

FIRST NATIONS HEALTH EQUITY STRATEGY 2022-2025

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Central West Hospital and Health Service Health Equity Strategy 2022-2025.

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INTERPRETER SERVICE

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ARTWORK

By Ann Russell and Deann Frousheger
Bidjara women



This original artwork was produced for Central West Hospital and Health Service by Aunty Ann Russell and Deann Frousheger, Tambo artists and proud Bidjara women.

The artwork 'Coming Together' shows the fine line connection that runs between the local communities linked by the river system and the medical professionals that visit our district of the Central West.

The meeting places connected together represent the towns in the Central West district. All linked with the river system. The handprints represent the local services that are in our communities. The footprints represent the visiting health professionals that come to our communities. The animal prints are Emu, Kangaroo and Echidna tracks. The border represents the continued communication between all of our communities.

ACKNOWLEDGEMENT

We, the Central West Hospital and Health Service (CWHHS), pay our respects to the First Nations Traditional Custodians of the land and waterways. We thank the custodians, who act on behalf of their peoples, for their continued hospitality across the expanse of the health service.

We acknowledge and celebrate the continuation of a living culture that has a unique role in the Central West Hospital and Health Service area.

We also acknowledge our Elders, past and present as well as our emerging leaders of tomorrow, and thank them for their wisdom and guidance as we seek to improve healthcare outcomes for all our population.

The table below shows the CWHHS sites and corresponding traditional land and language groups.

Language Group	Location
<i>Bidjara</i>	Blackall, Tambo
<i>Iningai</i>	Aramac, Barcaldine, Isisford, Jericho, Jundah, Longreach, Muttaborra, Stonehenge, Yaraka
<i>Koa/Guwa</i>	Winton
<i>Mithaka</i>	Windorah
<i>Pitta Pitta/ Wangkamana</i>	Boulia
<i>Wangan/Jagalingou</i>	Alpha
<i>Wangkangurru/ Yarluyandi</i>	Birdsville
<i>Wankamalda</i>	Bedourie



Throughout this document, the terms Aboriginal and Torres Strait Islander, First Nations, and Indigenous are used interchangeably to refer to the Indigenous peoples of Australia. Specifically, the term Aboriginal and Torres Strait Islander is used to highlight that there is diversity between these groups, First Nations is used when referring to the two groups more broadly, and Indigenous is used only in reference to clinic names such as Indigenous Cardiac Outreach Program. Aboriginal and Torres Strait Islander people should be aware that this publication contains images, voices and names of deceased persons.

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KEY MESSAGES

MESSAGE FROM THE CHAIR OF THE BOARD AND CHIEF EXECUTIVE

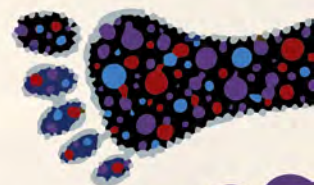
Health Equity represents a shift in the way we engage First Nations communities in health service delivery and living healthy lives. It provides both a mandate and an opportunity to genuinely sit and listen to the voices of our communities to ensure their needs are reflected in the strategic priorities of the health service.

This change supports the self-determined right of First Nations communities to shape health services in their communities. All Aboriginal and Torres Strait Islander people deserve fair and equitable health care, and this can only be achieved by changing the conversation and working alongside communities in service delivery.

Change at a health service system level cannot be limited to the direct service delivery function of our health service. Change must also run through the organisation to create a culture that eliminates racism and embeds equity and equality in all our practices.

Consultation and conversations with community have told us that if we want to achieve health equity and parity in health outcomes, we need a strong focus on service coordination and communication, workforce, cultural capability and inclusive governance practices that can demonstrate accountability.

The Central West Hospital and Health Service board and executive leadership are excited to embark on this journey in partnership with our First Nations communities to ensure fair and equitable health services are delivered to meet the needs of all Aboriginal and Torres Strait Islander people.



MESSAGE FROM THE FIRST NATIONS HEALTH EQUITY TEAM

To us, health equity is a powerful term void of negativity and deficit.

Historically, the health system has dictated the problems and solutions to and for First Nations communities. Health Equity represents the opportunity for First Nations communities to set the agenda. It is time for us, as a health service, to sit and listen to our First Nations communities for how we can enable them to live the healthy lives they so determine.

