First Peoples **Health Equity Strategy**

2022 - 2025

Cairns and Hinterland
Hospital and Health Service

Queensland Government

Aboriginal people and Torres Strait Islanders are advised that this Cairns and Hinterland Hospital and Health Service First Peoples Health Equity Strategy 2022-2025 may contain reference to or images of people who have passed.

Cairns and Hinterland Hospital and Health Service First Peoples Health Equity Strategy 2022 – 2025

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An electronic version of this document is available at www.cairns-hinterland.health.qld.gov.au

ARTWORK

The Healing Spirit Hands (Gubi-Wawu-Murra – Language: Ewamian/Badun) artwork was produced for the Cairns and Hinterland Hospital and Health Service by local artist Jedess Hudson.

Artwork story

"May the warm winds of spirit blow gently on us, and may the great spirits bless all who enter our sacred healing space. May your feet make happy tracks on country and may the colours of the land always touch your soul."

The diverse colours of our region include the reef, rainforest, and savannah, which makes up the vibrant Cairns and Hinterland Hospital and Health Service footprint. This painting represents the main areas that comprise our Health Service Mossman and Daintree, Tablelands, Western Savannah, Cassowary Coast and Cairns. These five hubs are depicted within the artwork as healing circles. They reflect our family connection, kinships and friends that support us on our individual journey back to a healthy spirit and wellbeing. Our healthcare network continuously strives to connect and engage with Aboriginal, Torres Strait Islander peoples and the wider community in a culturally safe environment.

The three smaller brown circles represent yarning circles - a place of communication and hope – and the symbols around the circles depict males and females coming together into the circles. This is also evident in our relationships and our compassion, as it reflects the importance of family.

The white travelling lines connect our five hubs together and cover the many clans and the country of Far North Queensland. The dots represent the many people that come in and out of the Health Service — past, present, and future.

These qualities represented throughout the artwork are what we expect to receive and give at your healing place that is the Cairns and Hinterland Hospital Health Service, while you are on your life journey.

A DEDICATION

This first Health Equity Strategy is dedicated to the early work of Henrietta and Adrian Marrie in 2014, and to all First Peoples who have encountered and fought to end racial discrimination in health care.

Their work, together with many others since, has contributed to creating the foundations of a new generation of public health and hospital institutions that are stronger in their cultural capability and determination to provide cultural safety to all that access services and those that work therein.

Adrian Marrie's seminal 2017 report, ***Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander Peoples in Queensland's Public Hospital and Services*** was commissioned by the then Anti-Discriminations Commission Queensland, now known as Queensland Human Rights Commission. This work has been the catalyst for subsequent legislation and regulations, including a definition of institutional racism.

Photographs courtesy of ABC TV

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GLOSSARY

Terminology

Throughout the Strategy, the term First Peoples, is used interchangeably for 'First Nation People', 'First Nations', 'Aboriginal peoples and Torres Strait Islanders', and 'Aboriginal and Torres Strait Islander peoples.' We acknowledge First Peoples' right to self-determination and respect the choice of First Peoples to describe their own cultural identities which may include these or other terms.

First Peoples is preferred locally over First Nations. Whilst First Nations is more widely used, the further north of the state the more appropriate, from an Aboriginal and Torres Strait Islander perspective, to recognise there are two distinct cultural groups, with many next level cultural groupings of First Peoples of this country.

APUNIPIMA	Apunipima Cape York Health Council
ARIA+	Accessibility/Remoteness Index of Australia
ACHHO	Aboriginal Community Controlled Health Organisation
CHHHS	Cairns and Hinterland Hospital and Health Service
CYLC	Cape York Land Council
GINDAJA	Gindaja Treatment and Healing Indigenous Corporation
GP	General Practitioner
GURRINY YEALAMUCKA	Gurriny Yealamucka Health Service Aboriginal Corporation
HHS	Hospital and Health Service
IAP2	International association for public participation
IREG	Indigenous Region
LANA	Local Area Needs Assessment
MAMU	Mamu Health Service Limited
MOOKAI ROSIE BI-BAYAN	Mookai Rosie Bi-Bayan
MULUNGU	Mulungu Aboriginal Corporation Primary Health Care Service
NATISHA	Northern Aboriginal and Torres Strait Islander Health Alliance
NGAK MIN HEALTH	Ngak Min Health
NGOONBI	Ngoonbi Community Services Indigenous Corporation
NQLC	North Queensland Land Council
NQPHN	Northern Queensland Primary Health Network
QAIHC	Queensland Aboriginal and Islander Health Council
RFDS	Royal Flying Doctor Service
SA2	Statistical Area Level 2
SA3	Statistical Area Level 2
SEIFA	Socio-Economic Indexes for Areas
TCHHS	Torres and Cape Hospital and Health Service
WUCHOPPEREN	Wuchopperen Health Service Limited

ACKNOWLEDGEMENT

The Cairns and Hinterland Hospital and Health Service (CHHHS) acknowledge Aboriginal peoples and Torres Strait Islanders as this country's First People. We recognise First Peoples and communities as traditional and cultural custodians of the lands on which we work to provide safe and quality health services. We pay our respect to Elders past, present and emerging.

We deeply respect the rich, diverse, and enduring cultures of First Peoples as amongst the longest surviving cultures in the world. We recognise the importance of First Peoples leadership in all matters that effect the vitality of First Peoples, communities, and their institutions.

We also acknowledge the deep pain and intergenerational suffering that colonisation has had on the health and wellbeing of First Peoples. We accept our responsibility and accountability to continue to build and sustain a system of health care that is free from all forms of racism and delivers significantly better health outcomes for the First Peoples of these lands.

A special thanks to First Nation staff, health care providers, traditional owner groups, consumer consultative forums, and the many other people and groups who have contributed to the development of this inaugural First Peoples Health Equity Strategy.

We commit to doing all that we can to honour the voices of First Peoples and the strategies and actions contained in this Strategy, to continue to build the trust and confidence First Peoples have of us and our alliances to deliver to you the best possible care.

Artist: Arone Meeks
Artwork title: This artwork consists of three painted steel sculptures called: Bush Medicine (middle), Reef Figure (front) and Dilly-Bag - The Gatherer (back)

THE VOICES OF COMMUNITY

"To me, Health Equity means a fair and just opportunity to be as healthy as possible."

"It was good to have the consultation session with people you know and to talk about real life issues."

"All HHS services co-operating and communicating would give patients better access and their journey through the system would allow their health to improve, therefore continuing annual care sustainability to have healthy lifestyles while improving wholistic health approach."

"We can become a better HHS by providing health services where all participants can actually access services no matter what age, or who we are adults, young or old, all, everyone, all nationalities can benefit."

"A Health Equity Strategy is long overdue."

"Our Indigenous peoples have been 'doctors' since time, our Indigenous peoples should be at the forefront of this Health Strategy."

"Listening to Clients or patients and allowing them to tell you what the reason they visited Doctor then respond to their health issues."

"A strong healthcare system, whose staff can provide a safe, protective environment that responds to peoples healthcare needs professionally."

"Being able to advocate for our mob locally in community - it's about the local region."

"Indigenous staff already in the system are recognised, and their communities get to acknowledge and celebrate the success of their community members, creating pathways young people want to follow."

MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE

As Chairman and Chief Executive of the Cairns and Hinterland Hospital and Health Service, we are pleased to present this First Peoples Health Equity Strategy.

Health equity is more than the provision of health services. People must have access. It must be clinically and culturally safe. Health equity will be achieved when all First Peoples have access, without barriers, and opportunities to reach their full potential.

We know that as a Health Service that we have a key role to play to address health inequities in our region. We also acknowledge that far from being myopic the Health Service plays an essential role as part of a health system across Far North Queensland, including for the First Peoples of Torres Strait and Cape York Peninsula, as well as the 30,000 First Nations people who live here, visit, or migrate and make this region their home.

We know that greater equity will not be solely achieved with a simple programmatic response, instead a continued cultural and behavioural change across the health enterprise. Health equity for First Peoples is a central plank of our Strategic vision and plan; and will be embedded in everything we do.

Key to success will be our strategic and operational partnerships with communities and their community-controlled health services, and general practice to ensure the spectrum of care from early intervention through to acute care and connecting back to primary health care.

