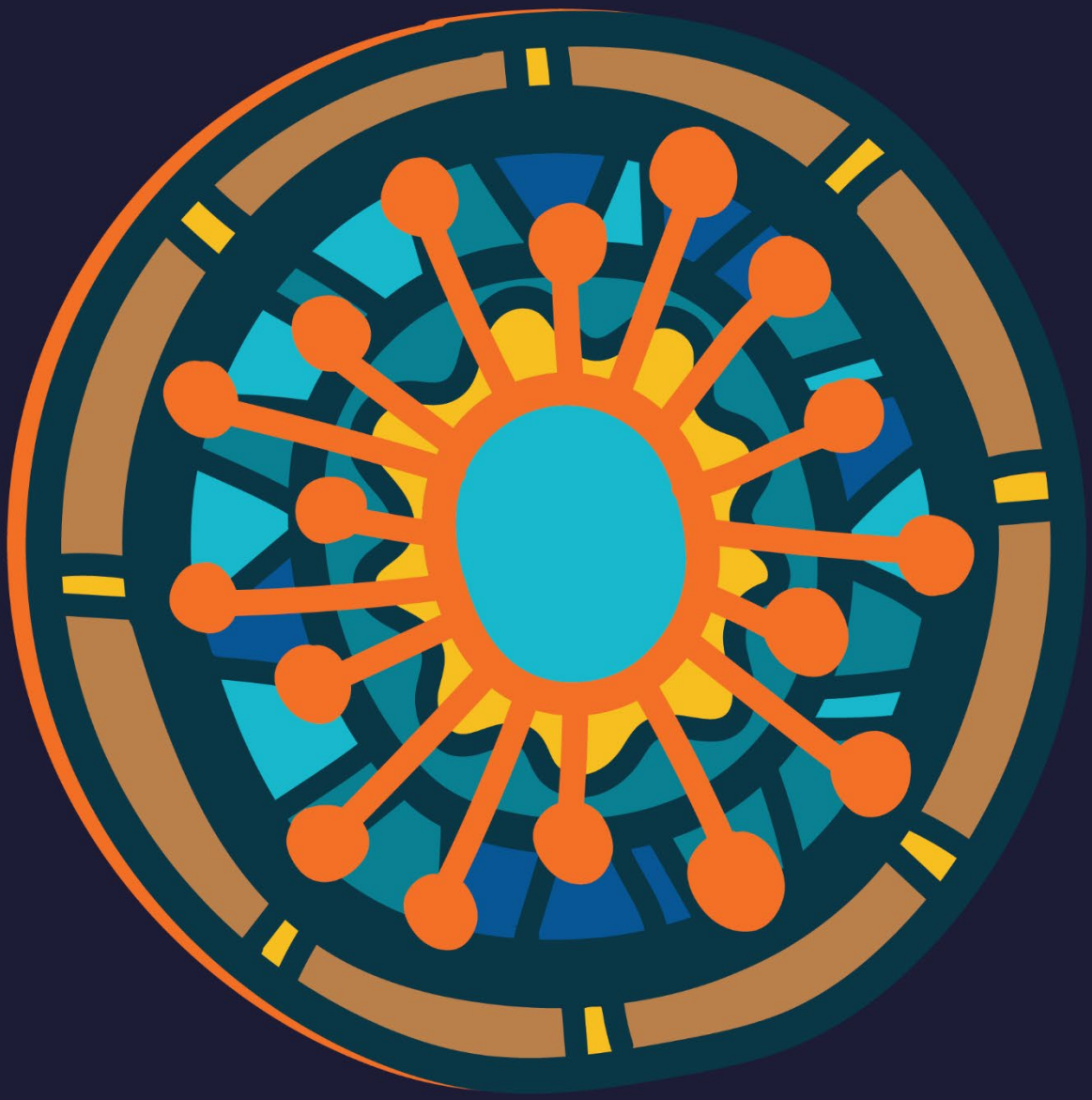

REPORT

Cape York Health Summit

Cairns, 21-22 November 2024

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Closing the Gap in Aboriginal and Torres Strait Health in Cape York

Cape York Health Lead Agencies

The Cape York Health Summit Report is the official report of the proceedings of the Cape York Health Summit conference 21st and 22nd November 2024. The report provides a summary of the Summit Agenda and discussions and will inform the four key Cape York Health Providers, Apunipima Cape York Health Council, Cape and Torres Hospital and Health Service, Cairns & Hinterland Hospital and Health Service and the Royal Flying Doctor Service (Queensland) in their implementation of the Statement of Commitment and the Cape York Closing the Gap – A Road Map for the Future.

Map 1. Apunipima Community Locations

ACKNOWLEDGEMENT

The 2024 Cape York Health Summit was facilitated by the Apunipima Cape York Health Council to enable Cape York community members, key stakeholders in government, non-government and the community control sector to come together and discuss how they could work together to close the gap in Aboriginal and Torres Strait Islander health in Cape York communities.

The Apunipima Board of Directors acknowledge and thank all participants who attended the 2024 Cape York Health Summit.

The Apunipima Board of Directors give special acknowledgement and recognition to the Cape York community members who provided valuable input and shared their lived experiences with health providers to assist with the planning, development and implementation of programs and services across Cape York.

The Board of Directors offers appreciation to the following for their valuable contribution to the planning and facilitation of the Cape York Health Summit:

Facilitator
Leeann Mick-Ramsamy, Australian First Nations Indigenous Consultant

Overall Coordination
Tyrel Collins (Apunipima Cape York Health Council)
Debra Malthouse (Apunipima Cape York Health Council)

Guest Speakers
Dawn Casey, Deputy CEO National Aboriginal Community Control Health Organisation
Haylene Grogan, First Nations Chief Health Officer, First Nations Health Unit, Queensland Health

Matthew Cooke, Chairperson Queensland Aboriginal Islander Health Council

Panel Members
Debra Malthouse, CEO Apunipima Cape York Health Council
Leena Singh, Executive Officer, Cairns and Hinterland Hospital and Health Service
Simone Lukies, Representative, Cairns & Hinterland Hospital and Health Service
Rex O'Rourke, Executive Officer, Cape & Torres Hospital and Health Service
Dr Shaun Francis, Executive General Manager Virtual Health and Clinical Informatics, Royal Flying Doctor Service, Queensland Section

Community Presenters
Pormpur Paanth, Pormpuraaw – Ronald Kingi, Jayden Foote, Jeremiah Gilbo
Bamanga Bubu Ngadamunku, Mossman Gorge – Karen Gibson, Andrew Gibson
NPAFaCS, Bamaga – Mabelene Whap
Apunipima Cape York Health Council – Fiona Millard, Josh Mene

Group Facilitators
Sonia Schuh (Apunipima Cape York Health Council)
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Graphic Recording/Strategic Visualisation, Graphic Recordings Australia
Tatum Kenna

EXECUTIVE SUMMARY

Closing the Gap in Cape York Health status has been faced with many challenges at both the national, state and regional levels. The improvement of health and wellbeing in Cape York requires joint partnerships between all health care providers who service Cape York communities. Under the Closing the Gap agenda Apunipima Cape York Health Council as the only peak community control agency in Cape York would lead the health reform agenda in Cape York in partnership with Queensland Health and Royal Flying Doctor Service. It is recognised that the community control sector is a key contributor to health improvement for Aboriginal and Torres Strait Islander individuals and families and this focus resonates with the statement *"health by the people for the people".*

The stakeholders at all levels within the health system present at the Summit agreed that there was a need for the voices of local community people to be heard and listened to and that an outcome of the Summit included the voices of the community members written into Sections 3 and 4 of this report, in key priorities of the "Closing the Gap: A Road Map for the Future".

Support for the theme of the Cape York Health Summit, "Stronger Together" was evidenced by the commitment shown by the national, state, regional and community stakeholders present.

Support for the theme was demonstrated by the collaboration and collective commitment of Cape York community members who identified that partnerships with, and between, government and non-government agencies is paramount for health improvement across Cape York communities.

The primary health care providers in Cape York agreed to a Statement of Commitment to demonstrate their willingness and obligation to work with each other and the community towards Closing the Gap focussing on being "Stronger Together".

The Statement of Commitment which was signed by the four (4) Cape York leading health care providers demonstrates that all partners have the same vision and will ensure a focus on a planning and implementation process that acknowledges the voices of Cape York people.

During the panel discussions, there was agreement on the following recommendation:

"After the summit Apunipima would lead the next phase and ensure all Cape York communities are visited and to ask and record what their health needs are".

The Summit also provided the opportunity to provide an update to Cape York community members on the Australian Productivity Commission's first review of progress on the National Agreement on Closing the Gap *Review of the National Agreement on Closing the Gap Study Report Volume 1* was published 24 January 2024 and publicly released on 7 February 2024[i]. The key message of this report is that fundamental changes are required to deliver on the Agreement.

There are four Priority Reforms in the Agreement and include:

Priority Reform 1

- Formal partnerships and shared decision making

Priority Reform 2

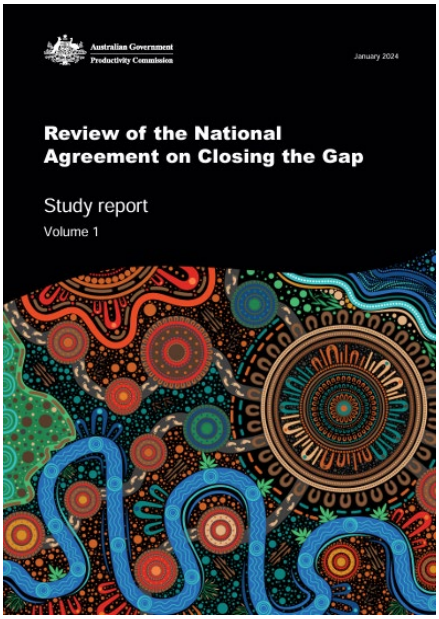
- Building the community-controlled sector

Priority Reform 3

- Transforming government organisations

Priority Reform 4

- Shared access to data and information at a regional level



All four-priority reform areas are linked to closing the gap in Aboriginal and Torres Strait Islander health in Cape York communities and support the Cape York Summit outcomes and the *Statement of Commitment-Partnership Model* identified in this report.

SIGNED STATEMENT OF COMMITMENT BY LEAD CAPE YORK HEALTH CARE PROVIDERS

An outcome of the Summit was agreement by the four key health care providers, Apunipima Cape York Health Council, the Torres and Cape Hospital and Health Service, the Royal Flying Doctor Service (Qld Section) and the Cairns and Hinterland Hospital and Health Service to work together to improve the Closing the Gap outcomes for Cape York people.

The agreement is an obligation on each health care provider to operate with transparency and commitment to Closing the Gap.

This obligation and commitment include the active participation of each health care provider to work together on the following four (4) key priority areas.

