



Townsville
Hospital
and Health
Service

First Nations Health Equity Strategy 2022-2025

Implementation Plan

Terminology

The Townsville Hospital and Health Service acknowledges First Nations Aboriginal and or Torres Strait Islander people's right to self-determination. This includes the terminology used for cultural identification, including preferred ways of collectively referring to First Nations Aboriginal and or Torres Strait Islander people.

The Townsville Hospital and Health Service First Nations Health Equity Strategy adopts terminology:

“Aboriginal and Torres Strait Islander peoples” and “First Nations peoples” are used interchangeably rather than “Indigenous” – while recognising that First Nation Aboriginal and or Torres Strait Islander people have distinct cultures and identities.

Culturally safe and responsive health care encompasses both First Nations Aboriginal and Torres Strait Islander-led models of care, practice and service-delivery.

Townsville Hospital and Health Service respects the choice of First Nations Aboriginal and or Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including sovereign peoples or traditional place names.

Townsville Hospital and Health Service First Nations Health Equity Strategy Implementation Plan 2022-2025

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Cultural Advisement

Aboriginal people and Torres Strait Islander people are advised that this Townsville Hospital and Health Service First Nations Health Equity Strategy Implementation Plan 2022-2025 may contain reference to or images of people who have passed.

Cover artwork: *The Intergration of Two Worlds* by Robert Paul.

Acknowledgment of Country

Townsville Hospital and Health Service (THHS) acknowledge the Traditional and Cultural Custodians of the lands, waters, and seas on which our health facilities are placed. We pay our respects to Elders past and present and recognise the role of current and emerging leaders in shaping a better health system.

We acknowledge First Nations peoples in North Queensland are both Aboriginal peoples and Torres Strait Islander peoples and we thank all Aboriginal and Torres Strait Islander people and prescribed stakeholders who have contributed and continue to contribute to the co-development and implementation of the Townsville Hospital and Health Service First Nations Health Equity Strategy. We recognise and value the continued leadership of all Aboriginal and Torres Strait Islander people in shaping and driving change to put First Nations First as we journey towards health equity. We look forward to walking and working together to achieve health equity for First Nations peoples.

Townsville Hospital and Health Service is proud to recognise and celebrate the cultural diversity of our communities and workforce at the following locations:

Location	Traditional Custodians
Townsville	Bindal (Birri Gubba) and Gurrumbilbarra Wulgurukaba
Palm Island	Manbarra Bwgcolman (historical)
Ayr/Home Hill	Juru (Birri Gubba) Bindal (Birri Gubba) - still to be determined
Charters Towers	Gudjal
Ingham	Nywaigi Warrgamay Bandjin
Cardwell	Girramay
Richmond	Wanamara / Woolgar Valley
Hughenden	Yerunthully

The term First Nations people is used throughout the document to be inclusive of all Aboriginal and Torres Strait Islander people.

A decorative graphic on the left side of the page, featuring a series of wavy, vertical lines in shades of blue and white, creating a textured, water-like effect. The pattern is contained within a yellow border that follows the curve of the page.

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Background

Journeying Together

Townsville Hospital and Health Service is committed to working in true partnership with Aboriginal and Torres Strait Islander peoples, communities, and organisations to achieve equitable health and wellbeing outcomes. Townsville Hospital and Health Service welcomes legislative amendments passed in April 2020 to the Hospital and Health Boards Act 2011 and April 2021 to the Hospital and Health Boards Regulation 2012. This legislation signals a system-wide change and commitment to eliminating racism in the Queensland Health system and improving the cultural safety and accessibility of services for Aboriginal and Torres Strait Islander peoples.

First Nations Health Equity Strategy Implementation Plan

This implementation plan outlines how the THHS First Nations Health Equity Strategy will be delivered. Like the strategy, this plan requires all THHS staff, individually and collectively, to better understand the equitable delivery of healthcare. This plan guides the fundamental changes to our education, policies, planning and practices so our services are responsive to the needs of Aboriginal and Torres Strait Islander peoples.

Actions have been developed against each of the First Nations Health Equity Strategy's five Key Priority Areas (KPAs) with the aim that the outputs from these actions result in changes in our usual business practices to ensure that all aspects of Health Equity are reflected in all that we do.

Key Priority Areas:

- ① **Actively eliminating racial discrimination and institutional racism**
- ② **Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor, and review services**
- ③ **Delivering sustainable, culturally safe, and responsive healthcare services**
- ④ **Increasing access to healthcare services; and**
- ⑤ **Influencing the social, cultural, and economic determinants of health.**

Further planning details will be developed from Implementation Plan consultation (accountable leads, baseline data, targets, and costings).



Our Journey Artwork

Artwork Story

The Integration of Two Worlds

Our First Nations Health Equity Artwork was created by Juru artist, Robert Paul for THHS. In the middle is a large circle with multiple layers. This depicts the health care system. Within the large circle are different departments of health care services, including health care workers, with members and families from both Aboriginal and Torres Strait Islander communities.

The outer layer of the large circle has small “u” shaped symbols, with small dots in between. These symbols represent health care workers, who are culturally sensitive to the needs of both Aboriginal and Torres Strait Islander people. Coming in from the left-hand side are two paths. One with white feet, the other with dark feet. They come together at a junction and walk side by side into the health care system. This is the beginning of working together, to improve health outcomes. The journey continues out the other side of the circle, with the path representing the help needed to travel to the various centres outside communities, to access health care they require. It depicts both the giving, and acceptance of help.

The blue waves at the top of the design represents the waters of the Torres Strait Islands. The circles in these waves are the many Islands of the Torres Strait. The smaller circles inside, represent the community and families of the island. The arrows in the lines between the circles, represent individuals travelling from the outer islands to onshore community healthcare centres. The arrows travelling from these centres to the larger circle, show the individuals being directed into the health care system. There are a few paths leaving the health care system. The blue lines depict the health care workers following up on the individuals, making sure they have assessed and understood their special needs. The brown lines represent the individual and their family members making their own way to the services, required to help them with their health needs. At some of these larger circles are more “u” shaped symbols. These depict healthcare workers that are sensitive to the needs of both Aboriginal and Torres Strait Islander people, following up and assisting them.

At the bottom of the design are small leaves in each corner. These represent the traditional medicines of local Aboriginal and Torres Strait Islander people and communities. There are multiple learning areas, made up of larger “u” shaped symbols facing three smaller “u” shaped symbols. The larger symbols are Elders and culturally sensitive health care workers that are helping to educate other members of the health system, about the needs and requirements of Aboriginal and Torres Strait Islander people, families, and communities.



About the artist

Robert was born in Bowen, North Queensland, home of the Juru people. Robert did part time studies at the Barrier Reef Institute of TAFE where he achieved certificates in Cultural and Vocational Studies. In 1999, he enrolled in a Bachelor of Communication Design at James Cook University where he applied and was successful in achieving an Equity Scholarship. Robert graduated in 2003 and started his own business in graphic design, illustration and murals. He has now painted over 20 murals for schools throughout Townsville and Bowen and has been involved in numerous publications of Indigenous works.

