South East Queensland

First Nations Health Equity Strategy

A regional and systems-focused approach to closing the health gap by 2031

Partner Organisations

Gold Coast

- Kalwun Development Corporation (Kalwun)
- Gold Coast Hospital and Health Service
- Gold Coast Primary Health Network

North Brisbane

- Aboriginal and Torres Strait Islander Community Health Brisbane (ATSICHS Brisbane)
- Institute for Urban Indigenous Health (Moreton ATSICHS)
- Metro North Hospital and Health Service
- Brisbane North Primary Health Network

South Brisbane

- Yulu-Burri-Ba Corporation for Community Health (Yulu-Burri-Ba)
- Aboriginal and Torres Strait Islander Community Health Brisbane (ATSICHS Brisbane)
- Metro South Hospital and Health Service
- Brisbane South Primary Health Network

West Moreton

- Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu)
- Institute for Urban Indigenous Health (Goodna)
- West Moreton Hospital and Health Service
- West Moreton and Darling Downs Primary Health Network

Region

- Institute for Urban Indigenous Health
- Children's Health Queensland
- Mater Misericordiae (Mater Health Service)

We acknowledge the Yuggera, Ugarapul, Turrbal, Jandai, Yugambeh, Wakka and Gubbi Gubbi peoples, the traditional owners of the lands on which we work and live, and pay our respects to Elders past, present and emerging.

First Nations readers should be aware that this document may contain images of people who have passed.

Please note: Throughout this document, the term *mainstream* is used to describe an organisation/practitioner that provides services to the general population (eg a private general practitioner, a hospital, a community mental health service) or a service or program that any eligible member of the Australian community may access. The terms *Indigenous-specific* or *targeted service* are used to describe services that are funded and delivered specifically to Aboriginal and/or Torres Strait Islander people and their families. A *Community Controlled Health Service* delivers a model of Indigenous-led and Indigenous-specific healthcare operated by Aboriginal and/or Torres Strait Islander non-government organisations. The terms *First Nations, Aboriginal and Torres Strait Islander* and *Indigenous* are used interchangeably with respect.

Contents


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Introduction

This *South East Queensland First Nations Health Equity Strategy 2021-31* (Regional Strategy) aims to accelerate the pace of health system reform in SEQ to close the health gap between First Nations people and other Queenslanders by 2031. It brings together the region's Hospital and Health Services (HHSs), the regional Network of Community Controlled Services (CCHSs) that comprise the Institute for Urban Indigenous Health (IUIH) and the Primary Health Networks (PHNs) to collaborate on a systems-focused and networked approach to achieving health equity in the SEQ region. The Strategy will be implemented jointly through a cooperative governance partnership (Appendix One), which places the region's First Nations families and communities at the centre of health care. Through this partnership, we will work together – across the health system, with First Nations communities and with other providers of health and social support services – to close the health gap in SEQ through an accessible, culturally safe, health system.

This commitment to the First Nations people of SEQ gives effect to both the Queensland Government's First Nations Health Equity agenda and the *National Closing the Gap Agreement 2020* which has been signed by all governments. Our promise to the First Nations people of SEQ is articulated in a *Statement of Commitment* (Appendix Two), which is jointly signed by all Partnership Organisations.

The Regional Strategy builds upon service delivery partnerships that are already working in this region to make the health system more accessible, more connected, and more responsive. It aims to strengthen targeted services and programs for First Nations people, to enhance the role of the CCHS sector within the health system, and to improve the cultural safety of services delivered by HHSs, including through action to eliminate institutional racism. The Strategy is supported by a strong evidence-base, and the *South East Queensland Close the Gap Health Performance Monitoring and Reporting Framework* against which progress to close the health gap by 2031 will be measured.

Time is not on our side

The gap will not be closed by 2031 without **rapid acceleration** of effort.

In Queensland, the life expectancy gap is 7.8 years for males and 6.7 years for females.

If trends continue, First Nations people will not have the same quality and length of life as other Australians for up to another 35 years.

Urgent reform is required to address this challenge.

SEQ Snapshot

Is the Second largest Indigenous Region in Australia – **38%** of Queensland's First Nations population.

Is the Equal fastest-growing region – expected to be more than **100,000 people** by 2026.

In urban areas, proximity to services does not result in equal access.

In urban areas, First Nations people are a smaller relative proportion of a service's client population and are expected to be accommodated within a mainstream service model in which cultural safety is often compromised.

"It's not about putting artwork up and then claiming cultural safety - it's a feeling of being safe, valued, listened to, acknowledged and cared for in this place. It's being shown compassion, empathy, understanding, humility with no racism, bias, discrimination or prejudice."

Gold Coast Consultation

The *South East Queensland First Nations Health Equity Strategy* is a living document that will be reviewed every three years and refined to reflect emerging policies, priorities and opportunities. New initiatives will be added as appropriate and continually informed by data, needs analyses and community perspectives. Performance will be continually monitored and progress against indicators and targets reported every two years.

This Strategy, its implementation and future refreshes, will be informed by local needs analyses, identification of service gaps and an ongoing, CCHS-led community engagement process. *The South East Queensland Aboriginal and Torres Strait Islander Community Engagement Strategy* (Appendix Three) outlines an ongoing 'yarn' with SEQ First Nations people and families, and aims to identify and capture community views, aspirations, and health system experiences. This conversation is not static – it is continuous and will inform reform directions over the next ten years. This initial *South East Queensland First Nations Health Equity Strategy* is driven by the voices of First Nations community members, health service staff and other stakeholders. While face to face yarning circles were affected by COVID restrictions in several location, consultation surveys, focus groups and online forums were held in all parts of the SEQ region.

"I would like the Doctor to talk to me and explain on a bit of paper so that I can take it away and look at it later."

Children's Health Queensland Consultation

"The first thing we look for when we are taken into the ED is an Indigenous person ..... mental health needs to have someone Indigenous at ED."

West Moreton Consultation

"We need 24-hour access to an IHLO and staff that know how to engage with Mob. Create a welcoming space with staff who sit down with us, not stand over and talk down to us."

Children's Health Queensland Consultation

"[Put in place] formal partnerships and referral processes – integrated care models and dedicated staff to make this normal practice for clinicians."

Gold Coast Consultation

"Consultation and input from first nations people in practice, systems, services, and processes is so important in the [design and delivery] of quality services."

South Brisbane Consultation

Our Vision

- ✓ Improved **access** to and experience of health services
- ✓ First Nations people experience the **same health outcomes** as other Australians within our region
- ✓ A **culturally safe** health system free of institutional and interpersonal racism

Our Mission

- ✓ **Partnership** built on trust, mutual respect, transparency, and shared decision-making
- ✓ **Accountability** to our First Nations Communities for the delivery of an integrated health service system that harnesses the capabilities of HHSs and CCHSs
- ✓ **Evidence based** and community-informed health care
- ✓ **Culturally-safe** service delivery environments that respect our First Nations employees and clients

Our Goals

National Agreement on Closing the Gap 2020

The commitments of the Australian Government and the Queensland Government to close the gap in health outcomes between First Nations people and other Australians by 2031 are:

- **shared decision-making** to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements
- **building the CCHS sector** delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people
- improving mainstream institutions that are accountable for closing the gap and are **culturally safe and responsive**, including through the services they fund
- **First Nations-led and locally-relevant** data and information to set priorities, implement and monitor efforts to close the gap and drive their own development.

Making Tracks: First Nations Health Equity

The Queensland Government's commitment to First Nations Health Equity by 2031, is stated in the *Hospital and Health Boards (Health Equity Strategies) Amendments Regulation 2021*. Each HHS must:

- First Nations **governance** – have at least one First Nations person on its Governing Board
- develop and implement HHS health **equity strategies** every three years
- ensure greater collaboration and shared decision-making with CCHSs and other primary healthcare providers
- **foster integration** of service delivery between the HHS and CCHSs, and with other primary healthcare providers
- implement inclusive mechanisms for First Nations **feedback**
- ensure First Nations **workforce representation** at all levels and in all employment streams commensurate with its First Nations population.

