



WIDE BAY HOSPITAL AND HEALTH SERVICE

First Nations Health Equity Strategy 2022-2025

About the cover image

“The true meaning of life is to plant trees under whose shade you do not expect to sit.

Our Elders planted a tree like this one; it gave life and healing to us. We can now stand under its shade and enjoy the fruit that it provides, and reap the benefits of the hard work and sacrifice of our Elders.

Like our Elders once did, we are planting trees for our future generations.”

- Raelene Baker, Manager Aboriginal and Torres Strait Islander Health

- Photo supplied by Consuela Morrice

Note - Readers should be aware that this document may contain images, voices and names of deceased people.



Wide Bay Hospital and Health Service First Nations
Health Equity Strategy 2022-2025 DRAFT

Version control

[Draft Consultation Document]

For further information please contact:

Office of Chief Executive
Wide Bay Hospital and Health Service
Bourbong Street, Bundaberg QLD 4670
PO Box 34, Bundaberg, QLD 4670
MD18-WideBay-HSD-HOME@health.qld.gov.au

www.health.qld.gov.au/widebay | ABN 67 558 031 153

Copyright © Wide Bay Hospital and Health Service,
The State of Queensland, 2022.

This work is licensed under a Creative Commons
Attribution Non-Commercial 4.0 Australia licence.

To view a copy of this licence, visit
<https://creativecommons.org/licenses/by-nc/4.0/>

In essence, you are free to copy, communicate and
adapt the work for non-commercial purposes, as
long as you attribute Wide Bay Hospital and Health
Service and abide by the licence terms.

An electronic version of this document is available at
www.health.qld.gov.au/widebay/publications

Contents

Acknowledgement	4
The Uluru Statement from the Heart	5
Statement of Acknowledgement	6
Message from	
Health Service Chief Executive	8
Health Service Board Chair	9
WBHHS Aboriginal and Torres Strait Islander Health Advisory Council	10
Galangoor Dulawami Primary Health Care Chief Executive	10
Primary Health Network Chief Executive	11
Indigenous Wellbeing Centre General Manager	12
Introduction	13
Our community-based and hospital-based services	14
Aboriginal and Torres Strait Islander community profile	15
Total First Nations estimated resident population across WBHHS	16
Wide Bay First Nations population	16
How the WBHHS First Nations Health Equity Strategy was co-designed	18
Alignment to other strategies in the system	20
Our shared understanding of need and priority areas for the WBHHS region	
Cultural determinants of health	22
Social determinants of health	23
Chronic disease across the lifecourse	24
Burden of disease and Health Adjusted Life Expectancy	25
WBHHS First Nations health priorities	26
Our challenges	28
Our opportunities	28
Overarching priorities - Improving First Nations health and wellbeing outcomes across WBHHS	29
Governance	30
Developing our Key Priority Areas	32
Key Priority Areas	
Alignment to the legislated Health Equity Framework outcomes and key performance measures	33
Alignment to WBHHS organisational values	34
Common key performance measures for all Hospital and Health Services	35
Tailored performance actions for WBHHS	37
Glossary	41



Acknowledgement

The WBHHS First Nations Health Equity team acknowledges the Elders, community members, consumers, Traditional Owners, youth, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) and leaders of our First Nations communities. We respectfully acknowledge the First Nations people of the land on which we live, work and interact, and the strength and resilience of the participants of the WBHHS First Nations Health Equity consultations.

To those who contributed their time, knowledge and experience, we pay our deepest respect. We acknowledge the loss, trauma, strength, and the survival of our people, the ongoing sovereignty to country and acknowledge that this land was and always will be Aboriginal and Torres Strait Islander land.

Throughout the WBHHS First Nations Health Equity Strategy (FNHES) 2022-2025, the terms 'Aboriginal and Torres Strait Islander peoples', 'First Nations peoples' and 'Aboriginal peoples and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Whilst 'Indigenous' is commonly used in many national and international contexts, Queensland Health's preferred terminology is the previously mentioned terms.

The Uluru Statement from the Heart

We, gathered at the 2017 National Constitutional Convention, coming from all points of the southern sky, make this statement from the heart:

Our Aboriginal and Torres Strait Islander tribes were the first sovereign Nations of the Australian continent and its adjacent islands, and possessed it under our own laws and customs. This our ancestors did, according to the reckoning of our culture, from the Creation, according to the common law from 'time immemorial', and according to science more than 60,000 years ago.

This sovereignty is a spiritual notion: the ancestral tie between the land, or 'mother nature', and the Aboriginal and Torres Strait Islander peoples who were born there from, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty. It has never been ceded or extinguished, and co-exists with the sovereignty of the Crown.

How could it be otherwise? That peoples possessed a land for sixty millennia and this sacred link disappears from world history in merely the last two hundred years?

With substantive constitutional change and structural reform, we believe this ancient sovereignty can shine through as a fuller expression of Australia's nationhood.

Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future.

These dimensions of our crisis tell plainly the structural nature of our problem. This is the torment of our powerlessness.

We seek constitutional reforms to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.

We call for the establishment of a First Nations Voice enshrined in the Constitution. Makarrata is the culmination of our agenda: the coming together after a struggle. It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination.

We seek a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history.

In 1967 we were counted, in 2017 we seek to be heard. We leave base camp and start our trek across this vast country. We invite you to walk with us in a movement of the Australian people for a better future.



Statement of Acknowledgement

Building on the progress already made, including through the Queensland Government's *Reconciliation Action Plan 2018-2021*, the *Human Rights Act 2019*, and new *National Agreement on Closing the Gap 2020*, Queensland Health solemnly proclaims a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government's *Statement of Commitment* to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government, including:

- recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
- self-determination
- respect for Aboriginal and Torres Strait Islander cultures and knowledge
- locally led decision-making
- shared commitment, shared responsibility, and shared accountability
- empowerment and shared decision-making
- free, prior, and informed consent
- a strengths-based approach to working with Aboriginal peoples and Torres Strait Islander peoples to support thriving communities.

Affirming that:

- prior to invasion and colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly-defined territories, governance, laws (and lores), languages and traditions
- unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation
- Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded
- the continuing spiritual, social, cultural, and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky is to be acknowledged
- the sovereign First Nations of this continent remain highly sophisticated in their operations, organisations, institutions and practices
- the acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and their First Nations have experienced and continue to experience
- disadvantage and inequity have been caused by continuous systemic oppression and combatting this will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by enabling and supporting Aboriginal peoples' and Torres Strait Islanders peoples' self-determination, self-management and capabilities
- better life outcomes are achieved when Aboriginal peoples and Torres Strait Islander peoples have a genuine say in the design and delivery of services that affect them

- the United Nations *Declaration on the Rights of Indigenous Peoples* and the *International Covenant on Economic, Social and Cultural Rights* that affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and their First Nations freely determine their political status and freely pursue their economic, social and cultural development
- underpinning the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectation relationships; pursuant to Aboriginal peoples' and Torres Strait Islander peoples' social, cultural, intellectual, and economic advancement of and development agendas
- that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples is needed to address inequities.



Message from the Health Service Chief Executive

I would firstly like to acknowledge WBHHS and my personal commitment to our First Nations Health Equity Strategy 2022-2025 as an important step towards driving health equity, eliminating institutional racism and achieving life expectancy parity for First Nations peoples across Wide Bay. Across Australia and our region, there is a rich and unique history of Aboriginal and Torres Strait Islander peoples and Traditional Owners of these lands that has a long and lasting connection to Country, reaching back more than 60,000 years. As a HHS and country, we know that Aboriginal and Torres Strait Islander people do not have the same life expectancy and quality of life as other non-First Nations people. I am sure that many of us have witnessed racism, unfair treatment and inequity against Aboriginal and Torres Strait Islander people.

I also wish to acknowledge the WBHHS Aboriginal and Torres Strait Islander Closing the Gap Health Plan 2019-2022 that set out our commitment to improve health outcomes for Aboriginal and Torres Strait Islander people living in the Wide Bay Burnett region. Despite many action plans and programs to Close the Gap, there is still a long journey ahead to improve health outcomes for First Nations peoples.

This strategy details the specific actions we will undertake to provide culturally appropriate, safe and responsive healthcare services to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in Wide Bay. Across five priority areas, WBHHS is actively focused on working in partnership with First Nations peoples and organisations to achieve the goals and actions of this strategy; actions that were shaped by those who are affected by health inequity the most – our First Nations patients, carers and community members.

The First Nations Health Equity Strategy 2022-2025 has provided a unique opportunity to co-design and develop a strong vision and achievable priorities for our organisation, partners and community. We would like to acknowledge the great work and commitment of our staff, healthcare partners and consumers, not only throughout the process of drafting this strategy but as we commit to implementing it in the future. Together, we can all do our part to achieve health equity and improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in our region.

As the Chief Executive of WBHHS, I am honoured to do my part to make a difference and I give my full commitment to implementing the actions and initiatives in our inaugural First Nations Health Equity Strategy 2022-2025. All WBHHS staff have a responsibility to listen, respond and act to support the implementation of our First Nations Health Equity Strategy 2022-2025, as it represents our commitment to building a strong health system that supports the most vulnerable, and which promotes recognition and respect for Aboriginal and Torres Strait Islander peoples, communities and culture.

Debbie Carroll
Chief Executive
Wide Bay Hospital and Health Service



Message from the Health Service Board Chair

Aboriginal and Torres Strait Islander people are among the oldest living people to exist on Country and have a rich and valued culture. Wide Bay and North Burnett have a particularly diverse and large Aboriginal and Torres Strait Islander population, making this WBHHS First Nations Health Equity Strategy 2022-2025 exceptionally significant for our health service and communities.

The co-design undertaken to develop this strategy has provided unique opportunities to strengthen existing partnerships, forge new relationships and open transparent dialogue in order to address the health and life inequities experienced by Aboriginal and Torres Strait Islander peoples. WBHHS can implement the actions and priorities of this strategy confident that they reflect the needs and desires of our local First Nations communities. We look forward to continued collaboration with our stakeholders, working together to ensure we optimise the health and wellbeing of First Nations people through the delivery of the actions outlined in the WBHHS First Nations Health Equity Strategy 2022-2025.

This strategy provides more than sympathetic and generalised promises; it holds us accountable to addressing the marked difference in life expectancy between First Nations and non-First Nations peoples and provides inspiration and guidance as we move into the future. By listening to the voices of local Aboriginal and Torres Strait Islander peoples, reviewing and strengthening our health system, providing culturally appropriate and innovative services, and prioritising holistic and comprehensive care, we can look forward to working towards Closing the Gap by 2031.

