

Aboriginal and Torres Strait Islander Health Strategy

2023 - 2027

Acknowledgement of Country

We acknowledge the Aboriginal and Torres Strait Islander peoples as the Custodians of the land on which we work, and recognise that the concepts of land, family and spirituality are directly linked to Aboriginal and Torres Strait Islander peoples’ physical, mental, social, spiritual and cultural wellbeing.

We pay respect to Elders past and present, as well as emerging leaders, and commit to a future with reconciliation and renewal at its heart.

Contents

Foreword	3
Health Equity	4
Our PHN	8
Our Impact	9
Our region	10
Our population and demographic profile	12
Our health profile	13
Closing the Gap	13
Social and health equality	13
Burden of disease	14
Intergenerational trauma	14
Our Reconciliation Action Plan journey	15
Our guiding principles	16
Our Partners – Working together	17
Our policy context and authorising environment	19

Foreword

Together with our key partners, we are delighted to deliver this Aboriginal and Torres Strait Islander Health Strategy 2023-2027.

This strategy outlines our PHN’s health equity approach and contribution towards closing the life expectancy gap between Aboriginal and Torres Strait Islander peoples and the broader community. Fundamental to our approach is:

- 

embedding the Aboriginal and Torres Strait Islander voice into what we do
- 

using shared health intelligence to inform cross sector health planning
- 

agreeing on joint governance arrangements with the community-controlled sector
- 

recognising the impacts of intergenerational trauma
- 

identifying and agreeing on cross-sector health priorities
- 

addressing the social determinants of health
- 

supporting a culturally appropriate and culturally safe workforce
- 

focusing on making a difference.

This strategy is about partnerships. Trusted and productive, cross-sector relationships between our PHN and partners are critical to delivering on this strategy. Importantly, it outlines our PHN’s commitment to working in a supportive and transparent way with our stakeholders, including how we co-design, co-develop, co-implement and co-evaluate our commissioned Aboriginal and Torres Strait Islander health services into the future.

We look forward to working together with Aboriginal and Torres Strait Islander peoples in our region and key partners in closing the gap and achieving health equity.



Lucille Chalmers
CEO
Darling Downs and West Moreton PHN



Dr Tony Bayliss
Board, Chair
Darling Downs and West Moreton PHN

Embedding Health Equity

Strategic Priorities	Needs We will focus on the issue of:	Strategic initiatives We will bring about change by:	How We will achieve this through:	Impact This will result in:	Measures We will have succeeded when we have:
 Healthy Communities	Life expectancy gap between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people	Prioritising Aboriginal and Torres Strait Islander people in the commissioning of services to address chronic disease, suicide prevention, mental illness and Alcohol and other Drugs	- System leadership - Provider collaboration - Increased and Targeted investment	More targeted investment addressing chronic disease rates, suicide prevention, mental illness and the consumption of Alcohol and other drugs amongst Aboriginal and Torres Strait Islander people	- Increased proportion of PHN funded services targeting Aboriginal and Torres Strait Islander People - Increased number of Aboriginal and Torres Strait Islander people accessing PHN funded services
 Healthy Primary Care	Improving access to primary care services for Aboriginal and Torres Strait Islander people	- Increasing health literacy - Improving the cultural capability of mainstream general practice - Supporting the Aboriginal Community Controlled Health Organisation Sector	- GP, Primary Care, and Allied Health provider collaboration - System leadership	- Increased number of mainstream General Practices delivering culturally safe services - Increased number of MBS 715 health assessments across the region	- Improved access to culturally appropriate services for Aboriginal and Torres Strait Islander people - Increased number of MBS 715 Health Assessments
 Healthy Partnerships	Addressing complex needs in targeted locations across the region	- Facilitate place based, community led solutions to local health needs - Bringing the Aboriginal community controlled health sector together to address agreed regional priorities	- System leadership - Community engagement - ACCHO collaboration	- Place based solutions - Improved collaboration between system partners	Cross sector and community involvement in health planning and co design of local solutions
 Healthy Organisation	Culturally safe and competent workplace	Culturally safe and competent PHN board and staff	- PHN values - RAP - Cultural Capability Framework	Reconciliation	- Completion of RAP - Completion of Cultural Awareness and Capability Training

Our PHN

Darling Downs and West Moreton PHN is one of 31 Primary Health Networks across Australia funded by the Commonwealth Department of Health to improve primary healthcare (healthcare delivered outside of a hospital setting).

