

QUEENSLAND HEALTH

NORTH WEST HEALTH EQUITY STRATEGY 2022 - 2025

North West Hospital and Health Service

Queensland Government

North West Health Equity Strategy 2022 - 2025



Published by the State of Queensland (North West Hospital and Health Services), September, 2022.

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

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ACKNOWLEDGMENT OF TRADITIONAL CUSTODIANS

North West Hospital and Health Service would like to acknowledge the Traditional Custodians of the land on which our services are located across the North West and Lower Gulf region. We pay our respects to the Elders both past and present and acknowledge all Aboriginal and Torres Strait Islander people across the State. We also acknowledge the passion and commitment of the existing First Nation workforce across the whole health sector and thank them for their effort and commitment to working with us towards achieving health equity.



About the artist

Kylie Hill

Kylie Hill is a proud Aboriginal woman from the Kalkadoon and Waanyi people from Mount Isa. Kylie is well known locally and nationally, and some of her artworks also feature internationally in Las Vegas, Japan, Germany and Ireland. Kylie has worked on murals and canvas pieces that have pride of place at a variety of locations across Australia, with her works being appreciated by both Indigenous and non-Indigenous organisations. Through the showcasing of her art and her culture, Kylie enjoys bringing people together and promoting reconciliation.

Story

Our Healing journey on country for our community with culturally safe practices in place for our mob.

Meaning

This piece represents Kalkadoon country and surrounding areas. The community linking to each other settling on the main area Mount Isa where the main health system is located. The connections in orange are of the community group members delivering the culturally safe health programs to our people. The footprints show how people go to the main source and go back home. The medicine leaves on the top and bottom represents the health plans in place for the community to help them receive the care that they need. The colours of the reds represent our red dirt country of Mount Isa and surrounding areas. The greens represents the waters of Lake Moondarra and the healing spiritual connections to our people.

Message from the Chief Aboriginal and Torres Strait Islander Health Officer

Queensland has until 2031 to achieve life expectancy parity with Aboriginal peoples and Torres Strait Islander peoples, our First Nations peoples in Queensland. In order to accelerate effort and engage all aspects of the health system and broader community, Queensland Health has commenced an ambitious health equity reform agenda underpinned by the most progressive legislation in Australia to deliver locally co-designed, co-owned and co-implemented First Nations Health Equity Strategies.

Our *Tracks to Treaty* agenda, truth-telling and the principles from the Queensland Government *Statement of Commitment to Reframe the Relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government (2019)* are at the core of the *North West Health Equity Strategy 2022-25*.

Along with the Queensland Government's commitment to reframe the relationship, the *Hospital and Health Boards Regulation 2012* provides the legislative framework for how the health system will work with First Nations peoples and organisations to achieve health equity and improve health and wellbeing outcomes. The recent legislative amendments provide the authority to redesign and reshape the way health systems deliver services in partnership with Aboriginal peoples and Torres Strait Islander peoples, organisations, and other key stakeholders – so let's make this opportunity count!

The vision of our First Nations health equity reform agenda has three components:

- **Voice:** listening to the voices of First Nations peoples to improve the delivery of care
- **People:** seeing more First Nations peoples working across in the health system
- **A Capable System:** creating a culturally capable, connected and integrated health system to support the needs of First Nations peoples.

This vision guides everything we do and accurately summarises what each Health Equity Strategy across Queensland aims to achieve. O*ur voices, our knowledges and our cultural authority* as First Nations peoples are now recognised in the legislation governing our public health system. This is a historical achievement and the result of generations of our Elders and ancestors fighting for our health system to see us, value us and listen to us.

Our journey towards health equity and social justice remains a long one but I encourage everyone to get behind and support the inaugural *North West Health Equity Strategy*. This is our road map to achieve health equity, eliminate institutional racism and close the life expectancy gap for mob by 2031. We must do everything we can to make it a reality.



Haylene Grogan
Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General

Message from the Chairperson of NWHHB and Health Service Chief Executive

The First Nations Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Framework (2021) **provides North West Hospital and Health Service with the opportunity to galvanise our commitment to improving health and wellbeing outcomes for First Nations people in north-west Queensland. To achieve equitable health outcomes, we must reshape our ways of working to ensure our health services are responsive to those with differing needs and differing levels of advantage.**

The North West Health Equity Strategy 2022-2025 has been developed in partnership with First Nations people from across our region, with the consultation and community engagement process to continue throughout the life of the Strategy.

NWHHS acknowledges the unique cultural knowledge and strength that has informed and shaped our approach, and reaffirms our commitment to embedding the voices of our First Nations people into the design, development and delivery of our health services, to ensure we are creating environments that First Nations people feel safe and comfortable to access.

We would also like to thank our First Nations health partners for their continued leadership. The wealth of experience they bring to a health reform process such as this will inspire change across our health system, improve health and wellbeing outcomes for First Nations people in north-west Queensland, and move us closer to achieving the objectives of the National Agreement on Closing the Gap.

Cheryl Vardon
Chair, North West Hospital and Health Board

Craig Carey
Health Service Chief Executive,
North West Hospital and Health Service

Message from the Chair and Chief Executive Officer, Gidgee Healing

When you look at the health status of the First Nations people of the Northwest, it is clear there is something fundamentally different about their experience and attitudes to health and well-being. It can't be explained away by just their remoteness, or the significant social and economic disadvantages they experience, or the fact they are 17 times more likely to be involved in the justice system. The experience of many First Nations people and their inability to achieve a life expectancy free from disease like other Australians is also indicative of institutional racism.

Gidgee Healing applauds the Queensland Government for taking affirmative action in response to the very serious findings of the Anti-Discrimination Commission's report of high to extreme levels of institutional racism and for setting into legislation recognition of the devastating contribution it makes to the health of our First Nations people. As a regional Aboriginal Community Controlled Health Service, Gidgee Healing works with more than 140 other ACCHOs across Australia to provide culturally safe and proven primary health care services. But more than that, at the heart of the work of Gidgee Healing is the recognition of culture as a powerful determinant of health, the importance of supporting individuals and communities in their journey of self-determination, and most importantly their human right to be able to live a life free from disease and disadvantage.

Gidgee Healing recognises achieving the aspirations of this Health Equity Strategy is complex and will require leadership, time, a genuine partnership across service providers, as well as authentic engagement and trust from the communities we all serve. It is clear the status quo has proved ineffective and health providers collectively need to provide a much stronger value proposition for the communities in which we live and work.

Gidgee Healing makes a commitment to support the important work highlighted in the Health Equity Strategy and as indicated in the National Agreement to Close the Gap for First Nations people across the Northwest. As a community controlled and governed organisation, we are uniquely placed to provide First Nations perspectives through our governance and staff, through our lived experience. We are hopeful the NWHHS Health Equity Strategy will effectively remove racism from our HHS, but also mark a turning point in realising a new collective capacity to better address the very significant health disparity that prevails in our communities



Shaun Solomon | Chairperson, Gidgee Healing



Cherrie Glasson | Chief Executive Officer, Gidgee Healing

Message from the Chairperson and Chief Executive Officer, Western Queensland PHN

The Western Queensland region is remote landscape characterised by decreased access to health services, health workforce challenges, higher rates of chronic disease and higher rates of health risk factors, including smoking. Aboriginal and or Torres Strait Islander people, across Western Queensland, continue to have poorer health outcomes, when compared with non-Indigenous people across the region. As a collective, we need to do more.

Providing culturally informed services that consider the cultural, social and health context for Aboriginal and or Torres Strait Islander people, that address the root cause of health inequity is critical. WQPHN believes that through a collaborative and region-wide, person-centred and health outcomes focused model of care for service delivery, the health system will be much better positioned to achieve health equity by 2031. We look forward to working with the partner organisations to frame the policy and structural change required to improve the health of our people across Western Queensland.

Dallas Leon | Chairperson, Western Queensland Primary Health Network

Sandy Gillies | Chief Executive Officer, Western Queensland Primary Health Network



Message from the Chief Executive Officer, Queensland Aboriginal and Islander Health Council

NWHHS and the Queensland Aboriginal and Islander Health Council (QAIHC) are placing First Nations peoples and voices at the centre of healthcare service design and delivery through *Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework.*

The framework seeks to actively eliminate racial discrimination and institutional racism, and influence the social, cultural and economic determinants of health by working with First Nations organisations, health services, communities, consumers and Traditional Owners to design, deliver, monitor and review healthcare services.

Principles of co-design and co-implementation are at the core of the Health Equity Strategy (HES) development by the Hospital and Health Services across Queensland to ensure that lived experiences and local cultural perspectives are part of their HES's.

The commitment between NWHHS, stakeholders and QAIHC to co-design, co-own and co-implement HES's with their local Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATISCCHO) and other partners will improve the overall health outcomes of First Nations peoples.

NWHHS, alongside QAIHC are proud of the advancements we're making to First Nations health outcomes.

Cleveland Fagan
Chief Executive Officer, Queensland Aboriginal and Islander Health Council

Message from the Chief Executive Officer from Health and Wellbeing Queensland

Health and Wellbeing Queensland (HWQld) is committed to ensuring that every Queenslander has the potential to live a long and healthy life. However, we recognise that for this to happen, we must remove the systemic barriers and conditions that create inequity by providing the right support, at the right time to the right people and communities.

At HWQld, equity underpins everything we do, and we have taken the lead to develop Queensland's first Equity Framework. The framework seeks to address inequity by identifying and tracking the actions required to make it easier for people to achieve good health. As part of this, HWQld is working with Hospital and Health Services to develop their Making Tracks Together Health Equity Strategies, which aims to improve the health outcomes and experiences of First Nations Queenslanders and achieve life expectancy parity by 2031.

We look forward to being part of this journey with North West Hospital and Health Service as it walks beside its First Nations peoples, to achieve an equitable future and long and healthy lives for the generations to come.

Robyn Littlewood, Chief Executive Officer, Health and Wellbeing Queensland

Aboriginal + Torres Strait Islander 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
First Nations - 40.4%
Distance from Mount Isa - 600km

Doomadgee
Gangalidda, Waanyi and Garawa
First Nations - 93.7%
Distance from Mount Isa - 600km

Camooweal
Indjalandji-Dhidhanu
First Nations - 42.5%
Distance from Mount Isa - 180km

Mount Isa
Kalkadoon
First Nations -16.6%
Distance from Brisbane - 1823km

Urandangi
Marmanya
First Nations -85%
Distance from Mount Isa - 187km

Dajarra
Yulluna
First Nations -36.5%
Distance from Mount Isa - 180km

Mornington Island
Lardil Yangkaal Gangalidda and Kaiadilt
First Nations - 88%
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 - 59.6%
Distance from Mount Isa - 500km

Cloncurry
Mitakoodi, Kalkadoon and Pitta Pitta
First Nations - 22.8%
Distance from Mount Isa - 120km

McKinlay
Kalkadoon, Yulluna, Mitakoodi and Mayi
First Nations - 4%
Distance from Mount Isa - 228km

Julia Creek
Kalkadoon, Yulluna, Mitakoodi and Mayi
First Nations - 4.8%
Distance from Mount Isa - 260km

How the Strategy was co-designed *with Development Stakeholders*

North West Hospital and Health Service has a well-established and authentic working partnership with Gidgee Healing and the Western Queensland Primary Health Network (WQPHN), as co-signatories to the Tripartite Agreement that was executed in 2019. As part of the Health Equity reform process, this formal partnership was expanded to establish the North West Health Equity Governance Collaborative with the membership of this group also comprising Queensland Aboriginal and Islander Health Council (QAIHC), Yellagundgimarra Health Council (Doomadgee), Mornington Island Health Council, and an elected Community Representative.

To ensure transparent, collaborative and shared decision-making, the North West Health Equity Governance Collaborative jointly developed and agreed to the Terms of Reference to provide structure to the governance arrangement, by articulating the objectives, roles, responsibilities and expectations of the membership as it relates to the First Nations Health Equity reform process. The Governance Collaborative has provided oversight and guidance throughout the developmental phase, including but not limited to:

- Review and analysis of regional health data;
- Identification of cultural and social determinants that must be embedded in the North West Health Equity Strategy;
- Review and endorsement of the Communication and Community Engagement Plan;
- Identification of systemic barriers and challenges that must be addressed;
- Sharing and discussing regional health priorities;
- Sharing evidence-based models of care that may be replicated in the region; and
- Identification of opportunities for enhancing access, improving service quality, and/or optimising health system performance for First Nations people.

