



**Health Equity Strategy
and Implementation Plan
2025 - 2028**

**DRAFT
VERSION**

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.



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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, Dingaál, 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.

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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.



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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.

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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.



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The Foundations for a HES and Implementation Plan

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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 Training Matrix. This tool assesses, identifies, and addresses institutional racism within health services. An audit by the Anti-Discrimination Commission and Queensland Aboriginal and Islander Health Council 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.

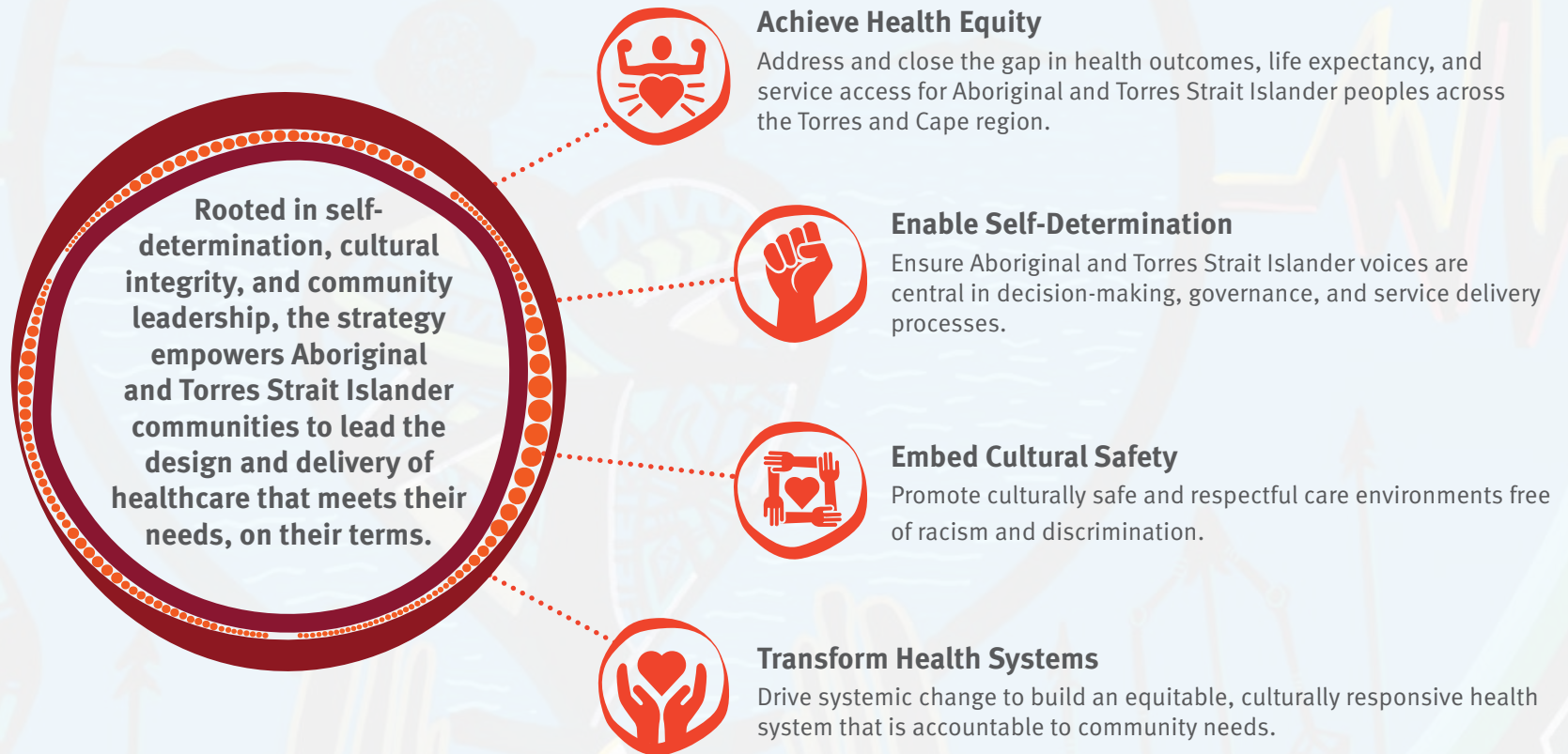
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Purpose of the HES and Implementation Plan

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.



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

Priority Area

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

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

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

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

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

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 for local 'grow your own' workforces, while improving social and economic determinants of health.

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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.



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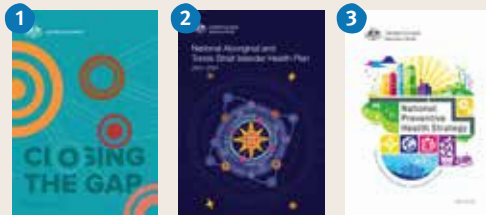
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Aligning Systems, Empowering Communities: Strengthening Aboriginal and Torres Strait Islander Health Equity

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.

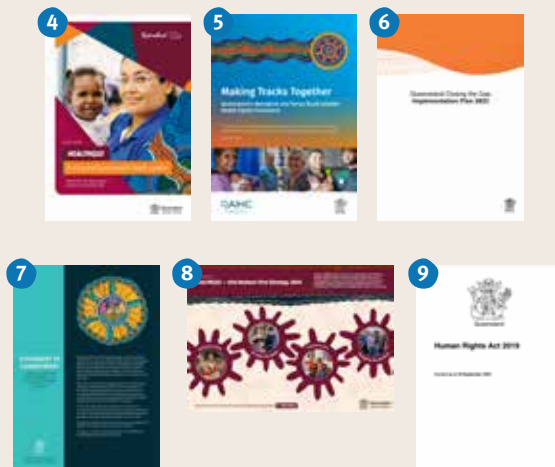
National Priorities



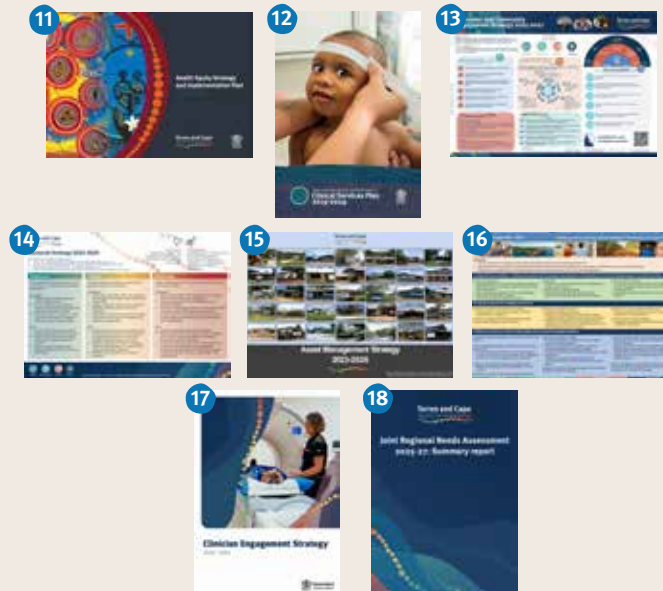
TCHHS Organisational Strategic Plans



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 HealthQ32
- 5 Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework (2021)
- 6 Queensland Closing the Gap Implementation Plan
- 7 Queensland's Statement of Commitment to Reframe the Relationship with Aboriginal and Torres Strait Islander Queenslanders (2020)
- 8 Queensland First Nations Health Workforce Strategy
- 9 Queensland Human Rights Act 2019
- 10 Strategic Plan 2023–2027
- 11 Health Equity Strategy 2025–2028
- 12 Clinical Services Plan 2019–2029
- 13 Consumer and Community Engagement Strategy 2025–2028
- 14 Research Strategy 2025–2029
- 15 Asset Management Strategy 2023–2026
- 16 Workforce Strategy 2021–2026
- 17 Clinical Engagement Strategy 2022–2024
- 18 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.

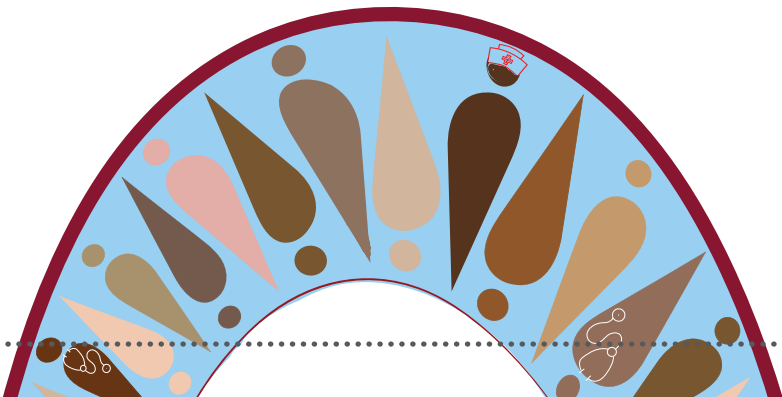
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This region is one of the most diverse in Qld and Australia, not just in its landscapes but in its languages, stories, and traditions. We honour that diversity and are committed to building and maintaining a workforce that reflects the communities 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.

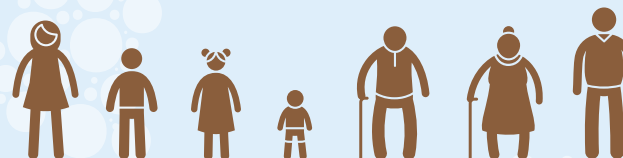
This equates to an average of **22 applications per day, or 153 per week,** with a total annual **cost of \$16.6 million.**



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%

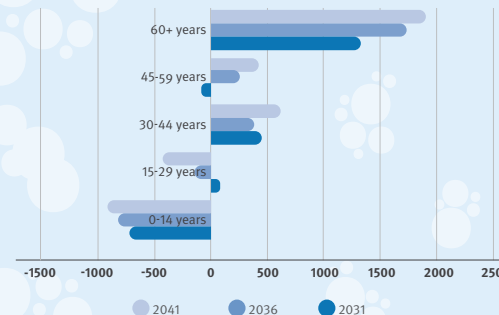
of Aboriginal and Torres Strait Islander persons were aged **over 50 years.** (Qld comparison 17.7%)

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



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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.

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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.



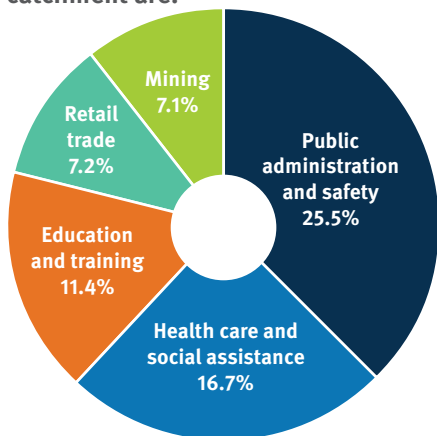
Crowded dwellings

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.

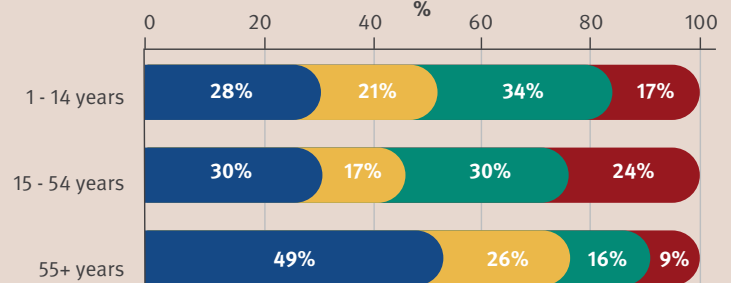
Primary Health Care

Health checks by age

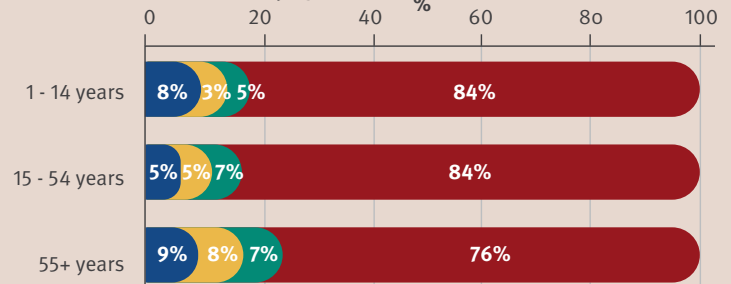
Across the TCHHS catchment, communities are engaging with Health Checks in different ways. The Torres region demonstrates strong uptake, while opportunities exist to build on local strengths in the Northern Peninsula Area and Cape York. These figures do not yet reflect the valuable contribution of community-controlled 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

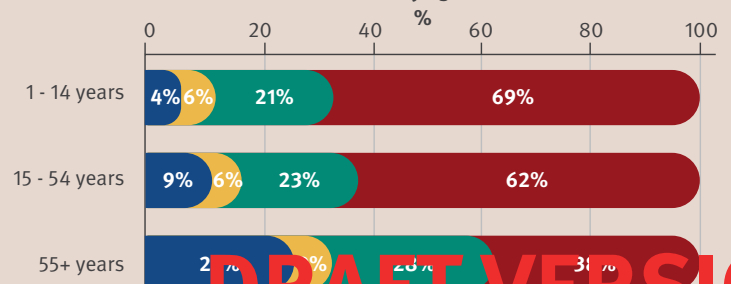
Torres Strait Island catchment - rate of health checks by age cohort



Cape York - rate of health checks by age cohort



Northern Peninsula Area - rate of health checks by age cohort

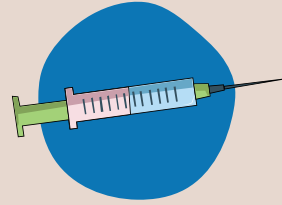


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Oral health

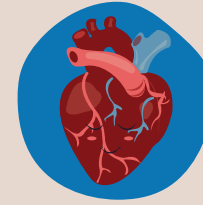
33% of our people have been waiting longer than the clinically recommended time for oral health treatment in the last year compared to only 9% of non-Indigenous Australian residents.



