



Health Equity Strategy and Implementation Plan 2025 - 2028

Torres and Cape
Hospital and Health Service



Acknowledgment of Country

Torres and Cape Hospital Health Services (TCHHS) respectfully acknowledges the Traditional Custodians of the lands, seas, skies, and waterways across the vast region in which we live, work, and deliver health services from the Cape York to the Torres Straits Islands.

We pay our deepest respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples.



We honour the diverse Aboriginal and Torres Strait Islander peoples and communities across our region, including:



CAPE YORK

Ayabadhu, Alngith, Anathangayth, Anggamudi, Apalech, Binthi, Burunga, Dingaal, Girramay, Gulaal, Gugu Muminh, Guugu-Yimidhirr, Kaantju, Koko-bera, Kokomini, Kuku Thaypan, Kuku Yalanji, Kunjen/Olkol, Kuuku – Yani, Lama Lama, Mpalitjanh, Munghan, Ngaatha, Ngayimburr, Ngurrumungu, Nugal, Oolkoloo, Oompala, Peppan, Puutch, Sara, Teppathiggi, Thaayorre, Thanakwithi, Thiitharr, Thuubi, Tjungundji, Uutaalnganu, Wanam, Warrangku, Wathayn, Waya, Wik, Wik Mungkan, Wimarangga, Winchanam, Wuthathi, and Yupungathi.



NORTHERN PENINSULA AREA

Atambaya, Gudang, Yadhaykenu, Angkamuthi, and Wuthathi.



TORRES STRAIT ISLANDS

The five nations of the Torres Strait Islands: The Kaiwalagal, Maluilgal, Gudamaluilgal, Meriam and Kulkalgal Nations.

We recognise the strength, resilience, and enduring cultures of the Aboriginal and Torres Strait Islander peoples, who have cared for Country, culture, and community for tens of thousands of years. Their knowledge, practices, and connections continue to enrich Australia and are essential to healing and health equity.

We acknowledge the ongoing impacts of colonisation, including the profound injustices and harm caused by discriminatory health policies, practices, and systems. These injustices continue to contribute to health inequities experienced by Aboriginal and Torres Strait Islander peoples today.

In developing and delivering this Health Equity Strategy (HES), we commit to walking alongside Aboriginal and Torres Strait Islander peoples in true partnership. We embrace a strengths-based approach recognising that self-determination, cultural identity, and community leadership are powerful drivers of health and wellbeing.

We affirm our responsibility to listen, learn, and act to ensure the health systems are culturally safe, equitable, accountable, and responsive health services that uphold the voices, priorities, and rights of Aboriginal and Torres Strait Islander peoples.



ARTWORK Through Our Eyes



About the Artist

Moana Ahwang is a proud Torres Strait Islander woman and artist who has lived on Thursday Island all her life. Her ancestral bloodlines connect her to Mabuiag Island, St Pauls Village on Moa Island, Badu Island, and the beautiful Eastern Islands of Darnley (Erub) and Murray (Mer) Island. Deeply rooted in culture, family, and community, Moana's identity as an artist is shaped by her rich heritage and the strength of the women who raised her.

Raised by her strong and resilient single mother, Moana was immersed in cultural knowledge from an early age. Holidays spent in St Pauls Village were a formative time for her, where she began to learn about family connections, cultural responsibilities, and what it means to be a Torres Strait Islander woman. These teachings continue to shape her artistic and personal life today, as she now passes on stories, values, and life skills to her own four children, alongside her partner who also has deep connections to Mer (Murray Island). Moana has been creating art for over 15 years.

For her, art is a sacred space of reflection and healing; a way to relax, reconnect, and honour her cultural identity. Her artworks are vibrant expressions of love, heritage, and island life, often gifted freely to family and friends as an extension of her generous spirit. Guided by the belief that "the more you give, the more blessings you receive," her practice is grounded in generosity, respect, and good *pasin*, the Torres Strait Islander way of living with dignity, kindness, and community. Alongside her art, Moana works full-time as a Cultural Practice Advisor with the Department of Child Safety, where she advocates for culturally safe and empowering approaches for Aboriginal and Torres Strait Islander children and families.

Balancing her roles as a mother, partner, artist, and cultural worker, Moana continues to share her passion and knowledge carrying forward the stories, wisdom, and strength of her ancestors with each creation.

Artwork Story

“Through Our Eyes” is a visual story that reflects our people’s lived experiences and the evolving journey of how Queensland Health services have cared for and educated Aboriginal and Torres Strait Islander people over many years. From the roots of our Island connections, families have travelled great distances to seek care or be with loved ones through times of health challenges.

The hands in this piece symbolise the compassion and support of our doctors, nurses, and healthcare workers who share both good and difficult news with families and loved ones. Their work calls for deep emotional strength, courage, and dedication to serve our communities in the Torres Straits.

At the centre of the artwork is the Frangipani flower, representing peace and unity.

Surrounding it are the five Island clusters of the Torres Strait, each distinct yet connected. Spears and a shield honour our cultural strength and represent protection against the everyday realities of racism still faced by Indigenous peoples. The scales in the artwork speak to the importance of balance in life, especially for our mental health and wellbeing.

The heartline symbolises the emotional journey of our Aboriginal and Torres Strait Islander families when faced with illness or hardship. A phone symbol highlights the improved access to health services today where connection and support are increasingly within reach.

At the heart of the piece are people, representing our enduring partnership with health services that are striving to deliver sustainable, culturally safe, and responsive care. The red cross and stethoscope are symbols of Queensland Health and all the health professionals who serve our communities. The central heart is a bold call to actively eliminate racial discrimination and institutional racism in our health system. Together, this creation is a message of strength, unity, and a vision for the future where health services are designed, delivered, monitored, and reviewed with our people, for our people.





ARTWORK

Our Healing Journey



About the Artist

Laura de Jersey is a proud Aboriginal and Torres Strait Islander woman from the Taepadhighi tribe of Mapoon, located eight kilometres north of Weipa in Far North Queensland. Born in Brisbane and raised in Mapoon, Laura draws deep inspiration from her ancestral Country, family, and the strength of her community. Her connection to place and identity is shaped by a personal and intergenerational journey of reconnection, a legacy marked by the forced relocation of her great-grandmother during the Stolen Generations and the burning of the Mapoon Mission to prevent families from returning home.

Laura's creative journey began in a highly artistic family and evolved through her lived experiences on Country, walking the beaches, collecting shells, and gathering bush materials alongside her family. These early memories instilled in her a deep appreciation for the land and its generosity, forming the foundations of her artistic voice. In 2019, Laura participated in the Belonging workshop coordinated by the Indigenous Art Centre Alliance, which culminated in a national exhibition at the National Museum of Australia. This opportunity became a turning point, leading her from traditional mediums into the world of digital art. Her skills continued to grow through participation in an AI digital workshop, with works exhibited at the Judith Wright Arts Centre in Brisbane.

These milestones have strengthened her ambition to build her own graphic design business, where she continues to promote her art and push creative boundaries. Laura's work weaves together themes of land, family, identity, and historical truth-telling. A significant highlight of her career was her selection as one of the artists representing Mapoon in the Gateway to Cape York project. Her piece depicting the swamp geese as silent witnesses to the community's turbulent history tells the powerful story of the Mapoon people's removal, the destruction of their village, and their eventual return. With a strong sense of purpose and place, Laura de Jersey's art reflects a contemporary yet deeply cultural lens honouring the past while envisioning a future of creative self-determination and reconnection.

