



Gold Coast Hospital and Health Service

First Nations Health Equity Strategy 2022



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Gold Coast Hospital and Health Service First Nations Health Equity Strategy 2022-2025

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Acknowledgement of Country

Gold Coast Health acknowledges and pays respect to the past, present and future Traditional Custodians and Elders of the Yugambeh Language region and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

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Contents

About this strategy	5
Why health equity?	5
Our commitment under the strategy.....	5
Community consultation and regional collaboration	6
Policy landscape.....	8
Guiding principles.....	11
Our vision	11
Our values	11
Gold Coast First Nations cultural profile.....	13
First Nations peoples of the Gold Coast.....	14
Leading cause of illness	15
Access to healthcare	16
HHS First Nations workforce	17
Strategies.....	18
Key result areas	19
Measuring our progress	22
Areas for further development.....	24
Glossary.....	25



“I was vaccinated as a child and continue to receive regular flu shots as an adult, I see how important they [vaccines] are and am happy to continue to do my part to keep those around me safe with the COVID vaccine.”

- First Nations health consumer



About this strategy

Why health equity?

A health equity-centred approach aims to address the factors that lead to poorer health outcomes, specifically addressing barriers to accessing care, including systematic and institutional racism.

A First Nations health equity approach achieves this by better incorporating First Nations notions of health and wellbeing into health service delivery models, and by creating local solutions through co-designing, co-owning and co-implementing strategies and actions with First Nations peoples.

Underpinning this approach is the intention to design and deliver health services with Aboriginal and Torres Strait Islander peoples, rather than the historical system-user relationship. This approach acknowledges that partnering with First Nations peoples in the design, implementation and delivery of services for First Nations communities achieves more favourable health outcomes, and ensures services are culturally relevant to the needs and values of local Aboriginal and Torres Strait Islander peoples.

The health system plays a pivotal role in addressing health equity but every segment of society underpins health through the economic and social conditions in which people grow, live, work and age. Society as a whole, and not the health system alone, creates the foundations for good health.¹

The First Nations health equity reform agenda is embedded in legislation with all Hospital and Health Services required to partner and share decision-making with Aboriginal and Torres Strait Islander people to achieve health equity.²

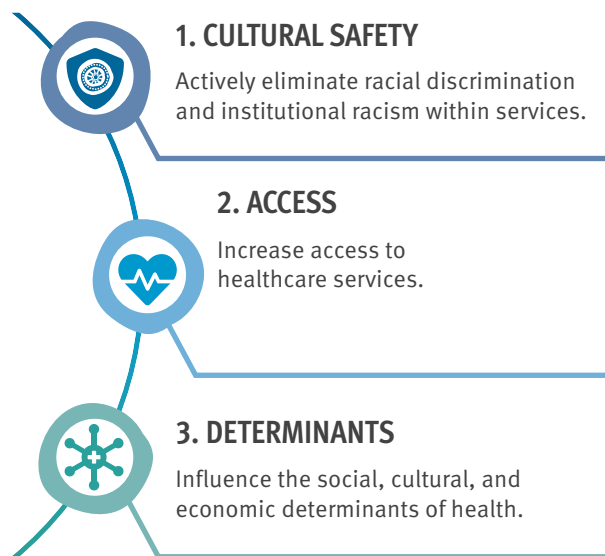
To be successful, it must be underpinned by representation, leadership and shared decision-making with Aboriginal peoples and Torres Strait Islander peoples to change the current power balance and create a health system free from racism and discrimination.

Our commitment under the strategy

Gold Coast Health, Kalwun Development Corporation (Kalwun) and the Gold Coast Primary Health Network (GCPHN), have agreed to work together to establish an approach that will:

- Eliminate institutional racism
- Deliver safe, accessible, and sustainable First Nations health services
- Identify and co-design First Nations health service priorities to be addressed over the next ten years
- Reorient local health systems to maximise available resources, identify and fill service gaps, and minimise duplication
- Strengthen the service interface between Gold Coast Health, Kalwun and the GCPHN
- Work with other providers across the health system and social service sector to integrate services, enhance care coordination and eliminate service gaps.

FIRST NATIONS HEALTH EQUITY KEY AREAS



¹ State of Queensland (Queensland Health) and QAIHC. 2021. *Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples. Fact Sheet 1.* [online] Available at health.qld.gov.au

² As articulated in the *Hospital and Health Boards Regulation 2012*

Community consultation and regional collaboration

To sustain Aboriginal and Torres Strait Islander involvement throughout the Health Equity reform agenda period and beyond, the Gold Coast Health community consultation approach was staged. Each stage is described below.



December 2021 – February 2022

In partnership with Kalwun, an independent First Nations consultancy was engaged to undertake the engagement and consultation of prescribed key stakeholders in the development of both a local and regional First Nations Health Equity Strategy.

Gold Coast First Nations Community identified four key principles to underpin consultation and engagement activities; values, inclusive journey, outcome focussed, and a multi-layered and diverse processes.

A Communication Action Plan: *Let's Yarn Health Equity* was developed, and a range of consultation activities undertaken by the independent First Nations consultant and the Gold Coast Hospital and Health Service (GCHHS) Health Equity team, including community and staff online forums, yarning sessions and an online survey.



February 2022 – April 2022

The Community voice challenged the use of deficit-based language within the health sector, as well as the comparison of Aboriginal and Torres Strait Islander health to the broader population's health. Health Equity provides an opportunity to tell the local Aboriginal and Torres Strait Islander health narrative from a strengths-based perspective.

Strengths-based health policy recognises the successes, resilience and strengths of Aboriginal and Torres Strait Islander people, families and communities, while sustaining confidence in the community's capacity to respond.³ The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing.⁴ These include, but are not limited to, connection to Country; family, kinship and community; beliefs and knowledge; cultural expression and continuity; language; self-determination and leadership.

Strong cultural protective factors and resilience ensure Aboriginal and Torres Strait Islander people can withstand adverse circumstances, understanding health in a wider range of metrics than physical illness, with a focus on social, emotional, spiritual and communal wellness.

Community consultation participants voiced strong support for the five Health Equity priority domains (cultural safety, access, determinants, service and data enhancement, and service delivery partnerships). Consultation highlighted the importance of building a strong and supported Aboriginal and Torres Strait Islander health workforce, recommending a sixth priority domain; a strong and capable workforce.

Two consultation reports (available on Gold Coast Health's Health Equity webpage, www.goldcoast.health.qld.gov.au/aboriginal-and-torres-straitislander-service/healthequity) were submitted to the Institute for Urban Indigenous Health (IUIH) to inform the development of the Regional South East Queensland First Nations Health Equity Strategy.



