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# Exploring healthcare providers' perspectives on the factors that facilitate primary health care access among Aboriginal and Torres Strait Islander young people: a qualitative study in Southeast Queensland

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## Abstract

**Background** Aboriginal and Torres Strait Islander young people aged 15–24 years of age often encounter challenges accessing and utilising primary health care (PHC). Providing health care responsive to the needs of Aboriginal and Torres Strait Islander young people requires the active involvement of healthcare providers (HCPs), who play a central role in healthcare delivery. This study explored perspectives of HCPs working in urban Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (ATSICCHOs) on the factors that facilitate Aboriginal and Torres Strait young people accessing and utilising PHC services.

**Methods** Thirteen research yarns were conducted with HCPs in urban southeast Queensland (SEQ), Australia. Inductive thematic analysis was used to identify factors facilitating health care access and utilisation and were mapped to a social-ecological framework model.

**Results** Three overarching strength-based themes that facilitate access to health care were common across research yarns: (1) The ATSICCHO model of care addresses the needs of Aboriginal and Torres Strait Islander young people; (2) Family and community play a key role in facilitating Aboriginal and Torres Strait Islander young people's access to healthcare services; and (3) The characteristics of Aboriginal and Torres Strait Islander young people that support health-seeking behaviour. Specific factors identified included targeted programs and initiatives specifically for Aboriginal and Torres Strait Islander young people; equitable access to holistic, comprehensive and culturally safe PHC; characteristics and skills of the ATSICCHO workforce that support young people's engagement and access; and young people's motivation to be healthy and to seek care. Barriers contrasting these themes were also identified.

**Conclusion** HCPs from urban ATSICCHOs provide a unique perspective on the healthcare experience of Aboriginal and Torres Strait Islander young people and the factors that facilitate and/or challenge their access to PHC services. Improving PHC access among Aboriginal and Torres Strait Islander young people should focus on multilevel strategies

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across all three levels of the social-ecological model, with a particular focus on increasing opportunities for equitable access to PHC services for young people, enhancing target programs and initiatives for young people, and supporting the knowledge, skills and capacity of HCPs to deliver appropriate, culturally safe and holistic care.

**Keywords** Healthcare providers, Primary care, Primary healthcare, Indigenous, Aboriginal and Torres Strait Islander, Australia, Adolescents, Young people, Enablers

## Background

Health is a human right, and everyone has the right to the highest attainable standard of physical and mental health [1]. Universal health coverage, rooted in primary health care (PHC) [2], enables countries to uphold the right to health by ensuring affordable and equitable access to health services for all [3]. In Australia, Medicare, Australia's universal health insurance scheme, guarantees that all Australians have access to health services [4]. Despite this, not all Australians have the same level of healthcare access [5–7]. Aboriginal and Torres Strait Islander people aged 15–24 years, especially males, were less likely to access PHC services than non-Indigenous young people [8]. Injury and mental health conditions were the leading causes of the burden of disease among Aboriginal and Torres Strait Islander young people [8]. Access to timely, high-quality, and appropriate PHC is essential for addressing the disease burden and improving health outcomes [9]. Eighty percent of excess mortality among Aboriginal and Torres Strait Islander young people is preventable within the current health system [10], highlighting opportunities for timely interventions to improve health outcomes and support intergenerational health.

Healthcare access is influenced by various multilevel factors related to healthcare systems and organisations, population and community, households, and individuals [11]. Generally, these factors have been identified among young people; [12, 13] however, they differ depending on social, economic, and cultural factors like education, housing and employment, income, social support, environment and geographical location [14]. These factors are often categorised into two groups: demand for services, factors at the individual, household, or community level that influence access to services, including knowledge of services, family and community support, and young people's participation in decision-making; and supply, factors such as types of and quality of services, health facilities and characteristics, and provider competencies [15, 16]. Among Indigenous young people, enablers and barriers to accessing PHC have been identified, although these were limited to specific contexts [17]. These include access to and availability of services, facility characteristics, provider competencies and characteristics, cost of services, health literacy, and cultural and social determinants of health [17]. Additionally, in the Australian context, most of the evidence is from the perspectives of

Aboriginal and Torres Strait Islander young people and based on studies conducted in rural and remote settings, and less so from the perspective of healthcare providers (HCPs) and in urban settings where there were physically more PHC services available serving a much larger population of Aboriginal and Torres Strait Islander peoples [17].

Providing healthcare that is responsive to the health and wellbeing needs of Aboriginal and Torres Strait Islander young people requires the active involvement of HCPs, who play a central role in healthcare delivery by offering clinical care, guidance, and support to individuals seeking care [18, 19]. Their responsibilities vary across professions and settings; however, all healthcare professions have a set of standards that define their practice and behaviours, including codes of conduct and competencies [20–23]. In Australia, these standards acknowledge the impact of colonisation and the unique cultural, health and wellbeing needs of Aboriginal and Torres Strait Islander people and outline the provision of safe and quality healthcare that is responsive to the needs of all people [20–22]. The evidence regarding the effectiveness of these standards, codes of conduct, and competencies is limited, particularly in relation to their application in delivering culturally safe care to Aboriginal and Torres Strait Islander peoples [24]. However, existing research indicates that cultural competence education and training can enhance healthcare providers' knowledge, skills, attitudes, and confidence [24].