Health equity holds immense potential to improve the health and wellbeing of our communities. This Strategy is the chance for Queensland Health and Central West Hospital and Health Service to put their words into action. This is what our communities have been waiting for and we are determined to deliver upon.



OUR JOURNEY TO DEVELOPING THE STRATEGY

CWHHS values the health of Aboriginal and Torres Strait Islander peoples. The local Aboriginal and Torres Strait Islander peoples have been engaged to capture the communities' goals and aspirations, which has informed our journey for change.

Our journey to health equity began in May 2021. The Queensland Aboriginal and Islander Health Council (QAIHC) conducted a health equity yarn in Longreach, as part of a series of initial health equity consultations around the state. From the Central West Queensland region, 20 community members participated in a five-hour workshop in May 2021. This QAIHC report from the consultation provides valuable context to the health services delivered in the Central West Queensland district.

THE COMMUNITY IDENTIFIED FIVE TOP HEALTH PRIORITIES:

INCREASE QUEENSLAND HEALTH'S FIRST NATIONS EMPLOYMENT TARGET

DRIVE AN ANTI-RACISM STRATEGY ACROSS THE HEALTH SYSTEM

ESTABLISH REGIONAL COORDINATED HEALTH HUBS

LEGISLATE THE RESPONSIBILITIES OF THE CHIEF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH OFFICER

INTRODUCE FIRST NATIONS EMPLOYMENT MEASURES.

This report indicated that the level of racism experienced when accessing health care in Central West Queensland was a primary concern among community members (State of Queensland and Queensland Aboriginal and Islander Health Council, 2021). The report on Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services found racism to be "very high" in Central West Queensland (Marrie, 2017). However, it is important to note that some communities report little to no racism.

FIRST NATIONS HEALTH EQUITY STRATEGY

CWHHS First Nations Health Equity Strategy 2022 – 2025 is our commitment to health equity for Aboriginal and Torres Strait Islander peoples.

The Health Equity Strategy (the Strategy) is a legislated health planning mechanism, as outlined in the Hospital and Health Boards Regulation 2021. The Strategy captures the needs of Aboriginal and Torres Strait Islander peoples in the region. Co-designed with the local Aboriginal and Torres Strait Islander communities and prescribed primary health stakeholders, the Strategy will include key performance measures to track and monitor progress and will be used to achieve health equity for, and with, Aboriginal and Torres Strait Islander peoples.

Our vision for CWHHS is to be leaders in far reaching healthcare, to be a resourceful and dedicated provider in quality delivery of healthcare, and to serve communities as widespread as they are diverse. The Strategy will assist CWHHS in achieving the vision of Health Equity for Aboriginal and Torres Strait Islander people.

Central West Hospital and Health Services Health Equity Strategy 2022-2025 embeds six key priority areas, linked to key performance measures.



COMMUNITY CONSULTATION

Following the appointment of the CWHHS Health Equity team (the Team) in January 2022, a series of yarns were conducted across Central West Queensland. Invited to participate in these yarns were primary health stakeholders, Traditional Owners and Custodians, local Aboriginal and Torres Strait Islander community members and Elders, and CWHHS staff including Aboriginal and Torres Strait Islander staff members. Yarns occurred in two phases. The first phase was an introduction to what health equity means for the region and a discussion around the six priority areas, as outlined in section health equity priority areas (on page 13). These yarns took place between February and March, 2022. Phase two of the yarns was to gather feedback on the draft Strategy document, whether it suited the needs of the community, and any other related feedback. This phase of yarns took place between April and July 2022.

Both yarning phases occurred over face-to-face and online mediums. In addition, the first phase was complemented by an online survey with identical questions to those discussed in the yarns. The survey was created in order to provide additional methods of consultation to maintain COVID-19 safe services. All sessions were open to both Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples. A total of 149 adults and 17 children attended either one or both yarning sessions, or completed the online survey.

- In our first phase of community face-to-face consultations, the Team travelled approximately 2,830 kilometres.

We acknowledge that a true co-design of the Strategy will involve future community and stakeholder consultation. This is important for building trust within the broader Aboriginal and Torres Strait Islander communities. Central West Queensland does not have an Aboriginal and Torres Strait Islander Community Controlled Health Organisation. Therefore, we rely on genuine engagement with our consumer groups and primary health agencies to develop the Strategy.

