FOREST
FAMILY
PRACTICE

First Nations Health Checks

Building culturally safe, holistic and connected primary care

Presented by Dr Jodie & Nurse Anna

Forest Family Practice

Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we meet.

We pay our respects to Elders past and present.

We acknowledge Aboriginal and Torres Strait Islander peoples joining us today.

Learning objectives

Understand the purpose of culturally safe First Nations health care.

Describe the nurse's role in preparing, supporting and following up health assessments.

Recognise the importance of prevention, vaccination, continuity and relationships.

Learn from Forest Family Practice's improvement journey.

Our starting point: review → action

Newcastle University Supporting Healthy Futures Project

Our participation in the Newcastle University “Supporting Healthy Futures Project” prompted us to review how we were delivering First Nations health care.

Using Primary Sense, we reviewed our patient population and preventive care opportunities.

The findings highlighted gaps in identification, continuity, 715 uptake and preventive care.

Initial findings from the review

The baseline audit helped us see where the opportunities were.

68 First Nations patients identified in our GP population

3 records with ethnicity entered incorrectly

⅓ with a regular GP

5 715 health checks in the previous 9 months

Other opportunities: low proportion of CTG registrations • annual pathology screening recorded for 4 patients • several care plans already in place • all identified patients eligible for additional government-funded vaccines.

The 715 health assessment opportunity

Understand what matters to the patient.

Identify health priorities and preventive needs.

Strengthen relationships.

Coordinate care and connect with services.

Plan follow-up and the next step.

Health checks across the lifespan

Infants and children: growth, development, hearing, oral health and prevention.

Young people: physical health, social and emotional wellbeing, safety and connection.

Adults: cardiovascular, kidney and metabolic health, screening and immunisation.

Older people: prevention, vaccination, chronic disease and continuity.

What could we do to improve access to care for our First Nations client group?

After discussion with representatives from reception, nursing and doctors across our 30-strong team, we agreed on a practical whole-practice approach.

Infants and Children health assessments

- 6 months
- 18 months
- 4 years
- Every 2 years thereafter: 6, 8, 10, 12, 14, 16 and 18 years
- Plan school-age checks during school holidays around flu time.

Time allocation (guide, not a time-based check):

Ideally nurse + GP — Kids: 15 min nurse / 30 min GP

Young People, Adults and Older health assessments

- Recall patients on GP recommendation.
- Recall patients with an established GP relationship by phone.
- Offer during a face-to-face consult where appropriate.

Time allocation (guide, not a time-based check):

Ideally nurse + GP — Adults: 45 min nurse / 15 min GP

Alternative: GP-only consultation with a prefilled template prepared by the RN.

Preparing for rollout

What we put in place before starting 715 health assessments

1. Staff education

- Cultural awareness training for 2 RNs and GP.
- Listen to relevant podcasts and build confidence discussing First Nations health.
- Increase knowledge of Indigenous vaccination, heart, kidney, ear and women's health.

2. Culturally safe environment

- Seek support and guidance from First Nations people.
- Work towards a practice Acknowledgement of Country.
- Attend local yarning circle opportunities.
- Use culturally appropriate posters and health promotion material.

3. Systems & templates

- Add Best Practice prompts for 715, annual influenza vaccination and CTG enrolment.
- Develop age-specific health check templates based on RACGP guidance.
- Templates prepared in advance so previous information can be built on annually.
- Use PIP/IHI, CTG and Medicare-related forms appropriately.
- Clarify billing and additional nurse item numbers.

4. Local connections & workflow

- Learn local Aboriginal health and support services.
- Know pathways for dental, eye health, legal aid and integrated chronic disease support.
- Keep practical resources ready for nurses and doctors.

Systems and templates example: preparation, recall & evaluation

A practical tool for proactive review, recall and future planning

Develop and maintain a patient list to support review and recall. Use it as a discussion tool for future planning with the allocated GP, with a 3-monthly review alongside a Primary Sense search.

Name	Age	GP	Health History	715	Path	Care Plan	CTG	Immunisations	Follow Up

- Use the list to identify gaps before the patient attends.
- Review health assessments, pathology, care plans, CTG status, immunisations and follow-up needs.
- Bring the list into regular GP–nurse discussions to turn data into planned care.

