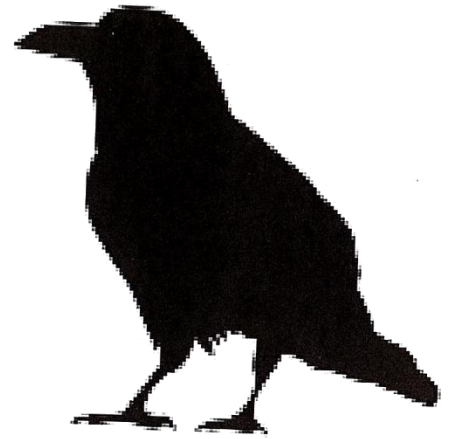


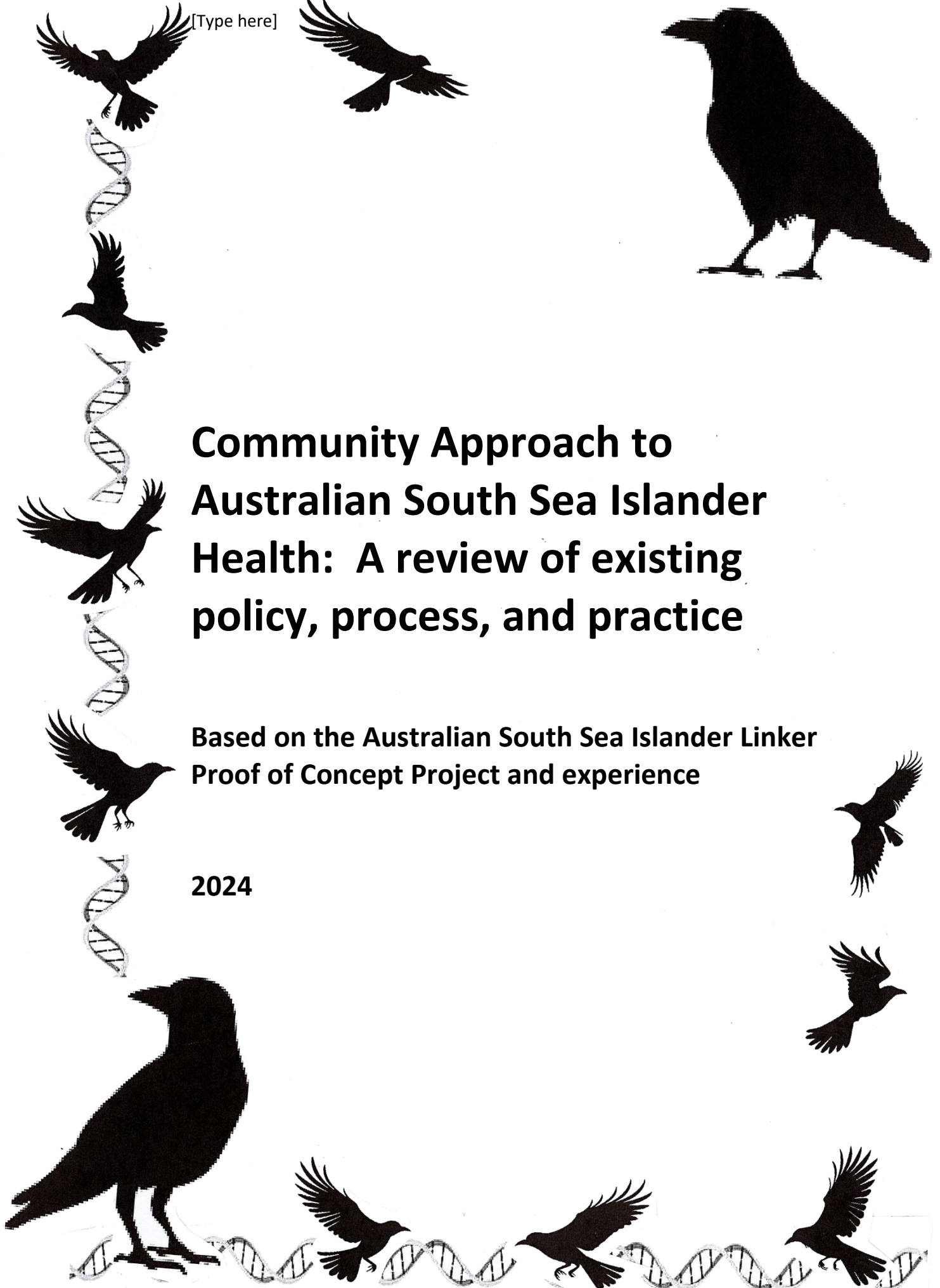
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Community Approach to Australian South Sea Islander Health: A review of existing policy, process, and practice

Based on the Australian South Sea Islander Linker
Proof of Concept Project and experience

2024





2024 Australian South Sea Islander Health and Community Report
Commissioned by: Community Information Support Services (CISS)
In collaboration with the Queensland United Australian South Sea Islander Council

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by Dr Marion Norton and Brentyn Parkin with contributions from Clacy Fatnowna, Sherelle Johnson and Gordon Quakawoot

Thanks to Donnielle Fatnowna for providing inspiration and artwork illustrating the significance of Blackbirds to the Australian South Sea Islander community.

Project Funded by: Northern Queensland Primary Health Network.

Disclaimer:

This report was independently compiled by Community Information Support Services. The views, findings, and recommendations expressed herein do not necessarily reflect the views of the Northern Queensland Primary Health Network.

It was outside the scope of this project to find out the perspectives of other stakeholders although the Link Workers reported mostly positive feedback.

Acknowledgement of Country:

We acknowledge the Traditional Owners of the lands on which this report was developed and pay our respects to Elders past, present and emerging. We also acknowledge the Australian South Sea Islander community as a distinct cultural group and honour their history, resilience, and contributions to Queensland.

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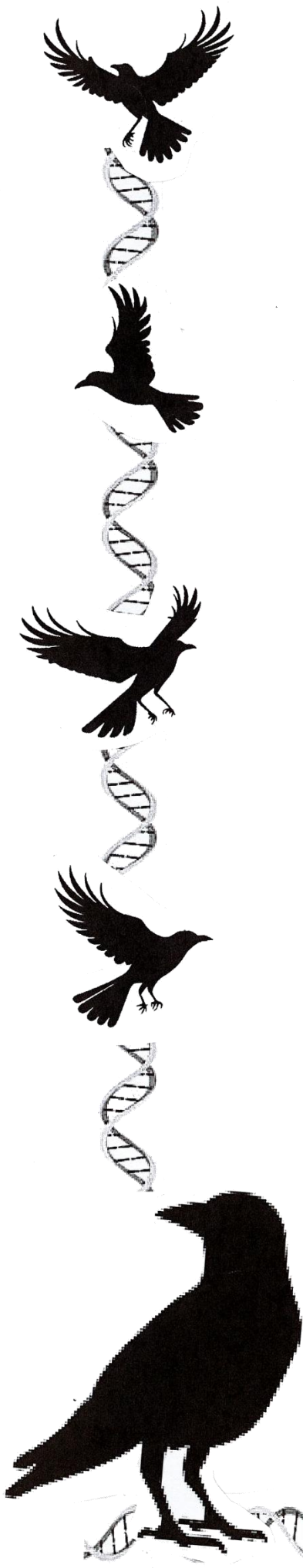


12 Blackbirds for Health

The wellness and wellbeing of 21st-century Australian South Sea Islanders is paramount to our survival. The motive represents the way the 18th-century blackboarding trade changed the Australian South Sea Islanders' way of life. For a community to survive and then thrive, it needs sunshine, clean water, sleep, spiritual trust in a higher power, protection from anything harmful, moderation in nutrition, and exercise. It's also a nod to the British nursery rhyme Counting Crows

One for Sorry
Two for Mirth
Three for a wedding
For a birth
Five for silver
Six for Gold
Seven a secret ne'er to be told
Eight for a wish
Nine for a kiss
Ten a bird, you must not miss
Eleven for Hope
Twelve for Health
Thirteen beware the devil himself.

Donnielle Fatnowna
21 July 2025





To change the story, we must listen.
We must honour the voices of those
who have carried the weight of
history and who now offer pathways
forward.



Foreword

Stories shape belief. They are the vessels through which families, communities, and cultures understand who they are, where they come from, and what is possible. For Australian South Sea Islanders, the stories of their past—of forced labour, exclusion, resilience, and contribution—are not just historical records. They are living narratives that continue to influence identity, health, and opportunity.

Yet, these stories have long been silenced or distorted. The economic success of Queensland owes much to the labour and sacrifice of Australian South Sea Islanders, particularly in industries like sugar, farming, maritime, and rail. Despite this, their contributions have been overlooked, and their communities have endured systemic neglect and exclusion from policies designed to address disadvantage.

Changing a cultural or family story is not a matter of rewriting history—it is a matter of reclaiming truth through conversation. It requires spaces where people can think together, where experiences are heard, and where belief systems can evolve. But herein lies the challenge: there is a profound lack of experience and infrastructure to support these kinds of transformative conversations, especially within government systems.

Governments regularly modify policy and procedure to meet emerging needs. Yet, when it comes to Australian South Sea Islanders, these systems are paralysed—unable to translate recognition into action. Despite formal acknowledgements in 1994 and 2000, and repeated commitments to equity, the lived experience of Australian South Sea Islanders remains one of exclusion from services, invisibility in data, and inequity in health outcomes.

This report is a call to action. It documents not only the burden of chronic disease and systemic barriers to care, but also the power of community-led solutions. The Link Worker model, grounded in cultural knowledge and trust, demonstrates how healing begins—not just with medicine, but with relationships, respect, and recognition. Throughout the report, there is recurring evidence that the past has not yet passed. Its lack of recognition and belief means it lies heavily in hearts and minds of current generations and impacts on new stories which reinforce long held beliefs of exclusion and discrimination. The report therefore includes a chapter that documents the history and experiences of health care by those bearing the sadness and grief of lived experience.

To change the story, we must listen. We must honour the voices of those who have carried the weight of history and who now offer pathways forward. This report is a testament to their courage, and a blueprint for how governments, institutions, and communities can walk together toward justice, health, and belonging. In honour of the storytellers

Brentyn Parkin
Executive Director,
Community Information Support Services
Islander Council

Clacy Fatnowna
President
Queensland United Australian South Sea



Acknowledgements

This project was made possible through funding provided by the Northern Queensland Primary Health Network. We acknowledge and thank them for their support in enabling the development and delivery of the Australian South Sea Islander Link Worker initiative and the 2024 Health Survey in the Mackay region. As part of the project, the Northern Queensland Primary Health Network funded an external, independent report. The findings, interpretations, and recommendations presented in this project report do not necessarily reflect the views or official positions of the Northern Queensland Primary Health Network.

This report was independently commissioned by Community Information Support Services and the Queensland United Australian South Sea Islander Council. This report stands as a community voice—grounded in the stories, struggles, and strengths of Australian South Sea Islander people—and aims to inform future policy, service design, and health equity efforts across Queensland and beyond.

We acknowledge and thank the Australian South Sea Islander community for their courage, openness, and commitment in sharing their lived experiences and health journeys through the 2024 Health Survey, including Stephanie and Clacy Fatnowna who bravely gave accounts of traumatic family events (Ch. 6).

We especially acknowledge Uncle Gordon Quakawoot and Auntie Sharelle Johnson, whose deep connection to community, cultural knowledge, and unwavering support enabled this project to reach into the heart of families and build trust where it had long been fractured. We gratefully acknowledge Hayle Elston, whose administrative support to the Link Workers ensured the smooth coordination of survey logistics, community engagement and data collection.

This project was deeply enriched by the wisdom and cultural leadership of the Australian South Sea Islander Advisory Group, whose guidance shaped the development of the Link Worker model and ensured that community needs were understood and respected throughout every stage.

- Donnielle Fatnowna, President, Cast the Net
- Stephanie Fatnowna, Health Advisory
- Marion Healy, Director, Mer Bar Wakai
- Lauriann Trevey, Australian South Sea Islander Support Office, Mackay Hospital and Health Service.
- Starrett Veava, President, Mackay & District Australian South Sea Islander Association
- Elizabeth Warren, Manager, Yamadi.

A special acknowledgement is extended to Marion Norton, AES Fellow, whose passion for helping people tell their stories has been the backbone of this report. Marion's dedication to listening deeply, documenting with integrity, and weaving together the voices of the community has ensured that this report is not just a collection of data, but a living narrative of resilience, truth and hope.



A final and one of the most important acknowledgments, is the work by Clacy Fatnowna, President of the Queensland United Australian South Sea Islander Council, for his unwavering support and leadership. Clacy has not only championed the visibility of Australian South Sea Islander health issues but has generously leveraged his connections and influence to support this project. His commitment to community empowerment and cultural integrity has been instrumental in bringing these stories to life.

This report is a testament to the strength, generosity, and leadership of the Australian South Sea Islander community. It reflects not only the challenges faced but also the pathways forward grounded in culture, community and collaboration.



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Government Response to the Report on the Situation of Australian South Sea Islanders - Parliamentary Statement by the Attorney-General

I am today responding to the Report by the Human Rights and Equal Opportunity Commission, A Call for Recognition, A Report on the Situation of Australian South Sea Islanders (the Report). The Report is based on a census taken of the Australian South Sea Islander community. This census was used to gather enough data to paint a statistical sketch of the community. The evidence gathered indicates that Australian South Sea Islanders are disadvantaged in many ways.

2. The broad conclusions of the Report are that:

- (a) South Sea Islanders have suffered from a century of racial discrimination and harsh treatment which are the major factors contributing to their being in a state of disadvantage today. In fact, the statistical profile indicates that they are one of the poorest groups in Australia.
(b) South Sea Islanders as a group are in a situation of high need, with particular difficulties observed in school retention, employment skills, home ownership and health.
(c) until recently, it has been relatively easy and common for South Sea Islanders to access a broad range of government programs for Aboriginal and Torres Strait Islander people.
(d) Governments have denied South Sea islanders recognition as a distinct minority group.
(e) as South Sea Islanders are now being denied access to Aboriginal and Torres Strait Islander programs, they are forced into mainstream programs which are seen by them to be culturally inappropriate, with the result that they are not used

3. The Report makes 6 general recommendations concerning both Federal and State matters. The Prime Minister has referred the Report to the States so that they may consider their responses to it. To date three States have not provided comment on the Report, however those States and Territories which have responded are generally supportive of the recommendations.

4. Action is being taken in several areas to implement the recommendations of the Report. Below is a more detailed statement of action being proposed on each of the recommendations.

5. Recommendation 1. The Government should formally recognise Australian South Sea Islanders as a unique minority group which is severely disadvantaged as a consequence of racial discrimination.

6. POSITION/ACTION: Supported. The descendants of Pacific labourers see themselves as quite distinct from other ethnic minorities in Australia. They are not indigenous, nor are they descended from mainstream settler migrants. Their historical experience in Australia has generally been one of control and exclusion. As an ethnic minority they suffer discrimination yet to date they have not enjoyed any recognition of their special position in Australian society.

7. The Government recognizes Australian South Sea Islanders as a distinct ethnic group in Australia with its own history and culture, and acknowledges:

the injustices of the indentured system of labour under which the ancestors of Australian South Sea Islanders were brought to Australia and the economic and cultural dislocation suffered by those South Sea Islanders and their descendants;

the severe disadvantage experienced by South Sea Islanders and their descendants; and

their contribution to the culture, history and economy of Australia. 82

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Queensland Government Recognition Statement (2000)

The Queensland Government hereby formally recognises Australian South Sea Islanders as a distinct cultural group.

Australian South Sea Islanders are the Australian-born descendants of predominantly Melanesian people who were brought to Queensland between 1863 and 1904 from eighty Pacific Islands, but primarily Vanuatu and the Solomon Islands.

Australian South Sea Islanders are not Indigenous to this country. South Sea Islanders were brought to Australia as a source of cheap labour for Queensland's primary industries. Many people were tricked into coming, others were kidnapped or "blackbirded". Men, women and children were forced to work long hours at exhausting manual work for low or no wages while living in very poor conditions. Many were treated like slaves. In the early 1880s, the death rate among South Sea Islanders was five times higher than the comparable European population.

Between 1906 and 1908 South Sea Islanders were deported under the White Australia Policy. South Sea Islanders protested and petitioned the Government against deportation. The descendants of those who remained in Australia are known today as Australian South Sea Islanders. The generation of South Sea Islanders who remained after deportation were subjected to ongoing racial discrimination and harsh treatment, including restrictions as a consequence of government legislation. Some trade unions also adopted exclusionary practices which disadvantaged the community. Many Australian South Sea Islanders are today still living in conditions well below the standard of living enjoyed by most other Australians.

The Australian South Sea Islander community has played a major role in the economic, cultural and regional development of Queensland. Australian South Sea Islanders provided labour to help build local economies and key industries. They played a significant role in the sugar industry. They also contributed to the development of farming and grazing, as well as the maritime industry, pearling, mining, the railways, domestic services and childcare. Individual Australian South Sea Islanders have excelled in politics, government, religion, sports, art, business, health and education. They have also served the nation as members of the defence force in times of peace and war. While their work benefited the State as a whole, Australian South Sea Islanders remained in a state of poverty.

Australian South Sea Islanders' unique spirituality, identity and cultural heritage enrich Queensland's culturally diverse society. For more than a century their culture, history and contribution to Queensland have been ignored and denied. Even today there is little knowledge or understanding among the Australian community about Australian South Sea Islanders.

The Government acknowledges and regrets that Australian South Sea Islanders experienced unjust treatment and endured social and economic disadvantage, prejudice and racial discrimination. The Government also recognises that Australian South Sea Islanders continue to face significant disadvantages.

The Queensland Government is committed to ensuring that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.

The Queensland Government requires its departments and other agencies to act on this commitment through their policies, programs and services.

Signed in the Queensland Parliament on 7 September 2000 by the Premier, the Leader of the Opposition, and the Speaker of the House.





1. Executive Summary

The 2024 Australian South Sea Islander Health and Community Report presents a comprehensive analysis of the health disparities faced by the Australian South Sea Islander community, particularly in the Mackay region.

The Survey and Link Worker proof of concept were Commissioned by the Northern Queensland Primary Health Network and delivered by Community Information Support Services in collaboration with the Queensland United Australian South Sea Islander Council.

This project highlights the transformative potential of culturally, responsive person-centred care, as practiced within the Australian South Sea Islander Link Worker Model, within the Australian South Sea Islander community, to address systemic barriers and the impact of chronic disease prevalence.

Survey Findings

Between July 2023 and January 2025, 283 health surveys were completed by Australian South Sea Islanders in the Mackay Region.

Key findings include:

- The burden of diabetes is over five times the average Queensland population and almost double the burden in the Aboriginal and Torres Strait Community.
- Over half the respondents reported one or more chronic conditions, with diabetes, cardiovascular disease, arthritis and asthma being most prevalent.
- Mental health concerns were considerable, with 63% reporting emotional distress and 34% indicating poor mental health at least one day per week.
- Barriers to accessing care included cultural misunderstandings, financial hardship and lack of culturally appropriate services.
- Trust in hospital services remains low, with 23% expressing a fear of dying in hospital and many participants viewing health care incidents as discriminatory, due to historical trauma and systemic neglect relayed in community and family stories. See Chapter 6 for Australian South Sea Islanders' ongoing experience with health care since 1886 and stories of the impact on current generations.

The Link Worker Model

Established in 2023, the Link Worker model provided direct support to 30 individuals with multiple chronic conditions. Link Workers, who were trusted community members with professional experience and knowledge of health systems, acted as care navigators and cultural advocates. Participant case studies showed:

- improved understanding of their symptoms and treatment of chronic disease
- increased mobility and community participation
- reduced hospitalisations and complications
- enhanced trust between patients and health providers.

Critical success factors included Link Workers' cultural knowledge, relational care, knowledge of tertiary health system administration, and the ability to address long-held fears through trust and continuity.

Link Workers were able to:

- improve patients' understanding of symptoms and treatment of chronic diseases



- improve medical staff's understanding of specific cultural needs of Australian South Sea Islander patients
- facilitate access to mobility devices and accessibility tools to enable them to rejoin previous activities

[Type here]

- increase attendance at medical appointments and compliance with medical advice in order to manage chronic conditions and reduce complications
- establish links between primary and tertiary health care workers to reduce frequency and duration of hospitalisation
- facilitate patient access to subsidies and benefits.

Outcomes achieved for the participants included:

- increased mobility (walking and driving)
- increased participation in community events and contributions to community support
- reduced complications from chronic conditions e.g. amputations
- increased personal wellbeing and quality of life
- return to work and family roles.

The impact on family members was also notable including:

- returning to full time work
- reduced anxiety and more time for parental responsibilities.

Overall the survey found that many Australian South Sea Islanders are still subject to barriers in accessing health care which puts a strain on hospitals. The Link Work Model was an effective bridge in ensuring that the participants were following their health care plans including follow-up visits to doctors, and were guided to the appropriate level of medical help when needed.

Broader Implications

The demonstrated outcomes of the Link Worker Model in Mackay underscores its potential for statewide and national expansion as a means of meeting the Objectives of the *National Strategic Framework for Chronic Conditions*, for Australian South Sea Islanders communities across Australia.

As yet, little has been done at the policy and program level to specifically target the Australian South Sea Islander population's chronic illness. While Australian South Sea Islanders are theoretically included within the general population, and are also considered part of the multicultural population, they do not receive services that recognise their particular needs and are ineligible for Indigenous health services although members of their family may be eligible causing tension. Broad strategies have failed to be effective because of the historical context, limited access, and commonly held beliefs that formal health services are to be used as a last resort. The extent of need and progress cannot be documented at the patient level due to inadequate documentation of their cultural heritage.

As the Framework prescribes, it is necessary to use a partnership approach involving trusted community members to engage the communities. Embedding genuine consultation and collaboration with Australian South Sea Islander advisory bodies and developing targeted action plans at Commonwealth, State, Regional and local levels would ensure that the communities have access to good health care early and are not further exposed to premature death and morbidity. The investment will yield social and economic benefits for individuals, families, the health sector and the whole community.



Recommendations

It is recommended that:

1. *the Australian South Sea Islander population is specified as a priority population in the National Strategic Framework for Chronic Conditions.*
2. *Each level of government applies an Australian South Sea Islander lens on priority actions, strategic plans, needs assessments and reporting criteria with specific actions developed with Australian South Sea Islander Community advice.*
3. *Governments agree to a standard way of collecting Australian South Sea Islanders demographic data, with Australian South Sea Islander Community advice, and that collection and reporting of Australian South Sea Islander data is mandatory across government services.*
4. *Governments work with their Australian South Sea Islander advisory bodies to apply the three Objectives of the National Strategic Framework for Chronic Conditions and take responsibility for ensuring:*
 - *executive level leadership, reliable governance, resourcing and monitoring*
 - *regular meetings and reporting*
 - *annual reporting to the relevant Parliamentary and Ministerial committees.*
5. *Governments and government entities resolve issues preventing the sharing of information and patient data with community health care workers, giving appropriate attention to privacy and confidentiality, to meet the National Strategic Framework for Chronic Conditions' direction for:*
 - *effective data sharing occurs across health settings, services and sectors, such as acute and primary care settings, aged care, disability and mental health services.*
 - *a universal electronic health record (My Health Record) is used to securely share health information between health care providers.*
6. *The partnering agencies in the Mackay Region and other regions where there are significant and major populations of Australian South Sea Islanders, jointly develop an action plan based on the three Objectives of the Strategic Framework for Chronic Conditions and each Strategic Priority Area, to achieve the Phase 1 and 2 Framework Outcomes for the Australian South Sea Islander population, and report their progress to the State.*





2. Australian South Sea Islanders' context and health needs

Australian South Sea Islander people are the Australian descendants of over 62,000 Melanesian people who were brought to Queensland from eighty Pacific Islands, primarily Vanuatu and Solomon Islands between 1863 and 1904. Most were kidnapped or deceived into coming (blackbirded) and were unpaid and subjected to discrimination and harsh treatment in the sugar industry¹.

There are estimated to be 6000-8000 Australian South Sea Islander people living in and around the Mackay region. Whilst this group of people experience a considerable burden of disease compared to the Queensland population, there is not an existing system of health and support services to meet their specific health needs. They are not included in Closing the Gap initiatives provided for Aboriginal and Torres Strait Islander people and are not referred to or catered for in the 2023 -2025 Australian Multicultural Strategic Plan². Devastating outcomes of health services for family members in the past³ and continued lack of an understanding of their culture, have left an underlying lack of trust which inhibits their involvement with hospital health services resulting in more serious complications of chronic health conditions.

Government Commitments

Commonwealth

Following a 1992 Human Rights Commission Report⁴ into the ongoing social and economic disadvantage facing South Sea islander people, the Australian Government acknowledged Australian South Sea Islander people as a distinct cultural group of Australians (1994). In doing so, they acknowledged *the history of exploitation, discrimination, and resilience of Australian South Sea Islander people* and accepted all report recommendations⁵ (Appendix 1).

A review held 20 years later (2014) by the Australian Government Standing Parliamentary Committee on Social Policy and Legal Affairs⁶ found that few government departments (State or Commonwealth) had targeted responses to meet Australian South Sea Islanders particular needs and data collections were inadequate to identify outcomes of government services.

The Committee concluded that little progress had been made, and recommended that an Interdepartmental Working Group identify priority areas, work with State governments to address problems, and ensure the provision and delivery of culturally aware and appropriate government services for

Australian Government (2017) Australian Government response to the Standing Committee on Social Policy and Legal Affairs report

Australian South Sea Islander people are eligible to apply for a range of Government mainstream programs/services available for vulnerable Australian people.

In addition, those who identify as Aboriginal and Torres Strait Islanders (having dual or tri-cultural heritage through interrelationships with Aboriginal and Torres Strait Islander peoples) are also eligible to apply for programs and services specifically targeting Indigenous people.

¹ Queensland State Library Australian South Sea Islanders

<https://www.slq.qld.gov.au/discover/exhibitions/australian-south-sea-islanders>

² Commonwealth Government (2023) Australian Multicultural Strategic Plan 2023-2025.

³ Moore, C. (2022) *South Sea Islander Mortality, 1860s–1900s, and Mackay's Islander Hospitals: Why Reparations are Required*, Queensland Parliament tabled papers <https://www.parliament.qld.gov.au/Work-of-the-Assembly/Tabled-Papers/docs/5723t516/5723t516-0191.pdf>

⁴ Human Rights and Equal Opportunity Commission (1992) *The call for recognition: A report on the situation of Australian South Sea islanders*. National Library of Australia

⁵ Commonwealth of Australia (1994) [House of Representatives Official Hansard No. 196, 1994](#), speeches by The Honourable Dr Michael Lavarch, Mr Neville, Mr Nehl.

⁶ Australian Parliament (2015) [Revisiting recognition: Report on the roundtable with Australian South Sea islander](#) House of Representatives, Standing Committee on Social Policy and Legal Affairs.



Australian South Sea Islander people. The Working Group was charged with reporting three yearly to Parliament.

The Australian Government Response to the Committee's Report in March, 2017⁷ agreed with their one recommendation in principle, however, determined that the Senior Officers Settlement Outcomes Group would be the appropriate interdepartmental oversight group and the Minister for Social Services would be required to report three yearly from 2019, indicating the progress towards the commitment statement.

The 2022 report was delayed because of COVID. In mid 2024, it was announced at the Australian South Sea Islander 30 years Recognition Reception in Canberra, that a report would be made public by the end of 2024.

The 2017 Australian Government Response also clarified the ineligibility of Australian South Sea Islanders for programs and services targeted towards Indigenous people unless they had dual or tri-cultural heritage⁸ through interrelationships with Aboriginal and Torres Strait Islander peoples.

Although responsibility is with the Minister for Multicultural Affairs, there is no acknowledgement of Australian South Sea Islanders in the current policy document *Multicultural Servicing Strategy (2023 to 2025)* or *Towards Fairness: A multicultural Australia for all (2024)* and no reports on progress have been submitted to Parliament.

