

Health Equity Strategy

2022-2025

Townsville
Hospital
and Health
Service



Draft strategy

Townsville Hospital and Health Service (Townsville HHS) Draft Health Equity Strategy

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For more information contact:

Strategy and Planning Unit
Office of the Chief Executive,
Townsville Hospital and Health Service
PO Box 670, Townsville, QLD 4810



The Integration of Two Worlds Artist Robert Paul

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

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

The blue waves at the top of the design represents the waters of the Torres Strait Islands. The circles in these waves, are the many Islands of the Torres Strait. The smaller circles inside, represent the community and families of the island. The arrows in the lines

between the circles, represent individuals travelling from the outer islands to onshore community health care centres. The arrows travelling from these centres to the larger circle, show the individuals being directed into the health care system. There are a few paths leaving the health care system. The blue lines depict the health care workers following up on the individuals, making sure they have accessed and understood their special needs. The brown lines represent the individual and their family members making their own way to the services, required to help them with their health needs. At some of these larger circles are “U” shaped symbols.

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



Townsville Hospital and Health Service respectfully acknowledges the Traditional Owners and Custodians both past and present of the land and sea which we service and declares the Townsville Hospital and Health Service's commitment to reducing inequalities between Indigenous and non-Indigenous health outcomes in line with the Australian Government's Closing the Gap initiative.

Terminology

Throughout the Health Equity Strategy, the terms 'First Nations peoples' and 'Aboriginal and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Acknowledging First Nations peoples' right to self-determination, Townsville HHS respects the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including sovereign peoples (for example Bindal or Wulgurukaba) or traditional place names.

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Townsville Health Equity Strategy Steering Committee

Statement of Intent

Monday, 7 February 2022

This is a statement of intent between Townsville Hospital and Health Service, Townsville Aboriginal and Islander Health Services, Palm Island Community Company, Department of Seniors, Disability Services, and Aboriginal and Torres Strait Islander Partnerships and Northern Queensland Primary Healthcare Network.

It commits to working together to Close the Gap in health status and life expectancy between First Nations and non-Indigenous people by 2031 by co-designing and co-implementing services.

Nation-leading legislation enacted in Queensland has presented an opportunity to deliver positive reform to the way we design and deliver healthcare to our First Nations communities through the development of a Health Equity Strategy. Our organisations represent the peak bodies in North Queensland tasked with delivering healthcare and other essential services to our First Nations communities in an equitable, accessible, and culturally safe manner.

As a collective, the Health Equity Strategy Steering Committee recognise:

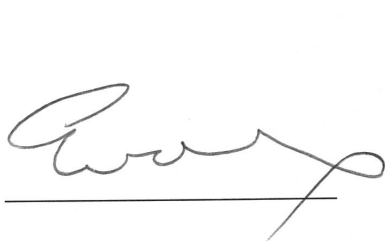
- Despite our best intentions, efforts to Close the Gap over the past 30 years have not been successful.
- The need to develop specific, practical measures to improve access and services to First Nations peoples.
- Our goals can only be met with a shared vision, accountability, and aspiration.

Accordingly, we commit to:

- Working together to deliver a Health Equity Strategy designed by stakeholders and the community.
- Ensuring that health service delivery for First Nations people is culturally safe and appropriate.
- Making health services available, accessible, affordable and of high quality.
- Measuring, monitoring, and reporting on our joint efforts in accordance with agreed benchmarks.
- Reduce or eliminate racism and discrimination within the health system.

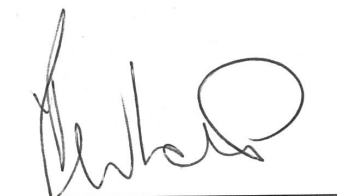
To achieve these commitments, we will:

- Cooperate to support the delivery of the Health Equity Strategy.
- Ensure our efforts are followed by action, accountabilities are clearly defined and met, and identified barriers are raised with a view of finding a practical solution and not assigning blame.
- Offer equal effort to achieve our commitment to Closing the Gap.



Tony Mooney AM

Board Chair
Townsville Hospital and
Health Service



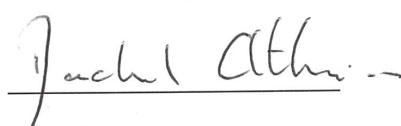
Donald Whaleboat

Board Member
Townsville Hospital and
Health Service



Jennifer Savage

Acting Chief Executive Officer
Townsville Aboriginal and
Islander Health Services



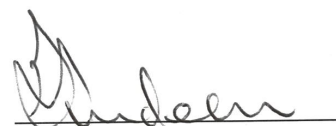
Rachel Atkinson

Chief Executive Officer
Palm Island Community
Company



Robin Whyte

Chief Executive Officer
North Queensland Primary
Healthcare Network



Greg Anderson

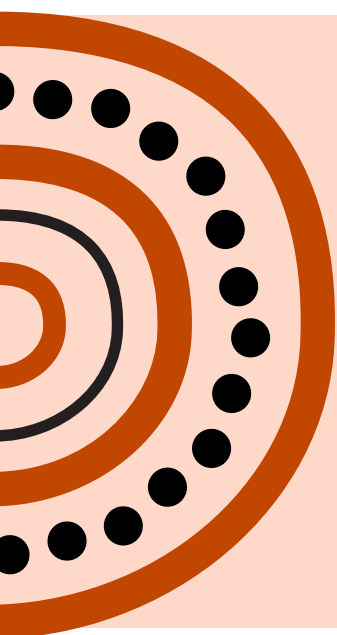
Executive Director
Department of Seniors,
Disability Services, and
Aboriginal and Torres Strait
Islander Partnerships



Journeying together

The Townsville Hospital and Health Service (Townsville HHS) is committed to working in true partnership with Aboriginal and Torres Strait Islander peoples, communities, and organisations to achieve equitable health and wellbeing outcomes. The Townsville HHS welcomes legislative amendments passed in April 2020 to the *Hospital and Health Boards Act 2011*

and April 2021 to the *Hospital and Health Boards Regulation 2012*. This legislation change signals a system-wide commitment to eliminating racism in the Queensland Health system and improving the cultural safety and accessibility of services for Aboriginal and Torres Strait Islander peoples.



Making Tracks Together—Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework (2021)

“The aim of the First Nations health equity reform agenda is to galvanise a renewed and shared agenda to improve Aboriginal peoples’ and Torres Strait Islander peoples’ health outcomes, experiences, and access to care across the health system.

This agenda builds on the foundations of the past to reshape the health system by placing ‘health equity’ and Aboriginal and Torres Strait Islander voices at the centre.

The success of this new approach is dependent on representation, leadership and shared decision-making with Aboriginal peoples and Torres Strait Islander peoples.

It will only succeed by listening to and respecting the voices, lived experiences and cultural authority of Aboriginal and Torres Strait Islander peoples”

Our opportunity

Townsville HHS welcomes the opportunity to co-design and co-develop a Health Equity Strategy for Aboriginal and Torres Strait Islander peoples in the Townsville HHS region. The Townsville HHS Health Equity Strategy represents significant policy reform, and a critical step in transforming health system journeys for

local Aboriginal and Torres Strait Islander peoples. This work presents a unique opportunity to reshape how Aboriginal and Torres Strait Islander peoples are involved in designing, delivering and monitoring health services.

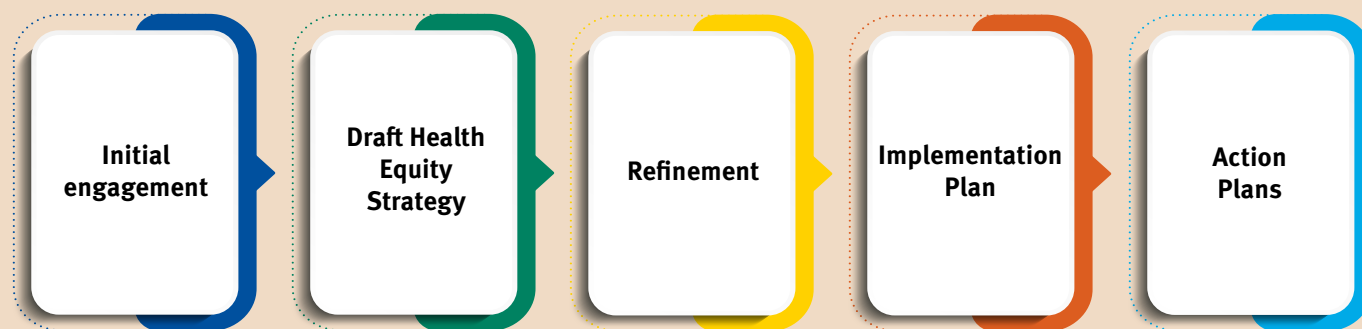
The positive impact

The Health Equity Strategy is intended to be both aspirational, transformative and achievable. This means it will identify both:

- actions that are easily implementable, and
- actions that are more ambitious and innovative.

