Queensland's First Nations Health Equity Consultation Report

Summary of key findings

Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031 **Discussion Paper**

QAIHC
Queensland Aboriginal and Islander Health Council

Queensland Government

Queensland's First Nations Health Equity Consultation Report: Summary of key findings

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Acknowledgement

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This report has been produced by QAIHC and summarises the voices, perspectives and experiences of the ATSICCHO Sector and Aboriginal and Torres Strait Islander peoples. QH respects and values QAIHC's expertise and is committed to working in partnership with QAIHC and the ATSICCHO Sector to respond to the issues raised from consultation.

Whilst some of the ideas and comments in the consultation report do not necessarily reflect current policy positions, QH respects the frankness and courage of participants in sharing their ideas and experiences.

A note on terminology

Throughout the document, the terms 'Aboriginal and Torres Strait Islander peoples' and 'First Nations peoples' are used interchangeably rather than 'Indigenous'.

While 'Indigenous' is commonly used in many national and international contexts (including some of the references), QH's preferred terminology is 'Aboriginal and Torres Strait Islander peoples', 'Aboriginal peoples and Torres Strait Islander peoples' and/or 'First Nations peoples', with the latter used interchangeably once it has been noted that 'First Nations peoples' refers to both Aboriginal peoples and Torres Strait Islander peoples as First peoples in Queensland.

QAIHC, the peak-body representing the Aboriginal and Torres Strait Islander Community-Controlled Health Sector in Queensland, prefer the terminology 'Aboriginal and Torres Strait Islander peoples'.

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Contents

Executive summary

*The **Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031 Discussion Paper** (Discussion Paper), was launched by the Minister for Health, the Honourable Yvette D'Ath, and the Chairperson of QAIHC, Matthew Cooke, on 17 March 2021 and distributed by QH and QAIHC for public consultation through online portals and regional workshops. The overall response to the Discussion Paper was favourable, although there was considerable scepticism as to whether it will simply produce 'more of the same' and will not tackle the systemic issues failing to address the inequitable health outcomes of Aboriginal and Torres Strait Islander peoples.*

The Health Equity Strategies to be produced by HHSs, as required under the *Hospital and Health Boards Regulation 2012*, must be developed in true partnership and collaboration with the Aboriginal and Torres Strait Islander health sector; it cannot simply be more of the same; no more 'them and us'. Genuine effort needs to be directed towards making sustainable changes in the health system and ensuring that funds are directed to whoever is best placed to deliver the services. Partnership arrangements for the delivery of health services need to be considered, increased funding flexibility to deliver more outreach programs, First Nations led models of care need to become the norm and more Aboriginal and Torres Islander peoples must be employed at all levels and all categories across the health system.

Racism needs to be addressed and an anti-racism campaign run. Feedback from across the state indicates that many Aboriginal and Torres Strait Islander peoples feel uncomfortable accessing the mainstream health system. One female participant commented that "they only see my black face" and did not feel she was seen as an individual with specific health needs. Unconscious bias and institutional racism are present within the health system, and consideration needs to be given to programs such as the Courageous Conversations About Race program which is currently being run at Gold Coast HHS with good results; it is an innovative training and cultural immersion program designed to transform understanding of how race impacts everyone's lives, work and communities.

While the health system can deliver care to patients, it cannot achieve equitable outcomes for Aboriginal and Torres Islander peoples without assistance from agencies responsible for housing, education, employment, justice and the other social determinants. These agencies must take some accountability for the outcomes in health. Too often patients are being sent from hospital back to substandard housing which impacts adversely on their recovery, or there may be issues of family violence, long term unemployment, alcohol or drug abuse in the home that also impact on their health. Holistic patient-centred care must be provided that considers all external contributing factors in assisting patients to achieve optimum health outcomes, otherwise the treatment they receive from the health system remains only a band-aid response. Significant investment and reform from government is needed to achieve results by 2031.

Background

Purpose of this report

The purpose of this report is to summarise the key themes and outcomes of the public consultations (Health Equity Consultations) on the Discussion Paper. The outcomes of this consultation will inform advice to Queensland Health on the key areas needing to be addressed during the development of the Health Equity Strategies by HHSs by 30 April 2022. This report also identifies other key health reforms for further action.

Context

On 17 March 2021, the Minister for Health and Ambulance Services, the Honourable Yvette D'Ath and the Chairperson of QAIHC, Matthew Cooke, released the Discussion Paper for public consultation. The Discussion Paper is made up of three main sections:

- **Section 1:** *The journey so far…building on our foundations in the past and now* which sets out the health journey for Aboriginal and Torres Strait Islander peoples to date and the basis for achieving health equity
- **Section 2:** *Embedding health equity into local health systems…placing First Nations peoples and voices at the centre of healthcare service delivery* which describes the requirements for HHSs to develop and implement Health Equity Strategies under the *Hospital and Health Act 2011*
- **Section 3:** *Driving health equity across the health system and addressing the social and cultural determinants of health—future ideas for discussion* which identifies 20 ideas for future reform for stakeholder views and discussion.

To receive the greatest level of input from stakeholders, an online portal was also established to receive feedback (see Appendix A for the questions) and 17 consultation workshops were held across Queensland, with additional meetings held with other stakeholder groups as needed. Each of the sections within the Discussion Paper were considered at the consultation workshops with participants identifying areas of greatest challenge and areas where greatest improvement is required. For Section 3 of the Discussion Paper, participants voted on their top priorities from the 20 listed.

More than 490 people attended the consultation process across the state (see Appendix B for the list of locations and dates). Individual reports were provided for each of these consultations and an online validation session was held on 25 June 2021 for participants to provide feedback on these reports and hear the key learnings from across the state. (Summary reports are attached at Annexure 1). Further consultations were also held via online forums which included:

- Torres Cape Indigenous Council's Alliance
- Apunipima Cape York Health Council
- Various Workforce Organisations
- Tertiary Institutions
- First Nations HHS Board Members
- Chairs of HHS Boards
- Torres Health Indigenous Corporation
- Human Rights Commission.

The online feedback portal was open from 17 March to 4 June 2021.

- 39 responses were received through Survey Monkey online portal.
- eight written submissions were received via the Queensland Health First Nations Health Equity email address.

These consultations were attended by, and feedback received from, Chairs, CE's and other executives across the 16 HHSs, Chairs, CEOs and other staff from the ATSICCHOs, other not for profit and non-government organisations, medical staff, Primary Health Network (PHN) Chairs and executives, union, professional associations, academics and community members.

Establishing Health Equity for First Nations peoples

Key events and policies in Queensland

In 2017, the then Queensland Anti-Discrimination Commission (now Queensland Human Rights Commission) in partnership with QAIHC released the report *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services*. In response, the *Statement of Action towards Closing the Gap in health* was agreed to by all HHS Board Chairs.

In 2018 the *Queensland Government Reconciliation Action Plan 2018–2021* was released and in 2019, Queensland appointed the first Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director General.

In 2020 Royal Assent was given to the *Health Legislation Amendment Act 2020* which states under Section 23.3 (A) that within a HHS "one or more of the members of a board must be Aboriginal persons or Torres Strait Islander persons.'

After the release of the Discussion Paper, the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021* (the Regulation) came into effect on 30 April 2021. The Regulation prescribes the requirements for the development of Health Equity Strategies by each HHS including:

- key priority areas
- prescribed stakeholders
- actions to achieve health equity.

Preparing for Health Equity Strategies

In collaboration between QH and QAIHC, a Health Equity Framework (the Framework) has been developed, informed by the consultation process. The Framework provides guidance to HHSs and stakeholders to develop their HES. In addition, a toolkit is also being developed to provide further operational assistance and guidance.

Key themes emerging from consultation on Sections 1 and 2 of the Discussion Paper

At each of the workshops time was spent with the participants considering each section of the Discussion Paper. A copy of the proforma document used to facilitate and record these discussions is at Appendix C. It was evident from the start of the consultations that nearly all participants not only understood the imperative to achieve health equity for Aboriginal and Torres Strait Islander peoples, but welcomed this opportunity to move forward in partnership to do so.

Given the importance of the changes being brought about by introduction of the Regulation and the need for HHS and Aboriginal and Torres Strait Islander stakeholders to work together, there was significant discussion around the requirements of the Regulation and each of the key priority areas required under it.

The key priority areas under the Regulation are:

1) actively eliminating racial discrimination and institutional racism within the Service
2) increasing access to healthcare services
3) influencing the social, cultural and economic determinants of health
4) delivering sustainable, culturally safe and responsive healthcare services
5) working with Aboriginal people, Torres Strait Islander people and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services.