Immunisations

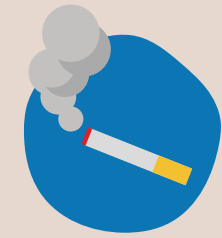
Immunisation rates by age group for the NIP schedule:

- 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

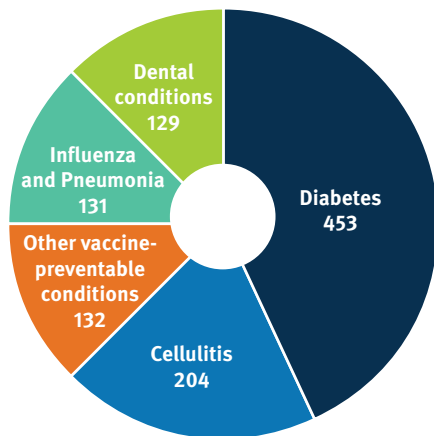
33.5% of Aboriginal and Torres Strait Islander patients are current smokers.
9.4% of non-Indigenous Australian patients are current smokers.

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**.

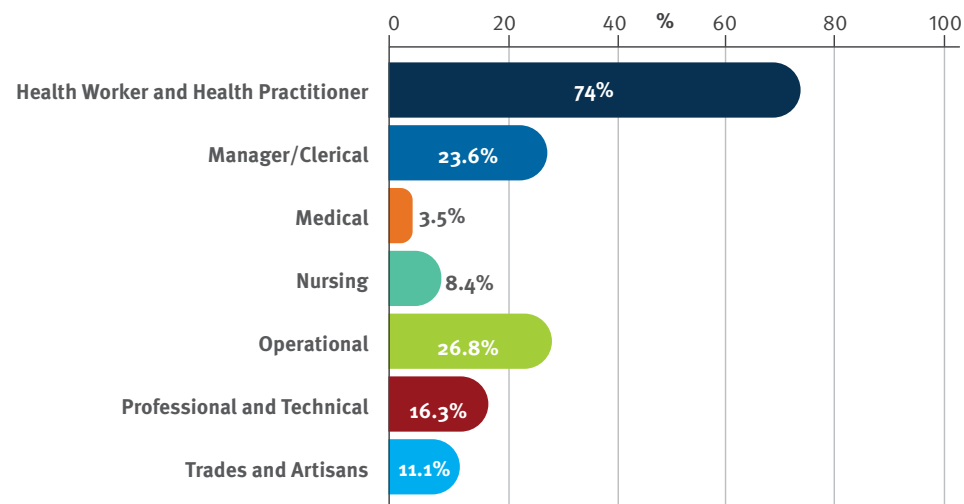
92.6% of staff have completed the Aboriginal and Torres Strait Islander (online) **Cultural Practice Program**.

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**).



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Co-Creating the HES and Implementation Plan

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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

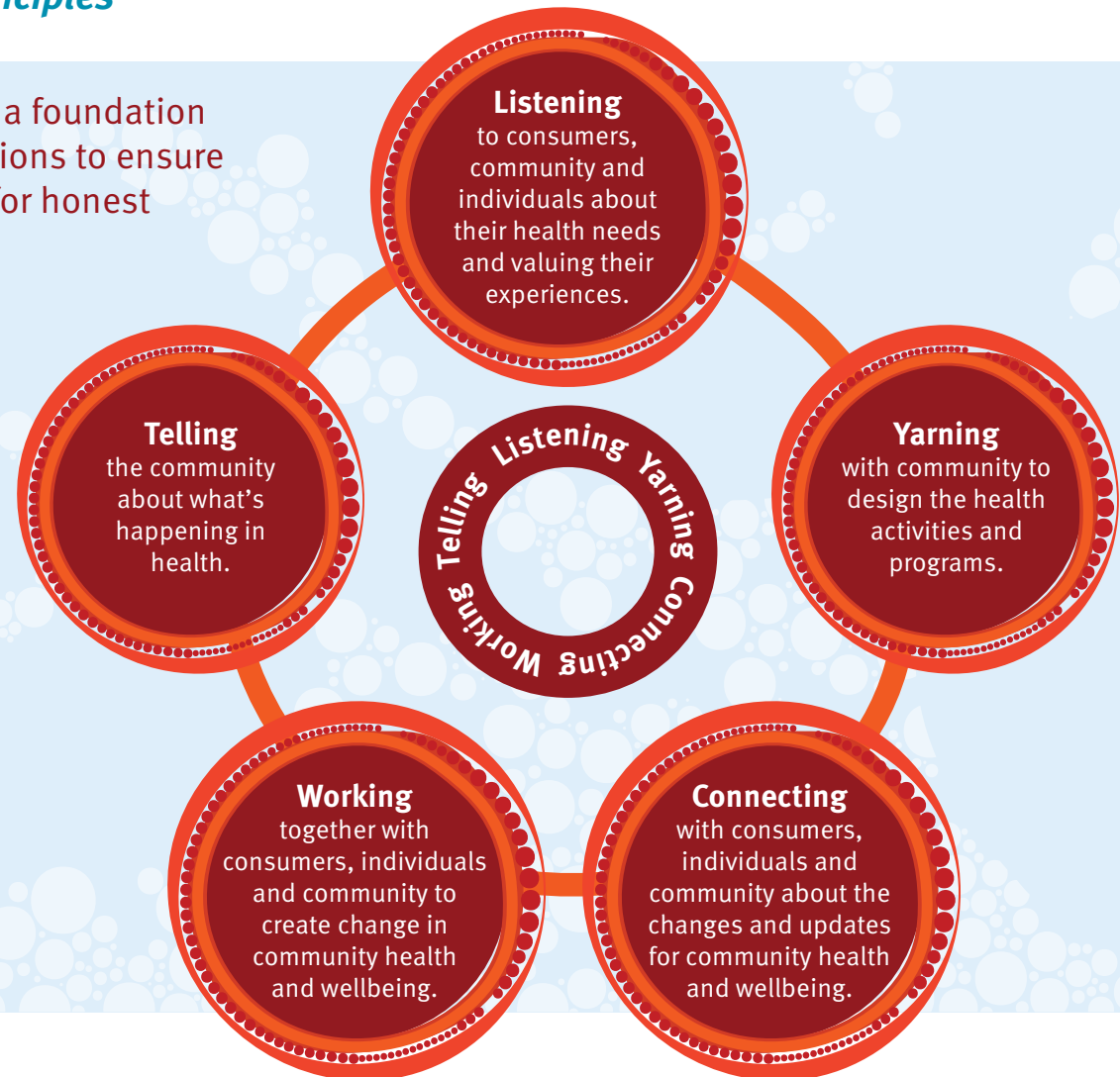
 <p>Building a Shared Approach to Health Equity Consultation</p>	 <p>Empowering Staff to Lead Community Consultations</p>	 <p>Community Voices Guiding HES Engagement</p>	 <p>Engagement with Councils and Key Stakeholders</p>	 <p>Community Engagement Across 130,000 km²</p>	 <p>Co-Design in Action: 600 Voices 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>

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Our Journey Towards Health Equity across Torres and Cape

Community Consultation Principles

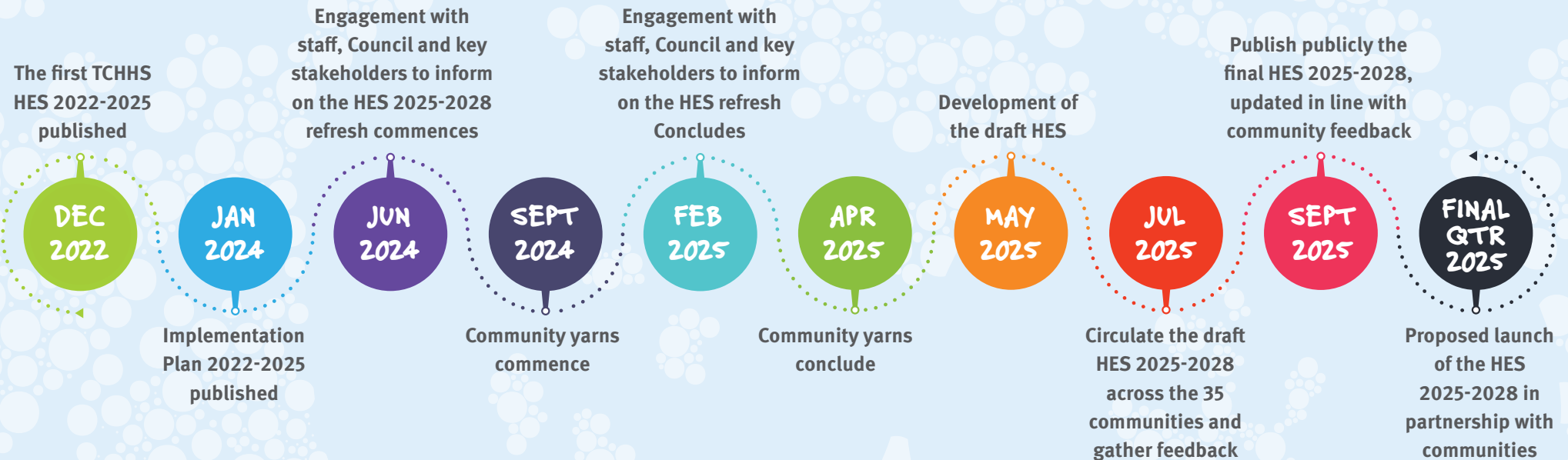
The below principles provided a foundation for all community yarning sessions to ensure a safe and open environment for honest discussions.



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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.

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Voices of Strength: Health, Wellbeing and Equity



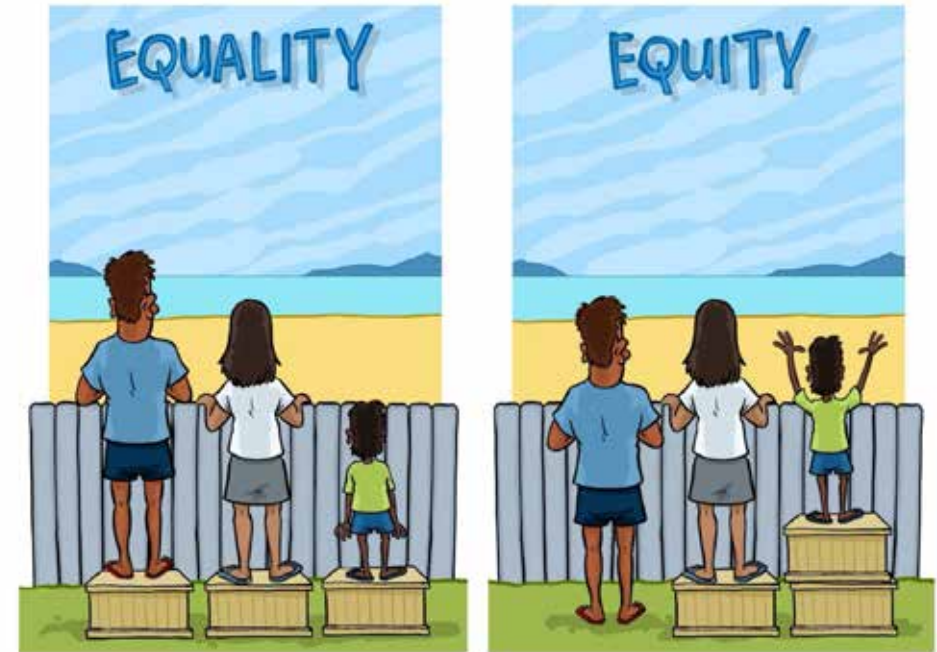
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Shaping Health Equity for Torres and Cape

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.

