

First Nations Health Equity Strategy 2022-2025

Townsville
Hospital
and Health
Service



Journey WAY

Terminology

The Townsville Hospital and Health Service acknowledges First Nations Aboriginal and or Torres Strait Islander people's right to self-determination. This includes the terminology used for cultural identification, including preferred ways of collectively referring to First Nations Aboriginal and or Torres Strait Islander people.

The Townsville Hospital and Health Service First Nations Health Equity Strategy adopts terminology:

“Aboriginal and Torres Strait Islander peoples” and “First Nations peoples” are used interchangeably rather than “Indigenous” – while recognising that First Nation Aboriginal and or Torres Strait Islander people have distinct cultures and identities.

Culturally safe and responsive health care encompasses both First Nations Aboriginal and Torres Strait Islander-led models of care, practice and service-delivery.

Townsville Hospital and Health Service respects the choice of First Nations Aboriginal and or Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including sovereign peoples or traditional place names.

Townsville Hospital and Health Service First Nations Health Equity Strategy 2022-2025

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For more information contact:

Indigenous Health Service Division
Office of the Chief Executive,
Townsville Hospital and Health Service
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Cultural Advisement

Aboriginal people and Torres Strait Islander people are advised that this Townsville Hospital and Health Service First Nations Health Equity Strategy 2022-2025 may contain reference to or images of people who have passed.

This is a living document and will be updated as we progress our First Nations Health Equity Journey.

To ask questions or provide feedback, please contact
THHSFirstNationsHealthEquity@health.qld.gov.au

Acknowledgment of Country

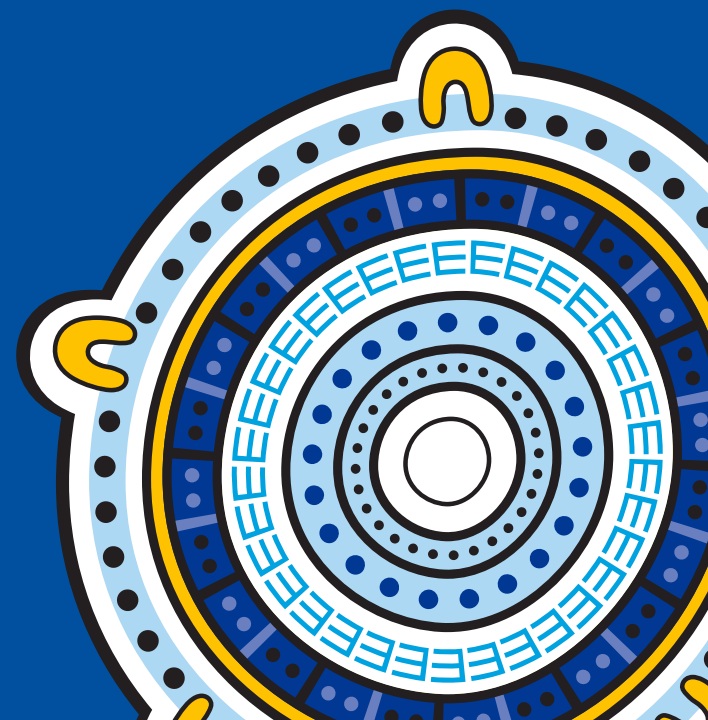
We acknowledge the Traditional and Cultural Custodians of the lands, waters and seas on which our health facilities are placed. We pay our respects to Elders past and present and recognise the role of current and emerging leaders in shaping a better health system.

We acknowledge First Nations peoples in North Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of First Nations peoples for millennia.

Townsville Hospital and Health Service is committed to honouring Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society.

Townsville Hospital and Health Service is proud to recognise and celebrate the cultural diversity of our communities and workforce at the following locations:

Location	Traditional Custodians
Townsville	Bindal (Birri Gubba) and Gurrumbilbarra Wulgurukaba
Palm Island	Manbarra Bwgcolman (historical)
Ayr/Home Hill	Bindal/Juru (Birri Gubba) – in determination
Charters Towers	Gudjal
Ingham	Nywaigi Warrgamay Bandjin
Cardwell	Girramay
Richmond	Wanamara / Woolgar Valley
Hughenden	Yerunthully



Acknowledgment of Place

Townsville Hospital and Health Service (Townsville HHS) recognises the importance of acknowledging place. Our Bindal people call Country Thul Garrie Waja and have many creation stories, including one that tells the story of Mount Stuart. Wulgurukaba people of the Townsville region are placed in their country Gurambilbarra through the creation story of Gabul the carpet snake.



Mandilgun (Mount Stuart)

It was a very hot day many years ago and two Warriors were walking south. Yunbenun decided to jump in the saltwater and lie on his left side looking toward the mainland (becoming Magnetic Island). Mandilgun decided to lie in Galbidera (Ross River) but it was dry, so he lay on the bank on his right side looking toward Yunbenun (becoming Mount Stuart). The two Warriors noticed red pebbles around them and decided to throw the pebbles toward each other but not hit each other. The red pebbles landed in the middle of the two Warriors and became Cootharinga (Castle Hill).



Gabul - Carpet Snake Journey

The story of the journey of Gabul explains the shape of our coast, islands and rivers. Gabul came from the north, slithering between Hinchinbrook Island and the coast to form the Hinchinbrook channel and down to Palm and Magnetic Islands. Gabul's body broke up leaving parts along the coast. The tail of the Gabul is at Halifax Bay, and his body is at Palm Island, while his head rests at Arcadia, Magnetic Island (Yunbenun). The Ross River just south of Kissing Point is where gabul came ashore.

Our Culture...

Dreaming and creation stories provide important information about culture, beliefs, values, people, animals and the environment, and are passed down from generation to generation through storytelling. Dreaming represents the past, the present and the future. Sharing Aboriginal and Torres Strait Islander creation stories should be done respectfully.

Recognition of Rights

Cultural Rights

The Townsville HHS recognises the strength and resilience of the world's oldest living culture, including cultural practices, languages and connection to country. The strengths of Aboriginal and Torres Strait Islander cultures have continued to evolve and thrive despite the ongoing impacts of colonisation, systemic discrimination and intergenerational trauma.

Townsville HHS recognises that the cultural rights of Aboriginal and Torres Strait Islander people are central to health and wellbeing. Consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). These internationally recognised rights are:

- the right to practice culture
- the right to self-determination
- the right to make decisions on matters that affect their lives and communities.

Aboriginal and Torres Strait Islander people also have a right to culturally safe and responsive health care, free of racism and inequity.

Human Rights

Our Aboriginal and Torres Strait Islander health equity reform adopts a social justice and human-rights based approach to health and healthcare access. Queensland's new *Human Rights Act 2019* came into effect on 1 January 2020.

The Act aims to:

- protect and promote human rights
- help build a culture in the Queensland public sector that respects and promotes human rights; and
- help promote a dialogue about the nature, meaning and scope of human rights.

Queensland Human Rights Act 2019 (section 28) states:

Aboriginal peoples and Torres Strait Islander peoples hold distinct cultural rights as Australia's first people. They must not be denied the right, with other members of their community, to live life as an Aboriginal or Torres Strait Islander person who is free to practice their culture. This includes protection of their beliefs, teachings, expressions, kinship ties, and distinctive relationship with lands, territories, waters, coastal seas and other resources which they have

a connection under tradition or custom. Aboriginal peoples and Torres Strait Islander peoples must not be subjected to forced assimilation or destruction of their culture.

Healthcare Rights

The principles of the Australian Charter of Healthcare Rights specify the key rights of all patients and consumers when seeking or receiving healthcare services; this includes both clinical and cultural quality and safety.

Aboriginal and Torres Strait Islander service users in healthcare settings have the right to:

Access: Healthcare services and treatments that meets their needs.

Safety: Receive safe and high-quality healthcare that meets national standards and be cared for in an environment that is safe and makes them feel safe.

Respect: Be treated as an individual, and with dignity and respect. Have their culture, identity, beliefs and choices recognised and respected.

Partnership: Ask questions and be involved in open and honest communication. Make decisions about their healthcare provider, to the extent that they choose and are able to. Include the people that they want in planning and decision-making.

Information: Clear information about their condition, the possible benefits and risks of different tests and treatments, so service users can give informed consent. Receive information about services, waiting times and costs. Be given assistance, when they need it, to help understand and use health information. Access their health information. Be told if something has gone wrong during their health care, how it happened, how it may affect them and what is being done to make care safe.

Privacy: Have their personal privacy respected. Have information about them and their health kept secure and confidential.

Give feedback: Provide feedback or make a complaint without it affecting the way they are treated. Have their concerns addressed in a transparent and timely way. Share their experience and participate to improve the quality of care and health services.

The Townsville HHS is committed to a culture that places respect for cultural rights, human rights and healthcare rights at the centre of everything we do.



Our Journey Artwork

Artwork Story

The Integration of Two Worlds

Our First Nations Health Equity Artwork was created by Juru artist, Robert Paul for Townsville Hospital and Health Service.

In the middle is a large circle with multiple layers. This depicts the health care system. Within the large circle are different departments of health care services, including health care workers, with members and families from both Aboriginal and Torres Strait Islander communities.

The outer layer of the large circle has small “u” shaped symbols, with small dots in between. These symbols represent health care workers, who are culturally sensitive to the needs of both Aboriginal and Torres Strait Islander people. Coming in from the left-hand side are two paths. One with white feet, the other with dark feet. They come together at a junction and walk side by side into the health care system. This is the beginning of working together, to improve health outcomes. The journey continues out the other side of the circle, with the path representing the help needed to travel to the various centres outside communities, to access health care they require. It depicts both the giving, and acceptance of help.

The blue waves at the top of the design represents the waters of the Torres Strait Islands. The circles in these waves are the many Islands of the Torres Strait. The smaller circles inside, represent the community and families of the island. The arrows in the lines between the circles, represent individuals travelling from the outer islands to onshore community healthcare centres. The arrows travelling from these centres to the larger circle,

show the individuals being directed into the health care system. There are a few paths leaving the health care system. The blue lines depict the health care workers following up on the individuals, making sure they have assessed and understood their special needs. The brown lines represent the individual and their family members making their own way to the services, required to help them with their health needs. At some of these larger circles are more “u” shaped symbols. These depict healthcare workers that are sensitive to the needs of both Aboriginal and Torres Strait Islander people, following up and assisting them.

At the bottom of the design are small leaves in each corner. These represent the traditional medicines of local Aboriginal and Torres Strait Islander people and communities. There are multiple learning areas, made up of larger “u” shaped symbols facing three smaller “u” shaped symbols. The larger symbols are Elders and culturally sensitive health care workers that are helping to educate other members of the health system, about the needs and requirements of Aboriginal and Torres Strait Islander people, families, and communities.

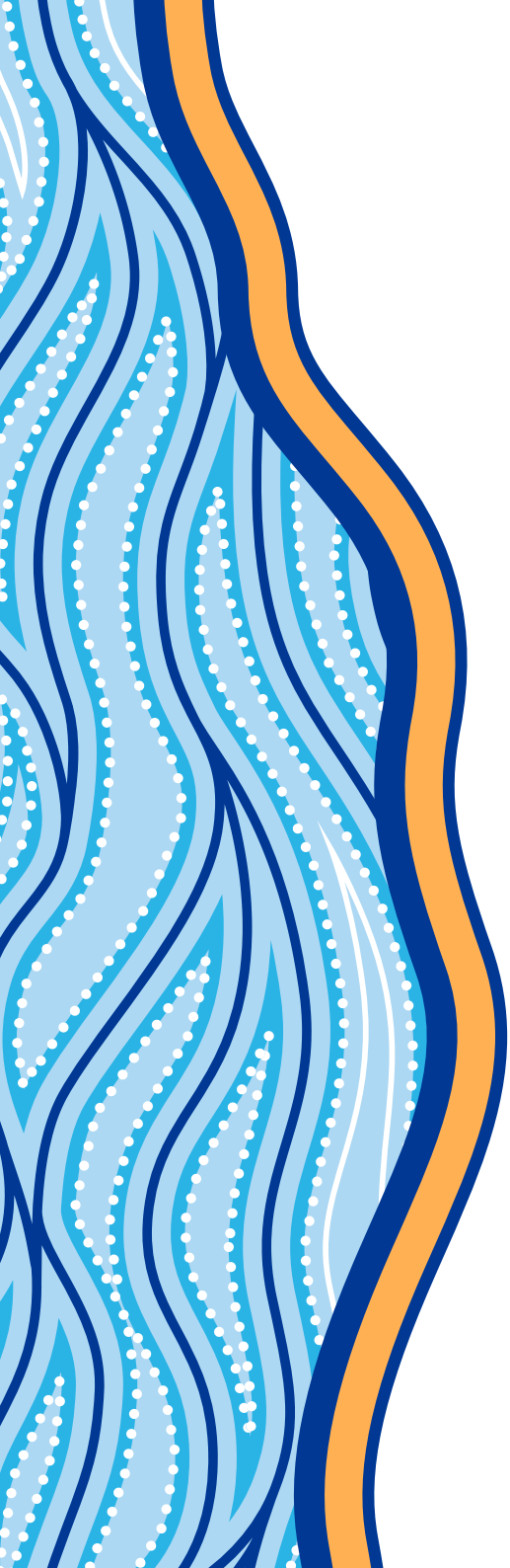


About the artist

Robert was born in Bowen, North Queensland, home of the Juru people. Robert did part time studies at the Barrier Reef Institute of TAFE where he achieved certificates in Cultural and Vocational Studies. In 1999, he enrolled in a Bachelor of Communication Design at James Cook University where he applied and was successful in achieving an Equity Scholarship. Robert graduated in 2003 and started his own business in graphic design, illustration and murals. He has now painted over 20 murals for schools throughout Townsville and Bowen and has been involved in numerous publications of Indigenous works.

Our Culture...

Aboriginal people do not have a written language. For over 65,000 years, knowledge and traditions have been handed down orally, by word of mouth, through the use of storytelling, songs, dance and art, using commonly understood symbols.



Message from Chair, First Nations Health Equity Steering Committee and Executive Director Aboriginal and Torres Strait Islander Health

The creation and publication of the inaugural Townsville Hospital and Health Service Health Equity Strategy 2022-2025 is a seminal moment in the history and evolution of our health service.