Our vision:

Healthy communities experiencing excellent healthcare, closer to home.

Our purpose:

To work with our partners to strengthen primary healthcare for those who need it most.

Our key objectives:

- Healthy communities: Enabling equitable health and wellbeing across our lifespan.
- Healthy primary care: Developing a thriving primary care system, that is strong and resilient, innovative and digitally enabled, with a supported and sustainable workforce.
- Healthy partnerships: Collaborating effectively, with a one system mindset.
- Healthy organisation: Empowering staff within a capable and impactful organisation.

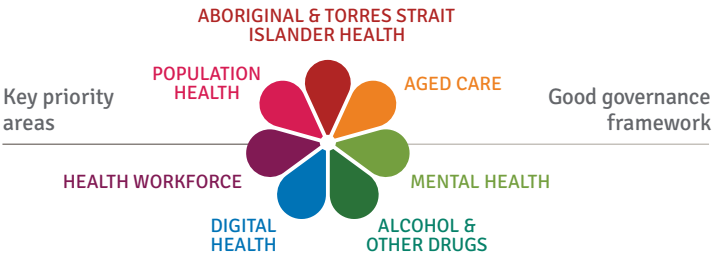
Our PHN achieves this by working with local healthcare stakeholders and community to:

- fund programs and services based on local health needs
- support primary healthcare professionals, like GPs, general practice staff and allied health professionals, to improve the care they provide to their patients, and
- support the development of a local sustainable healthcare workforce.

Our priorities

The work delivered by our PHN is framed by the seven national priorities handed to PHNs by the Department of Health, including aged care, Aboriginal and Torres Strait Islander health, alcohol and other drugs, digital health, health workforce, mental health and population health.

At the local level, our PHN has identified 10 health priorities and opportunities for improving the health of people living in our region.



Healthy communities:

- Improving early life experiences for mothers, families, and children.
- Supporting good mental health, reducing suicide risk and substance use.
- Improving quality of life for older people, and addressing chronic condition risk factors.
- Addressing inequities faced by priority populations.

Healthy primary care

- Tackling workforce shortages.
- Increasing consistency in quality and innovation.
- Addressing sustainability and viability challenges.
- Emergency responsiveness.

Healthy partnerships

- Joining up a fragmented system that currently creates disconnected journeys for consumers.