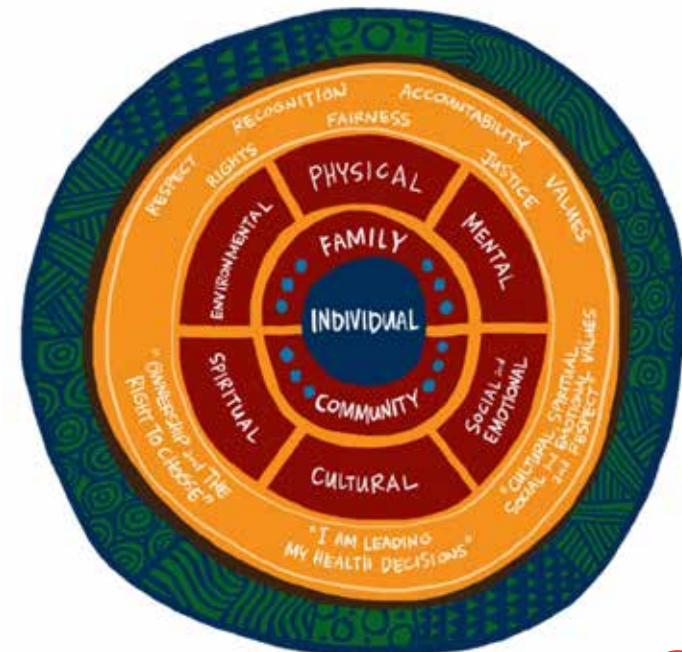


Health Ownership Is Central To Health Equity

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.



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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.



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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.”

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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.”

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Our Communities, Our Strategy: Six Priorities for Lasting Change

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Torres and Cape Hospital and Health Service



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Priority Area

Actively eliminating racial discrimination and institutional racism

Understanding the importance of eliminating racism in health care

Racial and institutional racism are persistent and deeply rooted structural drivers of health inequity for Aboriginal and Torres Strait Islander peoples.

Racism refers to the attitudes, behaviours, and beliefs whether conscious or unconscious that reinforce unfair differences and maintain power imbalances across individuals, systems, and communities.

Institutional racism occurs when these inequities are embedded within the policies, practices, and structures of organisations and systems.

It results in the unequal access to resources, opportunities, and outcomes, often excluding or disadvantaging Aboriginal and Torres Strait Islander peoples.

Actively eliminating racial discrimination and institutional racism means recognising and confronting these injustices, transforming systems and behaviours, and committing to structural change that ensures culturally safe, equitable, and just outcomes.

OUR ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

“We must commit to identifying and calling out racism, ensuring it is consistently reported and acted upon.”

“Increase patient understanding about racism complaints process, who to contact.”

“Cultural awareness training tailored to specific communities for staff and clinicians, to ensure we have the right clinical skill and cultural knowledge.”

We heard that

- Community members told us that racism still happens. They said it impacts Aboriginal and Torres Strait Islander patients and staff and causes mistrust.
- People said it’s hard to make a complaint. The rules are unclear, and there is little follow-up or feedback given to community.
- Community want more chances to tell the truth about their experiences and to begin healing.
- Community also want all TCHHS staff to learn about local Aboriginal and Torres Strait Islander cultures, practices, and protocols.

What we are going to do

- Make it easier to report racism by providing clear information about how to make a complaint and what happens next.
- Create local community profiles so our staff understand the cultural practices and protocols in each community we serve.

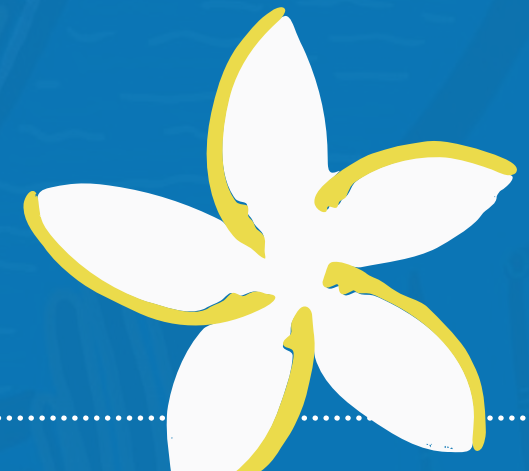
What success looks like

Reporting Racial Discrimination:

- Increase proportion of resolutions for racial discrimination complaints made by Aboriginal and Torres Strait Islander people.
- Deliver anti-racism education and information to address the nuanced and multilateral considerations for the Torres and Cape region.

Community Profiles:

- Community profiles are created, shared, and improved over time.
- Staff use profiles to deliver more respectful and culturally safe care.
- Profiles inform local staff induction and service delivery.
- Communities say the profiles reflect who they are.



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At TCHHS, we know that real change begins by listening and continues through action.

These case studies showcase how we are working alongside communities to build a culturally and clinically safe health system that responds to the voices, values, and wellbeing needs of Aboriginal and Torres Strait Islander peoples.

From tackling racism to strengthening cultural capability and workforce inclusion, these stories reflect our shared commitment to health equity, every step of the way.



Walking Together

Our Journey Towards Health Equity and Cultural Safety

We are committed to ensuring that instances of racism are never ignored. TCHHS has strengthened our systems to ensure that racism is reported, addressed, and met with real accountability. Our goal is to build a health service that is equitable, inclusive, and culturally grounded, one that genuinely responds to the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples.

One of the ways we are supporting this vision is through our Cultural Practice Program. Designed to strengthen staff understanding of working in Aboriginal and Torres Strait Islander healthcare contexts, this training builds cultural capability, promotes culturally safe care, and strengthens relationships with patients and community.

We are proud to share that over **92.6%** TCHHS staff members have completed Cultural Competency Training, helping embed respect, safety, and understanding into everyday healthcare delivery.



Culture at the Core

Celebrating Identity, Belonging and Aboriginal and Torres Strait Islander Leadership

Across our hospitals and health centres, TCHHS continues to honour and promote awareness of the significant cultural dates that matter deeply to the communities we serve.

Throughout the year, many TCHHS facilities host gatherings that bring together staff, patients, Elders, and community partners to mark important milestones such as NAIDOC Week, Coming of the Light, Mabo Day, National Sorry Day and National Reconciliation Week.

These celebrations are more than symbolic — they are a powerful reminder that health is about more than treatment. It is about identity, belonging, and cultural safety, and ensuring every person feels seen, heard, and respected in their health journey.





A Diverse Workforce

Culturally Safe Recruitment and Workforce Inclusion

In 2023, we also undertook a comprehensive review of our recruitment practices to ensure they are aligned with best-practice standards and contribute to improving employment outcomes for Aboriginal and Torres Strait Islander people. The findings emphasised the need for cultural awareness, respect, and inclusion and provided practical recommendations to support the growth and retention of a diverse workforce.

TCHHS is committed to embedding these recommendations into everyday practice.

This includes culturally safe recruitment panels, support for Aboriginal and Torres Strait Islander staff, and sustained leadership focus on building safe and respectful workplaces. Our journey is ongoing. Yet with clear measures, community voices at the centre, and a strong commitment to health equity, TCHHS is taking real steps toward dismantling racism and building a health service that is fair, inclusive, and grounded in respect for culture.



“Connection to family, community and culture is central to one’s sense of identity, belonging and wellbeing.”

Community yarn participant

Our journey toward equity is far from over. However with community voices at the centre, and a clear focus on listening, learning, and acting, TCHHS is taking real steps to dismantle racism and rebuild trust. Together, we are working to create a health service that is fair, inclusive, and truly grounded in respect for culture.

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Resilient Communities in Disaster (RCD)

LOCAL LEADERS

KOWANYAMA STATE SCHOOL NAIDOC 2025

KOWANYAMA STATE SCHOOL NAIDOC 2025

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NOTICE

NOTICE

perform,
I play,
I read!

THE BERTH
SPINDY'S

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Priority Area

Increase access to healthcare services

Understanding the importance of increasing access to healthcare services

Aboriginal and Torres Strait Islander peoples continue to face significant barriers in accessing health care compared to other Australians. In Northern Queensland, these barriers are amplified by the geographic spread of communities and include the cost for services, limited transport and suitable accommodation options, distance to health services, experiences of racism and discrimination, lack of culturally safe, respectful, and responsive care, language barriers, and culturally insensitive policies. Cultural barriers also limit access to innovative models of care that bring services closer to home or that could be delivered in partnership with Aboriginal and Torres Strait Islander health organisations. These systemic and cultural barriers contribute to disengagement from the health system, reduced use of preventative and early intervention services, and ultimately, poorer health outcomes. Increasing access means removing these barriers by delivering culturally safe care, investing in community-led models, and ensuring services are flexible, affordable, respectful, and responsive to the needs and strengths of Aboriginal and Torres Strait Islander peoples.

OUR ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

“Delivering more health checks within community spaces in popular gathering areas will improve accessibility. Health Services should not be limited to health facilities alone”

“Health promotion and screenings should be more engaging and fun to attract all age groups.”

“The system is driven by policies and procedures, but real progress can only happen when our people are part of the decisions and have a say in these changes.”

We heard that

- It can be hard to know when and how to get health care. Specialist services are not always available locally, and people often need to travel.
- People want more say in how health services are run and want to take care of their own health and wellbeing.
- Community want more local, culturally appropriate health promotion activities.
- Transport and accommodation services are limited, hard to use, and do not always meet people’s needs.

What we are going to do

- Support more local health promotion activities and make health education easier to access.
- Advocate for funding to grow health services on-country or closer to home.
- Improve patient travel by making systems and processes easier to use.

What success looks like

Community Engagement

- Regular consultations, with community feedback used to shape services.
- More local events that support health equity.
- Better access to health education resources.
- Positive feedback from community and resource users.

Funding and Service Expansion

- Increase number of funding proposals submitted for local, on country health services.
- New services started and better access to care.
- Placed-based service models developed, where appropriate, to meet community needs.

Consumer Experience

- Easier, clearer systems for travel and accommodation support.
- Feedback collected on patient travel experiences.
- More people reporting positive experiences with travel and accommodation.

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Across the Torres and Cape, TCHHS is working hand-in-hand with communities to deliver care that is closer to home, culturally safe, and driven by local priorities.

These four case studies showcase the real outcomes being achieved through partnership, innovation, and listening to community voices.

Together, these stories reflect the power of community-led, culturally respectful care in closing the gap and strengthening health outcomes across the region.



Caring for every Mother and Child

Strengthening Access Across Cape York

TCHHS has expanded midwifery outreach and child health services in several Cape York communities. This includes placing dedicated midwives, maternal child health nurses and Aboriginal and Torres Strait Islander health workers in remote locations, running culturally safe clinics, and increasing the availability of telehealth support for pregnant women and mothers.

These services reduce the need for women to travel long distances away from Country and family during pregnancy and early motherhood. The Continuity of Care and Carer Model continues to guide the way TCHHS approaches maternal care with a focus on family, culture, and the whole health of women, babies, and communities.

In Aurukun, Lockhart River, Prompuraaw, Kowanyama, Wujal Wujal, Laura and Hope Vale families have welcomed the presence of Aboriginal and Torres Strait Islander health workers who support mums from antenatal care through to postnatal checks and early child health checks, immunisations, parenting support and health promotion. Their work helps ensure families feel safe, heard, and supported at every step.

In May alone, the Maternal and Child Health team delivered **629 appointments**, reflecting strong demand and growing trust in culturally safe, community-led care.

“Having the midwife come to us makes a big difference. I didn’t have to go away from my kids to get the help I needed when I was pregnant. It’s good to feel like the service understands our way of life.” Mum, Cape York



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Smiles That Matter

Bringing Free Dental Care to the Torres Strait

This year, TCHHS partnered with the Army Aboriginal Community Assistance Program (AACAP) to deliver free dental clinics to remote communities in the Torres Strait Islands. AACAP, established in 1997 as a joint initiative between the National Indigenous Australians Agency (NIAA) and the Australian Army, brings skilled professionals into rural and remote Aboriginal and Torres Strait Islander communities to deliver infrastructure, health, and training support.

This year, a team of experienced dental clinicians joined the program, working closely with TCHHS and local primary health care teams to provide check-ups, dental treatment, oral hygiene education, and preventative care for children, families, and Elders across the region. In addition, the Badu Dental Blitz, a local initiative in partnership with a locum dentist, Torres Strait Island Regional Council, and Tagai State College, successfully screened all children on Badu Island and offered dental appointments to the wider community.

