SEQ First Nations Health Equity Strategy

Gold Coast Health Consultation Report

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Gold Coast Health
always care

Queensland Government

SEQ First Nations Health Equity Strategy – Gold Coast Health Consultation Report

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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.

Disclaimer:

Contents

Figures

Tables

1. Summary

First Nations peoples set the foundation

Aboriginal peoples and Torres Strait Islander peoples have been doctors, nurses, pharmacists, midwives, counsellors and paramedics - the first healers of these lands. Caring for self, kin, community and country, was and continues to be, a central aspect of Aboriginal and Torres Strait Islander knowing, being and belonging.

Co-design is integral

The commitment to achieve health equity is a shared one grounded in genuine partnerships with Aboriginal and Torres Strait Islander peoples to achieve this long overdue human right. Efforts to strengthen and improve the health system, and implementing practical measures to address the social determinants of health and eliminate racism is the roadmap to achieve life expectancy parity by 2031.

What does health equity mean for Queensland?

Health equity adopts a social justice and human rights-based approach to health and healthcare access by responding to differences between groups of people that considers what people need to attain their full health potential. 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.

A First Nations health equity approach is being adopted to galvanise a renewed and shared agenda to improve Aboriginal and Torres Strait Islander people's health outcomes, experiences and access to care across the health system. This agenda aims to build on the foundations of the past to reshape the health system by placing 'health equity' at its centre. 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.

First Nations Health Equity— a working definition

Achieving First Nations health equity requires eliminating the avoidable, unjust and unfair health differences experienced by Aboriginal and Torres Strait Islander peoples by addressing social and economic inequalities, historical injustices, racism and discrimination that lead to poorer health.

Strategies to achieve health equity include:

- prioritising effort, strengthening accountability and redirecting investment across the health system
- valuing our First Nations leadership and cultural strength
- adopting and investing in different approaches
- delivering culturally safe, responsive and capable healthcare services that First Nations peoples want and need to create healthier futures
- eliminating racism and discrimination.

The First Nations health equity reform agenda has been set to address the legacy of institutional racism, strengthen relationships with First Nations peoples and implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples.

Legislative requirements

One of the most significant reforms is the amendment to the Hospital and Health Boards Act 2011 requiring each Hospital and Health Service (HHS) to develop and implement a Health Equity Strategy in partnership with First Nations peoples and local Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs). HHSs will have 12 months to develop and release the strategies after the regulation has been proclaimed by Governor in Council (expected by mid-2021).

In response to the signing of a Statement of Commitment to reach First Nations Health Equity in South East Queensland by 2031, IUIH prepared the South East Queensland First Nations Health Equity Strategy, to provide a way to unite South East Queensland's Hospital and Health Services on the best way to achieve health outcome parity.

This report presents the GCHHS First Nations Community engagement and discussion in response to the prepared South East Queensland First Nations Health Equity Strategy and survey.

2. Background

Queensland Health has a long history of supporting First Nations peoples achieve their health aspirations since the release of the first Aboriginal and Torres Strait Islander health policy in 1994. Queensland's public health system has built strong foundations over the last 30 years and since 2017, Queensland Health has accelerated its efforts by driving a health equity reform agenda in response to the release of the ground-breaking Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Islander people in Queensland's Public Hospital and Health Services report released by the then Queensland Anti-Discrimination Commission (now Queensland Human Rights Commission) and Queensland Aboriginal and Islander Health Council (QAIHC).

Under the leadership of the Chief Aboriginal and Torres Strait Islander Officer and Deputy Director-General, Queensland Health in partnership with QAIHC is driving a renewed First Nations health equity reform agenda to address the legacy of institutional racism, strengthen relationships with First Nations peoples and implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples. The voices, leadership and lived experiences of First Nations peoples are driving this agenda.

One of the most significant reforms is the amendment to the Hospital and Health Boards Act 2011 requiring each Hospital and Health Service (HHS) to develop and implement a Health Equity Strategy in partnership with First Nations peoples and local Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs). HHSs will have 12 months to develop and release the strategies after the regulation has been proclaimed by Governor in Council (expected by mid-2021).

Health Equity Strategies will support progress towards the broader Closing the Gap targets agreed in the *National Agreement on Closing the Gap* (2020), which stretch across the social, cultural and economic determinants of health. Actions taken across these broader targets will also have a positive influence on health outcomes.

They will set out the activities and key performance indicators to improve First Nations health and wellbeing outcomes by:

- actively eliminating racial discrimination and institutional racism within the Service
- increasing access to healthcare services
- influencing the social, cultural and economic determinants of health
- delivering sustainable, culturally safe and responsive healthcare services
- working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.

A key element for all Health Equity Strategies will be co-designed, co-owned and co-implemented between Aboriginal and Torres Strait Islander peoples, key organisations and HHSs as presented in Figure 1. This will enable communities to develop local solutions to local issues in the context of local service systems as they focus on addressing the structural and systemic inequities, and enable provision of culturally safe and accessible health services.

Figure 1: Stakeholders within the co-design, co-owned and co-implementation process.

The Health Service Directive *First* Nations *Health Equity Strategy – Co-design and Mediation Process* (QH-HSD-053) provides three mandatory requirements for Consultation Practice Standards:

- A First Nations Health Equity Strategy must be developed in accordance with the principles of continuous quality improvement, shared decision-making, collaboration and genuine partnership with each ***development stakeholder*****,** in particular the Aboriginal and Torres Strait Islander community-controlled health sector.
- HHSs must provide a draft First Nations Health Equity Strategy to each ***development stakeholder*** and allow at least 30 days for the stakeholder to provide feedback to the HHS.
- Once feedback is received from the ***development stakeholder*****,** the HHS must consider the feedback and provide a report back to the ***development stakeholder*** with respect to how their feedback has been incorporated, or not incorporated, into the First Nations Health Equity Strategy. Any feedback must be provided to the ***development stakeholder*** in written form within 90 days from the date the feedback was received.

In November 2021, a Statement of Commitment, Figure 2, was signed between the Hospital and Health Services of South East Queensland, the Mater Misericordiae Ltd and Children's Health Queensland and the Aboriginal Community Controlled Health Organisations that comprise the Institute for Urban

Indigenous Health regional network, which committed to the urgent and rapid acceleration of action to achieve First Nations Health Equity in South East Queensland by 2031.

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

Figure 2: Statement of Commitment to achieve First Nations Health Equity in SEQ by 2031

In response to the Statement of Commitment, IUIH prepared the South East Queensland First Nations Health Equity Strategy, which provides a way to unite South East Queensland's Hospital and Health Services on the best way to achieve health outcome parity.

To support HHS engagement of First Nations community members, IUIH developed a survey to obtain South East Queensland First Nations Health Equity Strategy feedback.

3. Methodology

Aim of activity

This activity aimed to engage Gold Coast development stakeholders in the Health Equity reform agenda through focus group discussions and/or a descriptive survey focussed on the South East Queensland First Nations Health Equity Strategy.

Population

The target population was defined as development stakeholders including:

- Aboriginal and Torres Strait Islander staff members (Gold Coast Health and Kalwun Development Corporation).
- Aboriginal and Torres Strait Islander health consumers
- Aboriginal and Torres Strait Islander community members
- Traditional custodians

Community engagement process

Developing networks and relationships is the catalyst to allowing a flow of information between the community and healthcare services. Building strong community relationships is paramount to ensure a genuine engagement process. To guide and undertake engagement and consultation of prescribed key stakeholders on the development of the GCHHS First Nations Health Equity Strategy, Gold Coast Health and Kalwun Development Corporation engaged an independent First Nations consultancy agency.

Utilising existing community networks, an initial information and consultation activity was held with Aboriginal and Torres Strait Islander community members on 16 December 2021, which aimed to:

- clarify the purpose of community engagement and participation in the health equity reform agenda.
- facilitate the opportunity for Community to identify the relevant scale of community engagement and inform the processes required to ensure co-design, co-ownership and co-implementation.

- support the building of long-term relationships built on trust, respect, transparency and accountability.

The Consultation Summary from this activity outlined the following principles for Health Equity community engagement and participatory processes:

- Values:
  All engagement and participatory process should be based on transparency, honesty and integrity.
- Multi-layered and diverse processes:
  A variety of consultation opportunities and styles should be provided which are supported by Healthy Equity education and accessible information.
- Inclusive consultation journey:
  Work with Traditional Custodians and groups who were not represented at initial gathering to ensure representation from the broader Gold Coast Aboriginal and Torres Strait Islander Community.
- Outcome focused:
  Clarify the influence all engagement and participatory processes will have on health outcomes and the ability for community to influence accountability mechanisms such as meaningful Community measures and Community representation within Governance structures.

Limitations

A Communication Action Plan was developed in response to the consultation detailing the actions which would be taken as part of the Strategy development. Whilst the spread of Covid-19 slowed on the Gold Coast toward the end of January, some of the northern suburbs were still recording over 1000 cases a week, which impacted face-to-face consultation opportunities. Whilst community members acknowledged the relevance of health equity, more pressing matters such as staying COVIDSafe and supporting family throughout periods of isolation and quarantine were prioritised.

Survey and online forum administration

The SEQ Regional First Nations Health Equity Strategy Survey was administered over fifty days from 13 December 2021 to 01 February 2022, using Gold Coast Hospital and Health Services - Citizen Space, Consultation Hub, as a public consultation, available via URL. Citizen Space is a digital platform designed to support the end-to-end process of public involvement: design and creation of a response mechanism; data collection; final feedback and response publishing.

The survey was self-administered as an online questionnaire to avoid any interviewer and volunteer bias. Figure 3 presents the survey landing page for participants.

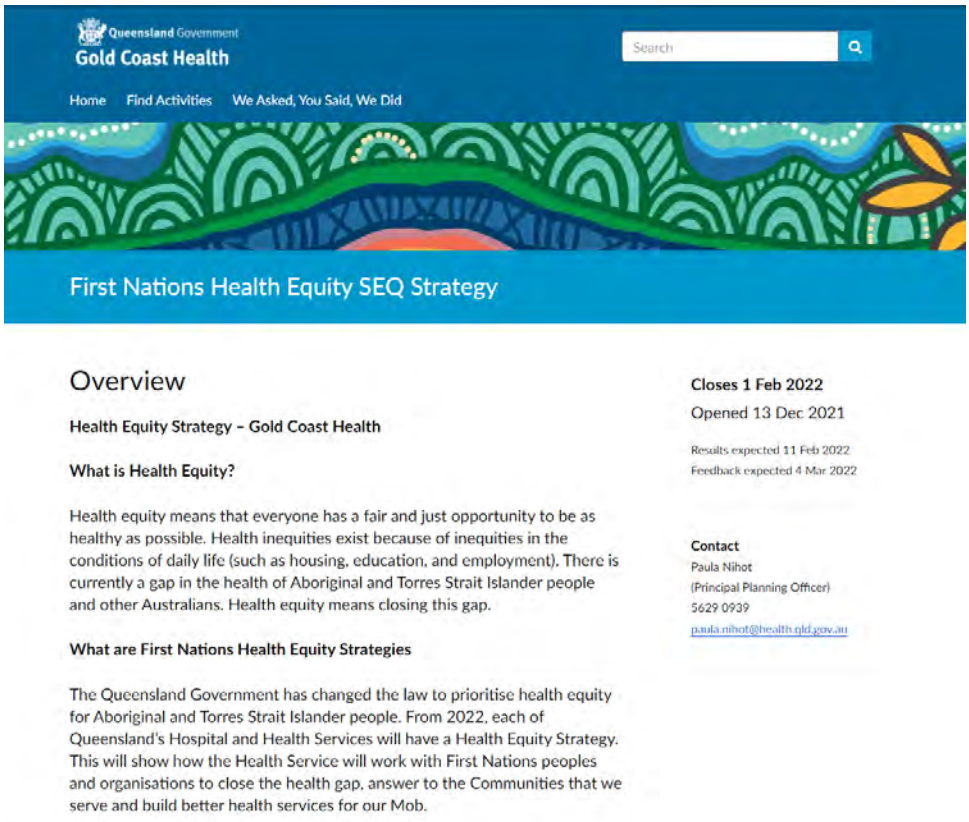


Figure 3: Survey Landing page.

Online Forums were conducted for First Nations staff members due to the potential to raise awareness of the health equity reform agenda, motivate staff to participate and provide feedback to the SEQ First Nations Health Equity Strategy, and serve as a point of interaction for those with similar interests.

In addition to community engagement opportunities, two forums were conducted, one for Kalwun Development Corporation and the other for Gold Coast Health GCHHS and Kalwun staff o discuss culturally appropriate healthcare and the SEQ Regional Health Equity Strategy aims. These forums were one hour in length and held at lunch time to support participation. A Fact Sheet was designed and provided as part of the email invite to provide background information to the health equity reform agenda, Appendix 7. To enable comparative analysis of information between community and staff feedback, these forums were based upon the Community Online Forums hosted in January 2022 which were developed in response to community engagement preferences expressed at the December 2021 community meeting.

Respondent engagement

The survey was a public consultation, and staff Online Forums were limited to staff within Gold Coast Health and Kalwun. Community Online Forums and yarning sessions were conducted by independent consultant Lynda Maybanks and the results of this can be found in the consultant's report. Table 1, presents the engagement opportunities which were communicated to the target population.

Table 1: Communicating engagement opportunities

Communication	Target	Distribution	Appendix
Email invitation	Development Stakeholders	• GCHHS identified staff • Kalwun staff • Community members • Community Organisations	Appendix 1
Flyer	Development Stakeholders	• Community members • Community Organisations	
Corporate Affairs Executive Directors Blog	Internal communication (GCHHS)	• GCHHS staff	Appendix 2
Global Email	Internal communication (GCHHS)	• GCHHS staff	Appendix 3
Social Media	Development Stakeholders	• Gold Coast Health • Kalwun Health • Gold Coast Primary Health Network	Appendix 4
Survey	Development Stakeholders	• GCHHS identified staff • Kalwun staff • Community members • Community Organisations	Appendix 5
Health Equity Fact Sheet	Development Stakeholders	• GCHHS identified staff • Kalwun staff	Appendix 9

Participant confidentiality and data storage

Participant information sheet and consent

An information sheet was provided to each participant including a clear description of the activity, their involvement, confidentiality, and sharing of project reports. A written consent form was provided to each participant before commencing the online forum and verbal consent was obtained at the commencement of the forum. As participation was voluntary, they did not have to participate in any component if they did not want to. They were informed that they could withdraw their consent or decline answering any questions during the forum discussion.

Data storage

All participant details collected through focus groups were de-identified in the data analysis process, ensuring no identifying participant information was document in any reports or publications. All data collected was stored on a password protected computer, in a locked building at the Carrara Health Precinct. Only the project staff and participants as co-workers knew the identity of participants.

4. Results

Approximately 8800 Aboriginal and Torres Strait Islander adults aged 18 years and over residing on the Gold Coast (2020 ERP). As at December 2021 GCHHS, employed 169 Aboriginal and Torres Strait Islander staff across managerial, clerical, medical, nursing, operational, professional and technical workstreams.

Survey results

The following results section documents findings from the SEQ First Nations Health Equity Strategy survey.

Demographics

A total of 33 respondents undertook the SEQ First Nations Health Equity Strategy survey. Survey respondents were within the 15 -19 years to 65-69 years age ranges. Sixteen respondents identified as being of Aboriginal and/ or Torres Strait Islander origin.

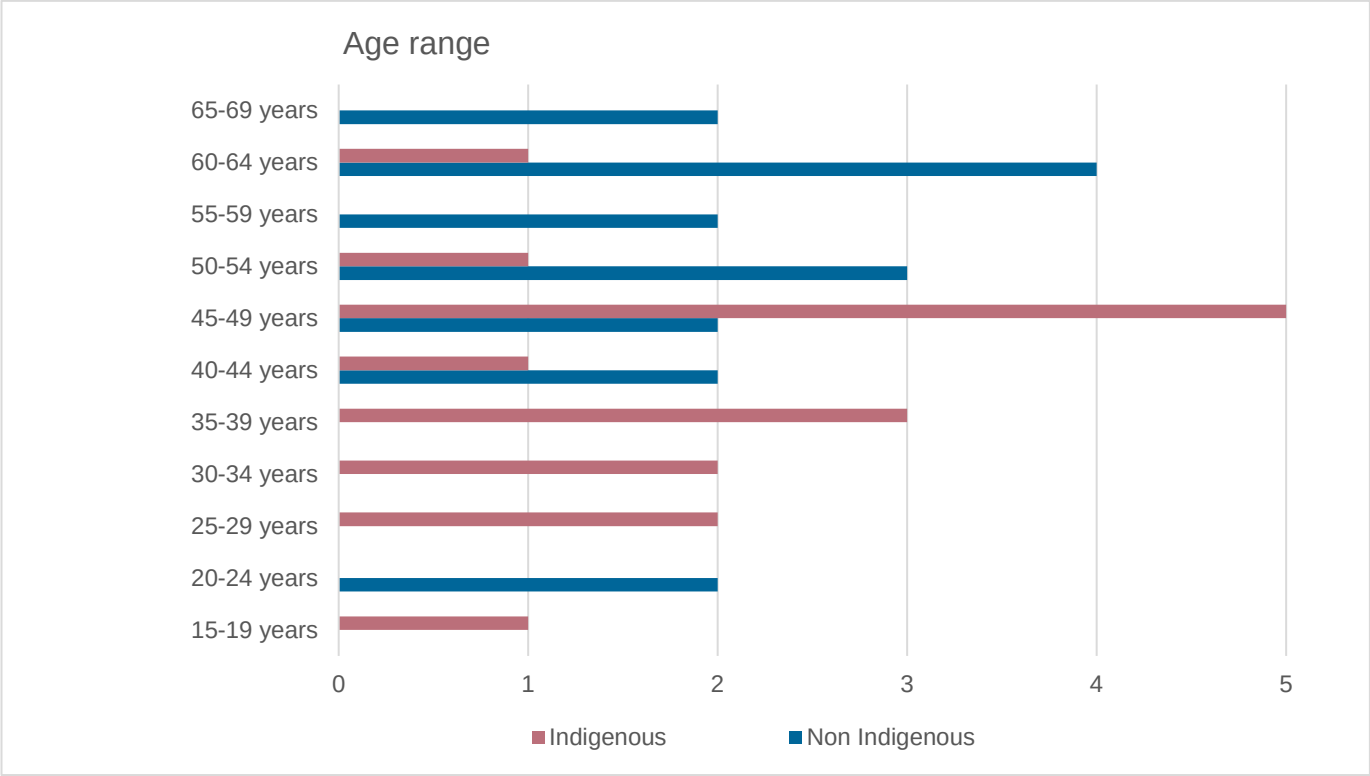


Figure 4: Respondent age range by Indigenous status

As seen in Figure 5 more females than males completed the survey (79% female, 21% male) with similar distribution between Aboriginal and/or Torres Strait Islander respondents and non-Indigenous respondents.

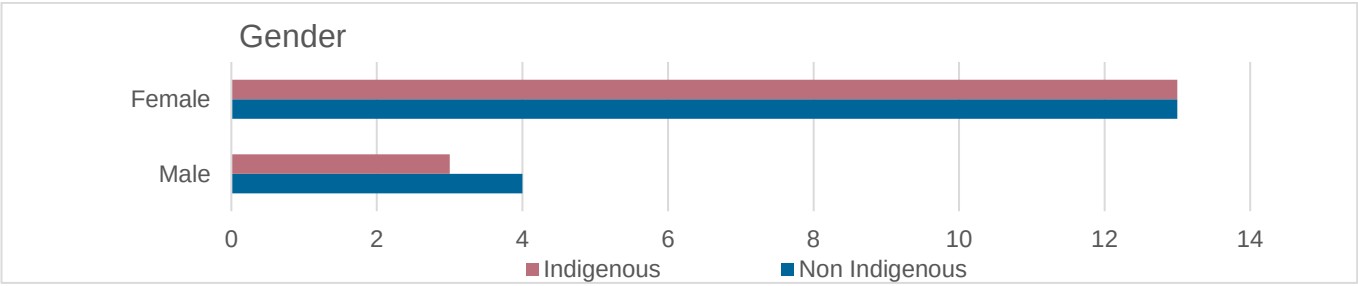


Figure 5: Gender by Indigenous status

Indigenous status at health service presentation

Question 4 sought to identify the Hospital and Health Services ability to accurately identify and record Aboriginal and/or Torres Strait Islander status. Among the 33 respondents, 18 people (55%) reported that they were asked the Indigenous identifier question and 30% reported that they were not asked, Figure 6. Results were the same for both Aboriginal and/or Torres Strait Islander respondents and non-Indigenous respondents.