This is a strategy underpinned by social justice, cultural respect, reform, and human rights. As an organisation, our goal is to empower First Nations patients, consumers, and families to participate in decisions about their care, engage in local decision-making, and raise up their voices to share their stories and experiences. It's about placing First Nations peoples and voices at the centre of healthcare service design and delivery.

The health and socioeconomic data about our First Nations people is confronting. Hospitalisation rates are disproportionately high, First Nations people suffer high rates of chronic disease, and are more likely to live in overcrowded housing. This strategy aims, among other goals, to develop cross-sectoral links with education, housing, employment, and child safety as well as increase the representation of Aboriginal and Torres Strait Islander peoples in the health service workforce.

Wendy Ah Chin

Executive Director Aboriginal and Torres Strait Islander Health
Townsville Hospital and Health Service

The five priority areas of the strategy challenge the health service to design and review health services, deliver culturally safe care, increase access to healthcare services, influence the social and economic determinants of health, and challenge the mindsets on care for First Nations people. The strategy is a roadmap to reform and recognises where our past practice has been less than optimal and how and where we can improve, innovative, and inspire going forward.

A singular and proud hallmark of this strategy is that it has been co-designed with First Nations people. Over the life of the strategy, 2022 to 2025, this collaboration will continue informing and influencing policy decisions, service redesign, and professional practice.

The voices, leadership and lived experiences of First Nations peoples will help drive the health equity reform agenda.

Congratulations to everyone who has been involved in the development of this document and we look forward to it realising its important aims and ambitions to achieve healthcare equity for the First Nations people of our region.

Donald Whaleboat

Chair
Townsville HHS First Nations Health Equity Steering Committee

Message from the Board Chair and Health Service Chief Executive

It is both a pleasure and privilege to provide this foreword to the Townsville Hospital and Health Service's inaugural First Nations Health Equity Strategy 2022-2025.

The journey to equity in healthcare and health outcomes is anchored in culturally safe health practices, First Nations self-determination, and a whole-of-health-service commitment to addressing the barriers to equity.

We know that First Nations people are overrepresented in renal dialysis care, drug and alcohol treatment, neonatal services, and treatment for infection. This strategy commits our health service to working in partnership with primary healthcare providers, government and non-government agencies, First Nations consumers, patients, and families to embed First Nations healthcare as 'everyone's business'.

There is no question this strategy is ambitious. But change cannot occur without the courage to admit we need to do better. Our health service has made significant inroads to Closing the Gap in health outcomes but we know there is much more to be done. Reform and improvement can only be

achieved through authentic service co-design, and genuinely understanding and respecting the lived experience of First Nations people.

It's important the strategies articulated in this document, through the five priority areas, are enacted in real and tangible ways throughout the Townsville Hospital and Health Service over the next three years. It is no longer enough to say we are committed to betterment and change: we must effect transformation through action.

This strategy was created with extensive consumer and community consultation including workshops, yarning circles, and surveys. Our goal now is to heed the advice we were given and work with stakeholders, clinicians, and policy makers to turn words into action with the ultimate aim of achieving equity in health outcomes for First Nations people.

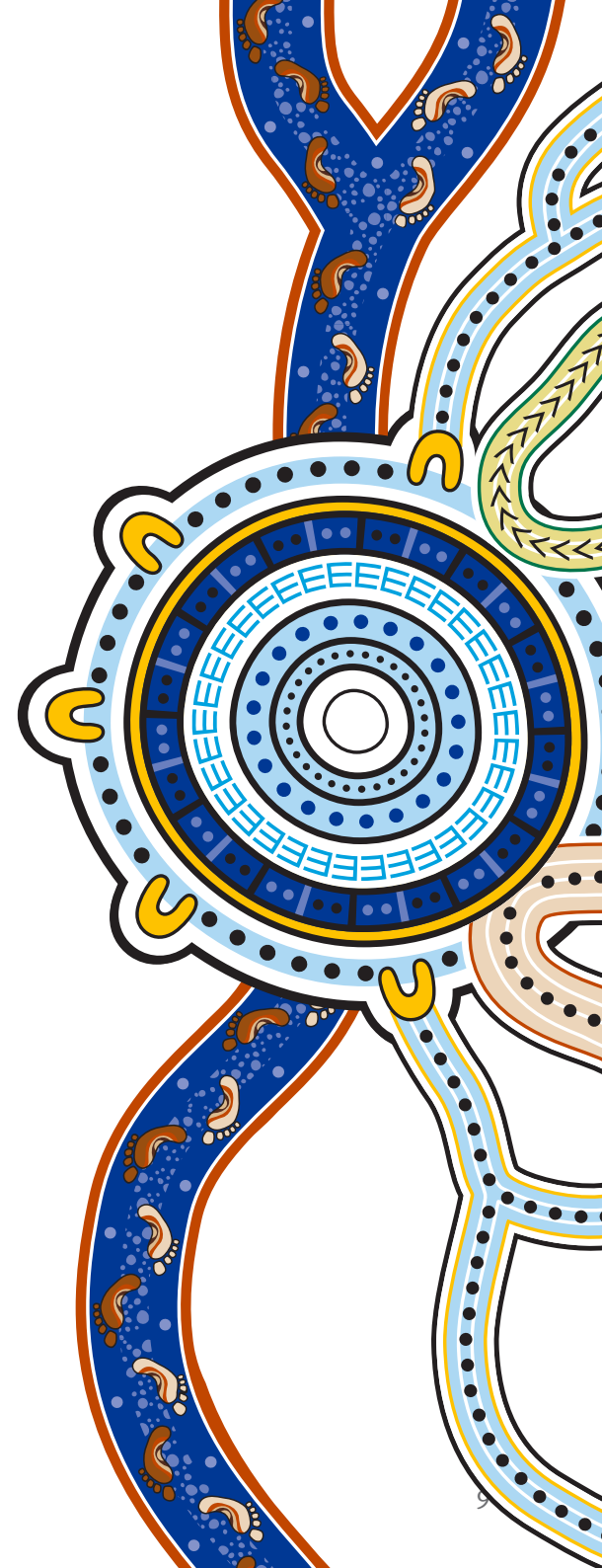
This strategy is a proud achievement for the Townsville Hospital and Health Service and its vision to work together to improve the health outcomes for First Nations people has our strongest support and endorsement.

Tony Mooney AM

Chair
Townsville Hospital and Health Board

Professor Kieran Keyes

Health Service Chief Executive
Townsville Hospital and Health Service



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Our Culture...

A songline, also called a dreaming or journey track, is a pathway across the land which marks the route followed by local creator beings in the Dreaming. A traditional song or story can also mark the journey, used as a memory aid to traverse the landscape.

OUR FIRST NATIONS VOICE

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“We need more health services based in Community delivered closer to home. We need more engagement with Community to promote understanding of healthcare, hospitals and illness”

– Traditional Owner

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“Mainstream service organisations need to come with a ‘listen first’ approach”

– Local Elder

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“You need to educate your mainstream Workforce. Have sessions with Indigenous and non-Indigenous staff on a regular basis. We need to have conversations about how Indigenous people feel and identify the problems. Otherwise we will never deal with racism”

– Local Elder

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“We want opportunity to tell Townsville about what is and what isn’t working”

– Local Elder

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“Responsibilities and accountabilities for culturally safe care need to be shared across hospital care not just primary care”

– First Nations Health Consumer

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“There should be some acknowledgment of non-Indigenous people who are trying to break down barriers. We should be like ‘You are promoting a great work environment. Good job. You get it’ This helps promote it through non-Indigenous people”

– Local Elder

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“We should be bringing care into the community instead of taking people out of community”

– Traditional Custodian

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“We need to see our data, to better understand what’s going on for us and our Mob in the Hospital. I hope we get to with this Health Equity Strategy”

– Local Elder

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“It’s not just about being culturally aware at one level. It needs to filter through from the executive all the way to people on the ground. It can’t be a tick box exercise from leadership – they need to take it seriously and embrace it”

– First Nations Staff Member

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“Hospital workers don’t spend enough time with people. Often there isn’t an Aboriginal Health Worker or Hospital Liaison Officer with them. It feels rushed, people don’t have enough time to talk. Sometimes they feel shame and not safe”

– Local Elder

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“Engagement is often seen as ‘too hard’, but we can do achievable things, together”

– Local Elder

.....

.....

“The biggest challenge is integrating services across the regions, staff need to know what services are available, the role of the Service Integrator should be a model used to expand support for service integration of services across the continuum of care”

– First Nations Staff member

.....

Background

Our new WAY forward

Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. That may sound simple, but because many factors contribute to a person’s health, it’s not. In 2022, Aboriginal and Torres Strait Islander peoples still continue to experience differences in access to health services, in their experiences and journeys with health services, and in health outcomes. This can and must change, and we all have an important role to play.

Health equity is not the same as health equality. Health equality means everyone receives the same or equal standard of care or service, while equity means everyone receives individualised care and support to bring them to the same level of health and life wellness. Our public health system is committed to achieving health equity because health differences and disparities for First Nations peoples are avoidable, unfair and unjust.

Achieving health equity requires actively removing major obstacles and barriers to good health and wellbeing like racism, discrimination, and their consequences, including powerlessness, lack of access to employment, quality education and housing, safe environments, and comprehensive health care. The Townsville HHS First Nations Health Equity Strategy represents significant legislated reform, and a critical step in transforming health system journeys for local Aboriginal and Torres Strait Islander peoples. The aim of the First Nations health equity reform is to co-design

and deliver new ways to improve Aboriginal peoples’ and Torres Strait Islander peoples’ health outcomes, experiences, and access to care across our health system. We will build on the foundations of our past to redesign our health system by placing ‘health equity’ and Aboriginal and Torres Strait Islander VOICE at the centre of First Nations service delivery. The success of this new approach is dependent on representation, leadership and shared decision-making with Aboriginal peoples and Torres Strait Islander peoples. It will only succeed by listening to and respecting the voices, lived experiences and cultural authority of Aboriginal and Torres Strait Islander peoples.

It is no longer enough to be a health service that provides world-class health care. We must now deliver health services in a fair and equitable way and actively assist all people to receive and access our care, no matter where our people live. This is health equity. We can only achieve this by working together towards improving health journeys and improving health outcomes for Aboriginal and Torres Strait Islander peoples, families and communities.

Let’s journey together and do all we can to achieve Health Equity for our First Nations peoples.

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“All Australians should have the opportunity to achieve their full health potential – this is currently not the reality for many local Aboriginal and Torres Strait Islander people”

First Nations Health Equity engagement attendee

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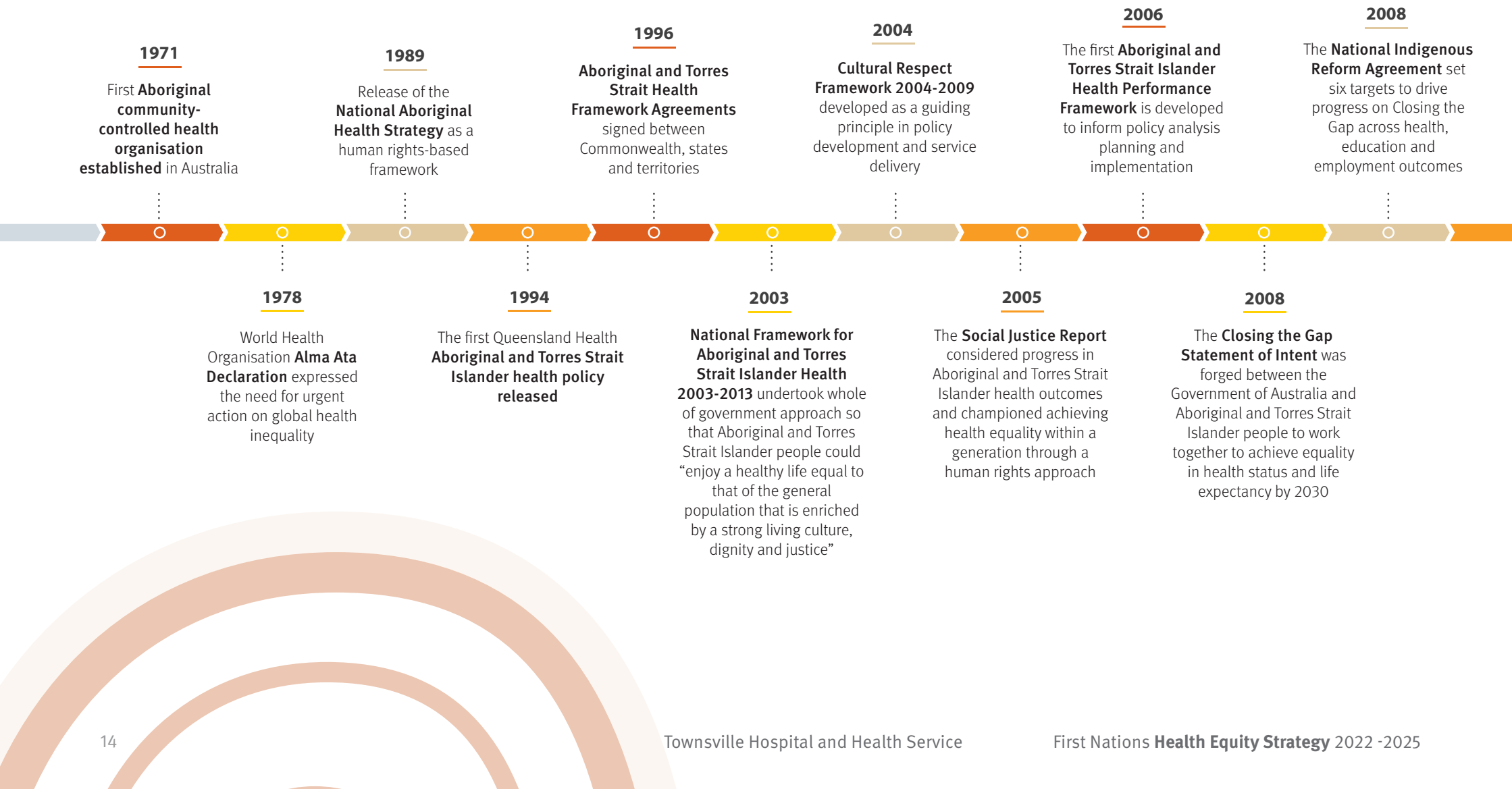
“We’ve been doing this for a long time, they need to listen to us, and work with us...we can do it if we work together”