Queensland State Government

In September 2000, the Queensland Government formally recognised Australian South Sea Islander people and their substantial contribution to this state's economic and social foundations⁹. The government committed to recognising Australian South Sea Islander people in government service provision.

Queensland Government (2000)

The Government acknowledges and regrets that Australian South Sea Islanders experienced unjust treatment and endured social and economic disadvantage, prejudice and racial discrimination. The Government also recognises that Australian South Sea Islanders face significant disadvantages.

The Queensland Government is committed to ensuring that present and future generations of Australian South Sea Islanders have equal opportunities to participate in and contribute to the economic, social, political, and cultural life of the State.

The Queensland Government requires its departments and other agencies to act on this commitment through their policies, programs and services.

**Australian Government
Standing Committee on
Social Policy and Legal
Affairs**

***House of Representatives
Report: Revisiting
Recognition 2015***

The Committee recommends that the Australian Government establish an interdepartmental working group to liaise with Australian South Sea Islander groups, so as to identify priority areas to address disadvantage, improve coordination with State governments, and address problems in the provision and delivery of culturally aware and appropriate Government services to Australian South Sea Islanders, in accordance with the 1992 Human Rights and Equal Opportunity Commission Report A Call for Recognition.

In identifying priority areas, the interdepartmental working group should provide the Parliament with a

⁷ Australian Government (2017) Australian Government response to the Standing Committee on Social Policy and Legal Affairs report: [Revisiting Recognition: Report on the roundtable with Australian South Sea Islanders](#).

⁸ Note that the Mackay Australian South Sea Islander Community does not use this terminology.

⁹ Queensland Government (2000) (See full statement after the Foreword in this report.)



In 2011, Queensland Health undertook a study of hospital separations¹⁰ for Australian South Sea Islanders in Queensland from 2004/5 to 2008/9. The study found much higher rates of separation compared to the general population for several health conditions (Table 1).

Table 1: Hospital separation rates in Queensland for Australian South Sea Islanders 2004/5 to 2008/9

Hospital separation reason	Australian South Sea Islander population		Queensland population
	Separations recorded	Age standardised ratio ¹	Age standardised ratio ¹
<i>All causes</i>	35 240	8.1	1.6
<i>Potentially preventable</i>	5 293	14.2	2.9
<i>Coronary heart disease</i>	546	7.8	1.6
<i>Chronic obstructive pulmonary disease</i>	220	10.7	2.2
<i>Diabetes</i>	465	13.00	2.6
<i>Preventable complications</i>		13.2	2.7
<i>Asthma</i>	255	9.2	1.9
<i>Musculoskeletal disease</i>	1 205	6.2	1.3

¹ The study contains many caveats to the accuracy of the ratio due to limitations of Australian South Sea islander data collection at hospitals and variations in the estimated Queensland population. All ratios are at 95% confidence level.

The Report found that the high rate included many conditions considered to be potentially preventable if adequate care was provided by appropriate non-hospital health services. This included chronic conditions such as asthma, diabetes and rheumatic heart disease.

The Report recognised that lack of data was restricting attention to the high incidence of chronic ill health within the large group of Australian South Sea Islanders living in the Mackay region – estimated at between 6000 and 8000 people¹¹.

In 2014, Queensland Multicultural Affairs undertook a survey of Australian South Sea Islander people in Queensland *to gather information about (their) attitudes, needs and priorities* at that time.¹² Of the 447 people who undertook the survey, 64% were from the North and Far North regions. Survey results emphasised the importance to Australian South Sea Islander people of recognition of their history, culture and identity, strong well-resourced community organisations and services tailored for the Australian South Sea Islander community.

Respondents identified that the following actions were needed to improve health outcomes:

- better access to Australian South Sea Islanders specific services, funding and benefits

¹⁰ A hospital separation count is based on a patient's episode of care from admission to discharge.

¹¹ The actual size of the South Sea Islander population is not known as it is believed that the Census underreports. Recording patients as Australian South Sea Islanders is also flawed as data collection systems may not include multiple cultural heritages.

¹² Multicultural Affairs Queensland (2014) [Queensland Australian South Sea Islander Community Survey 2014: Survey Summary Report](#)



- cultural identification, awareness, education and research about Australian South Sea Islander specific health issues
- health assistance comparable to Aboriginal and Torres Strait Islander services (the same access for all)
- education and support about healthy eating programs, exercise, mental health
- Australian South Sea Islander identified positions, employment and training opportunities.

The 2016 *Queensland Multicultural Recognition Act*¹³ committed the Queensland Government to *recognise and promote the valuable contribution of diverse groups of people to the Queensland community and to ensure policies, programs and services provided by government identities are responsive to our diversity*¹⁴.

In 2024, the *Multicultural Action Plan 2024-2027* acknowledges the Australian South Sea Islander population in Queensland and includes the 2000 government commitment, printed at the front of this report. Of the four focus areas in Multicultural Action Plan, three are particularly relevant to this project.

Focus Area 1: Deliver Culturally Responsive Services

- *Work with the Queensland United Australian South Sea Islander Council and James Cook University to co-design research on the experiences of Queensland's Australian South Sea Islander communities and promote the findings across government to inform future policy and program responses.*
- *Implement a targeted program to improve access to health services for Australian South Sea Islander populations in the Mackay Hospital and Health Service region.*
- *Build the capacity of Queensland Health to engage and co-design policies, initiatives and resources with culturally and linguistically diverse communities.*

Focus Area 2: Drive Diversity and inclusion across the Public Sector

- *Develop and deliver the Health Workforce Strategy for Queensland to 2032, with implementation supported through the Queensland Health Workforce Action Plan 2024 to 2028, including a focus on expanding employment opportunities for culturally and linguistically diverse-identified positions.*
- *Enhance the specialist multicultural health workforce across various Queensland Health services, including establishing dedicated multicultural health liaison officer roles in areas with significant multicultural and refugee populations.*

Focus Area 4: Promote Social Cohesion

- *Take a strong stance against racism, and actively promote anti-racism messages to staff, clients and communities in line with each agency's unique context.*

Mackay Regional Response

A Memorandum of Understanding was drafted (but not executed) in May 2023 between Mackay Hospital and Health Services (Mackay HHS), Queensland United Australian South Sea Islander Council and Community Information Support Services to develop a *framework to work together and recognise:*

Multicultural Action Plan 2024-27

In this Action Plan, cultural responsiveness refers to *the capacity of our service system to understand and accommodate the diverse and intersecting needs of culturally and linguistically diverse clients and communities.* At a systems level, cultural responsiveness requires programs, policies and practices to be designed and delivered with a deep understanding of the varied experiences and expectations of culturally diverse clients and communities, and the capacity to accommodate those needs as they emerge. Culturally responsive service delivery requires a commitment to continuous reflection and ongoing collaboration with communities.

Mackay HHS Consumer and Community Engagement Strategy 2020-2024

Mackay HHS formally recognises the Australian South Sea Islander peoples as a distinct cultural group within our geographical boundaries. Mackay HHS is committed to fulfilling the Queensland Government Recognition Statement for Australian South Sea Islander Community to ensure that present and future generations of Australian South Sea Islander peoples have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.

¹³ Queensland *Multicultural Recognition Act 2016*

¹⁴ Queensland Government (2024) *Queensland Multicultural Action Plan 2024/25 to 2026/27* p.6



1. *the responsibility that The Queensland Government Recognition Statement (2000) requires its departments and other agencies to act on this commitment through their policies, programs and services AND*
2. *The Acknowledgment and commitments made by the Mackay Hospital and Health Service as part of its charter to address the significant chronic disease health burden within the Australian South Sea Islander communities AND*
3. *The significant impact of the poor treatment of Australian South Sea Islanders at the Kanaka Hospital¹⁵ which was located at the Mackay Hospital Site, and continues to underpin a fear of attending.*

In September 2024, a *Statement of Intent* was developed by Mackay Hospital and Health Service and shared with the key leaders of the Australian South Sea Islander Community.

The *Statement of Intent* included *Focus Areas 1,2,4* of the Multicultural Action Plan referred to above and to develop a data sharing agreement to understand the needs of Australian South Sea Islanders. The Mackay HHS also agreed to establish the Australian South Sea Support Office as a part of the registry to demonstrate their commitment and transparency, to follow up on issues raised, and to liaise with the community.

Mackay Hospital and Health Service included a Recognition Statement in their *Consumer and Community Engagement Strategy 2020-2024*.¹⁶ The Strategy highlights that the Mackay HHS is responsible for the largest Australian South Sea Islander population in Australia but does not specify strategies to ensure Australian South Sea Islanders’ cultural needs are met.

The Strategy acknowledges the contribution consumers make to health service planning and delivery and connects directly to Mackay HHS’s Strategic Plan for service delivery. The Mackay Hospital and Health Board and the Mackay Executive Leadership Team indicate their commitment to embedding consumer and community engagement into the Mackay HHS organisational culture and practices (Table 2).

Table 2: Consumer and Community Engagement Performance Indicators

Indicators of success	Strategies	Principles of engagement
<i>Improved community satisfaction and patient experience</i>	<i>Enhance communication and patient engagement</i>	<i>Participation and partnership</i>
<i>Enhanced capability to engage with community and consumers</i>	<i>Build a culture of person, family and community-centred care</i>	<i>Person-centred and meaningful engagement</i>
<i>Increased consumer engagement in shaping healthcare</i>	<i>Strengthen diverse connections and collaborations</i>	<i>Transparency and trust</i>
<i>Greater health literacy and health outcomes for the community</i>	<i>Provide access to quality health information</i>	<i>Accessible and inclusive</i>
<i>Increased ownership of one’s own health</i>	<i>Enhance the quality and safety of health care services</i>	<i>Participation and partnership</i>

Excerpt from the Mackay HHS *Consumer and Community Engagement Strategy 2020-2024*

¹⁵ C. Moore (2022) *1860s-1900s, and Mackay’s South Sea Islander Hospitals*. School of Historical and Philosophical Inquiry, the University of Queensland. Unpublished Paper. See a synopsis of historical detail in Chapter 6 of this report.

¹⁶ Mackay Hospital and Health Service (2020) [Consumer and Community Engagement Strategy 2020-2024](#)



The Mackay Hospital and Health Service Annual Report 2023-24¹⁷ identified many challenges that the Mackay HSS faces across the region including:

- the burden of complex chronic disease
- community expectations of service access
- rebuilding confidence in service delivery
- high rates of unhealthy behaviours including smoking, lower rates of physical activity and alcohol consumption faster growth in the over 70 years age groups.

These challenges align with concerns identified by the Australian South Sea Islander Community and brought to the attention of Mackay HSS through the Australian South Sea Islander Cultural Advisory Group.

Northern Queensland Primary Health Network

Mackay is one of four regions covered by the Northern Queensland Primary Healthcare Network.¹⁸

Each Primary Health Network is required by the Commonwealth Government to undertake and maintain an evidence-based Health Needs Assessment to identify unique regional and local priorities. In 2024, the Northern Queensland Primary Health Network undertook a *Joint Regional Needs Assessment* with Torres and Cape Hospital Health Service, Cairns and Hinterland Hospital Health Service, Mackay Hospital Health Service and Townsville Hospital Health Service, also partnering with the Queensland Aboriginal and Islander Health Council, Health Consumers Queensland, Queensland Primary Health Networks, Queensland government and the Department of Health and Aged Care.

Australian South Sea Islanders communities are not listed as a priority for health care and in the *Joint Regional Needs Assessment Report*, the communities are not referenced as one of the culturally diverse groups with specific needs.

The Report¹⁹ identifies key themes with specific needs and a rating of priority from both a health and service perspective. Table 3 shows themes and descriptions of needs that are relevant to the 2024 Australian South Sea Islander Survey findings.

In January 2023, the Northern Queensland Primary Health Network signed the Australian South Sea Islander project contract. The proposed service model developed by the Australian South Sea Islander community was based on the Link Worker service that operated effectively in 1990s. A revised service model, with a stronger focus on the burden of chronic disease was endorsed in July 2023²⁰.

The 2023/24 Link Worker project was very dependent on the engagement and contributions of the Australian South Sea Islander Cultural Advisory Committee.

Northern Queensland Primary Health Network

Chronic conditions remain one of the greatest challenges facing our health system. Improving health outcomes for people with chronic conditions will not only improve quality of life for this group, but will ease the burden on our hospitals.

Our priority is to improve the management of chronic conditions in our community, from a reactive model of primary care to care that is planned and comprehensive and our key priorities reflect this approach to transformation.

We are committed to supporting primary care providers in their preventive activities in clinical practice, in using a data-driven approach to improvement, and in implementing comprehensive, evidence-based care for people with chronic conditions.

¹⁷ Mackay Hospital and Health Service (2024) *Annual Report 2024*

¹⁸ Northern Queensland Primary Health Network is an independent not for profit organisation, funded by the Commonwealth Department of Health to improve health outcomes for all by working with all health care that occurs outside of a hospital.

¹⁹ Northern Queensland Primary Health Network (2025) [Joint Regional Needs Assessment](#) and [Joint Regional Needs Assessment Key Themes](#)

²⁰ Australian South Sea Islanders Project Reference Group Meeting Health Linking Project 7/7/2023 Minutes



Table 3: Relevant themes and needs in Northern Queensland Primary Health Network plan

Key Themes	Description of needs ¹	Health/ Service Need ²
Access <i>The ability of individuals to obtain necessary health services, which may include availability, affordability, proximity, and the quality of care</i>	<ul style="list-style-type: none"> Access to specialists is limited due to long waiting times across our region Limited access to general practice services across the region due to various drivers such as transport, cost, and availability. Community support services are limited across our region for young and older people 	Tier 1 Tier 1 Tier 2
Preventative Health <i>This refers to measures aimed at preventing disease or injury before it occurs, through actions like vaccination, healthy lifestyle promotion, and early detection screenings (e.g., cancer screenings).</i>	<ul style="list-style-type: none"> Low levels of health literacy across our community Community engagement around preventative health conditions is inadequate across our region 	Tier 1 Tier 1
Equity <i>In healthcare, equity means providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status. It aims for fairness in access, treatment, and health outcomes.</i>	<ul style="list-style-type: none"> Limited housing access in our region leading to poor health outcomes for people experiencing homelessness Diabetes is highly prevalent amongst Australian South Sea Islander people 	Tier 1 Tier 2
Chronic Conditions <i>Diabetes, heart disease, arthritis, asthma, cancer mental health conditions like depression. Requires ongoing medical care and lifestyle changes</i>	<ul style="list-style-type: none"> High prevalence of chronic conditions across our region among adults 	Tier 1
Workforce <i>The healthcare workforce refers to all people engaged in actions whose primary intent is to enhance health. This includes doctors, nurses, allied health professionals, support staff, and administrators.</i>	<ul style="list-style-type: none"> Cultural awareness among service providers across our region is limited Maldistribution of general practitioners and shortage of general practices across our rural and remote areas 	Tier 1. Tier 1
Healthy Living <i>These are actions that increase the likelihood of negative health outcomes. Examples include smoking, excessive alcohol consumption, poor diet, physical inactivity, and unsafe sexual practices</i>	<ul style="list-style-type: none"> Daily smoking rates Risky alcohol consumption rates are high among adult population for our region. 	Tier 1 Tier 1
¹ Selected descriptor relevant to Australian South Sea Islanders needs reported in 2024 survey ² Tier 1: Highest priority Tier 2: Moderate priority		

Summary

The Australian South Sea Islander community continues to experience social, economic, and health disadvantages, despite formal recognition by the Australian Government (1994) and Queensland Government (2000) with limited progress in addressing their specific needs.



A 2011 Queensland Health study indicating much higher hospital separation rates for preventable conditions among Australian South Sea Islanders has not been followed up due to lack of reliable data. While the Queensland Multicultural Action Plan 2024-27 acknowledges this community and government departments are committed to cultural responsiveness, the Community has not been recognised as a national healthcare priority so specific actions have not been planned.



3. Establishing the Australian South Sea Islander Link Worker project

An Australian South Sea Islander Elder's account of the trigger for action

In 2021, a local Australian South Sea Islander noticed that a pattern began to emerge across Australian South Sea Islander communities—particularly in Queensland. Families were frequently at funerals and grieving the loss of loved ones in their 40s and 50s – one after the other. It was heartbreaking.

We checked the funeral notices over the previous couple of years and realised that premature death was becoming expected, even normalised – and we hadn't noticed!

In Mackay, consultations with Australian South Sea Islander families revealed deeper issues. Many people spoke of feeling ongoing discrimination in healthcare settings, where their concerns were dismissed or misunderstood. They described a lack of culturally safe care—spaces where they felt respected, heard, and understood. This led to avoidance of hospitals, delayed treatment, and ultimately, shorter lifespans.

It appeared that the community was not just suffering from disease, but also that there was little understanding of their needs and the role that health services needed to play.

Local concerns

In 2021-22, after several deaths of Australian South Sea Islanders in their 40s and 50s and increased acceptance of the burden of chronic disease, the Queensland United Australian South Sea Islander Council and Community Information Support Services raised concerns that there was a growing expectation for people to die prematurely which was evident by an analysis of newspaper Death Notices for the previous two years, which had become a conversation in the community.

Hospital records identified that the community carried a significant burden of chronic disease. Further consultations with the Mackay Australian South Sea Islander community elicited views that continuing discrimination and lack of culturally safe responses from health providers contributed to prolonged ill health, avoidance of hospitals and shorter lifespans.

It became apparent to Australian South Sea Islander Community Leaders that there needed to be greater focus on the commitments made in the Queensland 2000 Recognition Statement²¹ as funding bodies and government were largely unaware of the differences in how the same needs were being met for Australian South Sea Islander people compared to Indigenous people.

Australian South Sea Islander people by law are not entitled to access Indigenous services. While 50% of the survey participants identify only as Australian South Sea Islanders, others may be eligible to access Indigenous services, creating uncertainty for both staff and patients. Australian South Sea Islander people report many experiences of being treated harshly if they attempt to use Indigenous services, although mainstream services do not meet their high level of needs due to ongoing discrimination. Australian South Sea Islanders who also have Aboriginal and Torres Strait Islander heritage may sometimes choose not to access Indigenous-specific services or benefits due to cultural and family expectations, which can create feelings of hesitation. A further complication is the growing

²¹ Queensland Parliament (2000). *Recognition Statement for Australian South Sea Islander People*. The Statement formally acknowledges the historical injustices, social and economic disadvantage, and racial discrimination experienced by Australian South Sea Islanders, and commits Queensland Government departments and agencies to act on this recognition through inclusive policies, programs, and services. (See Foreword in this report.)



perception²² of the Australian South Sea Islander community, that both the public's awareness and knowledge of past commitments across government administrations has reduced in the past 10 years.

Mackay Region Health Context

Although the Queensland Government recommitted to modifying policies and procedures so that mainstream services are tailored appropriately in 2016, little progress had been made to meet the Australian South Sea Islander community's needs in order for them to gain the benefits of being well and able to take an active part in the Australian community. In 2022, the Mackay HHS began conversations with the community with a commitment to resetting the relationship and beginning a new conversation, which was received positively by the Australian South Sea Islander Mackay leaders.

In 2024, the Mackay Hospital and Health Service developed The Statement of Intent²³ and shared it with the community through the Australian South Sea Islander Cultural Advisory Group (October, 2024)

Statement of intent

In recognition of

The Queensland Government Recognition Statement (2000) requires its departments and other agencies to act on this commitment through their policies, programs and services

And

The Acknowledgment and commitments made by the Mackay Hospital and Health Service as part of its charter to address the significant chronic disease health burden within the Australian South Sea Islander communities

- Acknowledgment of South Sea Islander in the [Our Mob Together Strong Health Equity Strategy 2022-2025](#) published by Mackay Hospital and Health Service
- Recognition of Australian South Sea Islanders in the Mackay Hospital and Health Service [Consumer and Community Engagement Strategy 2020 – 2024](#)
- [Acknowledgement of the Health Needs of the Australian South Sea Islander Community in the Mackay Hospital and Health Service Annual Report 2021-22](#)

And

The significant impact of the Kanaka Hospital (at the Mackay Hospital Site)

- the recent finding By Clive Moore (2022) found in the [South Sea Islander Mortality, 1860s–1900s, and Mackay's Islander Hospitals: Why Reparations are Required](#)

*The Mackay Hospital and Health Service demonstrates its commitment to **Improved health outcomes for Australian South Sea Islanders** by establishing the Australian South Sea Islander Support Office. This office will work closely with Community, Primary, and Acute care providers to enhance service delivery and support for the Australian South Sea Islander community.*

The Australian South Sea Islander Support Office will use an Action Research Approach to develop:

1. **Cultural Collaboration and Support:** *We acknowledge the cultural importance and wisdom of the Australian South Sea Islander Regional Cultural Advisory Group. We are dedicated to collaborating with and supporting this group to ensure their cultural heritage is respected and integrated into our health service practices.*
2. **Recognition and Support for Care Providers:** *We recognise and support the invaluable contributions of Community, Primary, and Acute care providers who serve the Australian South Sea Islander People. Our commitment ensures that these providers have the necessary resources and support to continue their essential work.*

²² In the 2024 survey, 20% of respondents considered that Queenslanders in general, know about the unique culture and history of the Australian South Sea Islander community and 17% considered that the Queensland Government acknowledges the unique culture and history of the Australian South Sea Islander community.

²³ Australian South Sea Islanders Project Reference Group Meeting Health Linking Project September, 2024 Minutes



Without access to data about the Australian South Sea Islander community, health services were unwilling to address issues raised by them. Hence, in alignment with their *2021-26 Strategic Plan*, the Northern Queensland Primary Health Network²⁴ contracted Community Information Support Services, an established health communications charity, to work with local communities and the Queensland United Australian South Sea Islander Council to *address the identified health disparity of Australian South Sea Islander people in Mackay Health and Hospital Services through the development and delivery of the South Sea Islander Link Worker project Proof of Concept* using a community-based model and undertaking a health survey of the community.

Northern Queensland Primary Health Network 2021-26 Strategic Plan

The Northern Queensland Primary Health Network is the lead organisation for developing – with our partners – an integrated and coordinated primary healthcare system that delivers the best care possible to achieve measurable health improvements for the people of North Queensland.

(The Northern Queensland Primary Health Network) ...aims to strengthen the primary health care sector in northern Queensland, support integration of the health care service system, and improve community health and wellbeing outcomes through access to coordinated, quality, and culturally safe care.

Chronic Disease overview

The aim of the project was to support the Australian South Sea Islander community to improve chronic disease, mental health and alcohol and other drugs care access from the ground up. The impact of chronic disease across the population has become increasingly apparent as improvements in medical and pharmaceutical knowledge has greatly reduced the impact of early onset of acute conditions. Table 4 shows the breadth of impact of recognised chronic conditions²⁵ – not just for the patient, but for their family, community and the health system.

Table 4: Breadth of Impacts of Chronic Diseases

Chronic Disease	Impact on Family	Impact on Community	Impact on Health System
<i>Mental and behavioural conditions</i>	Emotional strain, caregiving burden, disrupted routines	Reduced participation, stigma, increased isolation	Increased demand for mental health services, crisis intervention, long-term support
<i>Back pain</i>	Physical support needs, limited household contributions	Reduced workforce participation, reliance on informal care	High use of pain management services, physiotherapy, and mobility aids
<i>Arthritis</i>	Assistance with daily tasks, dietary and medication support	Reduced involvement in cultural and social events	Ongoing treatment needs, joint care, and rehabilitation services
<i>Asthma</i>	Monitoring and emergency response by family members	Limits on outdoor and group activities	Emergency visits, medication management, respiratory care
<i>Diabetes</i>	Dietary management, medication adherence, and emotional support	Community education and support groups	Chronic care coordination, complications management, specialist referrals

²⁴

²⁵ Commonwealth Government Department of Health, Disability and Ageing [About chronic conditions](#) website updated April 2025.



Chronic Disease	Impact on Family	Impact on Community	Impact on Health System
<i>Heart, stroke and vascular disease</i>	High caregiving needs, emotional distress	Loss of community leaders, reduced engagement	Intensive care, rehabilitation, long-term monitoring
<i>Osteoporosis (musculoskeletal)</i>	Fall prevention, home modifications	Reduced mobility and independence	Bone density screening, fracture treatment, aged care integration
<i>Chronic Obstructive Pulmonary Disease</i>	Respiratory support, lifestyle adjustments	Limited physical activity, reduced social interaction	Pulmonary rehabilitation, oxygen therapy, frequent hospitalisation
<i>Cancer</i>	Emotional and logistical support, financial strain	Community grief, awareness campaigns	Oncology services, palliative care, long-term follow-up
<i>Kidney disease</i>	Dialysis support, transport needs	Reduced participation due to treatment schedules	High-cost treatment, dialysis centres, transplant services

Chronic disease separation rates

The analysis of hospital separations by Queensland Health in 2011²⁶ showed the disparity between the impact of chronic health on the Australian South Sea Islander population and the Australian population as a whole (Table 5). The report includes caveats due to the incompleteness of the data and recommends improvements in data collection. To date, no recent analysis or comprehensive data collection has been undertaken.

This pattern reflects the cumulative impact of ageing and highlights the need for targeted health interventions, especially for older community members. It also underscores the importance of early prevention and culturally appropriate chronic disease management strategies to reduce long-term health complications. In the Australian South Sea Islander population, chronic disease onset occurs earlier and the incidence of multiple chronic diseases is higher.

Table 5: Comparative impact of chronic disease

Aspect	General Population	Australian South Sea Islander Population
<i>Onset of chronic disease</i>	Gradual 35-44 years	Earlier and more intense
<i>Hospitalisation rates</i>	Moderate increase with age	Significantly higher across all ages
<i>Preventable</i>	Less prevalent	More frequent hospitalisations for preventable disease
<i>Access to care</i>	Generally adequate	Barriers to early intervention and primary care evident

²⁶ Queensland Health (2011) [The health of Australian South Sea Islander people in Queensland—an analysis of hospital separation data](#)



Developing the Link Worker Model

Under the direction of an Australian South Sea Islander Community Advisory Group (CAG), the Australian South Sea Islander Link Worker Model was developed, based on previous successful approaches. The aim was to find out the extent to which issues highlighted in the 2014 survey by Multicultural Affairs about chronic disease and barriers to treatment were still being experienced by the Community.

Project Summary

This project will review health service delivery for Australian South Sea Islander peoples in the Mackay HHS.

The key objectives are:

- 1. Support South Sea Islanders to access Health Services to reduce the burden of Chronic Disease*
- 2. Identify gaps in health service and advise on health pathways to support Australian South Sea Islanders through surveys broadly to the community and case studies of a targeted group of people with chronic needs, developed with a long time engagement of support .*

The Project will address service gaps through:

- Local engagement to identify options for existing services to meet identified needs, and*
- Assist and/or advocate agencies to access the relevant support to establish new Services that meet identified needs.*

The Project will have systems focus through:

- working with service providers to increase access to culturally appropriate care for South Sea Islanders*
- identification and collation of data to enable understanding of service and health needs of the South Sea Islander population to support advocacy and awareness raising.*

South Sea Islander Link Worker roles within the Project will have the primary function to:

- Provide direct client support for South Sea Islander people with mental illness and chronic disease to provide linkages to the relevant services.*
- Maintain and update information on specified platforms to create a local system that supports consumers and providers to navigate care, social and community services in the Region to both prevent and manage chronic health conditions.*

Foundations of the Link Worker Project

Governance of the Link Worker Project

The Link Worker Project was conducted under the leadership of the:

- Australian South Sea Islander Cultural Advisory Group* consisting of Community Organisation leads, Elders, Queensland United Australian South Sea Islander Council, Community Information Support Services for project guidance and cultural relevance
- Operational Delivery Group* consisting of Mackay Hospital and Health Service, Queensland United Australian South Sea Islander Council, Community Information Support Services, Northern Queensland Primary Health Network for data governance, privacy and analysis.