HCPs provide a unique perspective on how individuals access, interact, and experience healthcare. This perspective can provide great insight into the supply-side factors influencing Aboriginal and Torres Strait Islander people young people's access to PHC services. Furthermore, HCPs can be a part of the solution, by being actively involved and reflecting on their practice [25–28] when delivering healthcare that meets the unique health and wellbeing needs of Aboriginal and Torres Strait Islander young people. This study explores the perspective of HCPs from urban Aboriginal and Torres Strait Islander community-controlled health organisations (ATSIC-CHOs) on the enablers and barriers to Aboriginal and Torres Strait young people accessing PHC. Although literature does exist on the enablers and barriers to young people accessing healthcare services and, to a limited extent, Aboriginal and Torres Strait Islander young people [17], this study adds to the evidence by privileging

the views of HCPs from urban ATSIICCHOs, taking a strengths-based approach and focusing on the factors that facilitate Aboriginal and Torres Strait young people accessing PHC, to understand the levers of change.

## Methods

### Study design

The study was conducted in partnership with urban-based ATSIICCHOs in southeast Queensland (SEQ), Australia, and guided by a young people's advisory group of four Aboriginal individuals (two males and two females, aged 19–24). They provided input on the design, recruitment, analysis, and interpretation of the research, as well as advising on the most suitable term to describe the cohort. Given the focus on Aboriginal and Torres Strait Islander people aged 15–24, “young people” was chosen as the most culturally appropriate term, particularly for those who may have undergone ceremonial initiation associated with the transition from childhood to early adulthood.

The overall study has been guided by Indigenist research methodologies that centre Indigenous knowledge and worldviews [29] and integrate Western research approaches. The centring of Indigenous ‘ways of knowing, ways of being and ways of doing’ privileges and empowers Indigenous peoples [29–32], particularly Aboriginal and Torres Strait Islander young people, ATSIICCHOs, and their knowledge and experience.

### Research team and experience

The study was conducted by SH, a Narungga and Ngarindjeri researcher from South Australia with over 10 years of research experience with Aboriginal and Torres Strait Islander people, communities and health services. JAD is a non-Indigenous clinician and qualitative researcher with over 25 years of experience in sexual and reproductive health. PA is a non-Indigenous researcher and clinician with 20 years of experience in adolescent and Aboriginal and Torres Strait Islander health and wellbeing. GDM is a non-Indigenous researcher with over 25 years of experience in life course epidemiology and women's health. JW is a Pitjantjatjara and Narungga researcher, infectious diseases epidemiologist, and a national leader in Aboriginal and Torres Strait Islander health research.

### Study participants and recruitment

Participants were HCPs, including doctors, nurses, Aboriginal Health Practitioners, youth and social workers, community liaison officers, and practice managers from three ATSIICCHOs in SEQ. Purposive sampling was used to identify potential participants. Eligibility criteria included HCPs who provided healthcare to Aboriginal and Torres Strait Islander people aged 15–24 years at

participating ATSIICCHOs. The Clinical Director from two services and the Chief Executive Officer from one service identified potential participants to engage who met the eligibility criteria. Potential participants were invited to participate via email and were provided with copies of the Participant Information Sheet and Consent Form, which outlined that participation was voluntary and confidential. Two of the three services requested that an information session be given to potential participants to inform them about the study and the requirements of participating. Once an HCP consented to participate, a research yarn was organised for a time convenient for the participant.

### Data collection

Research yarns were conducted by SH in a one-on-one setting with participants online using Microsoft Teams. Research yarns are a form of yarning, a qualitative research method rooted in Indigenous practices [33]. It is employed in Aboriginal and Torres Strait Islander research to centre and privilege the perspectives of Aboriginal and Torres Strait Islander participants [33–35]. This method of knowledge exchange is deeply relational, relying on shared experiences and understanding, where participants share their stories and insights [33–35]. Research yarns can be described as ‘a conversation with a purpose,’<sup>33 p. 40</sup> as it aims to gather valuable information relevant to the research topic. A yarn guide was created to allow interviewer flexibility, featuring open-ended, strengths-based questions about the factors that facilitate Aboriginal and Torres Strait young people accessing PHC services (Supplementary File 1). Before each research yarn, participants were asked to provide informed consent by completing the Consent Form and the Participant Demographic Form, which collected information about the participant's demographic characteristics, including gender, age, Indigenous status, and HCP role. Research yarns were conducted between May and August 2023, and recordings were manually transcribed verbatim by SH and were then anonymised by removing names and identifying characteristics of HCPs, including the names of people, locations, and workplaces they spoke about, which were changed to maintain anonymity. Transcripts were sent to participants for review and approval.

### Data analysis

Research yarn transcripts were imported into qualitative data analysis software NVivo 14, and all analyses were conducted using this software. Following the method developed by Braun and Clarke, inductive thematic analysis was used to generate themes from the data [36]. Data were initially coded and sorted into themes before being reviewed and further refined. Refinement led to

the development of overarching strength-based themes, specifically focusing on the factors that facilitate Aboriginal and Torres Strait young people accessing PHC services. A modified social-ecological model was used to categorise the overarching themes, across three levels: systems and organisation, family and community, and individual [37]. A social-ecological approach allows for identifying opportunities where comprehensive and multileveled interventions can be implemented [38–40]. This strength-based approach supports Aboriginal and Torres Strait Islander empowerment and self-determination [41, 42], countering the deficit-based discourse often used to describe their health and wellbeing [41]. To protect participants’ identities, no identifiable information is included alongside participant’s quotes.

