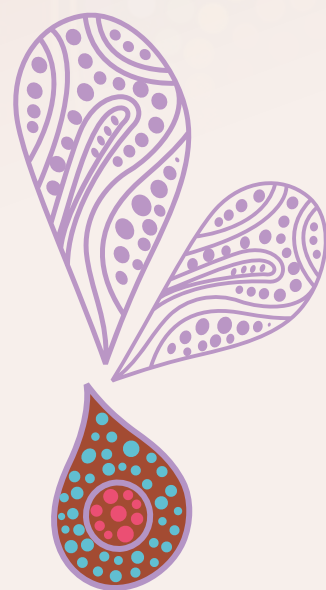


Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025



Gifted Artwork produced for Health Equity Strategy by Patricia Coleman Byellee Artworks, Healing Journey 2022



Central Queensland Hospital and Health Service Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025
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Optional: An electronic version of this document is available at www.cq.health.qld.gov.au

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Acknowledgement to Country

The Central Queensland Hospital and Health Service acknowledges the Traditional and Cultural Custodians of the lands, waters, and seas. We pay our respects to the Elders past and present and recognise the role of current and emerging leaders in shaping a better health system to improve health equity for Aboriginal and Torres Strait Islander people within Central Queensland.

We acknowledge the First Nations people in Queensland are both Aboriginal Peoples and Torres Strait Islander Peoples, and support the cultural knowledge, determination, and commitment of the communities in caring for health and wellbeing for millennia. We acknowledge the impact of stolen generations, intergenerational trauma, social and health disadvantages experienced by Aboriginal and Torres Strait Islander people, and the influence of unresolved trauma as it is often overlooked in policy and practice.

We will work with stakeholders within our community services to address intergenerational trauma as we recognise this is central to healing for First Nations peoples across Central Queensland.

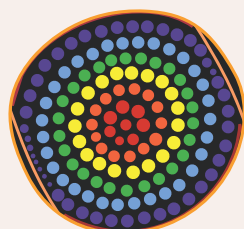
We respect the collective cultures and traditions of the – recognised Aboriginal Traditional Custodians and the Mura Kus Torres Strait Islander Descendants and Mura Kus communities of the Torres Strait Islanders living in Central Queensland – that are represented across the land, sea and river systems that connect and link our health services:

- » Darumbal
- » Woppaburra
- » Konomie
- » Byellee (Bailai), Gurang, Gooreng Gooreng, Taribelang Bunda
- » Gangulu/Gaangalu
- » Ghungalu
- » Wulli Wulli
- » Western Kangoulu
- » Wadja
- » Kairi
- » Mura Kus Torres Strait Islander Communities

We respectfully acknowledge our Elders, our communities, and the health workforce past and present, who continue in sharing their cultural knowledge and dedication that supports the healing across our communities and within the provision of health services.

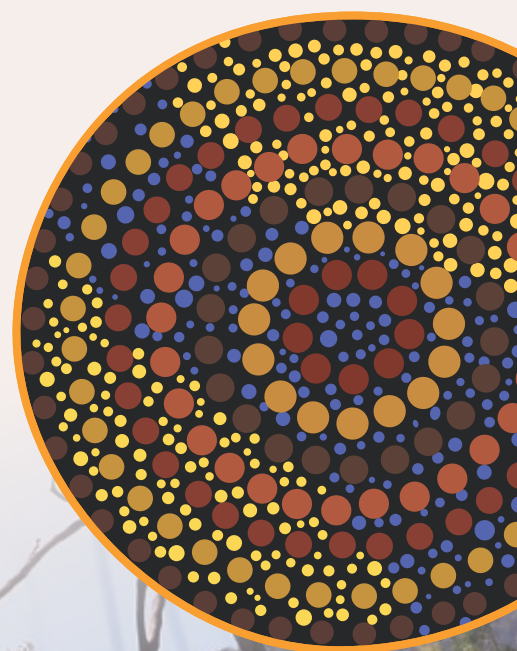
For further information about the Register of Native Title Claims Applicants (RNTCA) and Determination Areas is available on the Tribunals website visit www.nntt.gov.au





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Message from the Board Chair, Central Queensland Hospital and Health Service

I'd like to acknowledge the traditional owners across all Central Queensland region and acknowledge the lands, water, and sea in which the First Nations peoples of Central Queensland have lived and looked after our waters, lands, and seas for over 60,000 years.

The Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2025 is a new investment to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next three years.

The strategy was developed in partnership with Aboriginal and Torres Strait Islander Health leaders and key stakeholders across Central Queensland. It shows what we can achieve when we co-design, co-plan and co-implement based on empowerment, trust, and mutual respect.

On behalf of the Central Queensland Hospital and Health Board, I thank you and honour you for your work in developing this strategy, and I am delighted to launch the first Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2025.



Board Chair
Cr Paul Bell AM

Message from Health Service Chief Executive, Central Queensland Hospital and Health Service

I acknowledge the traditional owners, across the lands which Central Queensland Hospital and Health Service provides healthcare services and pay my respect to Elder's both past and present.

I am excited to launch the first Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2025 for Central Queensland Hospital and Health Service.

This is a three-year strategy reflecting our commitment to improve health equity outcomes of Aboriginal and Torres Strait Islander people within Central Queensland. The strategy acknowledges the past work to reshape our future in line with Destination 2030 – *Great Care for Central Queenslanders*.

This strategy could not have been achieved without Aboriginal and Torres Strait Islander people, community groups and stakeholders voicing their needs, aspirations, and goals as determined by their families and communities.

I look forward to continuing to develop these partnerships with key stakeholders and service providers within the Central Queensland Hospital and Health Service to improve health equity outcomes of Aboriginal and Torres Strait Islander people within Central Queensland.



Health Service
Chief Executive
Dr Emma McCahon

Message from the Executive Director Aboriginal and Torres Strait Islander Health Service

I acknowledge the traditional owners on the lands, waters, and sea that the Central Queensland Hospital and Health Service provides healthcare and pay my respects to Elder's past and present. I acknowledge the ancient wisdoms of our people and the strength this gives us to build on the work of those who have come before us.

With the release of the Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2025 we have opportunity to make great changes to our health services that incorporates First Nations knowledge of health and wellbeing.

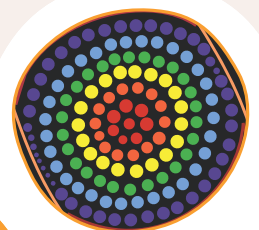
By recognising the factors that contribute to health equity the strategy embeds an integrated approach to Aboriginal and Torres Strait Islander health care and prioritises a holistic approach to co-design, co-develop and co-implement models of care.

A number of key priorities are identified with: working in partners with Aboriginal community-controlled health sector and its workforce; a focus on preventive health care; improving the system as a whole; and building the evidence base around the health of First Nations peoples of Central Queensland.

I look forward to connecting and working with our communities; key stakeholder groups; non-government service providers; and community health sectors to build genuine partnerships and shared opportunities to close the health equity gaps of First Nations peoples within Central Queensland.



Executive Director of
Aboriginal and Torres Strait
Islander Health Service
Donna K Cruickshank





Introduction

Our intention is to work in partnership and stand strong together with Aboriginal and Torres Strait Islander communities to ensure that our services are co-designed, delivered and improved in consultation and equal partnership with Aboriginal and Torres Strait Islander peoples.

We will work towards equity of employment with a workforce reflective of the Central Queensland population which will significantly improve the representation of Aboriginal and Torres Strait Islander people at all levels and roles within our Health Service. Together, we can all do our part to Close the Gap health equity gap and improve the health and wellbeing of Aboriginal and Torres Strait Islander people living in our Central Queensland region.

Our commitment

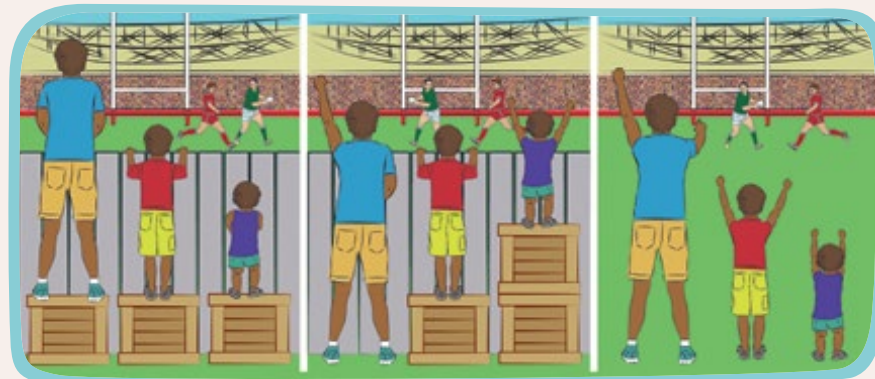
The strategy has been developed to guide commitment to health equity on the following key principles:

1. Actively eliminating racism discrimination and institutional barriers within the healthcare system.
2. Increase access to healthcare services.
3. Influencing the social, cultural, and economic determinants of health.
4. Delivering sustainable, culturally safe and responsive healthcare services; and
5. Working with First Nations peoples, communities and organisations to co-design, co-delivery, and co-implemented health services.

We will continue to foster the principles of self-determination, collaboration, transparency, quality, and consistency to ensure consistent approaches take the development and delivery of the Aboriginal and Torres Strait Islander Health Equity Strategy. We will work with our prescribed stakeholders to reduce the unfair and unjust effects of conditions of living that cause poor health and disease, along with an enduring need to address the systemic issues related to equity, structural racism, the Stolen Generations, is critical in addressing the intergenerational trauma among Aboriginal and Torres Strait Islander peoples.

What is Health Equity?