**COMMUNITY
ENGAGEMENT 1ST
AND 2ND ROUND
TOTAL PARTICIPANTS**

TOTAL PARTICIPANTS
149
ADULTS
17
CHILDREN

6
ONLINE SURVEY

27
STAFF

5
TRADITIONAL
OWNER GROUPS

16
WQPHN PARTNERS





OUR TIMELINE JOURNEY

The table below provides key dates and milestones in developing the Strategy.



MAY 2021
INITIAL QAIHC LONGREACH CONSULTATION



NOVEMBER 2021
HEALTH EQUITY GOVERNANCE STRUCTURE ESTABLISHED



FEBRUARY-MARCH 2022
FIRST ROUND COMMUNITY CONSULTATION



PRESCRIBED STAKEHOLDER ENGAGEMENT



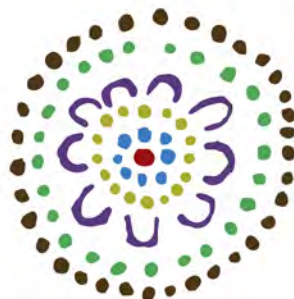
ONLINE SURVEYS



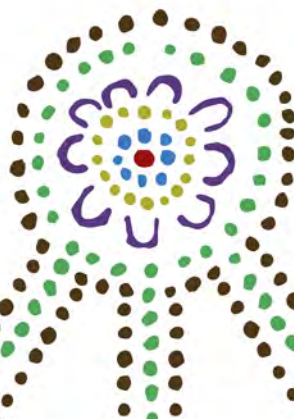
APRIL 2022
DRAFT DEVELOPMENT



JUNE-JULY 2022
SECOND ROUND COMMUNITY CONSULTATION



AUGUST 2022
HHS EXECUTIVE AND BOARD ENDORSEMENT



OCTOBER 2022
STRATEGY LAUNCH

OUR COMMUNITY VOICES

The following quotes are taken from the yarns during the consultations.

HAVE ABORIGINAL PEOPLE IN THE LEVELS OF THE SYSTEM TO SUPPORT COMMUNITY IN THEIR JOURNEY, ENQUIRIES.

First Nations
– Guwa/ Koa

HAVE NOT ONLY UNDERSTANDING THE CULTURAL DIFFERENCES BUT UNDERSTANDING THE PEOPLE, TALKING TO THE PEOPLE AND THEN GIVE THE PEOPLE WHAT THEY NEED. IT COMES BACK TO BEING HAPPY IN YOUR ENVIRONMENT. IF WE ARE HAPPY TO BE IN THESE SPACES AND IT'S A PLACE, WE WANT TO GO TO. SOMEWHERE INVITING AND MAKES YOU FEEL COMFORTABLE.

First Nations – Wangkangurru

IT WOULD BE GOOD IF OUR MOB WAS WORKING WITH OUR OWN COMMUNITY, THEY WOULD HELP US UNDERSTAND THINGS AND THE SERVICE.

First Nations – Pitta Pitta/Kalkadoon

INFORMAL MENTAL HEALTH SUPPORT WOULD BE GOOD, LIKE THOSE POP-UP CLINICS. DISCHARGE PLANNING WHEN OUT OF THE AREA.

First Nations
– Longreach

RESPECT IS A TWO-WAY DOOR.

First Nations
– Bedourie

HAVE FLYING DOCTORS COME IN EVERY WEEK INSTEAD OF FORTNIGHTLY.

First Nations
– Bedourie

FOLLOW UP FOR APPOINTMENTS, REMINDERS FOR APPOINTMENTS. NEED ABORIGINAL FACES THERE!

First Nations – Longreach

WE NEED PEOPLE THINKING DIFFERENTLY ABOUT ABORIGINAL PEOPLE AND HEALTH.

First Nations – Mithaka

BETTER COMMUNICATION IF THE OFFICE OR CLINIC WILL BE CLOSED OR THINGS CHANGE.

First Nations
– Blackall

NO DIRECT FLIGHT ROUTES AND FREQUENCY - BE MINDFUL OF LAY OVER AND/OR LIMITED FLIGHTS.

First Nations
– Mithaka



KEY PARTNER AGENCIES

CWHHS delivers services over 396,650 kilometres, or 23% of the area of Queensland. The services operate across 15 facilities. These consist of one district hospital in Longreach, four inpatient facilities, and ten primary health centres. Coordinated outreach Allied Health, Oral Health, Mental Health, Pharmacy, Maternal and Child Health, and Medical services are provided to ensure residents of our communities receive safe, quality care as close to home as possible.

