



Our Journey Towards Health Equity

Metro North Health Equity Strategy 2025–2028

Metro North
Health



Queensland
Government



Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.

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An electronic version of this document is available at metronorth.health.qld.gov.au/health-equity

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Acknowledgement of Country

Metro North Health would like to acknowledge the Traditional Owners of the land on which our services are located, the Jinibara, Kabi Kabi, Turrbal and Yagara peoples.

We pay our respects to Elders both past and present and acknowledge Aboriginal and Torres Strait Islander peoples across the state.

The voices, lived experiences, and cultural authority of Aboriginal and Torres Strait Islander peoples have been integral to the co-design, co-ownership, and co-implementation of our Health Equity Strategy. Thank you for your ongoing effort and commitment to walking with us on our journey towards health equity.

Metro North Health understands and acknowledges the concerns of Aboriginal and Torres Strait Islander peoples regarding cultural appropriation of their heritage, and in particular the need to ensure that their intellectual property in all forms is respected and protected.

The ethical duty to protect the intellectual contribution of our Elders and community extends to all forms of expression, whether it be in visual, written or audio form. In addition, when permission is given to reproduce content, it must be used in its entirety in order to give context to the original intent.

Metro North Health acknowledges all the intellectual contributions made towards health equity and commits to ensuring that an ethical process is taken to protect our Aboriginal and Torres Strait Islander community voices in any engagement.

“I am proud of who I am and that I’m an Elder in the local community. Because of my life experience I know of the changes within the health services, especially where mob are concerned. The health equity journey is exciting. Being an Elder I expect the respect that I deserve and am always willing to give advice when and where it is needed.”

Aboriginal and Torres Strait Islander people are advised that this strategy may contain images of deceased people.

Our community voices

Messages in a Coolamon

Messages in a Coolamon are shared as a reflection at the closing of all Metro North Health Equity Community Engagement Events.



"Listen to us!! Don't pretend, then do nothing."

*"Our culture must be respected and never taken for granted.
RESPECT = EQUALITY."*

"A focus on feedback from the community is a great place to start in the journey for health equity because we don't know what we don't know."

*"Cultural healers to become a reality!!!
Huge impact on one's emotional, spiritual, physical, social, being/healing."*

"Yes, we need to continue the good work and together we will improve health outcomes."

"I'm sadden by the stories of racism within our health system. How is this still happening?"

"Stand together with us, walk the journey with us."

"Better Health, Better Community, Better Education, Our Mob, Our Way."

"This has been such an honour and privilege to witness, I am so proud of MNHHS and look forward to continuing to learn and listening."

"The shift in engagement, trust and culture from the forum 2 years ago is amazing. I feel proud to be an ally and to be part of the journey."





"Positive move and working together for respect, acceptance, acknowledgement of Aboriginal and Torres Strait Islander people."



"Great to have community voices we can hear first-hand. Don't forget the unheard!!"

"An organisation that prioritises' health equity. Can't wait to keep progressing the implementation of the KPA's."

"Thank you for sharing and improving services for the Aboriginal and Torres Strait Islander population. It is amazing to see the Aboriginal and Torres Strait Islander staff growing and health equity improving. Trust is being built which hopefully leads to Closing the Gap."

"Metro North are doing a very good job of looking after their peoples through your work at the hospitals."

"Good to know that our mob have the opportunity to provide more knowledge and feedback."

"Positive move and working together for respect, acceptance, acknowledgement of Aboriginal and Torres Strait Islander people."

"Our strategies need to make our staff feel safe and able to report racism and have this addressed and not ignored. Managers need to understand unconscious bias and power imbalance."

"Voices remain strong do not water it down please."

"Self-determination and reliance!! Pathways for individuals', family, and friends, everyone's choice."

"Trust and work together to build up towards equity."

"The progress is amazing to see, every step forward is a positive future for our community."

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Artist Acknowledgement



Better Together

A better lifestyle through our health carers

by Elaine Chambers-Hegarty

My design has the inspiration of the Moreton Bay region, and concentrates on the Closing the Gap Plan and what it delivers for our Aboriginal and Torres Strait Islander people in our community and the positive outcome it brings to the health and wellbeing of our mob.

Four icons that flow across the artwork, shows a timeline from the care and strong start to life when a child is born, then onto a healthy heart beat and hands to embrace showing the care of our people to influence a healthy lifestyle to reduce the burden of disease. The next icon shows the tree and represents growth and complex care of those in need. There are two message stick symbols that represent the communications with cultural awareness given from the staff during times of crisis. Whilst the last icon which has the medical cross and the shape above of a gunya to represent care at home or elsewhere, and living longer with the care provided, taking into account the social, emotional, and mental wellbeing of clients and their families.

Circle markings represent the gathering areas and the coming together in community. The crosshatching in my artwork represents the structure and support of the policies established amongst the plan – similar to the crosshatchings on a weaving and how it all holds combines together. Whilst the middle image of the people show them as enjoying the healthy outcomes. I have added the two animals that are relevant to this area, and was food source for the people many years ago.

Foreword



Bernard Curran

Board Chair
Metro North Health

As Board Chair, I want to reinforce our commitment to strengthening relationships, listening to, and learning from the community we serve, and working towards health equity in true co-design, at all stages of health care services development and planning to ensure we are providing high-quality person-centred care that is culturally responsive, empowers self-care and choice, and is designed to improve health and wellbeing.

Our Metro North Health strategic vision supports the health equity journey to creating healthier futures together—where innovation and research meets compassionate care and community voices shape our services.

Witnessing the boldness and bravery of staff and community throughout this journey has been nothing short of inspiring, and I am privileged to walk this journey with you.

Health Equity is everyone's business, so let's continue driving meaningful change together to create lasting impacts for Aboriginal and Torres Strait Islander people today, and for generations to come.



Adj. Prof. Jackie Hanson

Chief Executive
Metro North Health

I acknowledge the journey we have taken as an organisation with valued Aboriginal and Torres Strait Islander Elders, staff, community members, partnership organisations and key stakeholders.

The journey has been one of true co-design – listening, learning, and shaping our services to ensure we deliver on our health equity commitments. We still have a long way to go, and this strategy will focus on key areas of focus for mental health and women's, children, and families.

My commitment is to continue to work together, to listen to the voices of Aboriginal and Torres Strait Islander community and ensure true co-design every step of the way.

Health Equity is an opportunity for all of us to create positive and equitable health outcomes for Aboriginal and Torres Strait Islander peoples.

Health Equity is everyone's business.



Adj. Prof. Sherry Holzapfel

Executive Director
Aboriginal and Torres Strait
Islander Health

I would like to acknowledge and thank our Aboriginal and Torres Strait Islander Elders, community and staff who continue to walk the health equity journey alongside Metro North Health.

I am proud of the strides Metro North Health have taken towards improving health outcomes. In the last few years, we have seen a statewide expansion of key Metro North Health initiatives such as our Better Together Medication Access, Deadly Start School-based Traineeship and First Nations Cadetship Programs, as well as an increase in partnership programs providing care closer to home.

We still have a long way to go but I am excited for the journey.



Statement of Commitment

Our Journey Towards Health Equity

"Health for Aboriginal and Torres Strait Islanders will bring healing for all Australia."

"Welcoming our voices being heard and action put into place that sees outcomes for our young and Elders moving forward."

"Respect – acceptance, Faith – for life, Hope – future. Continue our Health equity journey."

"Unity, unite, working for each other and community."

"Stand together with us, walk the journey with us."

"Beginning to see some positive changes. Still a way to go."

- Aboriginal and Torres Strait Islander community members

Metro North Health respectfully acknowledges the Traditional Owners of the land on which our hospitals and services are located, the Jinibara, Kabi Kabi, Turrbal and Yagara peoples.

This statement of commitment is aligned to the 2025 – 2028 phase of the Metro North Health Equity Strategy and the Metro North Health Strategic Plan 2024-2028. In each phase of the health equity journey, we will share our direction and commitment with the Aboriginal and Torres Strait Islander communities we serve.

Our objective is to build and support empowered communities to achieve equity of health outcomes, access, and experience for Aboriginal and Torres Strait Islander peoples.

Metro North Health commits to:

- Ensuring a healthy and strong start to life for Aboriginal and Torres Strait Islander children and families in the first 2000 days, creating a profound impact on positive health outcomes and reducing the life expectancy gap for the next generation.
- Providing family centred care to acknowledge and strengthen the role of families in health and wellbeing.

- Achieve zero-tolerance to racism towards Aboriginal and Torres Strait Islander staff and consumers and create a health service where cultural knowledge and experience is valued and respected.
- Increase the Aboriginal and Torres Strait Islander workforce to 5% by 2031, with a focus on the Deadly Start and First Nations Cadetship Programs as a clear pathway to employment and allowing us to grow and nurture our next generation of healthcare professionals.
- Addressing the root causes of health inequities for Aboriginal and Torres Strait Islander people by advocating for systemic change, strengthening community-led initiatives, and fostering cross-sector partnerships.
- A focus on Mental Health and Alcohol & Other Drugs (MHAOD) to review and embed a strength-based trauma informed framework in all models of care for Aboriginal and Torres Strait Islander peoples.
- Improving equity and ease of access to healthcare services for Aboriginal and Torres Strait Islander people based on the social, cultural, and economic determinants of health.
- Strengthen cultural awareness and support ensuring the way we deliver services reflects the needs of the diverse community that we care for.



Bernard Curran
Board Chair
Metro North Health



Adj. Prof. Jackie Hanson
Chief Executive
Metro North Health



Adj. Prof. Sherry Holzapfel
Executive Director
Aboriginal and Torres Strait Islander Health

**Metro North
Health**



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Our Metro North Health Footprint

Metro North Health is the largest hospital and health service in Queensland with two tertiary hospitals, providing care to the Metro North catchment, other Hospital and Health Services including Rural and Remote communities across the state and interstate. Healthcare services for Aboriginal and Torres Strait Islander people can be accessed across Metro North Health public hospitals and healthcare facilities at the following locations:



The Royal Brisbane and Women's Hospital
Turrbal and Yagara
Too-rah-bull and Yah-Gah-Rah



Surgical, Treatment and Rehabilitation Service (STARS)
Turrbal and Yagara
Too-rah-bull and Yah-Gah-Rah



The Prince Charles Hospital (TPCH)
Turrbal
Too-rah-bull



Redcliffe Hospital
Kabi Kabi
Car-bee Car-bee



Caboolture Hospital
Kabi Kabi
Car-bee Car-bee



Kilcoy Hospital
Jinibara
Yinie Bara (spoken with a Y)



Woodford Correctional Centre
Jinibara
Yinie Bara (spoken with a Y)



Caboolture Satellite Health Centre (Kabul)
Kabi Kabi
Car-bee Car-bee

"The name 'Kabulture' meaning place of the carpet snake in Turrbal dialect. 'Kabul' - meaning carpet snake, 'ture' - meaning place of."



Bribie Island Satellite Health Centre (Yarun)
Kabi Kabi
Car-bee Car-bee

"The name 'Yarun' originates from the Kabi Kabi and Djoondaburri people - Oondoo dialect 'Yarun' meaning crab or hunting ground."



Kallangur Satellite Health Centre (Kalangoor)
Kabi Kabi
Car-bee Car-bee

"The name 'Kalangoor' originates from the Kabi Kabi - Undambi dialect 'Kalangoor' meaning a goodly or satisfactory place."

Metro North Health Catchment



**Metro North
Mental Health**
**Across several
locations**



**Community and Oral
Health Services**
**Across several
locations**

LEGEND	
	Moreton Bay – North
	Redcliffe – North Lakes
	Pine Rivers
	Brisbane North
	Brisbane Inner City
	Brisbane West
	Metro North Hospitals
	Satellite Health Centres
Community Health Centres (CHC)	
	Cooinda House
	Caboolture CHC
	Redcliffe CHC
	North Lakes
	Jacana ABI Centre
	Brighton Health Campus
	Chermside CHC
	Nundah CHC
	Pine Rivers CHC
	North West CHC
	Halwyn Centre



Aboriginal and Torres Strait Islander Population

In 2023 (2025 ABS Release), approximately **34,596** people identified as Aboriginal and Torres Strait Islander peoples in Metro North catchment, representing **3.1%** of the total Metro North Health population.

Metro North catchment has the second largest Aboriginal and Torres Strait Islander population after Metro South (**40,974**).

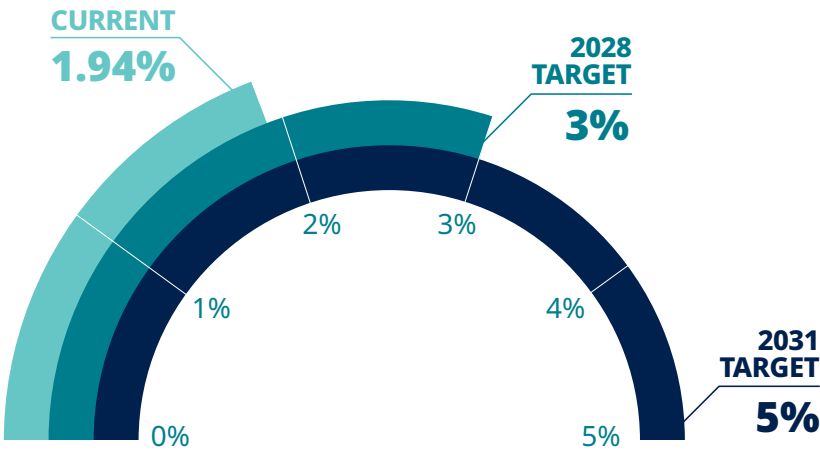
Caboolture Hospital catchment area has the highest number of Aboriginal and Torres Strait Islander people with **10,559** individuals (**30.5%** of all Aboriginal and Torres Strait Islander people in Metro North Health), surpassing The Prince Charles Hospital catchment by **573** people.



0-4 years
3,840

0-4 years age group, the highest proportion of Aboriginal and Torres Strait Islander people at 6.45% (3,840 persons).

Hospital Catchment	Aboriginal and Torres Strait Islander peoples (Proportion of regions total population)
Caboolture, Kilcoy, Woodford	10,559
RBWH	5,653
Redcliffe	8,398
TPCH	9,986
Metro North Total	34,596
Queensland Total	286,107



1.94% of Aboriginal and Torres Strait Islander staff self-identify (494 headcount out of 25,407 total workforce). Commitment to reach a target of 3%, with aspirational target of 5% by 2031.

Aboriginal and Torres Strait Islander Workforce

A key priority of our Health Equity Strategy is to strengthen and increase the representation of Aboriginal and Torres Strait Islander peoples in the Metro North Health workforce, to better reflect the populations we serve.

The community has clearly expressed the importance of having access to Aboriginal and Torres Strait Islander frontline staff within healthcare services, noting that this presence fosters a sense of cultural safety and supports a safer, more respectful healthcare journey.