Equality versus Equity



Equality

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

Equity

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

Justice

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

PLACING ABORIGINAL AND
TORRES STRAIT ISLANDER
PEOPLES AND VOICES AT
THE CENTRE OF HEALTHCARE
SERVICE IN CO-DESIGN AND
CO-DELIVERY WITHIN
CENTRAL QUEENSLAND



Health Equity reform:

The Health Equity reform is firmly embedded in the health equity legislation and will guide the Queensland health system in its commitment to:

- » the achievement of health equity and the improvement of Aboriginal and Torres Strait Islander health outcomes
- » the elimination of institutional racism from the public health sector, and
- » improvements in power sharing arrangements with Aboriginal and Torres Strait Islander peoples.

Health Equity reform will:

- » Develop a health equity strategy for Central Queensland
- » Strengthen culturally safe and culturally appropriate health services for Aboriginal and Torres Strait Islander people
- » Develop workforce that reflects the community and drive changes across the health system
- » Deliver services from an environment that is culturally safe and culturally appropriate
- » Deliver effective health care engagement and involve Aboriginal and Torres Strait Islander communities in co-design, co-planning and co-delivery of services.

The Health Equity Strategy will guide the reforms required to ensure the future directions of Aboriginal and Torres Strait Islander health and wellbeing services. The health service has identified the key enablers that provide the directions for systems review and investment to ensure health equity.

Key enablers:

- » Community Voice
- » Redesign Access
- » Enhance Workforce
- » Change Culture
- » Collaborate with Partners

The strategy sets out a clear vision with a commitment for placing Aboriginal and Torres Strait Islander peoples and voices at the centre of healthcare. Through authentic engagement and working with our communities the health service will deliver care close to home and remove barriers to accessing health.





Our Journey, Our Way towards Health Equity

Community Voices

“Health Equity means every person have the right to access quality healthcare service and patient’s values are heard, recognised, and respected through the process.”

Staff 2022

“Services understand and offer best actions to meet needs.”

Executive Member 2022



“Health Equity is opportunity for everyone to make difference in health outcomes for Aboriginal and Torres Strait Islander people and improve access to health services for our mob.”

Consumer 2022

“First Nations first will be evident and prominent across aspects of the HHS bedside to board.”

Executive Member 2022

“Queensland Health bring out another policy, what’s going to happen when you finish working on it, will it just sit there?”

*Uncle Colin Booth,
Biloela Community*

“It may not be about the funding but making sustainable through engagement of all services. Multi agency approach around local communities.”

Staff 2022

“Aboriginal therapeutic frameworks play key roles in addressing intergenerational trauma and healing informed practice.”

*Leann Wilson (Bidjara, Kara-Kara)
Board Member*

“Increased cultural competence of clinicians to ensure high quality and culturally appropriate care can be delivered.”

Consumer 2022

“Because of the remoteness of the communities to Rockhampton Hospital many members of these community do feel neglected and left out.”

Consumer 2022

Our shared voices of health needs and priorities for the region





Our Strategies for Action

Key Priority Areas

Improving health and wellbeing outcomes


Actively eliminate racial discrimination and institutional racism

Increase access to healthcare services

Health Equity =

Investment

Enablers	Community Voice	Redesign Access	Enhance Workforce
Priority Areas	<ul style="list-style-type: none">» Eliminate racism» Authentic Communication» Mutual Respect» Exchange Knowledges	<ul style="list-style-type: none">» Transport» Model of Care» Service Delivery» Resource Distribution	<ul style="list-style-type: none">» Workforce Planning» Employment opportunities» Education Pathways» Leadership Capability
System	<ul style="list-style-type: none">» Enact community voices» Empower people and communities» Enhance health literacy	<ul style="list-style-type: none">» Investigate the patient journey needs to develop solutions» Review distribution of resources across HHS» Redesign model of cares to improve access for First Nations people» Transform service delivery to enhance culturally responsive healthcare services	<ul style="list-style-type: none">» Invest in Leadership Capability Program for First Nations staff» Enhance workforce pathways for First Nations people» Increase employment rates for First Nations people» Enhance education pathways for new employees entry into the health workforce sector
Potential Solution	<ul style="list-style-type: none">» Going on a healing journey with our communities to transform health service» Listen and learn to deliver real care	<ul style="list-style-type: none">» Create smoother access to Virtual Care» Enhance specialist and surgical appointment pathways for First Nations admission process» Review Patient Travel Scheme	<ul style="list-style-type: none">» Implement Employment Investment Plan» Undertake a skills and qualifications audit of current workforce» Develop Leadership Capability Program» Establish a talent pool register for First Nations applicants applying for jobs» Develop pipeline to attract staff
Success	<ul style="list-style-type: none">» Number of First Nations peoples cultural and spiritual needs are completely met during their health journey» Healing journey	<ul style="list-style-type: none">» Increase access to healthcare services	<ul style="list-style-type: none">» Increase workforce employment by 6.00%» Number of employees attended Leadership program» Increased number of professional development opportunities identified for First Nations staff» Increased number of trainees and graduate positions



Influencing the social, cultural, and economic determinants of health

Deliver sustainable culturally safe, and responsive healthcare service

Working with First Nations communities & organisations to design, deliver, monitor & review services

Health System Reform

Investment

Culture Change

- » Policy Change
- » Racism identified
- » Transform systems and processes

- » Enhance quality and safety processes for cultural safety and cultural capability
- » Create a better understanding of what health equity means within the health system for all staff

- » Develop cultural health equity champions
- » Align local cultural capability training with State program (under review)
- » Review policies and processes to tackle institutional racism


- » Evidence of cultural safety and cultural capability programs are embedded in health services co-designed with First Nations people

Partnerships

- » Stakeholders
- » Service Providers
- » Training Sectors
- » Strategic Alignment

- » Collaborate with organisations to deliver services closer to home where appropriate
- » Partner with the universities and vocational education and training sectors to review pathways for training and employment
- » Invest in First Nations led research

- » Develop education pathways
- » Develop opportunities for shared resources and infrastructure
- » Develop capacity for First Nations led research

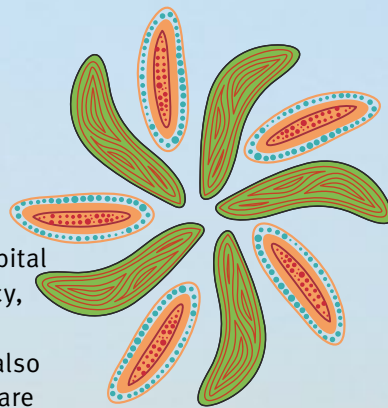
- » Increased the number of professional opportunities identified for Aboriginal and Torres Strait Islander staff
 - » Resources shared and opportunity for sharing resources
- 



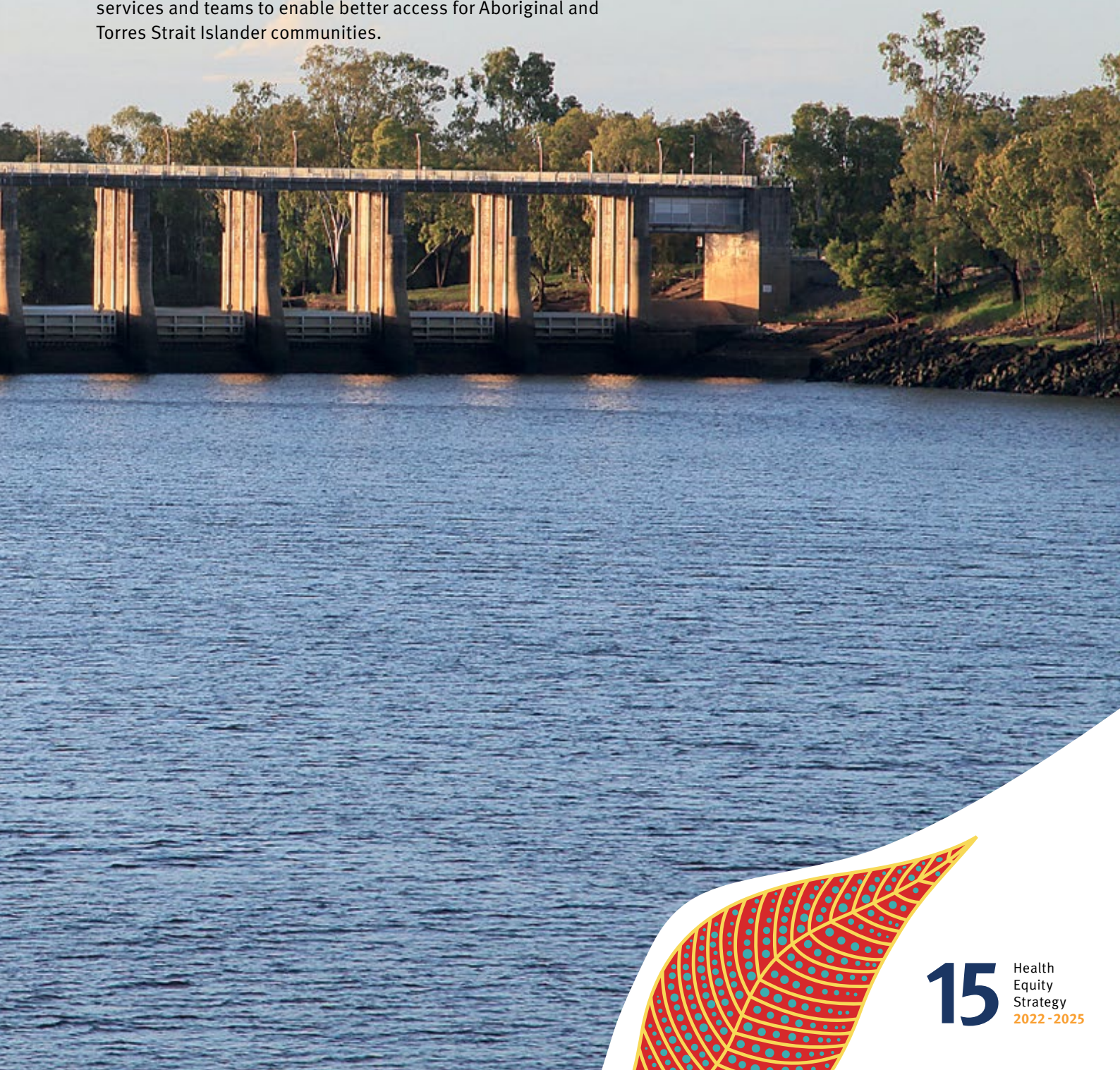
Central Queensland Profile

The Central Queensland Hospital and Health Service covers an area of approximately 117,000 square kilometres (approximately 6% of the State). The traditional countries across the health service are beautiful and diverse, ranging from coastal communities, to regional cities and remote townships in the areas to the west. Each area provides a set of unique challenges when delivering care to its local community and catchment. At the time of the 2020 census, 220,859 people resided within the health service catchment, which is approximately 6% of the state's population.