1. Access and Equity
2. Partnerships and Collaboration
3. Community Participation
4. Co-design of Programs and Services

The Summit attendees acknowledge that these priorities are central to community self-determination enabling community voices to be heard by including community members as active participants in the development, implementation and monitoring of programs and services for Cape York individuals and families.

Pictured above: Rex O'Rourke, Dr Shaun Francis, Leena Singh and Debra Malthouse sign the Statement of Commitment

CAPE YORK HEALTH SUMMIT

Statement of Commitment

In 1994 the first Cape York Health Summit was held at the Pajinka Wilderness Lodge in Injinoo when members from 17 Cape York communities met to discuss the health issues of Cape York and to give the communities a voice in their health matters.

It was at this Summit that Apunipima Cape York Health Council was established as the Cape York community-controlled health organisation mandated to provide Cape York communities with an avenue to have their health issues heard. Over the past 30 years, the Apunipima Cape York Health Council has developed into a service organisation while continuing to lead the community health voice for Cape York communities.

It is the intent of the Apunipima Cape York Health Council to continue its role as the lead Aboriginal and Torres Strait Islander community-controlled health service in Cape York and to work in partnership with key health providers, Queensland Health and the Royal Flying Doctor Service.

In partnership with Apunipima Cape York Health Council, the Torres and Cape Hospital and Health Service, the Cairns and Hinterland Hospital and Health Service and the Royal Flying Doctor Service (Queensland Section) have made a commitment to continue to strengthen their health leadership roles through a collaborative partnership.

The Partners acknowledge that their organisations must work together to close the gap in Aboriginal and Torres Strait Islander health in Cape York and agree to the following:

Key Commitment 1: Access and Equity

The partners will work towards improving access and equity of health services through the local voices of consumer and community groups across Cape York.

Key Commitment 2: Partnerships and Collaboration

At a strategic level the partners will work on joint strategies to ensure the people and communities of Cape York have a Stronger Together: A Road Map For The Future that demonstrates what and how each agency is working together.

Key Commitment 3: Community Participation

The partners will work in partnership with community through the local voices of consumer and community groups to ensure the voices of the health consumers are heard and community participation in health is a priority.

Key Commitment 4: Co-design of programs and services

The partners will ensure strength-based service planning, and the implementation of collaborative co-design of programs and services developed through working in partnership with each other and Cape York communities.

Signed Thursday 21st November 2024 at the Cape York Heath Summit "Stronger Together: A Road Map for the Future", Cape York stakeholders.

Debra Malthouse, Chief Executive Officer
Apunipima Cape York Health Council

Signature _____ **Date** 21 / 11 / 2024

Rex O'Rourke, Chief Executive
Torres and Cape Hospital and Health Service

Signature _____ **Date** 21 / 11 / 2024

Dr Shaun Francis, Executive General Manager
Virtual Health and Clinical Informatics
Royal Flying Doctor Service

Signature _____ **Date** 21 / 11 / 2024

Leena Singh, Chief Executive
Cairns and Hinterland Hospital and Health Service

Signature _____ **Date** 21 / 11 / 2024

apunipima
CAPE YORK HEALTH COUNCIL

Royal Flying Doctor Service
QUEENSLAND SECTION

Torres and Cape
Hospital and Health Service

Cairns and Hinterland
Hospital and Health Service

SECTION ONE: INTRODUCTION TO POLICY AND PARTNERSHIPS CLOSING THE GAP IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH IN CAPE YORK

The primary focus of the Summit was to provide Cape York community members the opportunity to hear about government policies and programs, hear from regional health care providers and local community organisations, and to have an opportunity to be heard by the service providers and policy makers to help inform planning to improve health outcomes for Cape York people.

The Summit program was over one and a half days. The structure was to allow Cape York members to actively participate in priority groups mapped against the four key areas in the Statement of Commitment. Speakers and panel members who attended had experience at a policy and community level.

Key areas covered at the Summit were:

1. Closing the Gap in Aboriginal and Torres Strait Islander Health in Cape York
2. Showcase of Community based Programs in Cape York
3. Cape York Priorities for Closing the Gap
4. Stronger Together - A Road Map for the Future
5. Statement of Commitment – A Partnership Model

The Summit Facilitator lead each panel discussion by all the key stakeholders and summarised all information received from community members in the priority breakout groups. All information received from community members is reported against in Sections 3 and 4 of this report. A summary of the key sessions is outlined below:

1. Closing the Gap in Aboriginal and Torres Strait Islander Health in Cape York

The Summit provided opportunities for presentations from key stakeholder's responsible for closing the gap in Aboriginal and Torres Strait Islander health at the national, state and regional levels, all of whom collectively and individually have policies and funding that support the National Closing the Gap Reform agenda in Queensland.

Key stakeholders at state and national level included representatives from the First Nations Health Unit Queensland Health, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Queensland Aboriginal and Islander Health Council (QAIHC) who presented on key policy areas in Aboriginal and Torres Strait Islander Health and Closing the Gap progress in Cape York.

2. Showcase of Community based Programs in Cape York

A highlight of the Summit was the showcase of local Cape York community organisations that were delivering innovative local programs were provided with an opportunity to showcase the work they were doing in their individual communities and demonstrate the importance of local solutions for health improvement.

These organisations were able to provide hands-on experience in the planning, development and implementation of their local programs and give community members an indication of how local knowledge and voices can impact on health and wellbeing improvement at community level. The organisations who presented their programs were:

- Bamanga Bubu Njadimunku Aboriginal Corporation, Mossman Gorge
- Pormpur Paanthu Aboriginal Corporation, Pormpuraaw
- Northern Peninsula Area Family and Community Services, Bamaga in partnership with Apunipima Cape York Health Council, Cairns

3. Cape York Priorities for Closing the Gap

Cape York health care providers were able to collectively discuss the work they were doing across Cape York and how they were working to improve health outcomes for Cape York communities.

The Summit Facilitator lead the regional providers Apunipima Cape York Health Council (Apunipima), the Torres and Cape Hospital and Health Service (TCHHS), the Royal Flying Doctor Service, Queensland Section (RFDS) and the Cairns and Hinterland Hospital and Health Service (CHHHS) in a discussion on the impact each of the providers were making on Closing the Gap.

4. Stronger Together - A Road Map for the Future

Key to successful program delivery at community level is the voices of community members who were given the opportunity to break into small groups and discuss local program delivery, key priorities, challenges and barriers and provide feedback to regional service providers and policy makers

The feedback from community members within those groups was used to formulate the Cape York Health: A Road Map for the Future. This Road Map will assist the regional health care providers to stay focused and be Stronger Together and includes working directly with Cape York communities to ensure the voices of Cape York people continue to be representative in the planning and implementation of health services across Cape York.

5. Statement of Commitment – A Partnership Model

The priorities of the *Cape York Health: Road Map for the Future* have been mapped against the Statement of Commitment and the National Closing the Gap Reform Priorities.

There is a commitment from each of the four regional health care providers, Apunipima, TCHHS, CHHHS and RFDS to establish mechanisms to work collaboratively in partnership with each other and Cape York communities to implement the Key Priorities identified in the Cape York Health: A Road Map for the Future.

6. *Key messages from health care providers*

Stakeholders including Cape York community representatives provided valuable information to inform the current and future health reforms required in Cape York. Key statements from health care providers pertaining to closing the gap in Aboriginal and Torres Strait Islander health in Cape York included:

“We are here at the Summit to listen to the voices of the Aboriginal and Torres Strait Islander in Cape York and work with other providers to collaborate and close the gap in health for Aboriginal and Torres Strait Islander people in Cape York”.
Debra Malthouse, CEO Apunipima

"Community control of all clinics in Cape York, is needed to close the gap in Aboriginal and Torres Strait Islander health". Dawn Casey Deputy CEO, NACCHO

"Racism in the health department is being addressed in Cairns and Hinterland. We are addressing racism because it has a direct impact on people’s ability to access the health care system and the hospital". Leena Singh, Chief Executive, CHHHS

"Workforce is a priority for Queensland Health at a strategic policy level. A First Nations Aboriginal and Torres Strait Islander workforce is need in Cape and Torres as a key strategy in closing the gap in Aboriginal and Torres Strait Islander health". Haylene Grogan, First Nations Chief Health Officer, First Nations Health Unit, Queensland Health

" QAIHC is working at a legislative level with NAACHO. We also have good partnerships and relationship with Queensland Health. It's vital to address key health issues through policy and legislative changes. At a national level we are slowly making changes that will impact on Aboriginal and Torres Strait Islander Peoples the Cape York, particular related to First Nations Aboriginal and Torres Strait Islander workforce." Matthew Cooke, Chairperson, QAIHC

"Closing the Gap in Aboriginal and Torres Strait Islander health in Cape York is a priority for the Torres and Cape Hospital and Health Service. There is approximately 80% of acute hospital presentations that are preventable”. Rex O'Rourke, Executive Officer, TCHHS

"Health Data is linked to best practise and should be provided as a means to helping to plan health care programs”. Dr Shaun Francis, Executive General Manager, Virtual Health and Clinical Informatics

Pictured above: Matthew Cooke, Haylene Grogan, Dawn Casey

Pictured above: Dr Shaun Francis, Rex O’Rourke, Debra Malthouse

Pictured above: Leena Singh

Figure 1. Summary of Key Priorities: A Road Map for the Future

SECTION TWO: HEALTH DATA AND HEALTH PLANNING - CLOSING THE GAP IN CAPE YORK

The panel discussion with key stakeholder both community control and government highlighted the importance of health data as an essential key to health planning, including the development of programs and services and the important role that health data has in demonstrating health needs and the improvement of health outcomes now and in the future.

It was noted that data is collected by hospital and health services for assisting in the distribution of funding to primary, secondary and tertiary health care services and programs and that this data is mainly focused on reporting on the health of an individual patient. Data is also collected to record broader community data to report on social issues affecting individuals and communities.

The regional service providers recognised that this data can be used to assist with regional planning which will be key to meeting the commitments made by the regional service providers, Apunipima, TCHHS, CHHHS and RFDS.

It was also importantly noted, that understanding, interpreting and using Aboriginal and Torres Strait Islander health data is a sensitive and confidential area of the health care system.

The general use of data in health planning is to ensure health systems are operating effectively and achieving the broader health systems outcomes relating to service delivery, program and service implementation and funding allocation, which is based on population rather than on individuals.

The issue of sharing data and 'shared records' was discussed both by the panel members and during the breakout sessions by community members. Whilst Aboriginal and Torres Strait Islander families and communities would like to have access to data, there are certain data that cannot be shared, due to the patient confidentiality and privacy requirements.

Panel members noted that the collection and sharing of deidentified data are essential for ethical health planning, but shared client records, can become an ethical issue as it relates to an individual's personal health record, unless deidentified. An important outcome of this discussion was the principle that there is clear ethical and individual consent for a patient's identifiable health information to be shared with a third-party.