Gold Coast Health is committed to a new way of working together with our local First Nations community, delivering real outcomes and lasting change through a genuine partnership approach of co-design, co-ownership and co-implementation.

STAGE 03



April 2022 – June 2022

The GCHHS Health Equity team prepared the GCHHS First Nations Health Equity Strategy draft guided by Community voice and in consultation with Yugambah Regional Aboriginal Corporation, Kalwun and the GCPHN.

The draft Strategy was shared with stakeholders, networks and consumers, and uploaded to Gold Coast Health’s Health Equity webpage on 6 May 2022, highlighting the opportunity to provide comment over a 36-day period. Simultaneously, a First Nations Health Consumer survey and telephone call-back was administered to explore health priorities and system enhancements, COVID-19 dose 3 uptake and/or hesitancy, and GCHHS's ability to demonstrate Reconciliation Statement commitments.

These quality initiative findings were included in the draft Strategy stakeholder feedback process and communicated support for action in the following areas:

- Aboriginal and Torres Strait Islander Community engagement
- Aboriginal and Torres Strait Islander Community information assets
- GCHHS Aboriginal and Torres Strait Islander Health Service and targeted programs
- Indigenous status
- Aboriginal and Torres Strait Islander health promotion activities focusing on prevention
- Patient-reported measures
- Racial discrimination and institutional racism
- Workforce
- Reconciliation.

STAGE 04



4 June 2022 – August 2022

Using the First Nations Health Consumer survey report, the independent First Nations consultant scoped additional focus group questions to guide the GCHHS Health Equity implementation plan. Attending and hosting events, which included the Burleigh Bears Indigenous Round, Gold Coast NAIDOC events and the Let's Yarn Health Equity community day, a participatory approach to designing solutions, defining outcome measures and indicators was to be applied.

In partnership with Health Consumers Queensland (HCQ), four Yarning Circles are being conducted to prioritise health need within the GCHHS Local Area Needs Assessment and shape the Health Equity implementation plan. These yarns will be led by local people for local people, allowing small groups of up to 10 community members to discuss a number of questions provided to them, at a time of day, and in a location, that suits them. The yarning circles enable health consumers, carers and community members who do not ordinarily participate in healthcare consultation to have their say in a safe, informal and supportive circle.

While stage four was not completed during the Strategy finalisation process, the Strategy was informed by the voices of 391 unique participants and conversations with over 2,400 Aboriginal and Torres Strait Islander adult community members. The intention of this approach is not to end the conversation with a Strategy document. Gold Coast Health is committed to embedding the Community voice throughout the healthcare system, to continue the conversations and normalise the co-design approach in an endeavour to improve and sustain Aboriginal and Torres Strait Islander health outcomes.

Policy landscape

Across Government, the policy landscape focuses on improving the social determinants of health and wellbeing with First Nations peoples. Many are centred on working in partnership with, and designing and implementing policies and services with, not for, Aboriginal and Torres Strait Islander peoples. The First Nations health equity agenda is a Queensland-wide policy, which all Hospital and Health Services are legislatively obligated to adhere to.

There are several existing state and national policies that the GCHHS First Nations health equity strategy aligns with, including:

- **The Human Rights Act 2019**
- **National Closing the Gap Agreement 2020**
- **Queensland Health's Unleashing the Potential: An open and equitable health system**
- **Queensland Health's System Outlook 2026**
- **Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033**
- **Statement of Commitment to a reframed relationship between Aboriginal and Torres Strait Islander Queenslanders and the Queensland Government**
- **Gold Coast Health's Strategic Plan.**

I want my health service to have cultural considerations that ensure I get the service that I deserve, that is based around my cultural needs, not just my self-care needs.

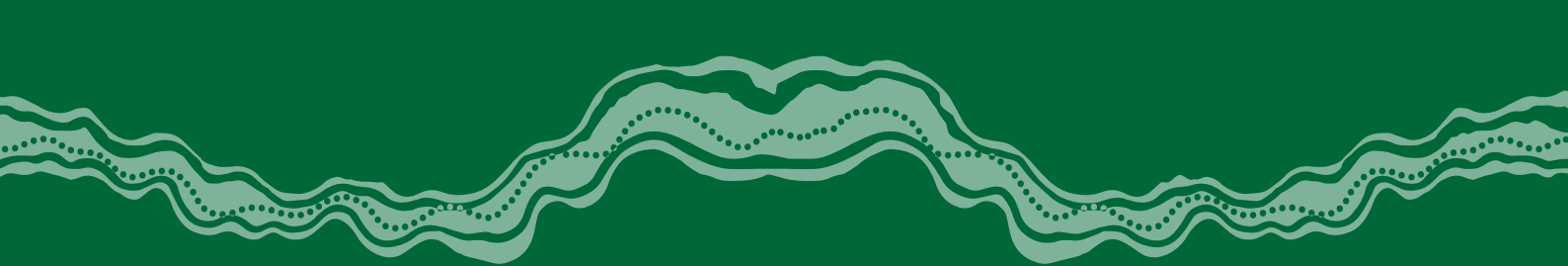
- First Nations health consumer





“ I think we need more men’s groups - groups where young males can speak openly and honestly about how they feel.”

- First Nations health consumer



“ If we want to know what mob needs, we need to be asking mob; we are just a very select few voices... Community engagement, community voice... I'm really passionate about that. ”

- First Nations focus group participant





Guiding principles

Our vision

First Nations people have improved access to a health system that is free from all types of racism, and the inequitable circumstances that lead to poor health are addressed so that First Nations people experience health outcomes that are at parity with other Queenslanders.

Our values



“ *Programs need to be better based on the needs of the community.* ”

- *First Nations health consumer*

“ We are the oldest living culture in the world. There is something about our sustainability that everyone else hasn't got. We have so much to contribute back into the health system. ”

- First Nations health consumer



Gold Coast First Nations cultural profile



The Yugambeh language region of South-East Queensland extends between and within the Logan River basin and the Tweed River basin, bounded to the east by the Pacific Ocean (including South Stradbroke Island) and in the west by the Teviot Ranges and Teviot Brook basin.

