



Darling Downs Health
**Aboriginal and
Torres Strait Islander
Health**

Health Equity Implementation Plan 2022 - 2025

Introduction

Darling Downs Health – Health Equity Implementation plan 2022 – 2025 sets out three years of proposed action to monitor our progress towards achieving health equity for Aboriginal and Torres Strait Islander people in the Darling Downs Health region.

Our priority actions



1. Co-designing Health Equity

- Working with Aboriginal people, Torres Strait Islander people and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services
- Delivering sustainable, culturally safe and responsive healthcare services



2. Improved Collaboration

- Increasing access to health care
- Influencing the social, cultural and economic determinants of health



3. Proactively seeking patient feedback

- Actively eliminating racial discrimination and institutional racism



4. Strengthening our Aboriginal and Torres Strait Islander Workforce

- Increasing workforce representation of Aboriginal and Torres Strait Islander people across all health professions and employment streams to levels at least commensurate with the Aboriginal and Torres Strait Islander population of the Health Service footprint.



Acknowledgement of Traditional Owners

Darling Downs Health respectfully acknowledges the Traditional Owners, both past and present, of the region we service.

Accountability

We will report quarterly to the DDH Health Equity Steering Committee on our progress against each action.

We will report to our communities through our Health Equity Media and Communications plan.

Reporting timeline

The *Health Equity Implementation Plan* sets out our baseline and targets against each of the priority actions. The plan identifies the inputs, outputs and outcomes for the next three years.

The *Darling Downs Health Aboriginal and Torres Strait Islander Health Service – Healthier Together Operational Plan* will be updated in line with the *Darling Downs Health – Health Equity Implementation Plan*.

DDH Board and Executive
Monthly

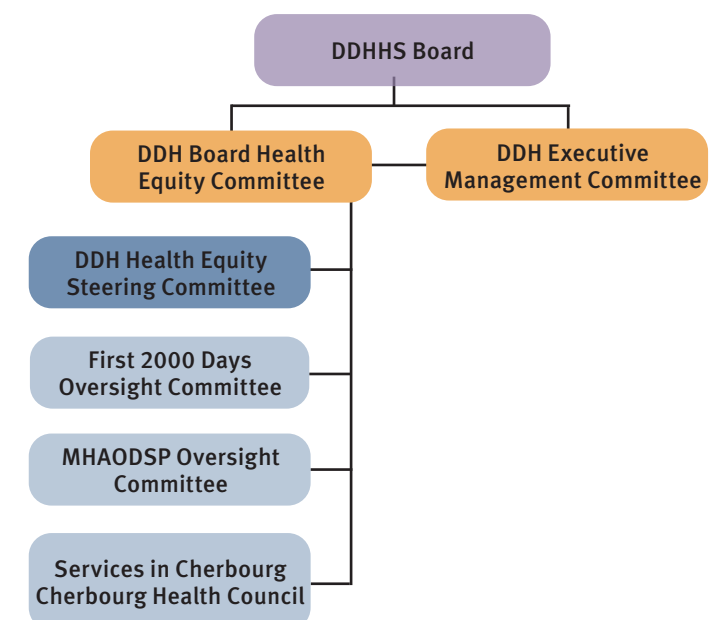
DDH Board Health Equity Committee
April, July, October, January

DDH Health Equity Steering Committee
March, June, September, December

Stakeholders and community
Monthly (Health Equity updates)