Artwork Story

“Our Healing Journey” is a visual representation of strength, resilience, and hope for a better, more equitable health care system for Aboriginal and Torres Strait Islander peoples. The background colours reflect the richness of our identities, blue represents the surrounding waters of the Torres Strait, red symbolises the land of Aboriginal people, and yellow speaks to a hopeful future, brighter, unified, and culturally safe within the healthcare system. At the heart of the artwork are eight interconnected circles, each representing a vital area of healthcare for Aboriginal and Torres Strait Islander communities. Dental Health depicted by a tooth, highlighting the importance of oral health and education. Travel shown through an airplane crossing Queensland, symbolising the vital need for transport to and from remote communities for medical care. Child, Youth and Family Health represented by a three-lined circle, focusing on the wellbeing of young people and families. Diabetes illustrated with a glucose testing device, emphasising the need for diabetes awareness and management, particularly in remote areas where nutrition, affordability, and genetic risk factors present challenges.

Aboriginal and Torres Strait Islander Health shown through a multi-circled illustration featuring three handprints, reinforcing the importance of accessible health care. Sexual Health illustrated by intertwined male and female icons, indicating the importance of sexual education and informed choices. Mental Health shown through two human figures, one offering a hug to the other, symbolising emotional support and wellbeing. Maternity represented by a pregnant woman, highlighting the importance of maternal care and support for mothers and babies.

The overlapping circles representing health care services highlight the importance of each individual service, as all play a vital role in supporting a person’s overall health and wellbeing. The multiple lines within each circle symbolise the balance of mind, body, and spirit, reflecting a holistic and positive approach to health care. Each line within the circle representing the continuous exchange of strength, support, and knowledge, embracing the cultural traditions, community care and a shared

commitment to a future of accessible health care. Dots placed within the outer layers of the circles represent the knowledge held within the healthcare system and the essential needs of Aboriginal and Torres Strait Islander peoples and communities. The brown within each circle symbolises the strength of Aboriginal and Torres Strait Islander communities, while the inner dots reflect the energy and commitment of healthcare workers and families who support each person’s health journey. The circle and teardrop shapes symbolise both Aboriginal and Torres Strait Islander peoples, representing individuals across all generations from youth to Elders.

Some figures also represent healthcare workers, identified by symbols such as stethoscopes and nurse hats. These figures acknowledge the contributions of both non-Indigenous and First Nations healthcare workers, working together to improve access to health services and deliver culturally safe care. Placed side by side, they reflect a shared commitment to community health and wellbeing, and a collective effort to eliminate racial and social discrimination. The connection between the health service symbols and human figures represents the ongoing journey to strengthen and improve the healthcare system for our communities. It marks the beginning of working together to overcome barriers such as poverty, discrimination, and limited access to quality healthcare.

The blue oval shapes symbolise healthcare centres in communities, highlighting both their vital presence and the broader realities surrounding access to healthcare services. While primary health centres (PHCC) offer essential care, many individuals must still travel outside their communities to access the healthcare services they need. Each symbol weaves together our shared journey, honouring community care and the vital contributions of both Indigenous and non-Indigenous healthcare workers. It serves as a powerful reminder that by working together, we can overcome challenges, eliminate discrimination, and build a future where accessible, culturally safe healthcare is a reality for all.



Waibene (Thursday Island)

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Message from the Chief Executive and the Board Chair



Rex O'Rourke

Chief Executive



Renee Williams

Board Chair

Over the past year, we've taken bold and important steps in our commitment to health equity. Our HES and Implementation Plan represents the next chapter in our collective journey — one forged by the strength of our communities, the guiding leadership of our First Nations teams, and powered by your ongoing dedication.

It has come together after more than eight months of continuous travel across 130,000 square kilometres, from Wujal Wujal in the south to Boigu and Saibai in the north. Led by our Aboriginal and Torres Strait Islander staff, we held 41 community yarning sessions in 39 communities, encompassing every corner of Cape York, the Northern Peninsula Area and the Torres Strait.

More than 600 voices shared what health equity really means on the ground — and what's needed to achieve it. The priorities were clear: better access to care, culturally safe experiences, stronger health education, and greater investment in a local workforce that reflects and understands community.

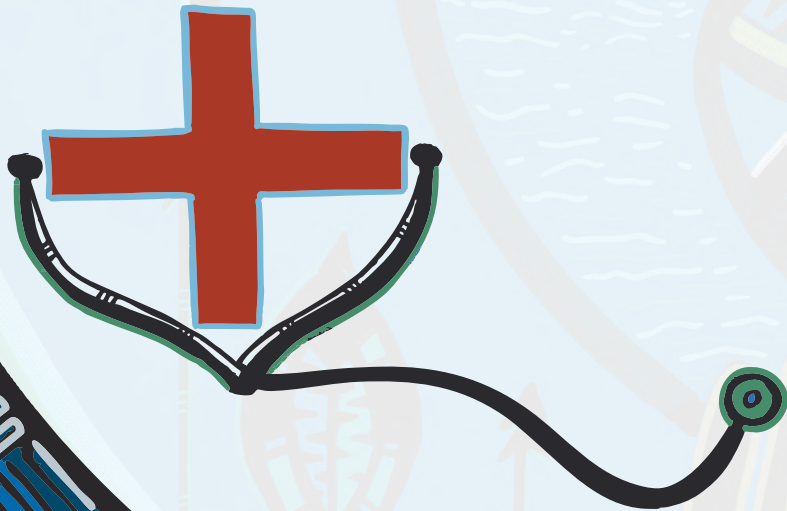
It's critically important that these priorities have not come from outside — they were given by the people of our region. From Elders, young people, health workers, and families who want a future where health services reflect their values, strengths, and aspirations.

These themes have sharpened our focus, and we want to acknowledge the crucial leadership role our Aboriginal and Torres Strait Islander staff played in helping us listen, learn, and act.

As a result, this updated strategy is more than a vision; it's a practical, community-informed roadmap. It includes concrete actions across six key priority areas, and we've integrated implementation and accountability from the start.

We know this work is challenging. And we know it doesn't happen without the deep commitment of our teams — clinical and non-clinical, new starters and long-time leaders. Our staff continue to step up in ways that reflect what Torres and Cape Hospital and Health Service is all about: respect, partnership, and community-first care.

As we move forward, let's keep listening. Let's continue challenging inequity, improving access, and embedding culture in everything we do. This strategy belongs to all of us — and we are proud to walk alongside you as we bring it to life.





The Foundations for a HES and Implementation Plan

Background to the HES

Health Equity in Legislation

In 2020, the Queensland Government changed the legislation to require all Hospital and Health Services (HHSs) to develop a HES to improve health outcomes for Aboriginal and Torres Strait Islander peoples and communities. The goal of this strategy is to achieve health equity in the provision of health services co-designed with Aboriginal and Torres Strait Islander stakeholders.

Our refreshed HES

The TCHHS developed the first HES in 2022. Under legislation this strategy is reviewed and updated every three years. A key part of updating the strategy is consulting with community to understand their health needs to shape the direction of priority actions as part of the strategy. To support this consultation, we developed resources to guide and facilitate culturally safe community consultations, or “yarns,” to support the refresh of the HES 2025-2028.

Reform across Queensland for better outcomes

Alongside these legislative changes, other key reforms were introduced to support HESs across Queensland. One of these is the Racism Matrix Audit Tool. This tool assesses, identifies, and addresses institutional racism within health services. An audit by the former Anti-Discrimination Commission and Queensland Aboriginal and Islander Health Council in 2017 found high levels of institutional racism across all 16 HHSs.