Our Mission

Improve health and wellbeing outcomes and close the gap in life expectancy for Aboriginal and Torres Strait Islander peoples.

Our Vision

Better Journeys Better Outcomes

Which WAY? Two WAY
What WAY? Together WAY
How WAY? Journey WAY

Achieving our Vision

We will achieve our vision by working together, in partnership with Aboriginal and Torres Strait Islander peoples, families and communities to improve health journeys, service experiences, and access to care across our whole health system.

Our Values

The Townsville HHS's values underpin, and are consistent with, the Queensland Public Service values of customers first, ideas into action, unleash potential, be courageous and empower people.

- Integrity
 - Compassion
 - Accountability
 - Respect
 - Engagement.
-

Our Guiding Health Equity Principles

- Partnerships
 - Cultural respect
 - Aboriginal and Torres Strait Islander health is “everyone’s business”
 - Evidence-based and accountable
 - Community engagement and participation in decision-making.
-



Consultation

Townsville HHS made a commitment that all stakeholders would be engaged with through the consultation phase for the development of the First Nations Health Equity implementation plan. This was due in part due to previous consultation being during the period of COVID. The consultation provided good face to face re engagement with the community.

The online survey was publicly available for all members of the THHS and community, and this was promoted during all face-to-face consultation sessions held. A total of 98 responses were received with 28 respondents identifying as Aboriginal and or Torres Strait Islander. Seventy-three (73%) respondents were employed at THHS and of this cohort 9 identified as Aboriginal and or Torres Strait Islander.

This consultation journey throughout the implementation plan as the HHS acknowledges the needs for the community to have a voice and that this voice is acknowledged, heard, and respected. Townsville HHS is committed to embedding this shared journey of working together to improving the health outcomes for all First nations people.

Prescribed consultation stakeholders who have been engaged with

DEVELOPMENT STAKEHOLDERS

First Nations staff members
First Nations health consumers
First Nations community members
Traditional custodians/owners and native title holders in the service area

IMPLEMENTATION STAKEHOLDERS

Health and Wellbeing Queensland
The Chief Aboriginal and Torres Strait Islander Health Officer (CATSIHO)
Queensland Aboriginal and Island Health Council (QAIHC)

SERVICE DELIVERY STAKEHOLDERS

Aboriginal and Torres Strait Islander community-controlled health organisations (ATSI CCHOs) in the service area
Local primary healthcare organisations (including PHNs)

Journey WAY

Consultation

July

Townsville Hospital and Health Service (THHS)

- Service Groups
- ATSIHLAC
- Research
- THHS HES Steering Committee

Community

- Townsville
- Charter Towers
- Hughenden
- Richmond
- Palm Island

July/August

Partners

- TAIHS
- PICC
- PHN

THHS First Nations Health Equity Implementation Plan Draft Survey

Prescribed stakeholders

August

Community

- Ayr
- ATSIKAN

Ongoing Engagement

THHS staff
Traditional Owners
Community
Stakeholders
Partners



Monitoring and Evaluation

Outcome Measures

The First Nations Health Equity Key Performance Measures (KPM) are a legislative requirement under the HHB Regulation (2012). All Hospital and Health Services are required to provide an annual public report on the following set of common measures:

State Prescribed First Nations Health Equity Key Performance Measures		Baseline	Target
KPM 1	Decrease potentially avoidable deaths (Links to Key Priority Area 4)	TBD	TBD
KPM 2	Increased the proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birth weights. Healthy Birth weight $\geq 2500\text{g}$ (Links to Key Priority Area 3)	86.6% Other Queenslanders 93.2%	6.6% improvement to reach parity
KPM 3	A decreased rate and count of First Nations suicide deaths (Links to Key Priority Area 5)	TBD	TBD
KPM 4	Increased proportion of First Nations Adult patients on the general care dental waitlist waiting for less than the clinically recommended time (Links to Key Priority Area 4)	100% Other Queenslanders 100%	100% To maintain parity
KPM 5	Elective Surgery – increased proportion of First Nations patients treated within clinically recommended time (Links to Key Priority Area 4)	67.7% Other Queenslanders 61.1%	To maintain equal or better parity
KPM 6	Specialist outpatients – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment (Links to Key Priority Area 3)	36.1% Other Queenslanders 34.2%	1.9% improvement to reach parity

State Prescribed First Nations Health Equity Key Performance Measures		Baseline	Target
KPM 7	Increased proportion of First Nations people receiving face to face community follow up within 1 to 7 days of discharge from an acute mental health unit (Links to Key Priority Area 5)	68.4% Other Queenslanders 71.8%	3.4% improvement to reach parity
KPM 8	Increased proportion of First Nations people completing Advances Care planning (Links to Key Priority Area 3)	TBD	≥ 9%
KPM 9	Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the First Nations population (Links to the THHS Aboriginal and Torres Strait Islander Workforce Strategy 2022 – 2031)	3.56%	6.42% min 9.27% by 2025
KPM 10	Increase the proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey) (Links to Key Priority Area 1)	TBD	TBD
KPM 11	Integrated care pathways - Increased proportion of care pathways in place for rural and remote First Nations patients with co-morbidities (rural and remote) (Links to Key Priority Area 4)	TBD	TBD

A set of initial measures tailored for the THHS are included in this implementation plan. And where possible existing data systems are used to inform effective implementation and monitoring of project outcomes. All services are required to collect appropriate datasets that inform the planning and delivery of services, and report progress toward First Nations Health Equity outcomes.

Key Priority Area	THHS Performance Measures	Baseline	Target
KPA1: Actively eliminating racial discrimination and institutional racism within the HHS	PM1.1 - Number of staff complaints of racism and/ or discrimination	TBD	TBD
	PM1.2 - Number of consumer complaints of racism and/ or discrimination	TBD	TBD
KPA2: Working with First Nations people, communities and organisation to design, delivery, monitor and review health services	PM2.1 - Number of potentially avoidable deaths (linked to KPM 1)	TBD	TBD
	PM2.2 - Percentage of First Nations people treated within a clinically recommended time frames (linked to PM 4.7 and 5 for elective surgery)	67.7% Other Queenslanders 61.1%	To maintain equal or better parity
KPA3: Delivering sustainable, culturally safe, and responsive healthcare services	PM3.1 - Increase the percentage of staff who have completed mandatory Cultural Online Training within their first 14 days	92%	90%
	PM3.2 - Increase the percentage of staff who have completed face-to-face Cultural Practice Program within their first 90 days	26.5%	70%
	PM3.3 - Increase the proportion of baseline funds allocated to First Nations programs	TBD	TBD
	PM3.4 – Staff participation rates in First Nations dedicated training and development programs	TBD	TBD
KPA4: Increasing access to healthcare services	PM4.1 - Number and type of formalised partnerships with First Nations organisations	TBD	TBD
	PM4.2 - First Nations Telehealth utilisation	13.1%	9.3%
	PM4.3 - Percentage of First Nations people who Discharge Against Medical Advice (DAMA)	3.0% Other Queenslanders 1.2%	1.8% improvement to reach parity