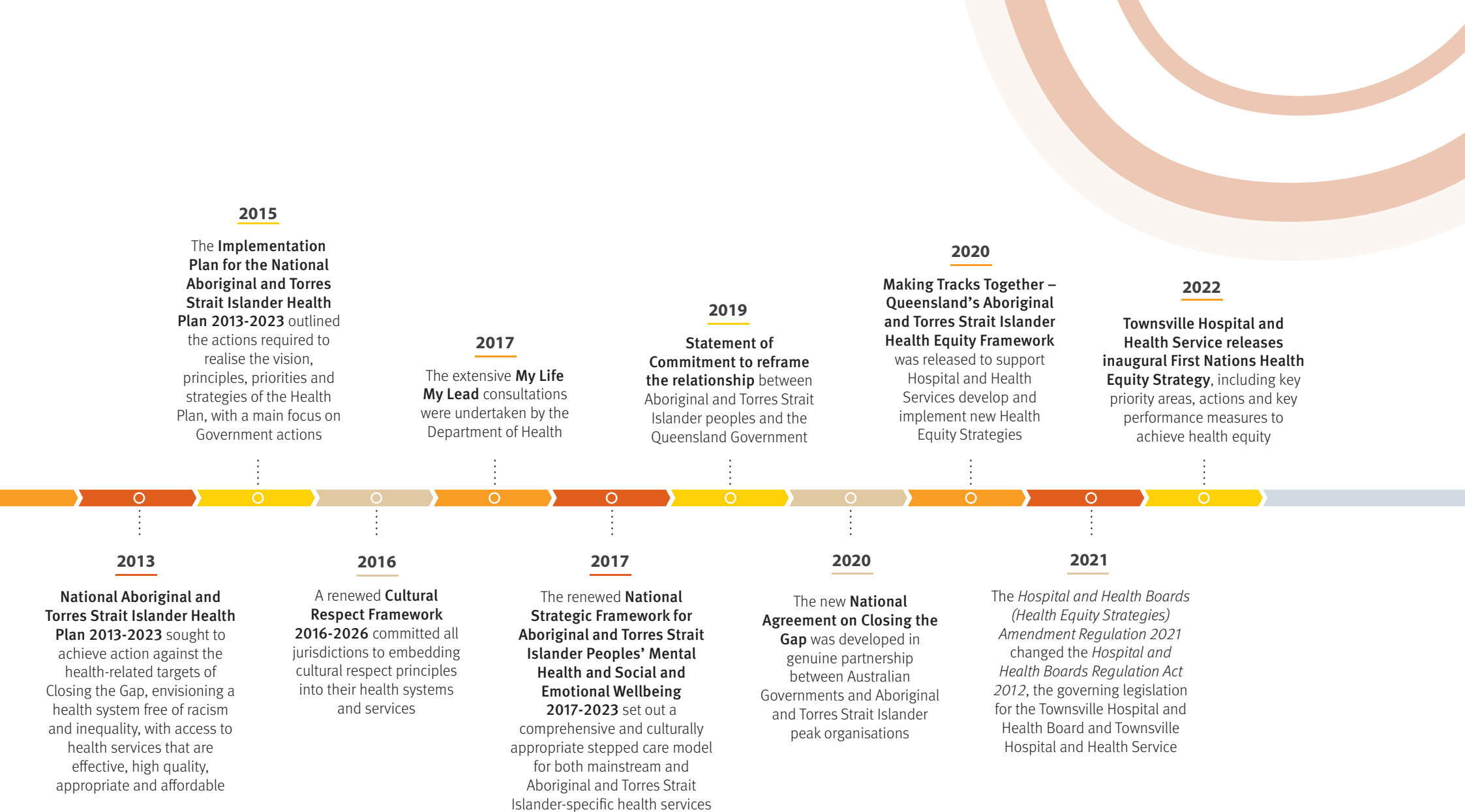
Townsville HHS Aboriginal Health Practitioner, Indigenous Health Liaison Officer

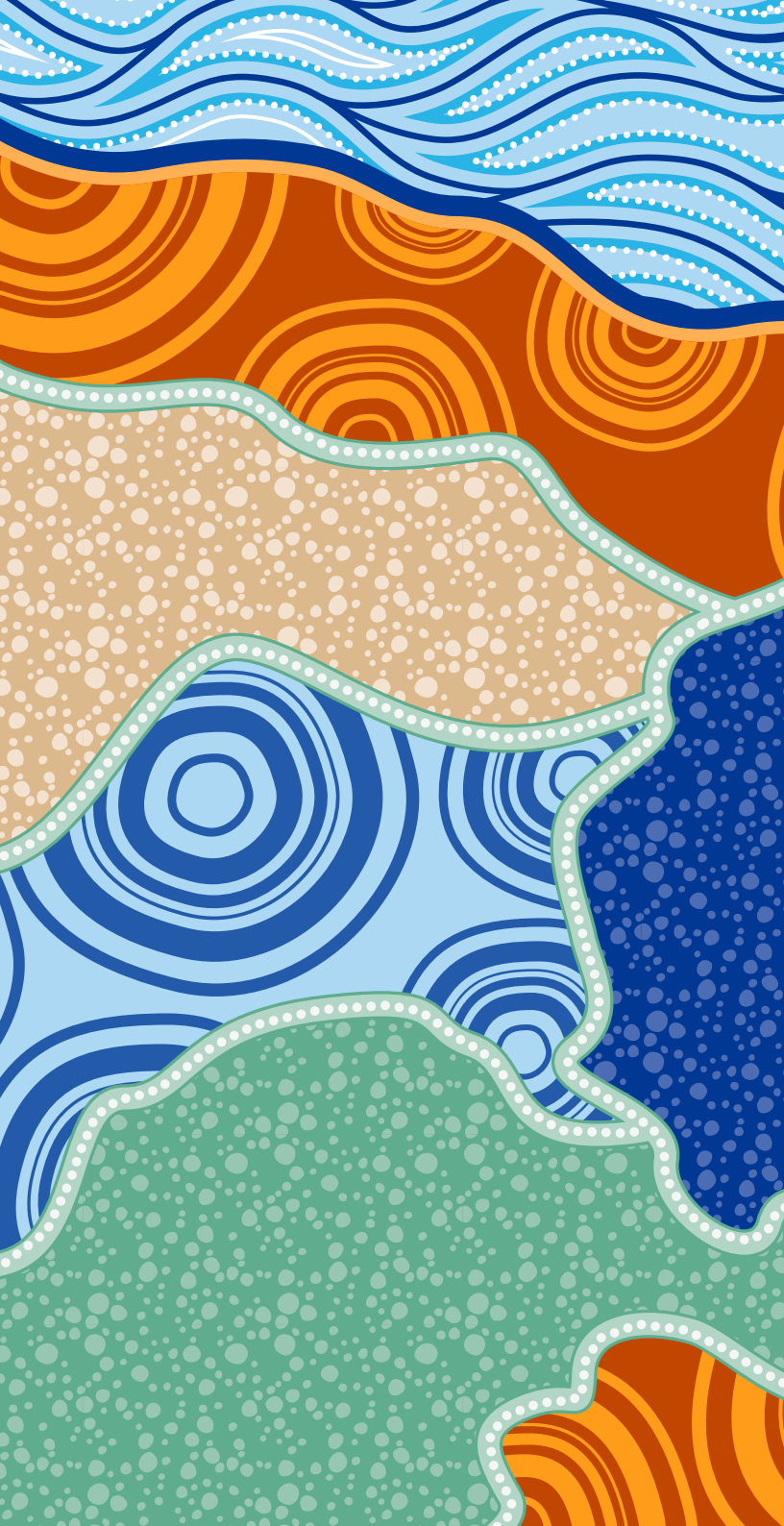
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The Journey towards Health Equity







Townsville Hospital and Health Service and Health Equity reform

Queensland Health's First Nations Health Equity legislative change signals a system-wide commitment to actively eliminating racism and discrimination, improving cultural safety, responsiveness, and accessibility of health services for Aboriginal and Torres Strait Islander people, families and communities across Queensland.

The five legislated Health Equity key priority domains:

- Actively eliminating racial discrimination and institutional racism
- Increase access to healthcare services
- Influencing the social, cultural and economic determinants of health
- Delivering sustainable, culturally safe and responsive healthcare services, and
- Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review services.

The Townsville Hospital and Health Board are responsible for the successful implementation of the Health Equity Strategy and its performance around improving health outcomes for First Nations peoples. We will ensure that commitment and leadership is demonstrated through implementing the actions and achieving the key performance measures outlined in this strategy. Our Health Equity Strategy will act as the principal accountability mechanism between our First Nations community and the Townsville HHS in achieving health equity for our First Nations peoples. Our Health Equity Strategy forms a key part of our commitment to the National Agreement on Closing the Gap.

As part of the commitment to achieving First Nations health equity, we will prioritise Racial Equity, being the elimination of racial discrimination and institutional racism within our service.

Policy and Planning Context

Our Health Equity Strategy has been developed in line with State and National policy and planning frameworks aimed at improving life outcomes for Aboriginal and Torres Strait Islander peoples, families and communities.

At the national level, the *National Agreement on Closing the Gap 2020* is the overarching policy aimed at changing the way governments work with Aboriginal and Torres Strait Islander peoples. There are three specific health targets in the *National Agreement on Closing the Gap 2020* that our Health Equity Strategy must progress:

- Close the gap in life expectancy within a generation by 2031
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%
- Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander peoples towards zero.

Our Health Equity Strategy must be implemented in accordance with the principles of the Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander peoples and the Queensland Government (2019). These principles include:

1. Recognition of Aboriginal and Torres Strait Islander peoples as the First Peoples of Queensland
2. Self-determination
3. Respect for Aboriginal and Torres Strait Islander cultures
4. Locally led decision-making
5. Shared commitment, shared responsibility and shared accountability
6. Empowerment
7. Free, prior and informed consent
8. A strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

At the regional level, Townsville HHS and community partners have a range of strategic plans aimed at improving life outcomes for Aboriginal and Torres Strait Islander peoples. Our Health Equity Strategy is informed by these documents and seeks to align with the strategic and operational objectives of Townsville HHS, our partners and the broader community.



KEY GOVERNMENT PRIORITIES



ORGANISATIONAL STRATEGIC PLANS



KEY PARTNER STRATEGIC PLANS



Hospital and Health Service Health Equity Strategies:

- Torres and Cape
- Cairns and Hinterland
- North West
- Mackay
- Central West

HEALTHY EQUITY STRATEGY



1. National Agreement on Closing the Gap 2020
2. Australian Government My Life My Lead 2017
3. National Aboriginal and Torres Strait Islander Health Plan 2021-2031
4. Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024
5. Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033
6. Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework 2021
7. Queensland Government Statement of Commitment to Reframe the Relationship
8. Queensland Health's System Outlook 2026
9. My Health, Queensland's Future: Advancing Health 2026
10. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031
11. Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025
12. North Queensland Aboriginal and Torres Strait Islander STI Action Plan 2016-2021
13. Human Rights Act 2019
14. Aboriginal and Torres Strait Islander Engagement Strategy (2019)
15. Palm Island Health Action Plan 2018-2028
16. Health Service Plan 2018-2028
17. Aboriginal and Torres Strait Islander Workforce Strategy 2022-2031
18. Healthy Ageing in North Queensland 2020-2030
19. Children and Young People Strategy 2018-2028
20. Reconciliation Action Plan 2019-2021
21. Townsville HHS Strategic Plan 2022-2026
22. TAIHS Strategic Plan 2015-2021
23. North Queensland PHN Strategic Plan 2021-2026
24. First Nations Health Equity Strategy 2022-2025



Engagement

Our co-design journey

We acknowledge and thank all Aboriginal and Torres Strait Islander people who have worked with us to co-design and co-develop our Health Equity Strategy. We look forward to continuing our co-design journey together and value the ongoing leadership of all Aboriginal and Torres Strait Islander people in shaping and driving health system and change. Our health equity journey will only be successful if we work together in partnership, engaging and centering First Nations VOICE in all that we do.

Our co-design engagement sessions were initially intended to be on country, in-community from December 2021 to January 2022. Due to the increase in COVID-19 cases in our region, co-design conversations and workshops were moved online.

Continued listening and engagement

It is recognised that due to COVID-19 and timeframe limitations, the early program of stakeholder listening and engagement was insufficient to inform true co-design and development of the first three-year phase of the Townsville HHS First Nations Health Equity Strategy. It is acknowledged that more comprehensive community engagement and consultation is required to continually shape, inform and adapt the nine-year Townsville HHS' First Nations Health Equity strategic plan and its ongoing implementation, evaluation and adaptation.

Townsville HHS is committed to a renewed engagement partnership with First Nations people, service users, communities, and families. We commit to better community and consumer engagement, listening deeply, and transforming First Nations VOICE into action and service improvement. Townsville HHS recognises that achieving improved health outcomes for Aboriginal and Torres Strait Islander communities requires a transformative shift to listening, understanding and acknowledging the need for First Nations-led systems change.

Our early COVID-safe health equity engagement involved:



Health Equity online survey published on our Townsville HHS Consultation Hub and distributed throughout our networks.

101 responses



One-on-one telephone calls with Traditional Owners and Custodians, Elders Groups, and Aboriginal and Torres Strait Islander health service consumers.

19 phone yarns



Virtual co-design workshops and yarning circles with Townsville HHS First Nations staff, Townsville HHS Non-Indigenous staff, service providers, and service partners.

