North West
Hospital and Health Service

North West Health Equity Strategy and Implementation Plan 2025-2028



North West Hospital and Health Service acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.

North West Health Equity Strategy 2025 - 2028

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For more information, contact:

North West Hospital and Health Service
30 Camooweal Street

PO Box 27
Mount Isa QLD 4825
Email NWHHS.EDFNH@health.qld.gov.au
Phone (07) 4764 1594

An electronic version of this document is available at
www.northwest.health.qld.gov.au

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A MESSAGE FROM THE

Chairperson and Health Service Chief Executive

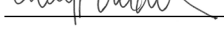
We are proud of the significant progress North West Hospital and Health Service (NWHHS) has made in improving health outcomes and advancing First Nations workforce initiatives. We have achieved tremendous results in reducing Rheumatic Heart Disease and have expanded renal dialysis services, with further expansion underway across the Lower Gulf. Our suite of dedicated workforce programs – including the *Deadly Start* school-based traineeships, tertiary cadetships, and the Allied Health Early Graduate Program - were all introduced during the first three-year Strategy and will continue to grow stronger over the next three years. We have been able to establish a range of new culturally-safe services that are tailored to the needs of First Nations people across the region, including the *Healthy Skin* and *Growing Deadly Families* services.

We wish to thank all who have partnered with us during the inaugural Health Equity Strategy 2022 - 2025 and look forward to continuing to work together during the next three-year period from 2025 - 2028. These partnerships exemplify how innovative collaborations can create lasting impacts in remote regions, particularly when addressing social determinants and root causes. The partnership with Orange Sky Australia and local shire councils has been one such collaboration over the past three years, demonstrating the collective impact that can be achieved beyond what any single agency can accomplish when operating alone.

While we have made considerable progress, we recognise that challenges remain - particularly in ensuring access to social and emotional support, mental health follow-up, and specialist outpatient services. As a Board and Executive, we remain unwavering in our commitment to achieving health equity for First Nations people across the North West and Lower Gulf regions, and to doing so in a culturally safe way, in partnership with community. Our *North West Hospital and Health Service Strategic Plan 2024–2028* (reviewed in April 2025) supports the health equity journey that we are continuing.

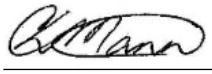
This Strategy has been informed and developed through ongoing, genuine engagement throughout the previous Strategy's implementation, in addition to further dedicated consultations. This is not a one-time initiative - it is an ongoing journey of learning, collaboration, and action.

We deeply value the cultural knowledge, strength, and leadership of First Nations peoples, whose wisdom continues to shape our direction. Embedding these voices into every stage of our service design, delivery, and evaluation is vital to ensuring that First Nations people feel safe, respected, and supported.



Cheryl Vardon AO
Board Chair

Andrew Quabba
A/Health Service Chief Executive



Christine Mann
Executive Director First Nations Health

About the Artwork

By Kylie Hill

The Gidgee tree symbolises long life, strength, and longevity. It thrives despite the harsh weather conditions across our region, including the rugged landscapes of North West Queensland and the Gulf of Carpentaria. This resilient tree grows without care or attention, standing strong against challenges. Its central cultural significance is profound; it plays a vital role in our ecosystem, providing support for bees and promoting land regeneration. The Gidgee tree is termite-resistant and rot-proof, making it a crucial resource.

Our Kalkadoon people and those of the Gulf region utilised this tree to create nulla nullas, boomerangs, and clapsticks. Each of these tools holds deep meaning, particularly in the context of resilience and community - like the boomerang, which signifies the importance of returning to health. The nulla nulla represents the fight for survival, while clapsticks celebrate life and family togetherness. Additionally, the Gidgee tree has medicinal properties; I recall my grandparents using it to remedy colds and flus when I was growing up in Mount Isa. Nan would boil Gidgee gum for us to soothe our throats, and we'd also enjoy it as a dried treat.

Whenever I return to the Isa, I take my jarjums to collect Gidgee gum from the bush. The last time we did this was for a strategy artwork I created, where I incorporated salmon colours alongside the hues of the medicinal leaves, giving it a contemporary twist. When this artwork is painted on canvas, you'll be able to feel the raised dots and elements under your fingers, creating a tangible connection to our culture.

In the artwork, you can see representations of Coolamons and dilly bags alongside the boomerang. The people symbols embody community, while the clapsticks symbolise the men's role and the nulla nulla represents women. The circled areas illustrate the surrounding communities around Mount Isa, with the dots representing the people who connect us all. The blue-green colours symbolise healing and renewal, reflecting our journeys through life.

Our Guiding Principles

NWHHS is already committed to the following Guiding Principles, however the North West Health Equity Strategy and Implementation Plan 2025-2028 extends this commitment to ensure the health and wellbeing of First Nations people is supported by:

SERVICE TO THE COMMUNITY

Working in partnership with First Nations communities ensures our services are culturally safe, locally meaningful, and aligned with community priorities for health and wellbeing.

ACCOUNTABILITY AND INTEGRITY

Accountability and integrity are shown through honouring our commitments, acting ethically, and consistently demonstrating respect for First Nations peoples across our region.

TRANSPARENCY AND IMPARTIALITY

Open and impartial decision-making helps build trust with First Nations people by ensuring fairness, clarity, and culturally informed advice and actions.

RESPONSIVENESS AND INNOVATION

Responsive and innovative approaches support flexible models of care that reflect the diverse cultural, social, and geographic needs of our First Nations peoples.

COLLABORATION

Strong collaboration with Aboriginal Community Controlled Health Organisations, Elders, and communities supports connected, holistic care and improved health and wellbeing outcomes.

CONTINUOUS IMPROVEMENT

Continuous improvement is strengthened by listening to First Nations voices and using this feedback to enhance cultural safety and service quality.

HEALTH EQUITY

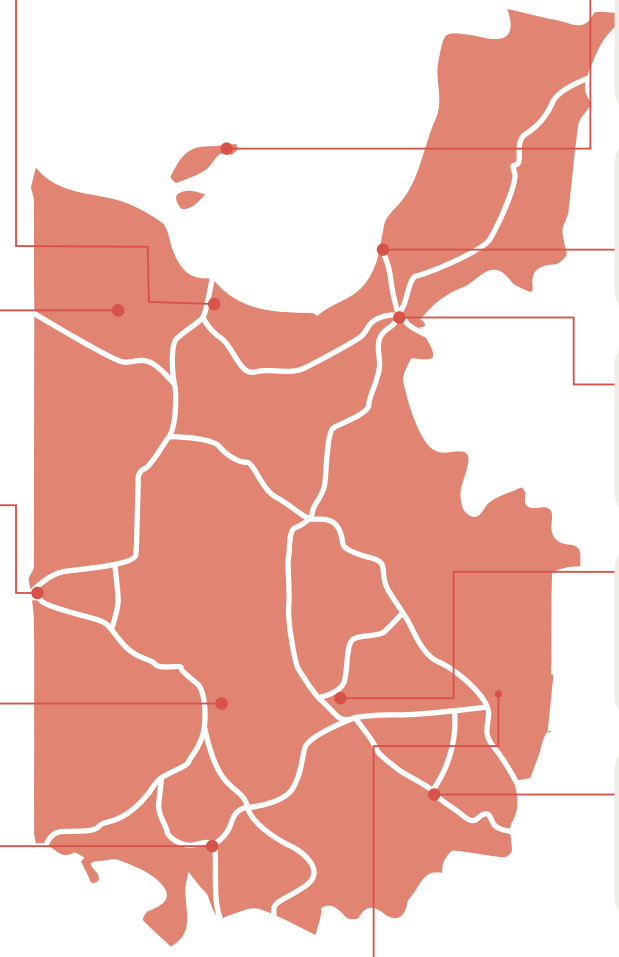
A focus on health equity supports meaningful co-design and co-implementation to reduce the disparities that exist and improve health outcomes.

CULTURAL CAPABILITY

Cultural capability fosters respectful relationships, effective communication, and a culturally-confident workforce across all of our services.

Our First Nations Community Profile

Across the NWHHS service footprint, we are connected with traditional Custodians from 15 different groups. Our region is also home to First Nations people from across Australia.



Burketown
Gangalidda and Garawa
First Nations - 42.1%
Distance from Mount Isa - 600km

Doomadgee
Gangalidda, Waanyi and Garawa
First Nations - 93.2%
Distance from Mount Isa - 600km

Camooweal
Indjalandji-Dhidhanu
First Nations - 52%
Distance from Mount Isa - 180km

Mount Isa
Kalkadoon
First Nations - 25.2%
Distance from Brisbane - 1823km

Dajarra
Yulluna
First Nations - 97.9%
Distance from Mount Isa - 180km

Mornington Island
Lardil Yangkaal Gangalidda and Kaiadilt
First Nations- 87.8%
Distance from Mount Isa - 700km

Karumba
Gkuthaarn, Kukatj and Kurtijar
First Nations - 6.9%
Distance from Mount Isa - 600km

Normanton
Gkuthaarn, Kukatj and Kurtijar
First Nations - 47.5%
Distance from Mount Isa - 500km

Cloncurry
Mitakoodi, Mayi, Kalkadoon and Yulluna
First Nations - 29%
Distance from Mount Isa - 120km

McKinlay
Mitakoodi, Mayi, Kalkadoon and Yulluna
First Nations - 5.1%
Distance from Mount Isa - 228km

Julia Creek
Wunumara
First Nations - 4%
Distance from Mount Isa - 260km

Our Approach to Co-Design

In recognition of the inherent strengths of First Nations communities and organisations, the *North West Health Equity Strategy and Implementation Plan 2025-2028* has been co-designed with First Nations health peak bodies, community-controlled health services, community representatives and other key stakeholders. The strong representation by First Nations leaders and Traditional Owners means that the *North West Health Equity Strategy and Implementation Plan 2025-2028* embeds First Nations peoples' strong foundations – including their ongoing, deep connections to family, community and culture.