Governance structure



Health Equity Priority Action 1: *Co-designing Health Equity*

Actions	1.1 Work in partnership with the Division of Transformation, Analytics and Governance to co-design system changes.	1.2 Where data can be identified for Aboriginal and Torres Strait Islander people, it is captured and included in Darling Downs Health reports. Aboriginal and Torres Strait Islander and Health Equity Key Performance Indicators are included in reports for each division.	1.3 Ensure all Aboriginal and Torres Strait Islander people are seen within the recommended elective surgery and specialist outpatient timeframes.	1.4 Partner with service delivery stakeholders to ensure all Aboriginal and Torres Strait Islander people receive general dental care within the recommended timeframes	1.5 Establish oversight committees to co-design services across Mental Health and Alcohol and other Drugs and Suicide Prevention (MHAODSP), Women's and Children's, and services in Cherbourg	1.6 Co-design and co-implement strategies for sexual health and rheumatic heart disease.	1.7 Work in partnership with our service delivery stakeholders to improve health promotion and health education across the region.	1.8 Invest in services, research and innovative initiatives led by the Darling Downs Health Aboriginal and Torres Strait Islander Health Service by leveraging existing funding opportunities that result in improving health outcomes for Aboriginal and Torres Strait Islander people.
Who will be responsible?	<ul style="list-style-type: none"> Division of Transformation, Analytics and Governance Darling Downs Health Aboriginal and Torres Strait Islander Health Service Darling Downs Health Health Equity Steering Committee 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Director Indigenous Health 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Darling Downs Health Aboriginal and Torres Strait Islander Health Service Service delivery stakeholders 	<ul style="list-style-type: none"> Darling Downs Health Oral Health Services Darling Downs Health Aboriginal and Torres Strait Islander Health Service Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Darling Downs Health Aboriginal and Torres Strait Islander Health Service MHAODSP Oversight Committee First 2000 Days Oversight Committee Darling Downs Health Health Equity Steering Committee 	<ul style="list-style-type: none"> Darling Downs Public Health Unit Darling Downs Health Aboriginal and Torres Strait Islander Health Service Service delivery stakeholders 	<ul style="list-style-type: none"> Darling Downs Public Health Unit Director Media and Communications Darling Downs Health Aboriginal and Torres Strait Islander Health Service Service delivery stakeholders 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee
How will we track progress?	Qualitative reporting <i>Quarterly</i>	Qualitative and quantitative reporting <i>Quarterly</i>	Qualitative and quantitative reporting <i>Quarterly</i>	Qualitative and quantitative reporting <i>Quarterly</i>	Qualitative and quantitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	Qualitative and quantitative reporting <i>Quarterly</i>
What does success look like?	Sustainable, culturally safe and responsive health services.	Achieving targets for Aboriginal and Torres Strait Islander health indicators.	All Aboriginal and Torres Strait Islander people receive elective surgery and attend specialist outpatient's appointments within the recommended timeframes.	All Aboriginal and Torres Strait Islanders have timely and equitable access to oral health services.	All Aboriginal and Torres Strait Islander people have access to sustainable culturally safe and responsive health services.	Focused health promotion, prevention, clinical service provision and community education to reduce the incidence of rheumatic heart disease and sexually transmissible infections.	Improved health literacy for Aboriginal and Torres Strait Islander people and raised awareness of health services available.	The Darling Downs Health Aboriginal and Torres Strait Islander Health Service provides world class health care and sets the standard for excellence in Aboriginal and Torres Strait Islander health care services.
Health Equity Key Performance Indicator	Health Equity KPI 9 Health Equity KPI 10	Health Equity KPIs 1-10	Health Equity KPI 15	Health Equity KPI 14	Health Equity KPI 12 Health Equity KPI 13		Health Equity KPI 12 Health Equity KPI 17 Health Equity KPI 18	Health Equity KPIs 1-10

Our staff said

"We should have coordinated appointments on the same day for Aboriginal and Torres Strait Islander people."

"We should seek to better understand and recognise these determinants and ensure our policies and procedures assist in supporting those who are impacted in appropriate ways."

Our community said

"We need more services closer to home, simple travel and accommodation support, increased early education efforts, telehealth appointments and home visits from Aboriginal and Torres Strait Islander Health Workers."

Our partners said

"We can work together to improve oral health, mental health support and care coordination."