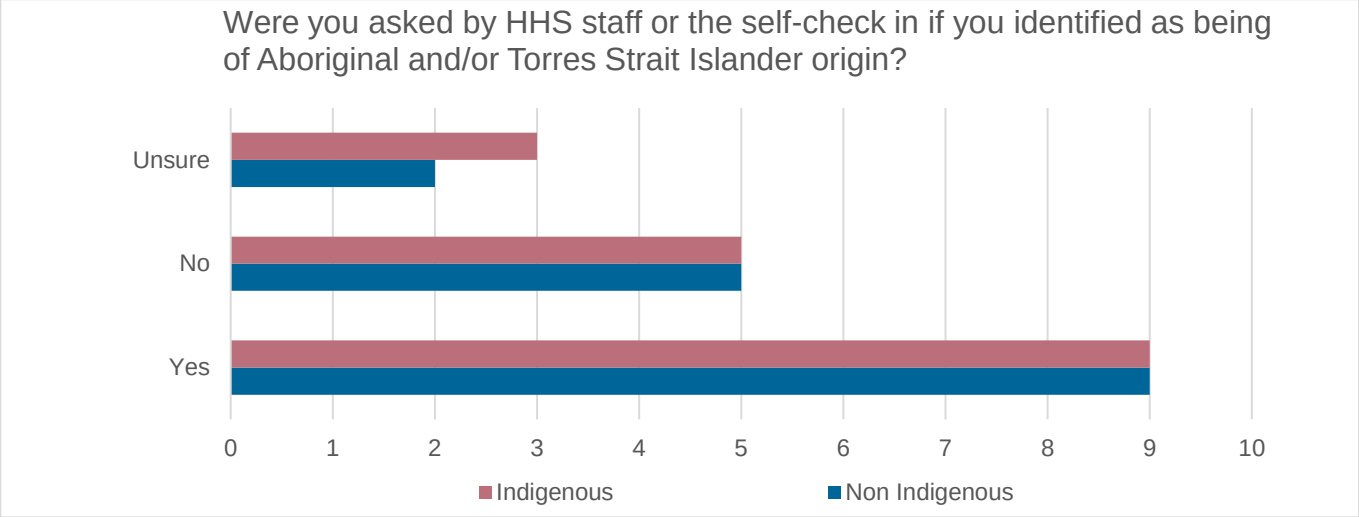


Figure 6: Accurately identifying and recording Indigenous status

Question 5 explored whether those respondents who identified as being of Aboriginal and/or Torres Strait Islander origin in the survey had identified at their last visit with a Hospital and Health Service or in their last job with a health service. 100% of identified respondents answered yes, that they chose to identify.

Question 8 sought to identify the stakeholder group that Aboriginal and/or Torres Strait Islander respondents considered would best describe themselves. The majority of respondents (69%) were Gold Coast Health staff members and 18% of respondents were patients or visitors of a health service Figure 7.

Figure 7: Development stakeholder description

Due to the low response, questions 9-10 which explored workstream of staff and most frequently visited healthcare are not being reported as this could reveal a participant identify.

South East Queensland First Nations Health Equity Strategy

The survey presented the SEQ First Nations Health Equity Strategy vision and values, and asked participants to rate each within a scale of 'not deadly' to 'very deadly'.

Figure 8 reveals most respondents supported the SEQ First Nations Health Equity Strategy vision overall. Support was rated by respondents choosing 6-10 within the scale. Greatest support was given to removing racism from the health care system (94%), followed by aiming to close the health gap (87%) and improving access and experience (75%).

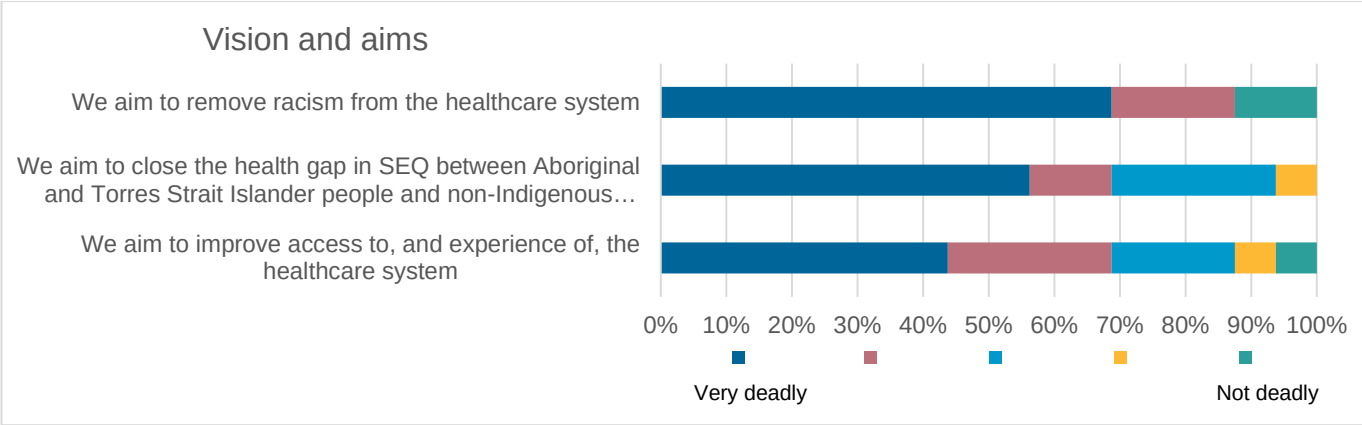


Figure 8: SEQ Regional Strategy aim rating

Seven respondents suggested additional aims for the Strategy, which are themed below:

- Workforce development

- building a strong and supported Aboriginal and Torres Strait Islander health workforce across all service delivery areas (both public and private), within clinical and non-clinical streams.
- employ people with the right attributes as well as knowledge and skill

- Healthcare
  - co-designed
  - strengths based narrative and approaches
  - tailored to the individual
  - patient centred
  - consistent, regardless of where a patient is from
- Access
- Staff education

Detailed qualitative responses are presented in Appendix 6:

Question 12 asked participants to rate the values which underpin the SEQ First Nations Health Equity Strategy within a scale of 'not deadly' to 'very deadly'. Figure 9 reveals most respondents supported the SEQ First Nations Health Equity Strategy values overall. Support was rated by respondents choosing 6-10 within the scale. Greatest support was given to services which are culturally safe and free of racism and discrimination (94%) and working together (94%), which was then followed by services based on research and aligned to community need (87%) and answering to the community (75%).

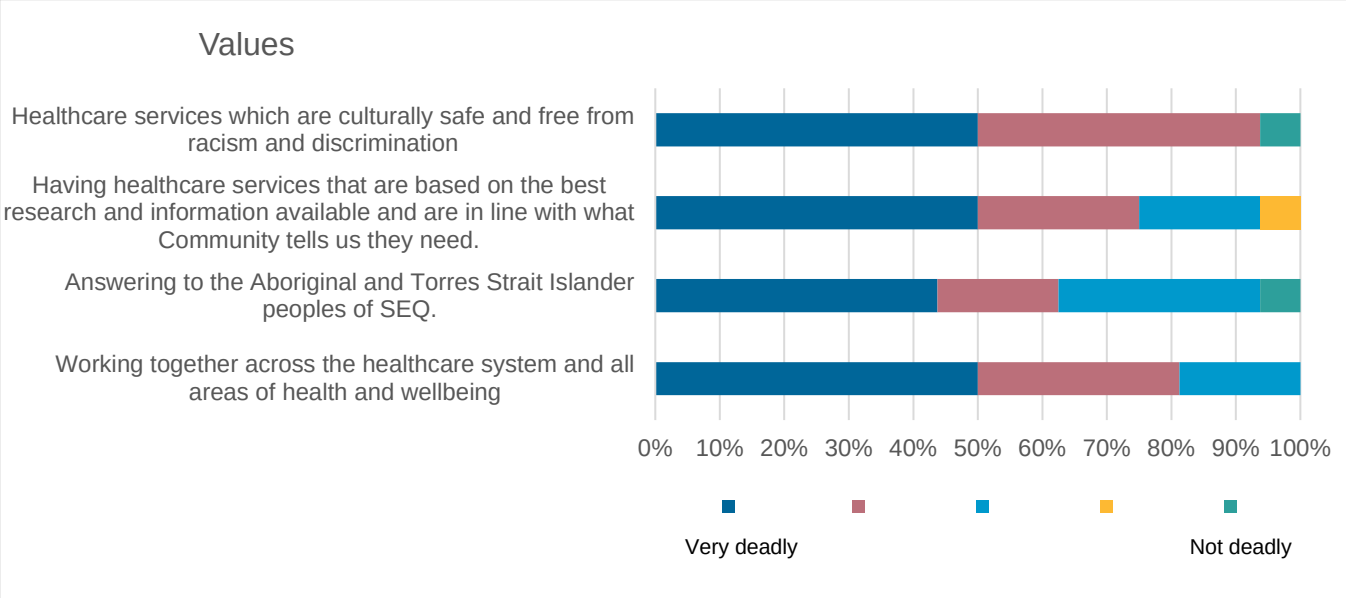


Figure 9: SEQ Regional Strategy value rating

Four respondents suggested additional values for the Strategy, which are detailed in Table 2 below.

Table 2: Suggested additional values for SEQ First Nations Regional Health Equity Strategy

Respondent suggestions for additional values
Valuing Aboriginal and Torres Strait Islander health workforce through the creation of structured career pathways and participation within all health workforce initiatives, settings and strategies (not limited to identified roles.
Not all feedback etc has been researched by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people - the strategy needs to listen to our mob as the knowledge holders in whatever form this takes and needs to look outside the systems ideas of research and evidence base. For eg, look at the knowledges held from our Elders and community about food sources, artists / storytellers, the land, rivers and sea and just listening to their stories - a lot of this information is not researched however is what we consider evidence base. What narrative are we attributing to 'evidence base / research' and 'who' holds this or has been able to hold it?
First Nations values based on longitudinal evidence which should be embraced within our society and in particular to healthcare. e.g. Mindfulness - created by a Buddhist Monk, yet it is a constant reminder within our workplaces to be mindful, peaceful and honouring - yet First Nations people appear to get little to none mindfulness as professional colleagues. another example sits in areas of; public perceptions, applying for private rentals, shopping, and the list goes on.
Consider re-wording #2 - rather than answer to: ... work collaboratively with Aboriginal organisations and community… or …be accountable to deliver the community health aspirations... (but I would like to know how you are going to achieve this).

Question 13 asked who participants would suggest Gold Coast Hospital and Health Service should work with to achieve better health outcomes for the Gold Coast Aboriginal and Torres Strait Islander Community. Responses included:

- Aboriginal and Torres Strait Islander community
    - Traditional custodians
    - Elders
    - Community organisations
    - Identified staff members including First Nations nurses and nurse navigator positions
- All healthcare staff
- State Government and local organisations

Detailed qualitative responses, including organisational details are presented in Appendix 6:

Question 14 asked respondents "What does culturally safe practice / culturally safe services mean to you?" There were 11 responses to this question which are presented in Table 3 below.

Table 3:: Description of a culturally safe practice/service

Culturally safe practice / culturally safe service description
Means that MOB can be valued and not looked down on in the health system.
Cultural inclusion; Ability to share thoughts and opinions without judgement - this includes cultural care models such as bush medicines, healing practices and family supports.
Ability to take the necessary time to talk and be listened to earnestly so that informed care can be tailored to the individual and family. Appropriate referrals to services (esp dedicated services), who can support navigate complex healthcare systems.
Having a First Nations Nurse that can provide nursing care AND cultural safety. NO cookie cutter approach where Nurses/Health Care Providers treat Indigenous and Non-Indigenous the same. The nursing/health care needs to be provided taking each individual patient into account and putting the client first and giving them individualised culturally safe care.
Healthcare services, programs and models of care that are designed and provided by Aboriginal and Torres Strait Islander people.
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. Where we are not classified as a number or a statistic / percentage and treated as human beings. Acknowledgement that Aboriginal and Torres Strait Islander Peoples have walked this earth for 80,000 plus years of traditional medicine and practices as the oldest continuing culture in the world compared to modern medicine which has only been around in this country for approx. 230 years.
That tradition is not dismissed because it is not the modern way of doing things and that opinions and beliefs are respected.
Allowing mob to feel safe when talking about their health care journey. Having staff who have an understanding of mob's journey and past trauma to allow safe cultural care.
Feeling able to ask questions. not being made to feel inferior or stupid.
Where there is no assault, insult, challenging or denial of one's identity, of who they are and what they need. It is about shared respect, knowledge and meaning. It's a fundamental human right. Legislative requirement of public agencies to provide safety in the workplace.

An understanding of Aboriginal and/or Torres Strait Islander issues. That not all Aboriginal people are black.
Being able to walk into a space and feel that you are safe and the workers are there to help you, knowing that you are empowered to be in control of your health and health plan.
A place where I am respected, valued and heard. A place where my identify is supported, valued and integral to my health journey.

Question 15 asked respondents to describe a culturally unsafe service. There were 12 responses to this question which are detailed in Table 4 below.

Table 4: Description of a culturally unsafe service

Culturally unsafe service description
Unwelcoming to First Nations.
Racism, being looked down on. Not getting the same respect and services as white peoples
Feeling disempowered - an inability to openly communicate due to perception and judgement, resulting in increased stress and anxiety.
Healthcare practitioners not asking "Do you identify as Aboriginal and / or Torres Strait Islander". This happened to me in GCUH ED
People putting up artwork and claiming cultural safety Acceptance that medical staff and western medicine / practices know best and don't listen to you yet you are part of a culture that is the oldest surviving culture in the world (80,000 years and counting) your ancestors. Feeling unsafe, not valued, not listened to, not acknowledged and not cared for in this place. Lack of compassion, lack of empathy, no to little cultural understanding, lack of cultural humility, racism / racist staff and systems, bias, discrimination and prejudice shown whether covert or overt. Having transactional organisation including the staff, system and processes where we are classified as a number or more commonly a statistic or percentage. System we are more worried about bed numbers than for people. Being so medical focused they lose sight of their humanity in care provided and systems
One that dismisses, ridicules or ignores cultural differences. This is true for all racial and cultural diversity, not just people of Aboriginal and Torres Strait Islander descent.
When the treating team and nursing staff are ignorant to a patient's journey and trauma and uses that to alter care.

Making decisions independent of me (inclusive not exclusive).
The current GCUH.
A place where you would not want to work, live or play.
Walking into a space where you are looked down on, treated as if your worthless and already judged before you are seen because of your colour and your nationality.
Eye rolling. Judgmental responses to my identity "Did you answer this question correctly?" Exclusion of information - I want to make informed decisions. Disrespect - an inability to spend time to hear my story, instead rushing to get me out of the service.

Delivering a First Nations health equity reform agenda requires a strong focus on the delivery of sustainable services where they are needed most. Question 16 asked participants to rate the importance of the proposed SEQ First Nations Health Equity Strategy cultural safety actions within a scale of ‘not deadly’ to ‘very deadly’. Figure 10 reveals most respondents supported the SEQ First Nations Health Equity Strategy cultural safety actions overall.

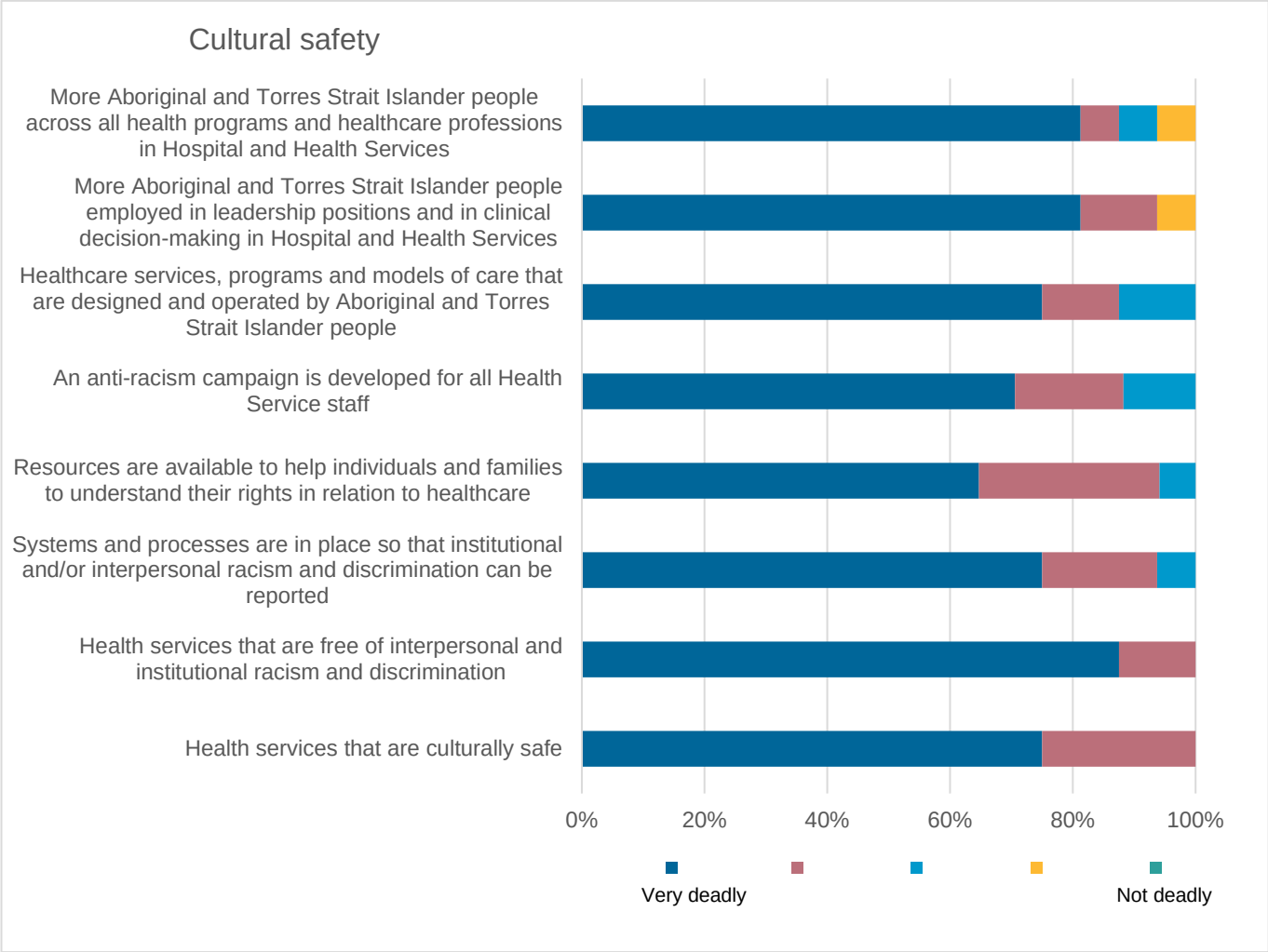


Figure 10: SEQ Regional Strategy cultural safety priority area rating

Question 19 asked whether there was there anything else that should be done to make the healthcare system and/or healthcare services work better for you and your family? There were 9 responses to this question, with responses themed below:

- Workforce development
    - leadership opportunities
    - more doctors and service providers
    - rural placement
    - conditions of employment
- Continuity of care
- Racism campaign
    - stronger emphasis, linked to human rights
    - action once reported
- Access

- Hours of service
- Transport

Detailed qualitative responses, for consideration to make the healthcare systems and/or services work better are presented in Appendix 7.

Several key strategies aim to increase access to First Nations healthcare services that are connected, delivered under one roof and close to home so that individuals and families can easily access care when they need it. Question 18 asked participants to rate the importance of the SEQ First Nations Health Equity Strategy access actions within a scale of 'not deadly' to 'very deadly'. Figure 11 reveals that most respondents supported the SEQ First Nations Health Equity Strategy access actions overall.