In accordance with our *North West Health Equity Communications and Community Engagement Plan 2025-2028* our co-design process aims to:

- Invite the voices, lived experiences and cultural authority of First Nations peoples to participate in the co-design, co-ownership and co-implementation of the Health Equity Strategies.
- Embed and enact the right to self-determination by ensuring First Nations people in the North West region are leading this reform process and supporting their communities to live longer, healthier lives;
- Promote widespread community participation and engagement in the design, planning, implementation and evaluation of health services, including Traditional Owners, Elders, locally elected leaders, community-based organisations and other interested individuals/groups;
- Socialise the concept of 'First Nations first', which means that if we can reshape the health system and get it working for First Nations peoples, we will establish the right systems, processes and practices for all groups of people who currently experience health inequities. 'First Nations first' also acknowledges the unique rights and cultural authority of First Nations peoples as the Traditional and Cultural Custodians of our lands and seas, and the responsibility we all share to eliminate avoidable, unjust and remediable health differences.

Accountability

In accordance with the *Hospital and Health Board Act 2011,* North West Hospital and Health Service Board is ultimately accountable for the achievement of outcomes and performance measures described in the North West Health Equity Strategy and Implementation Plan 2025 – 2028. The Executive Director First Nations Health, supported by the Executive Leadership Team, is responsible for providing effective leadership and oversight of the implementation of identified action areas. The First Nations Health Equity team have a more in-depth role in operationalising each component of the Strategy alongside a range of other health service teams and personnel. The First Nations Health Equity team are responsible for monitoring progress, providing advice and reporting on performance. Progress against Statewide and Regional Health Equity KPIs are reported bimonthly to the Executive Leadership Team, and biannually to the NWHHS Board. Health Equity Report Cards will be provided to First Nations communities, health partners and other key stakeholders on an annual basis, to provide an update on how we are progressing against each of our health priority areas in a community-friendly format.

Collectively, these governance and accountability structures ensure that health outcomes for our First Nations peoples are prioritised at the highest level of decision-making and provide a level of transparency that allows First Nations communities to see how we are delivering upon our commitments.

Governance

As defined by the Hospital and Health Boards Regulation 2021, NWHHS is responsible for the effective governance of the Health Equity Strategy and Implementation Plan, ensuring community and stakeholder co-design, engagement, visibility, assurance and performance within agreed timelines.

Joint Health Equity Advisory Group

Together with our regional Aboriginal Community Controlled Health Service (ACCHS) partners, this group strengthens the cultural leadership of the North West Health Strategy 2025 – 2028, NWHHS has established the Joint Health Equity Advisory Group to ensure First Nations voices are embedded at the centre of decision-making. This group will inform and influence the planning, implementation, monitoring, and review of the Strategy, ensuring that the governance mechanisms are not only consultative but community-controlled.

The Joint Health Equity Advisory Group will provide oversight throughout the life of the North West Health Equity Strategy and Implementation Plan 2025-2028.

Governance Structure

BOARD

EXECUTIVE LEADERSHIP TEAM

Health Equity Prescribed Partners

- Department of Health
- Western Queensland Primary Health Network (WQPHN)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Health and Wellbeing Queensland (HWQLD)
- Aborignal Community Controlled Health Services (Gidgee Health, Ngarnal ACCHS)

EXECUTIVE DIRECTOR First Nations Health

Joint Health Equity Advisory Group

Core

- NWHHS
- ACCHS
- Health Councils
- Other Invited Partners

NWHHS Health teams

FIRST NATIONS HEALTH TEAM

- Implementation
- KPIs
- Outputs/outcomes
- Reporting
- Evaluation

Other health partners and key stakeholders

Monitoring and Evaluation

North West Hospital and Health Service will build upon the culturally-informed monitoring and evaluation framework already established to ensure effective implementation of the North West Health Equity Strategy and Implementation Plan 2025–2028. This framework incorporates both quantitative and qualitative data, blending standard health metrics with community-identified priorities and culturally-relevant indicators of success. First Nations voices are central to defining what meaningful outcomes look like, and ensuring that our Health Equity evaluation measures are reflective of community aspirations.

NWHHS has introduced more defined and consistent data collection and reporting mechanisms to improve accountability and track progress more effectively. Regular collection of disaggregated data – including health outcomes, service access and uptake, cultural safety feedback, and workforce representation – are used to track our progress against both Statewide and Regional Key Performance Indicators (KPIs). These KPIs measure the process, outcomes, and overall impact of our Health Equity initiatives, which are all aimed at achieving the Closing the Gap targets for First Nations peoples.

This data is reviewed through a lens of equity and cultural responsiveness, with findings shared openly with our First Nations communities, health partners, and other stakeholders. Health Equity dashboards, annual progress reports, and community briefings will support accountability and inform continuous improvement. This approach ensures accountability across the health system and supports a deeper understanding of the most effective ways of addressing the disparities in health outcomes that exist between First Nations and non-First Nations populations.

In this way, monitoring and evaluation is not a one-off activity rather an ongoing, collaborative process. NWHHS will continue to draw on the knowledge and expertise of Aboriginal Community Controlled Health Services, local Health Councils, Traditional Owner groups, Elders and elected leaders to ensure continuous engagement across the life of the Strategy. First Nations peoples will be involved in interpreting results and guiding course corrections where needed. This will ensure the Strategy remains responsive, relevant, and grounded in community knowledge and leadership.

Strategic Alignment

One of the fundamental principles underpinning the North West Health Equity Strategy is the belief that collective approaches are needed to achieve better coordination across providers, more targeted and responsive services, and equitable access to health care for First Nations people. The alignment of the North West Health Equity Strategy with other key national, state, regional and local health plans is paramount to achieving better health and wellbeing outcomes.

As part of the Health Equity planning process, NWHHS reviewed a wide range of these strategies and plans, identified common themes, and used these as a reference point when engaging with community and other key stakeholders in relation to the Health Equity reform process. This process enabled the validation and expansion of the key health issues, as well as providing an opportunity for communities and stakeholders to identify new or emerging health priority areas that should be incorporated into the North West Health Equity Strategy 2025-2028.

Strategic plan

Health Equity Strategy

Operational plans across the service system

First Nations Health Status in the North West

WHERE ARE WE NOW?

In North West HHS, 9,456 people in (32.8% of the population) **identify as Aboriginal and/or Torres Strait Islander.**

High proportion of First Nations peoples across our region

Lower Gulf - **68%**

Mt Isa and surrounds - **25%**

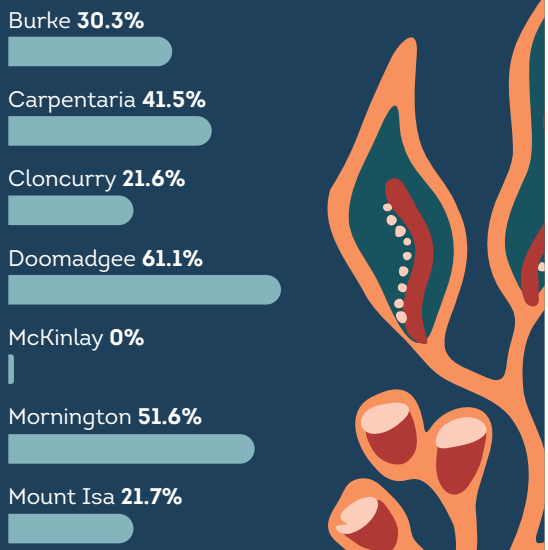
Queensland - **4%**

Local Government Area Population

	FIRST NATIONS POPULATION	LOCAL GOVERNMENT AREA POPULATION	FIRST NATION POPULATION %
MOUNT ISA + SURROUNDS	4,850	19,217	26.6%
BURKETOWN	181	430	42.1%
CARPENTARIA	1,025	2,158	47.5%
CLONCURRY	1,073	3,704	29.0%
DOOMADGEE	1,337	1,434	93.2%
MCKINLAY/JULIA CREEK	59	838	7.0%
MORNINGTON ISLAND	931	1,060	87.8%
TOTAL AVERAGE	**9,456**	**28,841**	**32.8%**

*Data source: 2021 Census All Persons, Australian Bureau of Statistics

% of First Nations people living in Crowded and/or Severely Crowded Housing



Potentially Avoidable Deaths

(per 100,000 standardised population)

	FIRST NATIONS	NON FIRST NATIONS
2019	520.6	113.4
2020	601.8	-
2021	402.7	138.7

*Data source: SPR Health Equity Data Dashboard

NWHHS First Nations' Workforce

10.6%

106 FIRST NATIONS' / TOTAL 1,003

TARGET 19%

Data source: SPR Q1 25-26

Life Expectancy

Average life expectancy of First Nations people in our region.

