

Palm Island Health Action Plan

Health for the people. Health by the people. The Palm Island way.

2018–2028



Queensland
Government



Acknowledgements

We would like to thank Lillian Lampton and John “Chico” Charles for their work consulting with the community about the future directions for health and their overall support with the development of the Palm Island Health Action Plan 2018–2028. We thank Jennifer Ketchell, Leonie Hopkins, the Palm Island Aboriginal Shire Council and the staff from the Joyce Palmer Health Service for their assistance with running the Palm Island Health Planning Workshop. We would also like to acknowledge the continued support of the Townsville Hospital and Health Service, Di Maurer and the team from the Aboriginal and Torres Strait Islander Health Branch Queensland Department of Health, Kathy Anderson from Townsville Aboriginal and Islander Health Services and, more recently, the Queensland Aboriginal and Torres Strait Islander Council for its assistance and support provided with the Palm Island Health Planning Workshop. Finally, and most importantly, we thank the people of Palm Island who gave their time to share stories and ideas about what is required to create a healthy Palm Island.

Contents

Overview - Alf Lacey	4
Overview - Tony Mooney	5
1. Introduction	6
2. Purpose of the Palm Island Health Plan 2018–2028	7
3. Priorities for the Next 10 Years	7
4. Integrated Model of Care	8
5. Palm Island Health Action Plan	11
Action Area 1: Building Strategic Health Partnerships	14
Action Area 2: Establishment of a Community-Controlled Health Service	15
Action Area 3: Illness Prevention and Early Intervention	16
Action Area 4: Treating Existing Illness	18
Action Area 5: Better Health Services	19
Action Area 6: Social Determinants of Health	21

Overview - Mayor Alfred Lacey

Let me start by acknowledging that this next Palm Island Health Action Plan 2018–2028 and the construction of a new primary health care facility here on Palm Island would not be possible without the commitment of the Deputy Premier and Ministerial Champion for Palm Island, the Honourable Jackie Trad, Minister for State Development, Manufacturing, Infrastructure and Planning the Honourable Cameron Dick, Minister for Health and Minister for Ambulance Services the Honourable Steven Miles, Federal Minister for Aged Care and Minister for Indigenous Health the Honourable Ken Wyatt, the Townsville Hospital and Health Board, my fellow councillors, Elders and most importantly the Bwgcolman people of Palm Island.

These initiatives have come about as a result of the Council and community advocating to government about what is needed here on Palm Island for us to “Close our own Gap” and working with government to get the right solution for us. This is our journey, same vision as our forefathers and mothers, but a new chapter in writing the wrongs of the past, as we build a more prosperous and unified future for our community.

It has always been a challenge to bring together a community affected by a long history of punitive government practices and adverse policies that has resulted in intergenerational trauma, cultural instability, wasted money and ultimately the poor health status of our people. It is a familiar story experienced by our families throughout this country. But this is our community and together with the Traditional Owners we have taken steps to build a unified Bwgcolman Community to focus on what are essentially our priorities in this plan.

This plan highlights the important health issues for the people of Palm Island and views of the people of Palm Island about what is needed to improve health. The next step is to develop genuine partnership with government, churches and other major non-government organisation in our quest for Self Determination, a goal we must not lose sight of in all our endeavours. It is our human right to have access to essential services and public utilities equal to all Queenslanders at a cost relative to our capacity to generate income. This cry now resonates throughout the walls of all corridors of powers in State and Commonwealth Government.

Today we have secured Queensland Government resources to improve our housing shortage, quality water supply, affordable food supply and last, but not least, community control of primary health care. However, to achieve positive outcomes from these investments we must play our part in fulfilling our aspiration for self-management and take control of our health. It is within this collaborative partnership framework we expect to move forward to improve health and avoid a repeat of past injustice.



Alf Lacey

Mayor, Palm Island

Overview - Tony Mooney AM

As Chair of the Townsville Hospital and Health Service Board, I am delighted to join with Councillor Alf Lacey, Mayor of the Palm Island Aboriginal Shire Council, to endorse the re-energised Palm Island Health Action Plan 2018–2028.

Both Alf and I are very proud of our unique partnership, and of this plan, which was developed in conjunction with the Palm Island Aboriginal Shire Council and the people of Palm Island who have embraced the opportunity to grow community control of primary health care delivery.

There is clear evidence that shows greater engagement with health care leads to significantly improved health outcomes. This plan gives the people of Palm Island an opportunity to be involved in health services and have direct input into how those services will be developed and delivered for their community.

The Townsville Hospital and Health Service is strongly committed to the national 'Close the Gap' agenda. We strive to enable the best possible care in a culturally capable and engaged way for the people of Palm Island.

A major platform for the future delivery of care is the Palm Island Primary Care Centre, currently under construction, funded by the Queensland Government's Significant Regional Infrastructure Project Programs, the 'Making Tracks' Indigenous Health Investment Strategy and the Townsville Hospital and Health Service. I extend my sincere thanks to the Deputy Premier and Ministerial Champion for Palm Island, the Honourable Jackie Trad, Minister for State Development, Manufacturing, Infrastructure and Planning the

Honourable Cameron Dick, Minister for Health and Minister for Ambulance Services the Honourable Steven Miles and Federal Minister for Aged Care and Minister for Indigenous Health the Honourable Ken Wyatt, the Palm Island Aboriginal Shire Council, local Elders and, most importantly, the Bwgcolman people of Palm Island, for their support and backing of this ground-breaking initiative. I am confident this fresh and innovative model of primary health care is a critical and pioneering next step in 'Closing the Gap' for the unique community of Palm Island.

I am both pleased and honoured to endorse this historic, optimistic and aspirational document and look forward to what it will achieve in improving health care and longer-term health outcomes for the people of Palm Island.