The Cultural Advisory Group was established by invitation, drawing on the leadership and cultural authority of existing recognised leaders within the Australian South Sea Islander community in Mackay. Selection prioritised individuals with strong community standing and experience in health-related matters. The group included the President of Queensland United Australian South Sea Islander Council and welcomed participation from the Link Workers, who attended meetings to ensure alignment between community perspectives and service delivery. This structure ensured that the project was grounded in cultural knowledge, community trust, and lived experience.



The Cultural Advisory Group's role included:

1. *Project Guidance and Oversight*

The committee provided strategic direction and ensured the project remained culturally appropriate and aligned with community values and expectations.

2. *Cultural Relevance and Legitimacy*

They ensured that all engagement, communication, and service delivery reflected the lived experiences, history, and cultural protocols of the Australian South Sea Islander community.

3. *Selection and Endorsement*

The committee was involved in the recruitment process for Link Workers, including developing selection criteria and nominating suitable candidates from the community.

4. *Community Engagement*

They acted as a bridge between the project team and the broader community, helping to build trust and encourage participation in the health survey and direct support services.

5. *Accountability and Transparency*

The group reviewed project progress and outcomes, ensuring that the voices of community members were heard and respected throughout the implementation.

The Operational Delivery Group agreed that the Link Worker project would focus on chronic disease and would consist of two components:

- a health survey of up to 300 people that included questions that had a direct impact on people's health in order to be relevant
- the direct contact component involving 30 people with chronic diseases, providing them with support and resources to assist their health care while gathering deeper insights into managing their own care and barriers to them receiving appropriate care from health services through case studies.

(i) Link-worker Tools

The 2023–2025 Link Worker project builds on a successful community-led linking project from the 1990s which recognised and utilised the value of trusted community members acting as bridges between services and the people they serve. Senior community members wished to reinstate the long-standing commitment of the Australian South Sea Islander community to improve their people's health outcomes through connection, trust and advocacy.

Link Workers were tasked to build connections with community health providers by:

- fostering strong working connections across the continuum of care for Australian South Sea Islander and other workers, for the life of this project.
- promoting service coordination linking activities to actively support and link Australian South Sea Islanders across community, primary and acute care continuum.

To facilitate these functions, the project team developed a set of *chronic disease community pathways* tailored to Australian South Sea Islander families and designed based on information identified by Link Workers during early engagement with participants. The goal was to create culturally relevant, easy-

Australian Institute of Health and Welfare (2024)
Australia's health: Data Insights, The ongoing challenge of chronic disease in Australia

The impact of chronic conditions is widespread.

Individuals with chronic conditions often have complex health needs and require services from all levels of the health system.

Living with or caring for someone with a chronic condition can also affect a person's social and economic circumstances, creating additional barriers to earning an income, participating in education, and/or socially engaging in communities.

Australia's ageing population presents an additional challenge through the increased demand for services to care for and support people living with chronic conditions.



to-follow guides that would encourage individuals, families, and communities to access appropriate health services and support systems and assist the Link Workers with *care navigation* using fit-for purpose software *Link Social*. *Link Social* was a prototype to:

- (i) address service gaps through local engagement
- (ii) identify options for existing services to meet identified needs
- (iii) assist and/or advocate for agencies to establish new services to address unmet needs.

Each chronic disease pathway was integrated into the *Service Linker* and *My Community* platforms, providing a digital interface for information about each chronic condition, relevant local services, eligibility and referral options. These resources addressed common barriers such as lack of trust, confusion about service eligibility, and limited understanding of chronic disease management.

The *Link Social* software was also designed to facilitate Link Worker access to new health information of participants in order to monitor their health events requiring hospital admission and changes in frequency and seriousness over time. However, Mackay Health Service's registration system was unable to produce daily hospitalisation data for a specified group of patients automatically, so the functionality was not utilised for this project.

As well as providing front-line services, the Link Worker Project included a health systems focus to:

- a. work with service providers to increase access to culturally appropriate care for Australian South Sea Islanders
- b. identify and collate data to enable an understanding of service and health needs of the Australian South Sea Islander population and the barriers in receiving health care in order to raise awareness in the community and health care systems
- c. maintain current information on specified platforms to assist consumers and providers to navigate care, social and community services in the Region to both prevent and manage chronic health conditions.

Developing the Australian South Sea Islander Health Survey

The aim of the survey was to gather information from members of the Australian South Sea Islander Community, which would allow government, non-government and community organisations to better understand, acknowledge and respond to experiences, issues and aspirations of the Australian South Sea Islander community in Queensland.

The 2024 survey²⁷ was predominantly conducted face to face by Link-workers and was also available via a link to complete online if a person requested this approach. As clinical data was not available the analysis was based on self-report.

The survey included:

- questions selected from the 2014 Survey undertaken by Multicultural Affairs
- questions nominated by the Northern Queensland Primary Health Network to understand gaps in health access
- questions based on Queensland United Australian South Sea Islander Council's four key pillars: education, health, employment, cultural reclamation and focused on the burden of chronic disease.

²⁷ The 2014 survey was collected from 447 participants, through online and postal surveys.



- PROMIS 10²⁸ questions based on a global health outcomes tool that assesses the health and wellbeing from the general population as well as those living with chronic conditions
- Self-Reported Experience Measure²⁹.

The survey also provided an opportunity for respondents to share their views on current issues impacting on their health and wellbeing based on the Federal Government's Patient-Reported Experience Measure (PREM)³⁰ for hospital use. The final questions were to understand family, community and system access and support within the Australian South Sea Islander Community.

Establishing the Link Worker direct client support component

The Link Worker Project included a *community-based direct client support component* for Australian South Sea Islander people diagnosed with serious mental illness and chronic disease to improve their access.

The *Operational Delivery Group* endorsed the front-line service to be undertaken by two staff, with 30 participants identified as having chronic disease, offering two functions depending on a person's needs:

- *Care Navigation* to improve healthcare delivery by facilitating access to necessary care which helped individuals find and obtain the medical and social services they need.
- *Referral by* directing someone to a person for information, help, or action such as a specialist or a more knowledgeable authority.

Recruitment and selection of Link Workers

A Selection Committee with representation across the South Sea Islander communities developed selection criteria for the role and nominated suitable local candidates to apply by invitation. The Selection Committee proceeded with short listing and interviews to select two staff members.

Service model

People with chronic diseases were to be selected for ongoing support needs, based on the impact of their condition and the level of support they required. Table 6 shows the typical characteristics by age group and the types of support that could be offered.

²⁸ The [Patient-Reported Outcomes Measurement Information System \(PROMIS 10\)](#) Global managed by Code Technology, is an international standard that consists of 10 items that measure physical health, physical functioning, general mental health, emotional distress, satisfaction with social activities and relationships, ability to carry out usual social activities and roles, pain, fatigue and overall quality of life. PROMIS 10 scores are predictive of healthcare utilisation, mortality in general and disease-specific clinical populations

²⁹ [LinkSocial.com.au](#)

³⁰ Australian Commission on Safety and Quality in Health Care (2023) [Patient-Reported Experience Measures](#)



Table 6: Characteristics and support of Link Worker participants

Age	Characteristics	Support weekly
>75 years	Small cohort, usually looked after by family members, limited IT knowledge. Key Chronic Diseases: Cancer-Pancreatic, Bowel, Breast, Prostate	Home Visit Phone Transport Support
60-75	Current Elder group that supports people over 75-years, usually retired, willing to volunteer, knows younger generation. Possibly raising grandchildren. Key Chronic Diseases: Diabetes, Cardiac (Heart), Renal (Kidney), Mental Health, Ophthalmic (Eye), Hypertension-- Stroke, Cancer-Pancreatic, Bowel, Breast Cancer, Prostate	Home Visit Phone Transport Support
45-60	Still working, some may have retired, have just been diagnosed with a Chronic disease, looking for a pathway to manage health care, may have financial burdens in managing health care. Key Chronic Diseases: Diabetes, Cardiac (Heart), Renal (Kidney), Mental Health, Ophthalmic (Eye), Hypertension – Stroke, Cancer-Pancreatic, Bowel, Breast, Prostate	Community Visit Face to Face Phone SMS
30-45	Still working Key Chronic Diseases Burden: Diabetes, Cardiac (Heart), Renal (Kidney), Mental Health, Ophthalmic (Eye), Hypertension	Community Visit Face to Face Phone SMS
18-30	Key Chronic Diseases Burden: Diabetes, Mental Health	Community Visit SMS
<18	Key Chronic Diseases Burden: Diabetes, Mental Health	Community Visit SMS

Summary

Chapter 3 highlights the Australian South Sea Islander Link Worker project which was established due to an alarming number of premature deaths and perceived healthcare discrimination within Australian South Sea Islander communities, who are ineligible for Indigenous services and are reluctant to use the health care system.

Initiated by community leaders and supported by the Mackay Hospital and Health Service, the project aims to address health disparities and chronic disease burdens, which occur earlier and with higher incidence in the Australian South Sea Islander population.

The Link Worker Project included a comprehensive health survey of the adult Australian South Sea Islander community and direct support service to 30 people with chronic health needs. The Link Workers' function is to bridge service gaps and advocate for culturally appropriate care. The project was governed by the Australian South Sea Islander Cultural Advisory Group and an Operational Delivery Group, highlighting the community-led approach to improving health outcomes.



4. 2024 Australian South Sea Islanders Health Survey, Mackay Region

This chapter provides the results of the 2024 Health Survey conducted from July 2023 to December 2024 in the Mackay Hospital and Health Service Region. 317 surveys were distributed and 283 were completed. As there is considerable reluctance in the Community, particularly with older members, to read and complete government forms, the Link Workers guided many participants through the survey questions either face-to-face or online. A small proportion of respondents, mostly from the younger age groups, completed the survey independently online.

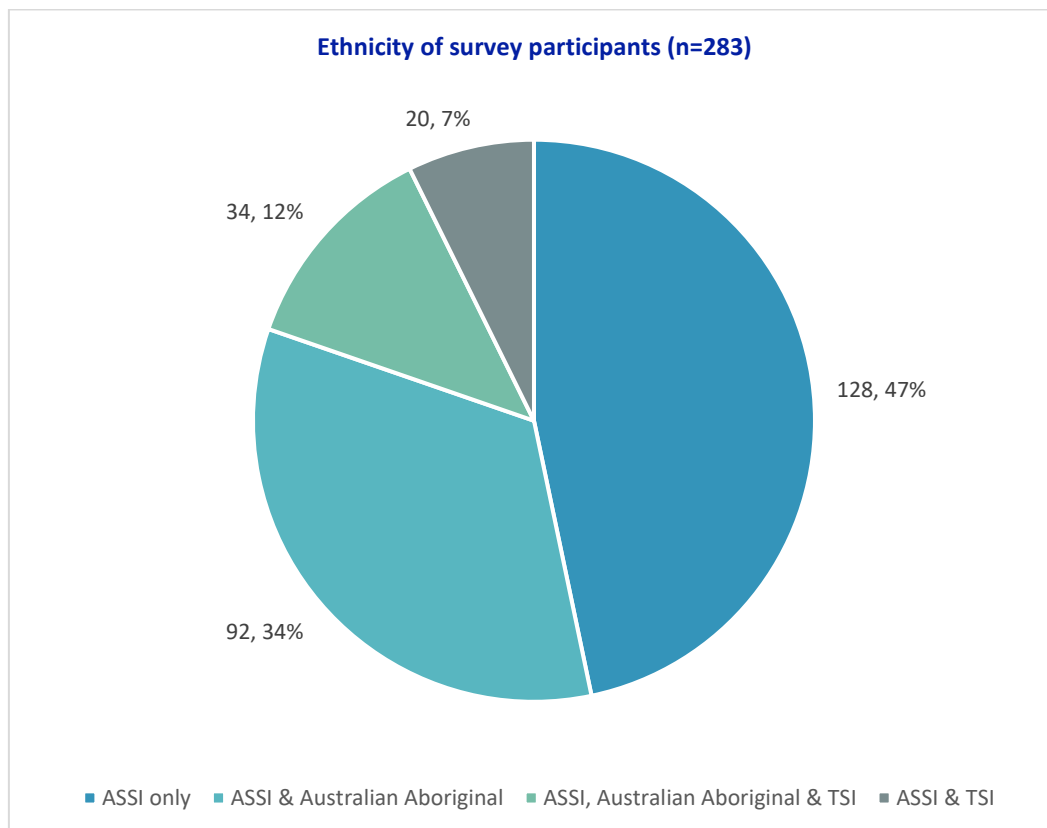
4.1 Survey respondents composition

Ethnicity

All survey respondents were either partially or fully Australian South Sea Islanders. Almost half the respondents (128, 47%) identified as Australian South Sea Islanders only (Figure 1).

- 34% (92) identified as Australian South Sea Islander and Australian Aboriginal people
- 12% (33) identified as: Australian South Sea Islander, Australian Aboriginal, and Torres Strait Islander people
- 7% (19) identified as Australian South Sea Islander and Torres Strait Islander people.

Figure 1: Survey Participants' cultural identity





Gender, age, employment

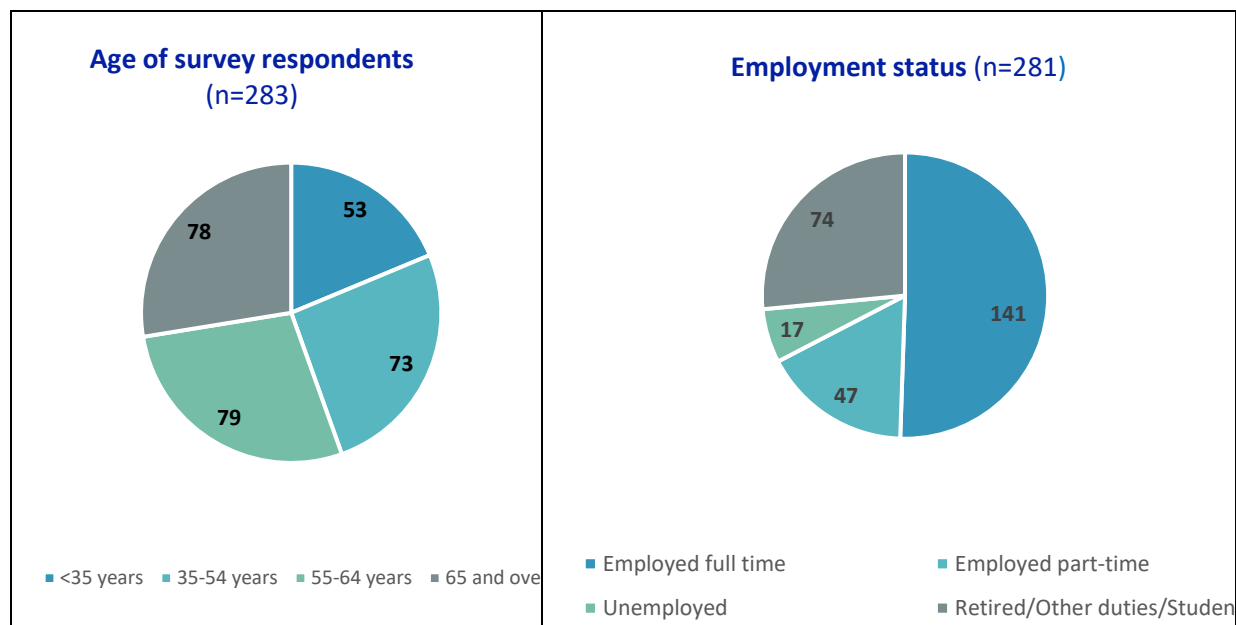
- Nearly two-thirds of those surveyed were female (64%, 179) and 35% (104) were male³¹ (Table 7)
- More than half were over 54 years (56%, 157) (Figure 2)
- 67% (188) were employed (Figure 3).

Table 7: Gender

Gender N=282		Age N=283				Employment Status N=281		
Female	Male	< 35	35 -54	55-64	65+	Employed	Unemployed	Not in the workforce
64%	35%	19%	26%	28%	28%	67%	6%	27%

Figure 2: Age of survey respondents

Figure 3: Employment status



Employment

Of the 191 respondents who nominated an employment sector:

- 41% worked for Commonwealth, State or local government
- 32% worked for a non-government organisation
- 26% worked in a private business.

³¹ In 2021 and 2016 Census results, females were 55% and 54% respectively of the Australian South Sea Islander population in Queensland (Queensland Government (2022) *Australian South Sea Islanders in Queensland 2021*, Queensland Government Statisticians Office.)



Housing and education

Forty-three per cent of respondents owned their home, 40% rented and the remaining 17% lived with others (Table 8, Figure 4).

Sixty-two per cent continued education beyond Year 10 including 22% with post-high school qualifications (Table 8, Figure 5).

Table 8: Respondents Housing status and Education level

Housing (n=280)			Education: Highest level (n=283)				
Own home	Rent home	Live with person who owns/ rents	Below Yr 10	Year 10	Years 11/12	Certificates 1 to 4	Diploma and higher
43%	40%	17%	15%	22%	16%	24%	22%

Figure 4: Respondent housing status

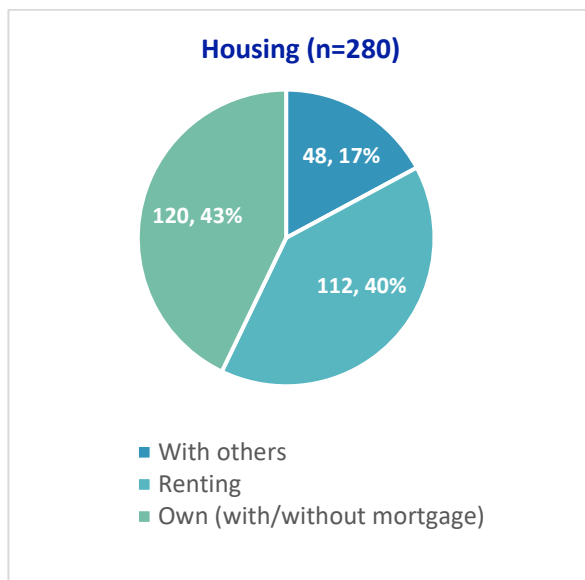
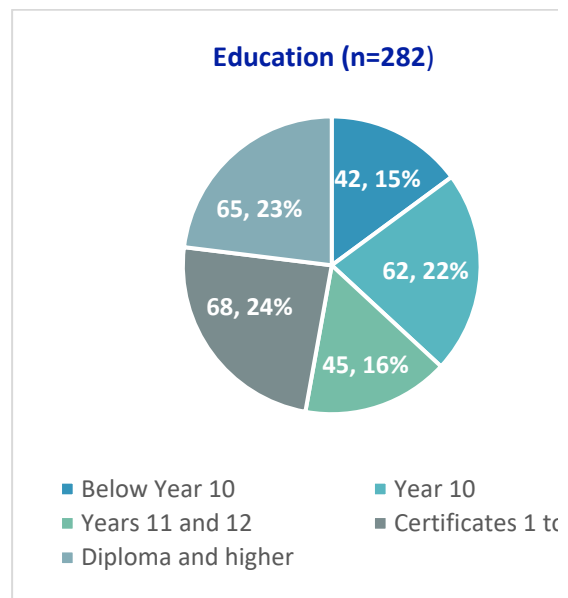


Figure 5: Respondent level of education



Notes: 1. Most people living with others nominated parents or grandparents.

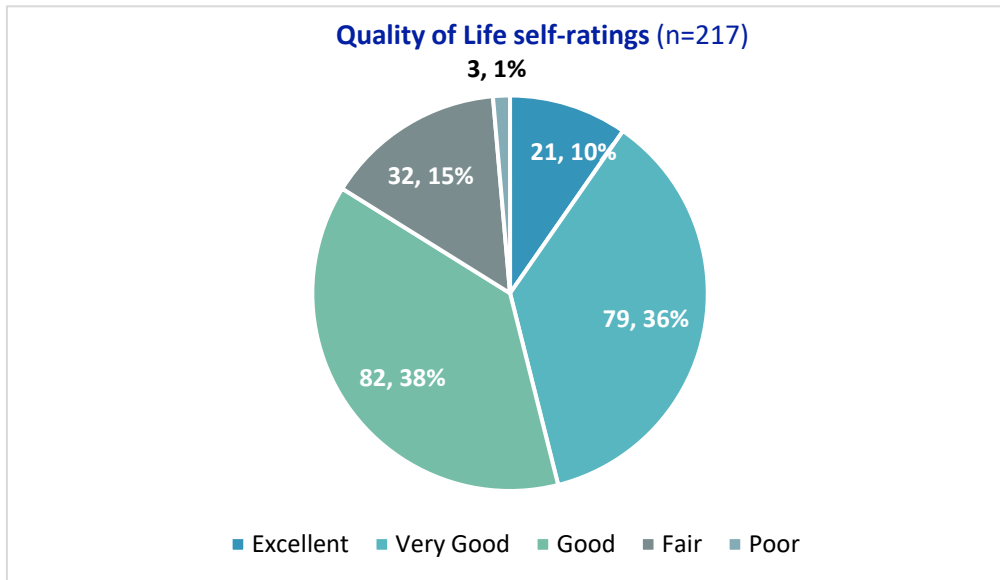


4.2 Perceptions of personal health and quality of life

Quality of life

Forty-six percent of respondents rated their quality of life as very good or excellent and 38% (28) as good. Sixteen per cent described their quality of life as 'fair or 'poor' (Figure 6).

Figure 6: Respondents rating of their Quality of Life

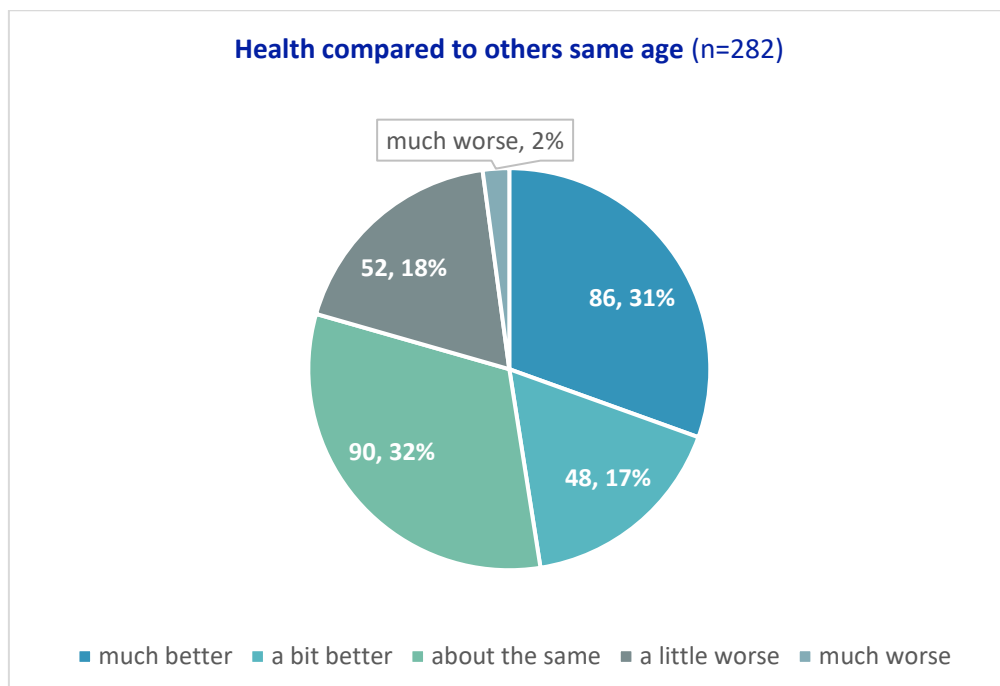


General Health

Respondents considered that compared to others their age, their health:

- is better, much better 48% (134)
- is about the same 32% (90)
- is worse, much worse 20% (58) (Figure 7)

Figure 7: Health status compared to others

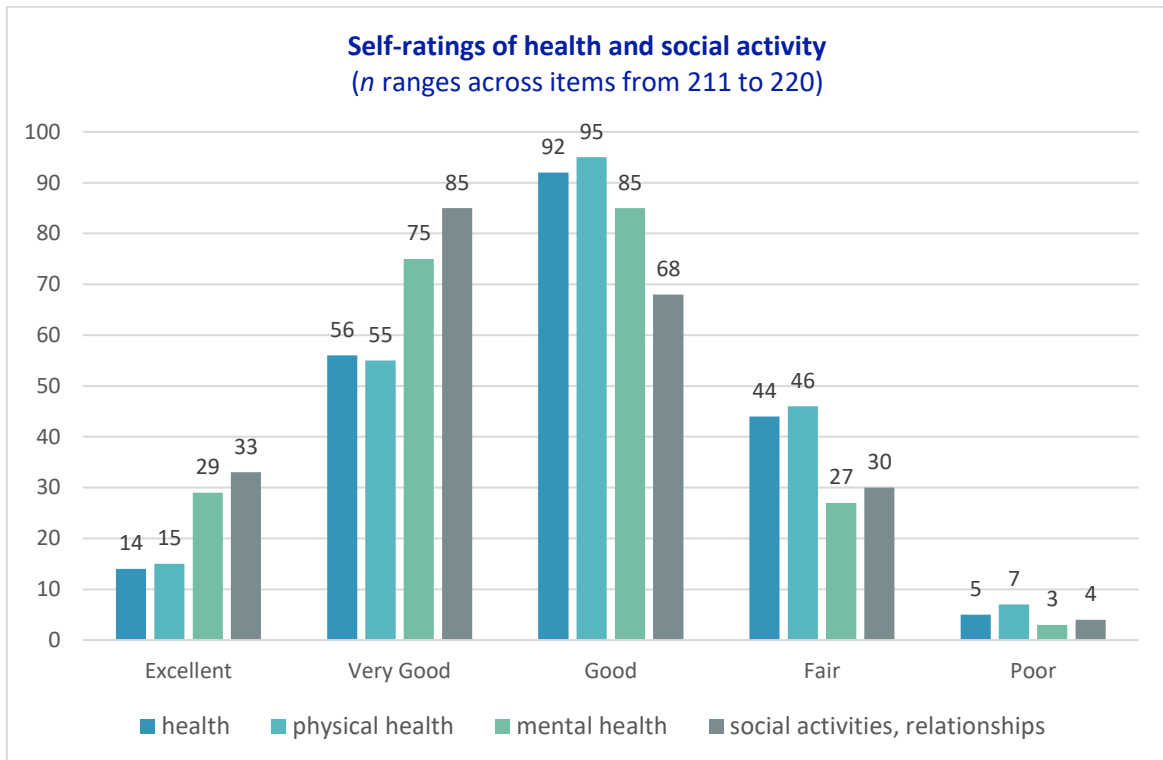




Ratings of elements of health were spread fairly consistently. However, mental health and social activities had a higher proportion of ‘excellent’ and ‘very good’ ratings and a smaller proportion of ‘fair’ and ‘poor’ ratings than overall health and physical health (Figure 8).