Health and other agencies working in rural and remote Aboriginal and Torres Strait Islander communities must understand and adhere to the rights of Aboriginal and Torres Strait Islander people living in rural and remote communities who have the same legislative rights to privacy as all other Australian citizens.

As stated by Debra Malthouse, CEO Apunipima Cape York Health Council *"The collection and sharing of deidentified data is essential for good health planning. Shared client records, however, is another thing. Aboriginal and Torres Strait Islander*

people living in remote communities have the same right to privacy as everyone across Australia and no-one is entitled to remove that right from someone because they happen to live in a remote community".

This statement was supported by other health care providers present at the Summit.

"The Cape and Torres Hospital and Health Service collect health data However agreements would need to be in place to share health data". Rex O'Rourke, Executive Officer, TCHHS.

"Data advocacy can help lead to be best practise for Queensland Health RFDS". Dr Shaun Francis, Executive General Manager, Virtual Health and Clinical Informatics, RFDS

"Queensland Health performance data for First Nations peoples are collected. The individual patient data is private and confidential and not shared. The community level data is public data relating to social determinants and can be shared at a community level". Haylene Grogan, First Nations Chief Health Officer, First Nations Health Unit, Queensland Health

Pictured above: Haylene Grogan

Pictured above: Debra Malthouse

Pictured above: Rex O'Rourke

Pictured above: Dr Shaun Francis

SECTION THREE: CAPE YORK HEALTH STRONGER TOGETHER KEY PRIORITIES: CLOSING THE GAP – A ROAD MAP FOR THE FUTURE

Each of the partners have demonstrated their agencies commitment through the "Statement of Commitment" for the *Stronger Together: A Road Map for the Future* which includes four key priority areas that the partners can collectively work on as collaborative partners. The four key priority areas include

- Key Priority Area 1: Access & Equity
- Key Priority Area 2: Partnership & Collaborations
- Key Priority Area 3: Community Participation
- Key Priority Area 4: Co-design

Closing the Gap in Aboriginal and Torres Strait Islander health in Cape York effectively requires the following elements be practiced by the four health care providers as they work with community to meet identified health and wellbeing needs:

- Trust
- Reliability
- Accountability
- Commitment
- Communication
- Transparency

The identification of community health and wellbeing needs, along with the effectiveness of health-related systems, programs and services through the eyes of community members is integral to improved health outcomes across Cape York.

The summit provided opportunities for community members to discuss what has been working well and what has not been working well in Cape York communities. Table 1 and Table 2 demonstrates provides information on community member feedback for

- access and equity,
- partnerships and collaboration; and
- community participation and co-design

Table 3 provides information on community feedback relating to interdisciplinary priorities covering socio-economic and social determinants that impact on health and well-being.

Cape York health partners will have the opportunity, through the Statement of Commitment, to review this information and work together and with community to implement improvements with the aim of Closing the Gap in health for Cape York people.

Table 1. What is *working well* in the community

What is *working well* in community?		
Access and Equity	**Partnerships and collaboration**	**Community participation and Co-design**
• Access to medication – Having medication packs delivered to the community members house.	• School – need to imbed the cultural language and dance into the school.	• HAT teams within the community.
• Community Groups – Men's and Woman's for community	• Community services – collaborating together through community stakeholders' meetings	• Cultural Advisor – Community appointment cultural advisors.
• Services delivered well – individually. Local services deliver their individual services well, however, could be better if more collaboration.	• Local thriving community meetings.	• Local community events committee.
• Community knowledge of community members and circumstances. Staff from community understand the background of clients which supports better engagement strategies which are culturally safe.	• Cultural teaching and education.	• Coen goes well. Women's and Men's group. Boys and Girls Group – learnings they might not get at home. This comment related to what is working well in community, where men's and women's groups are actively taking place and working well. The comment around boys' and girls' groups relate to the value boys and girls gain from groups, in those groups enabling young people to feel comfortable to discuss topics and issues they might not discuss at home. This gives young people the opportunity to learn things not discussed in their home.
• Community members do not always have access to appropriate medication to treat their health needs.	• Collaboration does happen.	• Seasonal successes – i.e. Coen people cut off from alcohol, however not wanting this to be the reason people reduce alcohol use seasonally but recognising this is a time for more intensive community engagement as people are limited in what they can do.

• Community get-together groups are not occurring, which hinders the support of initiatives in the community.	• Partnerships with services in Cairns – works well in emergencies or crisis situations e.g. the Wujal Wujal floods and community evacuation.	• The mental health workers (SEWB) – counsellors and support workers are working well in the communities.
• Services are not being delivered effectively because they are not working collaboratively with other services.	• Relationships with community leads the engagement.	• All aspects of the counselling services are helping those who engage. Continually working to improve and engage more.
• The lack of community knowledge about its members and their circumstances is hindering effective service delivery.	• Clan Group Representation – Coen has representatives from each clan group.	• Men's Groups are working well in communities. These are culturally safe times for men to meet and discuss anything.
• Seeing the introduction of a dialysis unit in Kowanyama has allowed families to be able to stay in Community to receive their treatment.	• Working well with other services i.e. QLD Health, however engagement is slowing down.	• Being provided communication from community members on how to improve our services is always useful and we benefit from this overall as a service provider.
• Stakeholder services work well particularly during crisis moments like the Wujal Wujal floods.	• Having regular doctors that come in and out of community consistently.	This section has been intentionally left blank
• Male Health Workers are on the rise, which helps our men feel more comfortable to attend clinic.	• That management ensure that all staff are accountable and engaging within our communities. This builds rapport and respect in Community as a service that cares.	
• Mapoon Yarn Time – Facebook page – staff visiting.	• There is more Apunipima collaboration with other services, such as local Councils, Rangers, Schools etc.	
• Hopevale – after advocating, new accommodation from TCHHS.	• Work with the School – For example, programs out of PCYC – empowering youth in leadership.	
• Coen – QLD Health, ACYHC, RFDS meet and collaborate every Wednesday with staff	• Tapping into rich cultural understanding/healing in each community.	
• Mapoon is benefiting from the availability of RFDS counsellor services.		
• Health promotion at events that are held in community.		

Table 2. What is *not working well* in the community

What is *not working well* in community?		
Access and Equity	**Partnerships and collaboration**	**Community participation and Co-design**
• Cultural competency and awareness.	• Collaboration with local major health services.	• Elders Program.
• Joint decision making.	• Not enough community collaboration.	• Age care Centre/servicing – Working with cultural.
• Sustainable workforce.	• Not enough access to doctors.	• Re-integration back into community from prison.
• Education access in different age groups. Preteen to late teens.	• Data transparency.	
• Engagement is hard.	• Appropriate services/servicing – Identify needs of the community through Data to service the needs.	• Agencies don't know who to go to for advice.
• Program services throughout the year.	• Not enough outreach services	• Driving from community roots.
• Lack of understanding – of services available within the community.	• Two way respect system.	• Always the same people that are involved with developing their community services.

• Apunipima being more regular – consistent service and also advertise.	• Service Providers within community working together and not in silos - Working in silo's instead of collectively together to achieve to be content focused.	• Community has key people that will always be involved. Representation/Leaders always having the same people in speaking on community issues
		  ○ Same leaders
		  ○ Motivation

• The lack of understanding of available services within the community is hindering effective utilisation and support of services.	• Organisational Red Tape - Limitations in terms of approvals and scope when it comes to being able to engage community quickly in a cultural activity.	• There is an expectation that the having the same people in community speaking to issues and other voices not being heard. There needs to be ways to access those people in community who don't have a voice in looking at ways to support their engagement in local issues which impact them.

• The irregularity of Apunipima's services is hindering consistent support for the community.	• What's not working in Mossman Gorge is that we have a lot of traumas in that the impact of trauma itself has an impact on services not getting accessed.	• There needs to be more HAT members per community, and promoting their roles in the community would be beneficial.
• Interagency meetings.	• Across the lifespan – Motivation i.e. children/students graduate but can't work in their own communities in positions due to lack of available work options.	• We see service duplication, which can be a waste of time and money.

• More around mental health.	• Cultural Mentoring leadership mentoring
	  ○ Maturing
	  ○ Succession planning
	  ○ Youth representatives on Boards
		This section has been intentionally left blank

• Historical criminal check preventing access to work.	• Continuity & Consistency
	  ○ Continuity in programs being delivered. Programs gain momentum and then drop off.
	  ○ There is no consistency in the programs being delivered.	

• Age-appropriate staff - Wellbeing space to have mature staff in recognition of supporting the elder cohort. Young staff aren't working with the older woman.	• The referral pathway can be inconsistent. Community could travel down to an appointment they've been waiting to attend to be questioned why they are there. Communication of the referral process needs to be solid and set in place.	
• Traditional/Alternative healing approach QLD Health programs ceased – concern around the medication model ○ Ngak Min Health provides Health services in Hope Vale and children are being diagnosed with ADHD / ear problems etc	• There could be better communication between services within our communities, this would benefit all that support the community and would make the community feel like they are seen and heard.	
• Community based staff – confidence ○ Supporting the growth and empowerment of local community-based staff in service delivery, including professional development pathways	• There needs to be more emphasis on ensuring that health staff are always delivering culturally appropriate services.	

• Age-appropriate communication i.e. younger/older ○ Utilisation of communication mediums which result with more effective communication for older and younger audiences. An example mentioned included the use of social media and more technological means to share information to the younger people.	This section has been intentionally left blank	This section has been intentionally left blank
• The limited confidence among community-based staff is impeding the effective delivery of services.		
• The lack of age-appropriate communication for both younger and older individuals is deterring effective engagement and service delivery.		
• Community Involvement and Consultation.		
• Need better advertising of services and programs.		
• Consulting of timing of projects and/or programs.		
• The lack of adherence to PTS policies and procedures and ensuring that these policies and procedures are consistently upheld is important for maintaining high standards of operation and providing reliable support to the community.		
• Community not utilising services.		
• Not enough allied health services – no consistency.		
• Not informing community of visits.		
• Communications between services		
• The challenges related to staff retention are significantly impacting capacity to		

deliver services effectively. High turnover rates lead to a loss of knowledge, disrupt continuity of care and place additional strain on remaining staff, ultimately hindering the overall efficiency and quality of service delivery.		
• The exhaustion of existing funding for programs is significantly impacting the ability to maintain and deliver essential services. Once the funding is depleted, these programs are forced to cease operations, leading to a disruption in support for the community and undermining the continuity and effectiveness of initiatives.	This section has been intentionally left blank	This section has been intentionally left blank
• Funding expenditure being exhausted for programs		
• Dental services there is little to no access in Community, which is a huge barrier for our dental health.		
• Some of our Communities don't have access to doctors or nurses on a full-time basis.		
• No direct contact to clinic when needing to make a call. Being able to access the clinic directly with a local phone number would be better.		
• Community struggle to be treated respectfully as the Staff don't know how to communicate in a culturally sensitive and appropriate manner.		
• No indigenous health workers in our clinics. There needs to be more opportunity to train our First Nation people in all health fields.		
• Feeling like we are treated in a discriminative way, and we don't know how to report this as racism as it happens		

often, and our mob aren't aware of their rights.		
• Community seeing FIFO staff (clinical or non-clinical) coming into community but not seeing them out engaging with community. Community unsure why they are there and why they aren't providing their support.	This section has been intentionally left blank	This section has been intentionally left blank
• Non-compliant community members.		
• There can be lack of communication when there are health initiatives or new processes that community need to follow.		
• Health services provide the ability for community access doing a health cheek e.g. in a centre point of the community (under the Mango Tree in Wujal Wujal is successful). This would provide them easier access and there could be earlier detection of any health issues.		