- » The health service is responsible for the delivery of public hospital and health services which include medical, surgical, emergency, obstetrics, paediatrics, specialist outpatients, mental health, critical care, and clinical support services. The health service also provides oral health services, offender health services, aged care services and community health services.
- » The health service operates through a range of hospital facilities, Multi-Purpose Health Services (MPHS), outpatient clinics, community health services and stand- alone residential aged care facilities.
- » Within the services across Central Queensland there are specialist Aboriginal and Torres Strait Islander staff who work across the services and teams to enable better access for Aboriginal and Torres Strait Islander communities.



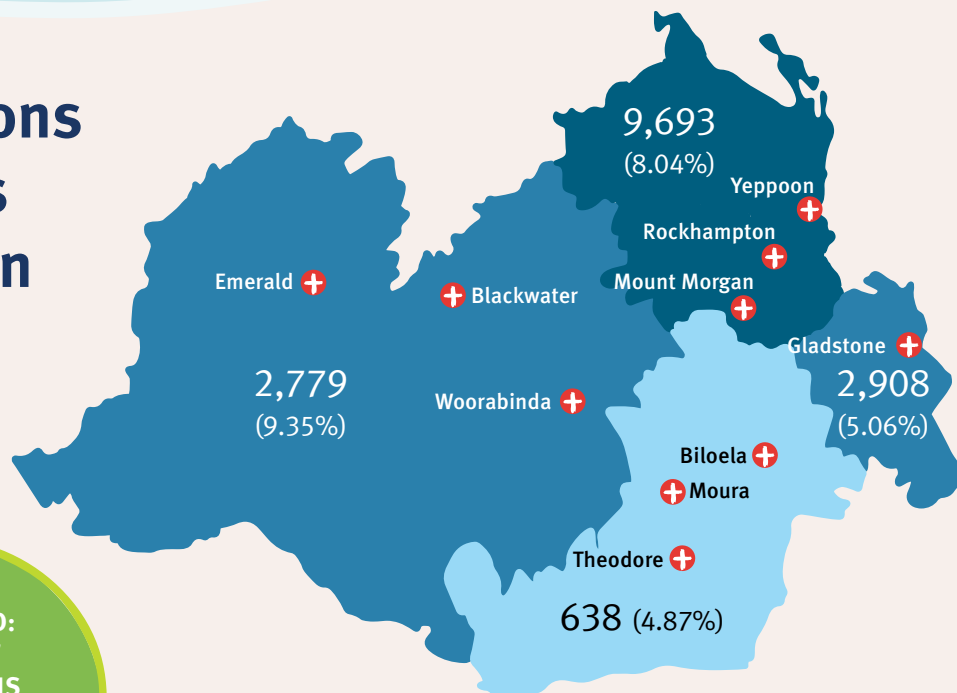
Population and Key Demographic Projection Profile

The 2020 census identified that Central Queensland had 7.2% of people identified as Aboriginal and/or Torres Strait Islander compared to 4% of the Queensland population. Within the region, Central Highlands had the largest percentage of Aboriginal and Torres Strait Islander persons with 7.3% followed by Rockhampton with 6.5%.

By 2031, Central Queensland will experience an 8.7% population growth of the Aboriginal and Torres Strait Islander population with a projected population of 36,808 as shown in Table 1 below.

First Nations Residents Population

Low High



QUEENSLAND:
NUMBER OF
FIRST NATIONS
RESIDENTS
241,749

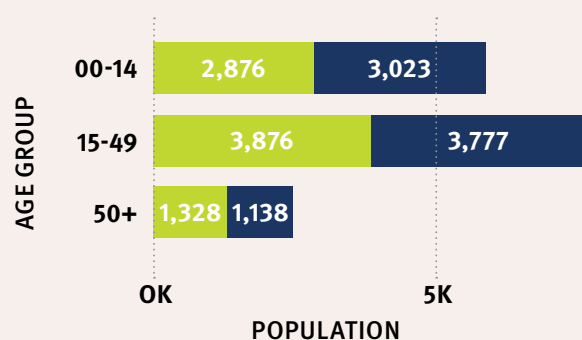
QUEENSLAND:
% RESIDENTS THAT
IDENTIFY AS FIRST
NATIONS PERSONS
4.67

CENTRAL
QUEENSLAND
FIRST NATIONS
POPULATION
7.25%

CENTRAL
QUEENSLAND
16,018
3.29% HIGHER
THAN QUEENSLAND

FIRST NATIONS POPULATION BY AGE GROUP AND SEX (2020)

SEX ● FEMALE ● MALE



FIRST NATIONS POPULATION BY ACCESSIBILITY/ REMOTENESS INDEX OF AUSTRALIA (ARIA) (2020)

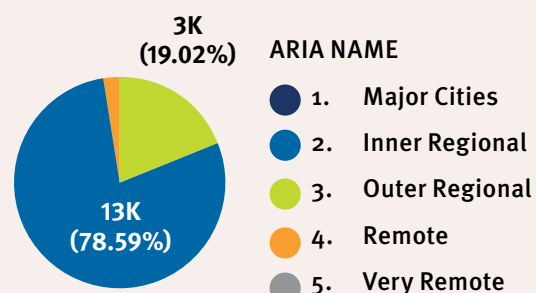


Table 1: Aboriginal and Torres Strait Islander projected population

PROJECTED POPULATION (PRP)	ESTIMATED POPULATION (ERP)			PROJECTED POPULATION (PRP)		
LOCAL GOVERNMENT AREAS (LGA'S) SA4 REGION	2019	2021	COMPOUND ANNUAL GROWTH RATE (%)	2026	2031	PROJECTED ANNUAL GROWTH 2021 TO 2031 (%)
Rockhampton	7,927	9,693	8.04%	11,245	14,580	3.94%
Gladstone	2,782	2,908	5.06%	4,801	5,900	3.45%
Livingstone	967	1,113	5.69%	1,800	3,330	2.25%
Central Highlands	2,688	2,799	3.35%	2,980	3,100	2.98%
Banana	636	678	4.87%	1,989	2,100	-0.28%
Woorabinda	1016	995	-2.07%	951	1,200	-0.45%
HHS Total	15,549	16,018	7.2%	26,941	36,808	2.1%
Central Queensland Total	240,749	247,856	4.6%	279,313	315,585	2.5%

Source: ERP: Queensland Government Statistician's Office (QGSO) – ABS consultancy for QGSO, September 2020. These estimates correspond with 30 June 2001-2019. ERP by SA2 as released in Regional Population Growth, Australia, 2018-19 (cat.no. 3218.o).

Source: Regional Population by Age and Sex, Australia, 2019 (cat no. 3235.o). Prepared by QGSO, Statistical Reporting and Coordination Unit (SRC (Statistical Reporting and Coordination)) and Statistical Analysis Linkage Unit (SALU). PRP: Queensland Government population projections, 2018 edition; Australian Bureau of Statistics, Population by age and sex, regions of Australia, 2016 (cat. no. 3235.o).

Table 2: Central Queensland 2021 Remoteness Distribution

REMOTENESS	FIRST NATIONS	FIRST NATIONS%	CENTRAL QLD	CENTRAL QLD %	TOTAL
Inner Regional	12,589	78.6%	165,461	80.8%	178,050
Outer Regional	12,589	78.6%	165,461	80.8%	178,050
Remote	385	2.4%	7,244	3.5%	7,629
Total	16,018	100.0%	204,844	100.0%	220,862

Source: Queensland Government population projections, 2018 edition; ABS, Population by age and sex, regions of Australia, 2016 (Cat no. 3235.o).

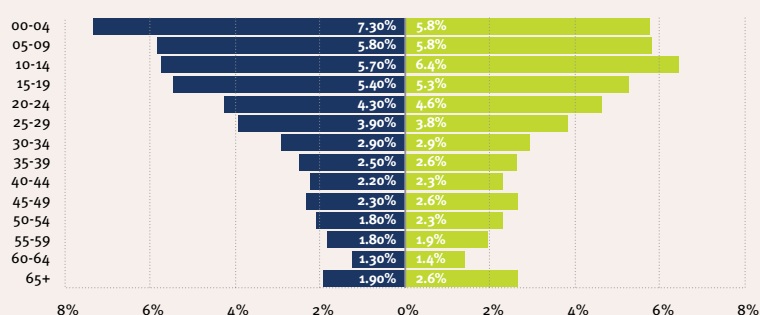
Table 3: Age Profile 2019 to 2020

AGE GROUPS	AGED GROUPS (2019) ERP	POPULATION RATIO % (2019)	AGED GROUPS (2020) ERP	POPULATION RATIO % (2020)	PROJECTED GROWTH (%)
00 -14	5,819	12.04%	5,899	12.16%	0.12%
15 - 49	7,532	7.49%	7,653	7.65%	0.16%
50 + and over	2,328	3.29%	2,466	3.40%	0.11%
Total Population (%)	15,679	7.14%	16,018	7.25%	0.11%

Source: Estimated Residential Population (ERP), Queensland 2019 to 2020 Government Statistician Office (QGSO)- ABS consultancy 2022.