The innovative actions for improving health equity will require further consultation and engagement,

including exploring alternative funding arrangements for effective implementation. The Health Equity Strategy is one of the first steps in a shared process for understanding ‘what works’ to improve health equity for our First Nations peoples.



The voices and insights of our Aboriginal and Torres Strait Islander communities at every stage

About Townsville HHS

Our journey so far

There has been considerable work already undertaken by Townsville HHS in developing and advancing health and wellbeing initiatives for Aboriginal and Torres Strait Islander peoples across the region. Townsville HHS's significant achievements in recent years include:

- Developing the inaugural Reconciliation Action Plan for Townsville HHS in 2019, which reported 75% of its actions as either completed or near completion in December 2021. The Townsville HHS Reconciliation Action Plan's achievements include: the design and creation of Acknowledgment to Country plaques for entrances to all Townsville HHS facilities, development of a connected-to-community model of care which continues to deliver the Midwifery Community Access Program for First Nations families, activated collaborative primary care partnerships providing COVID-19 vaccinations community wide.
- Delivering the Cultural Practice Program that is aimed at fostering culturally appropriate behaviour at Townsville HHS by enhancing staff members' understanding of local Aboriginal and Torres Strait Islander peoples' history and culture. Tracking towards the required 80% staff completion rate (over 5 year rolling projection), the program continues to assist staff in developing culturally responsive communication skills, providing safer health journeys for Aboriginal and Torres Strait Islander people, patients and consumers.
- Delivering the Aboriginal and Torres Strait Islander Wellbeing Assessment and Engagement Service (ATSIWAES) that streamlines the way culturally appropriate mental health services are delivered to Aboriginal and Torres Strait Islander healthcare consumers.
- Delivering the PROV-ED project, which is a collaborative, multi-disciplinary approach focussed on creating and improving the awareness of cultural safety in Townsville University Hospital's emergency department.
- Developing the Aboriginal and Torres Strait Islander Engagement Strategy 2019, which supports appropriate and effective engagement with Aboriginal and Torres Strait Islander healthcare consumers.
- Championing key consultative opportunities and forums through the establishment of the Aboriginal and Torres Strait Islander Community Advisory Council (ATSICAC) and the Aboriginal and Torres Strait Islander Health Leadership Advisory Council (ATSIHLAC).
- Transitioning of Palm Island primary healthcare services to the community-controlled entity, Palm Island Community Company (PICC). PICC will be contracted by Townsville HHS to provide primary healthcare services, reporting against the key performance indicators on the Palm Island Action Plan 2018-2028 every six months.
- Developing the inaugural Aboriginal and Torres Strait Islander Workforce Strategy 2022 to increase First Nations workforce representation to levels commensurate with local population.

Townsville HHS is committed to building on these initiatives to further develop and provide equitable and culturally safe healthcare services to Aboriginal and Torres Strait Islander peoples and their communities.

Townsville HHS's community-based and hospital-based services

Townsville HHS is the largest tertiary health service in northern Australia, delivering public health services to an area of approximately 149,500 square kilometres or 8.5% of the total area of Queensland. Townsville

HHS services close to 242,000 people across northern Queensland, with its catchment extending west to Richmond and Hughenden, north to Cardwell, south to Home Hill and east to Magnetic and Palm Islands¹.

¹ Townsville HHS. (2021). Local area needs assessment (LANA)

Our health facilities and services

Townsville HHS delivers healthcare services across 21 hospitals and community health facilities as well as in partnership with TAIHS, PICC, primary care and other service providers.

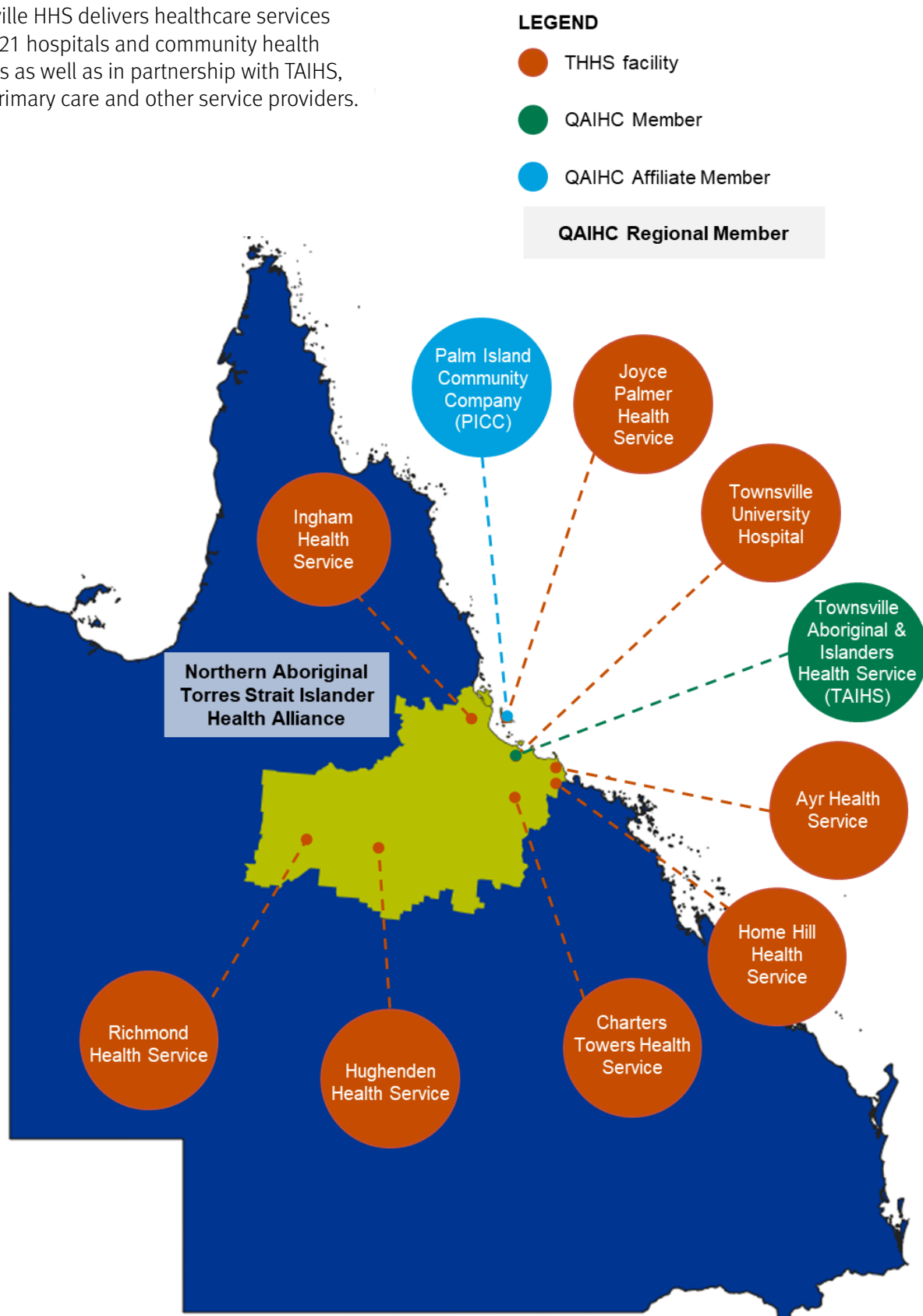


Figure 1: Townsville HHS's key facilities and partner organisations in Aboriginal and Torres Strait Islander health

Our First Nations communities

Diversity of peoples and communities

Aboriginal and Torres Strait Islander peoples living in the region covered by Townsville HHS have a long and diverse history with an ongoing spiritual, social, cultural

and economic relationship with traditional lands, waters, seas and skies.

Location	Traditional Group/Country
Townsville	Wulgurukaba Bindal
Palm Island	Manbarra Bwgcolman
Ayr/Home Hill	Juru
Charters Towers	Gudjal
Ingham	Warrgamay Nywaigi Bandjin
Cardwell	Girramay
Richmond	Wanamara / Woolgar Valley
Hughenden	Yerunthully

Figure 2. Traditional Custodians of the Townsville HHS region

Population profile

As of 2019, approximately 22,512 people or 9.32% of the total Townsville HHS region identified as Aboriginal and/or Torres Strait Islander¹. This is more than double the average for Queensland - approximately 4.7% of Queenslanders identify as Aboriginal and/or Torres Strait Islander.

Our Aboriginal and Torres Strait Islander communities have a young age profile with more than half the population (56.1%) aged 24 years and under, and only 3.9% of the population aged 65 years and over. This differs from the non-First Nations population which has an older age profile with less than a third of the population (32.7%) aged 24 years and under,

and 14.5% of the population aged 65 years and older. The differences in age profiles highlights shortened life expectancy of Aboriginal and Torres Strait Islander peoples.