Systems and templates example: Preparing for the health check

Before the patient arrives:

- ❑ Review the record
- ❑ Pre-fill relevant information
- ❑ Check previous health assessments
- ❑ Review pathology and investigations
- ❑ Check immunisation history
- ❑ Identify outstanding recalls
- ❑ Review care plans
- ❑ Check relevant registrations and supports
- ❑ Identify the patient's usual GP

Why preparation matters:

It allows the consultation to focus on the **person**, rather than spending the appointment searching for information

Health Check – Infant / Child

Preparation & priorities

- Date of last health check
- 965 last attended / 967 last attended
- MyMedicare
- Registered for Closing the Gap PBS Co-payment Measure (CTG)
- Consent given by
- **What are the important things for you in this health check today?**
- Is there anything that you are worried about with your child's health or wellbeing?

History & immunisation

- Recurrent cough or chest infections
- Recurrent ear infections / CSOM (glue ear / grommets)
- Growth or development problems
- Acute rheumatic fever / rheumatic heart disease in high prevalence settings
- Environmental exposure to tobacco smoke
- Hospital admissions / other relevant medical history
- Regular medications: check need, dose, understanding and adherence
- Allergies / adverse reactions; health record up to date
- **Relevant family history**
- **NIP vaccines, annual influenza and funded Bexsero under 2 years**
- Use catch-up tool if needed

Health Check – Infant / Child

Development & examination

- Add age-appropriate developmental autofill
- Growth measures: height, weight, head circumference
- Heart rate and rhythm; cardiac auscultation
- Abdominal examination
- Gait examination (musculoskeletal structure, balance, coordination)
- Haemoglobin for children at risk of iron deficiency anaemia
- Eye health: concerns about vision and eye examination

Hearing, oral & skin health

- Is there concern about language / talking?
- Snoring or noisy breathing at night?
- Last hearing test (audiology) and ear examination / otoscopy
- Oral and dental health: teeth and mouth check; last dental check-up
- Clean teeth with a baby soft toothbrush and water where appropriate
- Skin problems and sun protection

Health Check – Infant / Child

Healthy development & family wellbeing

- Healthy eating: current diet, drinks, water, fruit and vegetables
- Discuss sugary drinks and highly processed foods
-
- Commenced solids and food allergy information where relevant
- Physical activity and screen time
- Learning and development; concerns about school
- Who lives in the household / who does the child live with?
- Stressful life events, behaviour, sleep and school attendance
- If indicated, ask about depression and other mental health concerns

Finalising the health check

- Patient priorities and goals
- Brief intervention: advice and information provided
- Referrals and appointments
- Recalls entered: clinical review, results, immunisations and investigations
- Parent/patient actions
- Offer a copy of the health check including follow-up and future appointments

Health Check – Primary school age

Preparation & priorities

- Date of last health check
- Consent given by parent / primary carer
- 965 last attended / 967 last attended
- MyMedicare
- Registered for Closing the Gap PBS Co-payment Measure (CTG)
- What are the important things for you in this health check today?
- Is there anything that you are worried about with your child's health or wellbeing?

History & immunisation

- Recurrent cough or chest infections
- Recurrent ear infections / CSOM (glue ear / grommets)
- Growth or development problems
- Acute rheumatic fever / rheumatic heart disease in high prevalence settings
- Environmental exposure to tobacco smoke
- Hospital admissions / other relevant medical history
- Regular medications: review need, dose, understanding and adherence
- Allergies / adverse reactions; keep the health record up to date
- Relevant family history
- **Annual influenza vaccination and routine immunisations**
- **Check for missed vaccines and use the catch-up calculator when needed**

Health Check – Primary school age

Examination & preventive health

- Growth measures: height, weight and head circumference
- Heart rate and rhythm; cardiac auscultation
- Abdominal examination
- Gait examination: musculoskeletal structure, balance and coordination
- Haemoglobin for children at risk of iron deficiency anaemia
- Eye health: concerns about vision and eye examination
- Hearing: language/talking concerns, snoring or noisy breathing, last audiology and otoscopy
- Oral and dental health; last dental check
- Skin problems and sun protection