Health Equity Priority Action 2: Improved Collaboration

Actions	<p>2.1 Place Aboriginal and Torres Strait Islander voices at the centre of health care service design and delivery through community engagement.</p> <p>2.1.2 Move to proactively seek patient feedback.</p> <p>2.1.3 Add cultural capability to Darling Downs Health staff performance plans.</p>	<p>2.2 Work with Cherbourg Health Council to implement the Cherbourg Health Plan.</p>	<p>2.3 Work with Department Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP) to engage Traditional Owner groups across the region to ensure their voices are part of local Health Equity reforms.</p>	<p>2.4 Expand the number of Memorandum of Understanding (MoU) and Service Level Agreements (SLA) with service delivery stakeholders.</p>	<p>2.5 Develop an Aboriginal and Torres Strait Islander co-design framework.</p>	<p>2.6 Support our service delivery stakeholders to enhance their services by leveraging funding opportunities.</p>	<p>2.7 Work in partnership with our service delivery stakeholders to improve health care access in priority locations such as Goondiwindi, South Burnett and Tara.</p>	<p>2.8 Develop Darling Downs Health Health Equity Media and Communications Plan.</p>
Who will be responsible?	<ul style="list-style-type: none">Darling Downs Health Executive Management CommitteeDirector Indigenous HealthDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceService delivery stakeholdersExecutive Director Workforce	<ul style="list-style-type: none">Darling Downs Health Health Service Chief ExecutiveDirector Indigenous HealthExecutive Director RuralExecutive Director Mental HealthDirector of Nursing South BurnettDarling Downs West Moreton Public Health NetworkCherbourg Health Council	<ul style="list-style-type: none">Darling Downs Health Aboriginal and Torres Strait Islander Health ServiceExecutive Director InfrastructureService delivery stakeholdersDepartment of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships	<ul style="list-style-type: none">Darling Downs Health Health Equity Steering CommitteeDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceService delivery stakeholders	<ul style="list-style-type: none">Darling Downs Health Aboriginal and Torres Strait Islander Health ServiceExecutive Director Transformation, Analytics and GovernanceDirector Indigenous HealthDarling Downs Health Health Equity Steering CommitteeService delivery stakeholders	<ul style="list-style-type: none">Darling Downs Health Health Equity Steering CommitteeDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceService delivery stakeholders	<ul style="list-style-type: none">Darling Downs Health Executive Management CommitteeDarling Downs Health Health Equity Steering CommitteeChief Finance OfficerDirector Indigenous HealthDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs and West Moreton Primary Health Network (PHN)Service delivery stakeholders	<ul style="list-style-type: none">Director Media and CommunicationsDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceIndigenous Health Project Officer – Media and CommunicationsDarling Downs Health Health Equity Steering CommitteeService delivery stakeholders
How will we track progress?	Qualitative reporting Quarterly	Qualitative reporting on activities outlined in staged agreements. Quarterly	Qualitative reporting Quarterly	<ul style="list-style-type: none">Qualitative reporting QuarterlyNumber of MoUs and SLAs	Qualitative reporting Quarterly	Qualitative reporting Quarterly	Qualitative reporting Quarterly	Qualitative reporting Quarterly
What does success look like?	All Darling Downs Health staff are culturally capable.	Community led co-designed health services are delivered in Cherbourg.	Aboriginal and Torres Strait Islander voices are at the centre of health care service design and delivery.	Service delivery stakeholders work collaboratively to influence the social, cultural and economic determinants of health.	Darling Downs Health works with Aboriginal and Torres Strait Islander people, families, communities and organisations to design, deliver, monitor and review health services.	Joint funding submissions to co-design and co-implement services are made to meet the needs of community.	Aboriginal and Torres Strait Islander people have equitable access to health care services.	Our partners and communities can track our progress to achieving health equity.
Health Equity Key Performance Indicator	Health Equity KPI 10	Health Equity KPI 1 Health Equity KPI 2 Health Equity KPI 3 Health Equity KPI 4 Health Equity KPI 7 Health Equity KPI 8 Health Equity KPI 10					Health Equity KPI 2 Health Equity KPI 3 Health Equity KPI 4 Health Equity KPI 5 Health Equity KPI 6 Health Equity KPI 7 Health Equity KPI 8	

Our partners said

“Each organisation is open to long-term partnership and two-way learning.”

“Darling Downs Health needs to promote services available to Aboriginal and Torres Strait Islander people.”

“There needs to be more focus on health promotion within this community through collaboration between health care specialties and the Indigenous Health Workers.”



