

OUR MOB TOGETHER STRONG

Health Equity Strategy 2022-2025

Mackay
Hospital and Health Service



Queensland
Government



Artwork story

The design is based around the local landscapes and waters and features traditional medicines and healing practices. The colours represent the environment, with the greens from where the Pioneer River starts from in the rainforests of the Pioneer Valley through to the earthy, sandy colours of our bushland and beaches which the Pioneer River flows through and then finally the blues of the ocean where the Pioneer River finishes.

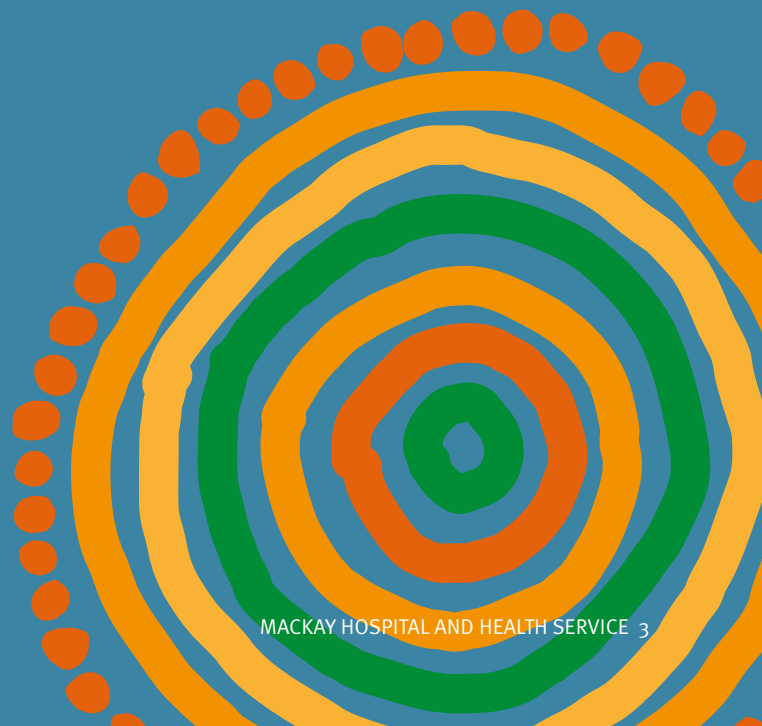
Where the river starts in the Pioneer Valley you can see there are dots in a pattern that resemble the freshwater creeks and streams where they have rocks, boulders, rapids and waterfalls. Then the river flows down into the bushlands and beaches and the dot pattern represents the scrub plains and our sandy beaches. Where the river finishes flowing into the ocean the dot pattern represents its tides and waves.

The top left-hand corner is a representation of both a medicine man healing the members of his tribe and elders supporting the next generation through mental health. In the top right there are branches of a Gumbi tree which is traditional medicine to our people. The benefits of Gumbi have been well documented and it is still used today.

In the middle of the design is a representation of our community and surrounding communities working together to better the health of our people. We are all facing challenges, but we are helping our people to get through it. The bottom right-hand corner represents the three cultures that reside in our community, some traditional foods, the tools that we need to get through life and our connection to culture that we still practice today. The animal tracks that border the river are the animals that you would find in their respective environments. Traditional foods are a vital source of our health but also have healing properties in their fats and oils.



Andrew Doyle is a Jiman (Iman) man from the Upper Dawson region of eastern central Queensland. Mr Doyle was born at Mackay Base Hospital, with a strong historical connection to the Mackay, Whitsunday and Isaac regions. He is an Aboriginal artist, dancer, cultural knowledge expert and First Nations sportsperson. Mr Doyle's artwork was selected to represent Heath Equity because of the vibrant colours and as the land water and sea in the painting, depicted the Aboriginal and Torres Strait Islander First Nation cultures and the Australian South Sea Islander culture within the region.



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Co-signatories



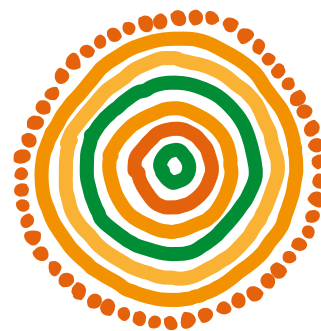


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Aboriginal and Torres Strait Islander people are respectfully warned that this document may contain images or names of people who have passed away.

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, the Department of 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 lore), languages and traditions.

Convinced that 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.

Recognising that Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded.


Acknowledging the continuing spiritual, social, cultural, and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky.

Recognising the sovereign First Nations of this continent remain highly sophisticated in their operations, organisations, institutions and practices.

Recognising 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.

Convinced that disadvantage and inequity has 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.

Asserting that 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.



Acknowledging that the United Nations Declaration on the Rights of First Nation Peoples, and the International Covenant on Economic, Social and Cultural Rights, 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 expectations relationships, pursuant to Aboriginal peoples' and Torres Strait Islander peoples' social, cultural, intellectual, and economic advancement of and development agendas.

Recognising that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples is needed to address inequities.



Acknowledgement of Traditional Custodians and First Nations people of Australia

As Australians, we walk in the footprints of First Nations ancestry, the people who cared for our environment for thousands of years before colonization. Knowing this, Mackay Hospital and Health Service (Mackay HHS) acknowledge First Nations Elders, past, present and emerging from the Mackay, Whitsunday and Isaac region, and those First Nations Australians from other parts of the country who have since made this beautiful land a place they can call home. And while they are not First Nations peoples of Australia, we also acknowledge Australian South Sea Islander people, their historical relationship with First Nation peoples and the contributions they have made in our region.

We live in a time where relationships, partnerships, understanding differences in opinions and points of view are essential if we are to map out our community's health priorities. The aim of Our Mob Together Strong Health Equity is to provide a blueprint for building a local health system that supports our mob to be stronger, live longer and experience healthier lives both physically and emotionally. Developing plans and strategies that focus on actions to Close the Gap is the first step. We now must join together to pave the way forward, strengthening access to health services and improving health outcomes for First Nations peoples who reside in our Mackay, Whitsunday and Isaac region.

*Traditional Custodian Uncle George Tonga
performs a smoking ceremony at the 2021
Mackay HHS Close The Gap Forum.*



Our Traditional Owner groups

The lands and waters within the Mackay Hospital and Health Service region encompasses the following Traditional Custodian Groups:

Yuwi People – Mackay, Sarina

The boundaries of the Yuwi country lay between Midge Point to the north of Mackay, to Cape Palmerston in the South, west to the top of the Connor and Clark Ranges and the east encompassing the waters off the mainland between the north and South boundaries.

Barada Barna People – Moranbah, Dysart, Middlemount

The traditional lands of the Barada Barna People cover approximately 3229 square kilometres and are bound between the Connors Range in the east, Middlemount in the south, Peak Ranges in the West and Lake Elphinstone in the North.

Wangan Jagalingou People - Clermont

The Wangan and Jagalingou country cover a vast area of unceded land in the Galilee Basin in central-western Queensland.

Wiri/Widi People – Glenden

The Wiri's tribal lands spread over some 5,200 square kilometres from the Coast Range west of the coastal area around Mackay and running inland as far north of Lake Elphinstone to Glenden and takes in the headwaters of Bowen and Suttor rivers. These lands also take in both the Connor and Denham ranges.

Gia People – Proserpine

The Gia lands extend over some 4,100 square kilometres of land from Bowen to Midge Point and Mount Dalrymple. Inland they reach the Clarke Range. They were present at Proserpine, Gloucester Island and Repulse Bay.

Ngaro People – Cannonvale

The Ngaro people have lived in what we now know as the Whitsundays for over 8,000 years. They originally occupied about 520 square kilometres, including some of the islands and part of the mainland.