The “Making Tracks Together: Aboriginal and Torres Strait Islander Health Equity Framework” was also implemented. This framework outlines a strategy for achieving health equity in the public health system and provides guidance on working in partnership with Aboriginal and Torres Strait Islander communities to create better health outcomes.

Community-Led Approach

We believe that the best solutions come from working together. That’s why our approach to designing the HES is rooted in partnership and community leadership. This means inviting stakeholders to play an active role in identifying health challenges and co-creating the solutions that matter most.

As part of this journey, we held yarning sessions with 39 communities to hear their perspectives and gather their valuable input. Through co-design sessions, structured as community yarning sessions, we created open, welcoming spaces where people could safely share their thoughts, reflections, and feedback.

Staying true to our co-design commitment, we will share the draft strategy with the community once again for further input. This ensures that the priority actions align with community needs and continue to be shaped by the people they are meant to serve.



Purpose of the HES and Implementation Plan

Stronger Together: Walking the Path to Health Equity

The Aboriginal and Torres Strait Islander HES for TCHHS is designed to drive systemic reform and eliminate the entrenched health disparities experienced by Aboriginal and Torres Strait Islander peoples in the region.



To guide the strategy and implementation, the TCHHS HES is structured around six priority areas:

Priority Area 1

Actively eliminating racial discrimination and institutional racism

Racial and institutional racism are persistent structural determinants of Aboriginal and Torres Strait Islander health inequity. Racism refers to the ways in which behaviours, attitudes and beliefs uphold inequalities across individuals and communities. Institutional racism similarly discriminates, and is built into operations and policies of institutions, to control and oppress directly or indirectly.

Priority Area 2

Increase access to healthcare services

Aboriginal and Torres Strait Islander peoples possess strong cultural knowledge, resilience, and community connections that are vital to health and wellbeing. However, many communities in Northern QLD face challenges in accessing healthcare due to geographical distance, transport and accommodation limitations, service costs, and a shortage of culturally safe and respectful care. Additional barriers can arise from systemic discrimination, language differences, and policies that do not reflect cultural needs. By building on community strengths, fostering culturally competent services, and addressing these barriers, we can ensure equitable access to high-quality healthcare for all.

Priority Area 3

Influence the social, cultural, and economic determinants of health

Almost 35% of the health gap for Aboriginal and Torres Strait Islander people is linked to the social determinants of health. Specific determinants include cultural identity, self-determination and connection to family, kin and Country. When combined with health risk factors, such as overweight, alcohol and smoking, health outcomes are affected. Identifying and establishing partnerships across healthcare systems can improve health outcomes and the determinants of health.

Priority Area 4

Deliver sustainable, culturally safe and responsive healthcare services

Access to culturally safe, responsive and equitable services is pivotal for Aboriginal and Torres Strait Islander people, and crucial to attaining health equity in Qld. Growing the size and capability of a representative and diverse Aboriginal and Torres Strait Islander health workforce, will improve cultural competence and responsiveness capabilities. Social and economic determinants of health can be addressed through local 'grow your own' workforce pipelines.

Priority Area 5

Work with Aboriginal and Torres Strait Islander people to design, delivery, monitor and review health services

Authentic engagement, communication and partnering with Aboriginal and Torres Strait Islander people to co-design, co-deliver and monitor health services is essential to improve health outcomes. Increasing effective collaboration across the healthcare systems, centring Aboriginal and Torres Strait Islander cultures, while addressing the social, cultural, and economic determinants of health, will enable improved effectiveness and health outcomes across health services.

Priority Area 6

Strengthen the Aboriginal and Torres Strait Islander Health workforce

Aboriginal and Torres Strait Islander Australians continue to experience persistent inequity in health outcomes. Under-representation and high staff turnover in the Aboriginal and Torres Strait Islander health workforce can be overcome by strengthening the workforce through career pathways and providing traineeships and cadetships and graduate pathways for local 'grow your own' workforces, while improving social and economic determinants of health.

Implementation of the HES

At TCHHS, we are taking a bold step forward by combining the Strategy and Implementation Plan into one fully integrated document.

This single, streamlined approach ensures we tackle health equity priorities and actions in a clear, cohesive, and practical way.

The combined document serves as a road map for turning our refreshed HES into action. It embeds practical planning like timelines, accountability measures, and task allocation, directly into our broader goals.

This ensures we deliver real and lasting impact. By bringing these elements together, we are creating a strategic approach that prioritises health equity at every stage.

The new Strategy and Implementation Plan is built around these key pillars:

- **Priority Areas and Actions:** Shaped by community yarning sessions to put local needs at the forefront.
- **Implementation and Monitoring:** Strong and clear steps to guide action, with ongoing progress checks and flexibility to adapt as needed.
- **Governance and Priority Setting:** Robust frameworks that centre Aboriginal and Torres Strait Islander voices at every level, making sure community priorities are heard and acted upon.
- **Community Partnerships:** A promise to stay meaningfully and continuously engaged with communities across the Torres and Cape region, ensuring they are involved every step of the way.

TCHHS are committed to genuine partnerships. By embracing the principles of co-design, co-ownership, and co-implementation, we are sharing responsibility to make this plan truly reflect the aspirations and needs of the community.

Together, we can foster better health outcomes and build a future where Aboriginal and Torres Strait Islander people can thrive.





Badu Island.



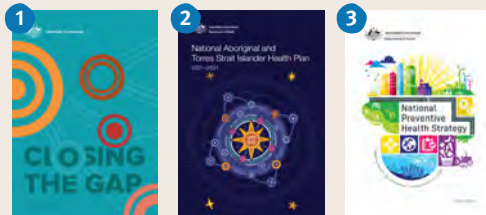
Waibene (Thursday Island)

Aligning Systems, Empowering Communities: Strengthening Aboriginal and Torres Strait Islander Health Equity

Aligning government strategies with the Torres and Cape HES is essential to achieving meaningful, sustainable change in health outcomes for Aboriginal and Torres Strait Islander peoples.

This alignment ensures that policy, funding, service delivery, and reform efforts across all levels of government are coordinated, culturally informed, and community-led.

