Consultation Report

Sunshine Coast consultation

7 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: Sunshine Coast consultation

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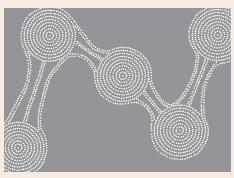
Acknowledgement of Country

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.

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Introduction

The Sunshine Coast consultation workshop was undertaken on 7 May 2021 at Maroochydore River Golf Club, Maroochydore. The consultation had 37 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

North Coast Aboriginal Corporation for Community Health (NCACCH) is unique in its brokerage model approach. It and Sunshine Coast Hospital and Health Service (SCHHS) have a strong working relationship. The workshop generated robust discussions about the need to strengthen existing working relationships between service providers—strong foundations exist in the region, but more time needs to be spent on implementing systemic improvements across the health system. The barriers and challenges are well-known but integrated planning and service system redesign is not prioritised because the focus is the immediate priorities, rather than the health system as a whole.

Because more Aboriginal and Torres Strait Islander peoples access primary healthcare from private GPs in the region, the need to systematise coordinated and integrated care across the patient journey—inclusive of private GPs—is critical for improving Aboriginal and Torres Strait Islander health outcomes. Only by providing genuine patient-centred care will health equity be achieved for Aboriginal and Torres Strait Islander people and all other equity groups requiring tailored care to reach their full health potential.

Key themes discussed included:

- The lived experience of racism and discrimination, and the heavy burden it places on the Aboriginal and Torres Strait Islander health workforce and patients accessing care—many people do not speak about their experiences because it is too difficult and non-Indigenous people continue to struggle to 'see' institutional racism and other forms of covert racism.
- Culturally safe and capable care needs to be more than symbolic and become embedded in accreditation standards and business as usual/ standardised practices.
- Case management and care coordination need to become the new norm to effectively support the patient journey across primary and acute care (hospital) settings, and tie in other social support organisations to address the social determinants of health when needed.
- Data sharing is required between healthcare providers to improve the patient journey for individuals and to better understand local health needs for different geo-locations and demographic groups.
- Targeted investment and local strategies are needed to grow the local Aboriginal and Torres Strait Islander health workforce and create a career pathway for young people into the health sector.
- A strategy to address the issues in transportation needs to be implemented with a flexible approach to the needs of patients accessing appointments from areas where public transport is non-existent, understanding that to find the fares for private transport is beyond the capacity of some families even if they are subsequently reimbursed.

Top five health reforms

considered a priority for this region by the participants

20 Drive an anti-racism strategy across the health system

2 Increase Queensland Health's First Nations employment target

8 Establish regional coordinated care hubs

11 Embed cultural capability into Clinical Services Capability Framework

6 Introduce First Nations employment measures

Key discussion points

The discussion from the Sunshine Coast 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 of people in the Sunshine Coast region.

Principle 1: First Nations leadership	
Systems	• Support for the definition and principles; however, it needs to encompass social determinants of health. • There has been engagement from the top. • Principles should consider models of care. • Support for the World Health Organization (WHO) definition of health equity, with amendments. • Need to simplify the way in which different areas of the health system engage with each other to ensure effective outcomes. • Need to develop tools that allow for effective progress data on key health outcomes to be documented. • Need to establish strong responsibility and accountability mechanisms across the health system. • Mental health and social and emotional wellbeing (SEWB) need to be included in any definition of need to be included in principles of health. • Social Determinants of Health (SDoH) must be included in the principles. • Need to establish formal partnerships and pathways for engagement between health providers. • Need to look at integration/pathway for issues associated with SDoH. • Need to establish a cross-portfolio partnership group. • Need to build accountability for First Nations health outcomes in performance review process for leaders and practitioners across the health system. • Need to look at integration/pathway for issues associated with SDoH. • Need formal partnerships. • Feedback mechanism in place through Closing the Gap committee. • Need to identify what partnerships already exist and build on these. • Need to look at staff exchange and mentoring programs. • Data-sharing systems need to be established to ensure patients' care needs are properly addressed while maintaining patient confidentiality as appropriate. • Develop/legislate an information-sharing protocol between stakeholders. • Need to investigate how My Health Record can assist with HE.