Healthy development, social history & finalising

- Healthy eating, including current diet, drinks and food availability
- Physical activity and screen time
- Learning and development; concerns about school
- Who lives in the household / who does the child live with?
- Stressful life events, behaviour, sleep and school attendance
- If indicated, ask about depression and other mental health concerns
- Finalise priorities and goals, advice, referrals, recalls, patient actions and future appointments

Health Check – Adolescents & Young People (12–24 years)

Preparation & priorities

- Date of last health check
- 965 last attended / 967 last attended
- MyMedicare
- Registered for Closing the Gap PBS Co-payment Measure (CTG)
- Consent given
- **What are the important things for you in this health check today?**
- Is there anything you are worried about?
- Do you have any specific health goals?
- Is there anything about your health and wellbeing you would like to improve?

History, immunisation & physical health

- Medical history: ear infections, hearing problems, asthma, high blood pressure, epilepsy, headaches/migraines, diabetes, rheumatic heart disease, kidney disease, mental health and other relevant history.
- Regular medications: check need, dose, understanding and adherence.
- Allergies/adverse reactions; health record up to date.
- Relevant family history including diabetes, heart disease, cancer and mental health.
- **Check catch-up immunisations; annual influenza and high-school immunisations including MenACWY.**
- **Review missed routine childhood vaccinations where applicable.**
- Height, weight, BMI and waist circumference where appropriate; blood pressure, heart rate and rhythm.
- At 18 years, use the listed investigation prompts: FBC, HbA1c/glucose, lipids, kidney function/eGFR, liver function and ACR.

Health Check – Adolescents & Young People (12–24 years)

Whole-person health

- Eye health: concerns about vision and examination.
- Ear health and hearing: concerns, last audiology and ear examination.
- Oral and dental health: concerns, last dental check and teeth/mouth check.
- Skin health and sun protection.
- Healthy eating, weight, food availability, physical activity, exercise, screen time and social connection.
- Substance use including tobacco, environmental smoke, alcohol and other substances.
- Gambling: ask where relevant.

Social / emotional wellbeing & sexual health

- Consider an Aboriginal and Torres Strait Islander Youth Social Emotional Wellbeing question guide or HEEADSSS.
- Home, education/employment, eating/exercise, activities/peers, drugs, sexuality, suicide/depression and safety.
- Ask about stable housing, feeling safe at home, study and work.
- Mood: explore how they have been feeling and use an appropriate screening/risk assessment when indicated.
- Sexual health: puberty, contraception, safe sex, STIs, blood-borne viruses and relevant sexual health concerns.
- Consider age/risk-appropriate STI and BBV screening using the supplied prompts.
- Finalise priorities, brief intervention, referrals, recalls, patient actions, follow-up and offer a copy of the health check.

Health Check – Adults 25–49 years

Preparation & priorities

- Date of last health check
- 965 last attended / 967 last attended
- MyMedicare
- Registered for Closing the Gap PBS Co-payment Measure (CTG)
- Consent given
- **What are the important things for you in this health check today?**
- Is there anything you are worried about?
- Do you have any specific health goals?
- Is there anything in particular about your health and wellbeing you would like to improve?

History, medications & assessment

- Medical history: diabetes, hypertension, myocardial infarction, stroke, kidney disease, hearing impairment, epilepsy, asthma, COPD, rheumatic heart disease, HBV, significant head trauma and mental health.
- Other relevant medical history, operations and hospital admissions.
- Relevant family history including diabetes, heart disease, cancer and mental health.
- Regular medications: check ongoing need, dose, understanding and adherence.
- Allergies/adverse reactions; health record up to date.
- Team members.
- Vital signs including blood pressure.
- **Fasting BSL every 3 years; diabetes risk and absolute cardiovascular risk.**

Health Check – Adults 25–49 years

Pathology & immunisation

- Full blood count.
- HbA1c or blood glucose level.
- Serum lipids.
- Kidney function including eGFR every 2 years.
- Liver function tests.
- ACR.
- Blood-borne virus screening according to status and risk.
- **All ages: influenza vaccination.**
- **Capvaxive** (pneumococcal) for First Nations people aged 25 years and over from 1/7/26.
- Follow current vaccination guidance when applying schedule details.