A document of this significance requires extensive input, and I would like to thank the staff, community organisations and individuals who lent their expertise and experience to ensure we have created a strategy that is achievable and meaningful. The diversity in stakeholder feedback has resulted in a robust framework to drive health equity for all First Nations peoples, regardless of social, cultural, economic or geographic difference.

As Board Chair, I am proud of the outstanding work undertaken by WBHHS each and every day, but am particularly impressed to be launching this strategy with the WBHHS Chief Executive. As our first strategy and the one upon which ongoing First Nations focused work will be built, I look forward to implementing these first steps towards life expectancy parity. These important steps will guide us to a future where our First Nations peoples can celebrate long and healthy lives and together, we can make this future a reality.

Peta Jamieson

Chair

Wide Bay Hospital and Health Board

Message from the Wide Bay Hospital and Health Service Aboriginal and Torres Strait Islander Health Advisory Council

The WBHHS Aboriginal and Torres Strait Islander Health Advisory Council was established in September 2018. The Council consists of local First Nations Elders, Traditional Owners, community and organisational members who are committed to voicing the needs of First Nations people. We have played a key role in guiding the drafting of the strategies herein and we look forward to seeing the strategy implemented. The *WBHHS FNHES 2022-25* is a co-designed blueprint, led by First Nations people, which underlies our shared vision and alignment to the *WBHHS Strategic Plan*.

The WBHHS Aboriginal and Torres Strait Islander Health Advisory Council are pleased to report that a culturally safe and inclusive consultation process was undertaken with legislated prescribed stakeholders. This enabled free, prior and informed consent and engagement with First Nations consumers of the Wide Bay and North Burnett regions. The WBHHS Health Equity team facilitated a series of yarning circles from November 2021 to July 2022 to enable the co-design of the *WBHHS FNHES 2022-2025*. We are particularly proud that First Nations consultations occurred with over 150 'developmental stakeholders' and 'service delivery stakeholders' across the WBHHS region, ensuring comprehensive and robust input into the strategy.

We look forward to the road ahead as we work together to reach parity in First Nations health. All WBHHS Aboriginal and Torres Strait Islander Health Advisory Council members are committed to providing a locally relevant and informative cultural lens to WBHHS health planning and service delivery.

The overarching aim of the *WBHHS FNHES 2022-2025* is outlined under the Qld Health legislated reform, to Close the Gap in life expectancy by 2031. More importantly, this strategy exists to say loud and clear that 'Health Equity is Everybody's Business'. It is a human right that all health consumers have culturally safe and equitable access to all hospital and health services across the WBHHS region. The consultation and available data speak to health indicators and evidenced truths that are alarming. This is an epic health reform milestone for our people, and we are committed to empowering our First Nations people to continue to be heard.

The WBHHS Aboriginal and Torres Strait Islander Health Advisory Council and patients are to be listened to and heard leading the conversation about the cultural, social and economic determinants of health and wellbeing of First Nations people in the WBHHS region. This strategy provides the platform for this to occur and we are proud to lend our voices, raise others up and lead the call for First Nations health equity.

Aboriginal and Torres Strait Islander Health Advisory Council
Wide Bay Hospital and Health Service

Message from the Primary Health Network Chief Executive

Our Central Queensland, Wide Bay, Sunshine Coast PHN is committed to removing institutional barriers to health equity and eliminating racism. Our Board, staff and providers and partners are wedded to the essential partnerships that make Aboriginal and Torres Strait Islander health everyone's business. With the expertise and leadership of our First Nations elders, traditional owners, families and communities, we will listen, respond, and work together to achieve Closing the Gap targets. It is our responsibility and our most heartfelt desire to achieve health equity for all.

It is a testament to the resilience and good grace of the Aboriginal and Torres Strait Islander people of our community, that we have an opportunity to reflect the truth of the Uluru Statement from the Heart as we co-design a culturally safe health system for the future.

This Strategy is our strategy. We stand accountable and we stand committed to achieve healthy thriving children, who live long with wellness, and with sovereignty and freedom.

Pattie Hudson
Chief Executive Officer
Primary Health Network



Message from the Galangoor Duwalami Primary Health Care Chief Executive

This Wide Bay Health Equity Strategy is a unique and welcomed recognition of the inequalities of health service delivery for Aboriginal and Torres Strait Islander peoples, families, and communities. Today sees the opportunity to address these inequalities through legislative change, accountability, co-design, co-own and co-implement Health Equity Strategy within the Wide Bay Hospital Health Service region. Acknowledging these current gaps in the health system and participating in this legislative change is empowering our communities across the region. The unique strength of this strategy is the community engagement and consultation which informed the development of key priority areas and actions to better address the health inequities within the Wide Bay region. The Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATISCCHO's) and other partners will improve the overall health outcomes of Aboriginal and Torres Strait Islander peoples. The path to health equity must continue being built on this foundation of shared decision-making, that is inclusive of rural and regional communities across the Wide Bay Hospital Health Service. The partnerships involved in this Health Equity Strategy promote community based driven and place-based solutions, self-determination, collaboration and holistic concepts of health.

Steven Ober
Chief Executive Officer
Galangoor Duwalami Primary Health Care

Message from the Indigenous Wellbeing Centre General Manager

In-principle IWC generally supports the Wide Bay Hospital and Health Service (WBHHS) in their endeavour to shape a First Nations Health Equity Strategy and apply this across their respective services. This initiative is the first of its kind, is innovative, bold and ambitious. There are many challenges to overcome; racism, tokenism; judgementalism; embedding an understanding of cultural nuances; and implementing Culturally Responsive Practices, are at the forefront of making progress. This Strategy plan contains some key foundation elements to form a framework moving forward. The testament of achievement can only be measured by the real and tangible actions and outcomes. IWC has made successive achievements for First Nations peoples through an applied Reconciliation Model-In-Action, which is inclusive and meaningful. In order for the WBHHS to work towards a similar pathway, the purpose of this Strategy must echo: valued communications; mutual respect; and an implemented shared approach, that is more than “a seen to be exercise.”

Wayne Mulvaney
General Manager
Indigenous Wellbeing Centre

Introduction

The *WBHHS FNHES 2022-2025* is the strategic framework to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for First Nations people by 2031.

The *WBHHS FNHES 2022-2025* outlines what the health service is striving for which is attached to key outcomes of the *National Agreement on Closing the Gap* which include:

- **Outcome 1** - Aboriginal and Torres Strait Islander people to enjoy longevity and healthy lives. Aiming to Close the Gap in life expectancy within a generation, by 2031.
- **Outcome 2** - Aboriginal and Torres Strait Islander children are born healthy and strong. With a target to increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent by 2031
- **Outcome 14** - Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

Every state and territory is working towards the reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

In September 2019, the WBHHS Aboriginal and Torres Strait Islander Health Advisory Council (ATSIAC) was established to guide the implementation of the *WBHHS FNHES 2022-2025* strategies. Comprised of Aboriginal and Torres Strait Islander community members, the ATSIAC have been important stakeholders during the development of the *WBHHS FNHES 2022-2025* and have helped to ensure that it is reflective of community need. The strategies are designed to intersect and optimise the effectiveness and cultural safety of health care services for Aboriginal and Torres Strait Islander peoples residing in the WBHHS region.

Agreements in the form of Memorandum of Understanding (MOUs) and partnerships are either underway and/or are targeted to be in place with ATSICHHOs and the PHN by 2023. The agreements will focus on working together with Aboriginal and Torres Strait Islander people to form collaborative partnerships that will streamline services through the application of local place-based service delivery. These services will aim to foster strong and respectful relationships, deliver culturally safe and responsive care, and ensure the cultural sustainability of the health service. Further positive impacts may be seen across a range of broader First Nations objectives, including social, cultural and economic barriers.

In November and December of 2021, the *WBHHS FNHES 2022-2025* team engaged with developmental and service delivery stakeholders through several forums and yarning circles across the WBHHS region. More than 100 prescribed stakeholders took part in consultations, including First Nations WBHHS staff, Traditional Owners, Elders, health consumers, community, ATSICHHO, secondary and tertiary education providers, local government representatives and the PHN.

The workshops and yarning circles focused on addressing the five Key Performance Measures (KPMs) of the legislated Health Equity Framework. The KPMs aim to improve health and wellbeing outcomes, including:

- actively eliminating racial discrimination and institutional racism within the service
- increasing access to healthcare services
- influencing the social, cultural, and economic determinants of health
- delivering sustainable, culturally safe and responsive healthcare services
- working with Aboriginal and Torres Strait Islander peoples, communities, and organisations to design, deliver, monitor, and review health services.

Our community-based and hospital-based services

WBHHS is responsible for the delivery of public hospital and health services including medical, surgical, emergency, acute inpatient, outpatient, mental health, oral health and a range of specialist, community and outreach services.

We serve a population of more than 221,600 people across a geographical area of approximately 37,000 square kilometres.

WBHHS is responsible for the direct management of the facilities and community health services based within our geographical boundaries, including:



Biggenden Multipurpose Health Service (MPHS)
Bundaberg Hospital
Childers MPHS
Gayndah Hospital
Gin Gin Hospital
Eidsvold MPHS
Hervey Bay Hospital
Maryborough Hospital
Monto Hospital
Mundubbera MPHS
Mt Perry Health Centre

In addition, WBHHS provides a range of outreach health services to the Discovery Coast community from the Agnes Water Discovery Coast Community Health Service.

Two key prescribed service stakeholders provide primary health care services to Aboriginal and Torres Strait Islander communities in WBHHS Region:

- Indigenous Wellbeing Centre
- Galangoor Duwalami Primary Health Care

We also partner with various external organisations to supplement and support specialist services to the Wide Bay community.

What we heard...

“We need more information about what services are available locally, and when and where we can access them... It can be confusing trying to figure this out.”

