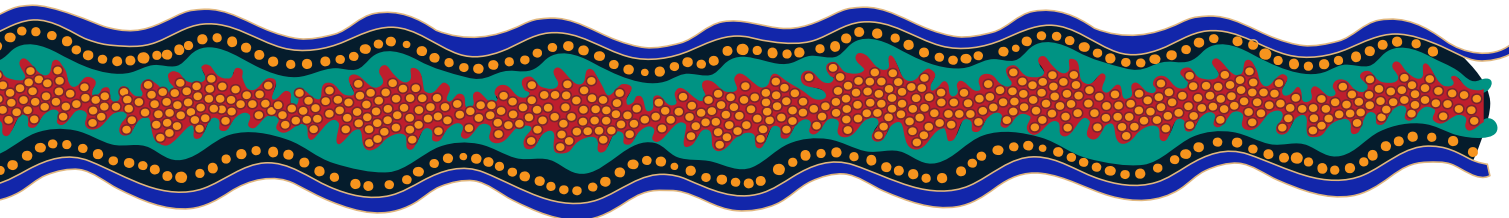


SOUTH WEST HOSPITAL AND HEALTH SERVICE

Aboriginal and Torres Strait Islander Health Strategy 2018 - 2022





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South West Hospital and Health Service Aboriginal and Torres Strait Islander Health Strategy 2018 - 2022
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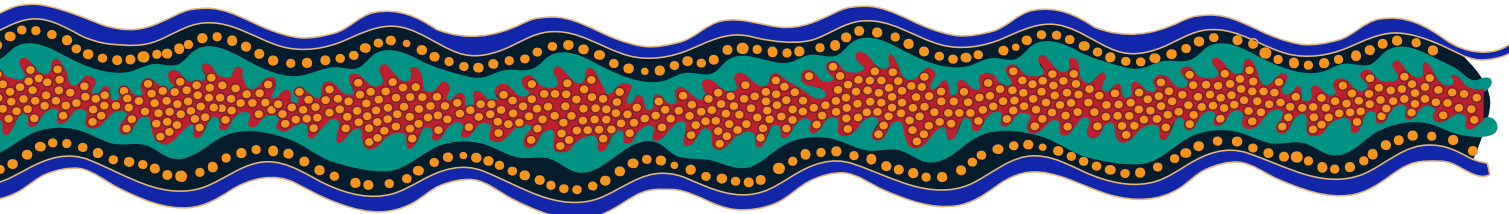
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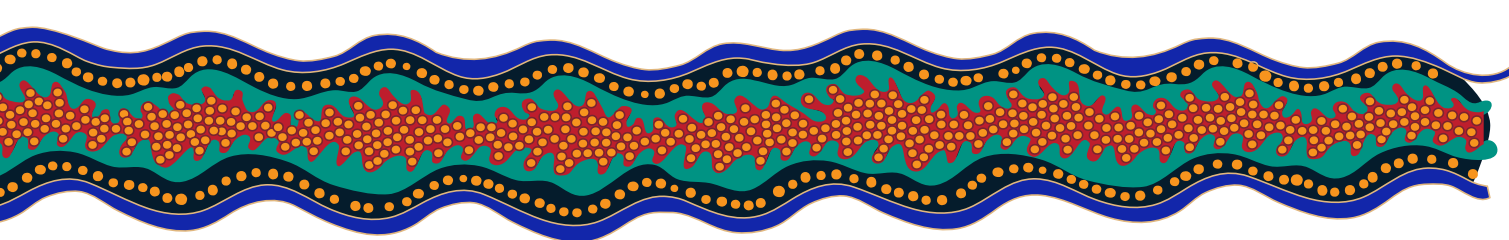


The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this strategy, you can contact us on (07) 4505 1544 and we will arrange an interpreter to effectively communicate the report to you.



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Acknowledgement of Country



The South West Hospital and Health Service acknowledges the traditional custodians of the lands upon which health services are provided in all South West communities and acknowledges past Elders who passed down their cultural knowledge; present and future Elders who will inherit the responsibility of keeping the culture alive for the generations to come; and pays its respect to the wisdom, knowledge and leadership of the Elders.