Preventative health

- Skin check and be alert for new or changing lesions.
- Melanoma 9-question risk tool.
- Vision, hearing and dental health.
- Assess osteoporosis risk factors where relevant; consider bone-health tools and BMD.
- Bowel cancer screening according to the supplied age guidance.
- Use preventive health conversations to identify screening and follow-up opportunities.

Health Check – Adults 25–49 years

Page 3 of 3 — Sexual health, lifestyle, social & emotional wellbeing and follow-up

- Ask about sexual health concerns.
- Cervical screening (CST) 25–74 years as appropriate.
- Discuss pre-conception, contraception, menstruation, STIs, BBV screening, continence, menopause and erectile dysfunction as relevant.
- Young women's resources: self-collection, Jean Hailes periods and PCOS resources.
- Discuss breast and prostate health according to age and the supplied template.
- Use respectful, patient-centred communication.

- Smoking and environmental tobacco exposure.
- Alcohol and other substance use; include relevant Hep C risk questions.
- Healthy eating, weight and food availability.
- Physical activity, exercise and screen time.
- Home and family: who lives with you, children/caring roles, stable housing and safety.
- Learning and work.
- Mood and mental health; screen and complete risk assessment when indicated.
- Finalise patient priorities, brief intervention, referrals, recalls, patient actions and follow-up.

Health Check - Older people (>50 years)

Preparation & Priorities

- Date of last health check:
- 965 last attended:
- 967 last attended:
- My medicare:
- Registered for Closing the Gap PBS Co-payment Measure (CTG):
- Registered for My Aged Care:
- Advance care planning: Enduring Power of Attorney; Advance Health Directive:
- Consent given:

Current health/patient priorities

- **What are the important things for you in this health check today?**
- Is there anything you are worried about?
- Do you have any specific health goals?
- Is there anything in particular about your health and wellbeing that you would like to improve?

History, Medications & Assessment

- **Medical history**: Diabetes; Hypertension; Myocardial infarction; Stroke; Kidney disease; Hearing impairment; Epilepsy; Asthma; COPD; HBV; significant head trauma; mental health; other relevant medical history, operations, hospital admissions, etc.
- **Regular medications**: check if still required, appropriate dose, understanding and adherence. Include prescribed, over-the-counter, traditional, complementary and alternative medicines.
- **Allergies/adverse reactions**: up to date in health record.
- **Relevant family history.**

Preventative health and pathology

- Fasting pathology screen last attended.
- Full blood count; HbA1c or blood glucose; serum lipids; kidney function including eGFR; liver function tests; ACR.
- BBV screening: HBV if status not known/not recorded; HCV if risk factors; HIV if risk factors.

Participation in screening programs

- Cervical screening (age =74 years)
- Breast screening (age =74 years)
- Bowel cancer screening (age =74 years)
- BMD

Health Check - Older people (>50 years)

Immunisation & Examination

Immunisation

• Annual influenza vaccine.
• From 1/7/26 Capvaxive (Pneumococcal) single dose for all First Nations 25 years and over.
• First Nations who have previously received a dose of Pneumococcal vaccine are recommended to receive Capvaxive at least 12 months after their last dose.
• If a patient has already received a dose of Capvaxive due to a medical risk condition aged 18–25, there is no need for another dose at 25 years.
• Over 50 years: Shingrix, Covid 19 booster.
• Over 60 years: RSV.

Examination

• Height; Weight (QI M3); BMI (PI 12); Waist circumference; Blood pressure; Heart rate and rhythm.
• Absolute cardiovascular risk calculation (QI M8, PI 21): https://auscvdrisk.com.au/risk-calculator/
• Chest pains / palpitations; SOBOE; leg swelling.