	PM4.4 - Percentage of First Nations people who did not wait (DNW)	5.2% Other Queenslanders 2.6%	2.6% improvement to reach parity
	PM4.5 - Specialist outpatients – decrease the proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment (Linked to KPM 6)	36.1% Other Queenslanders 34.2%	1.9% improvement to reach parity
	PM4.6 - Average length of stay for First Nations people	5.96 days Other Queenslanders 5.75 days	0.2% improvement to reach parity
	PM4.7 - Percentage of First Nations people treated within a clinically recommended time frames (linked to PM 2.2 and KPM 5)	84.7% Other Queenslanders 83.3%	To maintain equal or better parity
KPA5: Influencing the social, cultural, and economic determinants of health	PM5.1 - Funds received for First Nations research activity	TBD	TBD
	PM5.2 - Number of research publications by First Nations staff or with a Health Equity focus	TBD	TBD
	PM5.3 - Percentage of staff who identify as First Nations (linked to KPM 9)	3.56%	6.24%min 9.27% by 2025 to reflect community representation

Data reporting

Townsville Hospital and Health Service has developed a First Nations Safety and Quality Report which is a monthly data reporting including year to date, variance and the 2-year monthly trending is completed by the Performance and Business Informatics unit.

As atA	A & TSI			Non-First Nations	Variance	2 year Monthly Trend
	# Month	#YTD	Target	% YTD		

- Population based measures compare First Nations %YTD to Non - First Nations population 9.3%, no indicators.
- Other measures with indicator compare the %variance First Nations to – Non-First Nations.

		Higher result desired measure	Lower result desired measure
GREEN		% variance \geq 0% First Nations performance better than or equals to Non-First Nations)	% variance \leq 0% (First Nations performance better than or equals to Non-First Nations)
AMBER		-5% \leq % variance $<$ 0%	5% \geq %variance $>$ 0%
RED		% variance $<$ 5%	%variance $>$ 5%

Ref: Indicators as per the THHS Aboriginal and Torres Strait Islander Safety and Quality Report

Progress reporting

Progress reports will be provided to the:

- Board, to ensure access to health trend data that informs program and policy development to best meet local priorities and need
- Community, in the form of an annual report to promote transparency and informed decision making.

Progress reporting against actions will utilise the reporting mechanism below.

Criteria

RED	The action has not commenced Under 10% of the work is underway The action is overdue
AMBER	The action has started and is between 10 and 70% complete The action is on track
GREEN	The action is underway and 70% complete The action is completed The action is on track to be completed on time

Governance

The overarching accountability of the Townsville Hospital and Health Services First Nations Health Equity Strategy 2022-2025 ultimately sits with the Townsville Hospital and Health Service Board and the Townsville Hospital and Health Services Chief Executive.

The responsibility for implementation of the Townsville Hospital and Health Services First Nations Health Equity Strategy 2022-2025 will rest with a new steering committee: Townsville Hospital and Health Services First Nations Strategic Oversight Committee. This Committee will comprise of Townsville Hospital and Health Service Leadership Team members, community Elders and external prescribed partners.



Back left: Stephen Eaton, Chief Operating Officer, Kieran Keyes, Health Service Chief Executive, Louise Hayes, Executive Director Digital Health and Knowledge Management.
Middle left: Danielle Hornsby, Executive Director Allied Health, Dr Jason Yates, Acting Chief Medical Officer, Anthony Mathas, Chief Finance Officer, Sharon Kelly, Executive Director People, Strategy and Governance.

Front left: Amanda Cooms, Executive Director Aboriginal and Torres Strait Islander Health, Judy Morton, Executive Director Nursing and Midwifery Services, Stuart Garantzotis, Executive Director Infrastructure Program Delivery, Marina Daly, Executive Director Clinical Governance

Key stakeholders for monitoring progress of First Nations Health Equity Strategy

Role	Responsibility
Executive Director Aboriginal and Torres Strait Islander Health	Executive responsible for providing appropriate leadership for the implementation and leading the Health Equity agenda for the Health Service
Board Stakeholder Engagement Committee	Conveys assurance to the Board on the progression of the implementation plan
Townsville Hospital and Health Services First Nations Strategic Oversight Committee	Responsible for delivery of the <i>Townsville Hospital and Health Services First Nations Health Equity Strategy 2022-2025</i>
ATSIHLAC	Provide operational oversight for monitoring and progressing actions
ATSICAC	Consulted for advice and expertise, and provide to the Oversight Committee, the Board and the Strategic leadership team as required.
Service Groups	Accountable for delivering aspects of the implementation plan and monitoring and reporting their progress within the monthly activity reports and accompanying commentary
Working Groups	Action and time specific working groups for example the RAP working group

The Townsville Hospital and Health Service First Nations Oversight Committee will be responsible to

- Ensure that there is positive social media exposure at least twice per year
- Progress report will be provided to staff and external stakeholders twice per year