Tony Mooney AM

Chair, Townsville Hospital and Health Service Board

1. Introduction

The Palm Island Health Action Plan 2010 – 2015 was the first health plan developed for Palm Island with input and direction from the Palm Island community. It was promoted to the community, health service providers and government agencies as the first step in achieving the vision of a healthy Palm Island. The focus of the plan was to implement a primary health care approach to health service delivery and provide a foundation for establishing a community-controlled primary health care service in the future.

Over the past six years there has been some progress with the implementation of the Palm Island Health Action Plan 2010 to 2015, but the community members and health statistics tell us that there is still much work to do. The Palm Island Aboriginal Shire Council (PIASC) has advocated strongly for increased investment in health and implementation of government recommendations from the Palm Island Select Committee report (2005) and other government-sponsored reports to address the underlying social determinants of health. In response, the Queensland Government has given the following strategic commitments which help define the scope of the next health plan:

- Construction of a purpose-built, stand-alone primary health care facility in 2018
- Support to establish comprehensive primary health care services
- Support to establish a community-controlled primary health care organisation on Palm Island
- Commitment to transition the primary health care facility to the community-controlled health organisation

These commitments will lead to the establishment of a culturally appropriate health service that is accessible to Aboriginal and Torres Strait Islander residents on Palm Island. Addressing health service issues alone however will not significantly improve the health of Palm Islanders. Action is also required to address the underlying social determinants of health i.e. education, employment, housing community infrastructure, and major social and policy reform. Therefore, the scope of the next plan extends beyond just

health service delivery to include strategies to address the social determinants of health as an integral part of an all-of-government and industry response to Closing the Gap.

The timeframe for the next Palm Island health plan is 10 years. This recognises that consistent effort is required over a long period of time to develop and implement the health programs, workforce, community infrastructure and governance capacity needed to deliver comprehensive primary health care services, and culturally appropriate inpatient and aged-care services on Palm Island.

The evidence that informed the Palm Island Health Action Plan 2018–2028 and the explanation of the community consultation process used to inform the development of the plan is contained in a separate technical paper. The technical paper reports on the state of health of Palm Islanders and the impact of strategies implemented from the first Palm Island Health Action Plan 2010 - 2015. This information helped identify the priorities for the next 10 years included in the Palm Island Health Action Plan 2018–2028 and actions required to improve health.

Social determinants have a significant impact on health. Therefore, all service providers including education, justice, police as well as health and social service providers on Palm Island are expected to use the Palm Island Health Action Plan 2018–2028 to direct service planning and delivery. All services have a responsibility to build health literacy in the community and support capacity building of community members to enable informed participation in health planning and evaluation. They are also obligated to consider and respond to community directives about health priorities and the preferred model of primary health care for Palm Island.

2. Purpose of the Palm Island Health Action Plan 2018–2028

The purpose of the Palm Island Health Action Plan 2018–2028 is to present the vision for health on Palm Island over the next 10 years. It gives direction to funding agencies, and service providers about the priorities for health and well-being as identified by Palm Island people, and provides a road map about how services should be delivered to improve the health of Palm Island residents.

The plan builds on the work of the first Palm Island Health Action Plan 2010 – 2015 to realise the aspirations of the Palm Island community. The community aspires to have access to a comprehensive range of primary health services under the direction of a community-controlled primary health care service that is integrated with hospital, aged care, drug and alcohol programs and non-government service providers under the direction of an Aboriginal community-controlled health service. This will ensure culturally appropriate primary and secondary care, and aged care services on Palm Island.

The plan also seeks to implement strong partnerships with a wide range of Australian and Queensland government departments, non-government organisations and industry partners under the policy of Closing the Gap on Palm Island. This is expected to lead to better collaboration among service providers delivering primary health care, aged care and social services, all of which are contributing to health improvement.



Palm Island Health planning workshop November 30, 2016

3. Priorities for the next 10 Years

Current health status data, community consultation feedback and progress against the Palm Island Health Action Plan 2018–2028 were discussed at the Palm Island health planning workshop in November-December 2016. The priorities identified for action over the next 10 years are listed and have been grouped to align with the action areas in the Palm Island Health Action Plan 2018–2028.

Actions required to build strong health partnerships and community capacity to lead the establishment of a community-controlled health service include:

- Establishment of a working relationship between the Palm Island Aboriginal Shire Council (PIASC), Townsville Hospital and Health Service, Queensland Aboriginal and Torres Strait Islander Health Council, Commonwealth Government Departments, Queensland Department of Health and North Queensland Primary Health Network (NQPHN)
- Improvement in health literacy
- Provision of governance training
- Establishment of systematic community engagement processes
- Development of skills in planning and evaluation

Key health priorities to be addressed by the health service providers and PIASC:

- Maternal health and local birthing
- Child health and parental education
- Obesity
- Smoking
- Chronic disease prevention, early identification and management
- Social and emotional wellbeing
- Residential aged care for people with high-care needs
- Assessment and management of people with disabilities
- Sexual health
- Management of feral animals
- Community-based palliative care

Key service enablers to address health priorities and actions to address the social determinants of health include:

- Robust community engagement strategies
- Improved service access by providing a purpose-built primary health care facility, outreach services, home visiting and child care during consultations
- Effective workforce planning and development for Aboriginal health workers
- Access to allied health and specialist services
- Case management of complex-care clients
- Transport to health services
- Food security
- Increased number of Aboriginal and Torres Strait Islander employees
- Health traineeships and succession planning for the Aboriginal and Torres Strait Islander workforce
- Establishment of information sharing across health-service providers
- Approval to reorientate Joyce Palmer Health Service (JPHS) to a multipurpose service
- Six monthly review of progress against the Palm Island Health Action Plan 2018–2028

4. Integrated Model of Care

The following describes the integrated model of care this plan is seeking to implement. It reflects the aspirations of the Palm Island community and is based on the philosophy and values of community control and comprehensive primary health care.

