



First Nations Health Equity Strategy

2025-2028

Gold Coast Health
always care



KALWUN



**Queensland
Government**



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Gold Coast Hospital and Health Service First Nations Health Equity Strategy 2025-2028

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Biren Dance Group, Art of Healing, Tugun Satellite Health Centre Banyahrmabah, 2024. Remco Photography

Banyahr jagun - banyahr garal janabi nyubani Healthy Country – Healthy Community, Art of Healing, Tugun Satellite Health Centre Banyahrmabah, 2024. Remco Photography

Janbalehla danggan hand washing, Jellurgal 2024. Remco Photography

Aunty Delame Barton and Paula Rankmore, Culture Therapy, 2024

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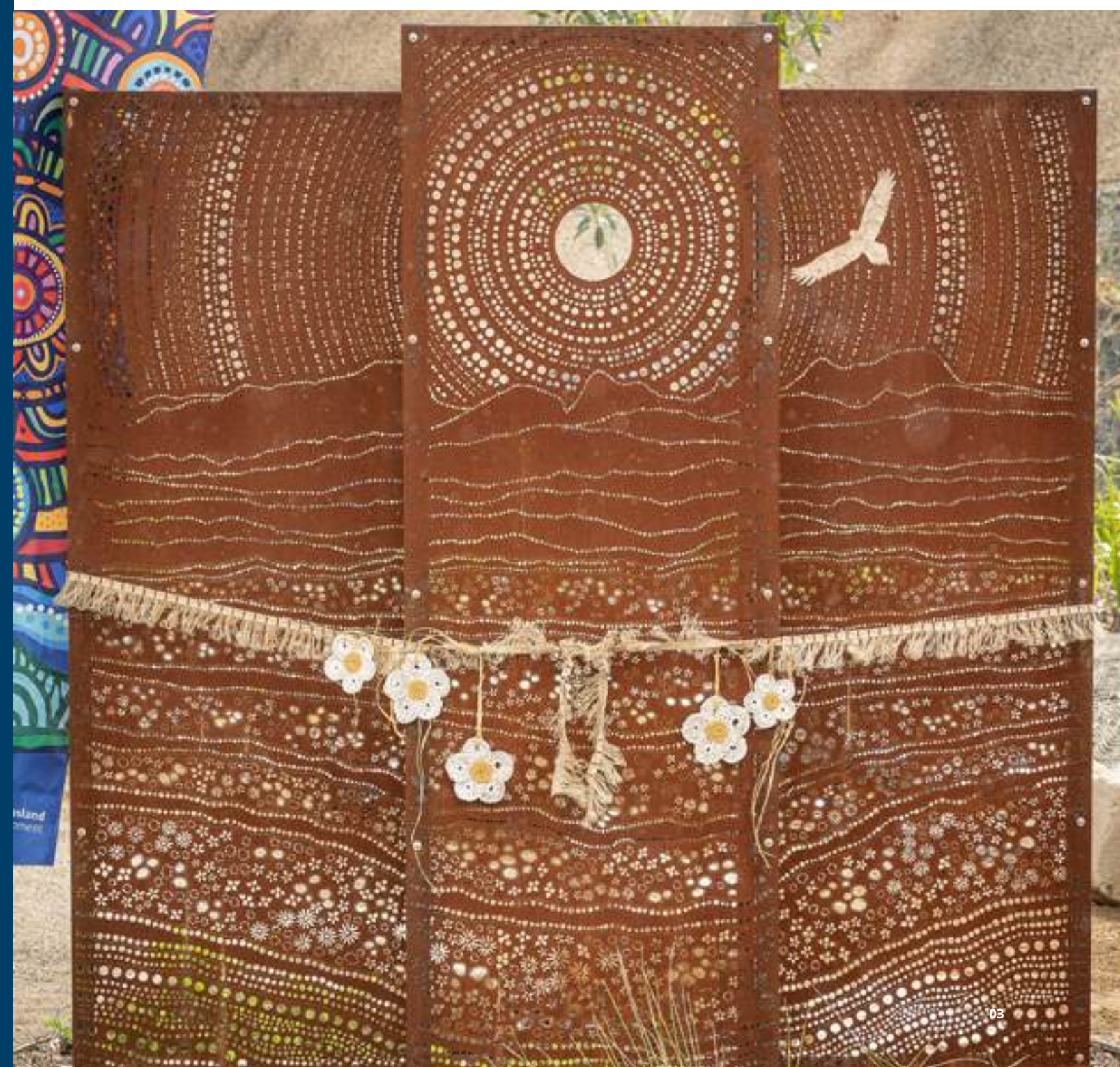
Graphic Recording, Let's yarn health equity, Parkwood, 2024. ArtBalm