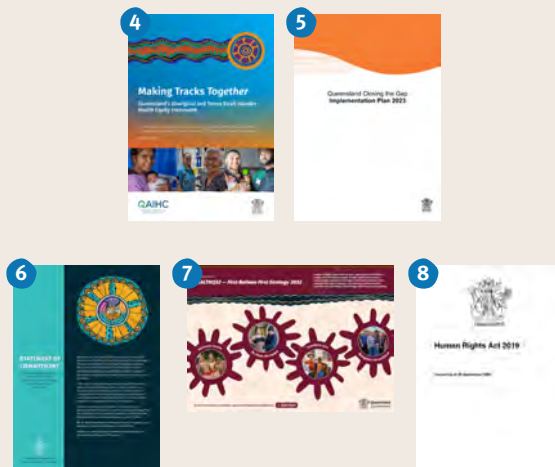
National Priorities



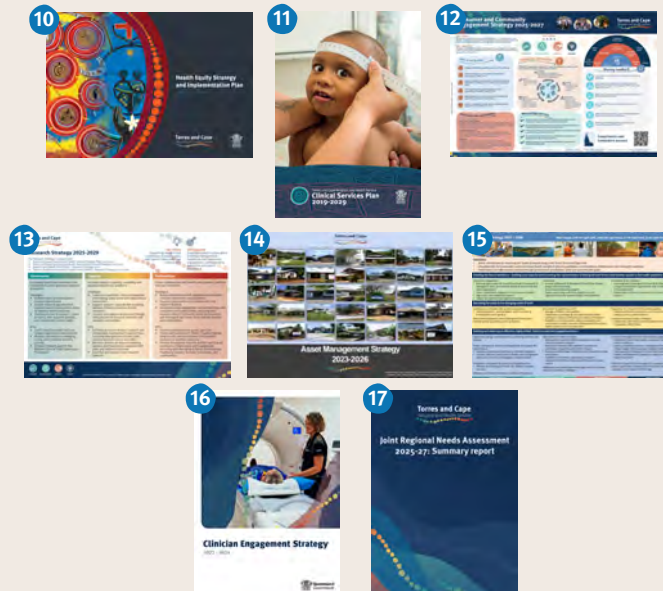
TCHHS Organisational Strategic Plans



QLD Government Priorities



TCHHS Strategies



- 1 National Agreement on Closing the Gap (2020)
- 2 National Aboriginal and Torres Strait Islander Health Plan (2021–2031)
- 3 National Preventive Health Strategy (2021–2030)
- 4 Making Tracks Together: Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework (2021)
- 5 Queensland Closing the Gap Implementation Plan
- 6 Queensland’s Statement of Commitment to Reframe the Relationship with Aboriginal and Torres Strait Islander Queenslanders (2020)
- 7 Queensland First Nations Health Workforce Strategy
- 8 Queensland Human Rights Act 2019
- 9 Strategic Plan 2023–2027
- 10 Health Equity Strategy 2025–2028
- 11 Clinical Services Plan 2019–2029
- 12 Consumer and Community Engagement Strategy 2025–2028
- 13 Research Strategy 2025–2029
- 14 Asset Management Strategy 2023–2026
- 15 Workforce Strategy 2021–2026
- 16 Clinical Engagement Strategy 2022–2024
- 17 Joint Regional Needs Assessment Report 2024



Caring for Community Across Our Land

Our Region, Our Responsibility

The Torres and Cape region is rich in culture and diversity and covers one of the largest and most remote areas in Qld. TCHHS is proud to provide healthcare to communities through our clinics, hospitals, and aged care services.

At our core, we are here to work together with communities to support better health and wellbeing. We believe that lasting change comes from the ground up, which is why we focus on prevention, locally driven healthcare solutions, and services that respond to the unique needs of each community. From the Islands to the Cape, local voices guide the care we provide.

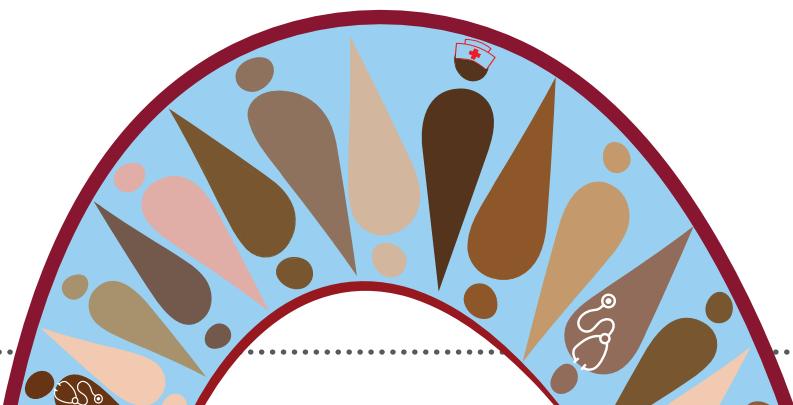
- Spanning approximately **130,000 square kilometres** from Wujal Wujal in the south to Boigu and Saibai Islands in the north, near the Papua New Guinea border.
- Around **61% identify as Aboriginal and Torres Strait Islander** and we honour the deep cultural knowledge, strength, and leadership that exists within our communities.
- Our region is home to nearly **26,127 residents**.
- The closest major referral centre, Cairns Base Hospital, is **over 1,024.7 kilometres** away from our northernmost locations, highlighting the need for strong local systems and place-based solutions.
- Our HHS is truly unique, unlike any other in Queensland. We operate **31 community health centres** across the region, supported by four key hospitals: Weipa Integrated Health Service, Cooktown Multipurpose Health Service, Thursday Island Hospital and Bamaga Hospital.

This region is one of the most diverse in Qld and Australia, not just in its landscapes but in its languages, stories, and traditions. We honour that diversity and are committed to building and maintaining a workforce that reflects the communities we serve. Aboriginal and Torres Strait Islander staff are central to the health care we provide, and we are proud to support them in delivering services that are culturally informed and meaningful.

We also acknowledge the broader challenges our region faces — from the impacts of climate change and housing shortages to the rising cost of living — which influence both access to care and service delivery. In response, we continue to invest in infrastructure, workforce development, and stronger partnerships with communities, government, and other key stakeholders. Together, we are working to deliver a more sustainable, equitable, and responsive health system — one that strengthens community wellbeing today and for future generations.

Between January and December 2024, there were **7,968 patient travel applications** submitted for Aboriginal and Torres Strait Islander residents within the TCHHS.

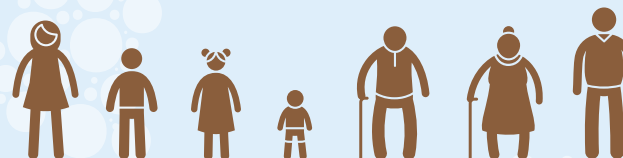
This equates to an average of **22 applications per day, or 153 per week,** with a total annual **cost of \$16.6 million.**



Our Aboriginal and Torres Strait Islander communities

Demographic Population

% population who are Aboriginal and Torres Strait Islander



TCHHS cares for a population of **26,127 people** with approximately **61%** of the population identifying as Aboriginal and Torres Strait Islander peoples.

Age profile



32.1%

of Aboriginal and Torres Strait Islander persons were aged **0-14 years.** (Qld comparison 33.8%)



49.5%

of Aboriginal and Torres Strait Islander persons were aged between **15-49 years.** (Qld comparison 49.5%)



18.5%

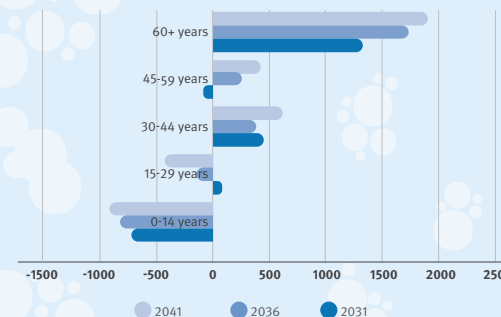
of Aboriginal and Torres Strait Islander persons were aged **over 50 years.** (Qld comparison 17.7%)

Population growth

In 2046 it is projected that there will be **27,295 people** in this area which is an increase of 0.2% per year over 25 years. This is much lower than the projected state increase of 1.4% per year.

Our population age profile is forecast to become older.

Forecast change in age profile, TCHHS catchment, 2021 to 2041



Aboriginal and Torres Strait Islander Health Status



Antenatal visits

91% of our people had 5 or more antenatal visits during their pregnancy compared to the Qld rate of 89%.



Smoking by pregnancy

55% of our mothers smoked during pregnancy, with 45% continuing to smoke after 20 weeks.



Birthing closer to home

Most of our mothers gave birth at facilities outside our region. Almost half of our mothers in the Torres Strait gave birth at Thursday Island Hospital.



Low birthweight babies

Over the 5-year period to 2024 11% of our babies were born with low birth weight compared to the Qld average of 7%.



Pre-term and early term births

11% of our babies were born before term (at 37 weeks gestation or less) compared to the state at 13%.



Developmental delay / strengths

Our children are more likely to be developmentally delayed with 42% identified as vulnerable compared with the state at 26%.



