Torres and Cape
Hospital and Health Service

Health Equity Strategy
2022-2025

Torres and Cape Hospital and Health Service acknowledges and respects the Traditional Owners of the land on which we live and work, and acknowledges their continuing connection to the land and community which we serve.

We pay respect to them, their culture, and their Elders past, present and future.

Messages from Board Chair and Chief Executive

Torres and Cape Hospital and Health Service's Health Equity Strategy builds on the National Agreement on Closing the Gap.

I know and understand the importance of listening to the people of our community and hearing their stories.

I am proud of the fact that all of our communities in the Cape and Torres region have been outspoken and given an honest account of the health needs in their lives.

The feedback from our community is clear; achieving health equity for Aboriginal and Torres Strait Islander People will not be quick or easy. There is much work to be done.

Acknowledging the challenge is the first step. With the cooperation shown by our partner organisations and stakeholders in identifying how we will achieve health equity, and the commitment by all to implementing this strategy, I am confident that we will take the next steps together and see health equity and health parity by 2031.

Elthies (Ella) Kris

Board Chair

I am proud of the work that has gone into our Health Equity Strategy.

The commitment from our health partner organisations and the clear messages delivered by our communities highlights the vital importance of health equity for Aboriginal and Torres Strait Islander people in our health service.

The cooperation I have seen during the strategy's design and the willingness and enthusiasm to work together is an achievement.

Health equity is more than a strategic priority. This work will form the basis of how Torres and Cape Hospital and Health Service approaches health care in the future; not just working for the community, but working *with* them.

I look forward to seeing the results. Through our strong partnerships across Cape York, the Northern Peninsula Area and the Torres Strait, we will implement permanent and positive health outcomes for our Aboriginal and Torres Strait Islander communities.

Beverley Hamerton

Health Service Chief Executive

Contents

Our approach to co-designing the Health Equity Strategy

Working together to improve outcomes

In 2020, the Queensland Government made it legislation that all Hospital and Health Services develop a Health Equity Strategy to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

At the core of the Health Equity Framework provided by Queensland Health is guidance on how Hospital and Health Services can work in partnership with Aboriginal and Torres Strait Islander communities and partner organisations to create better outcomes.

Health Equity Strategies must be 'co-designed,' 'co-owned' and 'co-implemented.' This means sharing decision-making with the the community members and partners consulted.

Aboriginal and Torres Strait Islander-led

To develop the Torres and Cape Hospital and Health Service (**TCHHS**) Health Equity Strategy, we undertook a number of co-design consultations with local organisations and community members across the TCHHS catchment. The staff undertaking these consultations was the TCHHS Health Equity Strategy Project Team (the Project Team), which consisted of all Aboriginal and Torres Strait Islander staff.

Community members

Significantly, the Project Team conducted face-to-face consultations in 27 communities between March and August 2022. All community visits and consultations were conducted in respect of cultural protocols.

Partner organisations

A combination of online surveys and face-to-face consultations were used by the Project Team to capture the voice of TCHHS partner organisations. A full list of these stakeholders can be found at *page 19*.

Analysing responses and results

The Project Team identified common themes that emerged, which were then aligned to the six key priority areas of the TCHHS Health Equity Strategy. These themes were the basis for the actions under each priority area of the TCHHS Health Equity Strategy (see *page 13*). There will be insights from these consultations referenced throughout this document.

Our approach to co-designing the Health Equity Strategy

This timeline shows the key activities undertaken to develop the TCHHS Health Equity Strategy.

First Governance
Committee meeting

Draft TCHHS Health
Equity Strategy
Published

Consultation with
staff starts

TCHHS Health
Equity Strategy
published

**Sep
2021**

**Mar
2022**

**Aug
2022**

**Jun
2023**

**Dec
2021**

**Apr
2021**

**Dec
2022**

Consultation with
partner organisations
starts

Community
consultations
started

Final
consultations
completed

Implementation
Plan

The next step following the publishing of the TCHHS Health Equity Strategy is the development of an Implementation Plan with partner organisations. The Implementation Plan will detail the actions, responsibilities and timings for each of the priority areas. Following the development of Implementation Plan, we will work to deliver the Health Equity Strategy and oversee ongoing governance and monitoring (see *page 19*).