Let's yarn health equity, Parkwood, 2024. Remco Photography

Acknowledgement of Country

Gold Coast Health acknowledges Country and the Traditional Custodians of the Yugambeh language region, whose lands, waters, seas and skies we all now share; and we pay tribute to their unique values, and their enduring culture, which deepen and enrich the life of our community.

We pay respect to Elders, past and present while recognising the role of current and future leaders in shaping an equitable health system.





Our approach

Gold Coast Health's First Nations health equity reform agenda is grounded in the legislated priority areas defined by the Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, and shaped by co-design and shared governance with First Nations peoples, communities, and organisations. Co-design is not a one-time consultation, but an ongoing commitment.

Over the 2022–2025 period, GCHHS hosted a landmark Let's Yarn Health Equity Showcase, two advancing and accelerating First Nations health equity forums along with numerous events including the Art of Healing, Close the Gap Day, NAIDOC Week and Welcome Jarjum to Community.

These events and forums brought together community members, Elders, staff, and sector partners to reflect, share stories, and shape future priorities and actions.

These engagement platforms, underpinned by public participation and deep listening, have revealed critical learnings about what is working and what needs to change. A strategy cannot influence the system when it sits outside the system.

A key insight from our first strategy iteration is the need for stronger governance; clearer visibility, alignment, and integration of First Nations health equity efforts across the entire organisation.

It is not enough to reflect; we must take immediate action.

This iteration builds upon our foundations and responds directly to what we have heard from community. It strengthens our structured approach to continuous improvement and embedding change to deliver lasting impact. It marks a shift from commitment to continuous action, from reflection to acceleration. Guided by culture, community, and collaboration, we are strengthening the foundations for lasting change and healthier futures for First Nations peoples.

Gold Coast Health is committed to achieving life expectancy parity for Aboriginal and Torres Strait Islander peoples by 2031, as mandated by Queensland Health legislation and aligned with the national Closing the Gap framework.

The First Nations Health Equity Strategy 2025–2028 marks the next stage in our collective journey to deliver culturally safe, responsive, and holistic care for First Nations peoples and families across our region.