As Table 2 demonstrates the Aboriginal and Torres Strait islander population shows a large proportion of the population is in the 00 -14 Age group is 12.04% (5,819) a slight increase of growth of 0.12% from 2019 ERP to 2020 ERP, and the 15 -49 age group is around 0.16% growth. This requires the CQHHS to review and invest in our child and youth services.

% ABORIGINAL AND TORRES STRAIT ISLANDER MALE BY AGE GROUP 2020



% ABORIGINAL AND TORRES STRAIT ISLANDER FEMALE BY AGE GROUP 2020



CQ Medical students engagement with IHLO Cap Coast at the Rockhampton NAIDOC event, August 2022

Regional Determinates of Health - Social and Economic Profile

Central Queensland Regional Area (117,000.00) sq km

↑ = Improvement

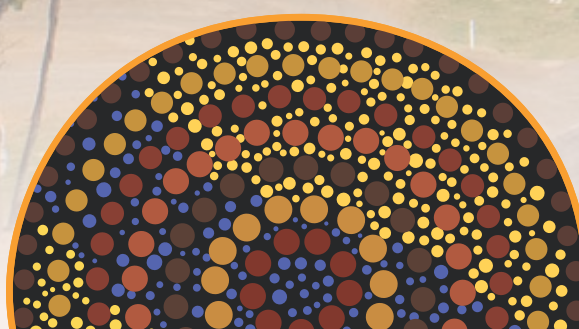
DEMOGRAPHY	SOCIAL DETERMINANTS	BEHAVIOURAL FACTORS	CHRONIC CONDITIONS	MOTHERS AND BABIES
First Nations Persons: <ul style="list-style-type: none"> 16,018 residents - 7.3% of the estimated resident population in 2020 ↓ 20.5 years - median age, 2016 (16.5 yrs younger than Queensland) 2.0% speak an Indigenous Australian Language at home, 2016 	First Nations Persons (2016): <ul style="list-style-type: none"> ↓ 48: IRSEO Socioeconomic Index Score (1 is Most Advantaged; 100 is Most Disadvantaged) ↓ 60.3 years - median age at death (19.7 yrs younger than Queensland) ↑ 22.5% unemployment rate (2021) (14.9% more than Queensland) 	First Nations Persons (2018-19): <ul style="list-style-type: none"> ↑ 40.2% are current daily smokers (25.3% more than Queensland) ↑ 22.0% lifetime risky alcohol use (4.7% more than Queensland) ↑ 44.3% are obese: BMI 30+ (11.9% more than Queensland) 	First Nations Persons (2018-19): <ul style="list-style-type: none"> ↑ 36.1% reported experiencing high psychological distress (22.2% more than Queensland) ↑ 9.8% with 3+ chronic conditions (0.6% more than Queensland) ↑ 36.3% have a disability (17.2% more than Queensland) 	First Nations Mothers (2016-18): <ul style="list-style-type: none"> ↑ 64.9% did not attend antenatal care by week 10 gestational age (17.7% more than Queensland) ↑ 47.2% smoked during pregnancy (35.4% more than Queensland) ↑ 11.4% low birthweight babies (4.6% more than Queensland)
CHILDHOOD	PRIMARY HEALTH	EMERGENCY CARE	HOSPITAL CARE	MORTALITY
First Nations Children (2018): <ul style="list-style-type: none"> ↑ 96.4% fully immunised at age 5 (1.9% more than Queensland) ↑ 26.0% developmentally vulnerable in two or more domains (12.1% more than Queensland) 	National Health Service Directory: <ul style="list-style-type: none"> 62 General Practitioner Clinic location(s) 11 First Nations Health and Community Service location(s) 	First Nations Persons (16/17-18/19): <ul style="list-style-type: none"> ↑ 56,963 age standardised presentations per 100,000 (100k) (27,585 more than Queensland) ↑ 2,752 age standardised low urgency presentations per 100k (1,457 more than Queensland) 	First Nations Persons (16/17-18/19): <ul style="list-style-type: none"> ↑ 38,201 age standardised hospitalisations per 100,000 (100k) (11,351 more than Queensland) ↑ 5,458 age standardised potentially preventable hospitalisations per 100k (2,724 more than Queensland) 	First Nations Persons (2014-18): <ul style="list-style-type: none"> ↓ 60.3 years - median age at death (19.7 yrs younger than Queensland) ↑ 350 age standardised premature deaths per 100,000 (aged 0 to 74) (103 higher than Queensland)

First Nations Residents Population Profile by Area (IARE) and Statistical Area Level 2 (SA2) Central Queensland Area (117,000) sq km. The First Nations Residents Profiles report provides data for Indigenous Areas (IARE), Indigenous Regions (IREG) and Hospital and Health Service (HHS) areas. HHS, IREA and IARE geographies are based on the 2016 edition of the Australian Statistical Geography Standard (ASGS).

Rockhampton – Yeppoon Area (18,366.67) sq km

DEMOGRAPHY	SOCIAL DETERMINANTS	BEHAVIOURAL FACTORS	CHRONIC CONDITIONS	MOTHERS AND BABIES
<p><i>First Nations Persons:</i></p> <ul style="list-style-type: none"> 9,693 residents - 8.0% of the estimated resident population in 2020 20 years - median age, 2016 (17 yrs younger than Queensland) 1.8% speak an Indigenous Australian Language at home, 2016 	<p><i>First Nations Persons (2016):</i></p> <ul style="list-style-type: none"> 45: IRSEO Socioeconomic Index Score (1 is Most Advantaged; 100 is Most Disadvantaged) 37.5% have completed year 12 (14.6% less than Queensland) 23.5% unemployment rate (2021) (15.9% more than Queensland) 	<p><i>First Nations Persons (2018-19):</i></p> <ul style="list-style-type: none"> 40.2% are current daily smokers (25.3% more than Queensland) 22.0% lifetime risky alcohol use (4.7% more than Queensland) 44.3% are obese: BMI 30+ (11.9% more than Queensland) 	<p><i>First Nations Persons (2018-19):</i></p> <ul style="list-style-type: none"> 36.1% reported experiencing high psychological distress (22.2% more than Queensland) 9.8% with 3+ chronic conditions (0.6% more than Queensland) 36.3% have a disability (17.2% more than Queensland) 	<p><i>First Nations Mothers (2016-18):</i></p> <ul style="list-style-type: none"> 59.6% did not attend antenatal care by week 10 gestational age (12.4% more than Queensland) 48.5% smoked during pregnancy (36.8% more than Queensland) 12% low birthweight babies (5.2% more than Queensland)
CHILDHOOD	PRIMARY HEALTH	EMERGENCY CARE	HOSPITAL CARE	MORTALITY
<p><i>First Nations Children (2018):</i></p> <ul style="list-style-type: none"> 97.6% fully immunised at age 5 (3.1% more than Queensland) 25.4% developmentally vulnerable in two or more domains (11.5% more than Queensland) 	<p><i>National Health Service Directory:</i></p> <ul style="list-style-type: none"> 30 General Practitioner Clinic location(s) 6 First Nations Health and Community Service location(s) 	<p><i>First Nations Persons (16/17-18/19):</i></p> <ul style="list-style-type: none"> 60,751 age standardised presentations per 100,000 (100k) (31,373 more than Queensland) 1,832 age standardised low urgency presentations per 100k (537 more than Queensland) 	<p><i>First Nations Persons (16/17-18/19):</i></p> <ul style="list-style-type: none"> 38,094 age standardised hospitalisations per 100,000 (100k) (11,244 more than Queensland) 5,249 age standardised potentially preventable hospitalisations per 100k (2,515 more than Queensland) 	<p><i>First Nations Persons (2014-18):</i></p> <ul style="list-style-type: none"> 61.0 years - median age at death (19 yrs younger than Queensland) 352 age standardised premature deaths per 100,000 (aged 0 to 74) (106 higher than Queensland)

First Nations Residents Population Profile 2020 Area (IARE) and Statistical Area Level 2 (SA2) Rockhampton – Yeppoon Area (18,366.67) sq km.