TCHHS acknowledges and expects that this Health Equity Strategy will be a living document and will continue to be shaped and informed by ongoing engagement and consultation with partner organisations and the community, particularly during implementation.

Plan on a page

The TCHHS Health Equity Strategy on one page shows how the six priority areas are intended to create measurable outcomes that improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Overarching measure of success

Improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples

TCHHS measures of success

TBC in Implementation Plan

6 Priority Areas

1 Actively eliminating racial discrimination and institutional racism

2 Increase access to healthcare services

3 Influence the social, cultural and economic determinants of health

4 Deliver sustainable, culturally safe and responsive healthcare services

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

6 Strengthen the Aboriginal and Torres Strait Islander Health workforce

Who we are

This page overviews the TCHHS vision, values and Guiding Principles to show how they align with the TCHHS Health Equity Strategy.

There is strong alignment between the TCHHS vision, Guiding Principles, values and the TCHHS Health Equity Strategy. This shows how multiple aspects of TCHHS strategy are set up to reinforce the work of the Health Equity Strategy for utmost success.
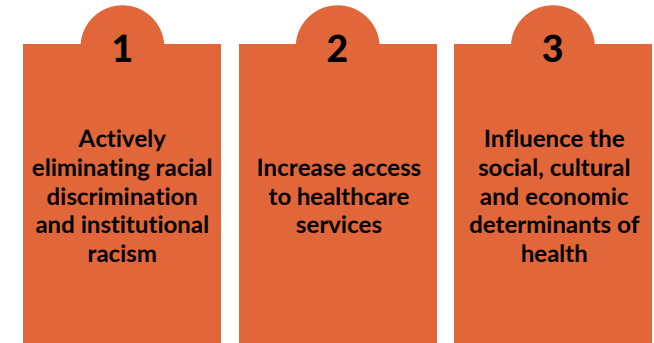
Our vision
Leading connected healthcare to achieve longer, healthier lives

Our Guiding Principles
- Healthcare that is **community-centred**
- Healthcare that **embeds primary health and health promotion**
- Healthcare that is **responsive to need and culture**
- Healthcare that is **strengths-based**
- Healthcare that has **equitable access**
- Healthcare that is **holistic and collaborative**

Our Values
- **Courage** - We have the courage to stand up, do the right thing, and express our opinions with respect.
- **Accountability** – We show accountability for our actions. We live up to our responsibilities and recognise that people put their trust in us.
- **Respect** - We respect and acknowledge the diversity of others. We treat others as we would like to be treated.
- **Engage** - We recognise that to engage means a positive connection to our workplace. This allows everyone to feel pride and reach their full potential.

1 Actively eliminating racial discrimination and institutional racism

2 Increase access to healthcare services

3 Influence the social, cultural and economic determinants of health

4 Deliver sustainable, culturally safe and responsive healthcare services

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

6 Strengthen the Aboriginal and Torres Strait Islander Health workforce

Our region
Geography and population profile

TCHHS is the largest provider of public health care services across the most northern remote areas of Queensland. TCHHS provides health services to a resident population of 26,966 with 68.7% identifying as Aboriginal and/or Torres Strait Islander. Services are provided across 35 facilities (4 hospitals and 31 primary and community services) by more than 1000 staff.

TCHHS provides services to culturally rich and diverse populations. TCHHS is the only HHS with an international border (with Papua New Guinea) and with our partners we provide services to 34 communities across Cape York, the Northern Peninsula Area and the Torres Strait Islands.

Our large geographical area creates challenges for Aboriginal and Torres Strait Islander consumers to access our services. The vast majority of Aboriginal and Torres Strait Islander population in the TCHHS catchment live in very remote areas. This means accessing services often requires travel. Community members consulted for the Health Equity strategy identified transport and accommodation as 2 of the top 3 barriers to accessing healthcare services.