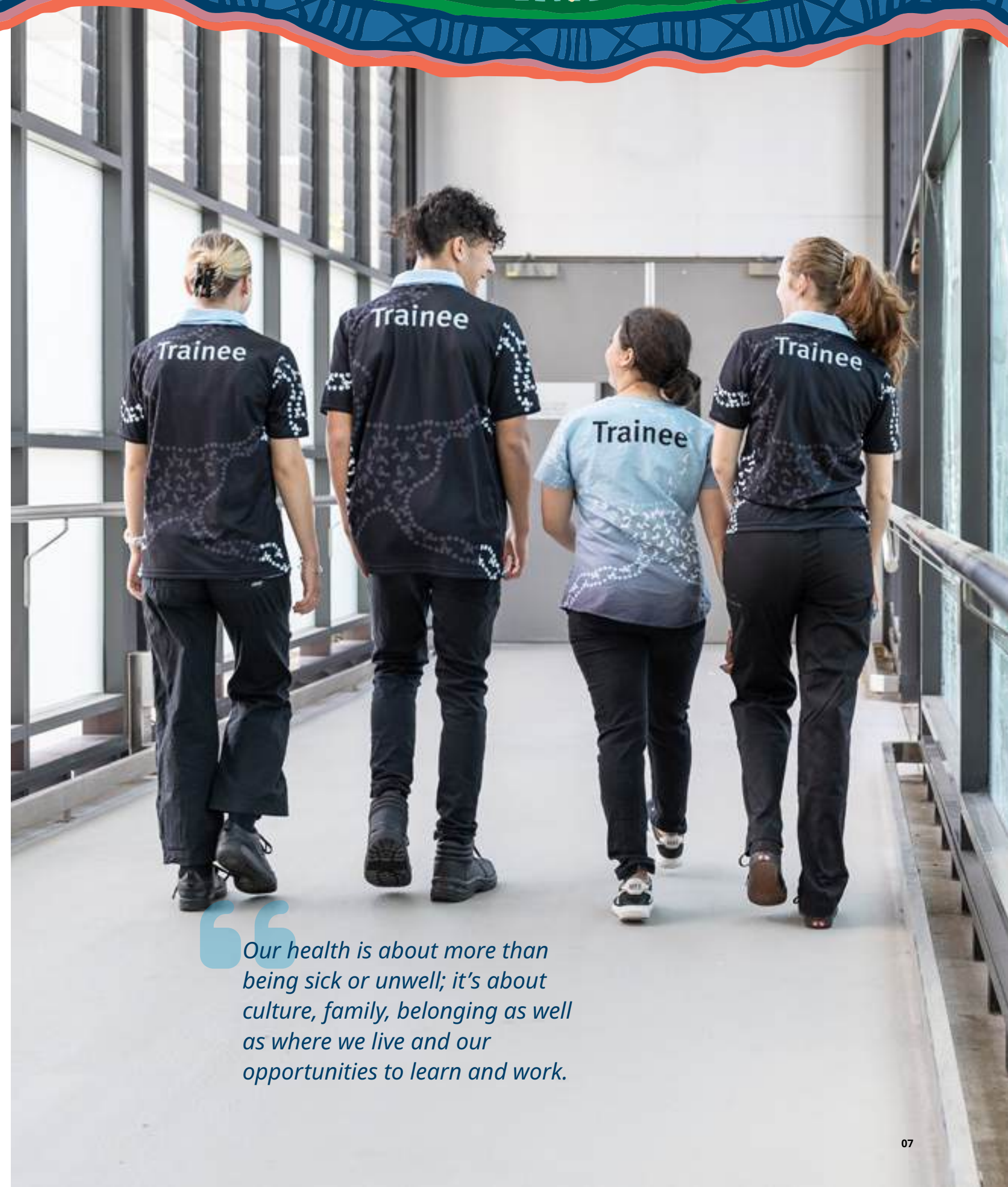
Health equity is everyone's business.

Our strategy recognises that advancing First Nations health equity requires whole-of-system change, not just in program delivery, but in how we design, plan, and govern our health system.

As such, this strategy does not sit in isolation. Instead, it is a core component of how Gold Coast Hospital and Health Service (GCHHS) functions, performs, and is held accountable. To drive meaningful change, the First Nations Health Equity Strategy must be fully integrated into the broader operational and strategic framework of GCHHS.

Embedding this strategy into every level of GCHHS is essential to leading health system reform.





“Our health is about more than being sick or unwell; it’s about culture, family, belonging as well as where we live and our opportunities to learn and work.”

Cultural Governance

Over the past three years, Gold Coast Health has made progress in recognising the principles of cultural governance. We have elevated Aboriginal and Torres Strait Islander leadership, identified structures that support shared decision-making, and prioritised community-led engagement through mechanisms such as the Karulbo partnership model and Waijungbah Jarjums Community Accountability Group. This work acknowledges that cultural governance is more than representation, it is about accountability, authority, and ethical leadership at every level of the organisation.

As we move forward, we make an intentional shift. We are progressing cultural governance as a principle, toward a GCHHS Cultural Governance Framework.

This formalised framework will serve three purposes:



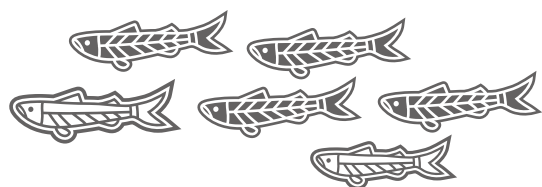
1. Consolidate learnings from our First Nations health equity journey,



2. Strengthen shared accountability across the organisation, and



3. Guide implementation, monitoring, and evaluation of our cultural governance structures.



This next phase reflects our obligation under the Hospital and Health Boards Act 2011 and the Hospital and Health Boards Regulation 2012, which mandate the development and implementation of First Nations Health Equity Strategies by all Hospital and Health Services (HHSs). These legislative reforms embed the right of First Nations peoples to be involved in the decisions that shape their healthcare, including the requirement for Aboriginal and Torres Strait Islander representation on HHS Boards.

Cultural governance is a necessary structural framework that must be deliberately built, resourced, and maintained by those in positions of authority, CEOs, boards, executive leaders, policymakers, and system managers.