Streams they work in:

Nursing	190
Managerial and Clerical	121
Operational	57
Professional and Technical	54
Aboriginal and Torres Strait Islander Health Workforce	46
Medical Officers incl VMOs	25

Health Status of the Aboriginal and Torres Strait Islander Community

Life Expectancy Gap

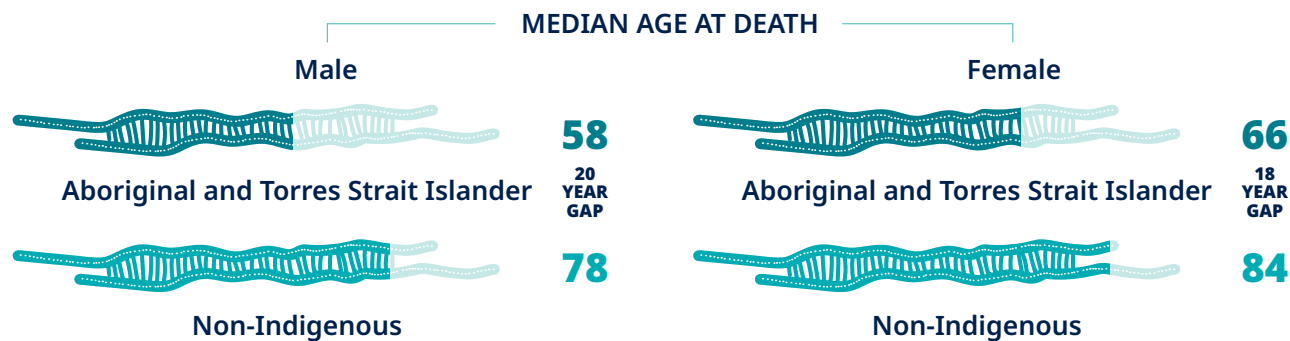
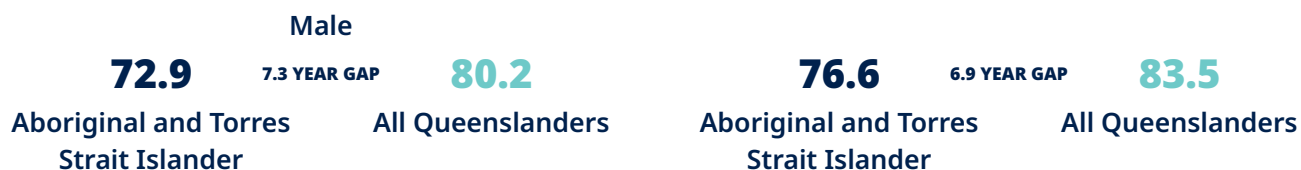


Figure: Aboriginal and Torres Strait Islander people compared to overall population.

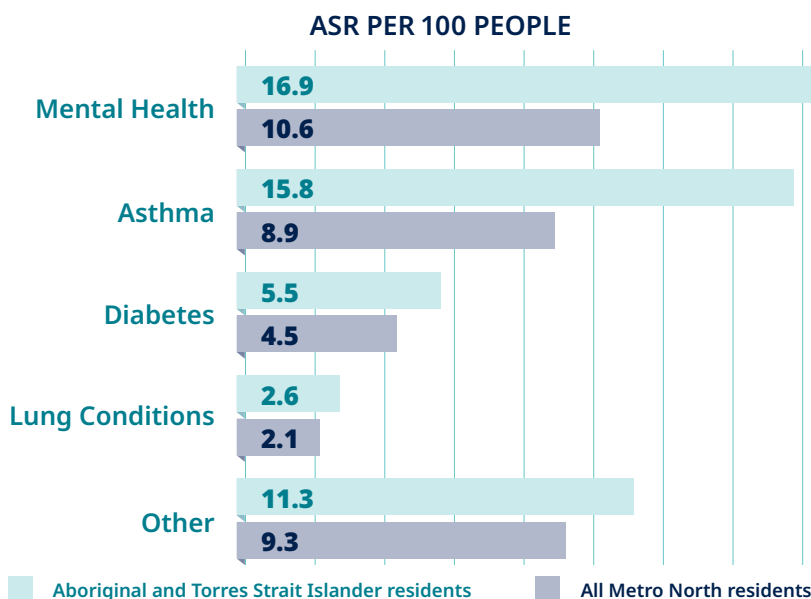
LIFE EXPECTANCY AT BIRTH IN QUEENSLAND



Source: ABS Aboriginal and Torres Strait Islander life expectancy 2022

Long Term Health Conditions

Aboriginal and Torres Strait Islander residents in Metro North reported a higher rate of one or more long-term health conditions (35.8 Age Standardised Rate (ASR) per 100) compared to all Metro North residents (30.2 ASR per 100).



Avoidable Deaths

240

Between 2021-22 and 2023-24, the rate of potentially avoidable deaths for Aboriginal and Torres Strait Islander people dropped significantly, from 785 ASR per 100,000 to 240 ASR per 100,000.

Smoking Rates

32%

32% of Aboriginal and Torres Strait Islander people in Queensland were daily smokers, compared to 14% in the general population.

Accessing our Services

Number of Aboriginal and Torres Strait Islander patients accessing Metro North Health

Emergency

Main Hospital ED's - not including Satellite Health Centres

Increase of
9.9%

Emergency Department presentations by Aboriginal and/or Torres Strait Islander patients - increase of **9.9%** in 2023/24 (22,578) vs 2021/22 (20,540).

Outpatient

Accessing Outpatient Services

Increase of
16.5%

69.5%

In person

23.6%

By telephone

Inpatient Admissions

5.67%

5.67% (19,756) of all Metro North Health separations were Aboriginal and Torres Strait Islander patients (2023-2024).

Discharge Against Medical Advice

Separations

398

Discharge Against Medical Advice (DAMA) rates for Aboriginal and Torres Strait Islander patients were at **2.61%** (398 Separations) of inpatient admissions in 2023/24, a big improvement from the rates in 2021/22, which were at 3.3%.

6.4%

Telehealth

0.6%

By other modes

More of our community are accessing outpatient services with a **16.5%** increase every year (between 2021/2022 to 2023/2024). **81,836** Occasion Of Service (OOS) across all facilities in 2023/2024. **69.5%** (56,859 OOS) delivered in person, **23.6%** (19,282 OOS) by telephone, **6.4%** (5199 OOS) via Telehealth, and **0.6%** (496 OOS) through other modes.

Failed to attend

Decreased to

10%

Failed to attend (FTA) decreased slightly to **10%** (8,883 OOS) 2023/2024.

Oral Health



Access to oral health care has significantly improved for Aboriginal and Torres Strait Islander patients at Metro North.

24,689

General oral health treatments increased from **15,733** (2021/2022) to **24,689** (2023/2024).

100%

100% of Aboriginal and Torres Strait Islander adult patients received general dental care within the recommended time.

Children, women and Maternal Health



There have been significant improvements in antenatal care, low birthweight rates, and premature births for Aboriginal and Torres Strait Islander mothers and babies in Metro North Health. Smoking during pregnancy has also decreased. However, obesity remains a concern and has not improved over the years. More women are getting the care they need during pregnancy. Aboriginal and Torres Strait Islander women having less than 8 antenatal (pregnancy) check-ups (visits) dropped from **24.3%** (2020-21) to **15.3%** in 2023.

Fewer Premature Births:

Less babies are arriving too early (before 37 weeks). **15.3%** (2020-2021) to **9.2%** (2023).

Healthier Birth Weights:

Less babies are being born under 2.5kg **11.3%** (2020-2021) to **8.9%** (2023).

Obesity still a challenge:

Maternity obesity rates have not improved. **31%** (2020-2021) to **31.3%** of pregnant women had a BMI ≥ 30 .

Less Smoking During Pregnancy:

More mums are quitting smoking early in pregnancy. **37.2%** (2022-2021) to **30.4%** (2023).

2021-2024

Breast Screening Rates



More Aboriginal and Torres Strait Islander residents in Metro North are participating in life-saving screenings. Breast Screening increased from 48% (2021) to **66%** (2024), exceeding the target.

Increased to

66%

2021

Immunisation Rates



Immunisation rates for Aboriginal and Torres Strait Islander children are generally high but lower at age 2 compared to the overall population. **1-Year old:** Aboriginal and Torres Strait Islander Children **97%**, overall population 96%. **2-Year-old:** Aboriginal and Torres Strait Islander Children **88%**, overall population 94%. **3-Year-old:** Aboriginal and Torres Strait Islander Children **97%**, overall population 95%

97%

1-Year old

88%

2-Year old

97%

3-Year old

Driving change, our way

The story behind Health Equity



Metro North Health is committed to achieving health equity for Aboriginal and Torres Strait Islander people by embedding cultural safety, eliminating racism and ensuring accessible, high-quality healthcare service delivery.

Through genuine partnerships, accountability and innovation, Metro North Health will create a healthcare system where all Aboriginal and Torres Strait Islander people feel safe, respected, and empowered to access the healthcare they need.

The Hospital and Health Boards (Health Equity Strategies) Amendment Regulations 2012 requires Hospital and Health Services to set out its actions and agreed key performance measure to improve Aboriginal and Torres Strait Islander people's health and wellbeing outcomes.

The *Metro North Health Equity Strategy 2025-2028* is the second strategy in a series of three from 2022 to 2031. It builds on Metro North Health's ongoing commitments to health equity and aligns with the Metro North Strategic Plan 2024-2028, Southeast Queensland (SEQ) regional plan 2024 and key state and national frameworks, including the Hospital and Health Boards (Health Equity Strategies) Amendments Regulations 2021 and Closing the Gap initiatives. It also supports other HHS's Health Equity Strategies as per regulation 2012, section 13A (c).

The *Health Equity Strategy 2025-2028* is structured around four (4) strategic priorities:

- 1. There is zero experience of racism within Metro North Health**
- 2. Creating safe hospital and healthcare service for Aboriginal and Torres Strait Islander people**
- 3. Develop and enhance culturally safe, co-designed innovative models**
- 4. To sustain culturally safe, data driven equity**

This approach reflects a shift from silo priorities to a more integrated and collaborative approach. While Key Performance Areas (KPAs), Actively Eliminate Racism, Increase Access, Culturally Safe and Responsive Care, Cultural and Social Determinants and Working with Aboriginal and Torres Strait Islander people, remain relevant, they are now embedded within all 14 strategic objectives and the 49 strategic actions to ensure a coordinated and holistic response to achieving health equity for Aboriginal and Torres Strait Islander peoples. This alignment enhances accountability and advocates for a system-wide impact across all actions.

Metro North Health has made a pledge to work in partnership with other HHSs, and the Aboriginal and Torres Strait Islander Community Controlled Health Services in South-East Queensland, to improve the patient journey and provide culturally safe and responsive care.

Overarching principles of health equity have been developed to outline how staff within Metro North Health work with Aboriginal and Torres Strait Islander people. They align cultural safety and culturally responsive healthcare, as well as ensuring all elements of healthcare work within a holistic healthcare model encompasses the social and cultural determinants of health. Moving forward all Metro North policies and changes to service delivery will work within the overarching principles to create change moving forward in the health equity journey.

The strategy emphasises the importance of co-design, community-led decision-making, and accountability as key drivers for meaningful long-lasting change. It reinforces the organisations priorities for co-designed solutions, strengthening the Aboriginal and Torres Strait Islander workforce capability and removing systemic barriers to care, and ultimately achieve life expectancy parity for Aboriginal and Torres Strait Islander peoples by 2031.



Strategic Priorities

Metro North Health Our Journey Towards Health Equity 2025-2028



The *Metro North Health Equity Strategy 2025–2028* is structured around key strategic actions rather than separate Key Performance Areas (KPIs). This reflects a shift in focus from siloed priorities to integrated actions. While Key Performance Areas 1 to 5 remain important, they are now embedded across all strategic priorities, ensuring a coordinated and holistic approach to achieving health equity for Aboriginal and Torres Strait Islander peoples. This alignment strengthens accountability and promotes system-wide impact across every action delivered.

Strategic Priority	1. There is zero experience of racism within Metro North Health	2. Creating safe hospital and healthcare services for Aboriginal and Torres Strait Islander people
What we heard from community	<ul style="list-style-type: none"> • Don't treat me different, treat me as a person. • My skin colour should not affect how I am treated. • We need to come together as one to make changes. • We as Aboriginal and Torres Strait Islander people cannot do this alone; we need people to walk beside us. • Discrimination and racism are different, and we need to educate people on this. • Increase the Aboriginal and Torres Strait Islander workforce. 	<ul style="list-style-type: none"> • The closer to home a healthcare service is, the more likely people will attend appointments. • Outpatients don't need to be in hospitals or in person – utilise other places and telehealth. Why can't multiple appointments be done at once? • Parking is expensive, how can this be reduced? • People need to see our health means our way, not just physical but what does health mean for us spiritually and culturally?
Strategic Objective	<ul style="list-style-type: none"> • 1.1 Make Anti-racism a a system-wide commitment. • 1.2 Increase the cultural capability of Metro North Health staff. • 1.3 Strengthening and empowering the Aboriginal and Torres Strait Islander workforce. • 1.4 Clinical governance for Health Workers and Practitioners. 	<ul style="list-style-type: none"> • 2.1 Piloting new ways of doing Our Health, Our Way.
KPI's	<ul style="list-style-type: none"> • Annual increase in Aboriginal and Torres Strait Islander workforce each year. (Statewide KPI) • Improvement in staff survey scores on understanding racism, discrimination, and cultural safety, as measured by the biennial 'Have Your Say' survey. (MN KPI) • Number of racism and discrimination complaints reported by Aboriginal and Torres Strait Islander staff and patients, and the percentage addressed within required timeframes. (MN KPI) • Increase in Aboriginal and Torres Strait Islander patients reporting culturally safe care (PREMs). (MN KPI) • Percentage of staff completing Cultural Practice Program and Unconscious Bias/Anti-Racism training. (MN KPI) 	<ul style="list-style-type: none"> • Increase Aboriginal and Torres Strait Islander patients receiving elective surgery within the recommended time. (Statewide KPI) • Decrease in Aboriginal and Torres Strait Islander patients waiting longer then clinically recommend their first specialist appointment. (Statewide KPI)

Key Priority Areas



KPA 1

ELIMINATE RACISM

Actively eliminating racial discrimination and institutional racism within the service.



KPA 2

ACCESS

Increasing access to healthcare services.



KPA 3

CULTURALLY SAFE AND RESPONSIVE SYSTEM

Delivering sustainable, culturally safe and responsive healthcare services.



KPA 4

SOCIAL DETERMINANTS OF HEALTH

Influencing the social, cultural and economic determinants of health.



KPA 5

WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Working with Aboriginal and Torres Strait Islander peoples, communities, and organisations to design, deliver, monitor and review health services.

3. Develop and enhance culturally safe, co-designed innovative care models

- My family needs to be involved in my healthcare.
- Accommodation and the costs of getting to healthcare appointments sometimes means not eating or feeding my family.
- Mental Health is not just about a diagnosis, it is all areas of us, our culture, our stories, our trauma, and our wellbeing.
- More Aboriginal and Torres Strait Islander leadership is needed.
- Involve Aboriginal and Torres Strait Islander people in decision making and treatment planning.