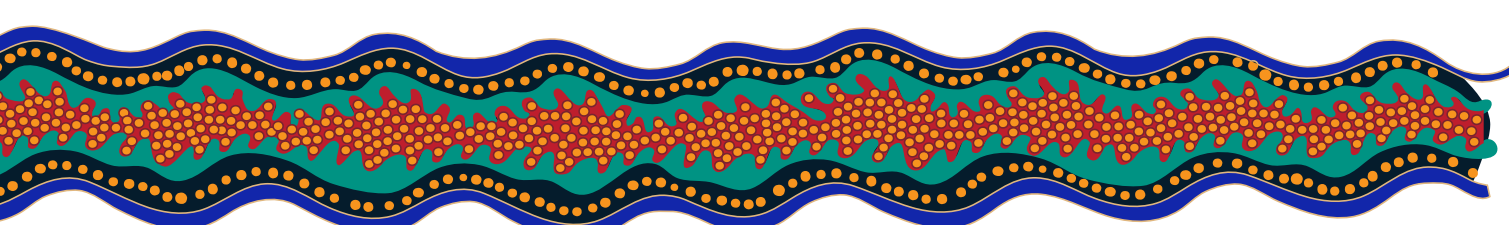
Aboriginal and Torres Strait Islander Community Profile

The land within the South West Hospital and Health Service region encompasses the following Traditional Custodian Groups.

Location/facility	Traditional Owners
Augathella	Bidjara (Bid-jara)
Bollon OPC	Kooma (coo-ma)
Charleville	Bidjara (Bid-jara)
Cunnamulla	Kunja (Koun-Yah with other interests)
Dirranbandi	Kooma
Injune	Kongabula (Kong-ga-bulla) Bidjara & Yiman as other interests
Mitchell	Gunggurri (gon-gari)
Morven OPC	Bidjara (Bid-jara)
Mungindi	Kamilaroi (car-milla-roy)
Quilpie	Wangkumara (wong-ka-mara) - Bunthamara interests
Roma	Mandandanji (mand-an-dand-gee)
St George	Kamilaroi (car-milla-roy), Yuwaalaraay (yu-ral-a-roy), Mandandanji (mand-an-dand-gee) Bigambul (big-am-bull) Kooma (coo-ma)
Surat	Mandandanji (mand-an-dand-gee)
Thargomindah	Kullila (cool-lee-lar)
Wallumbilla OPC	Mandandanji (mand-an-dand-gee)
Waroona	Bidjara (Bid-jara)
Westhaven	Mandandanji (mand-an-dand-gee)

The population data based on the 2016 Community Profile of the South West Hospital and Health Service region shows 3,297 persons who identify as Aboriginal and/or Torres Strait Islander which is 13.4% of the South West population of 24,678 persons.

In June 2016, around 798,400 people were estimated as being Aboriginal and/or Torres Strait Islander, representing 3.3% of the Australian population.



Life expectancy

Life expectancy

Males Females

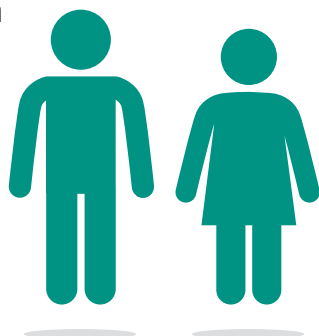
Average life expectancy at birth
2010 - 2012