68.2 years FIRST NATIONS
80.2 years NON-FIRST NATIONS
12 year difference

72.8 years FIRST NATIONS
83.4 years NON-FIRST NATIONS
10.6 year difference

Younger Population Profile

Age under 25

53% of First Nations people in NW region were under the age of 25 (compared to 31.7% non First Nations across all of Queensland)

Age distribution across local government areas

		0-14 YEARS	15-24 YEARS	25-34 YEARS	35-44 YEARS	45-54 YEARS	55+ YEARS
	TOTAL FN POPULATION	FIRST NATIONS POP'N %	FIRST NATIONS POP'N %	FIRST NATIONS POP'N %	FIRST NATIONS POP'N %	FIRST NATIONS POP'N %	FIRST NATIONS POP'N %
BURKE	181	24.9	13.8	16.6	12.7	12.7	19.3
CARPENTARIA	1,025	31.5	16.9	13.7	10.7	11.2	16.0
CLONCURRY	1,073	28.0	16.5	14.0	11.5	12.5	17.6
DOOMADGEE	1,337	33.7	19.8	15.8	11.7	9.7	9.3
MCKINLAY/ JULIA CREEK	59	35.6	11.9	11.9	18.6	11.9	10.2
MORNINGTON	931	25.9	20.7	12.2	14.4	12.5	14.3
MOUNT ISA + SURROUNDS	4,850	32.6	17.5	15.2	10.6	11.5	12.6

*Data source: 2021 Census All Persons, Australian Bureau of Statistics

Top 10 Potentially Preventable Hospitalisations for First Nations people across North West

Diabetes complications	36%
Lung disease	14%
Urinary tract infections, including pyelonephritis	12%
Congestive cardiac failure	10%
Iron deficiency anaemia	9%
Angina	4%
Asthma	4%
Cellulitis	3%
Rheumatic Heart Disease	3%
Hypertension	2%

***Data Source: DSS September 2025**

91%

of First Nations babies in the North West born with a healthy birthweight (>2500g)

*Data Source: Perinatal Data Collection (PDC) September 2025

82%

of First Nations' mothers had **5 or more antenatal visits** during their pregnancy.

*Data Source: Perinatal Data Collection (PDC) September 2025

Developmental Milestones in First Nations Children

	DV1	DV2
	Developmentally vulnerable in one or more domains	Developmentally vulnerable in two or more domains
LOCAL GOVERNMENT AREA	2024	2024
MOUNT ISA	35.3%	21.9%
BURKE	69.4%	44.9%
CARPENTARIA	70.8%	37.5%
CLONCURRY	26.9%	7.7%
MCKINLAY	#	#
DOOMADGEE	#	#
MORNINGTON	#	#
TOTAL AVERAGE	**50.6%***	**28%***

Population size too small, and unable to be included due to confidentiality reasons

*Estimated to be significantly higher due to Doomadgee, Mornington and McKinlay not able to be included

Reference: AEDC 2024

Smoking During Pregnancy (after 20 weeks)

	2024	2025
First Nations	52%	52%
Non-First Nations	8%	4%

*Data Source: Perinatal Data Collection (PDC) September 2025

% of **Elective Surgery** treated in time

	First Nations	Non First Nations
22/23	86%	94%
23/24	93%	92%
24/25	91%	96%

*Data source: SPR Health Equity Data Dashboard

% of **Dental Waitlist** seen in time

	First Nations	Non First Nations
22/23	83%	76%
23/24	94%	88%
24/25	100%	100%

*Data source: SPR Health Equity Data Dashboard

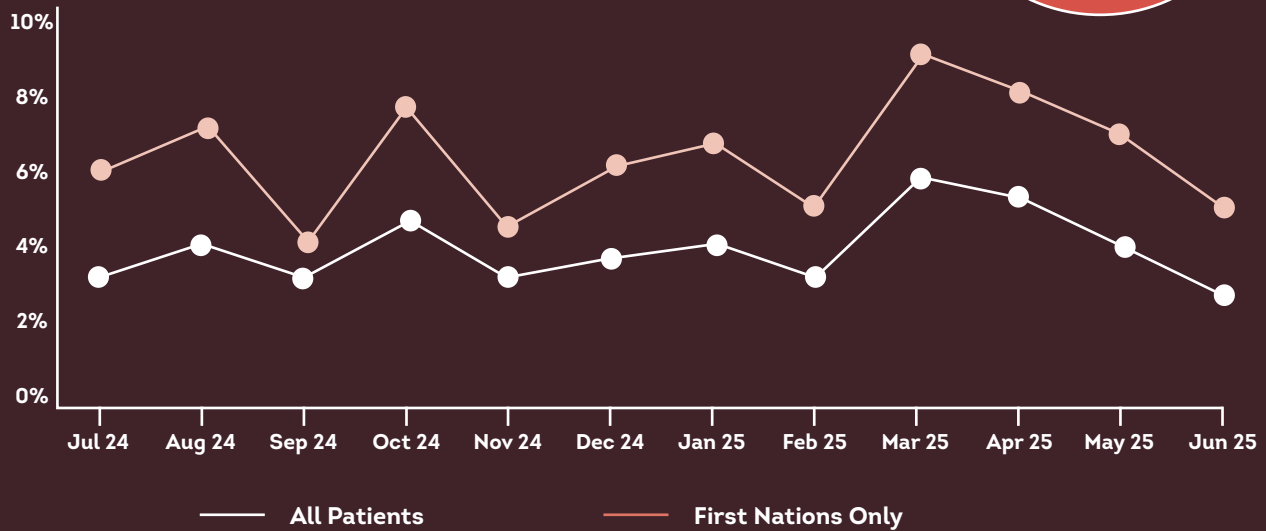
% of **Specialist Outpatients** treated in time

	First Nations	Non First Nations
22/23	62%	74%
23/24	55%	66%
24/25	64%	72%

*Data source: SPR Health Equity Data Dashboard

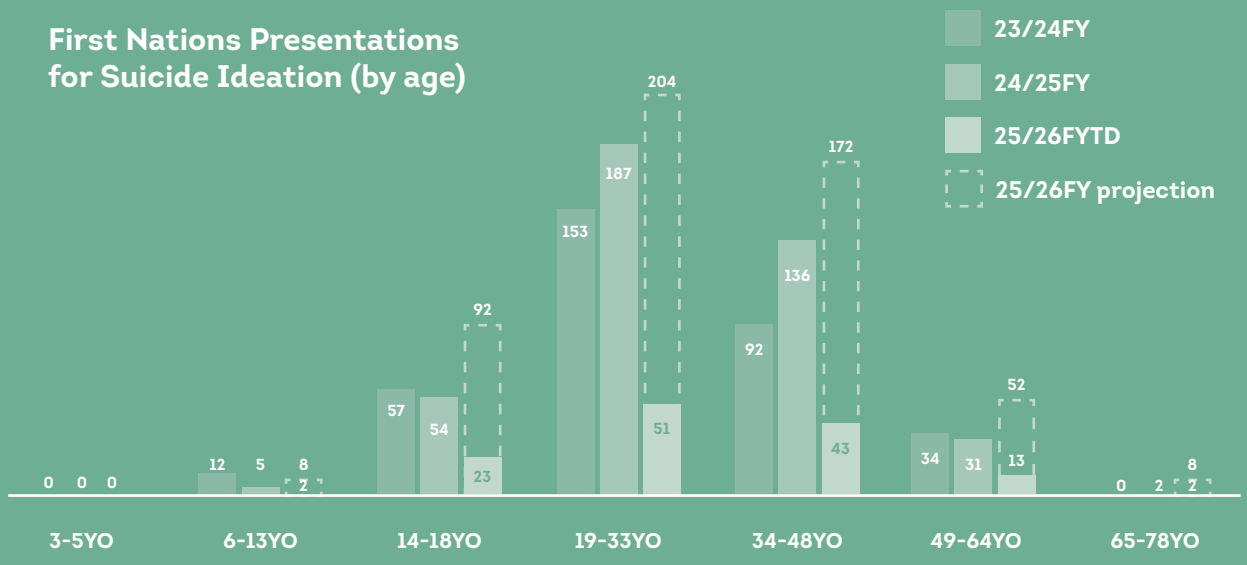
DAMA Target is less than or equal to 1%

Discharge Against Medical Advice (DAMA) 2024/25FY



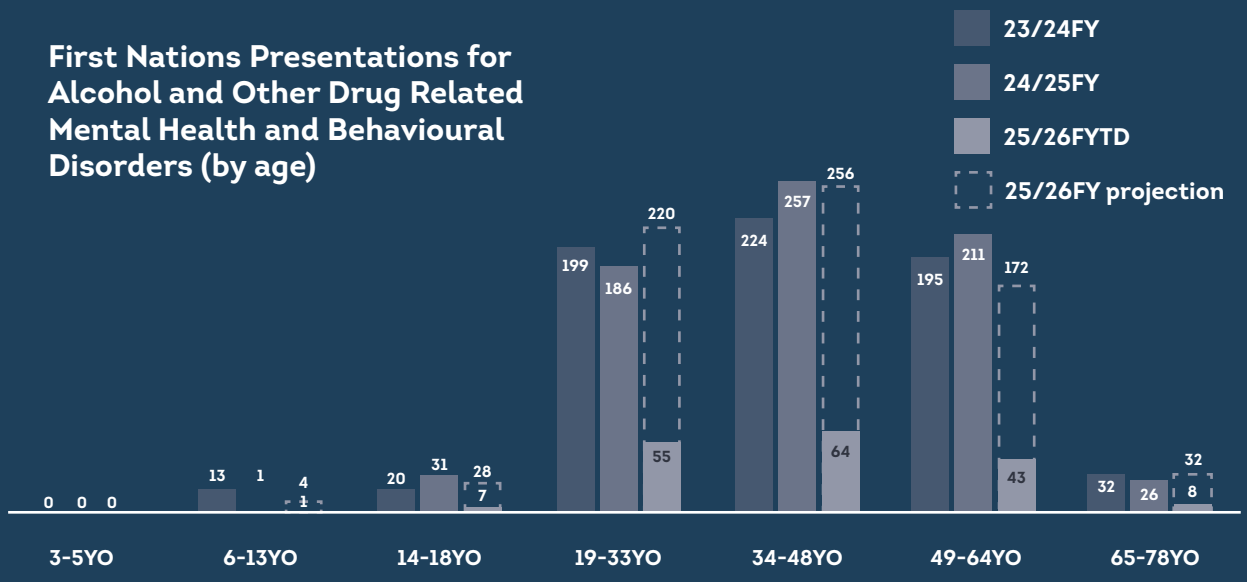
*Data source: DSS September 2025

First Nations Presentations for Suicide Ideation (by age)