Community control of primary health care services

Over the next five years a community-controlled health service governed by a community-elected Health Board will be established. The community-controlled health service will determine the strategic direction for health and key policies to direct how the primary health care services will be managed and delivered. In the interim the PIASC will continue to be the lead advocate on behalf of Palm Island

people to hold government and non-government service providers accountable in the Palm Island Health Action Plan 2018–2028.

Partnership approach to health service delivery

All health and community services will come together under a deed of commitment arrangement and work collaboratively to develop an annual plan to progress the goals and actions within the Palm Island Health Action Plan 2018–2028. This will include a strategic-level partnership at the policy and funding level and an operational-level partnership of Palm Island service providers to guide local implementation of the plan. These groups will meet every six months to review progress against performance indicators contained in the plan and feed outcomes back to the community.

Comprehensive primary health care

The primary health facility in the community precinct will offer general practice and non-acute multidisciplinary primary health care services. Programs/services to be delivered from the new primary health care centre include:

- General practice (doctor) consultations
- Child, maternal and family health
- Chronic disease (diabetes, cardiac, rheumatic heart disease)
- Dental health
- Hearing health
- Men's and women's health
- Mental health (including alcohol and other drugs)
- School-based youth health services
- Sexual health
- Aged and disability care
- Palliative care

Better resourcing of health services

The majority of enhancements to primary health care services described in the Palm Island Health Action Plan will be funded by increasing Medicare revenue. Increased revenue will be generated as a result of implementing a business model that incorporates proactive multidisciplinary screening and patient management systems, and access to Indigenous-specific funding programs such as Closing the Gap incentives.

Pathways to secondary care

Effective referral systems will be implemented through the use of information technology. Emergency care, inpatient care, renal dialysis, and pharmacy services will continue to be delivered by the JPHS. Subject to approval from the Australian Government, high-care aged-care services will be delivered through JPHS Multipurpose Health Service. Low-care aged-care services will continue to be provided by Sandy Boyd Aged-Care Service.

Culturally appropriate patient journey

All patients presenting to the primary health care service will be seen by an Aboriginal or Torres Strait Islander health worker first to assess and initiate care for clients. The patient journey will be based on a population health approach or “wellness model”. That is, routine health checks will be scheduled and delivered by a multidisciplinary team led by Aboriginal and Torres Strait Islander health workers. Care plans will be developed by the general practitioner to respond to risk factors identified from health checks and to manage diagnosed chronic disease or mental health conditions. Education about risk factors and chronic conditions will routinely be provided by Aboriginal and Torres Strait Islander health workers using visual aids. Indigenous health workers will be allocated a program portfolio to manage the planning, implementation and evaluation of the program. This includes managing the recall of patients, producing reports from MMeX and reporting against National Aboriginal and Torres Strait Islander key performance indicators.

Better access to services

To improve access to services, a new purpose-built primary health care facility will be constructed. Outreach services will be scheduled regularly and delivered in the community. Transport will be provided to assist clients attend the primary health care service as needed.

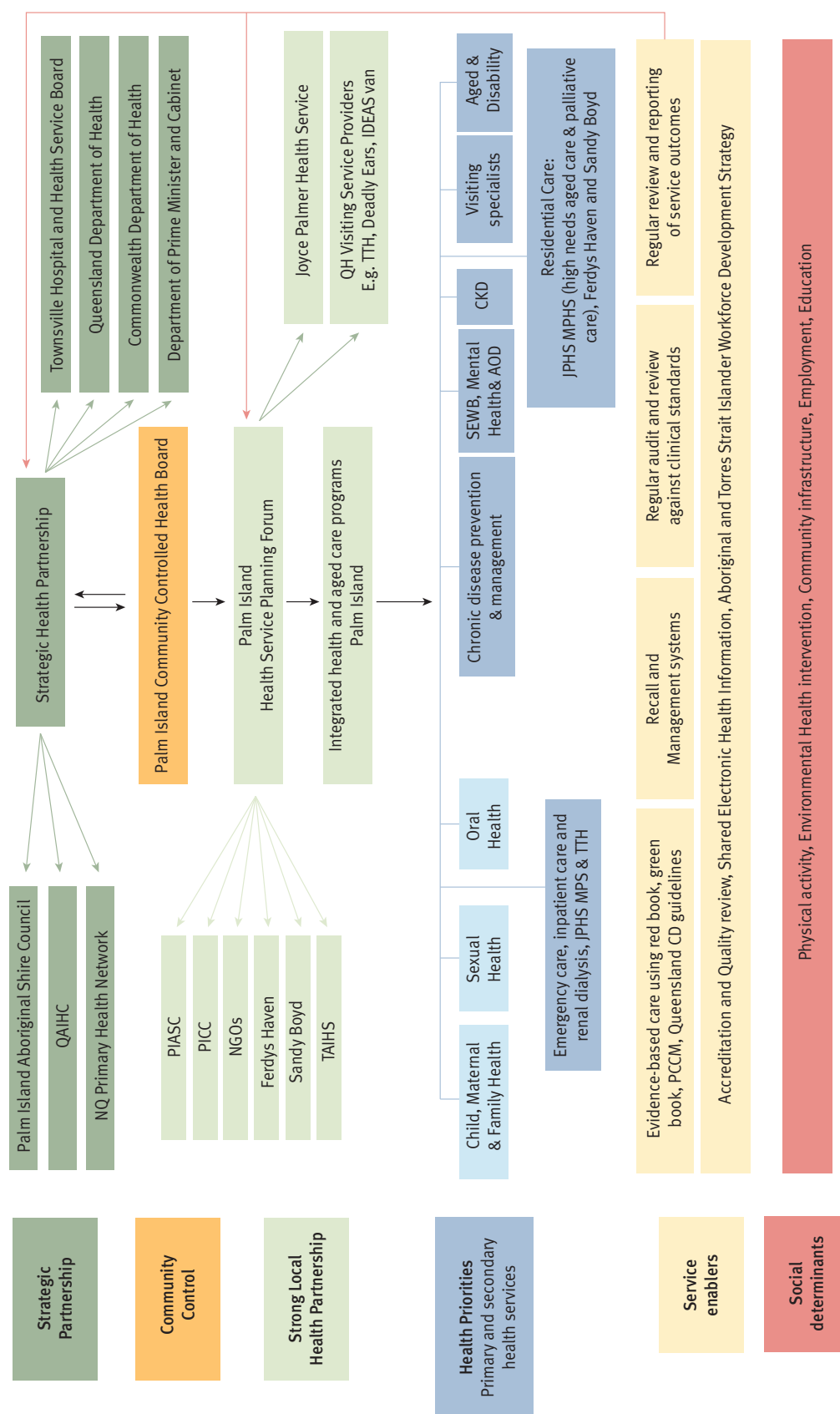
Shared information across service providers