Over **19,000** or **68.7%** of the TCHHS population identify as Aboriginal and/or Torres Strait Islander compared to 4.6% across Queensland

75.6% reside in a *very remote* location, and the remainder **24.4%** reside in a *remote* location

77.2% or 256 of babies born in 2019 were Aboriginal and/or Torres Strait Islander compared to 5.3% for Queensland

Our region
Summary of social determinants of health

The social determinants of health refer to the aspects of a person's life that can influence their health. The statistics paint a picture of various challenges and barriers that are compounding to produce inequitable population level health outcomes for Aboriginal and Torres Strait Islander peoples living in the TCHHS area.

The unemployment rate for Aboriginal and Torres Strait Islander peoples living in the TCHHS area is **23.3%** which is higher than the state Aboriginal and Torres Strait Islander rate of 20.3%.
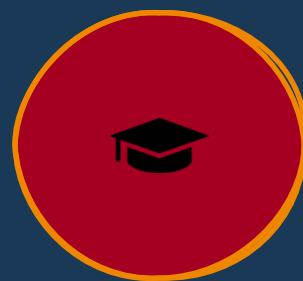
The proportion of Aboriginal and Torres Strait Islander peoples living in the TCHHS area whose highest level of schooling is below year 11 is **43.9%,** which is similar to the state Aboriginal and Torres Strait Islander rate.

More than **1 in 3** Aboriginal and Torres Strait Islander people in the TCHHS area (41%) live in crowded housing, compared to the state Aboriginal and Torres Strait Islander rate (18.8%)

SEIFA

85% of the total population in the TCHHS area have the poorest socioeconomic measures (as per the SEIFA index).

Source: TCHHS Local Area Needs Assessment 2022

Our region
Summary of population health needs

The below statistics give an overview of the health needs of the Aboriginal and Torres Strait Islander peoples living in the TCHHS area.

Rheumatic Heart Disease is **15x** higher among Aboriginal and Torres Strait Islander peoples living in the TCHHS area compared to non-Aboriginal and Torres Strait Islander people living in Queensland.

Aboriginal and Torres Strait Islander peoples in the TCHHS areas potential years of life lost, premature mortality, and potentially avoidable deaths results are consistently poorer than Queensland.

11% of Aboriginal and Torres Strait Islander babies are born with high birthweight in the TCHHS area compared to the state Aboriginal and Torres Strait Islander rate (8.9%)

The rate of sexually transmitted infections is 287 per 10k for the total population living in the TCHHS area. The rate is higher for the Aboriginal and Torres Strait Islander population in the TCHHS area (**391 per 10k**).

There are higher levels of chronic disease related hospitalisations overall for people living in TCHHS areas compared to the Queensland rate.

End stage kidney disease is 2.6x higher for Aboriginal and Torres Strait Islander peoples living in the TCHHS area compared to non-Aboriginal and Torres Strait Islander people living in Queensland.

Vaccine preventable admissions are higher for Aboriginal and Torres Strait Islander peoples living in TCHHS area compared to non-Aboriginal and Torres Strait Islander people living in Queensland (**19.4** per 1000, compared to Queensland 4.7 per 1000)

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Our region
Accessing services

The below statistics give an overview of how Aboriginal and Torres Strait Islander peoples use TCHHS services, and what this may mean.

Aboriginal and Torres Strait Islander Health Check

The utilisation of Aboriginal and Torres Strait Islander health checks (MBS codes) are lower than the state rate at 23.8 services for every 100 people compared to 37.3 services per 100 people for Queensland.

The rate of a Aboriginal and Torres Strait Islander health check in the TCHHS catchment is lower than the state average. This indicates that the Aboriginal and Torres Strait Islander population in our catchment is accessing primary health services at a lower rate than the rest of the state, which could be due to dissatisfaction with primary healthcare services.

Mental Health Services

The utilisation of mental health services is significantly lower than the state, despite high rates of psychological distress, mental health and behavioural issues.

Although there are high rates of psychological distress, mental health and behavioural issues in the TCHHS catchment, mental health services are used at a significantly lower rate than the rest of the state. This indicates there are barriers to accessing these services.