- 3.1 Caring for the LGBTQIA+ Sistergirl and Brotherboy community.
- 3.2 Improving the Prisoner Healthcare Journey for Aboriginal and Torres Strait Islander people.
- 3.3 Family centred approaches to health care: Maternity Services, Paediatrics, Child Health and focus on the First 2000 Days.
- 3.4 Empower Aboriginal and Torres Strait Islander young people.
- 3.5 Preventative health and health promotion for Aboriginal and Torres Strait Islander people.
- 3.6 Focus the Mental Health and Alcohol & Other Drugs (MHAOD) to trauma-informed healthcare model.
- 3.7 Caring for Elders.
- 3.8 Connecting services for Aboriginal and Torres Strait Islander men.

- Increase of Aboriginal and Torres Strait Islander babies born at a healthy birth weight. (Statewide KPI)
- A decreased rate and count of First Nations suicide deaths. (Statewide KPI)
- Increase of Aboriginal and Torres Strait Islander people getting face-to-face support within 1-7 days after leaving an acute mental health inpatient unit. (Statewide KPI)
- Decrease in dental wait times for Aboriginal and Torres Strait Islander adults on the general care list. (Statewide KPI)

4. Sustain culturally safe, data driven equity

- Culture is central to who I am and how my health is.
- My culture keeps me strong, it is my culture that I go back to, to ground myself and health.
- Being on Country makes me better. Doctors need to be understanding of what my cultural need is and how this plays a role in my health.
- Our health done our way is important and needs to be understood including my ways of traditional healing.

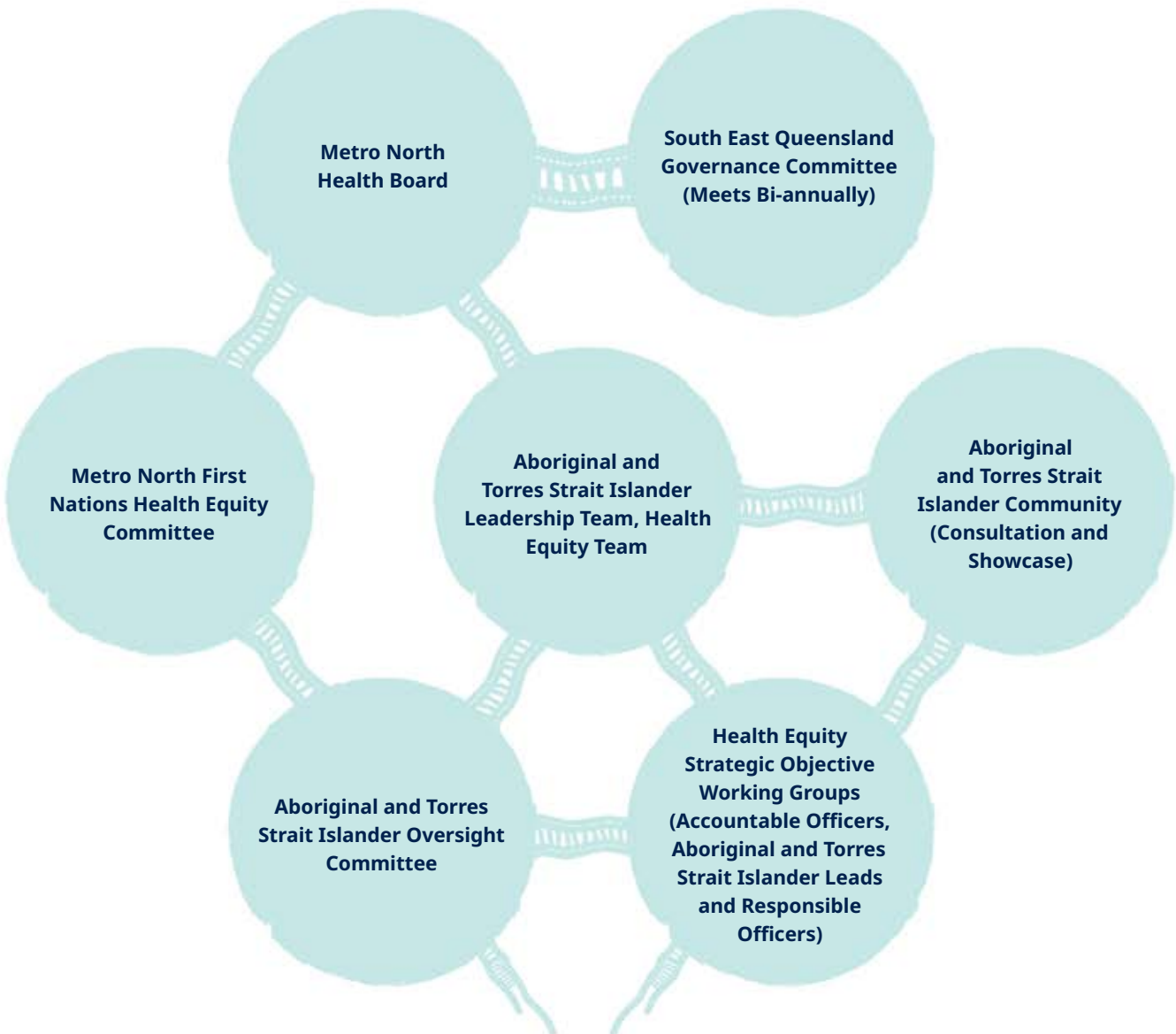
- 4.1 Culturally Safe Data collection.

- Increase of Aboriginal and Torres Strait Islander people having their cultural and spiritual needs met during the delivery of a healthcare service. (Statewide KPI)
- Increase in Aboriginal and Torres Strait Islander patients reporting culturally safe care (PREMs). (MN KPI)



Governance

The governance arrangements for delivering the *Metro North Health Equity Strategy 2025–2028* incorporates cultural governance and co-design principles including representation from Aboriginal and Torres Strait Islander communities and key partner organisations. There is a commitment from Metro North Health Executives to keep the health equity conversation at the forefront through various platforms including ongoing staff training, internal and external communications, and standing agenda items at all leadership meetings. All Business Units and Directorates across Metro North Health have established Health Equity Committees with the responsibility to oversee and evaluate progress of the strategy actions at their local level.



Health Equity Committees in Metro North Health



Strategic Alignment of Metro North Health Equity

Attaining health equity for our Aboriginal and Torres Strait Islander community is a key priority at all levels of Government including Commonwealth and State Departments which is reflected in multiple strategic documents.



Government Priorities



National Agreement on Closing the Gap 2020



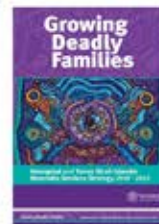
HEALTHQ32 First Nations Strategy 2032



Queensland Government Statement of Commitment to Reframe the Relationships



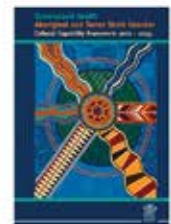
Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021



Growing Deadly Families 2019-2025



National Safety and Quality Health Service Standards



Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033

Organisational Strategic Plans and Frameworks



Metro North Strategic Plan 2024-2028



Health Services Strategy 2021-2026



Southeast Queensland Statement of Commitment



Community and Engagement Framework



Metro North Health Equity Statement of Commitment

Health Equity Strategy



Metro North Health Equity Strategy 2025-2028



South East Queensland First Nations Health Equity Strategy





Our Partners

Chief First Nations
Health Officer, First
Nations Health Office,
Department of Health
(CFNHO)



phn
BRISBANE NORTH
An Australian Government Initiative



**health
wellbeing**
Queensland

Southeast
Queensland
Approach



Implementation, monitoring, and evaluation

Implementation

Metro North Health will build on the implementation, monitoring and reporting processes used in the 2022–2025 strategy for the *Health Equity Strategy 2025–2028*. While keeping the existing evaluation framework, there will be a stronger focus on using key performance indicators to measure progress across agencies working to Close the Gap for Aboriginal and Torres Strait Islander people, focusing on the process, outcome, and impact. This includes aligning with Statewide and South-East Queensland Health Equity indicators, as well as contributing to measures related to the broader social determinants of health – to enhance our accountability in driving positive change across the broader system.

The evaluation efforts will focus on measurement for Aboriginal and Torres Strait Islander people as well as comparative performance for non-Aboriginal and Torres Strait Islander populations with the view to understand the relative differences in performance gaps and the trajectories of our performance against the targets.

Accountability in Action

To support implementation, Metro North Health will adopt a dual leadership model, combining Executive accountability and cultural partnership. Each strategic objective will be overseen by an Accountable Officer, drawn from the Metro North Health Senior Executive Team, who will be responsible for driving delivery at the highest level. Responsible Officers will

implement specific actions, reporting regularly to the Accountable Officer to ensure progress and alignment.

To embed cultural integrity and ensure Aboriginal and Torres Strait Islander voices are central to decision-making, each Accountable Officer will build a collaborative partnership with a dedicated Aboriginal and Torres Strait Islander Lead. These Leads will act as partners and enablers, providing strategic advice, ensuring meaningful community co-design and lived experience, community priorities and cultural knowledge is embedded throughout all stages of implementation.

Role	Responsibility
Accountable Officer	From the Metro North Health Senior Executive Team, will oversee delivery of each strategic objective.
Aboriginal and Torres Strait Islander Lead	Drawn from leadership positions across Metro North Health, will be partnered with each Accountable Officer to ensure principles of cultural governance and co-design are embedded.
Responsible Officer	Will lead the implementation of individual actions and report progress to the Accountable Officer.

The Accountable Officer, Aboriginal and Torres Strait Islander Leads and Responsible Officers are highlighted in the Health Equity Action Plan 2025–2028.

Monitoring and Evaluation

As part of the framework, Metro North Health is introducing a clearer and more structure reporting process to strengthen accountability and monitor progress more effectively. The process, outcome and impact evaluation will continue throughout the implementation of the *Health Equity Strategy 2025-2028*.



Report	Responsible	Process
Progress (6 month)	Accountable Officer	Report using a performance matrix that classifies overall progress: <ul style="list-style-type: none"> • Performing • Performance flag • Not performing
	Responsible Officer	Provide six-monthly progress reports using a project management matrix to highlight action status: <ul style="list-style-type: none"> • Completed • On track • At risk of delay • Delayed • Not yet commenced
Annual (12 month)	Accountable Officer	Annual report will measure key performance indicators and performance matrix providing insights on how the progress of implementation is translating to immediate results.
Three-year Impact	Aboriginal and Torres Strait Islander Leadership Team and Metro North Strategy and Planning Team	Measure the long-term effects of health equity actions and the extent to which Metro North Health and its partners have helped Close the Gap.

Health Equity targets success

Alongside the Metro North Health developed measures outlined in the Health Equity Action Plan 2025 – 2028 on page 41, there are also Southeast Queensland, State and National targets focused on improving health outcomes for Aboriginal and Torres Strait Islander people. These broader targets and measures have been embedded into Metro North Health actions to ensure our health equity strategy aligns with efforts to Close the Gap.

Southeast Queensland Measures



Decrease in excess Years of Life Lost (YLLs), all causes, major disease groups.



Reduction in the rate of suicide deaths - number and proportion.



Number and proportion of Acute Rheumatic Fever notifications (confirmed, probably and possible). Number and proportion of new Rheumatic Heart Disease cases.



BMI result 25+ years overweight or obese. AUDIT C score within safe limits. Cardiovascular Disease risk assessment – low risk.



Number and proportion of mothers pregnant with a First Nations baby, and First Nations women, who were not smoking after 20 weeks' gestation.



Number and proportion of First Nations babies, and babies of First Nations women, not admitted to special care nursery or neonatal intensive care unit.



Number and proportion of mothers pregnant with a First Nations baby, and First Nations women, who delivered baby at full-term.



Number and proportion of First Nations babies, and babies of First Nations women, of healthy birthweight at birth (more than 2.5 kg/ less than 4 kg).



Children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC).



HbA1C result <=53mmol/mol (6 month), HbA1C. result >10% (>=86mmol/mol) (6 month).



Type II Diabetes eGFR result >=60mL/min
Smoking status result – current smoker.



Number and proportion of hospitalisations of First Nations people with diabetes complications/non-diabetes complications that could have been prevented through the provision of non-hospital services.



Queensland Statewide Health Equity Targets



Close the Gap in life expectancy by 2031.



Decreased potentially avoidable deaths.



Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birth weights.



A decreased rate and count of First Nations suicide deaths.



Increased proportion of First Nations adults on the general care dental waitlist waiting for less than the clinically recommended time.



Elective surgery – increased proportion of First Nations patients treated within clinically recommended time.



Specialist outpatients – decreased proportions of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment.



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.



Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the First Nations population.



Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service.



Close the Gap National Targets



Increase the number of Aboriginal and Torres Strait Islander children to thrive in their early years and be on track for the domains of the Australian Early Development Census.



By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification.



By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education, or training.



By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 percent.



By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 percent.



By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 percent.



By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 percent.



By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 percent.



By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50 percent, as progress towards zero.



Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.



By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.



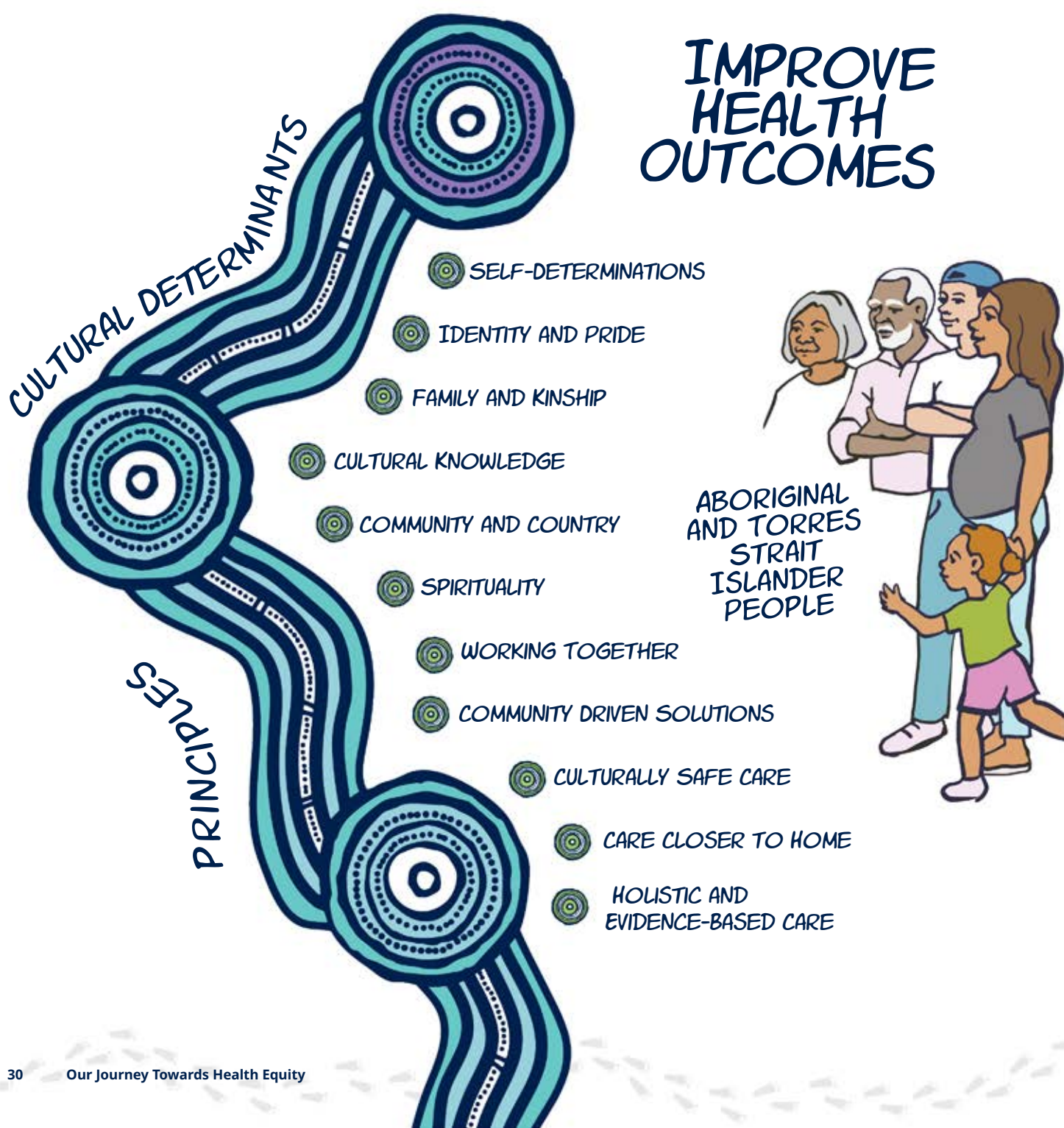
By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion.



