SOUTH WEST HOSPITAL AND HEALTH SERVICE
Building better health in the bush

First Nations Health Equity Strategy

2022–2025

Our way– together

Queensland Government

South West Hospital and Health Service First Nations Health Equity Strategy 2022–2025
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An electronic version of this document is available at www.southwest.health.qld.gov.au

A note about the data:

Information to inform this Health Equity Strategy has predominantly been drawn from data maintained by Queensland Health, with other sources as indicated.

The Queensland Department of Health (Queensland Health) recognises that data was historically used to present a picture of First Nations peoples that failed to acknowledge historical and contemporary injustices, and the cultural strengths of First Nations peoples. Both Queensland Health and South West Hospital and Health Service (HHS) is committed to the principle of Aboriginal and Torres Strait Islander data sovereignty and will partner with First Nations peoples to ensure the data, and the narrative it tells, reflects the voices and experiences of Aboriginal and Torres Strait Islander people.

In places, to enable comparisons to be made between South West HHS, and statewide data:

- Age Standardised Rates per 100,000 population are used for illustrative purposes - caution should be used when making comparisons due to overall small population sizes.
- To estimate data at Hospital and Health Service levels, Indigenous Areas (IAREs) – medium sized geographical areas designed to facilitate more detailed statistics for Aboriginal and Torres Strait Islander people developed by the Australian Bureau of Statistics – have been utilised. On occasion this may mean that data includes localities which are not within the South West HHS geographical boundary, however this data has been used as a benchmark for further measurement.

Please note:

1. Local data (relating to a specific location within South West HHS) may not currently be available due to population size and reporting considerations.
2. Published data used to inform this report may also be subject to further change, based on available estimates and other corrections / periodic updates. Therefore, printed copies of this document should be considered uncontrolled.

Contents

Acknowledgement of Country

We pay respect to the Aboriginal and Torres Strait Islander people of the land on which all our services are located – their spirits, their ancestors and their Elders, past and present – for their resilience, determination, cultural knowledge and wisdom.

We recognise it takes the strength and courage of current and future generations, both Aboriginal and Torres Strait Islanders and Non-Indigenous people, to work together for equality, recognition and holistic health advancement for our First Nations people.

We reflect on the past and give hope for the future. We genuinely aspire to represent, advocate for and promote the needs of all Aboriginal and Torres Strait Islander people of South West Queensland.

We commit to walk together on our shared journey to health equity and to create healthy communities in South West Queensland.

South West Hospital and Health Service deeply respects and recognises the 18 traditional and cultural custodians of the lands on which we work. We recognise that Aboriginal people and Torres Strait Islander people within their respective communities each have their own unique languages, beliefs, cultural practices, traditions and diversity.

This document includes a range of collective terms to reference and reflect the unique identity of Aboriginal peoples and Torres Strait Islander peoples. The primary term used is First Nations people.

Aboriginal and Torres Strait Islander profile

The lands and waters within the South West Hospital and Health Service region encompass the following 18 Traditional Owner groups.

Location/Facility	Traditional Owners
Augathella	Bidjara (bid-jara)
Bollon	Kooma (coo-ma)
Charleville	Bidjara (bid-jara)
Cunnamulla	Kunja (koun-yah) with other interests
Dirranbandi	Yuwaalaraay/Euahlayi people (You-wal-a-ray/ You-al-e-i)
Eromanga	Boonthamurra (boon-tha-murra)
Injune	Kongabula (kong-ga-bull-a)
Mitchell	Gunggari (gon-gari)
Morven	Bidjara (bid-jara)
Mungindi	Kamilaroi (Car-milla-roy)
Quilpie	Mardigan (Mar-d-gan)
Roma	Mandandanji (mand-an-dand-gee)
St George	Kooma (Kamilroi, Mandandanji, Bigambul, Gungarri interests)
Surat	Mandandanji (mand-an-dand-gee)
Thargomindah	Kullilla (cool-lee-lar)
Wallumbilla	Mandandanji (mand-an-dand-gee)
Waroona	Bidjara (bid-jara)
Westhaven	Mandandanji (mand-an-dand-gee)

From the Board Chair and Chief Executive, South West Hospital Health Service

With approximately 13 per cent of our residents identifying as First Nations people, South West Hospital and Health Service (HHS) recognises that whilst advances have been made, further steps are still necessary to ensure true and genuine reconciliation and health equity for First Nations people both within the South West, and across Queensland and the nation.

Building on the South West Hospital Health Service *Aboriginal and Torres Strait Islander Health Strategy 2018–2022*, our first Health Equity Strategy is a landmark document that demonstrates our commitment to improving the health, wellbeing and lived experiences of Aboriginal and Torres Strait Islander people and communities for generations to come.

Access to healthcare is a universal right for everyone; however, we know that there is a deeper and more holistic way to provide equitable care for First Nations people and communities across the South West.

We therefore give genuine thanks in recognition of the strength and courage of Aboriginal and Torres Strait Islander people, communities and staff who have shared their stories and lived experiences to inform this document, our resulting priorities and future commitments.

Through a detailed implementation plan and working evermore closely with key local partners to ensure more seamless services – that treat all people without assumptions or unconscious discrimination – we aim to continue addressing historic inequities to achieve health parity across South West Queensland by 2031.

Closing the gap in health outcomes requires a collective effort across the entire health system, workforce and primary healthcare sector. Standing shoulder to shoulder with our partners and communities, we are committed to continuing our journey to achieve *Health Equity, Our Way – Together.*

Ms Karen Riethmuller Tully
Chair | South West Hospital and Health Board

Dr Anthony Brown
Health Service Chief Executive

From the Chief Executives of South West's Aboriginal and Torres Strait Islander Health Services

Cunnamulla Aboriginal Corporation for Health (CACH) welcomes the opportunity for genuine collaboration with South West HHS in advancing health equity for our First Nations people. We applaud the commitment to eliminate the avoidable, unfair and unjust differences in health status experienced by our people.

As CEO of CACH, I recognise the essential nature of an effective partnership with South West HHS by making health equity a shared vision and value, and increasing the collective health sector's capacity to shape the best possible outcomes for our people.

Kerry Crumblin, Chief Executive Officer

This Health Equity Strategy outlines our vision and goal as a collective to commit to and achieve First Nations health equity and health parity by 2031. The co-design framework is vital in this process to ensure priorities are co-planned, co-implemented, co-monitored and co-reviewed. Such a collaborative and shared process will create a more inclusive, authentic and meaningful reform for the future for all Aboriginal and Torres Strait Islander people within South West and Far South West Queensland.

Sheryl Lawton, Chief Executive Officer

At Goondir, we believe that South West HHS's commitment to creating health equity must be done with genuine goodwill and good intent. This will ensure First Nations clients receive appropriate healthcare commensurate to that provided to all South West HHS clients. We also place importance on South West HHS and all Aboriginal and Torres Strait Islander Community Controlled Health Organisations accepting that for health equity to be achieved, there must be genuine efforts around meaningful service collaborations. We believe this can only be achieved by co-designing, co-implementing, co-managing, co-monitoring, co-evaluating and co-resourcing collaborative projects.

Floyd Leedie, Chief Executive Officer

From the Board Chair and Chief Executive, Western Queensland Primary Health Network

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

Providing culturally informed services that consider the social and health context for Aboriginal and Torres Strait Islander people, and address the root cause of health inequity is critical.

Western Queensland PHN (WQPHN) believes that through a collaborative and region-wide, person-centred and health-outcomes-focused model of care for service delivery, the health system will be much better positioned to achieve health equity by 2031.

We look forward to working with the partner organisations to frame the policy and structural change required to improve the health of our people across Western Queensland.

Dallas Leon
WQPHN Board Chair

Sandy Gillies
WQPHN Chief Executive

Our journey developing the Health Equity Strategy

South West HHS is committed to a new collective approach to ensure that by 2031, the healthcare we provide to South West's First Nations people is culturally safe and of the highest quality. By working together with our local First Nations community and stakeholders, we intend to deliver real outcomes and long-term change based on genuine partnerships that value the benefits of co-design, co-delivery and co-implementation.

South West HHS's Health Equity team was formally established in January 2022 and commenced work on designing and developing the First Nations Health Equity Strategy across South West HHS's huge geographical area – equivalent to the size of Victoria. Over six months, we travelled vast distances to our communities and listened and learned from our valued First Nations consumers, staff, community members and partner organisations.

This initial phase focused on consultation – to understand current services, issues, challenges and service gaps and possible solutions to identified problems. It was through these yarns that we learned what the community needs and wants from its health system, and the ways the system can be improved to work better for First Nations people.

We give genuine thanks to everyone who has taken time to participate, either in face-to-face meetings, virtual session or over the phone. We also give special thanks to First Nations people generally, for their strength and courage in sharing their stories, and telling us what true health equity means to them. Their insights and suggested actions for change are valued and sincerely appreciated.