This partnership between TCHHS, the Australian Army, council, school and communities, reflects how listening to community voices and working together can deliver real, practical health solutions. By increasing access to oral health care right here on Country, we are creating a future where no one is left behind because of where they live. Together, we are closing the gap in care one smile at a time.

“It’s good to see dental care coming to our island. Some of our mob can’t get to the mainland easily. Having the service here means our kids can stay healthy and keep smiling.”

Community Member, Torres Strait Island



Birthing On Country Returns

Weipa Hospital Welcomes Babies Once Again

TCHHS is proud to announce the reopening of the Weipa Birthing Service, marking a powerful milestone in our commitment. After nearly 25 years, Weipa Hospital is once again supporting births, with the capacity for up to **50 births** each year.

This long-awaited return means that more mothers across Cape York can now access maternity care and give birth closer to home, on Country.

This initiative is not just about restoring clinical services, it is about honouring the cultural significance of birthing on Country, where mothers and babies are spiritually and physically connected to their land, ancestors, and community.

The reopening fosters cultural continuity, safety, and trust, supporting stronger beginnings for families and healthier outcomes for babies.

The return of birthing to Weipa is a true example of health equity in action shaped by the voices of women, families, and community Elders who have long advocated for this service.

Together, we are reclaiming safe, supported, and culturally respectful birthing care where it belongs.

“Being able to give birth here, on our own land, surrounded by family—it means everything. This is the way it should be.”
Local Mother, Cape York.

Dialysis Comes Home

Kowanyama's New Renal Unit Changes Lives

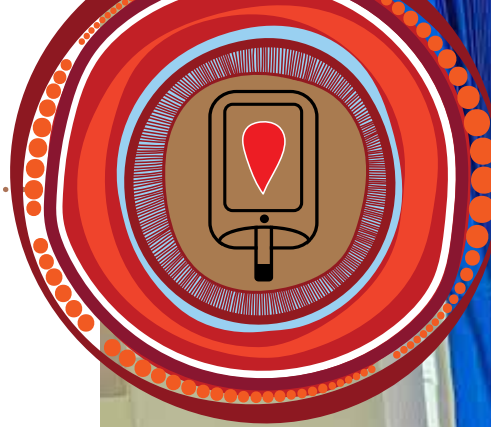
A powerful example of care closer to home is now a reality in Kowanyama: a new four-chair renal dialysis unit at the Kowanyama PHCC. This facility marks a major step forward in providing local, life-saving care, supporting up to **28 patients** each week. For Dale Josiah, a proud Aboriginal man and father of four from Kowanyama, this change means everything. Dale lives with kidney disease and, until recently, he and his family had to relocate to Cairns so he could receive dialysis treatment. For years, patients like Dale were forced to leave their communities, their support networks, and their way of life to access vital health care. The emotional, cultural, and financial toll was immense — not just for the individual, but for their whole family. Now, that is changing.

“It was hard being away from home, from Country. Everything was different,” Dale shared. “Now I can get my treatment here, see my family, and feel connected again.”

Care Closer to Home, On Country

The new renal dialysis unit does not just offer clinical support, it provides care that is culturally respectful, community-based, and rooted in place. From the warm welcome of the clinic staff to the photos of the community that decorate the space, every detail reflects the importance of healing on Country.

The Kowanyama renal unit is more than just a building, it is a symbol of equity in action, shaped by community voices and grounded in the belief that everyone deserves quality healthcare, no matter where they live.



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Priority Area



Influence the social, cultural, and economic determinants of health

Understanding the importance of influencing the social, cultural, and economic determinants of health

For Aboriginal and Torres Strait Islander peoples, health is inseparable from the broader social, cultural, and economic environments in which people live, work, and connect. Social determinants such as employment, income, education, housing, and access to services play a critical role in shaping health outcomes. In these remote and regional communities, access to secure housing, affordable fresh food, transport, and meaningful employment opportunities are often limited, further impacting wellbeing. Cultural determinants including cultural identity, self-determination, connection to family, kin, community, Country, and access to traditional lands and foods are equally important and uniquely protective for Aboriginal and Torres Strait Islander peoples. These factors foster resilience, identity, belonging, and spiritual wellbeing.

When these social and cultural determinants intersect with health risk factors such as smoking, poor nutrition, alcohol use, and limited access to primary or preventative health care, they significantly contribute to poorer health outcomes. Research indicates that up to 35% of the health gap is attributable to social determinants, 30% to health risk factors, and 35% remains unexplained, though is likely linked to systemic issues such as racism, intergenerational trauma, and loss of cultural continuity. Improving health outcomes for Aboriginal and Torres Strait Islander peoples requires a whole of government and whole of community approach. Health does not exist in isolation, it is shaped by a broad range of social, cultural, and economic factors including housing, education, employment, income, access to services, and cultural connection. Health services have a vital role to play in influencing these determinants by working in genuine partnership with other sectors including housing, education, employment, justice, and Aboriginal and Torres Strait Islander community-led organisations.

OUR ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

“Better collaboration between all organisations – police, education, health, council to address the broader health.”

“Data presented to communities to understand burden of illness and impacts tailored to the individual community.”

“Cannot be reactive to health issues - need to be able to prevent this and therefore need health promotion activities in community.”

We heard that

- Health and wellbeing are seen as a top priority for community.
- There is not enough information about the social, cultural, and economic factors that affect health. Community wants to understand these more and how they show up in their own lives.
- Health care often feels reactive. Community want more focus on prevention and early support before things get worse.

What we are going to do

- Train staff to collect, understand, and share local health data in culturally appropriate ways.
- Increase health checks and screening for Aboriginal and Torres Strait Islander people.
- Strengthen partnerships with local councils and organisations through formal agreements.

What success looks like

Local Health Understanding

- Increase the number of Aboriginal and Torres Strait Islander staff trained in data analysis and reporting.
- A greater number of community health reports are shared with local communities.
- Communities report stronger understanding of health factors.

Health Checks and Screening

- Improved access and attendance for regular health checks.
- More community members involved in health promotion and education.

Partnerships and Collaborations

- More formal partnerships and agreements with local councils and organisations.
- Better coordination between services.
- Stories showing how partnerships are improving health outcomes.

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Across the Torres Strait, community-led initiatives are making a real difference in health and wellbeing.

These two success stories show how partnership, cultural respect, and local leadership are transforming lives. Together, these stories reflect what is possible when we listen, partner, and act in genuine collaboration with our communities.



Listening to Our Young Ones and Community

School and Community Health Checks Making a Difference on Thursday Island

Local TCHHS PHCC staff continue to lead the way in delivering regular health screening events on Thursday Island — one for young people in schools and one for the wider community.

These events reflect a deep and ongoing commitment to community health and wellbeing, with the tradition of local screenings now spanning over a decade.

By showing up year after year, staff have built trust, consistency, and cultural connection, ensuring health care is accessible, respectful, and right here on Island home — for children, families, and Elders. Regular health checks are essential at every stage of life. They help detect health issues, support prevention, and ensure everyone stays strong, well, and connected to care.

For children, screenings can catch developmental, hearing or vision concerns early making sure they are supported to grow strong, learn well, and feel confident in the classroom. For adults, regular checks support prevention, and help manage chronic conditions like diabetes and heart disease. For Elders, they provide vital support for healthy ageing and quality of life.

Our school-based and community screening programs brings together nurses, doctors, dental staff, and Aboriginal and Torres Strait Islander Health Workers, working alongside teachers and families. It is about more than just medical checks — it is about making sure our people feel safe, understood, and cared for in a way that respects culture and family. At TCHHS, we believe health starts early and close to home. By working in partnership with schools like Tagai State College and the community, we are making sure no child, family, or Elder is left behind when it comes to good health and wellbeing. Together, we are planting the seeds for a healthier future one child, one family, one community at a time. Over the past 12 months, local TCHHS PHCC across the Torres Strait Islands have completed more than **2300+ health screenings** across all age groups, demonstrating our commitment to early intervention, prevention, and care that is close to home and grounded in cultural respect.

“The school health check found my boy had hearing problems. We didn’t know before. Now he’s getting the help he needs, and it’s made a big difference.” Parent, Thursday Island



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Stronger Families, Healthier Futures

Badu Leads the Way with Safe and Healthy Homes

Launched in 2022, the Healthy Housing program has worked with over **50 families** on Badu to improve understanding of how home living conditions affect the health of families.

This locally led initiative, delivered in partnership with Cairns and Hinterland Hospital and Health Service (CHHHS) Public Health, Department of Housing, TCHHS Badu PHCC, and the Badu Island Council, recognises that healthy homes are the foundation for healthy lives especially for our children and families. The program brings together housing officers, environmental health workers, and PHCC Teams to support families in making practical, lasting improvements in their homes.

From ensuring safe water and proper food storage to addressing mould, ventilation, and overcrowding, every action supports long-term health. Together, they provide practical support, education, and culturally appropriate health promotion that reflects local values and living situations. Importantly, this work is delivered in a culturally respectful and collaborative way, reflecting Badu values and ways of living. Education is done through yarning, hands-on demonstrations, and trust-building. As it is shaped by the community, it strengthens self-determination, helping families take the lead in creating safer, healthier environments.

The Safe and Healthy Homes program is a clear example of health equity in action, bringing services closer to home, addressing the root causes of poor health, and making sure every family has the opportunity to live well in a safe and supported environment. Together, we are creating strong homes and strong futures right here on Badu.

“They didn’t just come in and tell us what to do. They showed us why it matters and worked with us to make real change.”

Community Member, Badu Island

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Priority Area

Deliver sustainable, culturally safe, and responsive healthcare services

Understanding the importance of delivering sustainable, culturally safe and responsive healthcare services

Access to culturally safe, responsive, and equitable healthcare is essential for improving health outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples. Culturally safe care recognises and respects Aboriginal and Torres Strait Islander peoples' identities, values, worldviews, and lived experiences. It requires healthcare environments that are free from racism and judgement, and where people feel safe, heard, and respected.

Sustainable, culturally responsive services are led by community, shaped by local knowledge and cultural practices, and responsive to the diverse needs of individuals, families, and communities. Aboriginal and Torres Strait Islander-led models of care have been proven to effectively address health inequities and improve engagement, trust, and outcomes. Delivering culturally safe, responsive care is not a onetime initiative, but an ongoing commitment to equity, self-determination, and healing. It requires health services to walk alongside communities, listen deeply, and act with accountability and cultural humility.

OUR ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

“Integrating mainstream western practices with cultural practices - more emphasis on traditional practices, such as bush medicine and traditional resources.”

“The turnover is high, makes it difficult to establish relationship and not always easy to open to someone new. We also get tired of repeating our health concerns.”

“Limited Aboriginal and Torres Strait Islander workforce - makes it difficult to deliver culturally safe care.”

We heard that

- Community want health services to reflect local cultural practices and protocols, alongside western clinical care.
- Community want more focus on hiring, keeping, and supporting First Nations local staff, including career pathways and transition planning.
- Community said all staff should be trained to understand local culture and protocols in health care.

What we are going to do

- Set up strong governance to track and support cultural safety in clinical care.
- Refresh our Cultural Capability Program to give staff more chances to learn, including on-country cultural induction.

What success looks like

Cultural Governance Mechanisms

- Governance frameworks in place to oversee cultural safety.
- More consumers say their cultural and spiritual needs are being met.

Cultural Practices and Policies

- Staff have access to cultural practices and policies
- Key clinical and operational policies reflect cultural protocols.

Cultural Education and Policies

- Increase the delivery and staff participation in cultural education programs.
- Communities help shape and lead culturally significant events.



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TCHHS is delivering more connected, coordinated, and accessible care.

These two success stories highlight how smarter systems and expanded services are helping close the gap and improve outcomes. Together, these initiatives are delivering timely, culturally responsive care closer to home, supporting better health outcomes across our region.

Connecting Care, Closing Gaps

The Care Coordination Centre Opens

TCHHS is proud to be working in partnership to strengthen health care access across Far North Queensland. In 2022, a new Care Coordination Centre was established through a joint partnership between CHHS, TCHHS, and the Queensland Aboriginal and Islander Health Council (QAIHC).

The Centre was created in response to ongoing community feedback and workforce input about challenges in navigating the health system especially for Aboriginal and Torres Strait Islander patients who often need care from multiple services and locations. The Care Coordination Centre is a specialised hub designed to support smooth, timely, and culturally safe transitions of care between services. Staffed by experienced health professionals and Patient Experience Officers, the centre helps patients: navigate referrals between hospitals and clinics; coordinate appointments and follow-up care; understand treatment plans and health journeys; and receive support that is tailored to their needs, culture, and family circumstances.