Principle 1: First Nations leadership	
Care	• Service-delivery models need to meet the needs of the local community. • Outreach and inreach services need to be developed. • Service integration is lacking, and partnerships need to be developed to rectify this. • Need to run a community education program around availability of, and access to, health services. • Good practice needs to be adopted across the health system. • It is important to involve friends and family in the patient journey to ensure the patient understands how to care for themselves.
Workforce	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff including pipeline through education sector. • Need to look at staff exchange and mentoring programs.
Culture	• Patients need to feel safe identifying. • Health services must be provided with an understanding of the impacts of colonisation. • Need to run a community education campaign about health outcomes and health services.

Principle 2: Local and regional decision making	
Systems	• Need to establish a system which allows patients to easily access services. • Need to establish formal partnerships and pathways for engagement between health providers. • Need to develop better data-sharing systems.
Care	• Need to consider whether outreach services are an option. • Need to review patient transport. • Need to get in touch with community to benchmark what services they are utilisin. • Need to design a transport system that meets patients' needs. • Need to look at best models of care for the region and the patients' needs.
Funding	• Need to build a system that is not siloed and where funds and other resources are used to provide best outcome. Funding reforms need to allow for this level of flexibility.
Workforce	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff. • Need to work with education and training providers to create a pipeline. • Need Queensland Health to work with universities about graduate placements.
Culture	• Need to run a community education campaign about health outcomes and health services availability.

Principle 3: Reorienting local health systems	
Systems	• Need to establish formal partnerships and pathways for engagement between health providers. • Need to identify what partnerships already exist and build on these.
Care	• Need to establish a system which allows patients to easily access services. • Need to consider whether outreach services are an option. • Need to review patient transport. • First Nations people need to be involved in designing their own care options. • Need to ensure that there are no gaps or duplication in the provision of services. • Need to look at best models of care for the region.
Workforce	• Need to build a system that is not siloed and where funds and other resources are used to provide best outcome. Funding reforms need to allow for this level of flexibility.
Culture	• Need to implement culturally safe mechanisms for patients to provide feedback. • Each area of the health system has its own strength—need to leverage this.

Principle 4: Cultural capability	
Systems	• Need to implement culturally safe mechanisms for patients to provide feedback. • The system needs cultural safety built into its foundational care. Trauma treatment must encapsulate cultural safety as a backbone. • Need to look at Northern Territory Health Aboriginal Cultural Security Framework and its six domains of cultural security.
Care	• Cultural safety for all staff and patients must be incorporated into all elements of the health system. • Need to ensure cultural safety is in place within the emergency unit.
Workforce	• Cultural capability/capacity must be a core competency for all workers in the health system from the cleaner to the Chief Executive. • Cultural training needs to be ongoing as there is a high staff turnover. • Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff, including pipeline through education sector. • Need to look at staff exchange and mentoring programs.
Culture	• First Nations people need to be involved in designing their own care options. • Need to invest in development of First Nations community to enable them to step up into leadership and board positions. • Need to appreciate that North Coast board members are conduits back to community and viceversa. • Local mob need to be at the centre of design and delivery of health services.

Principle 5: Social Determinants
• Need to look at integration/pathway for issues associated with SDoH. • SDoH portfolio agencies need to be partners in this reform.

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		
Some support for HE working definition– strategies to achieve—no example of historical injustices. Social, economic and emotional—no example of strategies.	• Support for the definition and principles, however, it needs to encompass social determinants of health.	P1: First Nations leadership (The working definition and health principles need to be further developed)
Everyone should have opportunity to achieve full health.		
Genuine recognition of what community has been through.		
Acknowledge it is still happening—workforce—don't engage in this area.		
Need to ensure that it is not tokenistic.		
Confidence about identification—no institutional racism.	• Patients need to feel safe identifying .	
Things have changed a lot—engagement for the top down is happening.	• There has been engagement from the top.	
Models of care in principles.	• Principles should consider models of care.	
Participants agreed that the WHO definition of health equity represents social determinants, and theoretically, it is sufficiently complex and complete. However, to make the definition practical in the context of Aboriginal and Torres Strait Islander peoples and the community, participants provided comments including: • collaborative actions required to address broader social determinants • focus on bringing health services 'close to home'– 'getting required care close to family and community is essential for Aboriginal and Torres Strait Islander healing' • shifting care from 'illness to wellness' model • cultural safety – central to the health care • opportunistic access to care—must be the focus to improve access to health services especially in rural and remote communities • being flexible to respond to the shifting care needs of individuals and the community is critically important for example, access to specialist palliative care through primary health care facilities (GP services) • intergenerational trauma and identity have a huge impact on health outcomes.	• Support for the WHO definition with amendments.	