Specifically, participants considered the enablers, challenges and potential strategies for each of these key priority areas. As a result of these discussions, key themes for action were identified.

Key themes

Throughout the consultations five key themes (with two sub themes) became apparent. These are discussed below.

Systems

The health system needs to work as one and not in silos. There needs to be a flow of information between all health providers to ensure optimum outcomes for the patient. Current gaps in service provision need to be filled and where there is duplication of effort or services this needs to be resolved. Evidence based approaches as to who is best positioned to provide services need to be at the forefront of systems planning and not just to continue with business as usual.

- "The current health system does not work for the patient—it is designed not to be seamless. We must change this."
- Data systems need to provide real time information as and when required. Systems need to work together, and data needs to be shared to enhance patient care and to allow for proper forward planning.
- Creation of coordinated care hubs is required.
- ATSICCHO CEOs need to be at the table with HHS Health Service Chief Executives (HSCEs).

Social Determinants of Health (SDoH)

The health system cannot do this alone and is not solely responsible for health equity for Aboriginal and Torres Strait Islander peoples. The social and economic determinants of health are far wider than the health system. The justice, education and housing systems need to coordinate with the health system to derive real change. These agencies need to be at the table and contributing in a coordinated and systemic way to ensure good health outcomes are achievable and to have genuine person-centered care.

- The health sector is not able to improve health outcomes without other portfolios and departments being engaged in the process—they need to partner with the health system in the health equity journey.
- At a statewide level, departments responsible for SDoH need to be held to account for health outcomes and need to come to the table at the highest levels to buy in to health equity reform.
- At a local level, partnerships need to be established with SDoH providers to ensure that family support is provided where Aboriginal and Torres Strait Islander peoples have been identified as requiring such support. Patients cannot continue to be simply sent back to poor conditions at home or unresolved issues at school which will only see their health conditions exacerbated.
- Collaboration about patient discharge needs to occur with agencies responsible for SDoH.

Patient Care

The health system currently looks at how to resolve a particular health issue with a patient. It is funded by way of "body part" funding and the patient is treated according to the body part which requires care. As many issues for patients are multi factorial this approach is very difficult for the patients, often having to travel on many occasions to multiple locations to receive care for each specific area of illness or disease. This is particularly the case for patients from regional and remote areas where specialist services are located quite some distance from their homes. Without patient centered care the patient may often have to travel away from home for secondary and tertiary care multiple times to facilities where they do not feel culturally safe. As this takes its toll on patients, many are reluctant to make the journey and are then simply branded as 'failure to attend' clients.

- Concierge services need to be provided to help patients navigate the health system from primary to secondary/tertiary. From leaving home to returning home, patients need to be supported. This is particularly important for patients that must travel for care and are in unknown places where they feel isolated and confused. Multiple appointments need to be coordinated to limit travel requirements.
- Services need to be culturally safe for patients. They need to feel welcome, with their cultural identity acknowledged and supported. Cultural capability/safety needs to be the backbone of care provided. This is especially important where patients find themselves admitted into the emergency department; cultural safety needs to be integrated there also.
- Outreach and in-reach services need to be established as an alternative to making the patient travel to the service. Where possible, visiting specialist services should be established.
- Services at schools should increase to ensure opportunistic screening and early intervention.
- Use of technology to support ongoing home care and patient self-care need to be supported. There is evidence of the success of such approaches e.g. Goondir Health Services, Dalby.
- Clinical standards for all professions need to have cultural safety embedded.
- There is an urgent need for more health literacy programs for the First Nations community to ensure they understand the importance of early detection and treatment of illness and disease and what services are available, where and when.
- Hospital Liaison Officers are needed 24 hours per day, not just during business hours. This is particularly important for patients entering the systems and to help stop early self-discharging by patients from hospital.
- First Nations led models of care are needed across the health system.

Workforce

It is evident that having more Aboriginal and Torres Strait Islander peoples working within the health system can only assist to achieve a sense of security for First Nations people entering the system. First Nations peoples need to be at every sphere of the system from greater representation in the board room to doctors, nurses, physiotherapists and other clinical fields on the ground; they need to be in reception, on the wards and across all administrative, catering, engineering and housekeeping areas.

- There is need for more Aboriginal and Torres Strait Islander peoples to be working within the health system at all levels. A robust workforce strategy is needed to give priority to this.
- Targeted recruitment needs to occur to ensure higher levels are reached quickly.
- We need to invest in growing the supply for the future workforce—we cannot wait for the market (or education providers) to produce the health workforce (they haven't to date). We need to support and invest in incentivised pathways (i.e. traineeships, scholarships, cadetships).
- Nurses, Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) and practitioners need to be able to work at full scope of practice within the health system. Currently few are able to work to their full scope.

- Pathways for ATSIHWs and practitioners to transition to nursing and allied health degrees, for those that want to, need to be easily accessed and students properly supported to undertake the transition.
- Pipelines with the education system need to be established. This needs to occur at secondary level with options for studying Certificate I and Certificate II subjects in the curriculum. Further, partnerships need to be established with universities and other training institutions to ensure that Aboriginal and Torres Strait Islander students are earmarked for positions with the ATSICCHOs and HHSs when they graduate. There should be active targeting at a school level to encourage students to study in health-related fields; this can start at primary school level.
- All health education courses need to have cultural safety embedded as a core component to ensure the workforce is on the front foot with cultural safety even before they commence work within the system.
- There needs to an Aboriginal and Torres Strait Islander network established in each HHS to support First Nations staff. First Nations staff often feel isolated and unsupported and this leads to issues with retention and subsequently failure to attract staff.

Funding

Funding arrangements for HHSs need to shift from hospital activity/throughput to prioritising patient centered care and resources allocated to whoever is best placed to deliver the service. There needs to be a seamless flow for the patient regardless of where they enter the health system. The patient does not recognise boundaries, just need, therefore the system should not put unnecessary barriers in the way. As noted above, funding models need to consider the "patient as a whole", not simply through the lens of body parts.

- Models of care need to be suitable for patient and flexibility in funding needs to support these models of care.
- Funding is not always best placed within HHSs. Local level collaboration needs to occur to ensure that the right part of the health system is delivering the right model and level of care. This may mean the local ATSICCHO is better placed to provide that care in some situations.
- Partnership agreements and Memorandums of Understanding (MOUs) need to be established between HHSs and ATSICCHOs which can allow for funds to be distributed where required.
- Funding for Aboriginal and Torres Strait Islander Health needs to come from within the mainstream allocation also and not just be from Aboriginal and Torres Strait Islander identified funds. Funding must be commensurate with the level of need.

Culture

Culture is about a person's identity and their beliefs, behaviours and values. It not about the colour of their skin or whether they belong to an urban, rural or remote community. Aboriginal and Torres Strait Islander people of this country come from a variety of different cultural backgrounds and look vastly different from one another; this must be understood, accepted and accommodated. Each HHS will have First Nations patients with diverse backgrounds and it is imperative that cultural safety is at the forefront of the care they provide and within their workplaces.

- All onboarding activities for staff must include robust cultural safety training.
- Ongoing cultural safety training must be mandatory for all staff at regular intervals. With a high turnover of staff it is imperative ongoing training is readily available and provided to all staff.
- Patients must have information regarding their rights for equitable treatment under the Human Rights Act and this should be easily available to them. Literature and other information/media regarding this should be available at key access points.
- Cultural safety must be embedded as the backbone of all practices within the health system. Cultural consideration should take effect alongside medical treatment and not be an afterthought.

- First Nations staff carry the mantle for culture and often do a lot more than their specific role to ensure the wellbeing of First Nations patients. This is over and above the skillset for which they are paid and needs to be acknowledged.

Racial discrimination

Racial discrimination is not the same as lacking cultural awareness. Unfortunately, many people suffer from unconscious bias and work within systems which are racially discriminatory thereby reinforcing that unconscious bias. Most people are not overtly or intentionally racist, but this does not stop it from being so. It is essential to stop and unpack systems and practices now and look at what is preventing First Nations peoples from feeling comfortable within the health system. Feeling uncomfortable is why many Aboriginal and Torres Strait Islander peoples stop interacting with the health systems. They choose not to engage with the system but if they do, and find it uncomfortable, they will not come back. This is often just recorded as a 'failure to attend' and shows the patient in a poor light.