Table 3. Interdisciplinary priorities covering socio-economic and social determinants that impact on health and well-being

Interdisciplinary priorities Socio-economic and Social Determinants that impact on health and well-being		
Socio-economic	**Social determinants**	**Interdisciplinary priorities**
• Students returning to the community after boarding school. What are their future roles in community? Restoring A and D no prospect. When children are in Year 10, this is when we need to capture them. – There is not enough support for Kids returning from schools to find work after year 10.	• After hours programs for youth is required in communities for example in Lockhart River, not much youth activities are available after hours. The communities want youth activities after hours but there is no consistency in program delivery.	• Housing and overcrowding.
• Resorting to alcohol and drugs due to no working prospect.	• Paying local people to work in youth programs locally. Local people are currently working in after hours programs with youth, however they are not being renumerated for the work.	• Accountability from every organisation and agencies in every community.
• Students Returning to the Community: It is important to support students who return to the community after completing their education. This involves creating pathways for them to integrate into the local workforce and contribute meaningfully to community development.	• On Country – being able to go on country and homelands including transport.	• The Road map, how will it be Filtered to the community.
• Future Roles in the Community: We need to identify and develop future roles within the community that align with the skills and aspirations of community. This will help in retaining community-based positions and creating a sense of purpose and belonging among the community.	• There is a need to Traditional Owner's to be paid as consultants when they are working on country or advising governments of conservations issues.	• Council, Corporate – responsibility – accountability.
• Restoring Alcohol and Drug Programs: There is currently no prospect of restoring effective alcohol and drug programs. Addressing this gap is essential for	• Generational changes, social media – the effect. • Loss of culture, respect, ways of being Identified next generation are impacted by online community.	• Sly grogging, Queensland Police Service (QPS), addressing this issue, PCYC – More intervention from QPS to address the sly grogging in each community.

improving overall community health and well-being.		
• Engaging Year 10 Students: Capturing the interest and engagement of students at the Year 10 level is valuable. Early intervention and support can help guide them towards positive future roles within the community and prevent potential socio-economic challenges.	• No Aged Care in Laura.	• Apunipima does not provide Primary Health Care services in some communities. There is a need to have Apunipima Primary Health Care Centre in all community.
This section has been intentionally left blank	This section has been intentionally left blank	• No emergency service in Napranum, they have to travel to Weipa.
		• Cultural leadership and Leadership mentoring within the workforce – putting people into positions that don't have the skills or maturity. Need to be succession planning at all levels – workforce, Board and Family levels – need the younger generation to come on to take on those roles. This includes the possibility of a young person being involved on board level in some way.
		• Differences or feeling between organisations and community from a staffing level, how are clients going to feel if they're feeling any kind of animosity between services.

SECTION FOUR: CAPE YORK HEALTH: A ROAD MAP TO THE FUTURE – LISTENING TO THE VOICES OF CAPE YORK ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The following section provides information gathered at the Cape York Summit to guide the Cape York health partners and other service providers to ensure the health needs of Cape York communities are aligned with future planning and implementation of programs and services to improve the health and wellbeing of Cape York communities.

The service providers acknowledged that the Cape York Aboriginal and Torres Strait Islander communities are in the best position to create change locally through the support of service providers such as Apunipima Cape York Health Council, the Torres and Cape Hospital and Health Service, the Royal Flying Doctor Service (Queensland Section) and the Cairns and Hinterland Hospital and Health Service.

The partner organisations acknowledged that the implementation of the four priorities in the *"Statement of Commitment"* must be done in collaboration with local community members and providers is key to create local change. The use of health data in Cape York will assist communities in improving their understanding of health and allow them to be better informed to work in partnership with external stakeholders and health care providers.

Although data presented at the Cape York Summit was limited, community members and service providers were able to recognize that improving health outcomes for Cape York people must include a comprehensive primary health care model that incorporates the social determinants of health.

Below is some of the data presented to help inform participants.

Preventable Hospital Admissions

The Australian Bureau of Statistics (ABS) states that 'preventable hospital admissions' is:

"Every year in Australia, over a million years of life are lost because of premature deaths in the population. This loss is called the 'fatal burden of disease'. Avoidable fatal burden is the fatal burden due to deaths among those aged under 75 that are considered avoidable given timely and effective health care. In 2018, over half (55%) of the fatal burden in Australia was classified as avoidable. The proportion of avoidable fatal burden was higher for Aboriginal and Torres Strait Islander (First Nations) people than for non-Indigenous Australians (64% and 54%, respectively)"[ii].

The following Tables provide data relating to Potentially Preventable Hospitalisations.

- Table 4 provides a snapshot of Potentially Preventable Hospitalisations between 2020 – 2024.

- Table 5 providing data relating to the Top Three (3) Potentially Preventable Hospitalisations

Table 4. Potentially Preventable Hospitalisations (PPHs) July 2020 – June 2024

Condition Category	Total	Proportion
Acute	2,590	8.0%
Chronic	2,531	7.8%
Vaccine-preventable	506	1.6%
NULL	26,714	
Grand Total	**32,341**	
Proportion PPHs	*17.4%*	

Source: PAAG PPH FY 2020-2024

For the five-year period (July 2020 to June 2024) there were 32,341 admissions to hospital of which 5,627 (17.4%) were deemed as PPHs for Southern Sector residents.

Total Cape York resident admissions mainly occurred at Cairns Hospital (42.1%) followed by Cooktown Hospital (26.5%) and Weipa Hospital (23.1%).

Table 5. Top 3 Potentially Preventable Hospitalisations (PPHs)

Top 3 Potential Preventable Hospital (PPH) Reasons for Hospitalisation	Proportion of all Potential Preventable Hospital (PPH) Admissions
Diabetes	4.1%
Cellulitis	2.8%
Dental	1.4%
Total PPHs	5,627
Total Admissions	32,341
Proportion PPHs	17.4%

Source: PAAG PPH FY 2020-2024

The following information identifies the Health Profile of the Torres and Cape Hospital and Health Services (Figure 2).

Figure 2. Health Profile: Torres and Cape Hospital and Health Services Data

Top reasons for hospitalisation

1. Injury and poisoning

2. Disease of respiratory system

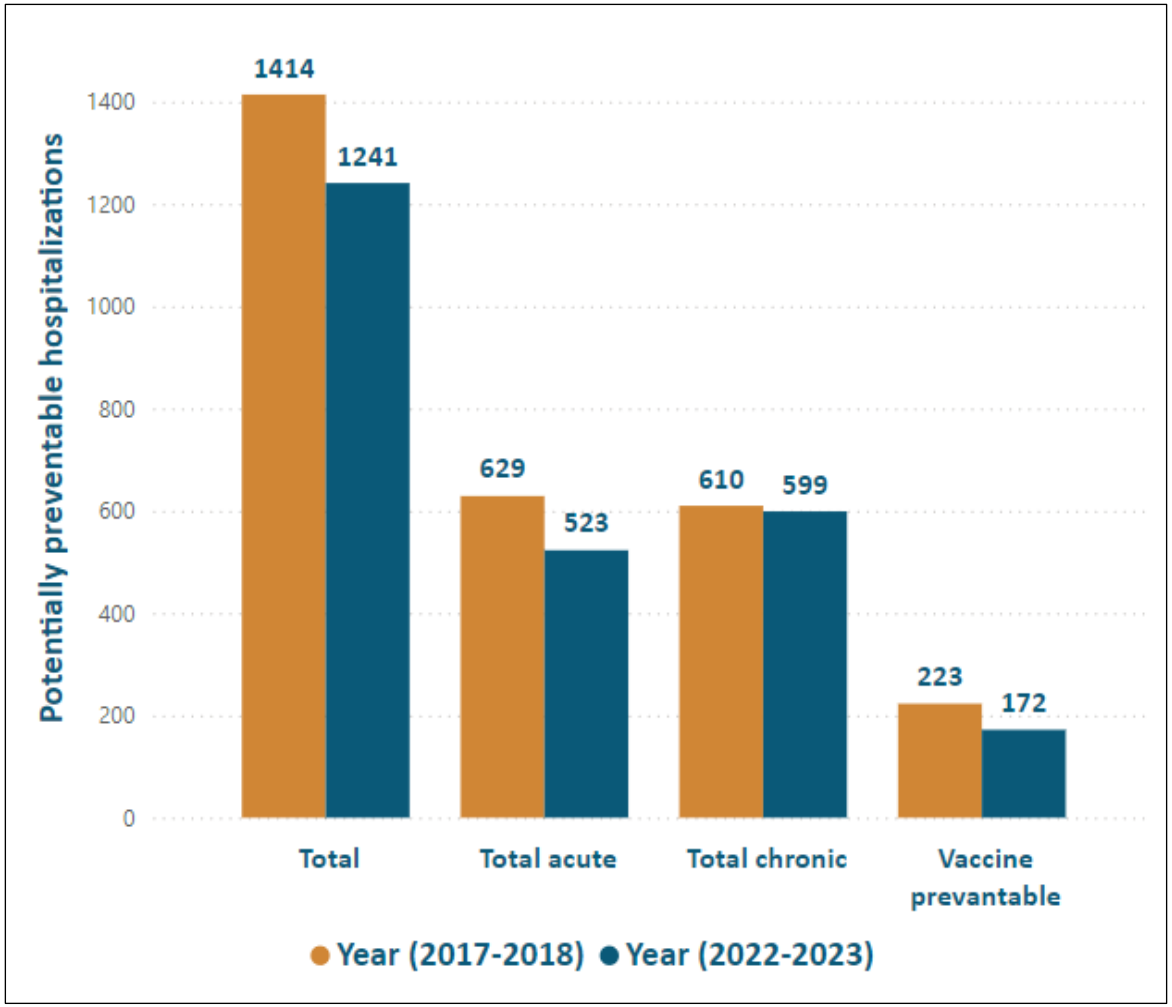
3. Cardiovascular disease

Episodes of Hospitalisation

10460 Year: 2017-2018	**8474** Year: 2022-2023

Data source: Queensland Hospital Admitted Patient Data Collection (QHAPDC)

Potentially Preventable Hospitalisations (PPHs)



The above Tables (4 and 5) and Figure 2, provide information that can assist with planning, design, development, implementation, monitoring and evaluation of preventative programs and services that address upstream issues associated with social determinants, including primary, secondary and tertiary health care services that may be required.