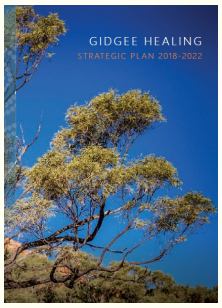
The North West Health Equity Governance Collaborative will continue to provide oversight throughout the Implementation and Service Delivery phases and over the life of the Health Equity Strategy 2022-2025.

In recognition of the inherent strengths of First Nations communities and organisations, government has committed to a new era of partnership and shared decision making under the *Hospital and Health Boards Act 2011 and Hospital and Health Boards Regulation 2012* and the new *National Agreement on Closing the Gap*. In accordance with this approach, the North West Health Equity Strategy has been co-designed between First Nations health peak bodies, community-controlled health services, community representatives and other key stakeholders. The strong representation by First Nations health leaders and Traditional Owners means that the North West Health Equity Strategy embeds First Nations peoples' strong foundations – including their ongoing, deep connections to family, community and culture.

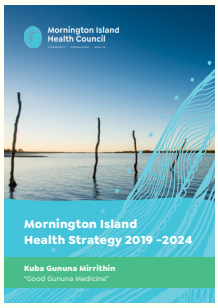
Alignment to *other strategies* in the system

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. For this reason, 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 2022-2025.

Organisational Strategic Plans



Gidgee Healing Strategic Plan 2018 - 2022



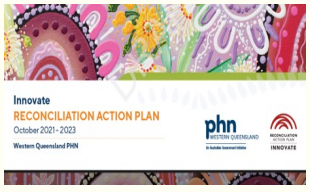
Mornington Island Health Strategy 2019-2024



NWHHS Strategic Plan 2021 - 2025



WQPHN Strategic Plan 2020-2025



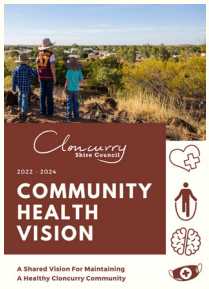
WQPHN Reconciliation Action Plan 2021-2023



NWHHS Health Equity Communication and Community Engagement Plan



Mornington Shire Council 2018 – 2023 Corporate Plan



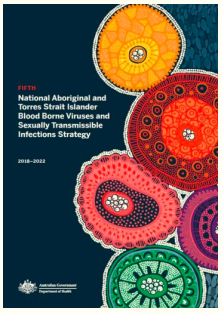
Cloncurry Community Health Vision 2022-2024



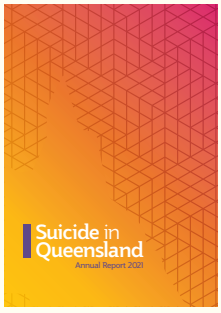
NWHHS Aboriginal and Torres Strait Islander Workforce Strategy 2019 - 2026



Betty's Story



National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022

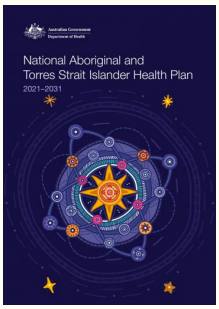


Suicide in Queensland Annual Report 2021

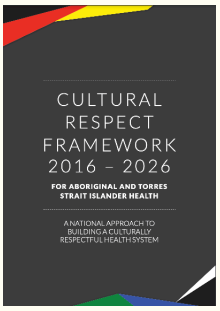
Government priorities



National Agreement on Closing the Gap 2020



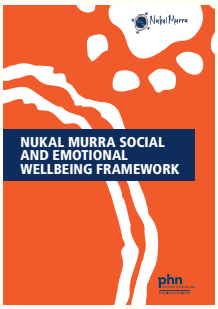
National Aboriginal and Torres Strait Islander Health Plan 2021-2031



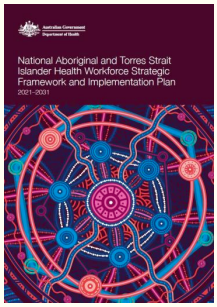
Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health



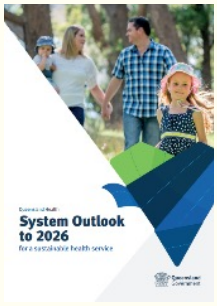
National Safety and Quality Health Service Standards



Nukal Murra Social and Emotional Wellbeing Framework (Western Queensland PHN).



National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031



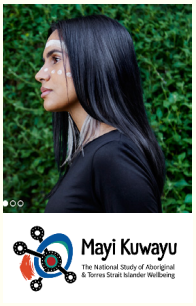
QH System Outlook 2026



QH Advancing Health 2026



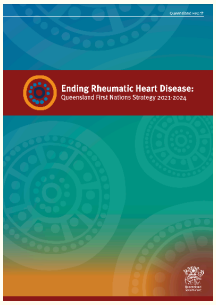
QLD Government Statement of Commitment to Reframe the Relationship



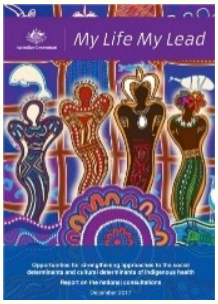
Mayi Kuwayu - National Study of Aboriginal and Torres Strait Islander Wellbeing



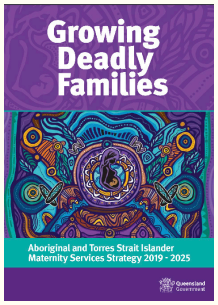
The RHD Endgame Strategy: A Snapshot



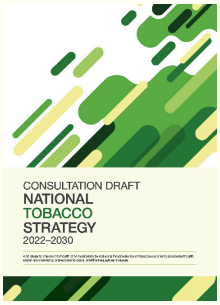
Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024



Australian Government My Life My Lead 2017



Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025



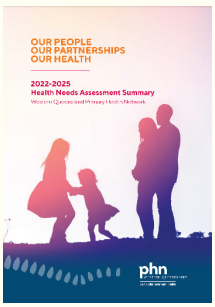
National Tobacco Strategy 2022–2030



Western Queensland Diabetes Service Framework



WQPHN Child And Family Health Framework



WQPHN 2022-2025 Health Needs Assessment Summary

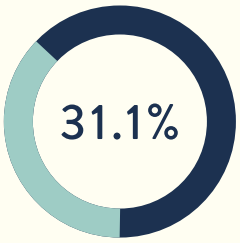
Where are we now?

The health status of First Nations people in the North West.

100%

of First Nations people in NWHHS reside in a remote location





In North West HHS, 8,568 people in 2019 (31.1% of the population) identify as First Nations people

First Nations Population

16.6%
of the population are
aged 50+

49.8%
of the population are
aged 15-49

33.6%
of the population are
aged 0-14

31.1%
of the population identified as being First Nations **[4.6% QLD]**

36.9%
of births were First Nations people **[7.2% QLD]**

Social determinants

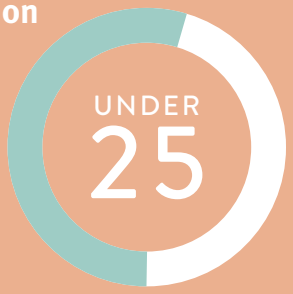
46.6%
of the population obtained education level of year 11 or higher **[QLD 48.6%]**

2.0%
of Mount Isa persons living in severely crowded housing **[QLD 1.7%]**

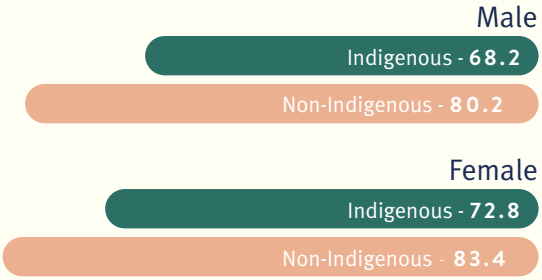
Younger population profile

Age under 25

51.4% of First Nations people in NW region were under the age of 25 (compared to 31.7% non Indigenous across all of Queensland)

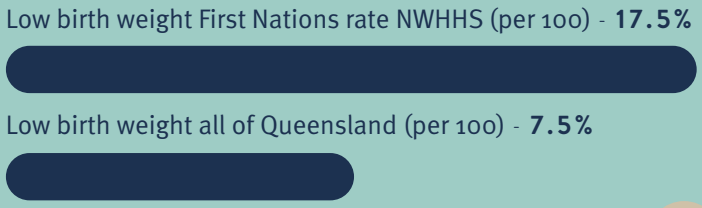


Reduced Life Expectancy



Higher Proportion of Low Birth Weight Babies

The proportion of low birth weight babies born to First Nations mothers in the North West is significantly higher than both their non-Indigenous and Indigenous counterparts throughout Queensland.



Overcrowded households and homelessness

Overcrowded households and homelessness is a significant issue among Aboriginal and Torres Strait people in our region.

14.3%

of First Nations households were overcrowded compared to 2.1% Non-First Nations households

High proportion of Aboriginal and Torres Straight Islander peoples across our region

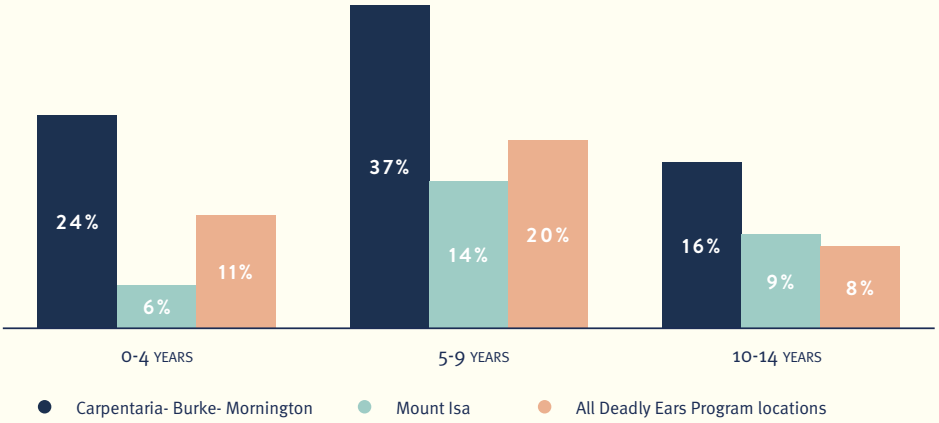
Lower Gulf - **66.9%**

Mount Isa and surrounds - **17.4%**

Queensland - **4%**

Very high prevalence of ear conditions in children

Very high prevalence of ear conditions amongst First Nations children in the North West region. Data from Queensland Deadly Ears Program estimates that the minimum prevalence of ear conditions in the Lower Gulf to be 24% for 0-4 year olds and 37% for 5-9 year olds. These prevalence rates are some of the highest of all Deadly Ear Program locations.



Higher proportion of developmentally vulnerable children

With the proportion of children in their first year of school who were developmentally vulnerable in one or more of the five Australian Early Development Census (AEDC) domains was much higher in the North West compared with the rest of Queensland.

In the Lower Gulf region (Carpentaria SA2) up to

80.3%

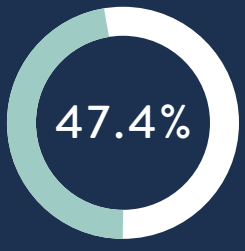
of children were developmentally vulnerable on more than one domain.

High immunisation rates among First Nations children

95.8% of First Nations children fully immunized by 5 years of age, compared with 94.6 % of all of Queensland.

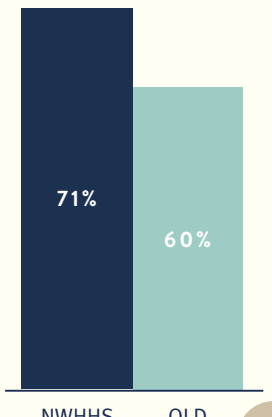
Very high mortality from diabetes

Diabetes is the largest contributor to chronic disease-related potentially preventable hospitalisations among the First Nations population in the North West (47.4%)



Overweight obesity

The North West has one of the highest rates of overweight and obesity in adults compared to all of Queensland.



Parts of our region have a premature mortality from diabetes at

5.5x higher than the state rate.

