Consultation Report

Longreach consultation

24 MAY 2021

Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031

Discussion Paper

QAIHC
Queensland Aboriginal and Islander Health Council

Queensland Government

Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031

Consultation report: Longreach consultation

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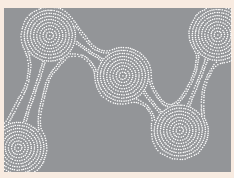
An electronic version of this document is available at **health.qld.gov.au** and **qaihc.com.au**

Acknowledgement of Country

Queensland Health and the Queensland Aboriginal and Islander Health Council (QAIHC), the peak body representing Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, acknowledge the Traditional and Cultural Custodians of the lands, waters and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

Making Tracks artwork produced by Gilimbaa for Queensland Health.



Sharing Knowledge artwork produced by Casey Coolwell for QAIHC.

Contents

Introduction

The Longreach consultation workshop was undertaken on 24 May 2021 at JCU Centre for Rural and Remote Health, Longreach. The consultation had 20 participants and was conducted over a five-hour period.

Workshop purpose

The regional workshops were held statewide to:

- **increase the understanding of the Health Equity agenda**
- **explore how the Health Equity Regulation will change the health landscape in Queensland**
- **discuss what this means for Hospital and Health Services (HHSs) and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in delivering health services**
- **explore the implications and associated challenges for HHSs in meeting their requirement to prepare their Health Equity Strategy (HES) within 12 months of the regulation being passed**
- **identify any tools that would assist HHSs to develop their HES**
- **socialise other potential health reforms (outlined in section 3 of the Discussion Paper) to identify the ones that have the greatest support and to identify any other important reform items.**

Workshop structure

The workshop was broken into three parts to correspond to the three sections of the Discussion Paper. Each section was discussed and explored through key questions and subsequent discussion with the groups. Scribes from Queensland Aboriginal and Islander Health Council (QAIHC) and the Department of Health took notes to capture the essence of the discussions and the thoughts and opinions of the participants.

Section 1

Discussed the journey that Aboriginal and Torres Strait Islander peoples have taken to improve health outcomes in Australia and Queensland since 1971.

This included the services undertaken by the Aboriginal and Torres Strait Islander community-controlled sector and Queensland Health. While there have been some health gains, the current pace of reform and activities is not enough to meet the Close the Gap (CTG) targets by 2031.

Section 2

Discussed the health equity journey since 2017, including the current tranche of reforms being introduced in Queensland through the new Health Equity Strategy Regulation. There are going to be additional accountability requirements on HHSs to demonstrate co-design and working in partnership with ATSICCHOs.

Explored the current issues with the local health system and what will need to be done to build a health system that better meets the needs of community and where all providers are working collaboratively towards improved health outcomes.

Section 3

Discussed the 20 proposed ideas to drive further system reforms to supplement the new HESs.

These 'ideas' are not limited to 20 as others could be identified, but it is important to have an idea of what could be relevant to this region and its priority. Details of the ideas are provided in Appendix 3.

Report structure

During the consultative process across the state, there was overall agreement that the health equity design principles (page 23 of the Discussion Paper) should include cultural capability and social determinants of health. Accordingly, the health equity design principles used for this report are:

- First Nations leadership
- local and regional decision making
- reorienting local health systems
- cultural capability (this could be changed to cultural safety)
- social determinants of health.

Further, five key themes have emerged from the workshops. These are:

- systems
- care
- funding
- workforce
- culture.

This report drills down further to map the principles to the key themes. There is often overlap in the learnings and how they have been attributed to the principles, so you may see some comments in multiple places as they are applicable to a variety of areas.

Executive summary

The workshop generated robust discussions about the need for local health system change and reform. A lot of specific (real-life) examples were discussed about the experiences of Aboriginal and Torres Strait Islander community members, which is often vastly different to the commitments made in numerous state and national policy documents. Participants welcomed the opportunity presented by the new HES to reset the local health system but were realistic about the challenges because previous attempts over the years had not resulted in sustained or substantive improvements.

Longreach does not have an ATSICCHO in the area. This means that local Aboriginal and Torres Strait Islander peoples rely heavily on the services provide by local GPs and the Central West HHS (CWHHS). Anecdotal reports state that the area is extremely racist, and this spills over into the community's dealings with the local GPs and HHS.