13 workshops totalling 200 people in attendance



Our co-design deep listening activities resulted in over **100 hours of consultation time, amplifying the VOICES of over 200 Aboriginal and Torres Strait Islander people**

KEY STAKEHOLDER ENGAGEMENT SESSIONS



FIRST NATIONS VOICE

- Traditional Owners, Custodians, Elders and Native Title Holders
- Local and Regional Aboriginal and Torres Strait healthcare consumers
- Townsville HHS Aboriginal and Torres Strait Islander staff
- Local and Regional First Nations Community members
- Townsville HHS's Aboriginal and Torres Strait Islander Community Advisory Council
- Community partner organisations and service delivery partners
- Townsville Aboriginal and Islander Health Service
- Palm Island Community Company
- Palm Island Aboriginal Shire Council
- Northern Queensland Primary Health Network
- Townsville Aboriginal and Islander Health Service
- Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships



HEALTH EQUITY STRATEGY STEERING COMMITTEE

- Townsville HHS Health Equity Strategy Project Team
- North Queensland Primary Health Network
- Townsville Aboriginal and Islander Health Service
- Palm Island Community Company
- Department of Aboriginal and Torres Strait Islander Partnerships



TOWNSVILLE HHS BOARD, EXECUTIVE AND STAFF

- Townsville and Hospital Health Service Board
- Executive Directorates
- Senior Leadership Forum
- Clinical and non-Clinical Heads of Department
- Digital Health
- Public Health
- Strategy, Governance and Planning Group
- Service Group Directorates
- All Staff



PARTNERSHIPS

- James Cook University
- Central Queensland University
- Townsville City Council
- Palm Island Aboriginal Shire Council
- Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- Health and Wellbeing Qld
- Better Health NQ
- Transport providers
- Step down
- Accommodation providers
- Social and Human Services
- Queensland Aboriginal and Islander Health Council
- Queensland Aboriginal and Torres Strait Islander Clinical Excellence

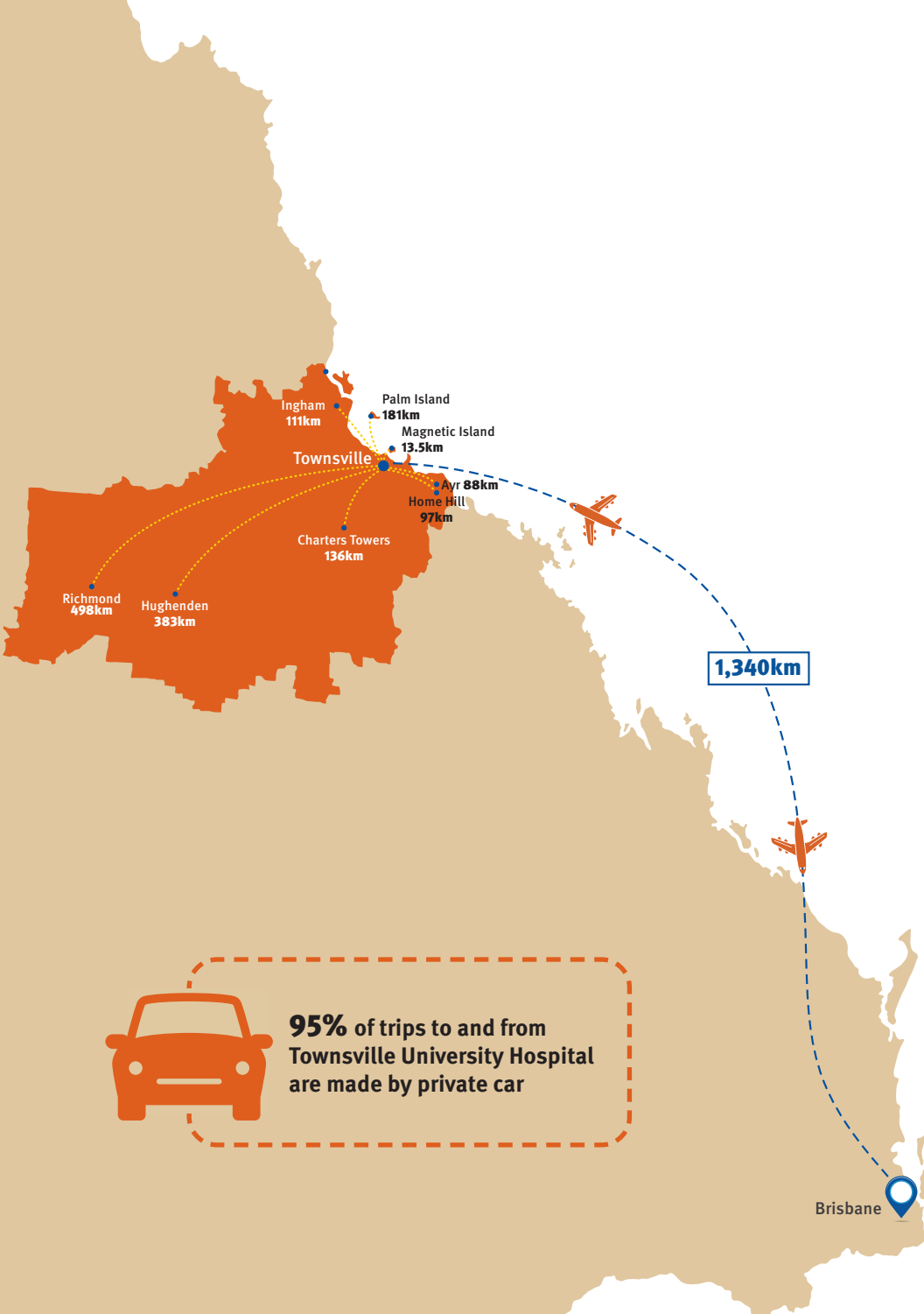
Drivers for Change

Our regional context

Townsville HHS is the public healthcare provider for more than 250,000 people across a geographic area of 150,000km². We serve the local government areas of Townsville, Burdekin, Charters Towers, Flinders, Richmond, Hinchinbrook, and Palm Island. We operate 21 facilities: 19 hospitals and health centres and two residential aged care homes. More than 6,600 staff work across our facilities, which is about one in every 17 working people - making us members of the communities we serve. We provide a comprehensive range of services, from primary care in remote locations, to highly specialised care at Townsville University Hospital (TUH). We are the largest tertiary hospital in Northern Australia, providing specialist referral services for the 700,000 people living from Mackay, to the Torres Strait, to the Northern Territory border.

The Townsville HHS catchment area covers 8.5% of Queensland and serves 5% of the Queensland population. Many communities within the Townsville HHS region are remote or very remote. The Royal Brisbane and Women's Hospital is the closest referral hospital supporting TUH, which involves a 1,300km journey south to Brisbane.

Our large geographical service expanse makes it difficult for First Nations consumers to access services due to travel distances and the lack of affordable transport options. This can result in Aboriginal and Torres Strait Islander peoples delaying attendance to care and treatment and presenting with more complex conditions. We must provide better support for Aboriginal and Torres Strait Islander peoples to connect with our healthcare services physically in-person or virtually through telehealth and digital technologies.



95% of trips to and from Townsville University Hospital are made by private car

Our First Nations communities



9.04% of the Townsville HHS population identify as Aboriginal and/or Torres Strait Islander



56.1% of the First Nations population is **aged 24 years and under** compared to 32.7% of the non-First Nations population.

Comparatively, **3.9%** of the First Nations population is **aged 65 years and over** compared to 14.5% for non-First Nations.



Population growth of 2.45% per year with the total population expected to reach 26,600 by 2026



Nearly 1 in 3 First Nations people live in Queensland



598 babies born in 2021-2022, which is 21.8% of total babies born across the health service



4.7% of the Queensland population identify as Aboriginal and/or Torres Strait Islander

First Nations Health Status



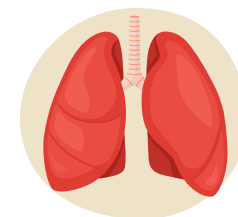
12.2% of Aboriginal and Torres Strait Islander babies are born with a low birthweight (<2,500 grams)



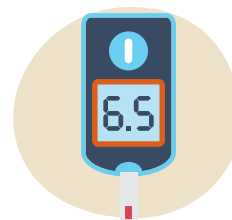
The **average life expectancy** of a First Nations male is 7.8 years less than non-First Nations males while First Nations females have a shortened life expectancy of 6.7 years compared to non-First Nations females



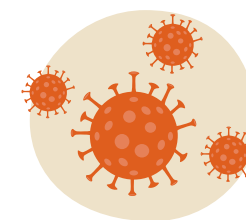
61.1% of First Nations mothers attended eight or more antenatal appointments compared to 88.1% of non-First Nations mothers



Almost 3 times more likely to die from chronic lower respiratory (lung) diseases



Almost 7 times more likely to die from diabetes compared to non-First Nations people



Nearly 3 times more likely to contract a sexually transmitted infection than non-First Nations people

Social and economic determinants of health



41.1%

of Aboriginal and Torres Strait Islander peoples are employed compared to 75% of non-First Nations peoples



Over 75%

of Aboriginal and Torres Strait Islander peoples earn less than \$650 per week compared to 49.4% non-First Nations peoples



Almost 4 times more likely
for First Nations children to be from jobless families



Over 20%

of First Nations peoples lived in crowded dwellings in comparison to 5.5% of non-First Nations



Only half of First Nations peoples

have completed their high school education



More than 1 in 3

Aboriginal and Torres Strait Islander peoples receive rental assistance

Hospitalisation and access



24.8% all inpatient separations are for Aboriginal and/or Torres Strait Islander patients

10.4% of all potentially preventable hospitalisations were for First Nations patients compared to 6.8% for non-First Nations patients



33% of First Nations elective surgery patients were treated within the clinically recommended time compared to 51% of non-First Nations patients

15% of all outpatient appointments are for Aboriginal and/or Torres Strait Islander patients while the First Nations population is 9.4%

21.2% of all Emergency Department inpatient separations (episodes of care) are for Aboriginal and/or Torres Strait Islander patients



20.6% of total occupied bed days were for Aboriginal and/or Torres Strait Islander patients

2.0% of First Nations patients discharged against medical advice (take own leave) compared to 0.9% non-First Nations patients



Only 13% of First Nations patients have attended their appointments via telehealth



6.27 days average length of stay for First Nations patients compared to 5.60 days for non-First Nations patients

5.3% of First Nations patients left the Emergency Department before being treated, or after treatment had been initiated but not completed compared to 2.9% for non-First Nations patients



21.1% of First Nations patients have waited longer than the clinically recommended time for an outpatient appointment compared to 27.1% of non-First Nations patients

15% of all missed outpatient appointments are for First Nations patients compared to 5% for non-First Nations patients

Culturally safe and responsive workforce



Only 16.5%*

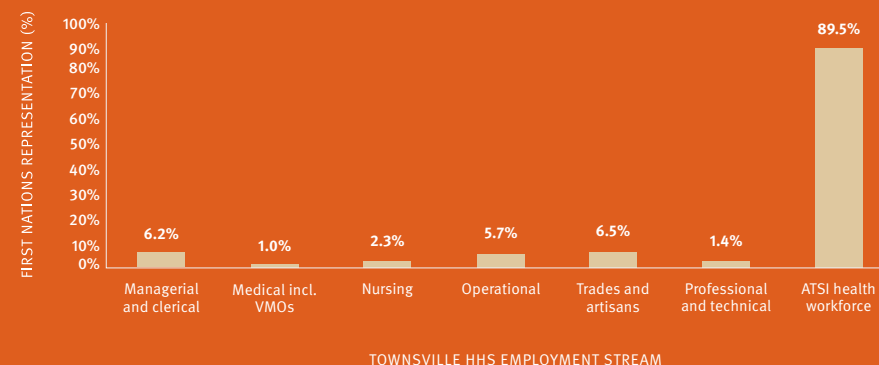
of the Townsville HHS workforce have completed the Aboriginal and Torres Strait Islander Cultural Practice Program mandatory training



3.6% (244 people)**

employed by the Townsville HHS identify as Aboriginal and/or Torres Strait Islander

Aboriginal and Torres Strait Islander workforce representation by Townsville HHS employment stream



We need 122 more First Nations employees at Townsville HHS for (eligible) population employment parity. The lack of First Nations workforce representation limits our capacity to provide a culturally safe and responsive health service environment. We require greater representation across all workstreams and service management levels to foster a more culturally welcoming and secure service environment for Aboriginal and Torres Strait Islander peoples, families and communities.

Culturally responsive service delivery

Aboriginal and Torres Strait Islander peoples continue to have lower access to health services in the Townsville HHS region for a range of reasons, including:

- lack of transport options to services or lack of access to communication technologies;
- difficulty in navigating uncoordinated health systems;
- long waiting times or services unavailable at the time required;
- limited options to access culturally safe services; and
- lack of sufficient care upon returning home, and or lack of suitable accommodation for recovery.

Noting the large geographic size of our region, these access barriers highlight the importance of utilising a range of organised and coordinated strategies to improve the ease of access to healthcare services.

Based on our engagement with stakeholders and service review it is understood that current healthcare for Aboriginal and Torres Strait Islander peoples often focuses on ill-health, failure, and dysfunction. This approach does not consider the diversity, capability and strength within the Aboriginal and Torres Strait Islander community and limits the ability of the public health system to work towards equitable health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. This signals an immediate need to increase Townsville HHS's focus on the cultural determinants of health through providing culturally secure, safe and responsive service environments for Aboriginal and Torres Strait Islander peoples, families and communities.

*data as at May 2022

** data as at 30 June 2022



Our challenges

Instances of racial discrimination and institutional racism still exist within our health system

There continues to be instances of racial discrimination and institutional racism within health services delivered by Townsville HHS. These include instances of racial profiling and conscious and unconscious biases. There are also cases where systems and processes create structural disadvantage and make it more difficult for Aboriginal and Torres Strait Islander peoples to access quality health services compared with non-First Nations peoples.

Working with Aboriginal and Torres Strait Islander peoples, communities and organisations to design, deliver, monitor and review health services

The voices, insights and expertise of Aboriginal and Torres Strait Islander peoples have historically been left out of health service planning, monitoring and evaluation. Our engagement process revealed that some groups, such as young people and people with lived experiences of health conditions, continue to be underrepresented in the co-design of health services. Empowering Aboriginal and Torres Strait Islander peoples to lead the development of healthcare services for their own communities will further support the re-balancing of structural inequities.

Healthcare services for First Nations peoples must be sustainable, culturally safe and responsive

Increasing the representation of Aboriginal and Torres Strait Islander peoples in the Townsville HHS workforce is key to supporting sustainable and culturally safe services. During the co-design of the Health Equity Strategy stakeholders emphasised that to support improved health and wellbeing outcomes Aboriginal and Torres Strait Islander consumers must have access to integrated and ongoing support when they return to their community following hospital care. This includes appropriate coordination and integration with primary care follow-up and preventative health services.