Results

Thirteen research yarns were conducted with HCPs, on average, lasting 27 min (range 12–41 min). The demographic characteristics of participants are shown in Table 1.

To ensure a strengths-based approach was taken in this study, during the research yarns and data analysis phases, emphasis was placed on identifying the enablers that facilitate Aboriginal and Torres Strait Islander young people accessing PHC services. However, during the research yarns, participants identified various barriers to Aboriginal and Torres Strait Islander young people accessing PHC services. While these barriers were not the primary focus of this study, they have been included and presented in Table 2, accompanied by illustrative quotes where they contrast with the strength-based overarching themes. The enablers identified have been

summarised into three strength-based overarching thematic statements that align with the three levels of the social-ecological model (1) Systems and organisation: The ATSICCHOs model of care addresses the needs of Aboriginal and Torres Strait Islander young people; (2) Family and community: The role of family and community in facilitating Aboriginal and Torres Strait Islander young people’s access to healthcare services; and (3) Individual: The characteristics of Aboriginal and Torres Strait Islander young people that support health-seeking behaviour.

Systems and Organisation Enablers

Overarching theme: The ATSICCHO model of care addresses the needs of Aboriginal and Torres Strait Islander young people

HCPs identified the overarching theme of the ATSICCHO model of care addresses the needs of Aboriginal and Torres Strait Islander young people. Features of the model of care include targeted programs and initiatives specifically for Aboriginal and Torres Strait Islander young people, equitable access to holistic, comprehensive and culturally safe PHC, and characteristics and skills of the ATSICCHO workforce that support Aboriginal and Torres Strait Islander young people’s engagement and access.

Theme: Targeted programs and initiatives for Aboriginal and Torres Strait Islander young people

Participants discussed how targeted programs and initiatives for Aboriginal and Torres Strait Islander young people facilitate young people’s access to PHC services. These programs and initiatives included the Institute for Urban Indigenous Health’s (IUIH) *Deadly Choices* Education Program, an eight-week preventative health program delivered at schools, which includes a health check (Medicare item 715 Aboriginal and Torres Strait Islander health check); school-based clinics that provide one-day-a-week access to a doctor, an Aboriginal Health Worker and or nurse; and youth services and programs that provide social-emotional wellbeing, case management, outreach services, and link Aboriginal and Torres Strait Islander young people with clinical services. Participants described how these programs and initiatives address Aboriginal and Torres Strait Islander young people’s health and wellbeing needs by focusing on key areas.

*With Deadly Choices, they talk about smoking, or they do talk about sexual health and eating right, every session is different. It’s really good and the kids get a lot from it. (HCP11)*

The school-based clinics have also increased Aboriginal and Torres Strait Islander young people’s access to PHC

Table 1 Healthcare provider characteristics (N=13)

| Participant Characteristics                               | n (%)      |
|-----------------------------------------------------------|------------|
| Gender                                                    |            |
| Female                                                    | 7 (54%)    |
| Male                                                      | 6 (46%)    |
| Indigenous status                                         |            |
| Aboriginal and or Torres Strait Islander                  | 10 (77%)   |
| Non-Indigenous                                            | 3 (23%)    |
| Median age <sup>a</sup>                                   | 31 (23–55) |
| Managerial role                                           |            |
| Yes                                                       | 6 (46%)    |
| No                                                        | 7 (54%)    |
| Role                                                      |            |
| Aboriginal and Torres Strait Islander Health Practitioner | 1 (8%)     |
| Community Liaison Officer                                 | 3 (23%)    |
| Doctor                                                    | 2 (15%)    |
| Nurse                                                     | 1 (8%)     |
| Practice Manager                                          | 2 (15%)    |
| Youth/Social Health Worker                                | 4 (31%)    |

<sup>a</sup> Three participants did not report their ages

**Table 2** Strength-based themes and contrasting barriers to young people accessing PHC services, as identified by participants, with supporting illustrative quotes