Health Equity Priority Action 3: *Proactively Seeking Patient Feedback*

Actions	3.1 Improve patient experience for Aboriginal and Torres Strait Islander consumers.	3.2 Support Aboriginal and Torres Strait Islander consumers to provide feedback on their health care experience.	3.3 Ensure Aboriginal and Torres Strait Islander consumers have a say in the way our services are delivered.	3.4 Darling Downs Health Consumer and Community Engagement Plan is updated to include a culturally safe process to engage with Aboriginal and Torres Strait Islander peoples.	3.5 Celebrate significant Aboriginal and Torres Strait Islander events with service delivery stakeholders and community.	3.6 Develop processes for Aboriginal and Torres Strait Islander consumers to escalate instances of stereotyping and discrimination.	3.7 Co-design processes with consumers to create an environment where Aboriginal and Torres Strait Islander people are supported through their health journey.	3.8 Develop the Darling Downs Health Cultural Champion Program.
Who will be responsible?	<ul style="list-style-type: none">Executive Director Transformation, Analytics and GovernanceDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering Committee	<ul style="list-style-type: none">Executive Director Transformation, Analytics and GovernanceDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering Committee	<ul style="list-style-type: none">Darling Downs Health Media and Communications Consumer LiaisonDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering Committee	<ul style="list-style-type: none">Darling Downs Health Media and Communications teamDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering Committee	<ul style="list-style-type: none">Darling Downs Health Executive Management CommitteeDirector Indigenous HealthDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceService delivery stakeholders	<ul style="list-style-type: none">Executive Director Transformation, Analytics and GovernanceDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering Committee	<ul style="list-style-type: none">Darling Downs Health Executive Management CommitteeDirector Indigenous HealthDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering CommitteeService delivery stakeholders	<ul style="list-style-type: none">Darling Downs Health Executive Management CommitteeDirector Indigenous HealthDarling Downs Health Aboriginal and Torres Strait Islander Health ServiceDarling Downs Health Health Equity Steering CommitteeService delivery stakeholders
How will we track progress?	Survey data, patient reported experience measures (PREMs) and general patient feedback reporting - <i>Quarterly</i> Safety and Quality Indicator Report	Qualitative reporting <i>Quarterly</i> Safety and Quality Indicator Report – Darling Downs Health Aboriginal and Torres Strait Islander feedback process (Compliments and complaints)	Increased number of Aboriginal and Torres Strait Islander consumers on Darling Downs Health advisory committees.	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>
What does success look like?	All Aboriginal and Torres Strait Islander people have a positive experience in our facilities. Proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service is increased¹.	All Aboriginal and Torres Strait Islander voices are heard.	Darling Downs Health works with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services.	Aboriginal and Torres Strait Islander consumers and communities are actively engaged in our services.	Aboriginal and Torres Strait Islander communities and Darling Downs Health staff are connected through celebration of significant events.	Aboriginal and Torres Strait Islander people have access to culturally safe services.	All Aboriginal and Torres Strait Islander people are supported, followed up, and have access to the services they need to reach their full health potential.	Darling Downs Health staff are culturally capable and can advocate for our communities.
Health Equity Key Performance Indicator	Health Equity KPI 10	Health Equity KPI 10	Health Equity KPI 10	Health Equity KPI 10		Health Equity KPI 10		



Our partners said

“People need to be aware of what institutional racism is. I feel as though it is not a common term that people know and if it’s not a known issue then it can’t be made a priority.”

Our staff said

“Ensure services are centred around patients.”

Our community said

“ED Nurses making comments about Aboriginal and Torres Strait Islander people being ‘spoilt’ for having access to the ILO service.”

“When discussing cultural protocol with mental health practitioners, the issue of culture and its spiritual importance was ignored and scoffed at.”