Cape York people and communities collectively and individually understand what programs and services are required to prevent upstream health issues from progressing and to stop the harmful effects of factors that influence and contribute to premature death, disability and co-morbidities.

However, there is often no opportunities provided to Cape York people to contribute to designing, developing, implementing, monitoring and evaluating health programs and services in partnership with health and wellbeing providers other than Apunipima Cape York Health Council.

Without local participation and collaboration, the programs and services may not be culturally appropriate or culturally safe due to lack of understanding of the local cultural context and the target group.

The majority of external programs and services being delivered in Cape York communities are from providers who provide limited local employment for Cape York residents with most workers employed are from outside of Cape York. This can be a contributing factor to culturally inappropriate, culturally challenging and culturally unsafe programs and services.

The Cape York Summit provided an opportunity for participants to understand that importance of community-based initiatives and the vital role local workforce development and leadership have in the health care system.

The three strength-based presentations showcased how various communities have identified community priorities and are leading the programs from within the communities.

These examples of strength-based health promotion and prevention, early intervention programs have an impact on the health and wellbeing of Aboriginal and Torres Strait Islander people in Mossman Gorge, Pormpuraaw and Bamaga. The examples of preventable programs and services delivered by the local providers in these communities of Cape York are summarised in Figure 3.

The three experiences from Cape York communities included:

1. Bamanga Bubu Ngadamunku Aboriginal Corporation, Mossman Gorge has developed a program to reduce the risk of Diabetes for community residents.
2. Pormpur Paanthu Aboriginal Corporation, Pormpuraaw has a focus is on empowering and addressing issues affecting the youth of the community.
3. The partnership between Northern Peninsula Family & Community Services and Apunipima Cape York Health Council demonstrates a collaborative

approach to reducing smoking within the Northern Peninsula Area communities.

The presenters identified that without preventable community-based programs and services, Closing the Gap in Aboriginal and Torres Strait Islander communities will continue to be a deficient model within the health care system.

Pictured above: Bamanga Bubu Ngadamunku Aboriginal Corporation

Pictured above: Pormpur Paanthu Aboriginal Corporation

Figure 3. Examples of preventable programs and services in Cape York communities

Bamanga Bubu Ngadimunku, Aboriginal Corporation Mossman Gorge	Pormpur Paanthu Aboriginal Corporation Pormpuraaw	Northern Peninsula Family & Community Services, Bamaga and Apunipima Cape York Health Council
		

The River of Life Health Strategy: Addressing Preventable Hospital Admissions in Cape York

The *River of Life Health Strategy* (Figure 4) was developed several years ago by the Apunipima Cape York Health Council as a model that could improve the health and wellbeing of Cape York people through the implementation of upstream preventative and early intervention programs.

The commitment of each of the four partners, as identified in the four priority areas, will provide an opportunity for the providers to work collaboratively in partnership with each other and community to develop, implement and evaluated 'upstream' programs and services.

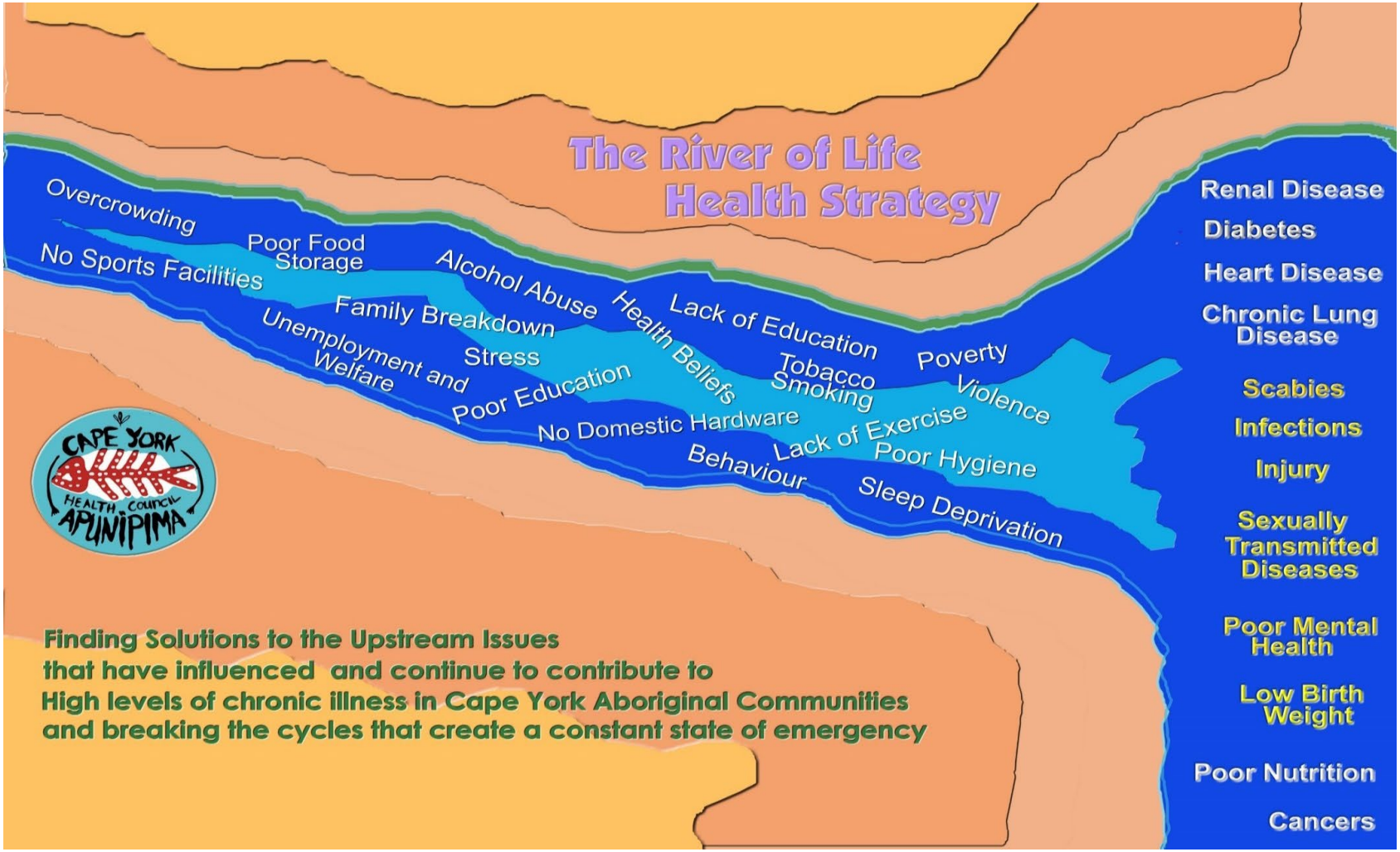
Cape York Health Summit participants considered that community-based initiatives addressing preventable hospital admissions can support the Cape York Health Road Map for the Future through early screening, early surveillance, early intervention programs and health promotion.

Reforming health systems and planning in Cape York will require service providers to focus on evidence-based program delivery and the lived experiences of Aboriginal and Torres Strait Islander individuals, families and communities and to work in close partnership with all key stakeholder to ensure Closing the Gap in Cape York

The Cape York Health Summit community members present clearly identified that health promotion, preventive programs, and early intervention programs are key to improving the health and wellbeing of the health and wellbeing of members within Cape York communities.

It was evident from community and stakeholder feedback, that the implementation plan of the Cape York Stronger Together: Road Map for the Future must focus on addressing hospital preventative illnesses by listening to the voices of Cape York Aboriginal and Torres Strait Islander people.

Figure 4. River of Life Health Strategy



The areas within the Cape York communities that require attention were identified by community members at the Cape York Health Summit and can be utilised by the service providers in their future planning under the *"Statement of Commitment".*

These issues have been prioritised as the Cape York Health: Road Map for the Future (Figure 5).

The priority areas for the Cape York Health: Road Map for the Future, are:

1. Pillar 1: Health Systems and Program Planning
2. Pillar 2: Health Data
3. Pillar 3: Prevention
4. Pillar 4: Legislation and Policies
5. Pillar 5: Cultural Safety
6. Pillar 6: Workforce
7. Pillar 7: Racism

The four (4) priorities of *the "Statement of Commitment"* sit across the seven (7) pillars of the Cape York Health: Road Map for the Future and require true partnership and collaboration between the service providers and the community to enable change in the health and wellbeing status of the people of Cape York.

The partner health care providers will need to work with each of the individual Cape York communities to identify their own priorities within the Cape York Health: Road Map for the Future in determining how to progress and implement the priorities areas in the *"Statement of Commitment".*

Figure 6 provides a summary of the Cape York Summit community delegates feedback on what can be done to improve those areas that are not working well in Cape York. This feedback has been allocated against the relevant Pillars of the Cape York Health: Road Map for the Future.

Pictured above: Breakout session

Figure 5. A Road Map for the Future: Pillars for Improvement in Health and Wellbeing in Cape York