Aboriginal and Torres Strait Islander peoples experience barriers to access and disparities in health and wellbeing outcomes

Our Local Area Needs Assessment (LANA) data shows that Aboriginal and Torres Strait Islander peoples in the Townsville HHS region continue to experience disparities in health and wellbeing outcomes compared with non-First Nations people across maternity care, mental health, infectious diseases and chronic conditions. Our stakeholders regularly reported Aboriginal and Torres Strait Islander consumers, especially in rural and remote locations, experience challenges accessing healthcare services due to distance and a lack of accessible financially viable transportation services. It was acknowledged that support exists to facilitate travel to Townsville Hospital for specialist appointments, stakeholders reported that improvements are required to better coordinate travel, and that there is a need for collaboration between healthcare providers in the region to facilitate coordinated wrap-around care in regional and remote communities.

The social, cultural and economic determinants of health are crucial drivers of health outcomes

In the development of the Health Equity Strategy, stakeholders suggested that the health system has traditionally focused on a biomedical model of care which primarily considers physical conditions and the provision of medical treatments – and emphasised the need for a shift toward a ‘health equity mindset’ in order to deliver a more holistic, community-led and designed model of care.



Our opportunities for change

To take a zero-tolerance approach to racism, and to instil a whole-of-system approach to eliminating racial discrimination and institutional racism

Townsville HHS is committed to eliminating racial discrimination and institutional racism in health services and to providing support for those that have experienced racism and discrimination. This can be achieved by improving cultural capability across the health system, challenging attitudes, beliefs assumptions and procedures, and strengthening mechanisms of individual and organisational accountability. There is also an opportunity to consider the local and statewide policies, governance and reporting systems which are being used to monitor this commitment.

To continue to incorporate the voices and leadership of Aboriginal and Torres Strait Islander peoples into future service delivery for their communities.

Our co-design VOICE emphasised that there is an opportunity to strengthen representation of Aboriginal and Torres Strait Islander peoples throughout Townsville HHS's governance and leadership structures. We commit to more regular engagement and co-design opportunities for First Nations perspectives, experiences and expertise on healthcare services and initiatives for their communities, and that Townsville HHS should work particularly with groups that are currently underrepresented in decision-making processes to ensure that services and activities are aligned to their health and cultural needs.

To improve the cultural safety and responsiveness of healthcare services, including provision of more coordinated and holistic care

Townsville HHS is committed to continuing to embed a trauma-aware and healing-informed approach to the delivery of healthcare services. This will continue to build trust in facilities and healthcare service delivery, ensuring a safe and welcoming service environment for Aboriginal and Torres Strait Islander peoples. First Nations VOICE highlighted the need for supports for Aboriginal and Torres Strait Islander peoples who are discharged from hospital, through responsive and coordinated approaches to supporting continuity of care.

To ensure that healthcare consumers have equitable access to health services no matter where they live

There are opportunities to expand the use of flexible models of care that bring healthcare services closer to home for Aboriginal and Torres Strait Islander peoples. The COVID-19 pandemic has driven positive change and innovation in "out-of-hospital" service delivery models. There is an opportunity to review travel supports and better coordinate services in collaboration with other service providers (such as primary healthcare services). These strategies should be co-designed in a way that takes into account the nuances of the different regions and communities across Townsville HHS.

To increase the health system's focus on improving the social, cultural and economic determinants of health for Aboriginal and Torres Strait Islander peoples

Townsville HHS is well positioned to influence the social, cultural and economic determinants of health in the region. This begins importantly with bringing a focus to thinking more broadly beyond the biomedical model of care. There are opportunities to increase collaboration within the healthcare sector, but also to develop new cross-sectoral initiatives to improve the critical determinants of health by partnering with the broader social system across education, housing, employment, justice and child safety.

.....

***"There is a will and desire from
Aboriginal people to be involved in
having a VOICE in health services"***

Local First Nations Youth Leader

.....



Strengthening the Cultural determinants of health

Aboriginal and Torres Strait Islander people view health in a holistic way as reflected in the holistic definition of health contained within the National Aboriginal Health Strategy (1989):

“‘Aboriginal health’ means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of- life view and includes the cyclical concept of life-death-life.”

Wellbeing for Aboriginal and Torres Strait Islander people incorporates broader issues of social justice, equity and human rights. The significance of culture to wellbeing, and therefore good health, is demonstrated by using traditional knowledge and the practices of traditional healers, which are adapted by many people for use with western science in an integrated health care system.

Culture can influence Aboriginal and Torres Strait Islander people’s decisions about when and why they should seek health services, their acceptance of treatment, the likelihood of adherence to treatment and follow up, and the likely success of prevention and health promotion strategies. Ensuring that health services and providers are culturally capable will lead to more effective health service delivery and better health outcomes for First Nations peoples, families and communities.

Cultural determinants of health apply ‘strengths-based approaches’, rather than the traditional problem-based deficit model, and offer different, more inclusive ways of discussing community issues.

The cultural determinants of health include but are not limited to:

-  **freedom from racism and racial discrimination**
-  **connection to Country**
-  **family, kinship and Community**
-  **beliefs and knowledge**
-  **cultural expression and continuity**
-  **language**
-  **self-determination and leadership.**

.....

“Our way is culture way. Culture way is family way, and community way”

Local First Nations Youth Leader

.....



The high value of Culture

Culture is a powerful health determinant and is the missing link in our approach to Aboriginal and Torres Strait Islander health and wellbeing, but we need the evidence to prove this. The national Mayi Kuwayu study will provide this evidence of the protective value of culture for First Nations peoples.

Mayi Kuwayu means “to follow Aboriginal people over time” in Ngiyampaa (Wongaibon) language. The Mayi Kuwayu study is the largest of its kind, undertaken to inform and improve our understanding of Aboriginal and Torres Strait Islander health and wellbeing.

Our First Peoples have long said that strong culture is related to good health and wellbeing but, despite this, culture has been overlooked as a powerful health determinant. The Mayi Kuwayu study aims to provide evidence to show the impact of culture on health and wellbeing, and the cascading benefits associated with investment in culture.

The research builds on their pilot study which showed that Aboriginal Rangers, who have a stronger connection with culture and country, were twice as likely to have high life satisfaction and fifty per cent more likely to have very high family wellbeing. This is one of the first times that the impact of cultural participation on health has been quantified. The Mayi Kuwayu Study will now explore this vital link on a national scale. This study has been created by and for Aboriginal and Torres Strait Islander people and is led by Wongaibon (Ngiyampaa) man, Associate Professor Raymond Lovett.

This study has the potential to change the way we view and address Aboriginal and Torres Strait Islander health in regional contexts. We encourage all of our Aboriginal and Torres Strait Islander peoples to get involved in this groundbreaking study to help evidence the high value of culture to First Nations health and wellbeing.

.....
“Culture isn’t a risk factor, it’s a protective factor”

Dr Mark Wenitong Kabi Kabi
.....



Two WAY

The Aboriginal and Torres Strait Islander approach to healthcare is a holistic one. It recognises the social, physical and spiritual dimensions of health, wellbeing and life. Our concept of health in many ways is closer than that of western medicine to the WHO definition of health, 'a state of complete physical, mental and social well being and not merely the absence of disease or infirmity' (WHO). Our cultural health practice seeks to provide meaningful explanation for illness responds to the personal, family and community issues surrounding illness. Our healing practice explains not only the "how" but also the "why" of sickness and illness. Our language lacks a comparable word for 'health' and more closely relates to the concept 'life wellness.' Our definition takes a whole of life cycle approach including family life, community life, food, shelter, warmth, water, exercise and spiritual wholeness: - all essential for good 'health.'

Two WAY model of practice

Two way medicine is the term created by Aboriginal health workers in the 1980s to describe a bi-cultural approach to health care. It is based on the principle that "if you can use what is best in modern medicine together with what is best in traditional and cultural healing, the combination may be better than either one alone" (Werner 1977).

Aboriginal health and community worker roles started when traditional healers were employed at various rural health centers in central Australia in the early 1970's. A training course to teach traditional healers about western medical practices was attempted in 1974 and it was soon realised that it would be better to train a separate group as Aboriginal health workers and leave traditional healers to their vitally important roles in community (Devanesen and Briscoe 1980).

Our Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are now the only culturally based health profession with national training and registration in the world. Across mainstream Australian health few would know, understand or recognise Aboriginal and Torres Strait Islander Health Workers and Health Practitioners as standalone disciplines and professions. Yet, within Aboriginal and Torres Strait Islander Australia, this workforce is renowned as a vital and reliable community resource critical to the health and wellbeing of Aboriginal and Torres Strait Islander people, families and communities.

The work of our Aboriginal and Torres Strait Islander health workers is specifically focused on our people, beginning at home in community, with our families and continuing through to primary and tertiary health care settings. They are the conduit between cultural health and western medicine services, providing prevention, early detection and early intervention health services to assist individuals, families and communities to achieve self-health care.

In Queensland, only 1.53% of registered health professional identify as Aboriginal and Torres Strait Islander even though First Nations peoples make up 4.7% of the population. It is critical that we increase the numbers Aboriginal and Torres Strait Islander Health Workers and Practitioners across our hospital and health services. Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are pivotal to delivering culturally safe care and improving health and wellbeing outcomes for First Nations people across the life course. Evidence directly connects their roles to improved health outcomes for First Nations people, families and communities.







Carcia at the heart of her own story



75 times more likely for First Nations children (0-17 years) to be diagnosed with Rheumatic Heart Disease

Carcia Nallajar has been living with her rheumatic heart disease (RHD) diagnosis for 10 years now.

For Carcia, who is just 17 years old, this means when she turns 21 she would have visited TUH every month for 13 years to have her bicillin injections.

But her own diagnosis was not Carcia's only brush with rheumatic heart disease.

"I understand the risks of rheumatic heart disease as I lost a close family member of mine from a heart-related disease," she said.

"It is common in my family's medical history and although it has been hard throughout this decade, I endure the pain so I can lead a long and healthy life."

Carcia said she had been managing her disease to the best of her ability since she was diagnosed.

"I view having rheumatic heart disease as a blessing in disguise," she said.

"I have visited many different and exciting places and I have met amazing people along the way.

"I've gained a lot of valuable knowledge which has helped me along my journey too."

Carcia has been an advocate for people with RHD, speaking publicly about her own experiences.

"I recently met Queensland Health Minister Yvette D'Ath at TUH when she officially launched the paediatric cardiology service," Carcia said.

"I got to share my story with her, thank her for supporting the opening of the service, and speak to the attendees and doctors about my journey."

In 2021, Carcia was invited to a symposium for RHD held at The Ville and said it was a privilege to attend.

The message Carcia would like everyone to take from her story is an educational one.

"I would encourage everyone to take five minutes of their day to read about the symptoms and early signs of acute rheumatic fever and RHD," she said.

"I am really passionate about this; it is so important to know how to prevent the disease and how to care for yourself if you are diagnosed."

Acute rheumatic fever (ARF) and RHD are diseases caused by the Streptococcus A virus which leads to the inflammation of the valves in the heart.

The strep virus is contagious, and these diseases commonly affect indigenous communities. The treatment includes a painful bicillin injection which must be given monthly and in extreme cases can result in open-heart surgery.

The introduction of the Together WAY model of care working together with Aboriginal Health Workers and Practitioners, with strong links to primary and tertiary pathways, ensures children like Carcia diagnosed with ARF and RHD have low to no barrier access to mainstream health services.

This is achieved through developing a model of service delivery placing the child, family, culture and community at the centre of their healthcare journey.

Our Mission

Improve health and wellbeing outcomes and close the gap in life expectancy for Aboriginal and Torres Strait Islander peoples.

Our Vision

Better Journeys Better Outcomes

Which WAY? Two WAY
What WAY? Together WAY
How WAY? Journey WAY

Achieving our Vision

We will achieve our vision by working together, in partnership with Aboriginal and Torres Strait Islander peoples, families and communities to improve health journeys, service experiences, and access to care across our whole health system.

Our Values

The Townsville HHS's values underpin, and are consistent with, the Queensland Public Service values of customers first, ideas into action, unleash potential, be courageous and empower people.

- Integrity
 - Compassion
 - Accountability
 - Respect
 - Engagement.
-

Our Guiding Health Equity Principles

- Partnerships
 - Cultural respect
 - Aboriginal and Torres Strait Islander health is “everyone’s business”
 - Evidence-based and accountable
 - Community engagement and participation in decision-making.
-





Journey of healing

Our direction

For more than 25 years Liela Murison has worked hand in hand with Indigenous patients as she guides them on their health journey.

Liela is TUH's longest serving Indigenous health liaison officer and she has seen firsthand the impact that cultural care can have.

"When I first started in 1993 I was the only Indigenous worker at the hospital," she said.

"When our Indigenous patients used to come, they didn't feel welcome in the service.

"And I like to think that in my role I made a difference for patients coming to Townsville Hospital by building a relationship with them."

Since 1998, Liela has worked with TUH's cancer team to support Aboriginal and Torres Strait Islander patients through their treatment.

Another key part of her role is outreach to remote communities including Doomadgee, Normanton, and Burketown to encourage women to have a mammogram and pap smear.

To combat low uptake of breast screens Liela was part of a team who developed cultural wraps to give women more privacy and allow them to feel more comfortable during the screen. The project was a success with an increase in First Nation women taking up screening.

"We have picked up a lot of ladies who would never have come to have a mammogram who have been diagnosed with breast cancer," Liela said.

Liela said Indigenous-led health care models were critical to ensuring equitable healthcare.

"I saw one lady from a couple of weeks ago in oncology she said 'oh my goodness you are my guardian angel'.

Liela said she met the woman while running an outreach clinic and pushed her into staying to get her mammogram.

"She said if I didn't come into the clinic that day I wouldn't have had my mammogram done and she's already had a mastectomy and she is starting chemo," Liela said.

"I was spun out when she told me that."

"I come from an era where I was born on a mission where we were under the Aboriginal Protection Act," she said.

"We had to get permission to go anywhere until I was four years old when we were exempted from the act so my father could work, provide for his family and live in town.

"The world is a different place to now; which is why I think it is important that we have a voice and a presence within the system.

"We need to be seen by both patients and the institution."