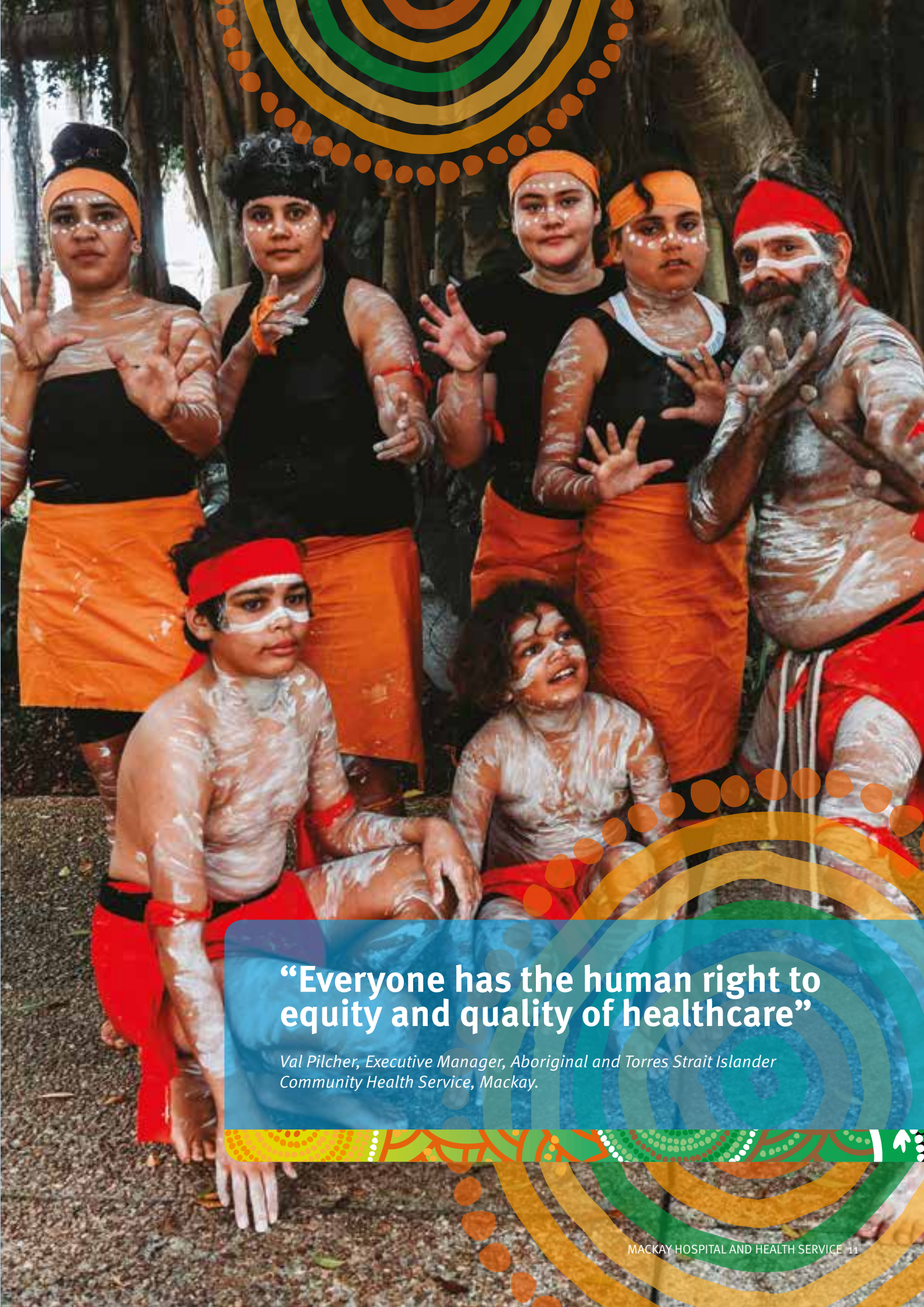
Juru People – Bowen

The Juru people lands cover over 17,600 hectares of land in an area between Bowen and Ayr. Their southwestern limits ran to the Bogie Range and south to Mount Pleasant and Mount Abbot.

Birriah People – Collinsville

The Birriah People lands extend over the lands between the north of Glenden to West of Ayr and east of Charters Towers. This includes the townships of Ravenswood, Collinsville, Scottville and part of Glenden.

Aboriginal dance group Mungoongali-Butchulla performing at the 2021 Mackay HHS Close The Gap Forum.



“Everyone has the human right to equity and quality of healthcare”

Val Pilcher, Executive Manager, Aboriginal and Torres Strait Islander Community Health Service, Mackay.

Message from our co-signatories

Mackay Hospital and Health Service
Simon Costello
Executive Director
Aboriginal and Torres Strait Islander Health

Mackay HHS has led the development of the very first Mackay, Whitsunday and Isaac Our Mob Together Strong Health Equity Strategy (OMTS HES), shining a spotlight on the pathway to health equity for Aboriginal and Torres Strait Islander (First Nations) people within our region.

The OMTS HES showcases a journey, whereby regional First Nations leadership have made significant commitment to collaboration and partnerships among local key stakeholders from regional and state government and non-government organisations, health sector support agencies, Traditional Custodians and First Nations Consumer representatives.

The OMTS HES is all about working together to build culturally safe health systems that are First Nations lead and that focus on improving First Nations health and wellbeing outcomes.

The strategy has been developed in response to the Hospital and Health Board Act 2011, and in the true sense of co-design and partnerships, aims to tackle five key priority areas:

1. Active elimination of racial discrimination and institutional racism within the service
2. Increasing access to healthcare services

3. Influencing the social, cultural, and economic determinants of health
4. Delivering sustainable, culturally safe, and responsive healthcare services
5. Working with First Nations peoples, communities, and organisations to design, deliver, monitor, and review health services.

These priorities will be achieved through strong governance, implementation, monitoring and review, and optimisation of current processes, targeted investment and resource allocation. I take this opportunity to thank Lisa Davies Jones, Mackay HHS Chief Executive for her commitment to First Nations Health Equity. I also thank the First Nations Mackay HHB member Adrienne Barnett, Mackay HHB Chairperson Darryl Camilleri and Co-Chair of the OMTS Alliance Valerie Pilcher for their leadership, vision and unwavering commitment to improving health outcomes for First Nations people throughout our region.

Most importantly, thank you to the First Nations Elders and community representatives who have shared their personal hospital experiences and given their time to help shape this blueprint for achieving health equity.



ATSICHS Mackay

ATSICHS Mackay Ltd is committed to delivering quality and appropriate, holistic primary health care services. This includes social emotional and wellbeing programs, the National Disability Insurance Scheme and Community Justice Programs for our First Nations people within the ATSICHS Mackay Ltd service region. ATSICHS Mackay Ltd welcomes the Health Equity Legislation and the opportunity to work collaboratively with the Mackay HHS, and other stakeholders, on the implementation of this ground-breaking legislation.

Mudth-Niyleta

Mudth-Niyleta was opened back in 1988 with the aim of improving access to essential services, such as health, for all Indigenous families living in Sarina. We are a community organisation run by Indigenous locals, seeking to achieve a comparable standard of living for our mob, equivalent to that of enjoyed by mainstream Australians. Mudth-Niyleta exists to contribute towards the wellness of Sarina's Indigenous community, and unreservedly is fully supportive in working together with other stakeholders in this First Nations Health Equity partnership.

Northern Queensland Primary Health Network (NQPHN)

The NQPHN is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people, and communities, across North/Far North Queensland. The NQPHN region covers over 500,000sq kms, with Aboriginal and Torres Strait Islander people representing around ten per cent of the population. We know that Aboriginal and Torres Strait Islander people continue to experience not only significant inequity in access to health services, but also inequity in health outcomes. In the latest refresh of the NQPHN

Strategic Plan, our organisation has identified First Nations Health as one of our five strategic priorities. NQPHN are actively working on the implementation strategies to support our strategic direction. The NQPHN welcomes the Health Equity Legislation and the opportunity to work collaboratively with the Mackay HHS, and other stakeholders, on the implementation of this ground-breaking legislation.

Girudala Community Cooperative Society Ltd (Girudala)

Girudala is a grass-roots community organisation that leads programs in the area of health, wellbeing, family support, housing and home care for the Bowen, Proserpine and Collinsville region. It is the aim of Girudala to empower our community so they are willing to adopt healthy behaviours, maintain and improve their overall health and wellbeing. The health team at Girudala runs an independent medical centre facility for community members to provide comprehensive quality community health care services to residents in the region. The Girudala team works closely with First Nation individuals and groups, including frail and elderly people (and their carers) to live independently in their own homes and remain active in their community. We continue to tackle the over-representation of First Nation families in the Child Safety System throughout our region and are focused on addressing social determinants of health through offering long-term affordable housing options for our First Nation families as a housing provider under the One Social Housing government program.

Girudala are committed to promoting and conducting health awareness, community health promotion programs, health screenings and addressing social determinants of health throughout Bowen, Collinsville and Proserpine. We are pleased to be working with community members, Mackay HHS and other stakeholders to achieve health equity for our children and families so they can enjoy healthier, longer lives into the future.



Vision and aims

Working together throughout Mackay, Whitsunday and the Isaac region to achieve health equity for First Nations people.

Aim

Co-design and implementation of a regional First Nations led integrated whole of system response to primary, secondary and tertiary health sector response to Closing the Gap priority reform agenda and Queensland First Nations Health Equity legislation.

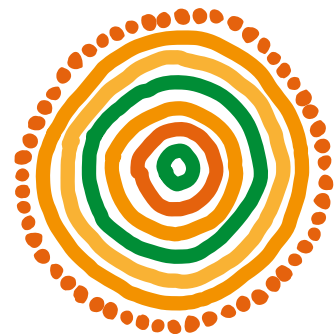
Key priority areas of the Strategy

The Our Mob Together Strong Alliance and Mackay HHS Health Equity Advisory Group will provide oversight of the Strategy and support co-design of an OMTS Regional Action Plan. Ongoing engagement and collaboration will strengthen governance and agency accountability to ensure formal investment opportunities and partnerships are negotiated to meet placed based systems of monitoring, implementation reporting and information sharing against the following Key Priority Areas:

- Active elimination 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 First Nations peoples, communities, and organisations to design, deliver, monitor and review

The five key priority areas of the legislation are pillars for achieving improved First Nations health and wellbeing outcomes.