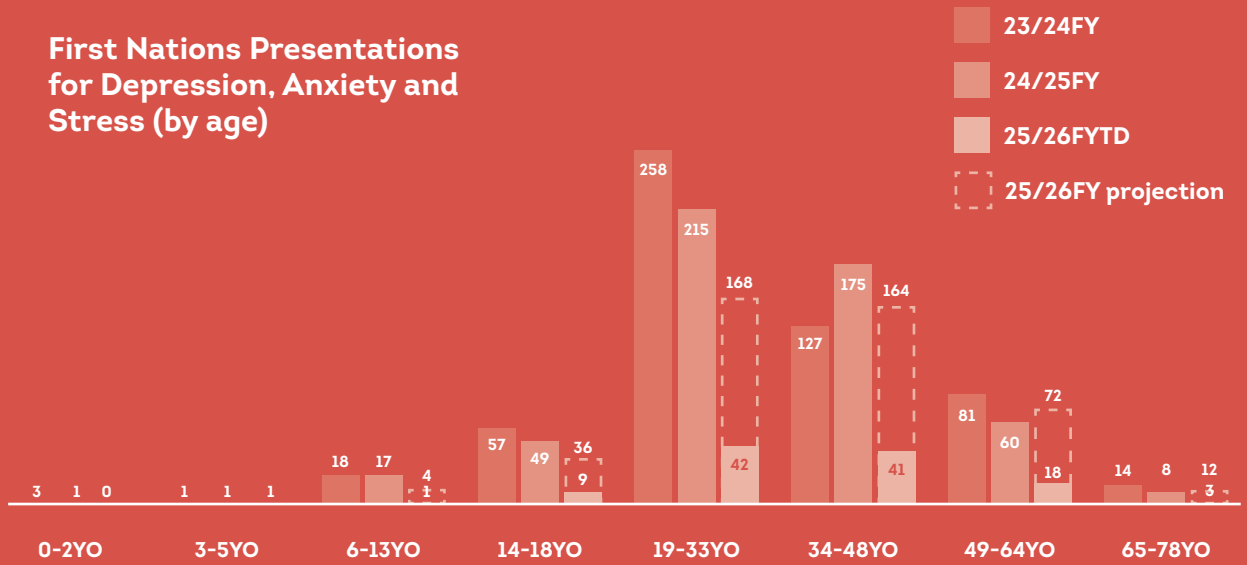
*Data Source: EDIS September 2025

First Nations Presentations for Alcohol and Other Drug Related Mental Health and Behavioural Disorders (by age)



*Data Source: EDIS September 2025

First Nations Presentations for Depression, Anxiety and Stress (by age)



*Data Source: EDIS September 2025

Health Equity In Action

Orange Sky Partnership

NWHHS is very proud of our innovative partnership with Orange Sky, Mornington Shire Council, Doomadgee Aboriginal Shire Council and North-West Queensland Indigenous Community Social Services (NWQICSS) to tackle Rheumatic Heart Disease (RHD) in some of Queensland's most isolated First Nations communities.

This collaboration, alongside other strategies, has contributed to the reduction in the number of people newly diagnosed with RHD by 57% by addressing the root causes of the disease through improved access to laundry facilities, health education, greater screening and access to treatment and culturally appropriate service delivery.

Deadly Start Traineeships

North West HHS launched the Deadly Start School-Based Traineeship Program in 2023 during the inaugural North West Health Equity Strategy 2022-2025 in partnership with Metro North Hospital and Health Service.

The program is targeted at Year 11 school students who identify as Aboriginal and/or Torres Strait Islander. They are required to undertake a pre-requisite Certificate II Health Support Services course before commencing the traineeship. Deadly Start trainees undertake 12 months (375 hours) of work placement under guidance and supervision of North West HHS staff. Trainees attend the workplace 1 day per week and may work additional days through the school holidays to achieve this.

This program has provided a springboard to advance a career in health and has also been a great opportunity for our staff to inspire the next generation of healthcare workers. North West HHS are committed to growing employment, training, and career development opportunities of First Nations people which will result in more culturally accessible healthcare. The program has now evolved to North West HHS direct-employing the trainees. Once the trainees have completed Grade 12, they will be supported to attain permanent work within North West HHS while they plan for/undertake future career options.

The 2023-2024 cohort of Deadly Start school-based trainees saw 70 per cent of students successfully complete their school-based traineeship. Five school-based trainees completed the certificate-level course, with two now pursuing a university pathway into nursing; one has been recruited by the Townsville University Hospital; one has been recruited by Injilinji Aged Care and another has been employed by a community-based organisation in Mount Isa.

For 2024-2025, two secondary students completed the Deadly Start traineeship, with one planning to enter nursing tertiary studies.

The 2025-2026 cohort has commenced, with 8 secondary students onboarded, with 2 students in Cloncurry.

Renal Dialysis Services

For several years, there have been plans to establish a permanent satellite dialysis units in Doomadgee, Cloncurry, and on Mornington Island to provide care that is closer to home, in recognition of the importance of connection to country and family for First Nations people.

In collaboration with patients, families, the Health Council, and the Shire Council, NWHHS co-designed a new unit to reflect community needs - emphasising natural light, connection to Country, a welcoming environment, and spaces for family.

During construction, NWHHS worked closely with patients in Mount Isa wishing to return home, providing health assessments, care coordination, housing support, and links to community and primary care services. To ensure continued safety and support, NWHHS also collaborated with families and the Department of Housing to prepare suitable living arrangements. Additionally, a Renal Peer Support Group, led by the Mount Isa Allied Health Team, was established to empower patients and families, helping them manage kidney disease and improve eligibility for remote dialysis care.

Permanent dialysis units have now been opened that meet the cultural aspirations of these remote communities. NWHHS is very proud to announce that these new units have resulted in additional people returning to country for dialysis and now supports First Nations people to permanently dialyse in their community surrounded by family members . It also allows for people needing dialysis to return to these remote communities for opportunistic family visits and/ or returning home for sorry business. NWHHS is looking forward to establishing a remote dialysis facility in Normanton in the near future.

Self-Initiated Review Against the Marrie Institutional Racism Matrix

We recently engaged Henrietta and Adrian Marrie to carry out a review of North West Hospital and Health Service against the Marrie Institutional Racism Matrix.

This review will bring significant benefits for a health service such as ours, where cultural safety and equitable access are central to delivering quality care for our First Nations people. The last review of this kind was undertaken in 2017, and since then there has been considerable organisational, policy, and operational changes, making this both timely and essential.

Henrietta and Adrian bring extensive expertise in identifying, measuring, and addressing institutional racism in health services, and the Matrix provides a structured, evidence-based framework to look at our governance processes, workforce practices, and service delivery through a cultural lens. The recommendations arising from this review will help NWHHS to move beyond compliance and focus on real, lasting improvements that will enhance the cultural safety of the services we delivery across the North West region.

The review also provided our Executive Leadership Team with valuable insights into the different domains of the Marrie Institutional Racism Matrix, strengthening their understanding of how systemic factors influence cultural safety and reduce the likelihood of our First Nations patients or staff experiencing institutional racism. The findings will be used to guide future strategic and operational decision-making, ensuring all of our health facilities represent culturally safe, responsive and welcoming environments for First Nations people.

Truth Telling and Reconciliation in Doomadgee

Words from Mick Gooda

The year 2026 marks a pivotal phase for Doomadgee and the North West Hospital and Health Service as they implement the remaining recommendations from the Coroner's inquest into the deaths of three young women from RHD complications. The Coroner consistently emphasised that engagement with the Doomadgee community was essential to successfully make lasting health improvements.

The Coroner's words are powerful reminders for everyone working in the health system, stating *"the adoption of any recommendation must be implemented **with*** (the Coroner's emphasis) *the community of Doomadgee and not just for the benefit of the Doomadgee Community"*; and *"the starting point for Doomadgee is healing. Significant time and care is needed for repair of relationships at all levels."*

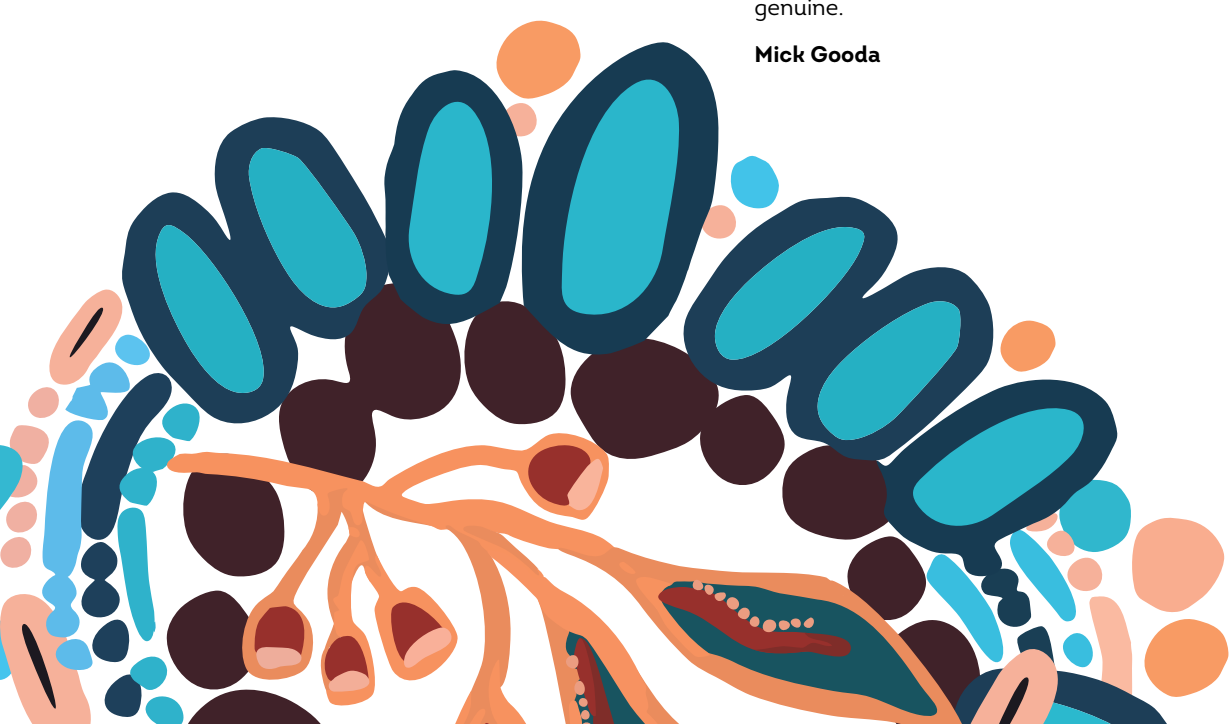
I fully agree with the Coroner and have been working with the Doomadgee community to conduct a Truth Telling and Reconciliation event planned for early 2026 where community members can share their experiences. It is important that all Doomadgee health providers are present to listen, engage with and respond to these perspectives.