- Community member

Aboriginal and Torres Strait Islander community profile across WBHHS

The land and waters within the WBHHS region encompasses the following Traditional Custodian Groups:



Total First Nations estimated resident population across WBHHS

Geographic region	First Nations population	Non-First Nations population	Per centage of population that is First Nations
Bundaberg	4,197	84,875	4.94%
Hervey Bay	2,702	54,949	4.92%
Maryborough	2,327	43,048	5.41%
North Burnett	4,502	45,255	9.95%
Queensland total	221,276	4,845,152	4.7%

Data: Australian Bureau of Statistics - Estimated resident Aboriginal and Torres Strait Islander and non-Indigenous populations, SA2 - 30 June 2016

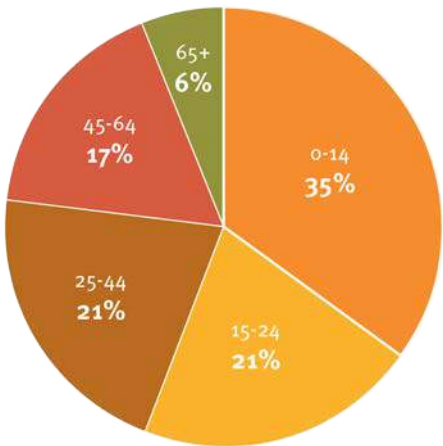
WBHHS not only provides services across a large geographical area, but also to a resident population with a higher First Nations demographic than other areas in Queensland. The percentage of people identifying as Aboriginal and/or Torres Strait Islander across Wide Bay and North Burnett ranges from 4.92% - 9.95%, which is higher than the Queensland average of 4.7%. Within the WBHHS region, a larger proportion of the population we serve are First Nations than in other areas of Queensland, and this is particularly seen in the North Burnett where nearly one tenth of the population identify as First Nations.

Wide Bay First Nations population

A 2022 snapshot of WBHHS First Nations population profile indicates 55% of the Wide Bay First Nations population are 24 years old or younger compared to 33% for the total population of Wide Bay. The median age is 23 years for First Nations people compared to 47 years for the overall population, while only 6% of First Nations people are aged 65 years or older compared to 25% for all Wide Bay. This is reflective of the limited number of Elders within our communities.

In 2022, the First Nations staff of WBHHS make up 2.14% of the workforce, while they make up 4.9% of our region’s overall population. Over the course of this strategy, WBHHS will prioritise increasing First Nations workforce representation commensurate to the local population, per the *Hospital and Health Boards Regulation*.

Wide Bay Hospital and Health Service region
First Nations age population



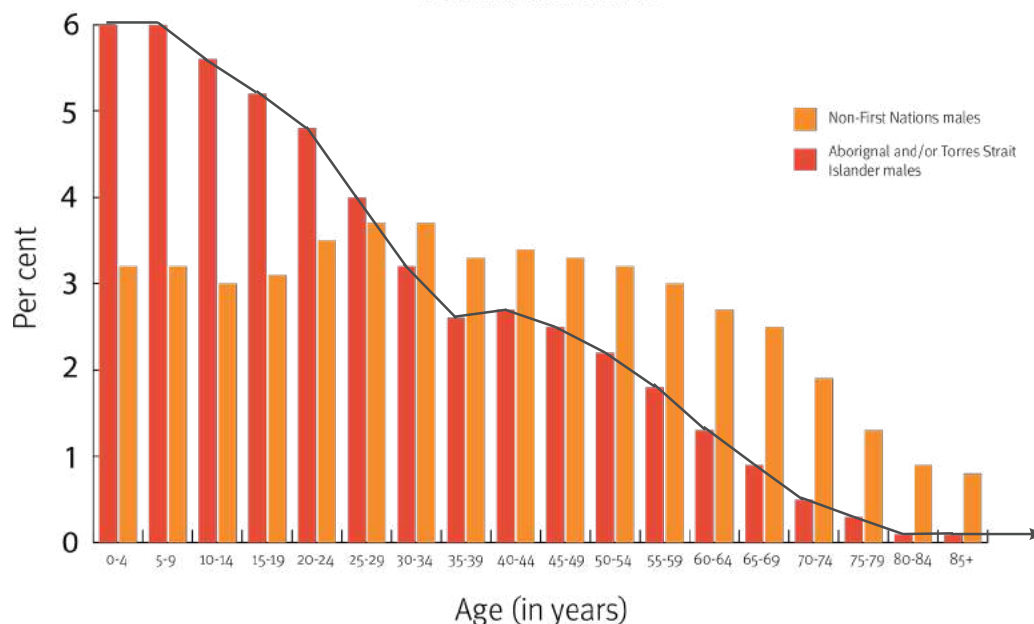
What we heard...

“Elders are our cultural custodians. Their shortened life expectancy impacts on the ongoing loss of our oral history... Hearing the stories of our old people is so important to health and wellbeing.”

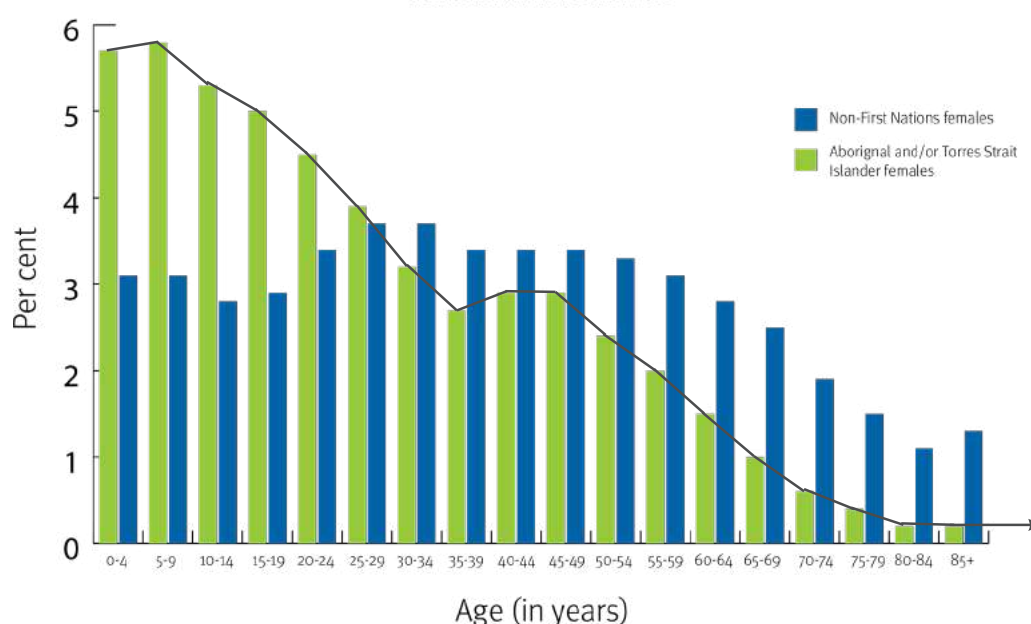
- WBHHS Aboriginal and Torres Strait Health Worker



Population percentages by age group as at 30 June 2016
Australian males



Population percentages by age group as at 30 June 2016
Australian females



The population data represented in the graphs above clearly demonstrate the disparity in life expectancy between First Nations and non-First Nations peoples. Higher proportions of the First Nations population, for both males and females, occur within early childhood, adolescence and early adulthood. In fact, this proportion is higher than that of non-First Nations peoples.

Counterbalancing this is the fact that these percentages significantly decrease as the population ages, particularly in the 65+ age range. This decrease impacts on the number of Elders sharing knowledge and culture, and contributes to the loss and dilution of the rich history of First Nations peoples.

Aboriginal and Torres Strait Islander men experience worse health outcomes and are the most marginalized and disadvantaged population group in Australia. Supporting men in their healing journeys requires ascribing them agency to work on their own healing, which simultaneously strengthens their culture and community, particularly as they negotiate mental health and wellness.

Canuto K, Brown A, Wittert G, Harfield S. Understanding the utilization of primary health care services by Indigenous men: a systematic review.

How the WBHHS FNHES 2022-2025 was co-designed with development stakeholders



The WBHHS Aboriginal and Torres Strait Islander Health Advisory Council commenced the First Nations Health Equity conversation on 16 March 2021 in Bundaberg at the Munjoorum # 1 Advisory Council Meeting.

On 30 April 2021, the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021* changed the *Hospital and Health Boards Regulation 2012* to specify the minimum requirements each Hospital and Health Service must adhere to during the development and implementation of a Health Equity Strategy, including prescribed stakeholders, key priority areas and actions to achieve health equity. To develop and implement new health equity strategies as required by the amendments to the *Hospital and Health Boards Act 2011* and the *Hospital and Health Boards Regulation 2012* a WBHHS First Nations Health Equity team commenced the planning process towards Health Equity for the WBHHS region.

The Inaugural Moonaboola Wide Bay Hospital and Health Service Aboriginal and Torres Strait Islander Health Advisory Council Health Equity Framework forum was held in Maryborough on 11 November 2021. The Moonaboola was led by the Indigenous Health Management Team, WBHHS Board and Executive, WBHHS Indigenous Health Management and staff, representatives of the State Queensland Health First Nations Health Division, the WBHHS Board Chair and Board Members, the WBHHS Chief Executive, Queensland Aboriginal and Islander Health Council Central Queensland, Regional Director, Galangoor Chief Executive Officer, representatives of the Primary Health Network, the WBHHS Aboriginal and Torres Strait Islander Health Manager, Team Leaders, Aboriginal and Torres Strait Islander Health Workers, and First Nations Health Equity leadership staff.

The forum included presentations, round table discussions and a ‘Yarn Up Murri Way Kitchen Table Style’, discussing emergent parameters of the First Nation Health Equity Framework. Subjects addressed included past historical policies, impacts and the fundamentals underpinning the contemporary systemic barriers and challenges faced by First Nations people in the health system.

Following the circulation of the WBHHS FNHES Draft to all stakeholders, the Munjoorum Aboriginal and Torres Strait Islander Health Advisory Council forum convened on 19 July 2022 to review the draft which included an interactive Health Equity Strategy presentation and focus group workshops.



More information on the consultation process and shared findings can be found in the *WBHHS First Nations Health Equity Consultation Report*.

Alignment to other strategies in the system

Informing the success of the *WBHHS FNHES 2022-2025* is its alignment with a range health system strategies. Co-designed in consultation with First Nation peoples, the *WBHHS FNHES 2022-2025* supports the WBHHS strategic pillars of equity and access, fostering partnerships and nurturing and future-proofing our workforce.

Incorporating shared policy platforms of the PHN, IWC and Galangoor Duwalami, the *WBHHS FNHES 2022-2025* ensures quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people, in line with the National Safety and Quality Health Standards.

In alignment with the four Priority Reforms agreed in the National Agreement on Closing the Gap, and through the promotion of shared decision-making, shared ownership and working in partnership with Aboriginal and Torres Strait Islander people, the *WBHHS FNHES 2022-2025* supports the government priorities.

The documents on the following page are some of the core governance and strategic objectives that the *WBHHS FNHES 2022-2025* aligns to. Delivering health equity for our First Nations community involves addressing social, economic and cultural determinants of health, and as such, we will also draw upon documents and strategies from the wider community and from government departments outside of health.