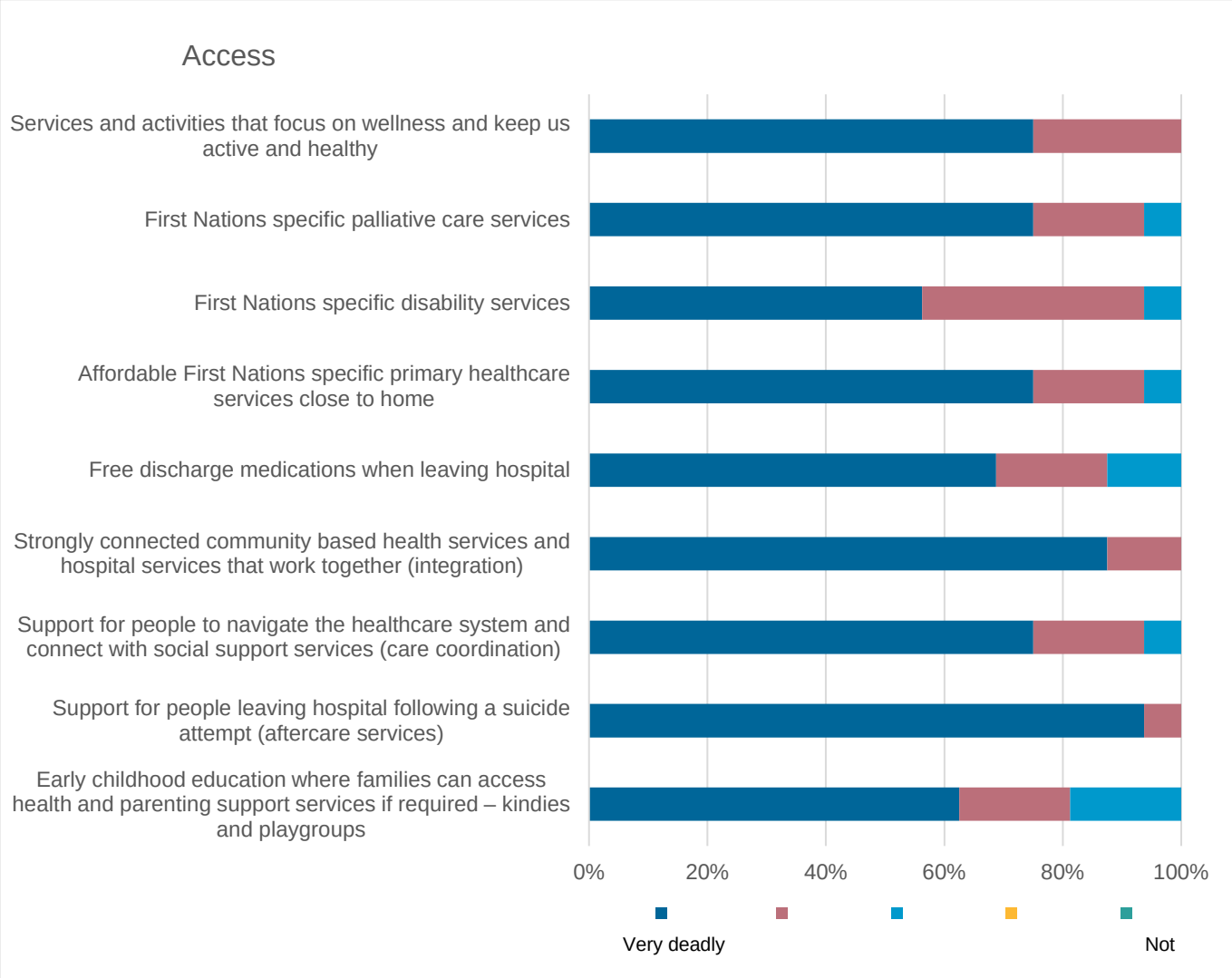


Figure 11: SEQ Regional Strategy access priority area rating

Question 19 explored respondent thoughts on what needs to be done to make the healthcare system and/or healthcare services more accessible to you and your family? There were ten responses to this question with responses themed below:

- Workforce development
    - more identified position
    - nurse navigator roles
    - identified leadership positions
- Continuity of care
- Racism campaign
    - to address racism and support behaviour change
- Access
    - hours of service
    - more bulk billing services in community

Detailed qualitative responses, relating to healthcare access are presented in Appendix 7.

The Strategy also measures areas outside of the health system that may be contributing to health inequity, referred to as the social determinants of health. While the health system can't directly impact these areas, question 20 explored how they could be influencing health and work with social support service providers and agencies where possible. Question 20 asked participants to rate the importance of the SEQ First Nations Health Equity Strategy social support service actions within a scale of 'not deadly' to 'very deadly'.

Figure 12: SEQ Regional Strategy social support service priority area rating reveals that most respondents supported the SEQ First Nations Health Equity Strategy social support service actions overall.

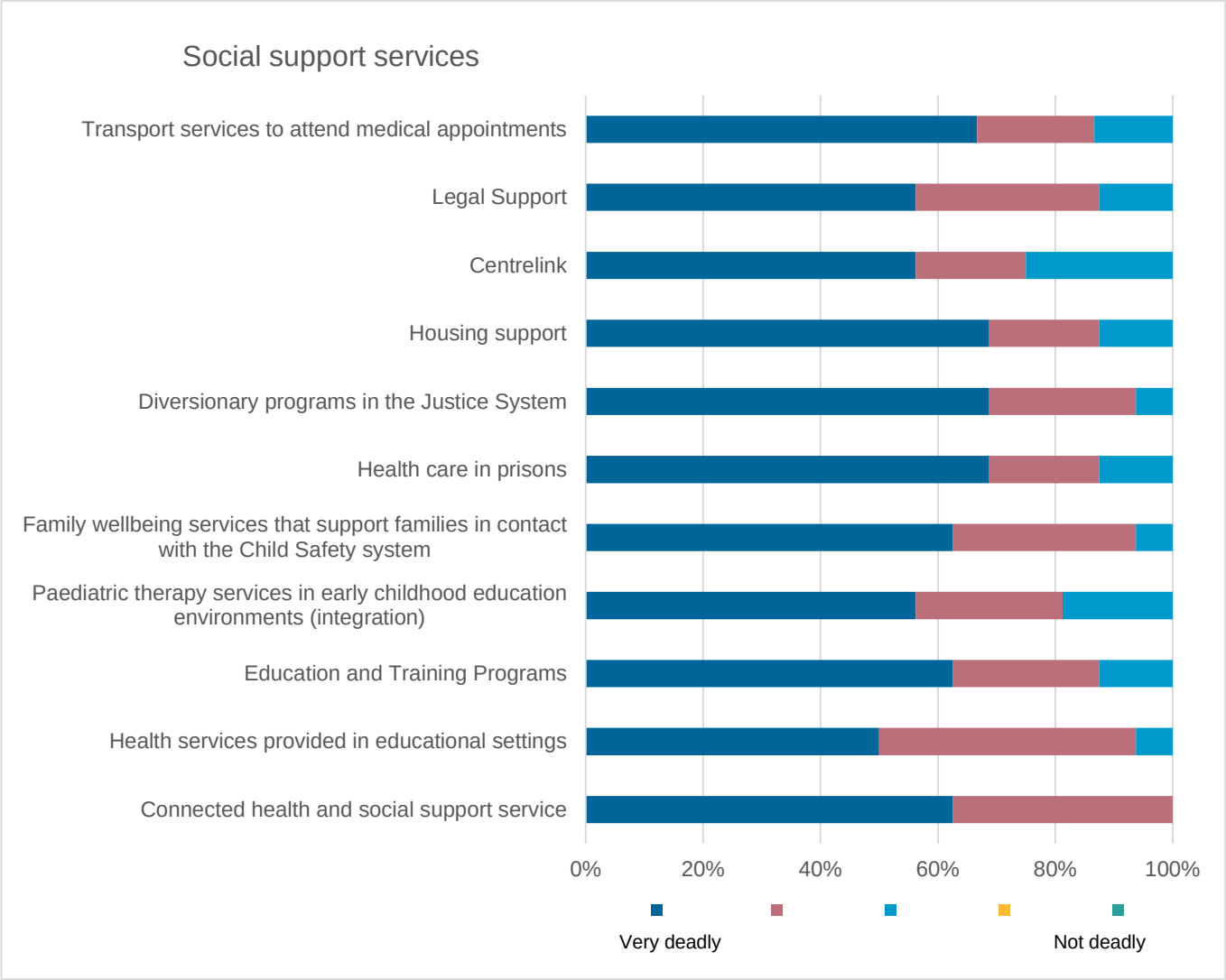


Figure 12: SEQ Regional Strategy social support service priority area rating

Question 21 explored respondent considerations for additional social support services that would be important. There were nine responses to this question which have been themed below:

- Staff education
    - social determinants of health for all government sectors
    - racism campaign
- Communication
    - culturally informed – yarning circles
    - events
- Services
    - trauma informed staff to lead group therapy
    - palliative care
- Health education within schools

Detailed qualitative responses, relating to healthcare access are presented in Appendix 8.

The SEQ First Nations Health Equity Strategy identifies areas for health system reform and service development, including exploration of new approaches to funding, data capture and sharing, and performance monitoring. This section includes strategies that promote a collaborative approach to joint planning and design of services, to strengthening evidence-based service delivery and co-designing new services. Question 22 asked participants to rate the importance of the SEQ First Nations Health Equity Strategy service and data enhancement actions within a scale of 'not deadly' to 'very deadly'. Figure 13 reveals that most respondents supported the SEQ First Nations Health Equity Strategy service and data enhancement actions overall.

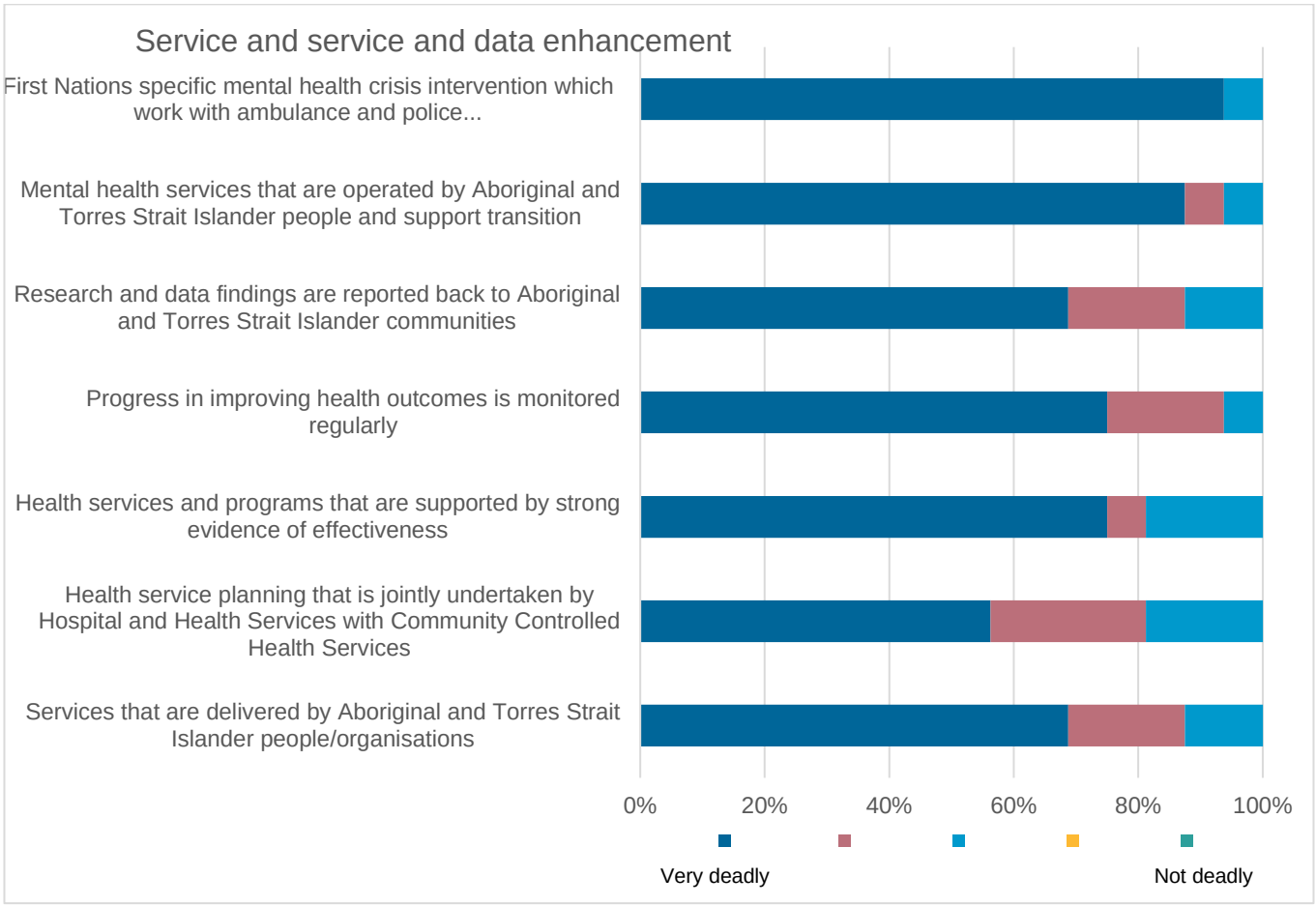


Figure 13: SEQ Regional Strategy service and data enhancement priority area rating

The SEQ First Nations Health Equity Strategy describes several existing service delivery arrangements where HHSs and CCHSs work together to deliver coordinated care pathways to support the transition of Aboriginal and Torres Strait Islander people across service settings. Understanding how important these connections are to you and your family will assist in the codesign of new service models in the future. Question 23 asked participants to rate the importance of the SEQ First Nations Health Equity Strategy service delivery partnerships actions within a scale of 'not deadly' to 'very deadly'. Figure 14 reveals that

most respondents supported the SEQ First Nations Health Equity Strategy service delivery partnerships actions overall.

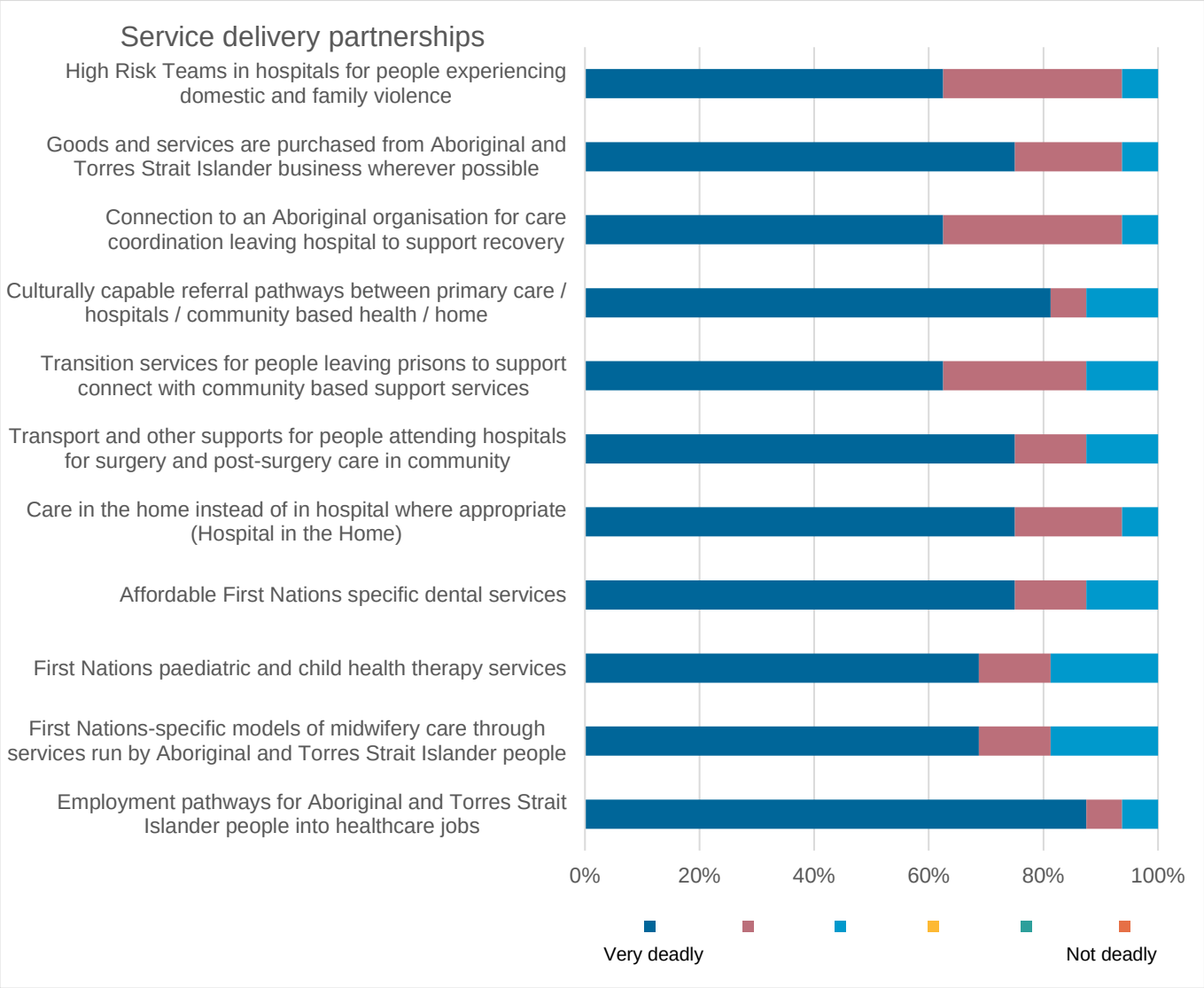


Figure 14: SEQ Regional Strategy service delivery partnerships priority area rating

Question 24 explored respondent opinions on strengthening connections between hospitals and community-based services for improved health outcomes. There were six responses to this question which are detailed in Table 5 below.

Table 5: Strengthening connections between sectors to support a seamless continuum of care

Strengthening connections across the continuum of care
With an understanding of holistic approaches and that we do not segment our health outside of the rest of our life, everything is connected, everyone plays an important role in health and wellbeing whether employed by a health service or not.

Formal partnerships and referral processes – integrated care models and dedicated staff to make this normal practice for clinicians.
Community choice - finding the service that best suits me and my family. Services close to home etc. Look at transport models in Northern NSW that support community. Think about kinship systems and family connections to surrounding areas.
Mutual respect is the simplest way people make connections. And it's free.
Having a presence in the community with events and doing pop ups at conventions and speaking with students at schools. More education to staff and treating teams about cultural care.
Placements for Graduate Nurses, Doctors and Psychiatrist Consultants & Registrars to Kalwun, Krurungal and Kirrawe for 3 - 6 months to grasp what realities exist for our mob.
Sorry some of the things above I do not know what they mean - like what is/are culturally capable referral pathways?

Online Forum (staff) results

Two online forums were conducted for Aboriginal and Torres Strait Islander staff employed by Gold Coast Health and Kalwun development. A combination of 18 staff within both organisations registered and 14 joined.

The Kalwun session was conducted on Wednesday, 2 February 2022 from 12noon – 1pm. Ten staff registered to attend, and seven staff participated in the forum. The Gold Coast Health forum was conducted on Thursday, 3 February 2022 from 12noon – 1pm. Eight staff registered to attend, and seven staff participated in the forum.

The Forum was guided by a PowerPoint presentation (Appendix 8). Staff were invited to introduce themselves and describe what a culturally safe health service looked like. The key themes that emerged in this discussion included:

- Accessible services without any perceived or physical barriers
- Continuity of care including appropriate referrals and follow-up
- Non-judgemental, patients are accepted, valued, heard and empowered in their health journey
- Holistic care inclusive of cultural considerations and cultural values
- Safe and fair

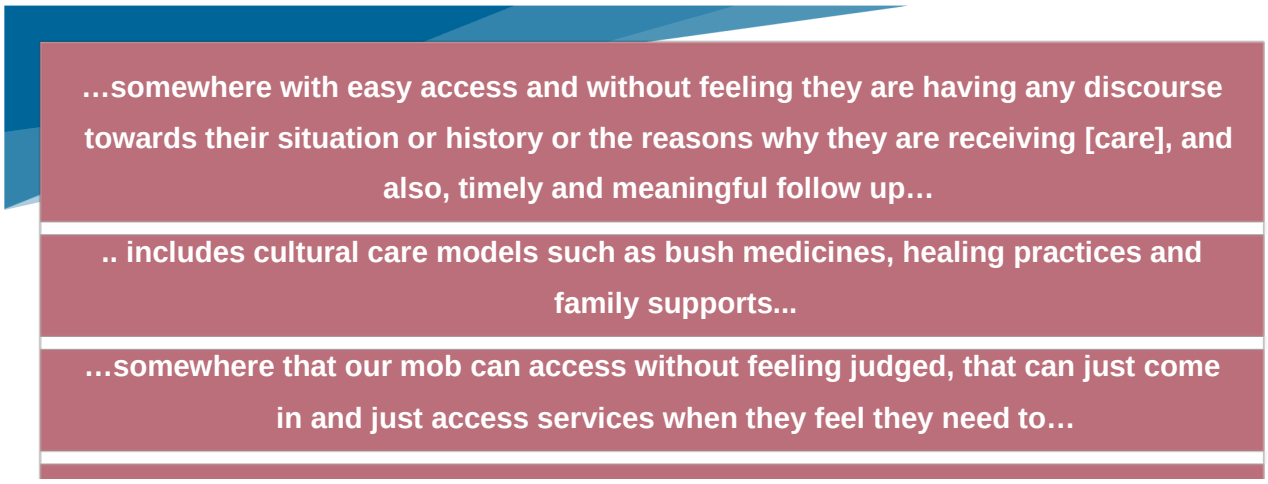


Figure 15: Focus group definitions of a culturally safe health service

Figure 15 presents a selection of the focus group participant descriptions of a culturally safe health service. The entire transcript is presented in Appendix 10.