Overarching Principles of Health Equity

Our guiding principles are the foundation of how we work with Aboriginal and Torres Strait Islander peoples to improve health outcomes. They are not just commitments on paper but active, living responsibilities that shape how we work, and deliver care. They must be embedded in all policies, decisions, and services to ensure genuine and lasting change for generations to come.

Foundation of Health Equity



Cultural Determinants

- We recognise that cultural determinants including self-determination, family and kinship, identity, spirituality, connection to Country, and cultural continuity are not separate from health, but central to it. They must be upheld across policy, planning, service delivery, and evaluation. Strengthening culture strengthens health.

Working Together

- We acknowledge that Aboriginal and Torres Strait Islander people hold the solutions to improving health outcomes.
- A commitment to ongoing engagement with Traditional Owners, Aboriginal and Torres Strait Islander Elders and community members through yarning circles and community engagement activities, allowing for truth telling and feedback to be received on healthcare services, creating solutions together for change. To follow the Aboriginal and Torres Strait Islander Community Engagement Framework to co-design at all stages of health service delivery.
- Aboriginal and Torres Strait Islander community must be at the centre of developing, designing, implementing, and evaluating health services that reflect their own cultural values, priorities and aspirations.
- Aboriginal and Torres Strait Islander voices will be embedded within Metro North Health decision-making structures.

Community Driven Solutions

- Working in partnership and collaborating with Community Controlled Health Services and Non-Government Organisations across the Metro North region.
- Recognising the central role of family, kinship, and community, to work collaboratively with Aboriginal and Torres

Strait Islander Community Controlled Organisations and co-create solutions grounded in identity and culture.

- Emphasis on the importance of a collective approach by services to Close the Gap.






Holistic and Evidence-based Care


- Aboriginal and Torres Strait Islander health is holistic, encompassing physical, social, emotional, spiritual, and cultural wellbeing. Metro North Health services must reflect culturally responsive models of care and be informed and guided by both cultural knowledge and evidence-based research.
- Holistic care reflects the interconnectedness of spiritual, cultural, physical, emotional, and social wellbeing, including connections to Country, community, and cultural identity as key elements of healing. Commit to collecting and using social determinants of health data to validate community health and service needs.
- Use informed data-driven decision making in the development of healthcare services.

Culturally Safe Care




- Every interaction within the health system must be culturally safe, trauma-informed, and strengths-based. Cultural safety means that Aboriginal and Torres Strait Islander peoples' culture, values and beliefs about healthcare are respected, and that they feel safe, valued, and respected when accessing healthcare services.
- We recognise cultural identity, connection to Country, and spiritual belonging as protective health factors. Culturally safe care must support and affirm these foundations of wellbeing, and ensure services are led by and accountable to Aboriginal and Torres Strait Islander peoples.



-  Commitment to providing culturally safe spaces in all Metro North Health hospitals and healthcare facilities that meet the needs of Aboriginal and Torres Strait Islander people and their families.
-  Commitment to ongoing education of all staff ensuring that asking the identification question 'Are you of Aboriginal and/or Torres Strait Islander origin?' is embedded across all hospital and health services within Metro North Health upon presentation and throughout their healthcare journey.
-  Responsibility of all facilities across Metro North Health to establish Reconciliation Action Plans (RAPs) to drive change.
-  All models of care for Aboriginal and Torres Strait Islander people, incorporates a strength-based trauma-informed framework.
-  We are committed to listening and learning from Aboriginal and Torres Strait Islander community members and staff to continuously improve cultural safety across all levels of care and service delivery.

-  Embed comprehensive cultural audit tools, including cultural capability audits, into routine service review and evaluation processes across the HHS.

Care Closer to Home

-  Delivering care closer to home supports the cultural, spiritual, and social wellbeing of Aboriginal and Torres Strait Islander peoples by allowing healing to occur within the context of family, Country, and community. Accessible, community-based and flexible healthcare is essential to improving health outcomes.
-  Increasing opportunities for healthcare closer to home.
-  Utilising models of care that deliver services closer to home, including telehealth and innovative solutions.





Our co-design journey

Walking and listening with Aboriginal and Torres Strait Islander community

Acknowledging and recognising that the voices and valuable insights of Aboriginal and Torres Strait Islander community is central to Metro North Health's journey toward health equity, a commitment has been made to hold a minimum of four dedicated health equity community engagement events each year, including a mix of showcases and community consultation sessions. These engagement opportunities provide valuable perspectives that help us better understand what changes are needed, how they should be implemented, and the outcomes that can be achieved through genuine co-design.

Health Equity Community Consultation

Community Consultation provides services and staff the opportunity to sit, listen and learn directly from Aboriginal and Torres Strait Islander Elders and community members. Hearing first-hand about the health needs, issues, and opportunities from community allows staff to gain valuable insights how health equity can be achieved.

Health Equity Showcase

Health Equity Showcases provide Metro North Health and key partners with an opportunity to

understand and learn how Metro North Health services have been created, co-designed and implemented to drive positive change. The focus areas for our showcases are identified through community consultation.

On our journey to implementation, we acknowledge that one size does not fit all, and that health and services needs are different across our community.

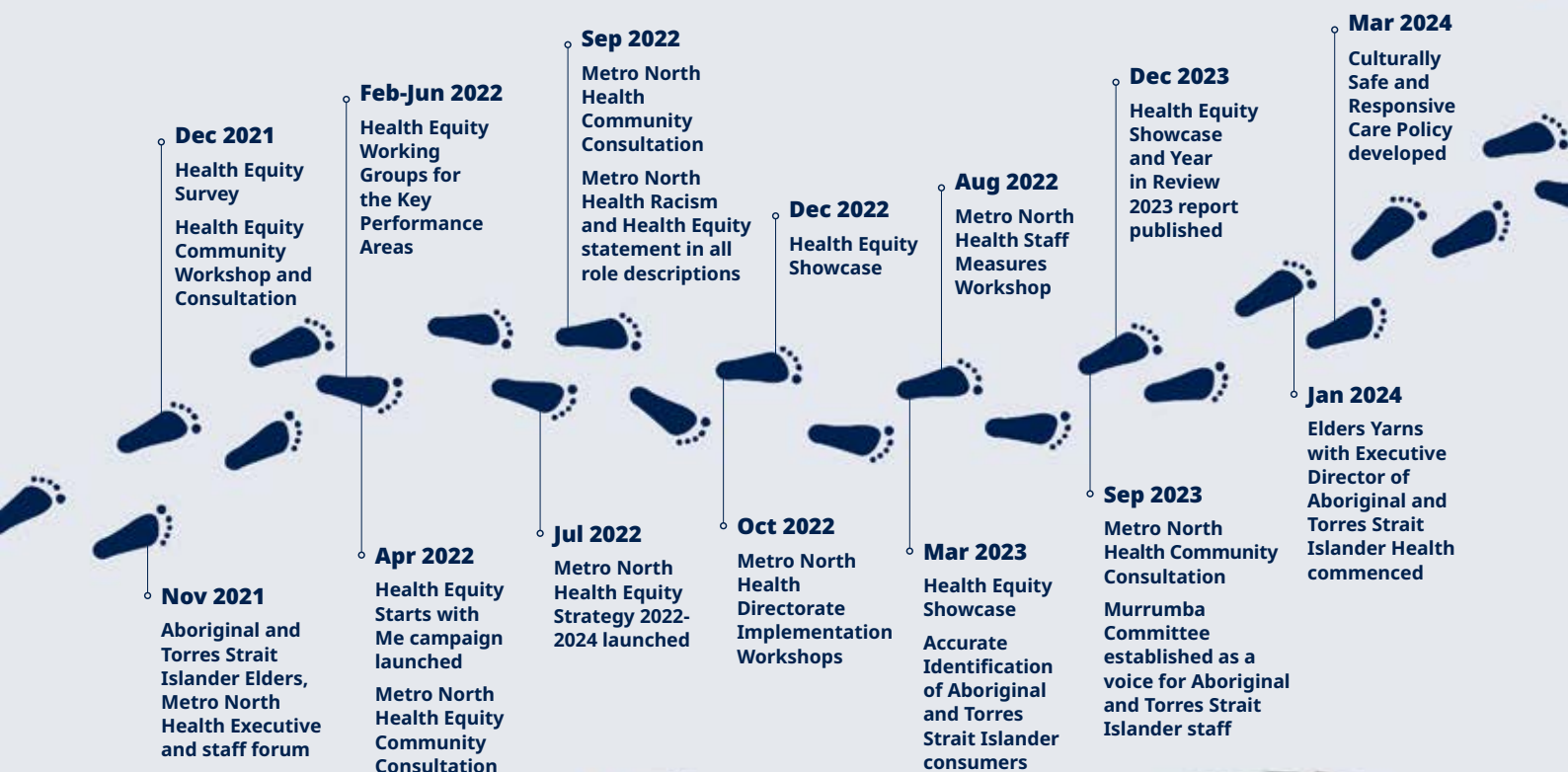
Co-design of Health Equity 2025-2028

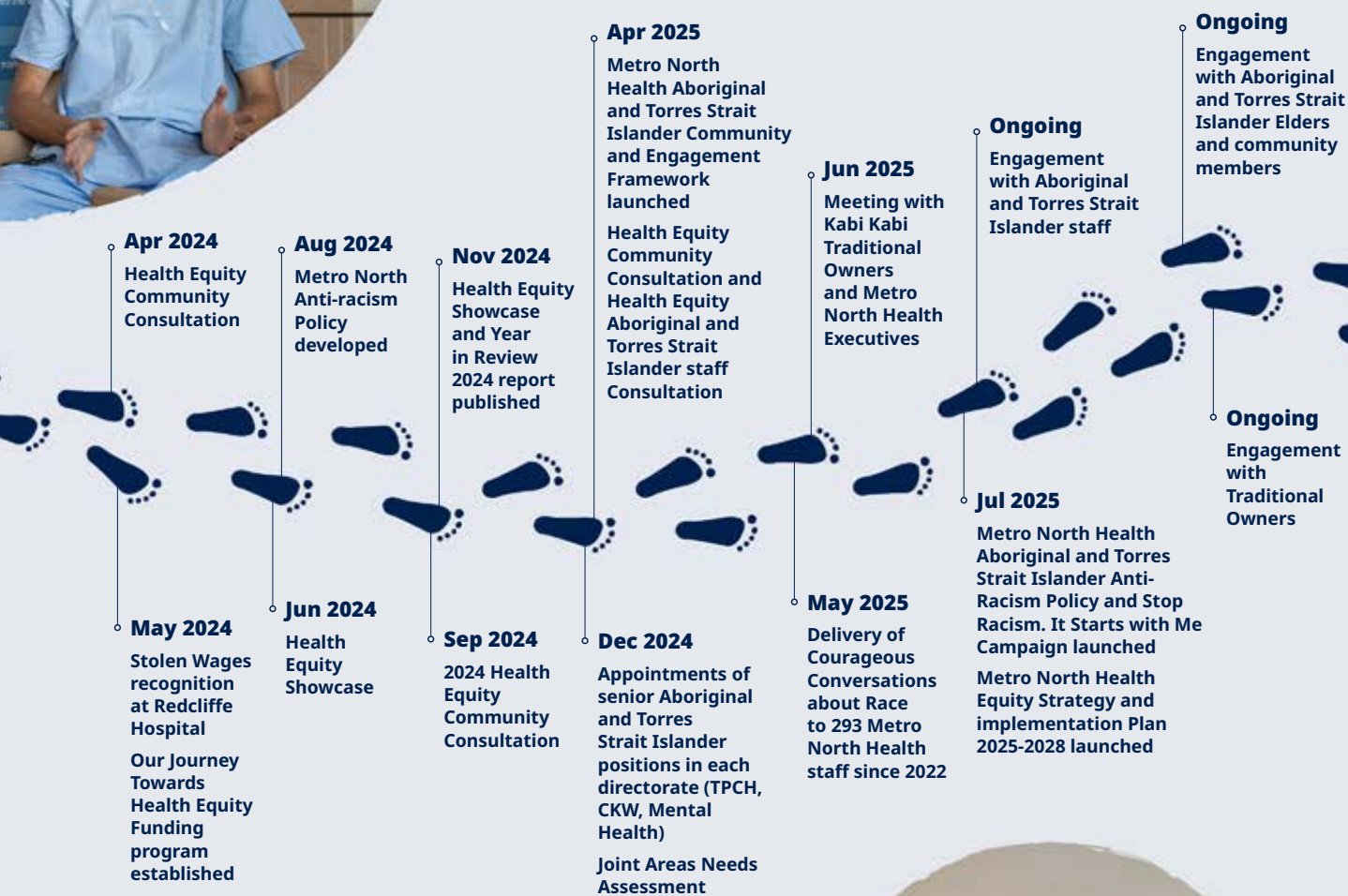
Metro North Health acknowledges that ongoing co-design, collaboration, and learning are essential to driving meaningful change within the organisation.

At each community engagement activity, including the April 2025 consultation (captured in visual highlights), Metro North Health listens and learns about what needs to change, the solutions to improve health services for Aboriginal and Torres Strait Islander peoples, and how to develop actions that reflect the community's priorities.

These actions are then aligned with the five Key Performance Areas of health equity to ensure a focused and effective approach to delivering the change the community is seeking.

Our co-design journey







KPA 1

Actively eliminating racial discrimination and institutional racism within the service



Metro North Health is committed to actively work towards the elimination of racism in all its forms, acknowledging that racism—whether conscious, explicit, or systemic—is a key structural determinant of health inequity for Aboriginal and Torres Strait Islander peoples. We recognise that systemic and institutional racism is deeply embedded in healthcare policies, practices, and beliefs, perpetuating unfair treatment, and contributing to inherited disadvantage.