Given that WBHHS patients may access public healthcare through other Hospital and Health Services, the First Nations Health Equity Strategies of these health services are key guides for WBHHS, too.



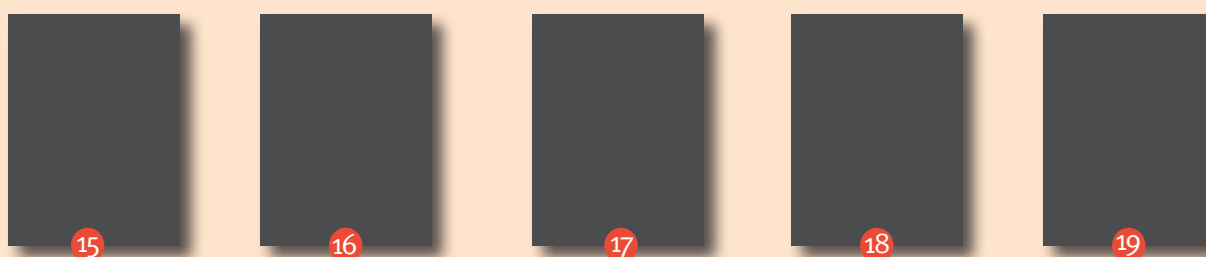
Government priorities



Wide Bay Strategic Plans



WBHHS Health Equity Action Plans (forthcoming as part of implementation)



1. National Agreement on Closing the Gap 2020
2. Queensland Government Statement of Commitment to Reframe the Relationship
3. National Aboriginal and Torres Strait Islander Health Plan 2021-2031
4. Addressing Institutional Barriers to Health Equity 2017
5. Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033
6. Closing the Gap Annual Data Compilation Report July 2021
7. National Safety and Quality Health Service Standards, Second Edition
8. Care, connection, compassion for all, WBHHS Strategic Plan 2022-2026
9. WBHHS Aboriginal and Torres Strait Islander Workforce Plan 2021-2026
10. WBHHS Closing the Gap Health Plan
11. WBHHS First Nations Health Equity Strategy 2022-2025
12. PHN Strategic Plan
13. IWC Strategic Plan
14. Galangoor Duwalami Strategic Plan
15. WBHHS FNHES Action Plan: Eliminating racial discrimination and institutional racism within the service
16. WBHHS FNHES Action Plan: Increasing access to services
17. WBHHS FNHES Action Plan: Influencing the social, cultural and economic determinants of health
18. WBHHS FNHES Action Plan: Delivering sustainable, culturally safe and responsive healthcare services
19. WBHHS FNHES Action Plan: Working with First Nations peoples to design, deliver, monitor and review health services

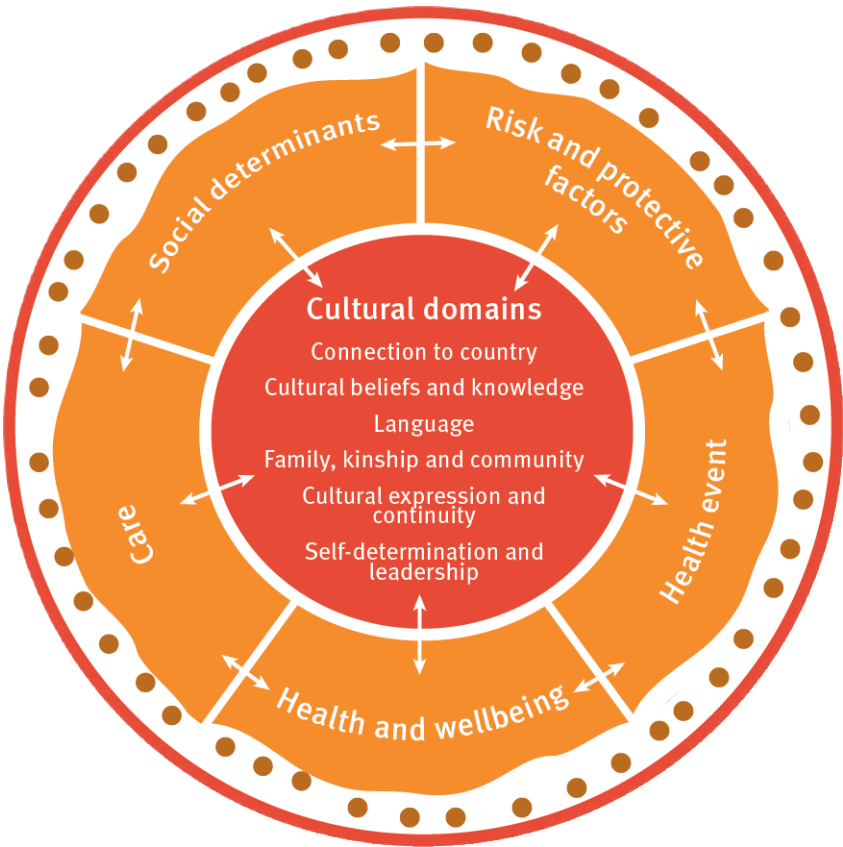
Our shared understanding of need and priority areas for the WBHHS region

Cultural determinants of health

Cultural determinants originate from and promote a strengths-based approach. Cultural factors that are protective and positive influences on Aboriginal and Torres Strait Islander peoples’ health and wellbeing include cultural expression, family and kinship, caring for Country, and self-determination. A growing body of evidence suggests that connection to culture, as manifested in maintenance or reclamation of culture, is associated with positive health and wellbeing outcomes for First Nations peoples.

In some instances cultural traditions can protect against health risks. There are six cultural domains that need to be understood to identify ways to improve health and wellbeing, including: connection to country, cultural beliefs and knowledge, language, family, kinship and community, cultural expression and continuity, self-determination and leadership.

Image adapted from Mayi Kuwayu Study Conceptual Model

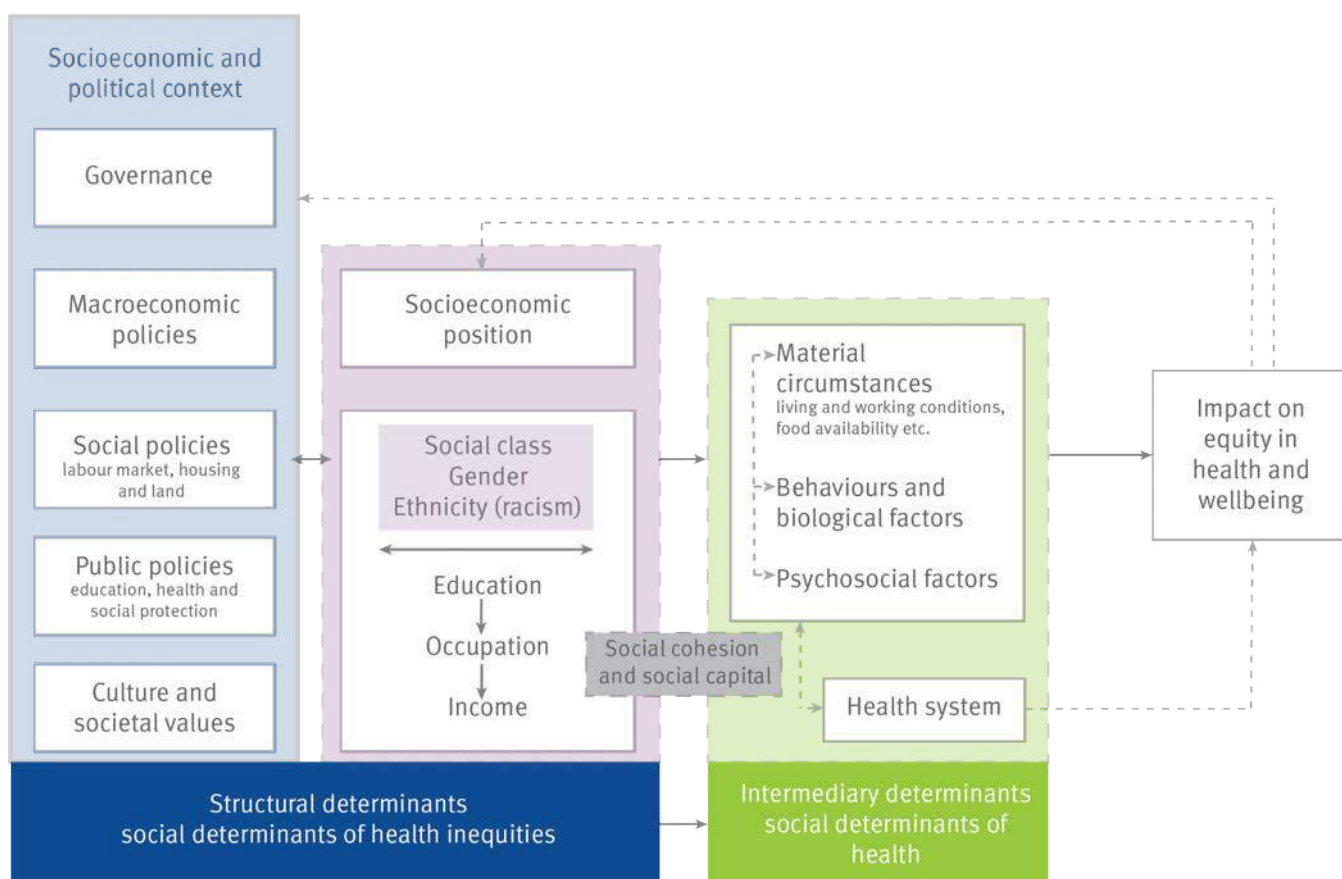


Jones, R., Thurber, K.A., Chapman, J., D’Este, C., Dunbar, T., Wenitong, M., Eades, S.J., Strelein, L., Davey, M., Du, W. and Olsen, A., 2018. Study protocol: our cultures count, the Mayi Kuwayu study, a national longitudinal study of Aboriginal and Torres Strait Islander wellbeing.

Social determinants of health

The health of First Nations individuals and communities are determined by more than just physical and biological factors, but also the social, economic and political contexts in which people are born, live and grow. Health and wellbeing is the balance of physical, environmental, emotional, social, spiritual and cultural well-being. The *WBHHS FNHES 2022-2025* is investing in providing a service that delivers culturally informed models of practice that directly and indirectly address the social determinants of health. Underpinning the proposed model of care is that an Aboriginal and Torres Strait Islander health workforce has a key role to play in closing the gap in health outcomes by making services more culturally appropriate and accessible by bringing a unique understanding to health delivery for First Nations people.