Healthy organisations

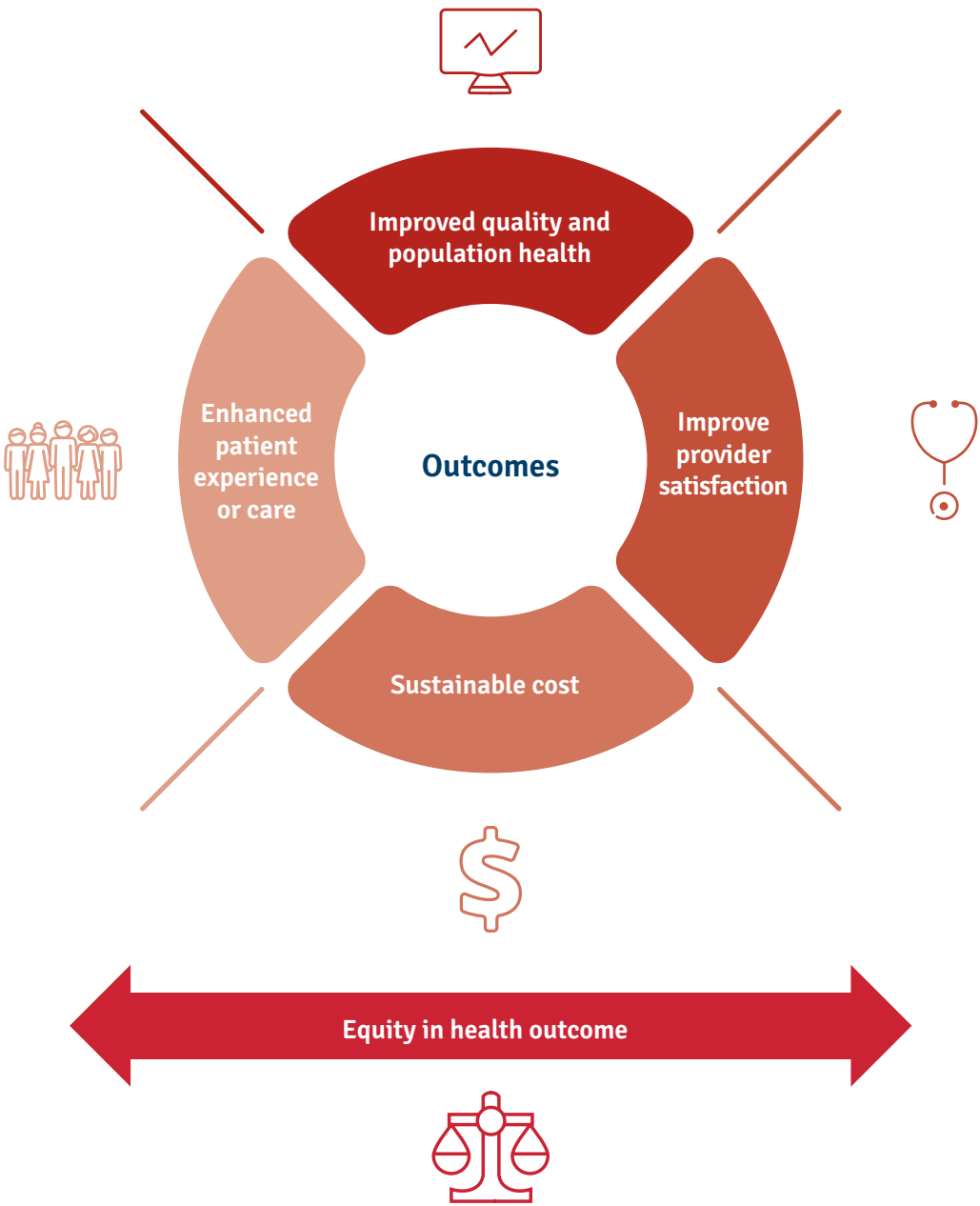
- Continuing organisational excellence.

Our Impact

Increasingly, the quintuple aim for healthcare systems is being adopted across Australia as the primary framework for assessing the impact of state and federally funded health services. Accordingly, our PHN has adopted the quintuple aim as the outcomes framework for our most recent Darling Downs and West Moreton Strategic Plan. Aligning this Aboriginal and Torres Strait Islander Health Strategy to the quintuple aim ensures our PHN and partners are working towards the same, fundamental objectives and that there is a consistent thread across how our PHN commissions and engages with service providers, including ACCHOs, general practitioners, allied health and our hospital and health service (HHS) partners.

As part of the quintuple aim our PHN, together with our HHS and ACCHO partners, has a primary strategic objective of seeking to improve health equity across our PHN region. Progressing our local primary healthcare system’s performance against the quintuple aim, while striving for health equity, will be the primary focus of our Aboriginal and Torres Strait Islander Health Strategy. This is summarised in Figure 1.

Figure 1: quintuple aim for Darling Downs and West Moreton PHN



Our region

Our PHN covers the Darling Downs and West Moreton region, which is around 99,000 km and covers 12 local government areas (LGA). The major communities in our region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs LGAs. Our region also includes communities located in the Banana Shire and Brisbane LGA.

Figure 2: Map of Darling Downs and West Moreton region LGAs



The PHN region works across the language groups of:

- Jagera
- Yuggera
- Ugarapul
- Giabal
- Jarowair
- Wakka Wakka
- Bigambul
- Kamilaroi
- Keinjan
- Barunggam
- Iman (Yiman)
- Bigambul
- Jarowair.