Key themes discussed included:

- regular experiences of racism and discrimination experienced by Central West mob when accessing care
- the need to establish and maintain genuine partnerships to allow for genuine engagement by the entire Longreach mob (not just some of them)
- the substantial access barriers in the region due to remoteness and having been limited to no choice in healthcare providers—the HHS is the primary provider and the current outreach service arrangements require ongoing improvement
- the need to strengthen and grow the local Aboriginal and Torres Strait Islander workforce by supporting existing staff members to work to their full scope of practice (both clinical and community/patient advocacy) and building a pathway and pipeline to build the future health workforce
- addressing the institutional racism experienced by local HHS employees
- the need to upskill local mob to take on roles within health and on the Board of the HHS
- effective governance, accountability and change management being tied to the HES
- cultural safety and cultural security needing to be embedded across every point of care and within accreditation standards.

Top five health reforms

considered a priority for this region by the participants

2 Increase Queensland Health's First Nations employment target

20 Drive an anti-racism strategy across the health system

8 Establish regional coordinated care hubs

3 Legislate the responsibilities of the Chief ATSI Health Officer

6 Introduce First Nations employment measures

Key discussion points

The discussion from the Longreach consultation will be incorporated into the overall state consultation report, which will be used to develop the guide and toolkit that HHS will use to develop their health equity strategies over the next 11 months.

The ideas discussed during the workshop have been mapped against the health equity design principles and can be used to have further conversations about what actions need to be undertaken to redesign the local health system to better meet the needs of people in the Longreach region.

Principle 1: First Nations leadership	
Systems	• Need to ensure cultural safety for patients. • Need to address racism. • Need to ensure that when positions are available on HHS board, they are advertised widely. • Need to undertake a racism audit and run an anti-racism campaign. • Need a culturally safe system. • Need to make sure community gets an opportunity for input into design of services, regardless of governance skills. • Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need to ensure that complaints system is easy to navigate and action is taken when complaints are made. • Recent legislative changes will provide an opportunity for HHSs and the health system to work with Aboriginal and Torres Strait Islander peoples and their community. • Need to identify where community advocacy groups exist and access their skills. • Need to conduct baseline racism audit. • Need to ensure that community have input into design and delivery of health services. • Need to have simple complaints/feedback systems in place.
Workforce	• Need a workforce strategy linked to education pathway. • Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff. • Need to appoint internal advocates.
Culture	• Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff. • Need to run a whole-of-community anti-racism campaign. • Need to call out racism as and when it occurs within the health system. • Community needs to be informed to understand their rights under the *Human Rights Act*. • Need to run community-awareness programs about rights of access.

Principle 2: Local and regional decision making	
Systems	• Accountability frameworks need to ensure community input. • Need to ensure that community have input into design and delivery of health services. • Need to ensure that mechanisms are in place to ensure true co-design between HHS and community control. • Need to ensure that training is available for community to be able to apply for positions on HHS board. • Need to make sure community get an opportunity for input into design of services, regardless of governance skills. • Need to ensure that complaints system is easy to navigate and action is taken when complaints are made. • Need to ensure partnerships are in place and all parts of the health system are working together. • Need to establish genuine partnerships between HHS and community sector. • Need to have simple complaints/feedback systems in place.
Care	• Need to identify appropriate models of care. • Need to ensure that community have appropriate level of input. • Need to ensure cultural safety for patients. • Need to address racism. • Need to ensure the patient journey is smooth and seamless—remove barriers for community to access service. • Need to ensure services are appropriate for all ages. • Need to appoint internal advocates.
Culture	• Need to ensure that materials are appropriate to local community. • Need to ensure that all written and verbal communication is culturally appropriate and easy to understand. • Need to identify where community advocacy groups exist and access their skills. • Need to run community-awareness programs about rights of access.

Principle 3: Reorienting local health systems	
Systems	• Need to ensure partnerships are in place and all parts of the health system are working together. • Need to ensure that community have input into design and delivery of health services.
Care	• Need to ensure the patient journey is smooth and seamless—remove barriers for community to access service. • Need to ensure services are appropriate for all ages. • Need to identify and consider new models of care for community. • Need to develop culturally safe pathways into the health system for community. • Need to have culturally appropriate models of care.
Workforce	• Need a workforce strategy linked to education pathway.