Mental health

There were 824 new referrals for Aboriginal and Torres Strait Islander Patients in 2024 - 9% increase.



Top causes of death

The leading cause of death for our people is coronary heart disease followed by lung cancer, diabetes, suicide, and cerebrovascular disease.

Social, cultural and economic determinants of health

Language profile

63% of Aboriginal and Torres Strait Islander people (9,627) reported speaking a **language other than English** at home. Yumplatok is the primary language spoken by around 6,000 TCHHS residents.

Weekly earning

63.6% of Aboriginal and Torres Strait Islander households were earning **below the poverty line** (below \$1,027 per week), while 31% of non-Indigenous households in TCHHS catchment were living below the poverty line.



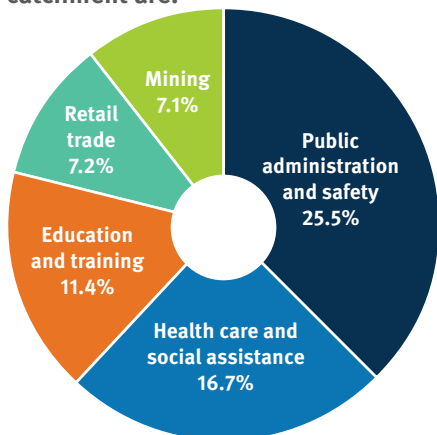
Crowded dwellings

39.4% of Aboriginal and Torres Strait Islander people were **living in overcrowded housing** compared to 9.4% of non-Indigenous people in the region.

Employment

39.2% of Aboriginal and Torres Strait Islander young people (aged 15 to 24 years) were **working, studying or training**, according to the 2021 Census. 49.4% of adults aged 25-64 years were employed.

The top 5 industries of employment for Aboriginal and Torres Strait Islander people in the TCHHS catchment are:



Education

65.7% of Aboriginal and Torres Strait Islander persons aged 20 to 24 years had **attained either a year 12 or non-school qualification** at AQF Certificate III or above.

Aboriginal and Torres Strait Islander people report a lower rate of completion of Year 12 or equivalent, and higher rates of completion at Year 11 and below.

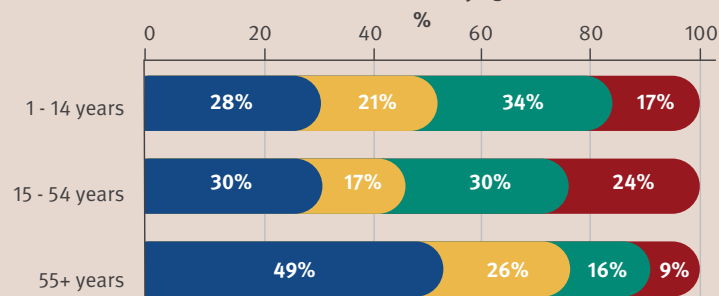
Primary Health Care

Health checks by age

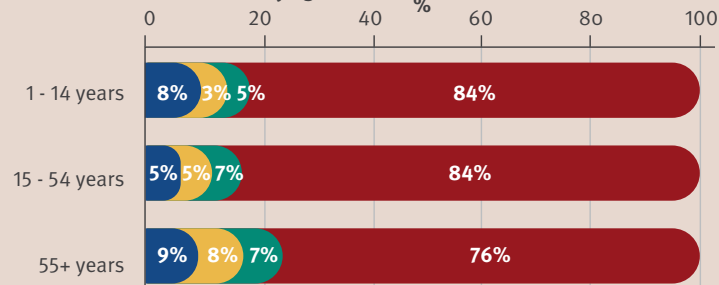
Across the TCHHS catchment, communities are engaging with Health Checks in different ways. The Torres region demonstrates strong uptake, while opportunities exist to build on local strengths in the Northern Peninsula Area and Cape York. These figures do not yet reflect the valuable contribution of community-controlled organisations and other providers such as Apunipima, NPA Family and Community Services, and the Royal Flying Doctor Service.

● Up to Date ● Due ● Overdue ● No Health Check

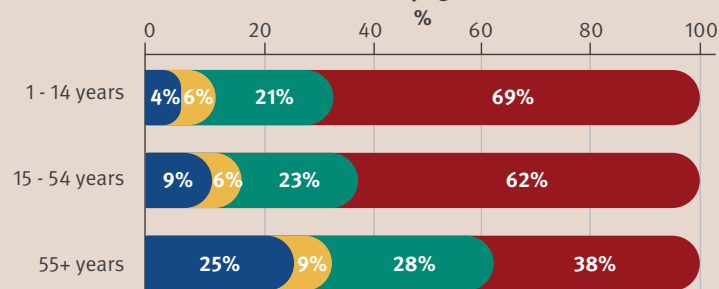
Torres Strait Island catchment - rate of health checks by age cohort



Cape York - rate of health checks by age cohort



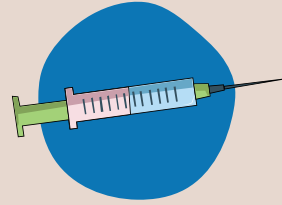
Northern Peninsula Area - rate of health checks by age cohort





Oral health

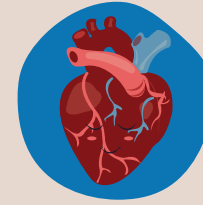
33% of our people have been waiting longer than the clinically recommended time for oral health treatment in the last year compared to only 9% of non-Indigenous Australian residents.



Immunisations

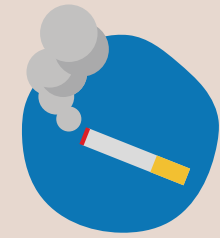
Immunisation rates by age group for the NIP schedule:

- Children (0-6 years) **93%**
- Adolescents (11-19 years) **78%**
- Adults (50+ years) **29%**



Rheumatic Heart Disease (RHD)

There are **755** patients with Rheumatic Heart Disease and/or Acute Rheumatic Fever.



Smoking prevalence

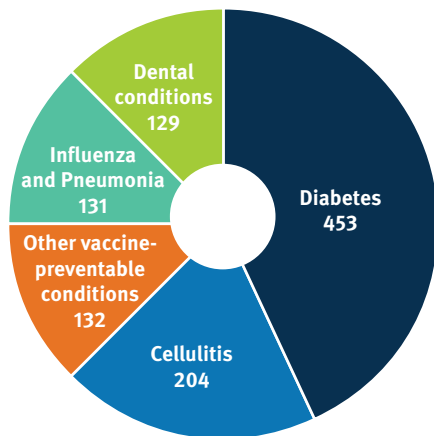
33.5% of Aboriginal and Torres Strait Islander patients are current smokers. **9.4%** of non-Indigenous Australian patients are current smokers.

Hospitalisation and access

Potentially Preventable Hospitalisations (PPH)

In the financial year 2023-24, there were **1,591 PPH** of TCHHS Aboriginal and Torres Strait Islander residents, comprising **23.8%** of all hospital separations.

The top 5 conditions were:



Over the four-year period 2020-21 to 2023-24, there were **6,155 PPHs**, comprising **21.6%** of all separations for TCHHS Aboriginal and Torres Strait Islander residents over that period.

Discharge Against Medical Advice (DAMA)

78 out of 2,991 hospital stays (2.6%) at TCHHS hospital were for DAMA.

ED presentations and rate of increase

There have been **15,150 ED presentations** in the 2023-24 financial year financial year to date.

This is **836** greater than the previous year, an increase of **6%**.