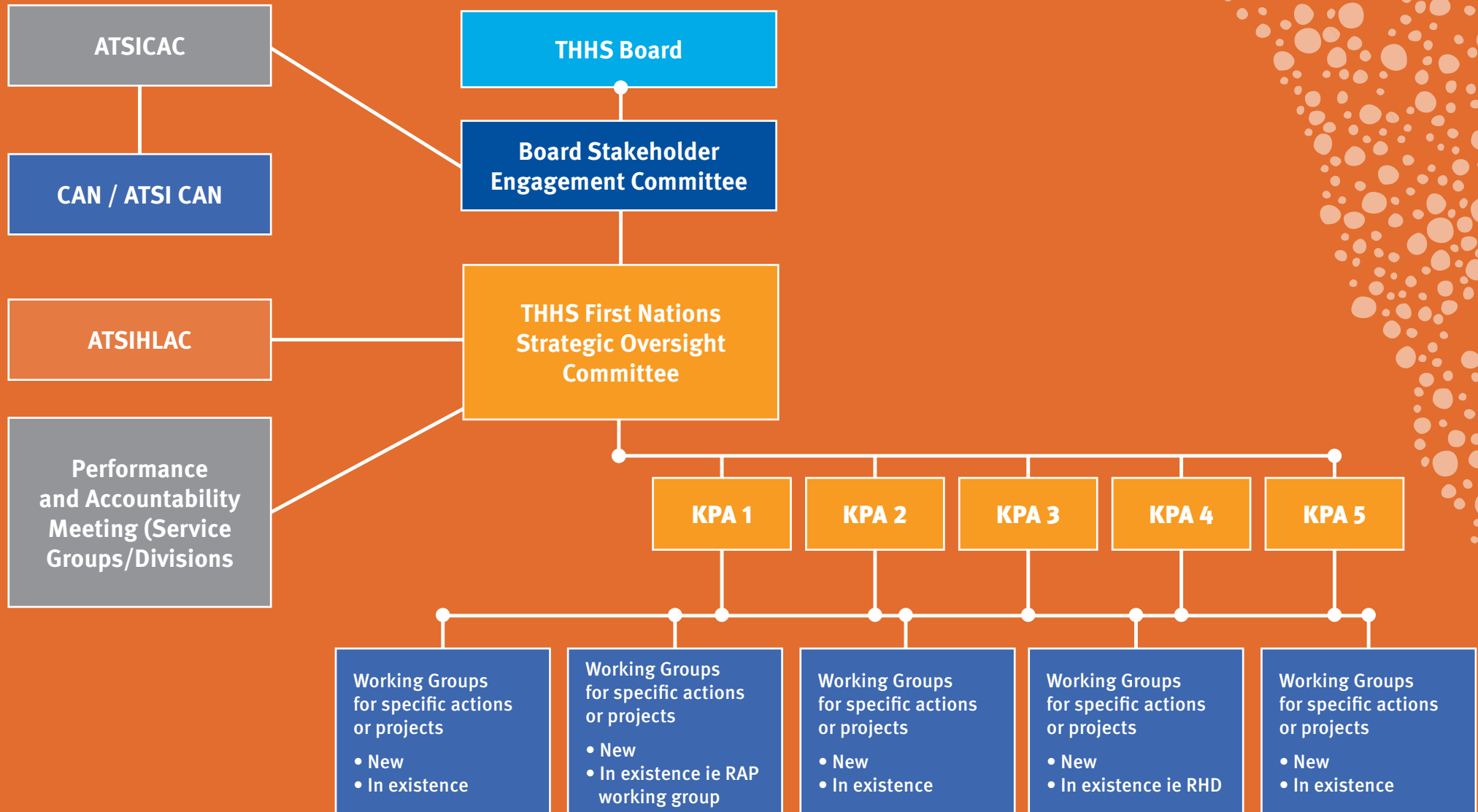
The membership will consist of

- Board representation
- Chief Executive
- Chief Operating Officer
- Executive Director Aboriginal and Torres Strait Islander Health
- Executive Director Clinical and or Corporate Governance

- Representative from the Program Management Office
- Representative from the Planning office
- Representative from TAIHS
- Representative from PICC
- North Queensland PHN
- Department of Communities
- Department of Seniors, Disability and Aboriginal and Torres Strait Islander Partnerships
- Various relevant community stakeholders

Each KPA will have co-chairs being and a nominated THHS Executive sponsor with a First Nations person. This person may not be an THHS employee.

Governance Structure for the THHS First Nations Health Equity Strategic Oversight Committee



Implementation Plan Actions



Key priority area 1:

**Actively eliminating racial
discrimination and institutional
racism within THHS.**

Cultural respect is achieved when our health system is safe, accessible, and responsive for Aboriginal and Torres Strait Islander people and cultural values, strengths and differences are respected.

We recognise the diversity of our workforce and our community however we will use this opportunity to eliminate racism and build trust.





What will we see?

Year 1	Year 2	Year 3
<p>Cultural safety is starting to be embedded in THHS models of care and programs.</p> <p>THHS is promoting their commitment to safe, inclusive, and respectful workplaces where staff are valued and supported.</p> <p>THHS webpage for First Nations Health Equity.</p>	<p>A change in the behaviour and communication towards staff and patients who identify as Aboriginal and/or Torres Strait Islander.</p> <p>Improved reporting of instances of racial discrimination, lateral violence, and institutional racism within the service.</p> <p>The organisation's cultural capacity is supported with evidence-based cultural capability and racial equity education and training.</p> <p>Engagement with Aboriginal and Torres Strait Islander community to codesign a positive race relations campaign.</p>	<p>That racism is not accepted by the THHS and that it is easy to report, and it will be addressed.</p> <p>Publication of process improvements.</p> <p>Aboriginal and Torres Strait Islander people feel comfortable and safe to report positive experiences and episodes of racism.</p>

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure/Output
1.1 Committing to a zero-tolerance workplace culture to address and actively eliminate racism and discrimination	Codesign and implement an anti-racism campaign that incorporates existing and new legislation policies.	ED Aboriginal & Torres Strait Islander Health	2024	PM1.1 PM1.2
	Review the existing THHS internal and external web pages to promote all aspects of First Nations Health Equity Strategy so staff and community have a single point of reference.	ED Aboriginal & Torres Strait Islander Health	2024	Update the existing internet and intranet site.
	Increase awareness of the purpose and importance of the Acknowledgement of Country through: <ul style="list-style-type: none"> • updating existing education programs to include the purpose and differences between the Acknowledgement of Country and Welcome to Country in the cultural practice program and THHS orientation, • creating and distributing an Acknowledgement of Country lanyard card; • promoting the inclusion of Acknowledgement of Country at all minuted meetings 	ED Aboriginal & Torres Strait Islander Health	2023/2024 2024	Education updates Acknowledgement of Country lanyard card



What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
	Develop a protocol to guide the review of all existing THHS policies and procedures with a focus on: <ul style="list-style-type: none"> reportable racial discrimination and abuse; enhancing the awareness of the distinction between Aboriginal peoples and Torres Strait Islander peoples' cultural protocols; and alignment with the current Human Rights and Anti-discrimination acts / legislation. 	ED People, Strategy & Governance	2024/2025	THHS internal guideline produced and integrated into usual practices for development of new policies and review of current documents.
	Introduce an anti-discrimination and institutional racism statement in the THHS Values in Action and all related documents, including role descriptions, key selection criteria for staff recruitment, and interview questions.	ED People, Strategy & Governance	2024/2025	PM1.1 PM1.2
1.2 Respectfully calling out racist assumptions and profiling as and when it happens across our health service and system.	Establish definitions, policies, and procedures to report discrimination and perpetual acts of racism, ensuring reporting and escalation pathways are clear. Develop and integrate a guide that includes a check list that supports the inclusion of positive race relations.	ED People, Strategy & Governance	2024 2025	PM1.1 PM1.2
1.3 Undertaking surveys or other engagement activities with First Nations service users and workforces to identify and address instances of racial discrimination and institutional racism that may be occurring.	Establish within the existing THHS complaints and complaints unit a dedicated identified resource for First Nations workforce and patients that provides cultural safety and context for complaint management.	ED Clinical Governance	2025+	PM1.1 PM1.2
	Statewide upgrades to Risk Man to support the reporting of racism.	ED Clinical Governance	2025	PM1.1 PM1.2
	Enhance the data collection to improve the measurement of racism and cultural safety.	ED Clinical Governance	2025	PM1.1 PM1.2