Priority Reform Areas

National Close the Gap Priority Reform Areas

- Formal partnerships and shared decision making
- Building the Aboriginal and Torres Strait Islander Community Controlled Sector
- Transforming government organisations
- Improve and share access to data and information

Strategies in this document are presented in a matrix format that cross references the National Agreement on Closing the Gap Priority Reform Areas and the First Nations Health Equity Key Priority Areas. An additional KRA (KRA 6) – Workforce), as a systems enabler, has been included in this Strategy.

First Nations Health Equity Key Priority Areas:

KPA1:	Actively eliminating racial discrimination and institutional racism within services
KPA2:	Increasing access to healthcare services
KPA3:	Influencing the social, cultural, and economic determinants of health
KPA4:	Delivering sustainable, culturally safe, and responsive healthcare services
KPA5:	Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services
KPA6:	Strengthening the First Nations health workforce

"A place where I am respected, valued and heard. A place where my identity is supported, valued and integral to my health journey."

Gold Coast Consultation

Our Commitment to our First Nations Community

- ✓ Deliver safe, accessible, and sustainable First Nations health services
- ✓ Identify First Nations health service priorities to be addressed over the next ten years
- ✓ Co-design and implement together coordinated healthcare services and programs that address the healthcare needs and priorities of First Nations people
- ✓ Reorient local health systems to maximise resources, identify and fill service gaps, and minimise duplication
- ✓ Establish a base line and develop regional performance indicators against which to measure performance to achieve equity of outcomes in South East Queensland by 2031
- ✓ Strengthen the service interface between HHSs and CCHSs
- ✓ Work with other providers across the health system and social service sector to integrate services, enhance care coordination and eliminate service gaps
- ✓ Eliminate institutional racism

Our Commitment to Each Other

In SEQ, as Partnership Organisations, we have agreed to work together as a health system, to identify opportunities for reform, to connect services and overcome access barriers, and to jointly oversee implementation of this *SEQ First Nations Health Equity Strategy*. As the major providers of healthcare to First Nations people, we will collaborate to establish and implement service delivery partnerships that harness our individual and collective strengths. We will also work with other government agencies, funders, and service providers to close the health gap by 2031. Regional governance arrangements that underpin this partnership are detailed at Appendix One.

IUIH Network

The IUIH Network of CCHSs deliver comprehensive primary healthcare and social support services through 19 clinics across SEQ to nearly 40,000 First Nations clients and their families.

Now one of the largest community health providers in Australia, the IUIH Network operates a consistent, regional system of care which offers a 'one stop shop' suite of integrated services and programs to First Nations people across the life span. A 'no wrong door' approach to health care service provision enables individuals and families, connecting with any program through any clinic, to access the full range of medical, dental, allied health, social health, legal, care coordination, birthing, early childhood, disability, and aged care services as required.

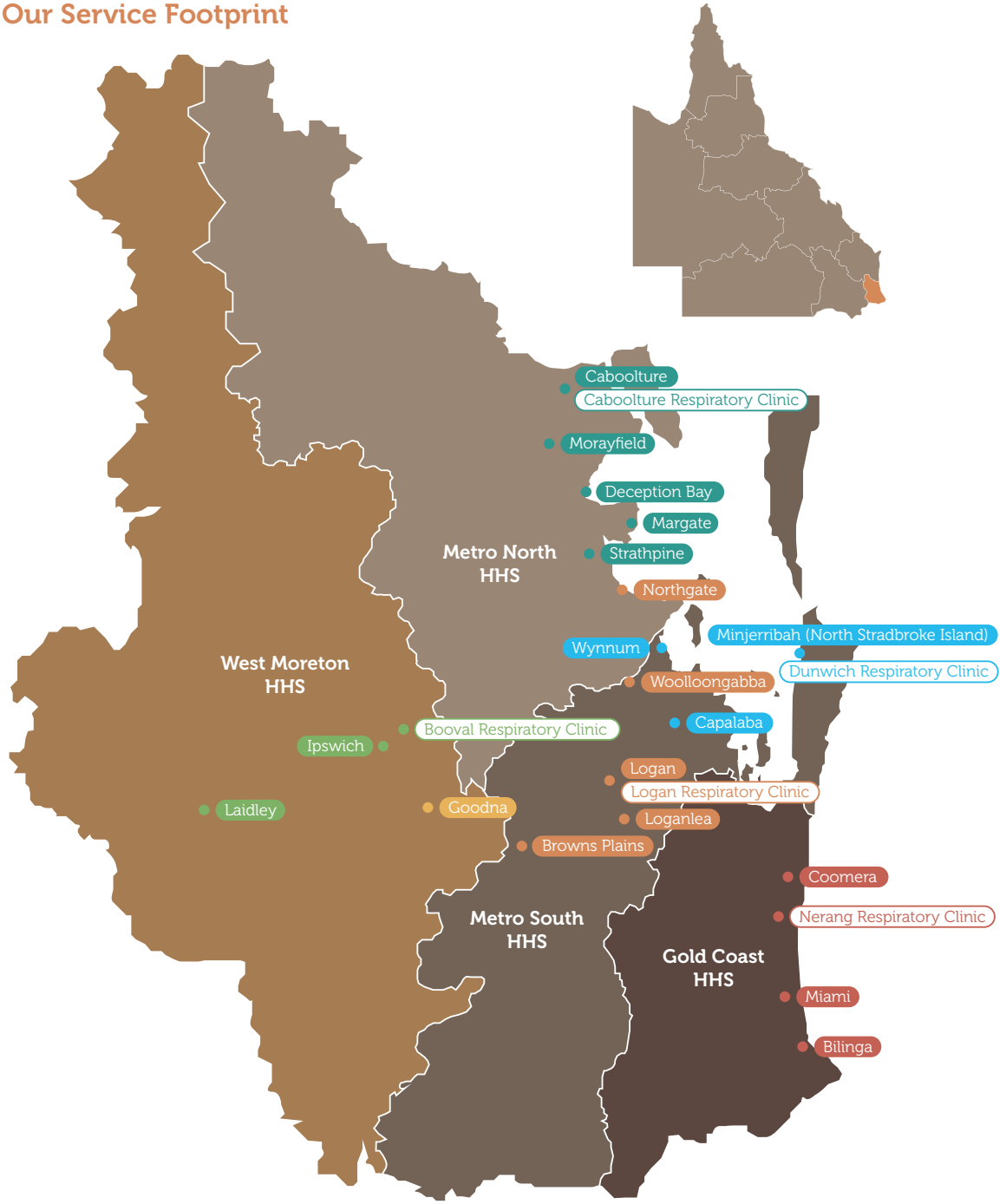
Hospital and Health Services

The HHSs, Children's Health Queensland (CHQ) and Mater Health Services are responsible for delivering public hospital and community health services to the whole population. These include emergency department services, inpatient care, specialist outpatient services, including preventive services such as cancer screening and immunisation programs, community mental health services, birthing and midwifery services, specialist outreach services, telehealth services and public dental services. They also provide targeted health programs specifically for Aboriginal and Torres Strait Islander people.

Primary Health Networks

PHNs are independent agencies that commission, coordinate and integrate primary healthcare services at a local level on behalf of the Australian Government. They commission health services to meet the needs of people in their regions and address gaps in primary health care and work closely with general practitioners and other health professionals to build the capacity of the health workforce to deliver high-quality primary health care. The PHNs integrate health services at the local level to create a better experience for people, encourage more effective use of health resources, and remove duplication of services.

Our Service Footprint



"It would be fantastic to see a community-controlled RTO start back up like the former QATSICHET that ran the Cert III, IV and diploma in Aboriginal and Torres Strait Islander Primary Health Care and certificates in mental health and sexual health."