Image adapted from World Health Organisation Conceptual framework for Action on the Social Determinants of Health



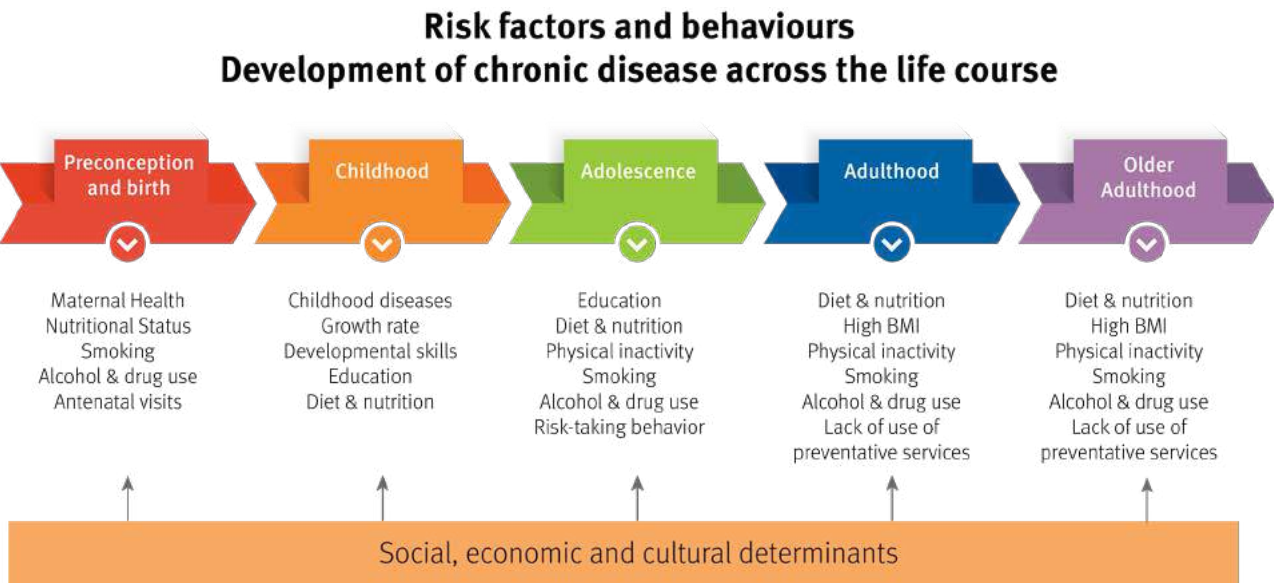
Solar, O. and Irwin, A., 2010. *A conceptual framework for action on the social determinants of health*. WHO Document Production Services.

Chronic disease across the life course

The causes of loss of healthy life is impacted and changed over the life course. There is an opportunity to prevent and delay the onset of chronic conditions by influencing the adoption of healthy behaviours and limiting the development of unhealthy habits.

Children 0-14 years	The first year of life (particularly in the first 28 days) carries the highest burden of disease and injury for children.
Youth and adolescents 15-29 years	Health loss in adolescents and early adults is characterised by risk taking and mental illness. An underlying risk factor for both is risky alcohol consumption and illicit drug use.
Adults 30-44 years	The leading cause of disease burden in this group is mental disorders and injury. Suicide and self-inflicted injury causes the greatest health loss followed by, high body mass index (BMI) and poor diet.
Middle-aged adults 45-64 years	Chronic conditions associated with age and life-style related behaviours (tobacco use, poor diet) are responsible for burden of disease in this group. Cardiovascular disease, mental disorders and diabetes are the leading causes of health loss.
Older people 65 years and older	The impact of chronic vascular disease and neurological conditions dominates this group. Other conditions include coronary heart disease, chronic obstructive pulmonary disease, cancer and dementia.

Almost one third of chronic disease can be prevented by removing exposure to modifiable risk factors such as smoking, high BMI, alcohol use and physical inactivity. The image below details the development of chronic disease across the life course.



What we heard...

“Health promotion, community engagement and preventative health education are really important... that’s how we can improve First Nations health.”

- Community member

Burden of disease and Health Adjusted Life Expectancy

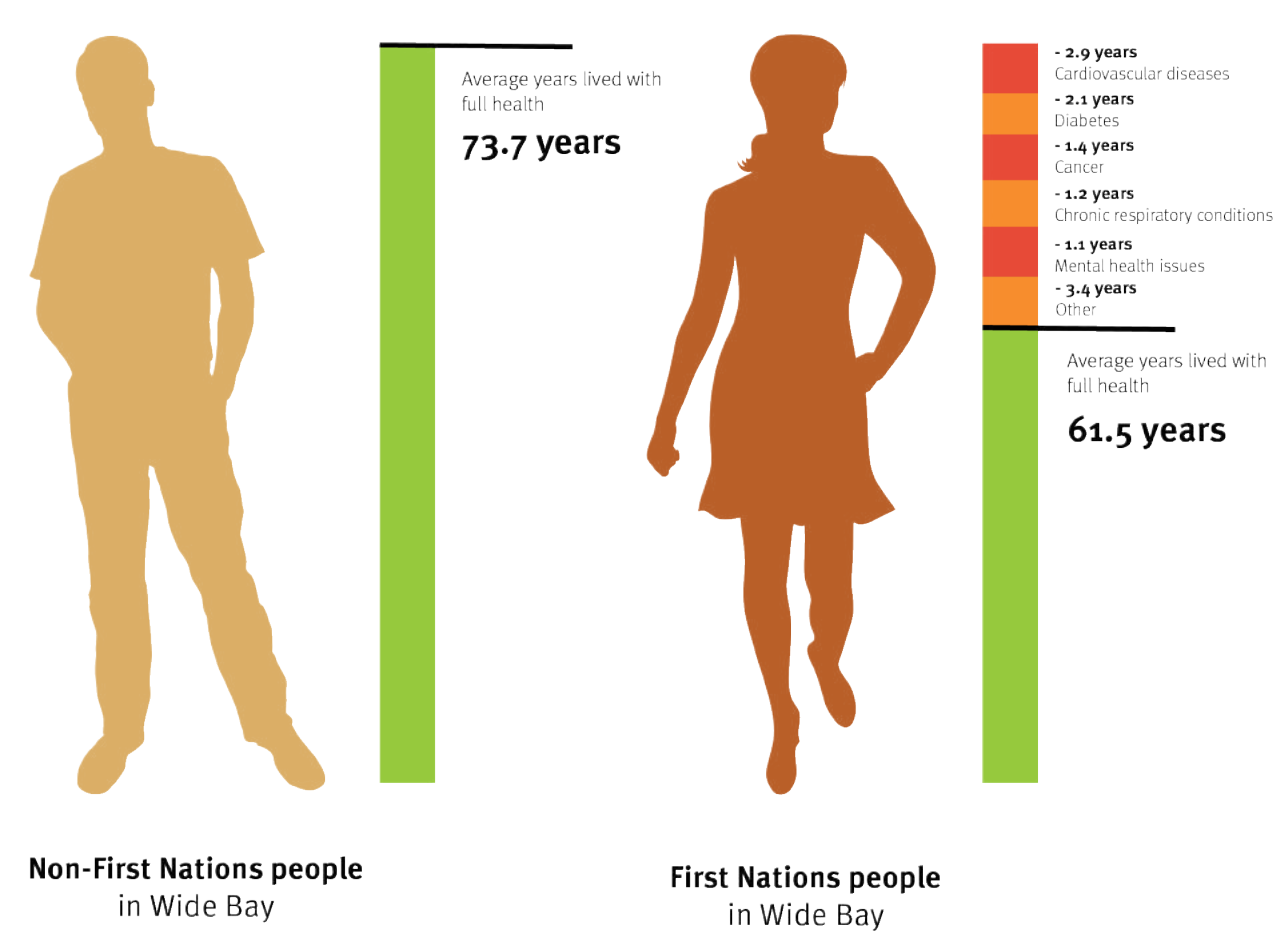
Burden of disease analysis measures the combined impact of diseases, injuries and risk factors on a population to quantify health loss caused by different conditions. Aboriginal and Torres Strait Islander residents in the Wide Bay Burnett region experienced 2.2 times the expected burden of disease and injury compared to Queensland non-indigenous rates.

The largest contributors to the gap in disease and injury between First Nations and non-First Nations residents in the region are:

- Cardiovascular disease (20%)
- Mental health conditions (16%)
- Diabetes (13%)
- Chronic respiratory disease (9%) and cancers (8%).

There is a 12-year age gap in health-adjusted life expectancy between Aboriginal and Torres Strait Islander residents living in WBHHS region and the total Queensland population. Cardiovascular disease, cancer and endocrine disorders (including diabetes) in people aged 40-84 years accounted for over half the gap in life expectancy in 2015-17, while 23% of the Indigenous health gap was due to tobacco smoking – the leading contributor to lung cancer and respiratory disease.

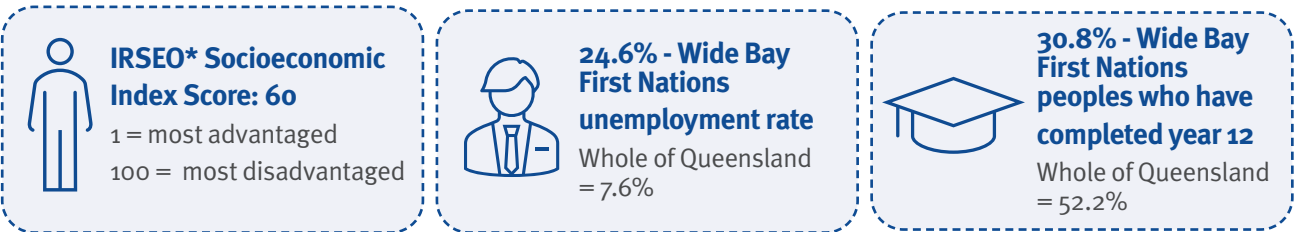
Health Adjusted Life Expectancy in Wide Bay Hospital and Health Service region



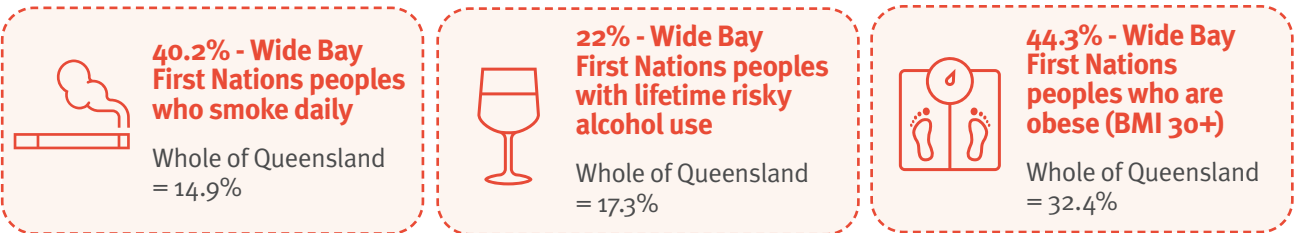
WBHHS First Nations health priorities

The following areas of WBHHS are of particular importance to First Nations health equity, either as areas of high First Nations patient admissions/presentations, areas of higher than average illness, chronic conditions and health risks, or as areas of concern due to low engagement between the First Nations community and WBHHS.