Palm Island residents may present to any one of the clinical service providers depending on what their care needs are. Consent will be obtained from all clients to share information with other clinical service providers to ensure continuity of care for clients across service providers.

Accreditation and quality review

Palm Island health and aged-care services will deliver services that meet accreditation standards for primary clinical care services (Royal Australian College General Practitioners), aged care services (Community Care Common Standards) and hospital services (Australian Council on Healthcare Standards).

Figure 1: Illustrates the model of care that Palm Island Health Action Plan 2018–2028 is seeking to create for Palm Island.



10. Palm Island Health Action Plan

The Palm Island Health Action Plan 2018–2028 has been developed using the same action area headings as the previous plan with the addition of two new action areas. They are:

Action Area 1: Building strategic health partnerships

Action Area 2: Establishment of community-controlled health service

These action areas have been added to strengthen the working relationships between service providers to implement the Palm Island Health Action Plan 2018–2028 in partnership with the community (green boxes Figure 2) and to support the establishment of a community-controlled health service (brown boxes Figure 3).

The Queensland Government formally supported the move towards community control of primary health care services in the Queensland Aboriginal and Torres Strait Islander Policy (1994). Since then, the Closing the Gap National Framework for Aboriginal and Torres Strait Islander

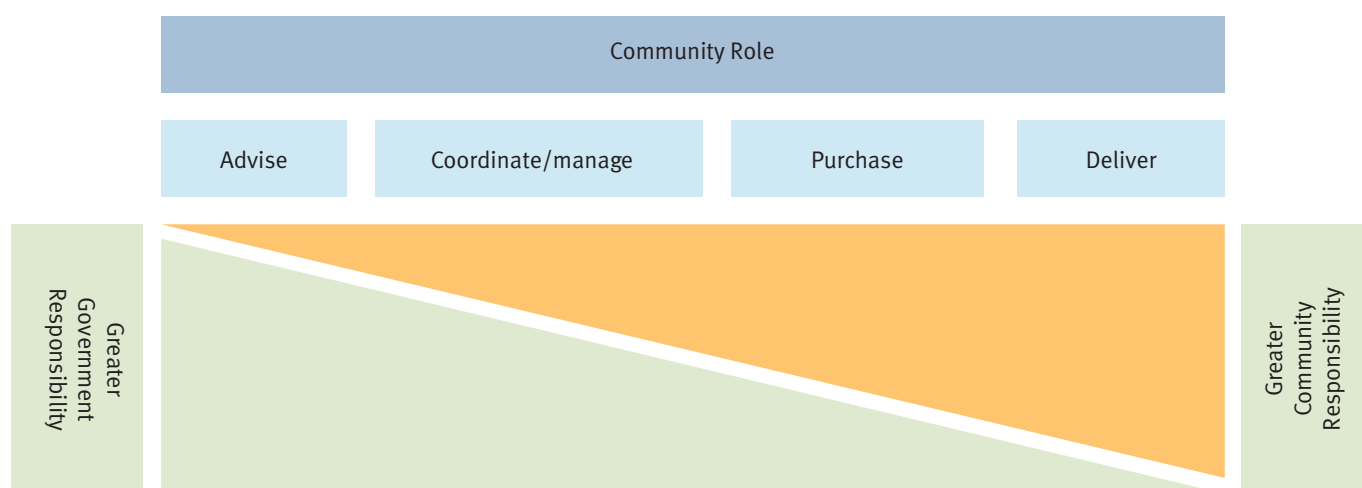
Health was established through the Council of Australian Governments and the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 and the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 which include community control of primary health care health services as a foundation principle for health. The Queensland Premier signed the Closing the Gap Statement of Intent in 2008, while the Making Tracks Towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033 was developed to direct Queensland Closing the Gap efforts.

These documents discuss the roles and responsibilities of governments and the community control sector. Figure 2 illustrates the change in dynamic that occurs with transition to community control. There can be many different models of community control along this continuum.