North Brisbane Consultation

"Aboriginal Health Workers are key but are often disregarded. They need to be utilised to their full scope of practice."

Children's Health Queensland Consultation

Opportunities

- ✓ New service delivery models that provide services closer to home
- ✓ A regional approach to data sharing, service planning, and performance monitoring across the service system
- ✓ Formal health service delivery partnerships between CCHSs and mainstream providers
- ✓ Strengthened partnerships to boost prevention efforts and address the determinants of health
- ✓ Development of a First Nations workforce across the service system, job creation and employment pathways
- ✓ Strengthened regional governance and shared action
- ✓ Increased proportion of funding directed to, and services delivered by, CCHSs wherever possible

Risks

- ✓ Rapid Aboriginal and Torres Strait Islander population growth compromises health system capacity to address need
- ✓ Silos disrupt continuity of care and regional cohesion
- ✓ Individuals and systems impede meaningful service delivery partnerships
- ✓ Bias towards funding whole of population programs challenges delivery of culturally responsive care
- ✓ Funding and workforce are inadequate to meet community needs
- ✓ Health system leaders are unable to harness reform aimed at closing the gap in key social determinant areas.

Service Priorities

- ✓ Promotion of healthy lifestyle choices and preventive health cycles of care
- ✓ Addressing the risk factors for chronic disease and mental health challenges including the social, economic and cultural determinants of health
- ✓ Improving access to culturally capable mental health, substance misuse, psychosocial support, suicide prevention and aftercare services and mental health crisis intervention
- ✓ Service integration and care coordination, including culturally capable clinical care pathways across the service system and improved discharge planning
- ✓ Service models that deliver healthcare as close to home as possible
- ✓ Culturally safe child health and birthing services
- ✓ Cultural safety of mainstream health services and programs.

"I think it is important we have education from primary school about Indigenous culture, history, and the most common Indigenous language in the area. I believe this will have flow on effects to health staff as they grow up with knowledge and appreciation of Indigenous culture and feel confident to say some basic phrases in one of the local Aboriginal languages."

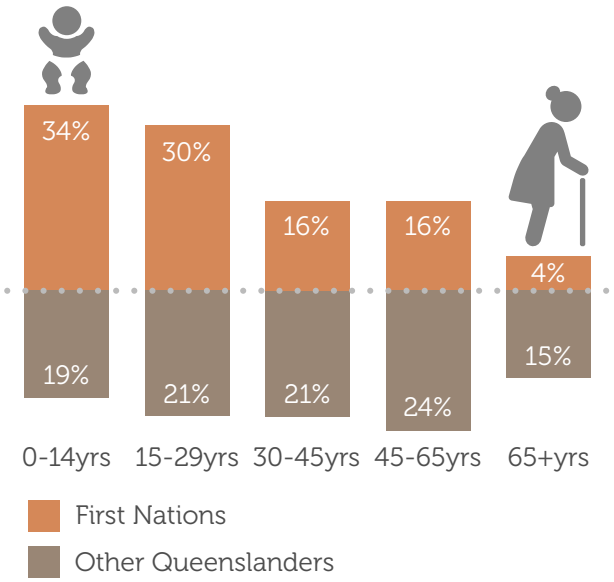
North Brisbane Consultation


UNCLE
DARYL
A DEADLY CHOICE
Deadly Choices
IS A HEALTHY CHOICE

Community Profile Snapshot

While each sub-region will develop its own community profile and needs assessment, this snapshot presents the most recent available data at the regional level and will be updated when 2021 Census data and new burden of disease data becomes available.

Age Profile[1]



Social and Economic Determinants of Health[2]

In 2016, among First Nation peoples in SEQ...

24% Different address 1yr ago

78.7% Attainment of Year 12 or equivalent or AQF Certificate II or above

8.2% Lived in overcrowded housing

16.1% Were unemployed

24.7% One parent families in one family households

13.3% Provided unpaid care for someone with a disability

34.4% Children in jobless family

7.7% Had profound or severe disability

In SEQ, approximately 23% of the total First Nations disease burden for mental disorders is for young people aged 15-19 year of age.

In 2019, there were over
85,800
First Nations peoples living in SEQ HHS

This is projected to increase to over
100,000
people in 2026

Metro South HHS

35% of SEQ First Nations Peoples
30,419 First Nations Residents in 2019
Over 35,500 First Nations Residents in 2026
2.6% of HHS population identify as First Nations Peoples

Metro North HHS

31% of SEQ First Nations Peoples
26,982 First Nations Residents in 2019
Over 30,000 First Nations Residents in 2026
2.6% of HHS population identify as First Nations Peoples

West Moreton HHS

17% of SEQ First Nations Peoples
14,990 First Nations Residents in 2019
Over 18,500 First Nations Residents in 2026
5.2% of HHS population identify as First Nations Peoples

Gold Coast HHS

16% of SEQ First Nations Peoples
13,480 First Nations Residents in 2019
Over 15,000 First Nations Residents in 2026
2.2% of HHS population identify as First Nations Peoples

1. Statistical Services Branch, Queensland Department of Health 2021, Indigenous Estimated Resident Population of Queensland as at June 2017 to June 2019; Australian Institute of Health and Welfare 2019, Queensland Small Area Estimates and Projections.
2. Queensland Government Statisticians Office Regional Profile, 2016 Census data

Burden of Disease and Injury[3]

The 2015-2017, the Queensland gap in life expectancy was **7.8 years** for males and **6.7 years** for females.

67% of the disease burden in Queensland's First Nations peoples living in major cities was caused by the following...

Mental Disorders	Cardiovascular Disease	Diabetes	Cancers	Chronic Respiratory Disease
29%	11%	10%	8%	9%
2x	3x	3.6x	1.3x	2.2x

...the expected disease burden rate based on other residents of Major Cities.

Hospitalisations and Deaths[4]

In 2015-19, the leading causes of death among SEQ First Nations peoples was...

- **27%** Cancers
- **21%** Circulatory Disease
- **8%** Respiratory Disease
- **7%** Suicide & Self-Inflicted Injury
- **24%** External Causes (such as Injuries and Poisonings

In 2018-2021, the leading causes of hospitalisations among SEQ First Nations peoples was...

- **17%** Renal dialysis
- **9%** Obstetrics
- **5%** General Surgery
- **5%** Respiratory Medicine
- **5%** Cardiology

3. Queensland Health, 2017. The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2017 (2011 reference year))
AND, Queensland Health, 2018. Closing the Gap Performance Report.
4. Queensland Deaths Register, Queensland Health Admitted Patient Data Collection (excludes private activity in private facilities).

Access to Comprehensive Primary Healthcare

Community Controlled Primary Healthcare

In 2020-21, through the IUIH Network:

- More than **39,000** regular clients accessed healthcare
- More than **21,000** annual preventive health assessments were conducted
- **6,675 GP** Management Plans and **6,800** Team Care Arrangements were implemented, and **14,000 reviews** of GP Management Plans and Team Care Arrangements undertaken
- **245** women gave birth to First Nations babies through the Birthing in Our Community Program in Salisbury
- **5,530** people accessed care coordination support through the MobLink (IUIH Connect Plus) Program, including nearly **3,000** referrals from HHSs and/or community organisations
- **10,547** clients accessed dental services through 21 active dental chairs, of which 4,639 were Queensland Health eligible clients

By February 2022, **43%** of all COVID vaccinations to SEQ First Nations People were undertaken by the IUIH Network.