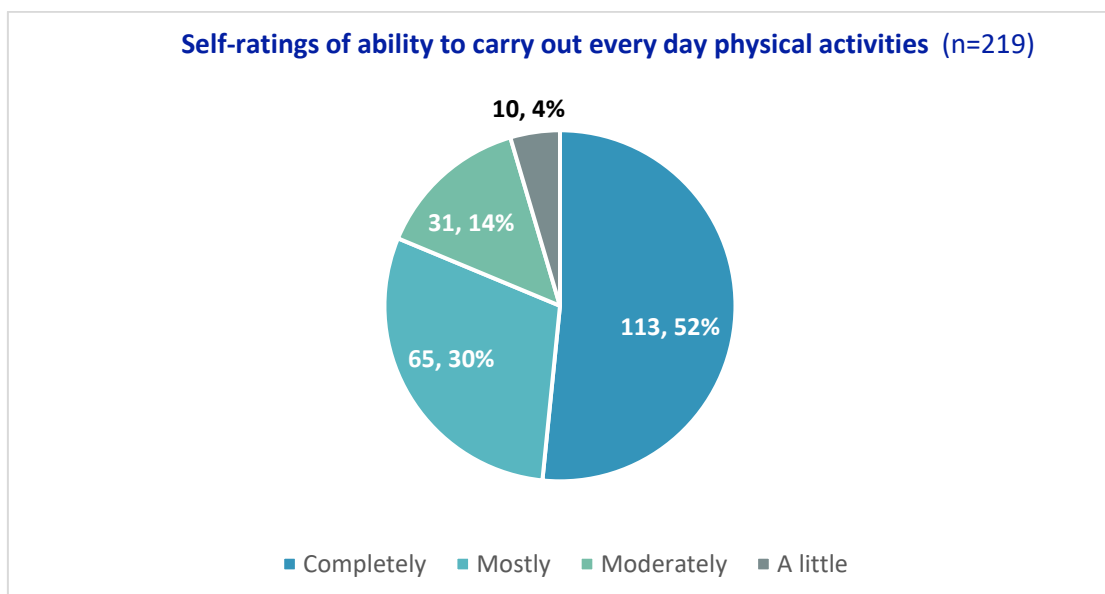
Ratings for overall health and physical health were very similar. Fewer than 10 percent of respondents rated any of the four aspects as ‘poor’.

Figure 8: Ratings of health and social activity



Half of the respondents reported that they were able to carry out every day physical activities completely. Forty-four percent indicated that they need some help and four per cent can only do a little physical activity so may need a very high level of support (Figure 9).

Figure 9: Ability to do every day physical activities





Severity and frequency of health symptoms

Although only 16% of respondents rated their overall health as fair or poor, more respondents reported that their health:

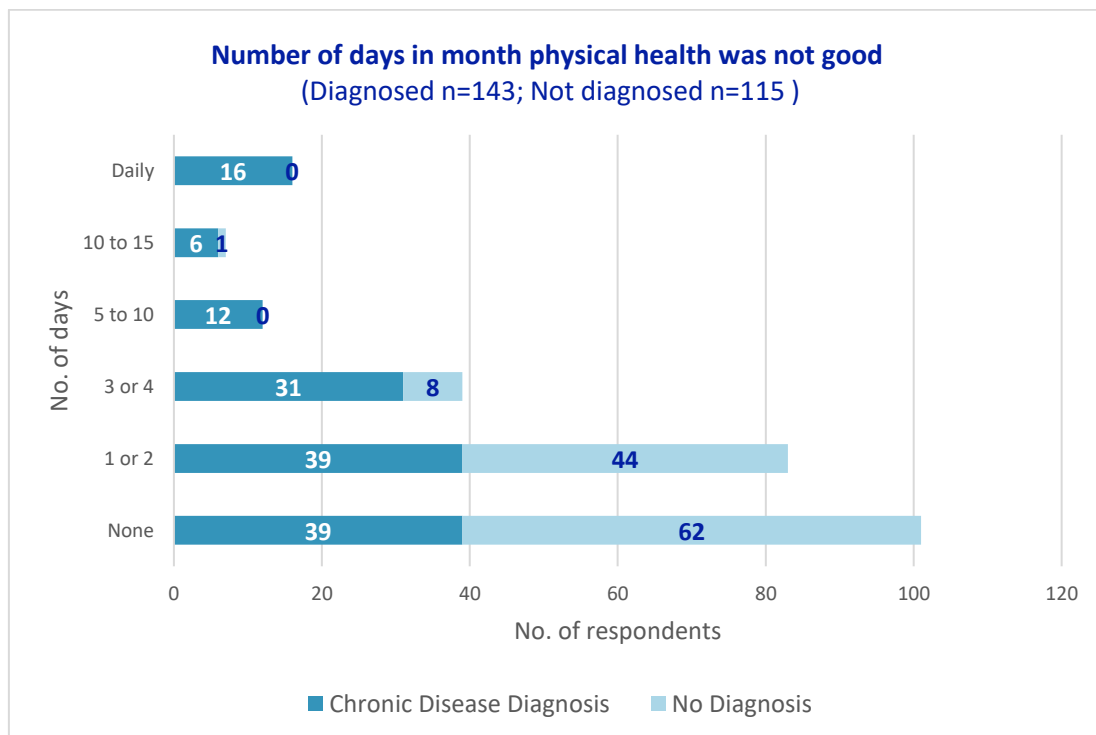
- was not good physically at least one day per week in the past 30³² 34% (85)
- negatively affected their sleep 28% (70)
- stopped them from being able to go to work or perform daily activities 18% (45)

Overall, 143 (51%) respondents reported they have been diagnosed with a chronic disease, and 138 (60%) indicated they currently actively manage their chronic disease. There was a marked difference in the frequency of physical health rated as ‘not good’ between those diagnosed with chronic disease and those who reported they did not have a diagnosis (Figure 10).

Over half the respondents who reported no diagnosis of chronic disease, registered zero days in the past 30 days when their physical health was not good, compared to 27% of those diagnosed, who reported zero days.

Eleven per cent of those diagnosed reported their physical health was not good *daily* and a further four per cent estimated it was not good on a third to a half the days.

Figure 10: Days physical health was not good



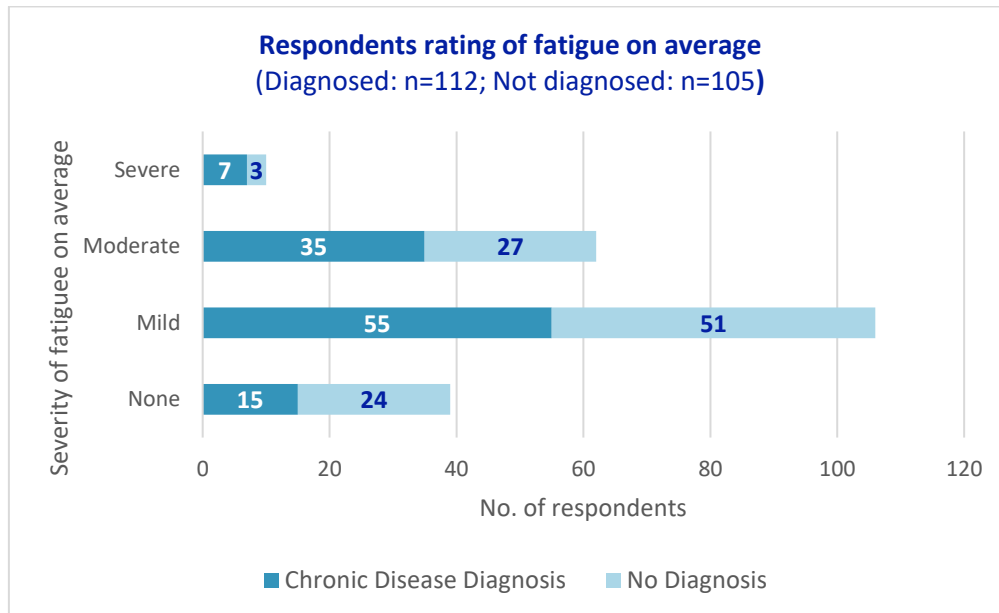
³² Includes physical illness and injury



Level of fatigue

One third of the respondents reported experiencing moderate or severe fatigue on average, with slightly more in the diagnosed group. Half of both groups reported mild fatigue (Figure 11).

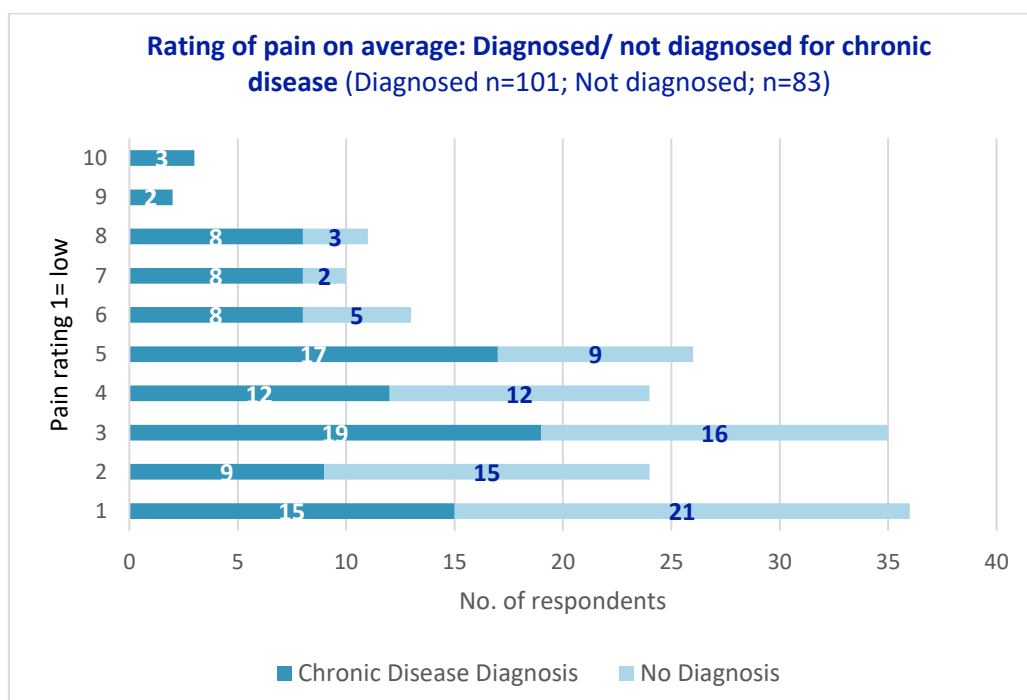
Figure 11: Ratings of levels of fatigue



Level of pain

Overall, 35% of respondents (65 of 184) rated their pain on average as five out of ten or higher (Figure 12). This included 46% of those diagnosed with chronic disease (101) and 23% of those who reported that they had not been diagnosed (83). Thirteen per cent of those with chronic disease and four per cent of those without, rated their pain as severe – that is at eight or higher out of ten.

Figure 12: Rating of pain on average





4.3 Frequency, extent and type of Chronic Health Conditions

Number of chronic conditions

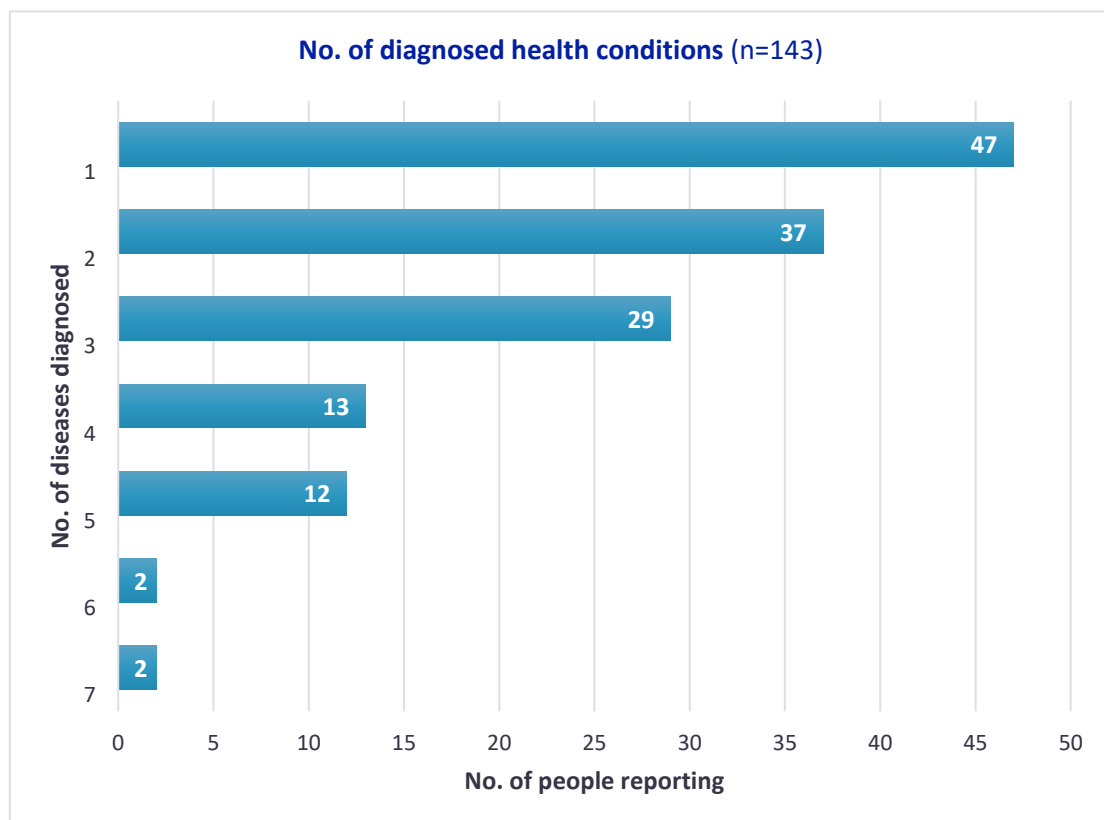
Half of the 283 respondents (142) nominated one or more diagnosed chronic health conditions. (See Appendix 2.)

Of the whole group:

- 33% nominated 1 health condition
- 46% nominated 2 or 3
- 17% nominated 4 or 5
- 4% nominated 6 or 7 health conditions (Figure 13).

For comparison, Australian population data estimates that 47% of Australians have one or more of 10 selected chronic conditions and 20% of people have two or more conditions.³³

Figure 13: Number of diagnosed health conditions



Type of Health Conditions

Diabetes was most frequently reported (74, 26%), followed by back pain (51, 19%), arthritis (46, 16%), asthma (37, 13%) and cardiovascular disease (36, 13%) (Figure 14).

Over half of respondents with diabetes reported another condition (56). The most common accompanying conditions were *arthritis* (19) and *cardiovascular disease* (20).

³³ Australian Institute of Health and Welfare (2022) [Australia's health 2022: in brief](#) (No. AUS 241).

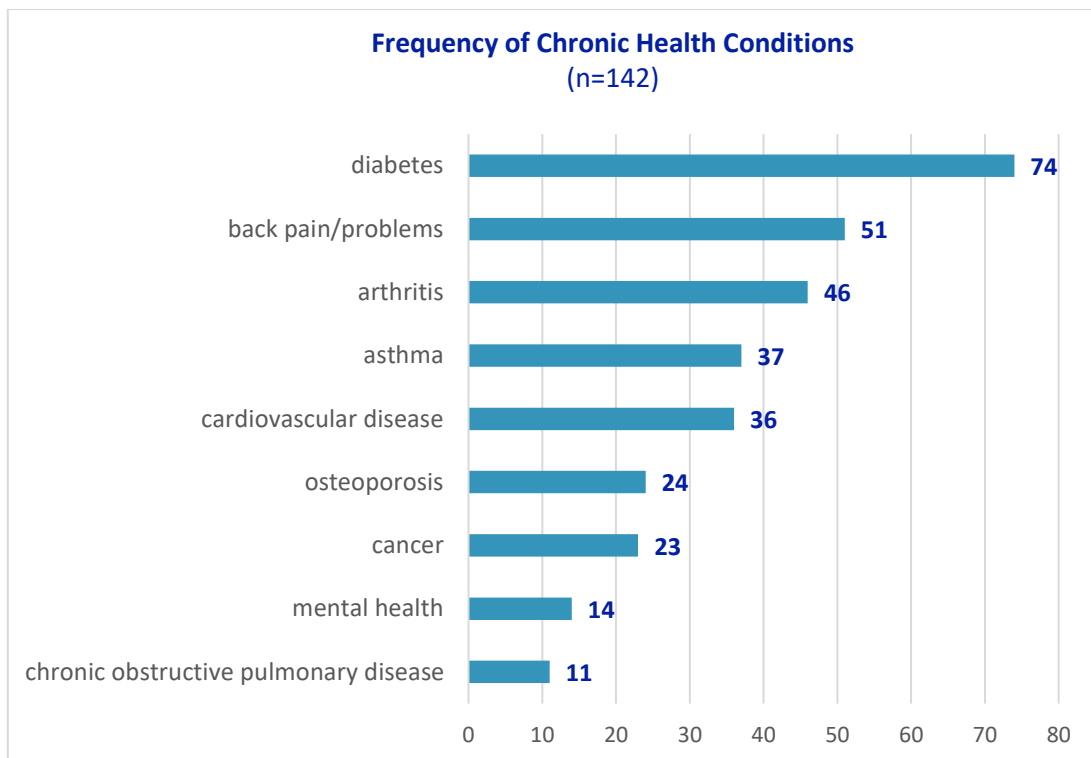


Several respondents reported asthma along with arthritis, back pain, cardiovascular disease and chronic obstructive pulmonary disease.

Health conditions reported by fewer than 10 people include:

- | | |
|------------------------|-----------------|
| Cancer | Low blood count |
| Hypertension | Sleep apnoea |
| Hypothyroidism | Endometriosis |
| Chronic kidney disease | Obesity |
| Lus disease | Glaucoma |

Figure 14: Conditions reported by more than people

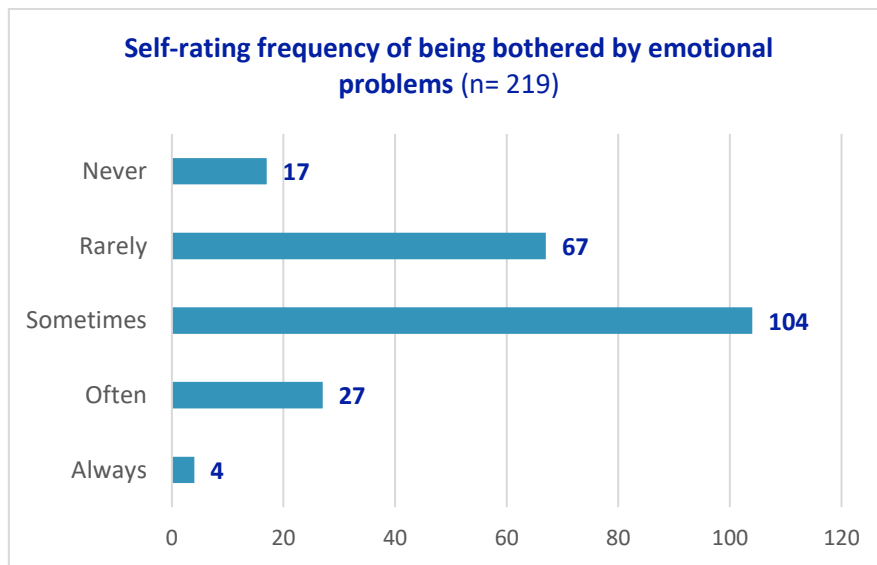


Mental health status

Although only 11 respondents identified mental health as a diagnosed health condition (Figure 14) a higher proportion of respondents reported that mental health issues were impacting them:

- 87 (34%) indicated their mental health (including stress, depression and problems with emotions) was not good at least one day per week (in the past 30 days)
- 135 (63%) people reported being 'sometimes', 'often', or 'always' bothered by emotional problems (Figure 15)
- Fewer than five people rated their mental health (including mood and ability to think) as 'poor'.

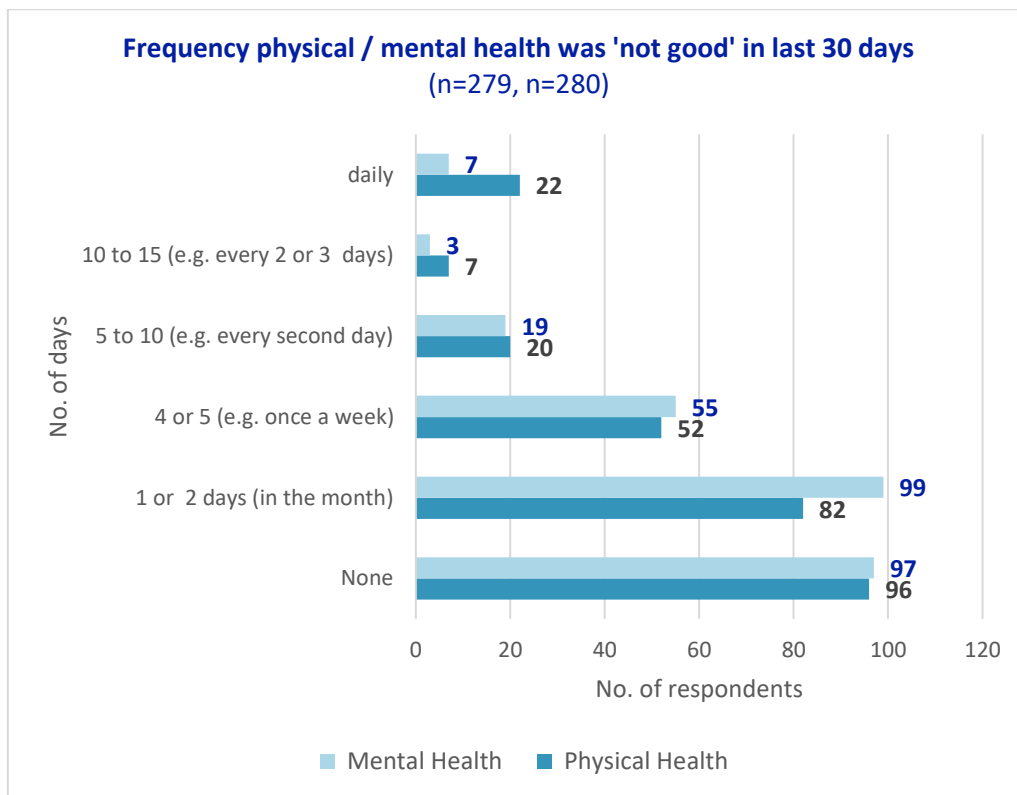
Figure 15: Emotional problems



Respondents reported the frequency in which their mental health was 'not good' in the last 30 days. Figure 16 shows that the number of respondents with very high frequency (daily, every 2-3 days) was low for mental health compared to physical health (10/ 29) (See also Figures 7 and 8).

However, the numbers and proportion reporting several days a month was the same for mental and physical health (74, 27%, 72, 26%).

Figure 16: Mental and Physical Health 'not good'



4.4 Impact of health on respondents

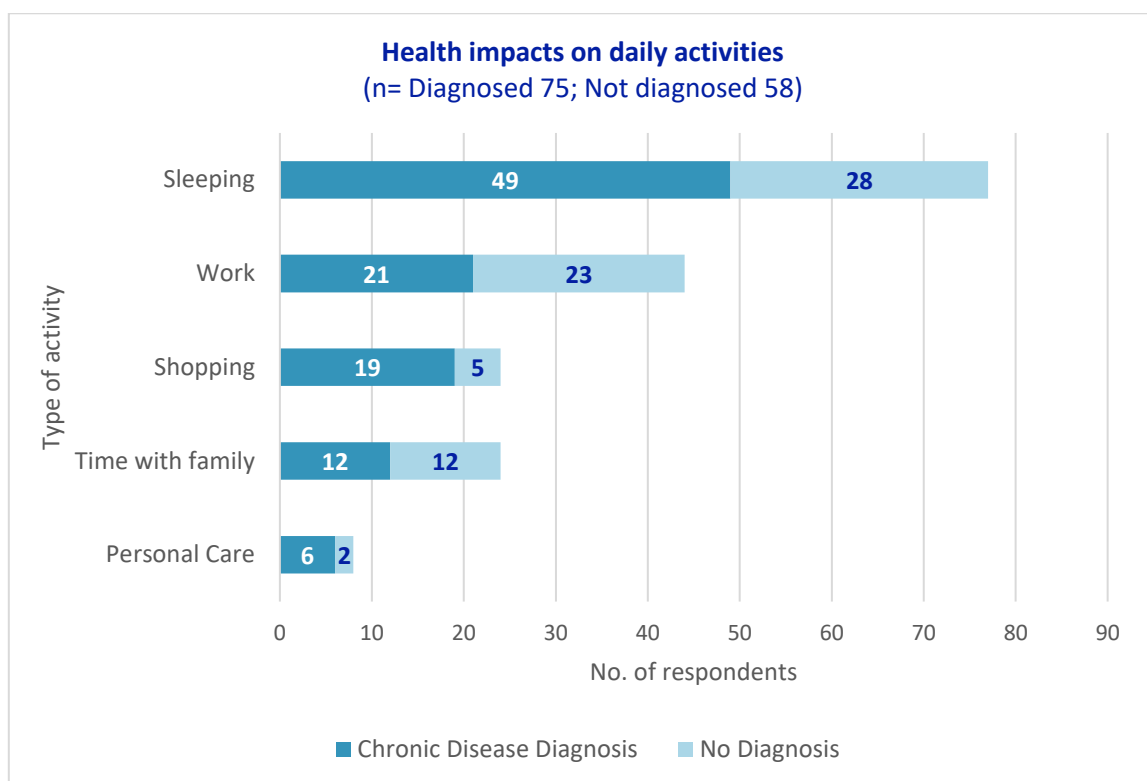
Almost half the respondents reported that their health conditions stopped them from doing things in the previous 30 days. This proportion was higher for those diagnosed with a chronic health condition than those who did not report a diagnosis (52% to 43%).

Impact on *sleeping* was the activity most frequently nominated by both groups.

The impact of health on both *work* and *time with family* was the same for both groups, but was much greater for the diagnosed group on *going shopping*.

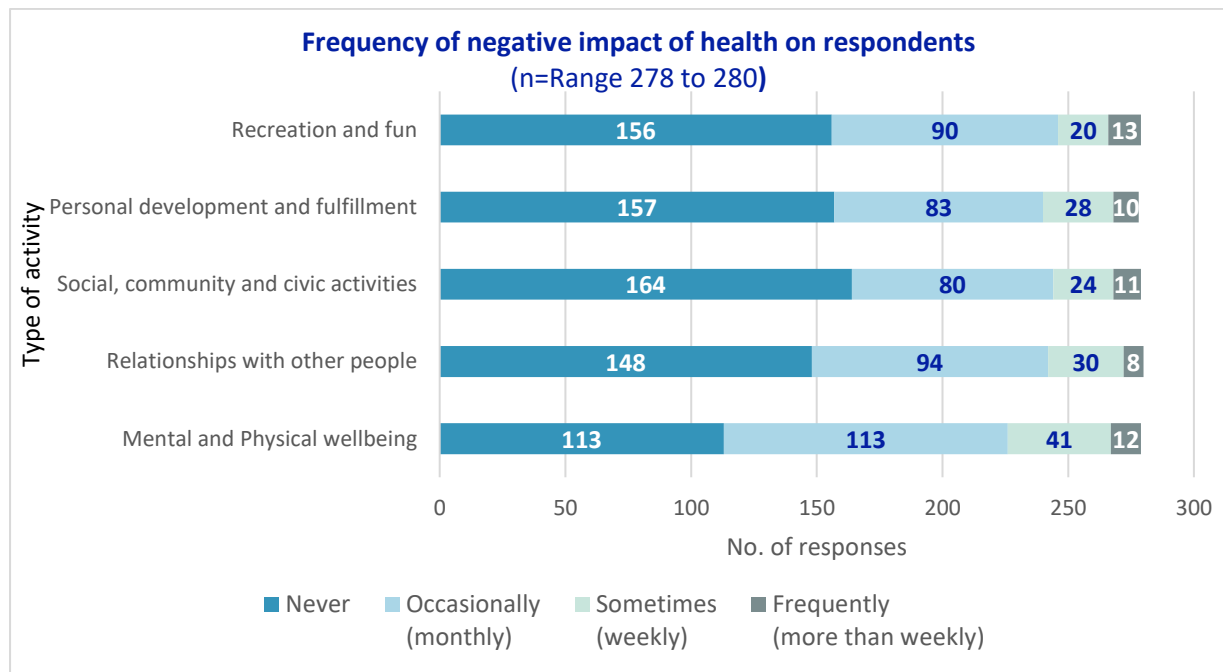
Personal care was also impacted for a small number of respondents (Figure 17)

Figure 17: Activities that health condition prevented



More than half the respondents reported that their health does not impact negatively on broad aspects of social connections, personal growth and wellbeing. However, 12 to 14% of respondents reported negative impacts in each of the connection domains weekly or more often and 19% on the general domain of mental and physical health wellbeing (Figure 18).