Further discussion was based around the vision and aims of the SEQ First Nations Health Equity Strategy. Each aim was presented with a prompting questions/s to facilitate group discussion.

1. We aim to improve access to, and experience of, the healthcare system

When asked *what would improve you and your family's access and experience of health services?*, the key themes that emerged throughout the discussion were:

- Accessible services without any perceived or physical barriers
- Continuity of care including appropriate referrals and follow-up
- Collaboration between all healthcare services
- Workforce development – increased Aboriginal and Torres Strait Islander staff across all streams
- Welcoming environment
- Information in plain language
- Access to existing supports for patients / GP's / hospital staff and clinicians
- Systems to share data to improve patient care and evaluate service initiatives
- Staff education

Figure 16 presents a selection of the focus group participant discussion about access to and experience of the healthcare system. The entire transcript of this discussion is presented in Appendix 11.

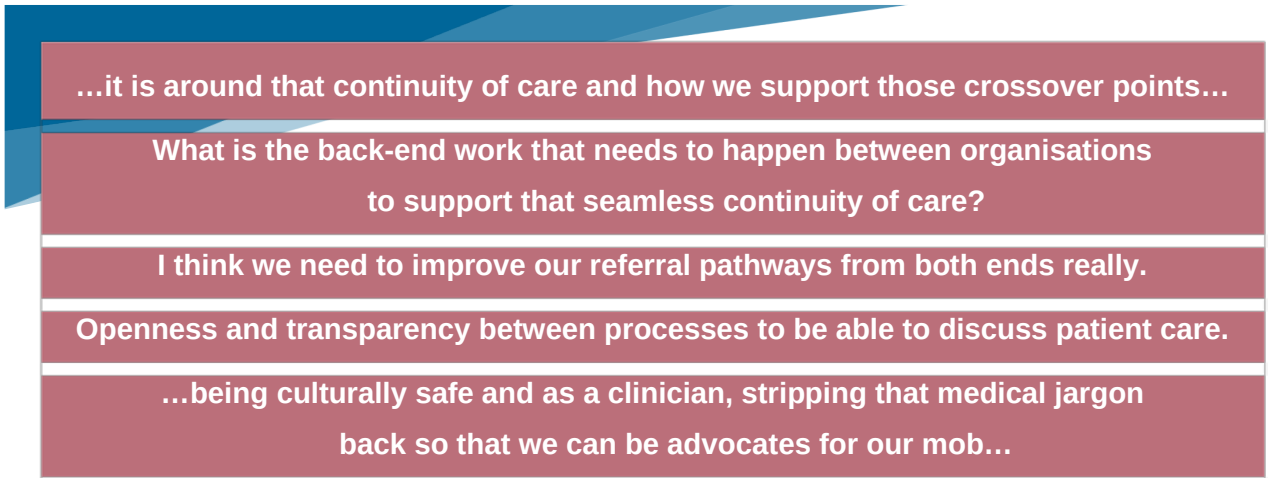


Figure 16: Focus group discussions about access and experience of healthcare

2. We aim to close the health gap in SEQ between Aboriginal and Torres Strait Islander people and non-Indigenous people

When asked *why do you think previous close the gap efforts have failed?* and *what do you think needs to be done to make real change in the health gap?*, the key themes that emerged throughout the discussion were:

- Accountability
    - realistic targets
    - funding on the ground
- Systemic racism as well as racism and discrimination
- Workforce development
    - increased Aboriginal and Torres Strait Islander staff across all streams
    - employment ready programs
    - access to cultural support outside of hours
    - advocacy roles
- Collaboration / strong working relationships between all healthcare services
    - continuity of care
- Informed decision making
- Information in plain language
- Staff and community education
    - access to existing supports for patients / GP's / hospital staff and clinicians
    - cultural competency training to address need
    - increase the visibility of Aboriginal staff and Aboriginal and Torres Strait Islander health services – make this prominent
- Racism / discrimination

Figure 17 presents a selection of the focus group participant discussion about Closing the Gap. The entire transcript of this discussion is presented in Appendix 12.

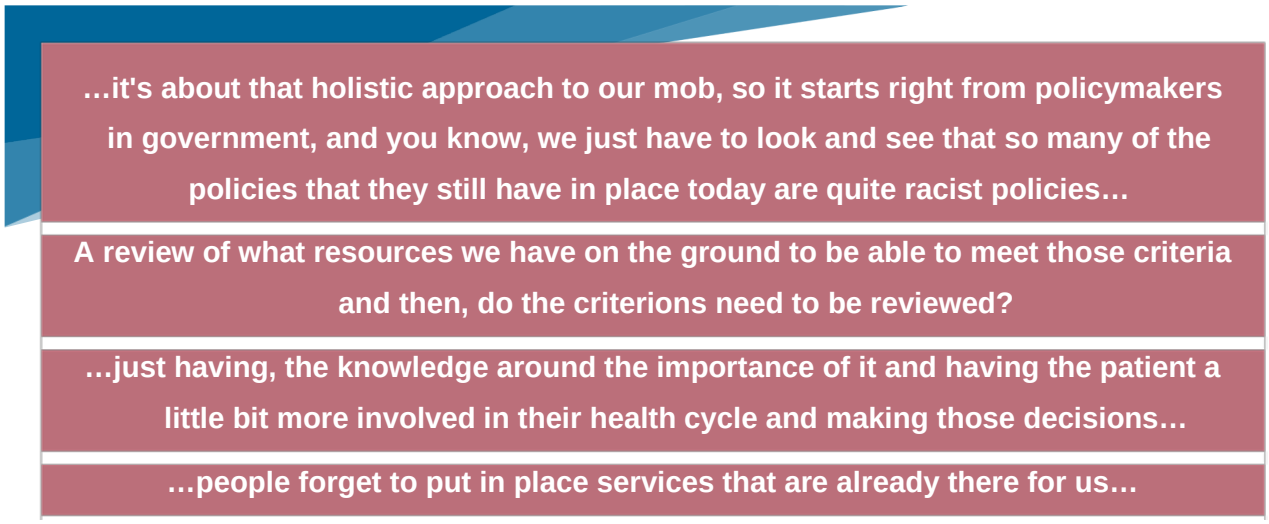


Figure 17: Focus group discussions about Closing the Gap

3. We aim to remove racism from the healthcare system

When asked *what does racism in the healthcare system look like to you?* and *do you think this could be removed and if so how?*, the key themes that emerged throughout the discussion included:

- Staff education
    - include cultural considerations for healthcare
    - continuity of care supports
    - access to existing supports for patients / GP's / hospital staff and clinicians
- Reorientation of services – ground up
- Collaboration / strong working relationships between all healthcare services
- Workforce development
    - increased Aboriginal and Torres Strait Islander staff across all streams
    - decision making positions
    - support to share and have a voice
- Racism / discrimination
    - personal experiences
    - institutionalised / systemic racism
    - service/s should acknowledge and own the racism within workplace

- collaborative strategies between community, Community Controlled Health and Queensland Health to address racism
- human rights

- Lateral violence

Figure 18 presents a selection of the focus group participant discussion about removing racism from healthcare services. The entire transcript of this discussion is presented in Appendix 13.

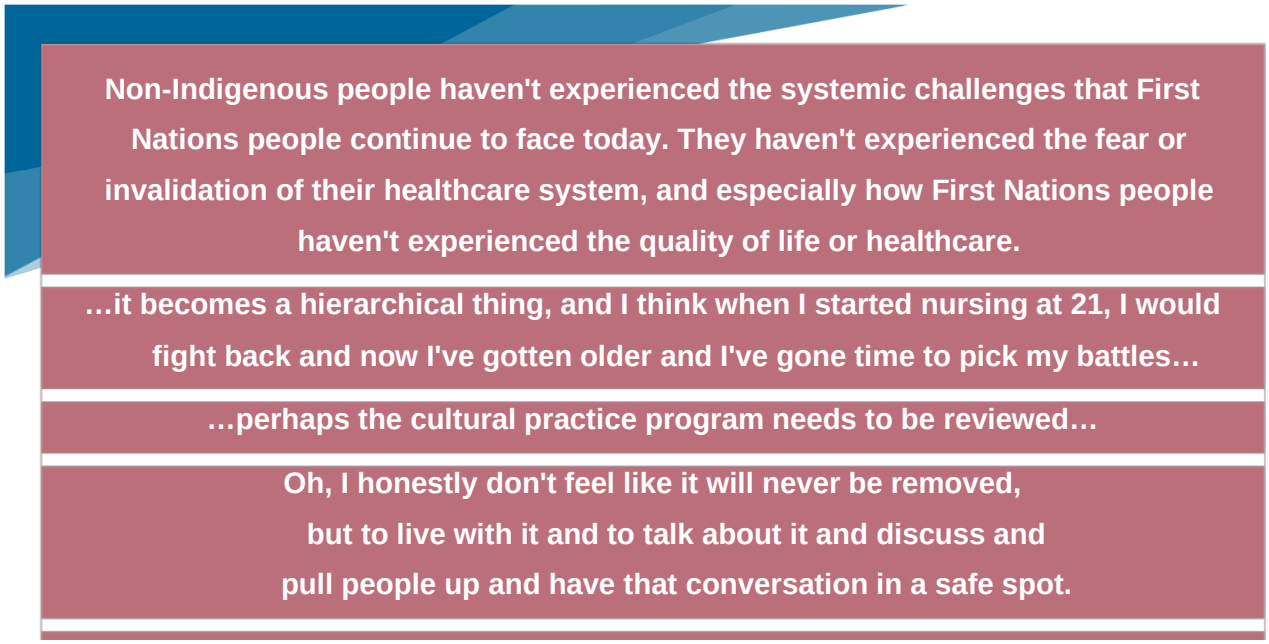


Figure 18: Focus group discussions about removing racism from healthcare

In closing the Online Forum discussion on the SEQ First Nations Health Equity Strategy, participants were asked whether they thought anything was missing from the Strategy vision. The themes that emerged throughout the discussion included:

- Workforce development
  - increased Aboriginal and Torres Strait Islander staff across all streams and levels
  - decision making positions
  - recruitment and retention
  - employment targets
- Reorientation of services

- ground up
- holistic care

- Funding streams
- Community engagement
- Capturing the community voice related to healthcare service experience and quality of life
- Governance
- Aboriginal and Torres Strait Islander representation
- Accountability and the feedback loop

Figure 19, presents a selection of the focus group participant discussion about what was missing from the Strategy vision. Some if these items maybe contained within the SEQ First Nations Health Equity Strategy Key Action Areas, but within the hour time constraint, Key Action Areas were not discussed

during the forum. The entire transcript of this discussion is presented in Appendix 14.

Figure 19: Focus group discussions about items missing from the Strategy

5. Discussion

Indigenous status and identifier question

The National Safety and Quality Health Service (NSQHS) Standards aim to protect the public from harm and to improve the quality of health service provision. When developing the comprehensive care plan, NSHQS Action 5.8 states the health service organisation has processes to *routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems*.[i] Collecting Indigenous status data supports health services to identify inequalities in health status and health care access, develop targeted population-specific services, and monitor interventions and health outcomes[ii] It is imperative that GCHHS staff accurately identify and record Indigenous status of patients accessing the health service. Recording Indigenous status enables the health service to understand individual and community health and needs and supports Aboriginal and Torres Strait Islander community members access dedicated support services.

Accurate identification supports the Gold Coast Health Service to:

- Provide additional sensitivities due to the historical associations of the impact of past policies, practices and treatment such as segregation and seclusion
- Provide safe, high-quality and culturally appropriate care for our community
- Improve the use of resources and efficiency of services
- Improve performance of the system in meeting the healthcare needs of Aboriginal and Torres Strait Islander people
- Develop productive and meaningful collaboration and partnerships with Aboriginal and Torres Strait Islander communities

Accurate identification supports Aboriginal and Torres Strait Islander community members to:

- Access health services that meet the needs and circumstances of Aboriginal and Torres Strait Islander people
- Feel confident and safe when accessing the health service
- Improve health outcomes and equality

Incomplete and inaccurate identification of the Aboriginal and Torres Strait Islander population is common in administrative and clinical information systems in health service organisations across Australia.[iii] The inaccurate recording of Indigenous status can result in Aboriginal and Torres Strait Islander people being recorded as ‘non-Indigenous’ or ‘not stated’ within data collection systems.[iv] As a result, people may be excluded from monitoring and analysis of service utilisation and health outcomes for Aboriginal and Torres Strait Islander patients. This may lead to under-reporting of the prevalence of disease and service utilisation and underplay inequalities in health.

Survey results highlight that 55% of people had been asked the Indigenous identifier question, which is similar to research conducted as part of the GCHHS Fever Clinic survey (2021), suggesting that the recommendation to increase accurate identification and recording of Aboriginal and Torres Strait Islander status within the GCHHS through an Indigenous identifier campaign remains relevant at all GCHHS facilities.

In this survey, 100% of Aboriginal and Torres Strait Islander respondents chose to identify when presenting to a GCHHS facility, whereas in the GCHHS Fever Clinic survey (2021), respondents reported withholding their identity due to experiences of racism, and not understanding the relevance of the Indigenous status question to the healthcare situation. In addition to addressing racism and discrimination, Indigenous identification can be improved by creating a more welcoming environment and informing and empowering Aboriginal and Torres Strait Islander peoples about the purpose of data collection and specific health interventions or targeted services for which they may be eligible.[v]

Health Equity everybody's business

Aboriginal and Torres Strait Islander people have the right to feel confident and safe in accessing the Australian healthcare system, and the system must be able to respond to their needs. For this to occur, health service organisations should ensure that service provision is equitable, and that patient needs drive the level and range of care that can be accessed. As the National Safety and Quality Health Service Standard states, *the safety and quality of care for Aboriginal and Torres Strait Islander people can only be improved when everyone who works in the health service organisation recognises that they are responsible for providing equitable care – it is not solely the responsibility of Aboriginal and Torres Strait. Islander employees and services*.

Whilst the survey targeted development stakeholder groups as per the Health Equity toolbox, 52% of survey respondents were non-Indigenous. Non-Indigenous respondents were only engaged in the About you and Indigenous status questions (1-10) of the survey and exited the survey prior to answering any questions about the SEQ First Nations Health Equity Strategy. The willingness of non-Indigenous staff members taking the First Nations Health Equity survey may indicate broader non-Indigenous support to improve the safety and standard of care for First Nations community accessing healthcare services. Focus group discussions highlighted the need to work together with our non-Indigenous brothers and sisters, to create a safer more supportive healthcare environment and survey respondents expressed a need for all staff to participate in the health equity journey which could also assist to break down racism and discrimination.

… with our non-Indigenous brothers and sisters who are also there as our champions because we can't do it alone…

Focus group participant

Targeted information

A large body of health information, is available through various means; however, challenges with accessing and understanding health information exist for Aboriginal and Torres Strait Islander peoples. It has been reported that health resources were difficult to understand and engage with, as many were too long, used small text and formal language and lacked diagrams.[vi]

Documents which aim to engage Aboriginal and Torres Strait Islander community should be written in plain and clear English, ensuring jargon, acronyms or technical terms are minimised.[i] [vii] Additionally, print resources are more appealing when the look and feel is more culturally relevant to Aboriginal and Torres Strait Islander peoples.[i] This might be enhanced by using culturally specific elements, such as language, talent and design.[viii] Furthermore, focus group discussions hosted by the Gold Coast Public Health Unit 2021, found that plain language and visual representations using images of real people, preferably local Aboriginal and Torres Strait Islander peoples in recognisable settings, was most impacting to Gold Coast Aboriginal and Torres Strait Islander community members.[ix] .

Within both the SEQ First Nations health Equity Survey and Online Forum discussions, the need for plain English was raised. Consideration to apply this principal in the Strategy and local action plan is required.

> **Sorry, some of the things above I do not know what they mean - like what is/are culturally capable referral pathways?**

Survey respondent – Male, 15-19 years

> **You know, no one talks like a black fella to them and explains it in just plain Jane English.**

Focus group participant

> **We are used to just saying it how it is, when they talk in all this medical jargon and our people just get lost and shut down straight away. Done, don't want to be involved…**

Focus group participant

Cultural safety

The term 'cultural safety' is often erroneously used interchangeably with related terms. ABSTARR Consulting, (2020) used the following definition of cultural safety in the Aboriginal and Torres Strait Islander Cultural Safety 2020-2025:[x]

> *Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*
>
> *Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.*

The concept of cultural safety from survey analysis and online forum discussions more closely aligns to the work of Maori nurses in New Zealand which is defined as:

> *[A]n environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening*.[xi]

Agreed definitions of terms such as cultural safety are required to adequately measure desired outcomes over time from a system and consumer perspective.

Being able to walk into a space and feel that you are safe, and the workers are there to help you, knowing that you are empowered to be in control of your health and health plan.

Survey respondent

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.

Survey respondent,

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.

Focus group participant

Patient experience

Focus group participants and facilitated group sessions raised the importance of opportunities for all community to have a voice in the health equity journey. Being invited to share opinions enabled participants to feel valued, that their voice mattered. Healthcare is informed by a range of information without needing to talk to a patient (e.g. their heart rate and blood pressure, and recent admission history), but unless patients (and/or their carers) are asked about what they consider important and how they rate their quality of life and experiences of healthcare, one can never know the whole picture. Evidence demonstrates that clinical indicators often fail to correspond with how a patient is feeling. Additionally, current approaches may be inadequate for some population groups, such as Indigenous people in Australia, whose healthcare experience is impacted by the context of colonisation and discordance between Indigenous understandings of health and the Western biomedical health system.[xii] The Western biomedical health system does not easily accommodate Indigenous understandings of health, which are broad and holistic.[xiii]

Elvidge et al. grouped the key characteristics of cultural safety into five domains: positive communication between patients and hospital staff; negative communication between patients and hospital staff; trust between patients and hospital staff; hospital environment; and support for Aboriginal families and culture.[xiv]

Recent research has found that existing tools are likely to miss key aspects of Indigenous peoples' experiences and a failure to adequately assess care experiences related to cultural safety may compromise efforts to improve health outcomes. Addressing gaps requires development of experience measures that are strengths-based, reflect an Indigenous worldview and measure aspects of experience relevant to Indigenous people. These findings should be applied to current patient reported experience measures (PREMs) and patient reported outcome measure (PROMs), which need to be assessed to include care related experience and include cultural safety measures from an Aboriginal and Torres Strait Islander perspective.

Community engagement, community voice, I'm really passionate about that.

Focus group participant

It's been such a long battle and a long struggle, to get anything happening for Indigenous peoples, that I just find it so thrilling that this is happening, and then that I've been asked, would I like to be part of it.

Focus group participant

Integrated Care

Continuity of care is reportedly experienced as more culturally safe than siloed care and can result in greater uptake in healthcare. Reviews illuminate a lack of documented evidence of continuity of care (or lack thereof) for regional and metropolitan areas with an absence of research identifying service usage and transitions along with access and engagement with culturally focused and/or mainstream health or other service providers.[xv]

Whilst research in this area maybe scarce, focus group discussions highlighted a greater need for continuity of care for patients and a need for stronger working relationships between all healthcare services.

> **…it's not unique to the Gold Coast, it's not unique to Queensland, but it is around that continuity of care and how we support those crossover points…**

Focus group participant

> **…once a consumer that goes into the hospital, does an admission into hospital, is discharge back out into community but left un-resourced…**

Focus group participant

> **We've got one community, many services and how do we make that experience seamless for our mob?**

Focus group participant

> **…what needs to be done to change the health gap? It's that connectivity between the AMS's and the hospitals…**

Focus group participant

> **..we need to improve our referral pathways from both ends really. From Queensland Health and Kalwun, so that we can build on the relationships to support that continuum of care for the individual…**

Focus group participant

> **There was a big gap there with that, the importance of just sharing what we needed to be shared to keep the right cycle of care for that patient continuing.**

Focus group participant

Racism and lateral violence

Recognising the historic experience of Aboriginal and Torres Strait Islander patients and accepting the experiences of poor cultural safety in mainstream health services contributes to limiting and discouraging patients' access to disease information[xvi] which results in low self-management confidence.[xvii] Systematic problems relating to racism also have a negative impact of health, and this occurs directly in the health sector. Effective culturally appropriate communication in the context of different world-views and concepts of physiology and disease can be challenging. However, working in partnership with Aboriginal and Torres Strait Islander peoples and health organisations is the most effective tool for building cultural safety in our public hospitals, reducing discharge against medical advice and improving care pathways after discharge.