Health Equity Priority Action 4: *Strengthening our Workforce*

Actions	4.1 Co-design and co-implement a cultural capability action plan to actively eliminate racial discrimination and institutional racism.	4.2 Invest in targeted cultural safety improvements.	4.3 Invest in the Aboriginal and Torres Strait Islander Health Worker and Liaison Officer Workforce.	4.4 Grow our own Aboriginal and Torres Strait Islander Health Worker, Health Practitioner and Liaison Officer workforce across the region.	4.5 Grow our Aboriginal and Torres Strait Islander workforce across all streams.	4.6 Establish a shared workforce arrangement with our service delivery stakeholders.	4.7 Co-design an Aboriginal and Torres Strait Islander Workforce Plan to include: recruitment, attraction, mentoring, social and emotional wellbeing, leadership development and recognition, retention strategies, career development, clinical and cultural supervision.	4.8 Co-design an Aboriginal and Torres Strait Islander Workplace Culture and Engagement Strategy to support the Aboriginal and Torres Strait Islander Health Service.
Who will be responsible?	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service Darling Downs Health Health Equity Steering Committee Service delivery stakeholders 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service Darling Downs Health Health Equity Steering Committee Service delivery stakeholders 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service 	<ul style="list-style-type: none"> Darling Downs Health Executive Management Committee Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service 	<ul style="list-style-type: none"> Darling Downs Health Health Equity Steering Committee Service delivery stakeholders 	<ul style="list-style-type: none"> Executive Director Workforce Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service 	<ul style="list-style-type: none"> Executive Director Workforce Director Indigenous Health Darling Downs Health Aboriginal and Torres Strait Islander Health Service
How will we track progress?	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	<ul style="list-style-type: none"> Qualitative reporting <i>Quarterly</i> Year-on-year growth for Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Liaison Officers. 	<ul style="list-style-type: none"> Report quarterly on number of Aboriginal and Torres Strait Islander traineeships and school-based traineeships across all workforce streams. Year-on-year growth for Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Liaison Officers. 	<ul style="list-style-type: none"> Report quarterly on workforce data across all streams. Year-on-year growth for Aboriginal and Torres Strait Islander people in positions across all streams. 	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>	Qualitative reporting <i>Quarterly</i>
What does success look like?	Darling Downs Health is culturally responsive and provides culturally competent and safe health services.	Active elimination of racial discrimination and institutional racism in the delivery of sustainable culturally safe and responsive health care services.	A regional Aboriginal and Torres Strait Islander health service with a professional governance model to support Aboriginal and Torres Strait Islander workforce to work to top of scope in their practice exists.	Sustainable, qualified and skilled Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce is grown across the region.	Numbers of Aboriginal and Torres Strait Islander people across all levels of health professions and employment streams are commensurate with Darling Downs Health Aboriginal and Torres Strait Islander population.	Service delivery stakeholders are not impacted by workforce shortages.	Darling Downs Health Aboriginal and Torres Strait Islander workforce is engaged, skilled and supported to reach their full potential.	Darling Downs Health Aboriginal and Torres Strait Islander workforce is engaged, valued and psychologically safe in the workplace. All staff are supported to reach their full potential.
Health Equity Key Performance Indicators	Health Equity KPI 9 Health Equity KPI 10	Health Equity KPI 10	Health Equity KPI 9	Health Equity KPI 9	Health Equity KPI 9	Health Equity KPI 9		

Our community said

“Community feel supported by our Aboriginal and Torres Strait Islander Liaison Officers and Health Workers, where they have access to these services.”

Our staff said

“We need Aboriginal and Torres Strait Islander Health Workers embedded in our teams.”

“Engaging the Aboriginal and Torres Strait Islander Health Workers with staff can help to ensure culturally safe and responsive health care.”

Our partners said

“The community need more Aboriginal and Torres Strait Islander Health Workers.”

“We would like to have shared Aboriginal Health Workers or visiting Aboriginal Health Workers.”