- Aboriginal and Torres Strait Islander workers and patients still experience racism and discrimination across the public health system in large numbers.
- An audit of racial discrimination needs to occur at every HHS with any findings and recommendations implemented as a matter of urgency.
- Complaint systems must be user friendly to allow for easy lodgment and all complaints need to be followed up and actions reported to the complainant. There must be safeguards, such as that with whistle blowers, that protects the complainant from any fall out or backlash. Many patients and staff fear retribution if they raise the issue of racism.
- Systems such as RiskMan must be set up to allow for reporting of racial discrimination to patients and staff members alike.
- Consideration needs to be given to implementing programs such as Courageous Conversations About Race program to assist people to identify unconscious bias and change their behaviours accordingly.
- An anti-racism strategy needs to be run across the health system showing the impacts on patient health outcomes.

Other

There is an urgent need to get the Commonwealth and PHNs at the table. It is important to engage the Commonwealth government in this agenda. At almost all of the workshops the question arose "Where is the Commonwealth in this?". Whilst there was attendance by some PHN staff, this was not the case for the majority of workshops. It is essential to have the Commonwealth, through QH and the PHNs, involved in this agenda.

Summary

The key themes:

- systems
- social determinants of health
- patient care
- workforce
- funding
- culture
- racial discrimination.

These must be addressed by government as a matter of urgency. These matters are real barriers to Aboriginal and Torres Strait Islander peoples engaging with the health system. Collaboration not only needs to occur between the HHS and Aboriginal and Torres Strait Islander stakeholders but also with the Commonwealth. The unique nature, culture and history of our First Nations people must be truly embedded in systemic change and partnerships are needed at all levels of government to make health equity a reality.

Feedback regarding Section 3: Future ideas

Top five health reforms for the state

At each full regional workshop, where time permitted, the 20 "Future ideas for discussion" were put to participants for consideration and then a vote was held for the top options in each region. Each region has different priorities for the future driven by their current position and relationships with the health sector, and where they see themselves heading in the next three years. Regional priorities are at Appendix D. Each region was collated, and an overall priority list created for Queensland.

Statewide tally

1	20	Drive an anti-racism strategy across the health system
2	2	Increase QH First Nations employment targets commensurate to local population or hospital presentation rates (whichever is greater)
3	8	Establish regional coordinated care hubs
4	11	Embed cultural capability into Clinical Services Capability Framework
5	16	Factor equity into existing QH funding models
6	1	Establish a First Nations Health Board
7	6	Introduce First Nations employment special measures
8	17	Utilise the Health Equity Strategies as future health investment plans
9	10	Implement QH funding incentives to drive equity
10	3	Legislate responsibilities of the Chief Aboriginal and Torres Strait Islander Health Officer
11	13	Undertake annual independent institutional racism audits
12	15	Strengthen functions of other health statutory authorities to drive health equity
13	7	Create a capability pipeline for future First Nations HHS Board members
14	18	Establish pilot 'Marmot city regions' across Queensland
15	4	Release a biennial First Nations health equity report
16	9	Establish regional ATSICCHO backbone organisations
17	14	Amend birth notifications to acknowledge birth parents cultural connection to country
18	5	Appoint a Deputy Chief Aboriginal and Torres Strait Islander Health Officer
19	12	Refresh QH Aboriginal and Torres Strait Islander Cultural Capability Frameworks 2010–2033
20	19	Set state wide and regional QH procurement targets to purchase from First Nations owned businesses

Implementation

The 'Future ideas' outlined in the Discussion Paper and discussed at the workshops should not be considered as an exhaustive list of ideas or reforms, however, many of these ideas strongly underpin the findings of this report. Without moving forward on these ideas, it will not be possible to address the health inequities still experienced by Aboriginal and Torres Strait Islander peoples. As we move forward with systemic reform more ideas will be provided from across the sector and these will need to be given due consideration, prioritised and actioned as practical. It is essential that, through collaboration between the mainstream health sector and the Aboriginal and Torres Strait Islander community controlled health sector, these reforms occur as a matter of urgency to achieve the Closing the Gap health targets:

1. Close the gap in life expectancy within a generation by 2031.
2. By 2031, increase the proportion of Aboriginaland Torres Strait Islander babies with a healthy birth weight to 91 per cent.
3. Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

Appendix A

Questions for online feedback

The questions which were put forward in the online portal for response were:

1. What is your name?
2. What region are you from?
3. Overall, what do you think about the ideas described in the discussion paper?
4. Do you agree with the renewed health equity agenda?
5. Is the urgency for this agenda understood?
6. What do you think about the health equity definition?
7. What do you think about the health equity design principles?
8. What's needed to make Health Equity Strategies work in practice?
9. What are the main challenges in developing and implementing Health Equity Strategies?
10. How can voices of all Aboriginal and Torres Strait Islander peoples be incorporated into Health Equity Strategies?
11. What type of guidance is needed in the Health Equity Framework?
12. What other local and regional support is needed for Health Equity Strategies to be effective?
13. What top three changes would support health equity and improve the social determinants of health? (from the 20 proposals outlined in the discussion paper)
14. What other changes are needed to achieve health equity for Aboriginal and Torres Strait Islander peoples?
15. What else can the health system do to influence the social determinants of health?
16. What do you think about adapting the 'Marmot City Region' proposal to Australia?
17. How likely is it that you would recommend some of the ideas described in the discussion paper to a friend of colleague?

Appendix B

Table of consultation workshops location and dates

Whilst attendance numbers appear generally low, the focus of these workshops was to ensure high level engagement with HHS Board and executive staff and also for ATSICCHOs Chairs and executives with core responsibility for the Health Equity Strategies. However, Aboriginal and Torres Strait Islander community members and other community organisations were encouraged to attend the sessions and additional sessions were run to ensure other stakeholders were included in the discussions.

Region	Date	Venue	# Participants
Bundaberg	14 April 2021	The Generator	23
Hervey Bay	15 April 2021	Oaks	9
Toowoomba	19 April 2021	Picnic Point	25
Brisbane Professional	20 April 2021	QAIHC Office Brisbane	2
Brisbane Academics	20 April 2021	QAIHC Office Brisbane	5
Charleville	29 April 2021	Charleville Hospital Campus	15
Maroochydore	7 May 2021	Maroochydore River Golf Club	37
Cairns	14 May 2021	Novotel Cairns	25
Torres/Cape (In Cairns)	17 May 2021	Novotel Cairns	13
Longreach	24 May 2021	JCU—Longreach Hospital	20
Brisbane—Youth and FN Leads	26 May 2021	On-line via Teams	14
Stakeholders	28 May 2021	Sofitel Brisbane Central	32
Townsville	31 May 2021	Hotel Grand Chancellor	33
Mackay	1 June 2021	Quest Mackay on Gordon	15
Rockhampton	2 June 2021	Empire Hotel	26
Brisbane SEQ	4 June 2021	Brisbane Convention Centre	56
Mt Isa	9 June 2021	Mount Isa Neighbourhood Centre	20
On-line Validation	25 June 2021	Online	130+

Appendix C

Pro forma used to assist facilitate and record discussions for Sections 1 and 2 of the Discussion Paper

Section 1 – The journey so far...

Health Equity Definition (pg 22)

Please have participants give brief consideration to the definition provided in the discussion paper and then, as a group, write what they feel is a good definition in their own words.

Don't get bogged down in what is already there. One (1) definition per table. **Remember to consider** how *'Aboriginal and Torres Strait Islander Health Equity'* is similar to, or different than, the generic concept of *'Health Equity'* for all population groups.

Health Equity.....

Principles (pg23)

Please have participants consider if the Health Equity Design Principles are the right ones to move from ideas to practical health system, service and practice improvements.

Have the participants agree on whether the current principles are the right ones, and if not, what are the key changes they would like to see. Please present up to three (3) agreed changes/variations per table.

Principle.....

Section 2 – Embedding health equity into local health... placing First Nations peoples and voices at the centre of healthcare service delivery

Embedding health equity into local health systems

Imagine that in one year's time each HHS will have to co-design, publish and implement their implementation plan to achieve their mutually agreed Health Equity Strategies for their Service Area. To assist HHSs in their development, **a toolkit** will be created informed by the feedback from these workshops. Please have participants consider how HHSs will be able to meet their key priority areas (page 29) including: **current challenges, what enablers exists** (or are needed), and what **future strategies** could be used to achieve the key priority areas.

Please list all ideas put forward by participants but see if each table can agree on the top three (3) issues/suggestions for each category under each priority area.