Gladstone Area (6,714.26) sq km

 = Improvement

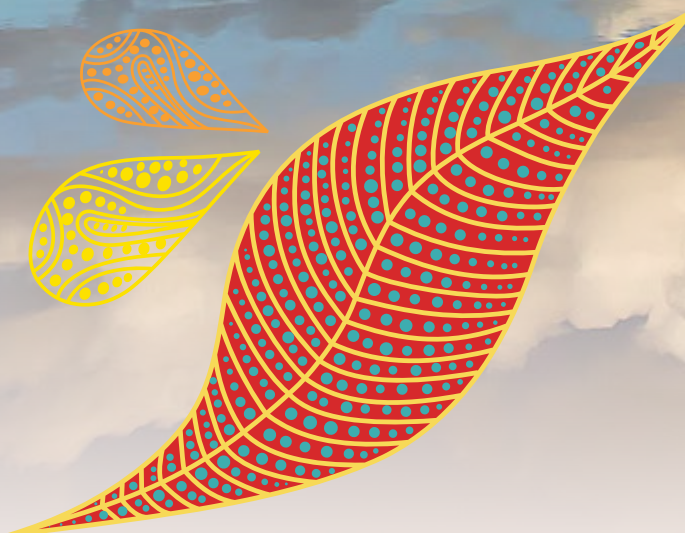
DEMOGRAPHY	SOCIAL DETERMINANTS	BEHAVIOURAL FACTORS	CHRONIC CONDITIONS	MOTHERS AND BABIES
First Nations Persons: <ul style="list-style-type: none"> 2,908 residents - 5.1% of the estimated resident population in 2020 20 years - median age, 2016 (17 yrs younger than Queensland) 1.0% speak an Indigenous Australian Language at home, 2016 	First Nations Persons (2016): <ul style="list-style-type: none"> 37: IRSEO Socioeconomic Index Score (1 is Most Advantaged; 100 is Most Disadvantaged) 38.7% have completed year 12 (13.5% less than Queensland) 24.8% unemployment rate (2021) (17.2% more than Queensland) 	First Nations Persons (2018-19): <ul style="list-style-type: none"> 40.2% are current daily smokers (25.3% more than Queensland) 22.0% lifetime risky alcohol use (4.7% more than Queensland) 44.3% are obese: BMI 30+ (11.9% more than Queensland) 	First Nations Persons (2018-19): <ul style="list-style-type: none"> 36.1% reported experiencing high psychological distress (22.2% more than Queensland) 9.8% with 3+ chronic conditions (0.6% more than Queensland) 36.3% have a disability (17.2% more than Queensland) 	First Nations Mothers (2016-18): <ul style="list-style-type: none"> 72.3% did not attend antenatal care by week 10 gestational age (25.1% more than Queensland) 38.3% smoked during pregnancy (26.5% more than Queensland) 9.5% low birthweight babies (2.7% more than Queensland)
CHILDHOOD	PRIMARY HEALTH	EMERGENCY CARE	HOSPITAL CARE	MORTALITY
First Nations Children (2018): <ul style="list-style-type: none"> 97.9% fully immunised at age 5 (3.4% more than Queensland) 26.2% developmentally vulnerable in two or more domains (12.3% more than Queensland) 	National Health Service Directory: <ul style="list-style-type: none"> 14 General Practitioner Clinic location(s) 2 First Nations Health and Community Service location(s) 	First Nations Persons (16/17-18/19): <ul style="list-style-type: none"> 95,669 age standardised presentations per 100,000 (100k) (66,291 more than Queensland) 8,611 age standardised low urgency presentations per 100k (7,315 more than Queensland) 	First Nations Persons (16/17-18/19): <ul style="list-style-type: none"> 35,839 age standardised hospitalisations per 100,000 (100k) (8,989 more than Queensland) 4,349 age standardised potentially preventable hospitalisations per 100k (1,615 more than Queensland) 	First Nations Persons (2014-18): <ul style="list-style-type: none"> 61.0 years - median age at death (19 yrs younger than Queensland) 323 age standardised premature deaths per 100,000 (aged 0 to 74) (76 higher than Queensland)

First Nations Residents Population Profile 2020 Area (IARE) and Statistical Area Level 2 (SA2) Gladstone Area (6,714.26) sq km.

Central Capricorn – Emerald, Blackwater and Woorabinda Area (60,352.01) sq km

DEMOGRAPHY	SOCIAL DETERMINANTS	BEHAVIOURAL FACTORS	CHRONIC CONDITIONS	MOTHERS AND BABIES
<p><i>First Nations Persons:</i></p> <ul style="list-style-type: none"> 2,779 residents - 9.3% of the estimated resident population in 2020 22 years - median age, 2016 (15 yrs younger than Queensland) 4.0% speak an Indigenous Australian Language at home, 2016 	<p><i>First Nations Persons (2016):</i></p> <ul style="list-style-type: none"> ↑ 72: IRSEO Socioeconomic Index Score (1 is Most Advantaged; 100 is Most Disadvantaged) ↓ 28.4% have completed year 12 (23.8% less than Queensland) ↑ 17.5% unemployment rate (2021) (9.9% more than Queensland) 	<p><i>First Nations Persons (2018-19):</i></p> <ul style="list-style-type: none"> ↑ 40.2% are current daily smokers (25.3% more than Queensland) ↑ 22.0% lifetime risky alcohol use (4.7% more than Queensland) ↑ 44.3% are obese: BMI 30+ (11.9% more than Queensland) 	<p><i>First Nations Persons (2018-19):</i></p> <ul style="list-style-type: none"> ↑ 36.1% reported experiencing high psychological distress (22.2% more than Queensland) ↑ 9.8% with 3+ chronic conditions (0.6% more than Queensland) ↑ 36.3% have a disability (17.2% more than Queensland) 	<p><i>First Nations Mothers (2016-18):</i></p> <ul style="list-style-type: none"> ↑ 70.9% did not attend antenatal care by week 10 gestational age (23.7% more than Queensland) ↑ 53.1% smoked during pregnancy (41.3% more than Queensland) ↑ 11% low birthweight babies (4.3% more than Queensland)
CHILDHOOD	PRIMARY HEALTH	EMERGENCY CARE	HOSPITAL CARE	MORTALITY
<p><i>First Nations Children (2018):</i></p> <ul style="list-style-type: none"> ↓ 92.2% fully immunised at age 5 (2.4% less than Queensland) ↑ 33.8% developmentally vulnerable in two or more domains (19.9% more than Queensland) 	<p><i>National Health Service Directory:</i></p> <ul style="list-style-type: none"> 12 General Practitioner Clinic location(s) 2 First Nations Health and Community Service location(s) 	<p><i>First Nations Persons (16/17-18/19):</i></p> <ul style="list-style-type: none"> ↓ 13,438 age standardised presentations per 100,000 (100k) (15,940 less than Queensland) ↓ 347 age standardised low urgency presentations per 100k (948 less than Queensland) 	<p><i>First Nations Persons (16/17-18/19):</i></p> <ul style="list-style-type: none"> ↑ 40,712 age standardised hospitalisations per 100,000 (100k) (13,862 more than Queensland) ↑ 7,166 age standardised potentially preventable hospitalisations per 100k (4,432 more than Queensland) 	<p><i>First Nations Persons (2014-18):</i></p> <ul style="list-style-type: none"> ↓ 58.5 years - median age at death (21.5 yrs younger than Queensland) ↑ 382 age standardised premature deaths per 100,000 (aged 0 to 74) (135 higher than Queensland)

First Nations Residents Population Profile 2020 Area (IARE) and Statistical Area Level 2 (SA2) Central Capricorn (Emerald, Blackwater and Woorabinda) Area (60,352.01) sq km.




Banana – Biloela, Theodore and Moura Area (25,767.06) sq km

 = Improvement

DEMOGRAPHY	SOCIAL DETERMINANTS	BEHAVIOURAL FACTORS	CHRONIC CONDITIONS	MOTHERS AND BABIES
<p><i>First Nations Persons:</i></p> <ul style="list-style-type: none"> 638 residents - 4.9% of the estimated resident population in 2020 25 years - median age, 2016 (12 yrs younger than Queensland) 0.5% speak an Indigenous Australian Language at home, 2016 	<p><i>First Nations Persons (2016):</i></p> <ul style="list-style-type: none"> 42: IRSEO Socioeconomic Index Score (1 is Most Advantaged; 100 is Most Disadvantaged) 36.8% have completed year 12 (15.3% less than Queensland) 18.3% unemployment rate (2021) (10.7% more than Queensland) 	<p><i>First Nations Persons (2018-19):</i></p> <ul style="list-style-type: none"> 40.2% are current daily smokers (25.3% more than Queensland) 22.0% lifetime risky alcohol use (4.7% more than Queensland) 44.3% are obese: BMI 30+ (11.9% more than Queensland) 	<p><i>First Nations Persons (2018-19):</i></p> <ul style="list-style-type: none"> 36.1% reported experiencing high psychological distress (22.2% more than Queensland) 9.8% with 3+ chronic conditions (0.6% more than Queensland) 36.3% have a disability (17.2% more than Queensland) 	<p><i>First Nations Mothers (2016-18):</i></p> <ul style="list-style-type: none"> 72.9% did not attend antenatal care by week 10 gestational age (25.7% more than Queensland) 41.7% smoked during pregnancy (29.9% more than Queensland) 12.7% low birthweight babies (6% more than Queensland)
CHILDHOOD	PRIMARY HEALTH	EMERGENCY CARE	HOSPITAL CARE	MORTALITY
<p><i>First Nations Children (2018):</i></p> <ul style="list-style-type: none"> 90.0% fully immunised at age 5 (4.5% less than Queensland) <p><i>n.p. developmentally vulnerable in two or more domains (13.9% for Queensland)</i></p>	<p><i>National Health Service Directory:</i></p> <ul style="list-style-type: none"> 6 General Practitioner Clinic location(s) 1 First Nations Health and Community Service location(s) 	<p><i>First Nations Persons (16/17-18/19):</i></p> <ul style="list-style-type: none"> 12,560 age standardised presentations per 100,000 (100k) (16,818 less than Queensland) 500 age standardised low urgency presentations per 100k (796 less than Queensland) 	<p><i>First Nations Persons (16/17-18/19):</i></p> <ul style="list-style-type: none"> 39,652 age standardised hospitalisations per 100,000 (100k) (12,802 more than Queensland) 6,255 age standardised potentially preventable hospitalisations per 100k (3,521 more than Queensland) 	<p><i>First Nations Persons (2014-18):</i></p> <ul style="list-style-type: none"> 54.0 years - median age at death (26 yrs younger than Queensland) 289 age standardised premature deaths per 100,000 (aged 0 to 74) (43 higher than Queensland)

First Nations Residents Population Profile 2020 Area (IARE) and Statistical Area Level 2 (SA2) Banana (Biloela) Area (25,767.06) sq km.



Aboriginal and Torres Strait Islander Burden of Disease and Injury

The burden of disease analysis measures the combined impact of diseases, injuries, and risk factors on a population to quantify health loss caused by different conditions. Aboriginal and Torres Strait Islander residents in the Central Queensland region experienced 2.1 times the expected burden of disease and injury compared to Queensland non-Aboriginal and Torres Strait Islander rates.