Our journey in developing this strategy began with our First Nations stakeholders, listed opposite. It was based on trusting the importance of co-design, and having true, sustainable and genuine partnerships, yarning face to face, listening, and sharing experiences and ideas through an online survey.

Development stakeholders

- Aboriginal community controlled health services
- Broader Aboriginal and Torres Strait Islander communities throughout the South West region
- First Nations consumers and their families
- South West HHS Aboriginal and Torres Strait Islander workforce
- Traditional Owners

Implementation stakeholders – ongoing consultation

- Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Queensland Health
- Health and Wellbeing Queensland
- Queensland Aboriginal Islander Health Council
- Western Queensland Primary Health Network

Service delivery stakeholders

- Cunnamulla Aboriginal Corporation for Health (CACH)
- Charleville Western Areas Aboriginal Torres Strait Islander Community Health (CWAATSICH)
- Goondir Health Services

Laying the groundwork for change has been the inspiration underpinning our First Nations Health Equity Strategy in South West Queensland.

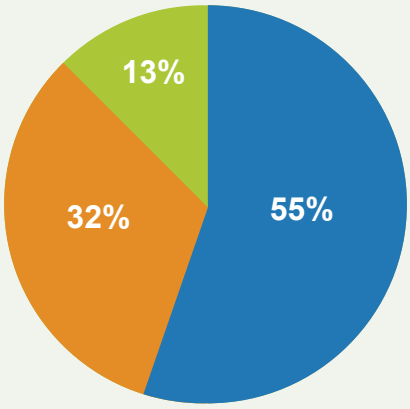
Who participated in the consultation?

To understand local views and collect relevant information around health equity across the South West, the Health Equity Team developed two comprehensive surveys, one for staff and one for community. Other methods involved group and virtual meetings, morning teas and yarning around kitchen tables.

Questions focused on people's understanding of health equity and their own experiences in our facilities. Other questions asked about access to care, disparities in care and, importantly, ideas and suggestions for improvement.

South West's Health Equity Team with staff from CACH and Western Qld PHN

Participation in Consultation

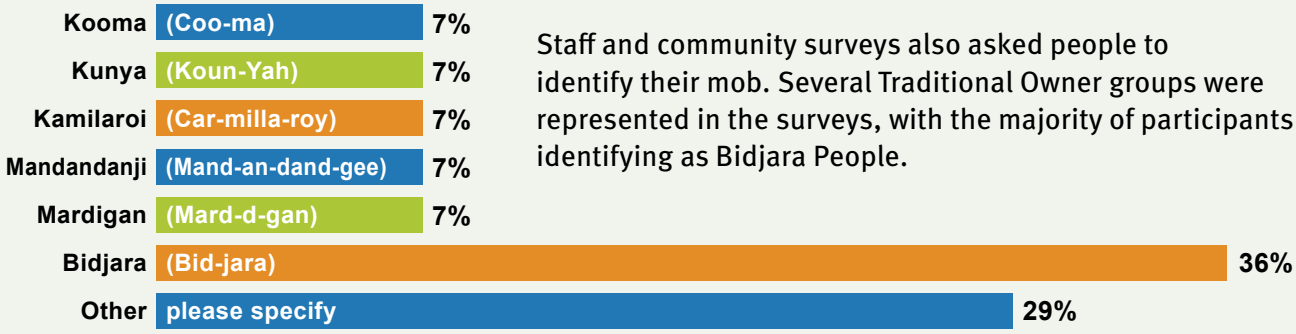


More than 100 people* participated in the consutation process with 39 online surveys completed, 45 face-to-face group consultations and 19 virtual group consultations.

- South West HHS Community
- South West HHS Staff
- South West HHS Partners

* 72% of survey participants identified as Aboriginal and 6% identified as Torres Strait Islander

Who is your mob?



Staff and community surveys also asked people to identify their mob. Several Traditional Owner groups were represented in the surveys, with the majority of participants identifying as Bidjara People.

Community voices

We also asked people to share their own experiences and offer suggestions about ways we could improve. This is what they told us.

Have the GPs who work at the hospitals also work at the Aboriginal medical centres at least one day a week. This will build rapport and relationships with clients and staff, and break down cultural and professional barriers. When clients present to the hospital, the GP will be familiar with their medical conditions regardless of which local clinic they've been with – so important for continuity of care.

Train and employ local Aboriginals and Torres Strait Islanders to become health workers, to cover this gap in our community.

Share information through consented case conferencing with all clinicians (allied health, GP, Indigenous health workers, hospitals, nurse navigators) and any other stakeholders in the person's health journey.

"Continue to seek regular feedback with Aboriginal community controlled health services. Establish fluent pathways across all service providers."

"The legislative requirement for health equity means that us mob have the chance to be as healthy as possible in a fair way."

First Nations health equity means that we have been heard, thank you.

Develop a community network for making appropriate referrals for Aboriginal people that may sit outside the health scope but could support the individual's overall health and wellbeing.

To be treated with respect upon arrival at the hospital. For staff to show compassion towards the clients and be more culturally aware. Above all, treat everyone the same.

Spend time listening and understanding the issues, and work in partnership to develop and implement solutions.

"Localise the cultural awareness training; we have to go back to being culturally respectful."

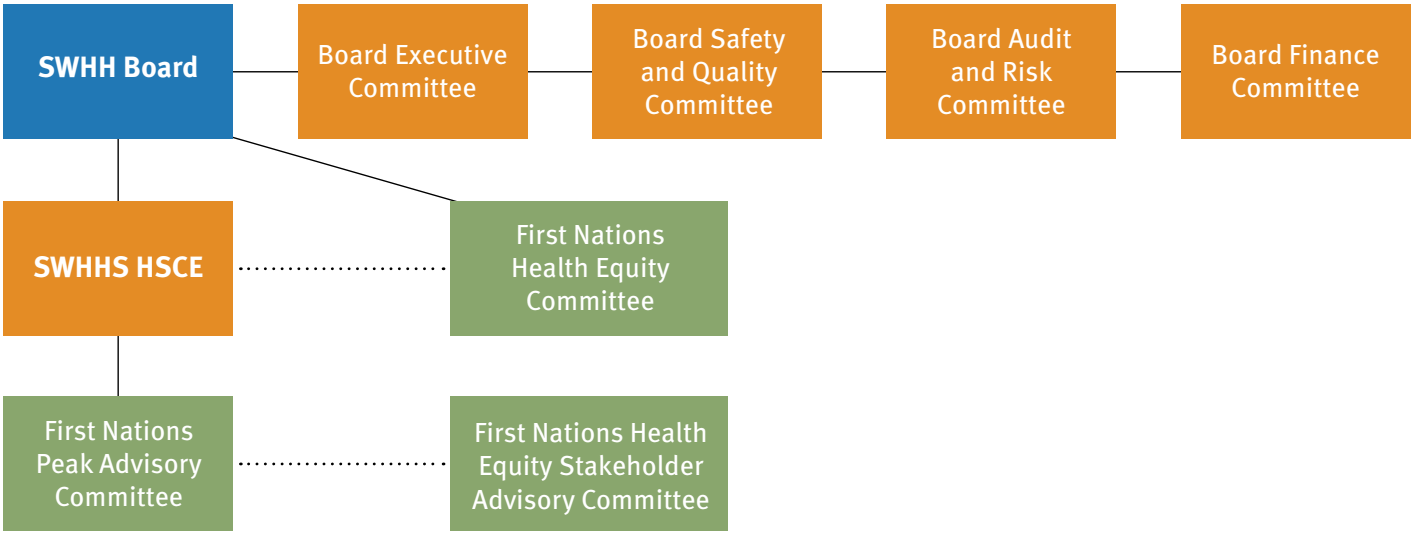
This is an opportunity to work closely with the other community services instead of the 'us and them' attitude. Everyone can be more open and transparent.

Governance structure

South West HHS will introduce a governance structure in partnership with Aboriginal and Torres Strait Islander people and organisations to support ongoing design, delivery, monitoring and review of our healthcare services.

Our health equity will function under a three-tier governance structure to foster innovation and collaboration, and encourage a free-flow of information between the health service and all health equity stakeholders.

South West HHS will develop Terms of Reference for each level of governance.



Health equity governance structure to foster innovation and collaboration

1. First Nations Health Equity Committee

PURPOSE

The First Nations Health Equity Committee will be a sub-committee of the South West HHS Board, providing strategic oversight of the First Nations Health Equity Strategy. This will involve developing and supporting accountability for the strategy, and working with the Health Service Chief Executive to progress strategies in relation to issues impacting First Nations people's health and wellbeing outcomes.

The committee's work will:

- improve collaborative relationships across sectors to improve continuity of care
- undertake joint problem-solving and sharing of resources across the health system
- share information and insights across sectors to deliver healthcare at the right time, in the right place
- monitor outcomes against key performance indicators and report to the South West HH Board.