68.7
years

up from 67.1 in 2005 - 2007

10.8 year gap with non-Indigenous

down from 11.8 in 2005 - 2007



Average life expectancy at birth
2010 - 2012

74.4
years

up from 72.7 in 2005 - 2007

8.6 year gap with non-Indigenous

down from 10 in 2005 - 2007

Child mortality

Life expectancy

Gap Trend Jurisdiction

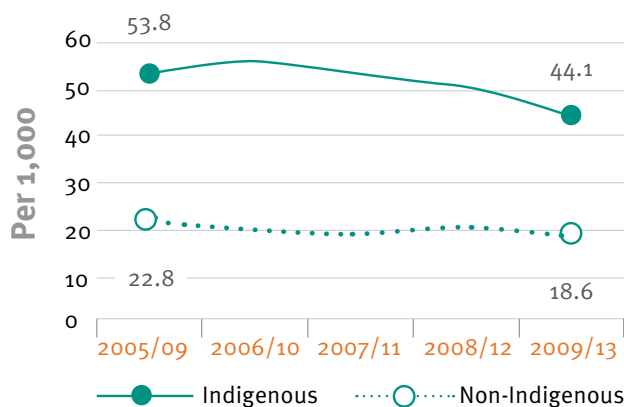
2009 - 2013

Gap of 25.5
deaths per 1,000

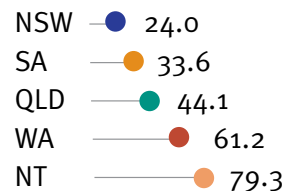
down from 31.0 in
2005 - 2009

RR 2.4

unchanged from
2005 - 2009



Number of deaths
per 2009 - 2013



Infant mortality

Life expectancy

Gap Trend Jurisdiction

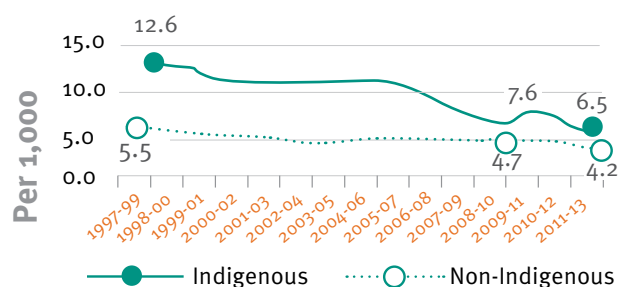
2011 - 2013

Gap of 2.3 deaths
per 1,000

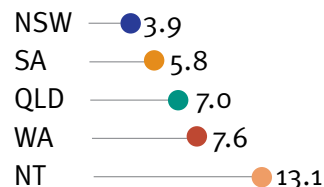
down from 7.1 in
1997 - 1999

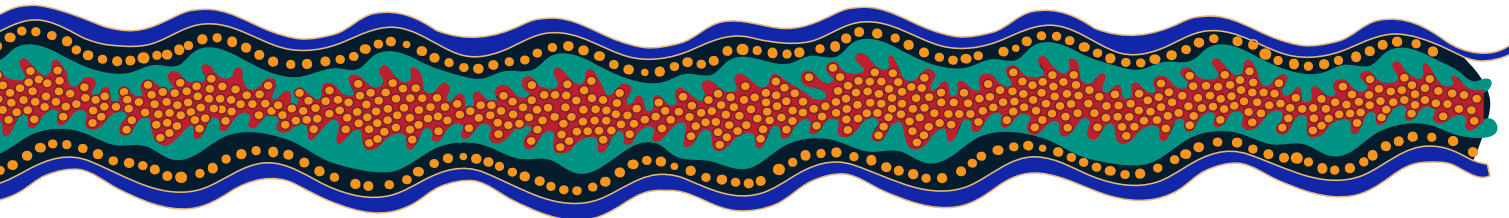
RR 1.5

down from 2.3 in
1997 - 1999



Number of deaths
per 2009 - 2013





Indigenous Australians born in 2010 - 2012 can expect to live around 10 years less than non-Indigenous Australians; 10.6 years for males and 9.5 years for females.

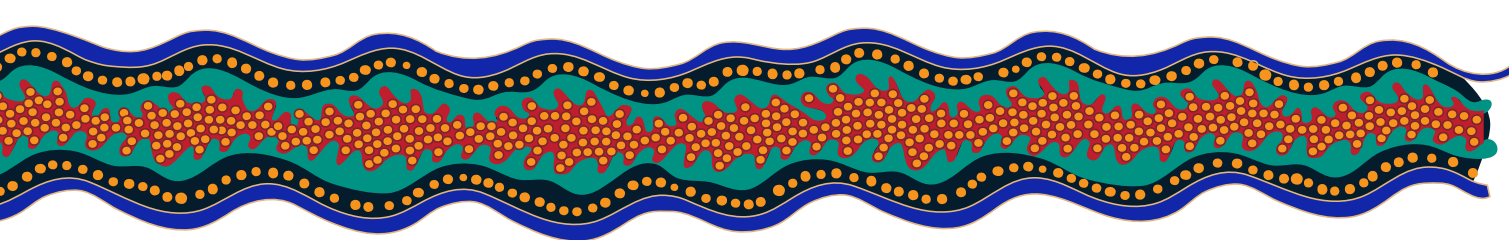
In 2016 the prevalence of major health risk factors, such as smoking and physical inactivity, was generally higher for indigenous Australians than for other Australians. Indigenous Australians were 3.5 times as likely to have diabetes and 4 times as likely to be hospitalized with it or to die from it: were 5 times as likely to have end-stage kidney disease; twice as likely to die from an injury and 1.9 times as likely to be hospitalized with an injury; and were twice as likely to have coronary heart disease.