We are pleased with the progress we have made as a Health Service, from earlier joint planning with partners across North Queensland to produce our first Regional Health Plan, to introducing policy in 2018 'Towards Health Equity for Aboriginal and Torres Strait Islander People' and the strength of our relationship with community-controlled health services, which came to the fore the last two years of the COVID-19 pandemic.

We know that a brighter future lays ahead with further reforms, more co-designed initiatives, and even deeper partnerships.

We invite you and your organisation to partner with us on this journey.


11:57
Beachcomber

STATEMENT OF COMMITMENT

WE ACKNOWLEDGE. WE COMMIT. WE PROMISE.

A strength of Far North Queensland's health system, and in particular the Cairns and Hinterland region, is the essential and varied elements that make up a vibrant, resourceful, and innovative health sector.

This simple statement embodied in a complex composition of government, non-government, public and private primary, including First Peoples leadership through Aboriginal Community Controlled Health Organisations (ACCHO), secondary and tertiary health care, requires acting in unison to deliver improved access, leading to better health outcomes for First Peoples.

While each health service has a distinct role to play, we know the power of purposeful partnerships, that this Strategy relies upon. We accept that it is courage, conviction and determination of the Hospital and Health Service, working in tandem with First Peoples, their health and other community owned and operated institutions, which will provide the best chance of accelerated progress and outcomes.

The Health Service affirms its unreserved recognition of Aboriginal peoples and Torres Strait Islanders as First Peoples of this area; supports the pursuit of self-determination; accepts the diversity of First Peoples' cultures and respects traditional knowledge holders; and local decision making.

The welcomed legislative and regulatory Queensland Government instruments **Hospital and Health Boards Act (2011)** and accompanying **Hospital and Health Boards Regulation (2012)** expanded and bought discipline and standardisation to the pre-existing will and free spirit of health care providers. Notably, and for the first time, the regulation requires traditional owner groups and other health entities, such as Health and Wellbeing Queensland, as prescribed stakeholders to be part of the co-design endeavour, in prioritising health equity and addressing racial discrimination and institutional racism. We acknowledge and support that systemic and sustainable health equity reform can only be achieved through the genuine inclusion of, and partnership with, Aboriginal and Torres Strait Islander peoples at every stage.

BACKGROUND

TOWARDS HEALTH EQUITY IN CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

From 2018, the Aboriginal and Torres Strait Islander Health Unit has been executing a two-staged, re-positioning of internal resources to realise strategies targeted towards health equity.

Activities to increase the First Peoples workforce, achieve an 80% compliance with mandatory cultural capability training, implementing actions to reduce Discharge Against Medical Advice (DAMA) and Potential Preventable Hospitalisation (PPH) rates for First Peoples, guided the design and establishment of reporting mechanisms, such as the Cairns and Hinterland Analytical Intelligence (CHAI) Aboriginal and Torres Strait Islander Health Dashboard and the development of inaugural Aboriginal and Torres Strait Islander Health Annual Report, to monitor achievement of the targets.

The implementation of policies and procedures, such as CHHHS Health Equity for Aboriginal and Torres Strait Islander Patients Policy, Memorandums of Understanding and Collaborative Service Agreements with ACCHOs aimed at improving health care access for First Peoples, allowed for the convening of a regional health planning partnership event with sector stakeholders, resulting in the emergence of Stronger Mob, Living Longer Working Group and Far North Queensland Aboriginal and Torres Strait Islander Peoples Health Plan. This supported the development and implementation of the Stronger Mob, Living Longer Plan.

In recognition of the significant gap in health outcomes for First Peoples and communities, our aim is to become leaders in improving health outcomes for First Peoples. The Stronger Mob, Living Longer Plan was developed as a companion multilateral plan aligned to the CHHHS Clinical Services Plan and together these created the foundation for greater integration and coordination of care across the acute and primary health care environments. Deliberate action was taken to redress the previous siloing of First Peoples health within the system by deliberately consolidating First Peoples leadership and re-alignment of specific programs to ensure continuing service development approaches to achieve accessible, high quality, culturally capable integrated health care for First Peoples.

In February 2020 progress was delayed due to the emergence of the COVID-19 Pandemic, which resulted in a shift of health sector attention and resources. The previous partnership efforts were strong foundations to maintain a leadership presence and collective approach to designing COVID-19 responses.

In July 2020 the Regional Health Partnership terms of reference were refreshed and the Working Group was re-ignited. From July 2020 to May 2021 (eleven months) there were bursts of activities to accelerate the groups desire and focus towards achievement of goals within the Plan. Some of the resulting regional initiatives included:

- Connecting Your Care Projects: Care Coordination, Priority Dashboard and Central Referrals.
- Development of a regional dataset.
- Regional Transport Solution in partnership with Northern Aboriginal and Torres Strait Islander Health Alliance.
- Contributing to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021 – 2031.

These activities aligned with the CHHHS Strategic Plan 2018-2023; CHHHS Clinical Services Plan 2018-2022; and CHHHS FY22-23 Operational Plan. This uniform approach provides another critical building block in the CHHHS Health Equity foundation, which works across the region to enable accessible, high quality, culturally capable integrated health care for First Peoples.

> ***“Closing the Gap is where equity (giving Indigenous people what they need) meets equality (treating Indigenous people fairly).”***
>
> *- Dr Murty Mantha MD FRACP*

OUR VISION

'GALVANISE A RENEWED AND SHARED AGENDA TO IMPROVE ABORIGINAL PEOPLES' AND TORRES STRAIT ISLANDER PEOPLES' HEALTH OUTCOMES, EXPERIENCES, AND ACCESS TO CARE ACROSS THE HEALTH SYSTEM.' [1]

PRINCIPLES [2]

Person Centred
Care will be delivered to First Peoples and will consider and be informed by them and their specific needs, culture, and health goals.

Integrated and Connected
Develop formal, mutually beneficial partnerships with Prescribed Stakeholders to co-design care pathways for seamless care provision and reduce service duplication. This approach will support a more targeted approach to health service resourcing and delivery, with connectedness to social services as important in the achievement of improved health outcomes.

Recognising and Respecting Culture
We recognise and respect the traditional culture and practices of individuals, families, and communities; with outcomes and aims based on the preferences, needs and values of the patient, their family and community.

Commitment and Accountability
Define and agree roles and responsibilities of health service providers to ensure accountability and a meaningful commitment to delivering this Strategy. This commitment should be visible, measurable, and continuously communicated and demonstrated to Prescribed Stakeholders.

Accessible
Support First Peoples to access timely, culturally safe, and appropriate health care, as close to home as possible where safe and sustainable to do so. This includes consideration of technology, extended / alternative delivery hours, alternative workforce models (which supports the increase of First Peoples employment in health services) and culturally appropriate policies and processes.

Equitable
Ensure equity of access and quality of health outcomes for First Peoples, meaning access to health services is fair, just, and responsive to the patient, their family and community needs. This includes providing choice of who, how, what and where services are accessed, with patients empowered to manage their own health.

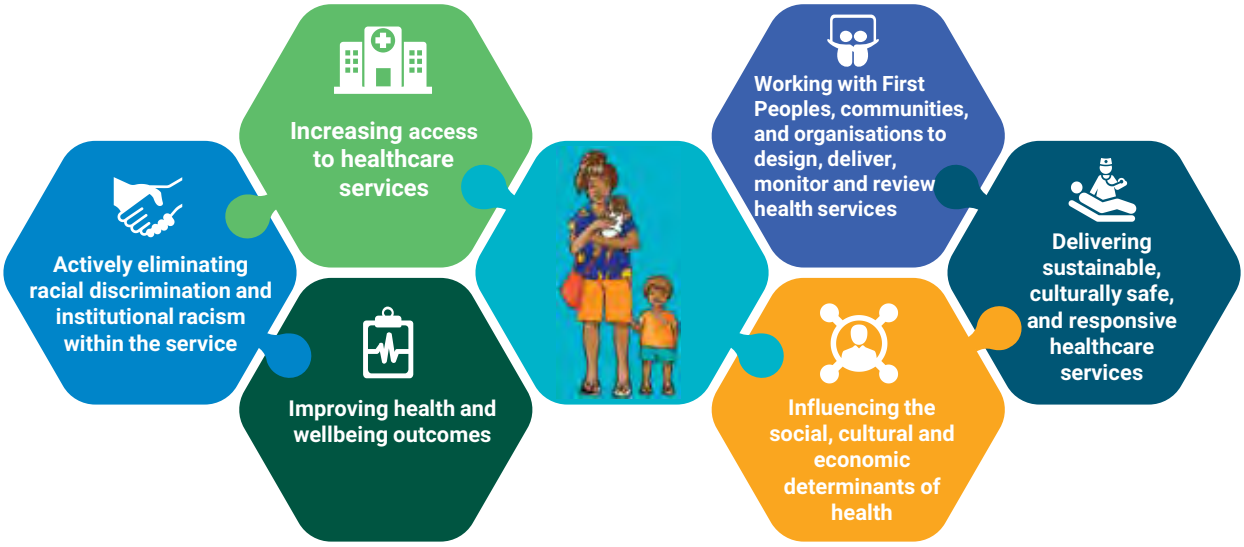
OUR GOAL

Improve access to care, health and wellbeing outcomes and experiences, and eliminate health inequalities and equalise the life disparity experienced by First Peoples.