| Ecological level        | Overarching theme                                                                                                                   | Theme                                                                                                                                        | Barrier and illustrative quote                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| System and organisation | The ATSI-CHO model of care addresses the needs of Aboriginal and Torres Strait Islander young people                                | Targeted programs and initiatives for Aboriginal and Torres Strait Islander young people                                                     | No barriers relating to this theme were identified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                         |                                                                                                                                     | Equitable access to holistic, comprehensive, and culturally safe PHC is essential                                                            | <p>A lack of available appointments delays young people from accessing health services: <i>Whenever you have limited capacity, those that find it hardest to access [care], they're gonna find it even more harder to access.</i> (HCP1)</p> <p>A lack of available appointments delays young people from accessing health services: <i>Someone's got issues, and if they're mental, social health issues. That's a long time to wait, to keep something locked up, and when you wanna share it or vent and, you know, it must build up.</i> (HCP5)</p> <p>A lack of available appointments inhibits the provision of continuity of care: <i>If I see a young person today and I want to give you, if you want an Implanon or something contraceptive and we wanna put it in, trying to find a spot in the calendar is really challenging... and trying to get a young person back can be difficult.</i> (HCP4)</p> <p>The time required to complete a health check could be considered onerous for young people: <i>So, they're here for quite [a while], like they see the nurse, then they might have to wait again for the doctor. So, they might end up being here for a considerable amount of time, and sometimes they don't want to do that. They want to come in, address a single issue, or address what they think is important and get out the door; they don't want to do the whole [health check] process that we have in place.</i> (HCP4)</p> <p>The cost of external health services prevents young people from accessing health services: <i>Trying to find a bulk billing, psychologist, psychiatrist, counsellor, anything, within the area is also near impossible, and a lot of our, obviously a lot of young people aren't don't have the funds to fork out \$150.00 upwards each time.</i> (HCP3)</p> <p>Not all clinics were centrally located or close to transport or a lack of transport decreases accessibility: <i>To get to our clinic, a lot of our patients would have to take public transport, and that barely even exists out there... A lot of our clients heavily rely on our transport service, which is primarily for our chronic patients, as well as mum's and bubs and our elderly.</i> (HCP6)</p> |
| Family and community    | The role of family and community in facilitating Aboriginal and Torres Strait Islander young people's access to healthcare services | Characteristics and skills of the ATSI-CHO workforce that support Aboriginal and Torres Strait Islander young people's engagement and access | <p>Topics related to women's and men's business can impact the delivery of care: <i>Sexual health things are obviously very, they're hard to kind of ask about, and at the same if you get like a young man and obviously that's, that's a bit of men's business stuff as well.</i> (HCP3)</p> <p>Difficulties building rapport with young people: <i>When you don't know a young person, there is a lot of pressure to work through [and] to build rapport. Someone under [the age of] 18, you really wanna have some time to talk to them just by yourself... building the rapport with a young person. With someone else around, you kind of, you're trying to work out who should I talk. Do I talk directly to the young person?</i> (HCP1)</p> <p>Confidentiality can be a barrier to young people seeking care: <i>I mean, a lot of our mob is, they're worried about. Some of them won't even use the clinics cause they're too scared that, you know, family or friends or whoever will know their business, which is, I mean, that's fair enough.</i> (HCP3)</p> <p>Additional funding to recruit and retain staff: <i>One of the barriers is pay. It's not funding for resources but pay... The reason I haven't [been] able to maintain [a] female youth workers is I don't pay them enough... If I could have just paid her a bit more, I reckon she should have stayed, and it would have made a difference. So, you know, when I say funding, it's more so for people.</i> (HCP10)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                         |                                                                                                                                     |                                                                                                                                              | <p>Family don't role model positive health-seeking behaviours: <i>It comes back to their parents; they don't see their guardians going to the clinic. So, they don't go essentially.</i> (HCP10)</p> <p>Other family priorities delaying health seeking: <i>Because those young people are some of the people that aren't able to come in because mum got too much on or dad's got shit to do.</i> (HCP9)</p> <p>A lack of community leaders to encourage health engagement: <i>I don't think there's enough leaders in the community to support them [young people] to come along to health-related days, and not days, I guess like appointments.</i> (HCP11)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Table 2** (continued)

| Ecological level | Overarching theme                                                                                               | Theme                                                    | Barrier and illustrative quote                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual       | The characteristics of Aboriginal and Torres Strait Islander young people that support health-seeking behaviour | Young people's motivation to be healthy and to seek care | <p>A lack of health literacy: <i>I think maybe just them not knowing what we can provide in here, like what we can do sort of thing. I know a lot of them wouldn't, they wouldn't know that we have, like allied health or specialist and all that, and we can refer out. They wouldn't know that it's bulk billing or free as such.</i> (HCP12)</p> <p>Health was not always a priority for young people: <i>I don't think they have any other mindset in in the in, in mind. But to survive that, that's their one and only goal is to make it through the day or, you know, whatever situation they're in at the time.</i> (HCP10)</p> <p>Shame can prevent young people from seeking care: <i>A lot of young people are shame of accessing support and not knowing how to make that first step in accessing the support.</i> (HCP13)</p> <p>Fear can prevent young people from engaging with services: <i>So, fear of the unknown, I think that's a human trait, we're generally scared of what we don't know, and these young people sort of, you know don't sort of know what happens in the clinics or, they're a bit afraid.</i> (HCP10)</p> |

services. A HCP discussed how many Aboriginal and Torres Strait Islander young people engage more regularly and for non-urgent issues.

*Now, I can't even walk to the office without kids asking me if they're due for an appointment or if they can see the doctor... they're becoming more frequent flyers, and it's for non-urgent appointments, we're not seeing them for the distressing stuff that they were coming in for initially... Now they're just actually coming in to check in and say hi or letting us know if they're not well... a cold or I've got a sore and stuff like that.* (HCP6)

Participants also discussed how these programs and initiatives promote services and link Aboriginal and Torres Strait Islander young people to the broader services available at the PHC service.

*We kept getting a lot of referrals to internal services; we've just placed ourselves there every Thursday [at the school] for health checks and mental healthcare plans and GP management plans; just linking them into any internal [services], as well as if we can help them get external services, just to make sure that they're getting that holistic wrap around service.* (HCP6)

The school clinics also provide Aboriginal and Torres Strait Islander young people with independence, allowing them to seek healthcare without parental/guardian supervision.

*They don't wanna go to the doctor with, with mum or dad or whatever... I think that's why the school health checks are quite important... once they're over 15 and we're allowed to see them without mum or dad... it gives them some independence.* (HCP3)

Part of the success of the school-based clinics has been the services and HCPs immersing themselves into the school, with both teachers and students.