Our plan

Our plan requires all Townsville HHS staff, individually and collectively, to better understand the equitable delivery of healthcare. It requires better understanding of cultural differences and needs, and applying cultural consideration in everyday care and service delivery. This plan guides us to achieve the fundamental changes to our education, policies, planning and practices so our services are responsive to the cultural needs of Aboriginal and Torres Strait Islander peoples; so that our staff have the knowledge and skills to deliver services and care in culturally safe and capable ways; and so that our work and service environments are at all times culturally respectful and supportive for our Aboriginal and Torres Strait Islander patients, consumers, families, communities and workforce.

It is a shared responsibility of all levels of our health service to address health inequity for First Nations peoples. Clear evidence of inequitable access to essential healthcare necessitates the need to change the WAY we deliver healthcare to better address the health, social and cultural needs of Aboriginal and Torres Strait Islander people.

Embedding cultural safety and responsiveness, into the design, delivery and evaluation of our health services supports:

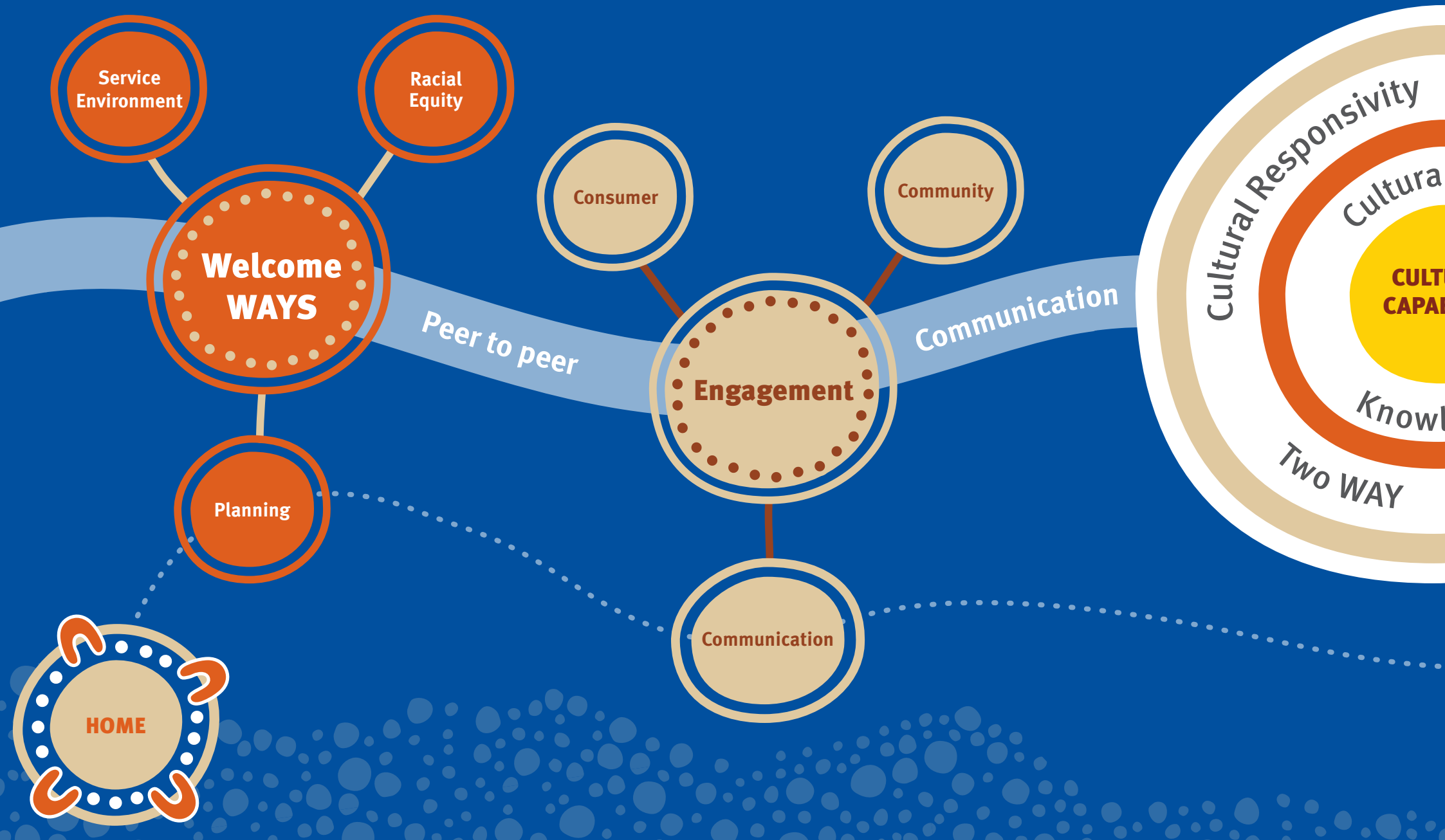
- improved health outcomes
- more timely, efficient and effective services
- financial benefits and efficiencies
- a diversely skilled and dynamic workforce
- a reduction in experiences of racism and discrimination; and
- improved consumer and community service experience satisfaction.

Our key priority areas for action

Actions across the following key areas underpin culturally accessible, responsive and safe health service delivery:

- 1 Actively eliminating racial discrimination and institutional racism
- 2 Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review services
- 3 Delivering sustainable, culturally safe and responsive healthcare services
- 4 Increasing access to healthcare services; and
- 5 Influencing the social, cultural and economic determinants of health.

Journey WAY





Coordination

Reducing
Barriers

Increasing
Access

Community
connection

Coordination

Peer to partner

Pathways

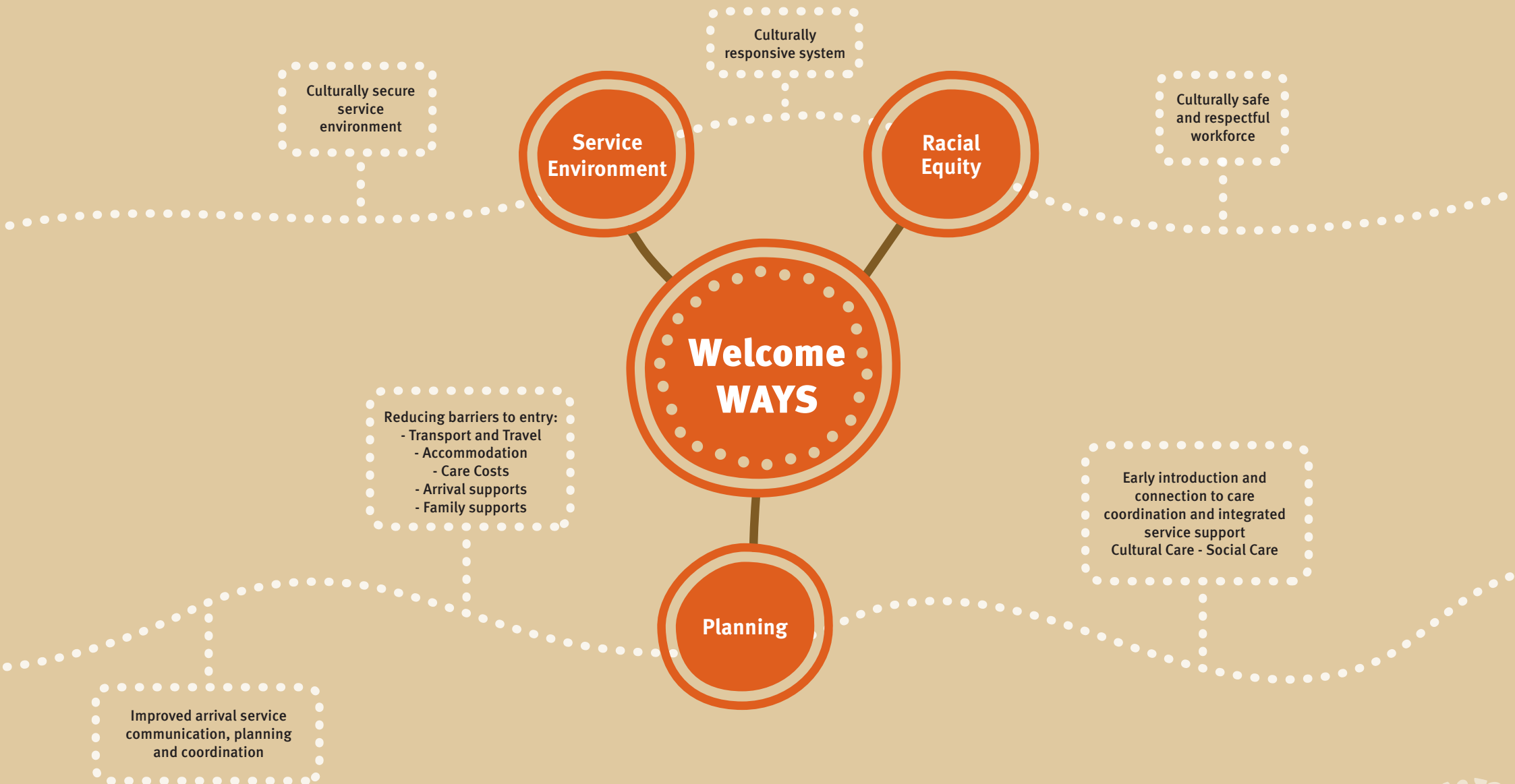
Partners

Home
WAYS

Planning

HOME

Improving Welcome WAYS and creating a culturally secure service environment



OUR FIRST NATIONS VOICE

“We want staff to be aware of racial biases and to develop an organisation where racial equity runs deep within the culture of everyday business”

“We need to have input into Townsville HHS policies and procedures to consider Aboriginal and Torres Strait Islander peoples”

“It’s all about building trust with the hospital”

“We want you to ensure First Nations peoples are represented in decision-making”

“We want to increase the representation of Aboriginal and Torres Strait Islander peoples in the Townsville HHS workforce”

“We need Aboriginal and Torres Strait Islander health and wellbeing delivered by our own people, when and where we need it”

Key priority area 1: Actively eliminating racial discrimination and institutional racism within our service

Cultural respect is achieved when our health system is safe, accessible and responsive for Aboriginal and Torres Strait Islander people and cultural values, strengths and differences are respected.

Our VOICE-to-action commitments

We will strengthen our health system and service capability by:

Committing to a zero-tolerance workplace culture to address and actively eliminate racism and discrimination

Respectfully calling out racist assumptions and profiling as and when it happens across our health service and system

Undertaking surveys or other engagement activities with First Nations service users and workforces to identify and address instances of racial discrimination and institutional racism that may be occurring

Reviewing existing policies, procedures and practices to identify and address racial discrimination and institutional racism

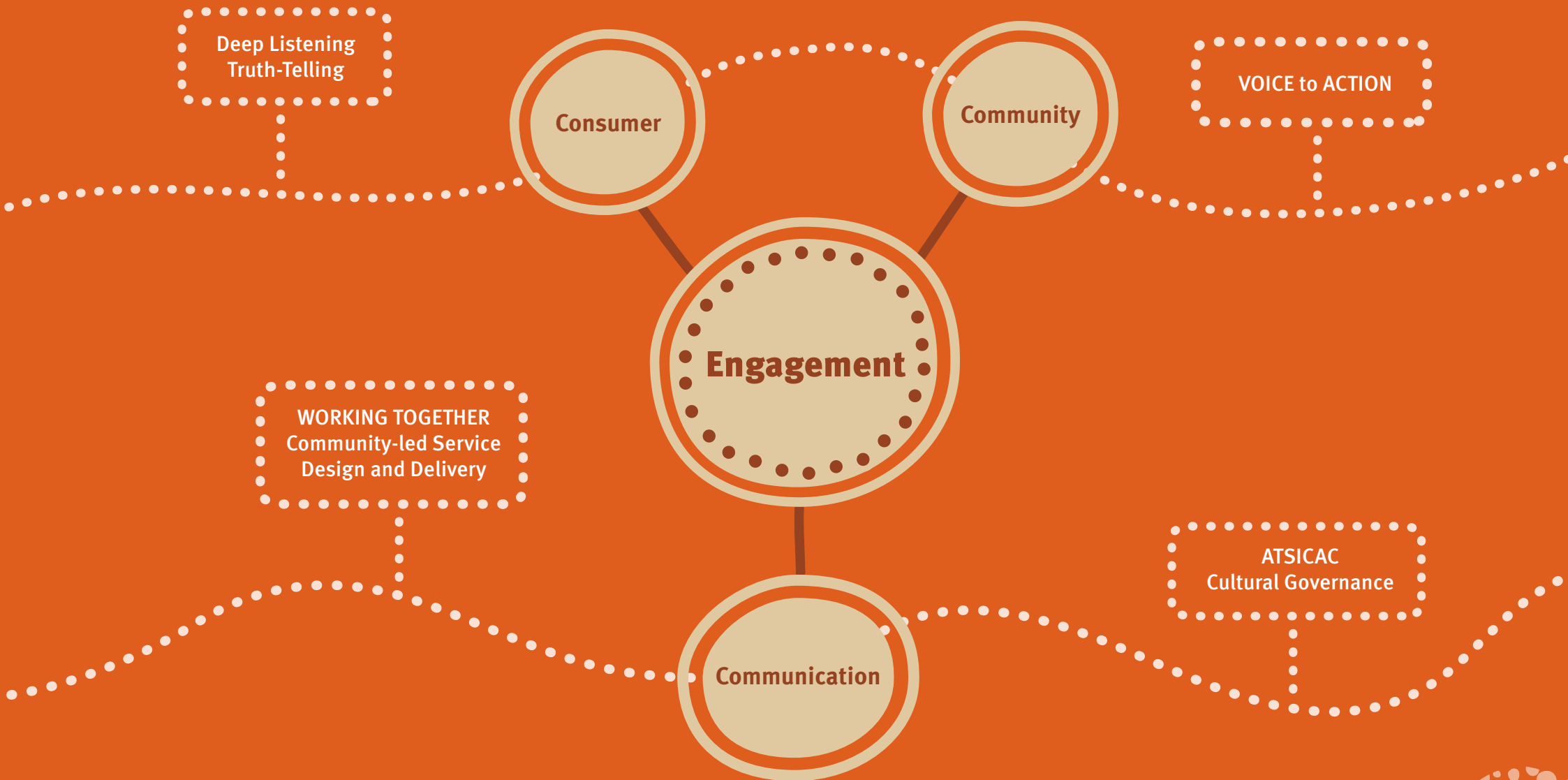
Developing resources for service users, families and communities to understand their rights if they experience racism and what they can actively do about it

Engaging all levels of staff in an anti-racism, unconscious bias and *Achieving Racial Equity* learning journey

Investing in regular (annual) independent organisational assessments against validated Institutional Racism measures

Enabling quarterly trust building and “truth-telling” community engagement activities facilitated by Townsville HHS leadership groups for deep listening to lived experiences of local and regional health care and service delivery

Improving engagement and participation



OUR FIRST NATIONS VOICE

“We want Aboriginal and Torres Strait Islander young peoples to be engaged in telling Townsville HHS how to design and shape services”

“We want the opportunity to tell Townsville HHS about what is and isn’t working”

“Events to celebrate culture and yarning circles are great opportunities to informally break down barriers and for the community to be involved”

“Townsville HHS can help to improve the health literacy of Aboriginal and Torres Strait Islander peoples”

“We need to help people understand the importance of healthy choices”

Key priority area 2: Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

Healthcare and health service delivery systems are informed by active and meaningful partnerships and engagement with Aboriginal and Torres Strait Islander health service users, consumers, families and communities.