PRIORITIES

The six Key Priority Outcome Areas have been co-designed in consultation with the prescribed developmental stakeholders. The activities are the locally informed solutions to health system issues such as structural and systemic inequities, barriers to service access, workforce capability and the provision of culturally safe and capable health services.

Figure 1. CHHHS First Peoples Health Equity Strategy Key Priority Outcome Areas



ABOUT CHHHS

REGIONAL SUMMARY

Approximately 12% of the population within the Cairns and Hinterland region are Aboriginal people and Torres Strait Islanders. The Cairns and Hinterland geographical area covers Cairns to Tully, west to Croydon and north to Cow Bay, and one discrete Aboriginal Community: Yarrabah. CHHHS includes six statistical area level 3 (SA3) regions (Cairns North, Cairns South, Innisfail-Cassowary Coast, Port Douglas-Daintree, Tablelands (East)-Kuranda and Far North).[4]

Figure 2. Percentage of First Peoples who reside outside of Cairns North and Cairns South SA3 regions.

Data Source: Cairns & Hinterland Hospital and Health Service Local Area Needs Assessment (LANA)

Of the 6 SA3 regions in CHHHS, 44% of the First Peoples population reside outside of the Cairns North and Cairns South region.

We also consider the Aboriginal people and Torres Strait Islanders who access our service from the neighbouring Torres and Cape Hospital and Health Service (TCHHS), approx. 69% of their population. This increases the number of Aboriginal people and Torres Strait Islanders accessing health services within CHHHS.

Throughout CHHHS there are two Aboriginal and Islander Community Controlled Peak representative bodies (Northern Aboriginal & Torres Strait Islander Health Alliance and Queensland Aboriginal and Islander Health Council) and five registered ACCHOs, with one new ACCHO pending.

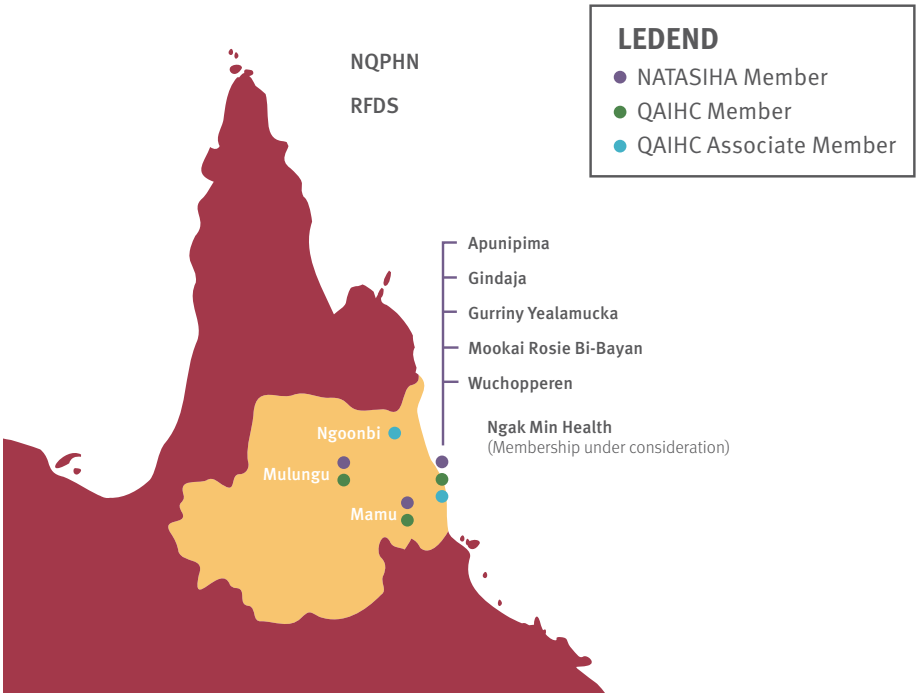
CHHHS includes the following health facilities:

- 7 Hospitals
- 19 Primary Health Centres (PHC) / Community Health Centres (CHC)
- 80 General Practice Clinics

Since March 1994, North Queensland Land Council (NQLC) has represented Traditional Owner constituents Native Title submissions. To date NQLC has successfully supported 55 native title consent determinations. Through these determinations numerous land use agreements have been developed to ensure maximum benefit to the traditional owners of their region. All of the Traditional Owner groups are Aboriginal.

Figure 3. Health Partners within CHHHS

*Please note that this image shows Primary Health Care Services only



ESTIMATED AND PROJECTED RESIDENT POPULATION

The estimated resident population of CHHHS in 2019 is 259,230 people and is projected to grow to 306,634 people by 2031. The area with the highest anticipated growth is Gordonvale – Trinity (within the Cairns South SA3 area), with a projected annual growth of 6.8% from 2021 to 2031.[4]

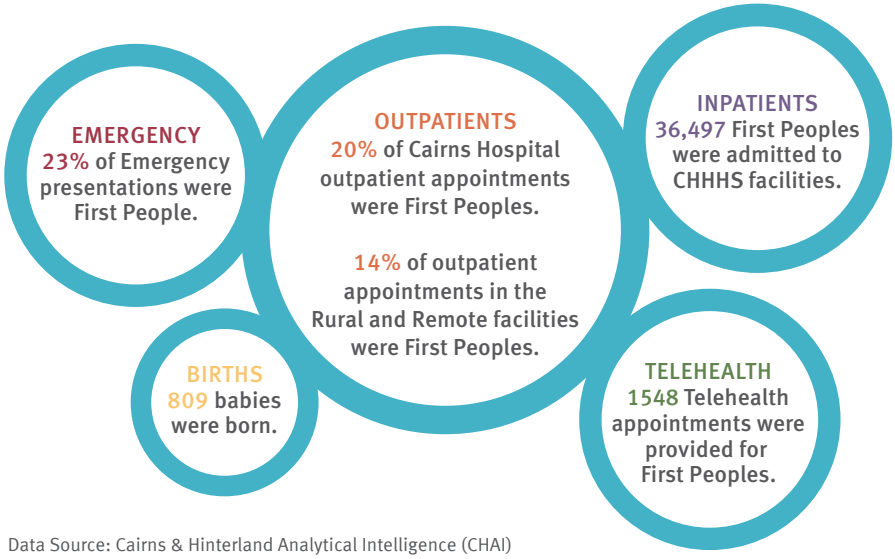
Just under 12% of the population of the CHHHS identify as First Nations peoples, compared to the state average of 4.6%.[4]

The Australian Bureau of Statistics (ABS) estimates and projections of Aboriginal and Torres Strait Islander Queenslanders indicate that, at 30 June 2031, Queensland's Aboriginal and Torres Strait Islander population is projected to number between 302,093 and 315,585 persons.[5]

For the Indigenous Region (IREG) of Cairns-Atherton the projected population increase at 30 June 2031 is 39,466 persons.[6]