Membership of the First Nations Health Equity Committee will include:

- Representation from the South West HH Board
- Chief Executive, South West HHS
- Director of Aboriginal and Torres Strait Islander Health and Engagement, South West HHS
- Executive Director, Primary and Community Care, South West HHS
- Representation from South West's Aboriginal and Torres Strait Islander Health Services
- Representation from the Western Queensland Primary Health Network

2. First Nations Peak Advisory Committee

A Peak Advisory Committee reporting to the Health Service Chief Executive will support the strategic oversight and delivery of services. Membership of this committee will comprise senior clinicians, nurse navigators, Indigenous liaison officers and allied health executives, as well as practice managers and allied health workers from South West's ACCHO sector.

PURPOSE

The Health Equity Peak Advisory Committee will advise and assist the Health Service Chief Executive. Specifically, the committee will support strategy implementation from a service delivery and service planning level, reporting upward to the Board through the First Nations Health Equity Committee.

3. First Nations Health Equity Stakeholders Advisory Committee

A Stakeholders Advisory Committee will further support the delivery of the Health Equity Strategy. Comprising First Nations regional stakeholders and other key stakeholders including Traditional Owner representatives from regional areas, and community and consumer representatives such as South West HHS Consumer Advisory Network (CAN) members, police, school principals and others.

PURPOSE

The Health Equity Stakeholder Advisory Committee will provide a voice for First Nations community and consumers. This committee will help coordinate community engagement and consumer feedback strategies. It will also provide insights and advice about how our health service is meeting the needs of its First Nations consumers.

Performance, monitoring and review

South West HHS will review the Health Equity Strategy and Implementation Plan annually to update and adapt as targets are met and activities are embedded as core components of business. Progress against implementation plans and KPIs will be reported on a quarterly basis. Successful delivery of strategic outcomes will require the collective commitment and effort of our workforce to champion and deliver on the strategies and their associated actions.

Our challenges

- Community uncertainty around local health service availability and capability
- High levels of chronic disease and poor mental health, and social disadvantage
- Low levels of health literacy across the community
- Significant numbers of people who rarely engage with the health service
- Limited access to transport and accommodation for patients accessing services beyond their community
- Lack of follow-up regarding the complaints process
- Limited availability of workforce skills may affect our ability to improve workplace culture and capacity to deliver on the health equity requirements and reform agenda
- An uncertain funding environment may affect our capacity to deliver on the health equity reforms
- The harmful effects of institutional racism on our First Nations staff and patients
  - For staff: their ability to fulfill their duties is diminished; they experience emotional distress and feel disempowered to make changes from within the system
  - For patients: their care experience is inconsistent, and they are more likely to abort their care pathway and only return in emergency situations
- Lack of adequate data collection systems, and no ability to share or integrate data between partner health services, impeding analysis and understanding

Our opportunities

- Build on existing partnerships, advocate for change and strengthen shared decision-making and integration of systems that underpin better health outcomes
- Partner with First Nations patients, their families, extended families and our communities to identify and act on ways to improve health service delivery
- Collaborate and learn from our staff and consumers to achieve a much more informed, equitable and culturally capable health service
- Evaluate what we do to ensure improvements are fully embedded from the top down and bottom up
- Design healthcare services and health communication specifically for First Nations people to increase their health literacy
- Connect with community groups to integrate and celebrate the diversity of our workforce and communities
- Embrace technologies and innovations that enable flexibility and allow services to be delivered closer to where people live
- Empower and engage a compassionate and culturally competent workforce

About this strategy

Why health equity?

A health equity-centred approach aims to address the factors that lead to poorer health outcomes, especially the barriers to accessing care, which includes institutional racism.

A health equity approach achieves this by integrating evidence-based models of care as business as usual, and creating local solutions with First Nations people.

Underpinning this approach is the intention to design and deliver health services with First Nations people, rather than the historical system-user relationship. This new approach acknowledges that partnering in the design, implementation and delivery of services achieves more favourable health outcomes, and ensures services are culturally relevant to the needs and values of First Nations people.

The health equity legislative requirements in the *Hospital and Health Boards Act 2011* and *Hospital and Health Board Regulation 2012* require greater collaboration and shared decision-making with Aboriginal and Torres Strait Islander health service providers and other culturally comprehensive primary healthcare services. Greater collaboration is essential if we are to improve the way services are integrated and delivered.

South West HHS partnerships – vital for health equity

For the first time, a commitment to place First Nations peoples and voices at the centre of healthcare service design and delivery is firmly embedded in the legal framework guiding the public health system in Queensland. This will ensure:

- we achieve health equity and improve health outcomes for Aboriginal and Torres Strait Islander people
- we eliminate institutional racism from the public health sector
- we commit to power sharing arrangements with Aboriginal and Torres Strait Islander peoples.

The South West HHS has enjoyed strong partnerships with the South West's Aboriginal and Torres Strait Islander medical services (also known as Aboriginal Community Controlled Health Organisations, or ACCHOs), and recognises and values the work they do. Over many years, these partnerships have continued to deliver health outcomes for First Nations people.

We have three ACCHOs in the South West – CWAATSICH, Goondir and CACH – that provide culturally comprehensive primary healthcare throughout the region. The South West HHS and Far South West ACCHO sector have agreed to commit to our existing partnerships, understanding that we need to revisit, reform, change and improve these partnerships to achieve First Nations health equity. Now is the time to be bold and brave, and do better across all parts of South West HHS.

To be trusted and valued champions, "Our Way, Together" means South West HHS must focus on the equitable health needs of First Nations consumers. We can achieve this by working together on integrated care models that we co-design and implement with our ACCHO services, Western Qld PHN and GP services, and by listening to First Nations people within our geographical catchment.

South West HHS appreciates that the pathway for cultural change requires genuine commitment and effort. We understand that creating a healthcare system that meets the cultural, social and health needs of our First Nations people can only be achieved through a shared vision and strategic action.

The South West HHS *First Nations Health Equity Strategy 2022–2025* has been co-designed in consultation with our prescribed developmental stakeholders. This sets out the pathway for First Nations health equity and consists of six priority areas for inclusion in our strategy:

1. Actively eliminate racial discrimination and institutional racism
2. Increase access to better health services
3. Influence the social, cultural and economic determinants of health
4. Deliver sustainable, culturally safe and responsive healthcare services
5. Work with First Nations people to design, deliver, monitor and review health services
6. Develop a culturally safe, skilled and valued First Nations workforce

Alignment with other strategies

The health equity legislative requirements in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012* provide the authority to redesign and reshape the way health systems deliver services in partnership with First Nations people, organisations and key stakeholders.

Accomplishing health equity for First Nations communities is a key priority at all levels of government, and this is reflected in several strategic documents.

Action plans

South West HHS will develop the following action plans as part of its implementation of the Health Equity Strategy, due for completion by 31 March 2023.

- Improving health and wellbeing outcomes
- Eliminating racial discrimination and institutional racism within the service
- Increasing access to healthcare services
- Influencing the social, cultural and economic determinants of health
- Delivering sustainable, culturally safe and responsive healthcare services
- Working with First Nations people to design, deliver, monitor and review health services

Strategy documents

GOVERNMENT PRIORITIES

→ National Agreement on Closing the Gap 2020
→ Qld Government Statement of Commitment to Reframe the Relationship 2019
→ Qld Health System Outlook 2026
→ Qld Health Statement of Commitment to Reconciliation
→ QH Advancing Health 2026
→ Australian Government My Life My Lead 2017

SOUTH WEST HHS PRIORITIES

→ South West HHS Strategic Plan 2022–2026
→ South West HHS Consumer Engagement Strategy 2022–2026
→ South West HHS Clinician and Employee Engagement Strategy 2022–2026

ORGANISATIONAL STRATEGIC PLANS

→ CACH Strategic Plan 2022–2027
→ CWAATSICH Strategic Plan 2019–2023
→ Goondir Strategic Plan 2021–2026
→ Western Qld PHN Equity Strategy 2020–2025
→ Darling Downs Health Equity Strategy 2022–2025

GOVERNMENT PRIORITIES

SOUTH WEST HHS PRIORITIES

ORGANISATIONAL STRATEGIC PLANS

Our South West Hospital and Health Service

The South West HHS is a rural and remote public health service committed to providing safe, effective, efficient and sustainable health services.

Geographically, we serve the municipalities of Balonne Shire Council, Bulloo Shire Council, Maranoa Regional Council, Murweh Shire Council, Paroo Shire Council and Quilpie Shire Council.

Our vision is to be a trusted and valued leader in the delivery of health services to rural and remote communities. Across 26 facilities – distributed over 319,000 square kilometres across three key service hubs of Roma, St George and Charleville – South West HHS is bordered by three states (NSW, South Australia and Northern Territory) and covers 17 per cent of Queensland.

- Hospitals
- Multipurpose Health Services
- Community Clinics

Residential Aged Care facilities are located with the hospitals at Charleville and Roma

First Nations Custodians

We provide public hospital and health services – medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services – to a population of approximately 23,907 people.