The Aboriginal and Torres Strait Islander population in the Townsville HHS region is expected to grow at a rate of 2.45% per year and by 2026 reach approximately 26,600 people. This rate of growth exceeds that of the region (1.5%) and signals the immediate need to support the life-course health and wellbeing of Aboriginal and Torres Strait Islander peoples¹.

¹ Townsville HHS. (2021). Local area needs assessment (LANA) throughout this section.

The importance of working together towards health equity

Closing the gaps in health and wellbeing outcomes

Aboriginal and Torres Strait Islander peoples in the Townsville HHS catchment continue to experience differences in health outcomes compared with non-First Nations people. The leading health gaps between Aboriginal and Torres Strait Islander peoples and non-First Nations people are cardiovascular disease, diabetes, respiratory diseases, cancers, mental health disorders and injuries.

Townsville HHS is committed to developing and advancing initiatives towards health equity for

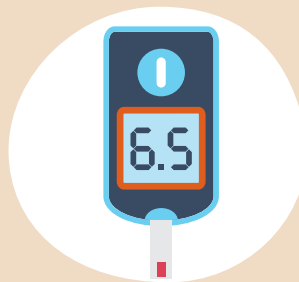
Aboriginal and Torres Strait Islander peoples. The Health Equity reform process provides an opportunity to work in genuine partnership with Aboriginal and Torres Strait Islander peoples, communities, and organisations to close gaps in health and wellbeing outcomes. This includes prioritising and delivering holistic approaches that support the physical, social, emotional, and cultural wellbeing of Aboriginal and Torres Strait Islander peoples and communities.

HEALTH STATUS



9,795 potential years of life lost

from premature deaths of First Nations people between 2014-2018



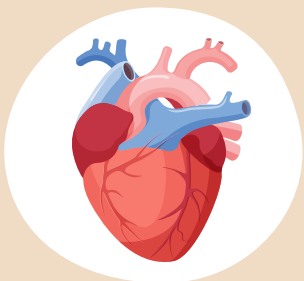
Almost 7 times more likely

to die from diabetes compared to non-First Nations people



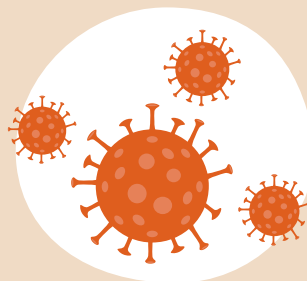
12.2%

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



40 times more likely

to contract acute rheumatic fever than non-First Nations people



3 times more likely

to contract a sexually transmitted infection than non-First Nations people



3 to 4 times more likely

to be hospitalised due to drug and alcohol-related illnesses than non-First Nations people

Source: Adapted from Queensland Government Statistician's Office 2021, Townsville HHS 2022, and LANA 2021.

Strengthening the cultural determinants of health

The impact of colonisation – despite the devastating effects on the lives of Aboriginal and Torres Strait Islander people – has not diminished Aboriginal and Torres Strait Islander peoples' physical, spiritual and cultural connection to Country.

The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing for Aboriginal and Torres Strait Islander peoples. Cultural determinants of health include, (but are not limited to):

- freedom from racism and racial discrimination
- connection to Country
- family, kinship and community
- beliefs and knowledge

- cultural expression and continuity
- language
- self-determination and leadership.

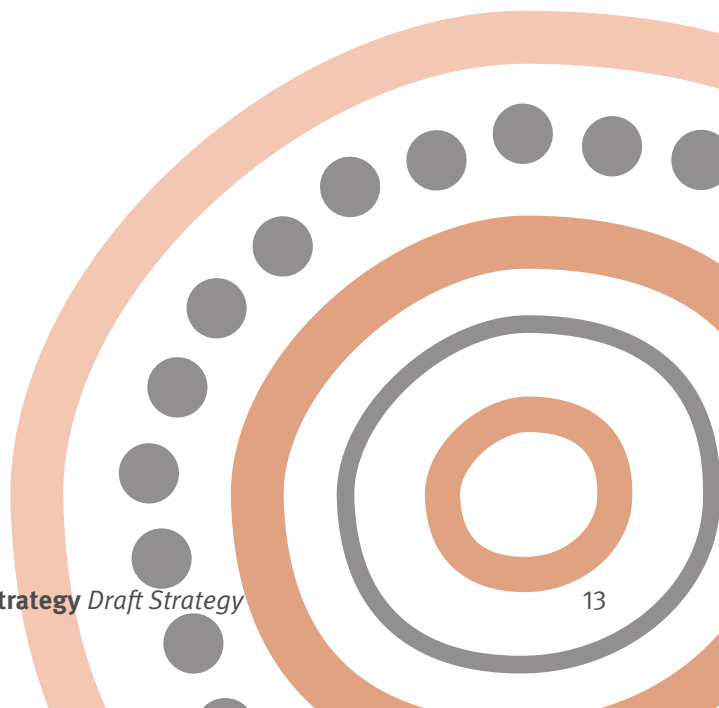
The Health Equity Strategy adopts a cultural determinants approach to the design and delivery of healthcare services and programs for Aboriginal and Torres Strait Islander peoples. This strengths-based approach affirms that connecting to culture, community, and Country supports good health and wellbeing for Aboriginal and Torres Strait Islander peoples.

Influencing the social and economic determinants of health

Society as a whole - and not the public health system alone - creates the foundations for good health. Where people are born and how they live, grow, work and age impacts their health. These factors are known as the social and economic determinants of health. These determinants are estimated to account for more than a third of the total health gap between Aboriginal and Torres Strait Islander peoples and non-First Nations people². Determinants such as: employment and hours worked, highest non-school qualification, level of schooling completed, housing adequacy and household income, account for the majority of the health gap for Aboriginal and Torres Strait Islander peoples.

Influencing the social and economic determinants of health will be key to achieving health equity for Aboriginal and Torres Strait Islander peoples. The Health Equity Strategy provides the platform for shared action across sectors and all levels of government. It prioritises the need for Townsville HHS to identify linkages and establish partnerships with a view to positively influence the social and economic determinants of health for Aboriginal and Torres Strait Islander peoples.

² AIHW. (2020). Australia's Health 2020: Social determinants and Indigenous health.





41.1%

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



Over 75%

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



Almost 4 times more likely

for First Nations children to be from jobless families



Over 20%

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



Only half of First Nations peoples

have completed their high school education



More than 1 in 3

Aboriginal and Torres Strait Islander peoples receive rental assistance

Source: Adapted from Queensland Government Statistician's Office 2021, Townsville HHS 2022, and LANA 2021.

Recognising the diverse needs of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples have diverse cultures, languages, backgrounds, and identities. There is no equal or “one-size-fits-all” approach in delivering healthcare services to Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander peoples require services that are culturally safe, responsive, more flexibly accessible, and tailored to community needs.

This includes Townsville HHS services catering to the needs of:

- people across their life course from babies to older age groups
- people living in regional and remote locations
- people who identify as lesbian, gay, bisexual, trans/transgender, queer, intersex, asexual, sistergirl and brotherboy (LGBTQIA+SB)
- people living with mental illness

- people experiencing homelessness
- people with disability
- people who are in the youth or adult justice system
- people who are in the child safety system
- Stolen Generations survivors.