There were 784 deaths of Aboriginal and Torres Strait Islanders in Central Queensland in 2020 compared to 2016 rates which were 884 deaths. The death rate was 49% higher than the non-Aboriginal and Torres Strait Islander rate. The leading causes were preventable with coronary heart disease the leading cause of death followed by diabetes, respiratory, lung cancer and suicide.

There is a health-adjusted life expectancy gap of 12.1 years between Aboriginal and Torres Strait Islander residents and the total Queensland population. The largest contributors to this gap in disease and injury between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander residents in the region are:

- » Cardiovascular disease (19%)
- » Mental disorders (16%)
- » Diabetes (14%)
- » Chronic respiratory disease (9%) and
- » Cancers (8%)

While evidence suggests that the Chronic Diseases mortality rates for Aboriginal and Torres Strait Islander Queenslanders decreased significantly between 2002 and 2015, by 28.2 percent. Improvements were largely driven by a decreasing rate of mortality from cardiovascular disease and respiratory disease. There is a need for continued investment in reducing the gap and slowing the death rate for Aboriginal and Torres Strait Islander peoples.

Health Equity is everyone's business – achieving sustainable health gains in Aboriginal and Torres Strait Islander peoples' health is a core responsibility and high priority for the entire health system through co-design, co-implement and should be led by Aboriginal and Torres Strait Islander peoples, communities, and organisations.

Burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2017.



Contributors Factors to Health Gaps

“OUR PEOPLE ARE DYING; WE NEED CHANGE TO OUR HEALTH CARE SYSTEM”

Consumer 2022

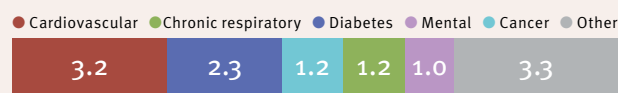
Cardiovascular disease, cancers, and endocrine disorders (including diabetes) in people aged 40 to 84 years accounted for over half the gap in life expectancy in 2015-17 [2]; while 23% of the Indigenous health gap was due to tobacco smoking – the leading contributor to lung cancer and respiratory disease [26] In the three-year period 2013–2015, the median age at death was 58 years for Aboriginal and Torres Strait Islander people compared to 79 years for non-Indigenous people (21 year difference). Most deaths for Indigenous people occurred in the middle age groups (45 to 74 years, 54% of deaths in the nine years), while most deaths for non-Indigenous people occur in the older age groups (70 and older, 70% of death in the nine years). This partly indicates the younger aged profile in the Indigenous population in Central Queensland.

66% of the disease burden in Central Queensland HHS Indigenous population was caused by the six leading broad cause groups

Health Adjusted Life Expectancy in Central Queensland HHS region (2011)

Aboriginal and Torres Strait Islander people of Central Queensland

61.6
average years lived with full health



12.1 year gap in HALE*

*HALE = health adjusted life expectancy = average number of years a person can expect to live at full health

Total Queensland Population

73.7
average years lived with full health

Contribution by broad cause to the burden of disease and injury gap between Indigenous and non-Indigenous residents of Queensland HHS region (2011)

Leading broad cause contributors to the health gap



Hospitalisations

Excess Separations

First Nations people in Central Queensland HHS had

1.6x

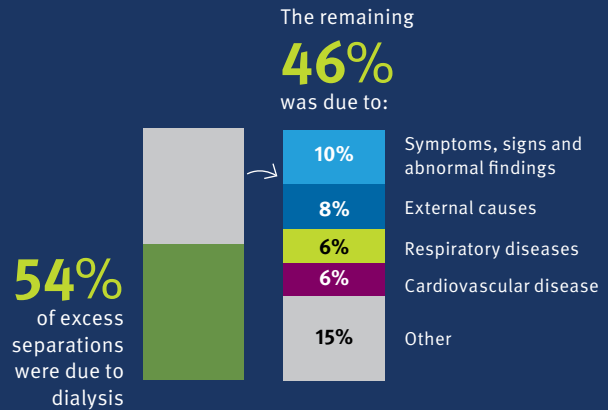
the number of hospitalisations expected based on the rate in other Queenslanders 2015-16 to 2019-20.

This is equivalent to

39%

of all separations for First Nations people in the HHS.

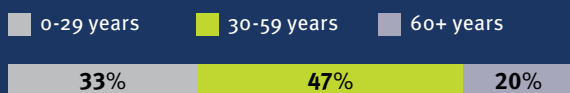
Excess Separations by cause



Potential Savings

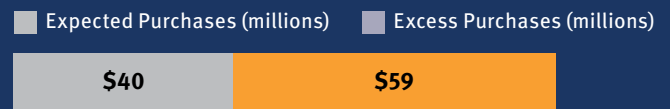
Beyond the cost to quality of life, social and emotional wellbeing, there is a financial cost associated with poorer health outcomes of Queensland's Aboriginal and Torres Strait Islander people for 2016-17, 2017-18, 2018-19.

47% of the excess was for people aged 30-59 years

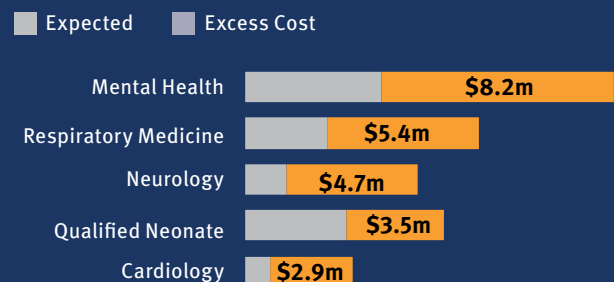


Data source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), Patient acute weighted separations (pAWS).

Central Queensland Actual Purchases (millions) \$99



Excess cost by service related group (SRG)



Suicide

IN 2014-18, THE RATE OF SUICIDE DEATHS FOR FIRST NATIONS PEOPLE:

CENTRAL QUEENSLAND HHS

35.7
per 100,000

QUEENSLAND

23.7
per 100,000



Mortality

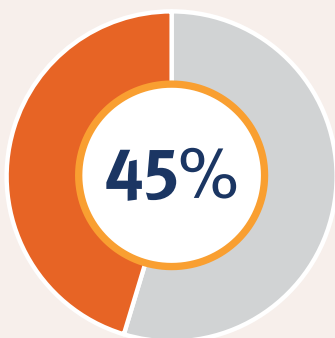
TO CLOSE THE GAP WITH THE QUEENSLAND NON-INDIGENOUS POPULATION, IN CENTRAL QUEENSLAND HHS IN 2014-2018

128 of the 281

DEATHS OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE NEEDED TO BE PREVENTED.

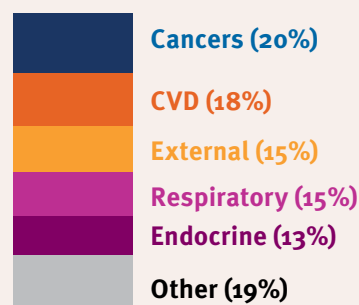
THAT'S AN AVERAGE OF

26 excess deaths per year



OF DEATHS NEED TO BE PREVENTED TO CLOSE THE GAP

5 KEY CAUSES ACCOUNT FOR 81% OF EXCESS DEATHS



PREVENTING...



5 of 14
DEATHS PER YEAR FROM CANCERS WOULD CLOSE THE GAP BY
20%

PREVENTING...



5 of 12
DEATHS PER YEAR FROM CARDIOVASCULAR DISEASE WOULD CLOSE THE GAP BY
18%

PREVENTING...



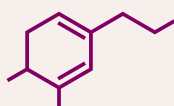
4 of 8
DEATHS PER YEAR FROM EXTERNAL CAUSES WOULD CLOSE THE GAP BY
15%

PREVENTING...



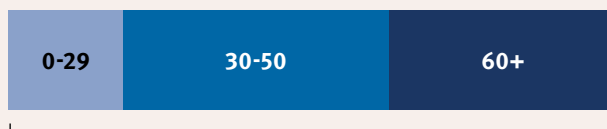
4 of 6
DEATHS PER YEAR FROM RESPIRATORY DISEASES WOULD CLOSE THE GAP BY
15%

PREVENTING...



3 of 4
DEATHS PER YEAR FROM ENDOCRINE DISORDERS WOULD CLOSE THE GAP BY
13%

12 EXCESS DEATHS OCCURRED PER YEAR IN PEOPLE AGED 30-59, ACCOUNTING FOR 43%

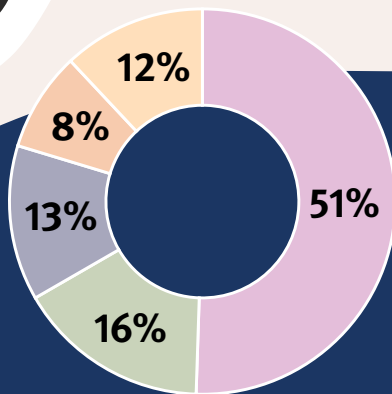


Central Queensland excess deaths

Source: Cause of Death Unit Record File, Australian Coordinating Registry.



Child Mortality



- Conditions originating in perinatal period
- Congenital anomalies
- External causes
- Symptoms, signs and abnormal findings
- All Others

Symptoms, signs, abnormal findings: clinical or other procedures, ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded. External causes: environmental and circumstances as the cause of injury, and other adverse effects.