Cultural governance offers system-wide benefits. It protects against tokenism, reduces reputational risk, and creates culturally guided structures of accountability. It also ensures First Nations people are not placed in unsafe or unsupported roles, but are respected as cultural leaders, equipped with the legitimacy, authority, and system support to lead effectively. (Springer, 2025)



Cultural governance embeds First Nations leadership across every tier of the system: from frontline and clinical roles to executive and board-level positions.

It elevates cultural authority into the core of organisational decision-making, shifting the burden from individuals to the system itself, through formal structures, funded positions, and shared power arrangements (Durey et al., 2016; Hunt, 2013).

One practical mechanism is the use of Identified positions, not limited to targeted service roles, but strategically embedded within clinical, managerial, and executive functions. The roles that hold power, clear lines of accountability, and influence within their respective directorates and services. When implemented appropriately, cultural governance defines who holds power, how it is exercised, and how accountability is shared (Crooks et al., 2022).

Crooks, K., Tully, B., Allan, L., Gillham, K., Durrheim, D., & Wiggers, J. (2022). Development and implementation of a shared governance model in a mainstream health unit: A case study of embedding Aboriginal voices in organisational decision making. *Australian Health Review*, 46(2), 178–184. <https://doi.org/10.1071/AH20369>

Durey, A., McEvoy, S., Swift-Otero, V., Taylor, K., Katzenellenbogen, J., & Bessarab, D. (2016). Improving healthcare for Aboriginal Australians through effective engagement between community and health services. *BMC Health Services Research*, 16, 224. <https://doi.org/10.1186/s12913-016-1497-0>

Hunt, J. (2013). *Engaging with Indigenous Australia: Exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities* (Issues Paper No. 5). Closing the Gap Clearinghouse, Australian Institute of Health and Welfare & Australian Institute of Family Studies. <https://www.aihw.gov.au/getmedia/7d54eac8-4c95-4de1-91bb-0d6b1cf348e2/ctgc-ip05.pdf>

Springer, S. J. (2025). *Cultural safety: From compliance to commitment. A Better Culture*. <https://abetterculture.org.au/uploads/250625-Cultural-Safety-From-Compliance-to-Commitment-v7.pdf>

“We want to be involved in our care and have access to information we understand.”

First Nations health consumer

Accordingly, the First Nations Health Equity Strategy 2025–2028 will take a new form: a concise, purpose-built **Strategy on a page**, which clearly articulates the strategic directions for each of the six priority areas, (Figure 1). This approach is guided by ways of knowing, being and doing (Martin, 2003), a robust governance mechanism established to drive and monitor progress.

Figure 1 Key Priority Areas



To embed accountability, First Nations health equity actions will be formally incorporated into Gold Coast Health’s strategic and operational agenda, from the Strategic Plan to directorate level business and operational plans. Each operational directorate will include a dedicated commitment to accelerating and advancing First Nations health equity in their service profiles. These actions will be captured and tracked through the **GCHHS First Nations Health Equity Implementation Plan**, developed following endorsement of the Strategy.

Martin, K. (2003). *Ways of knowing, being and doing: A theoretical framework and methods for Indigenous and Indigenist research*. *Journal of Australian Studies*, 27(76), 203–214. <https://doi.org/10.1080/14443050309387838>



Knowing: signs of meaningful change	Being: Guided by Community voice
Key Priority Area: Cultural Safety Knowing: First Nations patients, carers, and staff feel culturally safe, respected, and free from racism at every level of GCHHS.	“We feel invisible in systems that are not built for us.” “We are strong, proud, and connected to culture, we want this to be respected.” “We need to feel seen, respected and safe in every interaction, without fear of judgement, bias or racism.
Key Priority Area: Access Knowing: First Nations patients are supported through every step of their health journey with accessible, culturally appropriate care.	“We need culturally safe help when we walk through the door.” “We need services that are local, flexible, and meet our cultural and family needs.” “Care should be local, culturally safe, and not dependent on navigating a complex system.”
Key Priority Area: Strong Foundations Knowing: Care addresses the holistic First Nations concept of wellbeing, and families are supported to thrive in all areas.	“Our health is about more than being sick or unwell; it’s about culture, family, belonging as well as where we live and our opportunities to learn and work.” “We need healthcare to understand our worldview.” “Our health is shaped by family, culture, housing, income, education, and connection to Country.”
Key Priority Area: Services and Data Enhancement Knowing: Services reflect the voices of First Nations communities and support strong outcomes before, during, and after episodes of care.	“We want to be involved in our care and have access to information we understand.” “Culture makes care stronger.” “Culture must be respected in the way care is delivered and how services are shaped.”
Key Priority Area: Participation Knowing: First Nations people are central to shaping services that reflect community values, priorities, and voices.	“We want to be partners – not just consulted.” “We know what works for our Community.” “Don’t say it is for us unless it is created with us. Partnerships must be real, sustained and based on mutual respect and understanding.”
Key Priority Area: Workforce Knowing: First Nations people are visible, valued, and thriving across all levels of the GCHHS workforce.	“We feel safe when our own people care for us.” “We want real jobs, real growth, and real leadership opportunities.” “When we see our own mob in the system, we feel safe, heard and understood.”