KEY PARTNER AGENCIES



WESTERN QUEENSLAND PRIMARY HEALTH NETWORK (WQPHN)

WQPHN was formed as an independent not-for-profit company by the three Western Queensland Hospital and Health Services to create an entity to foster real partnerships with all funders and providers. Their aim is to improve primary healthcare service delivery to the people of Western Queensland.



Royal Flying Doctor Service

THE ROYAL FLYING DOCTOR SERVICE

The Royal Flying Doctor Service is one of the largest and most comprehensive aeromedical organisations in the world, providing extensive primary health care and 24-hour emergency service to people over an area of 7.69 million square kilometres.

The Royal Flying Doctor Service provides emergency retrieval services across the Central West district. Primary care services are also provided in Boulia, Bedourie, Birdsville, and Windorah.

Metro North Hospital and Health Service

METRO NORTH HOSPITAL AND HEALTH SERVICES

Metro North Hospital and Health Service is the largest of Queensland's 16 Hospital and Health Services.

Metro North and Central West Hospital and Health Services established a partnership agreement in 2019 to build relationships between corporate and clinic staff and create capacity and capability in a range of corporate functions and clinical services to mutually benefit the Health Services.

OUTBACK MEDICAL SERVICES

Outback Medical Services are contracted by CWHHS to provide general practice services to the Longreach and Barcaldine communities.



NORTH WEST REMOTE HEALTH (NWRH)

A vibrant not-for-profit organisation of community and outreach based allied health, aged care, wellbeing, and disability services, NWRH evolved around a proud history spanning over 25 years. From a small incorporated association on commencement in 1993 to the present form as a large company that has grown in both size and scope.

OTHER PARTNERS INCLUDE:

Queensland Health / Public Service Commission Queensland Ambulance Service / CheckUP / Remote Area Planning and Development Board / Health Consumers Queensland



HEALTH SERVICE FACILITIES

HOSPITALS AND MULTIPURPOSE HEALTH SERVICES:

ALPHA
BARCOLDINE
BLACKALL
LONGREACH
WINTON

PRIMARY HEALTH CENTRES:

ARAMAC
BEDOURIE
BIRDSVILLE
BOULIA
ISISFORD
JERICHO
JUNDAH
MUTTABURRA
TAMBO
WINDORAH

OUR LOCAL GOVERNMENT AREAS ARE:

BARCOLDINE REGIONAL COUNCIL
BARCOO SHIRE COUNCIL
BLACKALL-TAMBO REGIONAL COUNCIL
BOULIA SHIRE COUNCIL
DIAMANTINA SHIRE COUNCIL
LONGREACH REGIONAL COUNCIL
WINTON SHIRE COUNCIL

SERVICES

CWHHS Aboriginal and Torres Strait Islander Health team provide a range of support to health care providers and Aboriginal and Torres Strait Islander peoples and communities. They aim to provide accessibility to culturally appropriate services and a broad range of complementary supports in both primary and tertiary settings.

INDIGENOUS SPECIALIST OUTREACH SERVICES

CWHHS partner with Metro North Hospital and Health Service, to provide specialist outreach service programs to Aboriginal and Torres Strait Islander people living in rural and remote Queensland. These services are:

- Indigenous Respiratory Outreach Care service (IROC)
- Indigenous Cardiac Outreach Program (ICOP)

The aim of IROC and ICOP is to raise awareness of respiratory disease and cardiac disease through community engagement, specific health promotion, education, and partner with local health providers.

The IROC and ICOP clinics visit Central West Queensland three to four times per year. IROC currently operates in Boulia, Bedourie, Birdsville, Longreach, and Winton. ICOP operates in Longreach, Boulia, Bedourie, Birdsville, Windorah, Winton, Muttaborra, Aramac, Tambo, Isisford, and Blackall.

NUKAL MURRA

The partnership between WQPHN and Nukal Murra, meaning 'plenty hands', provides support to the Aboriginal and Torres Strait Islander people in the WQPHN region.