Figure 2:

Transition To Community Control

Models Along The Primary Health Care Continuum

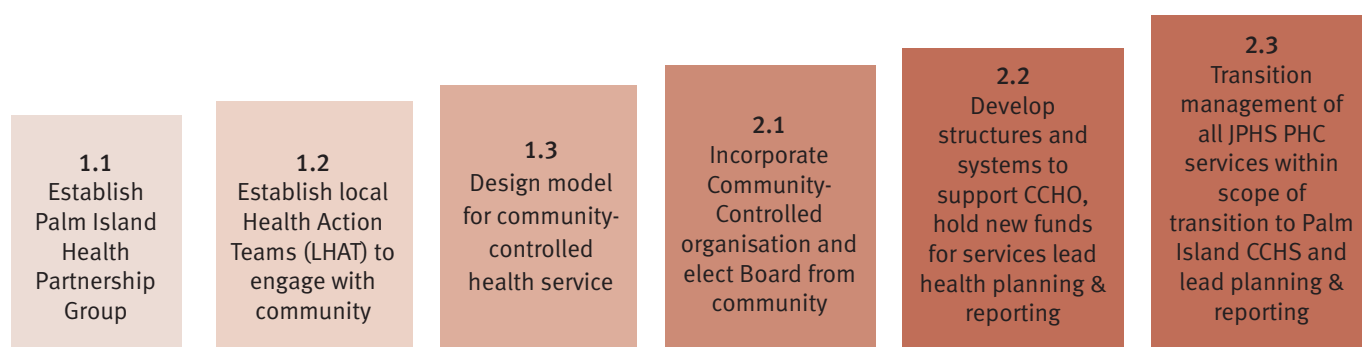


Adopted from the NT Pathways to Community Control


The Queensland Government provided funding to build a new Palm Island Primary Health Care Centre to enable the delivery of comprehensive primary health care consistent with government policy. The community-controlled health service will be established by following the framework set out in the Queensland Aboriginal and Islander Health Council QAIHC Pathways to Community Control Readiness Assessment and Quality Assurance. Once the Palm Island Community-Controlled Health Service is established

and stable, planning for the transition of primary care services can occur following the framework outlined in the Queensland Health Strategic Policy Framework for Transition to Community Control. The steps to develop the community-controlled health service and the corresponding goal number from the action plan is shown in Figure 3. Figure 3 includes the expected time frames in which the steps will be completed and key supporting actions to progress through each of the steps.

Figure 3: Development of Community-Controlled Health Service, Palm Island



2018 - 2019	2020	2022	2024
<p>Community understanding of health grows through reporting back to community every 6 months against agreed performance indicators in Palm Island Health Action Plan.</p> <p>Governance training to LHAT.</p> <p>Community workshops with QAIHC to design governance structure and model suitable from Palm Island.</p>	<p>Australian Institute of Company Directors training for Board members & development of Palm Island Community-Controlled Health Organisation PICCHO strategic plan & annual business plan</p>	<p>Establish transition management group and complete transition readiness planning.</p>	<p>RACGP accreditation for facility under PICCHO management</p>



The four action areas that have been retained from the Palm Island Health Action Plan 2010-2015 are:

Action Area 3: Illness prevention and early intervention

Action Area 4: Management of existing conditions

Action Area 5: Better health services

Action Area 6: Social determinants of health

Action areas 3 and 4 address health priorities by implementing comprehensive primary health care programs along the life continuum from prevention to secondary care (light and dark blue boxes diagram 8). Action area 5 strengthens the systems for health care (yellow boxes in diagram 8). Action area 6 addresses the social determinants of health (red boxes in diagram 8).

Goal statements within each action area reflect the priorities identified by the Palm Island community and the Palm Island health profile. The goals describe what needs to be achieved to impact positively on the health and quality of life for people living on Palm Island.

Key actions listed under each goal reflect community recommendations about how to achieve goals. They provide the detail on how to improve access to services and implement culturally acceptable approaches to service delivery. They communicate to funding agencies and service providers how the community expects them to respond to issues identified as barriers to health improvement.

Many actions are the responsibility of more than one organisation or require the collaboration of several organisations. Organisations with lead responsibility for an action are identified in bold. Along with the movement of primary health care services to the new primary health care centre in 2018, the name of the service delivering primary health care services will change.

To avoid confusion THHS is used to identify Townsville Hospital and Health Service regardless of which THHS organisational unit is delivering the service. The same principle has been used for PICC services. Once the Palm Island Community-Controlled Health Service is established many of the primary health care services will transition over time to this service. The Palm Island Community-Controlled Health Service is not identified as having any responsibilities in the plan at this time because it has not yet been established.

A mix of performance measures will be used to monitor progress with implementation of the Palm Island Health Action Plan 2018–2028. They will include the National Aboriginal and Torres Strait Islander Key Performance Indicators (NPKIs) and performance measures from other relevant plans. The base year for comparison of health status is 2016. This is the first year that JPHS had the capacity to report confidently against NKPI performance measures.

Action Area 1: Building Strategic Health Partnerships

No	Goals	Responsibility	Key Performance Indicators
1.1	<p>Establish a strategic health partnership between the Queensland Aboriginal and Islander Health Council (QAIHC), Palm Island Aboriginal Shire Council (PIASC) the Commonwealth Department of Health (CDoH), North Queensland Primary Health Network (NQPHN) Townsville Hospital and Health Service (THHS), the Queensland Department of Health (QDH) for health on Palm Island and Department of Prime Minister and Cabinet (PM&C).</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Develop and endorse a partnership agreement between strategic partners for health. • Implement an annual planning and evaluation cycle involving all service providers and the Palm Island community to prioritise actions for the next year and review progress with implementation of the Palm Island Health Action Plan 2018–2028. • Report back to the community via the PIASC every 6 months on progress with implementation of the Palm Island Health plan and annually on the status of the Palm Island Health Action Plan 2018–2028. 	NQPHN, PIASC QAIHC, THHS, CDoH, QDH, PM&C	Strategic partnership for health endorsed by June 2018. Annual implementation plan developed by June 30 each year.
1.2	<p>Implement a sustainable community engagement process.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Establish local health action teams (LHAT) to promote regular discussion with the community. • Provide regular reports to LHAT and community to increase understanding of health and enable the community to be informed participants in health planning and evaluation activities. • Provide governance training to LHAT and other interested community members to build the capacity of individual community members to be board members. 	QAIHC, PIASC, NQPHN, CDoH	Community feedback meetings held in May and November every year commencing June 2018.
1.3	<p>Develop the model for community control of health services on Palm Island.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Share information with the Palm Island community about the different models for establishing community-controlled health services. • Support the Palm Island community to design and document the preferred model for a community-controlled for on Palm Island. 	QAIHC, PIASC, THHS, CDoH, TAIHS	Agreed model for establishment of community-controlled health service for Palm Island by 2020.