In addition to focusing on the promotion of health equity, our engagement and interactions with patients, communities and partners is driven by our core values.

QUALITY
Striving for excellence and the highest standards of care

COMPASSION
Treating people with kindness, respect and dignity

ACCOUNTABILITY
Showing reliability and taking ownership

ENGAGEMENT
Connecting with others to work effectively and inclusively

ADAPTABILITY
Constantly learning, changing and growing

Our First Nations workforce

We recognise and celebrate the cultural diversity of our workforce, which includes people from across the world, as well as proud members of the traditional custodians of the lands on which our facilities are situated.

In percentage terms, South West HHS is the fourth largest employer of First Nations people across Queensland's 16 Hospital and Health Services. However, we know there is more we can do to ensure greater numbers of First Nations people pursue a rewarding and fulfilling career with us.

Additionally, under section 13 (A) of the *Hospital and Health Boards Regulation 2012*, we have an obligation to increase Aboriginal and Torres Strait Islander workforce representation commensurate to the local population.

At 30 June 2018, South West HHS employed 28 full time (FTE) First Nations people. Since then, a further 16 FTEs have joined the health service (now 44 FTEs). First Nations workforce representation, from a baseline of 3.4 per cent as of 30 June 2018 increased to 5.2 per cent at 26 June 2022.

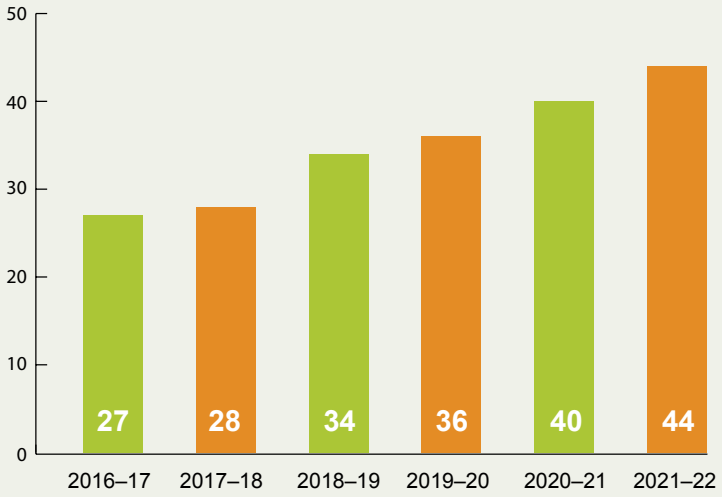
South West HHS will continue to encourage First Nations representation within our workforce to better reflect the wider population.

Table 1: Greater diversity in our workforce

Number of people identifying as being First Nations

Workforce is measured in Minimum Obligatory Human Resource Information (MOHRI) – Full-Time Equivalent (FTE).

Data presented reflects the most recent pay cycle at year's end and is presented as of 26 June 2022.



Source: Queensland Health MOHRI, DSS Employee Analysis

We commit to more targeted initiatives and longer-term strategic planning across all disciplines, particularly for clinical roles, and further support for our First Nations staff to progress their career aspirations locally.

Cultural capability

Queensland Health's Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033 remains essential to improving health outcomes for Aboriginal and Torres Strait Islander people.

Cultural capability refers to the skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

The framework centres around four principles that provide overarching guidance to Queensland Health to systematically lift the organisation's cultural capability and deliver culturally responsive health services to Aboriginal and Torres Strait Islander people.

Guiding principles:

- Cultural respect and recognition
- Communication
- Capacity building
- Relationships and partnerships

A key component to ensure the cultural competency of our health service staff relates to our Cultural Practice Program (CPP). Under the Mandatory Training G6 (QH-POL-183) Policy, all Queensland Health and Department of Health staff are required to complete this training.

The South West HHS program is delivered by two members of our Cultural Capability Team, who also train our Aboriginal and Torres Strait Islander health staff. The program is a statewide learning program with localised content, and is delivered at our hub sites of Roma, St George and Charleville. The learning content comprises two hours of online modules and four hours of face-to-face workshops. Staff must complete the CPP training within the first 90 days of commencement.

To achieve cultural capability is to work collaboratively with all staff and our partner agencies in understanding the cultural needs of our communities. This then ensures that the healthcare delivered across South West HHS is done so in a culturally capable and safe manner.

Using the existing framework will not only align with our vision for health equity but strengthen the role we play in delivering the best possible healthcare to our Aboriginal and Torres Strait Islander communities.

Over the past four years, this strategy has focused on three key priority areas to help close the gap:

1. Promoting opportunities to embed representation of First Nations people in leadership, governance and workforce positions
2. Providing safe, visible and culturally responsive person-centred care
3. Improving local engagement and partnerships

As a result of the strategy, key achievements included:

- increasing the number of staff identifying as First Nations people, from 3.4 per cent as of 30 June 2018 to 5.32 per cent as of 26 June 2022
- Cultural Competency Training for all staff which, although disrupted due to COVID-19 over the past two years, remains mandatory training for incoming staff and repeat (five-yearly) training for all staff
- supporting and promoting significant cultural events across South West HHS
- encouraging First Nations people to be active participants in local community advisory networks that meet regularly to discuss health and wellbeing services available across South West HHS facilities
- establishing a Deadly Achiever Award (from 2021 onwards) as part of the annual South West HHS Awards for Excellence in celebration of a team or staff member who has made the greatest contribution to Closing the Gap and reconciliation over the past 12 months.

Murri Catch Up and Yarn

The Murri Catch Up and Yarn has been a valuable and supportive group in the Maranoa region since 2004. The group is widely representative of the broad cross-section of government, not for profit, non-government, and businesses and community organisations. This includes local schools, Carers Queensland, St Vincent de Paul Society, Santos, Men's Shed and Lifeline – a broad representation that demonstrates a shared focus for change across the Maranoa community.

Currently boasting 35 active member organisations, Murri CUY has evolved from an informal collective to an official partnership that delivers a range of cultural, health promotion and other community-led initiatives and events.

Murri CUY includes key Aboriginal and Torres Strait Islander health, legal and social care organisations, supported by respected Elders who also provide important cultural insight for community issues.

Murri CUY freely shares its local expertise, and is also an important point of contact regarding wider issues such as youth engagement, the impacts of addictive behaviours, and the importance of promoting health and wellbeing for all.

Above all, Murri CUY is a supportive group willing to work together for the benefit of the local community – combining its collective strengths by collaborating on joint projects that drive not only the spirit but also the intent of reconciliation.

Murri CUY is about promoting and supporting the work of colleagues to better serve the needs of the local community, ensuring people feel better and know they are listened to, understood and supported.

ROMA MURRI CUY NETWORK
Dedicated To The Memory Of
TRACY LANDERS
Founding Member

South West resident population profile

In 2020, the estimated resident population of Aboriginal and Torres Strait Islander people in the South West was 3,121, representing 13.05 per cent of the total South West population, estimated at 23,907.

Table 2 shows the estimated resident population of the South West Planning Regions with facility catchments for Aboriginal and Torres Strait Islander people and non-Indigenous people.

Table 2: Distribution of populations and South West HHS facilities by Planning Region and Local Government Areas

Planning region	Local Government Area(s)	SWHHS facilities	Aboriginal and Torres Strait Islander persons	Non-Indigenous	Total
Charleville	Murweh Shire	• Charleville Hospital • Charleville Health Clinic • Augathella MPHS • Augathella Doctors Surgery • Morven Community Clinic • Waroona Aged Care Facility	631 (14.9%)	3,589	4,220
Far South West	Paroo Shire Quilpie Shire Bulloo Shire	• Cunnamulla MPHS • Cunnamulla Primary Health Care Centre • Quilpie MPHS • Quilpie Medical Practice • Thargomindah Community Clinic	683 (26%)	1,964	2,647
Roma	Maranoa Regional Council	• Roma Hospital • Westhaven Aged Care Facility	661 (9.5%)	6,271	6,932
Roma Region	Maranoa Regional Council	• Injune MPHS • Injune Medical Practice • Mitchell MPHS • Mitchell Medical Practice • Surat MPHS • Surat Medical Practice • Wallumbilla Community Clinic	374 (6.5%)	5,413	5,787
Balonne	Balonne Shire	• St George Hospital • Bollon Community Clinic • Dirranbandi MPHS • Dirranbandi Medical Centre • Mungindi MPHS • Mungindi Doctors Surgery	772 (17.9%)	3,549	4,321

Source: First Nations Residents Profiles (South West HHS): System Planning Branch, Queensland Health, 2020