South West Hospital and Health Service Indigenous health measures at June 2018;

	Indigenous	Non-Indigenous
Women who gave birth and attended 5 or more antenatal visits (Whole of State 89.2%)	86.7%	96.6%
Women who attended an antenatal visit during the first trimester	30.1%	50.2%
Women who smoked at any stage during pregnancy	50.7%	10.1%
Women who were smoking after 20 weeks gestation	49.3	8.5%
Low birthweight babies	7.4%	3.3%
Babies born less than 37 weeks of gestation	11.8%	4.4%
Low birthweight babies born at 37+ weeks of gestation	2.5%	1.9%
Patients who discharge from hospital against medical advice (DAMA)	3.8%	0.8%
Potentially preventable hospitalisations (PPH) - Rheumatic heart disease (2017)	SWHHS 2	QLD 86 *

* The Queensland potentially preventable hospitalisations for Rheumatic health disease (2017) reflects the prevalence of the disease in far North Queensland





Introduction

The South West Hospital and Health Service (SWHHS) recognises the Queensland Health *Statement of Commitment to Reconciliation* and:

- Recognises Aboriginal and Torres Strait Islander people as Traditional Custodians
- Acknowledges the diversity of Aboriginal and Torres Strait Islander people and cultures
- Acknowledges the impacts of past government policies.

As good as the Australian healthcare system is at responding to the healthcare needs of the majority of Australians, Aboriginal and Torres Strait Islander people remain disadvantaged in accessing health services and experience significantly disparate health outcomes.

The South West HHS Board and Executive Leadership Team recognises that closing the gap in health outcomes is a long-term and challenging process. It involves addressing social, economic and political inequity and the inequality of health experienced by Aboriginal and Torres Strait Islander people at multiple levels. Closing the gap in health outcomes involves collective effort from the health system, workforce, and primary health care sector.

SWHHS Aboriginal and Torres Strait Islander Health Strategy Priorities:

1. Promote opportunities to embed Aboriginal and Torres Strait Islander representation in SWHHS leadership, governance and workforce
2. Provide safe, visible and culturally responsive person-centred care
3. Improve local engagement and partnerships between SWHHS and Aboriginal and Torres Strait Islander people, communities and organisations
4. Work in partnership with Aboriginal and Torres Strait Islander people and their communities to meet their healthcare needs
5. Promote transparency and accountability for Closing the Gap

The SWHHS Aboriginal and Torres Strait Islander Health Strategy priorities are aligned to four key levers.

Closing the Gap - the national context

Through the Council of Australian Governments (COAG), in 2008, the Queensland Government committed to closing the gap between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders on a range of health, education and employment measures. The two health outcome targets are:

- Close the gap in life expectancy within a generation (by 2031)
- Halve the gap in child mortality within a decade (by 2018)