*If the guidance councils say, 'hey, can you turn up to staff meetings or come and yarn at the assembly so kids can put a name to a face and see and feel more comfortable, so they can come and yarn to you about anything.' We'll do it.* (HCP11)

Another aspect of the model of care was the dedicated youth services and programs that engage with Aboriginal and Torres Strait Islander young people who need additional support, either group support or one-on-one case management and counselling.

*For some, we'll run a group for them, put them all in one group, have someone facilitate it, and run a support group for them. They'll get a feed, have a bit of fun, and we do a bit of education. For those who need that extra help, we provide case management and counselling.* (HCP10)

#### **Theme: Equitable access to holistic, comprehensive and culturally safe PHC is essential**

Participants discussed the need to provide equitable access to holistic, comprehensive, and culturally safe PHC and that it is essential for enabling and supporting access to PHC services. Factors considered enablers by participants were access to a range of services, including health checks, the capacity to provide continuity of care, the ability to offer bulk-billing services, clinic opening hours, and the provision of culturally safe care. Participants discussed how Aboriginal and Torres Strait Islander young people had access to a range of services and programs, such as general practice, allied health, dentistry, social health, care coordination, and specialist services, which were considered to enable access.

*I think having access to some of the services, [and] being able to come and see a doctor, physio, dentist, specialist, and receive social support, that kind of stuff, is hopefully good and beneficial for young people. (HCP1)*

Similarly, health checks were a positive mechanism for engaging Aboriginal and Torres Strait Islander young people and establishing current levels of health and well-being, identifying health needs, and linking clients to holistic and comprehensive healthcare. Health checks were provided to all clients, including young people, and were conducted as part of the IUIH *Deadly Choices* initiative and school clinics. For Aboriginal and Torres Strait Islander young people who are not regular clients of the ATSICCHO, participants described how health assessments were used to engage and promote services to young people and their families.

*You still get people who think we've just got a doctor and a nurse here at the clinic. So, if you let them know about all the allied health that they're entitled to when they're doing the health check... it opens their eyes to the possibilities of what is available to them... for free, bulk billed. (HCP5)*

Another aspect of equitable access to holistic, comprehensive, and culturally safe PHC was continuity of care. Participants described this as having a 'familiar face' that Aboriginal and Torres Strait Islander young people recognised and felt comfortable with but also knew them and their circumstances (HCP2, HCP5, HCP12). Some clinics have an integrated model of care that enables clients to see the same group of HCPs each time they visit the service. Despite this, it may not always be possible for Aboriginal and Torres Strait Islander young people to see the same person and receive that continuity of care if they were not considered a regular client (HCP1).

The cost of healthcare services was described as both an enabler and a barrier. Participants discussed and recognised that while the cost of healthcare services at an ATSICCHO was not an issue as ATSICCHOs bulk bill under Medicare, some participants suggested Aboriginal and Torres Strait Islander young people who were previously seeking care outside the ATSICCHO sector were returning to ATSICCHOs due to the lack of bulk billing and increased cost of seeking care in mainstream general practice sector.

*I guess outside [ATSICCHO] being one of the only bulk billing practices around these days,...we're having a lot of new patients come from other orgs. We're having like black fellas come back that were*

*accessing mainstream and that just can't now; they couldn't afford it. (HCP11)*

Many clinics across the three ATSICCHOs in the study have extended opening hours, including Saturdays, and some clinics have the flexibility of walk-in appointments in addition to the standard Monday to Friday 8 am to 5 pm pre-booked appointments. These extended hours and the flexibility of walk-in appointments were important for minimising barriers Aboriginal and Torres Strait Islander young people may normally encounter when accessing PHC services, particularly for young people studying or working (HCP3).

*Absolutely, cause we do have young people that are still going to school, so having that [extended opening hours and walk-in appointments] as an option for them is important too. (HCP13)*

While it may not always be possible for Aboriginal and Torres Strait Islander young people to get an appointment immediately, participants recognised the importance of acknowledging their need to see someone and taking action, such as getting them triaged.

*When a youth or adolescent calls and they need some help, we need to get them triaged because it's really rare that we have them calling and asking for help, like really rare. So, being able to cater for them on when they do call is a big thing. (HCP11)*

To address the lack of available appointments, one ATSICCHO, introduced a triaging process at the end of 2022 to minimise wait times for clients needing to see someone for a more pressing health concern and to minimise those foregoing care. If the client discloses or the receptionist senses that the client needs to see someone urgently, a phone triage was booked that day with the nurse. During the triage process, the nurse determines what care was needed and the urgency of the concern. The introduction of the triaging process acknowledges the needs of clients, including Aboriginal and Torres Strait Islander young people, and provides options as to what the client wants to do.

*That way, you know, we're not saying, hey, we don't have an appointment for another month and they're, like, 'okay, don't worry about it then.' It's like, OK, do you need to speak to someone today? Let me see who I can get. And they can have a yarn with you and go from there. (HCP11)*

Additionally, knowledge of Aboriginal and Torres Strait Islander health and wellbeing and culture was important

for delivering culturally safe healthcare. Non-Indigenous participants discussed how they received cultural awareness training when first commencing their role at the ATSICCHO and how it has provided them with the knowledge to take a strength-based approach to Aboriginal health and wellbeing (HCP1) and understanding cultural protocols.

