



2025 South East Queensland First Nations Health Equity Conference

Plenary Session: Accountability to Community

Session summary

The Accountability to Community session is part of honouring the SEQ First Nations Health Equity Partners obligation and commitment to reporting progress back to Community the progress being made towards health equity and closing the gap here in South East Queensland (SEQ).

The session was facilitated by Renee Blackman, CEO of ATSICHS Brisbane and Chair of the SEQ First Nations Health Equity Governance Committee.



What we heard

Wayne Ah Boo, CEO Institute for Urban Indigenous Health (IUIH): SEQ First Nations Health Equity Progress Update

Wayne talked to the commitment of the SEQ First Nations Health Equity Partnership to work together to accelerate actions that will achieve health equity for our Community.

This year (2025) our estimated resident population is over 127,000 and growing at between 2.4 and 2.8 per cent per year. We have a young population: there are over 63,000 Aboriginal and Torres Strait Islander children and young people under the age of 25 years, in our region.

As our population grows and continues to experience unacceptable health inequity, all health services in our region experience growing demand.

The Aboriginal and Torres Strait Islander Community Controlled Health Organisations in our region are seeing more clients and delivering more episodes of care – over half a million episodes of care in 2024/25, a 10% increase since 2020/21.

Aboriginal and Torres Strait Islander people presenting to Emergency Departments across our region continues to grow – over 67,000 presentations in 2024/25, a 20% increase since 2020/21.

Aboriginal and Torres Strait Islander admissions to hospital in our region continue to increase – over 56,000 hospital admissions in 2024/25, an 18% increase since 2020/21.

The SEQ First Nations Health Equity Partnership is prioritising opportunities to improve access and deliver more care, including specialist health care, closer to home.

Through videos, we heard about four (4) initiatives supported by the SEQ First Nations Health Equity Partnership that are delivering timely, culturally responsive, First Nations led services, in Community and reducing pressure on the hospital system. We heard from staff working in these services and from the Community accessing the supports.

These initiatives show what can be achieved and should inspire us to continue to explore opportunities to partner with purpose, mindful always of our obligation to our Community.

Health Outreach for
Health Equity (HOPE)
program

Persistent Pain Service

Open Doors –
Paediatric Ear, Nose
and Throat (ENT)

Wrap Around Youth
Service

Jessica Oostenbroek, Acting Chief First Nations Health Officer, Queensland Health: Queensland's Health Equity and First Nations First priorities

As the Acting Chief First Nations Health Officer, Jess recognised and acknowledged the foundational work led by Haylene Grogan, Queensland's first Chief First Nations Health Officer, to establish Health Equity as priority – in law – for all Hospital and Health Services. Jess highlighted the importance of partnership in achieving health equity and of the significant progress made through the regional SEQ First Nations Health Equity partnership approach.

Some improvements in First Nations health outcomes in Queensland, based on 2011 to 2018 (latest) data include:

A 4% reduction in the burden of
disease rate for First Nations
peoples in Queensland.

An increase in Health Adjusted
Life Expectancy (HALE) from
73.3 years to 77.0 years.

A significant reduction in the
rate of cardiovascular disease
burden of 27%.

But Challenges remain:

No change in the burden of
disease gap between First
Nations peoples and other
Queenslanders (2.1 times).

The contribution of mental
disorders to the burden of
disease increased significantly
— 24%.

From around 40 years of age we
start to see the increasing
impact of conditions
associated with ageing and
lifestyle.

However, there is huge potential to positively impact health outcomes. Almost half of the First Nations burden of disease in 2018 could have been reduced by preventing exposure to [risk factors](#) such as: low fruit and vegetable intake; overweight and obesity; iron deficiency; tobacco, illicit drug and alcohol use; intimate partner violence; and air pollution.

Jess talked of the role of the Chief First Nations Health Officer to enable of change, elevate local initiatives and ensure system-wide transformation is informed by First Nations voices. Jess congratulated everyone in SEQ on the work progressed to achieve health equity.

We listen. We reflect.

We move forward with energy, optimism, and intent