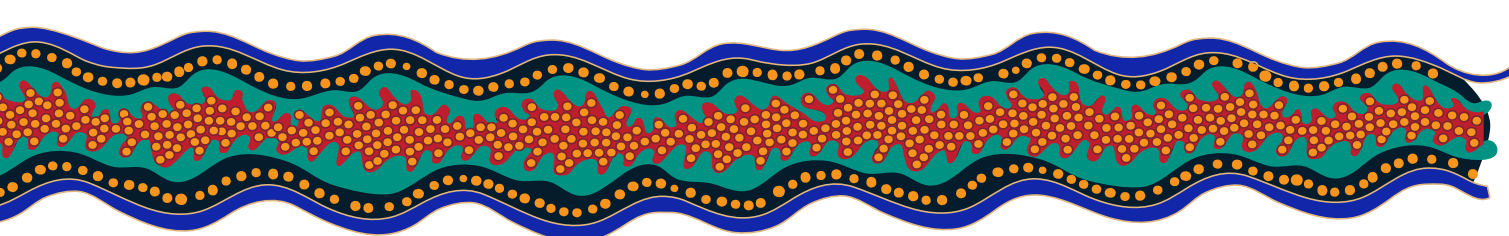
The ten-year review report identified that more effort is needed to reduce the disparate health outcomes experienced by Aboriginal and Torres Strait Islander people.

Statement of Action towards Closing the Gap in health outcomes

The Statement of Action towards Closing the Gap in health outcomes released in May 2018 aims to address systemic barriers in order to progress efforts to improve Aboriginal and Torres Strait Islander health and wellbeing in Queensland.

The Queensland Health system, comprising the Department of Health, Hospital and Health Services (HHSs) and their Health Boards, and Queensland Ambulance Service (QAS) committed to the following three actions in order to further improve health outcomes for Aboriginal and Torres Strait Islander communities across Queensland.

- Priority 1** Strengthening the involvement of Aboriginal and Torres Strait Islander people in governance arrangements and health service planning
- Priority 2** Improving workforce participation and local engagement
- Priority 3** Increasing input in decision making from Aboriginal and Torres Strait Islander people, organisations and the community



Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services (Anti-discrimination Commission Report 2017)

Institutional racism has been identified in the Australian Government's *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* and subsequent *Implementation Plan* as a significant barrier in the delivery of health care to Aboriginal and Torres Strait Islander people. Anti-discrimination Commission Queensland Report 2017 is an assessment of institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland Hospital and Health Services (HHS).

The SWHHS was assessed using the Matrix for *Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*. The criteria used for assessment are directly derived from the relevant national Closing the Gap partnership agreements and federal and Queensland Closing the Gap health policies and implementation frameworks.

The Matrix was specifically designed to address and contribute to our understanding of institutional racism which has been identified as a barrier to effective healthcare to Aboriginal and Torres Strait Islander people in the public health system and also as a personal response to the Australian Human Rights Commission's *National Anti-Racism Strategy (2012)* and the *Racism. It Stops with Me* and subsequent campaigns.

The five priority areas assessed by the matrix are:

Priority 1 Indigenous participation in Hospital and Health Service governance

Priority 2 Closing the Gap policy implementation

Priority 3 Service delivery

Priority 4 Recruitment and employment

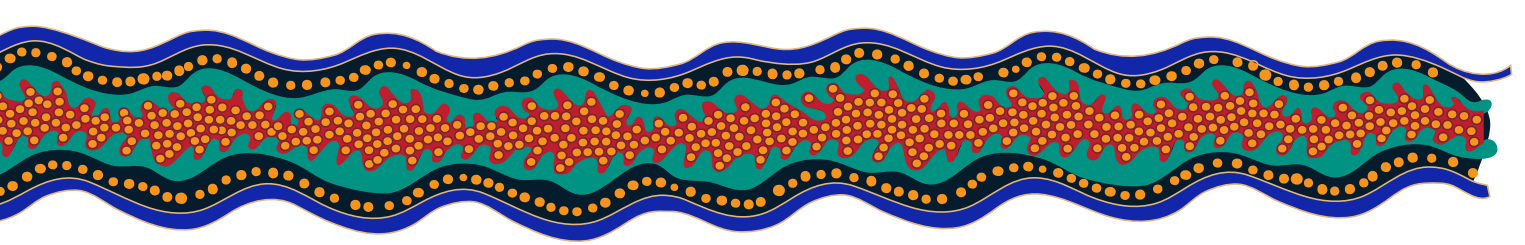
Priority 5 Financial accountability and reporting: Closing the Gap



CWAATSICH

Charleville and Western Areas Aboriginal and Torres Strait Islanders
Community Health Limited





National Safety and Quality Standards Improving care for Aboriginal and Torres Strait Islander people

In 2017 the Australian Commission for Quality and Safety in Health Care has defined six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service Standards.