Key Priority Areas:

- Improve health and wellbeing outcomes for Aboriginal peoples and Torres Strait Islander peoples

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

Appendix C

- Actively eliminate racial discrimination andinstitutional racism

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

- Increase access to healthcare services

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

- Influence the social, cultural and economic determinants of health

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

- Deliver sustainable, culturally safe and responsive healthcare services

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

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

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

- What governance arrangements are needed to effectively achieve the above key priority areas?

Challenges:

Enablers:

Potential strategies to achieve this key priority area:

What do you need in a toolkit to achieve this?

Appendix D

Top five health reforms for each region

The language groups for each location have been included to recognise and show respect to the Traditional and Cultural Custodians. The Queensland Government takes responsibility for any errors or omissions and welcomes feedback from community members about the language groups identified for each region. (source: State Library of Queensland, *Interactive Queenslander Languages Map*, www.slq.qld.gov.au/discover/aboriginal-and-torres-strait-islander-cultures-and-stories/languages)

Bundaberg—Taribelang and Yagalingu

- #1 First Nations Health Board
- #8 Establish regional coordinated care hubs
- #11 Embed cultural capability into the Clinical Services Capability Framework
- #13 Undertake annual independent institutional racism audits
- #18 Establish pilot 'Marmot city regions' across Queensland

Cairns—Yidinji

- #10 Implement funding incentives to address specific First Nations equity issues
- #4 Release a biennial First Nations health equity report tabled at Parliament by the Chief Aboriginal and Torres Strait Islander Health Officer
- #2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)
- #13 Undertake annual independent institutional racism assessments across Queensland Health
- #3 Legislate the responsibilities of the Chief Aboriginal and Torres Strait Islander Officer in the *Hospital and Health Boards Act 2011*

Charleville—Gungabula

- #20 Drive an anti-racism strategy across the health system
- #2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)
- #11 Embed cultural capability into the Clinical Services Capability Framework
- #6 Introduce First Nations special measures for priority consideration and preference selection in public health sector recruitment
- #13 Undertake annual independent institutional racism assessments across Queensland Health

Hervey Bay—Kabi Kabi

- #2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)
- #8 Establish regional coordinated care hubs
- #9 Establish regional ATSICCHO backbone organisations
- #11 Embed cultural capability into the Clinical Services Capability Framework
- #4 Release a biennial First Nations health equity report

Longreach—Iningai

- #2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)
- #20 Drive an anti-racism strategy across the health system
- #8 Establish regional coordinated care hubs
- #3 Legislate the responsibilities of the Chief Aboriginal and Torres Strait Islander Officer in the *Hospital and Health Boards Act 2011*
- #6 Introduce First Nations special measures for priority consideration and preference selection in public health sector recruitment

Mackay—Yuwibara and Yuru

- #18 Establish pilot 'Marmot city regions' across Queensland
- #8 Establish regional coordinated care hubs
- #3 Legislate the responsibilities of the Chief Aboriginal and Torres Strait Islander Officer in the *Hospital and Health Boards Act 2011*
- #7 Create capability pipeline for HHS Board members
- #17 Utilise the Health Equity Strategies as future health investment plans

Appendix D

Mount Isa—Kalkadoon

#2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)

#8 Establish regional coordinated care hubs

#16 Factor equity into existing QH funding models

#11 Embed cultural capability into the Clinical Services Capability Framework

#20 Drive an anti-racism strategy across the health system

Rockhampton—Dharumbal, Gangalu and Karuwali

#8 Establish regional coordinated care hubs

#16 Factor equity into existing QH funding models

#20 Drive an anti-racism strategy across the health system

#9 Establish regional ATSICCHO backbone organisations

#1 First Nations Health Board

SEQ Stakeholders—Jagera and Turrubul

#20 Drive an anti-racism strategy across the health system

#13 Undertake annual independent institutional racism assessments across Queensland Health

#2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)

#8 Establish regional coordinated care hubs

#10 Implement QH funding incentives to drive equity

Sunshine Coast—Kabi Kabi

#20 Drive an anti-racism strategy across the health system

#2 Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation and user rates (whichever is greater)

#8 Establish regional coordinated care hubs

#11 Embed cultural capability into the Clinical Services Capability Framework

#6 Introduce First Nations special measures for priority consideration and preference selection in public health sector recruitment

Torres/Cape—Kalaw Lagaw Ya, Tjungundji, Kugu Yi'anh and Anguthimri

#1 First Nations Health Board

#8 Establish regional coordinated care hubs

#11 Embed cultural capability into the Clinical Services Capability Framework

#13 Undertake annual independent institutional racism assessments across Queensland Health

#18 Establish pilot 'Marmot city regions' across Queensland

Townsville—Wulgarukaba and Wangkumara

#8 Establish regional coordinated care hubs

#11 Embed cultural capability into the Clinical Services Capability Framework

#16 Factor equity into existing QH funding models

#17 Utilise the Health Equity Strategies as future health investment plans

#6 Introduce First Nations special measures for priority consideration and preference selection in public health sector recruitment

Note: Due to time constraints this activity was not run with Toowoomba participants

Annexure 1

Regional workshop summaries

The language groups for each location have been included to recognise and show respect to the Traditional and Cultural Custodians. The Queensland Government takes responsibility for any errors or omissions and welcomes feedback from community members about the language groups identified for each region.

(source: State Library of Queensland, *Interactive Queenslander Languages Map*, www.slq.qld.gov.au/discover/aboriginal-and-torres-strait-islander-cultures-and-stories/languages)

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490+ participants, including 15 in Bundaberg

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***Bundaberg**—Taribelang and Yagalingu language groups*

TOP 3 PRIORITY REFORMS

- **Implement funding incentives** to address specific First Nations equity issues.
- **Release a biennial First Nations health equity report** tabled at Parliament.
- **Increase Queensland Health's First Nations employment targets** commensurate to local population or hospital presentation rates (which is greater).

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- More Aboriginal and Torres Strait Islander people in **key leadership positions across the health system**.
- More investment to **create employment pathways for the next generation** of health care professionals and leaders.
- Ensure Aboriginal and Torres Strait Islander health workers and practitioners **work to their full scope of practice**.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Working relationships have been challenging in the past due to a lack of trust and collaboration—need to **learn from the past and move on**.
- Need to move forward together—**'staying together and working together'** will result in success.
- Ensure **regional governance** has the right organisations and membership to make informed decisions.
- Make **funding decisions collectively** at local and regional levels.
- Shared leadership between healthcare providers to **understand each other's roles** in providing care ('who does what?').
- Primary Health Network (PHN) are a key health partner because they are responsible for **integrating Commonwealth investment** at local and regional levels.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Design **alternative models of care appropriate to the local community** based on lived experience.
- Deliver more outreach services and employ more 'health navigators' not only nurse navigators.
- Ensure local models of care have the **right infrastructure**—fully costed with sustainable workforce models.
- **Develop flexible models of care that can be modified to respond to local needs.**
- Require better understanding of **local health needs and service gaps**.
- Factor **equity into health funding arrangements** by acknowledging greater health needs in regional areas.
- Reflect on **previous models of care**—what's worked and hasn't worked? Local culturally appropriate models of care are being delivered in the region.
- **Can't continue doing what's always been done** because health outcome will not change.
- Invest in the **ongoing development and skilling** of Aboriginal and Torres Strait Islander people already working in the health system.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Community distrust** of the public health system results in people not accessing care until they are seriously ill.
- Ensure **after hours and weekend care** are culturally safe, including emergency departments.
- Redesign health system so **community feel comfortable and confident** to access care when they need it.
- **Re-educate (non-Aboriginal and Torres Strait Islander) health staff**—western models of care don't work for Aboriginal and Torres Strait Islander peoples.
- Blaming Aboriginal and Torres Strait Islander peoples for poorer health has to stop.
- **Re-design communication materials and approaches** to improve health literacy and increase access/participation.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Better recognition that the **causal factors of poor health are due to social determinants**—better service integration is needed between the local health system and other sectors (for example, justice, housing, and education).
- Patient-centred care requires **understanding** of what people need in their lives to be healthy.

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490+ participants, including nine in Hervey Bay

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***Hervey Bay**—Kabi Kabi language group*

TOP 3 PRIORITY REFORMS

Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).

Establish regional coordination care hubs and integrated care pathways.