192

Aboriginal and Torres Strait Islander children (0–4 years) died in the five years 2014–2018 in Queensland

75

of these needed to be prevented statewide to close the gap with Other Queenslanders, the excess deaths

11

Aboriginal and Torres Strait Islander children died in Central Queensland HHS during the five years 2014–2018

2

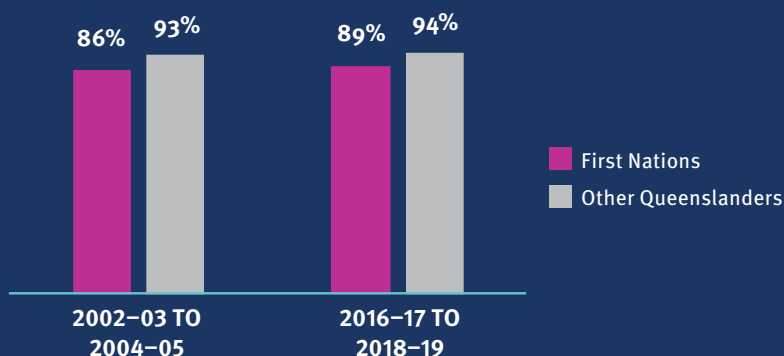
child deaths needed to be prevented in Central Queensland HHS, to close the HHS gap with Other Queenslanders

n.p. = less than 5 and not publishable, n.a. = less than or equal to 0

Source: Cause of Death Unit Record File, Australian Coordinating Registry.

Child and Maternal Health Indicators

Healthy birthweight babies (2,500–4,499 grams, CTG range)

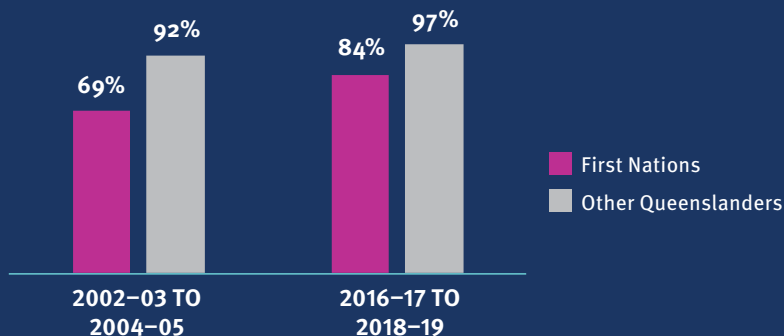


In 2018–19, Central Queensland HHS needed an extra

7 (2.1%)

healthy birthweight babies born to Aboriginal and Torres Strait Islander women to meet the target of 91 per cent.

Healthy birthweight babies (2,500–4,499 grams, CTG range)



In 2018–19, Central Queensland HHS needed an extra

46 (14.4%)

Aboriginal and Torres Strait Islander women to attend 5 or more antenatal visits to close the gap with Other Queenslanders across the state.

Antenatal visits in first trimester

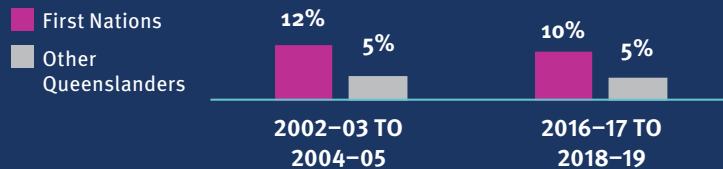


In 2018-19, Central Queensland HHS needed an extra

75 (23.2%)

Aboriginal and Torres Strait Islander women to attend their first antenatal visit in the first trimester to close the gap with Other Queenslanders across the state.

Low birth weight babies (<2500g)

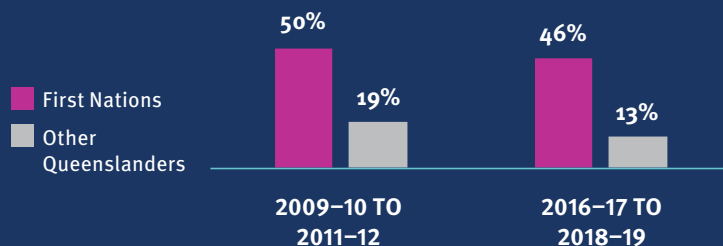


In 2018-19, Central Queensland HHS needed an extra

16 (4.9%)

fewer babies born to Aboriginal and Torres Strait Islander women with low birth weight to close the gap with Other Queenslanders across the state.

Smoking during pregnancy



In 2018-19, Central Queensland HHS needed an extra

126 (38.5%)

fewer Aboriginal and Torres Strait Islander women smoking during pregnancy to close the gap with Other Queenslanders across the state.

Source: Perinatal Data Collection (PDC).



Developmentally Vulnerable Children

Aboriginal and Torres Strait Islander children and young people face some of the toughest health challenges. 31% of our children are in the lowest 20% of SEIFA (Socioeconomic Index for Area). 1 in 4 children start school with an identified developmental concern and 1 in 3 children in Rockhampton start school physically unable to cope with the school day. In 2017/18, over 16% of hospital admissions for children were considered preventable.

Central Queensland has a birth rate of 13.4 births per 1,000 population which is higher than the state birth rate.

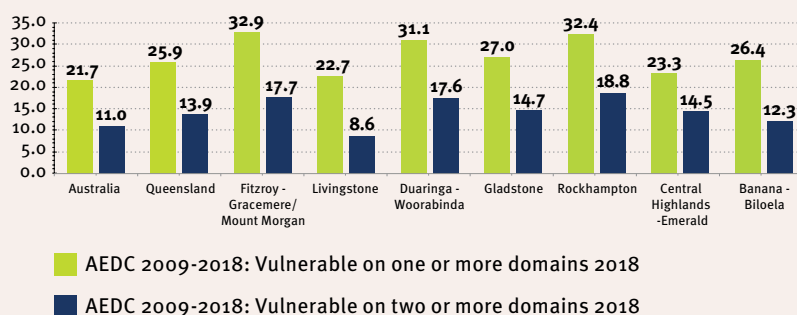
This birth rate is highest in the rural communities of Central Highlands and Biloela. 16.3% of the total number of births identify as Aboriginal and Torres Strait Islander (38.7 births per 1,000 population). 17% of Central Queensland women smoked during pregnancy, that is 37% higher than the state average. 5.32% of babies born in 2018 were born with low birthweight, this is more than doubled in the Aboriginal and Torres Strait Islander babies with 10.88% of babies born with low birthweight. The data collection laid the foundation for the Australian Government's commitment to ongoing Australian Early Development Census (AEDC) data collections every three years, with the most recent in 2018.

In 2007, the Indigenous Australian Early Development Index (Indigenous-AEDI) project adapted the EDI (Electronic Data Interfaces) to consider Aboriginal and Torres Strait Islander cultural differences in the influences on child development. The Indigenous Adaptation Study (IAS) is an important step in ensuring not only the cultural accuracy of the AEDI, but also its effectiveness in empowering communities to enhance the development of all children in their critical early years. The Developmentally Vulnerable Children (AEDC) 2009–2018 data shows the number of vulnerable children with one or more domains of developmental health and wellbeing of children starting school.

Rockhampton and Fitzroy (Gracemere and Mount Morgan) areas representation a higher proportion of vulnerable children with one or more developmentally stages.

By 2031, increasing the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the AEDC to 55% will be important and will assist meeting the Closing the Gap target for Target 4: Aboriginal and Torres Strait Islander children to thrive in their early years.

Central Queensland Developmentally Vulnerable Children 2009 -2018



Australian Early Development Census (AEDC) Data Report 2018.



Workforce Profile

Queensland's new First Nations Health Workforce Strategy for Action

The new Strategy for Action is a Queensland Government election commitment in partnership with Community Controlled Health Sector and other key stakeholders to drive workforce reform to increase First Nations workforce representation across the entire health system.



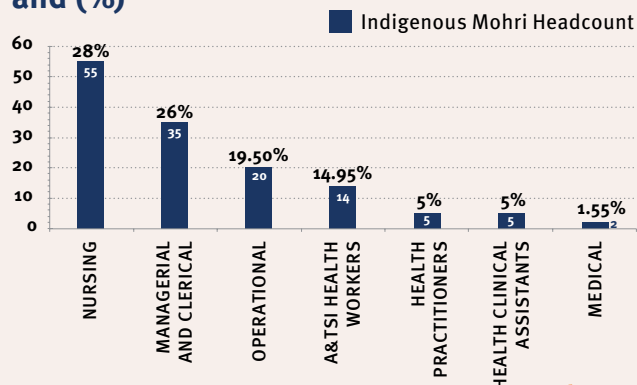
Annette Hill
Aboriginal and
Torres Strait Islander
Mental Health Nurse



Adriana Johnson
Aboriginal and
Torres Strait Islander
Nurse Unit Manager

Large proportion of the Aboriginal and Torres Strait Islander workforce is employed in Nursing Stream (28.00%) follow by Managerial & Clerical (26.00%), Operational (19.50%), Aboriginal and Torres Health Workers (14.95%), Health Practitioners (5.00%), Health Clinical Assistants (5.00%) and Medical (1.55%) of the total Aboriginal and Torres Strait Islander workforce.

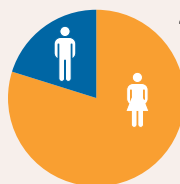
Aboriginal and Torres Strait Islander Workforce Stream Profile - Headcount and (%)



CQHHS Workforce

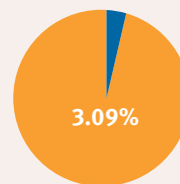
MOHRI Occupied Headcount

4,399.43



Indigenous MOHRI Headcount

136.01



Our current Workforce profile highlights a greater need for change:

1. Queensland Health Workforce Diversity Profile

2.19% of the workforce identify as Aboriginal and Torres Strait Islander represents across within Queensland Health

Data Source: DSS Diversity Profile by MOHRI Headcount, All positions, Hospital and Health Services - June 2022

2. Central Queensland Workforce Profile by SA3 Geographical Region

2.00% of the workforce identify as Aboriginal and Torres Strait Islander across all profession within SA3 Geographical Region

Data Source: QH Planning Portal, Service Utilisation, Access and Availability, Workforce, Workforce First Nations Status, Central Queensland - June 2022

3. CQHHS Workforce Diversity Profile

3.09% of the workforce identify as Aboriginal and Torres Strait Islander within Central Queensland Hospital and Health Service (CQHHS).