Hospital admissions and rate of increase

The number of hospital stays for Aboriginal and Torres Strait Islander patients at TCHHS hospitals decreased over the past year, from **3,710** in 2022-23 to **3,129** in 2023-2024 financial year.

This is an annual decrease of **16%**.

Top services for which people are travelling to Cairns:

The **top five** specialties that Aboriginal and Torres Strait Islander TCHHS residents travelled to Cairns for were:

- 1 General surgery
- 2 Orthopaedic surgery
- 3 Intensive care medicine
- 4 Diagnostic radiology
- 5 Obstetrics and gynaecology.

Top services for which people are travelling to hub sites:

The **top five** specialties that Aboriginal and Torres Strait Islander TCHHS residents travel to Thursday Island for were:

- 1 Diagnostic radiology
- 2 General surgery
- 3 Cardiology
- 4 Radiology
- 5 Ophthalmology

Culturally safe and responsive workforce



Completion of mandatory training - cultural engagement training

83.3% of staff have completed the Aboriginal and Torres Strait Islander (Face to Face) **Cultural Practice Program**.

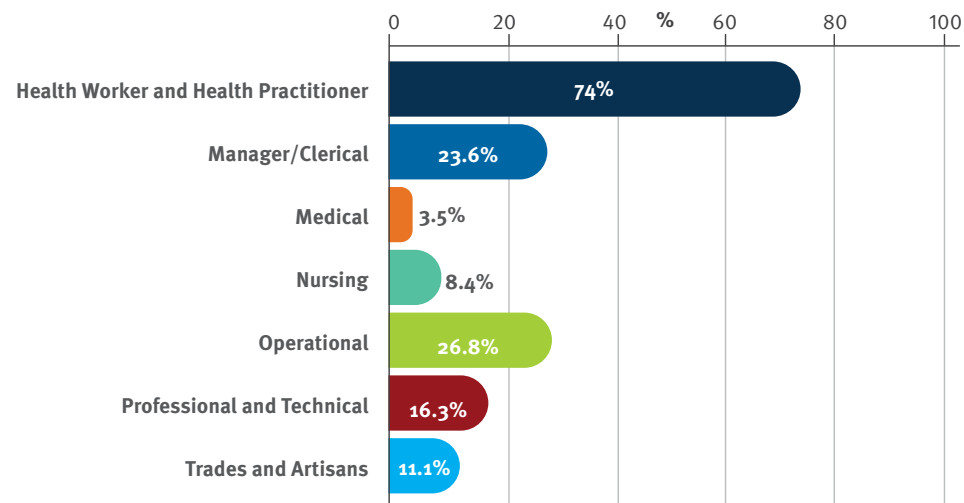
92.6% of staff have completed the Aboriginal and Torres Strait Islander (online) **Cultural Practice Program**.

Aboriginal and Torres Strait Islander workforce representation by TCHHS employment stream

Within TCHHS, **22%** of the workforce (**303 employees**) identify as Aboriginal and Torres Strait Islander

In Cape York, Aboriginal and Torres Strait Islander staff make up **14.6%** of FTE positions and **14.4%** of the total headcount (**73 out of 507 employees**)

In the Torres Straits and Northern Peninsula Area, Aboriginal and Torres Strait Islander representation is significantly higher at **41.2%** of FTE positions and **40.4%** of the total headcount (**178 out of 440 employees**).



Bamaga

Co-Creating the HES and Implementation Plan

Renewing our commitment to Health Equity



To update the HES, we committed to listening closely to the views, experiences, and wisdom of community. Community consultation and insights are crucial in developing the TCHHS HES.

Between September 2024 and April 2025, the HES Project Team visited 39 communities and engaged with over 600 people. These sessions used a co-design approach with interactive workshops where communities collaborated to address key topics across six priority areas and refresh the core actions for health equity.

Community yarning sessions were led by Aboriginal and Torres Strait Islander facilitators to ensure the process was respectful and community focused. During our visits, we followed cultural protocols and created safe spaces where everyone felt comfortable sharing. The purpose of the Community Yarning Sessions was to guide the development of the HES by exploring health, wellbeing, and equity and identifying priorities for service delivery.

The sessions aimed to capture key cultural contexts, local knowledge, and practical ideas, while evaluating past successes and areas for improvement. They also focused on ensuring the strategy reflects a cultural perspective, addressing community barriers, and determining how resources and workforce can be targeted to areas of greatest need for improved health outcomes.

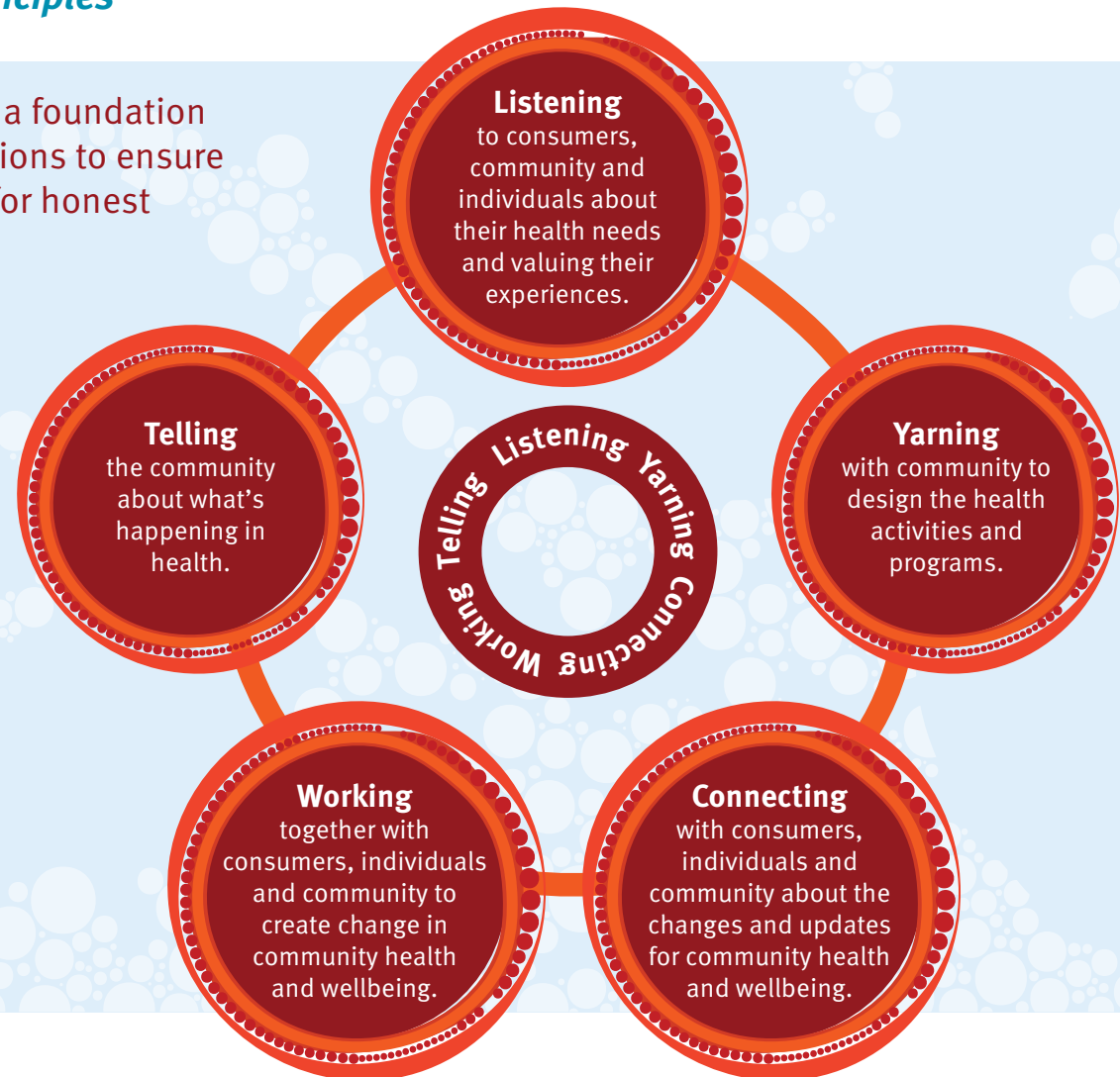
Building Health Equity Through Engagement