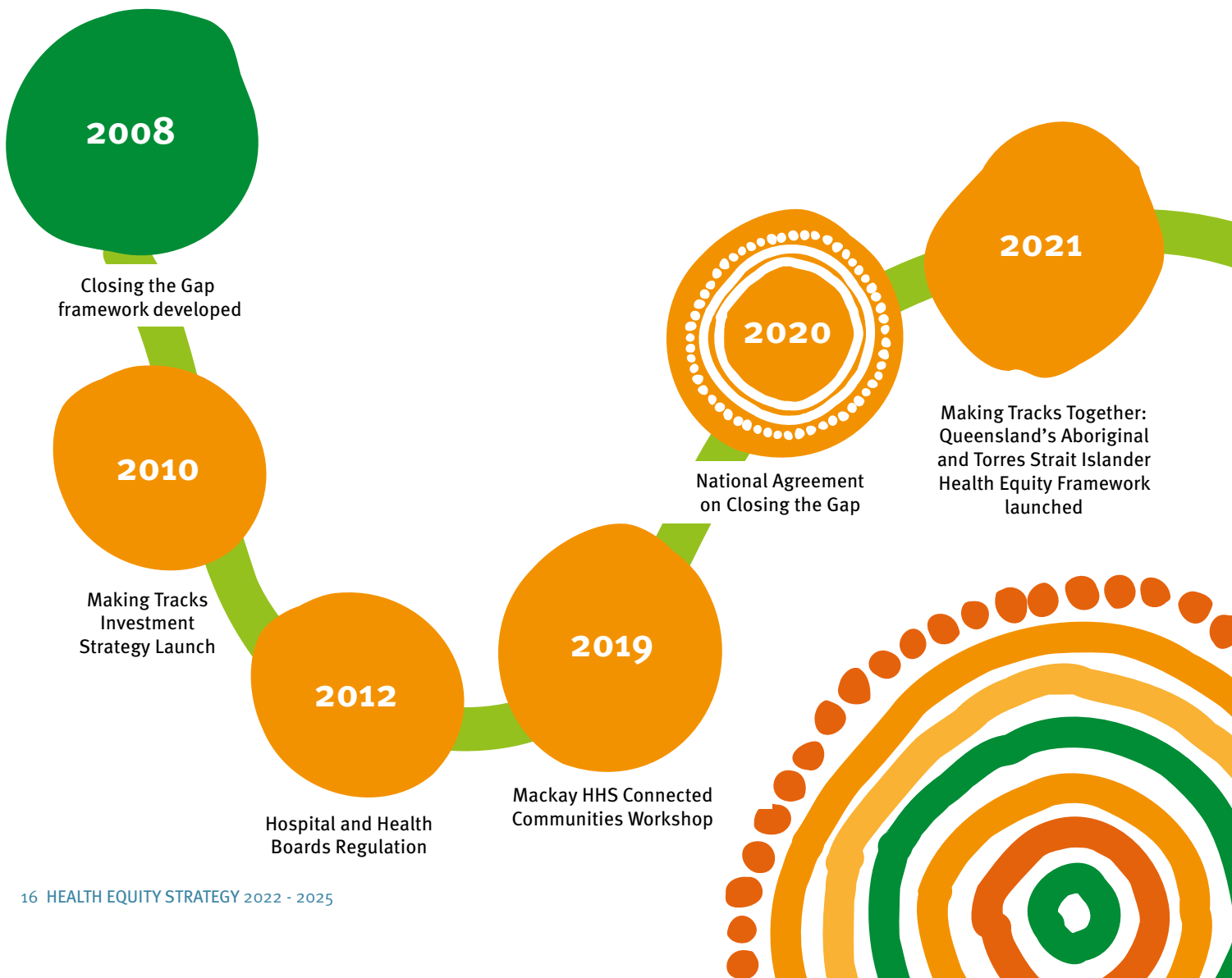
The Mackay Deadly Choices team supported the Mudth-Niyleta Malachi Cup during the April 2022 school holidays.



How the strategy was co-designed

In August 2020, the Queensland Parliament passed the Health Legislation Amendment Bill 2020 which requires each hospital and health service to develop a local strategy to achieve health equity in partnership with First Nations peoples, and for each HHS board to include a First Nations board member. The co-design process involved engaging with stakeholders as prescribed in the Hospital and

Health Equity Regulation (Amendment 2021). This included consulting with co-signatories, health support agencies, First Nation consumers and staff members to identify the health priorities for the region. The figure below details the process for how the Mackay HHS Health Equity Strategy was co-designed.



CONNECTING Communities



NOVEMBER
2021

Initial consultation
Mackay HHS Health
Equity Strategy

JANUARY
2022

Consultation and
development of draft
Health Equity Strategy

APRIL
2022

Final Our Mob Strong
Health Equity 2022-2025
Strategy produced

JANUARY
2022

Establishment of Our Mob
Together Strong Alliance



IMPLEMENTATION OF
STRATEGY

Community consultation and partnerships

To develop this strategy, significant community consultation was undertaken to co-design the strategic priorities and form a partnership approach for improving First Nations health and wellbeing outcomes. This was developed in accordance with the following principles:

- Continuous quality improvement
- Shared decision-making
- Collaboration
- Genuine partnership.

These methodologies enable rich collaboration across the community and empowered stakeholders since their voices were heard and incorporated. The figure below details the consultation approach for this strategy.

This strategy builds on earlier work Closing the Gap Community Engagement Forum.




























Yarning Circles/Face to Face

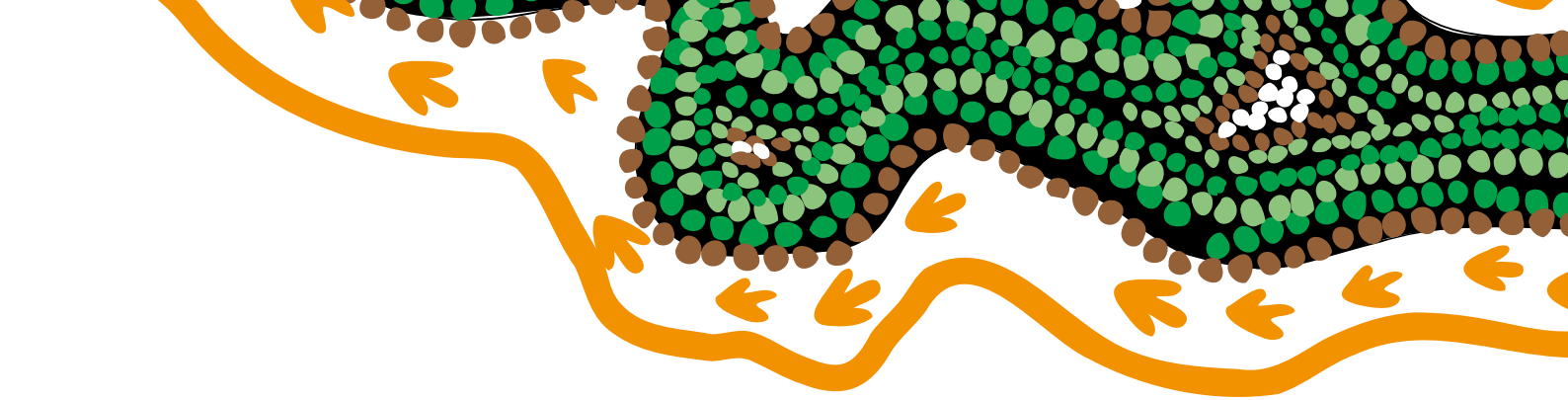


Microsoft Team Meeting



Survey

REGION	STAKEHOLDER GROUP	STAKEHOLDERS TO CONSULT GROUP	POTENTIAL MODE
 MACKAY	HHS	Mackay Base Hospital staff/consumers Sarina Base Hospital staff/consumers	  
	CCHS	ATSICHS Mackay Mudth Niyleta Aboriginal and Torres Strait Islander Corporation	 
	TOs	Yuwi People	 
 WHITSUNDAYS	HHS	Bowen Hospital staff/consumers Proserpine Hospital staff/consumers Collinsville staff/consumers	  
	CCHS	Girudala Community Cooperative Other community services	 
	TOs	Juru People Gia People Ngaro People Birriah People	 
 ISAAC	HHS	Moranbah Hospital staff/consumers Dysart Hospital staff/consumers	  
	CCHS	Clermont MPHS staff/consumers Other community services	 
	TOs	Barada Barna People Wangan Jagalingou People Wiri People	  



Co-signatories and Mackay HHS staff came together for the soft launch of the Our Mob Together Strong Health Equity Strategy.

On 7 March 2019, Mackay community members and organisations came together to discuss the Closing the Gap refreshed priority areas for Mackay. More than 80 people attended the day where they were provided with an opportunity to collaborate and share ideas. There were presentations in the refreshed priority areas of: health, families, children and youth, education, justice, housing and economic development. This artwork is a visual representation of the presentations and conversations throughout the day. It offers an

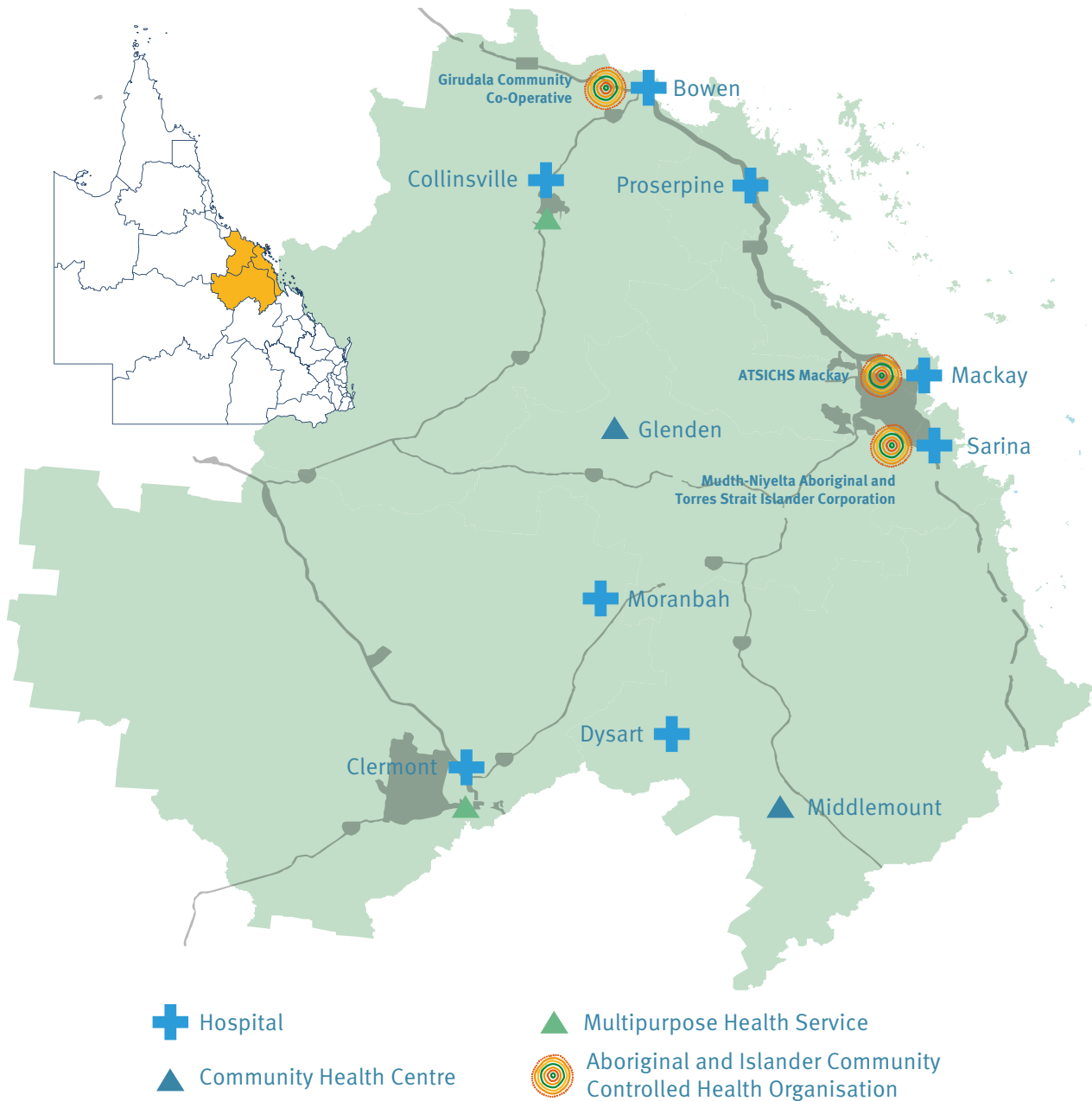
overview of the current direction for each priority area in the Mackay region. It is hoped that through collaboration with local organisations and community members we can have a unified direction and work together as a community to progress Aboriginal and Torres Strait Islander health. This artwork was tabled at the Mackay Hospital and Health Board Closing the Gap Strategic Planning Session and has helped inform the direction of the Mackay Hospital and Health Board.