Since opening, the Centre has supported **over 1,800 patients** in accessing timely, high-quality healthcare closer to home. What has changed: Timely access to care has improved through faster, coordinated referrals. Cultural safety has been strengthened with clearer communication, supported by Aboriginal and Torres Strait Islander Patient Experience Officers and Liaison staff. System navigation has become easier, reducing stress and confusion for patients and families. Health outcomes have improved too, with better continuity of care and fewer missed appointments.. The Care Coordination Centre represents a new approach to delivering care that is person-centred, culturally responsive, and grounded in equity. It ensures that our mob are not falling through the cracks, and that patients, particularly those from rural and remote

communities, feel supported every step of the way. Together, we are transforming the healthcare journey, one connection at a time.

Real Impact: A Patient's Journey

A Torres Strait Elder with multiple chronic conditions, was often confused about her appointments and found it hard to travel between health services. After being referred to the Care Coordination Centre, a liaison officer worked with her to map out her appointments, link her with transport options, and ensure she could access local follow-up care closer to home.

“They listened. They helped me understand what’s going on. I feel like I’m not on my own anymore.”

Community Elder, Torres Strait



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Strengthening Care Close to Home

Allied Health Services Expanded Across the Cape and Torres

One of the key areas of improvement in recent years has been the expansion of allied health services, bringing essential care closer to home for people living in rural and remote areas of the Cape and Torres Strait. Allied health professionals play a critical role in keeping our communities strong, healthy, and independent. This includes physiotherapists, occupational therapists, speech pathologists, social workers, podiatrists, dietitians, Aboriginal and Torres Strait Islander allied health assistant, health workers and community engagement officers and more. To meet growing community needs and address long-standing service gaps, TCHHS has: Recruited more allied health staff to live and work in communities, expanded outreach and fly-in-fly-out services, increased the use of telehealth to connect people with allied health support, strengthened collaboration with schools, aged care, disability, and primary health teams. This means faster access, better continuity of care, and services delivered in culturally appropriate ways, whether that's at the clinic, in schools, in people's homes, or on Country.

The expansion of allied health services means that more people in the Torres Strait and Cape York can now access life-changing support without having to leave their community.

These services are essential to healing, recovery, learning and living well and they are now being delivered in ways that reflect the culture, priorities, and strengths of our communities. Together, we're making health care work better—right here, where it's needed most.

Real Results

- **Over 3,000 occasions of service** delivered by the Cape York Allied Health Service
- **225 outreach visits** across Aurukun, Coen, Kowanyama, Lockhart River and Pormpuraaw since November 2023
- **More than 2,060 occasions of service** delivered by the Child Development Service since February 2024 and 101 outreach visits across Torres and Cape facilities
- **Around 155 children referred** to the NDIS Early Childhood Approach team— **40 children** currently supported by speech pathologists, occupational therapists and early childhood educators

These numbers reflect the real and growing impact of this investment in allied health.

Real Impact: Helping Young Ones Grow Strong

Lenny was born with a serious heart condition and spent his first months in hospital. When he finally returned home to community, he still relied on a feeding tube and had complex medical needs. His mum felt overwhelmed and unsure how to access the specialist care he needed.

Thanks to the expanded allied health team, support came to their doorstep.

A speech pathologist and dietitian helped Lenny learn to eat and drink, slowly building his strength. In time, his feeding tube was removed, and he began to grow on his own. A social worker supported his mum emotionally and helped with housing and Centrelink. A physiotherapist and occupational therapist tracked Lenny's development—making sure he was moving, playing, and learning like any healthy child.

“Now, Lenny is thriving. He's growing more every day and running around. We don't have to wait months or travel far. The help came to us,” says his mum



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Priority Area

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

Understanding the importance of working with Aboriginal and Torres Strait Islander people to design, delivery, monitor and review health services

Aboriginal and Torres Strait Islander peoples hold deep cultural knowledge, lived experience, and community insight that are vital to creating effective, equitable, and culturally safe health services. Authentic engagement and partnership mean's going beyond consultation, it involves co-designing, co-delivering, monitoring, and reviewing health services with Aboriginal and Torres Strait Islander peoples, not just for them. This process repositions decision-making power, strengthens community trust, and leads to services that are more relevant, accessible, and impactful.

Working in this way ensures health services:

- Reflect local cultural values, identities, and priorities.
- Address the broader social, cultural, and economic determinants of health.
- Reduce systemic racism and build cultural responsiveness.
- Improve equity in access, quality, and outcomes of care.

Genuine collaboration across the health system, rooted in respectful relationships and community-led governance, enables meaningful and lasting change. It centers Aboriginal and Torres Strait Islander voices, supports self-determination, and creates a shared responsibility for better health outcomes.

Delivering on this commitment means embedding community partnerships at every stage from planning and policy to frontline service delivery and continuous quality improvement.

OUR ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

“Communication is key - if government departments understand the importance of joint decision making, programs that are developed without consultation in community does not work.”

“Community needs to have a say in what services are being offered in communities - establish Health Action Groups in communities.”

“Ensuring the governance structure implemented have equal representation of community members and are mechanism for grass roots people to elevate their voices.”

We heard that

- Community want more chances to give regular feedback and be properly consulted on health service changes.
- People said there are not enough community voices in decisions and leadership.
- People want clear and regular information about what health services are available and doing.

What we are going to do

- Work with communities regularly to plan, deliver, and review health services.
- Ensure visits by TCHHS executive leaders to communities to provide health service updates.
- Promote health equity activities and forums.

What success looks like

Collaborative Leadership:

- TCHHS executive leadership engage in regular visits with community to foster strong partnerships and seek feedback.

Promoting Health Equity:

- Health equity messages and updates shared regularly.
- Increased promotion and awareness of health checks and community activities



TCHHS is putting culture and community leadership at the centre of health system reform.

These two success stories show how cultural governance and co-design are shaping more responsive, respectful, and effective care. Together, these stories highlight the power of listening, respect, and partnership in delivering health care that truly belongs to community.



Stronger Together

Cultural Governance at the Heart of Health Equity

At Torres and Cape Hospital and Health Service (TCHHS), we are committed to building a culturally and clinically safe, equitable health system that responds to the voices and needs of Aboriginal and Torres Strait Islander peoples. A key part of achieving this is through strong cultural governance and ongoing community engagement. We believe decisions about health should include the people most affected by them and that means listening, partnering, and walking alongside community leaders every step of the way.

Leadership by Community, for Community, TCHHS is proud to support and be guided by the Health Equity Committee (HEC), the Aboriginal and Torres Strait Islander Cultural Council Committee and the Consumer Advisory Committee (CAC) that represents the voices of communities across Cape York and the Torres Strait. These groups provide critical cultural insight, lived experience and leadership, and help guide the TCHHS Executive Leadership Team and Hospital and Health Service Boards in all decisions related to health equity, safety and accountability.

To strengthen cultural governance, TCHHS prioritised formal partnerships with local government and health organisations. We are proud to have signed Memoranda of Understanding (MOUs) with 13 Aboriginal and Torres Strait Islander Councils, creating clear pathways for: Ongoing engagement, Mutual accountability, Community-driven health priorities. Additional partnership agreements were established with key service providers, including Royal Flying Doctor Service, Northern Peninsula Area Family and Community Services, Torres Health and Apunipima Cape York Health Council. These partnerships help ensure that local knowledge, cultural protocols, and community priorities are front and centre in the design and delivery of healthcare across the Torres and Cape.

This governance model is more than a structure—it's a commitment to equity, self-determination, and respect. It ensures that TCHHS is not just delivering services to communities but working with them to shape the future of health in our region. Together, we are building a health system led by culture, driven by community, and accountable to the people it serves.



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Culturally Safe

Co-Designing a Health Facility on Mer Island

On Mer (Murray) Island, TCHHS Infrastructure team partnered with the local community to co-design a new health facility that reflects the cultural values, beliefs, and needs of Meriam people. From the outset, the project was guided by extensive consultation and co-design with the Mer community.

This included:

- Engaging Elders, Traditional Owners, and cultural advisors in planning discussions
- Yarning with community to understand preferences around space, privacy, and patient flow,
- Listening to concerns around spiritual safety, and culturally appropriate waiting areas
- Including the local Aboriginal and Torres Strait Islander Health Worker as a core project liaison
- And ensuring that the facility's design reflected community connection to land and sea — with cultural artwork, colours, and signage in language integrated into the space.

Community members were not just consulted — they were active decision-makers throughout every phase, from layout and design to landscaping and staff space.

This case study demonstrates the importance of genuine community partnership in infrastructure planning. When health facilities are co-designed with communities:

- They become places of trust and healing,
- They strengthen cultural safety and health equity,
- And they empower local voices to shape how care is delivered, not just received.

The success at Mer Island is a model for place-based, culturally safe infrastructure across Torres Strait and Cape York — ensuring every clinic is not just a building, but a reflection of the people it serves.



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Priority Area

Strengthen the Aboriginal and Torres Strait Islander Health workforce

Understanding the importance of strengthening the Aboriginal and Torres Strait Islander Health workforce

Strengthening the Aboriginal and Torres Strait Islander health workforce is central to improving health outcomes, ensuring culturally safe care, and achieving health equity. Despite ongoing efforts to Close the Gap, Aboriginal and Torres Strait Islander peoples continue to experience persistent health inequities.

These are compounded by the under representation of Aboriginal and Torres Strait Islander people in the health workforce, particularly in remote communities where high staff turnover disrupts continuity of care and community trust. To build a sustainable, culturally responsive health system, we must increase the representation, capacity, and leadership of Aboriginal and Torres Strait Islander people across all levels from frontline care to executive and governance roles. This means:

- Investing in local “grow your own” workforce pipelines, including school-based traineeships, cadetships, scholarships, and community-driven training pathways.
- Creating supportive career development and progression opportunities for Aboriginal and Torres Strait Islander staff in both clinical and non-clinical streams.
- Building safe and culturally supportive workplaces, where Aboriginal and Torres Strait Islander staff feel valued, respected, and empowered.
- Aligning workforce representation with local population demographics, ensuring services are delivered by people who reflect and understand the communities they serve.

A strong, skilled, and supported Aboriginal and Torres Strait Islander workforce is key to delivering culturally safe care, improving community engagement, and addressing both health and broader social and economic determinants of wellbeing.

OUR ABORIGINAL AND TORRES STRAIT ISLANDER VOICES

“Need to build a stronger recruitment pathway - where we are able to identify those people who are committed to working with and for community.”

“Increasing traineeships and scholarship in remote communities for all ages, advocate for community stakeholders to provide the same opportunity – a stepping stone for our youth.”

“Health workers need to feel supported and given opportunities to train and expand on their role and scope. Currently this is limited.”

We heard that

- Community would like to see more Aboriginal and Torres Strait Islander Health Professions providing holistic, community-focused care.
- Community are worried about how to attract more Aboriginal and Torres Strait Islander people into health jobs. They want more traineeships, cadetships, and work experience—especially for young people.
- Community members see value in supporting skill-building and career development in both clinical and community-based roles.

What we are going to do

- Review role scope and responsibilities for Aboriginal and Torres Strait Islander Health Professions, identifying gaps and opportunities to expand functions.
- Support entry into the health workforce through traineeships, cadetships, and work experience programs, including the Deadly School Start Program.
- Establish identified roles across clinical and non-clinical streams.
- Strengthen professional development opportunities across technical, management, and leadership areas.
- Streamline recruitment, backfilling, and workforce development processes.
- Explore ways to expand workforce education and support career development.

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What success looks like

Scope of Practice

- Document the scope of practice for Aboriginal and Torres Strait Islander Health Professions, remove barriers to workforce operating at full scope of practice.

Entry-Level Opportunities

- Support the ongoing delivery and completion of traineeship, cadetship, and work experience opportunities.
- Increase collaboration with vocational training and pre-employment partners.
- Improved completion rates for the Deadly School Start Program.

Workforce Development

- Growth in Aboriginal and Torres Strait Islander employment, with progression into clinical and leadership roles.
- Stable staff retention rates.
- Promotion of professional development opportunities, including technical, management, and leadership courses.

Recruitment Processes

- Recruitment processes refined to better support Aboriginal and Torres Strait Islander workforce entry and advancement.

At TCHHS, we know that true health equity starts with creating opportunities for our own people to lead, heal, and work in their communities.

That's why we're proudly investing in "Grow Your Own" workforce initiatives. These programs are designed to build a culturally and clinically safe, equitable service by supporting Aboriginal and Torres Strait Islander students and young people to see a future in health and walk strong into it.