To respectfully honour the young women who died from RHD complications and the experiences of all community members, the Truth Telling and Reconciliation event will result in the community outlining their health vision for the community and a framework for future healthcare service delivery.

Meaningful progress will only occur when words translate into action, allowing genuine healing to commence.

I am confident the approach being undertaken in Doomadgee can be applied across the North West region and the nation more broadly. The commitment shown by the North West HHS, Gidgee Healing and other healthcare providers to empower the Doomadgee community to drive real change is genuine.

Mick Gooda




North West
Hospital and Health Service
Gidgee Healing
WELCOME TO OUR SMOKE-FREE SPACE!
NO DRUGS ALCOHOL OR CASH LEFT ON PREMISES

Our Partners

Key Priority Areas

1. Eliminating Racism
Actively removing racial discrimination and institutional racism from healthcare settings.

2. Increasing Access
Improving equitable access to healthcare services for First Nations people.

3. Influencing Determinants
Addressing the social, cultural and economic factors that impact First Nations health and wellbeing.

4. Culturally Safe Services
Delivering sustainable, culturally safe, and responsive healthcare services.

5. Co-Design & Partnership
Working with First Nations communities to design, deliver, monitor, and review health services.

6. Strengthening Workforce
Building a strong First Nations health workforce.

Improving First Nations' health and wellbeing outcomes

STATEWIDE KPI'S

- Close the Gap in life expectancy in a generation, by 2031
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 93 per cent. The CTG target is 91%, however NWHHS is aiming to exceed this target
- Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.
- Decreased potentially avoidable deaths.
- Increased proportion of First Nations adults on the general care dental waitlist waiting for less than the clinically recommended time.
- Elective surgery – increased proportion of First Nations patients treated within clinically recommended time.
- Specialist outpatients – decreased proportions of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment.
- Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the First Nations population.
- Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service.

Priority Area 1:

Actively eliminating racial discrimination and institutional racism

REF	DOMAIN	STRATEGY	KPI
1.1	Review of North West Hospital and Health Service against the Marrie Institutional Racism Matrix.	Finalisation of re-auditing against the Marrie Institutional Racism Matrix.	Evidence that endorsed recommendations arising out of the review have been implemented and incorporated into organisational policy, systems and processes. Improved score from initial base-line score to re-audited assessment.
1.2	Establish dedicated culturally safe compliments and complaints pathways within North West HHS to respond to experiences of racism and discrimination reported by Aboriginal and Torres Strait Islander patients.	Designing a process with community around creating a safe and confidential way for Aboriginal and Torres Strait Islander staff to support patients reporting racism and unsafe care. Access to increased options for culturally safe feedback processes, including opportunities for increased utilisation of Patient Reported Experience Measures (PREMs) developed by and for First Nations people.	Increased % of staff and patients who report feeling culturally safe to raise concerns or experiences relating to racism and/or discrimination. Number and proportion of complaints from Aboriginal and Torres Strait Islander patients relating to racism or culturally unsafe care (initial increase followed by decrease).
1.3	Increasing the cultural capability of NWHHS staff and improving the cultural safety of all NWHHS health services and facilities.	Strengthen and refine NWHHS models of care to ensure they are both clinically and culturally safe. Continue to offer expanded cultural education opportunities, including immersion programs.	Increase in number of place-based cultural induction sessions attended by staff. Increased % of new starters who have completed the First Nations: Cultural Safety and Equity in Healthcare online training and the face-to-face Cultural Practice Program within 90 days of commencement.
1.4	Implement mechanisms to report, address and measure racism reported by Aboriginal and Torres Strait Islander staff.	Create a safe and confidential way for First Nations staff to report racism and/or discrimination with support provided. Increased utilisation of Patient Reported Experience Measures (PREMs) developed by and for First Nations people. Develop and implement NWHHS First Nations Staff Satisfaction survey across the region using GALLUP Platform.	Develop and implement policy on racism and discrimination to support managers in addressing complaints. Development and successful implementation of the reporting processes.

Priority Area 2:

Increase access to healthcare services

2.1 Maternal and Child Health Services

REF	DOMAIN	STRATEGY	KPI
2.1.1	Strengthening access to culturally safe maternal and child health services to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander children by creating a coordinated, culturally safe system that supports them from birth through their early and school-aged years. A focus on: - Consolidating current number of maternity services programs - Ensuring babies are born healthy - Reducing smoking in pregnancy - Increasing birth registrations	Co-design and co-implementation of intergrated maternal and child health services across the North West region, in partnership with ACCHS, and other primary health care partners. Enhance access to culturally safe maternity care services that are delivered from both clinical and community based locations, including ACCHS clinics. Increase scope and frequency of health promotion and education programs to support improved health behaviours during the antenatal and postnatal period, including enhanced home-visiting and parenting support services.	Increased frequency and duration of midwifery outreach visits to remote First Nations communities. Increased % of mothers pregnant with a First Nations baby who are not smoking after 20 weeks' gestation. Increased proportion of First Nations babies who are born at a healthy birthweight (more than 2.5 kg/ less than 4 kg). Increased % of maternity care staff who have completed the mandatory training in administering the Kimberley Mums Mood Scale (KMMS) screening tool. Increased % of First Nations mothers who are offered and have completed the KMMS to identify those women who may require support for perinatal depression and anxiety. Increased % of First Nations babies birth registered.
2.1.2	Childhood immunisation and school-based immunisations	Partner with ACCHS to deliver well-coordinated, culturally-safe, community-led immunisation programs, including clinic-based and/or community-based outreach initiatives that align with local practices and family needs. Strengthen the immunisation workforce. Benchmarque Group are working in partnership with Queensland Health to develop immunisation training specifically meeting the needs of the emerging Aboriginal and Torres Strait Islander Health Practitioners and Health Worker workforce. Coordinated action to reverse declining school-based immunisations. Queensland's School Immunisation Program plays a critical role in protecting Year 7 and Year 10 students from vaccine-preventable diseases. Year 7 students are offered vaccinations against human papillomavirus (HPV) and diptheria-tetanus-pertussis (DTpa), while Year 10 students are offered vaccination against meningococcal A, C, W and Y strains (MenACWY).	Childhood immunisation: - Increased % of First Nations children fully immunised at year 1, 2 and 5yrs. - Increase in Aboriginal and Torres Strait Islander Health Practitioners and Health Workers taking up immunisation courses. School-based immunisations: - Increase % of parental consent form return rates. - Increase % of Yr7 and Y10 immunisations.

2.1.3	Child Health Checks	ACCHS to implement a targeted reminder and recall system, co-designed with community input, that uses trusted communication channels (e.g. Aboriginal Health Workers, local Health Councils, CAGs, Elders, local radio, social media and/or SMS) to remind families when their child is due for their Annual Health Check (Medicare item 715).	Increased % of First Nations children who have a current Health Check (Medicare item 715).
2.1.4	Child Development Services (Assessment, Diagnosis, Referral)	Establish a culturally safe Child Development Service (CDS) based in Mount Isa and with outreach capability. Develop a comprehensive Model Of Care, suitably skilled workforce, defined KPIs, robust monitoring and evaluation frames, and adequate funding/resourcing. Work in partnership with key stakeholders and ACCHS services to ensure an integrated approach to accessing developmental screening, assessment, and diagnosis by paediatricians, allied health professionals and eCYMHS support. The CDS should also include referral pathways to support ongoing therapy requirements and coordination of care for conditions impacting childhood development.	CDS program is established and has commenced operations by 2027. Increased % of eligible First Nations children who receive developmental screening or assessment each year.
2.1.5	Child Development Service (Ongoing therapy)	Together with government agencies, primary care partners, schools, early childhood organisations and First Nations communities, advocate for critical new funding to re-establish and implement regular, coordinated visiting allied health services (e.g. speech pathology, occupational therapy, psychology) to remote and regional First Nations communities, ensuring that the service doesn't stop at assessment and that children with developmental needs receive ongoing, timely, and culturally responsive therapeutic interventions needed to improve developmental outcomes. Implement a culturally-competent and family-centred home-visiting program that promotes equitable access and improved health outcomes for First Nations children in remote communities across the First 2000 days and beyond.	Increased % of First Nations children identified with developmental needs who receive ongoing therapy or intervention within recommended time frames. Increased % of First Nations children to thrive in their early years and be on track to meet the developmental milestones defined by the Australian Early Development Census (AEDC) by 2028.