Attendee's Comments/Views/Input	Learnings	Health Equity Design Principles*
Joint actions addressing various health issues have proven to be an effective approach, which allows better use of shared resources. This is, however, a challenging task.	• Need to simplify the way in which different areas of the health system engage with each other to ensure effective outcomes.	P1: First Nations leadership (The working definition and health principles need to be further developed)
Life outcomes such as birth measures, cardiac health measures, diabetes, palliative care are key issues. Health equity frameworks should provide a tool that allows for the measurement of progress on these key outcome areas.	• Need to develop tools that allow for effective progress data on key health outcomes to be documented.	
Community access to health services (primary, secondary and tertiary) is still an issue for rural and remote communities. Improving capability of PHC can have a huge impact on improved health outcomes at each level of health care.	• Service-delivery models need to meet the needs of the local community. Outreach and inreach services need to be developed.	
Making services available at the regional level is challenging.		
There remains a problem connecting different services—lack of service integration is impacting quality of care people receive in the community.	• Service integration is lacking, and partnerships need to be developed to rectify this.	
People have limited knowledge of service availability (what services are available in the community). Improving health literacy will make huge difference.	• Need to run a community education program around availability of, and access to, health services.	
ATSICCHO comprehensive model of care is proven.	• Good practice needs to be adopted across the health system.	
Involving family and friends in patient care is important to make individuals responsible for their actions.	• It is important to involved friend and family in the patient journey to ensure the patient understand their mutual obligations to care for themselves.	
Accountability is a huge issue; there is a need to make authorities and individuals accountable for their actions. This is critically important for equitable access to health care.	• Need to establish strong responsibility and accountability mechanisms across the health system.	
System level issues must not be looked over—stigma, trauma, racism.	• Health services must be provided with an understanding of the impacts of colonisation.	

Attendee's Comments/Views/Input	Learnings	Health Equity Design Principles*
Suggestion was made that principle is missing, and should include mental health and SEWB.	• Mental health and SEWB need to be included in any definition of need to be included in principles of health.	P1: First Nations leadership (The working definition and health principles need to be further developed)
Determinants of health must be interwoven / surround / encompassing existing principles.	• SDoH must be included in the principles.	
Whole-of-life course approach should be considered.	• Suggested changes to principles.	
AMEND Principle 1 to add—*Valuing* First Nations Leadership.		
AMEND Principle 2 to add—Local and regional *knowledge informing* local and regional decision-makers (i.e., community-led).		
AMEND from Cultural Capability (lower level) to Cultural Safety (higher level with FN self-determination, empowerment, and decolonisation at its heart).		
Missing principle: coordinated / interconnected system.		
Missing principle: learning / continuous quality improvement mindset.		

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		
Transport is a real battle. Patients will not come to appointments because they do not how they will get back. Patients are out of pocket as they have to pay first, then get recouped, and this is a barrier.	• Need to establish a system which allows patients to easily access services. • Need to consider whether outreach services are an option. • Need to review patient transport.	P2: Local and regional decision making P3: Reorientating local health systems
Need an education campaign about what services are available. Information dissemination.	• Need to run a community education campaign about health outcomes and health services.	P1: First Nations leadership P2: Local and regional decision making
Staff are getting 20–30 requests per day—social work.	• Need to look at integration/ pathway for issues associated with SDoH.	NEW: Social determinants of health
Housing is major issue for local mob.	• Need to look at integration/ pathway for issues associated with SDoH.	NEW: Social determinants of health
Consumers are worried about providing feedback and input. Systems need to be in place that allow consumers to feel safe providing input.	• Need to implement culturally safe mechanisms for patients to provide feedback. • First Nations people to need to be involved in designing their own care options.	P2: Local and regional decision making P3: Reorientating local health systems
Workforce to meet the needs of the community. Workforce recruitment and retention is difficult.	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff.	P1: First Nations leadership P2: Local and regional decision making
Better collaboration and service integration between sectors is needed. Connecting care (HHSs and ATSICCHOs).	• Need to establish formal partnerships and pathways for engagement between health providers.	P1: First Nations leadership P2: Local and regional decision making