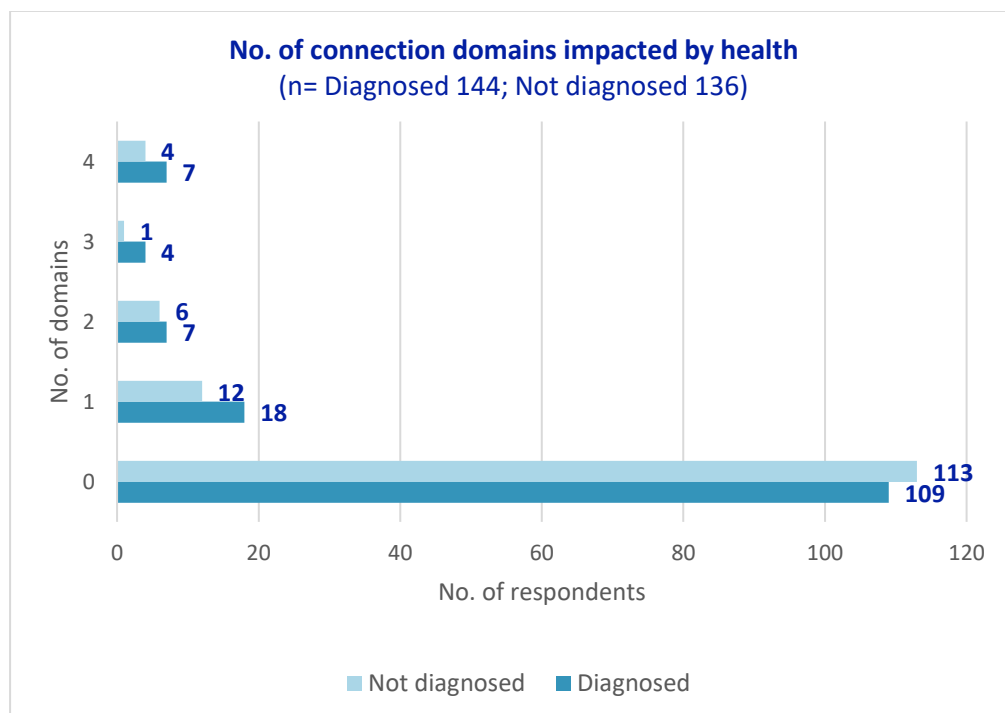
Figure 18: Negative impact of health issues on belonging, identity and wellbeing



The combination across domains affects individual’s quality of life and wellbeing – that is the accumulated impact of each loss further affects their mental health. Eleven respondents named all four of the connection categories as impacted, five respondents named three and 13 named two (Figure 19).

Those who reported a diagnosis of a chronic disease were more likely to be impacted in multiple connection domains, but several people not diagnosed were similarly impacted by health issues.

Figure 19: Breadth of impact of health on belonging and identity



4.5 Healthcare service use

Overall most respondents reported that they:

- have a current General Practitioner **88%** (215 of 248)
- had been to hospital (for acute care) **72%** (202 of 242)
- are medication compliant **85%** (238)
- improved their health due to health services **94%** (227 of 242)

143 respondents said they have been diagnosed with a chronic disease. Of these:

- 135 people reported that they use or have used services to manage their chronic disease
- five reported they have not used services for chronic disease.

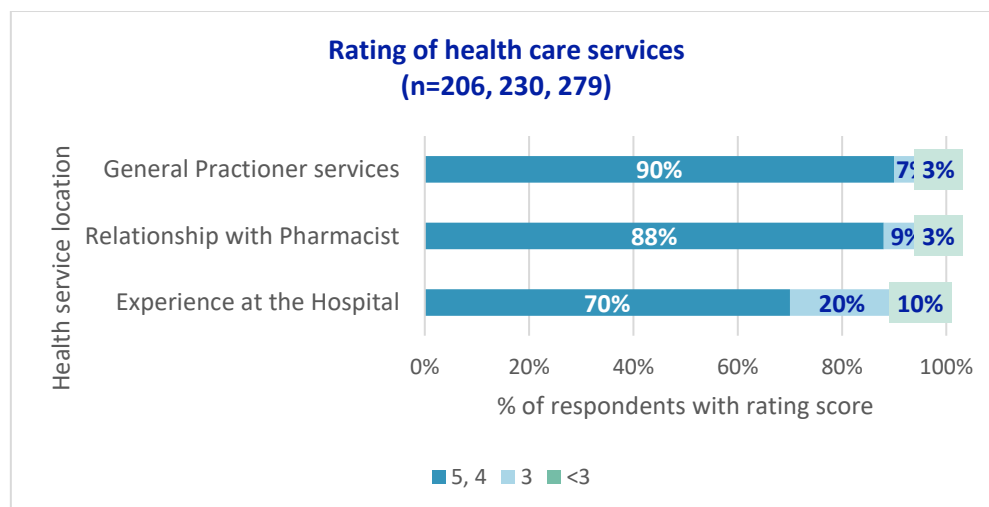
Respondents reported that information they need to access health care is

- very available 26%
- somewhat available 65%
- not available 9%

4.6 Experience with health care

Most respondents rated their experiences with health services positively with more positive responses for General Practitioners (Figure 20).

Figure 20: Respondents rating of health services



Note: 5-point scale with higher score indicating more positive experience or relationship.

4.7 Accessing Health care

Respondents were asked to indicate how often their willingness to access health care services was impacted by factors within the following domains:

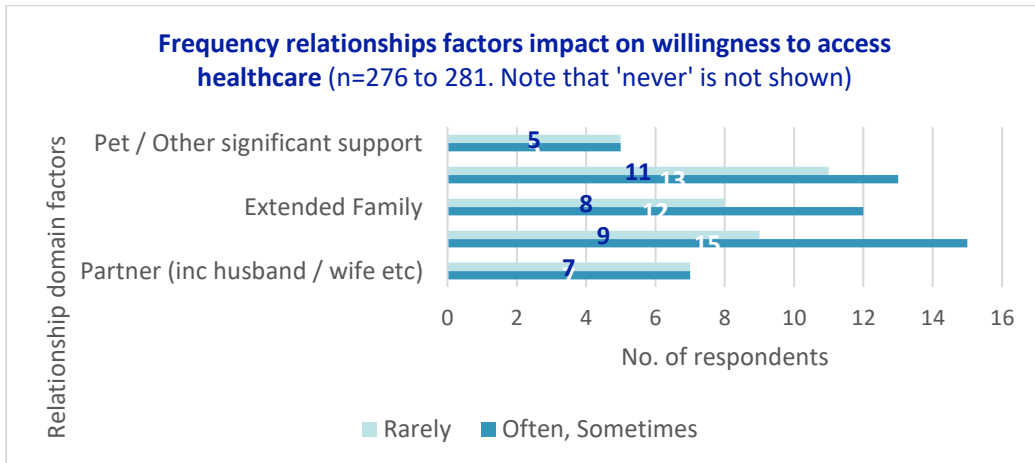
- Relationships domain (5 factors).
- Individual and Cultural domain (6 factors)
- Financial position domain (6 factors)
- Personal behaviour domain (8 factors)

Items in each of the domains

Relationships with others

A small number of respondents reported that their relationships with others (including pets) ‘often’ and ‘sometimes’ affected their willingness to access health care services (2 to 5%). This was mostly their immediate family and other family members (Figure 21).

Figure 21: Impact of relationships on accessing healthcare



Individual and Cultural Domain

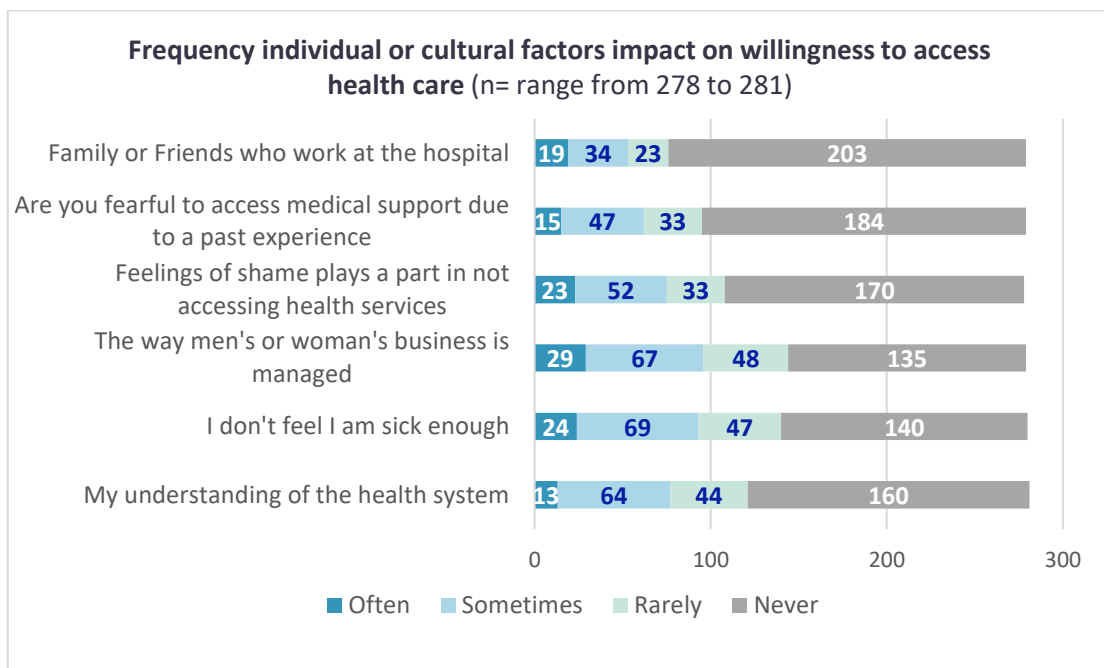
A third of respondents reported that their willingness to access health care was limited ‘often’ or ‘sometimes’ by:

- *the way men’s or women’s business is managed*
- *not feeling sick enough.*

A quarter of respondents reported their willingness was ‘often’ or ‘sometimes’ limited by:

- *feelings of shame*
- *their understanding of the health system* (Figure 22).

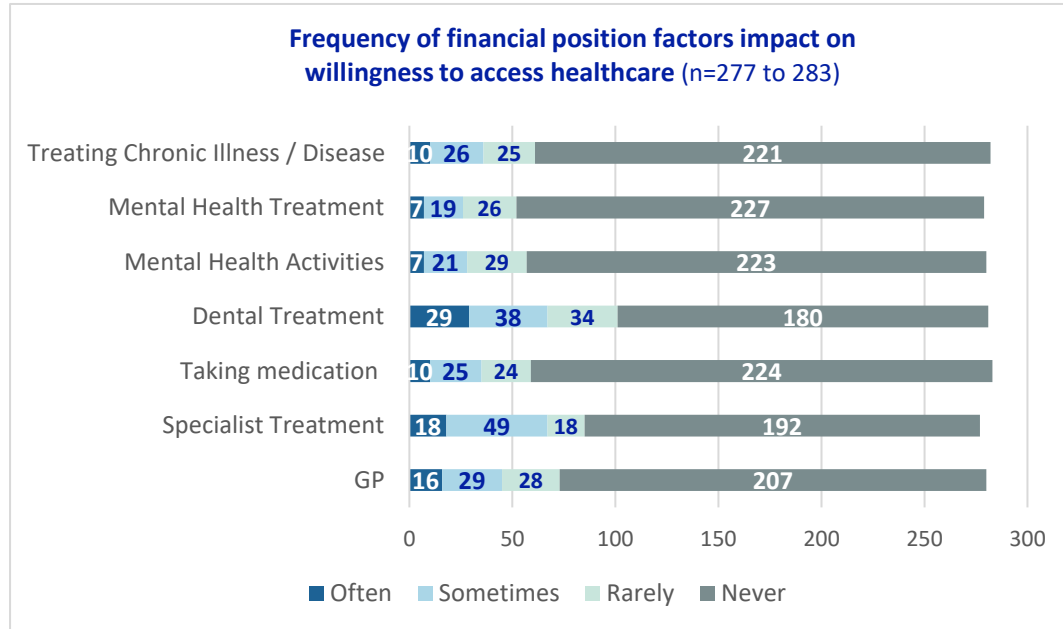
Figure 22: Individual or Cultural factors impact on willingness to access health care



Financial domain

A quarter of the respondents reported that their financial position impacted on their willingness to access specialist treatment and dental treatment. Sixteen per cent reported that it impacted on their access to their General Practitioner (Figure 23).

Figure 23: Financial Position domain



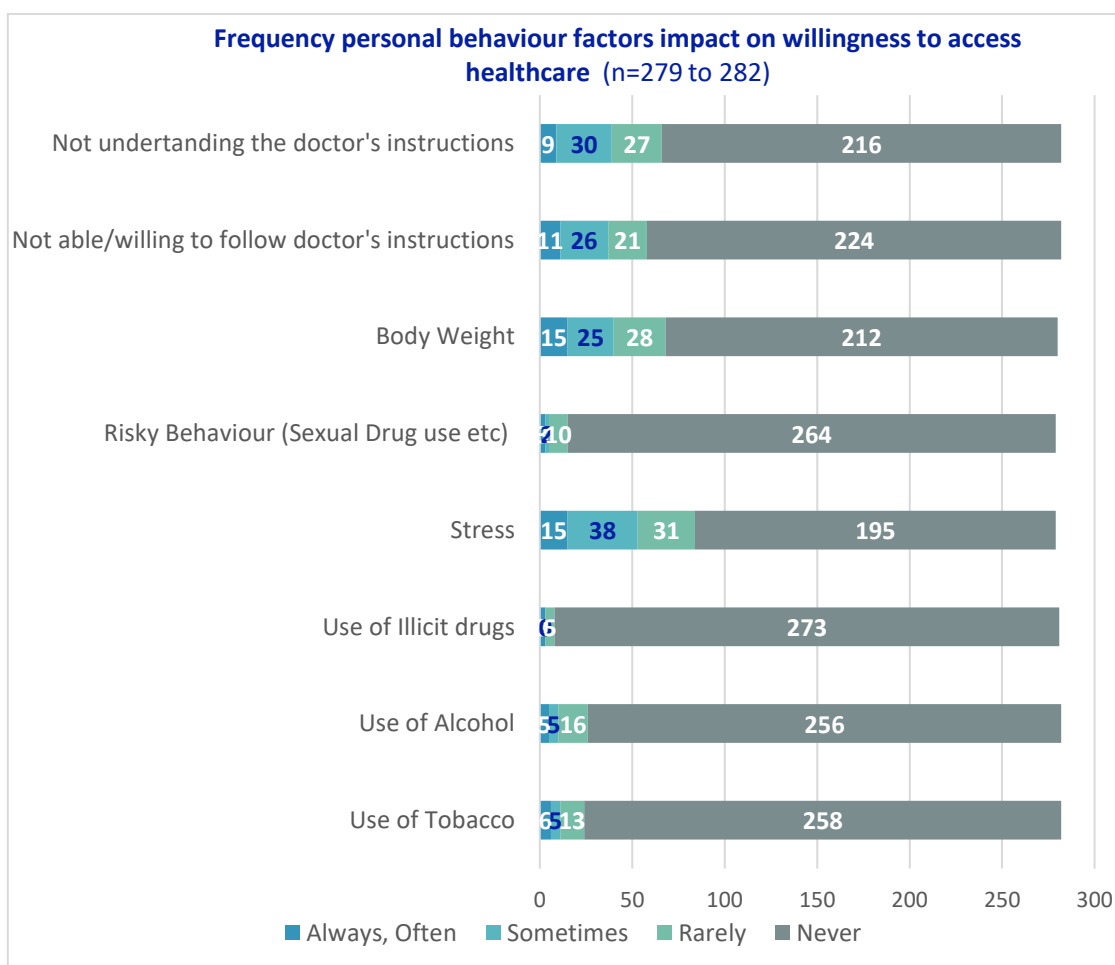
Personal Behaviour Domain

Overall, fewer respondents reported that their *personal behaviours* affected their willingness to access health care than *individual and cultural factors*. Less than 10% of respondents reported behaviours such as the use of tobacco, alcohol, illicit drug or risky behaviours such as sexual drug use, impacted them accessing health care (Figure 24).

Personal issues reported as ‘always’, ‘often’ or ‘sometimes’ were:

- stress (19%)
- body weight (14%)
- not understanding doctor’s instructions (14%)
- not being able/willing to follow doctor’s instructions (13%).

Figure 24 Personal Behaviour domain: Impact on willingness to access health care



Collation of factors in four domains impacting willingness to access health care

(Figures 21 to 24). In each domain:

- A very small number of people considered the factors presented impacted on their willingness to access health care 'always' or 'often'.
- Factors related to the Individual/Culture domain had the most reports of 'always', 'often' or 'sometimes'.
- Factors related to the Relationship and Personal Behaviours domains were the least reported as impacting willingness to access health care.

The four domains collectively had 26 factors which yielded 7272 responses from up to 283 respondents, consisting of the following reports:

Never	78%
Rarely	9%
Sometimes	10%
Always, Often	4%

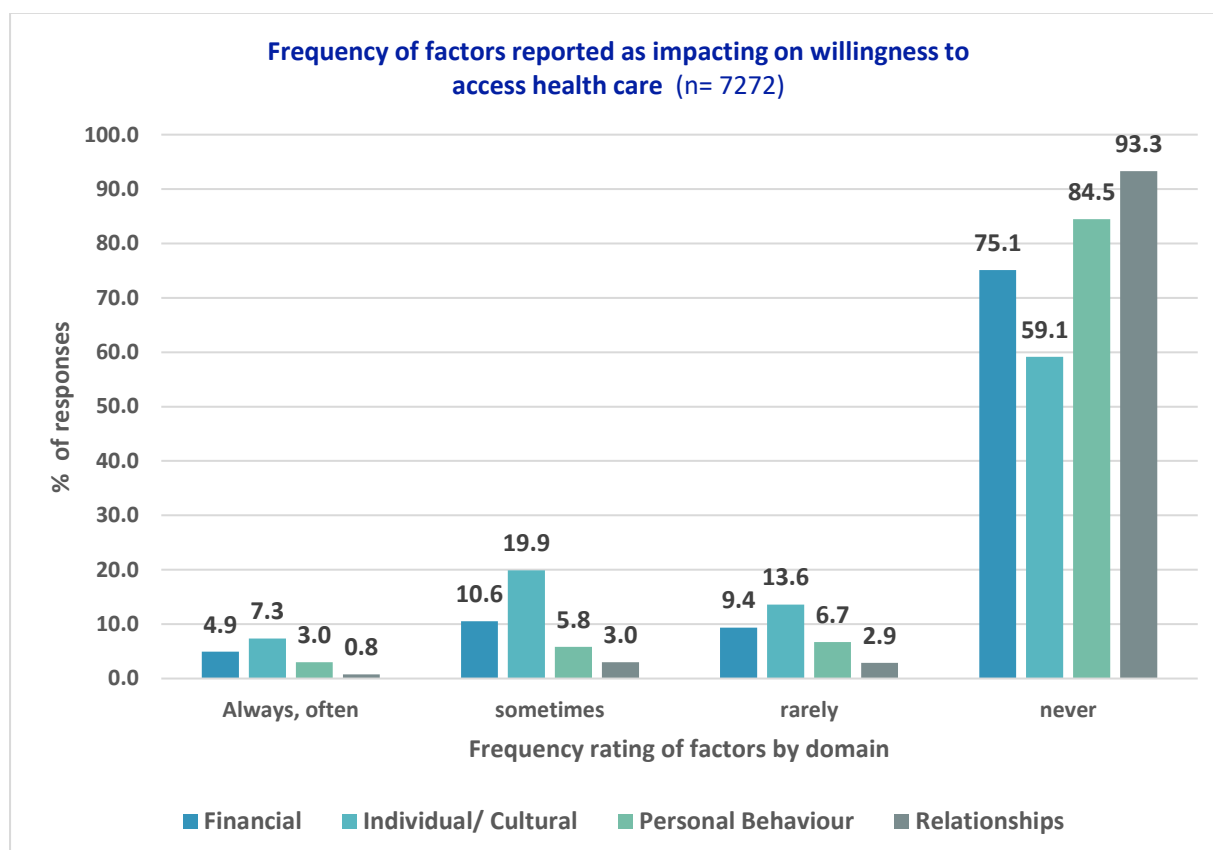
Across the cohort of 283 respondents:

- Five people reported ratings of 'never' for 20 to 23 of the 26 factors. That is, these respondents rated 'never' for all or almost all factors in all four domains, indicating negligible impact on their willingness to seek health care.
- Four people were impacted by 21 to 23 factors – that is, they only rated 3 to 5 items as 'never', indicating many aspects of their environment affected their decisions to seek health care.

Figure 25 compares the frequency ratings on factors for each domain. Participants reported they were impacted as follows:

- The *Individual/ Cultural* domain had the most positive responses (27%: ‘always’, ‘often’, ‘sometimes’).
- The *Financial* domain had 15.5% ‘always’, ‘often’, ‘sometimes’.
- The *Personal Behaviour* domain had 9% ‘always’, ‘often’, ‘sometimes’.
- The *Relationships* domain had the most ‘never’ responses (93%).

Figure 25: Impact of factors across four domains on willingness to access health care



Notes: 1. The tally represents the number of respondents who identified the specified frequency rating for each factor within the domain. 2. The domains had the following number of items (factors): Relationships 5; Individual/r Cultural 6; Financial 7; Personal Behaviour 8. Hence total for a domain is potentially the number of items x 283 (depending on the number of people answering the question).

Differences in responses by demographics

Gender

Although specific factors differed, there was not much difference in impact overall on the basis of gender. Regarding the impact on respondents’ willingness to access healthcare:

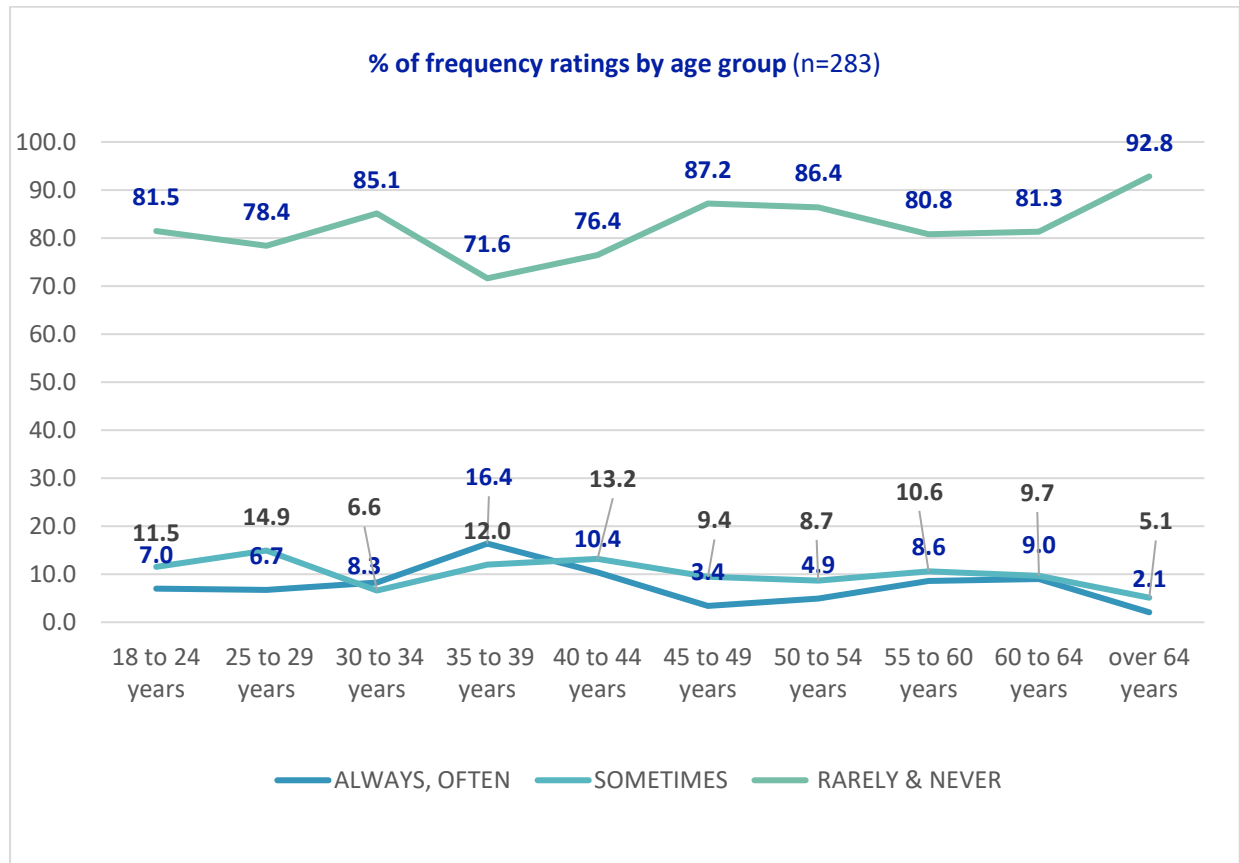
- male respondents reported a slightly higher proportion of factors as ‘rarely’ or ‘never’ (87%; 83%)
- male and female respondents reported almost the same proportion of factors as ‘always’ or ‘often’ (6%; 7%) and as ‘sometimes’ (8%; 10%)
- a higher proportion of females reported over five factors impacting them ‘always’ or often (13%; 7%).

Age

Respondents over 64 years had the highest number of 'rarely' or 'never' ratings. Similarly, there was not a lot of difference in each five year age group regarding the percentage of factors rated as 'rarely' or 'never', although

Figure 26 shows that the 35 to 45 year age groups were more likely to report factors that impacted on their willingness to access health care than other age groups.

Figure 26: Frequency of impact of factors on willingness to access health care by age



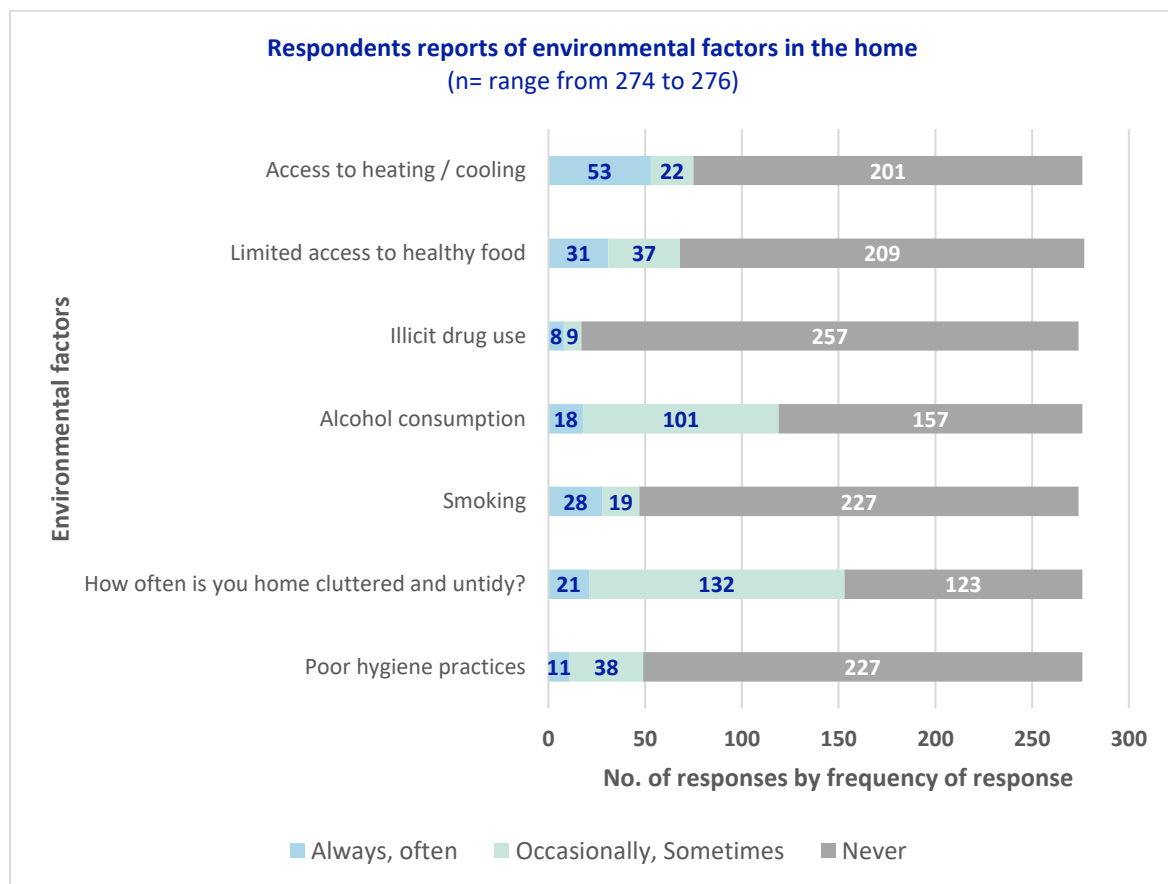
Environmental Factors

Respondents were asked to rate the frequency of several environmental factors that ‘happen in your home’.