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure (PM) / Output
1.4 Reviewing existing policies, procedures, and practices to identify and address racial discrimination and institutional racism.	Implement newly established protocol (1.1) within usual business practices to ensure existing THHS policies and procedures align with the current Human Rights and Anti-discrimination acts / legislation.	ED People, Strategy & Governance	2024/2025	New protocol applied to 100% new and reviewed policies and procedures within the reporting period.
1.5 Developing resources for service users, families, and communities to understand their rights if they experience racism and what they can actively do about it.	Review the existing THHS internal and external web pages to supports users, families, and communities to understand their rights if they experience racism and what they can actively do about it. Content will be relatable and support Aboriginal and Torres Strait Islander users	ED Aboriginal & Torres Strait Islander Health	2025	Update the existing internet and intranet site
1.6 Engaging all levels of staff in an anti-racism, unconscious bias, and achieving Racial Equity learning journey.	Review and update the existing Cultural Practice Program (CPP) to ensure it incorporates learning on anti-racism, unconscious bias, and Achieving Racial Equity. Review will include practical place-based skills and resources.	ED Aboriginal & Torres Strait Islander Health	2024	Updated CPP PM1.1 PM1.2
1.7 Investing in regular (annual) independent organisational assessments against validated institutional Racism measures.	Development and implementation of a Racism Matrix that utilises validated tools to enable independent assessment to be conducted annually. As part of the annual THHS staff survey consideration be given to include a question about racism i.e., I feel that my organisation provides a culturally safe work environment for First Nations people	ED People, Strategy & Governance	2025+ 2025	Report from first independent assessment PM1.1 PM1.2
1.8 Enabling quarterly trust building and “truth-telling” community engagement activities facilitated by THHS leadership groups for deep listening to lived experiences of local and regional health care and service delivery.	Define what “truth-telling” means for our community and the health service and develop a framework that/which facilitates “truth-telling”. Support includes mechanisms to support employees if truth telling sessions raises any concerns.	ED Aboriginal & Torres Strait Islander Health	2024	PM1.1 PM1.2



Key priority area 2:

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

Healthcare and health service delivery systems are informed by active and meaningful partnerships and engagement with Aboriginal and Torres Strait Islander health service users, consumers, families, and communities.





What will we see?

Year 1	Year 2	Year 3
<p>Aboriginal and Torres Strait Islander people are sought out for their cultural knowledge, advice, and mentoring.</p> <p>Increased awareness of existing Aboriginal and Torres Strait Islander targeted programs and identification of current service gaps.</p> <p>Increased visibility at Aboriginal and Torres Strait Islander community events by THHS staff.</p> <p>Aboriginal and Torres Strait Islander representation on the project to review TUH Food Service model.</p>	<p>Improved service delivery, and seamless treatment and referral pathways.</p> <p>Improved resources to support the patient's journey inclusive of transport, accommodation, and meals.</p> <p>Increased engagement with our Elders to explore options for healthcare in community.</p> <p>Increased visibility of IHLO and HW's to support Aboriginal and Torres Strait Islander patients to support care coordination and communication</p>	<p>Data demonstrates increased access to culturally safe health care services.</p> <p>Aboriginal and Torres Strait Islander people will be engaged in their own health care journey.</p> <p>Health services will engage with Aboriginal and Torres Strait Islander people in designing and reviewing health care services.</p> <p>Health services will meet the accreditation standards to ensure they are inclusive of the needs of Aboriginal and Torres Strait Islander people</p>

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
2.1 Identifying culturally appropriate models of care, innovation, and excellence across THHS and peer services to adopt and scale	Implement the First Nations Patient Journey Hub to coordinate culturally safe care in the community.	ED Aboriginal & Torres Strait Islander Health	2023	Commencement of new service
	Collaborate with consumers to update model of care template/s used across the health service to encompass cultural safety and care, so that they can be used in the design of future services.	ED Clinical Governance	2024	Model of care template published on QHEPS and promoted to staff across THHS.
	Create appropriate, accessible data reporting to inform service planning across the Health Service. Review data sets and capture the variation between urban, rural, and remote to assist with developing specific First Nations health programs to target closing the gaps.	Chief Finance Officer	2024	Data reporting created and accessible.



What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
2.2 Evaluating and upgrading our THHS Consumer and Community Engagement Strategy to improve equitable and inclusive communication, participation, and engagement with our Aboriginal and Torres Strait Islander people service users, consumers, and communities.	Identify opportunities for First Nations people to be engaged in actions contained within the new Townsville HHS Consumer and Community Engagement Strategy	ED People, Strategy & Governance	2024	Identified opportunities
2.3 Increasing participation and meaningful engagement by equitably resourcing and supporting the functioning of our Aboriginal and Torres Strait Islander Community Advisory Council (ATSICAC) and increase Aboriginal and Torres Strait Islander representation on the Consumer Advisory Networks (CANs).	First Nations Health Equity as a standing agenda item at ATSICAC and ASTIHLAC.	ED Aboriginal & Torres Strait Islander Health	2023	Agenda template updated and change adopted.
	Review Terms of Reference and membership of ATSICAC.	ED Aboriginal & Torres Strait Islander Health	2023	Review completed
	Partner with existing CANs to develop and run a promotional campaign aimed at increasing Aboriginal and Torres Strait Islander representation where no specific local First Nations CAN. Support CANs to include First Nations health outcomes for their community as an agenda item.	ED Aboriginal & Torres Strait Islander Health	2024	Promotional campaign completed and representation improved.
2.4 Increasing participation and visible representation of First Nations Leaders, managers, staff, service users, and communities in clinical and cultural governance: to support improved co-design engagement with health service planning, redesign, safety and quality compliance and continuous quality and service improvement.	Identify current and potential First Nations opportunities for participation in clinical and cultural governance. Develop and implement a promotional campaign to communicate the current participation opportunities.	ED People, Strategy & Governance	2024/2025	Participation opportunities communicated and participation invited.



What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
2.5 Increasing non-Indigenous participation in key days of cultural significant to support organisational cultural learning and understanding.	Launch of the THHS 2023-2025 Innovate Reconciliation Action Plan (RAP).	ED Aboriginal & Torres Strait Islander Health	2023	THHS RAP is published.
	Promote and encourage all staff to participate in days of cultural significant for First Nations people.	ED Aboriginal & Torres Strait Islander Health	2023, 2024, 2025	Engagement monitored
2.6 Investing in the development of a culturally responsive digital Engagement and JourneyWAY Service Coordination communication platform: to include Wayfinding, Service Integration, Care Coordination, Community Partnerships and Workforce Engagement and Support.	In collaboration with Aboriginal and Torres Strait Islander consumers review the existing THHS website content and make recommendations on how to improve the Townsville HHS website to ensure that it maps First Nations health services, education, and targeted programs.	ED Aboriginal & Torres Strait Islander Health	2024	Revised internet and intranet content that is culturally appropriate.
2.7 Focusing on what matters to our service users, families and communities and upgrading our patient reported experience measures to include cultural and spiritual needs assessment.	Advocate for the development of a Statewide specific First Nations patient experience tools and reporting.	ED Clinical Governance	2025	Report on outcomes from Statewide engagement.
	Engage an Aboriginal and Torres Strait Islander consumer on the Food Service Model Review Steering Group.	ED Allied Health	2023	Review completed.
2.8 Upgrading our outcome measures to include feedback from consumers about how clinicians, care navigators, social and cultural coordinators worked together to deliver integrated care and connection to community-based services.	Partner with Aboriginal and Torres Strait Islander consumers to undertake a review of current consumer feedback pathways, and make recommendations as to how feedback is received, shared, and evaluated. With the aim to have processes that enable all First Nations people of all needs and abilities to provide feedback on THHS health services and systems.	ED Clinical Governance	2025	Updated consumer feedback pathways be available and publicised.



Key priority area 3:

Delivering sustainable, culturally safe, and responsive healthcare services.

Mainstream services that are culturally safe and responsive play a key role in closing the gap in health outcomes for Aboriginal and Torres Strait Islander people.