HEALTH EQUITY KEY PERFORMANCE INDICATOR 1
<ul style="list-style-type: none">Decreased potentially avoidable deaths
HEALTH EQUITY KEY PERFORMANCE INDICATOR 2
<ul style="list-style-type: none">Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non- Aboriginal and Torres Strait Islander mothers with healthy birthweights
HEALTH EQUITY KEY PERFORMANCE INDICATOR 3
<ul style="list-style-type: none">Sustain a decreased rate and count of First Nations suicide deaths
HEALTH EQUITY KEY PERFORMANCE INDICATOR 4
<ul style="list-style-type: none">Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time
HEALTH EQUITY KEY PERFORMANCE INDICATOR 5
<ul style="list-style-type: none"><i>Elective surgery:</i> Increased proportion of First Nations patients treated within clinically recommended time - Category 1<i>Elective surgery:</i> Increased proportion of First Nations patients treated within clinically recommended time - Category 2<i>Elective surgery:</i> Increased proportion of First Nations patients treated within clinically recommended time - Category 3
HEALTH EQUITY KEY PERFORMANCE INDICATOR 6
<ul style="list-style-type: none"><i>Specialist outpatient:</i> Decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment
HEALTH EQUITY KEY PERFORMANCE INDICATOR 7
<ul style="list-style-type: none">Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit
HEALTH EQUITY KEY PERFORMANCE INDICATOR 8
<ul style="list-style-type: none">Increased proportion of First Nations people completing Advance Care planning
HEALTH EQUITY KEY PERFORMANCE INDICATOR 9
<ul style="list-style-type: none">Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population
HEALTH EQUITY KEY PERFORMANCE INDICATOR 10
<ul style="list-style-type: none">Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey). Met completely or to some extent



DARLING DOWNS HEALTH ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE HEALTHIER TOGETHER PLAN 2021 – 2025

Key actions and initiatives

1. First 2000 Days Model of Care

- Maternity services for Aboriginal and Torres Strait Islander families that are co-designed and delivered with the community, in partnership with other service providers
- Providing woman-centered, comprehensive and culturally capable maternity care
- Aboriginal Health Worker as continuity of carer across services.

2. Health Equity redesign: System navigation

- Work in partnership with Primary Health Care providers to support patients across the health system
- Coordinate care from community, through the hospital system and back to community
- Work in partnership with community organisations to address the social determinants of health
- Provide clinical services in primary health care settings to ensure services closer to home.

3. Social and Emotional Wellbeing Services

- Provide culturally safe and responsive support to Aboriginal and Torres Strait Islander people accessing Mental Health Alcohol and Other Drugs services
- Focus on youth, suicide prevention, community follow up and working with community organisations to address the social, economic and cultural determinants of health
- Social and emotional wellbeing services co-designed and delivered in partnership with our communities and stakeholders.

4. Workforce

- Established Aboriginal Health Worker Trainee model of care to grow our own local workforce.
- Develop Professional Governance Model for Aboriginal and Torres Strait Islander Health Workers, Indigenous Liaison Officers and Aboriginal Health Practitioners.

5. Projects with our Service Delivery Stakeholders

- Tackle Flu program
- NAIDOC
- Closing the Gap day
- Healthy Skin clinic
- COVID-19 vaccination and outbreak response
- Growing Deadly Families
- Research projects
- Shared workforce
- Community Healing Outreach
- Clinical Care Coordination
- Cherbourg Interagency Liaison – Cherbourg Health Council
- Big Buddy program

6. Aboriginal and Torres Strait Islander feedback process

- Director of Aboriginal and Torres Strait Islander Health has oversight of feedback provided through this process
- Feedback provided through this process helps to inform system re-design projects in the Aboriginal and Torres Strait Islander Health team
- Aboriginal and Torres Strait Islander consumers can deal exclusively with the Aboriginal and Torres Strait Islander Feedback Officer rather than the Consumer Liaison Team.



REFERENCE DOCUMENTS

- National Agreement on Closing the Gap
- Queensland Government Statement of Commitment
- Queensland Health Statement of Commitment to Reconciliation
- Making Tracks Policy and Accountability Framework
- Making Tracks Towards Achieving First Nations Health Equity: Interim Investment Strategy 2021 – 2022
- Making Tracks Together: Health Equity Framework
- Queensland Health System Outlook to 2026
- Unleashing the Potential: An Open and Equitable Health System
- Darling Downs Health Strategic Plan 2020 – 2024
- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 – 2026
- Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033
- Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025
- Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016 – 2021
- Queensland Sexual Health Strategy 2016 – 2021
- Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021 – 2024
- Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027
- Darling Downs Health – Health Equity Strategy 2022 – 2025
- Darling Downs Health Aboriginal and Torres Strait Islander Healthier Together Plan 2021 – 2025
- Darling Downs Health Local Area Needs Assessment (LANA)