The implementation of the six defined actions will help orientate the SWHHS teams to provide all Aboriginal and Torres Strait Islander people with the health care they need. This could reduce the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians.

Clinical Governance Standard - Standard 1

- 1.2** The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
- 1.4** The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
- 1.21** The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
- 1.33** The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people

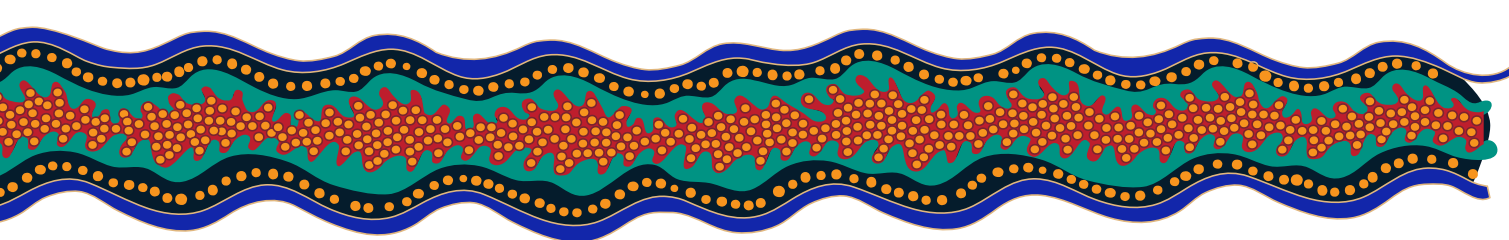
Partnering with Consumers Standard - Standard 2

- 2.13** The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

Comprehensive Care Standard - Standard 5

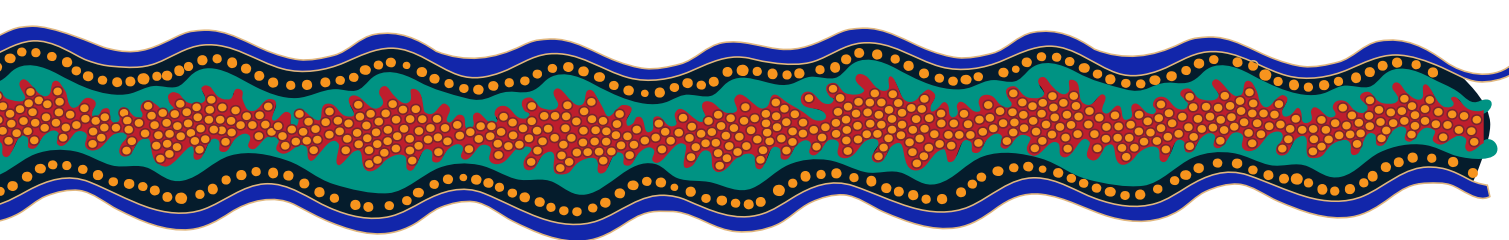
- 5.8** The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.





Priority 1: Promote opportunities to embed Aboriginal and Torres Strait Islander representation in SWHHS leadership, governance and workforce

Action	Performance Measure/target
Actively target suitably skilled Aboriginal and Torres Strait Islander people to apply for appointment to Hospital and Health Boards	Applications for appointment to SWHHS Hospital and Health Board
Provide a clinical leadership, engagement, governance and expert advisory forum for Aboriginal and Torres Strait Islander health workforce	SWHHS Aboriginal and Torres Strait Islander Health Leadership Advisory Council established and meetings with membership inclusive of SWHHS Executive and Aboriginal Medical Services and NGO's
<p>Take steps to maximise employment opportunities across all streams and classifications for Aboriginal and Torres Strait Islander people, including senior executive and/or senior management level positions in order to exceed the 3% workforce target by 2022.</p> <p>As at 30 June 2018 3.4% of the SWHHS workforce identified as being Aboriginal and/or Torres Strait Islander</p>	Increase the number of 'Identified' positions within the SWHHS workforce profile by 10 FTE
Implement and monitor strategies to grow our future Aboriginal and Torres Strait Islander workforce	Increase the participation of Aboriginal and Torres Strait Islander people in incentivised employment programs, e.g. cadetships, scholarships and traineeships
Mandate ongoing Aboriginal and Torres Strait Islander Cultural Capability training for all Board members, Chief Executive Officers and senior and executive leadership staff	<p>Board and Executive Cultural Capability Training attendance 100%</p> <p>Cultural Capability training attendance remains a mandatory for all staff</p>
Implement and monitor strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	SWHHS Executive KPI's to include Decrease DAMA and PPH for Aboriginal and Torres Strait Islander people in SWHHS. Monitored through the Executive Safety and Quality Committee