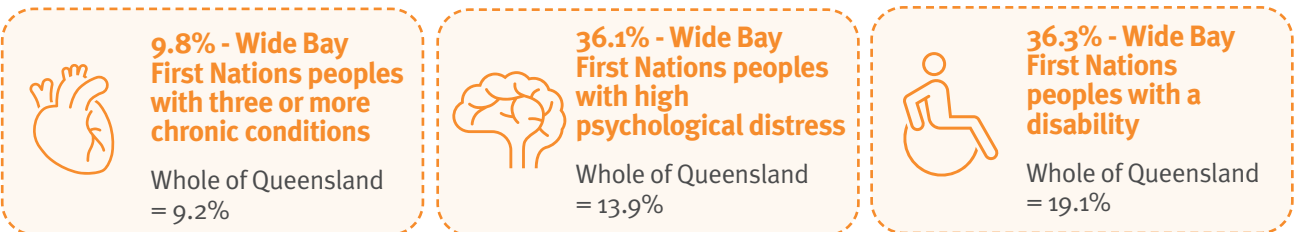
Social determinants



Behavioural risk factors



Chronic conditions

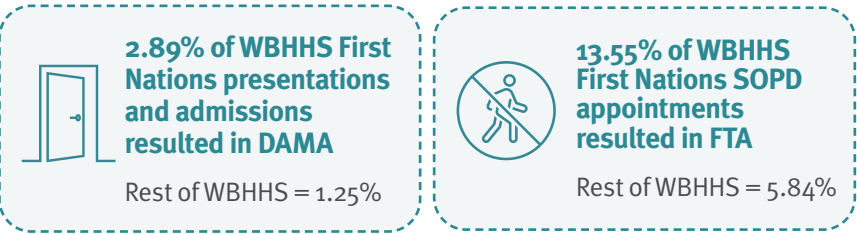


Mothers and babies



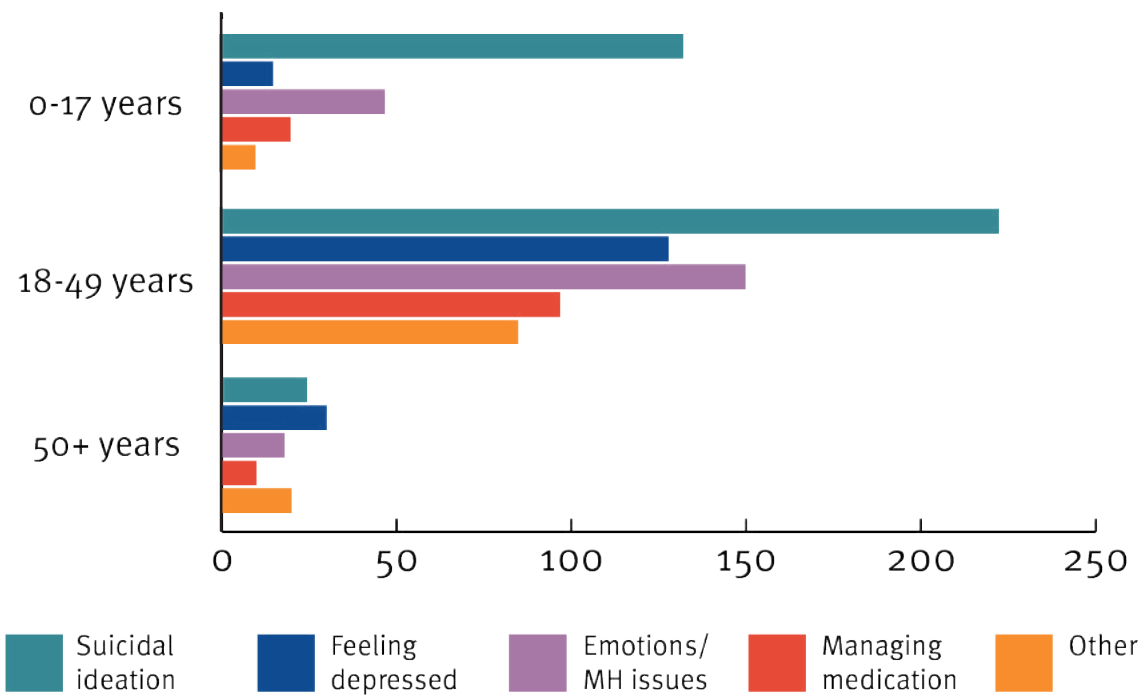
* IRSEO - Indigenous Relative Socioeconomic Outcomes

WBHHS Discharge Against Medical Advice (DAMA) and Specialist Outpatients Failure to Attend (FTA) rates 2020-2021



Mental health

Top five presenting issues for WBHHS First Nations mental health clients





What we heard...


“ I felt helpless - heavy in spirit, unsupported and unheard... Mental health services are such an important part of the health service, but are hard to access in a culturally safe way. ”


- Community member


Our challenges


- 


2.14% of the WBHHS workforce identify as First Nations falling short of the priority workforce targets of the *WBHHS Aboriginal and Torres Strait Islander Workforce Plan 2021-2026*.
- 


The number of models and services co-designed with First Nations peoples is impacted by limited partnerships with local Elders and Aboriginal and Torres Strait Islander people and organisations.
- 

Ageing and isolated software systems and technology, impacting timely sharing of patient information between teams.
- 

Gaps in cultural support provided to First Nations consumers across service areas, particularly within emergency departments and outside of business hours.
- 

Meeting the health and cultural needs of a diverse First Nations population, across a large geographical area.
- 

Providing appropriate care to First Nations people within allocated funding that is sustainable, culturally safe and responsive.
- 

Providing culturally safe and responsive care to a WBHHS First Nations population that is higher (5.3%) than the state average(4.57%).
- 

Not meeting community expectations that all services are available at all locations therefore minimising the need to travel to receive care.

Our opportunities

- 

Scale up the use of technology to facilitate more care closer to home.
- 

Increase the number of staff who identify as being of Aboriginal and/or Torres Strait Islander origin, per the *WBHHS Aboriginal and Torres Strait Islander Workforce Plan*, and ensure First Nations representation at all levels of the health service.
- 

Develop innovative models of care to address health issues specific to First nations people.
- 

Develop and strengthen partnerships, both within and outside the organisation.
- 

Enhance and embed culture competency to ensure culturally safe and responsive health care provision.
- 

Put First Nations people at the centre of their care and empower them to close the gap in their own
- 

life expectancy.
- 

Strengthen collaboration between WBHHS and First Nations Elders, community members, organisations and businesses to co-design, develop, monitor and review services.
- 

Hear the voices of the First Nations community and respond by providing appropriate care and support for Aboriginal and Torres Strait Islander patients, families and community.
- 

Provide opportunities for First Nations leadership throughout WBHHS, per the *WBHHS Aboriginal and Torres Strait Islander Workforce Plan*.
- Provide holistic health care that is responsive to the social and cultural determinants of health for First Nations peoples.

Overarching priorities - improving First Nations health and wellbeing outcomes across WBHHS

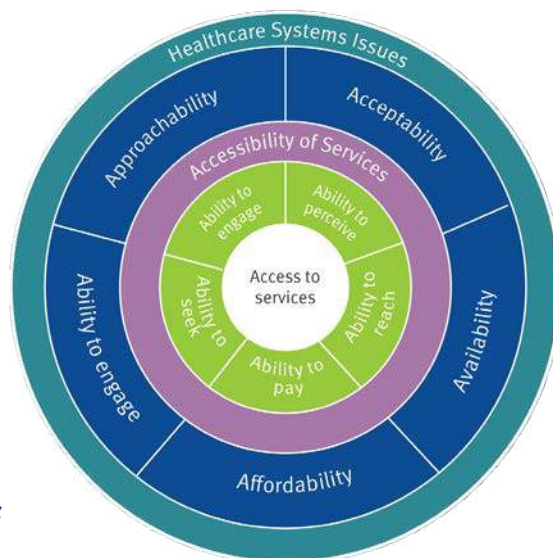
The First Nations Health Steering Committee will lead in maintaining a cultural lens across the implementation of the *WBHHS FNHES 2022-2025*.

Key areas of focus for WBHHS include:



Close the Gap in life expectancy within a generation, by 2031

The *WBHHS FNHES 2022-2025* addresses the socio-economic and cultural inequities faced by First Nations people residing in the WBHHS region. To enable this process, First Nations people will continue to be actively engaged throughout the implementation and review stages of the strategy. To improve health outcomes, our service will ensure that First Nations stakeholders remain at the table to co-construct policies and programs that are adequately resourced, culturally safe and sustainable.