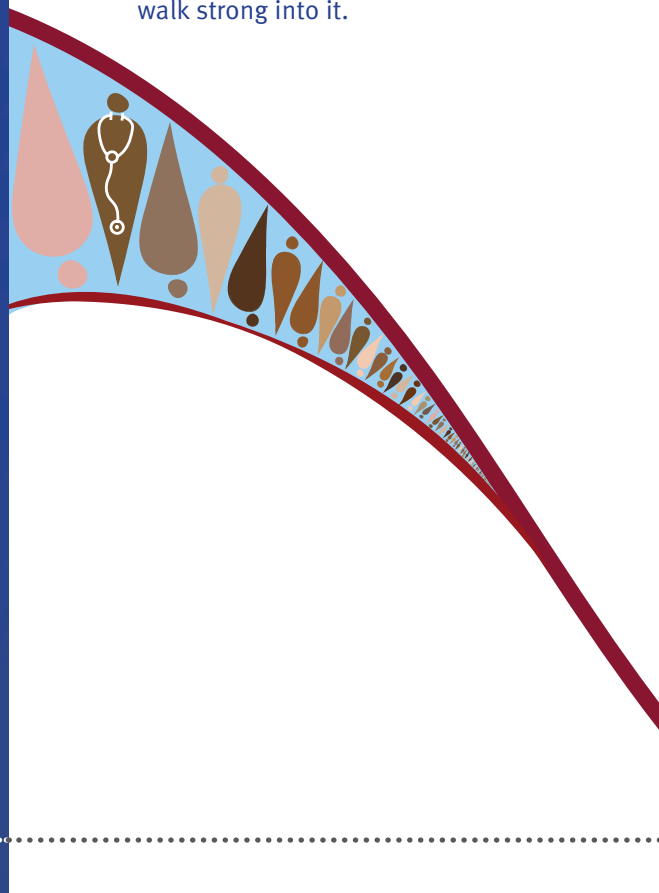
Grow Your Own: Creating Deadly Health Careers for Our Future Generations

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Career Expos in Community – showcasing pathways for 2000 students across Torres and Cape

Every year, career expos are proudly held across the region and hosted at the local state high schools in Thursday Island, Bamaga, Weipa and Cooktown - connecting and bringing together more than 2000 students and schools, registered training organisations, and health services to showcase pathways into health. These events are community-driven, interactive, and filled with inspiration, information, and local role models.

***"I didn't know there were so many jobs in health. Now I want to be a paramedic and work in my community."
– high school student, Northern Peninsula Area***



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Deadly School Start

The deadly school start program provides school-based traineeship across TCHHS facilities - Bamaga, Weipa, Thursday Island and Cooktown with **19 students participating in this program** across our region. This early engagement program connects high school students that are studying a certificate in health with TCHHS health care workers, showing them that a career in healthcare is possible and deadly! Through school visits, interactive sessions, and hands-on activities, young people learn about jobs in nursing, midwifery, allied health, administration and more. When young people see people like themselves succeeding, it changes what they believe is possible. Deadly School Start is about more than just careers, it's about confidence, culture, and creating future leaders who are proud to walk in two worlds. Together, we're growing a strong, skilled, and deadly health workforce, starting in our own schools.

***“The nurses told us their story. Now I want to be one too,”
said one – school-based traineeship student, Cape York.***



Cadetships & Work Experience

TCHHS offers Aboriginal and Torres Strait Islander health cadetships, supporting university students with paid work placements, mentorship, and practical training in a variety of health roles without having to leave their community or culture behind. Cadets are matched with mentors and health teams across TCHHS facilities including hospitals, primary health centres, and community and outreach programs and are supported while completing their studies in fields such as nursing and midwifery, allied health, medicine and paramedicine, environmental and public health, business, leadership and law, finance and accounting, these pathways help students feel culturally safe and supported while gaining real-life experience in the healthcare system. TCHHS is currently supporting **8 university students through the cadetship program**, including students studying Bachelor of Nursing, Midwifery, Speech Pathology, Physiotherapy and Law degrees.

***“I feel proud to be studying nursing and learning in my own community.
The cadetship helps me feel supported and seen.”
– Cadetship student, Torres Strait***



Why It Matters - By growing our own health workforce, we are investing in a future where care is delivered by people who truly understand and reflect the communities they serve. It means more local jobs, more culturally responsive care and more deadly futures for our young people. Together, we're planting the seeds for long-term health equity – led by the next generation.

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LEGEND: ■ To be completed in Year 1 ■ To be completed in Year 2 ■ To be completed in Year 3

Priority Area 1 - Actively eliminating racial discrimination and institutional racism

Implementation Focus Areas	What this looks like	How we will achieve this	Executive Sponsor	1	2	3
Reporting Racial Discrimination	Improve resolution processes for racial discrimination complaints made by Aboriginal and Torres Strait Islander people.	Review racial discrimination data collection, policies and processes and implement recommendations to ensure the process meets standards, legislation requirements and community expectations.	Workforce and Engagement	■	■	■
		Deliver anti-racism education and information to address the nuanced and multidimensional cultural considerations for the Torres and Cape region.	Aboriginal and Torres Strait Islander Health	■	■	■
Community Profiles	Create, launch and review local community profiles to improve local cultural connections over time.	Develop and launch community profiles which highlight local cultural practices for all 35 communities in the Torres and Cape and continue to review the usefulness and impact of the community profiles.	Aboriginal and Torres Strait Islander Health	■	■	■

Priority Area 2 - Increase access to healthcare services

Implementation Focus Areas	What this looks like	How we will achieve this	Executive Sponsor	1	2	3
Community Engagement	Regular consultations with community to shape services, promote health equity and improve access to health education resources.	Improve community awareness of health equity and showcase health education resources tailored to Aboriginal and Torres Strait Islander people, including where possible, in local language.	Aboriginal and Torres Strait Islander Health	■	■	■
Funding and Service Expansion	Advocate for funding to improve local, on-country health services. Promote new and enhanced expansion of services that increase local access.	Undertake a needs analysis to identify service improvements that improve health equity.	Strategy and Governance	■	■	■
		Prepare and submit funding proposals to seek additional funding for health services, ensuring alignment with funding priorities and requirements.	Aboriginal and Torres Strait Islander Health	■	■	■
Care on Country	Place-based service models developed to meet community needs.	Deliver health services on-Country including enhancement of telehealth services and expansion of home visit and outreach services to meet community needs	General Manager North and South		■	■
Strategic Infrastructure	Infrastructure that supports Access and Culture	Build and provide fit-for-purpose health and staff infrastructure, in partnership with communities, to ensure facilities are culturally safe and reflect local cultural beliefs and values.	Corporate Service	■	■	■
Consumer Experience	Easier, clearer systems for travel and accommodation support.	Design, implement and report on data collection to examine patient travel experiences and review patient travel support system, focusing on system efficiency.	Corporate Service	■	■	■

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LEGEND: ■ To be completed in Year 1 ■ To be completed in Year 2 ■ To be completed in Year 3

Priority Area 3 - Influence the social, cultural, and economic determinants of health

Implementation Focus Areas	What this looks like	How we will achieve this	Executive Sponsor	1	2	3
Local Health Understanding	More Aboriginal and Torres Strait Islander staff trained in data analysis and reporting.	Improve data analysis and reporting staff education resources and make training available to all TCHHS staff.	Corporate Service	■	■	
	More community health reports shared with local communities.	Continue to work with stakeholders to identify, gather and share data reports tailored for each community, helping to guide local planning and empower community decision-making	Corporate Service	■	■	
Health Checks and Screening	More people getting regular health checks.	Deliver health checks and screening services across 35 communities, across a range of health and wellbeing needs.	General Manager North and South	■	■	
Partnerships and Collaborations	More formal partnerships, agreements and better coordination with local councils and organisations.	Identify and engage key external stakeholders to support information sharing and/or service delivery, formalise partnership agreements, and conduct annual reviews to assess and update these agreements as required.	Finance and Performance	■	■	■

Priority Area 4 - Deliver sustainable, culturally safe and responsive healthcare services | Implementation Plan

Implementation Focus Areas	What this looks like	How we will achieve this	Executive Sponsor	1	2	3
Cultural Governance Mechanisms	Governance frameworks in place to oversee cultural safety.	Review and update the current governance structures and mechanisms to include cultural safety and Aboriginal and Torres Strait Islander representation.	Office of the Chief	■	■	
Cultural Practices and Policies	Key clinical and operational policies reflect cultural protocols.	Assess current service provision and update to integrate cultural practices and protocols into healthcare services.	Aboriginal and Torres Strait Islander Health	■	■	
	Communities help shape and lead culturally significant events	Consult with community members to shape and lead culturally significant events.	Aboriginal and Torres Strait Islander Health	■	■	
Cultural Education	More opportunities for culturally and clinically safe Cultural Capability Training.	Update and enhance cultural capability educational resources and training programs, ensuring staff complete them during induction and continue to participate in regular refresher courses throughout their employment.	Aboriginal and Torres Strait Islander Health	■	■	
	Higher staff participation in cultural training.	Leverage updated education resources and training modules by distributing them to TCHHS staff and uploading them to the TCHHS intranet for easy access and ongoing learning.	Aboriginal and Torres Strait Islander Health	■	■	

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LEGEND: ■ To be completed in Year 1 ■ To be completed in Year 2 ■ To be completed in Year 3

Priority Area 5 - Work with Aboriginal and Torres Strait Islander people to design, delivery, monitor and review health services | Implementation Plan

Implementation Focus Areas	What this looks like	How we will achieve this	Executive Sponsor	1	2	3
Collaborative Leadership	Regular visits by TCHHS executive leadership to communities.	Create and implement a schedule for regular executive leadership visits to engage directly with the community, foster relationships, and gain firsthand insights into local needs and priorities.	All Executives			
		Design a baseline measure to capture and present community consultation activities conducted across TCHHS.	Aboriginal and Torres Strait Islander Health			
Promoting Health Equity	Health equity messages and updates shared regularly.	Co-develop communication channels with community to promote health equity activities and forums and implement these channels across community.	Aboriginal and Torres Strait Islander Health			
	Review of the Consumer and Community Engagement Strategy. Monitor and report progress on the Consumer and Community Engagement Strategy, updating it at the conclusion of the Strategy to reflect community input	Monitor and report progress on the Consumer and Community Engagement Strategy, updating it at the conclusion of the Strategy to reflect community input	Aboriginal and Torres Strait Islander Health			

Priority Area 6 - Strengthen the Aboriginal and Torres Strait Islander Health workforce | Implementation Plan

Implementation Focus Areas	What this looks like	How we will achieve this	Executive Sponsor	1	2	3
Scope of Practice	Document the scope of practice for Aboriginal and Torres Strait Islander Health Professions, remove barriers to workforce operating at full scope of practice.	Review the existing scope of Aboriginal and Torres Strait Islander Health Professions to understand role requirements, identify gaps, and outline opportunities to expand their scope of practice. Develop scope of practice and models of care that enhance their role profiles, activities, and functions.	All Executives			
Entry-Level Opportunities	Support the ongoing delivery and completion of traineeship, cadetship, and work experience opportunities.	Create, promote, and report on traineeships, cadetships, work experience opportunities, and Deadly School Start programs. Monitor admission and completion rates to identify and strengthen pathways for improved outcomes.	Workforce and Engagement All Executives			
Workforce Development	Growth in Aboriginal and Torres Strait Islander employment, with progression into clinical and leadership roles.	Create a career pathway that supports the growth of Aboriginal and Torres Strait Islander employment and professional progression.	Workforce and Engagement All Executives			
	Create and promote of professional development opportunities, including technical, management, and leadership courses.	Create and promote professional development opportunities that include training programs, industry certifications and support access by removing barriers.	Workforce and Engagement All Executives			
Recruitment Processes	Recruitment processes refined to better support Aboriginal and Torres Strait Islander workforce entry and advancement.	Develop an implementation plan to address Aboriginal and Torres Strait Islander considerations from the TCHHS Recruitment Review (2024) and refine policies and practices to support the efficient recruitment and retention of Aboriginal and Torres Strait Islander employees.	Workforce and Engagement All Executives			

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What Matters Most: Key Aspects of Implementation

The success of the HES relies on several key factors, including community engagement, handling data issues, being adaptable, managing resources well, and communicating progress openly.

These factors ensure the strategy is inclusive, responsive, and effective in meeting community needs. Here's how we plan to achieve this:

Community Engagement

Ongoing engagement with community members, healthcare professionals, and TCHHS leadership is crucial for keeping the HES on track. We will use regular surveys and forums to gather feedback from a wide range of voices. This ongoing input ensures everyone's needs and expectations are part of our plans.