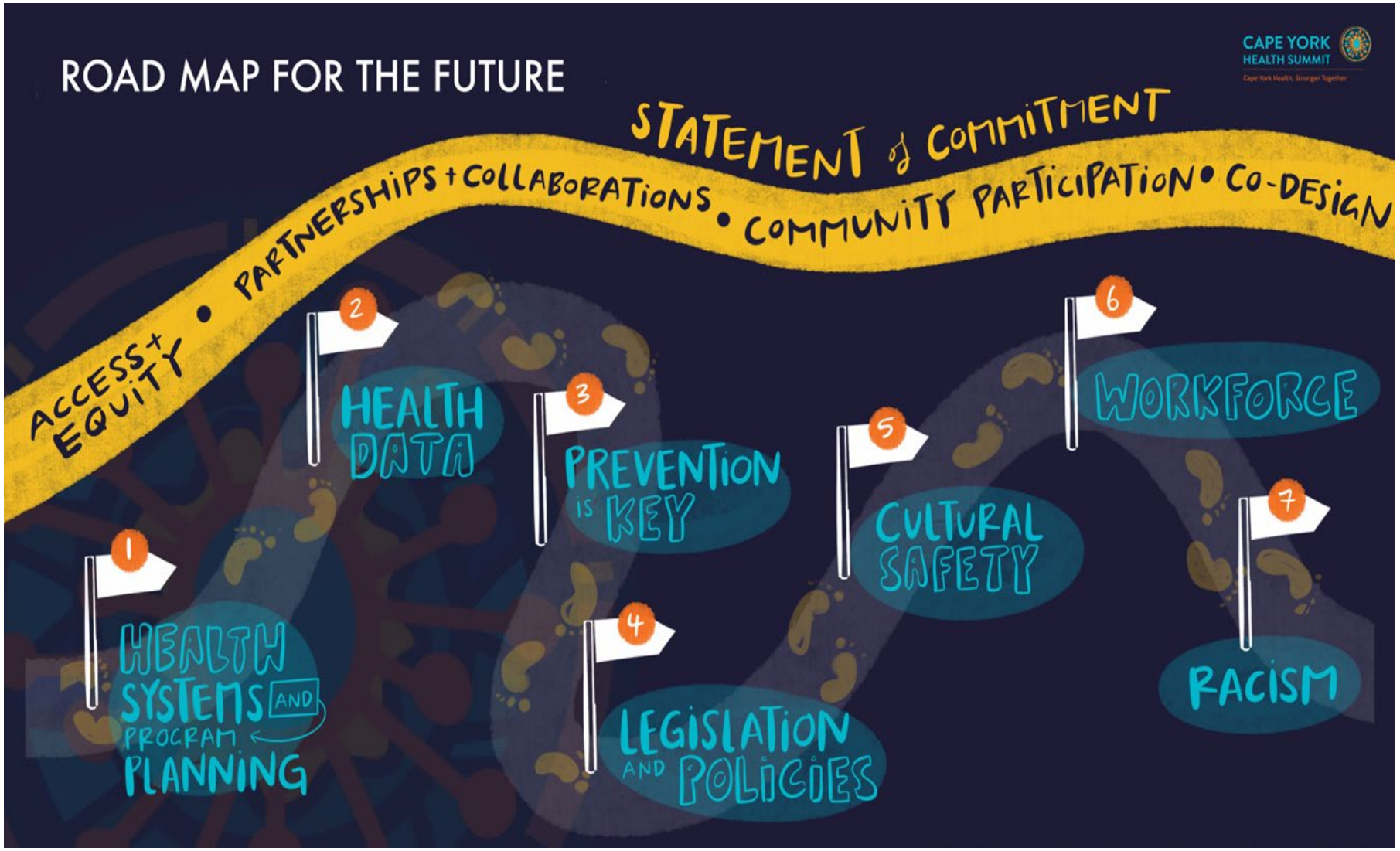


Figure 6. Pillars of the Cape York Health: Road Map for the Future - Community Feedback for Improvement

Pillar 1: Health Systems and Program Planning

	What can be done to improve what is not working well in Cape York?
	• Home visits are important to include in the future. • Consistency of the same clinicians to enable patient and clinician rapport. • Integration with SEWB. Provide client-centred holistic care which includes primary health care, social and emotional wellbeing, and other support services as identified. • After-hours services should be introduced on some days of the week. • Enhance the integration between Social and Emotional Wellbeing (SEWB) services and Primary Health Care (PHC) by developing collaborative frameworks, joint training programs, shared case management systems, regular interdisciplinary meetings, integrated service delivery models, community engagement initiatives and utilising technology for better information sharing. • Fatigue management for service providers is important. Don't make mistakes or move clients through quickly because the staff can be tired due to workload. • More frequent allied health services are required for dental services. • Education needs to be provided to community member on what programs are available. • By integrating pictures and videos into educational efforts, it can improve communication, increase engagement and ultimately enhance the effectiveness of programs and initiatives in Cape York. • More consistency from service providers and key community members by implementing standardised protocols, establishing accountability measures, creating strong community engagement, maintaining clear communication channels and encouraging collaborative efforts. • External agencies need to notify community of their visits. A calendar of regular health providers should be completed and emailed to communities.

	What can we do to improve what is not working well in Cape York?
	• To enhance the effectiveness of holistic health checks in Cape York, service providers should implement comprehensive pitstops or pop ups that address current shortcomings and promote future well-being. • To address the challenges posed by the wet season in Cape York, services should implement strategic future planning initiatives that enhance and mitigate adverse impacts. • Leverage the existing social clubs such as those in Kowanyama, Lockhart River and Pormpuraaw as models for future planning initiatives that enhance community engagement and well-being. • To enhance Cape York's transport infrastructure, we should focus on future planning initiatives that expand and improve sealed roads. • To build on Cape York's strengths, services should implement future planning initiatives that ensure affirmative actions are taken into account after events conclude. • Focus on future planning initiatives that improve acute emergency services and guarantee timely, effective care. • Future planning initiatives that improve the 000 emergency call system and the RSQ retrieval service for more efficient and effective care. • Create a service for men that are released from hospital similar to Mookai Rosie and the service they provide to women. • Aftercare model needs to be discussed to ensure continuity of care for the patients journey from hospital to home and beyond. • Establish accommodation centre for patients to stay until their health treatment is completed. • Transparency from and with councils

What can we do to improve what is not working well in Cape York?	
	• Enhance communication strategies across services, ensuring effective information flow both from the community to services and from services back into the community. • Communication strategies: across services, up from community and down into community. • Information about services is easily accessible to community and there are avenues to provide feedback about services. • ACCHO and PHC Centres delivering after hours Care and Emergency Care in in all Cape communities to have 24hr access • Respect between each agency and collaboration is vital. This might be as simple as “showing up” and working in a united team. • Focus should be on accountability of all visiting agencies. This will also include communities having an understanding of the roles and responsibilities of the external agencies visiting the community. • Localised focus on health planning and identifying priority areas for example introducing local government champions. • Liaison, enabler, support person, HAT, recommendation, all paid roles • Interagency meeting are not effective for the issues at the grassroots level (grassroots level need to be consulted) • Queensland Health ensuring cost of travel is covered through PTS • Better coordination between Queensland health and ACYHC is required. • (cardiac) conditions. This is a priority in Cape York. • Adequate resourcing – mobility (working outside clinics), staffing, equipment. • Health planning 5As: Accessibility; Accountability; Affordability; Acceptability; Availability. • Better relationships between health services is required.

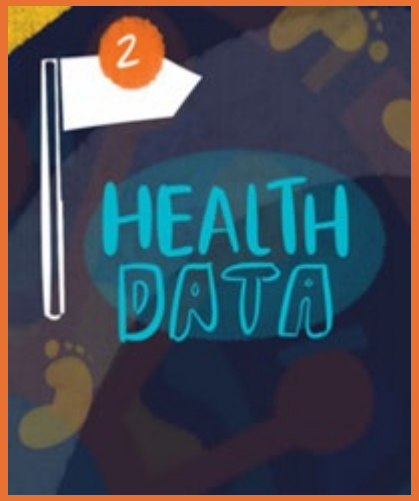
What can we do to improve what is not working well in Cape York?	
	• Better communication around patient travel with one person to be responsible for all communication around the patient journey. • Individual communities working together whilst still respecting differences • Key stakeholders should ensure they meet all relevant Key Performance Indicator's • Better relationships between health services. • Collaborations/partnerships is importance. An example is the Napranum community co-design model. • Visibility and working together with other key stakeholders in the community. This may include setting up a stall together, again, important for community to see services working together positively. • Shared Care Service Model can be co-designed. To ensure community members see stakeholders working together. • Shared Care Planning in terms of holistic health support to people in community. • Cross agency referrals is important for patients. • Joint Meetings /Collaboration by all services delivered in the Community. • Sharing staffing resources, for example Health workers for service continuity • 'Us' vs 'Them' Mentality of on the ground staff to change – all key health stakeholders need to work together to effectively service the community. • While the CEO's may be working together to implement solutions, that is may not always be the case when initiatives are filtered down the ranks. Key agencies will need to consider models for interagency middle management collectiveness.

What can we do to improve what is not working well in Cape York?	
	• Community sees the disconnect between ACYHC and Queensland Health staff against each other. This needs to be addressed. This disconnection has a direct effect on the service delivery at the community level and it is occurring within the middle-management of the organisation that are responsible for initiating and delivering services to the community. • Community Service level Agreements are required to ensure transport of clients within community for medical appointments. • Consistency – all communities – receiving the same information on services ○ Directors advising of service activities but not being passed down to community level about what is happening in community. • Individual communities working together whilst still respecting differences • Accountability in all thing's health is a priority. • Visibility in community in needed by external stakeholders who are visiting from Cairns, Brisbane and other agencies outside of Cape York. • Better communications from visiting services ensures that all external stakeholders are accountable to the health outcomes of Cape communities • Stakeholder should consider conducting numerous consultation opportunities per event • Stakeholder should be more proactive and get out into the community instead of spending all their time in the clinics • Access to resources in order to deliver services should be a priority for stakeholders • Joint focussed clinics – outside – mobile clinics. Work collaboratively with other services to deliver focussed clinics external to the clinics, for example, RHD school skin checks.

What can we do to improve what is not working well in Cape York?	
	• Patient Travel (PTSS): avenue for feedback and complaints. Timely response and improvements. Accountability for improvements. Age-appropriate accommodations. Disabilities. Having an easier more accessible avenue to provide feedback about accommodation when staff are travelling for treatment – with quick responses from PTSS team to address the issues. • Have one big accommodation for Cape York residents in Cairns – like Mookai Rosie's but for the whole family. • Integrating PHCC and rehabilitation (SEWB referrals to PTSS and back). • Accountability in all thing's health! • Co-design ○ Working together in the same building – one stop shop. This may include various agency staff working in another agencies building which also supports community perception of "working together". • Better Communication around patient travel, one person to be responsible for all communication around patient journey. • Changing the culture within all service providers – e.g. ACCHO and Queensland Health. Both agencies should be complementing and not competing against each other. • Primary Health Care centres in all Cape communities to introduce 24hr access. • Community involvement and consultation needs to be improved as this is not working well. • Clinical workforce to be involved in community groups/discussions • Child Health Programs are needed in each community. • Better advertising of services and programs. • Consulting of timing of projects and/or programs.

What can we do to improve what is not working well in Cape York?	
	• Vehicles for health professionals who are conducting home visits for clients in the community • Employing a community engagement/liaison officer from the community, for the community should be considered within an external partnership arrangement • Revisit what worked in the past e.g. strep swabs. • Clarity of roles and responsibilities of various stakeholders to enable each community to have the opportunity to choose. Better understanding of who delivers what services so that clients can make informed decisions about what services they can access. • Working collaboratively – joint service approach (allied health, health-specific focus clinics). Working together to see clients for specific clinics, for example, diabetes education. • Co-located service delivery. Working from the same location to see the same clients. • Stakeholders responsible to client health care should introduce complex care meetings. • Agreed principles of care across services – communication and responsiveness. • Patient Travel (PTSS): review of suitable accommodations. Preferred accommodations list. Have the right to choose. Review regularly. Accommodation options for clients when travelling to cities for treatment. • Patient Travel (PTSS): accommodation approved by client before being booked. Client having a say about where they stay in cities while travelling for treatment. • Establish joint-focused mobile clinics, ensuring accessible and effective care in outdoor settings

Pillar 2: Health Data

Partnerships and Collaboration	What can we do to improve what is not working well in Cape York?
	• One shared record of regional health data is required. • One centralised e-health system • Client consent form for all service providers • Data and community profiling – to better inform funding bodies for funding purposes. • By providing up-to-date statistics community can make more informed decisions, tailor programs to meet the community's needs effectively and continuously improve the quality of services in Cape York. • Collaboration is vital between all key health stakeholders. This could include sharing regional data on closing the gap in Aboriginal and Torres Strait Islander Health in Cape York. • Both sides can access information. • Shared data source between services.

