



ARTWORK



By Ann Russell
and Deann Frousheger
Bidjara women

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

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

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

ACKNOWLEDGEMENT

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

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

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

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

Aboriginal and Torres Strait Islander people should be aware that this publication contains images, voices and names of deceased persons.

HEALTH SERVICE CHIEF EXECUTIVE MESSAGE

Anthony West
Chief Executive
Central West Hospital and Health Service

The First Nations Health Equity Strategy (Strategy) is our commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people living in central west Queensland. The Strategy aligns to the vision of Queensland Health to deliver a health system that is accessible and equitable and achieve life parity for First Nations peoples by 2031. The Implementation Plan (Plan) outlines how we will deliver on health equity priority areas and allows us to map our successes and areas for improvement.

The Strategy and Implementation Plan have been developed with input from our local First Nations communities and other key stakeholders. First Nations voices were prioritised in developing the Plan as we believe their contribution and engagement is essential in achieving health equity. In addition, a cultural shift within CWHHS is required to change health service delivery from business as usual to what is best for the health of our communities.

INTRODUCTION

This First Nations Health Equity Strategy Implementation Plan accompanies the Central West Hospital and Health Service (CWHHS) First Nations Health Equity Strategy 2022-2025. The Strategy outlines the background details relating to First Nations Health Equity and the development of the Strategy. The purpose of this Plan is to guide CWHHS in implementing the three-year Strategy towards achieving health equity.

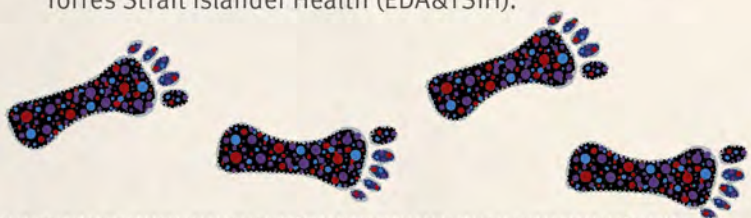
Local and state-wide targets were developed and will be reported on to monitor progress of the Strategy. These targets come under six key priority areas.

To assist with implementation, actions in the Strategy have been allocated:

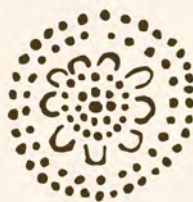
- *accountable leads*
- *a tool for monitoring progress*
- *an estimated timeline.*

Actions are listed in the aimed year for achievement.

Overview of the implementation of the Strategy is governed by the CWHHS First Nations Health Equity Governance Committee (FNHEGC) and led by the Health Equity lead and/or the Executive Director Aboriginal and Torres Strait Islander Health (EDA&TSIH).



SIX KEY PRIORITY AREAS:



IMPROVING FIRST NATIONS HEALTH AND WELLBEING OUTCOMES



ACTIVELY ELIMINATE 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

KPA 1. IMPROVING FIRST NATIONS HEALTH AND WELLBEING OUTCOMES.

	Actions	Responsibility area	Baseline Target	Measure or frequency of reporting	2023	2024	2025
1.1	Restart an Aboriginal and Torres Strait Islander Central West district health interagency network.	EDA&TSIH		Meet monthly. Report updates to FNHEGC.	●●●	●●●	●●●
1.2	Create and implement a local Aboriginal and Torres Strait Islander health promotion and education plan.	EDA&TSIH		A health promotion and education plan.		●●●	●●●
1.3	An increase in eligible First Nations people that have a 715 health-check compared to previous year.	General Practice Services EDMS		Report quarterly in Primary Health Services report.	●●●	●●●	●●●
1.4	CWHHS to commit to health equity by appointing a permanent project lead.	HSCE		A permanent project lead appointed.	●●●		
1.5	Decrease Potentially Preventable Hospitalisations (PPH).	EDA&TSIH EDMS GM Primary	44%	Diabetes complications.			●●●
1.6	Increased proportion of First Nations babies born to First Nations mother and non-First Nations mothers with healthy birthweights.	Child, Youth and Family Health Service GM Primary	100% 100%	Health Equity Statewide dashboard.	●●●	●●●	●●●
1.7	Sustain a decreased rate of First Nations suicide deaths and self inflicted injury.	Mental Health Service GM Primary EDMS		Data set to be determined.			●●●