We commit to confronting and dismantling racial discrimination and institutional racism within our services. Every Metro North Health staff member is expected to contribute to this important work, supporting the health equity agenda and advancing the goals outlined in the National Safety and Quality Health Service Standards (NSQHS).

Through this commitment, we stand united in our determination to create a healthcare environment that is culturally safe, inclusive, and equitable for Aboriginal and Torres Strait Islander peoples, ensuring better health outcomes for all.





KPA 2

Increasing access to healthcare services

Metro North Health is committed to ensuring that Aboriginal and Torres Strait Islander people have equitable access to culturally safe and responsive healthcare. We recognise that barriers such as racism, cost, transport, and service availability impact Aboriginal and Torres Strait Islander peoples' ability to access timely and appropriate care. Through targeted strategies, community partnerships, and the expansion of culturally safe services, we will work to eliminate these barriers.

Our approach includes increasing the availability of Aboriginal and Torres Strait Islander health professionals, embedding cultural safety across all services, enhancing outreach programs, and improving transport options. By strengthening trust and engagement with communities, Metro North Health will create a healthcare system where Aboriginal and Torres Strait Islander people feel safe, respected, and supported in accessing the care they need.



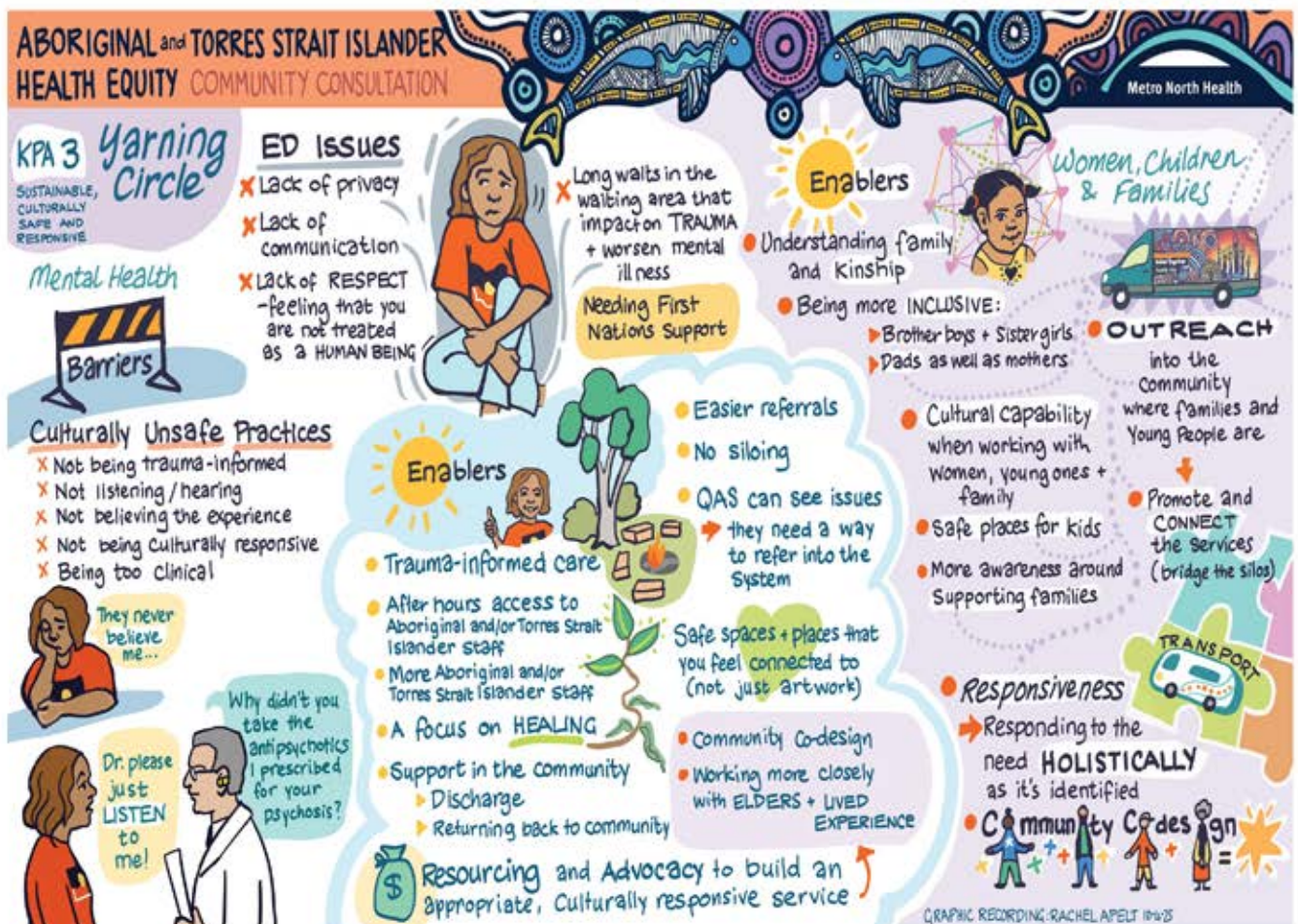


KPA 3

Delivering sustainable, culturally safe, and culturally responsive healthcare services

Metro North Health is dedicated to embedding cultural safety and responsiveness at every level of our healthcare system to ensure that Aboriginal and Torres Strait Islander people receive high-quality, culturally appropriate care. We commit to sustaining long-term change by strengthening cultural governance, increasing the representation of Aboriginal and Torres Strait Islander staff across all roles, and embedding cultural humility in our policies, practices, and workforce training.

Metro North Health focus extends beyond increasing access—we are actively transforming the way healthcare is delivered by integrating Aboriginal and Torres Strait Islander ways of knowing, being, and doing into service design and decision-making. Through continuous engagement with communities, investment in Aboriginal and Torres Strait Islander-led models of care, and accountability in addressing systemic racism, Metro North Health will build a healthcare system that is safe, responsive, and empowering for Aboriginal and Torres Strait Islander people, now and into the future.





KPA 4

Influencing the social, cultural and economic determinants of health

Metro North Health recognises that health outcomes are shaped by the broader social, cultural and economic conditions in which people live, work, and connect.

We are committed to addressing the root causes of health inequities for Aboriginal and Torres Strait Islander people by advocating for systematic change, strengthening community led initiatives, and fostering cross-sector partnerships.

Our approach goes beyond clinical care – we actively support economic participation, workforce development, housing stability, food security, and cultural identity as fundamental to health and wellbeing. By embedding cultural safety across all levels of our services and influencing positions that impact Aboriginal and Torres Strait Islander communities, Metro North Health will create sustainable, long-term improvements in health equity.



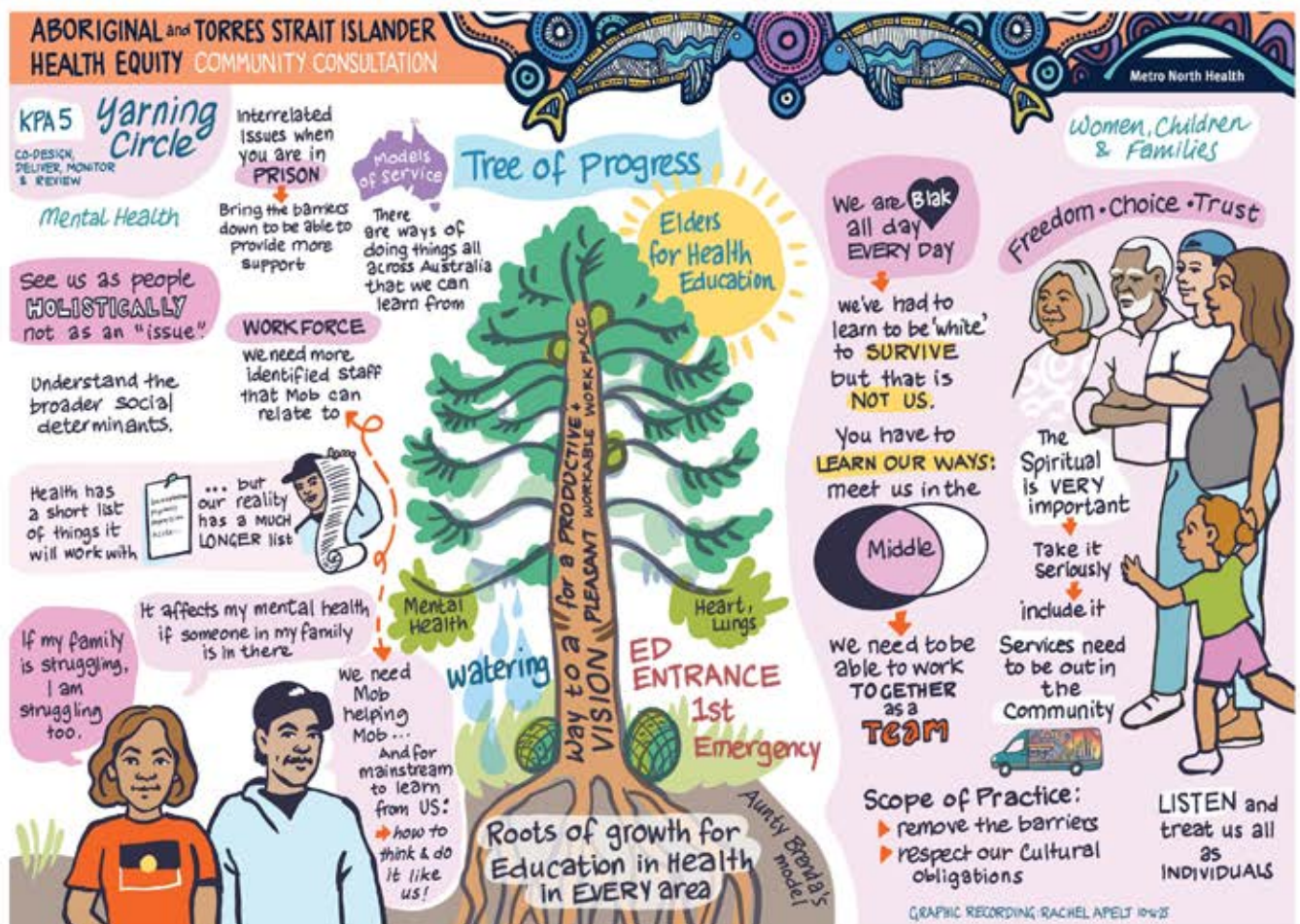


KPA 5

Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

Metro North Health is committed to genuine partnership with Aboriginal and Torres Strait Islander peoples, communities, and organisations in the design, delivery, monitoring, and review of health services. We recognise that self-determination and community leadership are fundamental to achieving culturally safe, responsive, and effective healthcare.

Through co-design and shared decision-making, we will ensure that Metro North Health services reflect the strengths, priorities, and needs of Aboriginal and Torres Strait Islander peoples. By embedding Aboriginal and Torres Strait Islander voices at every stage of service planning and evaluation, Metro North Health will drive meaningful, sustainable improvements in health outcomes and build trust in our healthcare system.





Health Equity Action Plan 2025-2028

The 49 strategic actions outlined in the Action Plan include a mix of actions extracted from the Metro North Health Equity Strategy 2022–2025, which were co-designed with the Aboriginal and Torres Strait Islander community, as well as new actions developed throughout community consultations.

The *Metro North Health Equity Strategy 2025–2028* is structured around 4 key strategic objectives rather than separate Key Performance Areas (KPIs). This reflects a shift in focus from siloed priorities to integrated action. While Key Performance Areas 1 to 5 remain important, they are now embedded across all strategic actions, ensuring a coordinated and holistic approach to achieving health equity for Aboriginal and Torres Strait Islander peoples. This alignment strengthens accountability and promotes system-wide impact across every action delivered.

Health Equity Action Plan 2025-2028

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
1	There is zero experience of racism within Metro North Health						
1.1	Make Anti-racism a system-wide commitment						
	Accountable Officer – Chief People and Culture Officer						
	Aboriginal and Torres Strait Islander Lead – Manager, Capacity Development (Aboriginal and Torres Strait Islander Leadership Team)						
1.1a	Include a clear statement in the Metro North Values in Action (VIA) principles relating to racism and discrimination and implement through staff engagement strategies (e.g. orientation, Professional Development Plan and staff training).	Chief People and Culture Officer	*			<ul style="list-style-type: none">Engagement Strategy developed, implemented, and monitored.Improvement on the biennial Have Your Say Survey for understanding of the Metro North Health stance on racism and discrimination from 2025 (baseline) to 2027.Anti-racism and anti-discrimination language is clearly included in internal and public facing materials.All five values (respect, teamwork, compassion, high performance, integrity) include a statement on racism and discrimination.	KPA 1
1.1b	Implement the anti-racism campaign and establish a transparent process to monitor and report incidents of racism and discrimination experienced by staff and patients.	Chief People and Culture Officer	*	*	*	<ul style="list-style-type: none">Baseline data on staff perceptions of racism and discrimination at Metro North Health through the Have Your Say biennial survey established.Baseline data on Aboriginal and Torres Strait Islander patients' reported experiences of racism via PREMS and Riskman established.A severity assessment code (SAC) framework for reporting and monitoring racism established. <p>Increase in:</p> <ul style="list-style-type: none">Proportion of staff who believe Metro North Health is free from racism and discrimination.Number and proportion of Aboriginal and Torres Strait Islander patients reporting experiences of racism.Participation rates of self-identified Aboriginal and Torres Strait Islander staff in the Have Your Say survey.Implementation rate of recommendations from cultural integrity feedback.Number of reports relating to racism and discrimination received via Respect @ Work.	KPA 1

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
1.1C	<p>Establish dedicated culturally safe compliments and complaints pathways within Metro North Health to respond to experiences of racism and discrimination reported by Aboriginal and Torres Strait Islander staff and patients.</p> <ul style="list-style-type: none"> Create a culturally safe and trauma informed complaints process, led by identified Aboriginal and Torres Strait Islander staff, to support patients reporting racism and unsafe care. Create a safe and confidential way for Aboriginal and Torres Strait Islander staff to report racism and discrimination, with support provided by trained staff. 	Chief People and Culture Officer Executive Director, Clinical Governance	*	*		<ul style="list-style-type: none"> Evidence of pathways established within the first year 2025-2026. <p>Patient</p> <ul style="list-style-type: none"> Number and proportion of complaints from Aboriginal and Torres Strait Islander patients relating to racism or culturally unsafe care (Initial Increase followed by decrease). Improvement in time taken to respond to complaints involving racism. Improved patient satisfaction with the complaints process (via follow-up survey or PREMs). <p>Workforce</p> <ul style="list-style-type: none"> Increased number of reports relating to racism and discrimination via Respect @ Work. Increased number and type of racism/discrimination complaints reported by Aboriginal and Torres Strait Islander staff. Increased proportion of staff who report feeling culturally safe to raise concerns (via the Have Your Say or targeted survey). Evidence of continuous quality improvement activities relating to outcomes of compliments and complaints. Evidence of utilisation of compliments and complaints for the development of 2028-2031 Health Equity Strategy. 	KPA 1
1.1d	Develop a Health Equity auditing tool and integrate it into existing reporting systems to track service changes, monitor outcomes for Aboriginal and Torres Strait Islander peoples, and support ongoing improvement across Metro North Health.	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Clinical Governance	*	*		<ul style="list-style-type: none"> Health Equity Audit tool is designed in line with Metro North Health's Strategy, National Standards, and cultural capability frameworks by December 2025. Health Equity audit system, including the audit tool, is established and integrated with the Health Equity Portal by June 2026. Increased number and frequency of audits completed across services. Number of services with identified health equity gaps identified through auditing with improvement actions implemented. Demonstrated improvement in the Matrix Outcomes, every two years to reflect system changes. 	KPA3