The region features:

- more than 600,000 people, living in urban, rural and remote areas
- a high population growth rate
- 102,000 people aged 65 or over
- 33,000 Aboriginal or Torres Strait Islander peoples
- 10,000 migrants and refugees.

Our PHN acknowledges that many of the Aboriginal and Torres Strait Islander peoples living within our region are the descendants of those who were relocated from their original lands, some were victims of the stolen generation, and that the traumas associated with those events continue to have profound multi-generational impacts to this day.



Our population and demographic profile

There are 33,000 Aboriginal and Torres Strait Islander peoples living in the Darling Downs and West Moreton PHN region. The representation of Aboriginal and/or Torres Strait Islander peoples in the local community varies across each local government area (LGA). For example, 97% of people living in the Cherbourg Aboriginal Shire Council LGA identify as Aboriginal and/or Torres Strait Islander, with around 4% of people identifying as Aboriginal or Torres Strait Islander in the Scenic Rim LGA (see Table 1).

Table 1: Populations distribution in the Darling Downs and West Moreton region (ABS Census 2021)

Region and local government area	Aboriginal and Torres Strait Islander peoples	All residents	Proportion
Darling Downs			
Cherbourg (S)	1,161	1,194	97.2
Western Downs (R)	2,599	33,843	7.7
South Burnett (R)	2,046	32,996	6.2
Goondiwindi (R)	799	10,310	7.7
Southern Downs (R)	1,967	36,290	5.4
Banana (S)	45	938	4.7
Toowoomba (R)	8,678	173,204	5.0
West Moreton			
Brisbane (C)	115	6,794	1.7
Ipswich (C)	12,514	229,208	5.5
Lockyer Valley (R)	2,083	41,101	5.1
Somerset (R)	961	20,436	4.7
Scenic Rim (R)	470	12,734	3.7
Total:	33,438	599,048	5.6

Our health profile

General practices across the Darling Downs and West Moreton region provide healthcare services to around 96% of the local resident population.

Of those people who regularly attend their local GP:

- 59% have a chronic condition
- 20% have a mental health concern
- 4% have cardiovascular disease
- 17% have a respiratory condition
- 7% have diabetes
- 11% have other conditions, such as cancers, renal impairment, and muscular skeletal conditions.

It is estimated around 2% of the local health workforce are Aboriginal and Torres Strait Islander peoples, compared to 5% of the resident population.

Closing the Gap

In our PHN region, the life expectancy gap is currently estimated at 8.3 years for Aboriginals and Torres Strait Islanders in the West Moreton region and 11.8 years for the Darling Downs region and the total Queensland population.¹ The three chronic conditions that contribute most to this gap are:

- cardiovascular disease – accounts for 2.7% of the gap
- mental disorders – account for around 1.9% of the gap
- diabetes – accounts for around 1.5% of the gap.

Social and health equality

Our response to the health and wellbeing needs of the community also needs to consider other aspects of health inequality amongst Aboriginal and Torres Strait Islander peoples. This includes:

- the burden of disease for Aboriginal and Torres Strait Islander peoples is two times that of Queensland non-Aboriginal and Torres Strait Islander peoples
- rates of psychological distress and chronic diseases are higher among Aboriginal and Torres Strait Islander peoples than non-Aboriginal and Torres Strait Islander peoples
- significant disparities in the social determinants of health, such as education, housing, employment and income when compared to the broader population
- access to health services for Aboriginal and Torres Strait Islanders is reduced for many reasons, including cost, travel options and a lack of accessible or culturally appropriate health services in the required location and at the right time.