Principle 4: Cultural capability	
Systems	• Need to ensure that training is available for community to be able to apply for positions on HHS board. • Need to make sure community get an opportunity for input into design of services regardless of governance skills. • Need to run a whole-of-community anti-racism campaign (as it pertains to health outcomes). • Need to call out racism as and when it occurs within the health system. • Need to identify where community advocacy groups exist and access their skills. • Need to conduct baseline racism audit. • Need to run community-awareness programs about rights of access. • Need to have simple complaints/feedback systems in place.
Care	• Need to ensure cultural safety for patients. • Need to develop culturally safe pathways into the health system for community.
Funding	• Need to have culturally appropriate models of care.
Workforce	• Cultural safety training needs to be ongoing and built into professional training. • Need to provide a culturally safe environment for staff. • Need to acknowledge that cultural skills are recognised and rewarded. • Need ongoing cultural training for staff. • Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need to appoint internal advocates. • Need to run ongoing cultural education programs for all staff.
Culture	• Need to make sure language is appropriate for mob. • Need to ensure that Cultural capability is incorporated into education and training. • Need to address racism. • Need to ensure that language used in documents is culturally appropriate. • Need to ensure that all written and verbal communication is culturally appropriate and easy to understand. • Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Consider using local language in signs, documents etc. • Look at local cultural storylines to help educate workforce.

Principle 5: Social determinants
• Nil

Appendix 1—Section 1: The journey so far...

**Have aligned comments to the health equity principles as a guide to move from concept/ideas/comments to action.*

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
General discussion		
All three definitions are very complex, long and not inclusive/representative for Aboriginal and Torres Strait Islander peoples. Do not provide a clear meaning for the community; sound like American thing, very political.	• Need to make sure language is appropriate for mob.	P4: Cultural capability
New Zealand definition is bit better.	• Need to consider New Zealand definition for Health Equity.	
Don't like wording such as '*should have*' in Victorian definition; rewording to '*have*' or '*will have*' make better sense.	• Need to use wording that is clear in definition.	
Delivering culturally safe, responsive health care should be the key priority of the health equity.	• Need to identify appropriate models of care.	P2: Local and regional decision making P3: Reorientating local health systems
I want to be treated as a normal individual when I walk through the hospital door—same rights as others, treated fairly, have voice and not be judged based on my skin colour (receive health care in non-discriminatory way).	• Need to have culturally appropriate models of care.	P3: Reorienting local health systems P4: Cultural capability
Equitable system, without racism, is what we want to achieve through health equity; definitions should incorporate this as well.	• Need to undertake baseline racism audit.	P1: First Nations leadership
We want to see people have easy 'access' to services (health, education, housing etc), no matter where they live. Currently access to services is very limited in regional and remote areas (around Longreach).	• Need to ensure that community have appropriate level of input. • Accountability frameworks need to ensure community input.	P2: Local and regional decision making
The graphics used in health equity definition must be reflective to genuine relationship. The current graphics do not reflect this relationship. The recommendation was that the graphics should characterise all people sitting down on the ground at the same level (Aboriginal and Torres Strait Islander and non-Indigenous; all age/gender).	• Need to ensure that materials are appropriate to local community.	P2: Local and regional decision making