Danggan Balun (five rivers), native title applicant, explains that our modern-day South-East Queensland is the traditional lands of nine Yugambeh speaking clans; the *Gugingin*, *Bullongin*, *Mununjali*, *Wangeriburra*, *Kombumerri*, *Migunberri*, *Murangburra*, *Tulgigin* and *Cudgenburra*.⁵

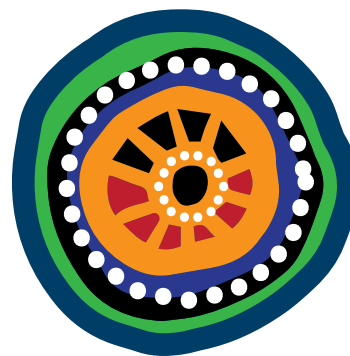
Archaeological evidence indicates Aboriginal people have occupied the area for tens of thousands of years.⁶ Residing in clan groups, they “were subdivided into locality groups, each group occupying a portion of the [tribal] territory which was generally recognised as its peculiar right. Each group had a distinctive name, which, in many cases, was derived from some outstanding feature of the group’s territory, either of its geography, geology, flora or fauna... *Wangariburra*, the name of a *Yugumbir* group which is named from the *wan gari*, the pretty faced or whip-tailed (Parry’s) wallaby.”⁷

A holistic culture, united through heritage, ceremony, lore and language, it has been defined by its connection to family, community and country. From an Aboriginal perspective, Country holds the region’s stories, religion, customs, language and ancestors. The connection to Country remains strong and was frequently used as a component of personal description. Joe Culham of Beaudesert described himself in linguistic recordings as “*Ngayu mununjali, ngal nyah jagun munul: I’m Mununjali, my country is hard, baked ground; I am a hard baked man.*”⁸ Noting the Yugambeh word *munul* translates to “hard, baked”.

Early European settlement in the area now known as the Gold Coast displaced many Aboriginal people from their traditional country. Among the Aboriginal people that remained on the Gold Coast, several became well known to the European community and made important and enduring contributions to the development of the Gold Coast.⁶

Estimated Residential Population data (2020) suggests 14,336 Aboriginal people reside on the Gold Coast. Many of these are traditional custodians of the region, while others have moved to the Gold Coast from other regions throughout Australia.

The Gold Coast region is home to many lasting cultural sites including a ceremonial bora ground (Burleigh), Jellurgal dreaming mountain (Burleigh Headland), age-old fish trap (Tallebudgera Creek) and ancient shell middens which line many estuaries, depicting camp sites and activities of those now past. The language is celebrated in the names of many suburbs and streets from Kirra (white cockatoo) in the south to Pimpama (place of the soldier bird/ noisy minor) in the north. The flora and fauna continue to communicate the change in seasons, just as they did for the ancestors of this breathtaking environment. While the Gold Coast has seen many changes, the First People’s culture has endured and, through the efforts of many Community members and organisations, is now celebrated. Stories, songs, dances, art and language are being shared, woven into the narrative of this Country; the Gold Coast.



³ Lowitja.org.au. 2022. Close the Gap report - 2021 - *Leadership and Legacy Through Crises: Keeping our Mob safe*. [online] Available at: <<https://www.lowitja.org.au/page/services/resources/Cultural-and-social-determinants/culture-for-health-and-wellbeing/close-the-gap-report-2021>> [Accessed 6 March 2022].

⁴ Commonwealth of Australia as represented by the Department of Health. 2021. *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*

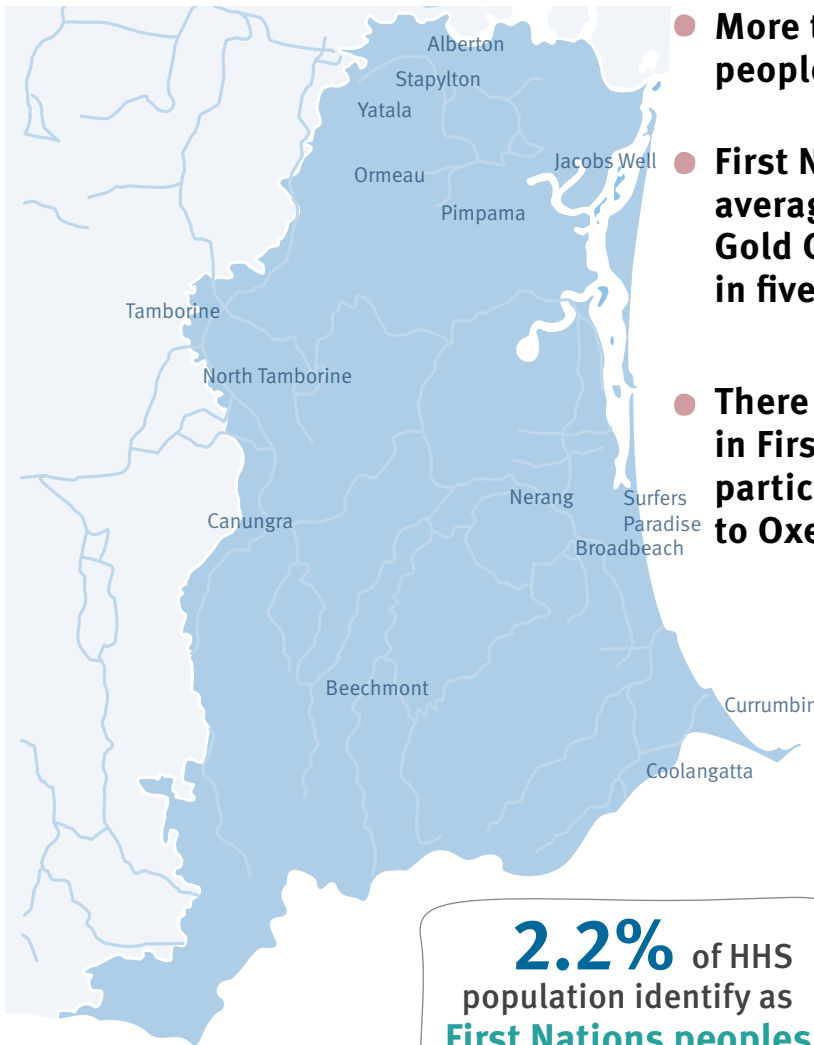
⁵ Danggan Balun. N.d. [Online] <https://fiverivers.net.au/>

⁶ City of Gold Coast Office of City Architect Heritage Unit. 2017. *Nerang Heritage Walk Booklet*. [Online] <https://www.goldcoast.qld.gov.au/Things-to-do/Walks-trails/Heritage-walks-trails/Nerang-Heritage-Walk>

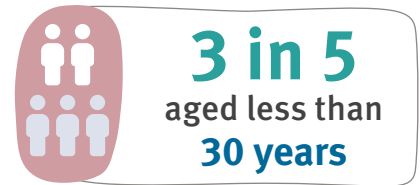
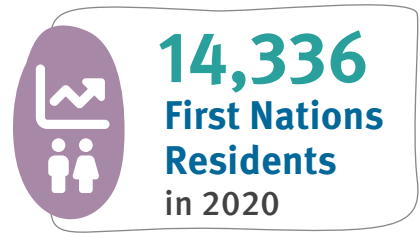
⁷ Watson, F. J. 1944. *Vocabularies of four representative tribes of South Eastern Queensland Brisbane, Queensland*: Royal Geographical Society of Australia.