Figure 27 shows the reported frequency of occurrence for each factor:

- alcohol consumption and cluttering of the home were reported by more participants as occurring either ‘always/ often’ or ‘sometimes/ occasionally’ (alcohol, 43%; cluttering, 55%).
- illicit drug use was reported by fewer than 10% of respondents.

Figure 27: Environmental factors experienced by respondents



The above data is presented again in Figure 28 showing the comparison by frequency of rating for each factor. From this view, it is easier to see that of the 'always' or 'often' responses, the most reported factors were:

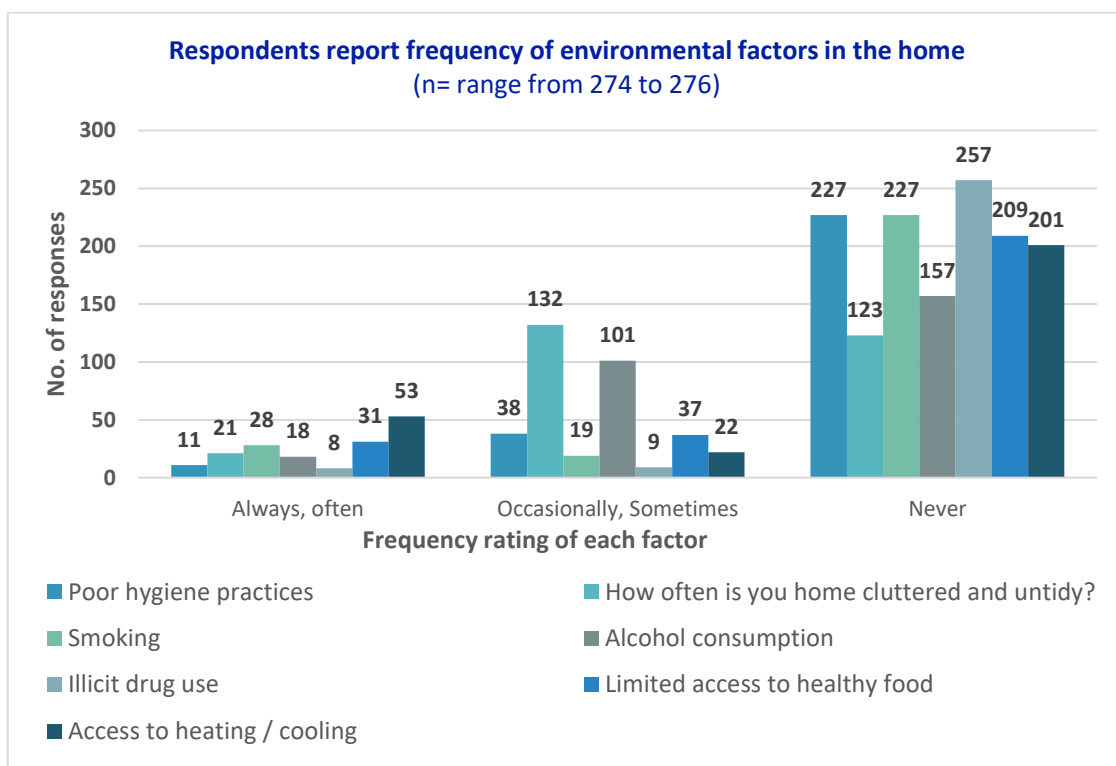
- *access to heating and cooling* (53, 19%)
- *limited access to healthy food* (31, 11%)
- *smoking* (28, 10%)

Both *cluttering* and *alcohol consumption* were the factors most often reported as experienced 'occasionally or sometimes'.

Additional factors experienced 'occasionally or sometimes' by more than 10% of respondents were:

- *poor hygiene practices* (38, 14%)
- *limited access to healthy food* (37, 13%).

Figure 28: Ratings of Environmental Factors in the home



Trust in hospital services

Nearly a quarter of respondents (45, 23%) indicated that their decision to access hospital services is influenced by the fear of dying due to recounts of family experiences resulting from historical practices and secrecy regarding deaths. Out of a rating of 5, fewer than five percent of respondents rated their experience at the hospital as three stars or below.

Medication compliance

Over 90 percent of respondents (94%) reported that they were medication compliant. Of the 40 people who reported that they are not compliant with their medication, six were diagnosed with one or more Chronic Diseases. Illnesses diagnosed include diabetes (3), back pain (3), osteoporosis (2) cardiovascular disease (1), asthma (2), mental health. One patient had five chronic disease conditions.

Reasons for not taking medication *as discussed and prescribed* for them included *feeling unwell due to side effects, running out of medicine, keeping a healthy lifestyle instead, forgetting, not getting out of bed to take it, and the cost.*

4.8 System factors

Factors respondents report that stop them from *managing their Chronic Disease* include the lack of:

- (i) culturally appropriate services which recognise and understand the needs, lifestyle and history of the Australian South Sea Islanders with the presence and engagement of trained Australian South Sea Islanders including:
 - staff in hospitals and clinics
 - General Practitioners and specialists
 - Allied health workers
 - medical centre managers
 - in Aged Care
- (ii) education of health staff to understand Australian South Sea Islander culture and needs
- (iii) health services tailored to Australian South Sea Islanders health needs, particularly clinics, medical practices, support services
- (iv) health education through workshops and education in the community and information designed with the community readily available in hospital
- (v) access to subsidies for health care equivalent to those for Aboriginal and Torres Strait Islander people particularly: doctors, dentists,
- (vi) greater access to specific specialist, general health, community health, allied health and social services.

Respondents were invited to nominate services they need. Table 9 shows a wide range of services across primary, secondary and tertiary service categories.

Table 9: Specific Health Care services reported as needed

Category	No. of mentions	Examples
<i>Specialist</i>	>50	dermatology, kidney, diabetes, mental health, dental, women’s health, joints, obesity, pain
<i>General health</i>	>50	General Practitioners Australian South Sea Islander clinics 24 hour clinic, medical centre, hub, hotline aged care, health checks
<i>Allied health</i>	>25	physiotherapy, radiology, optometry, medication support, drug rehabilitation, podiatrist,
<i>Community support</i>	>50	equipment, well and fitness programs social support (men’s and women’s groups – various ages) accompany to appointments, health education meals, housing, accommodation with support, household help, exercises, legal, funeral benefits, respite for carers, childcare
<i>Access services</i>	>100	Transport to appointments; Transport for sick patients from emergency or discharge Education, Mobile services (e.g. kidney bus out of business hours)
<i>Cohort</i>		Children and young people with chronic conditions

4.9 Proposed changes

Respondents were invited to suggest changes that would help them access the services in Table 9. Several respondents proposed the importance of overarching policies that demonstrate the government commitment to responding to Australian South Sea Islander people and provide them with a sense of being in a safe place where they are included. Actions proposed at this level include:

- recognition of the Australian South Sea Islander people
- hospital policies and staff training to include an understanding of Australian South Sea Islander culture and history
- employment of Australian South Sea Islander staff
- involvement of Australian South Sea Islander people in decision making at a business level and personal level
- inclusion in strategic plans and data collection
- visibility through posters and signs – listing Australian South Sea Islander specific services
- specific times for Australian South Sea Islander clinics.

A number of practical measures in front-line services were also proposed:

<p>Service Availability</p> <ul style="list-style-type: none"> • more community health services (clinics, hubs) • more specialists for chronic disease • targeted to chronic disease • targeted to cohort (age, gender) 	<p>Cultural understanding</p> <ul style="list-style-type: none"> • trained Australian South Sea Islander staff • cultural understanding of health staff • Australian South Sea Islander link workers to support communication 	<p>Subsidies</p> <ul style="list-style-type: none"> • bulk-billing • reduced specialist fees • clear policies of entitlement • cheaper medication • health care card • dental care • child health • childcare
<p>Transport</p> <ul style="list-style-type: none"> • to medical centres, GPs • to specialist appointments • to and from hospital 	<p>Health care service quality</p> <ul style="list-style-type: none"> • welcoming • friendly • helpful • caring • end- to end • post visit 	

Summary

Chapter 4 has reported the findings of the Australian South Sea Islander Health Survey of 283 adults who identify as Australian South Sea Islanders, between July 2023 and January 2025.

The survey highlights a significant burden of chronic disease within the community. Over half of the respondents reported being diagnosed with at least one chronic condition, with diabetes, back pain, arthritis, asthma, and cardiovascular disease being the most common. Many individuals live with multiple conditions, and these health issues are often accompanied by moderate to severe pain and fatigue.

Chronic disease also affects daily life, with many respondents needing help with physical activities and reporting that their health interferes with sleep, ability to work, and social participation.

Beyond physical symptoms, chronic disease has a profound impact on mental health and overall wellbeing. A large proportion of respondents reported emotional distress and reduced quality of life, particularly those managing multiple conditions.

Despite high levels of engagement with general practitioners and strong medication compliance, systemic barriers—such as cultural misunderstandings, financial hardship, and a lack of culturally appropriate services—continue to limit effective care. These findings underscore the urgent need for targeted, culturally responsive healthcare strategies to reduce the chronic disease burden and improve outcomes for Australian South Sea Islander communities.

5. Diagnosed chronic health conditions and chronic disease management

Recruiting direct service participants³⁴ with Chronic Disease

The Link Workers initiated contact with many people through completion of the health survey, which enabled them to identify people with chronic disease. They promoted their role as Link Workers, encouraged participation and built their profile as reliable, professional confidantes through regular contact at community events including weekly meetings of the church congregation, liaison with General Practitioners and other health providers.

The majority of individuals accessed direct support through self-referral, typically after completing a survey. While self-referral was the most common pathway, both hospitals and GPs were actively encouraged to refer people to ensure broader access to support services.

With referrals and personal contact, the case load gradually built to 32 participants with chronic disease consisting of 13 females and 19 males including:

- two people under 50 years
- 8 people between 50 and 59 years
- 8 people between 60 and 69 years
- 13 people between 70 and 79 years
- two people over 80 years.

Engaging participants

The Link Workers established weekly informal visits at the person's place or at a neutral community venue, with home-baked cooking, as well as taking phone calls to 8pm and checking in via SMS messages. The Link Workers reported to the Australian South Sea Islander Cultural Advisory Group each month on actions in line with the project plan and identified issues arising.

The Link Workers reported that, because of inherent suspicion and mistrust of health services due to family and community stories about bad experiences, they invested time establishing rapport and connection through informal conversations on topics of personal interest. This was usually through visits to their homes in a casual setting where they met other family members and could see the environment. Direct approaches about personal health were quickly rejected by some people, so discussion of health issues began in relation to a hypothetical third person until the person was ready to disclose their own circumstances. Link Workers did not have any patient data from the HHS so were dependant on the participant's willingness to tell their story and their knowledge and understanding of their symptoms and treatment.

Link Workers accompanied people to appointments and assisted in translating medical information so that the person understood and/or made sure that a trusted family member understood treatment needs.

The Link Workers initially focused on developing trusting, reliable relationships recognising a strong reluctance to go to health care services at any level – primary, allied health, tertiary (hospital) either for treatment or follow-up visits.

³⁴ The establishment of the Direct Service component of the Link Worker project is detailed in Chapter 3.

People expressed:

Fear of: medicines, a terminal diagnosis, loss of agency, feeling inadequate or stupid, mistakes by the health professionals, failing again, not being understood, loss of control, being chastised for causing or contributing to their health condition due to poor decisions.

Embarrassment: Inability to talk to medical staff due to their memory of previous comments that they perceived as disparaging or unsympathetic, or that their symptoms were not considered to be serious enough for hospital care so they were wasting valuable time and resources needed by sicker people.

Disbelief: that the health care system can improve their wellbeing due to their lack of knowledge and understanding of what is wrong, and how it should be treated. This negative view was often grounded in the prevalence of ill health and early onset of illnesses around them.

Not belonging:

- no recognition by others of their particular needs as a group that faced long term discrimination and had significantly poorer health outcomes than the population as a whole and could not make use of culturally grounded responses that other members of their family were entitled to;
- no recognition of the governments' (State and Federal) commitment' to support the Australian South Sea Islander community's documented urgent unmet needs.

Not knowing: What to ask for (re chronic disease), how to ask, the medical words, how to answer their questions due to different vocabulary.

Being overwhelmed: Too much information, forgetting the detail, conflicting instructions from different staff, lack of continuity of care between the general practitioners and acute care. Link Workers observed a lack of coordination in acute care between specialists, between allied health practitioners and between general nursing staff.

Direct experience: Of being mistreated and/or disrespected themselves, or having a close family member mistreated and/or disrespected by the medical system.

Some participants took several weeks to be prepared to talk to anyone about their health as it was considered to be something kept private and just accepted. In particular, referring to mental health was a taboo. Some did not see any value in engaging with the health services due to previous experience. The Link Workers also had to demonstrate their own trustworthiness and independence from the formal health system, as some aspects of personal health were kept secret from close family members, particularly along gender lines, due to embarrassment and fear of derision.

Link Workers gradually worked through each impasse to find a way around and engaged family members as allies to help reduce the person's concerns, encourage mobility and acceptance of help. In many cases, the recommendations from family members were an essential requirement.

Long held beliefs were reinforced when new issues occurred. Lack of trust of the Mackay Hospitals has continued down generations through stories within the family and community, initially from a period between 1880 and early 1900s when many people who went to the Kanaka hospital, were not allowed visitors and were not seen again. A number of unmarked graves have been identified in the current hospital grounds and there are estimates of up to 1000 to be found.

New negative experiences build on the early memories and are taken personally as an indication that Australian South Sea Islander people are not welcome and the Hospital is not there for them.

Feelings of exclusion are perpetuated through a cultural lens and lack of participation in the health system without understanding quality care and processes.

An awareness of the persistent beliefs inherent in the community would help staff to give assurances to Australian South Sea Islanders that they are respected and cared for, and to demonstrate an understanding of their fears.

Experiences of participants

The Australian South Sea Islanders have maintained the legacy of strong church ties and conservative values, especially among older generations, even with generational change and impacts on cultural identity. The influence of these values has contributed to relatively low levels of alcohol and drug use historically, with some continuity into current generations.³⁵

Link Workers reported that disadvantages faced by participants due to their health condition(s) that impacted on their options and opportunities included:

- low capital and low income
- early onset of disease which reduced household income and may limit accessibility due to lack of driving
- lower than average education level
- experiences of racism
- limited understanding of the impact of food types on their condition.

The chronic health diseases experienced by participants significantly impacted their daily life due to changes in:

- their family life as a key contributor
- participation in work and gaining an income leading to using up savings before retirement age
- mobility including loss of drivers licence, lack of accessible transport causing dependence on others, inadequate housing and further effects on physical health
- community participation and contribution
- getting to medical appointments
- mental health due to boredom, unresolved pain, isolation, grief re loss of identity, self-confidence, self-worth, loss of planned future.

Engagement Strategies

Link Worker strategies to engage participants included, for example:

Informing and explaining

- asking about the health of the person's family and initially dropping small pieces of information into the conversations about symptoms that a third person (another family member) is experiencing e.g. *your brother/friend could ... He'd have to be concerned about*

Examples of the mistrust were evident during the Link Worker project.

- *A young adult agreed to go to hospital due to abdominal pain. However, she reported that she was given a bed that had not been remade and she felt like a second class citizen. She would not go back.*
- *Several reports of feeling belittled and unwelcome due to abruptness from staff, questioning the person in an unkindly way and asserting they are not eligible for benefits that other (Indigenous) members of the family are entitled to receive.*
- *An Australian South Sea Islander lost her baby during child birth so community believes it is because she is black. Queensland Health is not able to release personal information so the actual reason cannot be given.*
- *A woman was told she couldn't have a shower. She believed it was because she was black because the hospital staff didn't explain why.*

³⁵ Moore C. (2001) The South Sea Islanders of Mackay, Queensland, Australia.

- helping to translate medical terms with consistent information
- answering questions often asked by the community, developed with health professionals
- taking notes during a consultation so they can go over the information and instructions and explain and reinforce in everyday language later.

Encouraging participation in managing their health needs

- reminding participants about their appointments
- accompanying a participant to hospital
- helping the participant practice what they need to say to medical staff (especially if the Link Worker is now allowed to accompany them) and which symptoms they have that might be relevant for that specialist
- working out strategies the participant can use to remember to drink water, do exercises, take medication as per the schedule.

Assisting as a knowledge broker

- helping with the initial administration when they are often overwhelmed and do not understand what is being asked, waiting with them, and distracting them especially if they are anxious or impatient
- finding their way around the hospital
- explaining the person's concerns to staff if they are unable to do so and explaining hospital rules
- advocating for the participant such as finding out reasons for delays and alternative options
- communicating with other family members regarding how they could provide support e.g. keeping up medications, changing food intake, physical activity, motivation and encouragement.

Changing the dialogue with patients

- modelling cultural care to staff e.g. expectations of gender roles, forms of address, privacy.

Link Workers observed that while patients were treated appropriately for surgery, there was little coordination or attention to physical conditions, particularly those which required long term help and change of lifestyle.

Critical success factors of the Link Worker direct service

Link Workers need to be well-connected to the community first and have standing across the community with a reputation of being reliable and have high integrity. Link Workers also need to have:

- broad experience with government health and other social services (housing, welfare benefits, legal services)
- good knowledge of the three levels of the health system, how they relate to each other, and the quality of care that the health sector aspires to
- very mature relational skills to be able to find their way through the system and build strong connections with local practitioners

Participant story

The participant had to undergo toe amputations due to infections from untreated diabetes. This led to a loss of balance and mobility, making it harder to exercise—something that worsened both their diabetes and their mental health due to isolation and loss of purpose.

Through the Link Worker program, they were connected with a dietician and other allied health professionals who offered ongoing support, helping them find foods they liked and could eat safely.

They gained access to mobility aids allowing them to reconnect with community activities. Over time they regained their driver's licence and confidence in their role in their family and community.

- a person-centred, tailored approach with empathy and patience so that the participants have agency and can be confident of strong support throughout the process.
- an emphasis on the participant regaining their ability to contribute to their family and the community as a strong motivation to attend to their health care.

Service Sector connections

Link Workers were tasked to build connections with community health providers by:

- fostering strong working connections across the continuum of care for Australian South Sea Islander staff and other workers, for the life of this project
- promoting service coordination linking activities to actively support and link Australian South Sea Islanders across community, primary and acute care continuum.

Strengths

General Practitioners were identified as the most effective support because of the one on one attention. It was most useful if there was continuity with the same practitioner.

The churches are a major source of connection and networking for many members of the community. They provide a sense of belonging and identity and are trusted. These connections provide a useful hub from which health information including the location of culturally safe services can be communicated.

The Australian South Sea Islander community has long maintained strong informal connections within the health system, often relying on trusted individuals—such as family members or community leaders—who were able to navigate services and advocate on behalf of others. These informal health navigators played a vital role in supporting access to care, translating medical information, and guiding relatives through complex systems, particularly when formal support was lacking or culturally inappropriate.

The Link Workers strengthened their relationships with key staff across Mackay Hospital and Health Service by hosting a morning tea, which was attended by more than 15 hospital employees. This informal gathering, fostered collaboration, and reinforced the importance of culturally safe engagement with the Australian South Sea Islander community.

Gaps in services

The Link Workers and participants identified a chronic gap in many service types including:

- primary care – General Practitioners and staff with good understanding of Australian South Sea Islander culture (e.g. cultural clinic), dentists
- allied health care – nutritionists/ dieticians, exercise physiologists, optometrists
- specialist health services – psychologists/ counselling (immediate, ongoing), pain management, podiatrists, physiotherapists, occupational therapists, diabetic clinicians, physicians, chronic disease management, psychiatrists, periodontists, cancer clinicians
- community services - social workers, youth workers, community workers, child care
- health education for the community, training with technical devices (to access health information and use online digital platforms)
- hospital services: cardiologists, urologists, gastroenterologist, ophthalmologist

Many participants strongly advocated for recruitment and training of Australian South Sea Islanders in health and community roles and education of other health staff in Australian South Sea Islander history and culture.

Mental health

Mental Health is a real concern and has led to several suicides including young people. There is strong reluctance to talk to a stranger about their concerns and cultural expectation that they work it out themselves.

The Australian South Sea Elders Cultural Advisory Group have attempted to communicate directly to the community about mental health issues as generic health messages, such as ‘Are you OK?’ have had limited uptake. In general, people do not know the mental health of their family members and there is a strong culture of not being seen and not making a fuss. People who are worried about a family member do not know what questions to ask. It requires more than the ability to communicate the issue. The community leaders need to have the answer. At present responses are reactive. There are no local champions who are willing to speak out about their experiences.

Outcomes and Impacts for Link Worker project participants

Based on the case studies and project documentation, Table 10 provides a summary of Link Worker activities and how they help reduce the impact of chronic disease on families, communities, and the health system.

A community member with extensive experience in acute care explained that he would not be prepared to talk to someone on the phone (about his mental health). It took a long time for him to accept that he needed help and to get the courage, but now he is willing to talk with counsellors who know him

A teenager’s suicide had profound impact on many members of the local community and there was no way for them to get help, leading to a second suicide.

Local leaders need advice on how to discuss suicide to young people and to families.

Table 10: Link Worker activities and Impacts

Activity Group	Description	Impact on Family	Impact on Community	Impact on Health System
<i>1. Care Navigation & Referrals</i>	Helping individuals access appropriate services, including GPs, specialists, allied health, and social supports.	Reduces stress and confusion; ensures timely care.	Builds trust in services; encourages help-seeking.	Reduces emergency visits and improves care coordination.
<i>2. Health Literacy & Communication Support</i>	Explaining medical terms, treatment plans, and health conditions in plain language; translating between clinical and cultural contexts.	Empowers families to manage care; improves understanding.	Promotes informed decision-making and reduces stigma.	Increases compliance and reduces repeat visits.
<i>3. Appointment & (limited) transport support</i>	Reminders, transport arrangements, and accompaniment to appointments (when necessary).	Reduces missed appointments; supports continuity of care.	Encourages participation in health programs.	Improves efficiency and reduces hospital admissions.
<i>4. Cultural Advocacy & System Navigation</i>	Advocating for culturally safe care; educating providers about Australian South Sea Islander needs and protocols.	Prevents miscommunication; improves patient experience.	Strengthens cultural safety and inclusion.	Enhances service design and patient-provider relationships.
<i>5. Community Engagement & Education</i>	Outreach through churches, events, and informal gatherings; promoting healthy lifestyles and mental health awareness.	Builds supportive networks; reduces isolation.	Normalises health conversations; fosters collective action.	Promotes early intervention and reduces long-term costs.

These activities demonstrate how Link Workers serve as a vital bridge between individuals, families, communities, and the health system—reducing barriers, improving outcomes and fostering culturally responsive care.

Link Worker impact on health and wellbeing

These participant stories show how the Link Worker role contributed to and enabled the participant’s increased willingness and capacity to work towards positive health outcomes.

Reconnecting improves health

Warren finds it hard to communicate due to anxiety. He was working well into his fifties but had to retire due to ill-health and immobility. He has a speech therapist to improve fluency and confidence.

Through community support he has a motorised scooter which enables him to get around and he enjoys his independence. He likes to be part of family get-togethers for celebrations.

He was well-supported by the Link Workers to engage with his agencies, maintain regular exercise and attend a men’s group. He liked getting texts as reminders and encouragement. He really enjoyed the chats and tried to communicate.

He and his wife help each other, but will need continued and increasing support. They do not have children.

Trust brings courage and hope

Laurel was a very active community member, managing her diabetes and blood pressure when she was diagnosed with cervical cancer. She immediately declined as she tried to process the diagnosis. Early dementia symptoms due to stress appeared and she had difficulty understanding why she had to go to medical appointments when she felt OK.

Dehydration increased her discomfort and her family was concerned as they could not get her to comply.

The Link Worker went to appointments with her and encouraged her to have the surgery and follow up treatment.

Now she is all clear and is going to the GP. The family were worried that because she was seen as an older lady with diabetes, she was not immediately tested for high blood pressure

Summary

Chapter 5 identifies that the Australian South Sea Islander Link Workers significantly improved healthcare engagement for participants in the Direct Service component of the Link Worker project, by addressing deep-seated mistrust stemming from historical negative experiences and cultural barriers. They built rapport through informal visits, translating medical information and advocating for participants.

The program's success hinged on Link Workers' strong community ties, comprehensive health system knowledge, and a person-centred approach. Case studies demonstrate the positive impact of this tailored support, not only on the individuals' physical and mental health and wellbeing, but also on reducing the burden of care on family members and the loss of the participant’s contribution to the community.

The project identified ongoing gaps in culturally competent healthcare and social services that would improve early onset diagnosis and treatment as well as chronic disease care, which would reduce the risk of premature death and morbidity.

6. History of Australian South Sea Islanders experience of health care and its ongoing impact

by the Fatnowna family

With ongoing research and discovery of new information, there have been new insights that are useful in understanding the historical context and modifying existing policy and procedures to include Australian South Sea Islanders in Queensland's health system.

The historical treatment of Australian South Sea Islanders in Queensland's health system has left a legacy of mistrust and trauma that continues to affect access to healthcare in the present. This significant underlying issue was raised by many of the participants during the Australian South Sea Islanders linker Project, and while the Mackay Hospital and Health Service have established the Australian South Sea Islanders Support Office, these issues need to inform further actions.

The two most prominent historical events, before 1901 and from the Pacific Island Labourers Act from 1901, have had a significant impact on how the Australian South Sea Islander accesses health services.

The services and policy have shaped the community's perception of health institutions. These events, compounded by cultural narratives and reports of systemic racism, have had a profound impact on mental health and healthcare access.