First Nations age profile

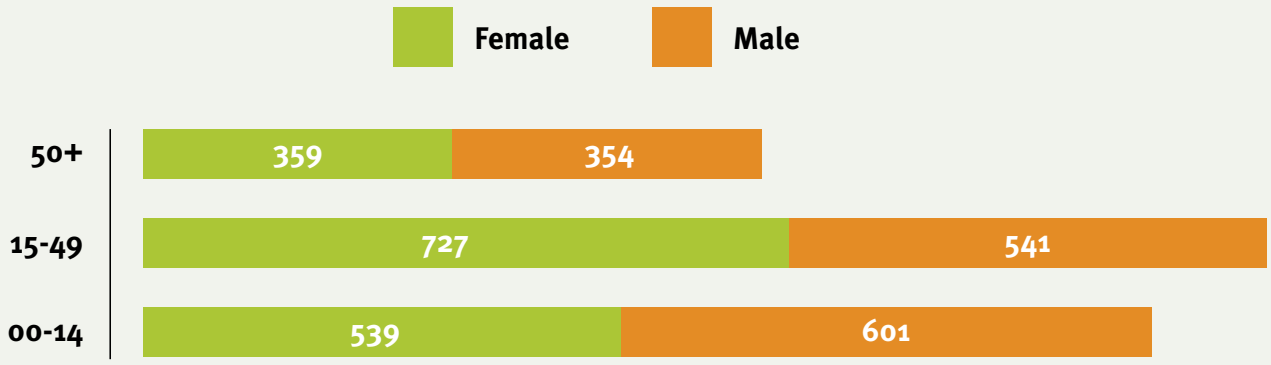
Local Area Needs Assessment (LANA) data indicates that in 2020, the estimated proportion of the population in the South West HHS who identify as First Nations people (13.05 per cent) is more than double the Queensland state average (4.67 per cent).

The very remote planning regions of Balonne and Far South West had the largest proportion of First Nations people aged zero (0) to 49 years, 34.25 per cent and 21.79 per cent respectively.

Roma and Roma Region have smaller proportions of the 15–49-year age cohort than the planning regions of Balonne, Charleville and Far South West.

The Far South West Planning Region has the highest percentage of First Nations people within their total planning region population, with the largest age bracket being between zero (0) to four (4) years of age.

First Nations Population by Age Group and Sex (2020)



Source: Local Area Needs Assessment (LANA) Draft Report, South West HHS August 2022

LANA data indicates that in 2020, the estimated proportion of the population in the South West HHS who identify as First Nations people is more than double the Queensland state average.

First Nations service profile

- 12.2 per cent of outpatients appointments were for First Nations people
- 395 First Nations people were admitted as inpatients to South West HHS facilities
- 22% of South West HHS emergency presentations were First Nations people
- The top 3 reasons for First Nations presentations were respiratory disease, gastroenterology and non-subspecialty conditions
- 65 First Nations babies were born (18 per cent of all babies born and double the state average of 7.4 per cent). This can be largely attributed to the much larger representation of First Nations people in the area (2019 data)
- 7.5 per cent of non-admitted patient telehealth service events were for First Nations people, compared to the overall statewide rate of 4 per cent.

Source: Local Area Needs Assessment (LANA) Draft Rerpot, South West HHS, August 2022
Source: Statewide Telehealth Services Data, Qld Health, 2022

Table 3 shows a comparison in hospital care for First Nations residents in the South West with the rest of Queensland.

Table 3: South West hospital care for First Nations people 2016–17 to 2018–19

	**Emergency Care**	9,537 age standardised presentations and 231 low urgency presentations per 100,000 people (compared to 7,786 and 472.5 per 100,000 for the whole of South West)	Lower than the Queensland rate	Local rates were slightly higher in the Balonne Shire and the Maranoa – Roma – Mitchell region compared to the rest of the region.
	**Hospitalisations**	46,683 aged standardised hospitalisations per 100,000 people (compared to 46,968 for the whole of South West)	Lower than the Queensland rate	Local rates were higher in Bulloo – Quilpie – Barcoo region and Murweh and Paroo Shires compared to the rest of the region.
	**Potentially Preventable Hospitalisations**	7,524 aged standardised hospitalisations per 100,000 people (compared to 4,410 for the whole of South West)	Higher than the Queensland rate	Local rates were higher in Bulloo – Quilpie – Barcoo region and Murweh and Paroo Shires compared to the rest of the region.
	**Mortality**	The median age of death was 60.5 years (compared to 79 years for the whole of South West)	19.5 years younger than Queensland	Median age was lowest in Balonne Shire (47) and highest in the Maranoa – Roma – Mitchell region (69).
	Mortality	There were 442 age standardised premature deaths per 100,000 people aged 0 to 74 (compared to 631 for the whole of South West)	196 more than Queensland	Local rates were highest in the Paroo Shire and Bullo – Quilpie – Barcoo region.

Source: Based on Public Health Information Development Unit material from: Social Health Atlas of Australia: Indigenous Areas (Emergency; Admissions; Admissions Preventable; Median Age Death; Premature Death), 2021

Social determinants of health

The Australian Government acknowledges the strength of Aboriginal and Torres Strait Islander peoples, who have prevailed despite a long history of colonisation, racism and discrimination, along with a loss of identity, language, culture and land. This shameful history has had devastating consequences, including an unacceptably wide gap in health status.

South West HHS recognises that closing the gap in health status between Aboriginal and Torres Strait Islander people and non-Indigenous people is a long-term and challenging process. While people's genetic makeup, health behaviours and access to healthcare affect their health, these are outweighed by the overwhelming impact of the social determinants of health, which are largely responsible for inequalities in health outcomes across populations.[1]

Assessing the social determinants of health (income, education, housing, food security, crime rate, social support networks) against Queensland averages suggests that regions within the South West HHS have a greater proportion of disadvantaged or vulnerable populations.[2]

Therefore, closing the gap in health status goes well beyond the remit of the health system, and must involve a collective effort from multiple agencies and sectors.

South West HHS recognises that closing the gap in health status between Aboriginal and Torres Strait Islander people and non-Indigenous people is a long-term and challenging process.

What does the data tell us?

The data provided in the following pages tells us what is already well known in our communities: that the health outcomes for First Nations people across the South West are poorer than for non-Indigenous residents, and for Queenslanders statewide. The data highlights the importance of this Health Equity Strategy, and the implementation plan that will follow, in addressing the inequity in health outcomes for the First Nations people of South West Queensland.

Factors contributing to this disparity include high rates of smoking, alcohol and drug use, and reduced access to available maternity services, combined with high levels of unemployment and other socioeconomic disadvantage.

The result is higher rates of premature deaths from conditions including diabetes, circulatory system diseases (such as heart attack, angina or stoke), respiratory disease, suicide and self-inflicted injuries.

In the South West, the median age of death for First Nations people between 2014 and 2018 was 60.5 years – or 19.5 years younger than the Queensland average of 80 years for all residents.[3]

This confronting statistic is comparable to the overall statewide gap of 20 years between First Nations people and other Queenslanders. It also shows there is much to be done to improve health outcomes.

The following tables highlight areas of particular importance to health equity – either as the reasons for high First Nations admissions / presentations; areas of higher-than-average illness, chronic conditions and health risks; or areas of concern due to low engagement between the First Nations community and South West HHS.

1 Department of Health and Human Services 2017a
2 Local Area Needs Assessment (LANA), Draft Report, South West HHS, 2022
3 Social Health Atlas of Australia: Population Health Areas, Public Health Information Development Unit)