 <p>Building a Shared Approach to Health Equity Consultation</p>	 <p>Empowering Staff to Lead Community Consultations</p>	 <p>Community Voices Guiding HES Engagement</p>	 <p>Engagement with Councils and Key Stakeholders</p>	 <p>Community Engagement Across 130,000 km²</p>	 <p>Co-Design in Action: 600 Voices Heard</p>
<p>Five 1-hour workshops were held with TCHHS staff based in community. These sessions aimed to socialise the approach to community-led consultations.</p> <p>A total of 50 staff members joined virtually from across the region to help shape the consultation approach.</p>	<p>A total of 30 staff members participated in the survey, with 19 volunteering to lead and co-facilitate community yarn consultations across Torres and Cape communities.</p>	<p>Five 1-hour workshops were held with community-based TCHHS staff, recognising them as knowledge holders. Their insights guided the development of culturally appropriate consultation resources.</p> <p>A total of 70 staff joined virtually from across the region informing culturally safe consultation resources.</p>	<p>Ten 1-hour engagement sessions were held with Mayors and Councillors, alongside 50 formal letters emailed to councils and key stakeholders.</p> <p>This engagement aimed to inform them of the consultation approach and timelines for refreshing the HES.</p>	<p>Over eight months of continuous travel across 130,000 square kilometres from Wujal Wujal in the south to Boigu and Saibai in the north, 41 community yarning sessions were held across 39 communities, all led by Aboriginal and Torres Strait Islander staff.</p>	<p>Our co-design and deep listening activities resulted in over 220 hours of consultation, amplifying the voices of more than 600 Aboriginal and Torres Strait Islander people to inform the development of the HES.</p>

Our Journey Towards Health Equity across Torres and Cape

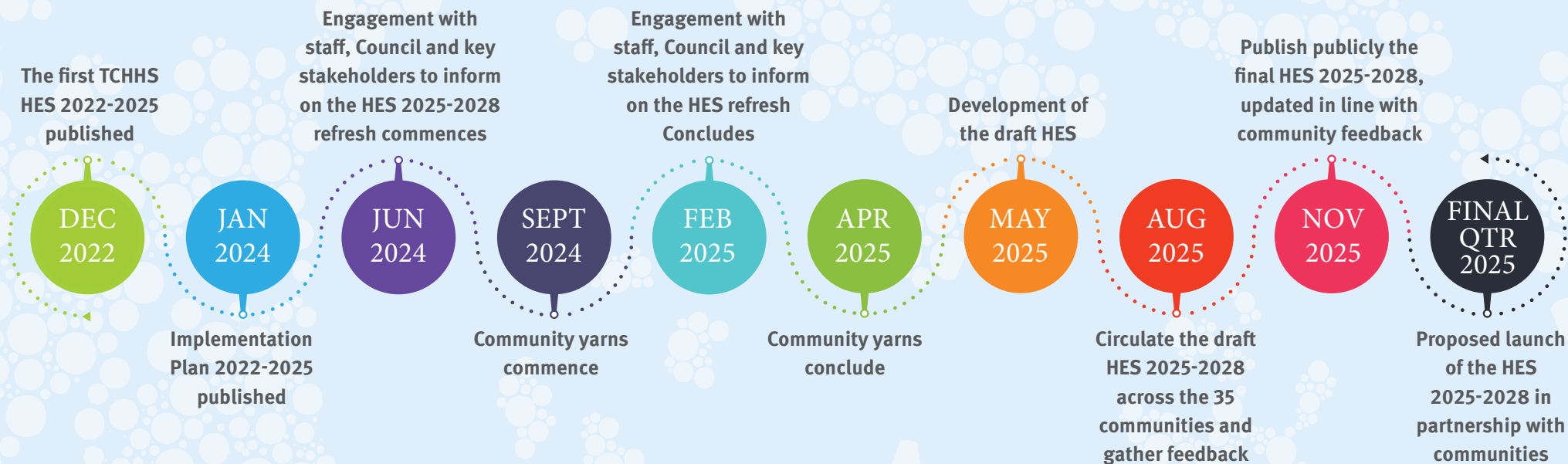
Community Consultation Principles

The below principles provided a foundation for all community yarning sessions to ensure a safe and open environment for honest discussions.



Our Timeline to Co-Designing the HES

The below timeline shows key activities undertaken to develop the new TCHHS HES.



TCHHS acknowledges and expects that this HES will be a living document and will continue to be shaped and informed by on-going engagement and consultation with partner organisations and the community, particularly during implementation.

Voices of Strength: Health, Wellbeing and Equity



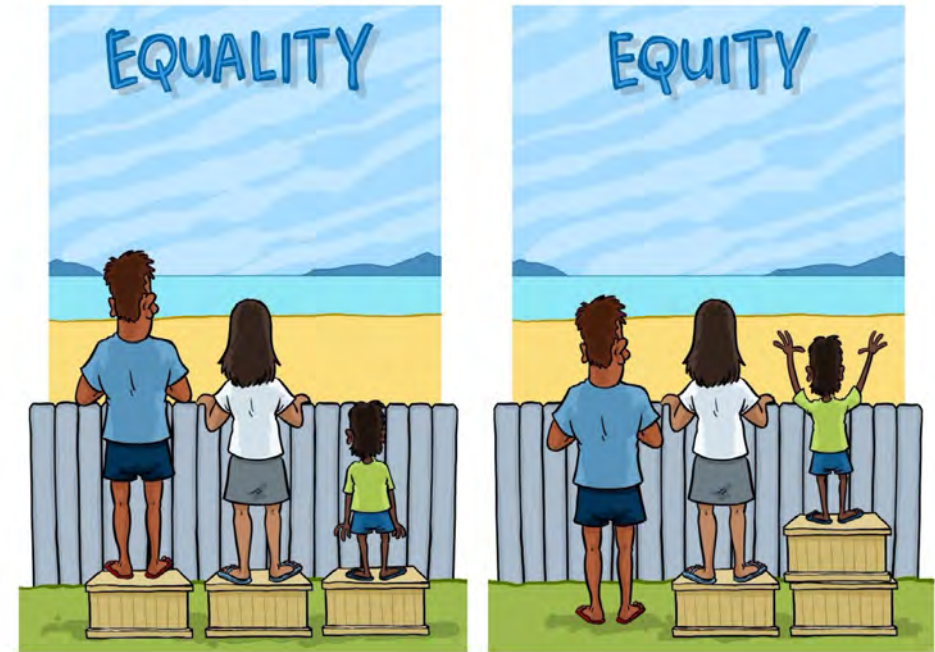
Ugar (Stephen Island)

Shaping Health Equity for Torres and Cape

Health equity means ensuring everyone can achieve their best possible health by focusing on eliminating disparities in health and its social determinants, such as housing, employment, education, and access to healthcare. It provides a fair and just opportunity for all individuals, regardless of their culture, background, or circumstances, to achieve their full health potential.