Rates of Suicide

The rates of suicide among First Nations people in the North West Region are almost double. Between 2014-2018, the highest rate of suicide was experienced by First Nations peoples ages between 25 to 34, they were 2.4 times higher than other Queenslanders of the same age.

44.4 PER 100,000 — First Nations peoples in the North West region aged between 25 to 34

18 PER 100,000 — Queenslanders aged between 25 to 34

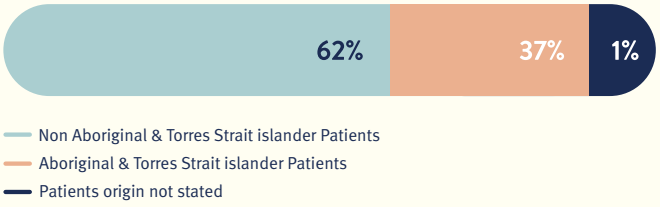
Mental Health Emergency Departments presentations

NWHHS had a much higher rate of mental health emergency department presentations compared to the rest of Queensland in 2020-21.

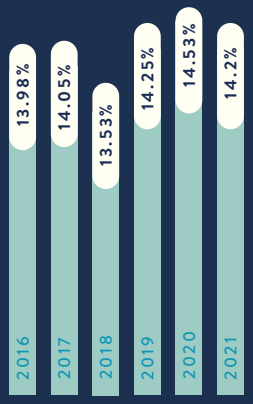
Mental Health ED Presentations across NWHHS
1,762

Crude rate per 1000 population
64.1

Origin of Patients Presented from 2016-2020



Potentially Preventable Hospitalisations



Premature Deaths

Potential year of life lost and premature deaths for First Nations people 2014-18 (NWHHS)

Causes (Potential years of life lost)	Potential years of life lost (Total)	Premature deaths (Count)
Cancer	772	46
Circulatory System Disease	1,261	60
Respiratory System Diseases	291	11
External Causes (includes suicide and self-inflicted injuries, and road traffic accidents)	1,731	34
Diabetes	511	26
Potential years of life lost/premature deaths (all causes)	**6,371**	**248**



Behavioural Disorders

21% of 15-24 year old's living in the North West are diagnosed with a mental health and behavioural disorder. Nearly 1 in 5, 15-24 year old's in the North West were admitted to hospital for mental health and behavioural disorders in 2019-2020.

NWHHS First Nations Workforce

7.2%

63 First Nations / Total 870

TARGET 25%

Infant Mortality Rate

NWHHS - **6.7** PER 1000

Queensland - **4.9** PER 1000

NB. Information is not segmented by First Nations status due to small population size.

Higher rates of smoking during pregnancy

Queensland - **9.1%**

NWHHS - **49.5%**

Lower Gulf - **60%**

Higher birth rates

In 2019, the Mount Isa region had the highest rate of birth in Queensland (21.0 per 1,000 persons), followed by the Lower Gulf (18.9 per 1,000 persons)

NWHHS - **2.49** PER 1000

Queensland - **1.76** PER 1000

Less antenatal visits

48.2% of First Nations mothers have 8 or more antenatal visits compared to 83.9% of non-First Nations mothers.



Cultural determinants

Like the National *Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health Plan)*, the North West Health Equity Strategy takes a strengths-based, preventative and holistic approach to First Nations health.

In keeping with First Nations conceptions of health, the North West Health Equity Strategy takes a cultural determinants and social determinants approach. This means considering the connection between the physical, environmental, social, emotional and cultural wellbeing of families and communities across the whole life course. It also means using trauma-aware and healing-informed approaches to respond to historical factors that influence health, such as the impacts of colonisation and the Stolen Generations. By putting culture at the centre, the North West Health Equity Strategy embeds a recognition of the positive and protective impact that culture has on First Nations health interventions and outcomes.

The findings of the *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing* identified a range of cultural determinants of health which act as protective factors to enhance resilience, strengthen identity and support good health, and social and emotional wellbeing. These include:

- Connection to Country
- Family, kinship and community
- Beliefs and knowledge
- Cultural expression and continuity
- Language
- Self-determination
- Leadership



The Tripartite Agreement - How we work in the North West

Context

The North West Queensland Tripartite Agreement provides a clear strategic statement of intent by all three parties to support greater Aboriginal and Islander Community Controlled Health Service leadership so as to enable culturally competent and responsive services for the First Nations people of North West Queensland.

Key considerations:

- The unacceptable disparity in the health status of First Nations people in the North West.
- The critical importance of supporting a primary health care system that is culturally responsive and easily accessible to rural and remote populations.
- Enhance coordination and integration across service provider organisations to provide greater family-centred approaches.
- That the Aboriginal and Islander Community Controlled Health Service, Gidgee Healing, provides a unique contribution in delivering holistic, comprehensive and culturally appropriate health care to First Nations people in North West Queensland.
- To acknowledge and align with the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, and strive to meet the unmet Closing the Gap targets.

Each party agrees to:

- Adopt a health equality and human rights-based approach to ensure better services. Culturally informed practice and service delivery decisions and processes must enable the interests of First Nations people to be considered at all levels of health care decision making.
- Establish a single source of data for each patient's primary health care management based on agreed priorities.
- Collaborate on the dissemination of health intelligence across and between organisations.
- Recognise that cultural competency is an essential element of a quality primary health care service for First Nations people.
- To adopt a shared accountability framework for the better management and prevention of chronic diseases and improved maternal and child health, particularly during the first 3,000 days of life.

Partners to the Agreement

Western Queensland Primary Health Network, Gidgee Healing and North West Hospital and Health Service are lead primary health care organisations. Combined, they represent the key peak public health institutions within North West Queensland.



Agreement domains

Underpinned by cultural competency and informed by these guiding principles, the Tripartite Agreement will have four (4) key domains:

- Leadership
- Quality
- Workforce
- Model of care



Our challenges *and opportunities*

Challenges under the *status quo*

NWHHS covers an area of over 300,000 square kilometers and services the rural and remote communities within North Western Queensland and the Gulf of Carpentaria. While the North West Health Equity Strategy emphasises strengths and enablers to improve the health and wellbeing outcomes of First Nations people across our region, barriers still exist.

- Burden of disease
- Racism
- Rural and remote locations
- Underrepresentation in the health workforce
- Social determinants of health
- Education
- Employment
- Cultural Capability

The concept of patient centred care within an Aboriginal cultural context is poorly understood.

Confusion over roles and responsibilities is contributing to clinical risk and poor clinical governance.

Fragmentation and disconnection of patient information is impacting on how services work together; this relates to how information is shared across and within services, and the use of multiple non-integrated information systems.

There is an acceptance, passivity and low expectation of health outcomes in an Aboriginal community.

The environments in which health services are delivered are not welcoming.

Opportunities *for the future*

First Nations health professionals bring unique and invaluable perspectives to the Australian health sector and are highly dedicated and motivated to work in health across many roles and areas to improve the health and wellbeing of their communities.

Evidence shows the First Nations health workforce delivers better outcomes for First Nations clients. The unique skill sets, lived experiences and cultural insights First Nations people bring to their health care roles are driving factors in the North West Health Equity Strategy.

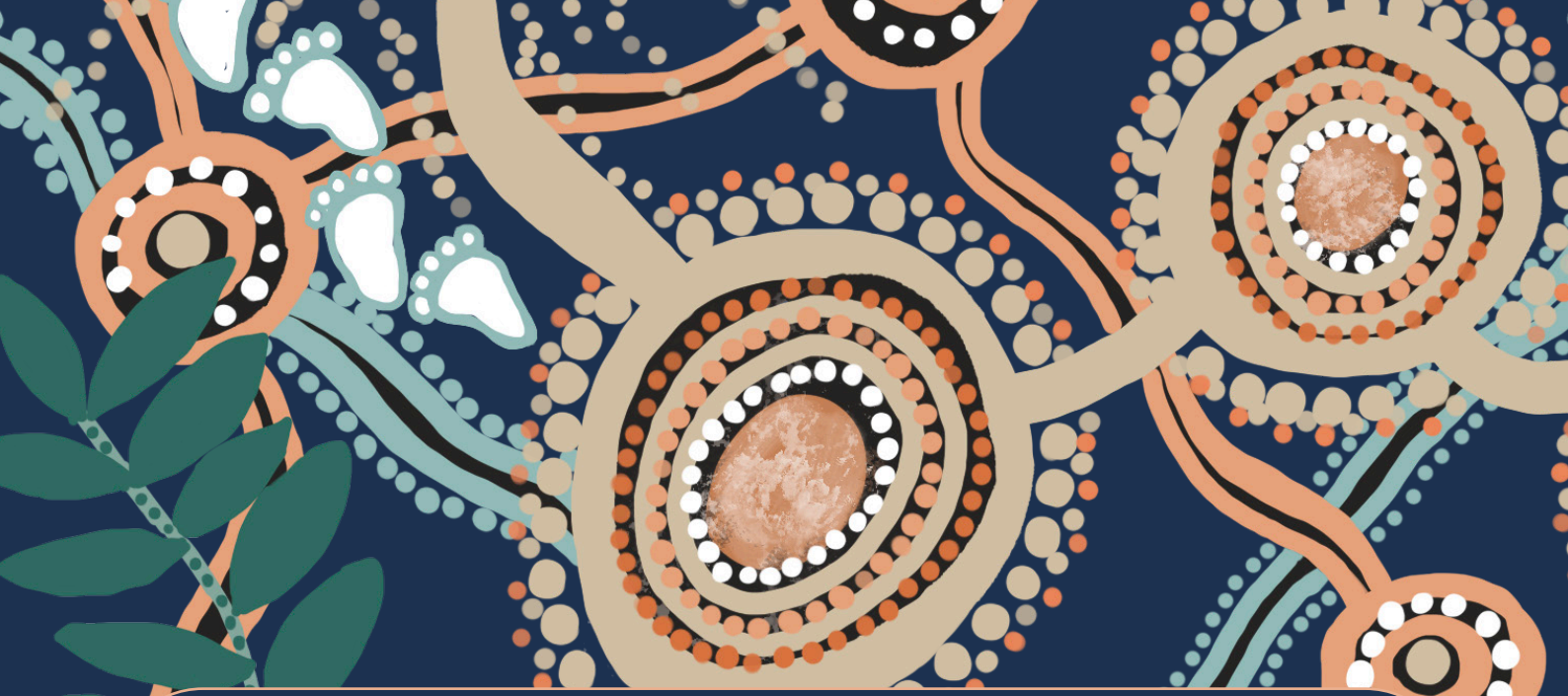
This workforce's interaction with clients goes beyond the mainstream model. Where the mainstream separates the personal and the professional, interactions with the First Nations health workforce in and out of formal health settings helps build trust. This can better help clients overcome cultural and communication barriers to accessing care.

Strengths-based approach

A strengths-based approach means focusing on the strengths of people, communities and organisations as a driving force for change. By taking a strengths-based approach, this plan shifts away from negative stereotypes, which impact First Nations health and wellbeing and overlook the impacts of systemic inequity. It provides alternative solutions to addressing disadvantage.

Overarching Priority – *Improving First Nations health and wellbeing outcomes*

- **Close the Gap in life expectancy within a generation, by 2031**
- **By 2031, increase the proportion of First Nations babies with a healthy birth weight to 91 per cent**
- **Significant and sustained reduction in suicide of First Nations people towards zero**
- **Drive, monitor, review and evaluate change and make a commitment to enhance First Nations leadership within the system.**
- **Increase the % of First Nations women attending antenatal sessions throughout all trimesters of the pregnancy journey by 2031.**
- **Maintaining and improving the prevention, testing, treatment and contact tracing of blood borne viruses and sexually transmissible infections for Aboriginal and /or Torres Strait Islander consumers.**
- **Reduced % of First Nations women who smoke whilst pregnant**
- **Increased early interventions to support smoking cessation, including targeted screening and brief interventions.**
- **Increased sexual health screening activities at the community level, particularly for adolescents and young adults**
- **Increased representation of First Nations people across the NWHHS health workforce to 25%**



- Reduced prevalence of Rheumatic Heart Disease/Acute Rheumatic Fever across the North West region
- Improved patient experiences reported through NWHHS First Nations consumer feedback surveys
- Reduced waiting times
- Reduced number of First Nations people discharging from healthcare against medical advice
- Improved access to renal dialysis services that are delivered closer to home
- Reduced reports of institutional racism across NWHHS region
- Reduce the number of First Nations people who do not attend health appointments/ services due to transport difficulties
- Increase in the provision of transport to and from appointments
- Reduction in DNA rates across all health services
- Improved effectiveness and coordination of care through sharing of patient information between health providers, particularly in remote sites
- Increased percentage of discharge summary completion rates

Our *Community* voice

The voices of First Nations people have been vital to the development of the North West Health Equity Strategy. In recognition of the inherent strengths of First Nations communities and organisations, we have drawn on the wealth of knowledge and experience to ensure the Strategy is strengths-based, holistic and is responsive to community-identified priorities.