Table 4: Social determinants data for the South West

	South West HHS First Nations population status	For First Nations people	Across South West First Nations communities
Age (2016)	The median age of residents was 23.9 years (compared to 37.8 years for the whole of South West)	13.1 years younger than the Qld average	The median age is broadly similar across the region.
Education (2016)	25.4% of students have completed Year 12 (compared to 44.6% for the whole of South West)	Almost half the Qld rate	The rate of completion is broadly similar across the region.
Unemployment (2021)	Unemployment rate of 16.2% (compared to 5% for the whole of South West)	Almost double the Qld rate	Rates vary, between 3.4% in the Bulloo–Quilpie–Barcoo region to 21.9% in the Murweh Shire.
Smoking (2018–19)	40.5% are current daily smokers (compared to 13.4% for the whole of South West)	Almost 15% higher than Qld rate	Data is not available at a local level
Drinking (2018–19)	20.7% are lifetime risky alcohol drinkers – having more than 4 standard drinks on any one day (compared to 26.9% for the whole of South West)	3.4% higher than Qld rate	
Obesity (2018–19)	44.6% are obese - with a Body Mass Index of 30+ (compared to 35.5% for the whole of South West)	12.2% higher than Qld rate	
Wellbeing (2018–19)	33.1% reported experiencing high psychological distress (compared to 5.4% for the whole of South West)	Almost 20% higher than Qld rate	
	8.9% of people reported having 3 or more chronic conditions (compared to 9.1% for whole of Queensland)	Slightly lower than Qld rate	
Disability (2018–19)	35% reported a disability (compared to 4.51% for the whole of South West)	15% higher than Qld rate	
Mothers and Babies (2016–18)	89.6% of mothers did not attend antenatal care by week 10 of gestational age (compared to 75.1% for the whole of South West)	More than 40% higher than Queensland	Local rates are broadly similar, although, at 95.4% and 97.44%, the Bullo – Quilpie – Barcoo region and Paroo Shire are higher.
	49.2% smoked during pregnancy (compared to 17.6% for the whole of South West)	More than 35% higher than Queensland	Local data is not available for Bullo – Quilpie – Barcoo region. Rates were lower in Paroo Shire (35.9%) and higher in the Balonne Shire (63.79%).
	There were 9% low birthweight babies - born less than 2500 grams (compared to 7% for the whole of South West)	2.2% higher than Queensland	With a Paroo Shire rate of 15.69% and noting birthing services are provided at Charleville, Roma and St George Hospitals only, where births are anticipated as being at risk of low birthweight, mothers are routinely transferred to more specialised hospitals outside of the South West for birthing.
Childhood (2018)	74.3% fully immunised at age 5 (compared to 96.4% for the whole of South West)	Almost 20% less than Queensland	Rates for Balonne, Maranoa–Roma–Mitchell and Murweh Shire are close to, or higher than, the statewide rate of 94.54%.
	24.5% assessed as developmentally vulnerable (compared to 18.12% for the whole of South West)	10% more than Queensland	Local data is not available for the Bulloo–Quilpie–and Murweh Shire. Rates were higher in Paroo Shire (50%) and Maranoa–Roma–Mitchell (32.26%) compared to the rest of the region.
Socioeconomic disadvantage (2016)			
Based on an index score of 1 being Most Advantaged and 100 Least Advantaged, the average for South West First Nations people was 53 (compared to 33 for the whole of the South West population)			Local scores range between 30 within the Bullo – Quilpie – Barcoo region, 41 in the Maranoa – Roma - Mitchell region and 70 within the Paroo Shire.

Source: First Nations Resident Profile, Queensland Health, System Planning Branch

Chronic disease burden

The burden of chronic disease among Aboriginal and Torres Strait Islander people is 2.3 times that of non-Indigenous Australians, and Aboriginal and Torres Strait Islander people are more likely to die from a chronic condition than non-Indigenous Australians.[4]

Chronic conditions such as diabetes and kidney disease, respiratory disease, cardiovascular disease, mental disorders and cancer are some of the leading causes of potentially avoidable deaths, potentially avoidable hospitalisations and burden of disease in Aboriginal and Torres Strait Islander people in South West Queensland.[5]

Potentially avoidable deaths are deaths that could have been avoided with timely and effective healthcare. Potentially preventable hospitalisations (PPH) are hospital admissions that could have been avoided by preventing the condition or by treating it in a primary health setting, such as seeing a GP.

The instance of PPH is generally higher for First Nations people and, in addition to the disproportionally high burden of disease, access to care is problematic for a range of reasons, including:

- a reluctance at times to seek medical intervention and support, particularly at early onset of symptoms
- the potential for adverse childhood events that result in poor physical and mental health later in life
- limited availability of specialist medical care in rural and remote communities
- socioeconomic disadvantage i.e. cost
- institutionalised racism
- distance to service providers.

Although South West HHS has taken considerable steps to ensure innovative, effective and culturally appropriate healthcare to address the burden of chronic disease, risk factors across the region remain high, and consistent with key risk factors encountered by First Nations people across Australia. These include smoking; poor nutrition and obesity; physical inactivity; harmful consumption of alcohol and other drugs; and emotional, psychological and social wellbeing factors associated with mental health.

Unless these issues are addressed – both within the health system and by individuals – South West Queenslanders will continue to exhibit lower life expectancy, increased co-morbidity and higher preventable hospitalisations and premature deaths compared to the rest of Queensland.

South West HHS is committed to healthier futures for its communities by promoting equitable health outcomes that also address previous historical inequalities experienced by First Nations people, resulting in higher PPH rates.

In recognition of the scale of challenge within the region, South West HHS has initiated a range of programs intended to further improve the health and wellbeing of our communities. In partnership with Health and Wellbeing Queensland and its equity-focused work, South West HHS is determined to address the healthcare barriers within the system that can lead to burden of disease and inequitable health outcomes.

Improving health outcomes is only part of our commitment towards reconciliation. As one of the largest employers within the region, South West HHS will continue to increase the cultural capability and awareness of all our staff.

4 Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander health performance framework, 2017 report).

5 The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people, 2017

Table 5: Our current performance measures for chronic diseases

Performance measure	2021–2022 target	SWHHS	Queensland average	2021–22 commentary
Potentially Preventable Hospitalisations (PPH) First Nations people	4.5%	18.7%	13.6%	**South West HHS is not meeting target and was above the statewide average as of 31 December 2021.** In the period 1 July 2021 to 31 December 2022, 165 people presented to South West HHS with conditions that may have been prevented. This was 29 more than the same period during 2020–21. South West HHS is working to ensure more integrated community healthcare with a focus on prevention to create healthier communities and reduce hospital presentations.
PPH – First Nations people: Selected conditions (COPD)	2.5%	2.5%	N/A	**South West HHS was meeting target as of 31 December 2021.** For 2021–22, South West HHS has a dedicated target to support the reduction of PPH due to Chronic Obstructive Pulmonary Disease (COPD) – a lung condition that makes breathing difficult.
PPH (Diabetes complications): Non-indigenous Queenslanders	2.5%	2.8%	2.1%	**South West HHS is not meeting target and is below the statewide average as of 31 December 2021.** With 2.8% of non-Ingenious PPH, and 4.2% Indigenous rate, South West HHS is working to ensure more integrated community healthcare and focusing on prevention to create healthier communities and reduce hospital presentations.
PPH: Non-diabetes complications	13.8% (Indigenous) 7.4% (Non-Indigenous) 8.4% (All)	14.8% (Indigenous) 9.9% (Non-Indigenous) 9.6% (All)	10.8% (Indigenous) 6.0% (Non-Indigenous) 6.3% (All)	South West HHS is not meeting target and is below the statewide average as of 31 December 2021.
Discharge against medical advice (DAMA)	≤1.0% (Indigenous) ≤0.8% (Non-Indigenous) ≤1.0% (All)	3.0% (Indigenous) 1.3% (Non-Indigenous) 1.6% (All)	3.1% (Indigenous) 1.1% (Other) 1.2% (All)	**South West HHS is not meeting target and is below the statewide average as of 31 December 2021.** When people choose to discharge against medical advice (DAMA), they do not receive the care they need. However, South West HHS tries to ensure people receive a supportive discharge and are followed-up appropriately. By working with our partners, South West HHS is also ensuring patients, no matter where on the care journey they enter, are supported on a health pathway tailored to their needs.

Source: Queensland Hospital Admitted Patient Data (QHAPDC)

Performance measure	2021–2022 target	SWHHS	2021–22 commentary
First Nations people represented in the workforce	Queensland Health's *Aboriginal and Torres Strait Islander Strategic Health Workforce Framework 2016–2026* has established a strategic Aboriginal and Torres Islander health workforce benchmark of 3%	5%	As of 26 June 2022, 5% of the South West HHS workforce proudly Identified as Aboriginal and/or Torres Strait Islander. This was equivalent to 44 Full Time Equivalent (FTE) positions. Whilst this is a good start, ensuring increased representation across all professions and grades is a continuing priority for South West HHS.
SWHHS Cultural Competencies Program (CCP)	At least 85% of SWHHS staff are up to date with their Aboriginal and Torres Strait Islander Cultural Practice Program (CPP) training (due for refresh every 5 years)	77%	As of 9 May 2022, South West HHS was slightly below its minimum target of 85%. Due to COVID-19, opportunities to provide face-to-face training have been limited; however, as the situation improves, and within the context of this Health Equity Strategy, there will be further opportunities to ensure more staff are able to participate in local CPP training.

Source: Queensland Health MOHRI, DSS Employee Analysis / Queensland Health MOHRI, DSS Employee Analysis

Key priority areas

The following section outlines what we learned during our consultation process with First Nations people across the South West.

Using their valuable feedback about what matters most to them in relation to equitable healthcare, we have identified six key priority areas, and outlined the strategies needed to address them.

Over the next six months, South West HHS will work in partnership with health equity stakeholders to develop a comprehensive implementation plan, defining the key actions, measures, timelines, teams and resources needed to address the priorities.

We know that genuine health equity will require reform and improvement across our entire service. We also know that this cannot occur if we continue our business-as-usual approach. As the 2022 National Reconciliation Week theme prompts us, it is time to "Be Brave. Make Change" because we recognise that all areas of our health system can and should do better.