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Multi-sectoral partnerships to address SDoH such as housing, employment, education, poverty etc.	• Need to look at integration/ pathway for issues associated with SDoH.	NEW: Social determinants of health
Prison/justice system and child safety are major issues equally impacting on health outcomes and should be a focus.	• Need to look at integration/ pathway for issues associated with SDoH.	NEW: Social determinants of health
Developing a culturally capable health workforce (training the right person for the right job) is challenging.	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff.	P4: Cultural capability
Incorporating culture into the care that all health service providers deliver.	• Cultural safety for all staff and patients must be incorporated into all elements of the health system.	P4: Cultural capability
Understanding the roles and responsibilities of different organisations and key stakeholders in improving access to health service and ensuring the organisations are addressing the real needs of Aboriginal and Torres Strait Islander peoples and the community. Example was provided of Health and Wellbeing Qld and CheckUP Qld (their roles and how they can better engage with the ATSICCHO Sector and HHSs).	• Need to establish formal partnerships and pathways for engagement between health providers. • Need to ensure that there are no gaps or duplication in the provision of services.	P3: Reorientating local health systems
Data sharing is huge issue – current Government system is not adaptive to the needs of the community and the service providers (stakeholders). Limited data sharing and accessibility.	• Need to develop better data-sharing systems.	P1: First Nations leadership P2: Local and regional decision making
My health record is not used as anticipated.		
'How do we partner with education, housing etc.?' • Discussed local health forums and local health coalitions (using learnings from Cherbourg Heightened Response coalitions).	• Need to look at integration/ pathway for issues associated with SDoH. • Need to establish a cross-portfolio partnership group.	P1: First Nations leadership NEW: Social determinants of health
Governance oversight to drive reform at state, regional and local levels: • require leadership accountability and executive responsibility built into Executive Performance Review process—translating HHS KPIs into KPIs for: Board, Chair, CE, Executive Leadership Team / Senior Director, Directors & Managers (creating achievable targets broken-down for clear accountability) • accountability throughout entire organisation.	• Need to build accountability for First Nations health outcomes in performance review process for leaders and practitioners across the health system.	P1: First Nations leadership P3: Reorientating local health systems

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Enablers		
Cultural practice program —need more cultural practices training/people refreshers—embedding in core business.	• Cultural capability/capacity must be a core competency for all workers in the health system from the cleaner to the Chief Executive.	P4: Cultural capability
Work with emergency about communication—sharing experiences—we are part of our history.	• Need to ensure that cultural safety is in place within the emergency unit.	P4: Cultural capability
Continuous programs—turnover in staff.	• Cultural training needs to be ongoing as there is a high staff turnover.	P4: Cultural capability
Taking services out—models of care.	• Need to look at best models of care for the region.	P2: Local and regional decision making P3: Reorientating local health systems
Working with transport providers and others/partnerships.	• Need to design a transport system that meets patients' needs.	P2: Local and regional decision making
HLOs—get contacted—work with social work.	• Need to look at integration/pathway for issues associated with SDoH.	P1: First Nations leadership NEW: Social determinants of health
Domestic violence—justice is a major issue.	• Need to look at integration/pathway for issues associated with SDoH.	P1: First Nations leadership NEW: Social determinants of health
Workforce pipelines need to be built.	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff.	P1: First Nations leadership P2: Local and regional decision making
Leadership and traineeship programs are needed in the workforce and in the community.	• Need to invest in development of First Nations community to enable them to step up into leadership and board positions.	P4: Cultural capability
Communication from Department to educational institutions about need. Chief nurse needs to look at nurse grad programs. 100 grads per year.	• Need to work with education and training providers to create a pipeline. • Need Queensland Health to work with universities about graduate placements.	P2: Local and regional decision making