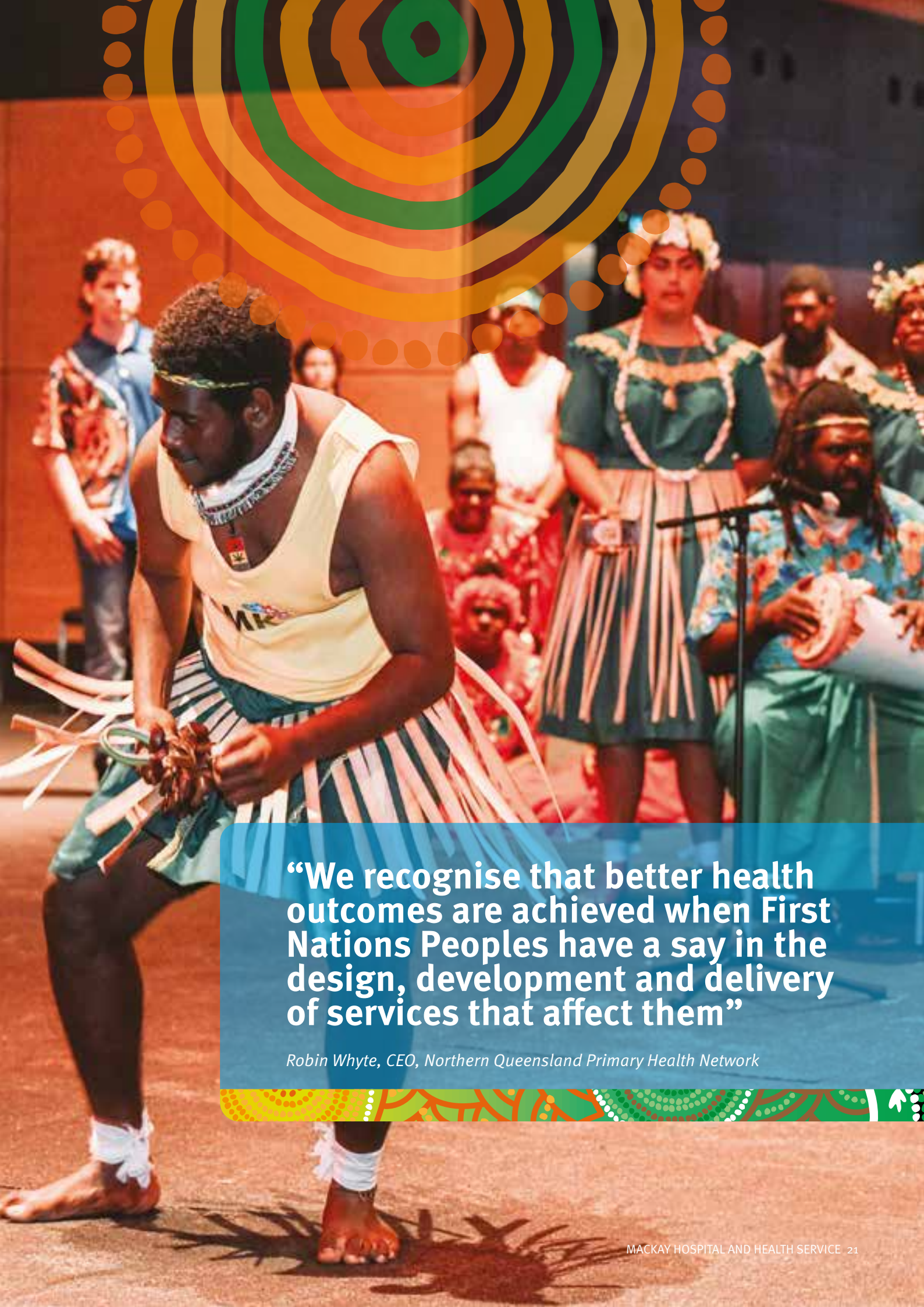
Our region

Our geographical footprint

The Mackay Hospital and Health Service covers 69,000km² which includes the Whitsunday, Isaac, and Mackay regions. The map below identifies the different health facilities within the region both from a Hospital and Health Service (HHS) and Aboriginal and Torres Strait Islander Community Controlled Health Organisation (A&TSICCHO) perspective.

Frank Cook Torres Strait Islander dance group performing at the 2021 Mackay HHS Close The Gap Forum.





“We recognise that better health outcomes are achieved when First Nations Peoples have a say in the design, development and delivery of services that affect them”

Robin Whyte, CEO, Northern Queensland Primary Health Network





“The health disparities our people are faced with are squarely linked to our communities economic, social and environmental disadvantages”

Sam Raciti, CEO, Mudh-Niyleta Aboriginal & Torres Strait Islander Corporation

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

To improve health and wellbeing outcomes for First Nations people and capture First Nations voices in the Health Equity Strategy, and to meet the commitments to informing, consulting, and co-designing in the Consumer and Community Engagement Strategy 2020-2024, the Mackay HHS has set up two separate governance structures. These governance structures have been involved in the development of this strategy and will be ongoing to ensure that there is a collaborative environment for health providers within the region. An overview of these structures (and how they fit into the Mackay HHS governance and accountability arrangements) is shown below.

Executive Committee

The Executive Committee oversees the performance of the Mackay HHS against the performance measures and supports the Mackay HHS in the development of engagement strategies and protocols with primary healthcare and other organisations. The Committee monitors the implementation of Service Agreements and addresses issues that arise in their implementation and approves the Chief Executive's performance in line with the areas of vision, results, and accountability.

Mackay HHS Health Equity Advisory Group

The Mackay HHS Health Equity Advisory Group provides feedback and advice on local health care services from a consumer and community perspective. Advisory Group members advocate for communities in their catchment area highlighting needs and priorities to inform health service planning and delivery. Prescribed stakeholders are invited to become members of the Advisory Group.

Our Mob Together Strong Alliance (OMTSA)

The Our Mob Together Strong Alliance is a network-level committee appointed in an advisory capacity to the Mackay Hospital and Health Service, and specifically to the Mackay HHS Health Equity Advisory Group, Executive Leadership Team (ELT), through to the MHH Board Executive Committee and Board. Members are representatives who are co-signatories and Prescribed stakeholders to the Mackay HHS Health Equity Strategy.

Members of the Alliance provide access to a collaborative network committed to coming together to improve access for regional health providers and stakeholders. They contribute and partner on the delivery of integrated and connected healthcare systems to improve the health and wellbeing of First Nations people within the Mackay, Whitsunday, and Isaac region.

Mackay HHS Youth and Young Peoples Program co-ordinator Jodie Durante and Hospital Liaison Female Services co-ordinator Maria Tomarra at the Kutta Mulla Gorinna Special Assistance School.

Alignment to other strategies in the system

Health equity is not a discrete priority but rather one that crosses multiple organisations and levels of government. Achieving First Nations health equity is a priority across a variety of strategic plans and therefore, the below table depicts an alignment with the National Agreement on Closing the Gap and Queensland Health First Nations strategy policy documents. The Our Mob Together Strong Health Equity Strategy will bring together these different plans and priorities into one document so that there is an integrated and collaborative approach to health equity across organisations.

At a National level the *National Agreement on Closing the Gap* is the hallmark policy that guides all other First Nations policies such as the health plan and the workforce strategy. There are a number of other important national health policy frameworks that have also been key to developing this strategy. This includes the National Health Reform Agreement and the National Safety and Quality Health Service Standards. These two agreements are a directive for health services (in particular the hospital sector) in terms of funding and safety and quality which must be considered in this strategy.

Other national strategic alignment include:

- National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031
- Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health: a national approach to building a culturally respectful health system
- National Health Reform Agreement Addendum 2020-25
- National Safety and Quality Health Service Standards.

At a Queensland level, there are a number of strategies and policies that have fed into the development of the *Our Mob Together Strong Health Equity Strategy*. This includes a number of Queensland Health First Nations strategies (e.g. Making Tracks, Cultural Capability Framework, the Aboriginal and Torres Strait Islander Workforce Strategic Framework), as well as other overarching strategic directions of both Queensland Health and the wider Queensland Public Service. As this strategy is co-designed with the Community Controlled Sector, a number of strategic documents such as the QAIHC strategic plan have also been considered.

Other State strategic alignment include:

- Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: Policy and Accountability Framework
- Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033
- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026.

At a local level there are several strategies and strategic priorities that informed the development of the *Our Mob Together Strong Health Equity Strategy*. This included the Mackay HHS and NQPHN Strategic plan as well as the strategic priorities articulated by the other co-signatories. As this strategy matures, this will ensure co-design translates to implementation of agreed regional priorities.