Before 1901 Kanaka Hospitals: Sites of Neglect and Trauma

During the "blackbirding" period³⁶ and the rapid decline in health with high mortality rates, the Queensland government established four "Kanaka" hospitals in Mackay, Maryborough, Innisfail, and Ingham during the 1880s.^{37, 38} These hospitals were intended to provide medical care to Australian South Sea Islanders, but they were underfunded, poorly staffed, and inadequately equipped. Reports from the time describe horrific conditions: patients lying on bare verandas in the rain, without blankets or proper care and dying in squalor.³⁹

The Mackay Kanaka Hospital, for example, lacked basic infrastructure such as drainage, fresh water, and operating theatres. An 1884 report described the hospital as overcrowded, unsanitary, and indifferent to the suffering of its patients. Islanders were often treated with disdain, and their deaths were met with little ceremony or respect. Inspector Richard B. Sheridan likened their burials to those of dogs.⁴⁰

³⁶ QUASSIC (n.d.) *Information Sheet 1: Defining slavery, indenture and blackbirding*

<https://www.quassic.org.au/no-1-defining-slavery-indenture-and-blackbirding>

³⁷ ABC (2024) *Fears hundreds of missing South Sea Islander bodies buried on Mackay hospital grounds*

<https://www.abc.net.au/news/rural/2024-06-10/fears-missing-south-sea-islander-bodies-buried-at-hospital/103912808>

³⁸ QUASSIC (n.d.) *Historical Information Sheet 6: Mortality and Pacific Islander migrants in colonial Queensland*

<https://www.quassic.org.au/no-6-mortality-and-pacific-islander-migrants-in-colonial-queensland>

³⁹ Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (2025)

Australian South Sea Islanders <https://www.dwatsipm.qld.gov.au/our-work/multicultural-affairs/multicultural-communities/australian-south-sea-islanders>

⁴⁰ Australian South Sea Islanders <https://www.dwatsipm.qld.gov.au/our-work/multicultural-affairs/multicultural-communities/australian-south-sea-islanders>

While the details had long been forgotten, the well-known story about the Hospital has been passed down through the generations. During the survey, 25% reported (and unreported cases are expected to be significantly higher), a direct impact in access to the Health System.⁴¹

This legacy of neglect has contributed to a deep-rooted fear and mistrust of hospitals among the Australian South Sea Islander communities. Many Islanders historically preferred to die on plantations rather than be sent to these institutions.⁴²The psychological trauma from these experiences has been passed down through generations, influencing contemporary attitudes toward healthcare.

The Trade-in Bodies: A Dark Chapter in Museum History

Compounding this trauma is the emerging revelation that the remains of Australian South Sea Islanders' bodies were traded between museums and private collections. Historians, Emeritus Professor Dr Paul Turnbull and Emeritus Professor Clive Moore uncovered correspondence between Dr. Charles Clarkson, the surgeon at Mackay's Kanaka Hospital, and the Queensland Museum in the 1880s. Clarkson admitted to "planting" bodies in hospital grounds for later "resurrection" and sent skulls and skeletons to the museum for study.⁴³

This practice, part of a broader colonial trend of collecting Indigenous and Pacific Islander remains, has sparked outrage and calls for repatriation. The Mackay Base Hospital site, where a new ward is being constructed, is believed to be the burial ground of up to 1,000 Australian South Sea Islanders. Despite community appeals for ground-penetrating radar surveys, no remains have been officially recovered, and construction continues.⁴⁴

The desecration of Australian South Sea Islander bodies and the lack of transparency from institutions have further eroded trust in the healthcare system. The perception that Australian South Sea Islanders' lives were disposable and their bodies commodified for scientific curiosity has left a lasting scar on the community's collective memory.

I was 6 years old when my mum whispered in my ear as she folded the washing. Her voice was low but firm. It was the same warning her mother gave her, and her grandmother before that.

"Do not go to the hospital in case you die"

The words weren't just caution—they were history.

Those words made me hesitate when my cousin didn't want me to call the ambulance when she had chest pain, and I wish I had acted quicker.

I never really knew what mum meant until I was listening to ABC News in June 2024.

Since I was young, our family have never talked about what happened to my Grandmother.

All we know, when she got sick and went to the hospital, and disappeared. There was no body, no funeral, no known grave site.

Nobody would discuss what happened, but for years I have quietly wondered what occurred.

⁴¹ Bagshaw, A., & Maddison, M. (2024, June 9). *Fears hundreds of missing South Sea Islander bodies buried on Mackay hospital grounds*. ABC News. <https://www.abc.net.au/news/rural/2024-06-10/fears-missing-south-sea-islander-bodies-buried-at-hospital/103912808>

⁴² **Australian South Sea Islanders** <https://www.dwatsipm.qld.gov.au/our-work/multicultural-affairs/multicultural-communities/australian-south-sea-islanders>

⁴³ **Fears hundreds of missing South Sea Islander bodies buried on Mackay hospital grounds** <https://www.abc.net.au/news/rural/2024-06-10/fears-missing-south-sea-islander-bodies-buried-at-hospital/103912808>

⁴⁴ **Fears hundreds of missing South Sea Islander bodies buried on Mackay hospital grounds** <https://www.abc.net.au/news/rural/2024-06-10/fears-missing-south-sea-islander-bodies-buried-at-hospital/103912808>

After 1901 to 1967 – denial of citizenship rights, including healthcare.

Following the Pacific Island Labourers Act 1901, most South Sea Islanders were forcibly deported, despite many having lived in Australia for decades. At the time, approximately 10,000 Islanders resided in Queensland and northern New South Wales, many of whom had lived in Australia for decades and established families.⁴⁵

Deportations commenced in 1906 and continued until 1908, resulting in the forced removal of over 7,500 Islanders. This process caused immense hardship: families were separated, property was lost, and many deportees faced poverty or death upon return to islands they barely remembered⁴⁶ Only a small number—estimated between 1,654 and 2,500 individuals—were permitted to remain, typically those who met strict exemption criteria such as continuous residence since 1886, ownership of freehold land, or marriage to someone outside their island group.

Those who remained were often denied citizenship rights, including access to public services like healthcare.⁴⁷ The closure of Kanaka hospitals in the late 1880s left Australian South Sea Islanders without dedicated medical care, and they were often segregated or denied treatment in mainstream hospitals.⁴⁸

The deportation policy inflicted profound social and cultural disruption on the South Sea Islander community. Many Islanders had integrated into Australian society, forming families with Aboriginal or European partners and raising children (National Museum of Australia, n.d.). The forced removals fractured these families, leaving lasting trauma across generations. Those who remained in Australia were not spared hardship; they faced severe restrictions on employment and mobility, particularly exclusion from the sugar industry—their primary source of livelihood. This economic marginalisation persisted well into the 1940s, reinforcing cycles of poverty and social disadvantage.⁴⁹ The deportation era thus not only displaced thousands but also entrenched systemic barriers for those who stayed.

Exemptions under the 1906 amendments to the Act were narrowly defined, favouring Islanders who had resided continuously in Australia since 31 December 1886, were aged or infirm, had children educated in state schools, or could demonstrate ownership of property. These exemptions created a small, legally recognised group of Islanders who became the foundation of the contemporary Australian South Sea Islander community.

Aunty stood at the edge of Boundary Road; her feet planted firmly on the gravel. She'd lived in Mackay her whole life, and this road had always meant more than just a street—it was a line. A line between “us” and “them.”

We, like the Aboriginal and Torres Strait Islanders, had to comply with strict curfews that included leaving urban areas by 4 PM and strict bans on Sundays.

The Hospital was on the other side of Boundary Road

⁴⁵ Parliamentary Education Office. (n.d.). *Pacific Island Labourers Act 1901*. Retrieved from <https://peo.gov.au>

⁴⁶ QUASSIC. (n.d.). *The deportation of Australian South Sea Islanders by the Commonwealth Government, 1901–1908*. Retrieved from <https://www.quassic.org.au>

⁴⁷ **South Sea Islanders** <https://www.naa.gov.au/help-your-research/fact-sheets/south-sea-islanders>

⁴⁸ Bobongie-Harris, Francis & Fatnowna, Clacy (2024) Australia's Shame: Blackbirding and its connection to the trafficking of human remains. [Working Paper]

⁴⁹ QUASSIC. (n.d.). *The deportation of Australian South Sea Islanders by the Commonwealth Government, 1901–1908*. Retrieved from <https://www.quassic.org.au>

1967 to 1994 – Towards Recognition

The 1967 Referendum marked a significant shift in Australian racial attitudes, fostering a climate of reform and equality. Its success, with over 90% of Australians voting “Yes,” symbolised a national commitment to dismantling discriminatory constitutional provisions and paved the way for the establishment of Aboriginal and Torres Strait Islander services, which were essential for addressing historical disadvantage.⁵⁰ However, these services were not extended to Australian South Sea Islanders, whose exclusion from the referendum meant their legal and social status remained unchanged. This omission perpetuated socio-economic disparities and reinforced a sense of marginalisation within the Australian South Sea Islanders community.⁵¹

Despite these systemic barriers, the resilience and solidarity of Australian South Sea Islanders enabled them to “get on with it,” sustaining cultural identity and community cohesion in the absence of formal support structures. This strength has been critical to their survival and advocacy for recognition in subsequent decades.

Australian South Sea Islanders were not officially recognised as a distinct cultural group until 1994, which meant they were excluded from Indigenous-targeted health programs and policies for most of the 20th century.⁵² This lack of recognition contributed to poor health outcomes and limited access to culturally appropriate services.

1994 – 2025 - Progress

Following national recognition in 1994 and Queensland recognition in 2000, Australian South Sea Islanders experienced important symbolic and policy shifts, though progress has been uneven and significant challenges remain. At the national level, recognition formally acknowledged Australian South Sea Islanders as a distinct cultural group and highlighted the severe socio-economic disadvantage resulting from historical discrimination.⁵³ This recognition stemmed from the landmark Human Rights and Equal Opportunity Commission report *A Call for Recognition*, which recommended targeted measures in education, employment, and health. While the Commonwealth government accepted these recommendations, implementation was slow, and many initiatives lacked adequate funding and monitoring.⁵⁴ Nevertheless, recognition provided Australian South Sea Islanders with visibility in multicultural policy frameworks and catalysed community empowerment, fostering cultural revival and the formation of advocacy organisations.

Queensland’s recognition in 2000 further advanced this trajectory by formally acknowledging Australian South Sea Islanders as a distinct ethnic and cultural group and their historical contributions to the state. In 2001, the state introduced an *Action Plan* aimed at improving access to education, employment, housing, and health services for Australian South Sea Islanders, signalling a commitment to equality of opportunity.⁵⁵ Recognition also encouraged cultural visibility through heritage projects, commemorations, and educational initiatives, such as the 150th anniversary of

⁵⁰ National Museum of Australia. (n.d.). *Indigenous referendum*. Retrieved from <https://digital-classroom.nma.gov.au/videos/defining-moments-1967-referendum>

⁵¹ Australian Referendum Recap. (n.d.). *1967: Indigenous Affairs*. Retrieved from <https://www.moadoph.gov.au/explore/democracy/1967-indigenous-affairs>

⁵² Queensland Health (2011) *Australian South Sea Islander People* https://www.health.qld.gov.au/_data/assets/pdf_file/0029/157484/aussis2011.pdf

⁵³ Human Rights and Equal Opportunity Commission (1992) *A call for recognition: A report on the situation of Australian South Sea Islanders*. Canberra: HREOC.

⁵⁴ Queensland Government. (2000). *Recognition of Australian South Sea Islanders*. Department of Premier and Cabinet.

⁵⁵ Queensland Government. (2001). *Australian South Sea Islander Action Plan*. Department of Premier and Cabinet.

South Sea Islander arrival in 2013 and annual recognition weeks.⁵⁶ These developments marked a significant step toward addressing historical exclusion and promoting cultural identity. Despite these advances, recognition has not eliminated systemic disadvantage. Australian South Sea Islanders continue to experience high unemployment, poor health outcomes, and educational disparities comparable to those of Aboriginal and Torres Strait Islander peoples, yet they remain ineligible for many Indigenous-specific programs (Human Rights and Equal Opportunity Commission, 1992; Queensland Government, 2013).

Furthermore, recognition remains symbolic and policy-based rather than enshrined in law, leaving Australian South Sea Islanders without constitutional protections or guaranteed funding. Persistent identity challenges, including underrepresentation in census data and government reporting, further hinder effective policy development and resource allocation (Human Rights and Equal Opportunity Commission, 1992). These limitations underscore the need for legislative reform, targeted programs, and accurate demographic data to ensure that recognition translates into substantive equality.

Cultural Narratives and Mental Health

Cultural stories play a vital role in shaping identity and mental health. For Australian South Sea Islanders, the narratives of blackbirding, exploitation, and resilience are not just historical—they are lived experiences that inform how individuals engage with health services today.⁵⁷

Our research indicates that Australian South Sea Islanders face significant barriers to mental health care. These include stigma, poor health literacy, language barriers, and a lack of culturally appropriate services.

In Australian South Sea Islander communities, storytelling and oral history are powerful tools for healing. Sharing experiences in safe, culturally appropriate spaces helps reduce isolation and fosters a sense of belonging. However, the lack of targeted mental health services that incorporate these cultural practices remains a challenge.

Despite these efforts, the legacy of Kanaka hospitals and the trade in bodies continues to influence perceptions. The community's call for transparency, respect, and cultural sensitivity remains a pressing concern. Without meaningful engagement and reparative action, the historical wounds will continue to hinder progress.

The historical treatment of Australian South Sea Islanders in Queensland's health system—marked by neglect in Kanaka hospitals and the unethical trade of remains—has had a profound impact on trust, mental health, and access to care. These events are not relics of the past; they are active elements in the cultural consciousness of Australian South Sea Islander communities. Addressing this legacy requires more than policy—it demands truth-telling, cultural respect, and community-led solutions.

⁵⁶ Queensland Government. (2013). *Australian South Sea Islander 150 Commemoration Brisbane: Department of Aboriginal and Torres Strait Islander and Multicultural Affairs*

⁵⁷ **'Give us back what is ours': South Sea Island community demand action following remains revelations**
<https://www.sbs.com.au/nitv/article/the-remains-of-missing-south-sea-islander-bodies-suspected-to-be-buried-under-mackay-hospital/ydr8y1uir>

A Story of Strength and Silence

Stephanie's Reflections with Clacy – Monday 11 August 2025

Stephanie sat across from Clacy, her voice steady but heavy with memory. What began as a conversation about family quickly unfolded into a deeply personal account of loss, resilience, and the quiet injustices endured by her mother and father—experiences that echoed across generations of Australian South Sea Islander families.

A Mother's Intuition Ignored

Stephanie recounted the harrowing experience of her mother, who suffered multiple miscarriages. One in particular around 1969 stood out: a pregnancy that had progressed well into the second trimester—possibly 25 or even 30 weeks. Her mother knew something was wrong. She felt no movement and was overcome with a sense of dread. But when she arrived at the hospital, her concerns were dismissed.

“She came in a wheelchair,” Stephanie recalled, “and they just pushed her straight back out into the waiting room.”

Despite presenting three or four times, her mother was repeatedly told she was overreacting. Nurses and staff dismissed her pain, attributing it to stress or even constipation. One nurse suggested she didn't know she was pregnant. Another implied she wasn't clean enough to be examined. Stephanie's voice trembled as she described the racial bias her mother faced—how being a “blackfella” meant assumptions were made about her hygiene, her knowledge, and her worth.

Eventually, her mother collapsed in the hospital. Only then did staff take her seriously. She was rushed to maternity, but the experience remained traumatic. The baby was lost. Her mother was never given privacy, never covered with a sheet, and delivered in a public space with strangers watching. Yet, despite the pain, she never held a grudge.

“She always said, ‘Their time will come when the Lord sees fit.’ She was forgiving. Strong in her faith.”

A Father's Pain Misunderstood

Stephanie then spoke of her father's accident—how he was injured whilst working on his Grader on a back road. He went to the hospital in pain, struggling to breathe. But instead of receiving care, he was met with suspicion. Staff assumed he had been in a fight or that his symptoms were due to smoking. No one asked about the accident. No one offered an X-ray. He was profiled as a ‘brawling blackfella’.

“He was well dressed,” Stephanie said. “But they still thought he'd been brawling. They never asked if he was hurt. Just assumed.” Her father, a proud and quiet man, didn't argue. He bore the pain silently, unwilling to show vulnerability to those who treated him with contempt.

Generations of Dismissal

Stephanie's memories extended beyond her parents. She spoke of Nana Williams, who also faced dismissive treatment when taken to hospital. Ambulance staff questioned why she was brought in. Nurses asked if she'd taken aspirin or Bex powder. When diabetes was mentioned, they blamed her diet.

“They treated us like we didn't know our own bodies,” Stephanie said. “Like we weren't worth the care.”

Even in her own experience as a nurse, Stephanie witnessed racism firsthand. Patients refused to be touched by “that black nurse.” Colleagues made cruel jokes. And yet, she carried on—driven by a sense of duty and a deep understanding of the pain her community had endured.

A Legacy of Silence and Strength

Stephanie’s story is not just about medical neglect. It’s about the quiet strength of a community that has endured systemic racism. It’s about mothers who knew their babies were in danger but were told they didn’t know their own bodies. Fathers who were injured but accused. Elders who were dismissed. And nurses who were dehumanized while trying to care for others.

“I said to Clacy, who also worked in the ambulance,” Stephanie concluded, “we don’t talk about it because we live in a shroud of confidentiality. We let sleeping dogs lie. But that doesn’t mean it didn’t happen.”

Her words are a call to remember, to acknowledge, and to heal. And through storytelling, the silence begins to break.

7. Conclusions

Link Worker Project findings

Australian South Sea Islanders' burden of chronic diseases is higher than the Queensland population, with diabetes five times higher. The health survey of Australian South Sea Islanders in the Mackay Region, undertaken from July 2023 to December 2024, found that half the participants had more than one chronic disease and many had multiple.

While the numbers are relatively small, the impact on the health and social and emotional wellbeing of the patients and their families is considerable, shown by the many stories of participants and costs to the community. Furthermore, these stories demonstrated how the Link Workers were able to develop trust, provide information and encouragement to enable the participant to take charge and look towards reclaiming some of their previous capabilities and their capacity to contribute to their family and community.

Lack of patient data makes it difficult to indicate the implications for the welfare of the community as a whole; however premature death and morbidity from multiple complications resulting from chronic diseases weighs heavily on community members.

The Recognition of the Australian South Sea Islander community in 1994 by the Commonwealth Government was a response to evidence of the serious disadvantages the population were experiencing. Government committed to responsibly addressing its particular needs across portfolio areas with oversight and action. The Community was recognised by the Queensland Government in 2000, and the Commonwealth Government recommitted to the recognition in 2017 following a 2014 review.

However, as shown by the 2024 Australian South Sea Islander Health and Community Survey, little has yet been done to address the level of disadvantage, and lack of action is exacerbated by the lack of data about the prevalence of chronic disease and premature death. Although the recognition statement is included in some strategic documents, there are no specific actions designated to address their issues and there is no way to measure progress.

The high level of diabetes in the Australian South Sea Islander community was identified by the Northern Queensland Primary Health Network's 2024 *Joint Regional Needs Assessment*⁵⁸, but the 2011 analysis of Hospital Separations indicates that the collection of data about South Sea Islanders is likely to be inaccurate. It is clear, that without reliable data and without specific, targeted actions in place, the incidence and impact of chronic disease in the Australian South Sea Islander community will continue to exceed the general population.

The *National Strategic Framework for Chronic Conditions* is the overarching document that is intended to guide strategies, policies and practice across all Australian jurisdictions. The Framework highlights the importance of cooperation across all levels of government. These are critical to the success of community based and community-led initiatives such as the Australian South Sea Islander

National Framework for Chronic Conditions (2017):

Principle 1

Equity

ALL Australians receive safe, high-quality health care irrespective of background or personal circumstance.

Principle 2

Collaboration and partnerships

Identify linkages and act upon opportunities to cooperate and partner responsibly to achieve greater impacts than can occur in isolation

Principle 3

Access

High standard, appropriate support and services are available, accessible, equitable and affordable for all Australians

Principle 4

Evidence-based

Rigorous, relevant and current evidence informs best practice and strengthens the knowledge base to effectively prevent and manage chronic conditions.

Principle 5

Person-centred approaches

The health system is shaped to recognise and value the needs of individuals, their carers and their families, to provide holistic care and support.

Principle 6

Sustainability

Strategic planning and responsible management of resources delivers long-term improved health outcomes.

Principle 7

Accountability and transparency

Decisions and responsibilities are clear and accountable, and achieve best value with public resources

Principle 8

Shared responsibility

All parties understand, accept and fulfil their roles and responsibilities to ensure enhanced health outcomes for all Australians.

⁵⁸ Northern Queensland Primary Health Network (2025) [Joint Regional Needs Assessment: Key Themes](#)

Link Worker project and are essential to trigger the environment in which such projects can operate effectively in the community. Table 11 illustrates the whole system across levels of government and the functions of each level.

Table 11: Policy and governance system in which Link Worker sits

	National	State	Regional/ local
Advisory body	National Australian South Sea Islander Roundtable.	Queensland United Australian South Sea Islander Council	Australian South Sea Islander Cultural Advisory Group (local) Australian South Sea Islander Community Groups
Responsible entities	Minister for Health & Ageing Minister for Multicultural Affairs	Minister for Health	Hospital Health Service Primary Health Network
Main functions	<ul style="list-style-type: none"> National Frameworks: chronic health, mental health National strategies – e.g. diabetes, cardiovascular health National Reporting National policy settings (e.g. Multicultural Policy) Funding National Advisory with Australian South Sea Islanders Subsidies, welfare Regional Primary Health Network 	<ul style="list-style-type: none"> State policy settings and strategies (e.g. Multicultural policy, Health, Regional) Leadership Statewide data Engagement with and resourcing of advisory bodies Monitoring of HHS 	<ul style="list-style-type: none"> Community workers engagement Issues register Continuity of care Navigation through the health system Communication of health messages Advocacy for local needs Support for community Engagement with community HHS strategic plans PHN Joint Regional Needs Assessment

Way forward –nationally

Recommendation 1:

It is recommended that: *the Australian South Sea Islander population is specified as a priority population in the National Strategic Framework for Chronic Conditions.*

The status of ‘priority population’ will then ensure that actions in national, state and regional jurisdictions consult with the Australian South Sea Islander community and design actions with them to address disadvantage.

Recommendation 2

It is recommended that: *Each level of government applies an Australian South Sea Islander lens on priority actions, strategic plans, needs assessments and reporting criteria with specific actions developed with Australian South Sea Islander Community advice.*

What success will look like in reporting for the National Strategic Framework for Chronic Conditions:

From:
National Strategic Framework for Chronic Conditions (2017)

The effective prevention and management of chronic conditions is strongly influenced by the contributions made by a wide range of partners p.14..

All Partners have shared responsibility for health outcomes according to their role and capacity within the health care system. Greater cooperation between partners can lead to more successful individual and system outcomes.

*Objective 3: Priority populations p. 42
The health system at all levels must be responsive to the specific needs of priority populations to effectively address chronic conditions by providing:*

- culturally safe and appropriate services*
- accessible health services that are effective, high-quality and affordable*
- flexible service options.*

Community partnerships contribute to the planning, design, evaluation and implementation of locally responsive and culturally appropriate services.

Data collection and sharing improves identification and management of risk factors

Australian South Sea Islander communities will:

- (a) have reduced risk of developing chronic condition
- (b) experience fewer complications, multi-morbidities or disabilities associated with chronic conditions.

Recommendation 3

It is recommended that: Governments agree to a standard way of collecting Australian South Sea Islanders demographic data, with Australian South Sea Islander Community advice, and that collection and reporting of Australian South Sea Islander data is mandatory across government services.

An ongoing data collection issue that was raised during the Link Worker project was that the options provided for identification of culture, limit the number of cultural heritages that a person may nominate. It is important to note that the Australian South Sea Islander community does not use language such as dual or tri-cultural heritage.

Recommendation 4

It is recommended that: Governments work with their Australian South Sea Islander advisory bodies to apply the three priorities of the National Strategic Framework for Chronic Conditions and take responsibility for ensuring:

- *executive level leadership, reliable governance, resourcing and monitoring*
- *regular meetings and reporting*
- *annual reporting to the relevant Parliamentary and Ministerial committee.*

The Australian South Sea Islander leaders strive to advocate in good faith on behalf of their communities for governments to honour their commitments in order to reach outcomes for their people at the same level as the general population. With the benefit of their experience, commitment and knowledge, governments will be able to work towards the Vision of the *National Strategic Framework for Chronic Conditions: All Australians live healthier lives through effective prevention and management of chronic conditions.*

Recommendation 5

It is recommended that: Governments and government entities resolve issues preventing the sharing of information and patient data with community health care workers, giving appropriate attention to privacy and confidentiality, to meet the National Strategic Framework for Chronic Conditions' direction for:

- *effective data sharing occurs across health settings, services and sectors, such as acute and primary care settings, aged care, disability and mental health services.*
- *a universal electronic health record (My Health Record) is used to securely share health information between health care providers.*

The Cultural Advisory Group works to shift the broader community narrative, fostering inclusive and culturally informed perspectives. Meanwhile, Link Workers, through trusted relationships, support individuals in reshaping their narratives by connecting them with the right services and access points tailored to their needs.

National Strategic Framework for Chronic Conditions (2017)

Active engagement embodies a person-centred approach that puts people at the centre of their own health care and empowers them to play an informed role according to their interest and abilities

Communities have an important role in identifying local health needs for community members with chronic conditions, particularly for those in priority populations, and in providing leadership and support to ensure that these needs are met.

Services are delivered in a culturally safe way involving people from the same cultural background

Way forward – regionally/ locally

The Link Worker project demonstrates a ground-up, person-centred approach that addresses the lack of formal connections between the informal networks of the Australian South Sea Islander community and the health system in the treatment and care of those with chronic diseases.

As a result, the project showed the benefits to be gained at a personal and family level, using contributions at a community level by engaging with trusted, experienced Link Workers who changed the course of patient care and health and social wellbeing by:

- *guiding patients in following health plans*
- *increasing patient's exercise*
- *improving their diets*
- *increasing compliance with medication,*
- *increasing attendance at medical appointments and going to hospital*
- *increasing knowledge and understanding of health conditions*
- *engaging immediate family and community services as critical components of health support.*

The Link Workers showed their capacity, at a relatively small cost, to bring a significant cost reduction to chronic care and hospital use .

Hence, the Australian South Sea Islander Link Worker model is well-placed to assist governments, at the regional and local levels, to address the three Objectives of the National Strategic Framework for Chronic Disease:

Objective 1: Focus on prevention for a healthier Australia

Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life

Objective 3: Target priority populations.

To respond to the identified gaps in Primary Care – particularly allied health, it is proposed that a cultural clinic is established in Mackay, and subsequently in other locations of significant and major population of South Sea Islanders, following the models of other culturally designed clinics for culturally and linguistically diverse groups.

Table 12 provides examples of functions that contribute to the intended outcome of one Priority Area in each Objective, and the Actions that are recommended to enable the functions of:

- (i) Australian South Sea Islander Link Workers
- (ii) An Australian South Sea Islander medical hub.