SERVICE PROFILE

Figure 4. First Peoples service access and activity for CHHHS 2020-2021

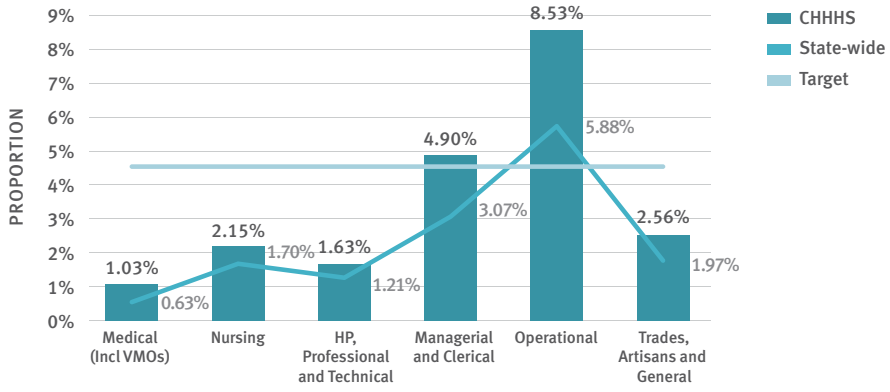


Data Source: Cairns & Hinterland Analytical Intelligence (CHAI)

First Peoples age standardised separation rate is more than double the population separation rate in Cairns South, and more than three times the population separation rate in Port Douglas – Daintree. The Local Area Needs Assessment (LANA) found that for First Peoples the top three reasons for overnight admissions are respiratory, obstetrics and gastroenterology. The top three same day admission for First Peoples were for dialysis, obstetrics, and chemotherapy.[4]

HHS WORKFORCE REPRESENTATION BY STREAM

Figure 5. CHHHS First Peoples workforce representation



Data Source: Cairns & Hinterland Analytical Intelligence (CHAI) December 2021

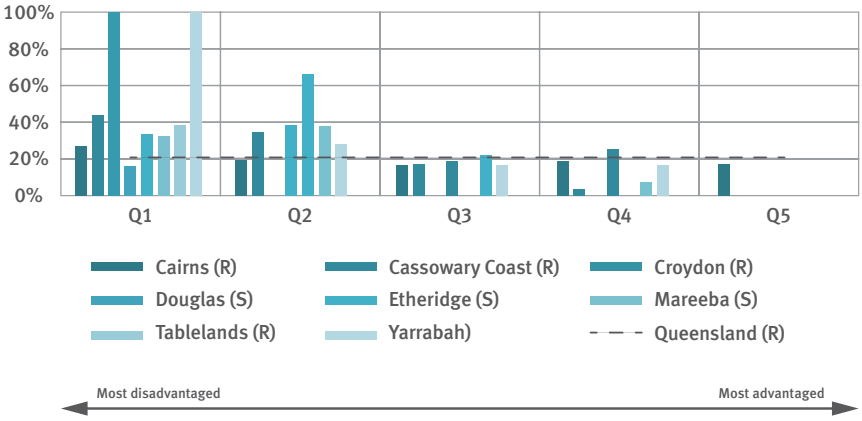
Artist: Brian Robertson
Artwork title: Reef Guardian (Citizens Gateway to the Great Barrier Reef)

SOCIAL DETERMINANTS

TThe social determinants of health for First Peoples are far worse within the CHHHS, including low income, severely crowded dwellings and limited access to vehicles and internet access.[4]

SOCIO-ECONOMIC PROFILE

Figure 6. CHHHS Socio-economic profile



Data Source: Census of Population and Housing Socio-Economic Indexes for Areas (SEIFA), Australia2016. Australian Bureau of Statisitcs.

The proportion of the total population in the lowest Socio-Economic Indexes for Areas (SEIFA) quintile is 23%.

The top 5 most disadvantaged SA2s in the HHS by proportion of First Peoples are Yarrabah, Manoora, Manunda, Westcourt – Bungalow and Innisfail.[4]

According to the Accessibility / Remoteness Index of Australia (ARIA+), the SA3 regions within CHHHS are classified as outer regional, remote, and very remote designated areas. The total area covered is 141,600km^2, which is approximately 8% of the total Queensland area.

Figure 7. CHHHS service map with impacting social determinants of health

More than 1 in 4 First Peoples reside in crowded dwellings. The SA2 regions of Babinda, Innisfail and Yarrabah have the highest rates of First Peoples living in severely crowded dwellings (**48.3%**) versus the state rate of **18.8%**).

7% of households with minimal / no access to public transport reside in dwellings with no motor vehicles.

The proportion of First Peoples where their highest level of schooling is below year 11 is **41.6%**

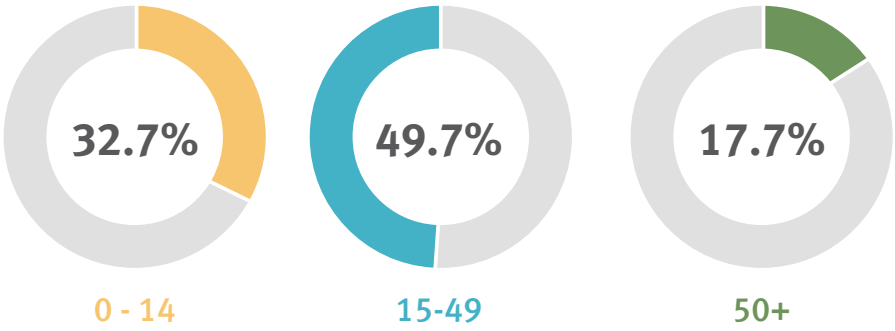
3125 of the 16485 First People on the social housing register reside in CHHHS.

Data Source: Cairns & Hinterland Hospital and Health Service Local Area Needs Assessment (LANA).

AGE DISTRIBUTION

For First Peoples, the age distribution in the CHHHS is skewed slightly towards the older ages when compared to the state distribution. 17.7% of First Peoples are aged 50+, 2.0% higher than the Queensland proportion. The top three SA2 areas with the highest proportion of older First Peoples aged 50+ (relative to the First Peoples population of the SA2) are: Babinda (29.1%, 112 people), Cairns City (27.8%, 299 people) and Freshwater – Stratford (27.1%, 42 people).[4]

Figure 8. Age distribution of CHHHS First Peoples 2019

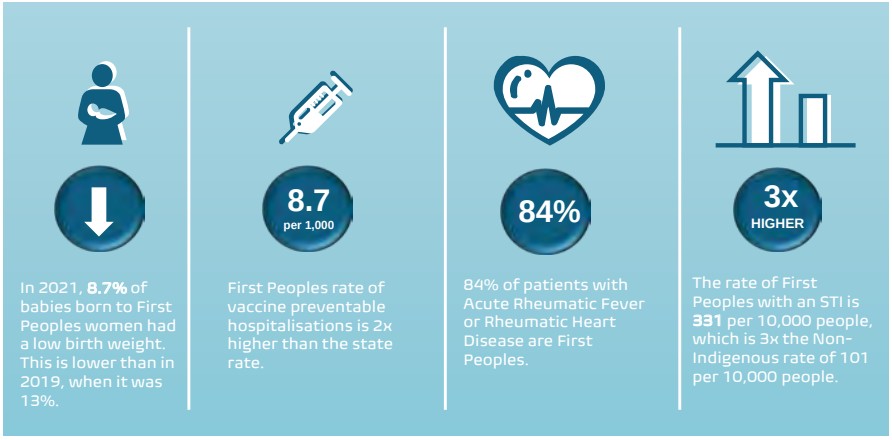


Data Source: Cairns & Hinterland Hospital and Health Service Local Area Needs Assessment (LANA)

HEALTH STATUS

The CHHHS First Peoples cohort experiences higher preterm birth rates, higher low birthweight rates, higher end-stage kidney disease prevalence rates, higher acute rheumatic fever/rheumatic heart disease rates, higher rates of sexually transmitted infections and higher rates of vaccine preventable potentially preventable hospitalisations. There are certain Indigenous Areas (IARE) with significantly higher premature mortality for cancer, circulatory system diseases, respiratory system diseases and diabetes.[4]

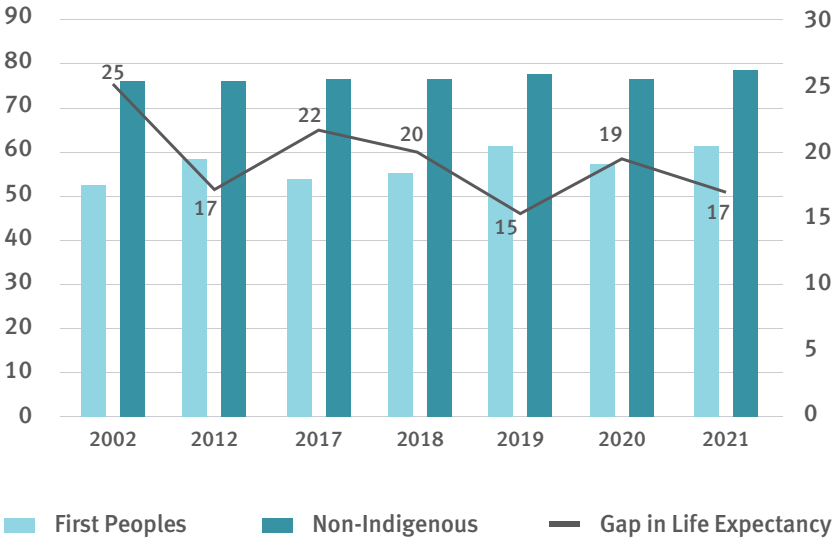
Figure 9. CHHHS Health Status



Data Source: Cairns & Hinterland Analytical Intelligence (CHAI).
Cairns & Hinterland Hospital and Health Service Local Area Needs Assessment (LANA).