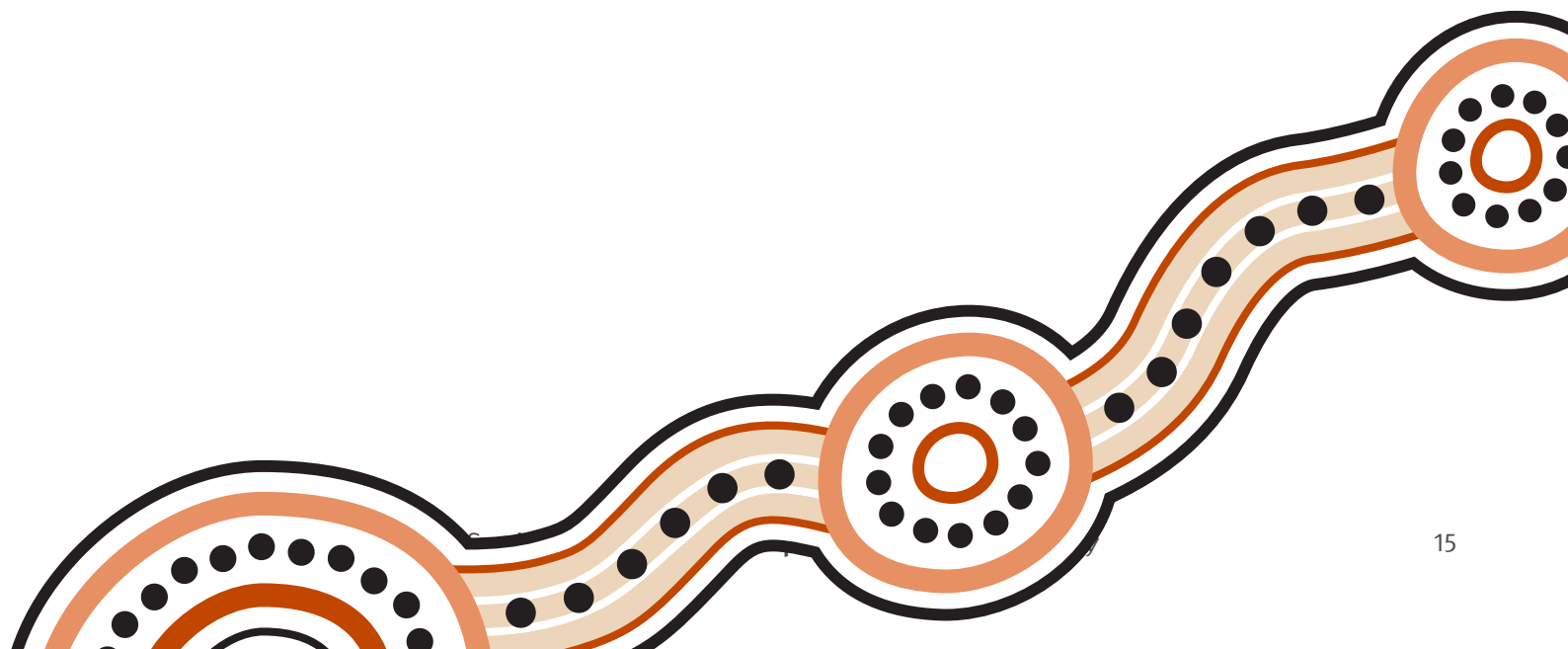
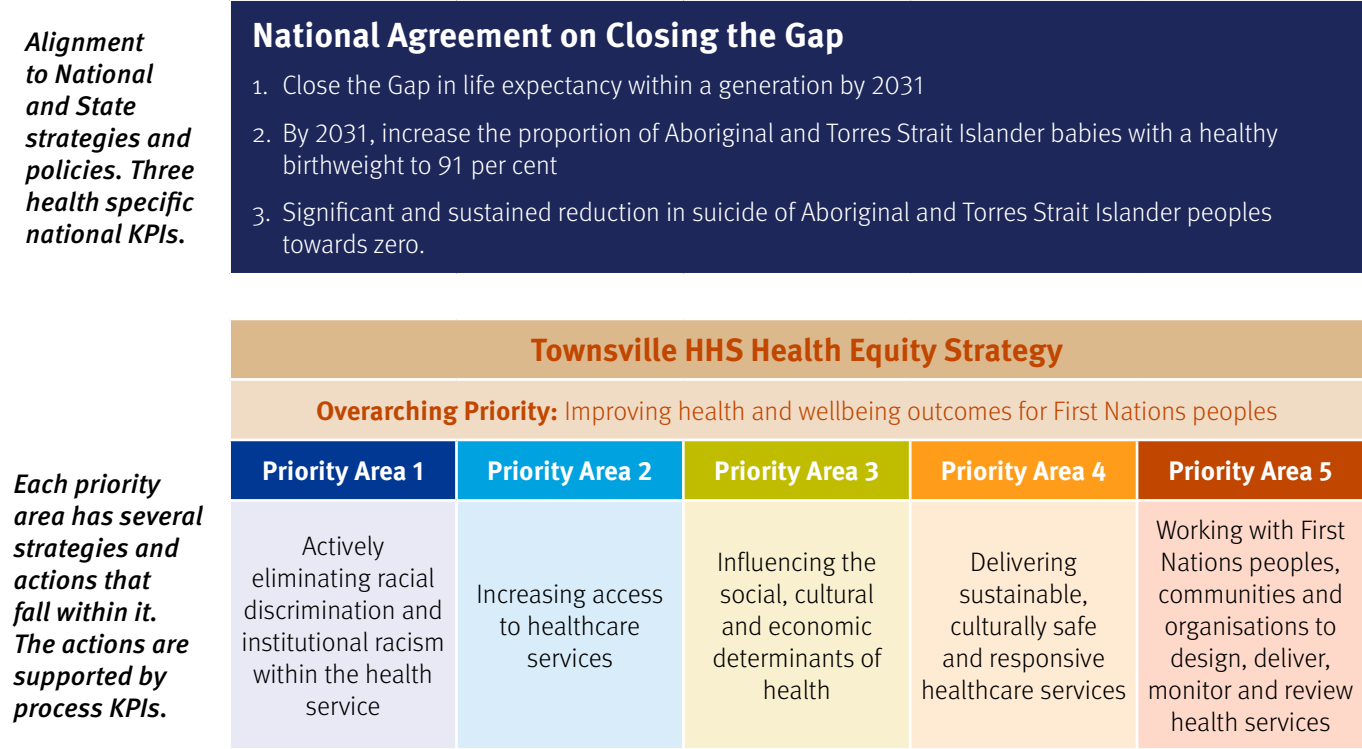
Through implementing the Health Equity program, Townsville HHS will re-orientate its health system to better support Aboriginal and Torres Strait Islander people's health journeys. A key part of this will be ensuring access to coordinated care across primary, secondary, tertiary, specialist and allied health services. The development of trust, relationships, and clear and responsive communication will be vital in determining culturally responsive care pathways.

Improving First Nations health and wellbeing outcomes

The National Agreement on Closing the Gap 2020 identifies three health-specific national key performance indicators (KPIs). The Health Equity Strategy has an overarching objective of improving health and wellbeing outcomes for First Nations peoples to improve health equity and support the Closing the Gap agenda. The five legislated priority

areas for the Health Equity Strategy provide the framework for the strategies, actions and measures for Townsville HHS to deliver on this overarching objective. All priorities and actions are intended to align with the purpose, priority reforms and targets outlined in the National Agreement on Closing the Gap 2020.

Figure 3: Alignment between the National Closing the Gap agenda and the Townsville HHS Health Equity Strategy



Context around other policy and planning frameworks

The Health Equity Strategy has been developed in line with a range of policies and planning frameworks aimed at reducing disadvantage experienced by Aboriginal and Torres Strait Islander peoples.

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

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

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

1. Recognition of Aboriginal and Torres Strait Islander peoples as the First Peoples of Queensland
2. Self-determination
3. Respect for Aboriginal and Torres Strait Islander cultures

4. Locally led decision-making
5. Shared commitment, shared responsibility and shared accountability
6. Empowerment
7. Free, prior and informed consent
8. A strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

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

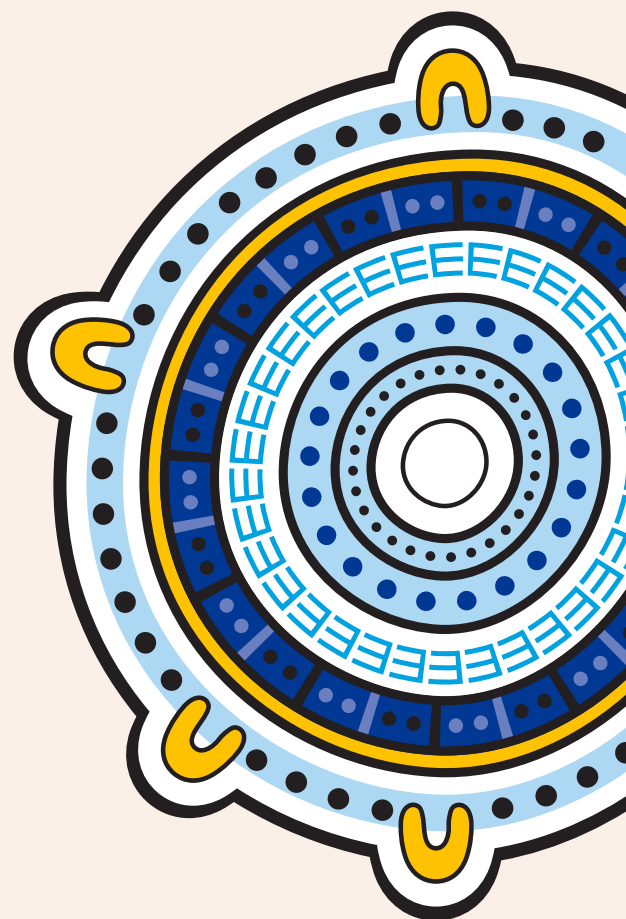


Figure 4: The Health Equity Strategy's alignment with other policy and planning frameworks