Source: IUIH Data Warehouse, August 2021

Access to HHS services

Hospital and Health Services

In 2020-21, through SEQ Hospitals and Health Services:

- More than **45,500** inpatient separations and **117,000** bed days were provided to First Nations residents of SEQ
  - Of those, more than **18,000** were overnight and **27,500** were same day separations
- Over **1,400** First Nations women gave birth in an HHS facility
- Over **11,500** inpatient separations occasions for specialist mental health were provided
- Over **55,500** Emergency Department episodes of care were provided

Source: HHS Decision Support System, Extracted November 2021

For residents of SEQ, Children's Health Queensland recorded:

- **1,389** inpatient clients, **5,141** outpatient clients and **2,243** Emergency Department clients

For residents of SEQ, The Mater Hospital had 3,125 First Nations clients that accessed

- **3,905** inpatient separations, **11,801** outpatient attendances and **1,917** Emergency Department attendances

Existing Service Delivery and Research Partnerships

The SEQ CCHSs and HHSs are already working in partnership with each other and with PHNs to design and deliver health services for First Nations people. The service delivery and research partnerships described here have proved to be effective in strengthening service access and outcomes and enhancing the evidence base that underpins effective service delivery. They serve as examples of initiatives that could be scaled up and/or replicated across the region.

Birthing in Our Community Program

- Established in 2013 in the South Brisbane region as a partnership between IUIH, ATSICHS Brisbane and the Mater Mothers' Hospital through a community-based hub located at Salisbury
- New BiOC services have been established at Logan and Redlands Hospitals through a partnership with Metro South HHS
- The BiOC hubs deliver Indigenous-led pregnancy care that provides women pregnant with a First Nations baby access to their own midwife, family support worker and multidisciplinary team for the duration of their pregnancy and birth
- The BiOC Program is achieving unprecedented birthing outcomes, including closing the gap in four outcome measures: women who had their first antenatal visit in the first trimester, women who delivered babies at full-term, babies of optimal birthweight at birth, and babies not admitted to special care nursery or neonatal intensive care units.
- Key elements of the BiOC model considered critical to its demonstrated success include:
  - Continuity of midwifery care provider throughout pregnancy, birthing and into the post-natal period
  - Continuity of Indigenous Family Support Worker, responsible for coordinating the Family Care Plan and addressing key socioeconomic and cultural determinants of health
  - Community-based hub – a gathering place for First Nations women, babies, and families
  - Partnership model – with First Nations led governance, financial control, and management
  - Strategic approach to the growth and development of a skilled Indigenous birthing service workforce

Culturally Safe Care Pathways for Women

A partnership between IUIH and Metro North HHS was established to provide patient-centred and culturally safe care for First Nations women accessing gynaecological services at the Royal Brisbane and Women's Hospital (RBWH). IUIH provides wrap around support including transport and community-based care to strengthen continuity of care and enhance access to RBWH services. Since the introduction of the program in late 2020, missed appointments have decreased from 50% to 14%.


BIRTHING OUR
COMMUNITY

Surgical Pathways

Surgical pathway partnerships between IUIH and several hospitals are in place that provide care coordination and wrap around support for First Nations people that facilitate access to surgery, support the patient on the day of surgery to navigate the hospital environment, and provide post-surgery follow up and care. A recent Deloitte evaluation of the IUIH System of Care, commissioned by Queensland Health highlighted the benefits to First Nations people of these pathways and quantified the savings to the hospital system of this approach. Partnerships include:

- Ear, Nose and Throat surgical pathways with the Queensland Children's Hospital and the Mater Children's Hospital
- Cataract surgery pathways with the Mater Hospital at Springfield

"Look at resources to fully support the whole patient journey in a culturally appropriate way – accommodation, transport to and from hospital, meals and financial support."

Children's Health Queensland Consultation

Hospital in the Home

- The North Brisbane Health Alliance (the Alliance), a joint initiative of Metro North HHS and Brisbane North PHN, is partnering with IUIH to create new entry pathways from within the hospital system and, for the first time, directly from CCHSs, for First Nations people who need hospital services but who would benefit from care being delivered in the home environment
- This service is likely to benefit First Nations people who would otherwise not seek care in hospitals or might self-discharge early, or who have family or other commitments that make it difficult to attend hospital for care, and/or whose conditions can be safely and appropriately treated in a non-hospital setting.
- Initially, the IUIH pilot program will be limited to First Nations people who are either existing clients of IUIH or who wish to participate in this pilot through IUIH.
- The Alliance will use the lessons learned, and pathways formed during implementation, to inform wider implementation of HITH programs in partnership with other primary care providers in the north Brisbane region.
- IUIH will use the learnings from this initiative to develop similar services with HHSs in other parts of SEQ.

Working Together – First Nations COVID Pathways

During the 2021-22 Omicron Pandemic, the IUIH Network CEOs and Lead Clinicians partnered with HHS COVID Leads and PHNs to coordinate care, effort and resources and to implement culturally safe and effective care pathways for First Nations people and families. Meeting fortnightly throughout the COVID wave the SEQ First Nations COVID-19 Steering Committee established culturally sensitive escalation and de-escalation pathways and overcame hurdles and barriers to care. Through the Steering Committee, experiences, learnings and resources were shared. Utilising IUIH's MobLink 1800 call line and service, First Nations people were able to access virtual clinical care teams, COVID monitoring and care in the home, psychosocial support, care coordination, and logistics support such as meals, transport and medications. This experience provided HHSs with keen insight into the role of CCHSs within the health system and the way in which strong Indigenous primary healthcare can support providers of hospital services.

Purchasing from the Community Controlled Health Sector – Oral Health Services

The IUIH Network is funded by Queensland Health to deliver dental services for Queensland Health eligible clients through its 21 dental chairs across the region, thereby relieving pressure from HHS public dental services and wait lists. Using own source revenue, the IUIH Network also delivers dental services to children and to people who are ineligible for HHS public dental services but are in economic circumstances that make access to private dental services unaffordable.

Prison Transition Services

Through a partnership between the Indigenous Mental Health Intervention Project (IMHIP) administered by Metro North HHS, IUIH delivers transition planning for First Nations people with a mental health care plan who are preparing to be released from Woodford Prison for Men and Southern QLD Correctional Centre at Gatton and Brisbane Women's Correctional Centre at Wacol. IUIH also provides community-based healthcare, care coordination and support for IMHIP clients up to six months post release.

Research Partnerships

Research Alliance for Urban Goori Health (RAUGH)

Established in 2021, the Alliance brings together Metro North HHS, IUIH and the University of Queensland in a research partnership aimed at transforming service delivery to close the health gap in SEQ. The RAUGH collaborative will focus on a range of research priorities, will seek to improve data sharing and linkage and will grow research and researcher capacity within the partner organisations.

Urban Indigenous Mental Health Survey

The Queensland Centre for Mental Health Research (QCMHR), based at West Moreton HHS, has been funded to undertake a household survey of First Nations people at selected sites across SEQ, and is undertaking the survey in partnership with the IUIH Network. The Queensland Urban Indigenous Mental Health Survey (QUIMHS) aims to identify the proportion of First Nations adults in treatment for a mental or substance use disorder, the type and quality of service being accessed, and implications for service reform. This will be the first time that data regarding prevalence of these conditions will be available for First Nations people at a population level in Australia.

SEQ Indigenous Mental Health Service Planning

IUIH has commissioned QCMHR, with contributions from all four PHNs and the Gold Coast HHS, to test an Indigenous SEQ National Mental Health Service Planning Framework overlay in SEQ. This planning tool, used by HHSs and PHNs to inform mental health service and workforce planning for the whole population, will now be available to support targeted mental health needs assessment and service planning specifically for First Nations people. The findings from both these projects, expected to be available in mid-2022, will provide valuable information for use by HHSs, PHNs and the CCHS sector across SEQ to support improvements in mental health service delivery for First Nations people.

"Address the high number of child safety reports made about Aboriginal and Torres Strait Islander people when accessing health care. Staff members need to acknowledge and address their cultural relativism in these situations".