GAP IN LIFE EXPECTANCY

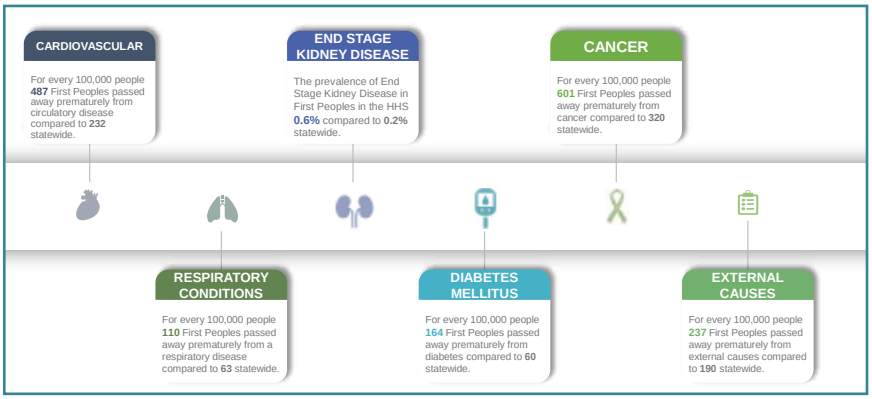
Figure 10. CHHHS life expectancy gap



Data Source: Cairns & Hinterland Analytical Intelligence (CHAI).

CHRONIC DISEASE BURDEN

Figure 11. Burden of disease for First Peoples in CHHHS



Data Source: Cairns & Hinterland Hospital and Health Service Local Area Needs Assessment (LANA).

The prevalence of some conditions is more than double the state average in CHHHS Indigenous Area (IARE) regions for diabetes, respiratory conditions, circulatory system diseases and cancer. The rate of rheumatic heart disease is 39x higher among First Nations persons compared to non-First Nations people. The rate of end stage kidney disease prevalence for First Nations people is seven times the non-First Nations prevalence.[4]

CULTURAL DETERMINANTS

The Cairns and Hinterland region extends north to Kuku Yalanji (Mossman), Tagalaka in the west (Croydon), and Girramay in the south (Jumbun) and all other tribes and clans therein, including the diaspora of Torres Strait Islanders and other first peoples who have made this region their home.

It is widely acknowledged that the cultural determinants of family, kinship and community, language, art, dance, song, hunting and gathering, Country and place, cultural identity and self-determination originate from and promote a strength-based approach and are protective factors that influences First Peoples health and wellbeing.

FAMILY, KINSHIP AND COMMUNITY

First Peoples have strong family and cultural values which operate within our immediate and extended family constructs. First Peoples kinship and community structures are complex and dynamic social systems, which define where people fit in their family and the broader community.

These structures incorporate and define First Peoples obligations and behaviours towards each other and extend from the immediate family unit to the extended family and community, and include but are not limited to:

- Family and Elder stewardship responsibilities.
- Lore and cultural connection to Country.
- Child rearing and support.
- Care of elderly or frail family members.
- Teaching language, ancestry, cultural practices, and protocols.
- Teaching others about social norms.

COUNTRY AND PLACE

Pre-colonialism First Peoples lived in a harmonious and sustainable way with the land. Everything that was needed to survive was gathered and provided by land and sea, i.e., food, clothing, tools, weapons, ceremonial objects. First Peoples knowledge of their Country was primarily recorded and transferred verbally from generation to generation. First Peoples spirituality is intrinsically linked to their Country and importantly the culture (language, dance, song) associated to their Country.

CULTURAL IDENTITY

The Health Service undertakes regular audits to assess the quality of its completeness of cultural identity in its hospital admissions and separations. The Health Service has a 99.78% rate of completeness and aims to maintain and strengthen the quality of its identification processes towards 100% completeness.

While there are identification options of Aboriginal but not Torres Strait Islander, Aboriginal and Torres Strait Islander, Torres Strait Islander but not Aboriginal, or unknown/not stated, the health service is yet to accommodate First Peoples tribal affiliations in its health records.

Recently, The Meriba Omaskar Kazin Kazipa (Torres Strait Islander Traditional Child Rearing Practice) Act 2020 recognises the long-held tradition of Torres Strait Islander traditional adoption. The implications of this in health care and information held on medical records is yet to be fully understood.

In short, there is more we must do in cooperation with First Peoples to make space for cultural forms of identification.

SELF-DETERMINATION

Self-determination has been at the heart of First Peoples fight for justice, not only in health, but in land and sea, economics, education, and all other social and cultural determinants.

The clearest manifestation of self-determination is the model of comprehensive primary health care that has been developed by ACCHOs over 50 years in Australia and just over 40 years here in Far North Queensland.

Self-determination is distinguished from self-agency in that self-determination is generally accepted as a collective process of First Peoples determining for themselves health care which is for the people, by the people.

“Health to Aboriginal [and Torres Strait Islander] peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity[3].” *- Source NAHS*

Individual agency is where the health system applies a patient-centred care approach ensuring the patient and their family or significant others are informed and making decisions for themselves, not by health care providers. While there are exceptions, other decision makers, under law, the general principle and practice of the patient being the centre of their own care is paramount to the trust and confidence First Peoples have, or don’t have, in the Health Service. We must do all that we can to ensure people, as patients, are in the decision-making seat.

OUR PARTNERING ARRANGEMENTS

With the emergence of COVID-19 and associated outbreaks, co-designing this strategy with prescribed developmental stakeholders presented consultation and engagement challenges. To mitigate community transmission and maintain the safety throughout the consultation and engagement phases, COVID-19 rules were strictly adhered to.

For Cairns and Hinterland Hospital Health Service, health equity for First Peoples is already a priority in strategic and operational plans. The introduction of legislation provided the opportunity for increased focus and action towards achieving health parity for First Peoples.

Regional workshops were held statewide by Queensland Health and the Queensland Aboriginal and Islander Health Council (QAIHC) to increase the understanding of Health Equity, explore what the Health Equity Regulation means for Hospital and Health Services (HHS) and ACCHOs and identify tools that would assist HHSs to develop their Health Equity Strategies. The Cairns regional consultation was undertaken in May 2021, with participants from CHHHS, ACCHOs, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA), Northern Queensland Primary Health Network (NQPHN), Queensland Health and QAIHC.