Doing: Insight into action
• Develop and embed a formal Racism Reporting and Review Framework that includes anti-racism education, clear protocols, and transparent response pathways, ensuring timely and effective handling of incidents which offer support for staff wellbeing. • Embed cultural safety measures into leadership roles and align workplace policies to uphold cultural accountability, integrity, and promote an inclusive, respectful organisational culture. • Build cultural capability across all roles and levels by delivering mandatory cultural capability training, with expansion to tailored content based on role type, responsibility, and level of influence. • Investigate organisational training needs aligned with NSQHS standard actions for Aboriginal and Torres Strait Islander health and wellbeing, and develop, implement, and evaluate. • Incorporate Aboriginal and Torres Strait Islander culture, art, design, and values into the healthcare environment.
• Expand First Nations identified roles in response to areas of need and inequity across Directorates. • Improve access to targeted services and programs though accessible directories, strengthening referral pathways, and enhancing navigation and discharge support. • Ensure First Nations patients receive care within clinically recommended timeframes for community, outpatient, and elective services. • Partner with Kalwun and First Nations community care providers to deliver flexible models of care, including outreach, mobile clinics, telehealth, shared care and transport-supported services. • Expand access to care closer to home by enhancing digital health options and community-based service delivery. • Improve visibility and pathways to transport, financial, and community support.
• Embed the cultural determinants of health into service planning and promote culturally-informed models of care across priority areas, including mental health, maternity, sexual health, cancer, cardiac, respiratory, diabetes and palliative care. • Strengthen links with housing, justice, education and social services. • Prioritise procurement with Aboriginal and Torres Strait Islander businesses to strengthen local economic participation. • Improve discharge processes to address social and cultural wellbeing needs.
• Co-design culturally responsive, family-centred, and intergenerational models of care with community, including improvements to outpatient and post-discharge care with cultural support. • Partner with Kalwun and First Nations community health care providers to deliver wraparound, community-driven care. • Coordinate care planning across community, hospital, and specialist services to ensure continuity and culturally safe care. • Include First Nations data sovereignty principles in the health services systems and progress opportunities for First Nations communities to control the use of their health data in ways that benefit the community. • Develop and implement accessible dashboards and data visualisation tools to inform directorate-level decisions and track progress across programs and services. • Embed First Nations leadership within co-design research, models of care, and patient experience improvements.
• Formalise shared governance and leadership structures, including First Nations leadership in evaluation, monitoring, and accountability processes. • Embed co-design into all stages of service and program planning and delivery. • Expand culturally relevant health resources and health literacy program development in partnership with community. • Increase funding and support for community-led health promotion initiatives.
• Strengthen attraction, recruitment, and retention of Aboriginal and Torres Strait Islander staff through career pathways, succession planning, and targeted investment in identified roles. • Develop and implement a First Nations Affirmative Recruitment Framework, aligned with the HHS Workforce Strategy and national/state directions, supported by equity-centred workforce policy reforms. • Implement the Queensland Health First Nations Health Workforce Certified Agreement, ensuring alignment with organisational obligations and cultural authority principles. • Embed cultural authority in recruitment by co-designing cultural capability statements for identified roles with local Traditional Custodians. • Build structured cultural supervision and mentoring into all identified roles to support culturally safe practice, retention, and wellbeing.