WHO WE ARE

10,607

CENTRAL WEST POPULATION (2021 LOCAL GOVERNMENT AREA)



3.8%

CENTRAL WEST POPULATION IS FORECAST TO DECREASE BY 2023

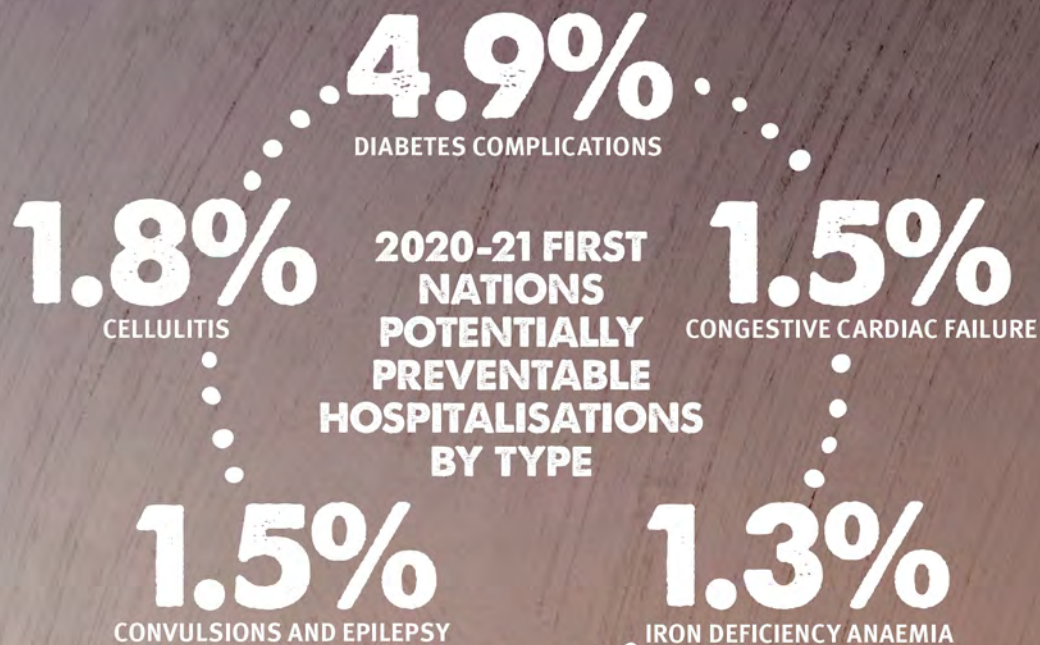


8%

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES (2021)



HEALTH SERVICE DASHBOARD



FIRST NATIONS HEALTH SERVICE ACCESS 2020-21

TOTAL NUMBER OF HOSPITAL PRESENTATIONS:

315

TOTAL NUMBER OF TELEHEALTH APPOINTMENTS:

904

TOTAL NUMBER OF PRIMARY HEALTH CENTRE EMERGENCY PRESENTATIONS:

360

FIRST NATIONS STAFF EMPLOYED BY CWHHS

33 FTE





Windorah community yarn

HEALTH EQUITY PRIORITY AREAS

The Strategy has six priority areas

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

Each priority area includes a summary of what we heard in the yarns, what we at CWHHS plan to do, and how we will know if we are successful in achieving this.





KEY PRIORITY AREA ONE: IMPROVING HEALTH AND WELLBEING OUTCOMES

WHAT WE HEARD

We want different health service providers to talk to each other.
We want to lead healthy, long lives.

WHAT WE ARE GOING TO DO

Restart an Aboriginal and Torres Strait Islander Central West district health interagency network.
Create and implement a local Aboriginal and Torres Strait Islander health promotion and education plan.

HOW WE WILL KNOW WE ARE SUCCESSFUL

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



KEY PRIORITY AREA TWO: ACTIVELY ELIMINATE RACIAL DISCRIMINATION AND INSTITUTIONAL RACISM WITHIN THE SERVICE

WHAT WE HEARD

There is a lot of racism in central west especially when we go to the hospital.
We want everyone to understand and respect our cultures.
We want everyone to have anti-racism training or cultural awareness training.

WHAT WE ARE GOING TO DO

Improve the way CWHHS delivers cultural capability training.
Celebrate and increase awareness of Aboriginal and Torres Strait Islander culture through an annual cultural calendar inclusive of all Aboriginal and Torres Strait Islander events.
Increase CWHHS's staff participation in local Aboriginal and Torres Strait Islander celebrations and activities.
Review and improve resources for clients to understand their rights and what they can do if they experience discrimination.
Develop a regional cultural protocol guideline for CWHHS.
Identify policy and procedure to acknowledge and report racism within the CWHHS.