Achieving health equity involves addressing historical and systemic inequalities and ensuring culturally appropriate care and support for all communities. This approach includes providing equal access to quality healthcare, nutritious food, safe housing, and educational opportunities, all contributing to overall health and well-being.

While “equality” means treating everyone the same, “equity” means providing what is needed to ensure everyone has a fair opportunity to succeed, acknowledging that some individuals may need more support than others. The pursuit of health equity involves creating fairness and justice in healthcare, ensuring all people receive the necessary care and resources to achieve optimal health, with respect for unique circumstances and accountability within the system to address challenges and disparities.

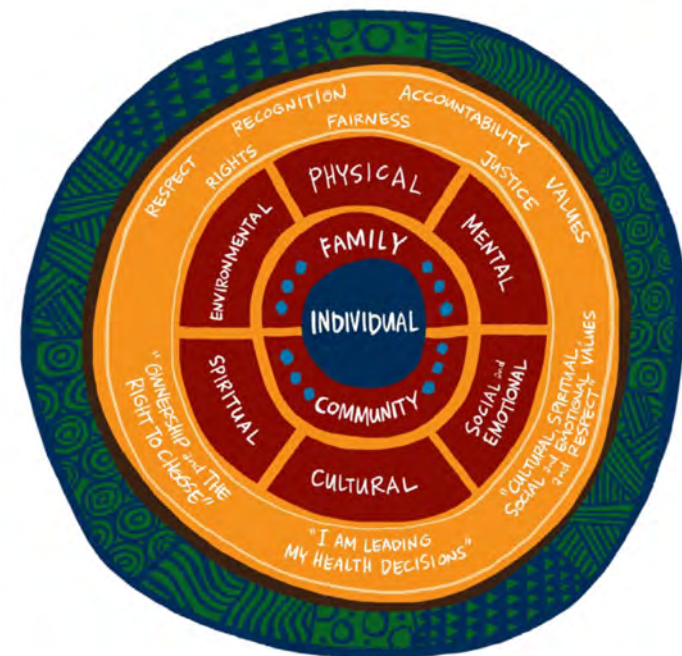


Health Ownership Is Central To Health Equity

Health equity for Aboriginal and Torres Strait Islander peoples involves balancing mind, body, and spirit. Caring for oneself, family, community, and country is central to cultural responsibilities.

Health and wellbeing encompass physical, mental, social, emotional, cultural, spiritual, and environmental factors.

Health equity for Aboriginal and Torres Strait Islander peoples supports individuals, families, and communities in making their own health decisions. The TCHHS is committed to an inclusive community co-design process to ensure that the voices, needs, and priorities of Aboriginal and Torres Strait Islander peoples shape the HES.





Community Reflections: Shaping the HES Together

Coordinated, comprehensive and supportive consumer travel

Reviewing current travel arrangements and policies is important to ensure a well-coordinated and informed journey for community members. Supports must be in place to provide a safe and culturally responsive experience for those travelling off Country to access healthcare.

Building a local workforce that works at top-of-scope

Creating stronger pathways to recruit, train, and retain a local workforce is essential. Accessible training opportunities, mentorship, and support empower Aboriginal and Torres Strait Islander health professionals to practice at the top of their scope. This creates meaningful employment opportunities and supports culturally relevant care delivered by community members for their communities.

Improving accessibility of services through enhanced outreach and transportation

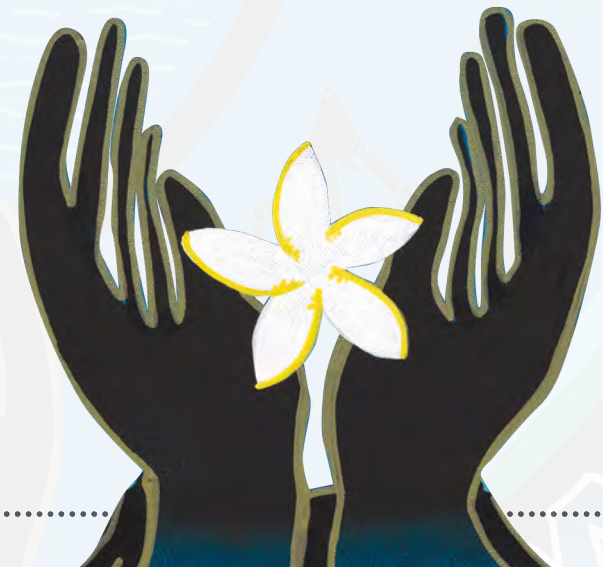
Expanding outreach health care services strengthens access and delivery across communities. Providing reliable and accessible transportation options ensures that all community members can reach health care services when needed.

Empowering health ownership through health promotion

Health promotion plays an important role in supporting individuals to take ownership of their health and wellbeing. Increased health education helps communities make informed decisions for themselves and their families. Tailoring services to different age groups and community needs promotes healthier outcomes and greater self-empowerment.

Strengthening partnerships with community members and providers

Building and maintaining strong partnerships with community members is central to the work of TCHHS. Ongoing engagement and visibility of TCHHS leadership, along with collaboration with other service providers, helps ensure coordinated and effective health service delivery that meets community needs.



Empowering Community Voices to Define Health and Wellbeing

Understanding the community's perspective on health and wellbeing is critical for developing effective and meaningful strategies that address their health needs and aspirations.

We are working towards a health strategy that is inclusive and reflective of community values. Through our engagement, we heard that health and wellbeing are aligned with holistic health, cultural connection and community empowerment.



Holistic Health

Health and wellbeing is viewed as holistic, including a balance of physical, mental, emotional, spiritual, and social health. This holistic perspective recognises that wellbeing is not just the absence of illness but the alignment and wellness of mind, body, and spirit. A critical component is ensuring that all needs, including social and cultural determinants of health, are met.

.....

“Our mental, spiritual, and physical needs are being met, and we have access to the services and supports that we need.”



Cultural Connections

Maintaining close relationships with family, community, and a strong connection to culture and country are seen as essential to living a healthy and long life.

This connection provides individuals with a sense of belonging and balance, which is essential for overall health and well-being.

.....

“When we have a strong heart and are connected to our identify, culture, country, we are close to our family and have a strong and healthy community.”



Community Empowerment

Community feels empowered when they have the resources, knowledge, and support to manage their health and wellbeing effectively.

Health and wellbeing are not seen as an individual's responsibility but as a collective goal where the whole community thrives.

.....

“Community is empowered to make decisions on their health outcomes. They have a strong sense of self-awareness to be able to understand information about their health.”



Empowering Community Voices to Define Health Equity

To guide the development of the HES we asked the community to share their definitions and aspirations for health equity across Torres and Cape.

“Support structures are in place to achieve health and wellbeing, services are tailored to our situations, we acknowledge our history and differences, and resources are culturally appropriate.”

“Breaking the cycle – our people and community to take ownership of their own health and to be a part of the solution.”

“Removing all obstacles to good health – not having any barriers or financial burdens. More health services and easy access on Country.”

“Recognising that not everyone is in the same place. It is when we give everyone the opportunity to reach their full potential even though we recognise that we all start from different places. Our communities need different things to help us reach the top.”

“Where we have individual, family and community tailored services and supports.”

“Ensuring everyone has a fair opportunity to achieve their full potential regardless of where they live.”

“We are actively using and sharing data to understand what is and isn’t working, so we can take action. We want to see real change, not just read or hear about the numbers.”

“We have been stagnant for many years, we hope this is where we start to see change and move forward.”

“Bringing autonomy back to community, where local issues are managed by local people through local solutions. Our health can be managed by our own people and community.”