South Brisbane consultation


KALWUN
Jellurgal
Aboriginal Cultural Centre

Key Result Area One – Cultural Safety

First Nations Health Equity *Priority Area 1: Actively eliminating racial discrimination and institutional racism within services*		
National Agreement on Closing the Gap	*Priority Reform 1: Partnership & shared decision-making*	1. Promote safe, inclusive, and respectful workplaces where staff are valued and supported 2. Ensure First Nations voices in corporate and clinical governance and decision-making and embed cultural and clinical governance within clinical service design and delivery 3. Reflect this *South East Queensland First Nations Health Equity Strategy 2021-2031* in HHS and CCHS strategic and operational plans by 30 June 2022
	Priority Reform 2: Building Community Controlled Health Services	
	Priority Reform 3: Transforming Government Organisations	4. Develop systems and processes for the reporting of First Nations client and staff experiences of racism and discrimination 5. Analyse client/staff experience reports to inform improved practice and address racial discrimination where it occurs 6. Develop and implement a regional anti-racism campaign 7. In the short term, implement available (generic) training aimed at educating and addressing racism, and simultaneously work with Universities to develop formal education in the context of Australia's First Nations people that can be recognised in continuing medical education and professional development 8. Include First Nations perspectives in the design of new facilities including the availability of culturally safe gathering places, including options for co-location of CCHS and HHS services
	Priority Area 4: Sharing access to data and information at a regional level	9. Develop resources for clients to understand their rights and what they can do if they experience racial discrimination 10. Develop a regional cultural protocol guideline for SEQ 11. Develop a First Nations staff satisfaction survey to be used across the region

Key Result Area Two - Access

First Nations Health Equity *Priority Area 2: Increasing access to healthcare services*		
National Agreement on Closing the Gap	*Priority Reform 1: Partnership & shared decision-making*	1. Establish models of care that deliver care closer to home in partnership with, and/or by subcontracting to, CCHSs; e.g., Hospital in the Home, shared specialist clinics 2. Collaborate to improve access to culturally safe healthcare for First Nations people in prisons 3. Improve integration of care by investing in models of care coordination and strengthening the interface between primary, community and secondary care 4. Develop partnership models for palliative care
	Priority Reform 2: Building Community Controlled Health Services	5. Harness opportunities to expand First Nations primary healthcare services across the region 6. Implement culturally appropriate health promotion and prevention initiatives across SEQ including implementation of the Deadly Choices Schools Program, and associated community events and communications
	Priority Reform 3: Transforming Government Organisations	7. Implement Cancer Australia's Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer available at https://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer 8. Provide free discharge medications to First Nations people leaving hospital 9. Expand the availability of Aboriginal and Torres Strait Islander nurse navigators
	Priority Area 4: Sharing access to data and information at a regional level	

Key Result Area Three – Determinants

First Nations Health Equity *Priority Area 3: Influencing the social, cultural, and economic determinants of health*		
National Agreement on Closing the Gap	*Priority Reform 1: Partnership & shared decision-making*	1. Identify and establish cross-agency partnerships to develop regional responses to the determinants of health, particularly with the education, housing, and justice sectors 2. Co-design and co-implement targeted youth services and work with appropriate agencies to address the over-representation of First Nations people in youth detention 3. Contribute to Health and Wellbeing Queensland's multi-agency efforts to prevent and address obesity.
	Priority Reform 2: Building Community Controlled Health Services	4. Accelerate efforts to close the gap in early childhood health and education outcomes by supporting community controlled models of service delivery that integrate early childhood clinical therapies and learning
	Priority Reform 3: Transforming Government Organisations	5. Work with CCHSs and child protection agencies to support families to stay together and reduce rates of children in out of home care 6. Consistent with the Queensland Indigenous Procurement Policy, stimulate Aboriginal and Torres Strait Islander employment by procuring goods and services from First Nations businesses.
	Priority Area 4: Sharing access to data and information at a regional level	

Key Result Area Four – Delivering Quality Healthcare

First Nations Health Equity *Priority Area 4: Delivering sustainable, culturally safe, and responsive healthcare services*		
National Agreement on Closing the Gap	*Priority Reform 1: Partnership & shared decision-making*	1. Take a regional and systems approach to health service planning and service development for First Nations people in partnership with CCHSs 2. Use data from the ISEQ – NMHSPF project and QUIMHS to inform the planning and delivery of co-designed, targeted mental health services in SEQ 3. Jointly develop a SEQ Aboriginal and Torres Strait Islander Suicide Prevention and Aftercare Action Plan 4. Work together to implement the *SEQ Aboriginal and Torres Strait Islander Community Engagement Strategy* (see Appendix Three) to ensure community perspectives are continuously informing health service planning, design and delivery 5. Work collaboratively to strengthen urban First Nations health research and to develop researchers with expertise in urban First Nations health
	Priority Reform 2: Building Community Controlled Health Services	6. Design and establish community controlled suicide prevention and aftercare services that are culturally and clinically informed 7. Design and establish a regional community controlled specialist mental health service for people with mild to moderate mental health needs, that have strong referral pathways into, and partnerships with, acute mental health services
	Priority Reform 3: Transforming Government Organisations	8. Co-design and co-implement, with police, ambulance services, mental health services and CCHSs First Nations specific approaches to mental health crisis intervention 9. Disaggregate data used for planning and performance monitoring/ reporting by Indigenous status wherever possible, including in Local Area Needs Assessments, and in data reports at the Executive and Board level 10. Increase support and training for First Nations people/families undertaking carer roles
	Priority Area 4: Sharing access to data and information at a regional level	11. Create a data portal to share healthcare data between HHSs, CCHSs and PHNs at the regional level underpinned by a regional data sharing agreement 12. Work together to further develop the performance measures required to effectively measure progress in SEQ to close the health gap by 2031 13. Establish a regional First Nations Research Reference Group to inform research activity 14. Develop measures and mechanisms to capture data on First Nations patient-reported experiences with healthcare services

Key Result Area Five – Service Delivery Partnerships

<table>
<tr><th colspan="3">First Nations Health Equity
Priority Area 5: Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services</th></tr>
<tr><td rowspan="4">National Agreement on Closing the Gap</td><td>Priority Reform 1: Partnership & shared decision-making</td><td>1. Build on and replicate effective service delivery partnership models already established in SEQ, including (but not limited to):
• Surgical Pathways
• Birthing in our Community services
• Gynaecological care pathways
• Hospital in the Home arrangements
• Oral health services
• Prison transition services</td></tr>
<tr><td>Priority Reform 2: Building Community Controlled Health Services</td><td>2. Improve integrated care by (i) embedding referrals to MobLink (IUIH Connect Plus) into all HHS discharge planning policies and (ii) strengthening handover processes between nurse navigators/Indigenous Hospital Liaison Officers (IHLOs) and IUIH Connect Plus staff/IUIH Network clinics
3. Transition appropriate community-based HHS services to the CCHS sector where possible and as guided by local co-design and service capacity
4. Work with Queensland Health's Healthcare Purchasing and System Performance Division to identify opportunities for commissioning/ purchasing First Nations services and programs from the CCHSs sector</td></tr>
<tr><td>Priority Reform 3: Transforming Government Organisations</td><td>5. Advocate for dedicated First Nations funding streams to facilitate purchasing or subcontracting of targeted First Nations services and for implementation of this Strategy, with flexible funding opportunities at both a regional and local level
6. Increase the amount and percentage of baseline funding for First Nations programs and services within HHSs
7. Increase the value of services purchased from CCHSs over time</td></tr>
<tr><td>Priority Area 4: Sharing access to data and information at a regional level</td><td></td></tr>
</table>