Strategic Alignment

The Implementation Plan aligns with important Qld and TCHHS strategies, including the TCHHS Strategy 2023-2027, Health Q32: a vision for Qld's Health System, and the 'Making Tracks' performance schedule. This alignment helps us manage resources effectively and work towards our health equity goals together.

Flexibility in Planning

Healthcare is constantly changing, so our plan needs to be flexible. We will regularly review and adjust the plan with key decision-makers to respond to any changes in the sector.

Reliable Data

Accurate and reliable data are essential for making informed decisions and tracking progress. We will use existing data streams and support the collection of new data to address any gaps or delays.

Resource Management

Having enough resources, including funding and staff, is vital for implementing the HES. We developed our actions, timelines, and responsibilities in collaboration with TCHHS leadership to ensure they are realistic and manageable. This partnership sets us up for success by balancing and allocating resources effectively.

Transparency and Accountability

Clear and honest communication is crucial. During yarning sessions, communities emphasised the importance of reporting back on progress and achievements. TCHHS leadership is committed to sharing updates and success stories about our progress in meeting community priorities. This transparency builds trust, ensures accountability, and keeps everyone informed.

Monitoring and Evaluation

We will set up a clear mechanism for monitoring progress and evaluating the impact of the strategy to ensure it meets its goals. Regular assessments will help us understand what's working well and where we might need to adjust.

Risk Management

Our governance will identify potential risks and challenges that could affect the implementation and outline strategies for mitigating them. This proactive approach will help us address any issues promptly.

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A sunset over a beach with waves and a decorative circular graphic overlay. The sky is filled with soft, colorful clouds in shades of orange, pink, and purple. The ocean is calm with gentle waves lapping onto a sandy beach. A large, semi-transparent circular graphic with a grid-like pattern is overlaid on the left side of the image.

Strengthening Health Equity Governance, Monitoring and Evaluation

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Health Equity Governance Framework

The governance mechanisms that will monitor the progress of the TCHHS HES Implementation Plan are shown below.

It is expected that updates on the progress of the HES will be made annually through the TCHHS Annual Report, as well as informally through public updates, including quarterly newsletters.

TCHHS Board

HIGH LEVEL OVERSIGHT

The TCHHS Board and the Chief executive is directly responsible to the Minister for ensuring TCHHS fulfils its functions, including the implementation of the HES.

The Board provides high-level recommendations that support progress improvements and align with legislative requirements.

TCHHS Executive Leadership Team

MONITOR PROGRESS

The Executive Leadership sponsors the implementation of HES activities.

They allocate resources to achieve the goals, activities, and KPIs of health equity.

The Executive Team is responsible for reporting on progress, including updates from Cascade on indicators they sponsor, to ensure clarity over time. Quarterly reports to the Board are required.

Health Equity Governance Committee

OPERATIONAL MANAGEMENT AND IMPLEMENTATION

The Health Equity Governance Committee provides operational leadership for the HES. This group leads the implementation and progress of the HES including review of documentation of success, challenges and enablers for implementation. Discuss potential risks, develop risk mitigation strategies including escalation. This Committee provides monthly updates to the Executive Leadership Forum.

Health Equity Working Groups (as required)

CONSULTATIVE FORUMS

The Health Equity Governance Committee will establish short-term, focused working groups to support targeted activities of the implementation of the HES. These forums are purpose-driven and convened only when required to address specific priorities. This approach ensures genuine co-design with Traditional Owners and Aboriginal and Torres Strait Islander communities, fostering culturally-informed advice, meaningful community engagement, and effective communication on key focus areas.

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Health Equity Governance Framework

Roles and Responsibilities

The roles and responsibilities of the strategy are clearly defined to ensure successful implementation. The TCHHS Board, Executive Leadership, HEC, and Working Groups each play critical functions in supporting the progress of the strategy, as outlined previously. Together, these groups will endorse recommendations, allocate necessary resources, provide updates, advise on community engagement, and ensure continuous monitoring of progress.

Each group and individual assigned roles within this Implementation Plan will have clear accountability measures, with their performance and adherence to responsibilities monitored through regular reports, performance evaluations, and progress assessments.

Decision-Making Environment

The TCHHS Board holds the ultimate decision-making authority, particularly regarding strategic directions and resource allocations. Executive leadership is accountable for operational decisions related to the use of resources and monitoring progress. The governance committee and health equity working groups provide key inputs into implementation but do not make final decisions.

Risk Management

As part of monitoring of the implementation of the HES, a structured risk management process will be undertaken. Any identified risk during implementation will be appropriately flagged, evaluated, and addressed proactively. This will be done through detailed and regular reporting and monitoring.

Performance monitoring

Continuous performance monitoring is a key part to the HES's success. As part of the Implementation Plan, KPIs have been established and will be tracked to measure progress against community priorities. Regular performance reports will be reviewed by executive leadership to ensure alignment with goals and to make necessary adjustments.

Compliance

All actions undertaken as part of the HES will be done so in alignment with current TCHHS policies and regulatory requirements. Compliance checks will be embedded within the implementation process to ensure all activities meet organisational standards and any legislative obligations.

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Health Equity Monitoring and Evaluation

A number of actions and success factors have been defined in the HES.

TCHHS will continue to monitor the status of these actions using KPI outlined in the Implementation Plan. Additionally, TCHHS has developed mandatory KPI to further support the monitoring of the Strategy's actions.

Co-design, Co-develop and Co-implement HES

This HES empowers Aboriginal and Torres Strait Islander voices are central in shaping decisions. It is grounded in listening to communities and working together to ensure health services and initiatives reflect community priorities, cultural values, and self-determined aspirations. As detailed in this HES, TCHHS will consult with communities and partners across the Torres and Cape regions. Stakeholder engagement examples include:

- **Aboriginal and Torres Strait Islander Governance Structure:** The new governance provides coordination to engagement with Aboriginal and Torres Strait Islander peoples and communities.
- **Health Equity Community Yarns:** Public meetings gather feedback on health initiatives, ensuring transparency and inclusivity.
- **Partnerships with Community Organisations and Local Councils:** Collaborating with local leaders and organisations helps reach all populations and address specific health needs.
- **Consumer And Community Council:** Consumer and Community Council consisting of consumers and community members, provide valuable insights to the Chief Executive on health priorities.

Working with communities from the very beginning and keeping communication open and ongoing makes the HES stronger and better able to adapt to challenges. By working side by side with communities, we can respond to immediate health needs while building lasting improvements in health equity.

Collaborating with communities creates more opportunities to co-design and co-develop health services and supports that are meaningful and effective. It also ensures that community members have a voice in shaping and providing feedback on how health services are delivered.

Reporting

TCHHS is required to provide quarterly performance reports to the First Nations Health Office, accompanied by discussions on the implementation of the HES. These reports are critical for tracking progress against the Health Equity Key Performance Measures (KPM) Each report will include updates on key achievements, challenges and community needs and partnership activities. Additionally, these discussions will focus on barriers, risk mitigation strategies, and opportunities for service improvement.

Progress Reporting

To complement quarterly reporting, TCHHS will publish an annual report, titled Year-In-Review, to provide a comprehensive overview of achievements and progress. This report will track performance outcomes based on the KPI and success factors outlined in the HES and Implementation Plan. Our measures for success are aligned with the Making Tracks Performance Schedule and the state-prescribed Aboriginal and Torres Strait Islander Health Equity Key Performance

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TCHHS Specific HES KPM



The table below and continued overleaf summarises the KPIs mapped to the focus areas across the identified priority areas. This summary provides a clear indication of when these KPIs should be monitored throughout the three-year horizon of this strategy, ensuring progress is tracked and adjustments are made to align with the strategy's objectives.

Priority Area	Implementation Focus Area	Key Performance Indicators	Baseline	Target
Priority Area 1	Reporting Racial Discrimination	Stakeholder satisfaction with the racial discrimination complaint and resolution process	TBD	TBD
	Community Profiles	Completion and annual review of local community profiles, with demonstrated improvements in workforce cultural knowledge as measured through feedback.	TBD	TBD
Priority Area 2	Community Engagement	Number of local health equity-focused community events held annually and participation rate	TBD	TBD
	Funding and Service Expansion	Track and report on the number and success rate of funding submissions focused on improving health equity	TBD	TBD
	Care On Country	Growth in Services for Telehealth, Home Visits and Specialist Outreach	TBD	TBD
	Strategic Infrastructure	Continue to work with the Department of Health to deliver capital infrastructure projects to ensure new and upgrades to facilities are safe, culturally appropriate and fit for purpose, and that staffing, and accommodation requirements are aligned with facility expansions.	TBD	TBD
	Consumer Experience	Increased awareness and satisfaction with the streamlined PTSS, leading to a reduction in the number of PTSS complaints	TBD	TBD
Priority Area 3	Local Health Understanding	Increased number of TCHHS staff completing data analysis and reporting training.	TBD	TBD
	Health Checks and Screening	Increased proportion of Aboriginal and Torres Strait Islander health check completed.	TBD	TBD
	Partnerships and Collaboration	Strengthen and formalise partnership arrangements between TCHHS and external stakeholders including council, NGOs and community organisation	TBD	TBD
Priority Area 4	Cultural Governance Mechanisms	Aboriginal and Torres Strait Islander governance structures established and operational	TBD	TBD
	Cultural Practices and Policies	Assess current healthcare services and update to integrate cultural practices and protocols into healthcare services and programs.	TBD	TBD
	Cultural Education and Policies	Increase the number of cultural education training sessions and mandate that all staff complete cultural training every two years.	TBD	TBD
Priority Area 5	Collaborative Leadership	Track and report all community consultation activities conducted across TCHHS	TBD	TBD
	Promoting Health Equity	Develop and implement a system to share health equity messages and updates regularly, ensuring monthly dissemination across all relevant platforms.	TBD	TBD
Priority Area 6	Scope of Practice	Positive feedback from Aboriginal and Torres Strait Islander Health Professions regarding working to their full scope of practice	TBD	TBD
	Entry-Level Opportunities	Greater annual admission and completion rates for traineeships and work experience opportunities, including Deadly School Start and Cadetship Programs	TBD	TBD
	Workforce Planning and Development	Increase the representation of Aboriginal and Torres Strait Islander employees in clinical and leadership roles by enhancing access to workforce education and professional development opportunities	TBD	TBD
	Recruitment Processes	Increased efficiency in Aboriginal and Torres Strait Islander recruitment and backfilling.	TBD	TBD

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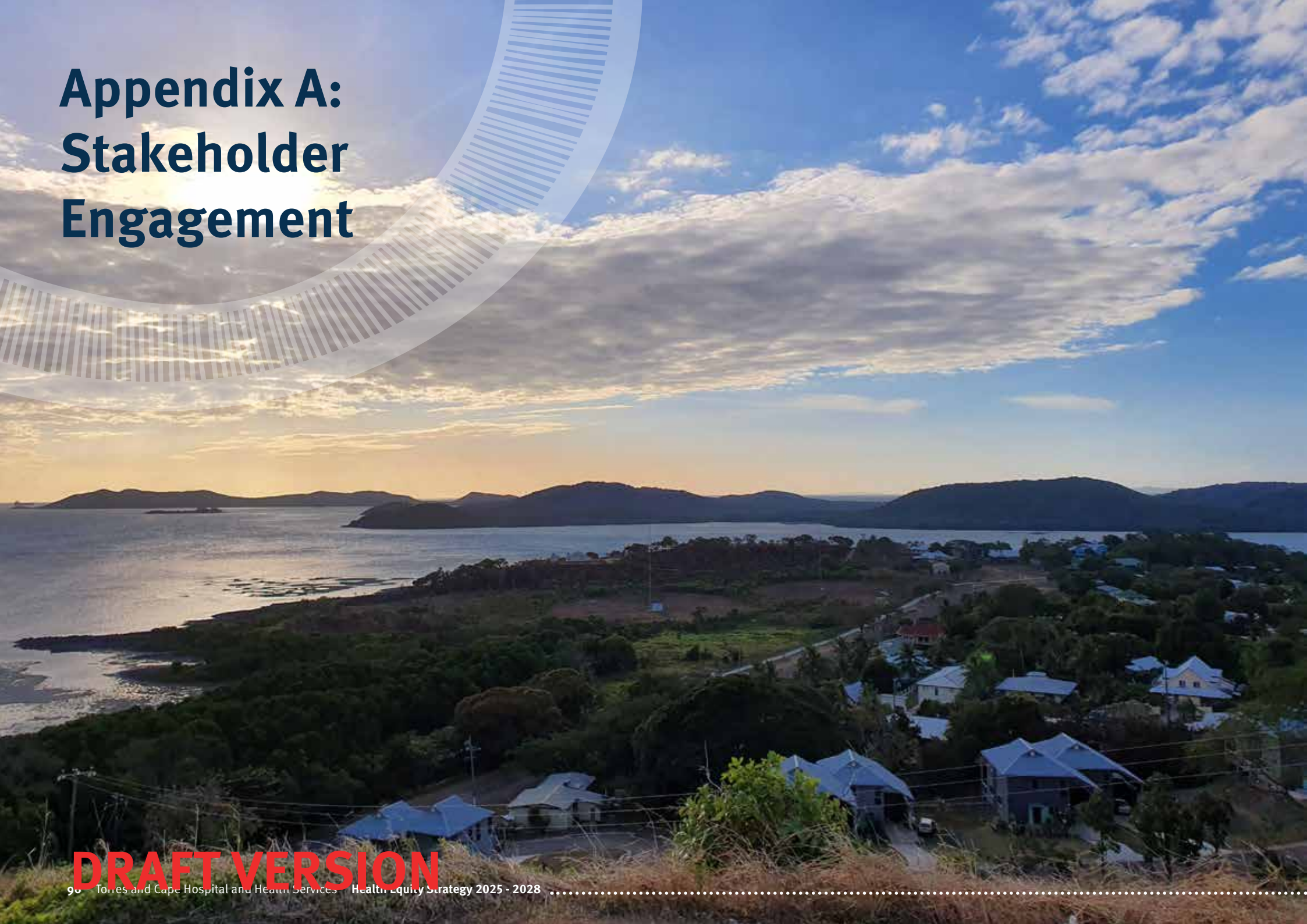
Statewide Health Equity KPM