Pillar 3: Prevention is Key

	What can we do to improve what is not working well in Cape York?
	• Education to community about the health priorities for their community. • Regular upskilling of staff to make sure they're up to date on health knowledge. Focus on prevention. • Have consistent health messaging in schools which address prevention at an early age. • Proactive Socio Emotional Wellbeing (SEWB) supports. • More health information sessions to be delivered in community (health literature) • Introduce Health promotion Health checks, men's health, women's health, children's health etc. • Preventative Health Model Consistency across each Cape York community. • Accountability is vital, but solutions to health concerns and problems is also required • Empowerment of health and wellbeing • Capacity building each community to enable communities to actively engage in health and wellbeing activities • Improving health literacy can assist in increasing community members confident to ask more questions. • More education to community around programs/initiatives. • Silly season – How to be entertained/ Activities that engage community better • Promote community social entrepreneurship by creating popular activities like fishing, rodeos, football, gala dinners and NAIDOC events in our future planning initiatives. • Marketing ideas should be discussed with communities regarding how health messages can be consistent across Cape York. Digital forms of marketing, and online social networks including language should also be considered.

What can we do to improve what is not working well in Cape York?	
	• Adult learning, literacy and interpretation is required to ensure community members understand their personal health issues. • Collaboration, accountability, trust and rapport with community is required to enable the community to increase confidence in external service providers. • There needs to be more culturally appropriate health promotion & community engagement. We need to reach our communities and engage them through this. • On country activities is required and beneficials for community members. This is important to the overall health and wellbeing of people living in Cape communities • Community Engagement: Include and involve community members from the beginning when developing/establishing services in their community • Community Advocacy Groups to talk on behalf of community. Community members can bring issues to the group – Health Action Groups (HATs), • Advocate and support for local communities co-ordinating and conducting events. • Mayors and other community representatives coming together regularly to discuss health issues. • School visits to ensure kids are healthy and educations. • Increasing access to services at School and home. • Increasing health literacy. • Interagency meetings – more local community perspective – HAT members to be invited to attend these.

What can we do to improve what is not working well in Cape York?	
	• Communication: focus on the different age groups and getting information where it needs to go! ○ Tailoring various communication approaches to tap into various age-appropriate communication methods. For example, younger people access social media to keep up to date, whereas elders don't have that access so there is the need to tailor communication and the sharing of information to community in a variety of ways they can receive and understand.

Pillar 4: Legislation and Policies

	What can we do to improve what is not working well in Cape York?
	• Understanding Aboriginal and Torres Strait Islander Governance systems that affect closing and gap which incorporates social determinants of the broader areas influencing health and welling. Examples include access to land and land tenure and how this affects access for new buildings in the community. • Ensure communication to other organisation regarding visiting services • Patient Travel (PTSS): policies and procedures need to be upheld. • Leadership opportunities for community members should be promoted and supported. There can be partnerships with Cape York Institute and other agencies to provide this service • Community members need to be included in discussions related to the Alcohol Management Plans • Policy/Procedure on how service enters community. collaboration with local community • Councils, Community organisations to ensure accountability to community. • Community meeting selection of advisors/community Voice • Community consultation is essential and should be conducted by all stakeholders • Mayors and other community representatives coming together regularly to discuss health issues. • We want community control, but this needs to be defined as to what this is • Organisations have policies and procedures that do not fit in with community expectations and this leads to no rapport. • There needs to be research into the Poisons Act to confirm if Aboriginal and Torres Strait Islanders Health Workers can perform immunisations. This may result in review of legislation.

	What can we do to improve what is not working well in Cape York?
	• Makes services be accountable. • Improvements in Patient Travel (PTSS) – shared care arrangements. Roles and responsibilities. Better coordination. Patient Transport Support Services – better collaboration and coordination between relevant services to ensure client is safe whilst travelling for treatment.

Pillar 5: Cultural Safety

	What can we do to improve what is not working well in Cape York?
	• Cross Cultural practises - Working with different mob and transient clients from Cape coming down to Cairns • Education and culture • Clinical workforce to be involved in community groups/discussions • Remove red tape from external organisations coming into community to provide services can't always happen due to 'red tape' • Honest conversations are required to ensure transparency and accountability of key health stakeholders. This includes the challenges which are different to speak about. • Cultural and Traditional healing practices is an important part of well-being and wholistic health for a patients journey and should be supported by Queensland Health and other health service providers. • Go back to health worker led model for example the Baby One Program • Consultation with community and being led by them by the community. Therefore, supporting lived experience and teachings from within the community led health care model. • Integrated service delivery model. When community wide events occur all service providers need to be at the table from the beginning and everyone that has been given a task, stick to their task • Consistency and more engagement with grassroots people in Cape York. • When the State Government visit communities in the Cape they need to improve the way they engage with Cape York people/residents • Include all community clans/groups in decision making

	What can we do to improve what is not working well in Cape York?
	• Youth Crime: bring in community members that have been down that path but have improved/changed, to have the conversations with the youth. • Educating community members on services that are provided • Community Consultations: driven by the community and look at what does each individual community need. • Know the community: know the processes of the community and have representation from all groups • Community Fractions: Always going to have the same leaders, people and family groups • Community Feedback: Feedback on how community want to access health services. • Communication: Informing community of what is happening in advance – preplanning with Input from each household • Have cultural protocols in place for each community. • Cultural competence and awareness training is required in each community. This is an essential component for ensure the health and wellbeing of a patient and is vital A very big part of working in community

Pillar 6: Workforce

	What can we do to improve what is not working well in Cape York?
	• Community people trained in health care, this would include a multiskilled workforce in each community, similar to Aboriginal and Torres Strait Islanders Health Workers in the past. • Responsibilities to ensure they achieve goals. • Scholarship, job creation. • Resource sharing, human, assets. • Starting point – Indigenous teachers not just teacher aids • Literacy and numeracy deficits. • Workforce development, clear roles and responsibilities. Aboriginal and Torres Strait Islanders Health Workers scope of practice. Increase in preventative health knowledge to be shared by Aboriginal and Torres Strait Islanders Health Workers who need to increase their time in the community and work outside the clinic. Similar to what occurred in the past. • Preventative training is required for Aboriginal and Torres Strait Islanders Health Workers. • Health Practitioners are needed (Clinical). • Regular Indigenous Health Workers (non – clinical). • Training of young people to truly be community owned – scholarships. • Strengthen employment in community – blue cards are a big issue. • Career pathways are required, for example traineeships for school leavers, the next generation of nurses, Doctors and health workers from our own community. • All indigenous workforce to ensure culturally appropriate health care • Career pathways – Traineeships for school leavers, the next generation of nurses, Doctors and health workers from our own community.

	What can we do to improve what is not working well in Cape York?
	• First Nations Health Practitioners are needed (Clinical) within all primary health centres. • Indigenous Health Workers (non – clinical) permanently within all health centres. • Cross cultural training for all health staff should be mandatory. • Community based apprenticeships program. • Career pathways – Traineeships for school leavers, the next generation of nurses, Doctors and health workers from our own community. • We need to be able to promote, recruit and retain more local health workforce. • There needs to an easier career pathway for our school leavers or community members who would like a career in the health sector or upskilling. • More local community-based positions with service providers

Pillar 7: Racism

	What can we do to improve what is not working well in Cape York?
	• Prejudice needs to be addressed. Employees in communities come with their own prejudice and stereotypes. This creates barriers at the local primary health care centre when senior positions such as the Director of Nursing are observed by local members of the community and seen as not engaging in a culturally respectfully/appropriately. • Localised decision making together inclusive of both Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander representatives • Key stakeholders' executives who are making decisions for the health and wellbeing of Cape York people and communities need to have equal membership and incorporate inclusiveness of Aboriginal and Torres Strait Islander representatives. • Cross cultural training for health sector staff is required. • Cultural capacity of Queensland Health staff should be assessed on a regular basis to ensure staff are cultural appropriate and safe to work within Cape York communities. A key indicator is the level of poor communication which is reported by local members of the community who often say the non-Aboriginal and Torres Strait Islander health staff don't know how to talk to community members.

Parked Questions

There were a number of queries and points from the group discussions with community members. Below is a summary of the questions and points raised.

1. Patient Transport Service – procedure seems to be different in communities – is this because the approved procedure is not being upheld
2. Patient Transport Service – should be choice of accommodation for clients
3. Patient Transport Service – complaints about PTS not being followed up when made
4. Home visiting – why aren't Torres and Cape Hospital and Health Service health workers allowed to do home visits
5. Cultural awareness and competency – what is being done about the lack of cultural competency
6. Community engagement – what community engagement is being done in community
7. Dialysis – is there a plan for more dialysis chairs in communities
8. Dentists – is there a plan for more dental services in Cape York
9. Information sharing – is there a plan for information sharing and communication between health services in community
10. Workforce – is there a plan for Aboriginal and Torres Strait Islander workforce employment to support clients when engaging with health services
11. State government – what can you do to get State Government to engage directly with community
12. Health literacy -what's the plan for improving health literacy in community
13. Sharing records – why aren't Cape York Qld Health able to access client files from other Qld Health services without creating a new file and requesting release of information
14. Shared clients – why can't Rheumatic Heart Disease patients be shared between the Torres and Cape Hospital and Health Service, Royal Flying Doctor Service and Apunipima Cape York Health Council
15. Immunisations – how can overdue immunisations be improved
16. Advocacy – how can a stronger unified voice be developed for Cape York communities to government
17. Workforce incentives – can incentives for local people be made available to attract a local workforce
18. Funding Distribution – how can the distribution of health resource funding be distributed better
19. Communication – how can there be better communication to community about what the health services are doing
20. Health Services - can Apunipima Cape York Health Council provide health services and promotion in communities with no Apunipima Cape York Health Council clinic
21. Employment Entitlements – should be greater incentives for health workers in community

LIST OF PARTICIPANTS

Apunipima Board of Directors

First Name	Position
Trevor Shane Gibson	Chairperson, Hopevale
Thomas Hudson	Deputy Chairperson, Kowanyama
Patricia Yusia	Bamaga
Mary Yoelu	Umagico
Aileen Addo	Mapoon
Ethel Singleton	Lockhart River
Donna Henning	Mossman Gorge
Ilario Sabatino	Skills-based Director
John Andrejic	Skills-based Director