HOW WE WILL KNOW WE ARE SUCCESSFUL

All CWHHS staff and board receive cultural capability training.
Cultural education which celebrates Aboriginal and Torres Strait Islander cultures.
All CWHHS staff to attend local Aboriginal and Torres Strait Islander celebrations and activities.
Adequate reporting and monitoring of incidents of racism to the appropriate governance structure.
Patients experience culturally safe and racism free healthcare.



KEY PRIORITY AREA THREE: INCREASING ACCESS TO HEALTHCARE SERVICES

WHAT WE HEARD

We don't want to travel big distances to receive health care but if we have to, we want straightforward travel.

We want to receive health care in our own communities.

We want to know when health services are being delivered in our communities.

We want Aboriginal and Torres Strait Islander staff supporting us in our health care journey.

WHAT WE ARE GOING TO DO

Develop a CWHHS Aboriginal and Torres Strait Islander community newsletter to communicate health priority areas such as advertising clinics and transport service.

Simplify current patient transport policy, Patient Transport Subsidy Scheme, and workflow procedures regarding Aboriginal and Torres Strait Islander transport options.

Offer free discharge medications to First Nations people.

Collaborate with partner agencies to host community health events.

Ensure First Nations adult patients on the general care dental waitlist are waiting for less than the clinically recommended time.

Increase the proportion of First Nations patients attending elective surgery within clinically recommended time.

Decrease the proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment.

Increase the proportion of First Nations people completing Advance Care planning.

Increase the proportion of integrated care plans in place for First Nations patients with co-morbidities.

HOW WE WILL KNOW WE ARE SUCCESSFUL

First Nations adult patients wait less than the clinically recommended time for dental appointments.

First Nations elective surgery patients treated within clinically recommended time.

First Nations patients waiting less than the clinically recommended time for initial specialist outpatient appointments.

All eligible First Nations people completing Advance Care planning.

All First Nations patients with co-morbidities have a care plan in place.

Partner agencies have collaborated to deliver community health events.



KEY PRIORITY AREA FOUR: INFLUENCING THE SOCIAL, CULTURAL, AND ECONOMIC DETERMINANTS OF HEALTH

WHAT WE HEARD

To us, health is holistic and you need to look at all the factors contributing to our health.

We want local voices influencing the health service at a governance level.

WHAT WE ARE GOING TO DO

Create and implement a health promotion and education plan that addresses broader social, cultural, and economic determinants of health.

Provide opportunities for Aboriginal and Torres Strait Islander community members to access governance training and develop fundamental governance skills.

Facilitate referral pathways to partner community care agencies.

HOW WE WILL KNOW WE ARE SUCCESSFUL

When there is a local Aboriginal or Torres Strait Islander person on the CWHHS board.

Deliver, review, and evaluate Aboriginal and Torres Strait Islander health promotion and education plan.

Greater service linkages are being made with clients across HACC, NDIS, and Nukal Murra.



KEY PRIORITY AREA FIVE: DELIVERING SUSTAINABLE, CULTURALLY SAFE, AND RESPONSIVE HEALTHCARE SERVICES

WHAT WE HEARD

We want to feel comfortable and safe when attending the health service.

We want to see local Aboriginal and Torres Strait Islander people working in health.

WHAT WE ARE GOING TO DO

Ask Aboriginal and Torres Strait Islander patients about their experiences and/or provide patient feedback.

Develop a CWHHS Aboriginal and Torres Strait Islander Workforce plan.

HOW WE WILL KNOW WE ARE SUCCESSFUL

Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey).

Increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population.

Traineeship and scholarship options for local Aboriginal and Torres Strait Islanders to work in health.



KEY PRIORITY AREA SIX: WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES, COMMUNITIES, AND ORGANISATIONS TO DESIGN, DELIVER, MONITOR, AND REVIEW HEALTH SERVICES

WHAT WE HEARD

We want to be included in discussions about health service delivery in our communities.

WHAT WE ARE GOING TO DO

Support local Aboriginal and Torres Strait Islander peoples to join consumer advisory networks and community forums.

Commit to evaluating our Aboriginal and Torres Strait Islander health programs regularly and communicating back to community groups and consumer advisory networks

CWHHS's Strategy presented regularly to Executive Leadership Team, Executive Clinical Governance, and Health Service Board Committees on action area progress.