⁸ Margaret Sharpe. 2020. *Gurgun Mibinyah: Yugambeh, Ngarahngwal, Ngahnduwal A dictionary and grammar of Mibiny language varieties from the Tweed to the Logan rivers*. Canberra, Aboriginal Studies Press.

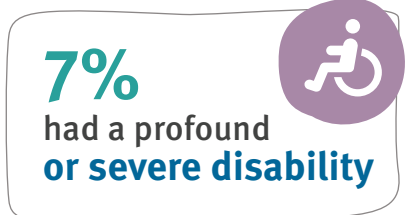
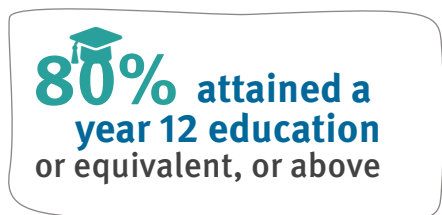
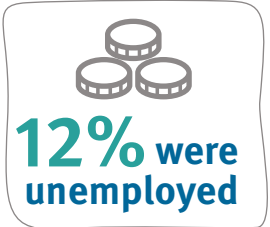
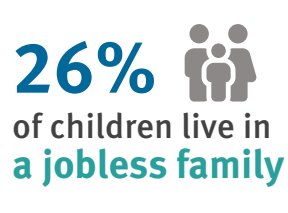
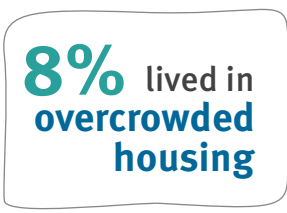
First Nations peoples of the Gold Coast



- More than 14,300 First Nations people live on the Gold Coast.
- First Nations residents are, on average, younger than other Gold Coast residents, with three in five aged less than 30 years.
- There has been large growth in First Nations populations, particularly around Ormeau to Oxenford.



IN 2016, AMONG FIRST NATION PEOPLES IN GOLD COAST HHS:







⁹ Statistical Services Branch, 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*. Queensland Government Statisticians Office Regional Profile, 2016 Census data

Leading cause of illness





- Mortality among First Nations peoples of Gold Coast has declined since 2009-2013, particularly from cardiovascular disease.
- Cancers now represent the leading cause of death among Gold Coast First Nations peoples and are the third leading cause of disease and injury burden among First Nations peoples in major cities.
- Mental and Substance Use Disorders are the leading cause of disease and injury burden among First Nations peoples in major cities.

 **19%** reduction in mortality between 2009-2013 and 2015-2019

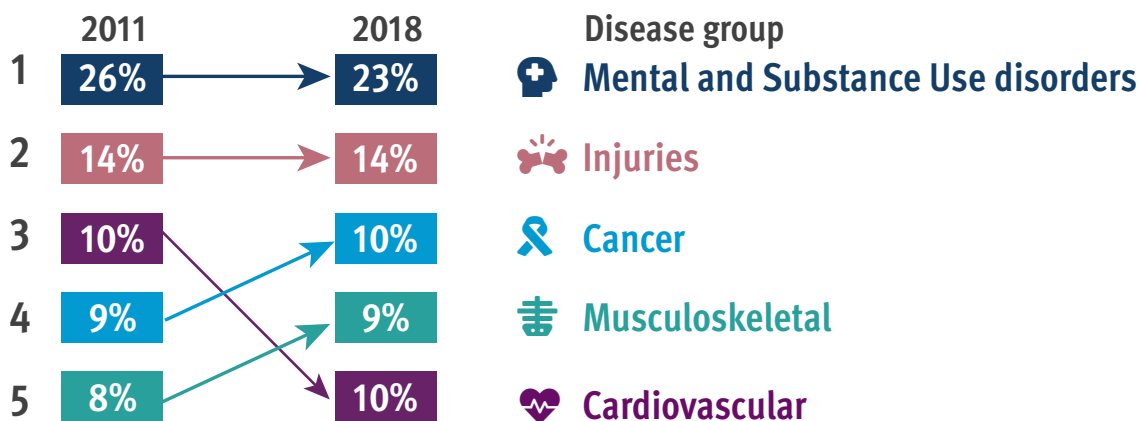
In 2015-2019, the leading causes of death for Gold Coast First Nations peoples were:

-  **30% Cancers**
-  **22% Circulatory disease**
-  **9% External causes**
(such as injuries and poisonings)
-  **9% Respiratory Disease**

Compared to 2009-2013 rates, in 2015-2019 for Gold Coast First Nations residents, each year approximately:

-  **5 less people died from all causes**
-  **3 less people died from diseases of the circulatory system**
-  **1 less person died from accidents and injuries**
-  **1 more person died of cancer**

DISEASE AND INJURY BURDEN (MAJOR CITIES)



Major Cities Australia. % of Total Disability Adjusted Life Years (DALYs)

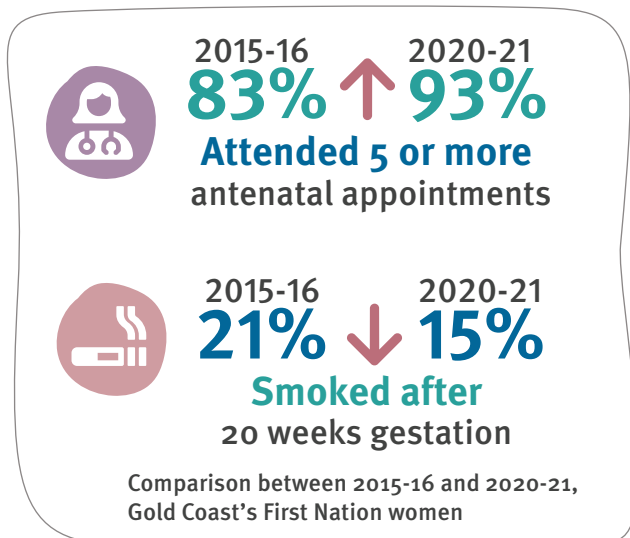
¹⁰ Gold Coast Health Analysis of Cause of Death Unit Record File, Australian Coordinating Registry

¹¹ AIHW, Burden of Disease and Injury, Disability Adjusted Life Years (DALYs) by broad cause for First Nations peoples of Major Cities 2018

Access to healthcare

- On average, there are 150 births to First Nations mums on the Gold Coast each year.
- The number of mothers attending five or more antenatal appointments has increased, and fewer are smoking while pregnant.
- Childhood vaccination rates exceed the target of 95% coverage.
- The number of Gold Coast First Nations peoples getting a health check has more than doubled since 2012-13.