Key Result Area Six – A Strong Capable Workforce

<table>
<tr><th colspan="3">First Nations Health Equity
Priority Area 6: Strengthening the First Nations Health Workforce</th></tr>
<tr><td rowspan="4">National Agreement on Closing the Gap</td><td>Priority Reform 1: Partnership & shared decision-making</td><td>1. Jointly develop a SEQ regional health workforce strategy that incorporates:
culturally appropriate governance
leadership development training and support for mentoring roles for First Nations staff
strategies to recruit, retain, and provide career progression for, First Nations people at all HHS workforce levels
a culturally appropriate regional workforce training and employment pipeline for First Nations people, to ‘grow our own’ workforce of First Nations people with health and social service qualifications and skills, to strengthen health system responsiveness and improve employment outcomes for First Nations people
shared workforce retention and leadership development strategies
partnerships with CCHSs for the formal placement of registrars and other clinical staff within CCHS clinics and job sharing arrangements
culturally responsive ways of working
First Nations workforce representation across all disciplines at levels commensurate with the local population</td></tr>
<tr><td>Priority Reform 2: Building Community Controlled Health Services</td><td></td></tr>
<tr><td>Priority Reform 3: Transforming Government Organisations</td><td>2. Increase the number of First Nations people in clinical roles
3. Work with Universities and TAFE to establish cadetships for First Nations students that include opportunities for transition into formal employment within healthcare services</td></tr>
<tr><td>Priority Area 4: Sharing access to data and information at a regional level</td><td></td></tr>
</table>

Measuring Our Progress

The following Key Performance Indicators (KPIs) are an interim set of measures underpinned by data that is currently available and able to be reported. They are detailed in the SEQ Closing the Gap Health Monitoring and Reporting Framework against which performance reports will be developed every two years, with data presented at the regional (SEQ) level and sub-regional level wherever possible.

The SEQ Closing the Gap Health Monitoring and Reporting Framework will be used by the Governance Committee to monitor progress over the next ten years as we strive to achieve health equity for Aboriginal and Torres Strait Islander people in SEQ by 2031. The biennial data reports developed under the Monitoring and Reporting Framework will be used by HHSs, PHNs and the CCHS Sector to inform priority setting, service planning and development and the targeting of resources. Further work will be undertaken to develop additional KPIs in areas for which data are currently unavailable including, but not limited to, measures of client experience and wellbeing.

Overarching Outcome Measures:

Life expectancy and mortality gaps • Decrease in excess Years of Life Lost (YLLs), all causes, major disease groups • Reduction in the rate of suicide deaths – Number and proportion *	*Monitoring and Reporting Sub-Committee*
Birthing (Indigenous, total population) and Child Health • 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 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) * • Number and proportion of First Nations babies, and babies of First Nations women, not admitted to special care nursery or neonatal intensive care unit * • Children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC)*	*All HHSs and IUIH Network*
Chronic Disease • HbA1C result <7% (<=53mmol/mol) (6 month), HbA1C result >10% (>=86mmol/mol) (6 month) • Type II Diabetes eGFR result >=60mL/min • Smoking status result – current smoker • BMI result 25+ years overweight or obese • AUDIT C score within safe limits • CVD risk assessment – low risk • Number and proportion of Acute Rheumatic Fever notifications (confirmed, probably and possible)* • Number and proportion of new Rheumatic Heart Disease cases* • 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 *	*IUIH Network and PHNs*

** disaggregated by First Nations people and whole population*

Process Measures

Care Coordination • Number and proportion of First Nations' hospital referrals to MobLink (IUIH Connect Plus) • Number and proportion of MobLink (IUIH Connect Plus) clients connected to supports	*IUIH Network*
Comprehensive Primary Healthcare • Regular First Nations patients – number, proportion, trend over time • GP Management Plans (GPMP) – number, proportion, trend over time • Team Care Arrangements TCA) – number, proportion, trend over time • GPMP and TCA Reviews – number, proportion, trend over time	*IUIH Network and PHNs*
Cultural Safety • Evidence of HHSs having cultural safety programs and practices in place that were co-designed with First Nations people and aim to reduce institutional biases and racism and promote inclusivity and equity • Evidence of culturally capable practice embedded into models of care that are co-designed with First Nations people • Number and proportion of mothers pregnant with a First Nations baby that were referred to a culturally responsive birthing program aligned with Queensland Health's Growing Deadly Families Strategy • Patient Reported Experience Measures (PREMS), First Nations people	*All HHSs*
Mental Health • Number and proportion of mental health service episodes for First Nations patients with a documented mental health care plan * • Number and proportion of mental health service episodes for First Nations patients with community follow-up within 1-7 days of discharge from an acute mental health inpatient unit *	*All HHSs*
Planning • Evidence of collaboration between HHSs, CCHSs and First Nations Health Equity Prescribed Stakeholders in needs assessments, planning and co-design of service delivery	*All HHSs and IUIH Network*
Primary Prevention • Annual Health Checks – number, proportion trend over time • Number and proportion of mothers pregnant with a First Nations baby, and First Nations women, whose first antenatal visit is in the first trimester * • Number and proportion of mothers pregnant with a First Nations baby, and First Nations women, who had 5 or more antenatal visits * • Number and Proportion of breast screening participation* • Children fully immunised at by year 1, 2 and 5*	*All HHSs, IUIH Network and PHNs* *Queensland Health*
Purchasing/Subcontracting • Value ($ annual) of goods and services purchased from SEQ-based Aboriginal and Torres Strait Islander vendors, trend over time • Value ($ annual) of occasions of service purchased from SEQ-based CCHSs, trend over time	*Queensland Health and HHSs*
Telehealth • Telehealth Utilisation Rates (First Nations people) – Number of non-admitted telehealth service events *	*All HHSs and IUIH Network*
Waitlists • Number and proportion of First Nations people on elective surgery and specialist outpatient seen within clinically recommended timeframe by Triage Category *	*All HHSs*
Workforce • Number and proportion of the workforce that identify as First Nations people, by workforce stream	*All HHSs and IUIH Network*

** disaggregated by First Nations people and whole population*

Social Determinants Measures

The following indicators relate to the socio-economic determinants of health, which together contribute one-third of the health gap. While outside the influence of the health system and the accountabilities of HHSs, CCHSs and PHNs, these indicators will be closely monitored due to their significant impact on health outcomes.

Child Safety • Proportion of First Nations children in out of home care placed with kin, First Nations carers, or First Nations residential organisations	*Monitoring and Reporting Sub-Committee (Sources: ABS Census)*
Employment, Education and Training - SEQ • Number and proportion of First Nations attainment of Year 12 or equivalent or AQF Certificate II or above (20-24 years)* • Number and proportion of First Nations people fully engaged in work, study, or training (18-24 years)* • Number and proportion of children in jobless families* • Unemployment rate, First Nations people, (15-64 years)*	
Household Income • Households with First Nations people with a household income of $500 to $649 per week	
Housing - SEQ • Different address 1 year ago* • Number and proportion of First Nations households that were overcrowded*	

** disaggregated by First Nations people and whole population*

Areas for further development

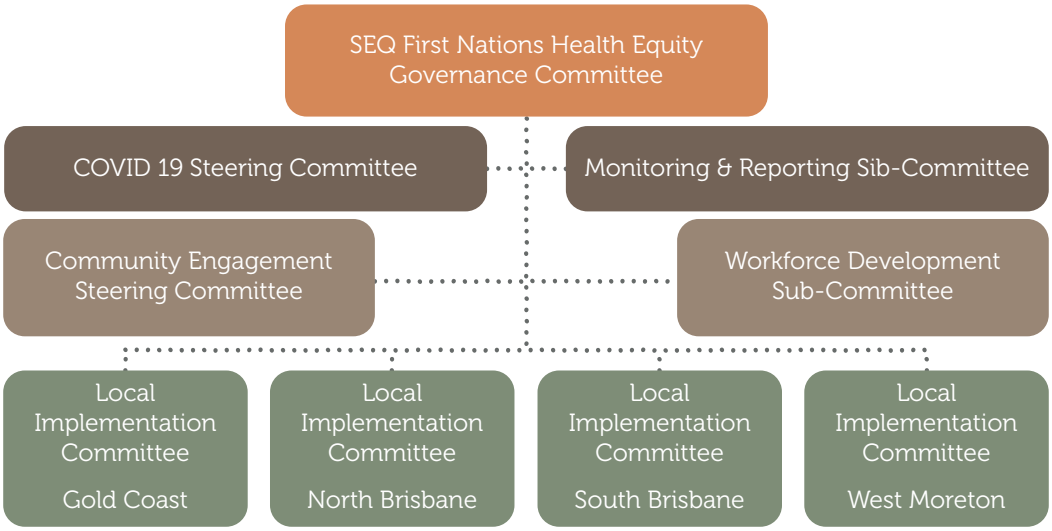
- Outcome measure for the elimination of institutional racism
- Disability Adjusted Life Years attributed to racism
- First Nations specific patient reported experience measure
- First Nations staff satisfaction measure
- Proportion of activity based funding allocated to targeted First Nations services and programs
- Rate of discharge of First Nations people from acute facilities and mental health units that include a discharge plan and warm handover to a primary care provider
- Culturally informed wellbeing measures
- Severity of presentation on admission to hospital
- Rates of unplanned readmission rates, all causes and by chapter
- Transition from education/training to employment within the health sector
- Number and proportion of children in out of home care in SEQ
- Number and proportion of unborn child safety notifications
- Incarceration and youth detention rates of First Nations SEQ people