CWHHS will review and identify digital solutions to support Aboriginal and Torres Strait Islander peoples in health prevention, health literacy, and care.

HOW WE WILL KNOW WE ARE SUCCESSFUL

Increased local Aboriginal and Torres Strait Islander engagement in consumer advisor networks and community forums.

Aboriginal and Torres Strait Islander people are setting the agenda for their health and are receiving culturally appropriate care.

Increased uptake and integration of a variety of digital solutions that improve health outcomes for Aboriginal and Torres Strait Islander peoples.

EVALUATION AND MONITORING

CWHHS will embed the Strategy to ensure that the health of Aboriginal and Torres Strait Islander peoples is everyone's business. The Strategy will provide our local communities a platform to set the agenda to achieve health equity.

The CWHHSs executive leadership team will oversee the implementation of the Strategy through established governance structures and regular reporting. CWHHS will also commit to an annual review of the Strategy and ensure that two-way communication occurs with the community to increase transparency and accountability.

IMPLEMENTATION PLAN

CWHHS will develop an implementation plan to support the priorities and actions within the Strategy. It is due to be released within the following six months of launching the Strategy. The implementation plan will be co-designed with Aboriginal and Torres Strait Islander community and local primary health stakeholders to provide accountability to the key priority areas outlined in the Strategy.

GOVERNANCE

CWHHS's Strategy will be embedded into the Governance Committee Structure, via the Quality and Standards Committee, Executive Clinical Governance Committee, and Executive Leadership Team.

We endeavour to have Aboriginal and Torres Strait Islander communities represented through community advisory committees or similar advocacy groups and primary stakeholder groups.

Through these forums, our commitment to health equity for Aboriginal and Torres Strait Islander peoples will be incorporated into executive portfolios, agendas, communications, and the health service board.



ONGOING COMMUNITY ENGAGEMENT

CWHHS acknowledges that without a local Aboriginal Medical Service there is a missing link in providing a platform for advocacy for First Nations communities. Health Equity represents an ongoing journey in which CWHHS must continue to hold conversations with First Nations communities. CWHHS must continue to provide open and inclusive mechanisms for engagement for all First Nation's community to have a self-determining voice in their health service design and delivery.

ALIGNMENT TO OTHER STRATEGIES

Achieving health equity for, and with, Aboriginal and Torres Strait Islander peoples is a priority across all areas of government. Existing state and national strategic policy directions align with the aims of the Strategy.

The Strategy will embed the voices of local Aboriginal and Torres Strait Islander peoples in its key action areas. CWHHS will deliver on the Strategy priorities and actions to achieve health equity with Aboriginal and Torres Strait Islander peoples and communities.

STATE AND FEDERAL GOVERNMENT PRIORITIES



ORGANISATIONAL STRATEGIC PLANS



HEALTH EQUITY STRATEGIC PRIORITIES

PRIORITY 1

Improving health and wellbeing outcomes

PRIORITY 2

Actively eliminate racial discrimination and institutional racism within the service

PRIORITY 3

Increasing access to healthcare services

PRIORITY 4

Influencing the social, cultural, and economic determinants of health

PRIORITY 5

Delivering sustainable, cultural safe, and responsive healthcare services

PRIORITY 6

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

STATEMENT OF COMMITMENT

Jane Williams.

HOSPITAL AND HEALTH BOARD CHAIR
JANE WILLIAMS

Anthony West

HEALTH SERVICE CHIEF EXECUTIVE
ANTHONY WEST

Kieran Chilcott

**HOSPITAL AND HEALTH BOARD ABORIGINAL AND/
OR TORRES STRAIT ISLANDER REPRESENTATIVE/S**
KIERAN CHILCOTT

Daniel Carter

**HOSPITAL AND HEALTH SERVICE ABORIGINAL
AND TORRES STRAIT ISLANDER HEALTH LEAD**
DANIEL CARTER

Haylene Grogan

**HHS ABORIGINAL AND/OR TORRES STRAIT
ISLANDER CONSUMER REPRESENTATIVE**

Haylene Grogan

**CHIEF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH OFFICER, DEPUTY DIRECTOR-GENERAL,
QUEENSLAND HEALTH**
HAYLENE GROGAN

Sandy Gillies

**CEO WESTERN QUEENSLAND PRIMARY HEALTH
NETWORK**
SANDY GILLIES





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