*Understanding the different protocols and how we talk with young people, especially when it comes to females and females working with females when it comes to that area, and males working with males. (HCP8)*

### **Theme: Characteristics and skills of the ATSICCHO workforce that support Aboriginal and Torres Strait Islander young people's engagement and access**

Participants identified several enablers related to the characteristics and skills of the ATSICCHO workforce to support Aboriginal and Torres Strait Islander young people's engagement and access, such as experience working with young people, and knowledge of Aboriginal and Torres Strait Islander health and wellbeing and culture, Aboriginal and Torres Strait Islander staff, age and gender of HCPs, and communication and building rapport and trust with young people.

Experience working with young people was important for enabling HCPs to deliver healthcare to Aboriginal and Torres Strait Islander young people. Most participants did not have any specific formal qualifications related to the health and wellbeing of young people, even those in a young people-specific role. However, a few participants did have formal qualifications. One participant had a Certificate IV in Youth Work and a Diploma in Child Youth and Family Intervention, and another was undertaking a Diploma in Child and Adolescent Health. Generally, participants gained experience from working with young people, whether in their current role or from previous experience, even if they had no formal qualification. Experience ranged from 1 to 2 years to 15 plus years and across a diverse range of health and wellbeing needs.

*I've done Cert IV in Youth Work and AOD, but I've also got done a Diploma in Community Services, plus this year is 16 years working in the youth sector/industry in different areas, respite care, homeless shelters, youth justice and now here. (HCP8)*

For one Aboriginal participant, they discussed how their personal and life experience was just as valuable to their role as their formal qualification or professional experience.

*I have just turned 25 myself, so I was considered a young person for a while. Yes, I have my own lived experience and then experience working alongside mob and other young people too... Outside of my professional experience, I would say I come from a big family, so with that, there are a lot of roles and responsibilities in terms of supporting other family members, including siblings and cousins, and being a role model for them. And yeah, I think that life experience is just as significant as my role in the professional field. (HCP13)*

For Aboriginal and Torres Strait Islander participants, knowledge of Aboriginal and Torres Strait Islander health and wellbeing was gained through formal qualifications or experience. Some Aboriginal and Torres Strait Islander participants also identified having had training on Aboriginal and Torres Strait Islander health and wellbeing, and culture during their time at ATSICCHOs. However, most Aboriginal and Torres Strait Islander participants had gained awareness through their lived experiences.

*That's probably more just life experience, just being an Aboriginal man and growing up (HCP7).*

Additionally, the presence of Aboriginal and Torres Strait Islander staff, including HCPs, within the clinics was discussed by participants as an important enabler for Aboriginal and Torres Strait Islander young people accessing PHC services. The presence of Aboriginal and Torres Strait Islander staff was described as making Aboriginal and Torres Strait Islander young people feel welcomed and enabled young people to make connections with HCPs who worked at the clinic.

*I think having that familiar face of an Aboriginal person in the clinic and knowing what they're walking into. I think that can help a lot with making them feel at ease. (HCP12)*

Participants were uncertain whether the age or gender of HCPs mattered to Aboriginal and Torres Strait Islander young people. However, participants noted that it depended on a young person's previous experience with an older person or the concern they would be seeking help for (HCP1, HCP2, HCP4). Often, young people were asked if they had a preference for a HCP of a particular gender (HCP4). What was considered important by participants was the connection the HCP made with a young person (HCP2).

*I think it comes down to the individual. I think sometimes it would be good having someone young*

*that they can connect with, but then, sometimes, someone a bit older that they can look up to as an aunty [or] uncle figure can be also good too. (HCP7)*

Participants suggested that having younger HCPs at the ATSICCHO provided a welcoming environment for Aboriginal and Torres Strait Islander young people, as they would be able to connect more with someone of a similar age.

*There are some younger people around and I think when there are, especially young Aboriginal Torres Islander staff, I think that they can see that, feel that. That's gotta be a good thing. And I do see them connect, you know, they'll have connections. (HCP1)*

One participant identified that it made it easier for them to connect as they shared similar musical interests and knew of social media commonly used by Aboriginal and Torres Strait Islander young people.

*I think I'm quite lucky in the sense that I was their age not that long ago. So, I think I can connect on that level; we may, you know, listen to similar music, or I know TikTok is a big thing; I've been able to connect with a lot of our youth off the bat. (HCP2)*

Several participants discussed the need to have clear communication with Aboriginal and Torres Strait Islander young people. Whether it was having a yarn or discussing personal or medical needs, being clear, straightforward, honest, and free from medical jargon was considered an enabler and important for communicating with Aboriginal and Torres Strait Islander young people.

*I think being straightforward with [them], not giving them any false hope or false narrative of how their support is or what their support is going to look like.... And just, yeah, being real with them, not being fake. (HCP2)*

Similarly, participants spoke about being mindful of their language and communication style and wanting to ensure they do not offend or come across as direct in their communication.

*What language I use sometimes to ask the harder questions. Not wanting to offend or upset them anymore... sometimes I'm a bit worried about how I say things, and I don't wanna come across as too strong or blunt. (HCP3)*

All participants discussed the importance of connecting with and building rapport with Aboriginal and Torres Strait Islander young people, as it was regarded as critical to engaging with young people, building trust, and making them feel comfortable and safe (HCP2, HCP3, HCP10, HCP12). Most participants identified that rapport needs to be built over time (HCP3, HCP6). Building rapport with Aboriginal and Torres Strait Islander young people was discussed as being important because it allows them to express their concerns and feelings to someone they trust.