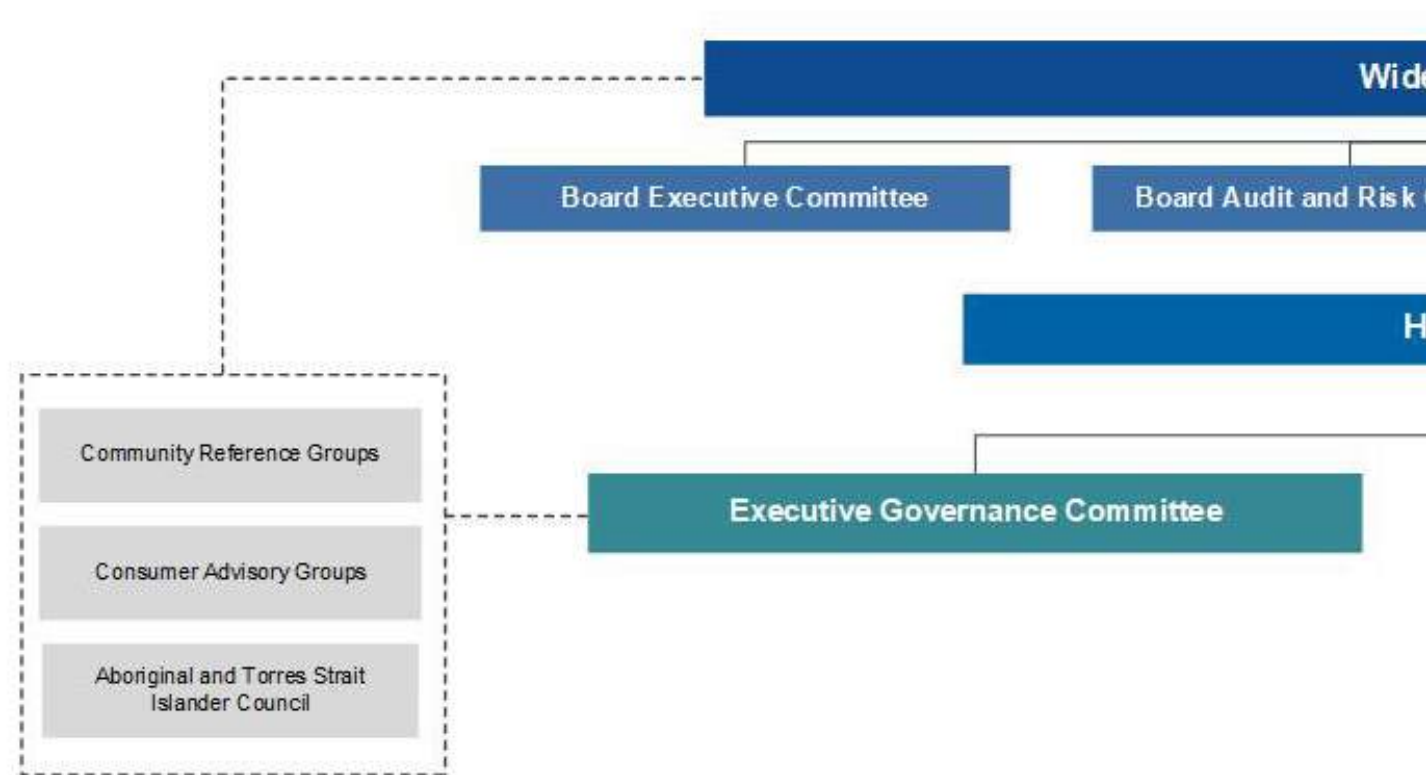
By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight to 91 per cent

Due to the poorer outcomes for babies of First Nations women and other risk factors. The *WBHHS FNHES 2022-2025* has recognised that the development of models of midwifery care for Indigenous women and babies are essential elements for health and wellbeing. The strategy is working towards providing maternity care models that are culturally safe and bringing services to where people live in order to improve outcomes for Indigenous women and babies. Closing the disparity on social, environmental and economic disadvantage amongst First Nations women, potentially will lead to improving access to primary health care services for First Nations mothers and babies.



Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero

The *WBHHS FNHES 2022-2025* is focused on improving models of care enhancing First Nations access to mental health services, both within WBHHS and via community partners. Strategies for increasing cultural connection and engagement and for reducing discrimination are being developed in the **WBHHS FNHES 2022-2025** to reduce the number of First Nations young people who die by suicide.

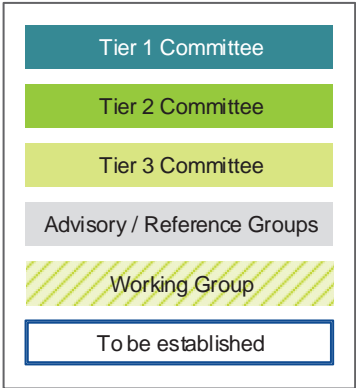
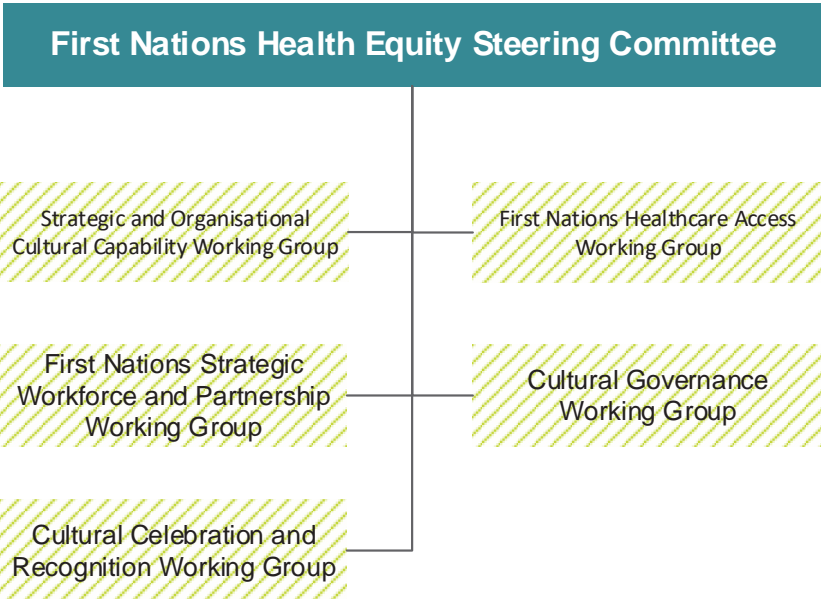


To ensure that the Key Priority Areas and actions of the WBHHS First Nations Health Equity Strategy 2022-2025, the existing committee structure (below) will need to be amended.

To adequately implement the actions outlined in this strategy within the legislated time frames, WBHHS will establish mechanisms for peak decision making within the organisation. These mechanisms will provide a First Nations cultural lens to the services being delivered within WBHHS, promote and facilitate partnerships with First Nations peoples and organisations, and actively work to improve the health and wellbeing of the First Nations community in Wide Bay.

- Establishing a WBHHS First Nations Health Equity steering Committee.
- Establishing the following Working Groups:
 - Strategic and organisational cultural capability working group
 - First Nations healthcare access working group
 - First Nations strategic workforce development and community partnership working group
 - Cultural governance working group
 - Cultural celebration and recognition working group.
- Maintaining continued compliance with NSQHS Standards, incorporating the specific requirements identified by the *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*.
- Ensuring alignment of the *WBHHS FNHES 2022-2025* actions into the strategic and operational objectives of WBHHS and local organisations (where appropriate).
- Formally partner with community providers and organisations, and table signed Memorandums of Understanding (if required) at relevant WBHHS committee meetings.

Hospital and Health Service Committee Structure



Developing our Key Priority Areas

What we heard from our community

- Apply a back-to-basics approach to training and education for *all* staff.
- Use plain English and ensure both patients and clinicians are understood.
- Develop and prioritise pathways for First Nations patients and staff.
- Ensure a staged implementation to ensure all aspects of this strategy are appropriately enacted.
- Review feedback - listen to what we say.
- Provide advocacy and support.
- Reduce stigma and enhance understanding and storytelling.
- Streamline and speed up services.
- Integrate authentic culture into significant events like NAIDOC Week.
- Support telehealth and alternative models of care.
- Clearly identify liaisons and support staff and make them available.
- Ensure that nothing about us is done without us.
- Build genuine relationships.
- Include our many and diverse voices.
- Ensure we are represented and have a seat at relevant tables.
- Invest in co-design.
- Consider our family and cultural supports and provide holistic care.
- Facilitate access and transport.
- Shift the perspective from negative to proactive.
- Focus on opportunities and strengths.
- Prioritise healthy communities and happy people.
- Share with us; celebrate with us.



Key Priority Areas

Alignment to legislated Health Equity Framework outcomes and key performance measures



Actively eliminate racial discrimination and institutionalised racism within the organisation

Racism and discrimination are enduring barriers felt by the First Nations community. Feedback from consultation with Wide Bay mob and organisations highlighted that racial stereotyping and discrimination contributes to hesitancy for First Nations peoples to access and engage with the health service. The *WBHHS FNHES 2022-2025* aims to eliminate racial discrimination and institutionalised racism to ensure that staff, patients and community feel safe and respected.



Increasing access to healthcare services

Fundamental barriers to achieving First Nations health equity include the provision of culturally-safe, timely and supported access to healthcare services. After engaging in consultation with local mob and organisations, it has become clear that access to healthcare is a complex issue, affected by social, economic and cultural determinants. WBHHS has listened to the voices of Wide Bay First Nations peoples and will work to implement systems and supports that make it easier for Aboriginal and Torres Strait Islander people to receive the care they need.



Influencing the social, cultural and economic determinants of health

Health is a complex issue, impacted by social, cultural and economic factors. Maintaining good health requires both the patient and clinician to be aware of the various factors that affect health and to address these in prevention and treatment plans. Given the complexity and variety of health determinants that affect First Nations peoples, WBHHS is committed to partnering with relevant community organisations, support services and government departments to ensure holistic, culturally appropriate care is provided to our Wide Bay mob, and that they are supported across the lifespan to Close the Gap in their own health.



Delivering sustainable, culturally safe and responsive health services

WBHHS has listened to the voices of local First Nations peoples and understands that having a strong Aboriginal and Torres Strait Islander workforce is the foundation upon which we can deliver sustainable, culturally safe and responsive services. As an organisation, we are committed to increasing our First Nations workforce, ensuring a cultural lens is applied to all areas of the health service and that patients feel comfortable and supported across their healthcare journey.



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

To provide culturally safe and responsive First Nations health services, Aboriginal and Torres Strait Islander peoples need to be considered and involved at all stages of service delivery. WBHHS is committed to ensuring the voices and perspectives of our local First Nations mob and Elders are supported and valued, leading to co-designed services that are delivered, monitored and reviewed in partnership with those we are providing care for.

Key Priority Areas

Alignment to WBHHS organisational values



Collaboration

Collaborative teamwork in action:

- We will work as a team to achieve the best possible health outcomes for patients
- We will value the multidisciplinary skills of our colleagues and external stakeholders
- We will help to build a respectful and safe working and learning environment
- We will support our colleagues and patients to achieve our collective goals
- We will make recommendations, no matter how small, to continuously improve.



Accountability

Acting with integrity in action:

- We will do what we say we're going to do
- We will take responsibility for the actions we take and the decisions we make
- We will have a positive "can do" attitude that builds a great place to work
- We will speak up to protect the safety of patients and colleagues
- We will use our resources efficiently, safely, sustainably and ethically .