Key Priority Area	Measures
1. Cultural Safety	Increase and sustain the proportion of staff completing the Cultural Practice Program to $\geq 80\%$.
	Achieve and maintain a 'Very Low' score on the triennial administration of the matrix for identifying, measuring and monitoring institutional racism within public hospitals and health services.
2. Access	Decrease potentially avoidable deaths.
	Increase the proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time.
	Increase and sustain the proportion of First Nations patients to receive their elective surgery treatment within clinically recommended timeframe toward $\geq 98\%$.
	Reduce the proportion of First Nations patients who discharge against medical advice (DAMA) to $\leq 1\%$ and sustain this level.
	Increase and sustain the proportion of First Nations patients to receive their initial specialist outpatient appointment within the clinically recommended timeframe toward $\geq 90\%$.
	Increase the opportunities for First Nations people to participating in Advance Care planning to obtain $\geq 9\%$.
3. Strong Foundations	Increase annual spend with First Nations businesses (procurement activities $\geq \$5,000$) toward $\geq 3\%$ of total HHS spend.
	Increase the proportion of baseline funds allocated to targeted First Nations health services and programs on a year-on-year basis.
4. Services & Data Enhancement	Embed accountability across all GCHHS Directorates to meet and sustain the six NSQHS Standard actions for Aboriginal and Torres Strait Islander peoples as part of accreditation requirements.
	Reduce the proportion of 'not stated/unknown' responses in the Indigenous status field towards zero.
	Increase and sustain the proportion of First Nations babies born to First Nations and non-First Nations mothers with a healthy birthweight to $\geq 91\%$.
	Decrease the rate and count of First Nations suicide deaths towards zero.
	Increase and sustain the proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit to $\geq 65\%$.
5. Participation	Maintain active representation of First Nations service delivery partners on the Tier 1 First Nations Health Equity Committee.
	Increase engagement and utilisation of the GCHHS Aboriginal and Torres Strait Islander health and wellbeing microsite.
6. Strong & Capable Workforce	Achieve annual (year-on-year) increases in First Nations workforce representation to demonstrate progress towards parity with the local First Nations working population (15-64 years).
	Support $\geq 75\%$ participation in the First Nations Employee Network of people who identify as First Nations across the HHS workforce, including trainees, cadets, and work experience placements.



“We feel safe when our own people care for us.
 — First Nations health consumer





Toward health equity

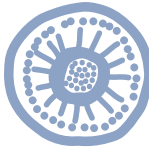
This strategy acknowledges the direct impact that racial discrimination and institutionalised racism have on health outcomes for First Nations peoples and communities. Our Strategy on a page aligns with the following key Queensland and National health agendas.



Making Tracks Together

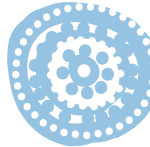
Queensland's Aboriginal and Torres Strait Islander Health Equity Framework

- Achieve health equity and improve Aboriginal and Torres Strait Islander outcomes.
- Eliminate institutional racism and racial discrimination from the health services.
- Influence the social, cultural and economic determinants of health.
- Deliver sustainable, culturally safe and responsive healthcare services.
- Strengthen decision-making and power sharing arrangements with Aboriginal and Torres Strait Islander peoples in the design, delivery, monitoring and review of health services



HEALTHQ32 First Nations First Strategy 2032

- Eliminate racism.
- Re-shape the system.
- Transform care.
- Strengthen the workforce.



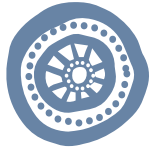
Reframing the relationship

Queensland Health's plan strengthens the commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

The plan recognises the importance of self determination to First Nations people.

A key priority for the First Nations Health Office is empowering First Nations voice and perspectives in healthcare service design and delivery.

Reframing the relationship agenda is enabled and mandated in accordance with the Public Sector Act 2022.



National Agreement on Closing the Gap

A national approach to improving the economic, social and cultural wellbeing with First Nations peoples.

The National Agreement on Closing the Gap (2020) includes three health targets:

Outcome 1 –

Aboriginal and Torres Strait Islander peoples enjoy long, and healthy lives.

Target: Close the Gap in life expectancy in a generation, by 2031.

Outcome 2 –

Aboriginal and Torres Strait Islander children are born healthy and strong.

Target: By 2031 increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 percent.

Outcome 14 – Aboriginal and Torres Strait Islander peoples enjoy high levels of social and emotional wellbeing.

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