*If that [young] person's able to connect with that Health Worker or the Social Emotional Wellbeing Worker or whatever role, they would then be able to have somebody that they are able to express how they feel. (HCP9)*

Building rapport was particularly important for those participants who provide care or work with at-risk Aboriginal and Torres Strait Islander young people who were disengaged from healthcare, education, or family. Building rapport with Aboriginal and Torres Strait Islander young people often allowed participants to step into that guardian role when required and provide advocacy and support when seeking care.

*We are asking them if they want us to come with them. Because the guardians may not be available to go. So, we'll step into that role and make sure they're getting support and feel confident going in by themselves. (HCP8)*

## **Family and Community Enablers**

**Overarching theme: Family and community play a key role in facilitating Aboriginal and Torres Strait Islander young people's access to healthcare services.**

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The second overarching theme identified was the role of family and community in facilitating Aboriginal and Torres Strait Islander young people's access to healthcare services. Factors such as being taken to an appointment by family or a supportive parent or 'good guardian' (HCP10) who advocated for the needs of their young person assisted with engagement and access.

*Young ones are being brought in by a carer or their family member. If there's heaps of kids and they have someone pushing them to come to appointments. (HCP 11)*

Additionally, participants discussed that including family and support for families was equally as important as engaging and providing care to Aboriginal and Torres Strait Islander young people.

*Sometimes, we'll go out the next day and talk with the young person and also the family and see what support the family also needs. Through that process, we can see what other services the parents may need. So, family wellbeing and engagement are important too. (HCP8)*

### Individual Enablers

#### Overarching theme: Characteristics of Aboriginal and Torres Strait Islander young people that support health-seeking behaviour

The third overarching theme is the characteristics of Aboriginal and Torres Strait Islander young people that support health-seeking behaviour. Participants described how health promotion activities and an individual's motivation to be healthy were why some Aboriginal and Torres Strait Islander young people engaged with PHC services. They also suggested the *Deadly Choices* program and messaging could be linked to promoting health literacy and healthy behaviours.

*We've got Deadly Choices Program Officers, so they go out into the community engaging with youth and trying to link them back into the clinic and promote what services we have. (HCP7)*

One participant discussed how they believed the *Deadly Choices* messaging provided the knowledge and motivation for Aboriginal and Torres Strait Islander young people to access services. Additionally, Aboriginal and Torres Strait Islander young people receiving positive feedback about their health and wellbeing appeared to facilitate their engagement with services.

*I think that kind of Deadly Choices message has been around for a long time now, and I think young people wanna be healthier. It is great when [young] people come through, and you do a health check, and all you have is praise for them for the positives that they're doing in their eating and exercise and healthy relationships... So, I think that kind of positive feedback helps enable them to continue to engage. (HCP1)*

Participants also recognised that more health promotion and prevention should be delivered to Aboriginal and Torres Strait Islander young people. They believed that if Aboriginal and Torres Strait Islander young people were

more aware of their health and wellbeing needs, they were more likely to engage with health services.

*We should be providing more health promotion and prevention, [and] education to young people around health and wellbeing more generally, but also about specific things around drugs and alcohol and sexual health. When young people are more aware of their health, they are more likely to seek help. (HCP9)*

### Systems and Organisation, Family and Community, and Individual Barriers.

Barriers identified by HCPs have been presented in Table 2, along with supporting illustrative quotes where they contrast with the strength-based overarching themes. Including these barriers provides insight into areas that need attention within models of care at ATSICCHOs and identifies possible opportunities for interventions while also providing context to the enablers that facilitate Aboriginal and Torres Strait young people's access to PHC services, as already discussed.

### Discussion

The study was conducted in an urban setting, where there is an increasing focus on improving health outcomes for Aboriginal and Torres Strait Islander young people. The mapping of enablers and barriers across three overarching themes identified from research yarns with HCPs provided a unique perspective on how Aboriginal and Torres Strait Islander young people access, interact, and experience healthcare, particularly in relation to supply-side factors. This study identifies several enablers of access to PHC. However, HCPs discussed the ATSICCHO model of care, specifically targeted programs and initiatives for Aboriginal and Torres Strait Islander young people, and the characteristics and skills of the ATSICCHO workforce as essential for facilitating Aboriginal and Torres Strait Islander young people's access and utilisation of PHC services. Our findings highlight that the targeted yet comprehensive approach developed and refined over a decade by established and renowned ATSICCHOs in SEQ aims to increase access, ongoing engagement, and service uptake, enables Aboriginal and Torres Strait Islander young people in the region to access quality, culturally safe, holistic, and comprehensive PHC services [43–45]. This multilevel approach encompasses engagement strategies such as education, health promotion, and social health programs [46–48]. It is a flexible and comprehensive model of care that is mindful of Aboriginal and Torres Strait Islander young people's health needs and social situations and inclusive of families and communities [48, 49].