Everything we do is grounded in:

- Partnerships
- Cultural respect
- First Nations health is everyone's business
- First Nations community control of primary health care
- Evidence-based and accountable
- Community engagement and participation in decision-making



Stakeholders

Internal stakeholders

1. Our Boards

2. Our Staff

External Stakeholders

1. Community

- Traditional Owner groups
- Elders
- Health Councils
- Health Community Advisory Groups
- Shire Councils
- Land Councils
- Clients/users of health services
- Family/carers
- Local Aboriginal community controlled organisations

2. Health and Social Services

- Gidgee Healing
- North West Hospital and Health Service (NWHHS)
- Western Queensland Primary Health Network (WQPHN)
- Royal Flying Doctor Service
- North West Remote Health (NWRH)
- Visiting/outreach health services
- Murtupuni, Centre for Rural and Remote Health, James Cook University
- Aged care providers
- Disability support services
- Youth services
- Family support services
- Queensland Ambulance Service

3. Government Bodies

- Queensland Health
- Australian Government Department of Health
- Health and Wellbeing Queensland
- Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP)
- Education Queensland

4. Peak Bodies

- Queensland Aboriginal and Islander Health Council (QAIHC)



What have *we heard?*

Comments from our communications with First Nations community members

"We need to better access to doctors, one day a week is not enough."

TRADITIONAL OWNER, CAMOOWEAL

"I'm looking forward to the day when my sister can come home and she can get her dialysis right here, in her own community, and be with her family."

- COMMUNITY MEMBER, CLONCURRY

"We need more Aboriginal Health Workers"

- FIRST NATIONS ELDERS GROUP, MOUNT ISA

"I feel like I have to keep telling my story over and over again, always to different people"

TRADITIONAL OWNER, YELLAGUNGIMARRA HEALTH COUNCIL, DOOMADGEE

"Our health services need to put the family at the centre of everything they do"

- TRADITIONAL OWNER, MORNINGTON ISLAND HEALTH COUNCIL

"Traveling off-country for medical appointments is expensive, we need more support with taxis and food"

- JUNKURI LAKA ELDERS GROUP, MORNINGTON ISLAND

"We don't really know when specialists or visiting services are coming, until they are here" - COMMUNITY MEMBER, DOOMADGEE

"We want to see more Aboriginal people working in our health services, it would help our mob feel more comfortable."

- First Nations staff member

"What services are available for our young people with a disability? We have heard about this NDIS, but can't tell you where to go or what they do"

- TRADITIONAL OWNER, NORMANTON

"**Providing culturally informed services** that consider the cultural, social and health context for First Nations people, **that address the root cause of health inequity is critical**" - CHIEF EXECUTIVE OFFICER, WQPHN

"We have lots of health services flying in and out, which is good, but they need to be better coordinated"

- TRADITIONAL OWNER, BURKETOWN

"We need to have a greater say in how health services are delivered in our individual communities"

- TRADITIONAL OWNER, BURKETOWN



How we talked *to Community*

Community Visits



First Nations Health Equity Survey



Staff Forums



Yarning Circles



Virtual Meetings



News/print media



Social media



Radio



1. Improving First Nations health and wellbeing outcomes

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1. IMPROVING FIRST NATIONS HEALTH AND WELLBEING OUTCOMES					
1.1	**Healthy babies and children**	NWHHS	Gidgee Healing NWRH Royal Flying Doctor Service (RFDS) Save the Children	• Deliver targeted, needs-based and community-driven activities to support healthy babies: - Work together with Gidgee Healing and health partners to provide universal access to positive, culturally safe and responsive services across reproductive, antenatal, infant and family health, and health promotion programs targeting nutrition, and alcohol, tobacco and other drugs cessation. - Work together with Gidgee Healing and health partners to provide universal access to services across child and family health to support children's social and emotional wellbeing, and the prevention of childhood and infectious diseases.	Increased proportion of First Nations babies born to First Nations mothers with healthy birthweights. Increase in the age-standardised proportion of Indigenous women accessing antenatal care in first trimester of pregnancy (%) . Increased life expectancy at birth (age-adjusted), by Indigenous status and sex. Australian Early Development Census (AEDC) data. Proportion of First Nations' children aged 0-14 years who have had a health assessment in the previous 12 months.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.2	**Developmental surveillance of First Nations children**	Gidgee Healing	Griffith University NWHHS	• Strengthen and expand the roll-out of the "Tracking Cube", a co-designed, culturally-responsive, developmental surveillance system that triages children through screening, assessment and support via 6 tiers (which form six sides of a cube) identifying children who have medical, developmental, or mental health concerns. - Tier 1: Ensure culturally valid informed consent using a Dreamtime story - Tier 2: Track developmental risk by collecting child and family history - Tier 3: Screen neurodevelopment using standardised rapid assessment - Tier 4: Assess neurodevelopmental concerns using standardised parent- and teacher- reports - Tier 5: Place children on pathways of support - Tier 6: Comprehensive specialist assessment (depending on risk)	Improved access to care for children: measured by the number of children engaged with each tier. Improved identification of children at risk of, and diagnosed with, neurodevelopmental disorders (e.g., Foetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), learning disabilities, intellectual disabilities) Clear and targeted referrals for specialists (e.g., paediatricians, allied health) Integrated care across organisations: measured by the number of organisations contributing to the Tracking Cube 
1.3	**Ensure all First Nations mothers and babies have access to high quality, clinical and culturally capable maternity services.**	NWHHS	Clinical Excellence Queensland, Healthcare Improvement Unit	Work in partnership with Gidgee Healing, NWHHS Maternity Services, GP's, visiting specialists and other stakeholders to review the current child and family health service system, with a view to identifying key gaps, shortfalls, and/or barriers to access that can be addressed through the introduction of the Growing Deadly Families initiative across the North West region.	Improved cultural safety of maternity and birthing services. Improved continuity of midwifery and maternity care across care providers. Improve access to First Nations health workers, practitioners, family support workers and midwives.
1.4	**Screening and early Intervention**	Gidgee Healing	NWHHS Private GPs WQPHN RFDS	• Support Gidgee Healing capacity to provide more health checks to First Nations people across the region through increased referral pathways and integrated workforce strategies.	Increase in the rate of health checks for First Nations people (per 1,000 population). Increase in the age-standardised rate of claims for GP management plans for chronic disease (per 1,000 population).

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.5	**Chronic disease management**	Gidgee Healing	NWHHS WQPHN Private GPs NWRH	• Support Gidgee Healing as the lead agency responsible for the prevention, detection and management of chronic disease by: - Supporting healthy people to maintain their health status. - People at risk are supported with prevention strategies. - People with chronic conditions are supported with increased knowledge, skills and confidence to self-manage their condition and prevent or delay further complications. - People with complications, comorbidities and/or complex health needs receive the care and support they require in a timely manner. - Plan and deliver community screening events and other interventions targeting specific family and population subgroups e.g. men, women, youth, geographic locations etc - Improve discharge planning and coordination to ensure repatriation back into primary care for all Potentially Preventable Hospitalisations.	Decrease in the age-standardised rate of deaths from diabetes among Indigenous Australians (per 100,000 population). Decrease in the age-standardised rate of deaths from cardiovascular disease among Indigenous Australians (per 100,000 population). Decrease in the age-standardised rate of deaths from kidney disease among Indigenous Australians (per 100,000 population). Decrease in the age-standardised rate of deaths from cancer among Indigenous Australians (per 100,000 population). Decrease in the proportion of Indigenous Australians aged 15 and over who are overweight or obese (%). *Decreased potentially avoidable deaths.*

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.6	**Social and emotional wellbeing/mental health**	Gidgee Healing NWHHS	NWRH WQPHN Headspace Selectability	• In partnership with Gidgee Healing, NWRH, WQPHN and others, develop and implement a strategic cross agency approach for social and emotional wellbeing. - Undertake a region-wide review of mental health services to identify current capacity, key issues, service gaps and future workforce needs. This review should look across the whole continuum from non-clinical to more acute and complex needs and include culturally appropriate healing approaches. - This strategy must consider the broader social determinant influences across the life-course, including housing, education, employment, interactions with the justice system, and the protective factors of connection to country and culture. - Develop and embed collaborative care approaches between mental health services and other sectors (social, community, police and justice) to strengthen the collective response at the local level; enhance protective factors; and promote mental health and wellbeing. - Support First Nations organisations to provide leadership on healing and social and emotional wellbeing, including trauma-aware and healing informed approaches. • In partnership with Gidgee Healing, implement training initiatives to foster a better understanding and response to social and emotional wellbeing among First Nations' people. • In partnership with Gidgee Healing, strengthen the capacity of local community members to respond and support the wellbeing of individuals and/or families affected by mental health issues in times of need i.e. Aboriginal Mental Health First Aid, conflict resolution, suicide prevention awareness etc. • Work with Gidgee Healing, NWRH, WQPHN and communities to ensure a stepped care approach to mental health treatment that offers flexible options at every step of an individual's recovery journey, allowing clients to 'step through' different levels of care as their needs change.	Region-wide review completed and identifies strategies for enhancing capacity to support the mental health/ social and emotional wellbeing of First Nations' people. *Sustain a decreased rate and count of First Nations suicide deaths.* *Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit.* Staff are trained in delivering trauma informed mental health services to First Nations people. Number of First Nations people who received mental health services across the NWHHS region. Types of mental health services that have been provided to First Nations people across the region. Average length of each episode of care. Average number of services that patients received. Number of patients referred to complementary services.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.6				• In accordance with the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Enotional Wellbeing 2017-2023, provide a range of services that are accessible, effective and clinically and culturally appropriate - Strengthen the Foundations - Promote wellness - Build Capacity and Resilience in People and Groups at Risk - Provide Care for People who are Mildly or Moderately Ill - Care for People Living with a Severe Mental Illness	

SYSTEM CHANGES TO STRENGTHEN THE STEPPED CARE MODEL IN PRIMARY MENTAL HEALTH CARE SERVICE DELIVERY

	Well population	At risk groups (early symptoms, previous illness)	Mild mental illness	Moderate mental illness	Severe mental illness
WHAT DO WE NEED TO ACHIEVE?	Focus on promotion and prevention by providing access to inforrmation, advice and self-help resources.	Increase early intervention through accesss to lower cost, evidence-based alternatives to face-to-face pschological therapy services.	Provide and promote access to lower cost, lower intensity services.	Increase service access rates maximising the number of people receiving evidencebased intervention.	Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation Provide wrap-around coordinated care for people with complex needs.
	Mainly publically available information and self-help resources.	Mainly self-help resources, including digital mental health.	Mix of self-help resources including digital mental health and low density face-to-face services. Psychological services for those who require them.	Mainly face-to-face cliinical services through primary care, backed up by Psychiatrists where required Self-help resources, clinician-assisted digital mental health services and other low intensive services for a minority.	Face-to-face clinical care using a combination of GP care, Psychiatrists, Mental Health Nurses and Allied health Coorrdinated, Multiagency services for those with severe and complex mental illness.