Making Tracks Together

Queensland's Aboriginal and Torres Strait Islander Health Equity Framework

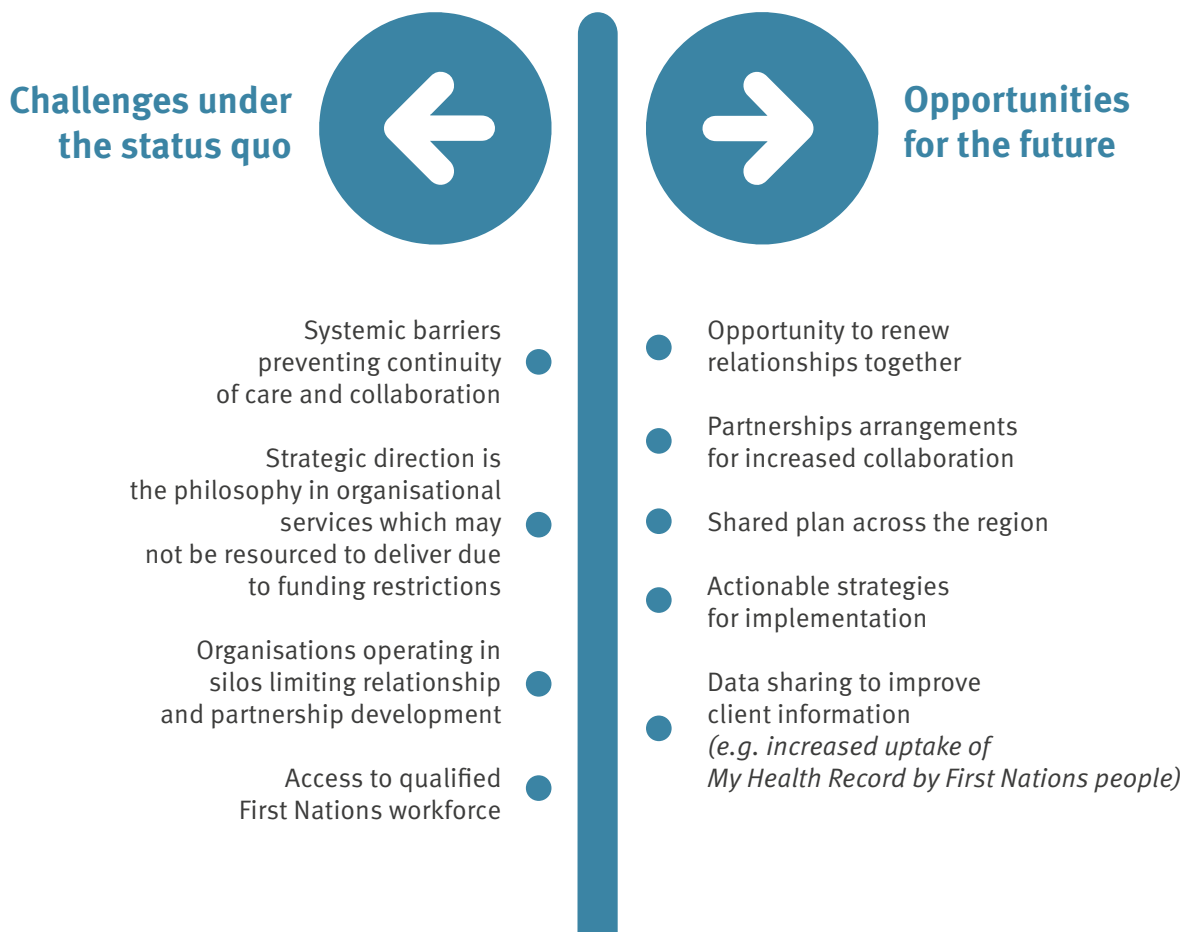
For Hospital and Health Services, Aboriginal and Torres Strait Islander Community Controlled Health Services and other healthcare providers

October 2021



Our challenges and opportunities

The Our Mob Together Strong Health Equity Strategy is an important document to address the challenges under the status quo and identify what the opportunities for the future are. This document provides a platform for greater collaboration across the region on an important issue with significant input from stakeholders at all different levels.





Our shared understanding of need for the region

As at 2020 approximately 10,589 people identified as First Nations people in Mackay HHS; equivalent to 6.17% of the total population. The Statistical Area with the highest proportion of the total population identifying as First Nations was Bowen Basin North (7.41%).

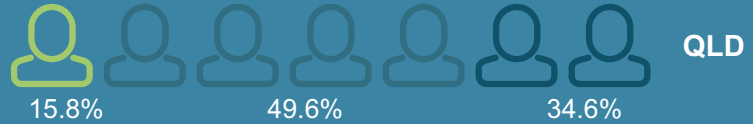
On average, First Nation peoples have a lower life expectancy and higher burden of disease compared to the rest of the population. According to the 2020 Chief Health Officer Report, the life expectancy gap is 8.2 years for males and 8.3 years for females across Queensland. According to the most recent available data, the total burden of disease for First Nations people is 2.2 times that of the rest of the population. To meet the specific needs of First Nations people including the significantly younger age profile, the Mackay Health Equity Strategy must be locally informed, and data driven to ensure appropriate local service responses can be planned and delivered.

Social determinates

6.17% (10,589) of the population within Mackay HHS identify as First Nations compared to 4.7% in Queensland.



Within Mackay HHS there is also a high proportion of Australian South Sea Islanders.



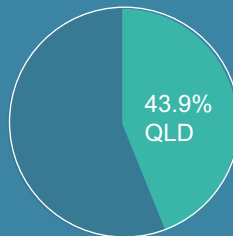
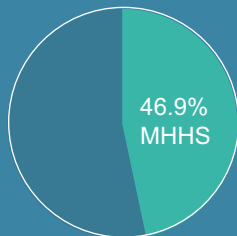
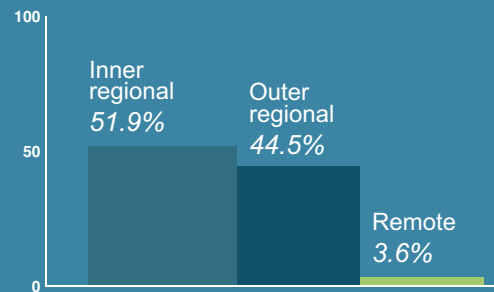
Regional distribution of population



The Local Statistical Areas with the highest proportion of people identifying as First Nations are:

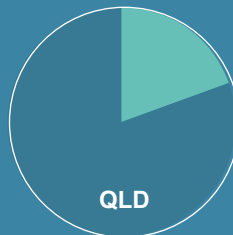
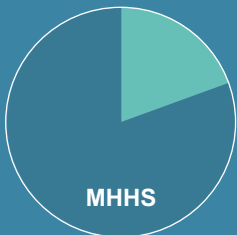
- Slade Point (14.73%)
- Bowen (12.4%)
- Andergrove-Beaconsfield (9.27%)
- Shoal Point-Bucasia (9.28%)
- Collinsville (8.34%)

Regional distribution of population



Proportion of First Nations people where their highest level of schooling is below Year 11

The top three Local Statistical Areas with the highest proportion are Collinsville, Seaforth-Calen and Walkerston-Eton



Unemployment rate

Mackay HHS	19.7% First Nations 7.4% Non-First Nations
QLD	20.3% First Nations 7.4% Non-First Nations



Persons living in severely crowded dwellings

More than 1 in 10 First Nations people reside in a crowded dwelling

Health status



Top Admission in Mackay HHS

1. Mental Health
2. Obstetrics
3. Renal Dialysis

The First Nations age standardised separation rate is much lower than the state benchmark



Potentially preventable

1. Cellulitis
2. Dental conditions
3. Ear, nose and throat infections
4. Urinary tract infections
5. Convulsions and epilepsy



Mental Health

The separation rate for mental health for First Nations people is three times the population rate.

This is particularly prevalent in the Whitsunday region.



Neonatal

6.3% MHHS | 7.3 QLD

Pre-term births

9.1% MHHS | 7.6% QLD



Maternity

First Nations Mothers smoked during pregnancy

27.6% MHHS | 42.6% QLD

First Nations mothers who are obese
40.2% MHHS | 30.7% QLD



End stage kidney disease prevalence

0.1% MHHS | 0.2% QLD

Diabetes premature mortality

47.3 MHHS | 60.2 QLD



Sexually transmitted disease rate

130 per 10k for First Nations | 59 per 10k for Non-First Nations



Prevalence ARF/Rheumatic Heart Disease

0.4% MHHS | 2.2% Better Health North Queensland



Obese (BMI 40 or higher)

43.9% - 44.3% MHHS | 45.4% QLD



Current daily smoker

38.7% - 40.2% MHHS
41.8% QLD



Risky alcohol consumption

49.4% - 52.2% MHHS
54.2% QLD

Available services



Community Service Providers

- ATSICHS Mackay
- Mudth-Niyleta
- Girudala Community Cooperative



Aboriginal and Torres Strait Islander Health Check (MBS 715) (2018-19)

Patients: 3,376
 Population: 10,259
 Percentage of population who received health checks: 32.91%
 QLD Percentage: 37.35%



Specialist Outpatient Appointments

First Nations make up 7.4% of all Specialist Outpatient Appointments.
 The most commonly seen specialties include midwifery and maternity, primary care, orthopaedics, physiotherapy and paediatrics.



Emergency Department Presentations

First Nations make up 9% of presentations to the ED, despite only being 6.11% of the population.
 First Nations make up 15% of Mental Health Emergency Department presentations.