1. https://www.health.qld.gov.au/__data/assets/pdf_file/0031/660838/BoD-2016-HHS-FINAL.pdf

Opportunities exist to build social and health equality across the lifespan for Aboriginal and Torres Strait Islander peoples in our PHN region in areas such as:

- around 67% of mothers attended antenatal care during their first 10 weeks, and 45% did not smoke during pregnancy
- by age 5, around 97% of Aboriginal and Torres Strait Islander children condition fully immunised
- by their first year of schooling, 60% of Aboriginal and Torres Strait Islander children in our region are on track with their development in a number of domains, including their physical health and wellbeing, language and cognitive skills, as well as social and emotional maturity
- 6 in 10 young people (aged 15-24 years) are in learning or earning
- 8 in 10 Aboriginal and Torres Strait Islander peoples regularly see their GP in our region
- 1 in 3 worked with their GP on their care needs like heart disease, cancer, diabetes and mental health
- around 90 Aboriginal and Torres Strait Islander adults each year do not reach the age of 75 years, due to a chronic condition or other cause that was potentially preventable.

Burden of disease

The ABS, census of Population and Housing, 2021 reported the following in our PHN region:

- 1 in 5 Aboriginal and Torres Strait Islander people had one long-term condition.
- 3 in 10 Aboriginal and Torres Strait Islander people in the 25–44-year age group had one-long term condition.
- 1 in 2 Aboriginal and Torres Strait Islander people aged 65 and over had two or more long-term conditions.

Intergenerational trauma

Survivors of Stolen Generations exist today amongst our PHN’s Aboriginal and Torres Strait Islander peoples. Survivors have endured a lifetime of trauma, grief and loss, and as a result they carry a significant burden of health, wellbeing, social, and economic disadvantage. They are growing older, and many live with disabilities and complex health problems, including poor mental health. They have increasingly complex and overlapping needs yet face personal and systemic barriers to accessing services. They are worried about the future of their families.

The trauma caused by the forced removal of Aboriginal and Torres Strait Islander children has been passed on to subsequent generations. It is reflected in the higher levels of disadvantage borne by Stolen Generations descendants and in the dangerous levels of child removals and incarceration suffered by many Aboriginal and Torres Strait Islander communities today.

Healing is fundamental to Aboriginal and Torres Strait Islander peoples reaching their full personal, cultural, social, educational and economic potential. Healing is about restoring the wellbeing, strength of spirit, family connections and lore that has made Aboriginal and Torres Strait Islander cultures the oldest living cultures on earth. Moving forward, ‘healing’ must be fundamental to models of healthcare for Aboriginal and Torres Strait Islander peoples in our PHN region.

Our Reconciliation Action Plan journey

The Innovate RAP was launched in 2022 and is the next building block to driving sustainable change at the Darling Downs and West Moreton PHN to ensure cultural inclusion, fairness and recognition is realised in all of our activities for Aboriginal and Torres Strait Islander communities.

Our PHN commenced our formal journey to reconciliation in 2019 with the development and delivery of our Reflect Reconciliation Action Plan. The Reflect RAP saw the PHN take our first critical steps towards reconciliation, with the intention to:

- be curious about reconciliation and what it means for our PHN
- improve internal cultural understanding
- re-define how the PHN considers the needs of Aboriginal and Torres Strait Islander peoples within a commissioning context.

As a part of this work, and to support the advancement of reconciliation at the organisation, our PHN has a Reconciliation Action Plan Working Group (RAPWG) to walk the organisation through the RAP process and manage the overall Key Performance. The RAPWG is made up of members across all levels of staff including management and the Board. We have representation of Aboriginal and Torres Strait Islander peoples in the working group, including internal PHN staff and Board. The RAPWG is Co-Chaired by two staff members, one identifying as Aboriginal. It is vital the RAP is owned and driven by the entire organisation.

Our artwork

Darling Downs and West Moreton PHN commissioned Danielle Leedie Gray an artist, illustrator, graphic designer and proud first nations woman to develop a bespoke piece of artwork to depict the PHN’s commitment to reconciliation.



Circles of Care and Connection - By Danielle Leedie Gray

Our guiding principles

The Darling Downs and West Moreton PHN Strategic Plans 2021-23 and 2023 to 2027, identify the development and implementation of a comprehensive, cross sector approach to addressing health inequity and improving Aboriginal and Torres Strait Islander Health outcomes as a key strategic initiative for our PHN. The underpinning principles of our how we support our communities includes the following.

Healthy Communities

1. **Understand the needs of the community** by analysing data, engaging and consulting with consumers, clinicians, carers and providers, peak bodies, community organisations and funders.
2. **Place outcomes for consumers** at the heart of the strategic planning process.