ANTENATAL CARE¹²



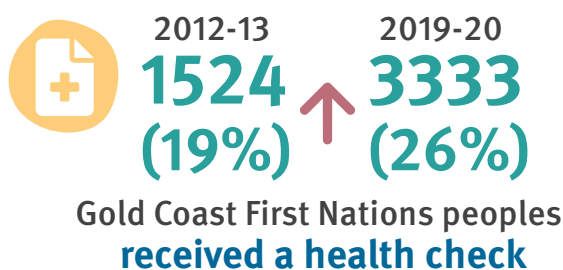
Over **150** births each year



7.6% Babies born with low birth weight (<2500g)

9.1% Babies born less than 37 weeks gestation

INDIGENOUS SPECIFIC HEALTH CHECK (MBS ITEM 715)



50% returned to follow-up their Health Check

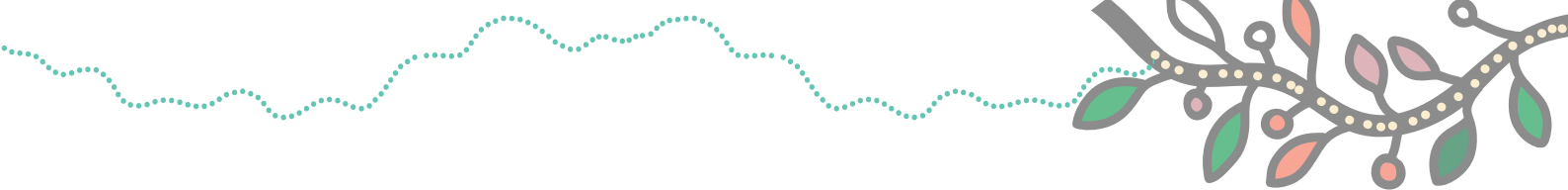
VACCINATIONS¹³

93% ↑ **96%**
five year old vaccination rates

2 dose (Jun 21) **3%** ↑ **58%** 2 dose (Dec 21)
COVID-19 Vaccination
16 years or older (30 Jun 21)

¹² Perinatal Data Collection

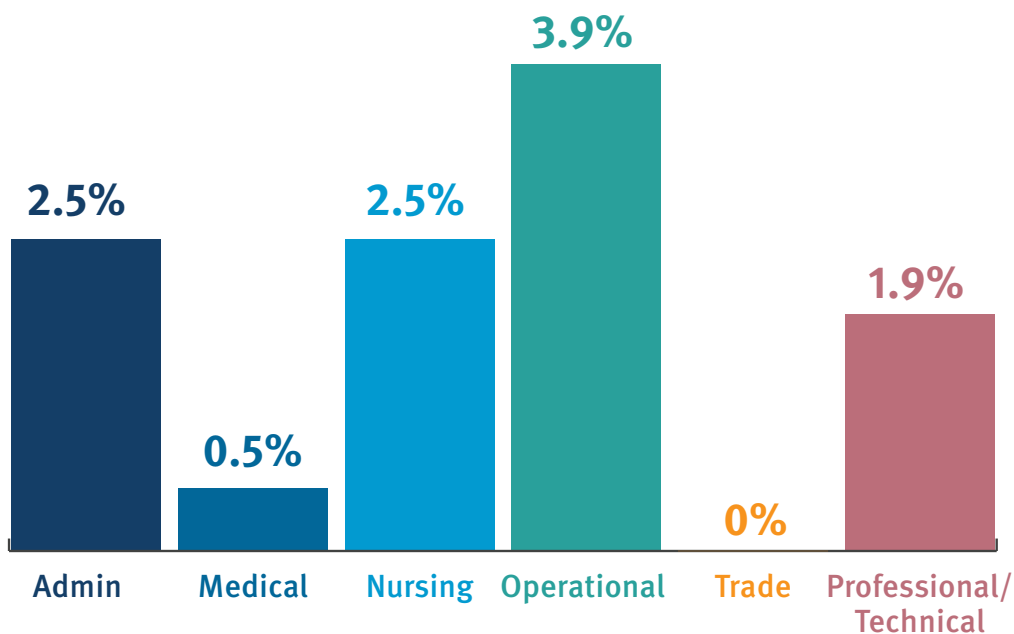
¹³ Australian Immunisation Register



HHS FIRST NATIONS WORKFORCE ¹⁴

- **2.3% of the Gold Coast HHS workforce* identified as Aboriginal and/or Torres Strait Islander.**

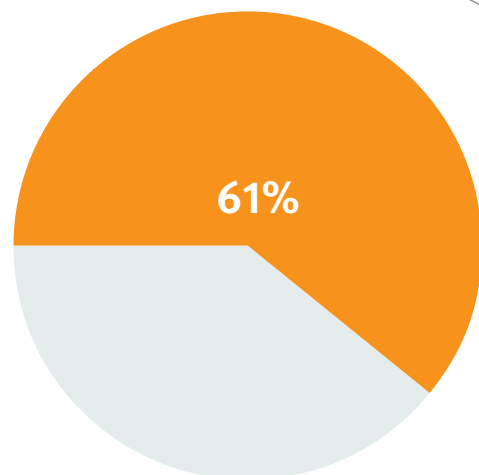
FIRST NATIONS REPRESENTATION* VARIED ACROSS WORKFORCE STREAM



*Of those who responded to the workforce diversity survey (60% coverage)

CULTURAL PRACTICE PROGRAM

- **61% of Gold Coast HHS staff completed the Cultural Practice Program (CPP)**
- **Target = 95%**



¹⁴HHS Data: Decision Support System Workforce Cube, as at October 2021.

“Talking about race can limit the conversation. It makes the conversation binary, ‘us’ vs ‘them’ and does not recognise the complexity around race issues.”

- First Nations health consumer

Strategies

Strategies in this document are presented in a matrix format, which details the Queensland Government’s First Nations Health Equity Key Result and Priority Areas.