Preventative Health

Skin health

• Risk level — be alert for new or changing skin lesions.
• Melanoma 9 question risk tool: https://publications.qimrberghofer.edu.au/Custom/QSkinMelanomaRisk
• RACGP skin cancer early-detection guidance.

Eye health

• Vision concerns; visual acuity R/L; trachoma check in endemic areas; trichiasis/corneal scarring R/L.

Ear health and hearing

• Hearing concerns; last hearing test (audiology); otoscopy R/L and details.

Oral and dental health

• Dental concerns; last dental check-up; dentures; teeth and mouth check.

Reflux / Swallow / Digestion

• Reflux, swallowing or digestive concerns.

Health Check - Older people (>50 years)

Healthy eating
• Worries about diet or weight; unintentional weight loss in the last 3 months; intolerances/allergies.
• Discuss age-appropriate healthy eating: current diet and drinks; fruit and vegetables; water as the main drink; avoiding sugary drinks and highly processed foods.
• Issues about availability of food: Yes / No / Details.

Substance use
• Smoking/tobacco: never, ex-smoker, current smoker, wants to quit; quit <12 months / ≥12 months; environmental exposure.
• Alcohol and other substance use: quantity/frequency of alcohol, caffeine, cannabis/yarndi/gunja, IVDU, methamphetamine, other stimulants, opiates, solvents, other.

Physical activity and exercise
• Worries about physical activity; recommendations; falls risk; FRAIL score; Yarn, Move, Do guide.

Genitourinary and sexual health
• Ask when appropriate about sexual health; continence; menopause; erectile dysfunction; prostatic symptoms.
• Older women: CST information / Swish with your Sista / Jean Hailes menopause.
• Bowel health.

Mood & memory
• How have you been feeling lately? Consider aPHQ-9, K5 or K10 and risk assessment.
• Memory/thinking concerns; if indicated, cognitive screening (clock test, GPCOG, KICA-Cog, MMSE).

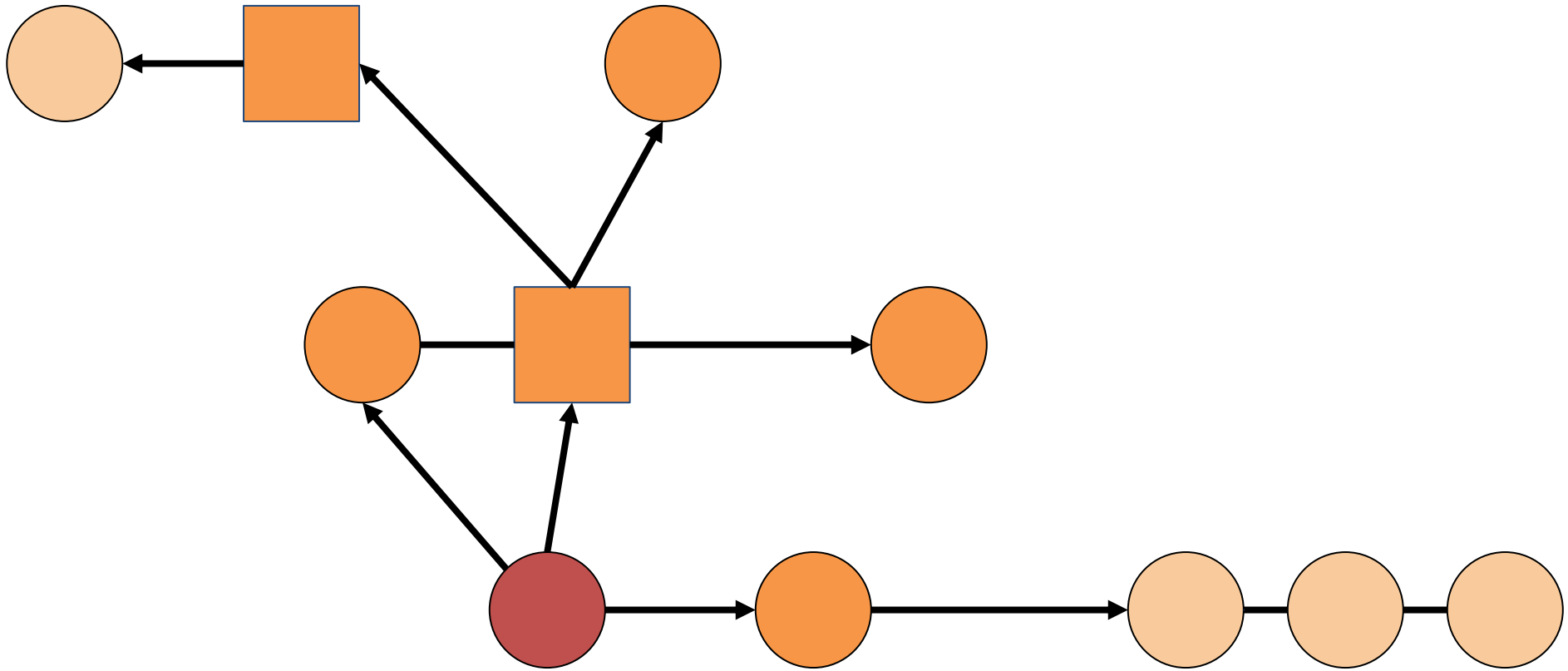
Social and emotional wellbeing
• Stressful life events; social connection, sports/hobbies/clubs/activities.