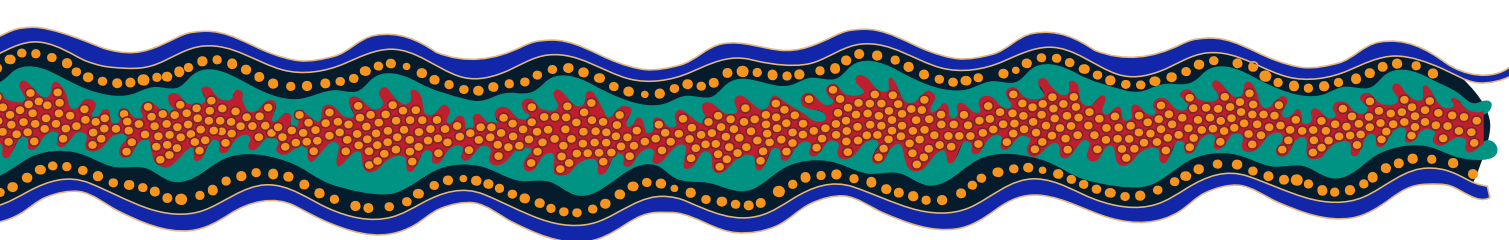


Priority 2: Provide safe, visible and culturally responsive person-centred care

Action	Performance Measure/target
The SWHHS has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	Compliance with mandatory CPP training is maintained at 90% across all streams in SWHHS Complete SWHHS Cultural Capability Audit annually
Implement systems and processes to measure Aboriginal and Torres Strait Islander patient reported experience of care	95% Aboriginal and Torres Strait Islander patient report good/very good experience
Promote the role of Hospital Indigenous Liaison Officers to all Aboriginal and Torres Strait Islander people	Liaison Officers KPI's include contact with Aboriginal and Torres Strait Islander people SWHHS performance reports quarterly to Aboriginal and Torres Strait Islander Branch
Board and Executive support the promotion of Aboriginal and Torres Strait Islander significant events across the SWHHS	Culturally significant Aboriginal and Torres Strait Islander events celebrated annually Calendar of significant events developed and published annually
SWHHS facilities demonstrate a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people	100% facilities have Flags, Reconciliation Statement and Acknowledgement of Traditional Owners at facility entrance 100% of facilities have a culturally safe and welcoming environment for Aboriginal and Torres Strait Islander people # Visual spaces; gardens; artworks implemented in collaboration with local elders
SWHHS has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	85% all patients accessing care in SWHHS facilities have known origin documented in clinical information system

Priority 3: Improve local engagement and partnerships between SWHHS and Aboriginal and Torres Strait Islander people, communities and organisations

Action	Performance Measure/target
Develop in partnership with community elders a SWHHS specific Reconciliation Action Plan	SWHHS Reconciliation Action Plan developed
Partner with stakeholders to improve the delivery of health care for Aboriginal and Torres Strait Islander people	Integrated partnership models of care with Aboriginal Medical Services and Western Queensland Primary Healthcare Network and other NGO's that support access to right service, right place, right time for Aboriginal and Torres Strait Islander people Explore opportunities to share resources both workforce and fiscal; to maximize input and ownership of Aboriginal and Torres Strait Islander health outcomes, with other services providers
Actively target Aboriginal and Torres Strait Islander people to apply for appointment to Community Advisory Committees	Applications for appointment to SWHHS Community Advisory Committees