The First Nations Health Equity Key Priority Areas are:

KRA1: Actively eliminate racial discrimination and institutional racism within services

KRA2: Increase access to healthcare services

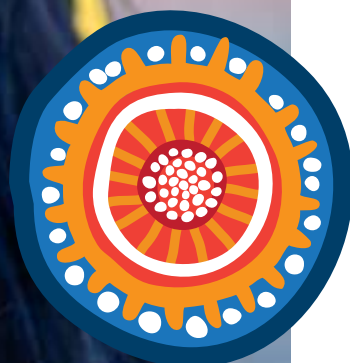
KRA3: Influence the social, cultural, and economic determinants of health

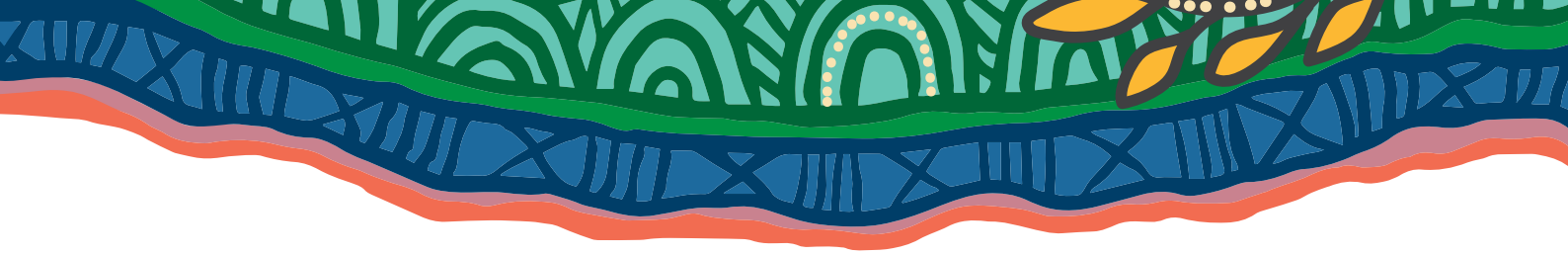
KRA4: Deliver sustainable, culturally safe, and responsive healthcare services

KRA5: Work with First Nations people, communities, and organisations to design, deliver, monitor, and review health services

KRA6: A strong and capable workforce

This Health Equity Strategy 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 will be reported annually where possible.





Priority Area	Actions
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Actively eliminate racial discrimination and institutional racism within services

Key Result Area 1 CULTURAL SAFETY

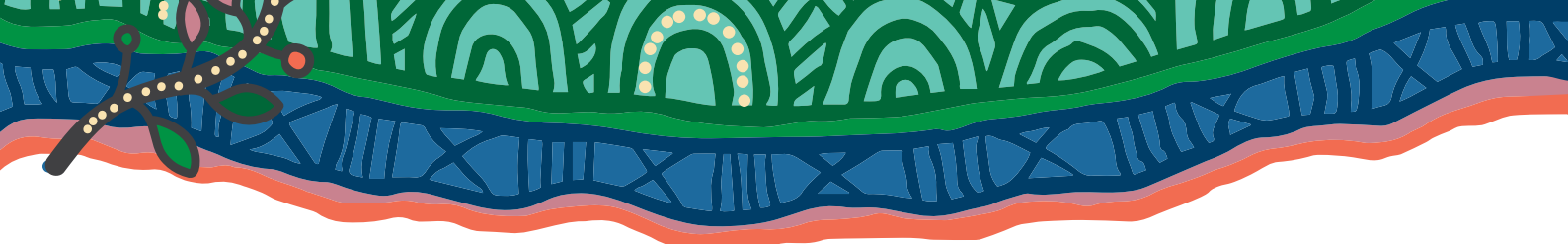
1. Establish a Tier 1 First Nations Health Equity Committee to support the Board to ensure:
 - GCHHS safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
 - Aboriginal and Torres Strait Islander Community are represented, included in decision making and supported to scrutinise the GCHHS health equity actions
 - access to health trend data to inform program and policy development that best meets local priorities and need
 - development and distribution of an annual Health Equity report card.
2. Establish policies and procedures to report discrimination, lateral violence, institutional racism and unconscious bias.
3. Implement procedures to address racist acts in the workplace whilst supporting those who have experienced racism and lateral violence.
4. Reported incidents of discrimination, lateral violence or institutional racism will be examined quarterly by the First Nations Health Equity Committee to investigate HHS actions and identify effective approaches to reducing race-based discrimination.
5. Continue to implement staff training aimed at educating and addressing racism while supporting the regional engagement of the university sector to develop formal education in the context of Australia's First Nations people.
6. Implement the Matrix for identifying, measuring and monitoring institutional racism within Public Hospitals and Health Services biannually to monitor and measure improvements within the HHS.
7. Incorporate First Nations perspectives in the design and enhancement of GCHHS facilities to demonstrate a welcoming, culturally sensitive and safe environment that recognises the importance of First Nations cultural beliefs and practices.



Increase access to healthcare services

Key Result Area 2 ACCESS

1. Prioritise the reduction of GCHHS wait times for First Nations peoples.
2. Engage Aboriginal and Torres Strait Islander Community in the definition of cultural determinants as strength-based action in program and service design and delivery.
3. Collaborate with Health and Wellbeing Queensland (HWQld) to support an increased focus on prevention and explore partnerships across providers to achieve chronic disease outcome measures.
4. In partnership with HWQld, investigate the latest research and best practice prevention approaches which may be suitable for replication within GCHHS for e.g. integrated Model of Care for people living with Type 2 diabetes delivered in Logan.
5. Employ a registered nurse (identified) to provide telephone follow-up calls as part of discharge planning to:
 - provide access to follow-up care and support services
 - enhance service linkages and integration for continuity and coordination of holistic care.
6. Develop partnerships with Kalwun and GCPHN to provide culturally safe and responsive shared care, transition, and discharge.
7. Advocate for increased funding in mental health to support Aboriginal and Torres Strait Islander strength-based trauma informed care.
8. Establish models of care closer to home in partnership with and or by commissioning from Kalwun Health Services.
9. Utilise the GCHHS First Nations Local Area Needs Assessment to inform Community priorities and plan co-designed approaches in response. This may include but is not limited to:
 - implementing Cancer Australia's Optimal Care Pathway
 - identifying opportunities to support First Nations community concepts and ways for cultural healing practices within healthcare services
 - identifying opportunities to present holistic health and teach our community about what it looks like to be holistically healthy (spiritually, culturally, mentally and physically)
 - exploring opportunities to expand Aboriginal and Torres Strait Islander nurse navigator positions.
10. Provide free discharge medications to First Nations people leaving hospital.
11. Support the regional development of partnership models for palliative care.