Hospital presentation rates

Cook Shire has the highest rate of presentations to hospital in the TCHHS catchment. Additionally, for the Aboriginal and Torres Strait Islander population in Cook Shire, it is 1.3x times the rate of the general population.

Aboriginal and Torres Strait Islander peoples present to hospitals at a higher rate in TCHHS compared to the non-Aboriginal and Torres Strait Islander population. This infers that Aboriginal and Torres Strait Islander peoples within the TCHHS catchment are experiencing higher levels of ill health.

Priority area 1

Actively eliminating racial discrimination and institutional racism

What we heard:

- *Almost half of our consumers have experienced racial discrimination when accessing health care.*

- *We want all TCHHS staff trained in anti-racism and cultural capability to build a greater understanding.*

- *More cultural workshops and more knowledge in cultural protocols of the community.*

- *It is better to have an independent body to investigate racism. TCHHS need to change their policies, programs and practices, when it comes to institutional racism, we need to change all of that.*

- *Racism and feeling culturally unsafe is an on-going issue for our consumers and staff.*

- *Cultural protocols and guidelines should be implemented with the health system/ structure where it becomes compliant for the sake of fair treatment.*

- *I feel that the organisation still hasn't moved past the hierarchical medical model with Aboriginal and Torres Strait Islander employees considered secondary or token to the overall structure of the workforce.*

What we are going to do:

- **Listen to patients and workforce to ensure instances of racism are reported and actioned. We will:**

  - Develop resources for patients and health consumers to understand their rights if they experience racism and what they can do.

  - Review current complaint process to identify and implement improvements to ensure patient feedback/complaint processes are streamlined and culturally safe.

  - Include racism as a reportable incident on RiskMan to investigate, monitor and review reported incidents.

  - Adopt a zero-tolerance workplace culture to address racism.

- **Build the cultural capability of the workforce. We will:**

  - Increase Aboriginal and Torres Strait Islander representation in all areas of the organisation.

  - Increase Aboriginal and Torres Strait Islander representation in leadership positions.

  - Explore options for anti-racism training

  - Increase the relevance, cultural appropriateness, and effectiveness of health promotion and prevention activities, that respect Aboriginal and Torres Strait Islander culture of health and wellbeing (In conjunction with Communities and Service Partners).

- **Identify the baseline of TCHHS cultural capability and focus areas for improvement. We will:**

  - Commission an independent audit of TCHHS' structures, policies and processes utilising the *Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services (Matrix)*

  - Address recommendations from the review

What success looks like:

- Improvement in score for Institutional Racism from matrix

- Anti-racism training implemented within TCHHS

- Decrease in number of complaints of racial discrimination

- Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey).

Increase access to healthcare services

What we heard:

- *Our communities want increased outreach services in their community.*
- *Equitable access to health services across all communities*
- *We want to access services closer to home no matter where we live*
- *The clinic should be open longer for people who work.*
- *We want the hospital services, GPs, and ATSICCHOs to work together so they all know our care plan.*

What we are going to do:

- **Enable greater choice for how community members access services. We will:**
  - Explore options to have flexible opening hours of PHCCs to meet needs of community.
  - Identify opportunities to increase care closer to home, community and Country.
  - Strengthen partnerships with other service providers to enhance the patient journey and coordinated care. This will include with health providers in line with the Queensland Government's policy regarding Transition to Community Control for primary healthcare services where communities request.