Adapted from the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.6				• Implement strategies that improve accessibility, responsiveness and effectiveness of alcohol, tobacco and other drug support services available at the local level. This strategy should consider the significant impacts that the misuse of alcohol (including home-brew), marijuana (gunja) and volatile substances are currently having on individuals and families, including mental health, relationship breakdown family violence, public nuisance, and interactions with the criminal justice system. • Design and establish community controlled suicide prevention and aftercare services that are culturally and clinically informed.	
1.7	**Oral Health**	NWHHS	Private practice RFDS	• Develop and implement sustainable oral health promotion and prevention programs. - Integrate oral health promotion with other health promotion activities in areas such as obesity prevention (diet and nutrition), smoking cessation, early childhood programs, and alcohol harm minimisation. - Develop Aboriginal-specific oral health promotion materials that meet the needs of the local community; - Develop and maintain partnerships across Gidgee Healing, NWHHS and others to ensure culturally appropriate and sustainable oral health promotion for First Nations' people; - Implement early intervention and other evidence-based preventative programs (eg. flouridation or other if flouridation not possible); - Develop and deliver culturally safe oral health education and social marketing programs. • Improve access to culturally safe dental services for First Nations' people across the North West region. • In consultation with Gidgee Healing, RFDS, the private sector, and Health Workforce Queensland, identify innovative strategies for addressing barriers to access including physical distance, the difficulties of attracting appropriate staff and the complexities of delivering tertiary oral health services in remote locations. • Work in partnership with Gidgee Healing to better integrate oral health into general health screening. • Enhance frequency of oral health visiting services to remote sites to support enhanced referral pathways.	Improved oral health of First Nations' people in in the North West region. Improved access to oral health services for First Nations' people across the North West region. *Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time.*

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.8	**Rheumatic Heart Disease**	Gidgee Healing NWHHS	Local Health Councils RFDS Public Health	• Implement the recommendations contained in the national "Rheumatic Heart Disease Endgame Strategy"; and the Queensland Government's "Ending Rheumatic Heart Disease: Queensland First Nations' Strategy 2021-2024." • Strengthen the capacity of NWHHS and health partners to prevent, assess, identify, manage and eliminate Acute Rheumatic Fever (ARF) and RHD across the north west region by: - Structural and system considerations: - Well-resourced, culturally secure primary healthcare system. - Local partnerships to support communities to better access housing, education, meaningful employment and environmental health services. - Environmental, social and economic determinants: - Action must be taken to address the environmental and socio-economic causes of Strep A infections leading to ARF and RHD, with investment in collaborative, community-led solutions. - Primary prevention: - Strategies which improve the assessment and treatment of skin and throat infections will prevent ARF in people at high risk of the disease. - Secondary prevention: - In order to prevent progression of ARF to RHD, strategies are needed to improve the early and accurate diagnosis of ARF and delivery of secondary prophylaxis. - Tertiary care: - High-quality medical and surgical management for people with existing RHD, preventing complications and improving quality of life.	Increased health promotion/ education activities across the NWHHS region, to optimise health literacy and understanding around prevention of RHD/ARF. Reduced number of Indigenous people who have RHD/ARF in the north west region. Reduced number of new diagnoses of ARF among Indigenous people in north west Queensland each year. Reduced number of new diagnoses of RHD among Indigenous people in north west Queensland each year. Increased proportion of Indigenous people with RHD/ARF prescribed secondary prophylaxis in north west Queensland. Reduced proportion of Indigenous people with RHD/ARF who were prescribed prophylaxis but did not receive any of their prescribed doses. Increase in the provision of orientation and professional development activities related to RHD/ARF across the health workforce, including NWHHS, Gidgee Healing, NWRH, visiting specialists, including temporary/FIFO/agency staff. Improved access to supports to prevent ARF/RHD among First Nations' people across the region.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.8				• Increase awareness and knowledge of ARF and RHD among all clinical staff who currently, or will, work in locations with a high prevalence of ARF and/or RHD - Including an introductory session in the orientation program alerting medical staff, nursing staff and Indigenous health workers to the prevalence of ARF/RHD and what to look for - Having clinical staff complete the online healthcare professional modules available through RHD Australia as part of their clinical orientation - Arranging a schedule of staff and patient education through the Queensland RHD Registry Office - Providing clinical pathways for ARF / RHD in clinical areas • Putting mechanisms in place to ensure short-term staff understand and use this information. • Establish a consistent approach to applying the national ARF / RHD guidelines, including clarifying and articulating: - Where and how monitoring of patients diagnosed with ARF / RHD will occur - How notification of newly diagnosed patients to the RHD registry will occur - Who will coordinate care which includes: ¤ completing and monitoring (including reviews) a personal management plan with the patient and placing a copy of the management plan in records held at the hospital, community health and Gidgee Healing. ¤ scheduling local medical or health assessments and reviews and making sure they occur. ¤ completing referrals to specialist services for review. ¤ monitoring and enacting changes in care made by specialist services. ¤ coordinating arrangements for appointments to external services. ¤ monitoring the ordering and administration-of medication. In partnership with local Councils and Health and Wellbeing Queensland, identify a joint strategy to addressing the social determinant/causal factors related to RHD/ARF, such as commercial grade washing machines that are readily accessible to community.	

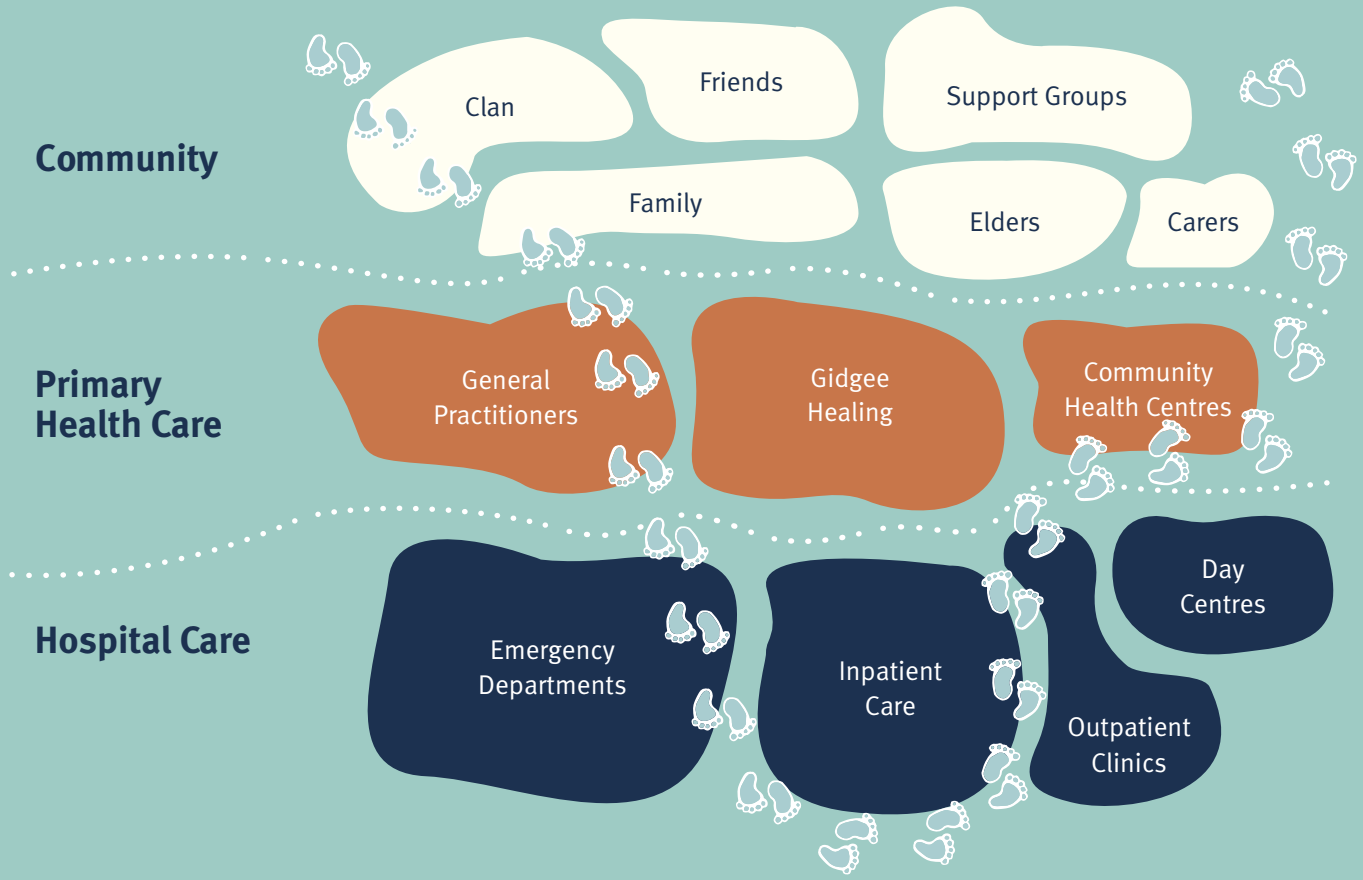
“The North West Hospital and Health Service acknowledges the suffering and grief experienced by families and community members across the North West region as a result of the tragic deaths of a number of young people in Doomadgee from severe Rheumatic Heart Disease (RHD). The prevention and management of Acute Rheumatic Fever (ARF) and RHD feature strongly in our *North West Health Equity Strategy 2022-25* because both are preventable. The high prevalence of ARF and RHD in our region has placed a national spotlight on the health inequities still experienced by too many First Nations people in our communities.

Together with other initiatives including the *Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024*, our *North West Health Equity Strategy 2022-25* will serve as our roadmap to partnering with community and other healthcare providers to tackle and eradicate ARF, RHD and other preventable diseases. In response to the tragic deaths in our community, we commit to improving the clinical and cultural safety of care provided to our community, and changing how we deliver care so every person feels valued and respected. We will make our health services culturally welcoming and better integrate care with other healthcare providers to support the patient journey.

Our health system can and will do better, and our *North West Health Equity Strategy 2022-25* will help us to achieve this.” - A MESSAGE FROM CHRISTINE MANN, EXECUTIVE DIRECTOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH, NWHHS.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.9	**Smoking cessation**	Gidgee Healing NWHHS	Local Health Councils Public Health	• Continue to invest in culturally safe approaches to reduce tobacco use among First Nations people. • Monitor and evaluate the effects of these initiatives to improve future programs to reduce tobacco use among First Nations people. • Deliver best practice and culturally safe screening and tobacco use cessation as part of all routine health service delivery, and social and community service provision to First Nations clients. • In partnership with Gidgee Healing, ensure First Nations people have access to subsidised nicotine replacement therapy and other cessation supports such as counselling. • Better understand and address other factors contributing to higher smoking prevalence through region-wide health promotion programs rather than discrete interventions.	Reduced % of First Nations' people smoking regularly. Reduced % of First Nations' women smoking while pregnant.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
1.10	**Sexual health**	Gidgee Healing NWHHS	Public Health WQPHN	• Enhance the delivery of sexual health screening activities at the community level, particularly for adolescents and young adults: - Where possible, incorporate 'point of care' testing to ensure access to immediate treatment when required. - Additional targeted screening activities with additional workforce supports should be made available in areas of high need. - Work alongside community controlled health services and local communities to increase uptake of sexual health services by young First Nations people, including strategies to improve health literacy and encourage behaviour change. • In partnership with Gidgee Healing, employ a broad range of preventative strategies for BBV and Sexually Transmitted Infections (STIs). These should include: - Education—delivered through schools, clinical, community and peer-based settings - Condoms - Vaccination (human papillomavirus and hepatitis B) - Access to sterile syringes and needles - Screening of blood donors - Treatment as prevention - Pre and post-exposure prophylaxis - Harm reduction - Early detection and treatment - Embedding STI screening comprehensively within community-controlled primary care; and - Antenatal care • RTO to train Aboriginal Health Workers (AHWs) & Registered Nurses to provide Sexual and Reproductive Health (SRH) screening & contraception e.g. training and promotion of STI/BBV/contraceptive options; Self Obtained Lower Vaginal Swab (SOLVS) Cervical Screening Tests (CSTs), including timely follow up. • Enhance the delivery of sexual and reproductive health screening activities at the community level – in partnership with Gidgee Healing, RFDS, and True Relationships and Reproductive Health.	Increase STI testing coverage with a focus on areas of highest need. Reduce the transmission of Blood-borne viruses (BBV) and STI among First Nations people. Reduce the gap in BBV and STI incidence, prevalence, testing and treatment rates between First Nations and non- Indigenous populations. Reduce morbidity and mortality related to BBV and STI . Reduce the incidence and prevalence of infectious syphilis, with a particular focus on areas of highest disease burden. Reduce the incidence and prevalence of gonorrhoea and chlamydia, with a focus on young people. Reduced number of notifications of congenital syphilis in First Nations babies. Increased participation rates of STI and BBV screening, cervical screening and access to contraception in remote and very remote communities. Decreased STIs, BBVs, cervical cancer and unintended pregnancies in remote and very remote communities through access to appropriate SRH services and media promotion of screening. Reduce morbidity and mortality related to STIs, BBVs and abnormal CST (i.e. reduce the incidence and prevalence of cervical cancer).