Our VOICE-to-action commitments

We will strengthen our health system and service capability by:

Identifying culturally appropriate models of care, innovation and excellence across Townsville HHS and peer services to adopt and scale

Evaluating and upgrading our **Townsville HHS Consumer and Community Engagement Strategy** to improve equitable and inclusive communication, participation and engagement with our First Nations service users, consumers, families and communities

Increasing participation and meaningful engagement by equitably resourcing and supporting the functioning of our **Aboriginal and Torres Strait Islander Community Advisory Council (ATSICAC)** and increase **Aboriginal and Torres Strait Islander representation on the Consumer Advisory Networks (CANs)**

Increasing participation and visible representation of First Nations Leaders, Managers, staff, service users, and communities in clinical and cultural governance: to support improved co-design engagement with health service planning, redesign, safety and quality compliance and continuous quality and service improvement

Increasing non-Indigenous participation in key days of cultural significance to support organisational cultural learning and understanding

Investing in the development of a culturally responsive digital **Engagement and Journey WAY Service Coordination communication platform:** to include Wayfinding, Service Integration, Care Coordination, Community Partnerships and Workforce Engagement and Support

Focusing on what matters to our service users, families and communities and upgrading our patient reported experience measures to include cultural and spiritual needs assessment

Upgrading our outcome measures to include feedback from consumers about how clinicians, care navigators, social and cultural care coordinators worked together to deliver integrated care and connection to community-based services

Improving our cultural capability

Cultural safety is a critical component of patient safety, and cultural safety must be defined by Aboriginal and Torres Strait Islander Peoples
NSQHS 2022

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism
AHPRA 2022



Two WAY
Cultural respect

Together WAY
Models of
service delivery

Research & Knowledge Transfer
Evidence Based Practice
NSQHS Quality and Safety Standards
AHPRA Professional Registration

OUR FIRST NATIONS VOICE

“We want you to consider cultural healing by using traditional medicine to compliment western medicine”

“We want you to understand Aboriginal and Torres Strait Islander cultures and work with our community to understand what we need”

“We want the Cultural Practice Program to incorporate the voices of the Aboriginal and Torres Strait Islander community and Elders”

“We want the Cultural Practice Program to be a requirement for Townsville HHS staff”

“We want Townsville HHS staff to understand the history and context when treating Aboriginal and Torres Strait Islander peoples”

Key priority area 3: Delivering sustainable, culturally safe and responsive healthcare services

Mainstream services that are culturally safe and responsive play a key role in closing the gap in health outcomes for Aboriginal and Torres Strait Islander peoples.

Our VOICE-to-action commitments

We will strengthen our health system and service capability by:

Developing pathways to reach our goal of organisation-wide mandatory Cultural Capability Training completion rate of 90% within three years

Continuing to embed and implement the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 and regularly report our annual increase in mandatory training compliance towards 90%

Improving delivery and access to cross-cultural learning programs to enable culturally secure, safe and responsive care, service delivery and service environments

Enhancing our Cultural Capability training programs in partnership with community to support progression of our place-based organisational Cultural Capability learning journey

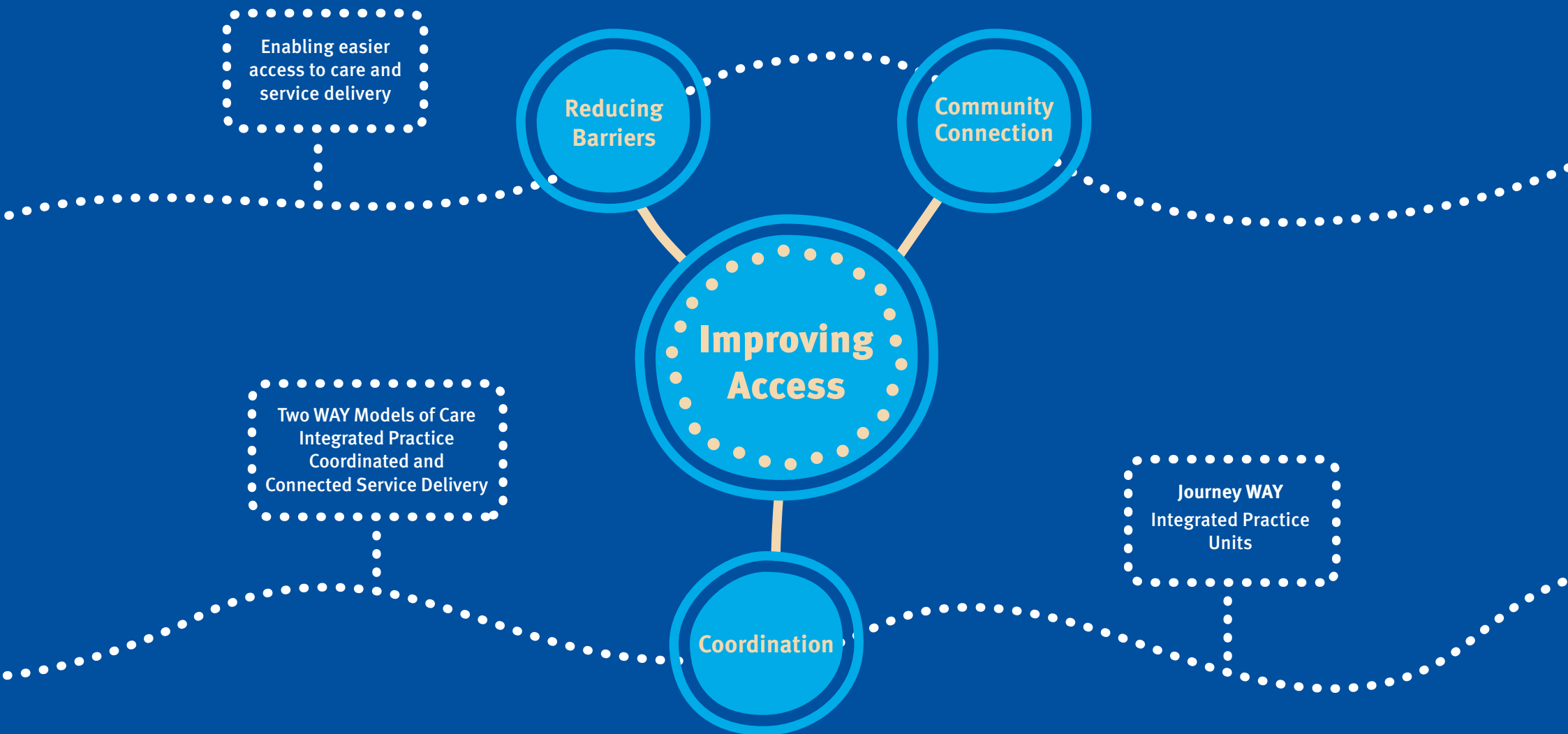
Valuing culturally safe service delivery by prioritising recruitment and professional development of Two WAY registered health practitioners (Aboriginal and Torres Strait Islander Health Worker/Practitioner) with targeted recruitment of ten (10) ATSIHW&P in three years, inclusive of opportunities for attraction and retention

Valuing our cultural health profession and ATSIHW&P discipline by transitioning professional supervision and development planning reporting to Indigenous Health Service Division

Valuing First Nations staff by working in partnership with them and our Aboriginal and Torres Strait Islander Health Leadership Advisory Council (ATSIHLAC) to facilitate and resource improved workplace support, workforce wellbeing and professional leadership development for our First Nations workforce

Supporting our health workforce to understand the positive impacts of strengths-based approaches and how to apply a healing-informed care framework in service delivery

Enabling low barrier coordinated access to healthcare services



OUR FIRST NATIONS VOICE

“We want health services to help coordinate clinic times and transport, especially when people have more than one appointment”

“We have additional travel and transport barriers which limit our access to specialised appointments”

“We know our mothers and babies need some extra care and support from pregnancy to early years”

“We want fewer Aboriginal and Torres Strait Islander peoples with infections and preventable diseases”

“We should be bringing care into the community instead of taking people out of community”

Key priority area 4: Increase access to healthcare services

We will increase access by removing barriers and better coordinating culturally determined journey-based models of care, practice and service delivery.

Our VOICE-to-action commitments

We will strengthen our health system and service capability by:

Improving health journeys, and service user experience pathways Improving patient experience and enhancing patient outcomes by Welcome WAY entry services that include: better arrival planning, coordination, connection and early integration with cultural and social care, and non clinical support eg transport, travel and accommodation arrangements for First Nations consumers

Improving health journeys, and service user experience pathways through driving excellence in integrated service delivery and coordinated care practice

Improving health journeys and service user experience pathways through Home WAY exit services: better discharge planning, coordination, connection to community and in home care coordination and review

Establishing culturally responsive communication and information systems for clinicians, practitioners and service providers for early service user referral to cultural care: Indigenous Health Service Division, Cultural Care Coordinators, ATSIHW&P, Indigenous Nurse Navigator

Work in partnership with other health care providers to establish culturally responsive communication and information systems for clinicians, practitioners and service providers to refer and connect service users to community-based services

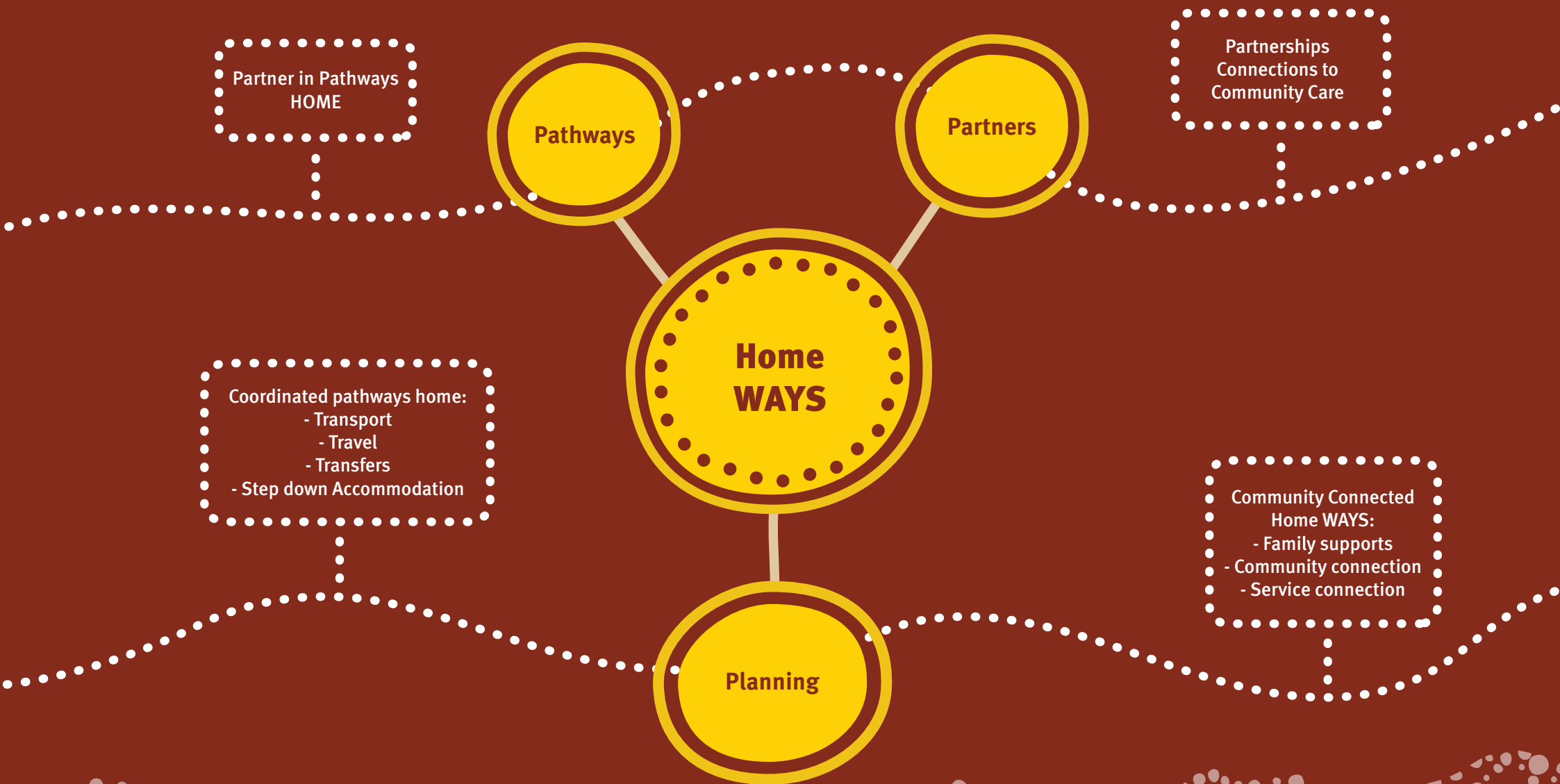
Prioritising the development of community connected services and models of care that enable life, family and community wellness and decrease preventable hospital admissions

Prioritising the strengthening of integrated team care planning and coordination and advanced care planning between primary care, specialist outpatient and acute care services

Increase capability in the use of Telehealth and digital health, for both providers and consumers, to deliver care closer to home

Addressing the disproportionate need to improve the home, skin, and heart health of First Nations children, families and young adults and the sexual health of First Nations consumers