Establish regional Aboriginal and Torres Strait Islander Community Controlled Health Organisations.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Community to **come together and become part of the decision making process** for the new Health Equity Strategy.
- **Provide mentorships** for community members to become future HHS board members.
- **Value the cultural and community expertise** of Aboriginal and Torres Strait Islander peoples.
- **Directly engage with community** and find out what they need and want to improve their health

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Think smarter and differently to improve the health system**—engagement and partnerships with Aboriginal and Torres Strait Islander peoples can't be tokenistic.
- **The Aboriginal and Torres Strait Islander community controlled health sector and HHSs need to work together** to better serve the local community.
- Ensure effective partnerships have **accountability mechanisms** established so all healthcare providers engage fairly.
- The Commonwealth Government and the Primary Health Network (PHN) are **key partners**.
- Acknowledge the past but **focus forward—opportunity to reset the health system** to effectively meet the needs of community.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Increase the **supply of Aboriginal and Torres Strait Islander health workers (all occupational streams)** so HHSs and ATSICCHOs don't have to compete for staff due to current staff shortages.
- **Strengthen and streamline the patient journey**— and if Aunty can't come to a service, the service comes to her.
- **Employ more Aboriginal and Torres Strait Islander advocates** to help mob navigate the health system and create employment pathways.
- Consider best use of limited resources and ensure healthcare providers are **not duplicating resources or services**.
- **Ensure Aboriginal and Torres Strait Islander peoples have choice** in accessing healthcare services they need and want.
- **Ensure mainstream funding is allocated** to improving Aboriginal and Torres Strait Islander health—can't only rely on 'Aboriginal and Torres Strait Islander specific funds' because the health needs are too great.
- **Design cultural models of care** to meet community needs, including more in-reach and outreach services.
- All healthcare providers to **clearly understand their role in the health system** and the patient journey.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Increase education** because most non-Aboriginal and Torres Strait Islander people don't understand cultural capability or racism.
- **Encourage 'courageous conversations'** within the HHS about racism and cultural capability.
- **Improve communication with mob** by using language and terminology that people understand.
- **Implement an anti-racism campaign** in tandem with the new Health Equity Strategies.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- **Increased recognition and understanding that the causal factors of health are due to social determinants**—better integration is needed between the health system and other social support services.

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490+ participants, including 25 in Toowoomba

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Toowoomba—*Jangga, Jarowair and Giabal language groups*

TOP 3 PRIORITY REFORMS

Establish regional coordination care and integrated care pathways.

Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).

Factor equity into existing Queensland Health funding models.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Ensure **genuine co-design partnership** across the community and all groups, including Traditional Owners.
- Utilise the **community and cultural expertise** of the ATSICCHO sector.
- **Empower community** to take responsibility for their own health.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Local health leaders from DDHHS and ATSICCHOs to **come together and decide how to move forward** for the new Health Equity Strategy.
- Commonwealth and Primary Health Networks (PHNs) are key partners.
- **Health priorities need to be defined by local healthcare providers**—not external decision makers.
- **Local governance arrangements to become structured** by having regular meetings about integrated health service planning and delivery.
- Health **funding to be allocated based on need** and not population size.
- **Strengthen existing relationships** between healthcare providers—stonewalling and gate keeping to be minimised.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Ensure **discharge planning is mandatory** and includes information relevant to the patient and their preferred healthcare provider for their ongoing care.
- Develop **integrated healthcare workforce models** across DDHHS and ATSICCHOs to minimise staff being poached between sectors.
- Increase the number of **Aboriginal and Torres Strait Islander health practitioners** by investing in ongoing training and skilling.
- **Design and deliver Aboriginal-led models of care** to enable Aboriginal and Torres Strait Islander health workers and practitioners to work to their full scope of practice.
- **Increase access to services by delivering more outreach services at local venues**—need to take services to community.
- **Improve patient transport assistance for patients**—current scheme is inflexible, not sustainable or adequately funded.
- Develop **targeted strategies for hard-to-reach** groups (i.e. older men).
- Partnerships and **referral pathways between healthcare providers are working well** but improvements are needed to increase access and utilisation rates.
- Adopt **whole-of-person approaches** to meet health needs and other areas requiring support.
- Improve **continuity of care** between primary and acute (hospital) care sectors.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Embed cultural safety into all aspects of healthcare provision** and make it the backbone of patient-centred care.
- **Call out racist assumptions and profiling** as and when it occurs across the health system.
- **More Aboriginal and Torres Strait Islander led models of care** will result in increased access because patients feel culturally safe.
- **Enhance and expand existing cultural safety training** and professional development.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Equity of access does not automatically translate to **equity in health outcomes**—need to partner with other services and sectors to influence the social determinants of health which lead to ill-health.

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490+ participants, including 15 in Charleville

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Charleville—*Gungabula language group*

TOP 3 PRIORITY REFORMS

- **Drive an anti-racism strategy** across the health system.
- **Increase Queensland Health's First Nations employment** commensurate to local population or hospital presentation rates (which is greater).
- **Embed cultural capability** into the Clinical Services Capability Framework.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Establish structures for **First Nations voices to be heard in the mainstream health system.**
- **Aboriginal and Torres Strait Islander concepts of health** need to shape local models of care.
- More Aboriginal and Torres Strait Islander people **working in leadership and frontline positions** across the health system.
- **Ensure local health data is governed** by Aboriginal and Torres Strait Islander people.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Forge **effective and genuine partnerships between healthcare providers** and address unresolved issues.
- Establish **regional governance mechanisms (a coalition of regional stakeholders)** to ensure collaboration and co-design between providers.
- Identify where **resources are best used across the health system** and erase duplication of effort.
- Create a **data portal to share healthcare data** between local healthcare providers for planning.
- Require **leaders and executives (Chief Executives and Chief Executive Officers) to work together and hold people accountable for** delivering integrated healthcare services.
- The Aboriginal and Torres Strait Islander community controlled health (ATSICCHO) sector **can share their experience and knowledge with other healthcare providers**.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Health improvements are dependent on addressing key issues for communities—**health services need to be redesigned to respond to local needs and priorities.**
- Involve First Nations peoples in **decisions about the type of care** they want and need.
- Ensure **culturally safe, coordinated and streamlined care** along the entire patient journey from primary through to secondary and tertiary care.
- **Invest in long-term 'grow our own' employment pathways** to create, attract and retain a skilled local Aboriginal and Torres Strait Islander workforce to meet local requirements.
- Create models of care that **maximise the use of e-health and telehealth** for people to receive treatment locally and in their own homes to minimise treatments away from home.
- Embrace innovative solutions to **address the barriers** to accessing care in rural and remote areas.
- Review and reflect on the past—**what's worked well and what needs improving?**
- Improve and strengthen **referral, care coordination and brokerage processes** across the patient journey.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Proactively audit and address racism and racist practices** across the health system—accountability needs strengthening.
- **Streamline complaints processes** for Aboriginal and Torres Strait Islander staff and patients.
- Upskill non-Indigenous staff by providing **ongoing cultural onboarding** and undertake regular capability checks about working in a culturally safe manner.
- Improve communication to ensure **local people understand their journey** across the health system.
- Understand and accept that Aboriginal and Torres Strait Islander peoples have **diverse perspectives and different cultural needs**.
- **Create welcoming environments** in hospitals.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Family wellbeing is paramount—**better integration and interconnection is needed between the health system and the social determinants of health** (e.g. housing and education) for the long-term wellbeing of families and communities.
- The local health system needs to be **holistic by focusing on family and place**.

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490+ participants, including 37 in Maroochdore

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***Sunshine Coast**—Kabi Kabi language group*

TOP 3 PRIORITY REFORMS

Drive an anti-racism strategy across the health system.

Increase **Queensland Health's First Nations employment targets** commensurate to localpopulation or hospital presentation and user rates (whichever is greater).

Establish **regional coordination hubs** and integrated care pathways.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- **Local health data governed** by Aboriginal and Torres Strait Islander people.
- Engage local communities in the **design and delivery of health services** that meettheir needs.
- Support community to step into **leadership and HHS board positions**.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Build upon and strengthen existing **partnership arrangements**.
- Agree to **pooled funds, pooled resources and pooled workforce** across healthcare providers.
- Develop an **information and data sharing protocol** between health partners and other stakeholders.
- **Leverage the strengths of partners**—each sector and service provider have their own strengths.
- **Organise local community forums** about the health service availability and current health data.
- **Formalise and strengthen leadership and executive accountability** to reform the health system.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Develop a **workforce pipeline and incubator** to grow the local Aboriginal and Torres Strait Islander health workforce.
- Create mechanisms for health staff to work across settings and organisations through **placements, staff exchanges and mentoring programs**.
- Deliver **trauma-informed care** rather than system-driven care.
- **Share local level health data between providers** and ensure alignment to national targets.
- Develop and invest in **local 'grow our own' training and employment** pathways.
- State and national funding reforms to **support local health system flexibility**.
- **Utilise 'My Health Record'** as the means for data sharing between primary and secondary (hospital) healthcare providers.
- **Design transport support** to meet the needs of patients and community members—no out-of-pocket expenses.
- **Improve emergency department engagement and communication** with Aboriginal and Torres Strait Islander peoples to ensure cultural safety.
- **Shift care from 'illness' to 'wellness' models** and prioritise social and emotional wellbeing (SEWB).