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Term 'Aboriginal and Torres Strait Islander people' should be used consistently thought the document, First Nations people is not an appropriate term.	• Need to ensure that materials are appropriate to local community.	P2: Local and regional decision making
Aboriginal and Torres Strait Islander peoples must be the part of the process/system. Currently, it feels as if Aboriginal and Torres Strait Islander peoples active participation/involvement in design of services is missing in Central West region—no ATSICCHO sector representation.	• Need to ensure that community have input into design and delivery of health services.	P1: First Nations leadership P2: Local and regional decision making P3: Reorienting local health systems
Co-design needs to be looked in other sectors as well, not only in health sector, such as education, employment, housing etc. Lack of co-design in other sectors will create a disconnection between the services.	• Need to ensure that mechanisms are in place to ensure true co-design between HHS and community control.	P2: Local and regional decision making
Cultural safety should be the focus of the system—start at educational institutional level—school, universities, vocational educations etc.	• Need to ensure that Cultural capability is incorporated into education and training	P4: Cultural capability
Health professionals should have easy access to cultural safety training.	• Cultural safety training needs to be ongoing and built into professional training.	P4: Cultural capability
Language of the document must reflect genuine relationship. Currently it feels disconnected by the use of wording 'First Nations people' instead of 'Aboriginal and Torres Strait Islander people'.	• Need to ensure that language used in documents is culturally appropriate.	P4: Cultural capability
Current definition is long.	• HE definition needs to be shorter.	
Does not read like it's been written by or for Aboriginal and Torres Strait Islander people—mob wouldn't understand it.	• Need to ensure that language used in documents is culturally appropriate.	P4: Cultural capability
First Nations is not the term used in the region—Aboriginal and Torres Strait Islander people is the term used.	• Need to ensure that language used in documents is culturally appropriate.	P4: Cultural capability
'I want to be treated as an individual when I walk into the hospital—not judged and discriminated by my skin colour'.	• Need to ensure cultural safety for patients. • Need to address racism.	P1: First Nations leadership P2: Local and regional decision making P4: Cultural capability
The current graphic does not reflect Aboriginal and Torres Strait Islander culture or peoples—it is American (re baseball; rather than standing it could be represented by having people sitting down together, Aboriginal and Torres Strait Islander people and non-Indigenous people).	• Need to ensure that language used in documents is culturally appropriate.	P4: Cultural capability

Appendix 2—Section 2: Embedding health equity into local health...

Placing First Nations peoples and voices at the centre of healthcare service delivery

**Have aligned comments to the health equity principles as a guide to move from concept/ideas/comments to action.*

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Challenges		
Genuine representation of Aboriginal and Torres Strait Islander people on the HHS Board from the community is a real challenge—merit-based appointment/recruitment could limit people's ability to participate.	• Need to ensure that training is available for community to be able to apply for positions on HHS board.	P2: Local and regional decision making P4: Cultural capability
Community people may lack Governance skill that could disadvantage local Aboriginal and Torres Strait Islander people to take part in the design and delivery of services.	• Need to make sure community get an opportunity for input into design of services regardless of governance skills.	P2: Local and regional decision making P4: Cultural capability
Community may miss the opportunity to participate (on HHS Board) due to limited access to information/notification/communication—provision of **'tokenistic consultation'**.	• Need to ensure that when positions are available on HHS board, it is advertised widely.	P1: First Nations leadership
Racism has been a part of the system/society—peoples are judged by their colour. Community calling out for help. Addressing racism is a long jour-ney and it currently feels like there is a lack of commitments from all the sectors—no proper actions are taken even people raised the issue.	• Need to undertake a racism audit and run anti-racism campaign. • Need a culturally safe system.	P1: First Nations leadership
Aboriginal and Torres Strait Islander people are **'sick of being told what to do'**, peoples are missing opportunities to take part in design and delivery of services.	• Need to make sure community get an opportunity for input into design of services regardless of governance skills.	P1: First Nations leadership P2: Local and regional decision making
Process of accessing HHS services is very complex and tough for Aboriginal and Torres Strait Islander people—it is not working well.	• Need to ensure the patient journey is smooth and seamless—remove barriers for community to access service.	P2: Local and regional decision making P3: Reorientating local health systems
Discrimination based on age is also increasing, which is a big concern.	• Need to ensure services are appropriate for all ages.	P3: Reorientating local health systems