Priority Area 2:

Increase access to healthcare services

2.2 Mental Health and Suicide Prevention

REF	DOMAIN	STRATEGY	KPI
2.2.1	Implement an evidence-based, trauma-informed and recovery-oriented model of care to support the mental health and wellbeing needs of First Nations people across the region	In accordance with The *NWHHS Mental Health, Alcohol and Other Drugs Strategic Plan 2026-2030,* ensure delivery of culturally capable, accessible and responsive mental health services across the region through: - All front line MHAOD staff have completed mandatory cultural training. - Increased utilisation of the Cultural Information Gathering Tool (CIGT) to promote culturally capable assessment and culturally safe care, and incorporate the information gathered into core clinical practice. - Increase the availability of education and training programs to strengthen the capacity of First Nations and Non-First Nations staff to deliver culturally responsive and trauma-informed models of care. - Create and promote a trauma-informed and recovery-oriented mental health service system that is responsive to the needs of individuals and families by embedding language, culture and the concept of recovery throughout services and models of care.	Increased access to culturally-competent mental health, AOD and Social and Emotional Wellbeing services, for First Nations people across the region, as defined by the metrics included in the *NWHHS Mental Health, Alcohol and Other Drugs Strategic Plan 2026-2030.* Reduced % First Nations presentations to Emergency Department for mental and behavioural disorders. Increased % completion of training to ensure all frontline staff are trauma-informed and aware. Significant and sustained reduction in suicide of First Nations people towards zero.
2.2.2	Strengthen Community-Led Mental Health Services	Work alongside Aboriginal Community Controlled Health Services (ACCHS) to co-design and deliver culturally responsive mental health programs in partnership with NWHHS. Strengthen community capacity through mental health and AOD education and training initiatives that increase access to care, self management, and recovery in community. Involve First Nations people with lived experience in service planning, delivery, and evaluation, through increased community engagement and participation in community networks and forums.	Evidence MHAOD programs are co-designed with First Nations staff, community members and ACCHS partners. Improved patient and community satisfaction with mental health and wellbeing services.

2.2.3	Expand and strengthen the First Nations mental health workforce	Increase recruitment, retention, and training of First Nations clinicians, peer workers, and cultural advisors. Promote and support career pathways from secondary school through to Mental Health, AOD and Social and Emotional Wellbeing roles. Increase training and employment of First Nations people in mental health clinical and non-clinical competencies.	Increased number and proportion of First Nations staff working in Mental Health/AOD services. Increased scope of practice and retention rates within MHAOD First Nations workforce.
2.2.4	Strengthen Coordination Between Services	Establish and maintain strong cross agency partnerships, referral pathways, structured meetings and/or communication mechanisms, and effective working arrangements with Aboriginal Community Controlled organisations, primary care providers, mental health services, family violence services, drug and alcohol services, statutory services, and NDIS providers - recognising the importance of an integrated service for First Nations people. Develop and adopt clinical protocols to ensure shared care across service settings.	Establish an integrated multidisciplinary Mental Health/SEWB service that provides support across clinical and non-clinical community settings. Quarterly cross-agency review meetings between NWHHS and ACCHS partners. Increased cross agency referrals.
2.2.5	Strengthen Data, Monitoring, and Evaluation	Strengthen NWHHS data collection capability as it relates to mental health and wellbeing services across the region, including those metrics/KPIs included in the *NWHHS Mental Health, Alcohol and Other Drugs Strategic Plan 2026-2030.* Review all First Nations MHAOD data sets including clinical activity; workforce capability; patient experience; resourcing and other important domains to support ongoing service improvement. Ensure data collection and monitoring systems are aligned with First Nations data sovereignty principles.	Quarterly review of First Nations MHAOD data sets with results tabled at ELT. Annual First Nations MHAOD performance reports tabled at Board. Annual First Nations Mental Health & Wellbeing Outcomes Report, tabled at Board.

Priority Area 2:

Increase access to healthcare services

2.3: Rheumatic Heart Disease

REF	DOMAIN	STRATEGY	KPI
2.3.1	Co-design an integrated, accountable and culturally safe RHD program that effectively supports families and individuals across primary, secondary and tertiary care domains.	Maintain and strengthen regional governance and partnerships to address shared priorities and coordinate services, initiatives and programs for the prevention and management of ARF and RHD. Co-design a Regional RHD Implementation Plan that seeks to implement recommendations of the National and State strategic frameworks (including national *RHD Endgame Strategy 2021-2031* and the *First National Rheumatic Heart Disease Action Plan 2025-2027*).	Regional RHD Implementation Plan endorsed and operational by June 2026.

2.3.2	Strengthen primary prevention of Group A Streptococcal (GAS) infections.	Review and enhance the model of care for the First Nations Skin Health team to optimise the impact as it relates to the prevention, screening, assessment and treatment of sore throat, skin sore, and scabies among First Nations children and families, with community education delivered by First Nations staff/Aboriginal Health Workers. Continue to work in partnership with Orange Sky to enhance and refine the delivery of mobile laundry facilities in Doomadgee, Mornington Island and Mount Isa to provide accessible mechanisms for washing of clothes and bedding, as well as providing health information and locally-relevant educational resources related to skin health and home hygiene. Where possible, align resources, infrastructure and service delivery models to support collaborative efforts and referral pathways between services and sectors for improved skin health and reduced ARF/RHD. Increased peer led health promotion and education programs tailored for individual communities. Develop and share resources to equip communities and local workforce (i.e. council, health, education) with appropriate tools to help them implement RHD prevention initiatives in community. Establish partnerships and referral pathways between local environmental health, housing, healthcare and schools in communities with high prevalence of ARF to improve coordination and support between service providers. Support TPHU, DASC and other partners to establish the Health Housing Pilot in Doomadgee and Mornington Island by ensuring alignment of health related activities.	Increased % First Nations school-aged children in target communities screened annually for GAS skin and throat infections (like sore throats and skin sores). Increased % of identified GAS infections treated within 7 days. Increase in Skin Health/ARF/RHD screening and community education activity particularly in discrete communities.

2.3.3	Better health care and outcomes for people living with ARF and RHD	Work alongside ACCHS partners to ensure a high quality of care and management of patients with ARF/RHD across the region, including: - Reducing duplication and improving coordination of care; - defining roles of each service as it relates to assessment, diagnosis, treatment and management of RHD; - adopting protocols for information exchange between NWHHS and ACCHS partners; - improving discharge planning processes; and - improving care continuity across primary, secondary and tertiary care settings for patients with ARF/RHD. Provide ongoing education and training to health professionals working in high-risk settings to increase clinical suspicion of ARF and RHD and improve diagnosis, treatment and management.	Increased % of patients with known ARF/RHD receiving scheduled prophylaxis doses (Bicillin) at the right time.
2.3.4	Strengthen RHD surveillance and data systems	Work alongside primary health partners and Queensland RHD Program to maintain the accuracy of the Statewide RHD Register and ensure alignment with patient record systems.	Reduced % of diagnosed ARF/RHD patients that are not registered in state-wide RHD databases, including Notifiable Conditions System (NoCS) and Statewide RHD Register. Quarterly review and analysis of ARF/RHD cases by age, location and disease stage.
2.3.5	Build and support a culturally competent workforce	Strengthen the capacity of primary healthcare workers to deliver community-led, evidence-based, equitable and culturally safe health services that meet the needs of Aboriginal and Torres Strait Islander people at risk of, and living with, ARF/RHD.	Increased % staff who have completed RHD orientation training, including Aboriginal Health Workers in high-risk remote communities.
2.3.6	Enhance Early Detection and Access to Specialist Care	Optimise visiting frequency, coordination and uptake of cardiac outreach services and telehealth-based echocardiogram clinics, ensuring regular screening for high-risk children and prompt referral for treatment.	Remote communities of Doomadgee, Mornington Island and Normanton are consistently visited by cardiac outreach services with each community receiving a minimum of: - Paediatric Cardiology 2 visits per annum. - Adult Cardiology 4 visits per annum

Priority Area 2:

Increase access to healthcare services

2.4 Chronic Disease Management

REF	DOMAIN	STRATEGY	KPI
2.4.1	Enhance screening and earlier identification of risk of chronic disease.	Together with ACCHS and primary health care partners: Ensure all First Nations people in the region are offered culturally safe annual health checks and chronic disease risk assessments (for diabetes, cardiovascular disease, CKD) through community-controlled health services and primary care.	Increased % of eligible First Nations adults have received an annual health check.
2.4.2	Strengthen culturally safe, integrated care pathways and multi-disciplinary team management.	Together with ACCHS and primary health care partners: Develop and implement culturally appropriate, coordinated care pathways for people living with chronic disease that engage allied health, Aboriginal Health Workers/ Practitioners, and specialist outreach services.	Increased % First Nations patients with a chronic disease have a documented GP Management Plan that includes engagement/reviews with multi-disciplinary teams. Reduced % First Nations people with Potentially Preventable Hospitalisations related to chronic disease complications.
2.4.3	Support self-management, health literacy and community empowerment	Together with ACCHS and primary health care partners: Deliver culturally relevant education, peer-support groups and community-led programs that empower First Nations individuals to self-manage their chronic conditions, including lifestyle changes and medication adherence.	Improved medication-adherence rates (for key chronic conditions) year-on-year.
2.4.4	Monitor, evaluate and ensure data quality and continuous improvement in chronic disease management outcomes for First Nations people across the region.	Together with ACCHS and primary health care partners: Establish robust monitoring and evaluation systems that are culturally safe and enable continuous review and community feedback on chronic disease outcomes.	Improved data collection and completeness of chronic disease registers for First Nations patients. Joint reporting of chronic disease outcomes (e.g. annual health checks, HbA1c, hospitalisation, complication rates) to First Nations community leaders/representatives.