Focus group participants shared experiences of racism and racialisation within the healthcare system as staff, often accepting this or learning to 'pick your battle'. Lateral violence was raised and discussed during both focus group sessions. Whilst the SEQ Strategy includes the development of an anti-racism campaign KRQ 1.6), research has found that anti-racism action should incorporate[xviii]:

- leadership buy-in and commitment with dedicated resources
- support and funding
- a multi-level approach beginning with policy and organizational interventions
- transparent accountability mechanisms for sustainable change
- long-term meaningful partnerships with Black, Indigenous, and people of colour (i.e., racialised communities), and
- ongoing, mandatory, tailored staff education and training.

Furthermore, Steed recommends involving members of racialised groups in the creation of interventions and educational materials and hiring skilled facilitators,[xix] and a focus group member suggested Queensland Health and Community Controlled Health collaborate to progress strategies.

Considering cultural safety for staff and Community, exploring options for anti-racism programs which are developed and delivered, in partnership with the Community, outside of healthcare setting, such as a University or education, could build trust and transparency in the healthcare system. An accredited program could align to Continuing Medical Education / Continued Professional Development credits as continued learning activities for health professionals and tertiary health education.

…there's definitely been racism in my 21 years of nursing, and you know it's constant, ongoing and belittling…

Focus group participant

I don't think enough of our non-Indigenous counterparts understand what lateral violence is… …when it comes from the inner circle, that's when it hurts the most…

Traditional medicine

Traditional medicine practice within Aboriginal Australia encompasses a holistic worldview which reflects that of the World Health Organsations definition of health, which is one of 'physical, mental and social wellbeing and not merely the absence of disease or infirmity'.[xx] This worldview recognises good health as a complex system involving interconnectedness with the land, recognition of spirit and ancestry, and social, mental, physical and emotional wellbeing both of the individual and the community.[xxi] A range of treatment methods are utilized including, but not limited to Traditional Healers, herbal medicines, smoke, ceremonies and music including didgeridoo and songs.

A lack of understanding about social constructions of western medical systems and associated culture by Aboriginal and Torres Strait Islander peoples who are traditionally oriented, could translate to a perceived failure of biomedical treatment. A perceived failure of treatment would then impact on the role and health-seeking behaviour of people, especially for illnesses where pharmaceutical medicine is being used to treat in a preventative role, which could be a contributing factor to lower uptake of the COVID-19 vaccine for Aboriginal and Torres Strait Islander peoples on the Gold Coast, (as at 2 February, 61% of Aboriginal and Torres Strait Islander people aged 16 years and over had received two doses of a COVID-19 vaccine, compared to 88.6% of the non-Indigenous Gold Coast population.)

Best practice design and care takes into account Aboriginal worldviews, reciprocity and cultural sensitivities, and there are few research articles examining the role of Aboriginal traditional medicine practice in healthcare within Australia. One example is the '***Ngangkari*** program' which offers health and mental health outreach services within NPY lands, which reports that ***Ngangkari*** work hand in hand with the mainstream health services both in primary and tertiary health care and are recognised by the mainstream medical doctors, working alongside and in co-operation with them.[xxii] What is clear is that health seeking behaviour is complex and medical pluralism exists, and greater engagement with communities and healthcare providers around an integration of traditional medicine with conventional medicine is warranted.[xxiii]

…the governance itself is based on Indigenous cultural values that may include, mob medicine and healing, and *Ngangkari*, didgeridoo healing…

Focus group participant

…cultural care models such as bush medicines, healing practices and family supports.

Survey respondent – Female, 50-54 years

Workforce

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2023), aims to contribute to the achievement of equitable health outcomes for Aboriginal and Torres Strait Islander people through building a strong and supported health workforce that has appropriate clinical and non-clinical skills to provide culturally-safe and responsive health care. The Framework details six key strategies of which, most were discussed in the online forum or raised in the survey responses.

The SEQ First Nations Health Equity Strategy Key Result Area 3 proposes to jointly develop a SEQ regional health workforce strategy. Consideration to adding opportunities to strengthen KRA 2.5 Improve integrated care and strengthen the interface between primary and secondary care and the workforce strategy through the exploration of job share opportunities and co-location of services.

> **Prioritise building a strong and supported Aboriginal and Torres Strait Islander health workforce across all service delivery areas public and private, within clinical and non-clinical streams.**

Survey respondent

> **…workforce development is really a key focus about how you're looking at, maybe addressing some of these things…**

Focus group participant

> **recruitment and retention strategies around maybe a certain percentage of identified positions... …and those influential positions being identified.**

Focus group participant

Governance and accountability

The new National Aboriginal and Torres Strait Islander Health Plan 2021-2031, sets the policy direction for Aboriginal and Torres Strait Islander health and wellbeing. It was developed in genuine partnership with Aboriginal and Torres Strait Islander people and communities, showing what can be achieved when co-design is based on empowerment, trust and mutual respect. The commitment to self-determination and partnership through all aspects of implementation, governance and accountability is being progressed by State and Territory Governments, with all mechanisms appropriate, relevant and holding the mainstream

accountable to Aboriginal and Torres Strait Islander people. This approach aligns with the Queensland Health First Nations Health Equity reform agenda.

A priority of the SEQ Strategy is to embed First Nations voices in corporate governance and decision making. governance systems.

> **Aboriginal people generally aren't the holders of the purse strings. Non-Aboriginal people are, but the accountability seems to fall back to us, but we don't actually have the full control, so for me it's about that lack of accountability where it should sit.**

Focus group participant

> **…just adding onto accountability, if the mob gets the chance to keep the policymakers accountable, that would be awesome.**

Focus group participant

6. Recommendations

The following recommendations are in response to Gold Coast community consultation of the South East Queensland First Nations Health Equity Strategy**;** A regional and systems-focused approach to closing the health gap by 2031.

GCHHS recommends the following actions:

- In an endeavour to promote the co-design, co-ownership and co-implementation of a regional strategy, include the voices of ***development stakeholders*** including First Nations staff, First Nations health consumers, First Nations community members as presented within the GCHHS consultation reports.
- Consider Health Literacy and the use of plain language and visual representations using images of real people, preferably local Aboriginal and Torres Strait Islander peoples in recognisable settings within the Strategy and future engagement opportunities.
- In partnership with First Nations consumers identify and develop culturally appropriate measures and mechanisms of engagement (currently online survey) to adequately capture First Nations patient reported experience measures (PREMs) and patient reported outcome measure (PROMs) which include cultural safety for Queensland Health hospitals.
- Adjust KRA 2.5 to include opportunities which build stronger relationships to support integrated care between the HHS and CCH clinics, such as job share, co-location of services etc.
- Adjust KAR 1.6 to include partner with First Nations community and universities to develop a regional anti-racism course, which includes lateral violence, with Continuing Medical Education / Continued Professional Development credits as continued learning activities for health professionals and tertiary health education.
- Identify opportunities to support First Nations community concepts and ways for cultural healing practices.
- Expand KAR 4.3 to include a feedback loop for all engagement processes – We Asked, You Said, We Did.
- Provide a report to GCHHS for distribution to each participating ***development stakeholder*** with respect to how their feedback has been incorporated, or not incorporated in the South East Queensland First Nations Health Equity Strategy.

7. Appendices

Appendix 1: SEQ First Nations Health Equity Strategy email correspondence (staff)

"Insert Greeting"

As community, we have a unique opportunity to influence healthcare change- **Health Equity**.

Background

- Legislation has been passed by Queensland Government requiring hospital and health services to activate a renewed First Nations health equity reform agenda to address the legacy of institutional racism, strengthen relationships with First Nations peoples and implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples.
- 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.
- Gold Coast Health and Kalwun Development Corporation engaged an independent First Nations consultancy agency in December 2020 to undertake the genuine engagement and consultation of prescribed key stakeholders on the development of the GCHHS First Nations Health Equity Strategy.
- The voices, leadership and lived experiences of First Nations peoples are driving this agenda.

Get involved and shape the future of healthcare for our Community!

We invite you to share your thoughts, opinions and experiences to influence the Regional Health Equity Strategy and Local Action Plan. Please find some of the upcoming opportunities where you can get involved:

1. **Regional Health Equity Strategy survey now open**
   Feedback on the Regional Health Equity Strategy is open via an online health equity survey. The survey will inform the health equity reform agenda as we implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples. The survey will be open until 01 February 2022.
2. **Let's yarn Health Equity**
   Independent consultant Lynda Maybanks would like to yarn with you, your family and/or Community groups. To schedule a consultation email: maybanksconsultancy@gmail.com
   Community participants will receive a $40 Gift Card for sharing their opinions and views.
3. **Online Forum**
   Join our Online Forum to explore the Regional Health Equity Strategy. The Strategy aims will be discussed as we explore what health equity means for you, your family and the Gold Coast Aboriginal and Torres

Strait Islander community.

Date: Wednesday 02 February 2022 (Kalwun) Thursday 03 February 2022 (GCHHS)

Time: 12:00 - 1.00pm

Register (for the TEAMS link): GCHFirstNationsHealthEquity@health.qld.gov.au

4. **Stay up-to-date**

A Health Equity page is being added to the GCHHS Aboriginal and Torres Strait Islander health and wellbeing microsite (https://www.goldcoast.health.qld.gov.au/aboriginal-and-torres-strait-islander-service).

Keep an eye out on the updates and share to support Community get involved in the Health Equity agenda.

Kind Regards

Insert name, position and organisation.

Appendix 2: Executive Directors blog

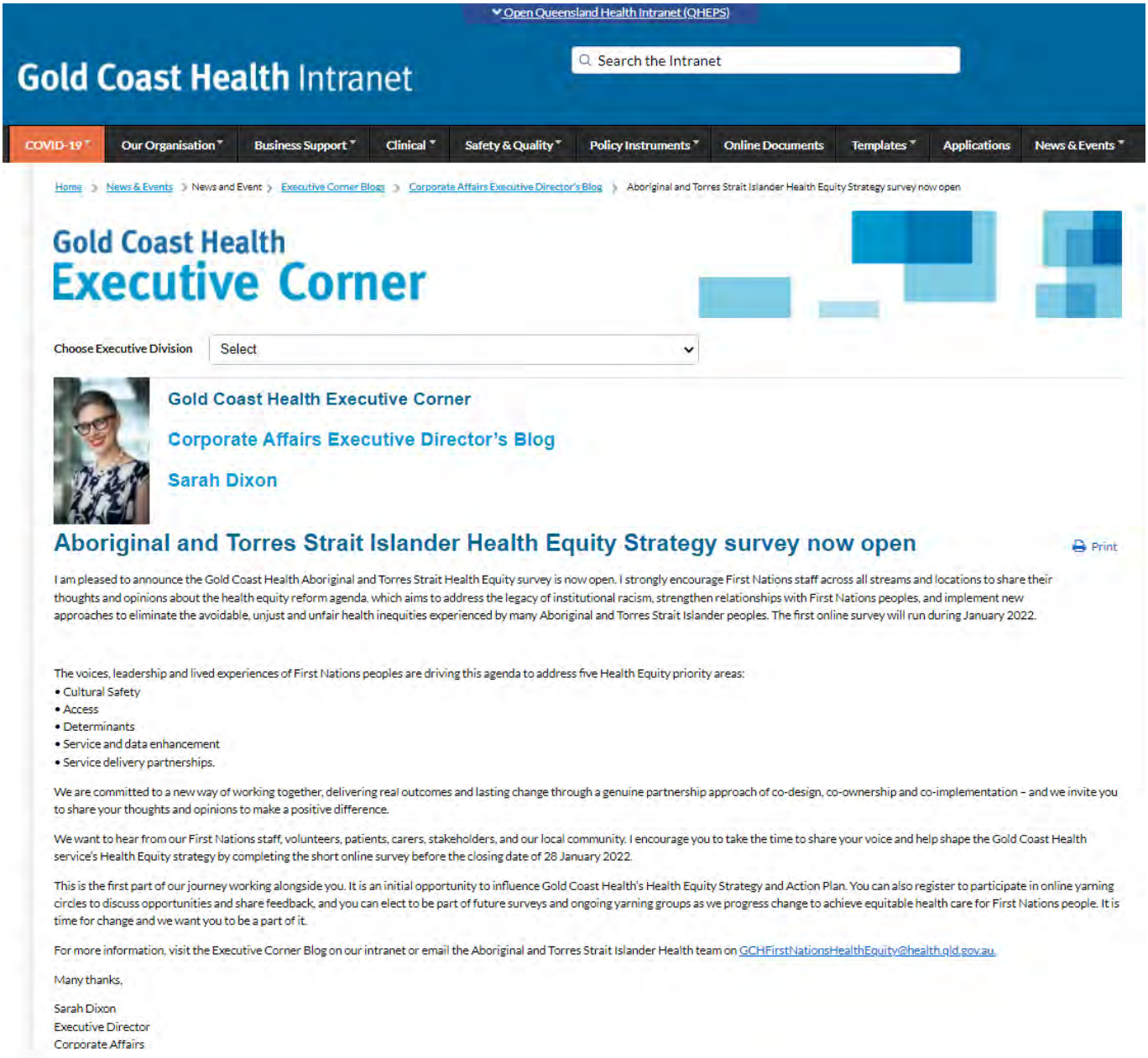


Figure 20: Corporate Affairs Executive Directors Blog

Appendix 3: Global email


Gold Coast Health
Daily News Digest

Get tested if you have symptoms and stay home until you receive a negative result and are well.

We're all in this together

Be COVIDSAFE

Notice 1: Health equity survey now open
Notice 2: Executive Rounding 2022
Notice 3: Spiritual Care Services are here for you
Notice 4: Mental Health First Aid courses are back
Notice 5: HBCIS Ward Changed for COVID-19
Notice 6: Look out for damaged WOW batteries
Notice 7: What can you do for health literacy?
Notice 8: Support is always available

Notice 1: Aboriginal and Torres Strait Islander health equity survey now open
Gold Coast Health invites all First Nations staff to share their thoughts and opinions about health equity via the online health equity survey. The survey will inform the health equity reform agenda as we implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples. The survey is open until 28 January. Queries can be sent to GCHFirstNationsHealthEquity@health.qld.gov.au.

Figure 21: GCHHS Global Email 13/01/2022


Gold Coast Health
Daily News Digest

Get tested if you have symptoms and stay home until you receive a negative result and are well.

We're all in this together

Be COVIDSAFE

Notice 1: Aboriginal and Torres Strait Islander health equity survey now open
Notice 2: Have your say on our Strategic Plan refresh
Notice 3: GCUH F, A and E Block Nurse Call Outage
Notice 4: Final Going for Gold Organisational Action Plan update
Notice 5: Asset validation project underway at GCUH and SHP
Notice 6: Executive Rounding 2022
Notice 7: Comprehensive Care Tool enhanced to include 4AT screening
Notice 8: What can you do for health literacy?

Notice 1: Aboriginal and Torres Strait Islander health equity survey now open
Gold Coast Health invites all First Nations staff to share their thoughts and opinions about health equity via the online health equity survey. The survey will inform the health equity reform agenda as we implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples. The survey will be open until 28 January 2022. Queries to GCHFirstNationsHealthEquity@health.qld.gov.au

Figure 22: GCHHS Global Email 18/01/22


Gold Coast Health
Daily News Digest

Get tested if you have symptoms and stay home until you receive a negative result and are well.

We're all in this together

Be COVIDSAFE

Notice 1: Admin and Allied Health staff, we need you
Notice 2: Aboriginal and Torres Strait Islander health equity survey
Notice 3: Asset validation project underway at GCUH and SHP
Notice 4: HBCIS Ward Changes For COVID-19
Notice 5: New procedure for clinical product complaints available
Notice 6: Look out for damaged WOW batteries
Notice 7: Support is always available to you
Notice 8: What can you do for health literacy?

Notice 1: Admin and Allied Health staff, we need you
Can you help drive cultural change in the workplace? We are seeking workforce representatives, from both our administration and allied health professional streams to join the Workforce Engagement Steering Committee. Be the voice, submit your EOI before Thursday 10 February. For more information head to the WESC intranet page.

Notice 2: Aboriginal and Torres Strait Islander health equity survey closing
Today is your last chance to share your thoughts and opinions about health equity via the online health equity survey. The survey will inform the health equity reform agenda as we implement new approaches to eliminate the avoidable, unjust and unfair health inequities experienced by many Aboriginal and Torres Strait Islander peoples. Queries can be sent to GCHFirstNationsHealthEquity@health.qld.gov.au.

Appendix 4: Social Media

Appendix 5: SEQ First Nations Health Equity Strategy survey

Overview

What is Health Equity?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health inequities exist because of inequities in the conditions of daily life (such as housing, education, and employment). There is currently a gap in the health of Aboriginal and Torres Strait Islander people and other Australians. Health equity means closing this gap.

What are First Nations Health Equity Strategies

The Queensland Government has changed the law to prioritise health equity for Aboriginal and Torres Strait Islander people. From 2022, each of Queensland's Hospital and Health Services will have a Health Equity Strategy. This will show how the Health Service will work with First Nations peoples and organisations to close the health gap, answer to the Communities that we serve and build better health services for our Mob.

How will this be tailored to local Community?

The SEQ strategy will guide the development of a local action plan, which will be developed in early 2022 after the SEQ Strategy is finalised.

The Action Plan will take the high-level strategies in the regional plan and consider what they look like for Traditional Custodians and all Aboriginal and Torres Strait Islander people living in the Gold Coast region. Extensive consultation will be undertaken for this to make sure it meets local needs and to get local ideas about health equity.

Get involved!

Take the survey and join yarning session.

South East Queensland (SEQ) Aboriginal and Torres Strait Islander Community Engagement Strategy

The SEQ Aboriginal Community Controlled Health Organisations (CCHSs) and Hospital and Health Services (HHSs) have agreed to an ongoing process of consultation with the Aboriginal and Torres Strait Islander people of SEQ about their experiences of the health system, their health needs, and priorities.

This is an ongoing yarn over the next ten years as we work together to close the health gap in SEQ and build better health services for our Community.

It is through these yarns that we understand what the Community wants from its health system and ways that the health system can be improved to work better for Aboriginal and Torres Strait Islander people and families.

SEQ Health Equity Strategy

The Institute of Urban Indigenous Health (IUIH) has teamed up with Hospital and Health Services in South East Queensland to develop a regional strategy. The SEQ First Nations Health Equity Strategy will guide where health services need to focus their efforts to achieve health equity for First Nations peoples by 2031.

We would like to ask you about the Strategy and whether it addresses the areas that are most important to you and your family.

But first, we need your feedback on the SEQ Strategy…

So far, the Strategy has been developed with members from local HHSs and the IUIH Network of CCHSs.

We will be yarning with, and listening to, Mob over the next 10 weeks about this Strategy so now is a chance to have your say and for your perspectives to be heard and taken on board. It is through these yarns that we understand what the Community wants from its health system and the ways the system can be improved to work better for Aboriginal and Torres Strait Islander people.

This survey hopes to get wider feedback from Aboriginal and Torres Strait Islander people on the strategies that have been chosen.

A bit about you

To help us ensure we are capturing everyone's views on the Strategy, please answer the following. All answers will be anonymous and individual comments or responses will not be published.

1. What best describes your gender?

(Required)

Please select only one item

- ❍ Male
- ❍ Female
- ❍ Prefer not to say
- ❍ Prefer to self-describe: _____

2. What is your age group?

(Required)

Please select only one item

- ❍ 15-19 years
- ❍ 20-24 years
- ❍ 25-29 years
- ❍ 30-34 years
- ❍ 35-39 years
- ❍ 40-44 years
- ❍ 45-49 years
- ❍ 50-54 years
- ❍ 55-59 years
- ❍ 60-64 years
- ❍ 65-69 years
- ❍ 70-74 years
- ❍ 75 years and over

3. What is your postcode?

(Required)

_____

Identification

Health Services should ensure that all people, regardless of appearance, are asked whether they identify as being of Aboriginal and/or Torres Strait Islander origin. The following questions relate to your last visit with a Hospital and Health Service.

4. Were you asked by a Hospital and Health Service staff or the check in service if you identified as being of Aboriginal and/or Torres Strait Islander origin?

Please select only one item

- ❍ Yes
- ❍ No
- ❍ Unsure

5. Do you identify as Aboriginal and/or Torres Strait Islander?

Please select only one item

- ❍ Yes, Aboriginal

- ❍ Yes, Torres Strait Islander
- ❍ Yes, Aboriginal and/or Torres Strait Islander
- ❍ No

6. At your last visit with a Hospital and Health Service, or in your last job with a health service, did you identify as being of Aboriginal and/or Torres Strait Islander origin?