What will we see?

Year 1	Year 2	Year 3
Greater integration of culturally safe care in the day-to-day practices of all our staff.	A promotion of the unique cultural value that Aboriginal and Torres Strait Islander staff provide including the cultural knowledge, understanding, trust, lived experience.	Increased numbers of Aboriginal and Torres Strait Islander staff and that they are supported in their role and the team. THHS will become an employer of choice for Aboriginal and Torres Strait Islander people.

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
3.1 Developing pathways to reach our goal of organisation-wide mandatory Cultural Capability Training completion rate of 90% within three years.	Develop a targeted communication campaign to promote completion of the mandatory CPP Training (online) to existing staff.	ED Aboriginal & Torres Strait Islander Health	2024	PM3.1 PM3.2
3.2 Continuing to embed and implement the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 and regularly report our annual increase in mandatory training compliance towards 90%.	Review delivery of the current CCP (face to face) to support completion rate of 70% within three years and 90% within five years. The review will include contemporary and virtual models to provide greater access.	ED Aboriginal & Torres Strait Islander Health	2024	PM3.1 PM3.2
3.3 Improving delivery and access to cross-cultural learning programs to enable culturally secure, safe, and responsive care, service delivery and service environments.	Review resourcing requirements to support review of all cultural training practices and growth in delivery requirements for THHS.	ED Aboriginal & Torres Strait Islander Health	2024/2025	PM3.1 PM3.2
3.4 Enhancing our Cultural Capability training programs in partnership with community to support progression of our place-based organisational Cultural Capability learning journey.	Evaluate current CCP against the expanded needs identified in the First Nations Health Equity Strategy; considering user feedback and consumer input into the design of any future program with the aim to build the capacity of all employees.	ED Aboriginal & Torres Strait Islander Health	2024	PM3.1 PM3.2



What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
3.5 Valuing culturally safe service delivery by prioritising recruitment and professional development of Two-Way registered health practitioners (Aboriginal and Torres Strait Islander Health Worker/ Practitioner) with targeted recruitment of ten (10) ATSIHW&P, inclusive of opportunities for attraction and retention.	Review and develop the scope of practice for Aboriginal and Torres Strait Islander Health Worker / Practitioner that will support a professional development pathway.	ED Aboriginal & Torres Strait Islander Health	2023/2024	Scope of practice and pathways guide developed
	To develop and incorporate a cultural diversity statement in all THHS role description templates.	ED People, Strategy & Governance	2024	Role description templates created and available
	Develop and gain endorsement of funding for a 3-year recruitment, service, and supervision plan to enable the recruitment of ten (10) ATSIHW&P.	ED Aboriginal & Torres Strait Islander Health	2025+	PM3.3 Ten (10) ATSIHW&P recruited.
3.6 Valuing our cultural health profession and ATSIHW&P discipline by transitioning professional supervision and development planning and reporting to Indigenous Health Service Division.	Undertake a review of best practice requirements for cultural support and supervision requirements for the ATSIHW&P workforce and collaborate with First Nations staff to identify the key components required.	ED Aboriginal & Torres Strait Islander Health	2025	Report summarising the review and recommendations.
	Develop, implement, and evaluate cultural supervision model for ATSIHW&P.	ED Aboriginal & Torres Strait Islander Health	2025+	Cultural supervision model implemented.
3.7 Valuing First Nations staff by working in partnership with staff and our Aboriginal and Torres Strait Islander health Leadership Advisory Council (ATSIHLAC) to facilitate and resource improved workplace support, workforce wellbeing and professional leadership development for our Aboriginal and Torres Strait Islander workforce.	Development and launch of Leadership Program.	ED People, Strategy & Governance	2023	First Nations Leadership Program is established. PM3.4
	Develop a mentoring program to support the career development of Aboriginal and Torres Strait Islander Nurses and Midwives.	Executive Director of Nursing & Midwifery	2024/2025	Mentoring program established
	Develop, implement, and evaluate a wrap-around support program for current Aboriginal and Torres Strait Islander traineeships, to be inclusive of resource requirements to deliver ongoing support: <ul style="list-style-type: none"> • Deadly starts • Dental • Administration 	ED Aboriginal & Torres Strait Islander Health	2025	Support program for current Aboriginal and Torres Strait Islander traineeships is active.



What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
	Develop a culturally appropriate support and mentorship program for all Aboriginal and Torres Strait Islander employees.	ED People, Strategy & Governance	2025	Program developed
	Identify the cultural needs of patients and employees and include this into a junior clinical workforce education program that underpins the revised junior medical training requirements.	Chief Medical Officer	2024/2025	Junior medical workforce training programs updated and implemented.
	Maintain Indigenous Pathways Coordinator within Medical Education and Workforce Services (MEWS) to support Aboriginal and Torres Strait Islander Doctors at THHS.	Chief Medical Officer	2023,2024,2025	Position maintained.
3.8 Supporting our health workforce to understand the positive impacts of strengths-based approaches and how to apply a healing-informed care framework in service delivery.	Develop, launch, and promote an online learning program for staff on strengths-based approaches and how to apply a healing-informed care framework in service delivery. Participation rates to be reported annually.	ED People, Strategy & Governance	2025	PM3.4



Key priority area 4:

Increase access to healthcare services.

We will increase access by removing barriers and better coordinating culturally determined journey-based models of care, practice, and service delivery.



What will we see?

Year 1	Year 2	Year 3
<p>Stronger engagement with community in service design and planning.</p> <p>Development and implementation of the Patient Journey Hub.</p> <p>Expansion of the First Nations MGP in collaboration with Yamani Meta.</p>	<p>An integrated consumer care journey through coordinated shared care.</p> <p>Review of services (existing and new models) with Townsville HHS, ACCHOs and other agencies across the HHS.</p> <p>Culturally appropriate and coordinated health care services for our Elders integrated into the Older Persons strategy and program.</p> <p>Improve health journeying for patients wishing to return to county for palliation with support.</p> <p>Decreases in DAMA, FTA, did not wait and improved engagement in hospital avoidance strategies.</p> <p>Promotion of Telehealth use with First Nations peoples to enable treatment closer to home.</p>	<p>Increased targeted preventative health programs, underpinned by a strengths-based, cultural determinants and collaborative model.</p> <p>Prioritising the development of community connected services and models of care that enable life, family and community wellness and decrease preventable hospital admissions.</p> <p>Host an annual showcase of exceptional services delivered with and or for Aboriginal and Torres Strait Islander people and communities.</p>

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
4.1 Improving health journeys, and service user experience pathways, improving patient experience and enhancing patient outcomes by Welcome Way entry services that include better arrival planning, coordination, connection and early integration with cultural and social care, and non-clinical support e.g., transport, travel, and accommodation arrangements for Aboriginal and Torres Strait Islander consumers.	Develop and implement a framework to support the engagement of Aboriginal and Torres Strait Islander consumers in the planning of cultural spaces within capital works projects.	ED Aboriginal & Torres Strait Islander Health	2023/2024	Framework developed and implemented.
	Actively engage with Aboriginal and Torres Strait Islander people to develop suitable support hubs for patients and families when away from home.	ED Aboriginal & Torres Strait Islander Health	2024	Report and recommendations.