The recovery support system and the Indigenous patient journey

Adapted from Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 and Nukal Murra Social and Emotional Wellbeing Framework.

OUR KEY PERFORMANCE MEASURE

2. Actively eliminating racial discrimination and institutional racism within the service

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
2. ACTIVELY ELIMINATING RACIAL DISCRIMINATION AND INSTITUTIONAL RACISM WITHIN THE SERVICE					
2.1	**Embed cultural safety to create an environment that respects the rights, values, views and expectations of Aboriginal and/ or Torres Strait Islander people who are accessing and/or delivering health services;**	NWHHS	Gidgee	• Organisational leadership actively models cultural safety and responsiveness by staff at all levels and across the organisation: - Formal organisational commitment to improving cultural safety and responsiveness is visible in all aspects of core business, including vision and mission statements, organisational principles and values, and continuous improvement activities. - Governance structures support membership of, and partnerships with, First Nations communities, consumers and carers. - Executive-level responsibility for implementing and monitoring cultural safety and responsiveness across health organisations and systems against health outcomes. - Recognition for leaders of cultural safety and responsiveness, highlighting their activity and sharing of best practice initiatives across the organisation. - Recognise and celebrate historical events of significance and important annual events (e.g. Close the Gap, NAIDOC, Mabo Day, etc.) as a normal part of business. - Adequate funding investment and resourcing for First Nations cultural safety initiatives and related service improvements across all levels of the organisation.	All NWHHS policies have zero tolerance to racism in all forms. Organisational systems and processes support the creation of culturally-safe and welcoming environments that are free of racism for First Nations clients and staff. NWHHS values and recognises the unique knowledge and skill sets of their First Nations health staff. The whole health system recognises and values the skill sets, cultural knowledge and lived experience of the First Nations workforce. Mechanisms are in place to ensure that cultural safety training translates into improved experiences and outcomes for First Nations workers.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
2. ACTIVELY ELIMINATING RACIAL DISCRIMINATION AND INSTITUTIONAL RACISM WITHIN THE SERVICE					
2.1				• Organisational policy to support culturally safe and responsive practice in health services and systems, including particular support for training and professional development towards cultural capabilities: - Procurement policies bind assessment of providers, and provision of procured services, to cultural safety standards. • Data collection capacity and mandated performance indicators to ensure cultural safety targets are being achieved and service delivery is improving. • Resources and materials provided to inform all staff, as well as First Nations people, about the cultural safety and responsiveness efforts. • First Nations staff and community members are involved in health service planning, assessment, system design and strategic reviews, ensuring cultural competence in decision-making. • Undertake regular organisational assessments (both self-assessments and independent) against the Marrie Institutional Racism Matrix. • Enhance data collection to improve measurement of racism and cultural safety across the health system, including: - Patient experiences - Waiting times - Discharging from health care against medical advice • Develop, implement and evaluate the findings of cultural safety assessments/reviews to eliminate all forms of racism and improve cultural safety. • Encourage 'courageous conversations' about racism and cultural capability. • Undertake surveys and use other mechanisms to listen to First Nations patients and workforces to identify and address instances of racial discrimination or institutional racism that may be occurring. • Develop an annual cultural calendar capturing all local, state and national First Nations key events.	Increase the amount and percentage of mainstream (or baseline) funding for First Nations health service staff, programs and budgets. Improved cultural safety of NWHHS across multiple domains are evidenced by improved result of organisational assessments (self-assessment and independent) against the Marrie Institutional Racism Matrix. Qualitative feedback provided through the Health Equity Yarning Circles is recorded, analysed and interpreted to provide measurable change in accessibility of NWHHS services. Increase in the quality of information provided to First Nations' patients and their families/carers to support them to provide feedback, complaints and/ or compliments. Reduced number of complaints received by NWHHS from First Nations' patients and their families/carers. *Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (PREMS survey).*

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
2.1				• NWHHS Executive to formally recognise and acknowledge that racism and discrimination are key social determinants of health for First Nations people. • Policies and processes for identifying and reporting racism and discrimination in health services are in place and promoted to consumers and health staff. • Develop resources for patients and health consumers to understand their rights if they experience racism and what they can do. • Encourage patient feedback and increase access to culturally safe complaints mechanisms. • Employ cultural or community advocates to support First Nations consumers and patients who experience racism when accessing care, and First Nations people who experience racism when they are delivering care. • Structures and mechanisms support prompt action when racism and discrimination is reported. • Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages). • Partnerships established with Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities. • Foster a learning environment to ensure our staff have the skills and cultural competencies required to meet community needs. • Embed mandatory and ongoing First Nations developed and led cultural safety, anti-racism, unconscious bias and equity training into Continuing Professional Development for all staff. • All staff can readily access face-to-face and online cultural safety training, and cultural mentoring, support and/or supervision.	

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
				• Provide opportunities for First Nations staff to share their knowledge, history and connections to support each other and improve service delivery. • Adopt First Nations' led validation tools to regularly assess workforce cultural capability as part of broader institutional racism assessments. • Improve attraction and recruitment processes to engage practitioners who can demonstrate working in a culturally safe way. • Develop a regional evaluation tool that captures qualitative and quantitative measures of institutional racism, including anecdotal stories, patient experiences, yarning circle discussions, RiskMan records and other to ensure these can be measured, analysed and interpreted to improve the cultural safety of services being provided to First Nations' people across the North West region. • In partnership with Gidgee Healing, Traditional Owners, Health Councils and community members, develop an interactive educational tool to share powerful truth-telling stories of patient experiences of institutional racism to be used as an orientation tool for Board, Staff, and temporary staff employed across the NWHHS. • Establish formal partnership approaches with Gidgee Healing to improve cultural safety; • Resources and approaches in individual communities should not be duplicated, but integrated to ensure all staff and organisations have access to consistent materials and resources approved by appropriate local cultural authorities;	

All of Queensland state wide KPIs

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
2.2	**Community-specific cultural orientation programs**	Traditional Owners Health Councils Community-based organisations	All health services	• Given the diversity of First Nations cultures across the region, cultural safety needs to be self-determined at the local level by First Nations individuals, families and communities. • Strengthen the cultural safety of all health services being delivered across the NWHHS region by ensuring all health staff participate in locally-developed and delivered cultural orientation programs.	% of health staff who have attended and completed community-specific cultural orientation programs in communities across the region.

“Racism continues to be one of the most significant barriers impacting health equity for First Nations’ people. Any framework and approach must measure more than just the individual, there needs to be transparency of how the HHS processes and actions are changing, and how it deals with racism when it occurs and this needs to be reported at local, state and national levels.” - CHAIRPERSON, GIDGEE HEALING

OUR KEY PERFORMANCE MEASURE

3. Increasing access to health care services

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3. INCREASING ACCESS TO HEALTHCARE SERVICES					
3.1	**Improve access to family-centred and culturally-safe models of care across the north west region**	NWHHS	Gidgee Healing	• Work in partnership with Gidgee Healing to align the Model of Care provided by NWHHS with the holistic and family-centred ACCHO model of care. • In partnership with Gidgee Healing, identify strategies to better integrate the care provided across the primary, secondary and tertiary health sectors to ensure First Nations' people can seamlessly navigate and access supports required to improve their health and wellbeing. • Embed, evaluate and enhance First Nations led models of care, particularly as it relates to social and emotional wellbeing/mental health and chronic disease management. • Deliver high quality care that personalises and engages First Nations health consumers and patients in decision-making about their care. • Embed cultural governance within clinical services design. Establish or enhance existing data portals to share healthcare data between local healthcare providers for health system planning.	First Nations' people across the north west have access to a culturally-safe, Aboriginal-led model of care.

All of Queensland state wide KPIs

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3.2	**Review and enhance the Patient Travel Subsidy Scheme (PTSS) to optimise First Nations' people's uptake and engagement with health services**	NWHHS	Local Health Councils Shire Councils Community Advisory Groups	• Undertake a comprehensive review of the PTSS to identify and respond to key issues being raised by First Nations' patients and/or family/ carers. These include, but are not limited to, ensuring very clear information is provided to First Nations' people about: • Eligibility criteria (particularly as it relates to Medical Escorts) • Timely notification of travel for medical appointments • Transport supports available to/from airports • Circumstances when patient is required to pay accommodation costs • Other social supports available in the location they are travelling to • Reimbursement of costs incurred, including time frames for subsidy claims to be finalised • Implications when long-term accommodation arrangements are required • Streamlining PTSS approval processes • Investigating options for integrating PTSS with smart referrals process. • Investigating whether PTSS and Nukal Murra could be further harmonised to enhance patient experience.	% First Nations people utilising PTSS per annum.
3.3	**Identify and address systemic barriers hindering or preventing access to care**	NWHHS	Centrelink NIAA Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships Health Councils Shire Councils Gidgee Healing RFDS	• Develop and implement targeted approaches to optimise the accessibility of health services to marginalised sub-groups within the population: - Trauma-aware and healing informed care - People with a disability - Palliative care services - LGBTQI+SB community • In partnership with Centrelink, National Indigenous Australians Agency (NIAA), Department of Seniors, Disability Services and First Nations Partnerships and other cross-sectoral partners, identify and implement targeted and region-wide initiatives to address the barriers to access that are presented by First Nations' people not having ready access to: - Health Care Cards - Medicare Cards - ID - Birth Certificates	Reduce % of First Nations' people discharging against medical advice. Increased proportion of First Nations' patients treated within clinically recommended time. Decreased proportion of First Nations' patients waiting longer than clinically recommended for their initial specialist outpatient appointment. Reduced number of First Nations' people are refused treatment due to not having appropriate identification and/or concession cards.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3.4	**Enhance access and uptake of telehealth services by First Nations people**	NWHHS Gidgee Healing	CheckUP Visiting specialists NWRH RFDS WQPHN	• Identify and address barriers to First Nations' people utilising telehealth platforms as a mode of health service delivery, including but not limited to: - Bandwidth and connectivity - Safety and appropriateness of home consultations - Digital literacy and suitability of device - Cultural and digital competency of treating clinicians - Access to suitable 'at elbow support' to sit in consultations - Promoting benefits of telehealth - Privacy and data • Work alongside Gidgee Healing and other health partners to ensure the presence of an Aboriginal Health Worker/Liaison Officer during telehealth consultations to advocate and facilitate access to holistic and culturally appropriate care. Recognise the importance of AHWs/ILOs in supporting/advocating for client needs; building trust with health care providers; reducing cultural barriers; • Implement upskilling/training strategies across the region to ensure users are competent and comfortable in the use of telehealth/virtual health platforms, particularly in the remote sites.	Increased access to and uptake of telehealth, digital health and other emerging technologies by First Nations' people across the North West region.
3.5	**Improve access to a consistent and reliable GP/primary health care service across the north west region, particularly in remote sites**	Gidgee Healing	NWHHS NWRH RFDS Health Workforce Queensland WQPHN	Work in partnership with Gidgee Healing, RFDS and others to develop and implement shared medical workforce strategies for Mount Isa and the remote sites to: - Provide regular and reliable access to primary health care services; - Improve integration and coordination between primary, secondary and tertiary services - Improve quality of care - Reduce duplication - Better management of fatigue among medical officers - Formally integrated workforce strategies (including Registrar training), patient record systems and data sharing protocols - GP recruitment should explore opportunities for joint roles across Hospital and primary care.	Enhanced integration of medical workforce across the NWHHS region. Increased access to more frequent/reliable GP service in remote sites such as Mornington Island, Doomadgee, Burketown and Camooweal. Improved integration, quality and continuity of care between primary, secondary and tertiary care sectors. Integrated care pathways— increased proportion of care plans in place for First Nations' patients with co-morbidities.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3.6	**Increase access to supported haemodialysis services that are delivered closer to home**	NWHHS	Clinical Excellence Queensland, Healthcare Improvement Unit Shire Councils Health Councils Gidgee Healing NWRH	Co-commissioning of supported haemodialysis services at Cloncurry, Doomadgee and Mornington Island is occurring with Department of Health (DoH) and North West HHS and Townsville HHS. Key implementation steps will include: • Establish program team in consultation with Healthcare Improvement Unit • Agree plan to ensure medical coverage • Recruit to all medical roles • Engage architects as principle consultants • Site visits to Mount Isa, Cloncurry, Doomadgee, Mornington Island • Capital/technical design • Water supply • Capital works • Equipment purchase, install, test • Nursing and AHW recruitment The NWHHS expansion of renal dialysis includes: • 2 new dialysis satellite stations at Cloncurry • 6 new dialysis satellite stations for Mornington island with 2 functioning emergency backup machines connected and live • 4 new dialysis satellite stations for Doomadgee with 2 functioning emergency backup machines connected and live	Improved access to a reliable specialist health workforce to support the local delivery of dialysis services in remote locations. Improved clinical outcomes for First Nations' people with CKD who are residing in remote communities.