Health Equity Action Plan 2025-2028

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
1.1e	Partner with Aboriginal and Torres Strait Islander communities and researchers to identify systemic barriers, cultural and social determinants, and co-design practical, evidence-based tools, and strategies to improve healthcare access and outcomes.	Chief Operating Officer Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Metro North Research	*	*	*	<ul style="list-style-type: none"> Increase in the number of research projects relating to Aboriginal and Torres Strait Islander Health. Increase in evidence-based tools or strategies co-designed and implemented because of research. 	KPA 1 KPA 3 KPA 4 KPA 5
Increase the cultural capability of Metro North Health staff							
1.2	Accountable Officer – Chief Medical Officer						
	Aboriginal and Torres Strait Islander Lead – Nursing Director, Aboriginal and Torres Strait Islander Health (Aboriginal and Torres Strait Islander Leadership Team)						
1.2a	Implement a mandatory, staged cultural learning framework for all staff to enhance understanding of Aboriginal and Torres Strait Islander cultures, histories, and systemic racism, by: <ul style="list-style-type: none"> Planning and delivering the 4-hour face-to-face Cultural Practice Program (CPP), minimum one session per facility per month. Developing and implementing an organisation-wide training program on Unconscious Bias, Racial Equity, and Anti-Racism, in partnership with the Senior Executive Team and external providers, ensuring leadership commitment to embed the program across all levels by 2027. 	Development Chief People and Culture Officer Executive Director, Aboriginal and Torres Strait Islander Health Implementation Executive Director, RBWH Executive Director, Redcliffe Executive Director, STARS Executive Director, TPOCH Executive Director, Community and Oral Health Executive Director, Caboolture, Kilcoy and Woodford Executive Director, Mental Health	*	*	*	<ul style="list-style-type: none"> Increase in number of Cultural Practice Program (CPP) sessions delivered per facility per month. Increase in percentage of new starters who have completed the Cultural Practice Program (face-to-face) within 90 days of commencement. 40% (10,000) of all Metro North Health staff (new and existing) to have completed the face-to-face Cultural Practice Program by June 2027. 100% compliance from July 2025 onwards. Increase in completion rates of the organisation-wide Unconscious Bias, Racial Equity, and Anti-Racism training program by staff across all levels. Increase in percentage of Senior Executive Team members who complete both the Cultural Practice Program (CPP) and the Unconscious Bias, Racial Equity, and Anti-Racism training within the first six months of program launch. Improvement in staff feedback and satisfaction scores on training relevance and effectiveness through pre and post survey. 	KPA 1

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
1.2b	Co-design and implement a Metro North Health Cultural Safety Framework that integrates cultural determinants into governance, policies, service delivery, reporting, evaluation, research, and strategic planning - embedding cultural safety across all aspects of the organisations operations.	Executive Director, Strategy and Planning Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Clinical Governance	*	*		<ul style="list-style-type: none"> Completion of approved Metro North Health Cultural Safety Framework (by the Aboriginal and Torres Strait Islander Oversight Committee). Improved patient satisfaction with culturally sensitive care, as reported in PREMs. 	KPA 1 KPA 4
1.2c	Co-design and implement the Metro North Health wellbeing program for Aboriginal and Torres Strait Islander staff that supports connection to culture and includes a consistent, organisation-wide plan to provide ongoing support and resources to manage cultural load.	Chief People and Culture Officer Executive Director, Aboriginal and Torres Strait Islander Health	*	*		<ul style="list-style-type: none"> Completion of organisation wide plan, resources, and tools. By June 2027, each directorate to report on the integration of at least one culturally safe wellbeing initiative using the organisational wide resources and tools. Increased proportion of Aboriginal and Torres Strait Islander staff participating and accessing staff wellbeing programs. Increase in the number of co-designed staff wellbeing programs available to Aboriginal and Torres Strait Islander staff. Aboriginal and Torres Strait Islander staff satisfaction measured through self-reported surveys. 	KPA 1 KPA 4
1.2d	Develop and implement clear, respectful guidelines and provide appropriate support to all identified Aboriginal and Torres Strait Islander staff during Sorry Business, Sad News, and other cultural events, regardless of their eligibility for cultural leave.	Chief People and Culture Officer Executive Director, Aboriginal and Torres Strait Islander Health	*			<ul style="list-style-type: none"> Development of guidelines to support Aboriginal and Torres Strait Islander staff and managers during Sad News, Sorry Business, and other cultural events by June 2026. Improved satisfaction among Aboriginal and Torres Strait Islander staff, measured through self-reported surveys. 	KPA 1 KPA 3 KPA 4

Health Equity Action Plan 2025-2028

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
1.3	Strengthening and empowering the Aboriginal and Torres Strait Islander workforce						
	Accountable Officer – Executive Director, Aboriginal and Torres Strait Islander Health						
	Aboriginal and Torres Strait Islander Lead – Director, Aboriginal and Torres Strait Islander Health (Redcliffe Hospital)						
1.3a	Develop and implement a three-year Aboriginal and Torres Strait Islander workforce plan, that prioritises cultural support including: <ul style="list-style-type: none">Mentoring framework to support workforce development, retention, and leadership growth.Co-designed career pathway for existing Aboriginal and Torres Strait Islander staff that provides opportunities for professional development, mentorship, student support during studies and strategies to retain staff.Career development pathways and programs that strengthen workforce capacity and cultural safety in clinical services.To grow representation of Aboriginal and Torres Strait Islander Men and Women in roles which support the delivery of gender specific care including Men's and Women's business in targeted areas.Expand the Deadly Start Program and Indigenous Cadetship program across Metro North Health to increase number of students in all directorates.Targeted employment pathways for mature-aged Aboriginal and Torres Strait Islander people, including flexible entry points, training, and on-the-job support, in partnership with community organisations and employment services by 2027.	Chief People and Culture Officer Executive Director, Aboriginal and Torres Strait Islander Health Chief Nursing and Midwifery Officer Chief Medical Officer Chief Allied Health Practitioner and Welling Officer	*	*	*	<ul style="list-style-type: none">Evidence of an Aboriginal and Torres Strait Islander workforce plan by July 2026.Co-design evidence of a career pathway for Aboriginal and Torres Strait Islander people.Increased staff satisfaction for career development pathways and programs.Increased Deadly Start and Indigenous Cadetship completion rates.Increased student satisfaction of mentoring and support whilst undertaking traineeships and cadetships.Annual (year on year) increased Aboriginal and Torres Strait Islander workforce representation.Increased numbers of men and women appointed to identified positions in Men's and Women's Business in targeted areas.Completion of a report on the mature aged Aboriginal and Torres Strait Islander opportunities to support further planning and co-design.	KPA 4
1.3b	Implement a staged rollout of the Empowered Pathways Framework in recruitment and establish culturally safe supports, such as a Candidate Care Officer to support Aboriginal and Torres Strait Islander people before, during and after recruitment.	Chief People and Culture Officer	*	*	*	<ul style="list-style-type: none">Evidence of guidelines for recruitment and support care plan for Aboriginal and Torres Strait Islander people applying for roles in Metro North Health.Improvement in community perception as an employee of choice for Aboriginal and Torres Strait Islander people.Increase in the proportion of Aboriginal and Torres Strait Islander (EEO) workforce.Increased number of visits to the external facing Aboriginal and Torres Strait Islander careers page.Establishment of Candidate Care Officer (Identified).A feasibility and implementation plan for candidate care roles at each facility completed by 2027.	KPA 4

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
1.4	Clinical governance for Health Workers and Practitioners						
	Accountable Officer – Chief Finance Officer						
	Aboriginal and Torres Strait Islander Lead – Director, Systems and Performance (Aboriginal and Torres Strait Islander Leadership Team)						
1.4a	Implement a clinical governance model for Aboriginal and Torres Strait Islander Health Workers and Practitioners, encompassing standards, scope of practice, supervision, and planning, led by a Senior Aboriginal and Torres Strait Islander Health Worker or Practitioner.	Chief Executive Executive Director, Aboriginal and Torres Strait Islander Health	*	*		<ul style="list-style-type: none">Clinical governance established for Aboriginal and Torres Strait Islander Health Workers and Practitioners.Demonstrated pathways for supervision of Aboriginal and Torres Strait Islander Health Workers and Practitioners, and an increase in the percentage of Health Workers and Practitioners engaged in Supervision.Creation and implementation of guidelines and procedures for Aboriginal and Torres Strait Islander Health Workers.Increase in FTE and career structure for Aboriginal and Torres Strait Islander Health Workers across the streams.Evidence of a Senior Aboriginal and Torres Strait Islander Health Worker Manager in Metro North Health who will provide leadership, workforce support to all clinical Health Workers with the aim of improving retention, enabling full scope of practice and enhancing culturally safe service delivery (HWF6 or HWF7 depending on the scope).Increased ability for Aboriginal and Torres Strait Islander Health Workers and Practitioners to generate waited activity.	KPA 1 KPA 3
1.4b	Strengthen cultural and clinical capability pathways through tailored professional development, leadership opportunities and mentorship programs for Aboriginal and Torres Strait Islander Health Workers and Practitioners.	Chief People and Culture Officer Executive Director, Aboriginal and Torres Strait Islander Health	*	*	*	<ul style="list-style-type: none">Completion of pathways and programs.Pre and Post surveys of Aboriginal and Torres Strait Islander participants on their skills, confidence, and increased capability.	KPA 1 KPA 3 KPA 4

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
2	Creating safe hospital and healthcare services for Aboriginal and Torres Strait Islander people						
	Piloting new ways of doing Our Health, Our Way						
2.1	Accountable Officer – Chief Operating Officer						
	Aboriginal and Torres Strait Islander Lead – Director, Aboriginal and Torres Strait Islander Health (Royal Brisbane and Women’s Hospital)						
2.1a	Pilot and scale a tailored outpatient appointment model that offers flexible, accessible, and culturally appropriate community-based services designed to reduce failed to attend (FTA) rates.	Chief Operating Officer Executive Director, Clinical Services	*	*	*	<ul style="list-style-type: none">Completion of a comprehensive outpatient Failed to Attend data analysis and stakeholder consultation process, resulting in a formal report with prioritised pilot site recommendations, submitted by January 2026.Decrease in Failed to Attend (FTA) and Did not Attend (DNA) rates.Case studies of the patient journeys.Patient feedback through PREMS and PROMS.Decreased proportion of Aboriginal and Torres Strait Islander people waiting longer than clinically recommended for their initial specialist outpatient appointment.	KPA 2 KPA 3 KPA 4
2.1b	Include Aboriginal and Torres Strait Islander staff members in targeted Multi-Disciplinary Team (MDTs) Reviews and ensure the Cultural Information Gathering Tool is used to inform assessment and care planning with consent of the Aboriginal and/or Torres Strait Islander patient. Prioritising in the following targeted areas: <ul style="list-style-type: none">Cancer CareOutpatientsMental Health & Alcohol and Other DrugsPalliative CareHeart and LungEmergency CareMaternity and Child Health	Executive Director, RBWH Executive Director, STARS Executive Director, Redcliffe Executive Director, TPCH Executive Director, Community and Oral Health Executive Director, Caboolture, Kilcoy and Woodford Executive Director, Mental Health	*	*		<ul style="list-style-type: none">Increase in Aboriginal and Torres Strait Islander staff representation in MDTs reviews and discussions.Evidence of MDT templates updated to reflect cultural support has been offered.Evidence of increased cultural support offered at MDTs and utilisation of the use of the Cultural Information Gathering Tool (Audit charts).Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (PREMS).Evidence of training and education of utilising Aboriginal and Torres Strait Islander Staff and the Cultural Gathering tool in MDTs.	KPA 2 KPA 3

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
2.1c	Grow the Aboriginal and Torres Strait Islander Health Workforce to provide culturally safe care in the community. This includes expanding roles to support chronic disease, oral health, men's health, mental health, social and emotional wellbeing, and help with navigating hospital and health services	Executive Director, RBWH Executive Director, STARS Executive Director, Redcliffe Executive Director, TPCH Executive Director, Community and Oral Health Executive Director, Caboolture, Kilcoy and Woodford Executive Director, Mental Health	*	*	*	<ul style="list-style-type: none"> Increase in Aboriginal and Torres Strait Islander Full Time Equivalent (FTE) and identified positions across Metro North Health Services delivered in Community. 	KPA 2
2.1d	Pilot models of care that consider Aboriginal and Torres Strait Islander traditional medicine and healing practices to offer patient choice of care.	Executive Director, Metro North Research Executive Director, Aboriginal and Torres Strait Islander Health Chief Medical Officer	*	*	*	<ul style="list-style-type: none"> Evidence of cultural governance and clinical governance advisory group established to support integration into mainstream care while ensuring cultural integrity. Evidence of process to facilitate Traditional Healers to support care pathway as requests by patients. 	KPA 4
2.1e	Pilot establishment of partnerships with community and government housing services for safe and supported discharge of patients, addressing housing needs and promoting continuity of care within the Caboolture, Woodford and Kilcoy Directorate. Expand across Metro North Health once successful.	Executive Directorate, Caboolture, Kilcoy and, Woodford Executive Director, Aboriginal and Torres Strait Islander Health	*	*		<ul style="list-style-type: none"> Evidence of partnerships with external organisations – Memorandum of Understanding (MOU). Evidence of an Outcomes Report. 	KPA 3 KPA 4
2.1f	Develop culturally appropriate feedback tools for Aboriginal and Torres Strait Islander patients to provide feedback with established mechanisms to report back to patients and families on how this feedback is used to improve healthcare.	Executive Director, Clinical Governance Executive Director, Aboriginal and Torres Strait Islander Health	*	*	*	<ul style="list-style-type: none"> Patient feedback through community consultation. Evidence of culturally appropriate feedback tools. Increase in patient feedback from Aboriginal and Torres Strait Islander patients. Increase in Aboriginal and Torres Strait Islander feedback in PREMS. Evidence of documented outcomes and implementation of changes resulting from patient feedback (Continuous Quality Improvement Audit). 	KPA 5