PRINCIPLE 4: CULTURAL CAPABILITY

- **Design culturally safe mechanisms** for community members to provide feedback and input about their care.
- Ensure **culturally safe healthcare is a guiding principle** for all providers.
- Develop a standardised tool to **measure and address racism** in the health system.
- Model '**courageous conversations**' in talking about racism and unconscious bias.
- Mandate **cultural capability as a core competency** across Queensland Health—all staff, all levels.
- Deliver **continuous cycle of cultural safety training** due to staff turnover.
- Genuine **recognition of Aboriginal and Torres Strait Islander peoples' experiences**—intergenerational trauma and identity have a huge impact on health.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Need **collaborative actions** to address the broader social determinants of health.
- Implement a **cross-governmental strategy** to address the social determinants of health.

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490+ participants, including 27 in Cairns

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Cairns—*Yidinji language group*

TOP 3 PRIORITY REFORMS

Establish **regional coordinated care hubs** and integrated care pathways.

Embed **cultural capability into the Clinical Services Capability Framework.**

Factor **equity into existing Queensland Health funding models.**

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Support **'home grown leaders'** and encourage more community members to take on leadership roles.
- **Be guided by frontline Aboriginal and Torres Strait Islander staff** about experiences of systemic racism—identify what's happening and actions needed to address barriers.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Existing regional health partnership *(Stronger Mob, Living Longer)*** can develop the new Health Equity Strategy and drive broader reforms.
- **Sharing authority and decision making** will make co-design, co-ownership and co-implementation real for the region.
- **Include realistic actions and performance measures** (process, output and outcomes) in the Health Equity Strategy.
- **Share health data** between health care providers, other key providers and with local community to strengthen accountability and track progress.
- Strengthen **relationships with private GPs**

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- **Regulate 'cultural standards of care'** as part of all professional scopes of practice.
- **Champion holistic care by integrating care** across the patient journey—primary health needs to sit alongside both secondary (hospital) and tertiary (specialist) care.
- Ensure **clinical governance places client outcomes** (consumers/patients/community) front and centre.
- **Strengthen models of care** to proactively support people with chronic disease before they experience acute conditions.
- **Build a skilled local workforce and encourage resource sharing** (e.g. positions working across primary and acute care settings).
- **Improve the patient journey** between Cairns, Cape, Torres and NPA.
- **Revise current funding arrangements**—time-limited funding does not support the delivery of sustainable care.
- **Build the workforce pipeline** by creating incentivised pathways for both clinical and non-clinical roles.
- **Maximising quality of life** needs to be an integral part of models of care.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Embed 'cultural standards of care'** as part of standard patient safety for mob—daily processes and practices need to recognise culture.
- **Identify and address institutional racism across theheath system**—this requires challenging entrenched values, beliefs and mindsets held about Aboriginal and Torres Strait Islander peoples.
- 'The **health system and broader society still do not understand they continue to operate unconsciously from the premise of terra nullius'** (= institutional racism and unconscious bias).
- **'Did not attend' indicates mob are not coming or engaging with the HHS**—these occurrences mean existing practices and processes need to change for mob to feel comfortable.
- **Experiences of direct (interpersonal) racism are still prevalent across the health system**—it is not only institutional racism that needs to be addressed.
- **Utlise Patient Reporting Experience Measure (PREMs) (patient voice) data** to improve the experience of consumers accessing care.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Create **accountability measures for non-health portfolios to drive change** and support the Health Equity Strategy.
- Design **holistic models of care** to address the social determinants of health—this requires community and client engagement models to understand family and community health.
- Recognise that **achieving life expectancy parity by 2031 is a target that requires both health and non-health solutions** (for example, housing, employment and education).

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490+ participants, including 13 at Torres and Cape workshop

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***Torres and Cape**—Kalaw Lagaw Ya, Tjungundji, Kugu Yi'anh and Anguthimri language groups*

TOP 3 PRIORITY REFORMS

- Establish a **First Nations Health Board.**
- Establish **regional coordination hubs** and integrated care pathways.
- Embed **cultural capability into the Clinical Services Capability Framework**.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Overlay clinical health system governance **with cultural governance**.
- Ensure **Torres Strait Islander representation** on local, regional, state and national governance structures.
- Position **community at the heart** of the health system.
- Use this opportunity to **rebuild, reframe, re-empower and reinvent** community engagement and community empowerment.
- Encourage community to apply for board positions on HHSs.
- Ensure the **voices from the 35 communities** are visible in the Health Equity Strategy.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Acknowledge historical lack of trust towards Queensland Health in moving forward—**genuine partnerships must be based on trust.**
- **Improve current partnership and governance arrangements** across the Torres and Cape.
- **Create strong accountability and governance arrangements** tied to the new Health Equity Strategy so it does not become another dusty document on a shelf.
- **Co-design place-based community indicators** to reflect the needs, interests and priorities from a community point of view.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- **Strengthen accreditation standards across the health system**—current accreditation standards (how they are monitored and evaluated) are still failing communities.
- **Revise the current transport assistance system** (PTSS) to make it effective and suitable for remote communities.
- **Undertake integrated workforce planning** across the health system (between HHS/ATSICCHO/PHNs) to determine service gaps.
- **Support current Aboriginal and Torres Strait Islander heath workers** to continue their career pathway and explore other health career opportunities—a gap exists in upskilling pathways.
- **Prioritise social and emotional wellbeing**.
- **Empower Aboriginal and Torres Strait Islander health practitioners and workers** to work to their full scope of practice and advocate for mob.
- **Data sharing** to become common practice.
- **Rectify the differential employment incentives and benefits** between local and non-local people recruited to work and live in the Torres and Cape.
- **Employ more Aboriginal and Torres Strait Islander navigators, care coordinators and trainee roles** throughout the HHS.
- **Strengthen referral pathways to specialist care.**

PRINCIPLE 4: CULTURAL CAPABILITY

- Ensure the new **Health Equity Strategy is accessible to everyone**—the language and actions need to be clearly communicated with no jargon (clear and concise language).
- **Overhaul current health system complaints process**—the current complaints process is burdensome for patients and staff.
- **Ensure cultural security and cultural safety** are provided throughout every point of the patient journey—this is currently not the case.
- Recognise that **racism jeopardises health outcomes**—Cape and Torres Strait Islander mob regularly report experiencing racism in Cairns Hospital.
- **Embed cultural safety and cultural security into the foundations of clinical safety guidelines and models of care**—lofty statements and policy documents exist but practices are not genuinely embedded into the delivery of care.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- **Integrate approaches to funding and planning** in remote communities to maximise investment from all sources (Queensland and Australian Government).
- Health plays a **strong leadership role in the community**—the sector can drive local changes because it plays a huge part in the community.
- **Lack of suitable accommodation** is a barrier for delivering sustainable care in the Torres and Cape region.

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490+ participants, including 20 in Longreach

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***Longreach**—Iningai language group*

TOP 3 PRIORITY REFORMS

Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).

Drive an anti-racism strategy across the health system.

Establish regional coordinated care hubs and integrated care pathways.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Active **participation and involvement** of Aboriginal and Torres Strait Islander peoples in the design of health services—this is currently missing in the region.
- Involve **existing community advocacy and advisory groups** in driving local health system changes.
- **Upskill and train local community** to take on leadership roles on the HHS board and local workforce.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Forge **genuine relationship with Aboriginal and Torres Strait Islander peoples** based on trust and respect—**'need to walk and journey together'**.
- Ensure Aboriginal and Torres Strait Islander peoples, and non-Indigenous people **treat each other with respect and work together**.
- **Remove barriers for local community representation** on the Hospital and Health Service (HHS) Board.
- Need a **long-term commitment and strong leadership** to address racism because it won't improve overnight.
- Discontinue **tokenistic consultation with community**.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Grow the **Aboriginal and Torres Strait Islander health workforce.**
- Deliver **culturally safe models of care** led by Aboriginal and Torres Strait Islander people.
- **Employ cultural or community advocates** to support patients who experience racism when accessing care.
- **Increase easy access** to healthcare and other services **no matter where someone lives**—access is very limited in regional and remote areas.
- **Embed cultural safety** across every point of care and within accreditation standards.
- **Expand outreach health services** across the region.
- Create **education to employment pathways**.