Action Area 2: Establishment of a Community-Controlled Health Service

No	Goals	Responsibility	Key Performance Indicators
2.1	<p>Establish an incorporated body to lead health and manage the establishment of a community-controlled primary health care services health on Palm Island.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Develop the rule book and governance structure for the Community-Controlled Health Service. • Secure resources to incorporate and establish the Palm Island Community-Controlled Health Service. 	QAIHC, PIASC, QAIHC, CDoH, TAIHS	Palm Island community-controlled health service registered and incorporated by July 2020.
2.2	<p>Establish the systems and structure to operationalise the Palm Island Community-Controlled Health Service (PICCHO) using the Pathways to Community Control.</p> <p><i>Key action recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Elect the Board of Directors for the PICCHO. • Deliver Australian Institute of Company Directors training to elected board members. • Develop strategic plan and annual business plan to establish the systems required to lead service planning, allocation of new resources and implementation of new services. 	QAIHC, CDoH, PIASC, NQPHC	Service delivery by Palm Island Community-Controlled Health Service commences from January 2022.
2.3	<p>Develop the transition action plan to guide the transition of primary health care services from THHS to PICCHO.</p> <p><i>Key action recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Complete the Queensland Health transition readiness review analysis for PICCHO. • Develop a transition management plan to agree on the scope and process for the transition of primary health care services from THHS to the Palm Island Community-Controlled Health Service. • Establish a transition management steering committee to manage the transition planning process. • Secure resources to assist with the service transition and change management processes. 	PICCHS, THHS, CDoH, PHN, QAIHC, PIASC	<p>Transition readiness review completed by December 2024.</p> <p>Transition of PHC services to Palm Island Community-Controlled Health Service by December 2025.</p>

Action Area 3: Illness Prevention and Early Intervention

No	Goals	Responsibility	Key Performance Indicators
3.1	<p>Children living on Palm Island receive an annual health check and immunisations according to the immunisation schedule.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> Recruit an Indigenous child health worker to lead the child health program. Develop the hearing health program to include professional support to deliver age-appropriate hearing health screening for children. Incorporate immunisation and hearing screening as standard items on age-relevant child health checks. Deliver immunisation services in the community to access hard-to-reach children. 	THHS, PICC	<p>90 per cent of children living on Palm Island receive a Child Health Check each year (NKPI03).</p> <p>95 per cent of children are fully immunised (NKPI04).</p>
3.2	<p>Implement parenting programs targeting all new parents and young parents to strengthen families.</p> <p><i>Key action recommended to achieve goal:</i></p> <ul style="list-style-type: none"> Develop parenting support and intervention programs for young families and families with older children who need support with children who have challenging behaviour. 	TAIHS, PICC, THHS	10 per cent increase in the number of new parents participating in parenting support programs each year from base year 2016.
3.3	<p>Increase access to adult health checks and follow up care.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> Provide training and support to Indigenous health workers to lead the planning, management and delivery of health checks and follow up care. Plan and deliver community screening events targeting specific family and population groups e.g. men, women, youth, geographic locations etc. 	THHS, PICC	10 per cent increase per year in the number of Adult Health for each age group and 55+ health checks from base year 2016 (NKPI03).
3.4	<p>Develop and implement programs to reduce the level of smoking in the Palm Island population.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> Record smoking status to develop baseline for ongoing evaluation. Make community events smoke free. Train all primary health care staff to deliver brief interventions for smoking. Provide nicotine replacement therapies to encourage people to give up smoking. Work with Palm Island youth to develop social media education campaigns to prevent young people from taking up smoking. 	THHS, PICC PIASC, TAIHS	<p>Five per cent decrease in the number of people smoking each year from base year 2016.</p> <p>(NKPI09, NKPI110, NKPI111).</p> <p>10 per cent reduction in the rate of youth who are smoking by 2023.</p>
3.5	<p>Increase the number and range of physical activity programs targeting all age groups in the community.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> Record BMI to establish baseline for ongoing evaluation. Upgrade sporting and recreation facilities on Palm Island. Establish a gut buster program for men. 	CFF, PCYC, PICC, PIASC, THHS	Five per cent reduction in obesity across the community each year from base year 2016 (NKPI 112).

No	Goals	Responsibility	Key Performance Indicators
3.6	<p>Implement diversionary activities for young people to reduce substance abuse.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Increase the range of recreational activities for children and youth after hours and on weekends. • Establish a youth drop in centre to provide a safe place for teenagers. • Establish a youth volunteer program for lead youth based activities in the community. 	<p>CFF, PCYC</p> <p>PIASC</p>	<p>10 per cent decrease in hazardous levels of alcohol and other drug consumption by young people each year from base year 2016 (NKPI 116, NKPI 117).</p>
3.7	<p>Reduce the prevalence of syphilis, chlamydia and gonorrhoea on Palm Island.</p> <p><i>Key actions recommended to achieve goal:</i></p> <ul style="list-style-type: none"> • Deliver sex education to youth at school and safe-sex programs to youth disengaged from school. • Make condoms available throughout the community. • Include sexual health screening as part of young person and adult health checks. 	<p>THHS, PICC</p> <p>Education Queensland</p>	<p>70 per cent of the resident population on Palm Island aged 15-29 years tested for chlamydia, gonorrhoea and syphilis each year.</p>
3.8	<p>Improve social and emotional wellbeing of all community members.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Train and support community members to offer crisis support, relationship counselling and conflict resolution assistance to help couples and families. • Support the establishment of grief and loss support groups. • Deliver Mental Health first aid training programs regularly. 	<p>PICC, THHS</p> <p>Campbell Page Employment Agency TAFE</p>	<p>10 per cent reduction in the number of people from Palm Island admitted to hospital for reason of injury or poisoning each year (base year 2016).</p> <p>Percentage of people aged 15 years and over who report they or someone close to them has experienced a mental illness as a personal stressor in the last 12 months.</p>
3.9	<p>Increase the range of health promotion activities.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Develop a health promotion and social marketing strategy targeting children and adults to address risk factors for health and to promote engagement with health and social services using a wellness model. • Deliver cooking classes to teach people about good nutrition to reduce obesity and to support changes in diet required by people living with diabetes. • Implement a sun protection campaign targeting school children and outdoor workers. • Deliver education to the community to improve skin health. 	<p>THHS, PICC</p> <p>PIASC, Campbell Page Employment Agency Education Queensland</p>	<p>10 per cent reduction in the number of people from Palm Island admitted to hospital for preventable hospitalisations each year (base year 2016).</p>