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
	Complete a gap analysis of current PTSS payments and the costs of travel and accommodation and to investigate options that will assist First Nations patients to access health care.	Chief Finance Officer	2024 – 2025	Report and recommendations.
4.2 Improving health journeys, and service user experience pathways through driving excellence in integrated service delivery and coordinated care practice.	Enhance the utilisation of the existing Aboriginal and Torres Strait Islander Safety and Quality report across the THHS to demonstrate service gaps and where improvements in the health and wellbeing of First Nations people have occurred against performance indicators.	ED Aboriginal & Torres Strait Islander Health	2023/2024	Annual reporting against KPM and KPA
	Undertake a review of the existing prison health service models of health care for the juvenile and adult correctional centres and make recommendations for service improvement projects.	Chief Operating Officer	2025	Report and recommendations.
4.3 Improving health journeys and service user experience pathways through home WAY exit services: better discharge planning, coordination, connection to community and in home care coordination and review.	Evaluate existing palliative care services for Aboriginal and Torres Strait Islander people and their community. Collaborate with SPARTA to develop processes and pathways to enable Aboriginal and Torres Strait Islander people to access palliative care services on country.	Chief Operating Officer	2024/2025	Processes and pathways to enable First Nations people to access palliative care services on country established.
4.4 Establishing culturally responsive communication and information systems for clinicians, practitioners, and service providers for early service user referral to cultural care: Indigenous health Service Division, Cultural Care Coordinators, ATSIHW&P, Indigenous Nurse Navigator.	Review the existing THHS internal and external web pages to supports users, families, and communities. Develop content that is relatable and will support First Nations users. Review existing content on the THHS website in collaboration with First Nations consumers that maps First Nations health services, education, and targeted programs.	ED Aboriginal & Torres Strait Islander Health	2024/2025	Revised internet and intranet content.

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
4.5 Work in partnership with other health care providers to establish culturally responsive communication and information systems for clinicians, practitioners, and service providers to refer and connect service users to community-based services.	Review timeliness of discharge summary and information to the primary care team to support ongoing health care. Advocate for a Statewide project to review information sharing between providers and identify risks, benefits, and feasibility.	Chief Medical officer	2025	Systems and processes established to support sharing of information.
4.6 Prioritising the development of community connected services and models of care that enable life, family and community wellness and decrease preventable hospital admissions.	Seek funding opportunities / partnerships that support the development of collaborative programs in response to First Nations Local Area Needs Assessment.	ED Aboriginal & Torres Strait Islander Health	2023, 2024, 2025	PM3.3
4.7 Prioritising the strengthening of integrated team care planning and coordination and advanced care planning between primary care, specialist outpatient and acute services.	Undertake a review and gap analysis to determine if a cultural care coordinators / concierge model would add benefit to the existing services available with First Nation Patient Journey Hub and IHLs.	ED Aboriginal & Torres Strait Islander Health	2024 / 2025	Review and recommendations.
4.8 Increase capability in the use of Telehealth and digital health, for both providers and consumers to deliver care closer to home.	Ensure cultural requirements are considered in the development of the THHS Telehealth Strategy, by ensuring Aboriginal and Torres Strait Islander representation on the Steering Committee and /or the Working Group. Monitoring, data, and reporting mechanisms will be established.	Chief Operating Officer	2023/2024	PM4.2
4.9 Addressing the disproportionate need to improve the home, skin and heart health of the First Nations children, families and young adults and the sexual health of First Nations consumers.	Launch of extended Integrated Adult Rheumatic Heart Disease (RHD) program for THHS & NWHHS.	Chief Operating Officer	2023/2024	Launch of extended RHD service PM4.5 PM4.8

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure (PM) / Output
	Collaborate with other organisations and agencies to contribute to early intervention and prevention strategies that address primary health and social determinants of health including perinatal mental health, chronic health disease, mental health and substance misuse, older persons, sexual health, oral health, and child safety.	Chief Operating Officer	2024/2025	PM4.1
	Review existing Termination of Pregnancy services to ensure that they are confidential, accessible, and appropriate.	Chief Operating Officer	2024	Report and recommendations on requirements for Termination of Pregnancy services.
	Continue to expand programs that support the Queensland Health Growing Deadly Families Strategy including improving access for First Nations women to MGP programs.	Chief Operating Officer	2025	KPM 2 Decreased maternal risk factors in pregnancy and improved maternal and neonatal outcomes.





Key priority area 5:

Influencing the social, cultural, and economic determinants of health.

We need to strengthen how we effectively address the multiple determinants of 'good health'.

The health of First Nations people is affected by a complex interaction of environmental factors, behaviours, biological factors, and the social and cultural context that shapes their lives. These factors are called the 'determinants of health', and they can be barriers or enablers to health and wellbeing.

Social determinants of health are a multifaceted issue that affects all stages of life and impacts health outcomes. Addressing these factors cannot be achieved by the HHS alone instead it is a whole of government and community approach to achieve lasting changes and improvements.



What will we see?

Year 1	Year 2	Year 3
Strengthening community partnerships with our ACCHOs, community- based organisations, government, and NGOs to deliver better connected, low barrier health journeys across health service boundaries.	Collaboratively working with ACCHOS and NGOs to develop local and regional partnerships to respond to the social determinants of health. Increased economic spend with local Aboriginal and Torres Strait Islander businesses.	Patients and families are provided with holistic care that includes prevention and early intervention strategies.

What actions will drive change?