MHHS Aboriginal and Torres Strait Islander Workforce

Total workforce	Clinical workforce	Non-Clinical workforce
2.11% MHHS 2.19% QLD	1.34% MHHS 1.42% QLD	3.78% MHHS 3.99% QLD

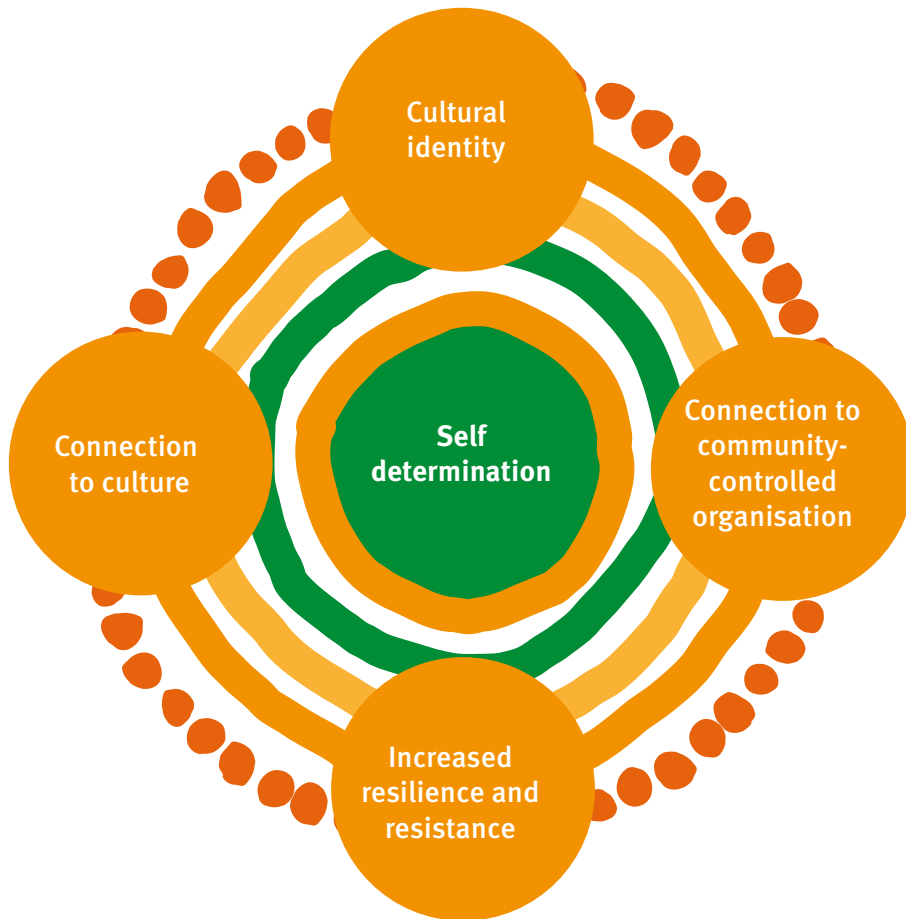


Growing Deadly Families

Kem Kem Yangga Midwifery Group Practice provide women who identify, or their babies identify with continuity of care. The model is supported with an Aboriginal health worker who provides cultural support to the women and family antenatally, during birth and post birth up to six weeks.

100 babies were born in the 2020/21 fiscal year through this program.

Cultural determinants



The cultural determinants of health are concentrated on life giving values from which individuals, families and communities can draw strength, resilience and empowerment.

Culture can be defined as a way of life for people and is shared and learned and is neither static nor confined to what is observable.

The diagram on the left details the causal relationship between cultural identity, self determination and how that links to improved health and wellbeing outcomes.



Cultural Capability

Compliance across Mackay HSS is 73% with administrative officers having the highest compliance at 91%

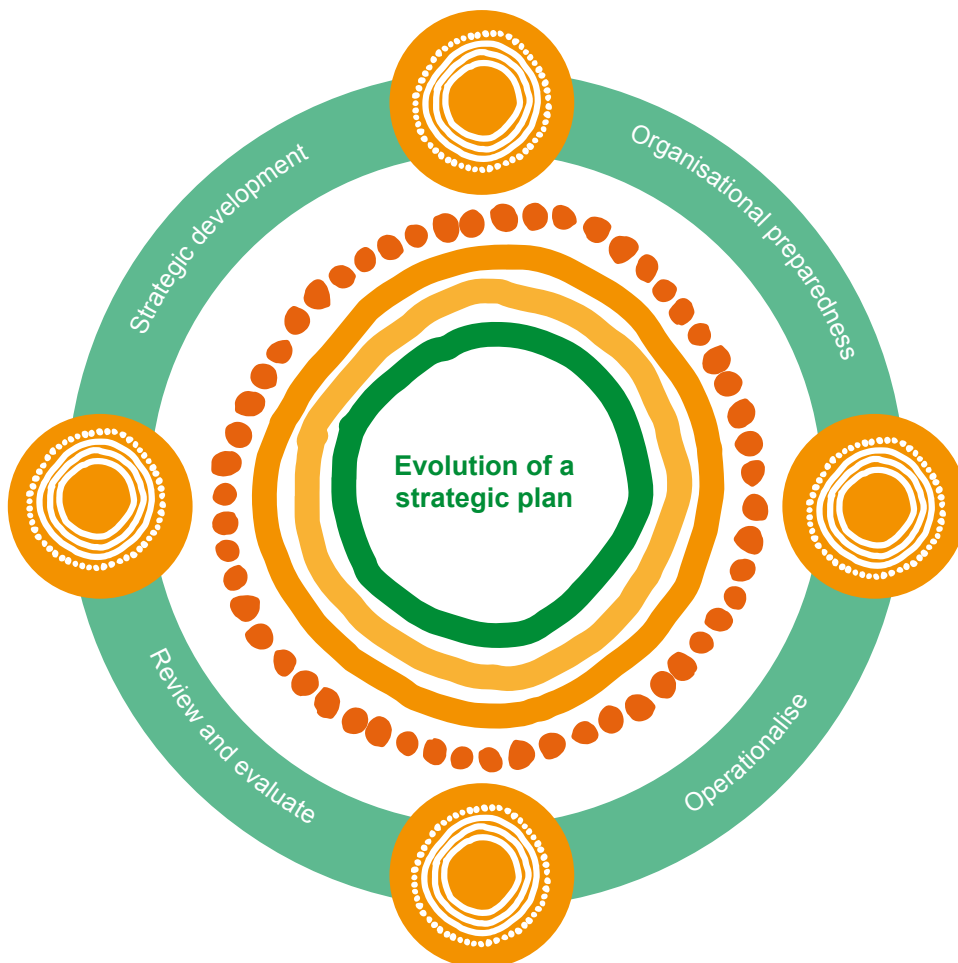
Source: Mackay HHS LANA, QGSO Regional Profiles (Mackay, Whitsunday and Isaac Region for Indigenous Population)

Implementation

While the development of a Health Equity Strategy is a landmark achievement, it is only the first step. The diagram below details a high-level overview of what needs to happen next and the cycle of the health equity strategy.

During the health equity strategy implementation phase, detailed co-design and planning will need to be progressed to understand how the strategic initiatives will be activated. This will include discussions and agreement to specifics

around investment, responsible organisations and measures of success. A high-level annual review against this cycle will assist the monitoring of progress against goals during the health equity strategy lifecycle. A detailed evaluation will be actioned to support a continuous quality improvement approach to achieving health equity, enabling the approved First Nations led governance structure to develop and deliver health equity for many generations into the future.





Strategies for Action



Improving First Nations health and wellbeing outcomes

Improving First Nations health and wellbeing outcomes is only one part of a large and complex range of issues. Good health is central to human happiness and wellbeing. This contributes to prosperity and wealth, as healthy populations are more productive, save more and live longer. There has been a range of initiatives aimed at closing the gap in health outcomes, and this health equity strategy continues to build upon this work.

This most importantly includes the National Agreement on Closing the Gap developed and endorsed in partnership with the Aboriginal and Torres Strait Islander representative bodies via the Coalition of Peaks. The National Agreement on Closing the Gap measures / targets have also been endorsed by Aboriginal and Torres Strait Islander Peak bodies. These measures are an agreement between the Commonwealth, State, Territory and

Local governments to work with First Nations people, communities, organisations, and businesses to achieve improved life outcomes.

Due to the funding environment, primary care and tertiary care have often operated in silos. This strategy enables a greater partnership approach to care and to achieve both the National Key Performance Indicators (nKPIs), Closing the Gap Targets and Queensland Health targets.

The five key priority areas of the legislation are pillars for achieving improved First Nations health and wellbeing outcomes. The table below details the actions and strategies that will be implemented for supporting the progression of improvements in First Nations peoples' health outcomes throughout the Mackay, Whitsunday and Isaac region and across all key priority areas.

What will we do	How will we do it	How we know we've succeeded
Improve the Health and Wellbeing of Aboriginal and Torres Strait Islander families within Mackay, Whitsunday, and Isaac regions.	Expand and grow existing investments in family centred health care that strengthens and supports culturally safe service delivery for First Nations people	Estimated life expectancy
		Increased utilisation of preventative health services
		Reduced morbidity and mortality for high priority conditions (e.g., mental health, diabetes, cardiology)
Implement an Aboriginal and Torres Strait Islander Mental Health Action plan	Co-design models of care for First Nations mothers and babies to deliver clinically and culturally appropriate maternity services across the region	Reduction in potentially preventable hospitalisation
		Decreased potentially avoidable deaths
		Sustain a decreased rate and count of First Nations deaths by suicide
Co-design models of care for First Nations mothers and babies to deliver clinically and culturally appropriate maternity services across the region	Co-design models of care for First Nations mothers and babies to deliver clinically and culturally appropriate maternity services across the region	Increased number of mental health care plans
		Reduced admissions for mental health
		Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights



What will we do

Establish structures and partnerships across health providers to improve the health and wellbeing of First Nations people

How will we do it

Shared leadership and accountability to implement innovative placed based planning that supports investment in the right mix of services for the region

How we know we've succeeded

Regional data and research projects that support localised decisions, service integration and expanding health and wellbeing support and care