These findings were consistent with existing literature and fill in the gap in evidence from studies conducted in

an urban setting and with HCPs from ATSICCHOs [17]. Other studies have identified the role of the ATSICCHO model of care and its importance in providing culturally safe, holistic, and comprehensive PHC services, often in the absence of mainstream services to meet the needs of Aboriginal and Torres Strait Islander people [50–53]. Similarly, targeted programs addressing Aboriginal and Torres Strait Islander young people's needs improve access and health outcomes. For example, in Australia, *headspace*, a national mental health organisation tasked with providing primary care-based mental health support to young Australians aged 12–25, aims to bridge the gap between the high prevalence of mental health problems in Aboriginal and Torres Strait Islander young people and the availability of services [54, 55].

While the focus of this study was on the enablers of Aboriginal and Torres Strait young people accessing PHC, participants did identify a range of barriers to Aboriginal and Torres Strait Islander young people accessing PHC services. These barriers should not be ignored; if anything, they provide insight into areas that need attention within models of care at ATSICCHOs while also providing context to the enablers that facilitate Aboriginal and Torres Strait young people's access to PHC services. The availability of appointments was the most significant barrier discussed by all participants, which impacted Aboriginal and Torres Strait Islander young people's ability to access services. Wait times to see a primary HCP have been identified as barriers to access in other studies for both Aboriginal and Torres Strait Islander young people and adolescents generally [56–61]. One study by Warwick et al. [57] identified targeted clinics and outreach as possible solutions that could address wait times for Aboriginal young people. The service involved in that study had trialled a young person's clinic, which was described as successful; however, no further detail on this success was provided.

This study demonstrates that ATSICCHOs are best placed to provide culturally safe, holistic, and comprehensive PHC services to Aboriginal and Torres Strait Islander young people. Investing in the ATSICCHO model of care to increase their capacity to deliver PHC to Aboriginal and Torres Strait Islander young people is possibly the most feasible and effective way to increase young people's access to and use of PHC services. Likewise, mainstream services that embody the principles and values of ATSICCHOs, such as the Inala Indigenous Health Service, are also best placed to provide these services to Aboriginal and Torres Strait Islander young people [62–64]. Further investment should focus on enhancing target programs and initiatives for Aboriginal and Torres Strait Islander young people and strengthening the capacity of the healthcare workforce to provide accessible healthcare. The additional needs of young

people including Aboriginal and Torres Strait Islander young people have been recognised nationally and internationally in key documents, such as the *National Agreement on Closing the Gap* [65] and the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* [66], and The World Health Organization's *Global standards for quality health-care services for adolescents* [16], and *Core competencies in adolescent health and development for primary care providers* [67]. Governments, healthcare systems, and health services are responsible for ensuring these strategies and policies are enacted. Investing in Aboriginal and Torres Strait Islander young people's health is critical if there are to be any improvements in their health and wellbeing. Others have also advocated for investing in Aboriginal and Torres Strait Islander young people's health and wellbeing, noting that investments will lead to improved health outcomes as young people, as adults, and future generations of Aboriginal and Torres Strait Islander people [68].

The strengths of the study were that the study was conducted in partnership with ATSICCHOs and used Indigenous methodologies employed by an experienced Aboriginal researcher that centred the knowledge and experience of HCPs from ATSICCHOs. A limitation of the study was that only 13 HCPs participated across three ATSICCHOs. The increased demand for and shortage of HCPs limit their capacity to participate in research. Purposive sampling was used to identify and recruit participants who provided care to Aboriginal and Torres Strait Islander young people. As such, there may have been other HCPs who could have contributed. These factors should, therefore, be taken into consideration when interpreting the results of this study.

## Conclusion

Healthcare providers from ATSICCHOs identified system and organisational, family and community, and individual factors that enable Aboriginal and Torres Strait Islander young people's access to PHC services. Efforts to improve PHC access among Aboriginal and Torres Strait Islander young people should focus on multilevel strategies across all three levels of the social-ecological model, with a particular focus on increasing opportunities for equitable access to PHC services for Aboriginal and Torres Strait Islander young people, enhancing target programs and initiatives for young people, supporting the knowledge, skills and capacity of HCPs to delivery appropriate, culturally safe and holistic care, and increasing funding and resources to assist these strategies. Importantly, any strategy should centre HCPs and Aboriginal and Torres Strait Islander young people in their design and implementation.

## Abbreviations

|           |                                                                                |
|-----------|--------------------------------------------------------------------------------|
| ATSIICCHO | Aboriginal and Torres Strait Islander Community-Controlled Health Organisation |
| HCP       | Healthcare provider                                                            |
| IUIH      | Institute for Urban Indigenous Health                                          |
| PHC       | Primary health care                                                            |
| SEQ       | Southeast Queensland                                                           |

## Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12875-025-02959-y>.

Supplementary Material 1.

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## Authors' contributions

SH: conceptualisation, design, data collection, analysis, and interpretation, and writing the original and final drafts of the paper. JAD: analysis and interpretation of data, and review of original and final drafts. AP, GDM & JW: conceptualisation, review of original and final drafts, and supervision.

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## Data availability

All data generated and analysed during this study are not publicly available, as they were collected under the condition that they would only be used for this study.

## Declarations

### Ethics approval and consent to participate

This study fulfils the National Health and Medical Research Council's *National Statement on Ethical Conduct in Human Research*, and *Ethical guidelines for research with Aboriginal and Torres Strait Islander peoples*, and complies with the Helsinki Declaration. Ethics approval for this study was received from the University of Queensland Human Research Ethics Committee (approval number: 2022/HE001155). All participants provided informed consent to participate in the study.

### Consent for publication

Not applicable.

### Competing interests

The authors declare no competing interests.

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