Please select only one item

- ❍ Yes
- ❍ No
- ❍ Unsure

7. Did any of the following influence your choice not to identify as being of Aboriginal and/or Torres Strait Islander origin?

Please select all that apply

- ❍ I was not asked.
- ❍ I didn't think it was relevant to the situation.
- ❍ I have previously experienced discriminatory behaviour when I identified at a Hospital and Health Service facility.
- ❍ I have previously experienced discriminatory behaviour when I identified at another agency.
- ❍ Other (please specify): _____

Description

8. Which best describes you?

(Required)
Please select only one item

- ❍ Gold Coast Health staff member
- ❍ Kalwun Staff member
- ❍ First Nations Organisation member (eg. YRACA)
- ❍ Traditional Custodian or Native Title Holder
- ❍ Patient / Visitor of Gold Coast Health Service
- ❍ Patient / Visitor of Kalwun service
- ❍ Patient / Visitor of other health services
- ❍ Other (please specify): _____

Workstream (GCHHS)

9. What is your work stream?

Please select only one item

- ❍ Administrative
- ❍ Dental
- ❍ Medical
- ❍ Operational
- ❍ Technical
- ❍ Building Engineering
- ❍ Health Practitioner
- ❍ Nursing
- ❍ Professional
- ❍ Other (please specify): _____

Most Common Facility

10. What is the name of the Gold Coast healthcare facility you most frequently visit or work at?

Please select all that apply

- ❍ Gold Coast University Hospital
- ❍ Southport Health Precinct
- ❍ Robina Health Precinct
- ❍ Palm Beach Community Health Centre
- ❍ Kalwun Bilinga Health Clinic
- ❍ Kalwun Miami Health Clinic
- ❍ Robina Hospital
- ❍ Carrara Health Precinct
- ❍ Helensvale Community Centre
- ❍ Varsity Lakes Day Hospital
- ❍ Kalwun Coomera Health Clinic
- ❍ Other GP Clinic
- ❍ Do not visit or work at healthcare facility on Gold Coast
- ❍ Other (please specify): _____

Vision and Values

11. Please rate the aims of the SEQ Strategy.

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

AIMS ***Please select only one item***	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
We aim to improve access to, and experience of, the healthcare system.										
We aim to close the health gap in SEQ between Aboriginal and Torres Strait Islander people and non-Indigenous people.										
We aim to remove racism from the healthcare system.										
Should the Strategy have any other aims?										

12. Please rate the values which underpin the SEQ Strategy.

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

VALUES ***Please select only one item***	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Working together across the healthcare system and all areas of health and wellbeing.										
Answering to Aboriginal & Torres Strait Islander peoples of SEQ.										
Having healthcare services that are based on the best research and information available and are in line with what Community tells us they need.										
Healthcare services which are culturally safe and free from racism and discrimination.										
Are there any other values that should be included?										

13. Who do you suggest that the Gold Coast Hospital and Health Service should work with to achieve better health outcomes for the Gold Coast Aboriginal and Torres Strait Islander Community?

Please list

_____

Cultural Safety [1]

Several key Strategies aim to improve the experience of Aboriginal and Torres Strait Islander people who receive a healthcare service, so that people feel safe and empowered when they seek health care. This includes a specific focus on actively eliminating interpersonal and institutional racism [2] and discrimination within services.

[1] ***Cultural Safety*** *– is the experience of a person who receives a healthcare service where a person feels safe and empowered in their healthcare interactions.*

[2] ***Institutional racism*** *– is a form of racism that is embedded through systems, process, policies and/or operations within an organisation.* ***Interpersonal racism*** *is the bias that occurs when individuals interact with others and their personal racism beliefs affect these interactions.*

14. What does culturally safe practice / culturally safe services mean to you?

_____

15. What does a culturally unsafe service look like to you?

_____

16. How important are each of these to you and your family?

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

Please select only one item	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Health services that are culturally safe.										
Health services that are free of interpersonal and institutional racism and discrimination.										
Systems and processes are in place so that institutional and/or interpersonal racism and discrimination can be reported.										
Resources are available to help individuals and families to understand their rights in relation to healthcare.										

Resources are available to help individuals and families to understand their rights in relation to healthcare.										
An anti-racism campaign is developed for all Health Service staff.										
Healthcare services, programs and models of care that are designed and operated by Aboriginal and Torres Strait Islander people.										
More Aboriginal and Torres Strait Islander people employed in leadership positions and in clinical decision-making in Hospital and Health Services.										
More Aboriginal and Torres Strait Islander people across all health programs and healthcare professions in Hospital and Health Services.										

17. Is there anything else that should be done to make the healthcare system and/or healthcare services work better for you and your family?

Access to healthcare services

Several key strategies aim to increase access to First Nations healthcare services that are connected, delivered under one roof and close to home so that individuals and families can easily access care when they need it.

18. How important are each of these services to you and your family?

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

Please select only one item	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Early childhood education where families can access health and parenting support services if required – kindies and playgroups.										
Support for people leaving hospital following a suicide attempt (aftercare services).										
Support for people to navigate the healthcare system and connect with social support services (care coordination).										
Strongly connected community based health services and hospital services that work together (integration).										
Affordable First Nations specific primary healthcare services close to home.										

First Nations specific disability services.										
First Nations specific palliative care services.										
Services and activities that focus on wellness and keep us active and healthy.										

19. In your own words, what needs to be done to make the healthcare system and/or healthcare services more accessible to you and your family?

Social and economic determinants of health

The Strategy also measures areas outside of the health system that may be contributing to health inequity. While the health system can't directly impact these areas, we want to know more about how they could be influencing health and work with social support service providers and agencies where possible.

20. How important are each of these services to you and your family?

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

Please select only one item	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Connected health and social support service.										
Health services provided in educational settings.										
Education and Training Programs.										
Paediatric therapy services in early childhood education environments.										

Family wellbeing services that support families in contact with the Child Safety system.										
Health care in prisons.										
Housing support.										
Centrelink.										
Legal Support.										
Transport services to attend medical appointments.										

21. What other social support services are important to you and your family?

_____

Service and data enhancement - SEQ Strategies

The Strategy identifies areas for health system reform and service development, including exploration of new approaches to funding, data capture and sharing, and performance monitoring. This section includes strategies that promote a collaborative approach to joint planning and design of services, to strengthening evidence based service delivery and co-designing new services.

22. How important are each of these to you and your family?

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

Please select only one item	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Services that are delivered by Aboriginal and Torres Strait Islander people/organisations.										
Health service planning that is jointly undertaken by Hospital and Health										

Services with Community Controlled Health Services.										
Health services and programs that are supported by strong evidence of effectiveness.										
Progress in improving health outcomes is monitored regularly.										
Research and data findings are reported back to Aboriginal and Torres Strait Islander communities.										
Mental health services that are operated by Aboriginal and Torres Strait Islander people and that support transition into and out of hospital (Subacute Step Up/Down service).										
First Nations specific mental health crisis intervention where mental health services work with ambulance and police services to better support Aboriginal and Torres Strait Islander people during a mental health crisis event.										

Service Delivery Partnerships

The Strategy describes several existing service delivery arrangements where HHSs and CCHSs work together to deliver coordinated care pathways to support the transition of Aboriginal and Torres Strait Islander people across service settings. Understanding how important these connections are to you and your family will assist in the codesign of new service models in the future.

23. How important are each of these to you and your family?

Answer the following on a scale of 1 to 10 (where 1 is NOT deadly and 10 is VERY deadly)

Please select only one item	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Employment pathways for Aboriginal and Torres Strait Islander people into healthcare jobs.										
First Nations-specific models of midwifery care through services run by Aboriginal and Torres Strait Islander people.										
First Nations paediatric and child health therapy services.										
Affordable First Nations specific dental services.										
Care in the home instead of in hospital where appropriate (Hospital in the Home).										
Transport and other supports for people attending hospitals for surgery and post-surgery care in community										

(surgical pathways).										
Transition services for people leaving prisons to support people to return to community and connect with community based support services.										
Culturally capable referral pathways between primary care (hospitals), community based health and social support services (home).										
Connection to an Aboriginal organisation for care coordination leaving hospital to support your recovery in the Community.										
Goods and services are purchased from Aboriginal and Torres Strait Islander business wherever possible.										
High Risk Teams in hospitals for people experiencing domestic and family violence.										

24. How else can stronger connections between hospitals and community-based services be improved for you and your family?

Appendix 6:Qualitative survey responses

Suggested additional aims for SEQ First Nations Regional Health Equity Strategy

Theme	Respondent suggestions for additional aims
Workforce development	We aim to prioritise building a strong and supported Aboriginal and Torres Strait Islander health workforce across all service delivery areas (both public and private), within clinical and non-clinical streams.
Healthcare for individual need	We aim to provide the community with a choice in healthcare that best suits individual care needs.
Staff attributes	We aim to ensure that staff and those who deliver healthcare services are the right people with a combination of skill, compassion, empathy and kindness; don't focus on highest scorers in exams or top 3% etc.
Patient centred health care	We aim to be truly patient centred.
Care no matter where you are from	We aim to support those from outside country visiting SEQ and Gold Coast to have equal health outcomes also in our facilities and when in our care.
Staff education	An aim would be to improve new graduates (all disciplines within health) to instill compassion and remove the stigmatising attitudes once employed with QH. e.g. a new staff member was being introduced to our pod and immediately showed disrespect because I was not a nurse (biased attitude) without even hearing what role I do.
Access	Longer opening hours and access to services.
Co-design	We aim to work with the local community to raise their voice and opinions about health and wellbeing and healthcare for all.
Strengths based narrative and approaches	We aim to underpin our efforts with a strengths-based narrative promoting cultural determinants and the maintenance of healthy lifestyles, rather than deficit narrative and healthcare as treatment of sickness.

Respondents thoughts on who GCHHS should work with to improve health outcomes for Community

Who should Gold Coast Hospital and Health Service work with to achieve better health outcomes for the Gold Coast Aboriginal and Torres Strait Islander Community?
All staff not just MOB so ALL staff understand the importance of the Health Equity strategy.
Need to stamp out the myths in the hospital system. Words like "oh your Aboriginal so of course you get extra stuff" or "I'm not asking if they identify what difference should it make?"

Gold Coast Elders and First Nations peoples.

A range of social support services to build supports upon discharge to ensure holistic care for individuals, families and community

Aboriginal and /or Torres Strait Islander Nurse Navigators.

Linking Aboriginal and /or Torres Strait Islander patients to a FN Nurse across all settings e.g. including covid vaccination clinics.

First Nations nurse to provide covid vaccinations for FN children with the Public Health.

Not sure what is being asked here - of course everyone however should be layered.

1. Aboriginal and Torres Strait Islander Traditional Custodians and Community
2. Aboriginal and Torres Strait Islander Staff
3. Aboriginal and Torres Strait Islander Community Controlled and other Aboriginal and Torres Strait Islander Community services (eg, Krurungal)
4. GCHHS Board, Executive and Staff
5. DATSIP
6. NSW Health given the kinship system and connections between Tweed and GC which will be similar to Metro South connections (eg, Bundjalung / Kombumerri / Jaggera / Yuggera etc)
7. Everyone

Also if a mob has cultural practices regarding health or medicinal treatment, these need to be taken into consideration as long as they are not contraindicative to the treatment they require in their own personal situation.

Listen when someone is telling you about their health care concerns. There seems to be a systemic failing in that when someone presents as Aboriginal and Torres Strait Islander, there is the assumption that they are uneducated and come from a low socio-economic backgrounds and really don't know what they are talking about. Regardless of ethnicity, people are generally aware of changes in their bodies and how they feel physically and mentally and this needs to be taken into consideration.

Youth and families.

Proactivity by HHS Board and Members and CEO, never see them at Indigenous events.

Have NEVER sought to engage of their own free will, only do things to be 'seen'.

The Board Reconciliation Statement was delivered without Indigenous consultations of HHS Staff Health Equity can be put in place, tick all your boxes BUT if those at the helm of HHS are not advocating and proactively supporting Indigenous health then I fear for the results.

YRACA

KIRRAWE

DANGGAN BULUN CORPORATION

NGARANG-WAL GC INC

KALWUN

KRURUNGAL KOOMBUMERRI T/O IUHI A&TSIHS ALL A&TSI COMMUNITY MEMBERS
Local organisations and groups.

Appendix 7: Survey respondent suggested actions.

Suggested actions to make healthcare systems/services better for Community

Theme	Actions to make the healthcare system / services work better for individuals and families
Continuity of care	Coordinated care between healthcare services (govt & non-govt) and community services.
Workforce development	More opportunities and retention of FN health care and other staff within the GCHHS Pathways to leadership roles
Racism campaign linked to human rights	Needs to be more than just an anti-racism campaign which we've seen and is being re-done through the Human Right Commission.
Workforce	More rural outreach services and access to specialists and allied health care professionals. The majority ATSI peoples are located outside of metropolitan areas.
Transport	Transport services, having a Hospital transport vehicle to help mob get home safely.
Workforce	I want the best person for the job, the most skilled. I would like First Nations support where I request it, but not be imposed (private).
Workforce conditions	1. Recognising qualifications and accreditations other than the mainstream system e.g. Bachelor degrees from an Indigenous Institution. 2. Unions advocating for these qualifications for staff who are employed within health. 3. Cultural leave (Sorry Business) in some cases, our families who live in remote regions could extend the 3 days for each unique situation, there are multiple losses and these can draw on for longer than expected.
Crisis response Workforce development Access	Crisis response e.g. emergency appointment available for at risk/homeless people including young people. More Aboriginal and Torres Strait Islander doctors and service providers within the health service. Open later hours so that those who are working or going to school can get appointments. Answering the phone up until closing time. E.g. Not letting it go to answer machine five minutes before closing.
Racism campaign	Not sure that a place to report racism will change behaviour and systems - racism remains prevalent in society and race inequality remains.

Suggested actions to support healthcare accessibility

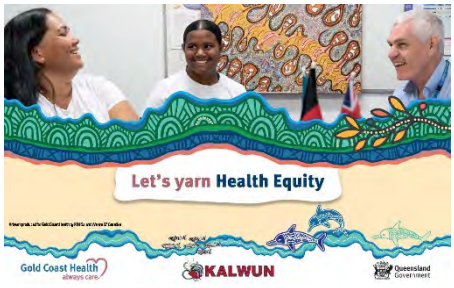
Theme	Suggestions to make the healthcare system and/or healthcare services more accessible
Workforce	More First Nations staff, offering ways to help First Nations peoples into employment within the service.
Preventative health	Often these services are meeting the needs of the sick - could be more appropriately termed sickcare - how are we working with younger community members to engage in preventative models, opportunities to stay healthy, active and connected? Opportunities to promote strengths based showcasing a healthy, proud people underpinned by a strong proud culture.
	Increasing and improving the health care for our Mob.
Navigating the healthcare system	It's a shame that we need support to navigate the health care system. Why can't we make the healthcare system easy to navigate? Why is it so complex that we need to employ people to help us 'navigate' it?
Services	More bulk billing services, great accessibility to doctors and allied health professionals.
Continuity of care	Truthful, not lip service. Follow up when it is offered, being delivered.
Workforce - leadership	A&TSI Executives covering every discipline and practice GCHHS employees
Hours of service	Longer opening hours and access to a doctor without long wait list
Leadership	The organisation taking ownership and doing more for the people instead of making empty promises.
Racism campaign	Some of the accessibility issues are connected to the racism discussion - even if the service is close and you can get an appointment, if you are not treated with respect and dignity (because of racism in any form), you remain disconnected, isolated and rejected. If I feel I am considered an inconvenience, I wont access that service - who needs a service which makes you feel unwanted and unworthy?

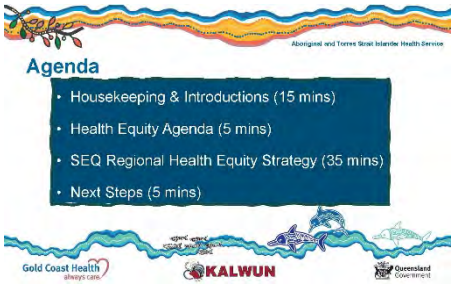
Suggested actions to support additional social support services

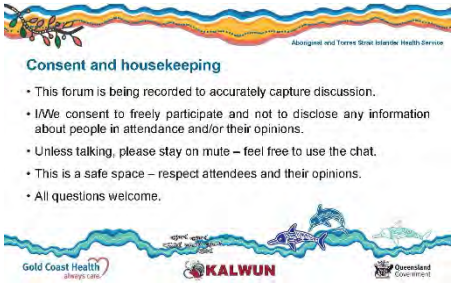
Theme	Additional important social support services which impact health and wellbeing

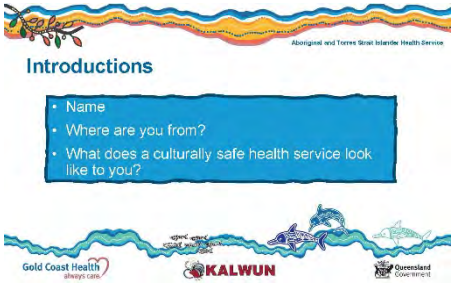
Education – social determinants of health for all government agency staff	Within services outside of health is there an understanding of the social determinants of health and vital their role is to close the health gap? We all need to work together to address inequalities which effect health and wellbeing.
Communication	Yarning circles for Indigenous health care professionals.
Racism campaign	All of these intersect and are driven by / aligned with racism / discrimination for eg, racial profiling and over representation of Aboriginal and Torres Strait Islander people incarcerated particularly for soft crimes.
Palliative care	Culturally aware/ inclusive palliative care.
Trauma informed professionals for group therapy	Trauma informed psychologists, men's groups, women's groups, youth groups, connecting to country sessions, male and female mental health workers.
Family	Family networks.
AODS and Rehabilitation facilities	More AODS and Rehabilitation facilities that could refer to Aboriginal and Torres Strait Islander owned Rehabilitation Centres (Male/Female & youth).
Communication	Events for significant dates and community.
Health education within schools	Not sure that I want a health service at school - there are way too many things going on and I don't need other students knowing my business. But health education, yes, we do that. Could it be better - not sure, I suppose you don't know what you don't know. I have a GP and my Mum supports me to talk to healthcare professionals to make an informed choice - even the COVID-19 vaccination, we spoke to our GP, my sister was studying vaccines in Biology, I saw Community members step up to be vaccinated (William Barton), and then I chose to have the vaccine because it was right for me. Not sure that everyone gets these opportunities or how this could be included in the school setting.

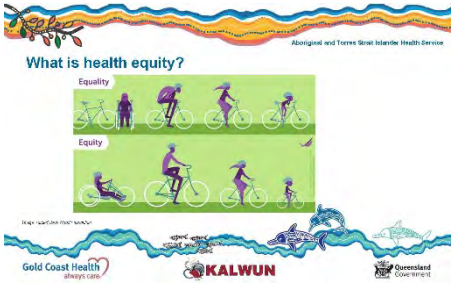
Appendix 8: Online Forum Slide Show Presentation (staff)

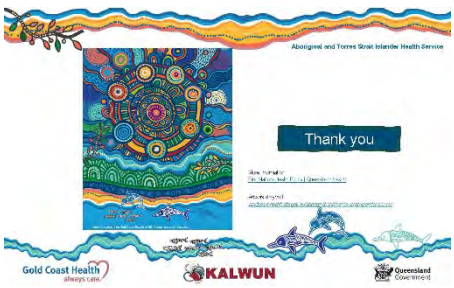












Appendix 9: Online Forum Health Equity Fact Sheet

Let's yarn Health Equity

What is Health Equity?

Overall, health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health inequalities exist because of inequalities in the conditions of daily life (such as housing, education and employment). There is currently a gap in the heath of Aboriginal and Torres Strait Islander people and other Australians. Health Equity means closing this gap.

What does Health Equity mean for me, my family and community?

- Improved access to services.
- Culturally safe services delivered by the HHS in partnership with the Aboriginal and Torres Strait Islander Community.
- Inclusive mechanisms to support Aboriginal and Torres Strait Islander peoples to engage with Gold Coast Health.
- Reduced interpersonal and institutional racism.
- Improvements in the social, cultural and economic determinants of health.
- Improved health and wellbeing of Gold Coast Aboriginal and Torres Strait Islander Community.

Regional Strategy; Local Action Plan

South East Queensland is the second largest Indigenous region in Australia, comprising 11% of Australia's and 38% of the Queensland Aboriginal and Torres Strait Islander population. A regional approach builds upon successful partnerships and programs to progress the health equity agenda.

Regional Strategy five priority areas:

- Cultural Safety: actively eliminate racial discrimination and institutional racism within the service.
- Access: increasing access to healthcare services.
- Determinants: influencing the social, cultural and economic determinants of health.
- Service and data enhancement: delivering sustainable, cultural safe and responsive healthcare services.
- Service delivery partnerships: working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.