Appendix One – Governance Arrangements

The SEQ First Nations Health Equity Governance Committee established to oversee efforts to achieve parity of health outcomes in South East Queensland by 2031 comprises the following membership:

- Board Chair and Chief Executive of Metro North Hospital and Health Service
- Board Chair and Chief Executive of Metro South Hospital and Health Service
- Board Chair and Chief Executive of Gold Coast Hospital and Health Service
- Board Chair and Chief Executive of West Moreton Hospital and Health Service
- Board Chair and Chief Executive of Children's Health Queensland
- Board Chair and Chief Executive of The Mater Hospital
- Chief Executive Officer of Aboriginal and Torres Strait Islander Community Health Service Brisbane
- Chief Executive Officer of Kalwun Development Corporation
- Chief Executive Officer of Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Chief Executive Officer of Yulu-Burri-Ba Aboriginal Corporation for Community Health
- General Manager, Moreton Aboriginal and Torres Strait Islander Community Health Service
- Chief Executive Officer of Institute for Urban Indigenous Health
- Chief Executive Officer, Brisbane North Primary Health Network
- Chief Executive Officer, Brisbane South Primary Health Network
- Chief Executive Officer, Darling Downs and West Moreton Primary Health Network
- Chief Executive Officer, Gold Coast Primary Health Network

The Governance Committee and its sub-Committees are chaired by, and supported by, the IUIH Network.



This group will provide oversight to regional sub-committees that are established as required. Sub-committees established in 2021-22 which report to the SEQ First Nations Health Equity Governance Committee are:

- Regional Community Engagement Steering Committee (ongoing)
- Regional First Nations COVID-19 Steering Committee (time-limited to develop and implement a First Nations COVID response)
- Monitoring and Reporting Sub-Committee (ongoing)
- Workforce Development Sub-Committee (ongoing)

Local Implementation Committees will oversee implementation of this Strategy at a sub-regional level by 2031. Local Implementation Committees will be co-chaired by the IUIH Network Member Organisation/s and corresponding HHS in the sub-region and will comprise local stakeholders (including Primary Health Networks) as jointly agreed locally. Their immediate tasks will be to oversee Community Engagement at the local level and develop local First Nations Heath Equity Implementation Plans.

Appendix Two: Statement of Commitment

Statement of Commitment

between

the Hospital and Health Services of South East Queensland, the Mater Misericordiae Ltd and Children's Health Queensland

and

the Aboriginal and Torres Strait Islander Community Controlled Health Organisations that comprise the **Institute for Urban Indigenous Health regional network**

To achieve First Nations Health Equity in South East Queensland by 2031, we commit to an urgent and rapid acceleration of action, that:

- Takes a whole of health system approach that effectively harnesses the respective strengths of Hospital and Health Services, Children's Health Queensland, the Mater Hospital and Community Controlled Health Services, where we work together to:
  - Deliver safe, accessible, and sustainable Aboriginal and Torres Strait Islander health services
  - Identify and co-design Aboriginal and Torres Strait Islander health service priorities to be addressed over the next ten years
  - Co-design and jointly implement a collective and systematic approach to engaging Aboriginal and Torres Strait Islander people across South East Queensland
  - Reorient local health systems to maximise available resources, identify and fill service gaps, and minimise duplication
  - Develop a set of performance measures and a monitoring framework to guide efforts to achieve equity of outcomes in South East Queensland by 2031
  - Strengthen the service interface between Hospital and Health Services and Community Controlled Health Services
  - Undertake joint health service planning, including consideration of system pressures that could be alleviated by utilising the capability of the Community Controlled Health Services Sector, and identifying areas that could be transitioned to community control

- Gives effect to the *National Agreement on Closing the Gap 2020* wherever possible by:
  - *Acknowledging that Aboriginal Community Controlled Services are better for Aboriginal and Torres Strait Islander people, achieve better results and employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services (Clause 43)*
  - *Agreeing to implement measures to increase the proportion of services delivered by Aboriginal and Torres Strait Islander organisations, particularly community-controlled organisations, including by implementing funding prioritisation policies across all Closing the Gap outcomes that require decision about the provision of services to Aboriginal and Torres Strait Islander people and communities, to preference Aboriginal and Torres Strait Islander community-controlled organisations and other Aboriginal and Torres Strait Islander organisations (Clause 55)*
  - *Ensuring that investment in mainstream institutions and agencies will not come at the expense of investment in Aboriginal and Torres Strait Islander community-controlled services (Clause 66)*
  - *Increasing the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander community-controlled organisations (Priority Reform 2)*

- Takes a regional and systems approach to the development and implementation of a regional First Nations Health Equity Strategy and sub-regional implementation plans, including joint monitoring of progress in achieving agreed goals and targets
- Promotes and strengthens Aboriginal and Torres Strait Islander leadership at all levels of the health system and increases overall proportions of Aboriginal and Torres Strait Islander staff
- Enables collaboration with other government agencies and service providers to address the social determinants of health
- Implements actions to eliminate institutional racism in policies and processes across the health system
- Measures our progress by reporting at least every two years against agreed key performance indicators, targets, and baselines.

Metro North Hospital and Health Service

Metro South Hospital and Health Service

Gold Coast Hospital and Health Service

West Moreton Hospital and Health Service

Moreton Aboriginal and Torres Strait Islander Community Health Service

Aboriginal and Torres Strait Islander Community Health Service Brisbane

Kalwun Development Corporation

Kambu Aboriginal and Torres Strait Islander Corporation for Health

Children's Health Queensland

Yulu-Burri-Ba Aboriginal Corporation for Community Health

Mater Misericordiae Ltd

Institute for Urban Indigenous Health

22 November, 2021

Appendix Three – SEQ Aboriginal and Torres Strait Islander Community Engagement Strategy

Introduction

This SEQ Community Engagement Strategy will articulate the intent, values and processes that guide the way in which we seek advice from the Aboriginal and Torres Strait Islander community of South East Queensland and listen to their perspectives to inform needs assessments, service planning, design and delivery of services and continuous quality improvement. Community engagement is not static – it is an ongoing conversation (or 'yarn') which places the community at the heart of health care decision-making and through which we maintain our accountability to all First Nations people of SEQ.

This ongoing consultation reinforces community control over assessment, planning, implementation and evaluation of services and is founded on the values, principles, and priorities of the CCHS sector. Effective community engagement involves trust, open communication, and respect and is most effective when it is led by First Nations people from trusted organisations using multiple mechanisms that are adapted to a local context.