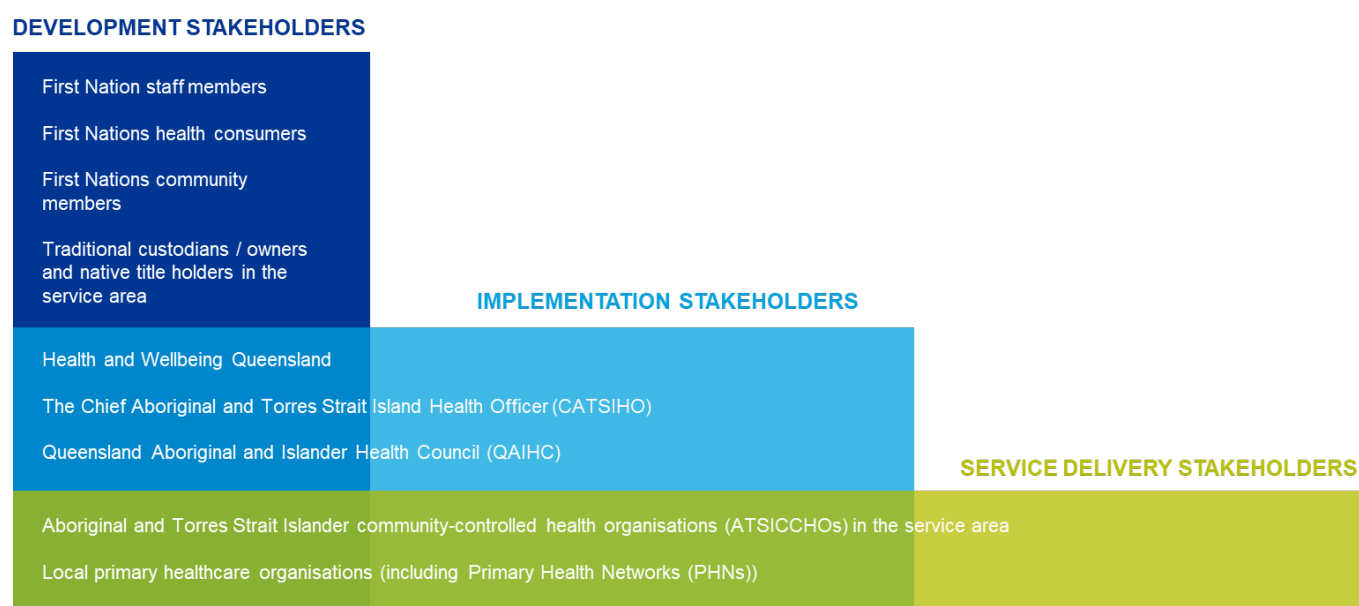


Development of the Health Equity Strategy

The Townsville HHS Draft Health Equity Strategy has been co-designed with Aboriginal and Torres Strait Islander peoples, communities, and key organisations. Health Equity Strategy prescribed stakeholders include:

- **Development stakeholders** - those that must be involved in the co-design and co-development of the strategies.
- **Implementation stakeholders** - those that must be involved and worked with as part of co-design, co-development, and co-implementation of the strategies.
- **Service delivery stakeholders** - those that must be partnered and worked with in the co-design, co-development, and co-implementation of the strategies in service delivery.

Figure 5: Prescribed stakeholders



Source: (QLD Health and QAIHC, 2021)

It is important to note that the above mentioned prescribed stakeholder list is not exhaustive. As such, a range of other relevant individuals and organisations

were involved in the initial co-design process in addition to the prescribed stakeholders.

Co-design stakeholder groups

The following stakeholder groups from across the Townsville HHS catchment were involved in the initial co-design process of the Health Equity Strategy:

- Aboriginal and Torres Strait Islander staff members from Townsville HHS
- Aboriginal and Torres Strait Islander healthcare consumers and community members in the Townsville HHS catchment
- Elders, Traditional Custodians and Native Title Holders in the Townsville HHS catchment
- Townsville HHS's Aboriginal and Torres Strait Islander Consumer Advisory Council
- Townsville HHS's Senior Leadership Forum
- Townsville HHS's Medical Heads of Department
- Chief Aboriginal and Torres Strait Islander Health Officer
- Health and Wellbeing Queensland
- Queensland Aboriginal and Islander Health Council
- Townsville Aboriginal and Islander Health Service
- North Queensland Primary Health Network
- Community partner organisations and service delivery partners.

Co-design approach

The co-design process was originally intended to occur face-to-face, however due to the increase in COVID-19 cases in the Townsville HHS region in January of 2022, the first round of co-design workshops were held virtually. This change in approach was agreed with the Townsville HHS Health Equity Strategy Project Steering Committee with acknowledgment that Aboriginal and Torres Strait Islander peoples are one of the most vulnerable groups with respect to COVID-19. There was agreement that facilitating the co-design sessions virtually mitigated the risk of placing additional burden on stakeholders and community members, including Aboriginal and Torres Strait Islander health professionals, at a time when they were focused on responding to an increasing COVID-19 caseload.

Despite Omicron COVID limitations, a stakeholder co-design listening program was delivered. This program involved over 40 hours of listening across various workshops, meetings, interviews and community surveys. In total, around 190 people participated across the Townsville HHS catchment.

Townsville HHS's co-design process was conducted with the philosophy that health equity for Aboriginal and Torres Strait Islander peoples is "everyone's business". The co-design activities were delivered in accordance with the following principles:

- **shared decision-making** - Townsville HHS recognises the importance of self-determination and will work with prescribed stakeholders in each aspect of decision-making for the Health Equity Strategy, including the identification and implementation of strategies, actions, and key performance indicators
- **collaboration** - Townsville HHS respects, values, and embraces the culture, knowledge and heritage of Aboriginal and Torres Strait Islander peoples in its collaborative development of the Health Equity Strategy
- **genuine partnership** - Townsville HHS is committed to building partnerships with Aboriginal and Torres Strait Islander communities and organisations that are based on trust, equality, and mutual understanding, and focuses on the pursuit of common goals or interests
- **continuous quality improvement** - Townsville HHS is responsive to Aboriginal and Torres Strait Islander community needs and be concerned with improving health outcomes through its healthcare practices, processes, and services.

Townsville HHS' first round of health equity engagement involved the following delivery methods:

- one-on-one telephone calls with Aboriginal and Torres Strait Islander health consumers, Traditional Custodians and Elders Groups
- virtual co-design workshops and yarning circles with Townsville HHS First Nations and non-Indigenous staff, First Nations Consumer and Leadership Advisory bodies, health service providers, service partners, and

- online survey published on Townsville HHS's website.

These three forms of co-design activities constituted over 100 hours of consultation time with 205 healthcare consumers, including the voices of 75 Aboriginal and Torres Strait Islander peoples.

Continued stakeholder listening and engagement

It is recognised that this completed first round of community engagement and stakeholder listening is insufficient to inform co-development of the final Townsville HHS First Nations Health Equity Strategy. It is acknowledged that ongoing comprehensive community consultation is required to continually

shape, inform and adapt the Townsville HHS' First Nations Health Equity Strategy and program of work. Townsville HHS is committed to journeying together with First Nations peoples towards closing health outcome gaps by 2031 through continued co-design and shared agreement making.

Strategies for action

Planning and timeframes

Based on the first-round co-design process, service needs analysis and desktop review, a range of strategies have been identified to progress health equity for Aboriginal and Torres Strait Islander peoples in the Townsville HHS region. The following pages outline the strategies for implementation in the immediate future (i.e. the next 1-3 years). These strategies build on the work that Townsville HHS already has underway and leverages pre-existing partnerships and relationships for action.

It is acknowledged that to effectively close the gap in health outcomes for Aboriginal and Torres Strait Islander peoples, there will need to be medium- and long-term strategies for change. The co-design process identified a number of considered, evidence-based strategies for improving health equity for Aboriginal and Torres Strait Islander peoples, which will require further engagement, planning and resourcing to implement. It is anticipated that these strategies will be considered as part of future iterations of the Health Equity Strategy, based on learnings from evaluation of the strategies and actions for immediate implementation.

Strategic Priority 1: Actively eliminating racial discrimination and institutional racism within the service

Townsville HHS understands that taking action towards eliminating racial discrimination and institutional racism is ‘everybody’s business’. Townsville HHS’s strategies incorporate a human-centred approach to influence behaviours and actions, strengthen accountability, and ensure policies and procedures are equitable for everyone.