Many of the discussions focussed on the opportunity provided by the new Health Equity Strategy to strengthen the local health system by building upon the strong foundations and regional partnerships that already exist across the region. The next step is creating the necessary checks and balances across the health system to become a 'collective health system', accountable to each other and community.[7]

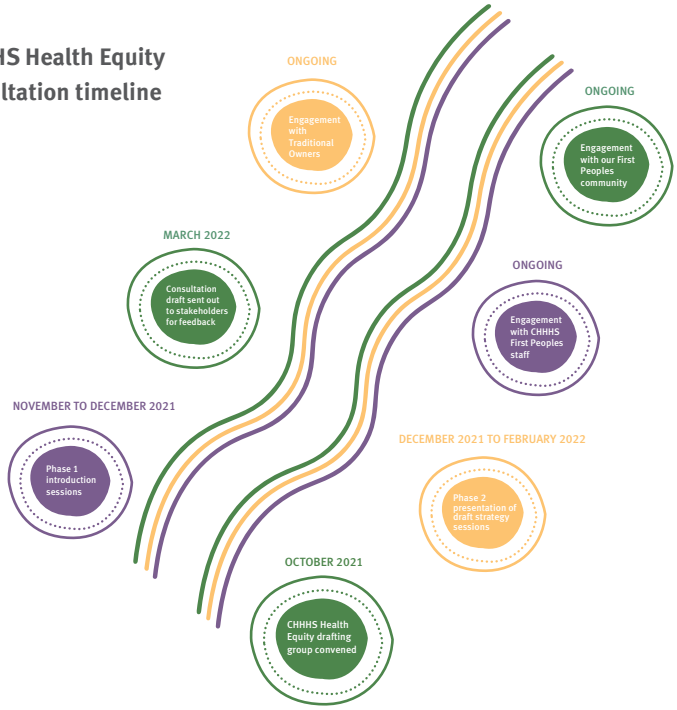
The top 3 priority reform areas identified in the consultation were:

- Establish regional coordinated care hubs and integrated care pathways.
- Embed cultural capability into the Clinical Services Capability Framework.
- Factor equity into existing Queensland Health funding models.

OUR CO-DESIGN JOURNEY

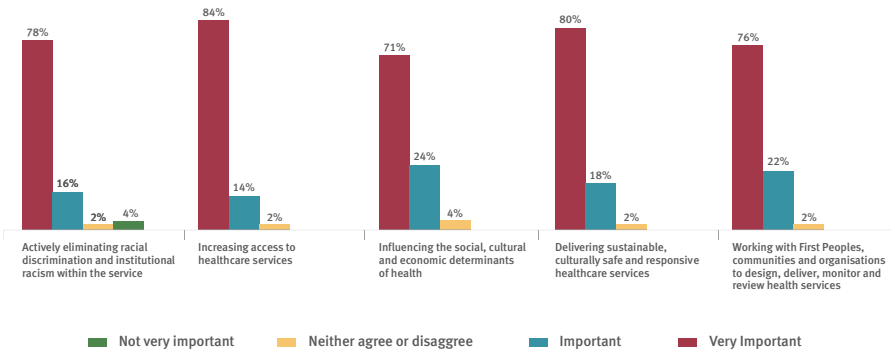
Our consultation and engagement approach were focused on the lived health experiences of everyday people, and included First Peoples' Staff, consumer's, Communities, Traditional Custodians/Owners, and Aboriginal Community Controlled Health Services. Prescribed Stakeholders were provided with information about the Health Equity Legislation, Hospital and Health Services obligations, health data, and the Strategy Key Priority Outcome Areas. More than 30 consultations were conducted with over 170 prescribed stakeholders. Representation in the stakeholder consultations included members from Croydon, Georgetown, Mount Garnet, Atherton, Mareeba, Chillagoe, Mossman Gorge, Mossman, Cairns, Yarrabah, Innisfail and Jumbun.

Figure 12 CHHHS Health Equity Strategy consultation timeline



Participants were asked to complete a short survey following all consultation sessions. Following the phase 1 introduction session, participants were asked to rate which Key Priority Outcome Area was of most importance to them. Over 70% of respondents rated each area very important.

Graph 1. Health Equity introduction survey reponses



The co-designed approach is aligned to International Association of Public Participation (IAP2) spectrum of public participation. In working with the prescribed stakeholders, we were intent on:

- Providing a phased engagement and consultation approach with prescribed stakeholders on what Health Equity is and the draft strategy.
- Obtaining First Peoples feedback on health system issues and solutions.
- Creating culturally safe, non-judgmental, and impartial environments and opportunities for First Peoples to share their health system experiences; describe their health needs; and share solutions.
- Accurately hearing and recording First Peoples feedback about their local community context, history, and culture, and synthesizing their commentary into Health Equity goals.
- Authenticating the Health Equity Strategy with First Peoples.
- Engaging and consulting with First Peoples in a respectful and authentic way to establish enduring relationships.
- Providing defined pathways for stakeholders to contribute ideas and feedback on systemic health barriers.

*While consultation sessions were unable to be delivered to the Land Council groups prior to the draft strategy being developed, individual Traditional Owners attended community consultation sessions and provided feedback.

Figure 13. IAP2 Consultation matrix

IAP2 Spectrum of Public Participation

IAP2'S Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
DEVELOPMENT SHAREHOLDERS PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
HOSPITAL HEALTH SERVICE PLEDGE TO SHAREHOLDER	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Feedback was collected from prescribed stakeholders throughout the consultation process, through the surveys and group discussions. The stakeholders expertise and knowledge of the health system and barriers that impact on First Peoples accessing health care allowed the team to draw on the feedback from the consultation process to shape the Health Equity Strategy, with the principal themes identified forming the Key Priority Outcome Area activities and goals. Additionally, the feedback will be a valuable reference point for the forthcoming implementation plan and future Health Equity consultations.

Finalisation of the Health Equity Strategy by the Regulation's prescribed stakeholders, including the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, is expected by 30 April 2022.

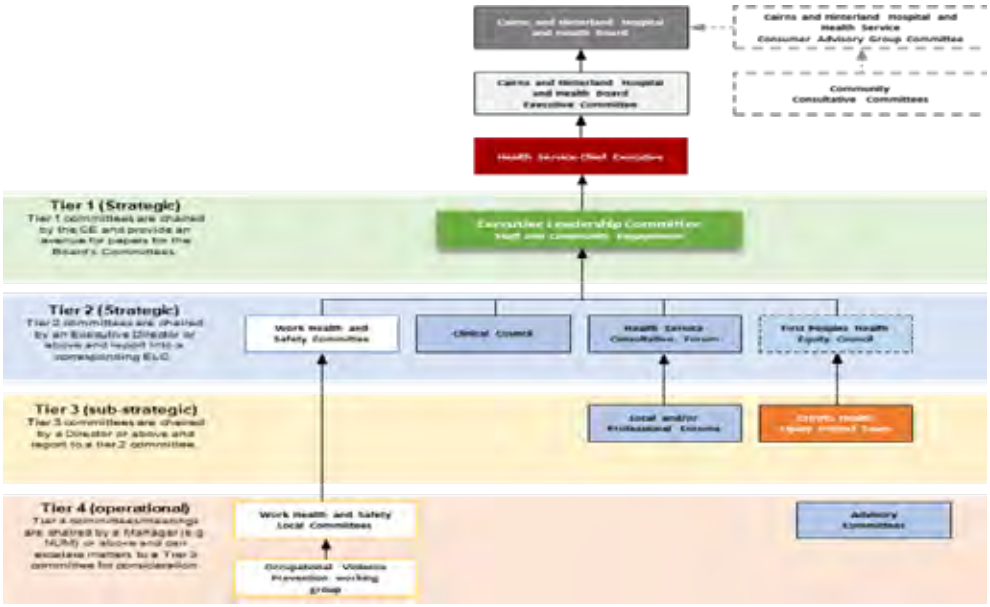
GOVERNANCE

The CHHHS Board and Executive (Tier 1) will be accountable for the effective leadership, implementation and compliance of the Health Equity Strategy as defined in the **Regulation.**

Following CHHHS Health Equity Strategy endorsement, discussions will commence with Prescribed Stakeholders to establish the CHHHS Health Equity Council (Tier 2), figure 14, and will be responsible for ensuring:

- co-design, co-implementation, and co-review of the Implementation Plan, and;
- visibility, assurance, and performance of health equity activities are maintained within agreed timelines.

Figure 14. Proposed CHHHS First Peoples Health Equity Governance Committee



PERFORMANCE, MONITORING AND REVIEW

The Health Equity Strategy and Implementation Plan will be reviewed annually, to update and adapt as targets are met and activities are embedded as core components of business, and also to refresh and capture emerging priorities within the evolving health environment. Progress against key performance indicators will be reported bi-annually.

Successful delivery of strategic outcomes will require the collective commitment and effort of our workforce to champion and deliver upon the strategies and their associated actions.