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Language is huge barrier for Aboriginal and Torres Strait Islander peoples—English is not always the first language.	• Need to ensure that all written and verbal communication is culturally appropriate and easy to understand.	P2: Local and regional decision making P4: Cultural capability
Non-Indigenous workforce lacks cultural safety knowledge/competencies—Aboriginal and Torres Strait Islander peoples are considered as the problem which is NOT TRUE.	• Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff.	P1: First Nations leadership P4: Cultural capability
Community and staff have been calling out racism but no action has been taken in the past.	• Need to ensure that complaints system is easy to navigate and action is taken when complaints are made.	P1: First Nations leadership P2: Local and regional decision making
Currently not effectively using other resources/ partners in the region (HHS CEO/Jane).	• Need to ensure partnerships are in place and all parts of the health system are working together.	P2: Local and regional decision making
It is a long journey to address racism—it won't change or improve overnight. Need a long-term commitment and leadership.	• Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff.	P1: First Nations leadership P4: Cultural capability
Aboriginal and Torres Strait Islander staff members (including those delivering Cultural capability training) experience daily racism from non-indigenous colleagues—it takes an emotional toll on Aboriginal and Torres Strait Islander people.	• Need to provide a culturally safe environment for staff. • Need to acknowledge that cultural skills are recognised and rewarded.	P4: Cultural capability
The work environment needs to be culturally safe for both staff and clients/consumers—if the work environment is unsafe for Aboriginal and Torres Strait Islander staff members, it will be unsafe with clients/consumers.	• Need to provide a culturally safe environment for staff. • Need to acknowledge that cultural skills are recognised and rewarded.	P4: Cultural capability
Wider racist community—difficult for the health system to make changes and influence broader society.	• Need to run a whole-of-community anti-racism campaign. • Need to call out racism as and when it occurs within the health system.	P1: First Nations leadership P4: Cultural capability

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Enablers		
Legislative changes that require HHSs and the health system to work with Aboriginal and Torres Strait Islander peoples and their community.	• Recent legislative changes will provide an opportunity for HHSs and the health system to work with Aboriginal and Torres Strait Islander peoples and their community.	P1: First Nations leadership
Human Rights Act that protects rights of Aboriginal and Torres Strait Islander peoples.	• Community needs to be informed to understand their rights under the *Human Rights Act*.	P1: First Nations leadership
HHS in the process of establishing **Aboriginal-and-Torres-Strait-Islander-specific Community Advisory Networks (CAN)**—one in the Western and one in Eastern corridors. CAN will be administered and managed by the community and HHS Board will have a visibility.	• Need to ensure partnerships are in place and all parts of the health system are working together.	P2: Local and regional decision making P3: Reorientating local health systems
Health and wellbeing committee managed by the Department of Communities exists in Central West region.	• Need to ensure partnerships are in place and all parts of the health system are working together.	P2: Local and regional decision making P3: Reorientating local health systems
Various community advocacy groups exist in the community who can support to make changes.	• Need to identify where community advocacy groups exist and access their skills.	P2: Local and regional decision making P4: Cultural capability
Focus on improving Aboriginal and Torres Strait Islander workforce. Develop education pathways to increase Aboriginal and Torres Strait Islander representation in workforce.	• Need a workforce strategy linked to education pathway.	P1: First Nations leadership
Ensure non-Indigenous workforce are educated properly to provide culturally safe services for Aboriginal and Torres Strait Islander peoples (cultural safety and competencies).	• Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff.	P1: First Nations leadership
Establish a mechanism to foster genuine relationship (trust and respect) with Aboriginal and Torres Strait Islander peoples for the system 'walk the journey together'.		P1: First Nations leadership
Mandate routine/consistent Cultural capability and safety training for all health workers who provide services for Aboriginal and Torres Strait Islander peoples.	• Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff.	P1: First Nations leadership P4: Cultural capability