PRINCIPLE 4: CULTURAL CAPABILITY

- **'I want to be treated as an individual when I walk into the hospital—not judged and discriminated by my skin colour'.**
- Ensure the **work environment is culturally safe** for both staff and patients—if HHS is unsafe for staff members, it will be unsafe for patients.
- **Streamline complaints processes for Aboriginal and Torres Strait Islanders staff and patients** within Queensland Health to make it easier to navigate.
- **Implement a standardised tool to measure and address racism** in the health system.
- **Increase access to cultural safety training** (online and in person) for non-Aboriginal and Torres Strait Islander health workforce—huge demand and need exists in the region.
- Develop resources to **educate patients that racism is not tolerated in the health system** and their rights if they experience racism—**'Aboriginal and Torres Strait Islander peoples are not the problem'**.
- **Embed cultural safety across all education and training sectors** including schools, universities and vocational education and training (VET).
- Acknowledge the **emotional toll of racism** on staff and patients and the history of non-action that exists.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- **Partnerships need to be established with other sectors**—including education, housing, employment—to create connections between the health system and other services. Existing resources and partnerships in the region are currently not being used effectively.

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490+ participants, including 33 in Townsville

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Townsville—*Wulgarukaba and Wangkumara language groups*

TOP 3 PRIORITY REFORMS

Establish a **First Nations Health Board.**

Embed **cultural capability into the Clinical Services Capability Framework.**

Factor **equity into existing Queensland Health funding models.**

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Strengthen existing **cultural health governance** in the region—the Aboriginal and Torres Strait Islander Community Advisory Council (community representatives) and the Aboriginal and Torres Strait Islander Health Leadership Advisory group (staff representatives).
- **Move beyond symbolism** and embed Aboriginal and Torres Strait Islander ways of knowing, being and doing into models of care.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Use strong foundations and relationships** that exist between healthcare providers to drive local health system improvements.
- **Strengthen accountability** for stakeholders to deliver actions (e.g. Palm Island Action Plan).
- **Formalise systems and structures to integrate and coordinate healthcare** so relationships are not person-dependent—meeting frequency to increase and focus on joint planning and service system design rather than immediate priorities.
- **Bring together all key stakeholders** to reach agreement about current service gaps and how to address unmet health needs.
- **Include measures (KPIs)** in the new Health Equity Strategy **that matter the most** to local health providers and the community.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- **Increase flexibility** for HHSs to realign and repurpose funding away from hospital throughput/service activity.
- **Redesign healthcare** models to become genuinely patient and community-centred for all patients.
- Ensure Aboriginal and Torres Strait Islander healthworkers in the HHS **can work to their full scope of practice.**
- **Care coordination and case management** to become the new norm—breakdowns sometimes occur in the patient journey between primary and acute care.
- **Integrate and share data** between healthcare providers and critical points on the patient journey.
- **Design and invest in innovative ways to improve access to healthcare**—new models need to prioritise going to the client rather than expecting the client to access care.
- **Integrate workforce models** by sharing positions across primary and acute care settings (or locations).
- **Map the patient journey** to understand the key coordination points across the patient journey to and from home to the hospital.
- **Build the supply pipeline** for the future Aboriginal and Torres Strait Islander health workforce.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Acknowledge racism and discrimination** experienced by Aboriginal and Torres Strait Islander health staff and patients—experiencing, reporting and explaining the impact of racism is a heavy burden.
- Culturally safe care can't be tokenistic.
- **Build upon, expand and strengthen existing cultural competency/anti-racism training** for new recruits and existing staff in HHS.
- **Establish a relationship of trust** to address racism—it cannot be fixed overnight.
- Limited understanding of institutional racism by a lot of non-Aboriginal and Torres Strait Islander people.
- Recruitment practices and service models need to **value non-technical cultural skills** required to work with Aboriginal and Torres Strait Islander peoples.
- Support to eliminate racial discrimination must be **translated into action**.
- **Use accreditation standards to embed culturally safe care** into business as usual and standardised practice.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Require every healthcare professional and clinician to have a **working knowledge of local health priorities** and the burden of disease (BOD) in the region or location.
- Strengthen **integration between healthcare and other sectors** to address the broader social and economic factors affecting Aboriginal and Torres Strait Islander peoples and communities.

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490+ participants, including 15 in Mackay

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Mackay—*Yuwibara and Yuru language groups*

TOP 3 PRIORITY REFORMS

Establish **pilot 'Marmot city regions'** across Queensland.

Establish **regional coordination hubs** and integrated care pathways.

Legislate the responsibilities of the **Chief Aboriginal and Torres Strait Islander Health Officer** in the *Hospital and Health Boards Act 2011*.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Ensure **genuine co-design partnership** across the community and all groups, including Traditional Owners.
- Utilise the **community and cultural expertise** of the ATSICCHO sector.
- **Empower community** to take responsibility for their own health.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Better coordination and integration** between service providers—AICHS Mackay and the Mackay HHS deliver great services but they aren't connected or integrated, and operate in silos.
- **Build upon and strengthen existing programs working effectively** in the region—for example, the Kutta Mulla Gorinna Special Assistance School.
- **Improve the relationship** between the HHS and the Aboriginal and Torres Strait Islander community controlled health service in Mackay.
- **Integrate existing data sets** between all healthcare providers to identify and develop services to local and regional health needs.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Employ more **Aboriginal and Torres Strait Islander Health Practitioners** in the HHS to deliver Aboriginal and Torres Strait Islander-led models of care
- **Increase accountability across the health system** and at all levels—change needs to be driven across the public health system, and leaders and managers held to account.
- **More investment and local strategies** to build a future heath workforce—building and recruiting a local health workforce is a key priority.
- **Maximise local healthcare delivery** in the region and only transfer patients to Brisbane or Townsville for specialist care. Ongoing patient care and management, including wrap around supports, needs to be provided locally to be effective.
- **Prioritise young people** with complex health and social needs, including young people in Out of Home Care (OOHC).
- **Bring healthcare to the people** because opportunistic care connects people to a service who don't regularly access care.
- Invest in **multi-disciplinary teams** that integrate care across the health system and enable the Aboriginal and Torres Strait Islander health workforce to work across settings.
- **Revise state and national funding arrangements**—current parameters are rigid and little flexibility exists to respond to local health needs.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Acknowledge that racism and discrimination stop people accessing care** when and where they need it—mob need to feel safe to come to a service.
- **A lack of understanding** exists about unconscious bias and white privilege—a lot of non-Aboriginal and Torres Strait Islander people do not understand what racism is and that equitable treatment is not the same as preferential treatment.
- The non-Indigenous health workforce **to educate themselves** and take greater responsibility for their cultural capability.
- **Respect and value** the role of Aboriginal health workers, practitioners and liaison officers in building safe and trusting relationships with mob.
- Improve how the HHS **engages and communicates** with Aboriginal and Torres Strait Islander peoples.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- **Prioritise health equity for other Queensland Government departments**—the Mackay Senior Officers group could be used as the mechanism to get buy-in and support from other Queensland Government agencies.
- **Bring together as many stakeholders outside of the health system** to develop and implement the new Health Equity Strategy to address the social determinants of health.

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490+ participants, including 26 in Rockhampton

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Rockhampton—*Dharumbal, Gangalu and Karuwali language groups*

TOP 3 PRIORITY REFORMS

Establish **regional coordination hubs** and integrated care pathways.

Factor equity into existing Queensland Health funding models.