Action Area 4: Treating Existing Illness

No	Goals	Responsibility	Key Performance Indicators
4.1	<p>Implement a systematic approach to the management of chronic illness.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Deliver intensive training to Aboriginal and Torres Strait Islander Health Workers in chronic disease management guidelines generally and their allocated chronic disease portfolio areas. • Implement a recall system for all people with chronic disease. • Deliver training in chronic disease self-management to all staff involved in chronic illness care. • Establish chronic illness peer support groups and identify peer support “experts” to promote self-management of people with chronic illness. 	THHS, PICC	<p>10 per cent increase in the number of people with chronic disease that have a GP care plan and Team Care Arrangement each year from base year 2016.</p> <p>NKPI107, NKPI108.</p>
4.2	<p>Deliver comprehensive sexual health services.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Expand the clinical expertise to manage follow up and treatment of people with an STI. • Implement case management for people with complex sexual health conditions. • Deliver the full range of reproductive health services i.e. to contraception, fertility, menopausal care and psychosexual counselling. 	THHS, PICC,	100 per cent of people diagnosed with chlamydia and/or gonorrhoea who are tested for syphilis and HIV within four weeks of diagnosis.
4.3	<p>Implement a systematic and integrated approach to the management of mental illness.</p> <p>Key actions required to achieve goal:</p> <ul style="list-style-type: none"> • Refer clients to private visiting psychology and counselling services using team care arrangements to enable services to be claimed using Medicare. 	THHS, PICC	
4.4	<p>Increase access to dental services for all Palm Island residents.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Promote early access to dental services to teenagers and young adults. • Encourage and support residents of Palm Island to obtain a health care card to access dental services on Palm Island. 	THHS	10 per cent increase in service utilisation by young people aged 15 – 25 from base year 2016.
4.5	<p>Enhance access to Indigenous drug and alcohol treatment programs for young people and their families.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Establish a family-based drug and alcohol rehabilitation program. • Implement a day drug and alcohol rehabilitation program targeting young people. 	Ferdys Haven PM&C	20 per cent reduction in the number of acute admissions for young people from Palm Island due to injury or self-poisoning year (base year 2016).
4.6	<p>Provide the full range of aged care options to the frail aged on Palm Island to prevent the need for older people to move away to receive appropriate care.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Complete a comprehensive needs assessment for aged care services on Palm Island. • Develop an appropriate model for comprehensive aged care services along the aged care continuum. 	CDoH, THHS, Sandy Boyd	90 per cent of frail aged and their carers have access to culturally appropriate community aged care residential care and support services that meet their needs on Palm Island.

Action Area 5: Better Health Services

No	Goals	Responsibility	Key Performance Indicators
5.1	<p>To construct a culturally appropriate primary health care facility on Palm Island with the capacity to accommodate a comprehensive range of multidisciplinary primary health care services.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Consult with the community and industry peak leaders to identify key objectives to be met by the construction of a purpose built primary health care facility. Commission the design, construction and fit out of a primary health care facility for Palm Island. Create a space to enable the provision of short-term child care at the health facility to enable quality consultations with parents and carers. 	THHS, DILGP PIASC	New facility constructed and operational by December 2018.
5.2	<p>Increase the capacity, number and skill level of Aboriginal and Torres Strait Islander staff working in health and aged care services.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Deliver training to all Aboriginal and Torres Strait Islander Health Workers in the population health approach to care and how to lead, manage and evaluate primary health care programs. Develop a succession plan for all health and social service positions held by fly-in-fly-out workers and locally based non-Indigenous staff. Train a cohort of students each year from Bwgcolman school and other schools in the region where Palm Island children attend school in administration, primary health care and aged care to move into employment with the JPHS, PICC, Ferdys Haven and other primary health care services. Create entry-level positions for school leavers to provide an employment pathway for all participants in school based cohort training programs in health industry professions. Source scholarships every year for the next 10 years and training placement opportunities to support Palm Island school leavers and Aboriginal and Torres Strait Islander Health Workers to pursue careers in nursing, medicine, allied health, pharmacy, dentistry, allied health assistant, diabetes education, exercise physiology, public health, health promotion, environmental health and other specialist primary health care positions. 	<p>JPHS, Ferdys Haven</p> <p>PICC, Education Queensland, DET, Department of Employment</p> <p>JCU</p>	<p>10 per cent increase in the number of Indigenous Health Workers employed each year in the community.</p> <p>10 health profession scholarships awarded each year to Palm Island residents.</p>
5.3	<p>Deliver primary health care services in the community.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Implement workflows in PHC services to support an Indigenous health worker first approach to completing assessment and health checks. Deliver child health checks, adult health checks, adult immunisation, early intervention programs and chronic disease care in the community using the mobile van and in other community locations e.g. women's shelter, Ferdys Haven consultation room, home. Open the primary health care service one evening per week for a men's clinic staffed by male health workers, nurses and general practitioners. Provide a child care service for mothers and carers attending primary health care appointments. 	THHS, PICC	<p>10 per cent improvement in health checks and NKPI clinical process measures each year from base year 2016.</p> <p>NKPI105, NKPI106, NKPI114, NKPI115, NKPI 118, NKPI 119, NKPI120, NKPI121, NKPI122 NKPI123, NKPI124.</p>