1. Actively eliminate racial discrimination and institutional racism
2. Increase access to better health services
3. Influence the social, cultural and economic determinants of health
4. Deliver sustainable, culturally safe and responsive healthcare services
5. Work with First Nations people to design, deliver, monitor and review health services
6. Develop a culturally safe, skilled and valued First Nations workforce

KEY PRIORITY AREA 1

Actively eliminate racial discrimination and institutional racism

What we heard from you

- We want staff trained in cultural safety and given specific guidance around appropriate language, practice and communication that fully supports the provision of quality service to First Nations clients and patients.
- We want consequences for staff who make racist comments or treat First Nations people unfairly due to their race. Employees who bring about racism must be held to account and undertake an educational process to understand the harm caused.
- We need to stamp out racism by enforcing strong policies and processes.
- We want a clearly defined system for reporting racial discrimination and institutional racism, and for complaints about racism to receive a prompt and appropriate response.
- We expect annual independent audits to measure and monitor institutional racism.

Priority area	Strategies
Actively eliminate racial discrimination and institutional racism	1. Establish a South West HHS Peak Advisory Committee that includes First Nations voices to provide cultural leadership, advocacy, oversight and review of the First Nations Health Equity Strategy. 2. Review current policies and procedures, and ensure processes, including an escalation pathway, are in place for the reporting of racial discrimination and institutional racism. 3. Review and strengthen mechanisms for addressing complaints of racial discrimination. 4. Ensure all staff and patients know how to report experiences of racial discrimination and institutional racism. 5. Embed cultural safety and cultural capability programs that are co-designed with First Nations people.

KEY PRIORITY AREA 2

Increase access to better health services

What we heard from you

- We want to minimise the need to travel away for healthcare by having more specialists visiting community on Country.
- We need subsidised transport available for mob to get to and from appointments.
- We want better support from urban hospitals like Toowoomba that can help us get to and from places when we are discharged or complete appointments.
- We want to see more collaboration and partnerships between primary health (GP), Aboriginal health services and the hospital services when we need to travel for appointments.
- We want to be more aware of what we can do to prevent health issues arising.

Priority area	Strategies
Increase access to better health services	1. Develop and implement integrated models of care in consultation with First Nations people, and broker partnerships that provide opportunities to access care closer to home. 2. Audit and review the existing patient travel and accommodation model, and find ways to improve the service through better coordination between Nukal Murra Alliance and South West HHS. 3. Pre-plan for transport and accommodation, and record each in-patient's care plan prior to them leaving community for hospital appointments in urban areas. 4. Enhance South West HHS facilities to demonstrate culturally safe and welcoming environments for First Nation families and community members. 5. Strengthen the system that automatically identifies a First Nations in-patient at first point of entry so culturally appropriate care is enacted. 6. Use the South West HHS Local Area Needs Assessment (LANA) data to inform health priorities for First Nations people that require co-designed solutions. 7. Strengthen the focus on promotion, prevention and public health services for First Nations people.

KEY PRIORITY AREA 3

Influence the social, cultural and economic determinants of health

What we heard from you

- We want better partnerships with community-controlled services and stronger collaboration across support programs (housing, child safety, legal).
- We want to see organisations respect each other's strengths and weaknesses, and work towards co-designing goals that are place-based and meet the communities' needs.
- We expect Aboriginal and Torres Strait Islander people to be represented and visible in the workplace, and free to influence cultural responsiveness, particularly in relation to social and economic aspects that impact our health decisions.

Priority area	Strategies
Influence the social, cultural and economic determinants of health	1. Identify clinical areas that require a coordinated approach to support culturally safe and sustainable services for First Nations people. 2. Review how information is shared between primary healthcare providers and South West HHS and, where needed, improve the transfer of information prioritising patients' health and wellbeing. 3. Nurture partnerships with services closer to home that can effectively solve issues around the social determinants of health. 4. Collaborate with our partners to develop and deliver health promotion and prevention programs that target the needs of First Nations people. 5. Ensure proposed solutions embed social and emotional wellbeing models of care that are co-designed with relevant stakeholders.

KEY PRIORITY AREA 4

Deliver sustainable, culturally safe and responsive healthcare services

What we heard from you

- We want South West HHS to provide cultural training to local staff that addresses the specific needs of each community, given each community has different needs.
- We want a culturally safe environment for mob to feel welcome and comfortable when they enter hospital facilities.
- We want to be treated equally and with respect when entering South West HHS facilities.
- We need better preventative health measures planned and provided in a culturally appropriate way.

Priority area	Strategies
Delivering sustainable, culturally safe and responsive healthcare service	1. Establish a First Nations Peak Advisory Committee that will monitor and review the Health Equity Strategy through an operational (day-to-day) service-delivery lens. 2. Review South West HHS's existing cultural capability program to ensure it aligns with the Health Equity Strategy. 3. Review funding allocations for existing and proposed programs, processes and tools for First Nation peoples to ensure these reflect genuine value. 4. Provide First Nations consumers with information about their rights and feedback mechanisms that enable them to report their experiences of healthcare in South West HHS. 5. Identify and quarantine dedicated Aboriginal and Torres Strait Islander resources and funding to prevent reallocation to other areas. 6. Increase the number and frequency of staff completing cultural capability training. 7. Ensure cultural capability programs are easy to access for all staff.

KEY PRIORITY AREA 5

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

What we heard from you

- We want South West HHS to work in partnership with Aboriginal community-controlled health services, GP services and allied health services for better coordinated care.
- We need more First Nations people in the health workforce.
- We want First Nations employees to be seen in South West HHS facilities and on our health journeys.
- We want more training in localised, culturally informed practice.
- We want our Aboriginal and Torres Strait Islander workforce to reconnect and work better together.
- We want to see greater collaboration and more strategic relationships between community and South West HHS to ensure a continuous cycle of quality improvement.

Priority area	Strategies
Work with First Nations people to design, deliver, monitor and review health services	1. Establish a First Nations Stakeholder Committee within South West HHS that provides feedback from the ground up on the First Nations health agenda from both a workforce, community and organisational perspective. 2. Strengthen existing partnerships with First Nations health providers and service agreements to ensure they meet the needs of our communities. 3. Review Memoranda of Understanding between South West HHS and our First Nations health partners to ensure accountability and achievement of outcomes for both organisations. 4. Review Terms of Reference for all South West committees to ensure appropriate First Nations representation. 5. Co-design a First Nations engagement framework for all consultation and engagement work in South West HHS. 6. Ensure accountability across First Nations deliverables, performance measures and outcomes.

KEY PRIORITY AREA 6

Develop a culturally safe, skilled and valued First Nations workforce

What we heard from you

- We want to see a First Nations workforce in hospitals and on our health journeys.
- We want staff to have frequent training in localised culturally informed practice, replacing the current requirement for cultural capability training every five years.
- We want all staff, not just First Nations staff, to be culturally competent.
- We want to seriously consider investing in 'Courageous Conversations' to pursue authentic and respectful relationships, and racial healing.
- We want investment in the careers of our First Nations health workers with pathways to become nurses, midwives, doctors and allied health clinicians.
- We want mainstream health professionals to value our Indigenous Liaison Officers (ILO) and Aboriginal Health Workers (AHW) and to include them in the health journey of every First Nations patient.
- We want all ILO and AHW positions included under a proposed First Nations health equity governance structure.

Priority area	Strategies
Develop a culturally safe, skilled and valued First Nations workforce	1. Establish a governance structure within South West HHS that aligns with the South West HH Board. Its function will oversee the strategic direction of South West HHS First Nations health agenda from both a workforce, community and organisational perspective. 2. Strengthen cultural capabilities positions, ensuring appropriate numbers of skilled workers, and identify areas for improvement. 3. Develop and implement a South West HHS First Nations Workforce Strategy, which includes a career and development pathway. 4. Ensure Aboriginal and Torres Strait health workers have appropriate qualifications in line with South West HHS's Health Workforce Strategy. 5. Grow our entire First Nations workforce – administration, operational and clinical. 6. Develop an organisational structure for all Indigenous Liaison Officer (ILO) and Aboriginal Health Worker (AHW) positions within South West HHS and our local Aboriginal community-controlled health organisations to enable workers to work across organisations, sharing expertise and learning from each other.

Targeted services and existing programs

South West HHS recognises that closing the gap in health status is a long-term and challenging process. We also recognise that there are multiple opportunities to support the broader determinants of health equity, and have either strengthened or implemented a range of initiatives and programs as part of our *Aboriginal and Torres Strait Islander Strategy 2018–2022*.

Through collective efforts across the health system, workforce and primary healthcare sector, some successes have been achieved, such as the provision of cardiac services, the HOPE Program, the Healthy Outback Kids Program and various outcomes achieved through the Nukal Murra Alliance – discussed in further detail below. In addition, the South West Primary Care Alliance has been formed, bringing together primary healthcare providers to improve health outcomes for our populations including First Nations people. The alliance aims to provide increasingly integrated and coordinated health services through clinically led service development, and its implementation within a "best for patient, best for system" framework.

Cardiac services for the South West

South West HHS has a longstanding contract with Metro South HHS, which supports the delivery of cardiac services through clinics in Roma, St George, Charleville and Cunnamulla.