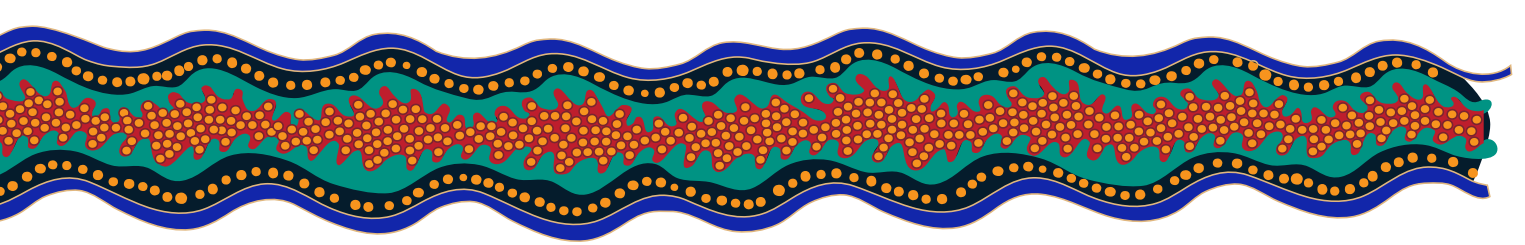


Priority 4: Work in partnership with Aboriginal and Torres Strait Islander people and communities to meet their healthcare needs

Action	Performance Measure/target
Identify and partner with internal and external stakeholders to improve the delivery of health care for Aboriginal and Torres Strait Islander people	# Integrated partnership models of care that support access to right service, right place, right time for Aboriginal and Torres Strait Islander people Report model of care outcomes annually
Utilise the community health needs analysis to inform services planning for Aboriginal and Torres Strait Islander health service delivery	Develop and implement in partnership with Aboriginal and Torres Strait Islander people health specific work plans in all SWHHS communities Specific work plans for all community developed
SWHHS partnerships with the Aboriginal Medical Services and NGOs address chronic diseases in Aboriginal and Torres Strait Islander people	Improve the health journey for people with chronic disease to health services and access is reported as a cartel
Develop programs and health interventions to reduce the number of Indigenous women smoking during pregnancy and reduce the number smoking after 20 weeks gestation through increased smoking interventions at antenatal clinics Partner with the Aboriginal Medical Services for smoking interventions pre-pregnancy Utilise the Aboriginal Health workers to ensure that the smoking intervention programs are culturally appropriate and lead by people who will have the greatest influence Leverage the wisdom of Elders and their ability to influence the Indigenous women on the importance of healthy life, healthy family and healthy children	Reduction in the Women who smoked at any stage during pregnancy by 5% by 30 June 2019 Reduction in the Women who smoked after 20 weeks gestation by 5% by 30 June 2019

Priority 5: Promote transparency and accountability for Closing the Gap

Action	Performance Measure/target
SWHHS will imbed the COAG Closing the Gap strategy into operational planning for the delivery of health care services at the most local level	Aboriginal and Torres Strait Islander KPI's in performance monitoring for each SWHHS Facility
SWHHS Service Agreement includes Aboriginal and Torres Strait Islander health, cultural capability, and KPI reporting as a priority	SWHHS KPI reporting on Aboriginal and Torres Strait Islander outcomes
Performance agreements for senior management to include measures to improve Aboriginal and Torres Strait Islander health outcomes	Executive performance agreements include Aboriginal and Torres Strait Islander Health and workforce outcomes
Develop a suite of Aboriginal and Torres Strait Islander health KPI's for inclusion in the performance framework	KPI's targeted to the burden of disease for Aboriginal and Torres Strait Islander people in SWHHS developed and reported



Authority and reference documents:

- Queensland Government Cultural Capability Framework
- Queensland Government Statement of Action towards Closing the Gap in health outcomes 2018
- Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 - 2026
- Closing the Gap Council of Australian Governments (COAG) Health Targets *National Indigenous Reform Agenda*
- National Safety and Quality Health Standards: *Improving care for Aboriginal and Torres Strait Islander People*
- National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023
- Queensland Government Regional Profiles – Local Government Area - 2016
- Queensland Health Statistical Services Branch Data Dashboards - 2017 - 2018