Drive an anti-racism strategy across the health system.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- **Rightfully take our place at leadership tables** to co-design services.
- **Genuine consultation and engagement** hasn't been done in the last 10 years—this needs to change.
- **Ensure all Aboriginal and Torres Strait Islander equity groups** are engaged, including young people, older people, people with disabilities, LGBTQIA+ and people in prisons.
- Appoint more Aboriginal and Torres Strait Islander people **to leadership and executive positions**.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Amend the Act to create a prescribed governance committee** to oversight the Health Equity Strategy.
- **Meaningful partnerships, shared decision making, data sharing** and treating each other as partners needs to become the new norm—**'together we are the health system'**.
- Share **collective data to inform service/system planning** between HHSs, ATSICCHOs and private GPs through PHN.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Invest in a **locally trained workforce** to build a future workforce pipeline and encourage younger people to pursue health careers.
- Create a tailored **Aboriginal and Torres Strait Islander health workforce plan** for the region.
- Create **flexible employment pathways** between the HHS, ATSICCHO sector and PHN.
- Strengthen **partnerships with universities and schools** to create pipelines for the future workforce and improve the cultural capability of professional streams (i.e. GPs).
- **Integrate healthcare planning, investment and delivery across the health system**—currently characterised by disconnection between the primary care and hospital/tertiary care.
- **Redesign existing funding system** at Commonwealth and State level because equity in funding has not materialised yet. **Existing hospital funding model** which is based on volume of activity/care—little flexibility and discretionary funds exist.
- Support HHSs to **prioritise training and development**—HHS has lost the motivation to 'teach and train' and left training to universities.
- **Simplify and create employment pathways** for Aboriginal and Torres Strait Islanders who want to pursue a career in health.
- **Map the patient journey and points of care** across the continuum to determine the provider best placed to provide care to the patient.
- Reshape the health system by **placing patients at the centre of care** and respond to the needs of patients.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Extend cultural capability beyond training**—processes and systems need to become embedded in the health system.
- **Deepen non-Aboriginal and Torres Strait Islander peoples understanding** about the impact of racism and discrimination, and the barriers it creates to access.
- **Best practice care is culturally safe**—without culturally safety and trust, effective care can't be delivered.
- Develop a **new language and new way of talking about racism and discrimination**—'we are all still learning'.
- **Enhance management training** to respond to racism experienced by staff or patients—the current HHS complaints process is described as complex and unsafe.
- **Revise systems, processes and practices to identify and respond to institutional racism** (i.e. RiskMan).
- **Recognise non-clinical cultural practices** as part of healing—cultural determinants of health still not well understood.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Increase understanding about the complexity of peoples' lives—**recognising intergenerational trauma and strengthening cultural identity** are critical for healing and improving health outcomes.
- DAMA only tells half the story—it does not take into account what someone needs in their life. Providing flexible care and coordinating pathways between the health system and other social support sectors will reduce DAMA.

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490+ participants, including 54 in South East Queensland

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***South East Queensland**—Jagera and Turrubul language groups*

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- **Overlay Aboriginal and Torres Strait Islander culture** across all mainstream health services.
- **Recognise the value of cultural knowledge** as a specialist skillset.
- Embed Aboriginal and Torres Strait Islanderways of **knowing, being and doing** into service design, delivery and monitoring/ evaluation.
- Increase Aboriginal and Torres Strait Islander people in clinical and cultural leadership roles.
- Acknowledge **cultural authority**.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Identify and maximise the strengths of healthcare providers** across the SEQ region to benefit clients, maximise resources and reduce duplication.
- Agreement to **local system reform** not individual service reform.
- Use a **networked approach** to develop and implement a Health Equity Strategy for the SEQ region.
- **Shared vision and responsibility** between health leaders in the HHSs and ATSICCHOs not competition.
- '**Be bold and brave** to go through, over and around barriers and obstacles'.
- **Create accountability measures** across the health system—checks and balances.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- **Redesign the SEQ local health system to support the patient journey and provide continuity of care**—patients do not recognise service boundaries.
- **Integrate care** by creating First Nations designed pathways across HHSs, ATSICCHOs, PNHs and other healthcare providers.
- **Design and invest (needs-based funding) in new models of care** based on projected population growth.
- **Utilise cultural governance standards** in existing clinical accreditation (e.g. NSQHS) to strengthen to drive change.
- Provide realistic resources to **support more Aboriginal and Torres Strait Islander people access training** and pursue health careers.
- Deliver **more specialist outreach services** to increase access to healthcare—deliver care where community feel culturally safe.
- Set **targets for identified clinician positions** across the health system.
- **Share local health data** between primary and acute care (hospital) providers (including private GPs) to undertake integrated health planning and delivery.
- **Learn from existing successful models of care** delivered across SEQ.
- **Integrate specialist care into primary healthcare** settings.
- Ensure Aboriginal and Torres Strait Islander health practitioners and workers **work to their full scope of practice**.
- **Develop and invest in incentivised employment pathways** to grow workforce capacity and capability.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Value yarning circles** as ways of learning, healing, knowing anddoing.
- **Call out racism and challenge wrongs** as and when they occur—show empathy to patients and staff who experience racism.
- **Acknowledge culture** is a protective factor.
- **Embed cultural safety within training curriculum to 'future-proof'** the health workforce to be anti-racist allies and advocates.
- Acknowledge some Aboriginal and Torres Strait Islander staff members **leave the health workforce due to racism**.
- Revise **complaints mechanisms and processes** for Aboriginal and Torres Strait Islander patients and staff to report racism.
- Hold **'courageous conversations'** about unconscious bias and racism.
- **Ensure models of care are trauma aware and trauma informed** from a cultural perspective.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- **Strengthen pathways, partnerships and health service linkages** with other sectors (housing, justice and education) which impact on the social determinants of health.

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490+ participants, including 20 in Mt Isa

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

***Mount Isa**—Kalkadoon language group*

TOP 3 PRIORITY REFORMS

Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).

Establish regional coordination care hubs and integrated care pathways.

Factor equity into existing Queensland Health funding models.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Ensure **community are engaged in the design and delivery** of the new Health Equity Strategy.
- **Value the skills, knowledge and experience** of the Aboriginal and Torres Strait Islander health workforce.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Sit around the table and yarn**—NWHHS and Gidgee need to find a way to work together and address the 'us and them' mentality that exists.
- **Share decision making about the allocation of State and Commonwealth funding**—all health partners and providers need to deliver (and fund) services based on agreed identified regional priorities.
- Develop partnerships to ensure a seamless patient journey—**NWHHS, Gidgee and TAIHS need to work together** because of the patient journey across the region.
- Commit to creating **'one health system'** with multiple points of entry and exit to ensure greater effectiveness.
- Use existing **Tripartite agreement** to develop the new Health Equity Strategy and identify other key stakeholders who need to become partners (PHN, JCU).

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

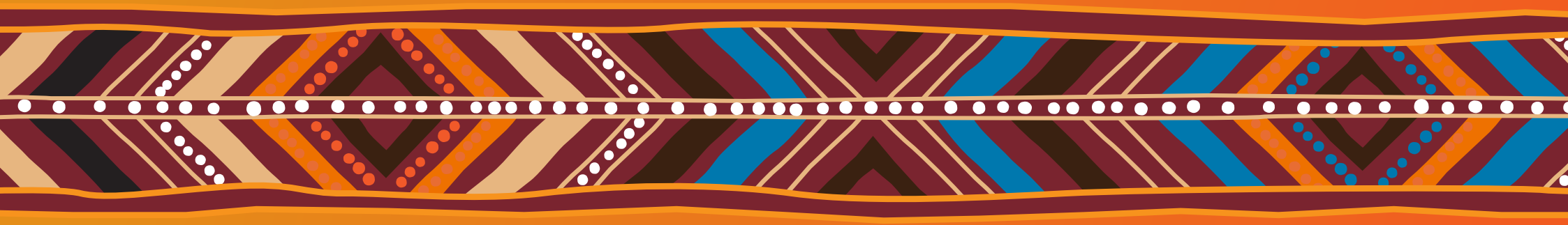
- Prioritise the delivery of **Social and Emotional Wellbeing (SEWB) services** and support.
- Need **local level health data** to understand the true picture of health and to inform service planning across the primary and hospital (acute care) sectors.
- Tailor **marketing and communication campaigns** for local community—no support is provided to tailor local messages for mob.
- Strengthen the **patient journey** between Mount Isa and Townsville.
- Improve the **coordination of patient discharge information** with a priority for Gulf communities.
- Design and invest in local **'Grow our Own' workforce strategies** by creating education to employment pathways starting in schools.
- Prioritise **health promotion, education and community engagement**.
- Improve **transport assistance and support** provided to patients leaving country.
- Design health literacy programs and services for **expecting mothers and families** to achieve long-term health gains.

PRINCIPLE 4: CULTURAL CAPABILITY

- Improve **health literacy** to ensure mob are well informed and feel comfortable to ask questions.
- Embed **cultural safety** across all areas of the health system.
- **Change language and communication** to not reinforce a negative narrative about community and mob.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Achieving health equity requires all sectors to work together to address the causal factors of ill-health and provide needed wrap-around support for patients.
- Lack of **available housing** directly impacts on workforce availability in remote areas.



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