No	Goals	Responsibility	Key Performance Indicators
5.4	<p>Maximise the effectiveness of the electronic patient information system at JPHS.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Implement an information-sharing policy and agreement between JPHS, PICC and other health service providers to enable continuity of care and information transfer across services (with client consent). 	THHS, PICC	Information sharing agreement signed off by service partners by December 2018.
5.5	<p>Strengthen the cultural capability of the health services.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Implement a comprehensive orientation program for all staff employed on Palm Island that includes training in the information systems, cultural capability training and the Palm Island Health Action Plan. 	THHS, PICC Sandy Boyd	Standard orientation program signed off by partner organisations by December 2018
5.6	<p>Expand the community infrastructure to respond to increasing service demands on JPHS.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Seek approval for a multipurpose health service on Palm Island status for the part of JPHS. Encourage the private sector to establish a community pharmacy in the business precinct on Palm Island. 	THHS PIASC	<p>Multipurpose service status achieved by December 2019.</p> <p>Community Pharmacy established by 2021.</p>
5.7	<p>Develop the maternity service and supporting infrastructure to enable birthing on Palm Island.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Deliver comprehensive ante-natal and post-natal care services. Deliver planned parenting, infant care and nutrition classes to ante-natal and post-natal mothers. Deliver smoking cessation interventions to pregnant women. Reduce risk factors in pregnancy. Design a low-risk birthing service for Palm Island. It should be noted this is not currently feasible. 	THHS, PICC	<p>10 per cent increase in the number of women attending in the first trimester by 2023.</p> <p>10 per cent decrease the rate of women who smoke during pregnancy by 2023.</p> <p>10 per cent reduction in low birthweight babies each year from base year 2016 (NKPI101, NKPI102).</p>
5.8	<p>Integrate strategies that promote self-care into the design of the new primary health care facility and health precinct.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Establish a bush medicine/healing garden in the grounds of the Primary Health Care facility or other community designated location. 	PICC, THHS Campbell Page Employment Agency	Bush medicine garden established by December 2018.
5.9	<p>Implement ongoing continuous quality improvement programs for all health service programs.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> Seek RACGP accreditation of the primary health care facility. 	THHS	RACGP accreditation of PHC facility by December 2018.

Action Area 6: Social Determinants of Health

No	Goals	Responsibility	Key Performance Indicators
6.1	<p>Reduce the risk of illness/injury from feral animals.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Implement an animal-control strategy that includes the removal of unwanted horses and sterilisation of animals in partnership with JCU veterinary school. • Strengthen Council by-laws to limit the number of dogs each household can own. • Implement strategies to control the spread of disease, fleas and ticks by dogs. 	PIASC	20 per cent reduction in the number of feral animals each year (base year 2016).
6.2	<p>Provide a secure and safe water supply for the Palm Island community.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Fence the water supply to prevent access by feral animals. • Upgrade the water treatment plant. • Investigate an alternative water supply for Palm Island. 	PIASC, DILGP Campbell Page Employment Program	Sustainable water supply solution identified by December 2018.
6.3	<p>Reduce exposure to mosquito borne disease on Palm Island.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Develop a strategy to screen community houses to protect against mosquitoes. 	PIASC	10 per cent increase each year in the number of houses that have fly screens (base year 2016)
6.4	<p>Improve access to an affordable, healthy fresh food supply.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Establish local market gardens on Palm Island. • Palm Island supermarket to implement a policy to sell locally grown and manufactured food e.g bread, locally grown vegetables and fruit. • Establish an alternative cost-effective service to supply affordable fresh fruit, vegetables and meat to Palm Island. 	PIASC, DATSIP	10 per cent increase in the consumption of fresh fruit and vegetables by Palm Island residents (measured by the Adult Health check screening questions on fruit and vegetable consumption).
6.5	<p>Improve transport services to access to health and community facilities.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Implement a routine transport service for Palm Island to new suburbs to assist movement throughout the community. • Implement transport service to JPHS and new PHC centre. 	PIASC, THHS Dept of Transport and Main Roads.	A transport service is available to Palm Island residents by December 2018.
6.6	<p>Maintain a healthy Palm Island environment for family recreational activities.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Implement a levy to fund environmentally friendly water and sanitation facilities at temporary camps on Palm Island. • Deliver education to community members about food handling and storage to prevent food poisoning in camping and non-camping environment. 	PIASC	December 2020.
6.7	<p>Reduce the number of dental caries in the Palm Island population.</p> <p><i>Key actions required to achieve goal:</i></p> <ul style="list-style-type: none"> • Fluoridate the Palm Island water supply. 	PIASC, DILGP	3 per cent reduction in the number of dental caries each year (2016 base year).



The Painting

The original artwork in the document 'Palm Island Health Action Plan 2010-2015' was created by Allan Palm Island. Allan's paintings of Palm Island's marine life are in the permanent collection of the Queensland Museum.

"There is still a lot of bush tucker on Palm Island and people still hunt for traditional foods. This is one of the traditional foods and like all bush tucker has a strong connection to the health and wellbeing of people on Palm Island."

Mr Allan Palm Island—Traditional Custodian and artist.



Palm Island Health Action Plan

2018–2028