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
2.1g	Co-design all new and existing facility re-developments with Aboriginal and Torres Strait Islander peoples through pre-established regular yarning sessions between hospital staff, Traditional Owners and the Aboriginal and Torres Strait Islander community.	Executive Director, Infrastructure and Assets Executive Director, RBWH Executive Director, STARS Executive Director, Redcliffe Executive Director, TPCH Executive Director, Community and Oral Health Executive Director, Caboolture, Kilcoy and Woodford Executive Director, Mental Health	*	*	*	<ul style="list-style-type: none"> Evidence of co-design with Traditional Owners and the Aboriginal and Torres Strait Islander Community. Evidence of regular Yarning Circles at each facility. Evidence of input from yarning circle being utilised in redevelopment measuring participation rates, community satisfaction, and influence on project design. 	KPA 2 KPA 3 KPA 5
2.1h	Develop a procedure that enables designated Aboriginal and Torres Strait Islander staff from any directorate to provide culturally safe support to patients throughout their journey across different directorates and clinical settings, whenever requested by the patient.	Chief Operating Officer Executive Director, Clinical Governance Executive Director, RBWH Executive Director, Redcliffe Executive Director, STARS Executive Director, TPCH Executive Director, Community and Oral Health Executive Director, Caboolture, Kilcoy and Woodford Executive Director, Mental Health	*			<ul style="list-style-type: none"> Evidence of completion of the cross-directorate patient support procedure by June 2026. Number and percentage of Aboriginal and Torres Strait Islander patients report feeling culturally supported throughout the care journey. (PREMS). Number of case studies, examples showing how cross-directorate support improved patient care outcomes. 	KPA 1 KPA 2 KPA 3

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3	Develop and enhance culturally safe, co-designed innovative care models						
3.1	Caring for the LGBTQIA+ Sistergirl and Brotherboy community						
	Accountable Officer – Executive Director, Clinical Governance						
	Aboriginal and Torres Strait Islander Lead – Program Manager, Health Equity (Aboriginal and Torres Strait Islander Leadership Team)						
3.1a	Partner with Aboriginal and Torres Strait Islander people who identify as LGBTQIA+ Sistergirl and Brotherboys to co-design inclusive programs and initiatives that reflect their lived experienced. <ul style="list-style-type: none">Partner with organisations and LGBTQIA+ Sistergirl and Brotherboy groups.Design campaigns that ensure representation - specifically focusing on social and emotional wellbeing support for youth and men.Co-design specific outreach and preventative programs.	Executive Director, Clinical Governance Chief Allied Health Practitioner and Wellbeing Officer Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Community and Oral Health	*	*	*	<ul style="list-style-type: none">Aboriginal and Torres Strait Islander representation on the Metro North Health PRIDE in Metro North Working Group.Committee and specific partnerships established.Evidence of programs and initiative co-designed.Evidence of targeted engagement with LGBTQIA+ Sistergirl and Brotherboy community members.	KPA 1 KPA 3 KPA 5
3.2	Improving the Prisoner Healthcare Journey for Aboriginal and Torres Strait Islander people						
	Accountable Officer – Chief Allied Health Practitioner and Wellbeing Officer						
	Aboriginal and Torres Strait Islander Lead – Manager, Aboriginal and Torres Strait Islander Health (Caboolture, Kilcoy and Woodford Health Service)						
3.2a	Create culturally sensitive healthcare models to support people in custody admitted to all Metro North Health hospitals, including those transported to Emergency Departments by Queensland Police and Correctional Services.	Executive Director, RBWH Executive Director, TPCH Executive Director, Redcliffe Hospital Executive Director, Caboolture, Kilcoy, and Woodford. Executive Director, STARS Executive Director, Mental Health Executive Director, Emergency Medicine Clinical Services Stream (Critical Care Stream) Executive Director, Aboriginal and Torres Strait Islander Health	*	*	*	<ul style="list-style-type: none">Evidence of Models of Care reviewed and developed as required under the co-design principle.Improved services in the targeted clinical setting (Emergency Department and clinical services).Evidence of transfer of information in the journey pathway.	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.2b	<p>Develop integrated models of care to support Aboriginal and Torres Strait Islander people interacting with health, mental health, justice, and community services, focusing on early intervention and continuity of care.</p> <ul style="list-style-type: none">Embed dedicated transition navigators to guide and support individuals as they move through complex systems, particularly during transition from custody to community-based health, rehabilitation, and support services.Strengthen partnership with community-based organisations to deliver coordinated care.	<p>Executive Director, Mental Health</p> <p>Executive Director, Caboolture, Kilcoy, and Woodford</p> <p>Executive Director, Community and Oral Health</p> <p>Executive Director, Aboriginal and Torres Strait Islander Health</p>	*	*	*	<ul style="list-style-type: none">Partnerships established and formalised with community-based services to support transition and ensure continuity of care.Integrated care pathways implemented.Dedicated navigator positions to support and guide from custody to community-based services established.	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5
3.3	Family centred approaches to health care: Maternity Services, Paediatrics, Child Health and focus on the First 2000 Days						
	Accountable Officer – Chief Nursing and Midwifery Officer						
	Aboriginal and Torres Strait Islander Lead – First Nations Director of Nursing Women's, Children's and Families						
Families							
3.3a	<p>Create a holistic healthcare model of care for women's, children's and families' including:</p> <ul style="list-style-type: none">Establish and/or expand Maternity Services, Child Health Services and Family programs.Include Aboriginal and Torres Strait Islander Health Worker Coordinator Roles in the models of care.Pilot a One-Stop-Shop model in the Moreton Bay Region that provides integrated, accessible care tailored to the needs of women, children, and families.Creating pathways for telehealth, after-hours services, and welcoming entry points that reflects how families prefer to engage with care.Re-design appointment systems to reduce fragmentation - supporting family needs through flexible, same-day, or coordinated appointments across services.	<p>Executive Director, Women's Children and Families</p> <p>Executive Director, Aboriginal and Torres Strait Islander Health</p> <p>Executive Director, RBWH</p> <p>Executive Director, TPCH</p> <p>Executive Director, Redcliffe</p> <p>Executive Director, Caboolture, Kilcoy, and Woodford</p> <p>Executive Director, Mental Health</p>	*	*	*	<ul style="list-style-type: none">Evidence of a holistic healthcare model.Increase in participation rates for the Ngarrama Service.Documented established and increased utilisation of Telehealth pathways for women, children and families.Evidence of Nurse Navigator positions established in Caboolture (2), Redcliffe (2) and the Royal Brisbane and Women's Hospitals (3) to support integrated care.Evidence and increase of Aboriginal and Torres Strait Islander Health Worker Coordinator roles in Caboolture, Redcliffe and the Royal Brisbane and Women's Hospital.Increase in referral numbers to the nurse navigators.Clear referral pathways to the nurse navigators in place and operational.Decrease in Failure to Attend (FTA) rates.	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.3b	Develop a referral and follow up model of care for Aboriginal and Torres Strait Islander consumers experiencing domestic and family violence.	Executive Director, Women's Children and Families Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Community and Oral Health Executive Director, RBWH Executive Director, STARS Executive Director, TPCH Executive Director, Redcliffe Executive Director, Caboolture, Kilcoy and Woodford Executive Director, Mental Health	*			<ul style="list-style-type: none"> Evidence of a referral pathway and model of care for Aboriginal and Torres Strait Islander consumers experiencing domestic and family violence. Increase in referrals to Aboriginal and Torres Strait Islander consumers utilising this referral pathway. Capture of data of Aboriginal and Torres Strait Islander consumers entering Emergency Departments relating to domestic and family violence. 	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5
3.3c	Improve child safety notification processes for Aboriginal and Torres Strait Islander children and families by: <ul style="list-style-type: none"> Integrating cultural consideration into reporting protocols. To create a cultural safety family plan, to be completed after notification is made to support the family if appropriate. Training of Metro North child safety units to ensure development of cultural knowledge by undertaking the 4 hour face-to-face Cultural Practice Program. Ensure culturally appropriate supports are designed and provided to families when a known notification is disclosed. 	Executive Director, Women's Children and Families Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Community and Oral Health Executive Director, RBWH Executive Director, TPCH Executive Director, Redcliffe Executive Director, Caboolture, Kilcoy and Woodford	*	*	*	<ul style="list-style-type: none"> Evidence of supports available and provided to families. Improved community perceptions and trust of Metro North Health's child safety processes. Improved process, experience and outcome (cultural considerations, culturally appropriate support, culturally safe engagement by staff) for the families (by case study reviews). 	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
Maternity Services							
3.3d	<p>Expand Ngarrama Services to meet the growing demand. Support holistic, culturally safe care for Aboriginal and Torres Strait Islander women, babies, and families at Caboolture, Redcliffe and the Royal Brisbane and Women's Hospitals by:</p> <ul style="list-style-type: none">Employing additional Identified Midwives at all Ngarrama sites to enhance capacity and care availability.Reducing the Midwifery Group Practice (MGP) caseload per full-time midwife from 40 to 23-30 women, ensuring safer and more personalised care.Recruit and embed additional Aboriginal and Torres Strait Islander Health Workers/Practitioners in Ngarrama Services to achieve a minimum staffing ratio of one (1) Health Worker/Practitioner for every two (2) midwives.Establish a dedicated Identified Case Manager (Midwife role) within all three (RBWH, Redcliffe Hospital, and Caboolture Hospital) Ngarrama Antenatal and Postnatal Services to provide a Maternity Antenatal and Postnatal (MAPS) clinic for:Women unable to access Ngarrama MGP.Women who prefer an alternative Model of Care.Women in other Model of Cares requiring additional cultural or clinical support.Create clear referral process with Birthing in Our Community (BiOC) to make sure all women who want the Midwifery Group Practice (MGP) model are offered that option first before being referred to the Identified Case Manager Midwife.	<p>Chief Nursing and Midwifery Officer</p> <p>Executive Director, Women's Children and Families</p> <p>Executive Director, Aboriginal and Torres Strait Islander Health</p> <p>Executive Director, Caboolture, Kilcoy and Woodford</p> <p>Executive Director, Redcliffe Hospital</p> <p>Executive Director, RBWH</p>	*	*	*	<ul style="list-style-type: none">Increased number of Ngarrama Identified Midwives and Aboriginal and Torres Strait Islander Health Workers/Practitioners.Decrease in case load for Midwifery Group Practice (MGP) Midwives from 40 women per year to 25-30 women per year for 1.0 FTE equivalent.Evidence of a clear referral process.Number and proportion of mothers pregnant with an Aboriginal and Torres Strait Islander baby that were referred to a culturally responsive birthing program aligned with Queensland Health's Growing Deadly Families Strategy.Increased proportion of Aboriginal and Torres Strait Islander babies with healthy birth weights.	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5
3.3e	<p>Create Aboriginal and Torres Strait Islander (identified) Midwifery Navigator positions (1 FTE at each birthing hospital: RBWH, Redcliffe, and Caboolture) to provide specialist support for women experiencing complex medical and/or social circumstances.</p>	<p>Chief Nursing and Midwifery Officer</p> <p>Executive Director, Caboolture, Kilcoy and Woodford</p> <p>Executive Director, Redcliffe</p> <p>Executive Director, RBWH</p>	*	*	*	<ul style="list-style-type: none">Evidence of an Identified position established within maternity services at each of the following facilities: RBWH, Caboolture and Redcliffe Hospital.Increase in number of referrals to the Nurse Navigator positions.	KPA 2 KPA 3

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
Children							
3.3f	<p>Strengthen early childhood health, development, and education outcomes across the First 2000 Days through integrated care.</p> <ul style="list-style-type: none">Embed the First 2000 Days framework in all planning and service delivery models for Aboriginal and Torres Strait Islander children. Build and formalise sustainable partnerships and referral pathways with Children's Health Queensland, Institute for Urban Indigenous Health (IUIH), Aboriginal and Torres Strait Islander early childhood education providers, and community-controlled organisations.Partner with Children's Health Queensland (CHQ), Public Health, and community organisations to co-deliver culturally responsive health promotion and developmental screening in early learning environments.Strengthen referral pathways to Early Childhood Approach providers and other developmental support services for children under 6 and children under 9 living with disability.Increase access to outreach dental clinics to be delivered in early childhood and primary school settings.Increase access to flexible immunisation services through culturally appropriate mobile clinics, and after-hours outreach in partnerships with Children's Health Queensland (CHQ).Implement community education and awareness campaigns to prevent Foetal Alcohol Spectrum Disorder (FASD) and support early diagnosis of developmental delay and autism.Promote and expand community-based programs for families, including playgroups, parenting support, and culturally safe health literacy programs.	<p>Executive Director, Women's Children & Families</p> <p>Executive Director, Aboriginal and Torres Strait Islander Health</p> <p>Chief Operating Officer</p>	*	*	*	<ul style="list-style-type: none">Children assessed as developmentally on track in all five domains of the Australian Early Development Census.Evidence of formal establishment of strategic partnerships and the execution of Memoranda of Understanding (MOU) among childhood health providers, community-controlled organisations, and education stakeholders, demonstrating collaborative agreements and shared commitments to improving outcomes for children and families.Increase in the childhood immunisation numbers for Aboriginal and Torres Strait Islander children under 5 years of age (12 months, 18 months, and 4 years old).Development of Fetal Alcohol Spectrum Disorder (FASD) awareness campaign and number of people attending education in community.	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.4	Empower Aboriginal and Torres Strait Islander young people						
	Accountable Officer – Director, Board Governance						
	Aboriginal and Torres Strait Islander Lead – Director, Aboriginal and Torres Strait Islander Health (Mental Health, Alcohol and Other Drugs)						
3.4a	Support and empower Aboriginal and Torres Strait Islander young people's voices by establishing a Youth Alliance with a focus on targeted engagement.	Executive Director, Women's Children and Families Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Mental Health	*			<ul style="list-style-type: none">Youth Alliance established.Increase growth in Youth Alliance attendance.Increase in Aboriginal and Torres Strait Islander young people (13-25) completing PREMS and JRNA survey.Increase in number of actions co-designed and implemented.Identified specific outcomes achieved by the Youth Alliance.	KPA 5
3.4b	Review and analyse Metro North Health data relating to young people to co-design targeted focus areas in partnership with the Youth Alliance.	Executive Director, Health Strategy and Planning Executive Director, Clinical Governance	*	*		<ul style="list-style-type: none">Co-designed focus areas identified and agreed upon in partnership with the Youth Alliance.	KPA 3 KPA 5
3.4c	Map, codesign and pilot an Aboriginal and Torres Strait Islander-led team by 2026-2027 to provide culturally safe holistic care to support young people to: <ul style="list-style-type: none">Improve access to culturally safe mental health, ATODS and sexual health services.Researching AOD rehabilitation pathways for young people up to 25 years of age.Embed prevention, health promotion and early intervention through partnerships with schools, families, and community organisations.Strengthen cultural identity and belonging for Aboriginal and Torres Strait Islander young people.	Executive Director, Health Strategy and Planning Director, Women's Children and Families Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Community and Oral Health Services Executive Director, Mental Health			*	<ul style="list-style-type: none">Team established including Identified Nurses, identified Clinicians and Aboriginal and Torres Strait Islander Health Workers and operating within defined model of care.Increase in number and proportion of Aboriginal and Torres Strait Islander young people accessing services.Evidence of partnerships established with schools, families, and community organisations to support prevention, health promotion, and early intervention.	KPA 2 KPA 3 KPA 4
3.4d	Pilot the development of transition pathways from paediatrics to adults' health service in Caboolture Hospital through care coordination and expand across Metro North Health.	Director, Women's Children and Families Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Caboolture, Kilcoy and Woodford	*	*	*	Pilot: <ul style="list-style-type: none">Evidence of culturally safe transition from paediatrics to adults' services. Expansion: <ul style="list-style-type: none">Evidence and evaluation of expansion.Patient experience feedback and presentation of case scenarios.	KPA 2 KPA 3 KPA 4