MAKE THE
CHOICE
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Government

KEY PRIORITY OUTCOME AREAS

IMPROVING HEALTH AND WELLBEING OUTCOMES

Relating to the 3 health specific targets of the Closing the Gap agreement, activities will be focused on: closing the gap in life expectancy within a generation; increasing the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%; and seeing a significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

In consideration of improving health and wellbeing outcomes, the main discussion points with the prescribed stakeholders focussed on the link with Primary Health Care to attain the targets.

The word cloud represents the frequent themes that emerged from the feedback collected.

What will be done to create change	What will the community see
Identify patients with priority health needs requiring comprehensive health care plans (prevention, early identification, and effective management of complex chronic conditions).	Improved outcomes and supported self-management of complex chronic conditions for First Peoples that demonstrate the ability to achieve closing the gap in life expectancy within a generation.
Take action to raise awareness and provide support to end Acute Rheumatic Fever (ARF) / Rheumatic Heart Disease (RHD).	Increased attention on ARF/RHD in the 5 to 15 year old age group, to improve life expectancy.
Collaboration between service providers and community representatives to design a sustainable integrated service model that provides equitable and appropriate access to quality sexual healthcare services at an HHS area level.	Services are designed to be culturally appropriate and responsive to the community sexual healthcare needs.
In partnership with Primary Health Care services, deliver comprehensive, culturally safe, and responsive Hospital and community based pre and post maternal and early childhood services.	Improved pre and post maternal and early childhood outcomes by providing early parenting support in hospital and community to First Peoples women including but not limited to: nutrition, breast feeding and immunisation.
Suicide and self-harm levels in First Peoples communities are identified and monitored to facilitate planned responses.	Enhance capacity of primary health care and mental health services to identify and assess suicidal behaviour, self-harm, and the cumulative risks of suicide to support implementation of appropriate approaches to interventions and follow up.
Support a regional summit to identify strategies and recommendations to reduce youth suicide.	Regional report for actions leading to better prevention and support for youth.

ACTIVELY ELIMINATING RACIAL DISCRIMINATION AND INSTITUTIONAL RACISM WITHIN THE SERVICE

Experiences with racial discrimination and institutional racism were identified through stakeholder discussions and collected feedback as deterrents for First Peoples accessing healthcare and in turn effecting health inequity. As a result, the community witnesses poorer self-reported health status, disengagement in health care, a reduction in patient experience and outcomes, mistrust of providers; and individual, family and community wide avoidance of health care. Substantial under-reporting also exists because health consumers are concerned about the potential negative impacts it could have on the quality of care they receive.

In consideration of eliminating racial discrimination and institutional racism, the predominant discussion points raised by the prescribed stakeholders was the need for an increase in cultural safety and cultural capacity.

The word cloud represents the frequent themes that emerged from the feedback collected.

What will be done to create change	What will the community see
Promote to consumers how to report all avenues instances of discrimination and institutional racism to the HHS and external agencies.	Improve the reporting of instances of racial discrimination and institutional racism within the service.
Measure and monitor institutional racism and apply a social justice lens across all that we do. Undertake, publicly report, and respond to an independent review, in combination with a cycle of audits to continually strengthen institutional inclusion. The idea to publicly report, together with a CHHHS response to recommendations.	Establish a baseline against which to monitor and report on reduction of racial discrimination and institutional racism within the service. Report and response publicly released on CHHHS website.

INCREASING ACCESS TO HEALTHCARE SERVICES

Across the Cairns and Hinterland region, the feedback received indicated a multitude of barriers that affect First Peoples accessing healthcare services. The barriers discussed included experiences of racism within healthcare facilities, cost associated with service provision, the lack of culturally respectful and culturally competent health services, difficulty navigating the hospital systems, lack of transport, distance to services and lack of specialty services in regional and remote areas.

In consideration of the barriers to accessing healthcare, the main barrier identified by the prescribed stakeholders is the lack of transport, either public or private, that stopped First Peoples accessing care.

The word cloud represents the frequent themes that emerged from the feedback collected.

What will be done to create change	What will the community see
Establish an integrated approach to seamless care through the care coordination service centre: - Across all key service areas increase the delivery of telehealth or care closer to home. - Explore the expansion of specialist services i.e., mental health and renal services across rural and remote primary health care services. - For the specialist services that are not included in the initial care coordination service look at, review, and align the communications with patients that improves processes for timely access to specialist outpatients' appointments.	Establishment of new integrated and seamless MoC which operate across the health sector: Connecting Your Care Projects: Care Coordination, Priority Dashboard and Central Referrals.
Renewed focus on promotion, prevention, and public health services for First Peoples.	Public Health effort supported to ensure First Peoples health concerns are central to all public health activities.
Develop a process with Patient Travel Subsidy Scheme (PTSS) in meeting the needs of eligible patients, ensuring consistency and access support. Support a regional transport solution in partnership with key health providers.	Establishment of a business model to deliver accessible, culturally appropriate, and safe, flexible, short- and long-term transport and accommodation options which meet the needs of First Peoples.
Expand models of care in renal, emergency department and select rural sites for Aboriginal and Torres Strait Islander Health Practitioners (A&TSIHP).	Models of Care and service provision are designed to provide culturally safe, appropriate, and accessible services First Peoples populations.
Establish processes with a view to identifying service efficiencies to increase First Peoples access to CHHHS: - 'Waiving' of co-payments for pharmaceuticals dispensed for First Peoples across CHHHS.	First Peoples are able to readily access essential services.

INFLUENCING THE SOCIAL, CULTURAL, AND ECONOMIC DETERMINANTS OF HEALTH

Many health inequities are created before patients reach healthcare services, it is critical that service providers work alongside and with other organisations to improve not only the health outcomes but also social, cultural, and economic determinants of health. Addressing the significant determinants of health such as housing, education, and employment, whilst also acknowledging the cultural connection to land, spirituality, ancestry and family, self-determination and community will help improve the health of First Peoples.

Prescribed stakeholders identified multiple social, cultural, and economic determinants of health affecting First Peoples. Housing, support services and accessing affordable fresh produce was frequently discussed throughout the consultation sessions.

The word cloud represents the frequent themes that emerged from the feedback collected.

What will be done to create change	What will the community see
Establish purposeful partnerships with regional lead agencies (education-MAPS, housing, employment, etc) to improve social cohesion and to support the cultural strengths and employment of First Peoples.	Strengthened partnerships that supports and leverages improvements of the broader social determinants of health for First Peoples.
Support a regional summit of inter-sector authorities to identify strategies and recommendations to improve health through better coordination of the activities to improve determinants.	Regional report for actions leading to better health.
Explore avenues to increase procurement with Aboriginal and Torres Strait Islander businesses.	Strengthen partnerships with businesses.

DELIVERING SUSTAINABLE, CULTURALLY SAFE, AND RESPONSIVE HEALTHCARE SERVICES

Growing the size, capacity and capability of the First Peoples health sector workforce will significantly improve the cultural capacity of the system, whilst also helping to address the social, cultural, and economic determinants of health. Equal workforce representation across all levels and employment streams will increase the cultural capability of service provision whilst also ensuring services have a representative and diverse workforce.

Prescribed stakeholders discussed the need to see an increase in the representation of First Peoples across the health workforce to ensure healthcare services were culturally safe and sustainable.

The word cloud represents the frequent themes that emerged from the feedback collected.

What will be done to create change	What will the community see
Develop and implement a support model for Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Hospital Liaison Officers staff professionally including governance structure within their designated streams and roles. CHHHS will develop an organisation wide workforce strategy to attract and increase recruitment and retention of First Peoples within existing professional disciplines.	Increase in First Peoples representation within CHHHS workforce to create parity with estimated population rate. Supporting future workforce that is supported and valued by the community it services.
Embed institutional cultural capability: - Consider alternate options for delivery mode and engagement methods of Cultural Capability Program for all staff. - Implement a culturally appropriate space within the health service facilities for clinical yarning to improve patients health literacy and develop a short iLearn program on increasing clinical yarning capability for clinicians.	Cultural capability educators working alongside other health educators to deliver increased cultural capability in practice.
Develop and introduce on-country palliative care program and explore how new Voluntary Assisted Dying legislation is implemented for First Peoples.	HHS fosters the practice of 'advanced care yarning' and family case conferencing – involving patients, their carers, and families in decisions about culturally appropriate end-of-life decisions.
Explore the establishment of a Hospital Inpatient Team Assist Service for First Peoples.	Building on the successful existing patient liaison model, aligning the service capability to routinely participate in open discussions, medical inpatient reviews etc. to support the needs of First Peoples.