Influence the social, cultural, and economic determinants of health

Key Result Area 3 DETERMINANTS

1. Progress the development and implementation of a GCHHS Sourcing Strategy: Indigenous Business Pre-Qualified Panel.
2. Progress the engagement of the Yugambeh Regional Aboriginal Corporation Alliance partnership agreement to guide GCHHS engagement of cultural services and cultural advice.
3. Establish partnerships with local First Nations organisations, which identify opportunities for GCHHS to support actions that reinforce a strengths-based approach to social determinants of health.
4. Identify networking and collaboration needs and opportunities for GCHHS identified positions to share information and resources which overcome duplication or address gaps in service delivery.



Deliver sustainable, culturally safe, and responsive healthcare services

Key Result Area 4 SERVICE AND DATA ENHANCEMENT

1. Continue the mandatory requirement for staff to complete the GCHHS Cultural Practice Program (CPP).
2. Increase the number and frequency of staff completing CPP and include evaluation metrics defined by Community in preference to participation rates.
3. Audit and review the existing GCHHS CPP and against the NSQHS Standard, GCHHS Health Equity Strategy and GCHHS Reconciliation Statement. Implement a bi-annual review process for the course content in collaboration with Gold Coast First Nations Stakeholders. Ensure co-design opportunities exist if training is to be enhanced or re-designed.
4. Engage Operational Divisions to identify ongoing professional development opportunities for staff which promote the NSQHS Standard specific actions for Aboriginal and Torres Strait Islander health and provision of equitable care.
5. Expand the Don't be shy! Identify campaign to include a focus on Gold Coast Health systems and processes which include a review of the existing Indigenous status education and training against the NSQHS Standard, GCHHS Health Equity Strategy and National best practice guidelines for collecting Indigenous status in health data set.
6. Implement evaluation systems to monitor and measure improvements in accuracy and consistency of identification rates, practices and data quality, which will be reviewed quarterly by the First Nations Health Equity Committee to ascertain effectiveness.
7. Undertake a co-design process with Gold Coast First Nations stakeholders to develop a Gold Coast Health Reconciliation Action Plan (RAP).
8. Research and develop culturally appropriate patient reported measures to co-design Aboriginal and Torres Strait Islander Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). Trial implementation models which may include telephone assisted survey administration.
9. Support the building of a regional body of knowledge through investment in GCHHS First Nations staff to undertake quality and/or research initiatives.
10. Increase the proportion of baseline funds allocated to First Nations health services and programs.
11. Support the regional development and implementation of Aboriginal and Torres Strait Islander Suicide Prevention and Aftercare Action Plan.
12. Support the regional data portal development and trial.

“Employment targets need to include leadership positions in multiple disciplines and levels. You can't be what you can't see. We want to see our people employed across the HHS in all roles and levels.”

- First Nations focus group participant





Work with First Nations people, communities, and organisations to design, deliver, monitor, and review health services

Key Result Area 5 SERVICE DELIVERY PARTNERSHIPS

1. Support First Nations representation on key HHS governance committees.
2. Reflect the GCHHS First Nations Health Equity Strategy into GCHHS strategic and operational plans by 31 October 2022.
3. Employ a dedicated Communications Officer position to prepare, implement and evaluate an Aboriginal and Torres Strait Islander Health Service Communication Plan which utilises existing platforms and evidence-based approaches to regularly promote the service and increase:
 - awareness of Gold Coast Health Aboriginal and Torres Strait Islander Health Service and targeted programs, providing patients appropriate information and referrals (internal and external)
 - community access to culturally appropriate information and referrals
 - staff ability to integrate the NSQHS Standards that focus on meeting the needs of Aboriginal and Torres Strait Islander people within their workplace.
4. Support the engagement of First Nations partnership agreements e.g. Yugambah Regional Aboriginal Corporation Alliance and Yugambah Youth Aboriginal Corporation to develop cultural products for staff to engage with and celebrate local culture, such as the Word of the Week program.
5. Employ a dedicated Aboriginal and Torres Strait Islander Community Engagement officer to:
 - develop a range of quality improvement activities that address the NSQHS Standards to meet the needs of the Gold Coast Aboriginal and Torres Strait Islander community
 - develop an annual health promotion events calendar to support an increase in preventative health activities and events
 - explore partnership opportunities to host an annual Aboriginal and Torres Strait Islander health symposium
 - progress a co-designed accountability framework to support reporting to all stakeholders, which is underpinned by the human rights declaration.
6. Collaborate with Gold Coast Health First Nations Health Equity Service Delivery Stakeholders (GCHHS, Kalwun Development Corporation and GCPHN) to produce:
 - Aboriginal and Torres Strait Islander Community and health consumer engagement Framework
 - Aboriginal and Torres Strait Islander Community and health consumer engagement Strategy.



Strengthen the First Nations health workforce

Key Result Area 6 A STRONG AND CAPABLE WORKFORCE

1. Promote safe, inclusive, and respectful workplaces where staff are valued and supported.
2. Work with recruitment to implement the routine collection of Indigenous status in recruitment processes and include a Health Equity and Racism section in all role descriptions.
3. Employ a dedicated Aboriginal and Torres Strait Islander Workforce Coordinator to:
 - prepare a GCHHS Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2023–2031, aligned with the National, State and Regional approaches, which aims to increase First Nations workforce representation to levels commensurate with the Gold Coast population across all levels and employment streams
 - in partnership with the education sector develop successful transition of Aboriginal and Torres Strait Islander health students into the GCHHS workforce and access clear career pathway options
 - collaborate with HWQld to empower and upskilling First Nations health professionals in clinical prevention through education and training and raising awareness of referral pathways to culturally appropriate community-based prevention programs
 - support First Nations staff to undertake leadership development training and mentorship roles
 - assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement with systems information and data.
4. Establish a GCHHS Aboriginal and Torres Strait Islander staff network and host quarterly events.
5. In partnership with Kalwun Health Service, explore cross-sector programs so that staff can work across the HHS and community-controlled sectors.
6. Support Operational Divisions to identify project officer (identified) roles to provide authoritative advice on First Nations strategies, programs and services to support GCHHS partner and collaborate to problem solve, create opportunities and design sustainable solutions in line with the organisation's strategic and operational plan to improve Aboriginal and Torres Strait Islander health.
7. Formalise a GCHHS First Nations employee separation exit survey/interview process.
8. Develop and annually administer a First Nations staff satisfaction survey and report findings and recommendations to the First Nations Health Equity Committee.
9. Establish a Health Equity Champions network with resources and monthly zoom sessions/catch-ups to hear up-to-date information to share within the network.
10. Explore an award night, in partnership with Kalwun Health.



Measuring our progress

Our performance is assessed across 16 domains and the six Health Equity key performance areas.

Key performance indicators (KPIs) are aligned with each domain, however may contribute to performance in more than one domain/key priority area. An overview of the relationship between the domains and key priority areas is shown below.