Approach

A Health Equity Strategy, requires a collaborative approach with stakeholders during development, implementation and service delivery. This approach supports services which are co-designed, co-implemented and co-owned.

Timeframe

Health Equity is a part of core business both within the HHS and partner organisations. The Health Equity Strategies do not finish with an endorsed document, but become a continual reiteration over the next ten years to ensure effectiveness and relevance of actions and measures over time.

Keep up-to-date

A Health Equity page will be added to the GCHHS Aboriginal and Torres Strait Islander health and wellbeing microsite (https://www.goldcoast.health.qld.gov.au/aboriginal-and-torres-strait-islander-service).
Share this site and support Community involvement as we progress the health equity agenda.

Get involved

Contact the GCHHS Health Equity team to get involved:
E: GCHFirstNationsHealthEquity@health.qld.gov.au

Artwork produced for Gold Coast Health by Riki Salam, We are 27 Creative

Gold Coast Health always care

KALWUN

Queensland Government

Appendix 10: Culturally safe health service definition (focus groups)

Theme	What does a culturally safe health service look like to you?
Non-judgemental Accessible	I guess somewhere that our mob can access without feeling judged, that can just come in and just access services when they feel they need to. Somewhere, where if they're having trouble in community, they feel that they can contact straight away… …and the list goes on for me, but I'll leave it at that…
Non-judgemental Continuity of care	A cultural safe health service is somewhere that First Nations people enter and can feel safe without being judged, somewhere with easy access and without feeling they are having any discourse towards their situation or history or the reasons why they are receiving it [care], and also timely follow up and meaningful follow up on the health care.
Continuity of care Accessible (no perceived or physical barriers)	A culturally safe health service looks like to me is… practically, nearly everything I just stated [continuity of care, referral to services, access to appropriate information, addressing barriers to access…], but also to make sure that Aboriginal and Torres Strait Islander patients are getting that culturally appropriate care through any practice that they're attending, and to know that there is no barriers and there's no shame there's no barriers for them to not feel as though that they can't access or get any links that they need to for their health as well, and to feel safe and to have that appropriate care cycle of care.
Non-judgmental Valued Empowered	What does a culturally safe health service look like… …for me as a visitor being able to access a health service, feeling non-judgmental, that my opinions and my contribution is acknowledged and wanted and valued. So, given I'm the best person to know about my own health care or my health; being listened to and empowered to be part of my treatment.
Accepting Inclusive of cultural considerations	A culturally safe health service… I want to be able to see people who look like me, hear people that sound like me, and I need to feel that I can come and be my authentic self and I am greeted by my mob. You know, so I don't have to talk white, act white, behave white. I am able to come and be my authentic self and the service I receive is from my people. That's me, that's really important. But adding on to that also with our non-Indigenous brothers and sisters who are also there as our champions, because we can't do it alone. Our health care, we need to have the skilled professionals and we need to have those people who really care about us and our health and our journey and understand our cultural needs. So 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. Because if you don't understand me culturally, then you're not going to understand my health care needs.

Holistic care Connection to culture/people	What is a culturally safe health service for me? What it looks like is… …I guess something that, differentiates itself from the mainstream clinic. Pretty much echoing what everyone else has said, but just providing that holistic care for our mob and being a place where it's not just for their health needs but also a place where they can just connect; connect to culture; connect to other people who are like minded, who are, you know, similar background. So, I think just a place of connection for me is what a culturally safe clinic looks like.
Valued Safe Inclusive of cultural values & traditional medicine	A culturally safe health service to me is free of lateral violence. A genuine workforce that works together for the same purpose… …the environment in which we work supports the goals and values of being culturally safe for all employees and patients coming into the hospital. The culturally safe health service is governed by mob and the governance itself is based on Indigenous cultural values that may include, mob medicine and healing, and ***Ngangkari***, didgeridoo healing and, a trust and respect of one another as well as the individual.
Fair Non-judgemental	I'd just like to see everybody get treated equally and fairly and people to have a little bit more understanding about how our people, the First Nations peoples, feel and some of the fears and things that are very real, that [non-Indigenous] people think “Well, that's not so.”, but we [First Nations peoples] all know that it actually is.
Non-judgemental Continuity of care Holistic	What does it culturally safe health service look like to me? Being able to walk into a safe space knowing that you can go in there without getting judged before you've even opened your mouth. Being able to tell all your problems, knowing that you're going to get the help and the referrals required. Obviously, our health isn't just a physical thing, it's both an emotional and spiritual plane as well, and to be able to get into a space where that is acknowledged and not dismissed, it is one of the biggest things that our people are being dismissed for, so to be able to have a safe space like that, that can acknowledge that health is not a physical thing but also a spiritual and emotional journey for us and to be able to helped along that way would be a big benefit for mob and all services.

Appendix 11: Focus group discussion re SEQ Strategy: access and experience

SEQ First Nations Health Equity Strategy Vision:

1. We aim to improve access to, and experience of, the healthcare system

Theme	*What would improve you and your family's access and experience of health services?*
Access	With that one, I think, just from previous experiences with other medical services and Aboriginal and Torres Strait Islander services plus ours as well, I think with the improvement of access for our patients and the Community is having that bigger, broader range of access for them to be able to access when needed. Not only when available. I think that's one of the big problems and barriers that are out there for our community and Aboriginal and Torres Strait Islander patients, to actually have that access when it is needed, like as soon as possible. Right there. We could, you know, improve as well.. I just think more… …much more broader plan on other avenues or ways that they can either access the clinician, a GP or having that ongoing nurse who is always there. More or less, access, so they can access their help and have that healthcare provided to them when needed.
Continuity of Care Collaboration between all healthcare services	And I think further on to that too, is that continuity of care. I think that you know, we find, and anywhere in Australia it's not unique to the Gold Coast, it's not unique to Queensland, but it is around that continuity of care and how we support those crossover points. To support our mob to, you know, so going from emergency to then whatever the primary support services that are then needed for that Community member as a follow on and how do we make sure that that occurs? So, I think in terms of that that accessibility, sometimes it's about being able to be steered in the right place and having somebody who knows how to do that. There are so many services out there. So many services and it's about how we how we connect and come together, how we pool some resources sometimes and how we recognise that it's a shared community. We've got one community, many services and how do we make that experience seamless for our mob? What is the back end work that needs to happen between organisations to support that seamless continuity of care?.
Continuity of Care Collaboration between all healthcare services	Tertiary healthcare as well? Yes! So I guess in a way, one of the things I see coming from working in the hospital is that once a consumer that goes into the hospital, say for instance is admitted to the mental health wards you know, does an admission into hospital, is discharge back out into community but left un-resourced. I guess when I was in a hospital role, I never talked to Kalwun. So I think there's a breakdown in the relationships. I think we need to improve our referral pathways from both ends really. From Queensland Health and Kalwun, so that we can build on the relationships to support that continuum of care for the individual.

Collaboration between all healthcare services	I agree {participant name removed], I think sometimes we put everything back to the consumer when really if we worked differently, sometimes, it would make that pathway easier for the consumer and we can work differently.
Identified workforce Welcoming environment Information in plain language Access to existing supports (Community / GP's / Hospital)	Thinking hospital, not from a GP perspective. But having more Aboriginal Torres Strait Islander people employed within Queensland Health, because one of the things that I noticed with Queensland health was that we had a lot of our non-Indigenous brothers and sisters that wanted to jump on board and support us, and they were champions. But when they got their Aboriginal shirt and you walked into the hospital and you approached some of these people… It became a downfall… …an opportunity for staff to wear Aboriginal shirts to promote Aboriginal culture and to make our people feel safer in that space. But as an individual, as a worker, as one of their work colleagues, trying to approach them and talk with them was quite hard. It is having a more culturally appropriate environment for our people, because it's so white. Where are the blackfella flags in the hospital and that sort of stuff? When I was working there [Gold Coast Health], I was talking to the hospital foundation of our funding, for a projector, to project the Yugambeh language onto the ground in the foyer area. So, when our mob walk in there and see that… …how amazing would that be? How wanted would you feel within that environment? But it just, it's a very sterile environment. It's like that with some mainstream GP services as well. I mean, I've worked in a project officer role before in South Australia, Victoria and also Tweed Heads and one of the things I've found was, a lot of our mob access mainstream services, but would they were struggling around their healthcare. They struggled to understand [their healthcare], because no one actually went into detail. You know, no one talks like a black fella to them explained it and just Plain Jane English. So, what I did, when I was in the project officer role, I used to sit with the practice managers. I chose three mainstream GP clinics where I would sit on a regular basis go into the 715, 721's to educate not only the patient but the doctor too - there's just so much work that needs to be done to get these guys up to scratch. Then our people can access these services and feel comfortable.
Systems to share data to improve patient care and assess services Staff Education Information in plain language	I think from a clinical perspective, I think openness and transparency between processes in place to be able to discuss patient care, and solid systems in place as well. At the moment we've got the viewer to be able to talk with Queensland Health services and provide that continual care when our patients, our mob are being admitted and whatnot over the weekends or whatever, we can still do that. I think we need to work on those process, as a very big gap exists between that communication. And I love data. I'm constantly looking at data. So, I think one big things is constantly reviewing our data. Are we actually inputting when our mob are accessing those services so we can look at our cultural services; cultural awareness trainings and cultural safety trainings that are in place. We can look at how many of our mob are accessing and what are the needs around data imputing to see if staff at either cultural health services or back in the hospitals, are actually meeting the needs of our mob when they're coming in. And are our mob actually accessing culturally safe services, and if not, why not? And what can we do to support that? From a non clinical administrative perspective, because from my experience, administrative people are they first point of call and first point of contact. So, I guess

	supporting our admin teams and making sure admin teams are all over what they need to be doing when our mob approach, whether it's in the hospitals or in community control. Again I can't emphasise enough, being culturally safe and as a clinician, stripping that medical jargon back so that we can be advocates for our mob and knowing how to talk to them, making sure they understand though and still supporting them in their journey.
Access Collaboration between all healthcare services	More access to the actual clinics. Even more clinics around, like there is only three Kalwun clinics and you know our mobs right across [the Gold Coast region], and some can't even get to them, because their transport doesn't go that far. They might have to catch 3 buses to get to Kalwun. What else? Have our own, like our own dental service here on the Gold Coast. Like they do up in Brisbane. That might take a little bit of pressure off Kalwun and also off the actual health system itself, if we had our own dental clinic that could do a little bit more than what Kalwun can do as well. [prompt] potentially look at partnership type opportunities between state and community controlled and Primary Health Network? Yes.

Appendix 12: Focus group discussion re SEQ Strategy: close the health gap

SEQ First Nations Health Equity Strategy Vision:

2. We aim to close the health gap in SEQ between Aboriginal and Torres Strait Islander people and non-Indigenous people

Theme	***Why do you think previous close the gap efforts have failed? What do you think needs to be done to make real change in the health gap?***
Accountability Systemic racism Funding on the ground	I mean, for me, the first thing that comes to mind is around lack of accountability for key healthcare providers. AMS's only make up a certain small amount of providing healthcare services, but it's not just about that that, you know when we're talking about Closing the Gap, it's about that holistic approach to our mob, so it starts right from policymakers in government and you know, we just have to look and see that so many of the policies that they still have in place today are quite racist policies. And they are not policies that actually enable self-determination. Aboriginal people generally aren't the holders of the purse strings. Non-Aboriginal people are, but the accountability seems to fall back to us, but we don't actually have the full control, so for me it's about that lack of accountability where it should sit.
Social determinants	And I think you're right in what [participant name removed] touched on it before, health is much broader than our health services, we have cultural determinants, social determinants that influence us on a daily basis, and so it's a lot broader than just health alone.
Accountability Realistic targets Workforce	I agree with you when it comes to accountability, but I think it bounces back to realistic as well a lot of the National KPI's around close the gap were very unrealistic considering the workforce that were on the ground and being able to deliver those actions being asked. Sometimes it's really just an unrealistic task for what's being asked as far as government is concerned. Considering the workforce that there and we are just a handful and like you said the medical services. A review of what resources do we have on the ground to be able to meet those criteria and then, do the criterions need to be reviewed? And do we, what we do in the medical services around PBSA and CQI 's, do we do that with what happened last time and what we've got now and make it more realistic so that we can actually make a change to our mobs health?
Accountability Collaboration / connection between all healthcare services	Yes, I think it was basically a lot with what [participant name removed] said too and [participant name removed], it's accountability from top to bottom of that health service and then within I think what I found as well with the hospitals and mainstreams where it was that lack of connection between the hospitals and our Aboriginal medical services. So, I think to Close that Gap and find what needs to be done to change the health gap it's that connectivity between the AMS's and the hospitals with the Indigenous liaison officers as well. Plus the mainstream services as well to connect with them.

Continuity of care	I found a lot just working as a health worker and trying to engage and work closely with the hospitals for our patients through the system there. So we were losing that, connectivity within their health cycle from when they leave the hospital to then come back into the AMS. There was a big gap there with that, the importance of just sharing what we needed to shared to keep the right cycle of care for that patient continuing. That was one of the big gaps that I found that was really lacking with our health services and workers.
Advocacy Informed decision making Information in plain language	[personal details removed]… was in ED on the weekend and when provided a script, I asked the ENT if he could explain why [patient] needs to finish this entire course of antibiotics, knowing [patient] has an allergy to penicillin. The ENT gave a great explanation, and [patient] was listening. But unless someone, takes that time to engage and explain all the information at the right time to assist the patient make informed decisions, some of the important healthcare actions are not adhered to. Making the healthcare journey seamless whilst supporting the patient so that they have autonomy to make that informed choice.
Informed decision making Information in plain language Relationship	I agree with what you're saying, and I think that's important for all ages as well, especially with our elderly and just throughout all ages throughout our health service with our Aboriginal and Torres Strait Islander patients is that important knowledge but delivering the right importance to the patient for them to actually understand, and I think that's what [participant name removed] mentioned as well, it was just having, the knowledge around the importance of it and having the patient a little bit more involved in their health cycle and making those decisions but giving that confidence around that for them to feel confident to open up and either say ‘yes’ or ‘no’ or ‘this is what I don't understand’.
Staff education Community education Information in plain language	And I think that that sort of reflects, from the training that they've had. So, I think there's a lot of stuff that needs to be done. And I know there's a lot of work being done with Griffith Uni and other universities throughout Queensland and Australia, but a lot more cultural education needs to be provided to our mainstream providers to improve our health outcomes. Also access for our mob, because once a patient feels that one of our non-Indigenous clinicians makes judgment or anything, that's it, our mob are gone, and you won't see him again. So, I think it's about that education and also educating our community is well, just around what they might face when they present to hospital, around the language which is used as well, that is totally different, very foreign to our mob. We are used to just saying it how it is, when they talk in all this medical jargon and our people just get lost and shut down straight away. Done, don't want to be involved. Don't understand it and they obviously don't want to break it down for me, so why should I be involved in any of that?
Access to existing supports for patients / GP’s / hospital staff and clinicians	[Being new to the Gold Coast], I don't know a lot about access for First Nations people to Gold Coast Health Service, but in my experience as a parent, I notice that people forget to put in place services that are already there for us. As a nurse when working in quarantine hotels there was actual handouts of things for Indigenous people that were often not given to them, just because they didn't know. And of

Racism / discrimination	course, I'm like, well we need this because especially the fellas, they get in here and they can't deal with the being locked in. When my son went to hospital, he felt very persecuted and I thought it was his imagination, and I went up, not in uniform, and yeah, he was treated extremely different than what, say my daughter, who doesn't have the same appearance as my son, would have got treated. It's just unfortunate, but so. He wanted to speak to what we would call the Aboriginal Liaison Officer because he was feeling angry… …and he was told that there wasn't one [Aboriginal Liaison Officer]. I'm sure that service is available, and it would have just calmed him. He said all he wanted to do was to talk to someone and excuse the terminology, who didn't treat him like a piece of poop because he's skin wasn't the right colour. The things [services] are there, but people are forgetting to use them. When I asked, 'Could he speak to somebody?', he got to speak to somebody, and it was all good. So, the service was there. It just was forgotten.
Access to cultural support outside of hours Advocacy	One thing that I was also thinking about, too as was just said, you don't know but our IHLO's [Indigenous Hospital liaison Officers], are working from 8am to 4pm. Our people get sick 24/7. You know, in a hospital system so once there, if they go out of time.' They got no one to back for them. So it's like, "Well if I keep saying something I'm going to get that code called on me", where I can easily go "No, can you get this person to talk for me?" [Names removed, the IHLO's], they'll go and back for that person, then where there's staff who know who we are… … its different to someone just from the community, they [staff] are all "It's just someone getting angry, let's just call the code on them," but they don't know really know how to do the communication side of things properly as well.
Access to existing supports for patients / GP's / hospital staff and clinicians Workforce	The whole of the HHS does not know the service that we [IHLO] provide or deliver, which attributed to [participant name removed], your young one's experience. People going the IHLO service doesn't exist. So, they [staff] don't know their service. Is that their fault? Well, I'm not quite sure. Increased staffing, it's long overdue. Hours of operation, long overdue and the days of operation are long overdue... …I really feel that they need to be addressed quick smart so that the pressure of the IHLO team, being two or three people looking after two hospitals, is reduced. Start reducing that pressure… …have trainees coming in, have a workforce trained and ready to go as opposed to needing to put an EOI out, wait six weeks, find someone for the job, train them, and then you've lost the best part of six months before you've got someone who's fully operational in the position. Having people trained and ready to go by offering on the job training, I think that's something that could help the access and the experience of the healthcare system and service.
Staff education Cultural competency training to address need	You know there's a lot of scenarios that do get played out through the healthcare service and yes, we are here as an IHLO service and to improve the experience, we are currently processes in place. [The IHLO] hours are Monday to Friday from 8:00 to 4:30 but we are on-call, so I think this is just a big education overhaul that needs to be done.