- **Increase access to services in need. We will:**
  - Implement actions from the North Queensland Aboriginal and Torres Strait Islander Sexually Transmitted Infections Action Plan
  - Increase access to Early Childhood, Early Intervention service for children with developmental delays or disabilities
  - Implement actions from the Torres and Cape Suicide Prevention Community Action Plan and the TCHHS Mental Health, Alcohol and Other Drugs Service Suicide Prevention & Awareness Action Plan
  - Undertake planning across the health system with partners to determine service gaps, workforce issues and data sharing needs

- **Invest in infrastructure and workforce for the delivery of health services. We will:**
  - Build appropriate infrastructure including spaces for telehealth in our facilities and accommodation for staff
  - Support the workforce to embrace new technologies and other innovations

What success looks like:

- Improved outcomes for Aboriginal and Torres Strait Islander people across all areas.
- Increased proportion of Aboriginal and Torres Strait Islander adult patients on the general care dental waitlist waiting for less than the clinically recommended time.
- Increased proportion of Aboriginal and Torres Strait Islander patients receiving elective surgery treated within clinically recommended time.
- Decreased proportion of Aboriginal and Torres Strait Islander patients waiting longer than clinically recommended for their initial specialist outpatient appointment.
- Increased proportion of Aboriginal and Torres Strait Islander people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit.
- Increased proportion of care plans in place for Aboriginal and Torres Strait Islander patients with comorbidities.
- Decreased rate and count of Aboriginal and Torres Strait Islander suicide deaths.
- Increased Telehealth appointments.

Influence the social, cultural and economic determinants of health

What we heard:

- *Our communities identified transport, multiple appointments and accommodation as the biggest barriers to accessing health care services.*

- *There is a significant lack of health promotion and health prevention activities being delivered "in-community" or on Country.*

- *Our communities identified housing, education, cost of living and food security as having the biggest impact on their ability to being healthy.*

- *Lack of suitable accommodation is a barrier for delivering sustainable care in the Torres and Cape region.*

What we are going to do:

- **Provide economic opportunity to Aboriginal and Torres Strait Islander businesses and services by. We will:**

  - Apply the Queensland Indigenous Procurement Policy across all procurement and contracting services

  - Set targets for procuring goods and services from Aboriginal and Torres Strait Islander owned business

  - Increase commercial relationships with Aboriginal and Torres Strait Islander owned business

- **Strengthen relationships with agencies beyond the health sector to improve health outcomes. This will include developing relationships with the Departments of:**

  - Communities, Housing and Digital Economy Housing

  - Child Safety, Youth Justice and Multicultural Affairs

  - Education

  - Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

- **Collect and share data related to social determinants to inform decision making**

- **Support the integration of approaches to funding and planning in remote communities to maximise investment from all sources (Queensland and Australian Government).**

- **Establish a Health Equity interagency working group to drive and implement Health Equity actions, strengthen informal and formal partnerships to identify and resolve cross-sectorial issues.**

- **Support and deliver health promotion initiatives. We will:**

  - Implement health promotion, prevention and risk reduction strategies and plan from Public Health Unit.

  - Work with partners to maximise the health, social, education and learning outcomes.

What success looks like:

- Increased procurement and contracting services with Aboriginal and Torres Strait Islander businesses and organisations across TCHHS.

- Increase in meetings and engagements with relevant departments

- Increase in the number of formal and informal partnerships developed with other agencies and health care providers to deliver health prevention activities to Aboriginal and Torres Strait Islander peoples.

Deliver sustainable, culturally safe and responsive healthcare services

What we heard:

- *Culturally inappropriate and culturally unsafe practices are commonly experienced by our consumers*

- *Our communities want to see community-led models of care.*

- *Our community members want to be involved in development of health prevention strategies and support breaking down barriers such as language and health literacy.*

- *Indigenous leadership and corporate social responsibility to build Indigenous leadership in health to positively influence the delivery of services.*

- *Our communities want to see and understand the health information and data for their community so they can help improve health outcomes.*

- *Every community needs a planning day for better structure. Organisations need to get together, so community knows what is happening and support each other.*

- *More community involvement on how their health care service should be delivered.*

What we are going to do:

- **Improve the cultural responsiveness of services. We will:**
  - Consider the cultural needs of Aboriginal and Torres Strait Islander peoples when delivering care.
  - Provide care in an environment that is welcoming, friendly, accepting and culturally safe for our patients.
  - Take the time to provide care information that is clearly understood by our patients and their families and delivered in a culturally appropriate way.
  - Where possible an Indigenous Health Worker or Practitioner to be the first patient touch point when accessing a service

- **Strengthen relationships with partner organisations to ensure culturally safe and seamless patient journeys. We will:**
  - Establish data sharing arrangements to enable seamless transfer of information between providers
  - Share learnings and embedding continual improvement processes

- **Explore the suitability of Aboriginal and Torres Strait Islander led localized models of care that are aligned line with the TCHHS Guiding Principles, Values, Vision and Strategic Plan.**

What success looks like:

- Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey).