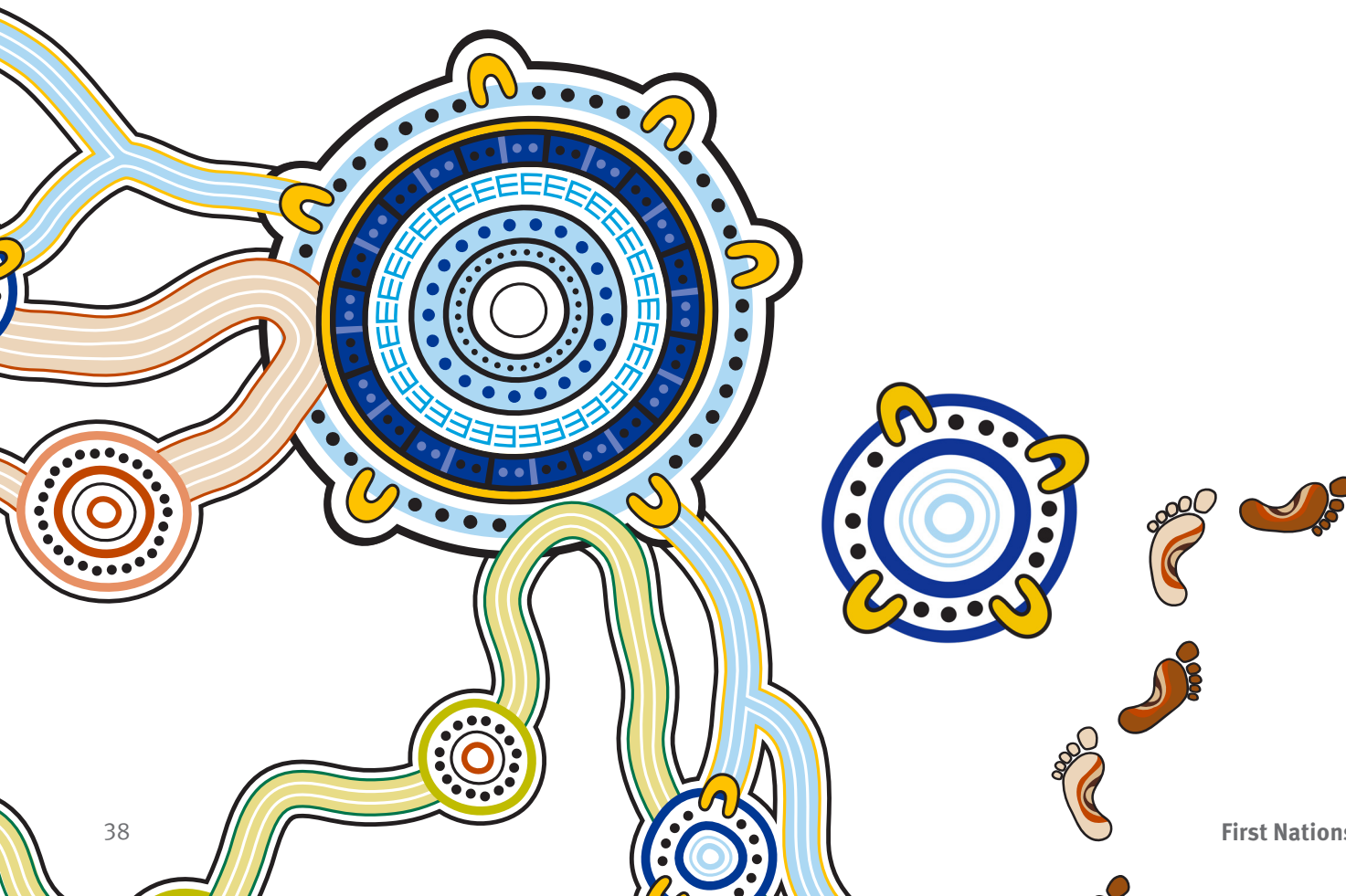
Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
5.1 Strengthening community partnerships with our ACCHOs, community-based organisations, government, and NGOs to deliver better connected, low barrier health journeys across service boundaries.	Identify existing and future partnership opportunities that will allow for participation in networking opportunities which translate into collaborative service improvement projects and reduce duplication of service.	Health Service Chief Executive	2023, 2024, 2025	PM4.1
5.2 Improve Home WAYS exit planning and discharge services: strengthening communication and coordination with community / primary care for in community follow up, and better support and coordinated transport, travel, and accommodation arrangements for Aboriginal and Torres Strait Islander consumers upon discharge.	THHS to partner with primary health care providers and First Nations consumers to codesign a sustainable model of care that allows for integrated and seamless access to healthcare services.	Chief Medical Officer	2024/2025	PM4.1
5.3 Build on and replicate effective culturally responsive community-based service delivery partnership models already established in North Queensland.	Develop and or strengthen partnerships with government and non-government service providers that allows to integrate culturally appropriate supports to vulnerable Aboriginal and Torres Strait Islander patients and their families.	Health Service Chief Executive	2025	Register maintained

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure / Output
5.4 Working proactively and collaboratively with key partners and agencies to ensure availability of critical public health infrastructure, functional health hardware and appropriately trained staff to improve environment health outcomes across service and facility boundaries.	Review current multisector steering groups that address and improve the social determinants of health. Develop a register of multisector steering groups and key contacts.	2025	Complete Review	Complete Review
5.5 Partnering, advocating, and collaborating on whole of region thought leadership initiatives to address social, cultural, and economic determinants of health.	Implement the Queensland Indigenous Procurement Policy across all THHS procurement and contracting services.	Chief Finance Officer	2024	Implementation of the Policy
	Develop a register of First Nations businesses and services.	Chief Finance Officer	2025	Register developed
5.6 Developing a priority First Nations Health Equity research agenda in collaboration with our communities, ACCHOs, NGOs and universities to enable evidence-based approach to building system trust, and improving health journeys across service and sector boundaries.	Support and partner with QAIHC and NQPHN to develop First Nations led research activities through the Tropical Australian Academic Health Centre and Townsville Institute of Health Research and Innovation this will lead to Two WAY knowledge being integrated in culturally appropriate models to support health outcomes.	ED Clinical Governance	2023	PM5.1 PM5.2
5.7 Co-designing and realising a Two WAY Knowledge and Research Collaborative and Community Research Program with advisory Community Research Ethics Council to integrate Two WAY knowledge and research into best practice service delivery.	Develop a strategy and implementation plan to support delivery of a Two WAY Knowledge and Research Collaborative and Community Research Program.	ED Clinical Governance	2024	PM5.1 PM5.2

What actions will drive change?

Strategy	Action	Executive Sponsor	Timeline	Performance Measure (PM) / Output
5.8 Investing in Aboriginal and Torres Strait Islander health research and First Nations research workforce, and the application and development of Indigenous research methodologies, including participatory action research models.	Review the research agenda of the Townsville Institute of Health Research and Innovation to develop a research portfolio for Aboriginal and Torres Strait Islander researchers and the health of First nations people.	ED Clinical Governance	2024	PM5.1 PM5.2



Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Health Worker
ATSICAC	Aboriginal and Torres Strait Islander Community Advisory Council
ATSIHLAC	Aboriginal and Torres Strait Islander Health Leadership Advisory Council
ATSIHW&P	Aboriginal and Torres Strait Islander Health Worker / Practitioner
CAN	Consumer Advisory Network
CFO	Chief Finance Officer
CPP	Cultural Practice Program
DAMA	Discharged Against Medical Advice
DNW	Did not wait
ED	Executive Director
FTA	Failure to Attend
HW	Health Worker
HHS	Hospital & Health Service
IHLO	Indigenous Hospital Liaison officer

KPA	Key Performance Area
KPI	Key Performance Indicator
KPM	Key Performance Measure
LANA	Local Area Needs Assessment
MEWS	Medical Education and Workforce Services
MGP	Midwifery Group Practice
NGO	Non-Government Organisation
NQPHN	Northern Queensland Primary Health Network
NMHHS	North West Hospital & Health Service
PICC	Palm Island Community Company
PM	Performance Measures
PTSS	Patient Travel Subsidy Scheme
QAIHC	Queensland Aboriginal and Islander Health Council
RAP	Reconciliation Action Plan
TAIHS	Townsville Aboriginal and Islander Health Service
THHS	Townsville Hospital and Health Service
TUH	Townsville University Hospital



Contact

If you have any feedback or would like to be part of any future consultations, please contact the team at thhsfirstnationshealthequity@health.qld.gov.au.



Townsville Hospital and Health Service

First Nations Health Equity Strategy

Implementation Plan 2022-2025