"HWQld is well placed to support the NWHHS in delivering on these priorities and supporting an increased focus on preventing ill health, promoting wellbeing and supporting First Nations' people in the region to stay as healthy as they can for as long as they can." - CEO, Health and Wellbeing Queensland.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3.7	**Identify innovative strategies to improve equity of access to health services for First Nations' people residing in bordering communities.**	NWHHS	Cairns and Hinterland HHS Central West HHS Northern Territory Health Gidgee Healing	Engage with First Nations' people residing in border communities to ensure a shared understanding of health service challenges/access barriers. Initiate and progress discussions with bordering Gidgee Healing and neighbouring HHS' to identify joint solutions for overcoming barriers to access for First Nations' people who reside in border communities i.e. Boulia, Croydon and Lake Nash.	Innovative strategies employed to improve equity of access to health services for First Nations' people residing in border communities.
3.8	**Sharing of information between providers.**	NWHHS	Gidgee Healing NWRH RFDS	• In partnership with Gidgee Healing and other health partners, improve the quality and continuity of care by optimising the effectiveness of electronic patient information platforms to enable the sharing of patient information between providers (where there is consent to do so). • Review and consider investment in the cost of change of patient data management systems, and better use of interoperability options to support continuity of care between providers. • Review current disease registers for priority patient cohorts to explore interoperable shared registers. • Improve discharge planning processes to ensure referral pathways back into primary care.	Improved sharing of information between providers through improved discharge planning processes.



	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3.9	**Mornington Island Primary Health Care Infrastructure Project**	NWHHS	Capital Asset Services Gidgee Healing Mornington Island Health Council Mornington Shire Council	• Engage with Capital Asset Services (CAS) to confirm additional capital funding required to enable the construction of proposed PHC infrastructure. • Engage an experienced Project Manager to provide oversight of the following: • Prepare concept designs for stakeholder and Community consultation • Undertake site visit to meet with stakeholders and Community and seek input on concept designs • Finalise concept designs and prepare a tender package for construction (design and construct) • Undertake procurement process through select tender • Complete a Development Application process with Council • Award a construction Contract and administer the works as Superintendent • Monitor the 12 month defects liability period	Completion of a new purpose-built facility to support the delivery of Aboriginal Community Controlled Primary Health Care Services on Mornington Island.
3.10	**Health Promotion, Health Education and Health Literacy**	NWHHS Gidgee Healing NWRH	Health Councils Health and Wellbeing Queensland Men's groups Women's groups Young Families Young people Elders	• Develop locally-relevant health promotion and social marketing strategies for First Nations' people, as well as specific population sub-groups, to address risk factors for health; promote engagement with health services; enhance self-management; encourage positive behaviour change; and complement the clinical services and supports that are available. • Deliver locally-tailored education activities to enhance local understanding of good nutrition, smoking cessation, exercise and physical activity, chronic disease management, as well as information on other important health priority areas, to encourage healthier behaviours, improve uptake of services and encourage greater self-management. • Ensure health promotion and education is integrated, aligned and complementary to clinical priorities and activities.	

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
3.11	**Minor capital improvements to Doomadgee Hospital**	NWHHS	Doomadgee Aboriginal Shire Council Yellagundgimara Health Council	• In partnership with the Doomadgee Aboriginal Shire Council, Yellagundgimara Health Council and Doomadgee Hospital, confirm a minor capital works strategy for improving the cultural safety of hospital services to ensure they are welcoming spaces for First Nations' people.	
3.12	**Support NDIA, Gidgee Healing, NWRH and other health providers to enhance First Nations' peoples access to National Disability Insurance Scheme (NDIS) supports across the North West**	Gidgee Healing NWRH NDIA	NWHHS	• In partnership: - Develop an appropriate communication and information sharing process to ensure the key messages about the NDIS are developed and delivered to First Nations' people in an appropriate way. - Provide information that informs participants, families and/or carers, community and stakeholders, about how to access the NDIS and the supports and services available.	Increased uptake of NDIS services by eligible First Nations' people across the region. Supporting the diagnosis for access to NDIA through existing resources and partnerships.
3.13	**Utilise the Building Rural and Remote Health Program funding to establish new and improved health care facilities across the North West to support First Nations access to health services**	NWHHS	Communities Shire Councils	• In consultation with communities and health service partners, design and deliver new and improved health care infrastructure, including: - Camooweal Primary Health Care Centre - Normanton Hospital - Dajarra Primary Health Care Centre	Improved access to purpose-built health infrastructure for First Nations people across the north west region.

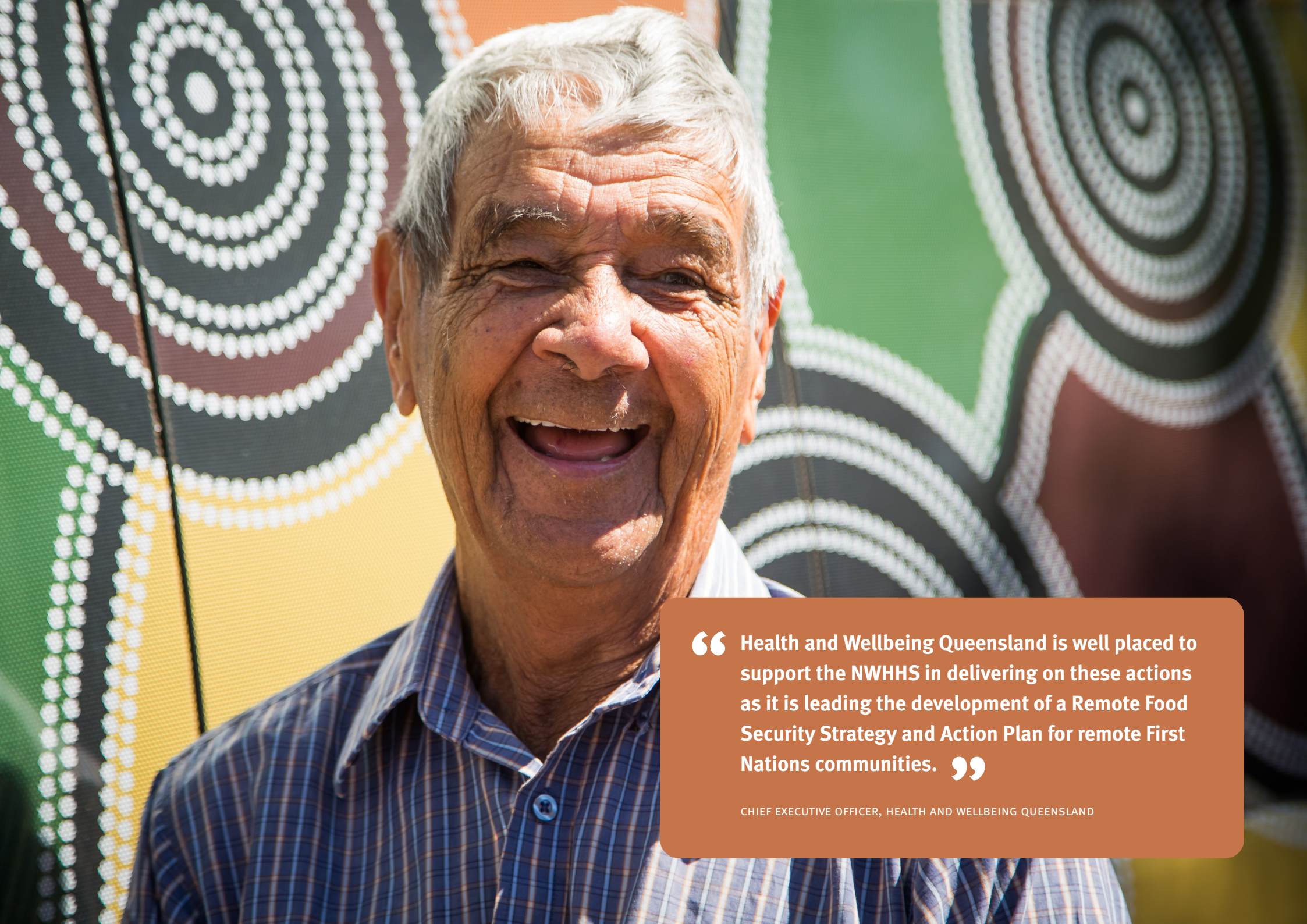
"The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship and community; beliefs and knowledge; cultural expression and continuity; language; self-determination and leadership."

- QUOTE TAKEN FROM THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PLAN 2021-2031

OUR KEY PERFORMANCE MEASURE

4. Influencing the social, cultural and economic determinants of health

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
4. INFLUENCING THE SOCIAL, CULTURAL AND ECONOMIC DETERMINANTS OF HEALTH					
4.1	**Establish strong cross-sectoral partnerships to support and address the social and cultural determinants of health.**	NWHHS	Health and Wellbeing Queensland Cross sectoral partners Centrelink Department of Housing Bynoe CACS/ JobFind Shire Councils Justice Groups	• Work collaboratively with cross-sectoral partners to identify and support local and regional strategies to addressing the social and cultural determinants that are critical to ensuring a strengths-based and holistic approach to improving the health and wellbeing of First Nations' people, including strategies that: - Support the roll-out of Health and Wellbeing Queensland's Gather + Grow – Remote Food Security Strategy and Action Plan - Boosting access to employment and training outcomes through integrating non-clinical and social care roles in placements and training supports - Reduce environmental health risk factors - Improve access to clean water and sanitation - Enhance referral pathways to social support services eg. homelessness, legal and family violence. - Advocate for improved access to housing to address overcrowding in the home - Address the health-related causal factors for youth crime	The health outcomes of First Nations' people across the North West region are being supported by cross-sectoral and holistic initiatives that recognise the importance of addressing the social and cultural determinants of health and wellbeing.



> **Health and Wellbeing Queensland is well placed to support the NWHHS in delivering on these actions as it is leading the development of a Remote Food Security Strategy and Action Plan for remote First Nations communities.**
>
> CHIEF EXECUTIVE OFFICER, HEALTH AND WELLBEING QUEENSLAND

OUR KEY PERFORMANCE MEASURE

5. Delivering sustainable, culturally safe and responsive health services

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
5. DELIVERING SUSTAINABLE, CULTURALLY SAFE AND RESPONSIVE HEALTHCARE SERVICES					
5.1	**Workforce** **Strengthen the capacity of NWHHS to create and sustain its cultural and professional capabilities, increase access to services and improve the attraction, retention and career development of First Nations staff**	NWHHS	Health Workforce Queensland QAIHC Gidgee Healing James Cook University, Murtupuni, Centre for Rural and Remote Health	RECRUITMENT/RETENTION • Improve strategies to recruit, retain, and provide career progression for First Nations staff at all workforce levels. • Develop innovative recruitment practices to attract more First Nations people to diverse roles within the NWHHS, including but not limited to First Nations identified roles. • Implement attractive and accessible pathways: - for First Nations people to return to work across the health sector - to retain and grow the existing First Nations health workforce. • Increase access to high quality training pathways for Aboriginal Health Workers/Practitioners, to be delivered in the North West region. • Need more generalists who can work across program areas in remote sites • Implement flexible workplace and education arrangements, and place-based education.	Increased representation of First Nations people across all health disciplines, roles and functions. The First Nations health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions. First Nations people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors. Increased number of First Nations students from the North West region studying and completing health qualifications to meet the future health care needs of First Nations people.