Priority Area 2:

Increase access to healthcare services

2.5 Renal Care

REF	DOMAIN	STRATEGY	KPI
2.5.1	Strengthen early identification and screening for Chronic Kidney Disease (CKD).	Together with ACCHS and primary health care partners: Implement culturally safe, community-based renal screening programs targeting high-risk individuals (e.g. those with diabetes, hypertension, or family history of renal disease). Ensure regular testing for eGFR, urine ACR, and blood pressure in both community and outreach settings.	Increased % of First Nations adults with diabetes or hypertension screened for kidney disease annually.
2.5.2	Improve follow-up, continuity of care, and early-stage CKD management.	Establish integrated care pathways that prioritise timely follow-up, medication optimisation, and lifestyle support for CKD patients.	Increased % of First Nations CKD Stage 1-3 patients have an active, co-designed management plan including follow-up schedule, medication, and dietitian review. Reduced % First Nations people with preventable progression from CKD Stage 3 to Stage 5 (dialysis stage).
2.5.3	Expand access to specialist outreach and multidisciplinary renal care.	Increase access to renal specialist outreach clinics (nephrology, dietetics, pharmacy, social work) in remote and rural communities, supported by telehealth and community-based AHPs. Integrate renal care with diabetes and cardiovascular programs to address shared risk factors and promote holistic care.	Increased % of First Nations patients with moderate to severe CKD have multidisciplinary team reviews at least annually.
2.5.4	Strengthen community education, self-management and prevention efforts.	Together with ACCHS and primary health care partners: Co-design and deliver culturally tailored health promotion programs about kidney health, nutrition, hydration, and early treatment - using relatable language, visual tools, and trusted community champions. Integrate messages into broader chronic disease prevention and health literacy campaigns (see KPA 5).	Increased % of First Nations program participants demonstrate improved knowledge of kidney disease risk factors and prevention (pre/post survey).

Priority Area 2:

Increase access to healthcare services

2.6 Continuity of care for those in custody

REF	DOMAIN	STRATEGY	KPI
2.6.1	Establish seamless health information sharing between HITH, Queensland Correctional Health Services, ACCHS, and NWHHS.	Develop integrated digital systems and consent-based protocols for sharing detainee health information between HITH, Queensland Correctional Health Services, ACCHS, and NWHHS. This ensures critical information (medical histories, medications, discharge summaries) is shared promptly with correctional and community health providers to maintain safe, continuous care across custody and release points.	Formal health information sharing agreement signed by all partner agencies. Increased % of First Nations detainees supported by HITH have their medical summary transferred to prison or community services within 48 hours of movement. Increased % of detainees released from custody have their discharge summary shared with their nominated primary care or ACCHS within 72 hours.
2.6.2	Improve communication with First Nations families/ communities about the role of HITH and how they support those in custody (currently Mount Isa only).	Develop culturally safe communication protocols and information resources to ensure First Nations families understand the role of HITH in safeguarding the health and wellbeing of their loved ones while in the Mount Isa Watch House. Provide families with clear, accessible contact points for health-related inquiries (with consent), and deliver community education sessions explaining how the HITH team supports detainees and collaborates with police and health services.	Family communication protocols co-designed with local Elders and community representatives and implemented (where there is consent).

Priority Area 3:

Broader determinants of health

3.1 Support improved environmental health capability across the North West region

REF	DOMAIN	STRATEGY	KPI
3.1	Assist Local Government and local First Nations housing providers to access the Healthy Housing Pilot Program in Doomadgee and Mornington Island to improve health outcomes for First Nations people in social housing, This program addresses housing conditions under health practices through maintenance, environmental health services, and education on healthy living.	Support the collaboration between Queensland Health, the Department of Housing and Townsville Public Health Unit to improve the health of First Nations peoples by focusing on housing as a key determinant of health. The program was co-designed with community input and includes First Nations staff to build trust and capacity. Three service types of supports available: Maintenance: Rapid-response housing maintenance to fix "health hardware" (like taps and drains) and ensure homes are safe. Environmental Health: Coordinated services to address environmental health risks inside and around the home. Education and consumables: Tailored advice and supplies to help tenants adopt healthier living practices. Align health promotion including tailored products which focus on healthy living practices, while also addressing structural determinants such as access to washing machines, cleaning products, swimming pools, home first aid.	Healthier homes: - Maintenance issues addressed i.e. fixing hot water systems, replacing clothes lines, and addressing unsanitary food preparation areas. Improved home hygiene practices, i.e. washing and drying of towels and linen, and improved first aid availability in participating households. Community engagement: - Improved health promotion and educational messaging with a specific focus on skin sore prevention and treatment. Capacity building: - Improved health literacy of households and strengthen the capacity of local services to support health outcomes.

Priority Area 3:

Broader determinants of health

3.2 Support improved environmental health capability across the North West region

REF	DOMAIN	STRATEGY	KPI
3.2	Collaborate with Local Government to improve water infrastructure and ensure all communities have access to good quality drinking water.	Provide advocacy and support to Local Government Authorities to assist infrastructure investments in: - Drinking water infrastructure - Community amenities and sports infrastructure (swimming pools, parks and oval infrastructure) - Supply for dust mitigation including in homes and yards - Promote fluoridation of local water supplies to assist oral health	To be developed in partnership with First Nations communities across the North West region

Priority Area 4:

Deliver sustainable, culturally safe and responsive healthcare services

4.1 Patient Travel and Accommodation

REF	DOMAIN	STRATEGY	KPI
4.1.1	Review of Patient Travel Subsidy Scheme	Review the findings, recommendations and/or policy changes arising from the state wide review of Queensland's Patient Travel Subsidy Scheme (PTSS) that was announced in September 2025. Implement any policy and/or procedure changes applicable to NWHHS operations.	Increased percentage of First Nations patients report feeling culturally safe and respected when accessing travel services. All recommendations arising from the Review of Patient Travel Subsidy Scheme that are endorsed by NWHHS are implemented across the region.
4.1.2	Integrated Travel Coordination System	Develop and implement a Standard Operating Procedure (SOP) covering all stages of patient travel (booking, escorts, accommodation, cultural considerations). Centralise communication between remote facilities, Mount Isa Patient Travel Department, and tertiary referral hospitals.	A well-coordinated, standardised travel process across all facilities. SOP implemented and reviewed annually. 20% reduction in Missed Opportunity To Treat (MOTT) rates within 12 months.
4.1.3	Accessible and Affordable Accommodation	Partner with Aboriginal community housing providers and government to create culturally safe, long-stay accommodation options in Mount Isa for priority patients (e.g. expectant mothers, renal patients).	Increased access to culturally approriate, affordable accommodation for First Nations people required to travel away from home to access health care. At least one partnership agreement for long-stay accommodation established by Year 2. Reduced percentage of rescheduled appointments due to accommodation shortages.
4.1.4	Data, Feedback and CQI Framework	Strengthen data collection, reporting, performance monitoring and staff/consumer feedback systems to review travel data, RiskMan incidents and consumer satisfaction on a quarterly basis. Integrate with the Patient Transport Management Information System (PTMIS).	Continuous improvement of the patient travel system through quarterly review of related data, including staff and consumer feedback/recommendations.

Priority Area 5:

Work with First Nations people to design, deliver, monitor and review health services

5.1 Health Literacy and Education Campaign for First Nations Communities – North West Queensland

REF	DOMAIN	STRATEGY	KPI
5.1.1	Community-Led Co-Design and Ownership	Empower local First Nations communities, Elders, ACCHS to lead the co-design, implementation, and governance of the campaign. Build on successful models like Deadly Choices, InfoNet, and NITV ensuring the campaign reflects local voices, languages, and cultural identity. Ensure the campaign is designed around the principles that have proven to be successful in other locations, including: - Community-led - Partnership-driven - Culturally appropriate - Targeted messaging (age and issue-specific) - Holistic approach linking health literacy with broader determinants of health	Campaign materials and messages co-designed or approved by local community representatives. Establish First Nations Health Education Reference Group (or similar) to inform the design and development of the health literacy campaign
5.1.2	Strengthen Cross-Sector Partnerships	Develop formal partnership with Health and Wellbeing Queensland and other key stakeholders (ACCHS, schools, Councils, Health Councils, other) to promote and deliver campaign activities.	Signed MOU between NWHHS and Health and Wellbeing Queensland and other key stakeholders by 2026. Joint planning meetings held quarterly to align campaign delivery and community events. Campaign funding or in-kind resources contributed or co-delivered by community partners.
5.1.3	Deliver Culturally Appropriate, Targeted Messaging Across Multiple Media Channels	Develop and roll out age-specific, language-appropriate, and culturally safe messages that address key health priorities (e.g., chronic disease prevention, healthy eating, hand hygiene, skin health, mental wellbeing, physical activity). Use storytelling, art, radio, social media, and word-of-mouth to engage different audiences.	Campaign materials disseminated through a variety of channels (social, print, radio, community events). Health promotion/educational resources developed for specific groups (youth, Elders, parents, men's and women's health, other). Campaign messages were culturally relevant and easy to understand.

5.1.4	Implement a holistic, whole-of-community health promotion approach	Integrate the campaign into existing primary health care, school health programs, and community wellbeing initiatives to address social, emotional, and physical health together. Combine targeted messaging with screening, vaccination drives, nutrition programs, and SEWB activities for sustained impact.	All health promotion activities linked to at least one clinical or community health program. Annual calendar of community events are integrated within the campaign to enhance uptake and/or community engagement/participation. Year-on-year increase % First Nations participation in preventive health programs (e.g., screening, immunisation) by 2028.
5.1.5	Monitor, evaluate, and continuously improve through community feedback	Monitor the impact of the campaign through community feedback, yarning circles, surveys and digital engagement data to track effectiveness, reach, and cultural resonance. Use findings to refine and sustain the campaign over time.	Pre/post campaign assessments show improved self-reported health literacy levels across target communities.