Healthy Primary Care

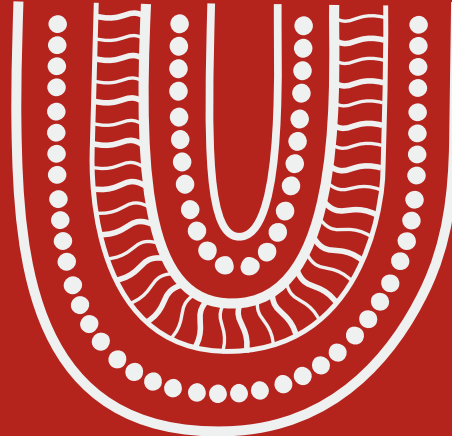
3. **Understand the maximum practical range of providers** including the contribution they could make to delivering outcomes and addressing market failure and gaps and encourage diversity in the market.
4. **Consider investing in the capacity of providers and consumers**, particularly in relation to hard-to-reach groups.

Healthy Partnerships

5. **Engage with potential service providers** well in advance of commissioning new services.
6. **Adopt a whole of system approach** to meeting health needs and delivering improved health outcomes.
7. **Co-design solutions** - engage with stakeholders, including consumer representatives, peak bodies community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions.
8. **Manage through relationships** - work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders.
9. **Develop environments high in trust** through collaborative governance, shared decision-making and collective performance management.
10. **Monitor and evaluate through regular performance reports** consumer, clinician, community and provider feedback and independent evaluation.
11. **Ensure efficiency, value for money, and service enhancement.**

Healthy Organisation

12. **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate.



Our Partners – Working together

To address the social and health inequities experienced by Aboriginal and Torres Strait Islander peoples in our region, it is contingent upon the PHN to work collaboratively with our health service delivery partners and other key stakeholders to embrace a cross-sector, health equity approach.

The need for a health equity approach is supported by national and state Government policy and is required to galvanise a renewed and shared agenda to improve Aboriginal and Torres Strait Islander peoples' health outcomes, experiences and access to care across the health system. This agenda aims to build on the foundations of the past to reshape the health system by placing health equity at its centre. To be successful, it must be underpinned by representation, leadership and shared decision-making with Aboriginal and Torres Strait Islander peoples to change the current power balance and create a health system free from racism and discrimination.

Aboriginal Community Controlled Health Organisations (ACCHOs)

Collectively, the ACCHOs in Queensland provide primary healthcare services to around 40% of the resident Aboriginal and Torres Strait Islander population.²

The ACCHOs operating in our PHN region include:

- Carbal Medical Services
- Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS)
- Goolburri Health Advancement Corporation
- Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Goondir Health Services
- Institute for Urban Indigenous Health (IUIH).

ACCHOs provide unique contributions in delivering holistic, comprehensive and culturally appropriate healthcare. ACCHOs are at heart and by constitution Aboriginal and/or Torres Strait Islander community organisations. ACCHOs have a proud history as sustainable, grass roots organisations that build community capacity for self-determination and are committed to assisting every Aboriginal and Torres Strait Islander person to realise their full potential as a human being and as a member of their community.

Because ACCHOs have played, and continue to play, an important role in empowering Aboriginal and Torres Strait Islander peoples to identify health needs and to develop and implement innovative local responses across the region, they are well placed to inform the PHN's commissioning decisions.

2. <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/what-are-indigenous-specific-primary-health-care-organisations/clients/client-numbers>



Mainstream general practice

Our PHN works with more than 170 mainstream general practices who deliver primary medical care to around 80% of our PHN region’s Aboriginal and Torres Strait Islander population. Because mainstream general practice delivers significant primary medical care to Aboriginal and Torres Strait Islander peoples, it is important that they do so in a culturally appropriate and safe way. Our PHN works with our ACCHO partners and other providers to deliver cultural awareness training in primary care to improve the cultural capability of GPs, general practice staff, medical students, primary healthcare staff, and other healthcare providers. The next step involves actively engaging mainstream general practice into the strategic planning agenda for Aboriginal and Torres Strait Islander health to achieve health equity.