The Making Tracks Together: Qld's Aboriginal and Torres Strait Islander Health Equity Framework provides guidance to HHSs on meeting their legal responsibilities to ensure health equity for Aboriginal and Torres Strait Islander peoples. The statewide Health Equity KPI, developed in partnership with HHSs, track progress on these commitments and include reporting on Closing the Gap (CTG) measures. These measures also align with the broader TCHHS Clinical Services Plan, which is focused on embedding these clinical indicators into everyday practices to ensure they become standard business operations.

Priority Area	Implementation Focus Area	Key Performance Indicators	Baseline	Target
Priority Area 2	1	Decrease potentially avoidable deaths	TBD	TBD
Priority Area 4	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 2500g	87.2 (2024-25)	Increase on prior year
Priority Area 3	3	A decreased rate and count of First Nations suicide deaths	Numbers too small to report	Numbers too small to report
Priority Area 2	4	Increased proportion of First Nations Adult patients on the general care dental waitlist waiting for less than the clinically recommended time	65% (2024-25)	85%
Priority Area 2	5	Elective Surgery – increased proportion of First Nations patients treated within clinically recommended times	100%	98%
Priority Area 4	6	Specialist outpatients – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment	T&C is out of scope for this indicator	T&C is out of scope for this indicator
Priority Area 3	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	T&C is out of scope for this indicator	T&C is out of scope for this indicator
Priority Area 4	8	Increased proportion of First Nations people completing advanced care planning	538 (2024-25)	Increase on prior year
Priority Area 6	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	22.3% (2024-25)	Increase on prior year
Priority Area 1	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)	TBD	TBD
Priority Area 2	11	Integrated care pathways - Increased proportion of care pathways in place for rural and remote First Nations patients with co-morbidities (rural and remote)	29.6% (Adults) 33.3% (Child)	Increase on baseline

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Appendix A: Stakeholder Engagement



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Stakeholder Engagement

The Hospital and Health Boards Amendment Regulation 2021 outlines specific prescribed persons to be engaged with as part of the development of the HES. These prescribed persons include:

- Aboriginal and Torres Strait Islander members of the Service’s staff
- Aboriginal and Torres Strait Islander consumers of health services delivered by the Service
- Aboriginal and Torres Strait Islander members of the community within the health service area
- Traditional custodians and native title holders of land and waters in the health service area, and
- Implementation stakeholders for the strategy.

The table to the right outlines the stakeholder groups engaged with as part of health equity conversations for the development of this strategy. This inclusive approach ensures that the HES is comprehensive, culturally appropriate, and efficiently addresses the specific health inequities faced by Aboriginal and Torres Strait Islander peoples and other stakeholders.



Aboriginal and/or Torres Strait Islander Staff
Aboriginal and/or Torres Strait Islander consumers
Aboriginal and/or Torres Strait Islander community members
Traditional Owners
Chief Aboriginal and/or Torres Strait Islander Health Officer
Chief Aboriginal and/or Torres Strait Islander Health Practitioner
Cairns and Hinterland Hospital and Health Service
Queensland Aboriginal and Torres Strait Islander Health Council
Health and Wellbeing Queensland
Apunipima Cape York Health Council
Northern Peninsula Area Family and Community Services
Torres Health Indigenous Corporation
Mookai Rose Bi-bayan
Wuchopperen Health Service
Royal Flyer Doctors Service
Northern QLD Primary Health Network
Torres Strait Island Regional Council
Torres Strait Regional Authority
Northern Peninsula Area Regional Council
Cape York Aboriginal Shire Councils
Local health service providers

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Comprehensive Community Engagement

The development and implementation of a HES for driving meaningful system change requires comprehensive community engagement across diverse stakeholders.

This approach ensures that the strategy is effective, culturally relevant, community-driven, and sustainable. To achieve this, we integrate core components like local health service design, equity-driven service delivery, and robust evaluation mechanisms.

Identifying and Engaging Stakeholders

The cornerstone of impactful system change lies in recognising and engaging the diverse groups affected by health inequities. These stakeholders include community members, healthcare consumers, service providers, policymakers, and advocacy groups. Importantly, a focus on Aboriginal and Torres Strait Islander voices ensures cultural perspectives are central to the design and implementation of the HES.

Building a Foundation of Trust and Collaboration

Establishing open, collaborative relationships fosters mutual trust between communities and health leaders. This is achieved through:

- Regular forums where communities can share their input and feedback.
- Culturally sensitive and inclusive communication that respects all voices.
- Ensuring community leadership within the process to emphasise shared ownership.

When communities feel respected and valued, meaningful participation increases, laying the groundwork for transformative change.

Promoting Inclusivity Through Shared Decision-Making

A successful equity strategy prioritises equitable influence over simple participation. This involves:

- Ensuring diverse stakeholders have meaningful roles in shaping policies and programs.
- Recognising and actively meeting cultural and spiritual needs in healthcare service delivery.
- Tailoring engagement strategies to reflect the contexts and preferences of local communities.



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Taking Action to Measure and Sustain Impact

Effective engagement includes actionable steps to evaluate progress and identify areas for improvement. Key actions include:

- **Community Yarns:** Facilitate regular gatherings where feedback on the strategy is collected, and improvements are co-designed with stakeholders.
- **Workforce Survey:** Assess the confidence of healthcare providers in applying cultural safety principles and delivering equitable services.
- **Consumer Satisfaction:** Gather insights from consumers to ensure culturally safe practices meet their needs.
- **Monitoring Community Understanding:** Evaluate whether communities report strengthened awareness of the social determinants of health, fostering long-term change.

These steps ensure the strategy demonstrates not only symbolic but practical value, addressing health inequities directly at their roots.



The Benefits of Focused Stakeholder Engagement

- **Stronger Health Outcomes:** Community-informed strategies lead to reduced health disparities and better health outcomes for all.
- **Enhanced Accountability:** Regular, transparent engagement holds decision-makers accountable for addressing inequities effectively.
- **Increased Cultural Safety:** A workforce confident in cultural safety practices ensures that care is both respectful and relevant.
- **Stronger Community Ownership:** Inclusive engagement fosters shared responsibility and ownership of healthcare improvement.
- **Improved System Responsiveness:** Insights from consumers and communities drive culturally appropriate service design and delivery.

By embedding cultural safety, meaningful collaboration, and community-led feedback loops into the HES, we ensure its success is more than a goal—it becomes a measurable reality. Together, we take real steps toward dismantling health disparities and achieving equitable health outcomes for Aboriginal and Torres Strait Islander peoples.



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Thank You Message from Aboriginal and Torres Strait Islander Leadership Team



LEADERSHIP TEAM

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A/Director Aboriginal
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Islander Health Unit

Reece Griffin

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We extend our heartfelt thanks to the many Aboriginal and Torres Strait Islander communities, Elders, families, health staff, and partner organisations across the Torres and Cape region who have generously contributed their time, cultural knowledge, and lived experience to the development of this HES. Your guidance and involvement have been vital in ensuring that this strategy is grounded in the realities, strengths, and aspirations of the people it is intended to serve.

Throughout this journey, we have been welcomed onto Country and into Island homes, health services, community spaces. We are deeply grateful to all who invited us to listen and learn—those who shared personal stories of strength and struggle, who challenged us to do better, and who offered local wisdom to inform the direction of this work. These conversations were not always easy, but they were always powerful. Your courage, honesty and generosity have shaped a strategy that centres community priorities and upholds the value of self-determination.

We also acknowledge the continued commitment of our health workforce—many of whom are also community members—and our service partners who have worked tirelessly alongside us.

Whether providing clinical care, administrative support, or cultural advice, your dedication to delivering culturally safe, responsive, and respectful care has laid the foundation for lasting change. This work could not have progressed without your efforts, your advocacy, and your unwavering focus on improving outcomes for Aboriginal and Torres Strait Islander peoples.

This strategy marks a significant milestone. It reflects not just a policy or a plan, but a shared vision—one built through partnership, shared truths, and trust. While we celebrate how far we've come, we remain clear-eyed about the work that lies ahead. The impacts of colonisation, systemic racism, and social and economic disadvantage continue to shape health outcomes in our communities. These are not challenges that can be solved overnight, but we believe that through strong partnerships, cultural leadership, and a commitment to action, we can create a future where health equity is not just a goal, but a lived reality.

We are proud to walk this journey with you. Thank you for your trust, your knowledge, and your leadership

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Office of the Chief Executive Team

Supporting clear, culturally appropriate messaging and helping to communicate the strategy throughout the consultation journey.



Digital and Data Team

Extracting, analysing and presenting data to reflect the health needs and priorities of each community.



Project Management Team

Overseeing planning, timelines and delivery to ensure the strategy remained inclusive, transparent and on track.



Finance and Contracts Team

Managing procurement of Aboriginal and Torres Strait Islander contracts and coordinating all payments for venues and catering, across 35 remote communities. Their work ensured smooth logistics and supported the success of community consultations throughout the project.



Aboriginal and Torres Strait Islander Community Facilitators

Leading the way with cultural authority, respect and deep community knowledge, our Aboriginal and Torres Strait Islander facilitators guided local yarns and consultations across 35 remote communities. Their leadership ensured voices were heard, stories were honoured, and community priorities shaped the foundation of this strategy.



Staff Travel Coordination Team

Coordinating all travel and logistics across 35 remote communities, enabling the consultation team to reach every corner of the region.

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Listening to Community Voices

COUNCILS, MAYORS, AND NATIVE TITLE HOLDERS

We acknowledge and thank the Councils, Mayors, and Native Title holders across the Torres and Cape region for their invaluable guidance and support throughout the consultation process. Your leadership has been essential in ensuring that cultural protocols, languages, and local knowledge were respected and embedded at every stage of this strategy's development.



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Glossary

HES	Health Equity Strategy
HHS	Hospital Health Services
TCHHS	Torres and Cape Hospital Health Services
PHCC	Primary Health Care Centre
CHHHS	Cairns and Hinterland Hospital Health Services
ACCHO	Aboriginal Community Controlled Health Organisation
QAIHC	Queensland Aboriginal and Islander Health Council
NGO	Non-Government Organisation
MOU	Memorandum Of Understanding
WHO	World Health Organisation
QLD	Queensland
AIHW	Australian Institute of Health and Welfare
ABS	Australian Bureau of Statistics
KPI	Key Performance Indicators
KPM	Key Performance Measure
ARF	Acute Rheumatic Fever
ARD	Acute Rheumatic Disease
DAMA	Discharge Against Medical Advice
PPH	Potentially Preventable Hospitalisation
ED	Emergency Department
CAC	Consumer Advisory Committee
TBD	To Be Determined
HEC	Health Equity Committee
PREMS	Patients Reported Experience Measure
PTSS	Patient Travel Subsidy Scheme

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Torres and Cape Hospital and Health Service
**Health Equity Strategy
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2025 - 2028**