- 100% compliance for all staff in cultural capability training

- Increase in Aboriginal and Torres Strait Islander-led localized models of care trialed and implemented

- Increase in data sharing agreements with external stakeholders.

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

What we heard:

- *Aboriginal and Torres Strait Islander people want to feel empowered and have a strong voice in health services in their community.*

- *Our communities want to see community-led models of care.*

- *Our communities want to see and understand the health information and data for their community so they can help improve health outcomes.*

- *Our community members want to be involved in development of health prevention strategies and support breaking down barriers such as language and health literacy.*

What we are going to do:

- **Enhance opportunities for community and partner organisations to support the design, delivery, monitoring and review of health services. We will:**

  - Strengthen relationships with existing forums and bodies.

  - Work with partners to establish a Health Leadership Forum to help inform design, delivery, monitoring and review of health services.

- **Actively seek support, involvement and input from Aboriginal and Torres Strait Islander communities to empower their voices in health services delivered in their communities. We will:**

  - Increase participation and meaningful engagement of the Consumer Advisory Council (CAC).

  - Establish regional Health Equity Strategy sub-committees.

What success looks like:

- Increase in Aboriginal and Torres Strait Islander community members engaged in decision-making and/or evaluations

- Increase in the number of formal and informal partnerships developed with other agencies and health care providers to deliver health prevention and health services to Aboriginal and Torres Strait Islander peoples.

- Increase in data sharing agreements with external stakeholders.

- Establish a Health Leadership Forum to help inform design, delivery, monitoring and review of health services.

Strengthen the Aboriginal and Torres Strait Islander Health workforce

What we heard:

- *We want to see more Aboriginal and Torres Strait Islander people working at TCHHS*

- *We want more access to Aboriginal and Torres Strait Islander staff*

- *We want our Aboriginal and Torres Strait Islander staff to feel valued, empowered and supported.*

- *We want young Aboriginal and Torres Strait Islander people to have opportunities to work in the health sector and have career pathways.*

- *Some of our community members have concerns about confidentiality so they don't access health care in their community.*

- *There is no career progression for some roles within the health services, we need to have people who are accountable for clear KPI's.*

What we are going to do:

- **Establish pathways to employment for Aboriginal and Torres Strait Islander staff**

- **Increase targeted recruitment activities for a range of professional streams (eg: participating in Careers Expos or giving presentations at schools)**

- **Build an enabling and growth workplace culture for Aboriginal and Torres Strait Islander staff. We will:**

  - Enable Aboriginal and Torres Strait Islander Health Workers and Health Practitioners to work to their full scope of practice consistently

  - Include Aboriginal and Torres Strait Islander staff in decision-making throughout the organisation including in designing models of care and service planning

  - Implement formal leadership, development and mentoring programs for Aboriginal and Torres Strait Islander staff

  - Review career structures and incentive packages to ensure aligned with value of roles

- **Implement learnings from other organisations and strategies. We will:**

  - Implement actions from the Aboriginal and Torres Strait Islander Health Workforce Strategy

  - Share learnings with ATSICCHOs, other HHS' and other key stakeholders.

  - Support Queensland's First Nations Workforce Strategy for Action

What success looks like:

- Increase in formal leadership, development and mentoring programs for Aboriginal and Torres Strait Islander staff

- Improvement in Working for Queensland results for Aboriginal and Torres Strait Islander staff.

- Increase in Aboriginal and Torres Strait Islander staff working to their full scope of practice.

- Improved recruitment and retention rates for Aboriginal and Torres Strait Islander staff.