KPA 2. ACTIVELY ELIMINATE RACIAL DISCRIMINATION AND INSTITUTIONAL RACISM WITHIN THE SERVICE

	Actions	Responsibility area	Baseline Target	Measure or frequency of reporting	2023	2024	2025
2.1	a) Participate in the review of the Statewide Cultural Capability Program. b) Deliver training opportunities to staff. c) 80% cultural capability training staff completion rate.	EDA&TSIH Service Leads	80%	A review of CCP completed. Cultural Practice Program completion rates.	●●●	●●●	●●●
2.2	a) Create an annual cultural calendar inclusive of all Aboriginal and Torres Strait Islander events. b) Create communications to be shared with all CWHHS staff.	CW Communications		A cultural calendar of events communicated to CWHHS staff.	●●●	●●●	●●●
2.3	Encourage CWHHS' staff participation in local Aboriginal and Torres Strait Islander celebrations and activities.	HSCE CW Communications		CWHHS staff attendance at community events.	●●●	●●●	●●●
2.4	Review and improve resources for clients to understand their rights and what they can do if they experience discrimination.	CGIU EDA&TSIH		Up to date resources.		●●●	●●●
2.5	Develop a regional cultural protocol guideline for CWHHS.	EDA&TSIH		A regional cultural protocol guide.		●●●	
2.6	Identify and review policy and procedure to acknowledge, report and address racism within the CWHHS.	CGIU EDA&TSIH		Up to date policies and procedures.		●●●	●●●
2.7	Provide Riskman education to staff to support reporting of First Nations patient feedback.	CGIU		CGIU toolbox talks and other training opportunities.	●●●	●●●	●●●
2.8	Annually monitor CWHHS' progress using Marrie Institutional Racism Matrix.	EDA&TSIH	10 – level of racism: extreme (2017). 110 – level of racism: very low.	Marrie Institutional Racism Matrix.		●●●	●●●

KPA 3. INCREASE ACCESS TO HEALTHCARE SERVICES

	Actions	Responsibility area	Baseline Target	Measure or frequency of reporting	2023	2024	2025
3.1	CWHHS Aboriginal and Torres Strait Islander community newsletter to communicate health priority areas such as advertising clinics and transport service to be distributed to communities.	CNC Indigenous Health CW Communications		Quarterly Community newsletter.	🌟	🌟	🌟
3.2	Simplify current patient transport policy, Patient Transport Subsidy Scheme, and workflow procedures regarding Aboriginal and Torres Strait Islander transport options.	EDMS		Simplified Patient Transport Subsidy Scheme information flyer.		🌟	
3.3	Offer free discharge medications to First Nations people.	Director of Pharmacy GM Primary	100%	Report quarterly in Primary Health Services report.	🌟	🌟	🌟
3.4	Collaborate with partner agencies to host community health events yearly.	EDA&TSIH		A yearly community health event.	🌟	🌟	🌟
3.5	Increase the percentage of emergency courses of care for First Nations adult dental patients that commence within the recommended waiting times.	Principal Dentist. GM Acute	100% 100%	Health Equity Statewide dashboard.	🌟	🌟	🌟
3.6	Increased percentage of First Nations category 1 patients who received elective surgery are treated within clinically recommended times.	GM Acute	98% 100%	Health Equity Statewide dashboard. Elective Surgery.	🌟	🌟	🌟
3.7	Decreased proportion of First Nations patients (category 1,2 and 3) waiting longer than clinically recommended for their initial specialist outpatient appointment.	GM Primary ANUM Community Health		Health Equity Statewide dashboard. Specialist Outpatient.	🌟	🌟	🌟
3.8	Increased opportunity of First Nations people participating in Advance Care Planning (ACP).	GM Primary ANUM Community Health	First Nations Adults >9%	Health Equity State-wide dashboard. Advance Care Planning.	🌟	🌟	🌟
3.9	Increased proportion of care plans in place for First Nations patients with comorbidities.	General Practice Service EDMS		To be determined. Statewide dashboard not developed yet. Integrated care pathways.	🌟	🌟	🌟

KPA 4. INFLUENCE THE SOCIAL, CULTURAL, AND ECONOMIC DETERMINANTS OF HEALTH.