Strategies and Key Performance Measures

What did we hear?	What are we going to do?	What does success look like?
<p><i>“We want the Cultural Practice Program to incorporate the voices of the Aboriginal and Torres Strait Islander community and Elders.”</i></p> <p><i>“We want the Cultural Practice Program to be a mandatory requirement for Townsville HHS staff.”</i></p> <p><i>“We want staff to be aware of racial unconscious biases and to develop an organisational culture that is accepting of cultural difference.”</i></p> <p><i>“We want people to be able to safely call out poor behaviour when they see or experience it.”</i></p> <p><i>“We need to have representative input into Townsville HHS policies and procedures design, development, implementation and evaluation.”</i></p> <p><i>“We want Townsville HHS to follow-up with Aboriginal and Torres Strait Islander peoples if they are unable to attend medical appointments and connect them back to care.”</i></p>	<p>Strategy 1.1: We will improve the existing cultural practice program</p> <p>1.1.1 We will update the Cultural Practice Program to recognise the diversity of local culture. We will invite ATSICAC, ATSIHLAC, Traditional Custodians, Elders, and local community leaders to be part of reference and advisory groups for our training programs.</p> <p>1.1.2 We will invest in cultural communication skill development – such as story-based Clinical Yarning programs.</p>	<ul style="list-style-type: none"> • An increase in the number and frequency of staff completing the Cultural Practice Program and other related training by Service, Leadership and Supervision Groups • An increase in the number and frequency of leaders and managers completing cultural practice training for leadership and supervision. • Positive change in Aboriginal and Torres Strait Islander employees’ experience over time • Positive change in Aboriginal and Torres Strait Islander patient reported experience measures. • A reduction in the number of First Nations peoples who discharge from hospital against medical advice • A reduction in the number and rate of failure to attend • A reduction in the number and rate of failure-to-follow-up • Annually prioritised outcome and equity-based performance measures publicly reported back to First Nations health consumers.
	<p>Strategy 1.2: We will empower staff to have conversations about racism in the workplace</p> <p>1.2.1 We will design and deliver training programs for our staff to address persistent racial tension and examine unconscious bias. This will enable scaling of a culturally safe approach for modifying interpersonal actions and behaviours for staff.</p>	
	<p>Strategy 1.3: We will conduct a review and update of our policies and procedures</p> <p>1.3.1 We will identify a priority list of policies and processes for review. This will enable identification of the policies and processes that result in instances of racial discrimination going unchecked or unresolved. Examples may include: a review of the complaints process, a review of the process for clinical follow-up and a review of the accuracy and applicability of disaggregated Indigenous data used to inform planning. This action will be led by Aboriginal and Torres Strait Islander expertise and incorporate consumer input.</p> <p>1.3.2 We will review and update our complaints process to include racial discrimination, culturally safeguarding processes and procedures to be supportive of Aboriginal and Torres Strait Islander peoples.</p> <p>1.3.3 We will review and adjust existing process performance measures to better understand Aboriginal and Torres Strait Islander patient journeys. We will conduct service-wide patient journey mapping to develop equity-based health outcome performance measures.</p>	

Strategic Priority 2: Increasing access to healthcare services

Townsville HHS will continue to pursue strategies to support equitable access to healthcare services for communities across the region. We will support more flexible models of care with a focus on areas where Aboriginal and Torres Strait Islander peoples are disproportionately impacted.

Strategies and Key Performance Measures

What did we hear?	What are we going to do?	What does success look like?
<p><i>“We have additional travel and transport barriers which limit our access to specialised appointments.”</i></p> <p><i>“We want better after-hours transport access.”</i></p> <p><i>“We want health services to help coordinate clinic times and transport, especially when people have more than one appointment.”</i></p> <p><i>“We need to provide affordable transport options for Aboriginal and Torres Strait Islander peoples, especially in areas without access to taxis, ride-share services or public transport.”</i></p> <p><i>“We know our mothers and babies need some extra care and support from pregnancy to early years.”</i></p>	<p>Strategy 2.1: We will improve healthcare delivery for Aboriginal and Torres Strait Islander peoples living in rural and remote areas</p> <p>2.1.1 We will conduct a review of patient transport, travel and accommodation services.</p> <p>2.1.2 We will co-design and implement improvements to patient transport based on the review.</p> <p>2.1.3 We will increase the uptake of telehealth and digital health for Aboriginal and Torres Strait Islander peoples leveraging existing projects, programs and initiatives such as Connect to Care.</p>	<ul style="list-style-type: none"> • A reduction in the number and rate of failure to attend • A reduction in the number of complaints or negative experiences in Aboriginal and Torres Strait Islander patient reported experience measure data • An increase in telehealth utilisation rates (First Nations People) – Number of non-admitted telehealth service events (First Nations, population).
	<p>Strategy 2.2: We will expand the range of initiatives aimed at providing mothers and babies with equitable, high quality and person-centred care</p> <p>2.2.1 We will investigate options to enable better connected, coordinated culturally safe and supportive maternal and infant health services that continues care across service boundaries.</p> <p>2.2.2 We will establish community-based mother and baby groups to conduct family wellbeing programs and deliver services and promotion activities related to infant and maternal health.</p> <p>2.2.3 We will implement mechanisms so that maternity services, policies, and procedures address cultural safety, sensitivities and incorporate extended family and community arrangements.</p>	<ul style="list-style-type: none"> • An increase in the proportion of admitted mothers who report a positive and culturally safe experience • A reduction in the proportion of low birthweight babies born to First Nations mothers. <p>Close the Gap indicators</p> <ul style="list-style-type: none"> • An increase in the proportion of First Nations mothers with five or more antenatal visits • An increase in the proportion of First Nations mothers with at least one antenatal care visit in the first trimester.

*Key performance measures that align with those suggested within the Queensland Department of Health’s Health Equity toolkit are indicated in [green text](#). Those measures that will require Townsville HHS to develop new methods of measurement are indicated in [blue text](#).

What did we hear?	What are we going to do?	What does success look like?
“We need Aboriginal and Torres Strait Islander health and wellbeing delivered by our own people, when and where we need it.”	Strategy 2.3: We will expand the delivery of culturally safe and trauma-informed supports in the community <i>Based on the co-design process and service needs analysis the priority services identified to improve cultural safety include: mental health services, drug and alcohol services, services for infectious diseases of concern and chronic conditions (e.g., chronic kidney disease, cardiovascular disease and diabetes).</i>	Mental Health <ul style="list-style-type: none">• A reduction the intentional self-harm mortality rate (suicide)• An increase in the proportion of mental health service episodes with a documented care plan.
	2.3.1 We will collaborate with other service providers to formalise and document referral pathways for Aboriginal and Torres Strait Islander peoples.	Infectious diseases of significant concern <ul style="list-style-type: none">• An increase in immunisation rates for Aboriginal and Torres Strait Islander children and adults. Chronic Conditions: Close the Gap indicators <ul style="list-style-type: none">• An increase in the proportion of chronic condition related admissions with a documented care plan.
	2.3.2 We will identify social and environmental factors that impact on access to and the completion of treatment programs and develop initiatives to address these factors through partnership with Aboriginal and Torres Strait Islander communities and stakeholders.	
	2.3.3 We will review what worked with programs such as COVID-19 vaccination program, and apply these strategies to other preventative health programs for Aboriginal and Torres Strait Islander peoples.	

*Key performance measures that align with those suggested within the Queensland Department of Health’s Health Equity toolkit are indicated in *green text*. Those measures that will require Townsville HHS to develop new methods of measurement are indicated in *blue text*.

Strategic Priority 3: Influencing the social, cultural and economic determinants of health

Townsville HHS will influence the social, cultural and economic determinants of health for Aboriginal and Torres Strait Islander peoples in the community by investing in and supporting Aboriginal and Torres Strait Islander peoples, activating partnerships across the health sector, and developing cross-sectoral initiatives with partners across the broader social system.

Strategies and Key Performance Measures

What did we hear?	What are we going to do?	What does success look like?
<p><i>“We want to increase the representation of Aboriginal and Torres Strait Islander peoples in the Townsville HHS workforce.”</i></p> <p><i>“We want more initiatives delivered in partnership with communities.”</i></p> <p><i>“We want fewer Aboriginal and Torres Strait Islander peoples with infections and preventable diseases.”</i></p> <p><i>“We want Townsville HHS staff to understand the history and context when treating Aboriginal and Torres Strait Islander peoples.”</i></p> <p><i>“We want Townsville HHS to take a more proactive role in addressing the social and economic issues.”</i></p>	<p>Strategy 3.1: We will expand the procurement of Aboriginal and Torres Strait Islander goods and services to achieve positive change on the economic determinants of health</p> <p>3.1.1 We will prioritise and expand procurement (including outsourcing) from Aboriginal and Torres Strait Islander owned businesses through Supply Nation in alignment with State and Commonwealth procurement policies.</p> <p>3.1.2 Where possible, we will procure goods and services that provide quality employment opportunities for local First Nations peoples.</p> <p>3.1.3 We will create employment pathways for Aboriginal and Torres Strait Islander peoples and actively increase the number of First Nations peoples employed at Townsville HHS through the execution of Townsville HHS’s Aboriginal and Torres Strait Islander Workforce Strategy.</p> <p>Strategy 3.2: We will explore options to develop cross-sectoral initiatives to influence the social, economic and cultural determinants of health</p> <p>3.2.1 We will foster the development of a regional equity coalition of peak cross-sectoral partner organisations to discuss how Townsville HHS’s services can better align with community-based cultural and social services, partnership bodies, and economic development organisations .</p> <p>3.2.2 In cross-sector partnership we will develop health equity cross-indicators incorporating measures of health outcomes and social, cultural and economic determinants of health.</p> <p>3.2.3 We will better partner with place-based Translational Health Equity Research organisations and establish annual research programming centering on Health Equity.</p>	<p>• An increase in the proportion of the Townsville HHS annual budget spent on local Aboriginal and Torres Strait Islander goods and services (target: commensurate to local population)</p> <p>• An increase in the proportion of Townsville HHS staff that identify as Aboriginal and/or Torres Strait Islander to parity with population (9.32%).</p> <p>• An increase in the number of cross-sectoral initiatives to demonstrate contribution to addressing the drivers of health</p> <p>• An increase in the proportion of funding involved in delivering cross-sectoral initiatives.</p>

*Key performance measures that align with those suggested within the Queensland Department of Health’s Health Equity toolkit are indicated in **green text**. Those measures that will require Townsville HHS to develop new methods of measurement are indicated in **blue text**.