	We are currently doing in-service [training] throughout the hospital and as a result we seem to be getting a lot more referrals through. So, we're getting that catchment of mob that are coming through. Having those referrals and everything, they're [patients are] feeling more supported and having us there. I know it's a tedious process but being able to do that, it has definitely helped us.
Increase visibility of services to support staff access	Perhaps we need to do more to increase the visibility of Aboriginal staff and Aboriginal and Torres Strait Islander health services
Workforce supports	Technology can play a part in making it visible, but when your team is situated all over the Coast, which I find that quite disjointed, and you are not forward-facing, you are a service that sits out the back where people don't even know how to get to you. I'm not talking about the website access but having a forward-facing unit that is front and centre in the hospital. Then having a team of people of all the professions that sit inside Indigenous health, operating and being around one another and not having this bit of a disjointed style of operation taking place.
Workforce across all streams	Well even having an Indigenous person right there in reception as somebody is walking through that door, you got people, white people handing out masks... …why can't we have a black person handout masks? Well, we would run to the black fella before we go to a white fella. We would turn around in circles and make ourselves look stupid before going up to the white fella for help.
Workforce A prominent visible service and staff	A lot of people that would go directly to you because you're quite engaging. So, you've got to also have that right person out the front, as we know, some of the staff that sit there at that "Welcoming Desk" is not that welcoming. To me, that would be a minimum standard, having an Indigenous male or female doing that welcoming in and helping and navigating and things like that. Long-term, I wouldn't see the need, if that information desk jointly was occupied by an Indigenous service… …people could see us.
Workforce Staff education	And you are right [participant name removed], my son would come to you. And rightly so, he has been persecuted against, but coming from Lismore, that happens. We came up here in the hope for him to get better opportunities and for me to get better opportunities too. But he would much rather go to someone that he feels is not looking down at him, than to go to anyone else. He got some pretty poor treatment in northern NSW health service and he's bought that fear with him to Gold Coast, unfortunately. One of his mates ended his own life and my son just said he could understand why, and I thought, OK, we're out of there. So here we are. It's just hard for the boys especially. I remember my grandmother saying that the boys just gotta roar. They've gotta get that anger out and they've just gotta run and they've got to be a bit wild. And she

	used to tell me, I just gotta have patience and keep him on the right line, so it's no different than for my boys than anybody else's boys and it's not understood. You know when they go to hospital or something, they're frightened, so they express it in anger rather than conversing "I don't want you to talk to me like that. I want to understand this, so can you just talk to me a bit differently?" The point is I'd hate for anybody else to feel like that coming into our health service.
Staff education	Well, this is just me being a person who was a patient in Gold Coast University Hospital with my boy and being there trying to be closed mouth because the nurses just gotta do their job and I've been a nurse. Hearing an Indigenous person saying I'm a CTG [Close the Gap], person because they were giving her prescriptions, and the nurse said, "She's not pregnant." Straight away I went "Oh my goodness, really?" Really, so that is just one aspect that I'm putting forward. For a very smart Emergency Department hospital staff at Gold Coast University Hospital, with obviously somebody who's wanting their pills given to them, not on a prescription saying they're CTG patient. There one nurse walking over to another nurse is saying "But she's not pregnant." I was like, do I say something? I ended up saying something and the lady was really grateful to me. I said "I'm really sorry to interfere and I know I'm not a nurse here but a CTG person needs to get their medications given to them from pharmacy before they go home." And they said "Oh why?" And I said "Because this is how it is, Australia wide." So that's why the failure. I just thought maybe people don't know about it, unless you're Indigenous and you really care about these things; maybe people don't know.
Staff education	The non-Indigenous Australia is not very educated around Indigenous Australia, so they are sort of not culturally sound.
Staff education	But we can't be reverse prejudice, because like that's what I say to my kids, "You've grown up hearing my Dad say that he had to have a permit to go to work, and if he wasn't in on time, he was in trouble. All of that you've heard. But other people don't know about that. They don't know what has happened. So, you think that you're being prejudice against? Maybe they're not prejudicing against you, they just don't know. They are just treating you like they would treat everybody else, like not everybody gets their prescriptions filled and things like that." I think education is a big thing.
Institutionalised racism Community education	There's other things like nepotism, institutionalised racism. To me, they're in there in that place, and I feel that that was there previously. There's also educating us, around our rights, what we have in the hospital what does it look like for us? You know, I've been in places where someone's received a needle that they actually didn't need to receive. Knowing a right to say no or that I would now like this please. And I think the IHLO team when they're doing in their in-service provision, the education that they provide is so crucial given that our cultural practice program is not doing its job, and therefore the IHLO team offer intimate sort of

	knowledge. The IHLO team is bloody educated, they have got cultural sound knowledge and the way that they deliver it comes across differently. They, don't, you know, point to a point up on the board and things like that. They actually get down with you and explain things and provide a safe environment. This might be a little bit left of centre, but a reduction in private healthcare fees would also be a nice one, given that that to get into private healthcare is sort of five times per capita, five times the value of cost of things, of what we're making up. I mean, it's expensive. What about a reduction in it?
Workforce Staff education Cultural competency training to address service need	Yeah, just on the back of [participants name removed] were saying, we've actually got three identified staff at all screening stations now that do identify and wear the Make the Choice shirt or our Do you identify? blue shirts. With that also we have given our brochures to them, so they know to call us so if mob are coming into the hospital, as they do get a little bit frustrated, because you know they may not be vaccinated or are not quite sure what the visitors Direction is in regard to entering GCH or Robina hospital. They pretty much call us prior to doing Code Black or CTC, so we've actually stepped up with those things. With regards to our in-services now they've changed their very in depth now, so our in-services are all towards working with every ward and treating team within GCH and Robina Hospital. And it's not necessarily about our service, but it's about the Queensland Health mandatory patient care guidelines, social cues… … reading mobs social cues and their deterrents as to why they're not engaging with treating teams and things like that. So there's been a lot of change over the last six weeks where we've really stepped up and made our voices be heard and our service be seen within both hospitals. [prompt question] So do you think the cultural practice program has failed? 100% because our feedback is now where we've had a few Riskmans and those Riskmans have involved education with regards to the need for knowledge of Aboriginal and Torres Strait Islander people coming into the hospital their deterrents or their triggers, their trauma and things like that. Pretty much the mainstream feedback across all those that we've had the conversation with is “We've done the cultural practice program.” We ask, “When did you do that?” “Oh, when I first started.” So that's only a once off training that they do coming into GCH as a new starter. It's not a mandatory annual training so someone could be here for five years and they've done it five years ago and it's just something that's like, “I've done it, it's that makes me culturally safe.”
Cultural competency training to address service need	I suppose it's also about feeding back to Gold Coast Health that perhaps the cultural practice program needs to be reviewed in light of feedback and investigating what could be more beneficial for staff and for community in in the development or redesign process.

Appendix 13: Focus group discussion re SEQ Strategy: remove racism

SEQ First Nations Health Equity Strategy Vision:

3. We aim to remove racism from the healthcare system

Theme	*What does racism in the health system look like to you? Do you think this could be "removed"? If so, how?*
Staff education to include cultural considerations for healthcare Staff education to support continuity of care Collaboration / strong working relationships between all healthcare services Reorientation of services – ground up	I guess the big problem with racism in the healthcare system is the assumption that their [patient/client] at fault for not pulling up. Placing the assumption that they don't understand or the lack of knowledge. But also, not taking cultural considerations when explaining. From a child safety perspective, most of the time you talk to Indigenous parents and try and get them to understand. You explain the situation and what's going on and it's not checking in with them to go they understand what's going on, not taking the cultural considerations around, them being quite scared or informal around the situation and then just placing them at fault. Saying well, it's your fault you didn't follow up because you can do this, well I didn't understand the situation. I guess racism in the healthcare system is not receiving the adequate treatment as compared to non-Indigenous people receiving there's. Whilst we take a whole blanket approach towards delivering services, unfortunately First Nations people do need that required attention, do need that required handholding in understanding what's going on when providing that reference and support to move forward. Non-Indigenous people haven't experienced the systemic challenges that First Nations people continue to face today. They haven't experienced the scared or invalidation of their healthcare system, and especially how First Nations people haven't experienced the quality of life or healthcare. It's going back to the Redfern era where there were told they were either two poor or that they didn't matter and took it a bunch of volunteers to stand up and say they do matter and they do need servicing. Even to this day, there's still that two-tiered approach towards healthcare. I guess removing it… you know that's going to be ongoing issue, but it is the theme towards it... I'm actually quite surprised at amount of disconnection that is towards AMS's and the hospital system. When I did my first placement in Cherbourg, the hospital is in the community and the AMS there, and those two talked to each other like anything. You've got the social worker, you've got the health allied team, they don't even have health workers and Cherbourg, from what I remember. If it was in the hospital, the allied health section they didn't have health workers. Like the community is so closely knitted towards one another that any issues that happened with the AMS you'd send directly to the hospital and the doctors were quite connected with the AMS as well. So I'm just calling like whoa, how come there isn't that level of connection and discussion when it comes to the hospital in the AMS here? Because really, if you're gonna have one issue that goes from the hospital, you are going to be definitely referring that to the AMS. But unfortunately, data discussions are just not happening, so you have this complete void where people are just falling through the gaps and comparing to the Cherbourg situation, if they were presenting at the

	AMS, I’m going to be on the phone to the hospital straight away, because they already have that connection and engagement with them. But even then, from a point of view within Cherbourg, like those levels of systems where the hospital liaison's workers talk to each other between other hospitals was phenomenal. You know you heard one issue within Innisfail and no family members will come down to Cherbourg and but if they've had like a syphilis crisis, they would be on the phone saying you know who is who and then quickly they will tell the hospital and the hospital will tell the AMS, because like even though there is a break of privacy it was a community standard that that information would be shared because it's in within community need. Not disclosing who it was, but just knowing that there's a potential issue and talking about it. I think that's a classic example where a system that's historically racist is then breaking down information and tradition within a culturally appropriate service. It's about just having that level of support and understanding that, yet unfortunately, the ways current systems just don't work. Legislatively, systematically, it will never work, as it's always going to be a white societal view on how things work. So, until we really breakdown those policies, breakdown those systems to go towards a more ground level base, working with one another, that's how you will break it down. And yeah, that's my rainbow.
Racism and discrimination Lateral violence	I think from a from a black clinician perspective racism in the healthcare for me is a variety of things coming from internal nursing workforce, and there's definitely been racism in my 21 years of nursing, and you know constant, ongoing and belittling. “What level of nursing are you? You should only be doing this...” Then because I'm black. You know I've been called a “coon” and I've been called many things because I'm black. So, I'm like alright, pick your battles and over the years I've had to pick my battles. It's internalised and then I have even received it from my own mob. You get it in every direction.
Lateral violence	I was going to say that [participant name removed] because I've even had that like reverse racism. You know whilst I was in the Department, you’ve got your cultural practice officers then you’ve got, well for me, I was a child safety officer. It's like you’ve got that internal racism is like “Oh well, you're not supporting mob, you're not this, you know they got this…” Then you have the internal racism “You are only here because of who you are .” It's that two and fro towards you. You’ve got external systems and the internal systems going at you as well.
Collaborative strategies to address racism between community, Community Controlled Health and Queensland Health	And it becomes a hierarchical thing, and I think when I started nursing at 21, I would fight back and now I've gotten older and I've gone time to pick my battles, you know. Pick your battles because what's going to effectively hurt more? Is it a black person in an influential position, or me just constantly fighting back. And that's one way of being able to overcome it. And that was ingrained in us from kids. And we started from little fellas. Do I think this could be removed and if so how? I think it can be worked on. [participant name removed] if I'm honest, I've been in health 21 years and it hasn't been removed, but it's there's definitely been strategies in place to work on racism in

Workforce – decision making positions	the healthcare system, and I think there's opportunities for us as community control and Queensland Health to be able to collaborate. And but for me, the last slide asked about What do you think what do you needs to be done to close the health gap? Black people making decisions in influential positions, that's what needs to be done to be able to get things moving. We know about our mob and then those people need to not be in these tokenistic positions, they need to be in the positions that are going to make decisions to make things happen and then put people effectively, if they're going to be delivering culturally safe practice or the cultural practice programs or all that sort of stuff, make sure that we get the outcomes that we want as well, so that we can put these strategies in place and make them effective.
Lateral violence Workforce – decision making positions	Just to follow on from what [participant name removed] and [participant name removed] were saying, there's terminology for that now, and it's called lateral violence. I don't think enough of our non-Indigenous counterparts understand what lateral violence is in Aboriginal and Torres Strait Islander communities and just don't quite understand the push and the pull that our mob has. Because when it sometimes doesn't just come from the outer circle, it comes from the inner circle and actually when it comes from the inner circle, that's when it hurts the most, and that's when it's most difficult to deal with. So, I think some work needs to be done around lateral violence and around the understanding of it and supporting our mob how to how to deal with it. Because it's not just within the workforce, it's also within communities. Also, I think being able to be decision makers. We have for far too long been, given tokenistic roles, opportunities that, we are there to look good, we are there to tick a box, but we don't actually get to have any real efforts and effects to make change. We know our people; we know our needs; we know what our cultural considerations are. If only people would listen to us.
Institutionalised racism Ownership of racism within workplace	Well, it's institutionalised and to me sometimes it's evidenced through the inaction in the face of the need. For example having a service review, finding out the results of the service review required a certain result, that was evidence based, and then not following through with that. There is racism and nepotism sitting inside that. Mob verse mob, you know lateral violence from mob to other mob. That is so prevalent as well as relevant. I think there's a lack of respect by non-Indigenous staff for Aboriginal Torres Strait Islander values. And sometimes that racism happens behind closed doors. I think they should address the denial of its existence with inside the HHS, and if they can address it and own it, that there is institutionalised racism, then maybe we might be able to get on the front foot. Some common decency in our society. I reckon it's been removed. Leaders and CEOs and boards and execs with to have a social conscience and put policy into unbuild what has been built. Aboriginal people know better than non-Aboriginal people on what is good for Aboriginal people. And recognition of this is paramount. You can't teach cultural white way, you gotta teach culture our way.
	You gotta live it, you can't teach it. You live it.

	Well yeah, but you're still passing it to those that don't live it and don't know it.
Human rights Ownership of racism within workplace	I can argue that a human rights sort of based approach on the policy making that might help eliminate some of that's systemic and also interpersonal racism between people's individuals, staff members, and things like that to produce a viable alternative with their current policy making. it's a paternalistic approach that reinforces bloody racism and results in inequality or inequity, but I think they've got a bloody own it first that they know that the right up to the top of that joint, they know that they also express it, racism, if they don't own it and listen and start to play inside this space of the Health Equity, well then, I don't see a way forward. If the bosses are not going to own it, given that they're part of it….
Ownership of racism within workplace	I agree with [participant name removed]. Everybody's got to own it. I don't think that it will ever be removed because everybody is, you know, when they're in a workplace, they'll play a game, but behind that closed door that was still have their view. Oh I honestly don't feel like it will never be removed, but to live with it and to talk about it and discuss and pull people up and have that conversation in a safe spot.
Staff education to include cultural considerations for healthcare Discrimination	It's hard to do that though. You know, like we were brought up with Dad saying, "Unless they ask, you don't tell him because no one's ever gonna understand."… …because people do treat you differently. And I don't care what anybody says they do. I just don't understand. They don't get why it is the way it is, and there's good and there's bad everywhere. But hearing the staff like "Oh my God, this person has to have this...", and you know they don't get it. They just don't understand, like they put in a new elderly lady in a room with three white men and then wonder why she's gonna chuck a mental and want to go home and cause chaos and never stay in her bed and never stay where she's meant to be and she's always gone and her family coming in and saying you know what are you doing in here with mum and causing trouble and and if they would just have thought about it. And not put her in a room with men then none of that would have happened. But if she wouldn't have done that and just said, "look, I don't want to be in a room with men." But she won't, because that's just not what you do. You don't say anything. So that education to our people needs to happen as well as education to staff. And I know that people have said, oh, you know it makes a lot of sense now that we know, but why should it make any sense now that people know that I am Aboriginal? They should think "Oh makes sense" even if I'm not Aboriginal as to what I'm saying. Like give the people the packs that are there for the Aboriginal people going into isolation. Give the women their own room. Yes, I know a beds a bed in the hospital, but to an Indigenous woman of the age of 67, that's not just a bed, that's a frightening place to be. Like my mum, she was in with in a ward with four other men, and she's saying" I'm going home, you're taking me, your nurse, you're taking me." And that that was it. They just don't compromise, and they just can't see past it.

	And I know that I get treated differently even now that people [know I'm Aboriginal], and it just the way it is. It's sad, but it's so.
Staff education which includes cultural considerations for healthcare	I'm just gonna jump on the back of [participant name removed] and just let you know that the team here have actually changed the way that we do our cultural recommendations and considerations with new admissions coming into the hospital. So, our notes are very in depth, extensive, in depth from a cultural perspective now. Within those notes we also go through and make sure that with each patient that we touch base with, we are mindful of men's and women's business here within our team. So, our recommendations towards treating teams and nursing staff is that we touch base with the patients, letting them know we've got male and female supports here, but how do you feel about male and female nursing staff. If they prefer a male support, we will talk to the team leader, or the NUM on the ward to make sure that when they're doing their shifts, if they know that it's a long admission and things like that, to roster around female or male supports in particular to that patient. So, they're really listening to our recommendations and considerations. We'll get feedback from the social worker to say it's really helps, the way that the patient is building trust within the health care system now, because you can see previously, they have had a history of Code Blacks. It's now one of the KPI's that ED is reporting, lowering those code blacks, so they could have 40 code blacks and one day at the moment. So, they're trying to look into why that is and it's just the length of time and things like that. So, we've built a partnership up with CTC and the PSO's within the hospital, that if there any code blacks and the patient identifies, (a quick education to the team to look on IEMR in patient demographics first), if they identify or you know that they've linked in with us, give us a call first to help the de-escalation with those code blacks. And then we'll have a yarn to them to see what's happening. It could be just something where gynaecology only has a male gynaecologist for that day and then exploring if there is any way that you can push back surgery until a female? I advocate for that kind of thing, so it is it is changing. I think because from our experiences, we've had to really push, and put our foot down and realise our voices are just as important in regard to their healthcare journey coming into the hospital. I'm sorry that you've had to experience that, but I want to let you know that things are really, really changing here within the service. Being a part of these health work equity forms as well, it gives us a little bit of debrief afterwards to say, hey, let's think about this too. It's really good that you be able to share that so we can look as a team, not only as the service as a whole, but we as a team, as well can look at what can we do to be able to prevent that from happening in the future.
Support to share and have a voice	It's just so awesomely amazing that you guys are actually doing something though. And I know that you're all the same as me, but for myself personally, it's been such a long battle and a long struggle, and to get anything happening for Indigenous peoples, that I just find it so thrilling that this is happening, and then that I've been asked, would I like to be part of it? It's just amazing.
Community education	Well, with Closing the Gap we've got to, you know where I am, you know, we've got a got quite a few young ones that are coming through, that don't know what Closing

	the Gap is. They don't even know what a health assessment is. So somehow, we've got to get that information out. Because a lot of them are still doing the mainstream Doctors and things like that. And the mainstream Doctors, I don't think they know about it or what because, but that's money to them. But a lot of don't know what it is. What is it? So, they don't even know that there is services or things that they should be tapping into to get that kind of help for instance. So how we gonna get that information out? Is there another way? I don't know how, but yeah.
	How do we promote this longevity of health and wellbeing rather than health being associated with sickness and hospitals and needing care – rather than being proactive to say let's remain healthy and active and get all the benefits. Kalwun was in schools. I don't know if they still are or not, with COVID and everything. I know they were getting into schools to do the 715 health assessments.
Staff education	At the moment, [participant names removed] are currently working on the Intranet, for the staff so we're gonna link into that, so we can put the information on there and staff can see what Close the Gap is and what a 715 is and all the services Kalwun offers. I would say at the moment it's not very informative for staff, but we are in the process of putting all of those services on there for the staff to actually have a look at themselves. So, if it does come up in a conversation you can actually go onto the Intranet and it's all there. So, there is no excuse to say I don't know about it - it's actually there, you have to take that onus and I have a look.

Appendix 14: Focus group discussion re SEQ Strategy: anything missing

Theme	*Do you think there was anything missing from the Strategy?*
Workforce development	I'd just like to make sure that in any of that, workforce development is really a key focus about how you're looking at, maybe addressing some of those things so even things like the IHLO working business hours. Generally, our mob don't present across this in business hours. If we're not having Aboriginal and Torres Strait Islander people in all levels of health care; reception administration, nursing staff, specialists you know, right through the whole entire gamut. Then we need to be making sure that we have opportunities for our mob to connect with appropriate workers at any time of the day or night. I think workforce development is a massive, massive, thing that I'd like to see really embedded into this Health Equity strategy.
Workforce development – recruitment and retention	And maybe it's something just to complement what you're saying there [participant name removed] would be recruitment and retention strategies around maybe a certain percentage of identified positions. And possibly those what we were just talking about, those influential positions being identified positions - all that sort of stuff would be awesome.
Reorientation of services - ground up Funding streams Holistic care	Also I think further funding around support for Indigenous people around access, and I think it could be a controversial opinion, but this being community driven and not public service driven. I think one of the major issues I see in Queensland, which is quite unique compared to other states, is that many of the health services in Queensland are hospital and public service driven. You look into Victoria and you look to New South Wales, many of their services come through and are funded through the public. In many black, I think a good example is around, you know the café, the Crisis Destabilisation Centre, down in Victoria, that's a private entity. That's true private enterprise I'm saying. But it's the hospital and that's a public service driven here in Queensland. Whilst the challenges are our Indigenous people accessing health, it needs to be driven by the public, and they're still unfortunately, there will still always be that stigma around well, if I'm going to access a hospital, that means all information is going be shared and especially around families when it comes to kids, then they're going to be hesitant accessing it because it's going to build shame on them, which is going to have the Department involved. So yeah, I think it's a more sides around funding really able to open up and allow community drive it and decide how they can provide this service, because the AMS's are here there are heaps of other Aboriginal corporations that provide their services as well that meet the holistic healthcare. It's not just kept in house within the government system which then only cause it to be that system that gets harder to use
Community engagement	But as I guess I just had a question and that's around what is it that we can do now in terms of sharing this information throughout the Community? What are the other

Community voice	opportunities for other community members to have their say, because you know for me it's really important that. If we want to know what mob needs, we need to be asking mob, so we are just a very select few voices. so you know, like community engagement, community voice, I'm really passionate about that. So yeah, I guess just in terms of what are the directions from you guys in terms of that and what can we do to support? What are the ways that we can help out?
Governance	Last question, across Queensland and there has been a restructure across governance in the Hospital and Health Service Boards, and they have had community members and Indigenous members on their boards, and I think inclusive of Elders as well. Does Gold Coast Health have the same down here?
Accountability	I'm just adding on to that, the accountability, if the mob gets the chance to keep the policymakers accountable, that would be awesome. Being clear when we talk about what we want to measure and how we're going to measure it and who this is reported to is really important.

8. 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, QH's preferred terminology is 'Aboriginal and Torres Strait Islander peoples', 'Aboriginal peoples and Torres Strait Islander peoples' and/or 'First Nations peoples', with the latter used interchangeably once it has been noted that 'First Nations peoples' refers to both Aboriginal peoples and Torres Strait Islander peoples as First peoples in Queensland. 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.

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