Respect

Valuing diversity in action:

- We will treat others as we would like to be treated, being mindful of culture.
- We will protect the privacy and dignity of patients, family members, visitors and colleagues
- We will respectfully listen to other opinions, and share our own constructively
- We will be responsible for how our behaviour, language and attitude affects others
- We will acknowledge and value the skills and contributions of others.



Excellence

Pride in action:

- We will strive for excellence in everything we do
- We will work to achieve results we're proud of
- We will embrace change and constantly look for a better way to do things
- We will strive to keep learning and enhancing our skills
- We will build on our successes and look for opportunities to learn.



Through patients' eyes

- We will introduce ourselves and communicate clearly, in simple language
- We will provide quality care that meets our patients' needs and respects their culture and beliefs
- We will advocate for our patients and involve them and their carers in all aspects of decision making as much as possible
- We will treat all patients equitably and to the highest standard
- We will treat patients, their family and carers with empathy, compassion and dignity.

Key Priority Areas

Common key performance measures for all Hospital and Health Services

1. Decreased potentially avoidable deaths.

Key actions:

Implement the actions of the WBHHS *First Nations Health Equity Strategy 2022-2025* to increase access to timely and culturally responsive care, for preventative, acute and chronic conditions.

2. Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non-Aboriginal and Torres Strait Islander mothers with healthy birth weights.

Key actions:

Establish a First Nations Mums and Bubs program co-designed by development stakeholders and delivered in partnership with community service providers.

Decrease the number of low-birthweight babies born to women identifying as First Nations, and increase the number of antenatal appointments attended by these women.

3. Sustain a decreased rate and count of First Nations suicide deaths.

Key actions:

Develop pathways and models of care to provide culturally appropriate support to First Nations consumers with suicidal ideations and decrease the number of suicides carried out by this cohort.

4. Increased proportion of First Nations adult patients on the general care dental wait list waiting for less than the clinically recommended time.

Key actions:

Increase the number of oral health services provided to First Nations peoples and decrease the number of Failure to Attend by this cohort.



5. Elective surgery - increased proportion of First nations patients treated within clinically recommended time.

Key actions:

Increase number of appointments attended by First Nations patients and decrease number of Failure to Attend by this cohort.

6. Specialist outpatient - decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment.

Key actions:

Increase number of appointments attended by First Nations patients and decrease number of Failure to Attend by this cohort.

7. Increased proportion of First Nations people receiving face-to-face community follow up within seven days of discharge from an acute mental health inpatient unit.

Key actions:

Develop pathways and models of care to support First Nations mental health consumers to receive follow up community care and increase the percentage of these that are delivered in partnership with Aboriginal and Torres Strait Islander Health Workers or appropriate First Nations community health organisations.

8. Increased proportion of First Nations people completing Advanced Care Planning.

Key actions:

Actively work with First Nations peoples to complete Advanced Care Planning and increase the number of these registered.

9. Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population.

Key actions:

Increase the number of First Nations staff employed with WBHHS, increase retention rates of this cohort and decrease turnover rates.

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

Key actions:

Increased number of completed PREMS surveys by First Nations peoples, increased percentage of this cohort rating their overall care as Very good or Good, and increased percentage of this cohort reporting that their cultural and spiritual care needs were met during their inpatient stay.

11. Integrated care pathways - increased proportion of care plans in place for First Nations patients with co-morbidities.

Key actions:

Actively work with First Nations peoples to ensure comprehensive care plans are developed and provide support to both clinicians and patients to see that the actions and supports detailed in these are met.

Key Priority Areas

Tailored performance actions for WBHHS

**NOTE The first year of implementation will be used to determine baseline data and develop targets for the following actions.*

Action 1 Improve representation of First Nations peoples at all levels of the organisation.



- Strengthen and implement the *WBHHS Aboriginal and Torres Strait Islander Workforce Plan 2021-2026* to ensure First Nations peoples see themselves reflected in the diversity of the workforce.
- Develop targeted succession planning for First Nations workforce career progression and sustainability.
- Implement targeted recruitment campaigns to attract and retain First nations staff across WBHHS.
- Grow local First Nations workforce based on local requirements and within allocated funding.
- Partner with external organisations (including registered training organisations) and secondary and tertiary institutions to develop pathways for First Nations people to gain employment with WBHHS.
- Embed professional development opportunities for Aboriginal and Torres Strait Islander staff.
- Create mentoring programs for existing First Nations staff within WBHHS.

What we heard...

“The community needs to be educated about the role of Aboriginal and Torres Strait Islander Health Workers, so we know exactly how they can support us and how often.”

- Community member

What we heard...

“I’d like to see more First Nations staff working in the health system - cleaners, administration, meet and greet, cafe staff as well as nurses, doctors and other medical staff.”

- Community member

Action 2 Recognise and value the voices and histories of First Nations peoples.



- Provide increased opportunities for First Nations peoples to partner with WBHHS as consumer representatives on organisational safety, quality and operational committees.
- Create and embed processes to ensure that First Nations consumers and community are consulted as part of the design and review of models of care.
- Develop innovative strategies to allow First Nations peoples to engage with WBHHS in ways that best suit them.
- Develop promotional materials to encourage Aboriginal and Torres Strait Islander peoples to share their stories and rich histories with WBHHS.
- Strengthen the membership of the WBHHS Aboriginal and Torres Strait Islander Advisory Council and increase opportunities for engagement and consultation with this group.

What we heard...

“There should be nothing discussed or decided about us, without us.”

- Community member

Action 3 Eliminate racism within WBHHS.



- Ensure WBHHS has robust and appropriate policies that clearly support staff experiencing racial discrimination and institutional racism.
- Educate staff, patients and the community to recognise instances of racism and how to report these.
- Encourage entering of any racist and discriminatory incidents into RiskMan.
- Develop culturally appropriate feedback mechanisms to ensure instances of racial discrimination are reported and responded to with sensitivity and understanding.

What we heard...

“ I have had a negative experience on more than one occasion... It's not racism, as such, but there seems to be some ignorance and a lack of knowledge. ”

- Community member

Action 4 Support First Nations sexual health.



- Develop innovative methods to promote and raise awareness of sexual health to First Nations consumers.
- Promote the Q Clinic as a safe, free space to access sexual health advice, screening and treatment.
- Increase First Nations screening rates for sexually transmissible infections.



Action 5 Embed cultural competency and respect as part of business-as-usual.



- Increase staff compliance with cultural competency training.
- Develop innovative ways of delivering relevant and engaging cultural competency training, aligning it to the local diversity and history or traditional Owner groups.
- Begin all WBHHS meetings with Acknowledgement of Traditional Owners.

What we heard...

“ Culturally appropriate training would benefit all staff - some have ingrained attitudes and misunderstand First Nations health issues. ”

- Community member

Action 6 Deliver culturally appropriate care closer to home for our First Nations peoples.



- Expand access and utilisation of telehealth services in a culturally applicable way.
- Investigate existing models of care and services that can be expanded to be delivered from rural and regional areas of WBHHS.
- Investigate local alternatives to service provision through partnerships with community health providers.
- Review current patient transport options provided by WBHHS and explore opportunities to expand services.
- Support First Nations access to health services, including within emergency, mental health, surgical, specialist outpatients, cancer care and oral health.
- Utilise the Nurse Navigator model to support First Nations peoples managing chronic health conditions.
- Develop and embed culturally safe and responsive models of care that are tailored to meet the cultural, social, economic and health needs of First Nations peoples.
- Partner with community organisations to incorporate service alternatives into ongoing care plans.
- Review current WBHHS processes for transfer of patients between facilities, and streamline these so First Nations patients can receive care closer to their community and Country.
- Ensure availability and support of Aboriginal and Torres Strait Islander Health Workers.
- Decrease Did Not Wait and Discharge Against Medical Advice rates for First Nations peoples.



Action 7 Provide holistic and comprehensive care through partnerships.



- Establish relationships and referral pathways with organisations including the Department of Housing, Department of Human Services and EDON Place.
- Support programs with secondary schools.
- Recruit and partner with a diverse range of staff, community members, health consumers and relevant organisations to ensure support is provided that is reflective of community need, and considers the social, economic and cultural determinants of health.

What we heard...

“ I didn’t think that anyone would notice these things or would do anything about them...”

- Community member



Action 8 Prioritise and streamline care focussed on First Nations mental health



- Analyse First Nations mental health patient admissions and discern areas of focus or gaps in service provision.
- Investigate innovative service delivery models, using virtual care, outreach models and community organisations and supports.
- Utilise tools including Strong Souls Assessment and Cultural Information Gathering
- Reduce Discharge Against Medical Advice rates for First Nations mental health clients.

Action 9 Support First Nations peoples through the admission process



- Ensure each patient is asked if they identify as being of Aboriginal or Torres Strait Islander origin and record this information.
- Investigate opportunities to enhance the physical environment of WBHHS facilities and foster cultural connections within waiting and triage spaces.
- Develop promotional material that empowers First Nations peoples to partner in their health and to request the support of an Aboriginal and Torres Strait Islander Health Worker.
- Communicate in a manner that is responsive to cultural needs.

Action 10 Support First Nations peoples through the admission process



- Ensure processes and resources are in place to provide culturally appropriate care for various groups - Men’s Business, Women’s Business, Sorry Business, Elders, children and youth etc.

Glossary

Term	Definition
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
Co-design	Services and models designed by various stakeholders, including consumers and community
Cultural competence	The ability to provide care to patients with diverse values, beliefs and behaviours, including tailoring services to meet patients' social, cultural and linguistic needs
Cultural determinants	Factors that influence health outcomes including ethnicity, lore, language and spiritual beliefs
DAMA	Discharge Against Medical Advice
DNW	Did Not Wait
Elder	A First Nations person who has been recognised as a custodian of knowledge and lore, and who has permission to disclose knowledge and beliefs
HALE	Health Adjusted Life Expectancy
Holistic	Dealing with or treating the whole of something or someone and not just a part
Mob	Represents family, clan group or the wider Aboriginal group and identifies a group of Aboriginal people associated with a particular place or Country
MPHS	Multi Purpose Health Service
NSQHS	National Safety and Quality Healthcare Standards
PHN	Primary Health Network
Social determinants	The non-medical factors that influence health outcomes including housing, employment and education
Sustainable	Able to be maintained and upheld
Traditional Custodian	A term used to recognise the connections to Country and culture held by Aboriginal and Torres Strait Islander peoples as the first inhabitants of Australia
WBHHS	Wide Bay Hospital and Health Service



Wide Bay Hospital and Health Service
First Nations Health Equity Strategy 2022-2025



Queensland
Government