Real reform occurs when the leadership of organisations:

- Enshrine community engagement as a core organisational value
- Fosters an organisational culture that welcomes, support and values participation
- Employs skilled, culturally competent staff capable of building trust and respectful relationship

This Community Engagement Strategy aims to identify health need and service gaps, to understand community perspectives, healthcare experiences and priorities and to inform its strategic planning and practice. Yarning with the community is an integral part of its connection with, and obligation to, the community our organisations were established to serve.

HHSs and PHNs, who are also striving to understand and incorporate First Nations community perspectives and knowledge, will utilise the outcomes of CCHS-led ongoing community engagement mechanisms, to inform their needs assessments, planning and practice. Information on community perspectives gathered by HHSs, PHNs and the CCHS sector will be shared with all Partnership Organisations to inform our collective efforts to achieve health equity by 2031 through health system reform.

As a continuous and enduring process, this Community Engagement Strategy will be further developed and refined over time.

Governance

At the regional level, oversight of the SEQ Community Engagement Strategy will be provided by a Steering Committee comprising the HHS First Nations leads and representatives of IUIH and its Member Organisations. The Regional Community Engagement Steering Committee will be chaired by IUIH.

At the local level, community engagement will be oversighted by the Local Implementation Committees (see diagram at Appendix One), which are co-chaired by the IUIH Network member organisations and the corresponding HHS.

Community Engagement Mechanisms

A wide variety of ongoing community consultation mechanisms are required to ensure wide engagement. Strategies include (but are not limited to):

> *"If we want to know what mob needs, we need to be asking mob. We need community voices."*
> Gold Coast Consultation

- **Online surveys** that aims to reach all First Nations people of SEQ, promoted through a widespread communications campaign, including mainstream media, Murri radio, Facebook advertisements, Deadly Choices Social Media and community events, the Deadly Choices Schools Program, Health Consumers Queensland, Queensland Corrective Services, and other mechanisms identified by the Regional Steering Committee and/or Local Implementation Committees
- **In person surveys** of the approximately 36,000 First Nations people who are regular clients of IUIH Network clinics through clinic programs and IUIH Network events
- **In person surveys** of the clients of First Nations services and programs delivered by HHSs
- **In person surveys** of hospital patients conducted by IHLOs
- **Message Stick Yarns** – a series of targeted workshops held across the region; specific focus groups should involve participants across the lifespan, and be established for LGBTIQ+ people and other subpopulation groups as identified by the Regional Steering Committee and/or Local Implementation Committees
- **Members' Forum** – an annual gathering of all IUIH Network Boards of Directors
- **Partnership Forum** – an annual regional meeting of IUIH Network CEOs with HHS CEOs and First Nations leads and representatives of PHNs
- **Workshops** with partner organisations delivering health and social support services across the region
- **Discussions** with funding bodies, including Australian Government agencies, relevant Queensland Health business unit and other Queensland Government agencies, and PHNs
- **A Feedback loop** for all engagement processes – We Asked, You Said, We Did

Survey questions and the focus of Message Stick Yarns will be reviewed annually by the Steering Committee to target conversations to areas of particular focus. However, the opportunity for community members to raise any issues important to them through broad, open-ended questions will also be provided through every consultation mechanism.

Information gathered through these mechanisms will be collated, synthesised, and analysed by IUIH and findings reported back to Community, the Regional Steering Committee and Local Implementation Committees.

Partnership Organisations commit to collaborating to ensure meaningful, respectful, and transparent community consultation and engagement that provides agency to the people and communities of SEQ. Understanding community perspectives on what individuals and families need, barriers to service access, their experience of the health system and how this experience can be improved will increase service access and knowledge of the health system, and enhance the quality and responsiveness of services and programs delivered by HHSs and the CCHS sector across SEQ.

First Nations Health Equity Prescribed Stakeholders

As well as the enduring community engagement process outlined above, under the *Hospital and Health Boards (Health Equity Strategies)* Amendments Regulation 2021 HHSs are required to consult Prescribed Stakeholders on the development and implementation of First Nations health equity strategies, as illustrated in the following diagram. Consulting Prescribed Stakeholders in SEQ will be undertaken jointly by HHSs and the CCHS sector at the sub-regional level under the auspices of the Local Implementation Committees described in Appendix One.

Development Stakeholders

- First Nations staff members
- First Nations health consumers
- First Nations community members
- Traditional Custodians/Owners and Native Title Holders

Implementation Stakeholders

- Health and Wellbeing Queensland
- Chief Aboriginal and Torres Strait Islander Health Officer
- Queensland Aboriginal and Torres Strait Islander Health Council

Service Delivery Stakeholders

- Local Aboriginal Community Controlled Health Organisations
- Local Primary Health Networks

Appendix Four – Definitions

Aboriginal and Torres Strait Islander people / First Nations people – are used interchangeably in this document to describe the descendants of Australia's first inhabitants

Aftercare – refers to services and programs that aim to support individuals, families and communities affected by suicide

Baseline – refers to a starting point or minimum from which to assess progress towards achieving a goal

Community Controlled Health Services (CCHSs) – are incorporated, not-for-profit, non,-government organisation, governed and initiated by and for Aboriginal and Torres Strait Islander people, which deliver culturally-appropriate and comprehensive primary healthcare and social support services to First Nations people. They are an integral component of the health system for First Nations people.

Cultural Safety – is the experience of a person who receives a healthcare service which allows a person to feel safe and empowered in their healthcare interactions

Discrimination – is the unjust or prejudicial treatment of people based on race/cultural background, age, gender, sexual orientation / disability, sexual orientation or religion

First Nations Health equity – means that everyone has a fair and just opportunity to be as healthy as possible. Under the First Nations Health Equity agenda, it is defined by Queensland Health as follows: "Achieving health equity requires eliminating the avoidable, unjust and unfair health differences experienced by Aboriginal and Torres Strait Islander people by addressing the social and economic inequalities and historical injustices that lead to poorer health"

Health gap – refers to the inequity that exists between Aboriginal and Torres Strait Islander Australians and other Australians across a range of health outcomes, including life expectancy and the burden of disease and injury

Health system – comprises all the organisations, institutions and resources that are utilised to produce health actions and outcomes. The health system has multiple components, including health promotion, primary health care, specialist services and hospitals. To meet individual needs, a person may need the services of more than one part of the health system. An integrated healthcare system is where the individual components work together to overcome barriers and gaps between disconnected services to improve quality, access, coordination, and continuity of care.

Hospital and Health Services (HHSs) – are the healthcare service delivery arm of Queensland Health, responsible for delivering public hospital and community health services. There are 16 HHSs in Queensland. In SEQ, there are four HHSs, plus Children's Health Queensland which is located in Brisbane but has a state-wide role.

Institutional racism – is a form of racism that is embedded through systems, process, policies and/or operations within an organisation.

Key performance indicators / measures – provide a quantifiable mechanism by which to evaluate success in meeting objectives

Mental and substance use disorder – is an epidemiological term used to define a range of diagnosed conditions that fall within a specific data category

Primary healthcare – is the entry level of the health system. Comprehensive primary health care, such as that provided by CCHSs, include a broad range of health and social support services from health promotion, and screening for detection of health conditions, illness prevention such as vaccination, treatment and management of acute and chronic conditions, care coordination services and wrap-around services that support healthcare access, such as transport.

Regional/SEQ – refers to the geographic boundaries of HHSs and the geographic footprints of CCHSs that stretch from the Gold Coast and the New South Wales border, to Stradbroke Island and the Bayside suburbs, to Caboolture, Bribie Island and Moreton Bay suburbs, to Ipswich and surrounding suburbs.

Sub-acute – refers to care that takes place after, or instead of, a hospital admission

Sub-regional – refers to the boundaries of the individual SEQ HHSs – Gold Coast HHS, Metro South HHS, Metro North HHs, and West Moreton HHS and the CCHSs and PHNs that operate within those footprints.

Targeted approaches / programs / services – specifically/exclusively for Aboriginal and Torres Strait Islander people

IUIH institute for urban indigenous health

www.iuih.org.au