	Actions	Responsibility area	Baseline Target	Measure or frequency of reporting	2023	2024	2025
4.1	Implement a health promotion and education plan that addresses broader social, cultural, and economic determinants of health.	CNC Indigenous Health		A health promotion and education plan.		🌟	🌟
4.2	Provide opportunities for Aboriginal and Torres Strait Islander community members to access governance training and develop fundamental governance skills.	Director Governance		Number of opportunities each year.	🌟	🌟	🌟
4.3	Facilitate referral pathways to partner community care agencies.	EDA&TSIH	100% 100%	Referrals to partner community care agencies.	🌟	🌟	🌟

KPA 5. DELIVER SUSTAINABLE, CULTURALLY SAFE, AND RESPONSIVE HEALTHCARE SERVICES

	Actions	Responsibility area	Baseline Target	Measure or frequency of reporting	2023	2024	2025
5.1	Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service.	CGIU	TBA	Statewide Dashboard under development. Inpatient PREMS Survey.		●●●●	●●●●
5.2	CWHHS workforce plans are to include; a) annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to First Nations population. b) a traineeship or scholarship opportunity is provided annually.	Service Stream Leads EDA&TSIH	7.01 % increasing to 7.69% by 2025	a) Health Equity State-wide dashboard.		●●●●	●●●●
				b) A scholarship or trainee offered annually.		●●●●	●●●●

KPA 6. WORK WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE TO DESIGN, DELIVER, MONITOR, AND REVIEW HEALTH SERVICES

	Actions.	Responsibility area.	Baseline. Target.	Measure or frequency of reporting.	2023	2024	2025
6.1	Support local Aboriginal and Torres Strait Islander peoples to join consumer advisory networks and community forums and communities.	EDA&TSIH		Increased representation in committees and networks.		🌱	🌱
6.2	Commit to evaluating our Aboriginal and Torres Strait Islander health programs regularly and communicating back to community groups and consumer advisory networks.	EDA&TSIH		Evaluated programs.		🌱	
6.3	The Strategy's action area progress presented regularly to Executive Leadership Team, Executive Clinical Governance and Health Service Board Committees.	EDA&TSIH		CW Committee Forward Plans.	🌱	🌱	🌱
6.4	CWHHS will investigate digital solutions to support Aboriginal and Torres Strait Islander peoples in health prevention, health literacy and care, in collaboration with eHealth Queensland.	EDA&TSIH				🌱	🌱
6.5	Report how Health Equity Implementation Plan actions are tracking back to the communities.	EDA&TSIH		Annual Report. Community newsletter.		🌱	🌱

HEALTH EQUITY KEY PERFORMANCE INDICATOR 1

Decreased potentially avoidable deaths.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 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 birthweights.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 3

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

HEALTH EQUITY KEY PERFORMANCE INDICATOR 4

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

HEALTH EQUITY KEY PERFORMANCE INDICATOR 5

Elective surgery: Increased proportion of First Nations patients treated within clinically recommended time – Category 1.

Elective Surgery: Increased proportion of First Nations patients treated within clinically recommended time – Category 2.

Elective surgery: Increased proportion of First Nations patients treated within clinically recommended time – Category 3.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 6

Specialist outpatient: Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 7

Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 8

Increased proportion of First Nations people completing Advance Care Planning.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 9

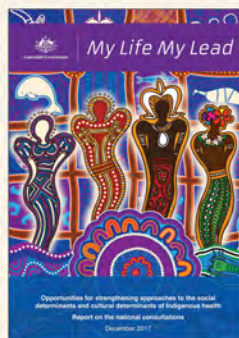
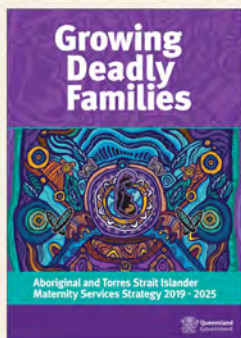
Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population.

HEALTH EQUITY KEY PERFORMANCE INDICATOR 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 (inpatient PREMS survey). Met completely or to some extent.



STATE AND FEDERAL GOVERNMENT PRIORITIES



ORGANISATIONAL STRATEGIC PLANS



HEALTH EQUITY STRATEGIC PRIORITIES

PRIORITY 1

Improving health and wellbeing outcomes

PRIORITY 2

Actively eliminate racial discrimination and institutional racism within the service

PRIORITY 3

Increasing access to healthcare services

PRIORITY 4

Influencing the social, cultural, and economic determinants of health

PRIORITY 5

Delivering sustainable, cultural safe, and responsive healthcare services

PRIORITY 6

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



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