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Improve access to Aboriginal and Torres Strait Islander community advocates to support patients who are experiencing racism accessing services that they need and strengthen community capability/knowledge.	• Need to identify where community advocacy groups exist and access their skills. • Need to appoint internal advocates.	P4: Cultural capability
Adopt a model of care that meets the needs of the individual community, and engage/employ more Aboriginal health workers to deliver services based on culturally safety model of care.	• Need to identify and consider new models of care for community.	P3: Reorientating local health systems
Strengthen and revive local traditional languages. Need to support local language revival.	• Consider using local language in signs, documents etc.	P4: Cultural capability
Review current process of accessing HHS services and develop a process that is safe and culturally appropriate for Aboriginal and Torres Strait Islander peoples to access services (discrimination free).	• Need to develop culturally safe pathways into the health system for community.	P3: Reorientating local health systems P4: Cultural capability
Develop resources to educate patients/service users about their rights and that improve their confidence by improving their knowledge that racism in system is not tolerated at all and we must speak up.	• Need to run community-awareness programs about rights of access. • Need to identify where community advocacy groups exist and access their skills. • Need to appoint internal advocates.	P1: First Nations leadership P2: Local and regional decision making P4: Cultural capability
Establish a racism complaint mechanism within the system (health and others) and the process of independent investigation (by Human Rights Commission and other independent organisations).	• Need to conduct baseline racism audit. • Need to have simple complaints systems in place.	P1: First Nations leadership P4: Cultural capability
Promote local storyline to develop cul-tural knowledge of workforce—**'educating people's HEART is more important than educating peoples MIND'**.	• Look at local cultural storylines to help educate workforce.	P4: Cultural capability
Establish a client feedback mechanism to improve quality of services they are receiving—**'undertaking Cultural capability training does not always mean a person is capable of delivering a culturally safe service'**.	• Need to have simple complaints/feedback systems in place. • Need to ensure ongoing cultural training for all staff.	P1: First Nations leadership P4: Cultural capability
Need to support/invest in more cultural models of care and grow the Aboriginal and Torres Strait Islander health workforce.	• Need to identify and consider new models of care for community. • Need a workforce strategy linked to education pathway.	P3: Reorientating local health systems

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Need to educate non-indigenous workforce—Aboriginal and Torres Strait Islander people are not the problem.	• Need to run ongoing cultural education programs for all staff.	P1: First Nations leadership P4: Cultural capability
A genuine relationship needs to be formed with Aboriginal and Torres Strait Islander people—'need to walk and journey together'... barriers and challenges won't be addressed unless there is a genuine relationship with trust and respect.	• Need to establish genuine partnerships between HHS and community sector.	P2: Local and regional decision making
Employ 'cultural/community advocates' to support patients who experience racist experiences when accessing care.	• Need to appoint internal advocates.	P4: Cultural capability
Need more Indigenous Liaison Officers and Aboriginal health workers—Aboriginal and Torres Strait Islander-led models of care.	• Need a workforce strategy linked to education pathway. • Need to identify and consider new models of care for community.	P1: First Nations leadership P3: Reorientating local health systems
Provide every patient/consumer with a handout/flyer explaining that racism is not tolerated in the health system and what to do and who to contact to make a complaint if a patient/consumer experiences racism.	• Need to have simple complaints/feedback systems in place.	P1: First Nations leadership P4: Cultural capability
Need to ensure Cultural capability facilitators receive more/better cultural support.	• Need to provide a culturally safe environment for staff. • Need to acknowledge that cultural skills are recognised and rewarded.	P1: First Nations leadership P4: Cultural capability
Need more Cultural capability training for non-Indigenous staff members—there is huge demand and need; and additional resources, training and support (need more facilitators, online access, tailored local training). Need training but also need to change hearts with local content/storylines/building local relationships (Jane/CEO).	• Need to run a whole-of-community anti-racism campaign. • Need to educate non-Aboriginal and Torres Strait Islander people to understand unconscious bias and racism. • Need ongoing cultural training for staff.	P1: First Nations leadership P4: Cultural capability
Streamline racism complaints mechanism within Queensland Health and connect with Queensland Human Rights Commission.	• Need to have simple complaints/feedback systems in place.	P1: First Nations leadership P2: Local and regional decision making