Home, family & aged care
• Who do you live with? Stable housing? Feel safe at home?
• Ask for an elder care support worker and whether there is a First Nations assessment organisation in the area.
• “Let’s yarn about ageing well.”

Work
• Occupation, occupational hazards, study, disability, etc.

Finalising
• Patient priorities and goals; identified needs and plan; follow-up; recalls; patient actions.
• Offer a copy of the health check including follow-up and future appointments: Yes, copy taken / Yes, but declined / Not offered — plan to follow up.

Case Studies



Case Studies

28 yr old Female accompanies her 12-month-old baby for immunisations

25 yr old, gender diverse with schizoaffective disorder

What are we proud of?

26 health assessments completed since November 2025.

4 children's health checks.

16 children offered influenza vaccination.

15 of 16 children up to date with NIP vaccines.

8 adults over 60 offered RSV vaccination.

5 adults vaccinated against RSV.

New models of care and stronger relationships are developing

Lessons Learned: Vaccines create a point of contact

New vaccine schedules have been useful for creating opportunities to reconnect.

Seasonal planning can make prevention proactive.

Plan early for influenza season.

Contact families early and promote available vaccination appointments.

Consider setting aside FluMist for appropriate older children where clinically suitable and available.

Lessons Learned: Models of care

Nurse + doctor combination.

Doctor-led consultation with nurse preparation beforehand.

Different patients may need different approaches.

Future opportunity: explore telehealth where appropriate for access and follow-up.

Lessons Learned: Tackle the forms!

Health assessment paperwork can feel complicated.

Improve templates and workflows.

Prepare documents in advance.

Provide extra education for all staff.

Make the forms support the conversation—not take over the conversation.

Client review feedback – more to learn!

We need to improve our follow-up care

After consultation with a First Nations patient and nurse educator, we recognised that follow-up needed strengthening.

The health assessment should not be the end of the journey.

Patients need a clear plan for results, recalls and next appointments.

Walk out with a plan:

- Book the next appointment before the patient leaves.
- Discuss results and what happens next.
- Arrange recalls and health assessment review.
- Discuss billing and expected costs.
- Follow up with an appropriate email where suitable.

Client review feedback: Relationship-based follow-up

Use nurse follow-up approximately every 2 months or culturally appropriate email where suitable.

Some patients need monthly contact for injections or additional social support.

Regular contact can help build relationship and trust.

The approach has similarities to continuity-focused chronic and complex care programs.

Improve access and transparency:

- Look for bulk-billing options where possible.
- When this is not possible, explain expected costs clearly.
- Increase awareness of affordable and bulk-billed specialist options.
- Future opportunity: explore telehealth.
- Improve communication at every point of contact.

Five things to remember

- ❑ Relationships come first.
- ❑ Ask what is important to your patient.
- ❑ Prepare well.
- ❑ Think holistically.
- ❑ Follow-up matters.