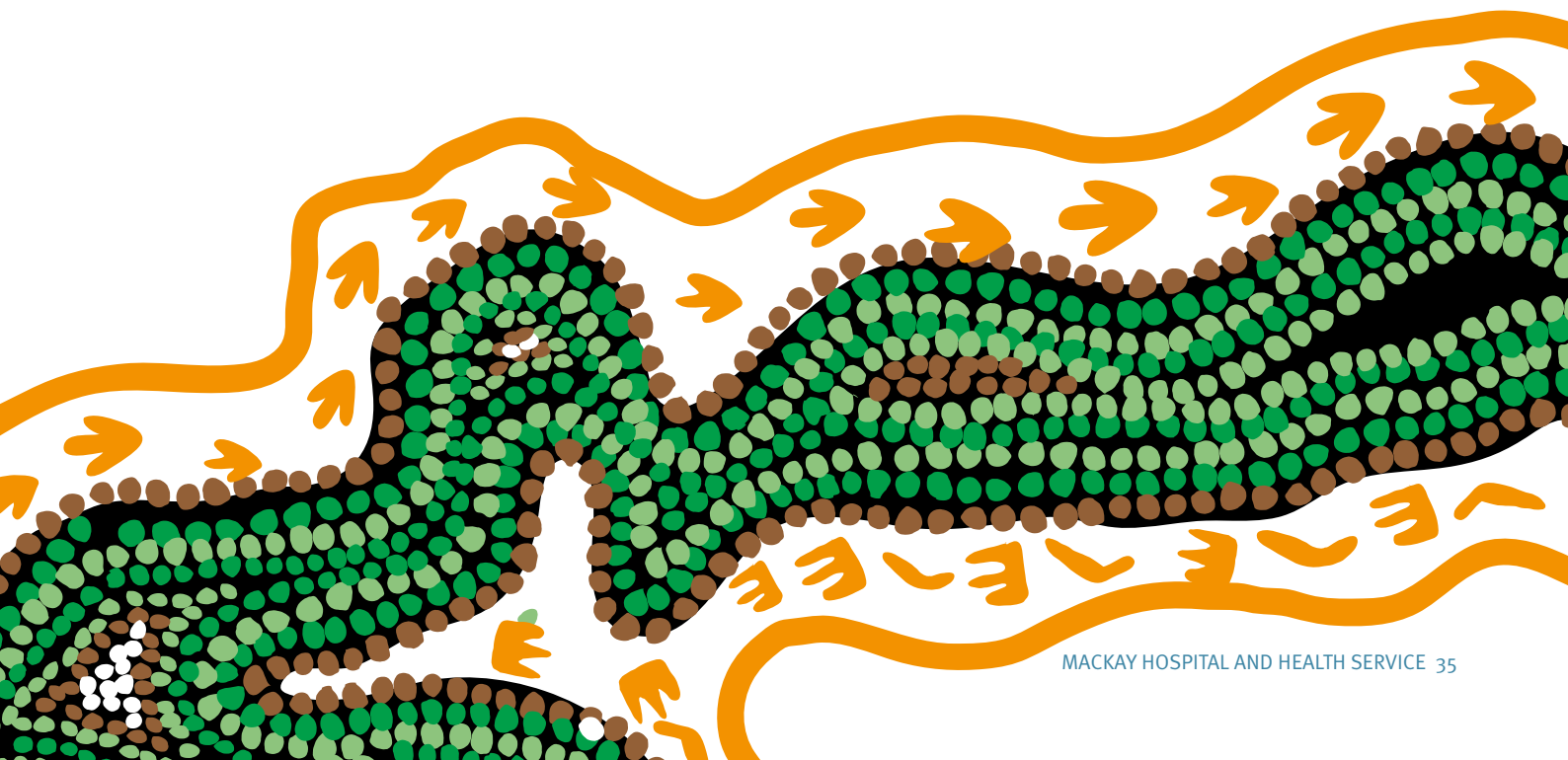
Development and implementation of the Our Mob Together Strong Health Equity Implementation Action Plan and strong systems of First Nation led governance (e.g. the Our Mob Together Strong Health Alliance and the Health Equity Advisory Group).

Aboriginal and Torres Strait Islander leadership and participation in strategic governance, co-design, planning and delivery of health and wellbeing services.

Collaboration between health services to develop strategic business cases and action plans focused on delivery of sustainable, culturally safe, and responsive health care services

Expand partnerships and system planning through better coordination and service delivery across the continuum of care.

Partnership arrangements are actioned, monitored, and reviewed against approved regional health and wellbeing planning documents.



Key Priority Area 1: Actively eliminating racial discrimination and institutional racism within the service

Racial discrimination is recognised as a key social determinant of health and driver of health inequities. Studies have shown that those exposed to racism have poorer health outcomes, alongside both reduced access to healthcare and poorer patient experience. Systematic discrimination is

supported by institutional policies and unconscious bias based on negative stereotypes. Effectively addressing institutional racism and the resulting disparities requires a concerted effort from all within the system to make a greater impact.

What will we do	How will we do it	How we know we've succeeded
Tackle institutional racism through systems design, planning, monitoring, and reporting across all levels of the organisation.	Implement education programs designed around equity for workforce to create a better understanding of what equity means within the health system	<p>New education/training/intervention programs are implemented with high staff participation.</p> <p>Increase knowledge and understanding of cultural sensitivity in healthcare.</p>
	Implement welcoming environment initiatives and First Nations cultural programs to foster a welcoming environment and improve the patient focus	<p>Evidence of cultural safety and cultural capability programs are embedded in health services co-designed with First Nations people</p> <p>A Welcoming Environment Action plan that focuses on reducing First Nations Discharge Against Medical Advice and Did Not Wait.</p> <p>Increased community volunteers to assist with creating a welcoming environment</p> <p>Proportion of patients who were asked if they identified as a First Nations person</p>
	Develop a First Nations health sector agreement register as a central point to track new and existing health partnerships across the Mackay, Whitsunday and Isaac region	Increased service level agreements and MoU's that are monitored, reported and reviewed against health equity targets
Establish structures and mechanisms to support prompt action for complaints and feedback management.	A First Nations Feedback Management Plan that focuses developing staff and resources used to engage and inform Aboriginal and Torres Strait Islander consumers about services, their rights and the way in which they can seek redress of complaints.	<p>Monitoring and reporting First Nations people's complaints and feedback are embedded into the consumer and engagement strategic and operational planning.</p> <p>Percentage of First Nations people who state their cultural and spiritual needs are completely met during the delivery of health services</p>
	Development of a culturally safe care policy and procedures, designed in partnership with senior management, First Nations staff, First Nations Community Controlled Health Services and consumers.	Improved capacity to manage and respond to First Nations health experience



Key Priority Area 2: Increasing access to healthcare services

Access to health services at all levels (primary to tertiary care) is an important contributor to health and wellbeing. Measuring access to healthcare is complex due to its multidimensional nature. Access incorporates physical proximity, affordability, and

cultural aspects (acceptability). Access also includes considering the need of care and access to the right care in the right setting. This is one principle of patient centred care which ensures patients are involved in all decisions about their health.

What will we do	How will we do it	How we know we've succeeded
Improve transport and accommodation for First Nations people to provide culturally safe service options to attend hospitals and other health services	Identify gaps in transport and accommodation, and direct funding and resources to community-controlled providers to enable the delivery of culturally safe transport options	Transport and accommodation options are identified and negotiated, and partnership arrangements are established with suitable transport providers. Culturally safe transport and accommodation models are implemented for Mackay, Whitsunday and Isaac regions. Improved policy initiatives to enable more flexible patient transport and accommodation options that meet cultural needs of First Nations people





What will we do	How will we do it	How we know we've succeeded
Increase participation in co-design and development of more accessible hospital and primary health care systems	Implement an Integrated Team Care Program (ITC) and First Nations Continuous Quality Improvement initiatives across NQPHN region	<p>Increased access to chronic disease care coordination and integrated care within GP and mainstream services</p> <p>Integrated care pathways—increased proportion of care plans in place for First Nations patients with co-morbidities.</p> <p>Increased numbers of First Nations people with a current:</p> <ul style="list-style-type: none"> • 715 Aboriginal and Torres Strait Islander Health Assessment • 721 GP Management Plan • 723 Team Care Arrangement • 2715 Mental Health Care Plan
	<p>Develop First Nations primary health care service access and utilisation profiles</p> <p>In partnership with key stakeholders, develop a First Nations integrated data and digital governance systems agreement</p>	Enhanced primary health care data sharing to inform service planning, First Nations workforce development, design, and evaluation (e.g. cross agency regional health needs assessment)
	Invest in the development of North Queensland First Nations Health Metrics	First Nations performance metrics are developed in collaboration with Better Health North Queensland
	Collaborate with funding bodies to fund access for specialist health services in rural and remote areas	<p>Increased access to specialist health services in rural and remote areas</p> <p>Development of models of care focussed on providing rural and remote areas access to specialist care</p> <p>Increased First Nations telehealth utilisation and support services in rural and remote areas for specialist care</p>
	Improve First Nations digital health capacity	Increased utilisation of Hospital in the Home (HiTH) programs



What will we do	How will we do it	How we know we've succeeded
Establish local pathways to better facilitate access to screening, early diagnosis, procedures, and appropriate treatment of chronic conditions	Develop a model of care framework to coordinate and track the journey of the patient through all services (e.g., mental health, palliative, and oncology, dental)	<p>Proportion of First Nations patients offered connection to a culturally capable care coordination service</p> <p>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</p> <p>Increased proportion of First Nations people completing advance care planning</p> <p>Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time.</p>
	Implement NQ STI First Nations regional co-design and planning to improve access, testing and treatment	<p>Increased size of workforce to enable greater participation in regional co-design planning</p> <p>Improved access to training and education</p> <p>Increased epidemiological support to improve contact tracing and management of outbreaks</p>
	Development of a model of care to coordinate and track the journey of the patient from screening to cancer treatment and remission	<p>Increased number and % of First Nations people utilising Cancer Screening services</p> <p>Optimal cancer pathways for First Nations people with cancer are established</p>
	Development and review of First Nations Health Pathways Mackay to ensure GP access to First Nations specific support services	Increase pathway for GPs to First Nations specific support services
	Prioritisation of First Nations people on elective surgery waiting lists	Reduced elective surgery wait times for First Nations people
	Embedding consideration of First Nations status in triage category	<p>Increased proportion of First Nations patients treated within clinically recommended times for elective surgery</p> <p>Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment</p>
	Embedding consideration of First Nations status in triage category	Reduced failure to attend rates for First Nations people

Key Priority Area 3: Influencing the social, cultural, and economic determinants of health

Improved health outcomes are related to a complex set of factors including the socioeconomic differences between population groups. These differences are called the social determinants of health. These include employment status, living situation, education, and level of social inclusion. For First Nations people, cultural determinants of health such as cultural identity, family and access to traditional access to lands are also important.