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
NC do SMS to client base—monitor what services they are using, seek feedback. HHS—everyone who comes through gets survey.	• Need to get in touch with community to benchmark what services they are utilising.	P2: Local and regional decision making
Understanding of what is available.	• Need to run a community education campaign about health outcomes and health services availability.	P2: Local and regional decision making
Health Forum—NCACHH, PHN and HHS.	• Need formal partnership.s	P1: First Nations leadership
Closing the Gap committee—HHS—service-delivery people meet with Aunty Judy—consumer feedback.	• Feedback mechanism in place through CTG committee.	P1: First Nations leadership
Succession planning.	• Need to look at succession planning.	P2: Local and regional decision making
Personal level engagement—board scattered through community. NCACHH—listen to community, bring it back to office.	• Need to appreciate that NC board are conduits back to committee and vice versa.	P2: Local and regional decision making P4: Cultural capability
Retention strategies with cultural safety emphasis—needs are different in different regions.	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff.	P2: Local and regional decision making
Partnership agreement between HHS and ATSICCHO (NCACCH) is already in place. Established systems that are in place such as advisory groups, data systems.	• Need to identify what partnerships already exist and build on these.	P2: Local and regional decision making P3: Reorientating local health systems
Cultural Capability Framework.	• Cultural capability/capacity must be a core competency for all workers in the health system from the cleaner to the Chief Executive. • Cultural training needs to be ongoing as there is a high staff turnover.	P4: Cultural capability
Leveraging the strengths of partners.	• Each area of the health system has its own strengths—need to leverage this.	P3: Reorientating local health systems
Create a mechanism to share workforce between NCACCH and HHS.	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff. • Need to look at staff exchange and mentoring programs.	P1: First Nations leadership

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Provide trauma-informed care rather than a system-driven care—review the Cultural capability framework to incorporate trauma-informed care and cultural safety.	• The system needs cultural safety built into its foundational care. Trauma treatment must encapsulate cultural safety as a backbone.	P4: Cultural capability
Adopt a model of care to meet the needs of the individual community (different communities, different journeys and interactions).	• Need to look at best models of care for the region and the patients' needs.	P3: Reorientating local health systems
Incorporate culture into the care that health services provide. Make delivery of culturally safe healthcare a key principle. Example of Northern Territory Health Aboriginal Cultural Security Framework and its six domains of cultural security were recommended for review and consideration.	• The system needs cultural safety built into its foundational care. Trauma treatment must encapsulate cultural safety as a backbone. • Need to look at Northern Territory Health Aboriginal Cultural Security Framework and its six domains of cultural security.	P4: Cultural capability
Focus on developing place-based initiatives and service-delivery models.	• Need to look at best models of care for the region and the patients' needs.	P2: Local and regional decision making
Ensure communities are engaged in the design and delivery of health services that meet their needs.	• Local mob need to be at the centre of design and delivery of health services.	P4: Cultural capability
Develop a cross-governmental strategy to address SDoH to ensure organisations are responsible and accountable for their actions.	• SDoH portfolio agencies need to be partners in this reform.	NEW: Social determinants of health
Review current legislation regarding data sharing and recommend legislative changes required to enable data sharing between HHSs and the ATSICCHO sector.	• Data-sharing systems need to be established to ensure patients care needs are properly addressed while maintaining patient confidentiality as appropriate.	P1: First Nations leadership
Develop/legislate an information-sharing protocol between stakeholders.	• Develop/legislate an information-sharing protocol between stakeholders.	P1: First Nations leadership
Make My Health Record more comprehensive and utilise it as a data-sharing mechanism between service providers (QH and QAIHC should work to identify collaborative solution).	• Need to investigate how My Health Record can assist with HE.	P1: First Nations leadership