Apunipima Staff Members

First Name	Position
Sharyll Abrahams	Primary Health Care Manager, Mossman Gorge PHC Centre
Kara Bero	Team Leader Wellbeing Centre Coen
William Blanco	Community Development Officer
Emma Burchill	Acting Executive Manager, Health and Wellbeing Centre Operations
Colleen Burfitt	Executive Assistant, Chief Executive Officer
Tyrel Collins	Marketing and Communications Manager
Joakim Conchur	Counsellor, Wellbeing Centre Mossman Gorge
James Doran	Executive Manager, Clinical Services
Barry Fewquandie	Elder Care Support Officer
Zeleke Fisher	Integrated Team Care Program Lead
Janita Gibson	Team Leader Wellbeing Centre Hopevale
Denise Hansell	Counsellor - Community Recovery Program Wujal Wujal
Faye Humphries	Primary Health Care Manager, Kowanyama PHC Centre
Johanna Hunt	Primary Health Care Manager, Aurukun PHC Centre
Debra Jia	Primary Health Care Manager, Napranum PHC Centre

Eria Jia	Case Manager - Community Recovery Program Wujal Wujal
Kirstin Kulka	Aboriginal and Torres Strait Islander Health Practitioner • Coen PHC Centre
Jemma Lichtenfeld	Chief Financial Officer
Janelle Ling	Medical Receptionist, Mapoon PHC Centre
Denise Marr	Team Leader. Aurukun Wellbeing Centre
Melissa Martin	Executive Administration Officer, Clinical Services
Felicia McLean	Operations Manager, PHC Centres (South) •
Deb Miller	Administration Assistant, CEO Office
Nikisha Missionary	Support Worker, Wellbeing Centre Mossman Gorge
Amanda Nicholson	Community Development Officer
Loretta Pitt	Finance Officer
Louise Pratt	Primary Health Care Manager, Coen PHC Centre
Peta Readeaux	Operations Manager, Wellbeing Centres
Clara Saleh	Tackling Indigenous Smoking Health Practitioner
Sonia Schuh	Operations Manager, PHC Centres (North) •
Adelina Stanley	Executive Manager, Service Development & Outreach Operations
Jasmine Wasiu	Executive Support Officer, Health & Wellbeing Centres

Community Representatives

First Name	**Community**
Alma Ball	Wujal Wujal
Robert Bloomfield	Wujal Wujal
Trevor Bramwell	Laura
Dawn Braun	Mapoon
Patrick Butcher	Lockhart River
Erin Charger	Napranum
Roy Chevathen	Napranum
Margaret Coleman	Pormpuraaw
Janey Deakin	Pormpuraaw
Katrina Douglas	Mossman Gorge
Jayden Foote	Pormpuraaw

Olga George	Aurukun
Alistar Gibson	Wujal Wujal
Andrew Gibson	Mossman Gorge
Karen Gibson	Mossman Gorge
Kaylene Gibson	Mossman Gorge
Maggie Gibson	Cooktown
Jerimiah Gilbo	Pormpuraaw
Helen Gordon	Cooktown
Nikia Harrigan	Cooktown
Robert Holness	Kowanyama
Douglas Huen	Coen
Lucretia Huen	Coen
Ronald Kingi	Pormpuraaw
Craig Koomeeta	Aurukun
Talisa Kyle	Hopevale
Fitzroy Lawrence	Kowanyama
Tracey Ludwick	Hopevale
Gregory Omeenyo	Lockhart River
Gregory Pascoe	Lockhart River
Florence Walker	Wujal Wujal
Beryl Woodley	Wujal Wujal

Stakeholder and Partner Organisation Representatives

First Name	**Position**
Sarah Addo	Wuchopperen Health Service Ltd
Wendy Burke	Torres and Cape Hospital and Health Service (TCHHS)
Roderick Burke	Wuchopperen Health Service Ltd
Dawn Casey	National Aboriginal Community Controlled Health Organisation (NACCHO)
Michael Catt	Torres and Cape Hospital and Health Service (TCHHS)
Matthew Cooke	Queensland Aboriginal and Islander Health Council (QAIHC)
Sam Dooley	Mulungu Aboriginal Corporation Primary Health Care Service
Fallon Grainer	Mulungu Aboriginal Corporation Primary Health Care Service

Mara Eleanor	NPA Family and Community Services (NPAFACS)
Jason Fagan	Queensland Aboriginal and Islander Health Council (QAIHC)
Dr Shaun Francis	Royal Flying Doctors Service (RFDS)
Kate Gallaway	NPARC - Northern Peninsula Area Regional Council
Elise Gorman	CheckUP
Steve Grasso	Northern Queensland Primary Health Network (NQPHN)
Haylene Grogan	First Nations Health Unit, Queensland Health
Dr Allison Hempenstall	Torres and Cape Hospital and Health Service (TCHHS)/JCU
Fiona Jose	Cape York Partnerships (CYP)
Kulumba Kiyingi	Queensland Indigenous Family Violence Legal Service (QIFVLS)
Simone Lukies	Cairns and Hinterland Hospital and Health Service (CHHHS)
Eleanor Mana	NPA Family and Community Services (NPAFACS)
Linda McLachlan	Mapoon
Donnella Mills	National Aboriginal Community Controlled Health Organisation (NACCHO)
Rex O'Rourke	Torres and Cape Hospital and Health Service (TCHHS)
Joseph Oui	Royal Flying Doctors Service (RFDS)
Joy Savage	Wuchopperen Health Service Ltd
Melanie Sheridan	CheckUP
Therese Simpson	Mookai Rosie Bi-Bayan
Leena Singh	Cairns and Hinterland Hospital and Health Service (CHHHS)
Linda Thomas	Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA)
Ben Tooth	Northern Queensland Primary Health Network (NQPHN)
Larissa Walker	Remote Area Aboriginal & Torres Strait Islander Child Care Advisory Association Inc (RAATSIC)
Dr Mark Wenitong	Community Member
Mabelene Whap	NPA Family and Community Services (NPAFACS)
Williams Yancy	NPA Family and Community Services (NPAFACS)

APPENDIX I: CAPE YORK HEALTH SUMMIT PROGRAM

Cape York Health Summit: Stronger Together

Venue: **Cairns Hilton Hotel** **Dates:** **Thursday 21 November 2024**
Friday 22 November 2024

Facilitator: Leeann Mick-Ramsamy

Day 1 – Thursday 21 November	
Time	**Programme**
8:30	**Sign in/Registration**
9:00 – 9:30	**Opening** • Welcome and Acknowledgment • Facilitator Introduction and Summary • Opening Address – Apunipima Cape York Health Council
9:30 – 10:30	**Speakers: Closing the Gap in Aboriginal and Torres Strait Islander Health in Cape York** • Haylene Grogan, First Nations Chief Health Officer, Queensland Health • Dawn Casey, Deputy CEO, NACCHO • Matthew Cooke, QAIHC
10:30 – 11:00	**Morning Tea Break**
11:00 – 12:00	**Community Programs Showcase:** • Bamanga Bubu Ngadimunku Aboriginal Corporate Mossman Gorge • Pormpur Paanthu Aboriginal Corporation Pormpuraaw • Northern Peninsula Family & Community Services Bamaga and Apunipima Cape York Health Council Cairns
12:00 – 1:00	**Lunch**
1:00 – 2:00	**Panel Discussion: Our Priorities for Closing the Gap** • Debra Malthouse, Apunipima Cape York Health Council • Rex O'Rourke, Torres & Cape Hospital and Health Service • Leena Singh, Cairns & Hinterland Hospital and Health Service • Shaun Francis – Royal Flying Doctor Service, Queensland Section
2:00 – 3:00	**Stronger Together: A Road Map for the Future** **Discussions Groups:** • Key Priorities - Access and Equity • Key Priorities- Partnerships and Collaborations • Key Priorities - Community Participation and Co-Design
3:00 – 3.30	**Summary of Discussion Groups – Facilitators Feedback** • Key Priorities – Access and Equity • Key Priorities – Partnerships and Collaborations • Key Priorities – Community Participation and Co -Design
3:30 – 4:00	**Afternoon Tea**
4:00 – 4:15	**Statement of Commitment – A Partnership Model** • Apunipima Cape York Health Council • Torres and Cape Hospital and Health Service • Cairns and Hinterland Hospital and Health Service • Royal Flying Doctor Service, Queensland Section
4:00 – 4:30	**Closing Remarks:** • Summary of Key Messages • Recap of the Day's discussions and Outcomes

Day 2 – Friday 22 November 2024	
Time	**Activity**
8:30 am	**Sign in/Registration**
9:00 – 9:30am	**Opening:** • Welcome and Acknowledgement • Summarise Day's Programme • Recap on Day 1
9:30 - 10:30am	**Panel Discussion: Stronger Together - A Road Map for the Future** • Debra Malthouse, Apunipima Cape York Health Council • Rex O'Rourke, Torres & Cape Hospital and Health Service • Simone Lukies, Cairns & Hinterland Hospital and Health Service • Shaun Francis, RFDS Queensland Section • Haylene Grogan, First Nations Health Unit, Queensland Health • Dawn Casey, NACCHO • Matthew Cooke, QAIHC
10:30 – 11.00	**Morning Tea**
11:00 – 12:00	**Stronger Together – A Road Map for the Future – A Community Partnership** **Discussion Groups:** • A Road Map for the Future - Access and Equity • A Road Map for the Future - Partnerships and Collaborations • A Road Map for the Future - Community Participation and Co-Design
12:00 – 12:45	**Closing the Gap - A Road Map for the Future - Feedback by Facilitators** • Closing the Gap in health in Cape York – A Community Partnership
12:45 – 1:00	**Closing Remarks:** • Summary and Review of Day's Discussions and Outcomes • Way Forward • Closing Remarks – Apunipima Cape York Health Council
1:00 – 2:00	**Lunch and Close**

REFERENCES

1. AIHW RIFIC site – which has great data by region: Regional overview - AIHW RIFIC
2. CTG dashboard - Closing the Gap - AIHW RIFIC
3. https://www.coalitionofpeaks.org.au/priority-reforms
4. https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/6-priority-reform-areas/four
5. Budget-2022-23-national-preventive-health-strategy
6. Data source: Queensland Hospital Admitted Patient Data Collection (QHAPDC)
7. Australian Housing and Urban Research Institute 2017. Understanding 'demand sharing' of Indigenous households. Available at Understanding 'demand sharing' of Indigenous households | AHURI
8. ABS (Australian Bureau of Statistics) (2016) Australian Statistical Geography Standard (ASGS): Volume 2 - Indigenous Structure, July 2016- external site opens in new window, (accessed 12 January 2023).

FOOTNOTES

[i] Study Report - Closing the Gap review - Productivity Commission

[ii] Note that the reference year for this report is 2018 as this is the latest year for which Australian burden of disease estimates are available for First Nations people.