WORKING WITH FIRST NATIONS PEOPLES, COMMUNITIES, AND ORGANISATIONS TO DESIGN, DELIVER, MONITOR, AND REVIEW HEALTH SERVICES

Improving and increasing the voice, level of engagement, shared decision-making and partnership with First Peoples, communities and organisations will enable improved effectiveness and health outcomes, as well as increasing collaboration across the system enabling a better interface between primary and acute care. Prescribed stakeholders discussed the importance of collaboration in the design, delivery options, monitoring and reviewing of health services to ensure services are meeting the needs of the community.

The word cloud represents the frequent themes that emerged from the feedback collected.

What will be done to create change	What will the community see
Explore and establish a Cultural Patrons program initiative.	Identify and invite First Peoples knowledge holders to champion the work of CHHHS and provide cultural advice and mentorship.
Review all Memorandum of Understandings (MoU) and collaborative agreements with ACCHOs to ensure they are contemporary and meeting the needs of communities. MoU with Apunipima Cape York Health Council, Ngak Min Health, Mutkin Residential and Community Aged Care and Residential Aged Care Facility in-reach service.	Partnered approach with First Peoples health institutions to improve health outcomes.

IMPLEMENTATION

On endorsement of the CHHHS First Peoples Health Equity Strategy, an Implementation Plan will be developed in partnership with prescribed stakeholders. It will describe the HHS actions, outcomes, targets, resourcing requirement, accountability and health sector partnering arrangements.

Supporting resources will be developed to assist Hospital and Health Service (HHS) teams to explore how to translate and incorporate the Strategy into operational business activities.

APPRECIATION

We would like to offer our sincere gratitude and appreciation to the First Peoples who were able to attend the consultation sessions.

By sharing your experiences, the unique challenges that are faced when accessing health care and providing valuable feedback and discussion, your voice has provided the foundation and direction of the Health Equity Strategy.

CHHHS First Peoples staff

Traditional custodians/owners

Community members from:
- Atherton
- Chillagoe
- Croydon
- Jumbun
- Georgetown
- Mount Garnet
- Yarrabah

Apunipima Cape York Health board members

Deadly Indigenous Youth Doing Good staff

Gurriny Yealamucka Health Service staff

Mamu Health Service Limited Innisfail staff

Mookai Rosie Bi-Bayan staff

Mulungu Aboriginal Corporation Primary Health Care Service Atherton staff

Mulungu Aboriginal Corporation Primary Health Care Service Mareeba staff

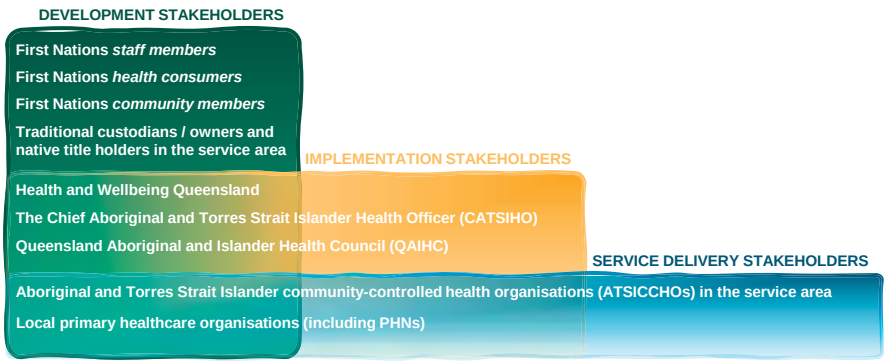
Primary healthcare providers

Wuchopperen Health Service board members

Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director General

Health and Wellbeing Queensland

Queensland Aboriginal and Islander Health Council (QAIHC)




CO-DESIGNED
CO-OWNED
CO-IMPLEMENTED

SOURCES

NATIONAL STRATEGIES

National Agreement on Closing the Gap 2020

National Aboriginal and Torres Strait Islander Health Plan 2021 - 2031

Cultural Respect Framework 2016 – 2026, for Aboriginal and Torres Strait Islander Health

QUEENSLAND GOVERNMENT LEGISLATION & FRAMEWORKS

Queensland Human Rights Act

Queensland Government Reconciliation Action Plan, 2009 - 2012

QUEENSLAND HEALTH LEGISLATION, FRAMEWORKS & POLICY

Hospital and Health Boards Act 2011

Hospital and Health Boards Regulation 2012

Hospital and Health Boards (health Equity Strategies) Amendment Regulation 2021

Director-General Health Service Directive

Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework 2021

Queensland Government, Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033, Policy and Accountability Framework

Queensland Government, Queensland Health Statement of Action towards closing the gap in health outcomes

Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033

Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 - 2026

CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE FRAMEWORKS, STRATEGIES, STANDARDS & PLANS

CHHHS Governance and Performance Framework

CHHHS Strategic Plan 2018 – 2023

CHHHS Consumer and Community Engagement Strategy 2020 – 2022

National Safety and Quality Health Service (NQHS) Standards

CHHHS Clinical Services Plan 2018 – 2022

CHHHS Subacute Services Plan 2021

CHHHS Research Excellence Plan 2018 – 2022

CHHHS Mental Health, Alcohol, Tobacco and Other Drugs Clinical Services Plan

CHHHS Digital Health Service Plan 2018 – 2022

Far North Queensland Aboriginal and Torres Strait Islander Peoples Health Plan 2019 – 2022 (Stronger Mob, Living Longer Plan)

Cairns and Hinterland Analytical Intelligence (CHAI) Aboriginal and Torres Strait Islander Health Dashboard

REFERENCES

1. Making Tracks Together, Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, For Hospital and Health Services, Aboriginal and Torres Strait Islander Community Controlled Health Services and other healthcare providers, October 2021.

2. Far North Queensland Aboriginal and Torres Strait Islander Peoples Health Plan 2019 – 2022 (20 June 2019)

3. National Aboriginal Health Strategy, 1989

4. CHHHS Local Area Needs Assessment Data Analysis – Quantitative Paper, 2022

5. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. Australian Bureau of Statistics

6. Population estimates and projections, Aboriginal and Torres Strait Islander Queenslanders, 2006 to 2031. Queensland Government Statistician's Office.

7. Consultation report - Cairns consultation, July 2021, Queensland Aboriginal and Islander Health Council


SHORS
2022

APPENDIX

APPENDIX A: FIRST PEOPLES TRADITIONAL OWNER PROFILE

AREA / CHHHS FACILITY	TRADITIONAL OWNER GROUP NAME
Atherton Hospital	Tableland Yidinji
Babinda Hospital	Wanynurr Majay
Cairns Hospital **Cairns North Community Health** **Cairns South Health Facility** **Edmonton Community Health Centre**	Gimuy Waluburra Yidinji
Chillagoe PHC	Wakaman
Cow Bay PHC	Kuku Yalanji
Croydon PHC	Tagalaka
Dimbulah PHC & Mount Garnet PHC	Bar Barrum
Forsayth PHC & Georgetown PHC	Ewamain
Gordonvale Hospital	Malanbarra Yidinji
Yarrabah Emergency Service	Gunggandji & Mandingalbay Yidinji
Herberton Hospital & Ravenshoe PHC	Jirrbal
Innisfail Hospital & Millaa Millaa PHC	Mamu
Jumbun CHC	Girramay
Kuranda Medical Service	Djabugay
Lotus Glen & Mareeba Hospital	Muluridji
Malanda PHC	Ngadjon Jii
Mission Beach CHC	Djiru
Mossman MPHS	Kuku Yalanji
Smithfield Community Health Centre	Yirrgandji
Tully Hospital	Gulngay

*Care is taken to ensure the accuracy of this listing of the many Traditional Owners, where Health facilities are located across the Cairns and Hinterland region. The Health Service respects Traditional Owner groups' land and waterway interests, registered claimants, and determinations of the Native Title Tribunal. This list is correct at the time of publishing - April 2022.

First Peoples Health Equity Strategy 2022-2025
Cairns and Hinterland Hospital and Health Service
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