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Ensure Aboriginal and Torres Strait Islander peoples' health data sharing is strictly governed by Aboriginal and Torres Strait Islander peoples and information is handled confidentially (privacy).	• Data-sharing systems need to be established to ensure patients' care needs are properly addressed while maintaining patient confidentiality as appropriate.	P1: First Nations leadership
Re-orient health workforce to governance and management of health data (HHSs, ATSICCHOs and other sectors).	• Data-sharing systems need to be established to ensure patients' care needs are properly addressed while maintaining patient confidentiality as appropriate.	P1: First Nations leadership
Ensure a data collection mechanism/system is developed in line with the priority set out by the current National Agreement on Closing the Gap.	• Data-sharing systems need to be established to ensure patients' care needs are properly addressed while maintaining patient confidentiality as appropriate.	P1: First Nations leadership
Pooled funds, pooled workforce, pooled resources (including a knowledge management system)	• Need to build a system that is not siloed and where funds and other resources are used to provide best outcome. Funding reforms need to allow for this level of flexibility.	P2: Local and regional decision making P3: Reorientating local health systems
Development pathways ('growing our own' local workforce critical; community development approach)	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff including pipeline through education sector. • Need to look at staff exchange and mentoring programmes.	P1: First Nations leadership P4: Cultural capability
Pipeline ('incubator' to shared work-force, placements across orgs, shared ownership)	• Need to establish a long-term workforce strategy for recruitment and retention of First Nations staff including pipeline through education sector. • Need to look at staff exchange and mentoring programmes.	P2: Local and regional decision making

Attendee's Comments/Views/Input

Other comments—Ideas

- Engage with community: Facebook, comms, joint comms with North Coast, especially around Covid.
- Conduct 'Well Persons' Health Check Day'.
- Need to drive whole-of-government agenda—especially around SDoH.
- Transport is an issue for the region but has impact for FN people being able to attend appointments .
- After-hours services—there is a need for 24-hour HLOs.
- Courageous Conversations—Gold Coast (a program being used to get participants to understand unconscious bias) could be used in Sunshine Coast Hospital and Health Service.
- Knowledge transfer—showcase.
- The good, the bad and the ugly.
- Proposal: Use Local Government Champions Program (for remote and discrete communities) as model for Health Equity Champions.
- Health equity strategies require a research arm to monitor, record and quantify.
- Proposal: Use learnings from the heightened response.
- Proposal: Consider Social Benefit Bonds-style funding arrangements to get action on SDoH.

Toolkit

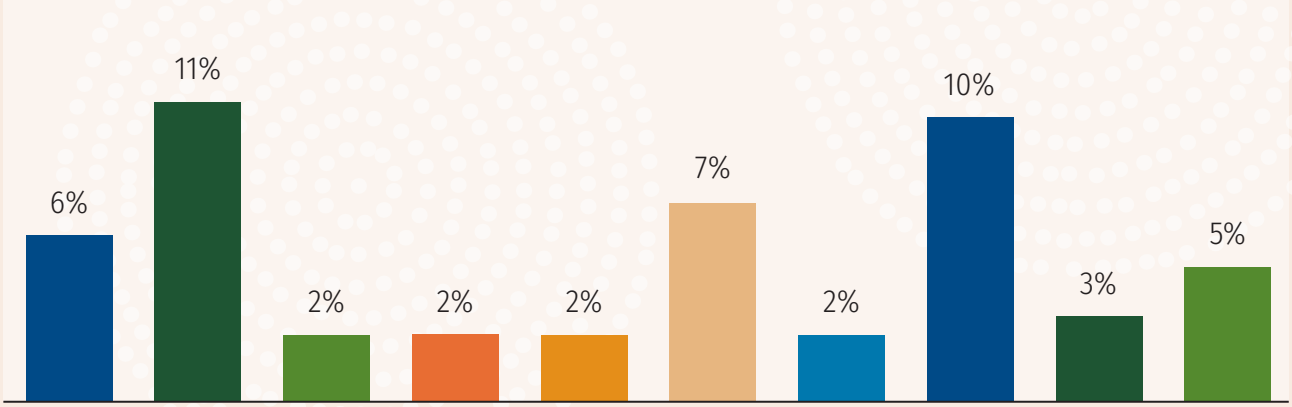
- A standardised tool to measure and address racism in the system.
- A checklist to measure competencies of the health services.
- Partnership agreement template—a standardised approach that can be applied across the state.
- Share good practice (evidence-based models) that can be adopted by health service providers.
- Include success stories that are helpful to respectfully engage community.
- Data-sharing checklist/ information-sharing protocol that is agreed at jurisdictional level.