Improving Home WAYS and connection to community-based care



OUR FIRST NATIONS VOICE

“We want more initiatives delivered in partnership with communities”

“We want Townsville HHS to take a more proactive role in addressing the social and economic issues”

“We want health services to follow-up with Aboriginal and Torres Strait Islander health consumers in the community after they leave hospital”

*“We want Aboriginal and Torres Strait Islander peoples who travel long distance to be provided with safe discharge and supports.
We want better after-hours transport access”*

“We need to provide affordable transport options for Aboriginal and Torres Strait Islander peoples, especially in areas without access to taxis, ride-share services or public transport”

Key priority area 5: Influencing the social, cultural and economic determinants of health

We need to strengthen how we effectively address the multiple determinants of ‘good health’

Our VOICE-to-action commitments

We will strengthen our health system and service capability by:

Strengthening community partnerships with our ACCHOs, community-based organisations, government and NGOs to deliver better connected, low barrier health journeys across service boundaries

Improve Home WAYS exit planning and discharge services: strengthening communication and coordination with community/primary care for in-community follow-up, and better support and coordinated transport, travel and accommodation arrangements for First Nations consumers upon discharge

Build on and replicate effective culturally responsive community-based service delivery partnership models already established in north Queensland

Working proactively and collaboratively with key partners and agencies to ensure availability of critical public health infrastructure, functional health hardware and appropriately trained staff to improve environmental health outcomes across service and facility boundaries

Partnering, advocating and collaborating on whole of region thought leadership initiatives to address social, cultural and economic determinants of health

Developing a priority First Nations Health Equity research agenda in collaboration with our communities, ACCHOs, NGOs and universities to enable an evidence-based approach to building system trust, and improving health journeys across service and sector boundaries

Co-designing and realising a Two WAY Knowledge and Research Collaborative and Community Research Program with advisory Community Research Ethics Council to integrate Two WAY knowledge and research into best practice service delivery

Investing in Aboriginal and Torres Strait Islander health research and First Nations research workforce, and the application and development of Indigenous research methodologies, including participatory action research models

Addressing the disproportionate need to improve the home, skin, and heart health of First Nations children, families and young adults and the sexual health of First Nations consumers

Our Enablers of Change

Governance and accountability

Clear governance arrangements will be critical for supporting an enduring commitment to Achieving Health Equity for First Nations peoples, families and communities. Townsville HHS acknowledges the importance of strengthening our health system through increasing representation of Aboriginal and Torres Strait Islander VOICE in governance structures and decision-making processes for the planning, design, delivery, monitoring and review of health services.

Currently, Aboriginal and Torres Strait Islander peoples are represented at the Board and Executive Committee level, and Senior Leadership Team. Queensland Health has suggested governance arrangements to support shared accountability for implementing and monitoring the Health Equity Strategy. These arrangements include establishing a new governance structure to support implementation of the Health Equity Strategy (e.g., a First Nations Health Equity Executive Committee); or augmenting existing governance structures to be responsible for the implementation of the Health Equity Strategy. In either case, the input of VOICE stakeholders such as Elders, Traditional Custodians and Owners and Aboriginal and Torres Strait Islander staff and service users will be important for holding Townsville HHS and Queensland Health accountable for the progress made in improving health equity and outcomes for Aboriginal and Torres Strait Islander people.

In accordance with the amended *Hospital and Health Boards Act 2011*, our Health Equity Strategy will be developed and reviewed every three years toward the fulfillment of the Close the Gap target outlined in the National Agreement on Closing the Gap of achieving life expectancy parity for Aboriginal Torres Strait Islander peoples by 2031. This inaugural Health Equity Strategy will be reviewed within three years of its release and, the review findings will be published in a way that allows the Strategy to be freely accessed by members of the public and our stakeholders. After the first review, an ongoing cycle of review will be conducted every three years to measure progress and effectiveness.

Data and information

Determining what will be reported publicly on an annual basis to our First Nations community will be a critical first step in the development of our implementation plan for the Health Equity Strategy. The format, frequency and schedule of reporting on the Health Equity Strategy will be formally documented. We will monitor and report on our progress to the commitments in this Strategy and will develop a dashboard reporting framework with process and outcome measures to continually examine all we are doing to achieve racial and health equity.

We will continue to review and strengthen our Aboriginal and Torres Strait Islander data and performance monitoring and reporting inclusive of process, outcome and experience measures to drive service improvement and address gaps across sector and service boundaries. We will improve awareness of and community access to key health equity process, outcome and experience measures to drive system level performance accountability.



Our Progress

Monitoring and review

A recurring theme in our co-design process was that Aboriginal and Torres Strait Islander peoples in the Townsville HHS region want to understand the trends in health indicators for their people and communities. Our communities also want us to measure what matters to them and have regular conversations with Townsville HHS about how to achieve positive health outcomes change.

Our Health Equity Strategy is an ongoing process, continuing after this year's endorsement to embed Health Equity as part of the core business of Townsville HHS. Working together with partner organisations and stakeholder groups to continually review health equity progress will maintain relevance and effectiveness in supporting our regional Health Equity agenda. Key performance measures will be used to understand the progress of strategies and actions toward achieving our intended outcomes, and a continuous improvement approach will be used to guide the redesign and adaptation of strategies and actions where necessary.

Our key performance measures aligned to the National Agreement on Closing the Gap 2020 are:

- Decreased potentially avoidable deaths
- Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non-Aboriginal and Torres Strait Islander mothers with healthy birthweights
- Sustain a decreased rate and count of First Nations suicide deaths.

Our state-wide key service performance measures as required by the Health Equity legislation Section J (a) include:

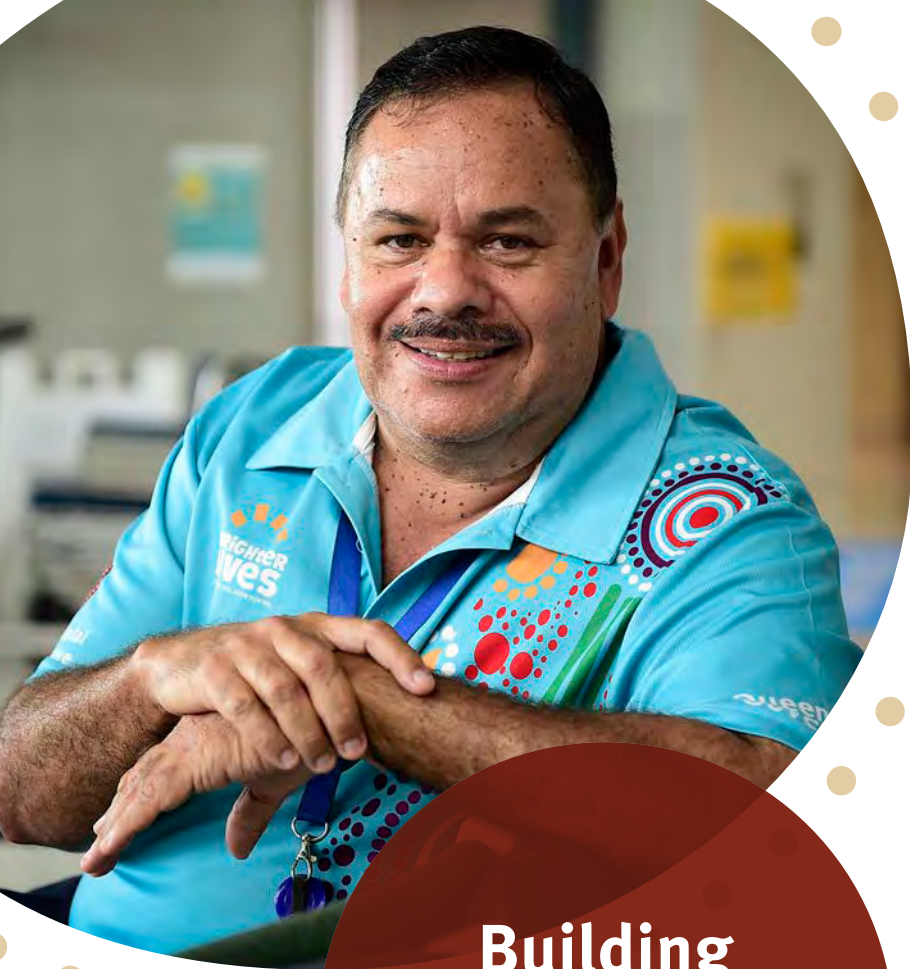
- Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time
- Elective surgery - increased proportion of First Nations patients treated within clinically recommended time.

- Specialist outpatient - decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment
- 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
- Increased proportion of First Nations people completing Advance Care planning
- Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population
- Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey).

Rural and remote HHSs only:

- Integrated care pathways - increased proportion of care plans in place for First Nations patients with co-morbidities.

Throughout implementation of the Strategy Townsville HHS will report publicly to Developmental, Implementation and Service Delivery Stakeholder groups on what has been achieved under each priority area outlined in the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*. This will promote accountability and ensure that Aboriginal and Torres Strait Islander peoples continue to be actively involved in the monitoring and review of Townsville HHS's services toward the achievement improved health and wellbeing outcomes.



Building our cultural capability

Our guidance

Having been described as the “cultural heart” of the health service, Trevor Prior is on a mission to improve health outcomes for First Nations people in the region.

Trevor leads cultural capability training at Townsville Hospital and Health Service, a mandatory program that educates clinicians on the history of Indigenous people, while teaching them how to improve interactions with aboriginal and Torres Strait Islander patients.

“My training program is not about blaming anyone for the past; it’s about teaching an important part of history and culture that isn’t taught in schools,” Trevor said.

“By improving our staff’s cultural understanding, they become more empathetic to our First Nations people, which helps provide a better service for patients.”

Trevor’s leadership as cultural practice coordinator has not only been shaped by a distinguished career as an electrical engineer, but also by his lived experience with racism.

“It started from a young age; when I was 13 years old, my teacher told me I couldn’t do the hard maths class even though I knew I could, just because all the Aboriginal kids were put in the bottom class by default.

“But I was determined to prove that teacher wrong, so I went back and repeated years of schooling so I could do the harder subjects.

That allowed me to go on and become the only person from Ingham State High School to get an apprenticeship in my graduating year.”

Trevor is a living proponent of health equity in action, having undergone triple bypass surgery at just 44, as well as suffering a heart attack before Christmas last year.

“I’ve never drank alcohol, never smoked, never done drugs, just like close members of my family who’ve died in their 40s and 50s.

“That’s because our bodies can’t process the sugars that were introduced into our diets after colonisation, which is something that a lot of Australians aren’t aware of.”

Despite his health setbacks, Trevor continues to work tirelessly to improve the health of his people.

“I’m hopeful we can close the gap in our lifetime if everybody gets on board and works together, particularly the younger generations.”

Our next steps

Implementation

The Health Equity Strategy is a “living” document that reflects and protects the VOICE of Aboriginal and Torres Strait Islander peoples. As our Health Equity Journey continues, strategies and actions will be adapted based on the guidance and agreeance of local Aboriginal and Torres Strait Islander service users, communities, staff and Traditional Owners and Custodians.

To support operationalising the Health Equity Strategy, an implementation plan will be developed to describe:

- System and service level responsibilities for implementing the strategies and actions
- The resourcing to support implementing the strategies and actions
- Timeframes for delivering strategies and actions; and
- Partnership models and agreements: Who Townsville HHS will partner with and how?

It is acknowledged that to effectively achieve health equity and Close the Gap in health outcomes for Aboriginal and Torres Strait Islander peoples, there will need to be medium- and long-term strategies for system redesign and change. There are some strategies and actions in this inaugural strategy that will require further planning, resourcing and engagement with Aboriginal and Torres Strait Islander peoples, service users and service delivery partners to implement. It is anticipated that these strategies will be considered as part of future iterations of the Health Equity Strategy, based on learnings from evaluation of the strategies and actions for immediate implementation.

Rationale for Investment

Townsville HHS is committed to working with the Queensland Department of Health and our partners to identify resourcing and investment options for sustainable implementation of the strategies and actions identified as part of our co-design processes. Our reasons for investment in Achieving Health Equity are:

- **Health system strengthening:** There are lessons to be learned from Aboriginal and Torres Strait Islander peoples and their health that can help inform a better health system for all
- **Health service harmony:** There is strong evidence of concordance (harmony), where better patient outcomes are more likely if there are more Aboriginal and Torres Strait Islander health professionals
- **Health service responsibility:** Townsville Hospital and Health Service has responsibilities to protect service user safety, enhance service user care quality and ultimately improve health outcomes for Aboriginal and Torres Strait Islander peoples. A major part of this is ensuring non-Indigenous health professionals have the necessary training/skills in cultural safety and capability
- **National and community expectation:** There are significant national policy and political imperatives (e.g. Closing the Gap, National COAG targets, social visibility of Aboriginal and Torres Strait Islander health as a nationally significant issue).

Our Commitment

Let's Commit to Together WAY
Let's Commit to Journey WAY



Glossary

ABS	Australian Bureau of Statistics
ACCCHO	Aboriginal Community Controlled Health Organisation
AHPRA	Australian Health Practitioner Regulations Agency
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
ARF	Acute Rheumatic Fever
ATSICAC	Aboriginal and Torres Strait Islander Community Advisory Council
ATSIHLAC	Aboriginal and Torres Strait Islander Health Leadership Advisory Council
ATSIHW&P	Aboriginal & Torres Strait Islander Health Worker/Practitioner
CAN	Consumer Advisory Network
COAG	Council of Australian Governments
DNW	Did Not Wait (Discharge Against Medical Advice)
ED	Emergency Department
NGO	Non-Government Organisation
HHS	Hospital and Health Service
KPI	Key Performance Indicator
KPM	Key Performance Measure
LANA	Local Area Needs Analysis
NSQHS	National Safety and Quality Health Service
NQPHN	Northern Queensland Primary Health Network
PICC	Palm Island Community Company
QLD	Queensland
RHD	Rheumatic Heart Disease
TAIHS	Townsville Aboriginal and Islanders Health Services
THHS	Townsville Hospital and Health Service
TUH	Townsville University Hospital
UNDRIP	United Nations Declaration Rights of Indigenous Peoples
WHO	World Health Organisation

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Townsville Hospital and Health Service

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