Table 12: Selected priorities from the National Strategic Framework and Actions

Objective 1: Focus on prevention for a healthier Australia		
Priority Area 1.2 Partnerships for health	Examples of Link Workers functions:	Actions
<p><u>Outcome</u> <i>Responsible partnerships promote health and reduce risk factors for chronic conditions</i></p>	<ul style="list-style-type: none"> • Use strong Australian South Sea Islander leadership, connections and cultural settings to promote positive health messages and personal health care in each age group • Establish rapport, build trust in health services, and facilitate patients making informed decisions about their care • Liaise closely with health services re emerging issues and options for improvement 	<ul style="list-style-type: none"> • continue the Link Worker model in Mackay • extend the model to significant⁵⁹ and major Australian South Sea Islander population areas
Objective 2: Provide efficient, effective and appropriate care to support people		
Priority Area 2.2 Continuity of care	Examples of Link Workers functions	Actions
<p><u>Outcome</u> <i>Australian South Sea Islanders receive consistent, holistic and coordinated care across the health system to manage their chronic conditions.</i></p>	<ul style="list-style-type: none"> • Use their knowledge of the health and community system as a whole, and of chronic disease pathways, to help patients and families navigate across and within acute, primary and community-based care • ensure communication between care providers • document and report service gaps 	<ul style="list-style-type: none"> • establish protocols for liaison, data sharing, and communication between Link Workers and other health and community care workers
Objective 3: Target priority populations		
Priority Area 3.2 Action and empowerment	Examples of culturally specific primary care functions	Actions
<p><u>Outcome</u> <i>Community empowerment and targeted action improves local and population health outcomes for the Australian South Sea Islander populations at risk of, or with, chronic conditions</i></p>	<ul style="list-style-type: none"> • provide high-quality, safe health care services and appropriate health information to more effectively engage with Australian South Sea Islanders to meet specific health needs • be supported by an appropriately distributed health workforce who understand the Australian South Sea Islander populations' values, beliefs and priorities and who work effectively in cross-cultural and social settings • be provided at a local level, as appropriate, to minimise the need for people to move away from their family and community; and 	<ul style="list-style-type: none"> • Establish an Australian South Sea Islander Clinic/ Medical Hub in Mackay with regular visits of culturally informed Allied Health care workers • Extend to significant and major Australian South Sea Islander population areas • Build an Australian South Sea Islander health workforce

⁵⁹ 'significant' refers to 2 to 5% of the population; 'major' refers to populations over 1000 Australian South Sea Islanders

Recommendation 6

It is recommended that: *the partnering agencies in the Mackay Region and other Regions where there are significant and major populations of Australian South Sea Islanders, together develop an action plan based on the three Strategic Framework for Chronic Conditions Objectives and each Strategic Priority Area, to achieve the Phase 1 and 2 Framework Outcomes for the Australian South Sea Islander population, and report their progress to the State .*

Relationships and Communication

The most important ingredient of the Australian South Sea Islander Link Worker project was the collaborative relationship that was formed by the Link Workers, By allowing time for the development of the participant's trust and an understanding of their goals, Link Workers could focus on what mattered most to them: regaining their identity and connection to the community. With encouragement and knowledge the participants were able to take responsibility for their care and plan for the future.



These stories have long been silenced or distorted. The economic success of Queensland owes much to the labour and sacrifice of Australian South Sea Islanders, particularly in industries like sugar, farming, maritime, and rail. Despite this, their contributions have been overlooked, and their communities have endured systemic neglect and exclusion from policies designed to address disadvantage.

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Appendix 1: Tabling of Government Response to the 1992 Human Rights and Equal Opportunity Commission Report in Parliament

A. Government response tabled 25/8/1994⁶⁰

Government Response to the Report on the Situation of Australian South Sea Islanders - Parliamentary Statement by the Attorney-General

I am today responding to the Report by the Human Rights and Equal Opportunity Commission, *A Call for Recognition, A Report on the Situation of Australian South Sea Islanders* (the Report). The Report is based on a census taken of the Australian South Sea Islander community. This census was used to gather enough data to paint a statistical sketch of the community. The evidence gathered indicates that Australian South Sea Islanders are disadvantaged in many ways.

2. The broad conclusions of the Report are that:

- (a) South Sea Islanders have suffered from a century of racial discrimination and harsh treatment which are the major factors contributing to their being in a state of disadvantage today. In fact, the statistical profile indicates that they are one of the poorest groups in Australia.
- (b) South Sea Islanders as a group are in a situation of high need, with particular difficulties observed in school retention, employment skills, home ownership and health.
- (c) until recently, it has been relatively easy and common for South Sea Islanders to access a broad range of government programs for Aboriginal and Torres Strait Islander people.
- (d) Governments have denied South Sea islanders recognition as a distinct minority group.
- (e) as South Sea Islanders are now being denied access to Aboriginal and Torres Strait Islander programs, they are forced into mainstream programs which are seen by them to be culturally inappropriate, with the result that they are not used

3. The Report makes 6 general recommendations concerning both Federal and State matters. The Prime Minister has referred the Report to the States so that they may consider their responses to it. To date three States have not provided comment on the Report, however those States and Territories which have responded are generally supportive of the recommendations.

4. Action is being taken in several areas to implement the recommendations of the Report. Below is a more detailed statement of action being proposed on each of the recommendations.

5. **Recommendation 1. The Government should formally recognise Australian South Sea Islanders as a unique minority group which is severely disadvantaged as a consequence of racial discrimination.**

6. **POSITION/ACTION:** Supported. The descendants of Pacific labourers see themselves as quite distinct from other ethnic minorities in Australia. They are not indigenous, nor are they descended from mainstream settler migrants. Their historical experience in Australia has generally been one of control and exclusion. As an ethnic

⁶⁰ Provided on request by Parliament of Australia, Department of the House of Representatives, records October, 2025.

minority they suffer discrimination yet to date they have not enjoyed any recognition of their special position in Australian society.

7. The Government recognizes Australian South Sea Islanders as a distinct ethnic group in Australia with its own history and culture, and acknowledges:

the injustices of the indentured system of labour under which the ancestors of Australian South Sea Islanders were brought to Australia and the economic and cultural dislocation suffered by those South Sea Islanders and their descendants;

the severe disadvantage experienced by South Sea Islanders and their descendants; and

their contribution to the culture, history and economy of Australia.

8. **Recommendation 2. Government agencies should consider whether their programs or activities have particular relevance to Australian South Sea Islanders, and where the programs are not relevant or are culturally inappropriate, the agencies should consult with the South Sea Islander people and take account of their particular needs and wishes. These agencies must taken cognisance of the socio-psychological aspects of disadvantage. In particular, agencies providing employment, education, housing and health services should review the application of those programs or the development of new programs aimed at the specific needs of South Sea Islanders.**

9. **POSITION/ACTION** Supported. Australian South Sea Islanders have not in the past been recognised as a distinct minority group, and so they have not been identified and reported on separately. The Report now provides the government with a census of the group and reports on the group's general socio-economic condition. It does not, however, establish which mainstream services the group accesses, which of those services are considered by the community to be culturally appropriate, and what information could be made available to assist Australian South Sea Islanders to access existing government services. Discussions with Australian South Sea Islander groups have also exposed a need for further consultation with the community.

10. In order to assist agencies to develop mechanisms to serve Australian South Sea Islander community needs, basic information is required on how governments are currently providing services to these people, and where they are not, why not. A profile of cultural needs in service delivery must also be developed. The Government has decided to undertake a cross-portfolio research project to gather data on Australian South Sea Islanders in order to assist service delivery agencies in identifying their needs and in developing culturally appropriate mechanisms to begin meeting those needs. I am seeking to have an Australian non government organization undertake this research. My Department will jointly fund the research and a steering committee including members from the Department of Human Services and Health and the Department of Employment Education and Training, as well as the Office of Multicultural Affairs and my Department will oversee its progress. The Government will also consider how to best secure a better picture of the South Sea Islander community, including considering whether an ancestry question should be included in the 1996 census form.

11. A small scale project has been undertaken by the Department of Employment Education and Training, the purpose of which was to consider the current situation of Australian South Sea Islanders in relation to their use of, and access to labour market programs and CES services, and to recommend strategies for improving their access to these services.

12. In addition several departments have programs in place, or are planning to introduce strategies to assist Australian South Sea Islander communities. For example the Australian South Sea Islander community in Mackay participates in the Department of Social Security's Migrant Advisory Committee, which acts as a forum for providing community groups with information on DSS. The Manager, NSW Area West in the Department of Social Security has arranged for a comprehensive survey to be conducted to obtain data which accurately reflects the situation of Australian South Sea Islanders in that Area. Depending on the outcome of the survey a number of strategies are being considered to improve service delivery to, and staff awareness of, Australian South Sea Islanders.

13. Another example is from the Department of Human Services and Health which in 1992/3, funded a research project through its Home and Community Care Program, to look at the epidemiology of Australian South Sea Islanders in the Mackay district, with the objective of assisting the planning of better methods to enhance the access of Australian South Sea Islanders to Home and Community Care services.

14. **Recommendation 3. Australian South Sea Islanders should be identified as a high-need group in equal opportunity, access and equity programs, and they should be employed in government agencies dealing directly with the South Sea Islander community, most particularly in the Department of Social Security, CES, and Housing Department offices in Queensland and Northern New South Wales.**

15. **POSITION/ACTION** Supported. The agencies identified could incorporate in selection criteria relevant skills, knowledge and experience similar to those contained in the Guidelines on Identified Positions for Aboriginal and Torres Strait Islander people when selecting for positions concerned with delivering services or developing policy relating to Australian South Sea Islanders. It would be expected that Australian South Sea Islander applicants would be able to compete successfully for such positions.

16. The Office of Multicultural Affairs has indicated that as the agency responsible for the Government's over-arching Access and Equity program, it has made Australian South Sea Islanders a target group. OMA will report to the Prime Minister on the Australian South Sea Islander position with regard to Access and Equity in its 1994 Annual Report.

17. **Recommendation 4. The Government should, as soon as possible, make available to Australian South Sea Islanders, schemes comparable to Abstudy and other Aboriginal and Torres Strait Islander educational support programs currently provided by the Department of Employment, Education and Training (DEET), with the development and (where appropriate) the implementation of such schemes to be the responsibility of DEET.**

18. **POSITION/ACTION** Supported. The government believes that completion of formal education is of great importance in overcoming the disadvantage suffered by individual Australian South Sea Islanders. Since Abstudy became available in the 1970's about one-third of Australian South Sea Islanders have received it while completing their education. Presently over 60% of 13-19 year old Australian South Sea Islanders report receiving it. Australian South Sea Islanders suffer very similar educational disadvantage to urban Aboriginal and Torres Strait Islander people and Australian South Sea Islander people will be severely disadvantaged by the removal of the de facto access to Abstudy which they presently enjoy. I am proposing to defer consideration of the scholarship needs of Australian South Sea Islanders until the results of the new research project are known.

19. **Recommendation 5. The Government should make a specific allocation in the 1993-94 Budget for the provision of culturally appropriate programs for Australian South Sea Islanders and organisations (such as programs to include housing, legal, child care and financial services). Community development workers could be employed through Grant-In-Aid type programs to liaise between South Sea Islanders and mainstream services, provide organisational assistance so that South Sea Islanders are better able to continue examination of their past and present situation, and present cogent arguments to governments for action as and where required.**

20. **POSITION/ACTION** Supported. The Government believes that access to community development assistance for Australian South Sea Islanders and their organizations is a significant need which must be addressed. Funding, of \$80,000 per annum, shall be provided for three years to pay for two community liaison officers and provide some necessary travel expenses for them. This initiative will be a co-operative venture with the relevant State authorities providing infra-structure support.

21. **Recommendation 6.** The Government and relevant government agencies should take steps to increase public awareness of South Sea Islanders and their role in Australia's history, including through inclusion in school curricula, preservation of South Sea Islander historical sites and archival material (including oral histories).

22. **POSITION/ACTION** Supported. The Minister for Development Cooperation and for Pacific Island Affairs will announce separately, details of a number of initiatives which directly address some of the needs identified in this recommendation.

23. The first of these is the establishment of a Cultural Awareness Awards Scheme, to be funded under the Department of Foreign Affairs and Trade's International Cultural Relations Program, to assist Australians of South Sea Islanders descent to visit their countries of family origin in the South Pacific to research traditional customs and genealogy, and to use this knowledge for the benefit of their home communities in Australia. It is intended that the Scheme, which will commence in 1994/95, will help to meet the need, identified in the HREOC Report, for Australian South Sea Islander communities to re-establish family and cultural links with the South Pacific islands from which their families originated, as part of a process of developing and reinforcing their sense of cultural identity and in helping to keep alive South Sea Islander culture within Australia. It is proposed that the scheme will be run in consultation with the Australian South Sea Islander community.

24. Secondly, funding support of a total of \$75,000 over two years has been approved under AIDAB's Development Education Special Projects Scheme, for the development of a special curriculum package for Australian South Sea Islanders in Queensland, by the Queensland Department of Education. This initiative will provide historical and contemporary Australian South Sea Islander cultural education materials for early childhood, primary and secondary school students.

25. The Department of Foreign Affairs and Trade is also funding the development of a photographic and ethnographic public exhibition depicting the history and development of Australian South Sea Islanders. The exhibition will open later this year and will tour selected centres in Australia during 1994 and 1995. After this, with further funding support from the Department's International Cultural Relations Program, the exhibition will also tour key centres in Pacific countries. It is proposed that the photographic component of the exhibition would afterwards be gifted to the Australian South Sea Islander community for permanent housing at an agreed venue.

26. The Department of Foreign Affairs and Trade is also proposing to arrange, with funding support from OMA and in co-operation with the Queensland Government, the restoration of two old community buildings in Bundaberg with a historical association with the South Seas Evangelical Church. The Church originated in Bundaberg and is marking its centenary in 1994. It is proposed that the restored buildings be used by the local Australian South Sea Islander community in Bundaberg for church and for general community purposes. The project would be closely relevant to the need, identified in Recommendation (6) of the HREOC Report, to preserve Australian South Sea Islander historical sites in Australia.

B. Supporting Speeches by the Attorney General and Members of Parliament⁶¹

Mr LAVARCH (Dickson-Attorney General)-by leave-It is most appropriate that representatives of the South Sea Islander community should be present. It gives me great pleasure today to table the government's response to a Human Rights and Equal Opportunity Commission report entitled *The call for recognition*. Tabled on 6 May 1993, this is a report on the situation and needs of Australian South Sea Islanders. The report's title encapsulates the most fundamental issue for Australian South Sea Islanders; that is, to be recognised. It is a major step in addressing a serious wrong. In the formal statement I am tabling today, the Commonwealth government recognises Australian born South Sea Islanders as a distinct ethnic group in Australia with its own history and culture. The report concludes that Australian South Sea Islanders are a unique minority group and have been severely disadvantaged through racial discrimination. Yet until now they have not even been formally recognised as a distinct ethnic group in Australia. In other words, they have not existed officially. Perhaps this is the greatest insult that can be paid to any ethnic group. More than an insult, this deflates a community's self-esteem. It also threatens the collective heritage of Australian born South Sea Islanders. These people have a right to a fair go as much as any other Australians. The call for recognition vindicates the government's concern for issues raised by such people as Faith Bandler in her book 'Wacvie'.

Published in 1977, the book tells the moving story of Ms Bandler's father. He was taken by force from the island of Ambryn, which is part of Vanuatu, and put to work on the cane fields of Queensland. I would now like to spend a few moments detailing the history of Australian South Sea Islanders. It is a history that, regrettably, few Australians are familiar with. South Sea Islanders are the descendants of the 55,000 to 60,000 Melanesians brought to Queensland between 1863 and 1904 to develop the local sugar industry. They came

from many Pacific islands-mainly from Vanuatu and the Solomon Islands. Like Faith Bandler's father, they were often brought against their will. In other words, they were treated no better than slaves. That is the ugly truth of the matter: This sorry chapter in Australian history was referred to as blackbirding, which is of itself an obnoxious term. No other group came to Australia with less status than did the South Sea Islanders. To add insult to injury, between 1904 and 1906, many were deported under the white Australia policy. This policy was implemented as one of the first acts of the newly formed Commonwealth of Australia. However, about 2,400 people either evaded deportation or were exempted from it.

Today's Australian South Sea Islanders are the descendants of this remnant community. We are not completely certain how many members make up the community, but the report suggests that there are 15,000 to 20,000 Australian South Sea Islanders.

Many still live on the Queensland and northern New South Wales coast, where their forebears sweated and strained to develop Australia's sugar industry. Despite having been in Australia since before Federation, South Sea Islanders have had very little written about their situation. In 1991, the Evatt Foundation directed the attention of the government to the social and economic disadvantage facing many Australian South Sea Islanders. As a consequence, my predecessor, the then Attorney-General, the honourable member for Holt (Mr Duffy), asked the Human Rights and Equal Opportunity Commission to undertake an inquiry into their situation.

As I have already mentioned, the report prepared by the commission as a result of this inquiry was tabled in May last year. The brief history of Australian South Sea Islanders I have just described is drawn largely from that report. A lengthy process of consultations with relevant Commonwealth departments and

⁶¹ Commonwealth Government (1994) House of Representatives [Official Hansard No. 196, 1994](#), speeches by The Honourable Dr Michael Lavarch, Mr Neville, Mr Nehl.

agencies has been undertaken since the tabling of the report.

I am pleased to announce that the government response which I am tabling today proposes a number of positive initiatives. The government's response is designed to foster a real sense of community amongst Australian South Sea Islanders. The report acknowledges that Australian South Sea Islanders feel they will not become part of multicultural Australia until they are properly acknowledged with their own special heritage and cultural traditions.

The government fully supports the report's first recommendation, which calls for the government's formal recognition of Australian South Sea Islanders as a unique minority group that is severely disadvantaged through racial discrimination. This government acknowledges that the descendants of Pacific labourers see themselves as quite distinct from other ethnic minorities in Australia. They are not indigenous, nor are they descended from mainstream settler migrants. Their historical experience in Australia has generally been one of a lack of control over their own affairs and of exclusion.

In the formal statement I am tabling today the government acknowledges the injustices of the indentured system of labour under which the ancestors of Australian South Sea Islanders were brought to Australia and the economic and cultural dislocation suffered by those South Sea Islanders and their descendants, the severe disadvantage experienced by South Sea Islanders and their descendants, and their contribution to the culture, history and economy of Australia.

The government's response to the other five recommendations is set out in detail in the formal response. Briefly, the initiatives we are proposing are based on the recognition of the group as an entity. The census provided by the report is a good start. We need to assess how government is servicing the needs of the community. First of all, we have named the

Australian South Sea Islanders as an access and equity group. This means that all Commonwealth government agencies must include service statistics in their reports.

We are funding two liaison officers for three years to provide the community with organisational support. We have also decided to commission a small cross-portfolio research project to gather data on Australian South Sea Islanders, which should ultimately help service delivery agencies in identifying the community needs. I am seeking to have an Australian non-government organisation take up this research.

Finally, government agencies should take steps to increase public awareness of South Sea Islanders and their role in Australia's history. My colleague the Minister for Development Cooperation and Pacific Island Affairs (Mr Bilney) has earlier today announced details of initiatives that are outlined in the government response. These directly address some of the needs identified in this recommendation.

When my predecessor asked the Human Rights and Equal Opportunity Commission to conduct an inquiry into the situation of Australian South Sea Islanders, it was an important first step in the process of recognising their existence and examining their special needs. This initiative demonstrates the Commonwealth government's commitment to making social justice a reality for all Australians. It is also about all Australians celebrating their particular heritage and having their contribution to this country recognised. I would like to think that the steps the government is taking mark a new chapter in the history of Australian South Sea Islanders. Mr Deputy Speaker, I table the government's response to this important report.

Mr NEVILLE (Hinkler)-by leave-I thank the Attorney-General (Mr Lavarch), his Thursday, 25 August 1994 REPRESENTATIVES 399 shadow in this House-the honourable member for Kooyong (Mr Peacock)-and indeed the

House for its indulgence today in allowing me this opportunity to make a brief response to today's statement on the status and future of the South Sea Islander people who now live in Australia as Australian citizens.

As the Attorney-General quite rightly observed, the South Sea Islander Australians have been recognised as neither an indigenous nor an officially recognised ethnic group. To that extent, they have been sidelined from the great mass of Australians. The injustice perpetrated against this group in the 19th century stands to our enduring shame. They were used, exploited and then returned or, for those who stayed behind, abandoned-but in a way that is only exceeded in its injustice by decades of studious indifference and neglect in the 20th century. One has only to read speeches to this parliament by the honourable member for Dawson (Mr Braithwaite) or to read Noel Fatnowna's book *Fragments of a Lost Heritage*-again, often referred to by the honourable member for Dawson-to know just how unjust and demoralising their existence has been.

The history of World War II and its aftermath shows how debilitating deprivation from one's cultural background can be. Our multicultural policy in Australia has sought to rectify that situation for a broad raft of ethnic groups. Yet a group which has been with us-and no longer as indentured labour-in some instances for nearly 150 years has been studiously ignored.

I am sure I speak for those along the Queensland and New South Wales coastal regions, and indeed for those in capital cities, in welcoming the Attorney-General's formal statement regarding South Sea Islanders. For the first time there is formal recognition by this parliament of the economic and cultural dislocation these people suffered, the disadvantage experienced by their descendants and the acknowledgment of their cultural history and their place in the economy of Australia. This has long been awaited and indeed it has been demanded by the damning

report of the Human Rights and Equal Opportunity Commission. Now that it is on the record, and if it is genuinely going to mean anything, this must be more than rhetoric.

Earlier today, the Minister for Development Cooperation and Pacific Island Affairs (Mr Bilney) announced four cultural programs to create an awareness of and a cultural surround to the South Sea Islander people. One of them will be a South Sea Islander cultural awareness awards scheme which will allow up to six of their number to visit their home islands and home countries in the South Pacific to reestablish cultural and family links. It will also involve a curriculum project, funded by AIDAB and the Queensland education department collectively, to bring about a two-year \$150,000 program on the history and culture of South Sea Islander people. This will be tested initially in Queensland schools. There will be a South Sea Islander historical exhibition of photographs and artefacts, which in many instances will not have been seen before, which will tour the museums of Australia and a limited number of country centres before touring the South Pacific.

The project that is of particular interest to me, because it is in the electorate of Hinkler, is the Bundaberg historical building project. The Department of Foreign Affairs and Trade, the Office of Multicultural Affairs and the Queensland government have undertaken to restore two small wooden buildings at Fairymead, adjacent to the Fairymead mill, where many South Sea Islanders were indentured labour. These rather humble buildings are a representation of the new culture of the South Sea Islander people. It was in and around these buildings that the South Sea Islander evangelical church was formed.

You, Mr Deputy Speaker, were in the chair on the day on which I reported to the parliament on a very moving event which happened in Bundaberg on the afternoon of Friday, 6 May when some 500 residents of Bundaberg and

150 South Sea Islander residents of the Solomon Islands flew into Bundaberg for a religious celebration and what was an unsolicited act of reconciliation. You will further recall that that group, through their Minister for Home Affairs, the Hon. Michael Maeliau, presented to this parliament a symbolic war club with the wish that never again would there be any disharmony between the South Sea Islander people and the Australian people. That was a very generous act of reconciliation. As I said, it was totally unsolicited, totally uncalled for and totally unplanned, and it came from their hearts. It is fitting that today in this parliament we should reciprocate by putting on the record our acknowledgment of the injustices perpetrated on these people.

The statement made by the minister announces three initiatives. First, Australian South Sea Islanders will be declared an access and equity group. This means that, in future, all government departments and agencies will include them in statistical analyses and reports, which will certainly provide some form of database. Second, the government will fund two liaison officers for three years, at a total cost of \$80,000. Third, the government also announced that \$50,000 will be provided for a small cross-portfolio research project. This is a restatement of the minister's press release of 26 July.

While I do not wish in any way to be churlish, and while I readily acknowledge the generosity of many of the moves that have been undertaken today, those last three initiatives are generally small bickies. I do not criticise them, but I hope that they are no more than the first faltering steps towards some genuine recognition. It should be abundantly clear to government departments that these people have been outrageously neglected in the areas of housing, education, health and training.

I would hate to think that the announcement of building up databases, providing two liaison

offices for 20,000 people and \$50,000 for a cross-portfolio research project would be the end of the affair. As I said, I hope this will be just the start and that it, very quickly, rights some of the social and economic injustices that have been perpetrated by studious indifference over the last 90 years or so.

Today is a great day of celebration for the South Sea Islander people. They have seen their culture recognised by the minister at a midday function. In some ways it is an embarrassing day for Australians to have to admit past wrongs, but it is something that had to be done and something we must do with all due humility. It is a day to acknowledge the first faltering steps towards greater social and economic justice for the South Sea Islander residents of this country.

Mr NEHL (Cowper)-by leave-I will speak only briefly because I am aware of the time constraints on other honourable members. First and foremost, I congratulate the Attorney-General (Mr Lavarch). I am delighted that he has come through on this matter. Many members on both sides of parliament have been genuinely concerned about the situation of South Sea Islanders. Again, I congratulate the Attorney-General on this breakthrough. As the honourable member for Hinkler (Mr Neville) mentioned, he is hoping for more. However, I note that the minister, in his tabling statement, has said that the government's response to the other five recommendations is set out in the formal response. I look forward to reading that response.

I also pay tribute to the honourable member for Dawson (Mr Braithwaite), who has been assiduous in pursuing the position of South Sea Islander people. He comes from Mackay, where there is a very large number of South Sea Islander descendants. I supported a motion that he put forward on 30 September last year, seeking the government to take the action that it has taken today. He and I later participated in a deputation to the Attorney

General, who was pleased to see us. We had very full and detailed discussion about the needs of South Sea Islander people. One of the good things about this parliament is that we can have bipartisanship in many areas, particularly in this area. With the support of the opposition, the government will undertake action which will go part of the way to remedy the disgraceful treatment of a great many wonderful Australians.

The statement about wonderful Australians is not a general statement. I speak from experience. When I spoke last September, I mentioned a wonderful and great man, Noel Fatnowna, whom I had the great privilege of meeting and knowing. I am also privileged that one of his nephews, Garth Fatnowna, is a teacher at a primary school in my electorate and is doing a wonderful job.

Finally, and again, this is one of the highlights of this sitting because the government is moving the way the opposition and the South Sea Islander descendants want it to move. It is really a first-rate effort. Again, I can only say congratulations. We look forward to continuing to work with this government and the next government-which will be us, of course-in furthering the position of South Sea Islanders.

Appendix 2: Chronic Diseases

Australian Burden of Disease Study 2024

Chronic diseases cause the majority of health burden.

*in 2024 the 5 disease groups causing the most burden were cancer, mental health conditions and substance use disorders, musculoskeletal conditions, cardiovascular disease and neurological conditions. Together these disease groups accounted for around two-thirds of the total burden. These disease groups include mostly chronic, or long-lasting conditions.*⁶²

In 2024 the highest disease burden occurred in the following disease conditions:

Coronary heart disease	Stroke
Back pain and problems	Alcohol use disorders
Anxiety disorders	Bowel cancer
Depressive disorders	Falls
Dementia	Poisoning
Suicide and self-inflicted injuries	Hearing loss
Chronic Obstructive Pulmonary Disease	Chronic liver disease
Asthma	Breast cancer
Lung cancers	Eating disorders
Osteoarthritis	Bipolar affective disorder
Autism spectrum disorders	Drug use disorders
Type 2 diabetes mellitus	Dental caries
Rheumatoid arthritis	

Australian Institute of Health and Welfare (2025) [Australian Burden of Disease Database](#)

⁶² Australian Institute of Health and Welfare (2025) *Australian Burden of Disease Study 2024* \: Summary ([Web Report](#))

Appendix 3: Selection process for Link Worker position

The Protocols

This project requires the successful candidate to work closely with different people in the community and needs to develop and follow protocol.

- Q1 Does the nominee support people to access services effectively in each Age Group?
Think e.g. 0-19 and 60-79.
- Q2 Is the Nominee aware of the local providers (health and community) that support chronic disease and mental health, or have they worked in the health sector?
- Q3 How will the nominee differentiate between Aboriginal and Torres State Islander providers and Australian South Sea Islanders?

The Community

- Q1 Does the nominee know the different families and how they are related?
- Q2 Is the nominee respected by the community?
- Q3 Does the nominee understand Australian South Sea Islander Men and Woman's business

The Tools

- Q1 How well does the nominee know about access to existing tools and resources for Australian South Sea Islanders?
- Q2 How would the nominee help someone with cataracts fast-track the system
- Q3 Could the nominee work with the PHN to identify Medicare Numbers that might effectively support the GP.

The System

- Q1 How will the nominee navigate the Aboriginal and Torres Strait Islander Service Access and South Sea Islander Access or both?
- Q2 Does the nominee understand the key barriers preventing access to services?
- Q3 Has the nominee worked in the Health System or helped people navigate the health system?
 - If Employed in the health rank
 - If more than immediate family e.g. men's groups etc



To change the story, we must listen. We must honour the voices of those who have carried the weight of history and who now offer pathways forward.

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