Priority Area 5:

Work with First Nations people to design, deliver, monitor and review health services

5.2 Partnerships and Collaboration with Aboriginal Community Controlled Health Services across the North West region

REF	DOMAIN	STRATEGY	KPI
5.2.1	Partnerships, governance and shared accountability.	Develop and implement formal partnership agreements (MOUs) between NWHHS and all ACCHSs across the region. Establish a joint governance and decision-making body to ensure shared strategic direction, key responsibility areas, and accountability for First Nations health outcomes.	Signed MOUs (or similar) between NWHHS and each ACCHS by 2026. Joint NWHHS–ACCHS Health Equity Partnership Group established and meeting quarterly by 2026.
5.2.2	Integrated, culturally safe care pathways (including a Maternal and Child Health pilot initiative)	Jointly design patient-centred, culturally safe care pathways that connect ACCHS and NWHHS services – including co-location of some services and ensuring seamless referral, follow-up, and continuity of care across hospitals, primary care, and community-based services. Begin with a joint operational pilot focused on Maternal and Child Health (MCH) to model best-practice collaboration and integrated service delivery for First Nations mothers, babies and their families across the North West region.	Joint MCH pilot program co-designed and implemented by June 2026. Increased % of NWHHS and ACCHS maternity, child health and family support services engaged in integrated pathway design by end 2026. Increased % of participating First Nations families report improved quality, coordination and cultural safety in MCH services.
5.2.3	Strengthen and support the workforce capability and capacity across both NWHHS and ACCHS sectors.	Develop shared workforce initiatives - joint training, professional development and clinical rotations, enabling staff from both NWHHS and ACCHSs to collaborate, exchange knowledge, and strengthen cross-system trust.	≥ 50 First Nations staff from NWHHS and ACCHS partners participate in joint training or leadership programs by 2027. Increase proportion of leadership roles held by First Nations staff by 2028.
5.2.4	Design and implement innovative and resourceful approaches that strengthen GP workforce availability across the North West region, particularly in the remote First Nations communities.	Within resource capability, expand the existing Shared Medical Workforce initiative to new remote locations across the region, to enable the placement of additional Medical Officers and Registrars across both hospital and primary care environments to support: - Improved integration of medical workforce - Joint recruitment - Shared clinical responsibilities - Rotating placements - Shared on-call arrangements - Shared Registrar supervision Ensure orientation program for all Medical Officers to ensure familiarity with the ACCHS Model of Care.	Percentage increase in the number of General Practitioners (GPs), Medical Officers, and Registrars placed in remote First Nations communities under the Shared Medical Workforce initiative.

5.2.5	Ethical and responsible exchange of patient information between providers to optimise continuity of care.	Review and map systems to better understand the barriers to shared information exchange, and assess options to improve information sharing and enhance continuity of care, with consideration of safety of record keeping and consent. Implement protocols to ensure all front-line staff are trained in the use of agreed shared information platforms and procedures. Ensure all Medical Officers and treating clinicians of non-HHS services have access to the Viewer.	Percentage of Medical Officers and treating clinicians (including non-HHS services) with active access to The Viewer or equivalent shared health information systems. Percentage of front-line staff who have completed training in shared information exchange platforms, privacy legislation, and consent-based record sharing.
5.2.6	Strengthen communication and information sharing between NWHHS and our primary health care partners.	Improve interoperability of NWHHS' electronic medical record (Communicare) through the integration of a secure messaging functionality to enable electronic correspondence sharing from internal and external providers. Trial the secure messaging system with Royal Flying Doctor Service (RFDS) in the controlled approach in the first instance. Review and analysis findings from the trial and utilise learnings to inform future planning to expand the secure messaging to other primary health care partners.	Improved timeliness of documentation sharing between NWHHS and primary health care partners (100% within one week of consultation). Increase in the number of registered users month-on-month. High level of clinician satisfaction based on ease of use and reliability (>80% positive feedback in surveys).
5.2.7	Improve coordination of visiting outreach and specialist services.	Jointly plan, schedule, and communicate visiting specialist and outreach services between NWHHS and ACCHSs to avoid duplication and community fatigue. Develop a shared regional outreach calendar that coordinates dates, clinic space, accommodation, and transport logistics across all providers. Strengthen community engagement so local residents know when and how to access visiting services, and ensure local teams are not overwhelmed.	Shared NWHHS–ACCHS Regional Outreach Service Coordination Calendar developed and implemented by 2025. Increased % of visiting services coordinated through the shared scheduling system by end 2025. Increased % of communities receive at least 1 month advance notice of visiting specialist clinics (ideally 3-6 months notice) by June 2026. Increased % satisfaction rate among local health staff regarding coordination and communication of visiting services.
5.2.8	Transition of primary health care services on Mornington Island. - Partnership and governance support for transition. - Integrated service delivery and continuity of care.	Actively support and partner with Ngarnal Aboriginal Community Controlled Health Service (NACCHS), as the local ACCHS, throughout the transition of primary health care services on Mornington Island, recognising that community control strengthens cultural safety, trust, access, and self-determination. Maintain NWHHS commitment to the Mornington Island Health Partnership as a shared governance and planning forum throughout the transition process (and thereafter). Work alongside NACCHS and other health partners to support the transfer of responsibilities by establishing integrated, coordinated health services across the continuum of care, ensuring continuity between hospital-based services, visiting/outreach specialist services, and community-based primary health care, and strengthening culturally appropriate models of care designed and governed by the local community.	NWHHS maintains active participation in the Mornington Island Health Partnership, demonstrated by at least 90% attendance at scheduled Mornington Island Health Partnership meetings. Documented joint transition planning actions agreed with NACCHS. By June 2027, an integrated primary and secondary care service model will be operational on Mornington Island, evidenced by at least three formalised shared-care pathways (e.g. chronic disease, maternal/child health, and Mental Health/ SEWB services) between NACCHS, NWHHS hospital services, and visiting specialists, with quarterly monitoring of continuity-of-care outcomes.

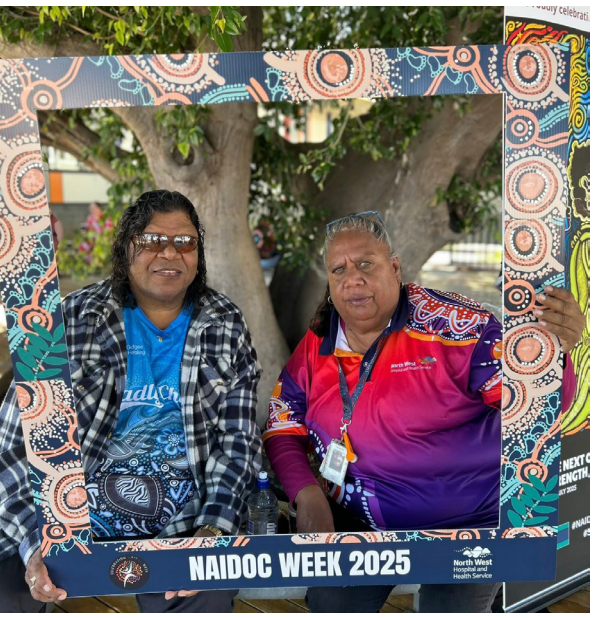
Priority Area 6:

Strengthen the First Nations health workforce

REF	DOMAIN	STRATEGY	KPI
6.1	Strengthen early-career attraction and pipeline pathways.	Partner with schools, TAFEs, universities and community-controlled organisations to expand availability and uptake of school-based traineeships (Deadly Start) and cadetships to increase the number of First Nations students studying and completing health qualifications to meet future needs.	Increased number of First Nations students participating in health career programs within the region by 2027. Year-on-year increase in the number of First Nations health-career scholarships or cadetships available in the region.
6.2	Strengthen credentialing, recognition and scope of practice for Aboriginal and Torres Strait Islander Health Practitioners.	Formally recognise and credential Aboriginal and Torres Strait Islander Health Practitioners (AHPs) within NWHHS, ensuring their scope of practice is clearly defined, respected, and fully integrated into multidisciplinary teams. Take actions to ensure AHPs are empowered to practice to their full capabilities, reinforcing culturally safe care and closing gaps in service delivery in rural and remote and First Nations communities.	100% of AHPs credentialed by end of 2026. Approved AHP credentialing processes endorsed by NWHHS Executive and embedded in all relevant clinical governance documents by 2026. Annual staff survey shows increased % of AHPs report they can work to their full scope of practice.
6.3	North West First Nations Trainee Model.	Establish and implement the new First Nations Educator and Trainee Model in partnership with Chief Aboriginal and Torres Strait Islander Health Workforce Office (CATSIHWO) to strengthen delivery of clinical and non-clinical education and training programs across NWHSS and other HHS regions.	First Nations Educator and Trainee Model established and operational.
6.4	Increase First Nations workforce supports.	Enhance communication and promotion of First Nations career opportunities and pathways available across the health service system (clinical, operational, professional, administrative). Guidance and practical support to prepare strong employment applications within the health sector, including resumes and tailored responses to selection criteria. Support existing First Nations health workforce, and/or those with an interest in pursuing a health career, by supporting them to effectively demonstrate skills, experience, and cultural knowledge throughout the application and interviewing process.	Quarterly HWF workforce meetings Increased % First Nations participation in professional development opportunities provided by NWHHS and Centre for Leadership Excellence Delivery of six-monthly group workshops aimed at improving participants' capacity to prepare competitive employment applications, including resumes and tailored responses to selection criteria.


North West
Hospital and
Health Service
YELLAGUNDGIMARRA
Hospital
Dajarra Primary
Health Clinic
Burketown Primary
Health Clinic
Queensland
Government
Camooweal
Primary Health Care Centre
* Be respectful
* Treat all with love and care
NOTICE


Camooweal
Primary Health Care Centre
ENTRY
PARKING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National Reconciliation
Week 2025
Bridging
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Next
27 MAY –
3 JUNE
Gidgee
Healing


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