Strategic Priority 4: Delivering sustainable, culturally safe and responsive healthcare services

Townsville HHS will provide healthcare services that are culturally safe, responsive, empowering and healing for Aboriginal and Torres Strait Islander peoples. The HHS will continue to build positive and collaborative relationships with Aboriginal and Torres Strait Islander communities across the region.

Strategies and Key Performance Measures

What did we hear?	What are we going to do?	What does success look like?
<p><i>“We want you to consider cultural healing by using traditional medicine to compliment western medicine.”</i></p> <p><i>“We want Aboriginal and Torres Strait Islander peoples who travel long distance to be provided with safe discharge and supports.”</i></p> <p><i>“We want health services to follow-up with Aboriginal and Torres Strait Islander health consumers in the community after they leave hospital.”</i></p> <p><i>“We want you to understand Aboriginal and Torres Strait Islander cultures and work with our community to understand what we need.”</i></p> <p><i>“Events to celebrate culture and yarning circles are great opportunities to informally break down barriers and for the community to be involved.”</i></p>	<p>Strategy 4.1: We will continue to embed a trauma-informed approach to the delivery of healthcare services across the Townsville HHS catchment</p>	<ul style="list-style-type: none"> • Positive change in Aboriginal and Torres Strait Islander patient reported experience measure results. • A reduction in the number of First Nations peoples who discharge from hospital against medical advice. • An increase in the number of dedicated culturally safe spaces in Townsville HHS facilities • An increase in community engagement and the number of health promotion events • An increase in the number of and participation in events on days of cultural significance.
	<p>4.1.1 We will identify ways through continued community consultation (inclusive of ATSICAC) to include traditional knowledge and cultural healing practice into hospital and healthcare to treat and support Aboriginal and Torres Strait Islander peoples.</p> <p>4.1.2 We will update clinical practice guidelines and quality and safety standards to embed cultural safety and responsivity in practice.</p>	
	<p>Strategy 4.2: We will increase supports for Aboriginal and Torres Strait Islander peoples who are discharged from hospital including follow-up in the community</p>	
	<p>4.2.1 We will improve discharge services to work with Aboriginal and Torres Strait Islander consumers, including coordination with primary care, providing follow-up, and travel and accommodation arrangements upon discharge.</p>	
	<p>Strategy 4.3: We will continue to identify opportunities to build trust in Townsville HHS’s facilities and healthcare services, and deliver services in safe and welcoming locations</p>	
	<p>4.3.1 We will invest in Aboriginal and Torres Strait Islander infrastructure to design representative, culturally safe and welcoming spaces, influenced by Aboriginal and Torres Strait Islander stories, language and artwork.</p> <p>4.3.2 We will celebrate Aboriginal and Torres Strait Islander culture with our communities by expanding community engagement and health promotion activities at Townsville HHS facilities and in the community.</p> <p>4.3.3 We will partner with regional and remote Aboriginal and Torres Strait Islander Health Organisations to embed culturally safe models of care and incorporate these learnings across service boundaries.</p>	

*Key performance measures that align with those suggested within the Queensland Department of Health’s Health Equity toolkit are indicated in **green text**. Those measures that will require Townsville HHS to develop new methods of measurement are indicated in **blue text**.

Strategic Priority 5: Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

Townsville HHS will actively collaborate with Aboriginal and Torres Strait Islander peoples across communities in the region and draw on their experiences and expertise to plan, design, monitor and review healthcare services to ensure that are aligned to their health and cultural needs.

Strategies and Key Performance Measures

What did we hear?	What are we going to do?	What does success look like?
<p><i>“We want you to ensure First Nations peoples are represented in decision-making.”</i></p> <p><i>“We want Aboriginal and Torres Strait Islander young peoples to be engaged in telling Townsville HHS how to design and shape services.”</i></p> <p><i>“We want the opportunity to tell Townsville HHS about what is and isn’t working.”</i></p> <p><i>“Townsville HHS can help to improve the health literacy of Aboriginal and Torres Strait Islander peoples.”</i></p> <p><i>“We need to help people understand the importance of healthy choices.”</i></p>	<p>Strategy 5.1: We will actively involve Aboriginal and Torres Strait Islander peoples in decision-making for health service planning, monitoring and evaluation of services</p> <p>5.1.1 We will continue to actively involve First Nations peoples in health service and infrastructure planning processes so that the design and infrastructure plan represents the needs of First Nations peoples.</p> <p>5.1.2 We will design and implement regular health equity surveys and feedback processes for Aboriginal and Torres Strait Islander consumers across the region.</p>	<ul style="list-style-type: none"> • An increase in the number of co-design or engagement sessions facilitated annually with Aboriginal and Torres Strait Islander peoples • An increase in reporting frequency on progress against Health Equity Strategy commitments and other agreed measures to Townsville HHS communities. • Documented engagement and initiatives developed with identified consumer groups • An increase in the number of co-design or engagement sessions facilitated annually with target cohorts of Aboriginal and Torres Strait Islander people (e.g. young people, Elders). • An increase in the use of plain language and visual health educational resources for Aboriginal and Torres Strait Islander people.
	<p>Strategy 5.2: We will work with specific groups of Aboriginal and Torres Strait Islander peoples to better align services and activities with health and cultural needs</p> <p>5.2.1 We will identify priority cohorts of Aboriginal and Torres Strait Islander peoples to develop targeted engagement and co-design approaches with (e.g., Elders, young people, and people with lived experience of health conditions), with a focus on underrepresented groups.</p> <p>5.2.2 We will develop and roll-out evidence-based engagement strategies that are tailored for each group to increase their input into service planning, monitoring, and evaluation. For example, by engaging more with young people and youth leadership organisations in the design of and feedback on health services.</p>	
	<p>Strategy 5.3: Expand engagement with Aboriginal and Torres Strait Islander healthcare consumers through health consultations and story-based educational resources</p> <p>5.3.1 We will invest in Aboriginal and Torres Strait Islander infrastructure to design representative, culturally safe and welcoming spaces, influenced by Aboriginal and Torres Strait Islander stories, language and artwork.</p> <p>5.3.2 We will celebrate Aboriginal and Torres Strait Islander culture with our communities by expanding community engagement and health promotion activities at Townsville HHS facilities and in the community.</p>	

Implementation and review

Implementation

The Health Equity Strategy is a “living” body of story and journey work. As it is further refined, the strategies and actions described will be adapted based on the voice and advice of local Aboriginal and Torres Strait Islander community, consumers, staff and Traditional Custodians.

To support the Health Equity Strategy living within the Townsville HHS, an implementation program with domain-based action plans will be developed describing:

- More detail of the ‘how’ of strategies and actions
- The ‘who’ detail of responsibilities for delivery and performance
- The resourcing detail to support implementing the strategies and actions

- The timeframes of first 3 years of implementation and action, and
- Who Townsville HHS will partner with for implementation and action, with and ‘how’ we will partner?

There will be some strategies and actions that will require longer term planning and further engagement with Aboriginal and Torres Strait Islander peoples and service delivery partners. The Townsville HHS is committed to working with the Queensland Department of Health and partners to identify options for implementing the strategies and actions identified as part of the co-design process.

Monitoring and reporting

The Townsville HHS inaugural Health Equity Strategy aims to embed Health Equity as part of the core business of Townsville HHS. Working together with community, partner organisations and stakeholder groups to continually review equity progress will maintain effectiveness in supporting Townsville HHS’s Health Equity reform success. Key performance measures will be used to understand the progress of strategies and actions toward achieving outcomes, and a continuous improvement approach will be used to guide the re-design of strategies where necessary.