Hospital and health services

Hospital and health services are the cornerstone of public health service delivery in our PHN region, delivering primary, secondary and some tertiary level care type services. Combined, Darling Downs Health and West Moreton Health delivered almost 50,000 occasions of service across all non-admitted settings in 2020-21 to Aboriginal and Torres Strait Islander peoples in our PHN region. Darling Downs Health and West Moreton Health, respectively, through the development of Health Equity Plans are committed to creating health systems and processes that create health equity for Aboriginal and Torres Strait Islander patients. Of note, is that the PHN and ACCHOs are prescribed stakeholders, meaning that it is contingent upon HHS to work collaboratively with our PHN and ACCHOs in the co-design, implementation and service-delivery of health equity strategies.

Local Government

Our PHN region encompasses 12 local government areas, including Cherbourg Aboriginal Shire Council. In 1982, Cherbourg was granted a Deed of Grant in Trust, becoming self-managed by its own local authority. The Cherbourg Aboriginal Shire Council was formally granted local government status in 2004. As duly elected representatives of their respective communities, it is important for our PHN to involve and work collaboratively with local Government when co-designing and implementing place-based solutions to local health issues. Our PHN supports the Cherbourg Aboriginal Council with the implementation of the Cherbourg Health Plan designed and managed by the Cherbourg Health Council, with sitting members of Council and Community Members and support provided by DDHHS.

Cross border partners

The Southern Downs Regional Council and Goondiwindi Regional Council areas share a border with New South Wales. This means that many people who reside in New South Wales cross the border to access services in Queensland. Given the proximity, Aboriginal and Torres Strait Islander peoples from Boggabilla and Toomelah, in the main, access services in Goondiwindi. That being the case, it is contingent upon our PHN to engage with Aboriginal and Torres Strait Islander peoples who live in border communities and with New South Wales based service providers that service those communities.

Other government departments and key stakeholders

It is important our PHN works collaboratively with those agencies (e.g. Education, Employment and Training, Justice, Police, Child Safety, etc) whose influence can positively influence the social determinants of health for Aboriginal and Torres Strait Islander peoples in our PHN region.

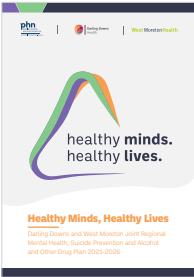
Our policy context and authorising environment



Download

Darling Downs and West Moreton PHN - Innovate Reconciliation Action Plan

Our RAP formalises our commitment and dedication to reconciliation and outlines how we as an organisation ensure the voice of Aboriginal and Torres Strait Islander peoples is heard.



Download

Healthy Minds, Healthy Lives - Darling Downs and West Moreton Joint Regional Mental Health, Suicide Prevention and Alcohol and Other Drug Plan 2022-2027

The joint regional comprehensive Mental Health, Suicide Prevention, Alcohol and Other Drug Plan titled ‘Healthy Minds, Healthy Lives’ aims to improve access to mental health, suicide prevention and alcohol and other drug services in the Darling Downs and West Moreton region.



Download

Darling Downs and West Moreton PHN - Commissioning Framework 2022-2027

Our PHN recognises that the improvement of Aboriginal and Torres Strait Islander peoples’ health must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance. Social and emotional wellbeing (SEWB) is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. It is a holistic concept which results from a network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual.



Download

National Agreement on Closing the Gap

The objective of the National Agreement on Closing the Gap (the National Agreement) is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

The National Agreement has 17 targets across the following outcome areas: education, employment, health and wellbeing, justice, safety, housing, land and waters, and languages.





E: info@ddwmp hn.com.au

P: 07 4615 0900

W: www.ddwmp hn.com.au

Darling Downs Office

Level 1, 162 Hume Street
(PO Box 81),
Toowoomba QLD 4350

West Moreton Office

Level 5, World Knowledge Centre,
37 Sinnathamby Boulevard,
Springfield Central QLD 4300



**Local Integrated
Primary Health Care**

ABN 51 605 975 602