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

Future ideas for discussion

Sunshine Coast 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

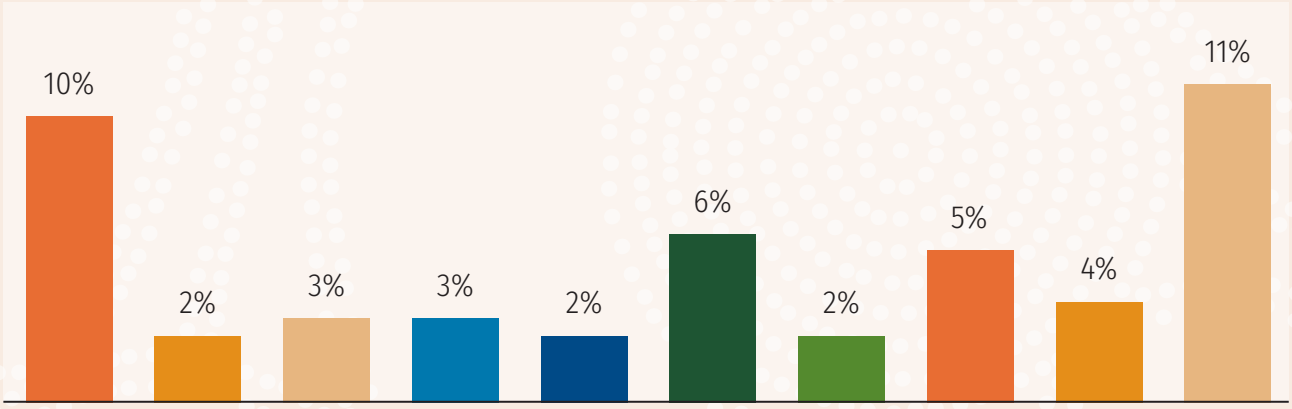
Reform Idea 6 Introduce First Nations employment measures

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
Gordon Browning	Central Queensland, Wide Bay, Sunshine Coast PHN
Juanita O'Rourke	Central Queensland, Wide Bay, Sunshine Coast PHN
Helen Felstead	North Coast Aboriginal Corporation for Community Health
Karen Kariupan	North Coast Aboriginal Corporation for Community Health
Lyndelle Beezley	North Coast Aboriginal Corporation for Community Health
Paula Wootton	North Coast Aboriginal Corporation for Community Health
Sharelle Eggmolesse	North Coast Aboriginal Corporation for Community Health
Cleveland Fagan	QAIHC
Govind Ojha	QAIHC
Graham Kissell	QAIHC
Karen Thompson	QAIHC Consultant
Tiana Lea	QAIHC
Craig Williams	Qld Health
Kiel Weigel	Qld Health
Lance Lewis	Qld Health
Natasha Hawkins	Qld Health
Andrew McDonald	Qld Health
Darcy Cavanagh	REFOCUS Aboriginal and Torres Strait Islander Corporation
Traven Lea	REFOCUS Aboriginal and Torres Strait Islander Corporation
Valma King	Sunshine Coast HHS
Eamojn Dunne	Sunshine Coast HHS
Jose Greaves	Sunshine Coast HHS
Kathlyn Thompson	Sunshine Coast HHS
Lorraine Fergurson	Sunshine Coast HHS
Maxine Croaker	Sunshine Coast HHS
Melanie Best	Sunshine Coast HHS
Naomi Ford	Sunshine Coast HHS
Tanya Grant	Sunshine Coast HHS
Terry Bell	Sunshine Coast HHS
Sharon Barry	Sunshine Coast HHS
Donna Valencic	Sunshine Coast HHS
Graham Vinall	Sunshine Coast HHS
Joanna Green	Sunshine Coast HHS
Karlyn Chettleburgh	Sunshine Coast HHS
Tracey Warhurst	Sunshine Coast HHS
Janita Adams	Sunshine Coast HHS
Sade Beezley	Thompson Institute

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 Islander 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
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

Abbreviation	Meaning
IUIH	Institute for Urban Indigenous Health
KPIs	Key performance Indicators
LANA	Local area needs analysis
MHAOD	Mental Health and Other Drugs
NCACCH	North Coast Aboriginal Corporation for Community Health
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
SCHHS	Sunshine Coast Hospital and Health Service
SDoH	Social determinants of health
SEWB	Social and Emotional Wellbeing (also ESWB)
WHO	World Health Organization

QAIHC
Queensland Aboriginal and Islander Health Council

Queensland Government