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.5	Preventative health and health promotion for Aboriginal and Torres Strait Islander people						
	Accountable Officer – Executive Director, Clinical Services						
	Aboriginal and Torres Strait Islander Lead – Manager, Aboriginal and Torres Strait Islander Health (The Prince Charles Hospital)						
3.5a	Develop and implement a health literacy, promotional and education awareness model to increase awareness, education and understanding of the importance of preventative and opportunistic health screenings for Aboriginal and Torres Strait Islander people and clinicians across Metro North Health.	Executive Director, Clinical Governance Executive Director, Clinical Services Chief Operating Officer	*	*	*	<ul style="list-style-type: none">• Increase in all cancer screening rates, (breast, bowel and lung cancer).• Data of opportunistic screenings participation.	KPA 2 KPA 3 KPA 4 KPA 5
3.5b	Co-design models of care in partnership with the Better Together Health Van to increase the community participation in opportunistic screening in the following priority areas: <ul style="list-style-type: none">• Heart• Lung cancer• Diabetes• Oral Health• Sexual Health• Men’s and Women’s Screenings• Mental Health, Tobacco, Alcohol and other Drugs• Immunisations• ASQ-Trak	Executive Director, Clinical Services Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Community and Oral Health	*	*	*	<ul style="list-style-type: none">• Models of Care established for opportunistic screenings via an outreach model.• Increase in utilisation rates of the Better Together Health Van.• Decrease in avoidable admissions to preventable hospitalisation (PPH).• Increased screening rates for opportunistic screening for Aboriginal and Torres Strait Islander people	KPA2 KPA3 KPA5
3.5c	Develop and implement a culturally appropriate Sexual Health Service specifically designed to meet the needs of the Aboriginal and Torres Strait Islander community across Metro North Health facilities.	Chief Operating Officer Executive Director, Clinical Services	*	*	*	<ul style="list-style-type: none">• Evidence of a service delivery model and co-design for an Aboriginal and Torres Strait Islander Sexual Health Service by June 2027.• Increase in screening rates of STIs (Sexually Transmitted Infections) in Metro North Health.• Increased success rates for contact tracing.	KPA 2 KPA 3 KPA 4

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.6	Focus the Mental Health and Alcohol & Other Drugs (MHAOD) to trauma-informed healthcare model						
	Accountable Officer – Executive Director, Clinical Governance						
	Aboriginal and Torres Strait Islander Lead – Director, Aboriginal and Torres Strait Islander Health (Mental Health, Alcohol and Other Drugs)						
	Note: A comprehensive set of MHAOD are captured in the Metro North MHAOD roadmap for Aboriginal and Torres Strait Islander peoples which will be reported through the Health Equity reporting process.						
3.6a	Develop and implement culturally responsive, holistic models of care of mental health care across Metro North Health that integrates social and emotional wellbeing, is strength-based and trauma-informed, and accessible through all services not only MHAOD. This includes: <ul style="list-style-type: none">Mental Health First Aid and trauma-informed mental health response training, and support, of front-line staff, including Indigenous Hospital Liaison Officers (IHLOs), Aboriginal and Torres Strait Islander Health Workers and community members.Partnering internally with organisations to deliver services closer to home via satellite healthcare centres, home visiting and outreach.Review existing models of care and service delivery to ensure culturally safe and trauma informed approaches are delivered across acute, community and primary healthcare.Embed shared responsibility for mental health across the health systems to ensure coordinated care and a ‘no wrong door’ approach for Aboriginal and Torres Strait Islander people.Map existing models of care and develop Aboriginal and Torres Strait Islander-led models of care and services that support mental health, social and emotional wellbeing, and respond to people experiencing crisis - including suicidal ideation, especially in emergency settings and in community.Develop the Lived Experience Workforce for Identified positions.	Executive Director, Aboriginal and Torres Strait Islander Health Executive Director, Mental Health Executive Director, RBWH Executive Director, TPC Executive Director, Redcliffe Executive Director, CKW Executive Director TPC Executive Director, STARS	*	*	*	<ul style="list-style-type: none">A reduction in the number of Aboriginal and Torres Strait Islander suicides each year compared to previous year.Increase in number of Aboriginal and Torres Strait Islander people accessing mental health service episodes who have a documented mental health care plan and a cultural support plan to guide and inform their care plan and pathways.Decrease in the Discharge Against Medical Advice (DAMA) rate for Mental Health inpatient areas.Increase in staff participation in the Aboriginal and Torres Strait Islander Mental Health First Aid training via TMS attendance.Reduction in Failure to Attend (FTA) rates of Aboriginal and Torres Strait Islander Mental Health consumers.Increase in face-to-face community follow-up within 1-7 days after hospital discharge.An increase in referrals to community-based Alcohol and Other Drug services for Aboriginal and Torres Strait Islander people.Evidence of referrals into partnership programs and services following discharge from Mental Health Service.Increase in (identified) Lived Experience Workforce.Increase in Aboriginal and Torres Strait Islander Health Workers in the Mental Health Directorate.	KPA 1 KPA 2 KPA 3 KPA 4 KPA 5

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.6b	<p>Pilot outreach models of service within the Alcohol and Drug Services for Aboriginal and Torres Strait Islander consumers.</p> <ul style="list-style-type: none"> Increase the Aboriginal and Torres Strait Islander workforce in Alcohol, Tobacco and Other Drug Services in Metro North Health. Review and evaluate engagement and service delivery of the Opiate Treatment Program to Aboriginal and Torres Strait Islander consumers. Trial group therapy programs for Aboriginal and Torres Strait Islander people accessing Alcohol and other Drug Services. Research models of Alcohol and other Drug Services from Australia. 	Executive Director, Mental Health	*	*	*	<ul style="list-style-type: none"> Evidence of a co-designed pilot Model of Care. Evaluation of an Outreach Model. Increase in Aboriginal and Torres Strait Islander positions and Aboriginal and Torres Strait Islander Health Workers in the Alcohol and other Drug Service. Increase in Aboriginal and Torres Strait Islander Consumers accessing Community Alcohol, and other Drug Services. Evidence of a background Paper relating to best practice in Alcohol and other Drugs in Australia – to inform models of care. 	KPA 2 KPA 3 KPA 4 KPA 5
3.7	Caring for Elders (50 years +)						
	Accountable Officer – Executive Director, Office of the CE and Communications						
	Aboriginal and Torres Strait Islander Lead – Professional Lead, Aboriginal and Torres Strait Islander Health (Mental Health, Alcohol and Other Drugs)						
3.7a	<p>Establish seamless pathways between our Hospitals and Community and Oral Health Services to support Elders by:</p> <ul style="list-style-type: none"> Embedding coordinated oral health programs. Supporting Elders with disabilities, and their carers. Providing face-to-face booking options and coordinated appointment scheduling. Regularly assessing cognitive and functional health as part of Elders care planning. Utilising Satellite Healthcare Centre and Community and Oral Health centres to deliver care closure to home. 	Executive Director, Community and Oral Health Executive Director, RBWH Executive Director, TPCCH Executive Director, Redcliffe Executive Director, CKW Executive Director, STARS Chief Operating Officer	*	*	*	<ul style="list-style-type: none"> Increase in referrals of Aboriginal and Torres Strait Islander people to Community and Oral Health services from hospitals. Increase in Hospital in The Home (HITH) referrals. Increased participation in Oral Health Services for Elders. Increased cognitive and functional health assessments. Increased proportion of Aboriginal and Torres Strait Islander patients treated within the clinically recommended time. 	KPA 2 KPA 3 KPA 4 KPA 5

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Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
3.7b	<p>Review and strengthen the accessibility and cultural suitability of Aged Care Assessment Team (ACAT) assessments for Aboriginal and Torres Strait Islander people by:</p> <ul style="list-style-type: none"> • Trialling community-led assessment models that reflect Aboriginal and Torres Strait Islander cultural values, ways of knowing and perspectives. • Prioritising Aboriginal and Torres Strait Islander people on the ACAT waitlist for assessment and aged care services. • Embedding Aboriginal and Torres Strait Islander Elder Care positions within the Aboriginal and Torres Strait Islander Health Service in COH to support culturally safe system navigation. • Advocacy in relation to Respite Care for Aboriginal and Torres Strait Islander Elders. • Mapping of Aged Care Services available within Metro North and Community Organisations for our Elders. 	Executive Director, Community and Oral Health	*	*	*	<ul style="list-style-type: none"> • Increase in ACAT assessments completed. • Decrease in wait time and/or list for ACAT assessment. • Evidence of Aboriginal and Torres Strait Islander Identified position and Identified nurse within the ACAT Team. • Increase in workforce in the Community and Oral Health Aboriginal and Torres Strait Islander Health Service. • Evidence of engagement with Aboriginal and Torres Strait Islander consumers from point of referral through to ACAT assessment. • Patient feedback for improvements relating to service delivery. 	KPA 2 KPA 3
3.8	Connecting services for Aboriginal and Torres Strait Islander men						
	Accountable Officer – Executive Director, Clinical Services						
	Aboriginal and Torres Strait Islander Lead – Manager, Aboriginal and Torres Strait Islander Health (Community and Oral Health)						
3.8a	Pilot an Aboriginal and Torres Strait Islander Men's Drop-in Clinic at Kallangur Satellite Health Centre, focusing on prostate health, immunisations, diabetes, and sexual health, with a plan to scale the model across all Satellite Health Centres.	Executive Director, Community and Oral Health Executive Director, TPCH	*	*	*	<ul style="list-style-type: none"> • Integration of the Drop-in Clinic Model to IeMR for data collection. • Model of Care established and evaluated. • Increase of Aboriginal and Torres Strait Islander male consumers in all services within the Satellite Health Centres. 	KPA 2 KPA 3
3.8b	<p>Provide care for males presenting to the Emergency Department by piloting and scaling the establishment of a dedicated identified male Indigenous Hospital Liaison Officer (IHLO) role to offer culturally safe support.</p> <ul style="list-style-type: none"> • 2025-2026 Caboolture Hospital • 2026-2027 The Royal Brisbane and Women's Hospital • 2027-2028 Redcliffe and The Prince Charles Hospitals 	Executive Director, Caboolture, Kilcoy and Woodford Executive Director, RBWH Executive Director, Redcliffe Executive Director, TPCH		*	*	<ul style="list-style-type: none"> • Decrease in Did Not Wait (DNWs) and Left After Treatment Commenced (LATC). 	KPA 2 KPA 3 KPA 4

Action No.	Action	Responsible Officer	Priority Year Due			Measures	KPA
			Year 1 2025-26	Year 2 2026-27	Year 3 2027-28		
4	Sustain culturally safe, data driven equity						
4.1	Culturally Safe Data collection						
	Accountable Officer – Chief Digital Health Officer						
	Aboriginal and Torres Strait Islander Lead – Director, Systems and Performance (Aboriginal and Torres Strait Islander Leadership Team)						
4.1a	Embed the standardised use of Cultural Support Gathering tools across all relevant Directorates and integrate into IeMR.	Chief Digital Officer	*			<ul style="list-style-type: none">Tool integrated into IeMR.Evidence of Cultural Information Gathering Tool in patient care (random audit).	KPA 3
4.1b	Map existing training programs, develop and deliver a training program for all Nurses, Doctors (particularly international Medical Officers / Graduates) and Allied Health Professionals focused on enhancing cultural understanding ‘identifying and mitigating racism and bias in clinical care’ and improve accuracy and appropriate clinical documentation for Aboriginal and Torres Strait Islander patients.	Chief Medical Officer Chief Nursing and Midwifery Officer Chief Allied Health practitioner and Wellbeing Officer Executive Director, Clinical Governance Executive Director, Aboriginal and Torres Strait Islander Health	*	*		<ul style="list-style-type: none">Establishment of the training program and launched through TMS. (2025-2026)Increased in number of staff completing the training program. (2026-2027)At least 85% of participants demonstrate improved knowledge and confidence in culturally safe documentation and awareness of racism, based on pre and post surveys.Evidence of Cultural Information Gathering Tool in patient care (random audit).Evidence of an auditing tool to assess clinical documentation in Aboriginal and Torres Strait Islander charts.	KPA 1 KPA 3
4.1c	Jointly plan and co-design the collection, analysis and implementation of the Joint Regional Needs Assessment (JRNA) with Institute for Urban Indigenous Health (IUIH), Brisbane North PHN and Metro North Health.	Executive Director, Strategy and Planning Executive Director, Aboriginal and Torres Strait Islander Health			*	<ul style="list-style-type: none">A joint survey developed across the partners for distribution.Evidence of Joint Need being identified and informs the 2028-2031 Health Equity Strategy.	KPA 4 KPA 5

Definitions / Terminology

Terminology	Definition
Aboriginal and Torres Strait Islander	According to s51 (25) of the High Court of Australia (1983): 'An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander (person) and is accepted as such by the community in which he or she lives.
ASR – Age-Standard Rate	ASR stands for Age-Standardised Rate. The Age-Standardised Rate (ASR) helps us compare health data fairly between Aboriginal and Torres Strait Islander people and the general population, so we can see the real gaps and work to close them.
JRNA	Joint Regional Needs Assessment
MDTs	Multi-Disciplinary Team Reviews
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
RFC	Ready for Care





Our community voices

Messages in a Coolamon

Messages in a Coolamon are shared as a reflection at the closing of all Metro North Health Equity Community Engagement Events.

"My peoples voice will be heard on this journey of health equity!"

"Education – importance of building relationships with patients and partners."

"Thank you for listening to mob. Moving forward we want more action. We are sick of talking. We need change."

"Our strategies need to make our staff feel safe and able to report racism and have this addressed and not ignored. Managers need to understand unconscious bias and power imbalance."

"Actively listening to our patients' feedback and seeking suggestions. Thank you for inviting mob from all different areas of health to add input towards our Health Equity Strategy."

"I am very happy to see this happen. Racism is still being perpetrated in the workplace and to see that this health service is going to stand up with us and say no this has to stop. Putting things in place is incredibly exciting."

"Governance is the key to a successful plan. Ensure the voice is for the people by the people at the governance level."

"Collecting patients' stories, them and their culture and their hospital experience – share this for education purposes."

"We are the experts in our own lives. Don't just hear us, listen to understand."

"My hope is that real action comes from this. No more talk."

"More courageous conversations. Keep the conversations going. This type of forum should be ongoing but with follow-up of outcomes – what has been done, what still needs to be done and what hasn't been even looked at in maybe 6 months/12-month periods. Love it all!!!"

"Trust and work together to build up towards equity."

"Thank you for allowing community Elders the time to speak and have staff listen to their experiences."

"Health for Aboriginal and Torres Strait Islanders will bring healing for all Australia."

"We all can make a difference in our own special way. It's now a matter of bringing all together to serve one purpose – Health Equity."