Attendee's comments/views/input

Other comments—Ideas

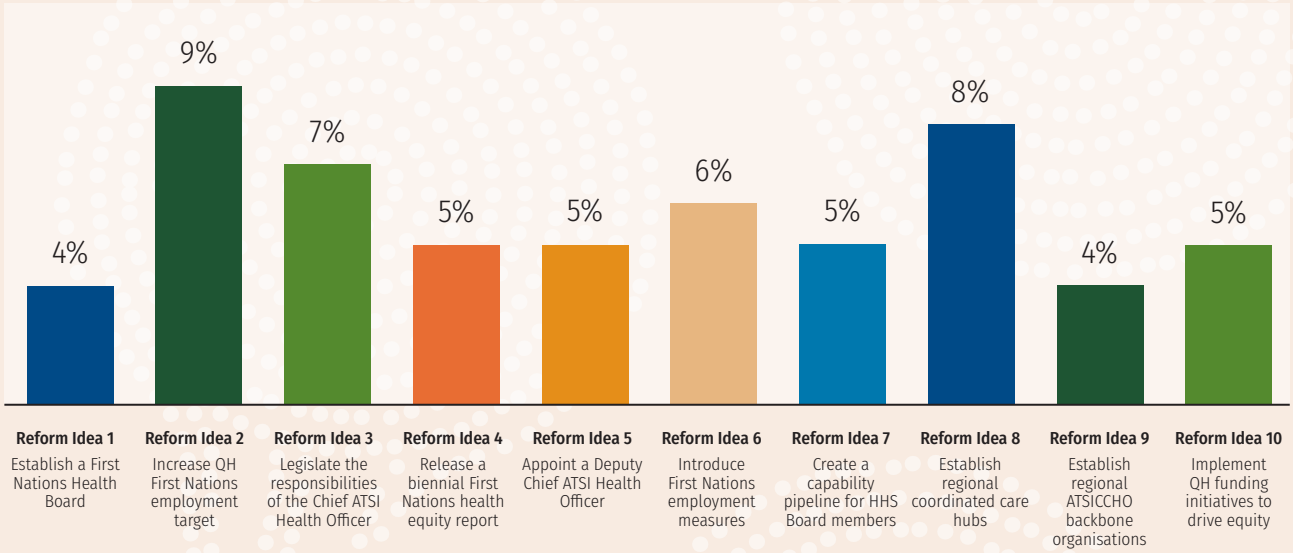
- A standardised tool to measure and address racism in the system.
- A guide to establish a complaint resolution mechanism within HHS system.
- Success stories.
- Ryan's Rule—stepped process to support service user (non-discriminatory process of offering services) .

Appendix 3—Section 3: Driving health equity across the health system and addressing the social and cultural determinants of health...

Future ideas for discussion

Longreach Health Equity Consultation Workshop

Voting on the 20 health reform ideas in Section 3 of the Health Equity Discussion Paper



Reform Idea 1 Establish a First Nations Health Board

Reform Idea 2 Increase QH First Nations employment target

Reform Idea 3 Legislate the responsibilities of the Chief ATSI Health Officer

Reform Idea 4 Release a biennial First Nations health equity report

Reform Idea 5 Appoint a Deputy Chief ATSI Health Officer

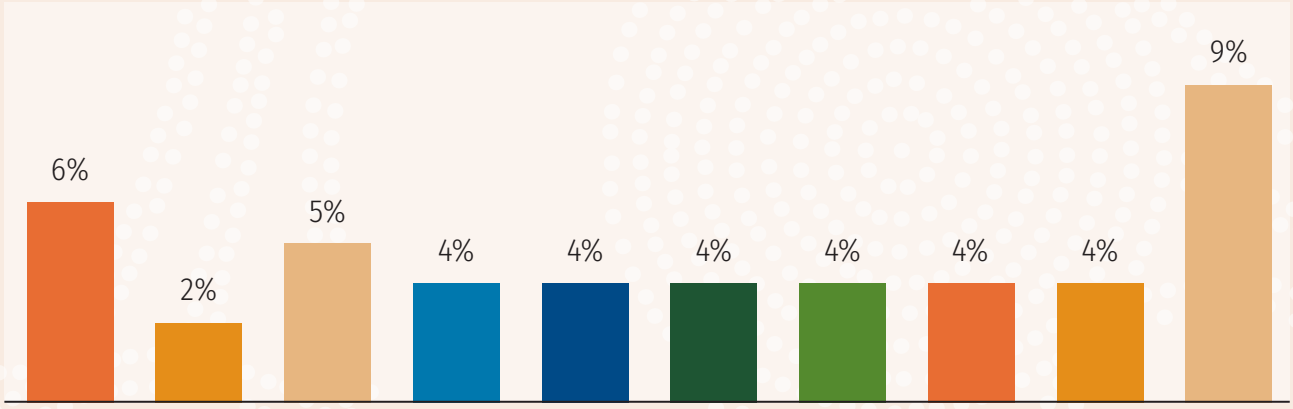
Reform Idea 6 Introduce First Nations employment measures