2.27% of the Aboriginal and Torres Strait Islander workforce working in a clinical stream.

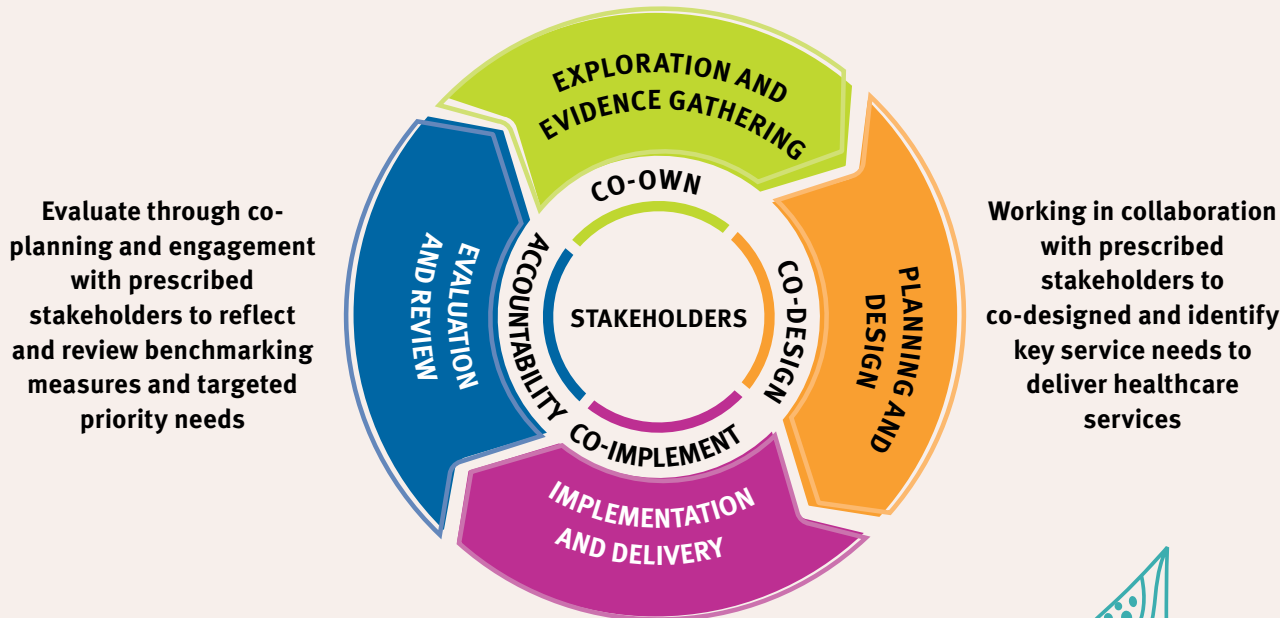
4.85% of the workforce are working in a non-clinical stream within CQHHS

Data source: DSS Workforce Diversity Profile by MOHRI FTE and Headcount, All Streams - June 2022

Co-design Principles

By working in partnerships with key prescribed stakeholders that will strengthen service delivery through the principles of co-design will enhance comprehensive health model of care through its 'collaborative' and 'empower' of engagement to ensure Aboriginal and Torres Strait Islander peoples have the voice in the delivery of its services.

Verify preliminary qualitative and quantitative findings and data information through Community Voices and Local Health Needs Assessment



Develop and agreed on prioritisation criteria and understanding of the priorities needs in the delivery of health services



Engagement snapshot

Our Journey Towards Health Equity - Engagement is to identify, validation, and prioritisation of health needs of the Aboriginal and Torres Strait Islander people as part of the development of the strategy.

The themes were developed through *Our Shared voices of health needs and priorities for the region*. The health service has also engaged with Deloitte to conduct a Local Area Needs Assessment (LANA) consultation in collaboration with the Health Equity team to engaged across key stakeholders and community groups across the Central Queensland region.

The development of the LANA report will provide the 'health need assessment' to identify and validate health needs include quantitative analysis of key data elements (including geographic and demographic profile, risk factors, health status and service utilisation), and stakeholder consultation. The LANA report has outlined the qualitative and quantitative evidence finding to supporting the ten health needs prioritisation by the CQHHS Project Steering (PSC) Committee in the development of the strategy.

LOCAL AREA HEALTH NEEDS ENGAGEMENT RESPONSES	HEALTH EQUITY ENGAGEMENT RESPONSES	ENGAGEMENT METHODS	CONSULTATION PROCESS
<ul style="list-style-type: none"> 127 consumers responses 255 survey responses 76 staff engagement 52 external stakeholders and partners 	<ul style="list-style-type: none"> 52 consumers responses 40 feedback responses 42 staff engagement 22 external stakeholders and partners 	<ul style="list-style-type: none"> Desktop analysis and online survey and yarning circles Face-to-face engagement and consumer hospital pop-up desks and showcase Community / workshop and inservice groups and interviews process Road trips and other general correspondence 	<ul style="list-style-type: none"> Consultation over 1,482 stakeholders (156 staff, 112 staff and 1,214 external stakeholders) LANA consultation 287 online surveys, 57 focus groups clinical staff and operational staff and targeted engagement with external stakeholders Health Equity consultation with over 21 external stakeholders, 80 consumers and 44 staff across region 10 prioritised health needs have been identified to inform the health service

Governance and Leadership

The health service operates within the principles of the Clinical Governance Framework. The Governance Framework is based on the principles of public sector governance including accountable, transparency/openness, integrity, stewardship, efficiency, and leaderships.

The Health Equity Strategy will operate in accordance with CQHHS Governance Organisational and Committee Framework and in line with the National Healthcare Standard including the NSQHS Standards User guide for Aboriginal and Torres Strait Islander health NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health.

The Aboriginal and Torres Strait Islander Health Equity Partnership Committee will provide strategic leadership and advice regarding Aboriginal and Torres Strait Islander health and wellbeing across the health service.

The committee will:

- » Oversight of programs to promote health equality e.g. *Making Tracks and Closing the Gap for health outcomes for Indigenous Queenslanders by 2033*.
- » Guidance for development of services for Aboriginal and Torres Strait Islander peoples based on values, cultural safety, and best practice principles.
- » Review and monitoring of the Health Equity Strategy including the development of a Aboriginal and Torres Strait Islander workforce strategic plan.

The Performance Monitoring and Review Framework

The Health Equity Strategy Performance Monitoring and Reporting Framework (the draft Framework document) will be developed under the guidance of the proposed CQHHS Health Equity Partnership Committee (HEPC). It will describe key actions, targets, partnerships required, resourcing required and milestones. It will describe how the actions will be implemented and by whom. Detailed Key Performance Indicators (KPIs) for each strategy will be articulated in the Implementation Plan. These will be designed to measure impact of initiatives/actions against the Health Equity Strategy and be reported upon through a quarterly integrated performance cycle.

The Implementation Plan will be co-developed and co-owned by a range of prescribed stakeholders. The CQHH Board will be accountable for the shared delivery of the strategy. The Health Equity Partnership Committee (HEPC) and Executive Leadership Team (ELT) will take responsibility for ensuring visibility, assurance and performance of the actions are maintained within agreed timelines. The HEPC includes representatives of Prescribed, Development and Implementation stakeholders as defined in the Health Equity Regulations.

The Implementation Plan will be reviewed on an annual basis and updated to reflect and adapt to the ever-changing environment and respond to emerging priorities.

It will take collective commitment at all levels of our workforce to deliver upon strategies and their associated actions. So, it is essential that responsibilities and performance expectations are clearly articulated.



Acronyms

ACCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
ACCHS	Aboriginal and Torres Strait Islander Community Controlled Health Service
ACCO	Aboriginal Community Controlled Organisations
AMS	Aboriginal Medical Service
AIDA	Australian Indigenous Doctors Association
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
CQHHS	Central Queensland Hospital and Health Service
DAMA	Discharge Against Medical Advice
DNW	Did Not Wait
FTA	Failure to Attend
FTE	Full Time Equivalent
HHS	Hospital and Health Service
HEEC	Health Equity Executive Committee
HSCE	Health Service Chief Executive
HES	Higher Education Sector
IAHP	Indigenous Australians' Health Programme
IT	Information Technology
KPI	Key Performance Indicators
LANA	Local Area Needs Assessment
LATC	Left After Treatment Commenced
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NAATSIHWP	National Association for Aboriginal & Torres Strait Islander Health Workers & Practitioners
NGO	Non-Government Organisation
PHN	Primary Health Network
QAIHC	Queensland Aboriginal and Islander Health Council
RTO	Registered Training Organisation
SEWB	Social and Emotional Wellbeing
SRG	Service-Related Group
ToR	Terms of Reference
VET	Vocational Education and Training



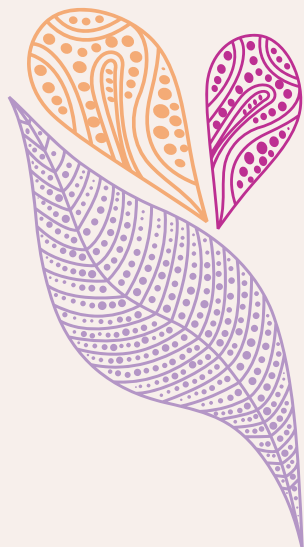


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Gangulu Elder, Uncle Phillip Toby lead the Traditional Smoking Ceremony at the Biloela Hospital.



“Cultural Smoking Ceremony is part of the healing process of physical, mentally, and spiritual wellbeing”

Uncle Phillip Toby, Gangulu Elder
Biloela Hospital Smoking Ceremony 2022