The Health Equity Strategy Program Lifecycle (below) includes a phased approach to the development, implementation and review of Health Equity strategies for action. Townsville HHS is committed to journeying together to co-deliver and co-implement the Health Equity Strategy with Aboriginal and Torres Strait Islander peoples in the Townsville HHS region to close the gap in health outcomes by 2031.

There are five key interactions for the Health Equity Strategy:

1. **Working with the prescribed stakeholders**
2. **Exploring and evidence gathering** (based on the principle of co-ownership)
3. **Planning and design** (based on the principles of co-design)
4. **Implementation and delivery** (based on the principle of co-implementation)
5. **Evaluation and review** (based on the principle of accountability).

Source: (Queensland Department of Health and QAIHC, 2021)



Figure 6: Health Equity Strategy Project Lifecycle

Townsville HHS governance and accountability

Clear governance arrangements will be critical for supporting an enduring commitment to, and accountability for, the sustainable implementation of the Health Equity Strategy. Townsville HHS acknowledges the importance of strengthening the representation of Aboriginal and Torres Strait Islander peoples in governance structures and directly involving them in decision-making processes for the planning, design, delivery, monitoring and review of health services.

In Townsville HHS's current governance structure, Aboriginal and Torres Strait Islander peoples are represented in the Board Executive Committee and the Senior Leadership team. Queensland Health has suggested governance arrangements to support shared accountability for implementing and monitoring the Health Equity Strategy. These arrangements include establishing a new governance structure to support implementation of the Health Equity Strategy (e.g., a First Nations Health Equity Executive Committee); or augmenting existing governance structures to be responsible for the implementation of the Health Equity Strategy.

In either case, the input of prescribed stakeholders such as community, Elders, Traditional Custodians and Owners, and Aboriginal and Torres Strait Islander consumers will be important for holding Townsville HHS and Queensland Health accountable for the progress made in improving health equity and outcomes for local Aboriginal and Torres Strait Islander people.

Monitoring and review of the Townsville HHS Health Equity Strategy

Throughout implementation of the Strategy Townsville HHS will report publicly to Developmental, Implementation and Service Delivery Stakeholder groups on what has been achieved under each key priority area outlined in the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*.

In accordance with the amended *Hospital and Health Boards Act 2011*, the Health Equity Strategy will be developed and reviewed in three-year cycles toward the fulfillment of the Close the Gap target outlined in the National Agreement on Closing the Gap (of

achieving life expectancy parity for Aboriginal Torres Strait Islander peoples by 2031)³.

Townsville HHS's inaugural Health Equity Strategy will be reviewed within three years of its release and, the review findings will be published in a way that allows the Strategy to be freely accessed by members of community and the public. After the first review, an ongoing review cycle will be conducted every three years to measure progress and effectiveness.

State-wide monitoring and evaluation of Health Equity Strategies

In addition, Townsville HHS's Health Equity Strategy will be evaluated as part of the state-wide First Nations Health Equity monitoring and evaluation framework being developed by the Queensland Department of Health. The state-wide evaluation cycle for assessing the effectiveness of Health Equity Strategies across the state will include:

- a 2022-2023 Implementation evaluation
- 2026-2027 Mid-term impact evaluation
- 2030 Outcomes evaluation.

³ Council of Australian Governments (COAG). (2020). National Agreement on Closing the Gap (2020). Canberra: Commonwealth of Australia.

Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
AIHW	Australian Institute of Health and Welfare
ARF	Acute Rheumatic Fever
ATSICAC	Aboriginal and Torres Strait Islander Community Advisory Council
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled
ATSIHLAC	Aboriginal and Torres Strait Islander Health Leadership Advisory Council
ATSIWAES	Aboriginal and Torres Strait Islander Wellbeing Assessment and Engagement Service
CATSIHO	Chief Aboriginal and Torres Strait Islander Health Officer
CSCF	The Clinical Services Capability Framework
CTG	Closing the Gap
DAMA	Discharge against medical advice
DSDSATSIP	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
GPMPs	GP Management Plans
HHS	Hospital and Health Service
KPI	Key Performance Indicator
LGBTQIA+SB	Lesbian, Gay, Bisexual, Trans/transgender, Queer, Intersex, Asexual, Sistergirl and Brotherboy
NAIDOC	National Aborigines and Islanders Day Observance Committee
NHLF	National Health Leadership Forum
NQPHN	Northern Queensland Primary Health Network
PICC	Palm Island Community Company
QAIHC	Queensland Aboriginal and Islander Health Council
RAP	Reconciliation Action Plan
RHD	Rheumatic Heart Disease
SEIFA	Socio-Economic Indexes for Areas
STI	Sexually Transmitted Infection
TAIHS	Townsville Aboriginal and Islanders Health Services
TCA	Team Care Arrangements
Townsville HHS	Townsville Hospital and Health Service

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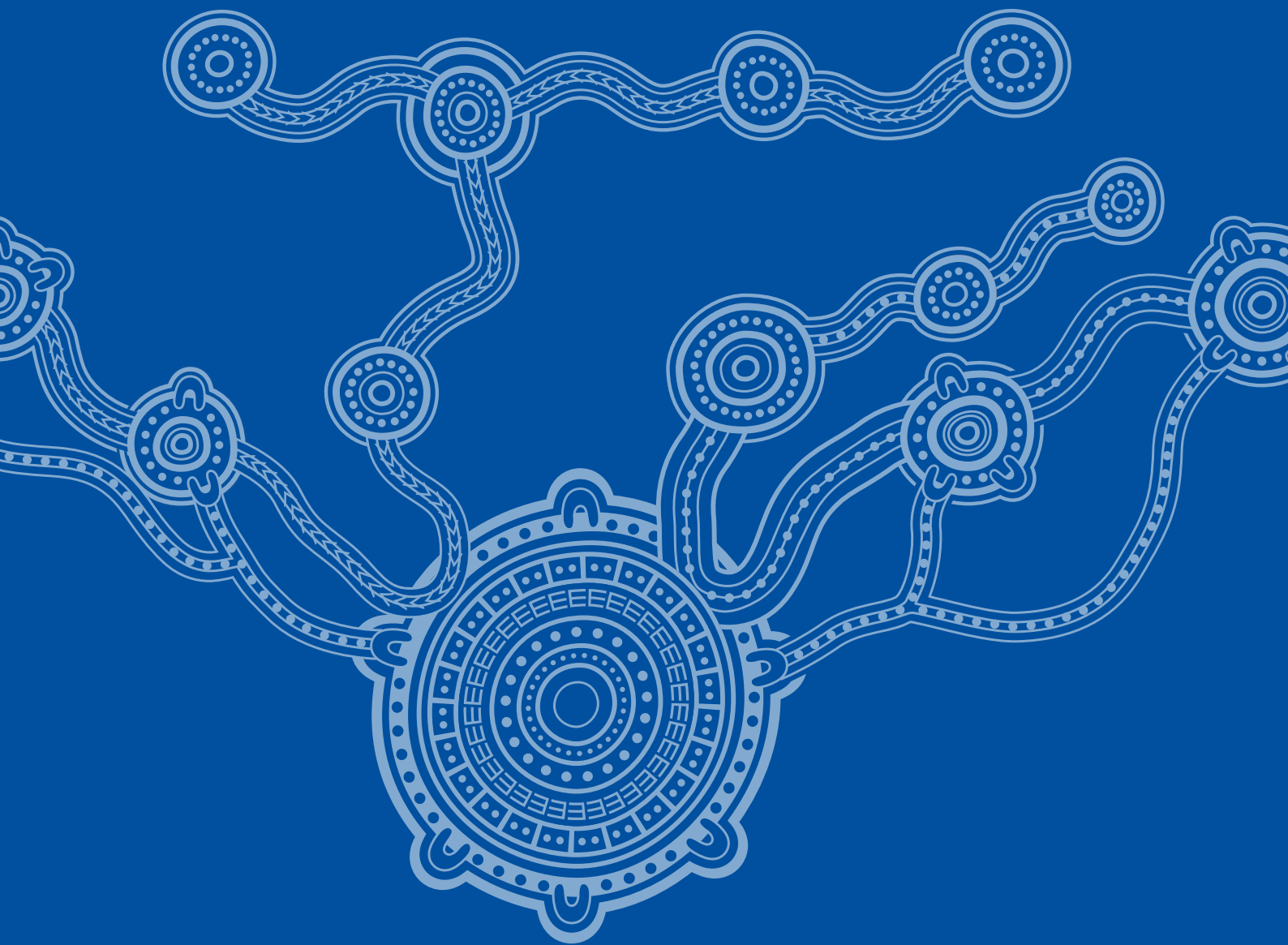
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Townsville Hospital and Health Service

Health Equity Strategy