STRATEGY		RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
5. DELIVERING SUSTAINABLE, CULTURALLY SAFE AND RESPONSIVE HEALTHCARE SERVICES					
5.1				• Key health and education stakeholders work collaboratively on new ways to deliver on the job training and/ or release from work to attend education and training. A partnership of ACCHS and other key health and education stakeholders develops a suite of micro-credentialed courses to support skills development for the new and existing First Nations workforce. • Expand and enhance clinical, workplace and cultural peer support mentoring and leadership programs. • Enhance existing and establish new First Nations health workforce peer support networks: - First Nations health workforce peer support networks are accessible in all jurisdictions. - Seek and act on advice from peer support networks about effective workforce support strategies.	First Nations health students from the North West provided with opportunities for successful transitions into the workforce and access clear career pathway options. Annual (year-on-year) increased First Nations' workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local First Nations population. Information and data are provided and shared across agencies/ systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
5.1				**Future Workforce** • Strengthen and expand the existing training infrastructure to increase access to Aboriginal and Torres Strait Islander Health Worker and Health Practitioner qualified training (Certificate III and above). • Work alongside schools, universities, training and health service providers to develop and implement a strategy that promotes health careers to First Nations people across the north west region, including: - Establishment of school-based traineeships; - Health careers expos - University engagement programs for First Nations young people to get exposure to university learning environments - Potential mature age students, including those seeking a career change, are aware of health careers, and training and education pathways • Provide opportunities for Aboriginal and Torres Strait leaders to have a role in mentoring the clinical and emerging leader workforce.	Increase in the number of qualified Aboriginal Health Workers and Aboriginal Health Practitioners working across the region. *Increase in the number of identified First Nations' positions across the North West region.* Human Resource policy formalises requirement for First Nations' participation on recruitment/ selection panels. Innovative communications, marketing and social media strategies to employed to attract, recruit and retain First Nations' people across the NWHHS workforce.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
5.2	**Develop and implement sustainable workforce models to improve community access and quality of care**	NWHHS	Health Workforce Queensland QAIHC Gidgee Healing James Cook University, Murtupuni, Centre for Rural and Remote Health TAFE/RTOs NWRH WQPHN	• Implement the recommendations contained within the *NWHHS Aboriginal and Torres Strait Islander Workforce Strategy* to attract First Nations employees to our workforce, and provide access to employment within our organisation we will: - Undertake a review of our recruitment processes to adjust them to enable and encourage more First Nations people to apply for roles within NWHHS - Formalise an internal protocol for First Nations representation on all interview panels as part of selection processes within NWHHS - Identify alternative channels to promote employment opportunities including the use of Aboriginal Media - Develop an Aboriginal social media campaign promoting employment opportunities within NWHHS - Identify entry-level opportunities for First Nations people – including traineeships and apprenticeships – in occupations that offer career opportunities in NWHHS and elsewhere across the health sector or public service - Develop NWHHS First Nations employment resources that can be circulated and promoted at local community events and expos - Develop and engage a network of local employment providers and other stakeholders to source local candidates	*Increase in the number of identified First Nations' positions across the North West region.* Human Resource policy formalises requirement for First Nations' participation on recruitment/ selection panels. Innovative communications, marketing and social media strategies to employed to attract, recruit and retain First Nations' people across the NWHHS workforce.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
5.3	**Increase the representation of First Nations peoples across the NWHHS health workforce, including clinical, operational and leadership streams**	NWHHS	Health Workforce Queensland QAIHC James Cook University, Murtupuni, Centre for Rural and Remote Health TAFE/RTOs WQPHN	**Professional Development/Training** • Engage with university and training sectors to influence program enrolments that reflect NWHHS's needs (current and forecast) for skilled and qualified First Nations staff. • Develop partnerships with peak professional bodies to promote employment opportunities with NWHHS: - Congress of Aboriginal and Torres Strait Islander Nurses and Midwives; - Australian Indigenous Doctors' Association; Indigenous Allied Health Australia; and - National Aboriginal and Torres Strait Islander Health Worker Association • Work with the secondary schools, universities and vocational education and training sector to develop pathways to support career development and progression in occupational areas. • Ensure First Nations health workers and practitioners work to their full scopes of practice and are integrated into multi-disciplinary service delivery teams.	Increased representation of First Nations people across all health disciplines, roles and functions.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
5.4	**Strengthen the First Nations' Allied Health Workforce across the North West region**	NWHHS	Health Workforce Queensland QAIHC James Cook University, Murtupuni, Centre for Rural and Remote Health TAFE/RTOs NWRH Clinical Excellence Queensland WQPHN	• Working with local allied health teams across public, private and community sectors to identify opportunities for growth of our First Nations allied health workforce with support from the Queensland Allied Health Director (First Nations) to align with statewide strategies and approaches but ensure appropriate for the local context and are co-designed with the local communities across the NWHHS region. • Work collaboratively to identify opportunities for improved coordination between public, private and community sectors to improve the delivery of culturally safe allied health care across the continuum of the patient journey and fill identified gaps in service delivery. • Critical workforce shortages identified across the region include podiatry, social work, mental health/wellbeing, sonography, women's health physiotherapy and Allied Health Assistants.	Increase in First Nations' representation among the allied health workforce across the North West region. Improved cultural capability of the allied health workforce across the North West region. Improved frequency and reliability of visiting allied health outreach services, particularly across the very remote communities. Increased uptake of MBS Item 721 GP Management Plans and MBS 723 Team Care Arrangements as a result of having better access to an allied health workforce.

OUR KEY PERFORMANCE MEASURE

6. Working with First Nations' peoples, communities and organisations to design, deliver, monitor and review health services

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
6. WORKING WITH FIRST NATIONS' PEOPLES, COMMUNITIES, AND ORGANISATIONS TO DESIGN, DELIVER, MONITOR AND REVIEW HEALTH SERVICES					
6.1	**North West Health Equity Governance Collaborative**	NWHHS	Gidgee Healing WQPHN Mornington Island Health Council Yellagundgimara Health Council QAIHC Community representative	• Maintain and galvanise the role of the North West Health Equity Governance Collaborative throughout the implementation period, to provide oversight of the key action areas and to ensure First Nations' leadership in decisions relating to health service reform across the North West region. • Engage First Nations' communities, through Gidgee Healing, Traditional Owners, Shire Councils and Health Councils, in the co-design of all aspects of regional planning and health service delivery. • In partnership with the membership of the North West Health Equity Governance Collaborative, and the Aboriginal and Torres Strait Islander Health Division, establish a tailored data portal to facilitate the extraction of information required to monitor and evaluation the performance of the North West Health Equity Strategy. • Implement the strategies contained within the North West Health Equity Communications and Community Engagement Plan to ensure widespread community participation 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.	Signed Terms of Reference for the North West Health Equity Governance Collaborative. Quarterly meetings of the North West Health Equity Governance Collaborative. Data dashboard developed for the North West Health Equity Governance Collaborative, to support performance monitoring of the HES.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
6.2	**Establish a joint Health Equity Implementation Working Group with Gidgee Healing to ensure a shared approach to the development of a detailed Health Equity Implementation Plan for the North West region by March 2023**	Gidgee Healing NWHHS		• Jointly develop the Terms of Reference to underpin the Health Equity Implementation Group (HEIG): - Representation/membership from Gidgee Healing and NWHHS - Shared Objectives of the Health Equity Implementation Working Group - Roles and responsibilities - Monthly meetings - Resourcing strategies - Deliverables and time frames - Communication pathways - Secretariat support Confirm meeting schedule for the next 6 month period • Initial representation/membership from Gidgee Healing and NWHHS, with other health services/agencies invited to participate based on specific health priority area.	Completion of a detailed North West Health Equity Implementation Plan that represents the shared priorities of our regional Aboriginal Community Controlled Health Service and clearly articulates the actions, resource inputs and measures required to achieve the goals contained within the North West Health Equity Strategy 2022- 2025.
6.3	**Develop a Resource and Investment Strategy to sit alongside the detailed Health Equity Implementation Plan, to ensure availability of budget, workforce and other inputs required**	NWHHS	North West Health Equity Governance Collaborative	• The Resource and Investment Strategy will need to be developed in parallel with the detailed Implementation Plan. A range of government and non-government agencies will be engaged across various specialty areas to support the establishment and/or enhancement of health services for First Nations' people as part of the Health Equity reform agenda. • The Resource and Investment Strategy may include strategies for attracting new investments, and may also include a review of existing investments into First Nations' health across the North West region (including core/mainstream funding sources being allocated to First Nations Health Equity priorities).	A comprehensive Resource and Investment Strategy that underpins the North West Health Equity Strategy, to ensure affordability and sustainability of all commitments contained within the Strategy.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
6.4	**Develop and maintain strong working partnerships and support the capacity-building of local Aboriginal Community Controlled Health Services (ACCHS) that are working to improve the health and wellbeing of there community**	Gidgee Healing NWHHS		• Develop and maintain strong working partnerships and support the capacity-building of local Aboriginal Community Controlled Health Services (ACCHS) that are working to improve the health and wellbeing of their community. • Support Yellagundgimara Health Council (Doomadgee Health Council) by providing funding to recruit 1.0 FTE Coordinator role, including on costs, to enhance community engagement, facilitate local partnerships and enhance local participation in various health strategies/ initiatives. • Actively support the implementation of the Mornington Island Health Strategy 2019-2024 through continuing NWHHS participation and representation on the Mornington Island Health Partnership group, and associated Operational Group.	Enhanced capacity of the Yellagundgimara Health Council to actively engage, influence and participate in joint decision-making on matters relating to the health of the Doomadgee community.
6.5	**Better support self-determination of First Nations' people through empowering the capacity of local health advocacy groups/Health Councils**	Gidgee Healing NWHHS	Traditional Owners Health Councils Community Advisory Groups	• Work in partnership with Traditional Owner groups to facilitate Health Equity Yarning Circles across the region, to provide culturally secure environments for First Nations' people to participate in the planning, delivery and evaluation of health services across the North West. • Support the establishment of yarning circles to inform the broader evaluation of First Nations' health services across the region. • Collaboratively develop Terms of Reference to ensure the role and purpose of the Yarning Circles are considered and embedded across First Nations' engagement protocols for all health service providers.	Four (4) Health Equity Yarning Circles facilitated every 6 months, throughout the implementation period.

> **"Going forward, Gidgee see the repositioning of the Tripartite Agreement as an important foundation to achieving the aspirations of the Health Equity Strategy."** Chairperson, Gidgee Healing

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
6.6	**Ensure alignment of North West First Nations' Health Equity Strategy with key policy and partnership agreements, including the Tripartite Agreement (2019) and the National Agreement on Closing the Gap (2020)**	Gidgee Healing	WQPHN NWHHS	• Tripartite Agreement (2019) - In partnership with Gidgee Healing and WQPHN Boards/Executive teams, review the findings and recommendations contained in the recent Evaluation of the Tripartite Agreement and identify strategies for galvanising and renewing the agreed ways of working to improve the health and wellbeing outcomes for First Nations' people in the north west. • National Agreement on Closing the Gap (2020) - NWHHS to review and action strategies to secure a strong, vibrant, and sustainable ACCHO sector in alignment with the objectives of the National Agreement on Closing the Gap (2020), including listening to the voices and aspirations of First Nations people and change the way we work in response.	- Shared decision-making: First Nations people are empowered to share decision-making authority to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements. Building the community-controlled sector: There is a strong and sustainable First Nations community-controlled sector delivering high quality services across the NWHHS region to meet the needs of First Nations people; Improving mainstream institutions: NWHHS are accountable for Closing the Gap and are culturally safe and responsive to the needs of First Nations people, including through the services they fund. First Nations data: First Nations people have access to, and the capability to use, locally-relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development.

	STRATEGY	RESPONSIBLE LEAD	PARTNERS	HOW WILL WE DO IT?	KEY PERFORMANCE INDICATORS
6.7	**Community Engagement**		North West First Nations' Health Equity Governance Collaborative Health Equity Joint Implementation Working Group First Nations' Yarning Circles	• Ensure a shared understanding of the First Nations' Health Equity reform process across the North West region. • 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. • To embed and enact the right to self-determination by ensuring Aboriginal and/or Torres Strait Islander people in the North West region are leading this reform process and supporting their communities to live longer, healthier lives; • To 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; • To 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.	Widespread community and stakeholder participation and engagement in the design, planning, implementation and evaluation of the First Nations' Health Equity reform process.




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