DOMAINS	Actively eliminate racial discrimination and institutional racism	Increase access to healthcare services	Deliver sustainable, culturally safe and responsive healthcare services	Influence the social, cultural, and economic determinants of health	Work with First Nations communities and organisations to design, deliver, monitor and review health services	Strengthen the First Nations workforce	Health Equity
Life Expectancy							
Birthing							
Child health							
Chronic disease							
Care coordination							
Cultural safety							
Comprehensive primary healthcare							
Mental health							
Planning							
Purchasing/ commissioning							
Telehealth							
Waitlists							
Workforce							
Employment, education, and training – SEQ							
Household income							
Housing - SEQ							



The following key performance indicators (KPIs) are an interim set of measures underpinned by available data.

OUTCOME MEASURES

Life expectancy and mortality gaps

- Decrease in excess total Years of Life Lost (YLLs)
- Reduction in the rate of suicide deaths

Birthing (First Nations, total population) and Child Health

- First Nations women and women pregnant with a First Nations baby who were not smoking after 20 weeks' gestation
- First Nations women and women pregnant with a First Nations baby who delivered baby at full-term
- First Nations women and women pregnant with a First Nations baby, of healthy birthweight at birth (more than 2.5 kg/less than 4.5 kg)

Chronic Disease

- Haemoglobin A1c (HbA1C) result <7% (≤ 53 mmol/mol) (6 month), HbA1C result >10% (≥ 86 mmol/mol) (6 month)
- Type II Diabetes Estimated Glomerular Filtration Rate (eGFR) result ≥ 60 mL/min
- Smoking status result – current smoker
- Body mass index (BMI) result 25+ years overweight or obese
- Alcohol Use Disorders Identification Test-Concise (AUDIT-C) score within safe limits
- Cardiovascular disease (CVD) risk assessment – low risk
- Acute Rheumatic Fever notifications (confirmed, probable and possible)
- New Rheumatic Heart Disease cases
- Hospitalisations of First Nations people with diabetes complications/non-diabetes complications that could have been prevented through the provision of non-hospital services

PROCESS MEASURES

Care Plans

- Completion of care plans in conjunction with the patient and their family

Comprehensive Primary Healthcare

- Regular First Nations patients
- General Practice (GP) Chronic Disease Management; GP Management Plans (GPMP) and Team Care Arrangements (TCAs)
- Review of GPMPs and TCAs

Cultural Safety

- Evidence of HHSs having cultural safety programs and practices in place that were co-designed with First Nations people, which 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
- First Nation-specific Patient Reported Experience Measures (PREMs)

Mental Health

- Mental health service episodes for First Nations patients with a documented mental health care plan
- 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

Waitlists

- People on elective surgery, specialist outpatient and oral health waitlists seen within clinically recommended timeframe by Triage Category

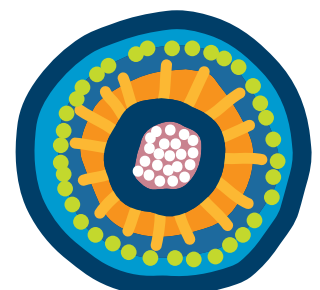
Workforce

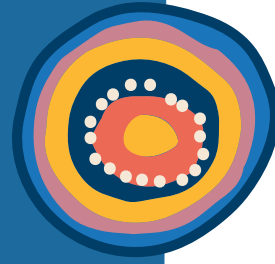
- First Nations people in the health workforce by workforce stream

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 and humility without racism, bias, discrimination or prejudice.

- First Nations survey respondent





Areas for further development

Over time, it is proposed that the following KPI areas are explored:

- Co-designed accountability framework, which will be embedded into GCHHS governance to ensure two-way accountability
- 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 disease classification
- Transition from education/training to employment within the health sector

“We've got one community, many services.

How do we make that experience seamless for our mob?”

- First Nations focus group participant





Glossary

‘Aboriginal and Torres Strait Islander peoples’ & ‘First Nations peoples’:

Preferences in terminology vary across Australia for individuals, communities, and agencies.

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, Queensland Health’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.

In an endeavour to promote good practice communications, terminology preferences were sought from Gold Coast Aboriginal and Torres Strait Islander community members who participated in focus group discussions, May 2021, as part of the GCPHU COVID-19 response. Most participants across all age groups believed that ‘Aboriginal and Torres Strait Islander’ was the most appropriate term to use. This was followed by ‘First Nations’, whereas only some of the participants within those aged 55 years or older considered ‘Indigenous’ as an appropriate term.

Years of Life Lost (YLLs)	A premature death measure that takes into account both the frequency of deaths and the age at which it occurs.
Haemoglobin A1c (HbA1C)	A test used to help diagnose and monitor people with diabetes.
Estimated Glomerular Filtration Rate (eGFR)	A test used to check how well the kidneys are working.
Body mass index (BMI)	A measure used to estimate whether you are a healthy weight or not.
Alcohol Use Disorders Identification Test-Concise (AUDIT-C)	A screening tool used to identify hazardous drinking behaviour.
GP Management Plan (GPMP)	A plan which identifies your health care needs, sets out the services your GP will provide, and lists the actions you can take to help manage your condition.
Team Care Arrangements (TCAs)	Coordinated care for people with chronic medical condition who require treatment from two or more other health care providers.
Patient-reported experience measures (PREMs)	Capture the patient’s perception of their experience with healthcare or services.

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 for:
 - 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 transferred 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 
 Aboriginal and Torres Strait Islander Community Health Services 	 Aboriginal and Torres Strait Islander Community Health Services 	 KALWUN 	 Kambu Aboriginal and Torres Strait Islander Corporation for Health 
 Children's Health Queensland 	 YU-Burr-Bi Aboriginal Corporation for Community Health 	 Mater Misericordiae Ltd 	 Institute for Urban Indigenous Health 

22 November 2021

A young man and woman are smiling and holding fruit. The man is holding a tomato, and the woman is holding a banana. They are wearing blue t-shirts with Indigenous Australian patterns and text. The woman's t-shirt has the text 'ALWUN' and 'Healthy Choices' visible. The background is a blurred outdoor setting with a building and a red and white striped structure.

“Often these services are meeting the needs of the sick - could be more appropriately termed sickcare - how are we working with younger community members to engage in preventative models, opportunities to stay healthy, active and connected?”

- First Nations health consumer



“ If the grassroots people are not having the say, then it is not going to go anywhere. All that’s going to do is tick boxes and the grassroots people will not have their needs met. Conversations are fantastic in bringing forward what we need to say, and we need more opportunities to do this... ”

- First Nations health consumer