The Australian Institute of Health and Wellbeing quantified the role of social determinants behind the average health gap between First Nations and non-First Nations Australians using a composite measure of health. It showed that more than half the gap between First Nations and non-First Nations can be accounted for by:

- A set of five selected social determinants (contributed 34% of the gap): employment and hours worked, highest non-school qualification, level of schooling completed, housing adequacy and household income.
- A set of six ‘health risk factors’ (contributed 19% of the gap): binge drinking, high blood pressure, overweight and obesity status, inadequate fruit and vegetable consumption, insufficient physical exercise and smoking.

While it is acknowledged that addressing the social determinants of health is critical in addressing health outcomes, health providers have limited remit to address the core issues for determinants such as housing, employment etc.

The table below provides an overview of the strategies on how to address this disparity in relation to the social, cultural, and economic determinants of health.

What will we do	How will we do it	How we know we’ve succeeded
Increased promotion and prevention programs to encourage First Nations people to make healthier choices	Develop partnerships with providers both within and outside of the health sector (e.g. education, housing) to drive health prevention and promotion innovations/activities	<p>Increased interagency collaboration to support planning to improve health outcomes for First Nations people</p> <p>Increased availability and access to health data across providers</p> <p>Increased number of MoUs between organisations</p> <p>Improved opportunity to monitor and evaluate cross agency services that impact health outcomes (e.g. accommodation, health literacy)</p> <p>Increased referral pathways that improve access to non-health organisations during discharge planning (e.g. housing, employment)</p>
	Development and delivery of First Nations promotion and prevention program across the Mackay, Whitsunday, and Isaac Region	Increased collaboration across agencies to deliver prevention and promotion programs (e.g. Deadly Choices)
	Improved promotion of health checks, screenings, and early health interventions	<p>Increased number of adult and child preventative screenings and assessments</p> <p>Proportion of First Nations people receiving the Aboriginal and Torres Strait Islander Health Assessment Checks (MBS 715) from their GP</p>

Key Priority Area 4: Delivering sustainable, culturally safe and responsive healthcare services

There has been increasing recognition that improving cultural safety for First Nations people can improve access to healthcare and the quality of healthcare they receive. Cultural safety is defined by the health consumers experience rather than the health professional, however the system can put in a number of programs/measures to improve cultural safety for the patient.

Strategies also need to be put in place that increase the sustainability and responsiveness of health services. This ensures that services can continue to improve upon services currently delivered to ensure better outcomes and experience for all patients.

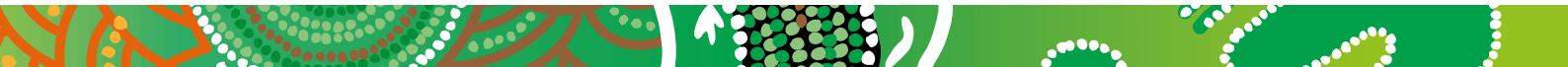
What will we do	How will we do it	How we know we've succeeded
Improve First Nations research capacity information exchange processes	Development and implementation of a Regional Aboriginal and Torres Strait Islander Research and Innovation Plan	<p>Collaboration and participation in an approved regional Aboriginal and Torres Strait Islander Health information exchange forum</p> <p>Increased evidence of participation in clinical and non-clinical health related research development and innovation activities</p>
Deliver culturally safe, effective, and clinically responsive healthcare to First Nations people	<p>Development and implementation of a Mackay HHS cultural capability implementation action plan</p> <p>Support regional health sector agencies to ensure cultural capability is embedded in delivery of healthcare services and consistent across agencies</p>	<p>Maintain a Mackay HHS compliance rate of above 85% for mandatory cultural practice training</p> <p>Implementation of cultural terminology in admissions, feedback, and face to face consultation</p> <p>Resources are designed in partnership with First Nations communities and shared in partnership with regional health sector agencies</p> <p>Design and delivery of a First Nations Cultural Capability Performance and Accountability Audit Tool</p>
Improved access to data to coordinate evidence-based health planning across the continuum of care	Establish data sharing protocols and policies between organisations to improve planning, investment and continuity of care	<p>Increased visibility of clinical and non-clinical First Nations data</p> <p>Evidence of collaboration between HHSs, CCHSs and health sector support agencies in needs assessments, planning, case management and co-design of service delivery</p>

Key Priority Area 5: Working with First Nations peoples, communities, and organisations to design, deliver, monitor, and review health services

First Nations people are significantly under-represented in the health workforce. A First Nations workforce is integral to ensuring that the health system can address the unique needs of First Nations people. This also extends past the clinical setting but also to those who design,

deliver, monitor, and review services to ensure that programs are co-designed with First Nations people. This process is important to make sure that the provision of service meets the needs of First Nations people within the local community.

What will we do	How will we do it	How we know we've succeeded
Increase First Nations workforce representation to levels commensurate with local population across all levels and employment streams.	Identify First Nations workforce gaps in health service areas where there is evidence of high First Nations patient flow	Annual increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local population
	After hours and on call HLO services established	Increased number and proportion of First Nations workforce across all disciplines and organisations
	Consider opportunities to upskill First Nations health workers to provide a greater range of services	Proportion of the workforce who identify as being First Nations people (i.e. above QH target of 3% with a local aspirational target of 5%)
	Establish a planned approach for investment across the health sector to drive sustainable First Nations workforce funding opportunities	Increased number of First Nations health practitioners and health promotion officers Increased number of First Nations mental health workers Increased number of First Nations environmental health officers
Development and implementation of a Mackay HHS Aboriginal and Torres Strait Islander Health Workforce Action Plan and Advisory Group	Partnerships with universities, vocational education and training, and other education providers to increase First Nations pathways for training and employment	Regional First Nations workforce targets across all relevant disciplines and organisations are established Increased number of trainees and graduates engaged within clinical, education and research workforces
	Build on the success of the Mackay HHS Budyubari Bidyiri Kebi Stapal (Big Dream, Small Steps) pilot program	Increased Aboriginal and Torres Strait Islander staff leadership development training participation rates. Increased number of professional development opportunities identified for First Nations staff across organisations
		Engagement with relevant agencies/ institution to co-design dedicated pathway programs.



What will we do	How will we do it	How we know we've succeeded
Provide 'at the elbow support' through partnerships with organisations to increase coordination of care	<p>Development and implementation of enhanced models of 24-hour hospital health liaison officer support services</p> <p>Collaboration and communication between organisations to increase coordination across providers</p>	<p>Increased HLO workforce (particularly in Whitsunday and Isaac Region)</p> <p>After hours and on call HLO services established</p> <p>Proportion of patients who were offered support of a HLO or Health Worker as reported through PREMS data</p> <p>Proportion of First Nations patients offered connection to a culturally capable care coordination service</p> <p>Increased proportion of First Nations people who had their cultural and spirit</p>
Partner with organisations to deliver services closer to home where appropriate	Co-design First Nations policies and procedures where appropriate to ensure services are designed considering the entire healthcare pathway	Evidence of collaboration between HHSs, CCHSs and Prescribed Stakeholders in needs assessments, planning and co-design of service delivery



Glossary

Acronym

Mackay HHS	Mackay Hospital and Health Service
NQPHN	Northern Queensland Primary Health Network
CATSIHO	Chief Aboriginal and Torres Strait Islander Health Officer
OMTS HES	Our Mob Together Strong Health Equity Strategy
HHB	Hospital and Health Board
HHS	Hospital and Health Service
A&TSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
OMTS	Our Mob Together Strong
OMTSA	Our Mob Together Strong Health Alliance
ELT	Executive Leadership Team
QAIHC	Queensland Aboriginal and Islander Health Council
SA2	Statistical Area 2
PPH	Potentially Preventable Hospitalisations
MBS	Medicare Benefits Schedule
LANA	Local Area Needs Assessment
HNA	Health Needs Assessment
QGSO	Queensland Government Statisticians Office
nKPIs	National Key Performance Indicators
KPIs	Key Performance Indicators
ITC	Integrated Team Care
HiTH	Hospital in the Home
HLO	Health Liaison Officer
CCHSs	Community Controlled Health Services

References

Closing the Gap

<https://www.closingthegap.gov.au/national-agreement>

Health Equity Legislation

<https://www.legislation.qld.gov.au/view/pdf/asmade/sl-2021-0034>

Queensland Health First Nations Health Equity

<https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework>

Co-Signatory Websites

Mackay HHS <https://www.mackay.health.qld.gov.au/>

ATSICHS Mackay <https://www.atsichsmackay.org/>

North Queensland Primary Health Network (NQPHN) <https://www.nqphn.com.au/>

Mudth-Niyelta Aboriginal and Torres Strait Islander Corporation <https://www.mudth-niyelta.com/>

Girudala Community Co-Operative Society <http://girudala.com.au/>

QAIHC <https://www.qaihc.com.au/>

Needs Assessment

LANA

HNA <https://nqphn.com.au/about-us/reports-and-plans/health-needs-assessment>



“We recognise that better health comes are achieved when First Nations Peoples have a say in the design, development, and delivery of services that affect them”

Robin Whyte, CEO, Northern Queensland Primary Health Network

“The Yuwi Aboriginal Corporation is committed to working with community services and organisations to identify, develop and address ways to support and improve the health and well-being of First Nation’s people in the community. This will ensure our younger and future generations will have the benefit of having elders present to consult with and learn our ways from, for all time.”

On behalf of the Yuwi Corporation

“Barada Barna Aboriginal Corporation is committed to assisting in whatever we can do to improve Aboriginal and Islander health, we have heaps of resources at our fingertips that we can tap into easily. Our goal is to improve the life expectancy and health of our people through whatever means are necessary to achieve this.”

On behalf of the Barada Barna Corporation

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Queensland
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