | Goondiwindi | 36 | 121 | 157 | 32 | 125 | 157 |
| | | | South Burnett | 119 | 307 | 426 | 111 | 315 | 426 |
| | | | Southern Downs | 114 | 321 | 435 | 98 | 337 | 435 |
| | | | Toowoomba | 354 | 1,795 | 2,150 | 280 | 1,867 | 2,150 |
| | | | Western Downs, Banana | 135 | 410 | 547 | 108 | 438 | 547 |
| | | South West | Balonne | 17 | 59 | 76 | 14 | 62 | 76 |
| | | | Bulloo, Paroo, Quilpie | 10 | 29 | 39 | 10 | 29 | 39 |
| | | | Maranoa | 47 | 193 | 241 | 43 | 198 | 241 |
| | | | Murweh | 16 | 56 | 72 | 12 | 60 | 72 |
| Total 2012 | | | | 879 | 3,298 | 4,181 | 738 | 3,439 | 4,181 |

Figure 4: Maternal Smoking

Source: Perinatal Data Collection, Health Statistics Unit, Department of Health
Extracted by: Statistical Reporting and Coordination, Health Statistics Unit, Department of Health

## Immunisation

| Area | Indigenous Status | 12-<15 Months | 24-<27 Months | | 60-<63 Months | |
|---|---|---|---|---|---|---|
| | | % fully **Vaccinated** (#children in cohort) | % with **MMR Dose 1** (#children in cohort) | % fully **Vaccinated** (#children in cohort) | % with **MMR Dose 2** (#children in cohort) | % fully **Vaccinated** (# children in cohort) |
| Australia | Non-Indigenous | 90.3% (74451) | 93.6% (72772) | 92.2% (72772) | 92.1% (76109) | 91.7% (76109) |
| | Indigenous | 86.1% (3807) | 93.8% (3660) | 91.4% (3660) | 93.4% (3406) | 92.8% (3406) |
| | Total | 90.1% (78258) | 93.6% (76432) | 92.2% (76432) | 92.2% (79515) | 91.8% (79515) |
| Queensland | Non-Indigenous | 91.3% (14771) | 93.9% (14284) | 92.9% (14284) | 92.2% (15502) | 91.8% (15502) |
| | Indigenous | **87.9% (1252)** | 95% (1163) | 92.3% (1163) | 94.3% (1127) | 93.8% (1127) |
| | Total | 91.1% (16023) | 94% (15447) | 92.8% (15447) | 92.4% (16629) | 91.9% (16629) |
| DDHHS | Non-Indigenous | 92.9% (915) | 93.1% (814) | 92% (814) | 92.4% (955) | 91.7% (955) |
| | Indigenous | 92.4% (92) | 93.9% (98) | **86.7% (98)** | 90.3% (93) | **89.2% (93)** |
| | Total | 92.9% (1007) | 93.2% (912) | 91.4% (912) | 92.2% (1048) | 91.5% (1048) |
| SWHHS | Non-Indigenous | 91% (78) | 94.7% (94) | 94.7% (94) | 93.2% (74) | 93.2% (74) |
| | Indigenous | **84.2% (19)** | 100% (28) | 100% (28) | 93.3% (30) | 93.3% (30) |
| | Total | **89.7% (97)** | 95.9% (122) | 95.9% (122) | 93.3% (104) | 93.3% (104) |

Figure 5: Immunisation Percentages

Source: Australian Childhood Immunisation Register, Department of Human Services. SLA Coverage Age Calculation 30 September 2013, Date of Processing 31 December 2013.

An area of concern for the DDSWQML is immunisation for Indigenous children (1 Year old). Currently the DDSWQML immunisation rate for this population cohort is 81%, compared to the national average of 85%.

The South West Hospital and Health Service area for 12 < 15 months Indigenous vaccinations has a rate of 84.2%, below the national average of 86.1%.

The Darling Downs Hospital and Health Service vaccinations for the Indigenous population 24 < 27 months and 60 < 63 months cohorts are also below the national average.

# SECTION FOUR

## SOCIAL DETERMINANTS

Mental health; Drugs and Alcohol; Housing; Transport; Employment; Domestic and Family violence

# Section Four – Social Determinants

**FOCUS AREA 1 - Mental Health; Drugs and Alcohol; Housing; Transport; Employment and Domestic and Family Violence**

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To improve access and support for people through local and regional services

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Build and develop relationship within the community and other relevant NGOs in Darling Downs and South West Region to link people to appropriate services | Number of jointly managed clients<br><br>Utilisation of partnerships for joint events, training etc.<br><br>Admission rates for mental health, alcohol and drug related DRGs | Ongoing 2014-15<br><br>Ongoing 2014-15<br><br>Ongoing 2014-15 |

**Section Four – Social Determinants**

**FOCUS AREA 2 - Child Protection and Family well-being**

***strategies below are a guide for individual organisational implementation to align with achieving the outcomes of this plan.**

OBJECTIVE – To improve links between health and child protection services to improve culturally appropriate service processes

| STRATEGY | PERFORMANCE INDICATORS | TIMELINES |
|---|---|---|
| Build and develop relationships with local child protection programs to facilitate collaboration regarding case coordination and culturally appropriate practices | Protocols developed | Begin by December 2014 and ongoing |
| Enhance communication between Child Safety and local Aboriginal Medical Services | Invitation to Child Safety staff to speak to staff at arranged meeting<br><br>Joint events involving staff of both organisations e.g. Child Protection Week; NAIDOC | Firstly by December 2014 and ongoing<br><br>Ongoing 2014 -15 |
| Build and develop processes and procedures for working with families where child protection concerns are identified | Number of review meetings held with child protection staff | December 2015 and ongoing for review |

| | | |
|---|---|---|
| Ensure training in child protection is included in Cultural Competency framework | Evidence of child protection in Training register | December 2014 and yearly |