Care coordination and administrative support for outreach clinics and telehealth is managed by South West HHS Cardiac Administration Support. The Cardiac Services Clinical Nurse Consultants (CNCs) coordinate all outreach clinic schedules, and facilitate patient flow within the clinics. This service, in conjunction with the visiting Metro South HHS cardiologists and scientists, work in partnership with the South West HHS teams, primary health providers and Aboriginal health services to ensure coordinated outreach services are available to patients closer to home.

The Networked Cardiac Care Committee stakeholders and cardiologists work closely with the CNC Cardiac Services to review local processes monthly in relation to referral demand and appointment supply, and have the autonomy to divert resources from one area to another according to demand and triage category of referral.

For the period 1 January to 31 December 2021, the service:

- received 807 referrals for cardiac services; 97 referrals (12 per cent) were for First Nations patients
- clinically reviewed 28 per cent of First Nations referrals within one day
- categorised 80 per cent of First Nations referrals within the five-day KPI.

The Service Level Agreement with Metro South HHS allows for some flexibility in service delivery to respond to referral and waitlist demand. The increase in the number and duration of clinics in 2021 to respond to demand has led to a reduction in the number of long waits for cardiology patients across the region.

Despite the pressures of COVID, flight schedule changes and Princess Alexandra Hospital lockdowns, South West HHS has been able to maintain the service, which at times transitioned to telehealth.

South West Primary Care Alliance

As our services continue to evolve, it becomes more and more evident that all health service providers face similar challenges and barriers. Working in collaboration is therefore essential if our patients and wider communities are to be offered the range of supports and services they need, when they need them.

Representatives from South West's Aboriginal and Torres Strait Islander health services – CACH, CWAATSICH and Goondir – alongside South West HHS, the Western Queensland PHN, Royal Flying Doctors Service, Maranoa Medical, St George Medical, Check Up and Health Workforce Qld have formed a primary healthcare alliance for Roma, St George and Charleville.

In addition to seeking new and better ways of providing joined-up care, including for First Nations people, the alliance is also seeking to progress better community and population-focussed planning. This will be achieved by more sophisticated data analysis and modelling, which also includes developing South West HHS's first Local Area Needs Assessment (LANA) data.

Nukal Murra Alliance

The Nukal Murra Alliance brings together the Western Queensland Primary Health Network (WQPHN) and the Aboriginal and Torres Strait Islander Community Controlled Health Services (ATSICCHS) in a regionally focused, culturally informed partnership to improve the health, and social and emotional wellbeing of our communities.

The naming of the Nukal Murra combines two traditional languages from the Western Queensland catchment: Nukal, meaning 'plenty or many' in the language of the lower gulf, and Murra meaning 'hand or hands' in the language of Central West and South West.

Nukal Murra also reflects joint aspirations to create greater service alignment, integration and consumer engagement to improve the health outcomes of Aboriginal and Torres Strait Islander people in Western Queensland.

The HOPE Program

The HOPE Program is a South West HHS partnership initiative, established in 2015, to address community concerns in Cunnamulla and Charleville about limited opportunities and a culture of defeat experienced by many young people. Issues of concern included a lack of resources, risky behaviour, family dysfunction and youth disengagement. The communities also recognised that a collective approach was needed as these issues went beyond the remit of one agency.

HOPE's vision therefore is for agencies and individuals in Charleville and Cunnamulla to work together to support their young people to lead healthy lives and reach their full potential.

The HOPE Team connects and coordinates with a range of partners and agencies to ensure the facilitation of vocational training, cultural and sporting programs, camps and other initiatives designed to meet the program's vision and the needs of young people.

HOPE Program initiatives include:

- an annual 'Deadly Recruits Camp' run in partnership with the Australian Defence Force and government and community agencies
- annual barista / hospitality training for school leavers and hospitality students
- music, drama and dance workshops including Bangarra Dance Theatre's youth outreach program *Rekindling*
- multiple health promotion events and activities including drug and alcohol awareness sessions, mental health promotion, self-care initiatives and nutrition workshops
- support for partner agencies in developing grant applications and other sponsorship opportunities.

HOPE also supported Charleville State High School and Cunnamulla P-12 State School in their successful applications to be included in the Department of Education's GPs in Schools Pilot Program, providing students with easy access to primary healthcare.

Another recent HOPE initiative, the Charleville Community Pathway, was developed in partnership with CWAATSICH, Murweh Shire Council, Queensland Health's 'Dear Mind' campaign and Bidjara Elders.

HOPE team members with representatives from Murweh Shire Council and Bidjara Traditional Owners

Healthy Outback Kids – a partnership to support children and families

The Western Queensland Primary Health Network (WQPHN) developed the Child and Family Health Framework as a guide to implementing universal maternal and child health services with the overall aim of improving the health of all children across Western Queensland.

The framework underpins WQPHN's decision-making on the child and family health services it commissions, and guides WQPHN and its partners in responding to the increasingly complex social, cultural, environmental and health needs of children and families.

The Healthy Outback Kids program centres around regular child health visits and monitoring for childhood developmental milestones. WQPHN developed the program in collaboration with CWAASTICH, CACH and South West HHS to ensure genuine service integration with a firm focus on outcomes. The program also reinforces an undertaking to improve access to culturally safe services for Aboriginal and Torres Strait Islander residents.

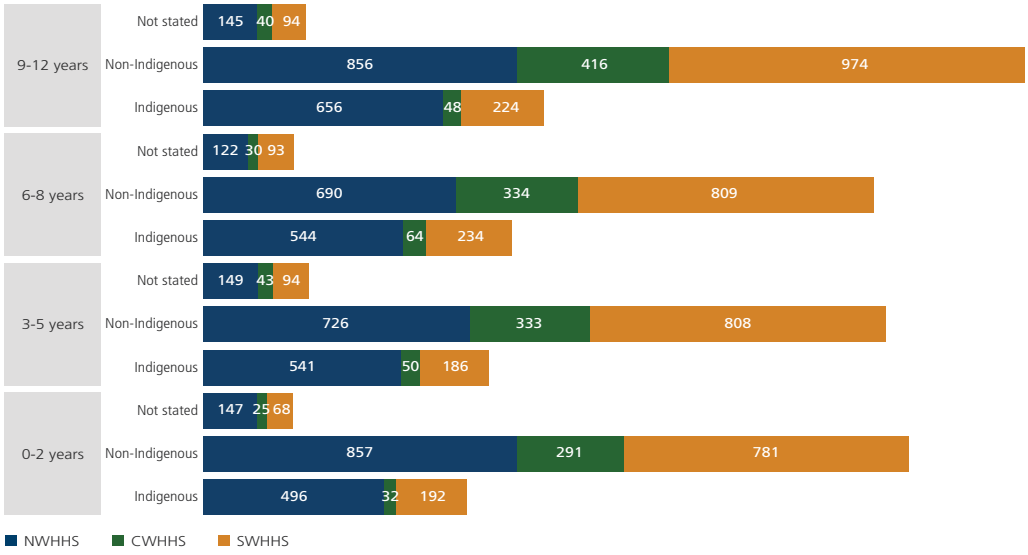
The program has identified two priorities – chronic and complex conditions, and child and maternal health – as major contributors to the significant health disparities between First Nations and non-Indigenous children and their families in South West Queensland, in relation to life expectancy at birth, birthweight, child hospitalisation, youth trauma and rates of chronic disease.

For example:

- Aboriginal and Torres Strait Islander mothers and infants had more perinatal risks, such as low maternal age, fewer antenatal visits, higher rates of smoking during pregnancy and not breastfeeding
- Aboriginal and Torres Strait Islander mothers had a higher proportion of low birthweight babies
- WQPHN data indicates higher rates of infant and child mortality, most noticeably in the North West followed by the South West
- Children in WQPHN's catchment had a poorer health, learning, development, safety and wellbeing profile, as determined by the Australian Early Development Census, with the North West and South West showing the worst results.
- South West generally had higher childhood immunisation rates.

Some of these differences are due to a greater proportion of Aboriginal and Torres Strait Islander mothers and children in the region, especially in the North West and South West.

Table 6: Profile of children and young people living in Western Queensland by HHS region



Source: Western Queensland Primary Health Network, Child and Family Framework, 2018

Glosssary

ACCHO	Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Health Worker
ATSILAC	Aboriginal and Torres Strait Islander Leadership Advisory Council
CACH	Cunnamulla Aboriginal Corporation for Health
CWAATSICH	Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health
COPD	Chronic Obstructive Pulmonary Disease
CNC	Clinical Nurse Consultant
CPP	Cultural Practice Program
DAMA	Discharged Against Medical Advice
Goondir	Goondir Aboriginal Health Service, St George, Dalby and Oakley
HHS	Hospital and Health Service
MOHRI	Minimum Obligatory Human Resource Information
Murri CUY	Murri Catch Up and Yarn
NN	Nurse Navigator
PPH	Potentially Preventable Hospitalisation
RFDS	Royal Flying Doctors Service
WQPHN	Western Queensland Primary Health Network

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