- Increase in Aboriginal and Torres Strait Islander staff

- Increase in Aboriginal and Torres Strait Islander staff in leadership positions

Governance and Implementation

Who will be involved?
Ongoing partnership with community and partner organisations is at the core of the governance and implementation plans of the TCHHS Health Equity Strategy. The diagram to the right overviews which partners have been engaged so far and who TCHHS looks forward to continuing to work with for implementation.

How will they be involved?
The diagram below overviews the different levels of governance that will oversee the implementation of the Health Equity Strategy. At the regional level TCHHS will develop localised subcommittees to oversee implementation at the community level. These subcommittees will report to the TCHHS Health Equity Governance Committee.

More information about the role and membership of each tier will be detailed in the TCHHS Health Equity Implementation Plan.

TCHHS Board

Health Equity governance committee

Cape York sub committee	NPA sub committee	Torres Strait sub committee
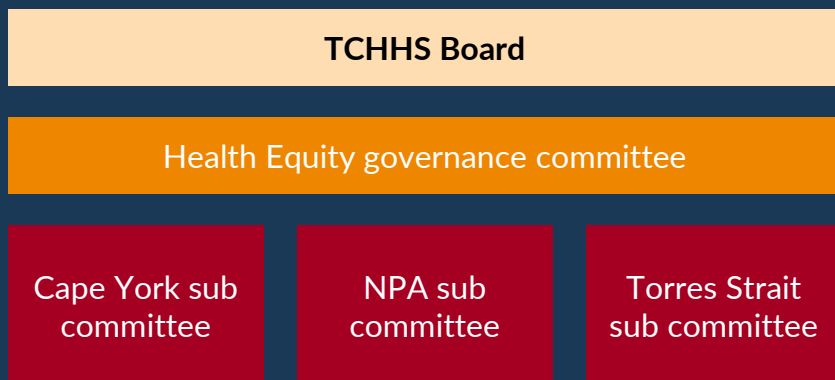
| Stakeholder | Level of involvement | | |
	Developing this Strategy	Implementation planning	Involved in Service Delivery
Aboriginal and Torres Strait Islander staff	X		X
Aboriginal and Torres Strait Islander health consumers	X		
Aboriginal and Torres Strait Islander community members	X		
Traditional owners	X		
Chief Aboriginal and Torres Strait Islander Health Officer	X	X	
Queensland Aboriginal and Torres Strait Islander Health Council	X	X	
Health and Wellbeing Queensland	X	X	
Apunipima Cape York Health Council	X	X	X
Northern Peninsula Area Family and Community Services	X	X	X
Torres Health Indigenous Corporation	X	X	X
Mookai Rose Bi-bayan	X	X	X
Wuchopperen Health Service	X	X	X
Royal Flying Doctors Service	X	X	X
Northern Queensland Primary Health Network	X	X	X

Monitoring and evaluation

There are specific key performance measures that all Hospital and Health Services across Queensland are required to report against as a part of the Health Equity Framework. Three of the common key performance measures to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples are:

Decrease in potentially avoidable deaths.

Increase proportion of Aboriginal and Torres Strait Islander babies born with healthy birth weights.

Sustain a decreased rate and count of Aboriginal and Torres Strait Islander suicide deaths.

TCHHS is in consultation with Queensland Health to develop additional specific performance measures for the TCHHS Health Equity Strategy. The intention is to develop these performance measures in line with work already taking place at TCHHS related to data capturing and performance reporting. These performance measures will be developed in consultation with partners and further detailed in the Implementation Plan.

The TCHHS Health Equity Strategy will be reviewed every three years, with the first review expected to be completed by December 2025.

Glossary of terms

ATSICCHOs	Aboriginal and Torres Strait Islander Community Controlled Health Organisations
CAC	Consumer Advisory Council
GP	General Practitioner
HHS	Hospital and Health Service
MBS	Medicare Benefits Schedule
PHCC	Primary Health Care Centre
PREMS	Patient Reported Experience Measures
RiskMan	Software that tracks and reports on incidents at TCHHS
SEIFA	Socio-Economic Indexes for Areas
TBC	To be completed
TCHHS	Torres and Cape Hospital and Health Service