Reform Idea 7 Create a capability pipeline for HHS Board members

Reform Idea 8 Establish regional coordinated care hubs

Reform Idea 9 Establish regional ATSICCHO backbone organisations

Reform Idea 10 Implement QH funding initiatives to drive equity



Reform Idea 11 Embed capability into *Clinical Services Capability Framework*

Reform Idea 12 Refresh *QHATSI Cultural Capability Frameworks 2010–2033*

Reform Idea 13 Undertake annual independent institutional racism audits

Reform Idea 14 Amend birth notification to acknowledge birth parents cultural connection to Country

Reform Idea 15 Strengthen functions of other health statutory authorities to drive health equity

Reform Idea 16 Factor equity into existing QH funding models

Reform Idea 17 Utilise the Health Equity Strategies as future health investment plans

Reform Idea 18 Establish pilot Marmot city regions across Queensland

Reform Idea 19 Set statewide and regional QH procurement targets to purchase from ATSI-owned businesses

Reform Idea 20 Drive an anti-racism strategy across the health system

Appendix 4—Attendee list

Name	Organisation
Billy Nix	Anglicare Southern Queensland
Tracey O'Brien	Anglicare Southern Queensland
Alice Laza	Centra Care Central Queensland
Anthony West	Central West Hospital and Health Service (CWHHS)
Dan Carter	Central West Hospital and Health Service (CWHHS)
Jane Hancock	Central West Hospital and Health Service (CWHHS)
Nadish Kariyawasam	Central West Hospital and Health Service (CWHHS)
Patricia Brotherton	Central West Hospital and Health Service (CWHHS)
Cheryl Hooper	Community Member and former CWHHS staff member
Maureen Woodward	Community Member
Myrtle Weldon	Community Member
Kerry Thompson	Community Member and Central West Hospital and Health Service
Giovanna Castellani	Queensland Health
Nicola Dymond	Metro South Hospital and Health Service
Randal Ross	North and West Remote Health
Lea Yettica-Paulson	Outback Futures
Govind Ojha	QAIHC
Karen Thompson	QAIHC Consultant
Tiana Lea	QAIHC
Tim Kershaw	Queensland Health

Appendix 5— Agenda

Proposed times	Agenda item
10:00–10:30am	Welcome to Country, housekeeping, introductions
10:30–11:00am	The Health Equity Project— • Who is on the Project Team? • What will the project do? • How will it bring better health for me and my family in the future?
11:00am–12:00pm	Discuss Section 1: The journey so far... (page 6–23)
12:00–12:30pm	LUNCH
12:30–1:30pm	Discuss Section 2: Embedding health equity in local health systems... (page 24–31)
12:30–1:30pm	Discuss Section 3: Driving health equity across the health system and addressing the social and cultural detirminants of health... (page 32–43)
2:30–3:00pm	Wrap up and close the meeting

Appendix 6—Glossary

Abbreviation	Meaning
AIHW	Aboriginal and Island Health Worker
AMS	Aboriginal Medical Service
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
CATSIHO	Chief Aboriginal and Torres Strait Islander Health Officer
CE	Chief Executive
CTG	Closing the Gap
CWHHS	Central West Hospital and Health Service
DAMA	Discharge Against Medical Advice
DATSIP	Department of Aboriginal and Torres Islander Partnerships
ED	Emergency Department
FN	First Nations
FNQ	Far North Queensland
HES	Health Equity Strategy
HHS	Hospital and Health Service
HR	Human Resources
IUIH	Institute for Urban Indigenous Health
KPIs	Key performance Indicators
LANA	Local area needs analysis
MHAOD	Mental Health and Other Drugs
OH&S	Occupation Health and Safety
PHC	Primary health care
PHN	Primary Health Network
QAIHC	Queensland Aboriginal and Islander Health Council
QH	Queensland Health
RN	Registered Nurse
SDoH	Social determinants of health
SEWB	Social and Emotional Well Being (also ESWB)
SWHHS	South West Hospital and Health Service (SWHHS)
WHO	World Health Organization

QAIHC
Queensland Aboriginal and Islander Health Council

Queensland Government