



Making Tracks

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

Discussion paper: summary leaflet

The case for change and purpose of the Health Equity Discussion Paper

The Health Equity Discussion Paper (the Paper) is about exploring how our healthcare system—and broader society—can and will achieve health equity with Aboriginal peoples and Torres Strait Islander peoples.

We have a profound opportunity. The target to achieve life expectancy parity with First Nations peoples by 2031 was set in 2008 and Queensland has 10 years to accelerate effort to achieve it.

In the spirit of our renewed partnership approach, including the *National Agreement on Closing the Gap*, (2020), this Paper has been co-designed and co-written in partnership between Queensland Health and the Queensland Aboriginal and Islander Health Council (QAIHC) on behalf of the Aboriginal and Torres Strait Islander Community-Controlled Health Sector. **It's the first time a discussion paper has been developed by Aboriginal and Torres Strait Islander health leaders from Queensland Health and across the health system.** Some ideas and perspectives in the discussion paper are challenging but robust conversations are needed to address the current misalignment between **demand** (what First Nations peoples need and want) and **supplier capabilities** (what is currently being delivered across the health system).

The purpose of the Paper is to **create a shared understanding about the health equity agenda to drive change across the health system.** Critically, other ideas beyond the ones described in the paper are being sought to guide future health system reforms and improvements. The Paper acknowledges the health gains made over the last 30 years but also challenges the health system to consider ways to strengthen partnerships between service providers, better understand the patient journey, make links between health and wider social issues,

better utilise health investment, share responsibility for effective health care across providers, measure success using collective measures, and drive other systemic changes. Different and new approaches based on the needs of Aboriginal and Torres Strait Islander peoples—*determined by Aboriginal and Torres Strait Islander peoples*—are explored and explained in the Paper.

A commitment to health equity requires reform, change and improvement across the entire health system—it can't be a continuation of the status quo or business as usual. Now is the time to be bold and brave because all parts of the health system **need, can and should do better** including the Department of Health, Hospital and Health Services (HHSs), the Aboriginal and Torres Strait Islander Community Controlled Health Sector, Primary Health Networks, General Practitioners and other healthcare providers. **Only by working together as an integrated and connected health system, can Aboriginal and Torres Strait Islander peoples exercise user choice and access the care they want and need.** Local health systems need to be strengthened, redesigned and reoriented to better listen and support First Nations peoples. And at a state level, policies need to champion systemic changes that enable local healthcare providers to implement needed changes and reform.

This is our call to action.

SECTION 1:

The journey so far...

building on our foundations in the past and now (pages 6 to 23)

Section 1 provides the context and explains the who, what, why and how. It sets the scene and explains the reason health equity is driving current and future health system reforms.

Key components

- ⦿ WHY? Our First Nations peoples set the foundation
- ⦿ WHO and HOW? Co-design is integral
- ⦿ WHAT? What does health equity mean for us in Queensland?
- ⦿ WHY? Why is health equity currently being embedded into the health system?
- ⦿ WHAT works? The lessons so far from COVID-19—health equity in action:
 - Different (inequitable) starting points
 - Aboriginal and Torres Strait Islander leadership is essential
 - Better together
- ⦿ HOW? Reframing the relationship with Aboriginal and Torres Strait Islander peoples—First Nations leadership at the centre of decision-making
- ⦿ WHAT? What do these changes mean for the health system in Queensland?
 - First Nations Health Equity—a working definition
 - Health Equity Design Principles—moving from ideas to practical health system, service and practice improvements

Feedback questions

1. Is the rationale (the 'why') for a renewed health equity agenda across the health system understood?
2. Is the urgency for change, improvement and new approaches understood?
3. **First Nations health equity working definition:** does it make sense? How can it be improved?
4. **First Nations health equity design principles:** do you support the principles? How can these principles be applied in practice to drive health system, service and practice improvements across the health system?

SECTION 2:

Embedding health equity into local health systems... *placing First Nations peoples and voices at the center of healthcare service delivery* (pages 24 to 31)

Section 2 focuses on the legislative reforms being introduced following the passage of the *Health Legislation Amendment Act 2020* in August 2020. The Act includes amendments to the *Hospital and Health Boards Act 2011* requiring each HHS to develop a Health Equity Strategy. This section explains the proposed legislative requirements for the Health Equity Strategies and asks questions about the types of support required for the Health Equity Strategies to be successful. The ideas from this section will inform the Health Equity Framework that will be released in July 2021.

Key components

- ⦿ Timeline: Development history of the Health Equity Strategies
- ⦿ Co-designing the Health Equity Strategies Regulation
- ⦿ Key components of the Health Equity Strategies
 - Developing and implementing Health Equity Strategies
 - How will the Health Equity Strategies build upon existing plans and activities?
 - Relationship between the Health Equity Strategies and other prescribed strategies and protocols
 - Monitoring and evaluation.

Feedback questions

1. The new Health Equity Strategies will build on existing effort over the last three years. What changes or initiatives in your region have had a positive impact and increased the representation of Aboriginal and Torres Strait Islander peoples in the design and delivery of local health services? How can a co-designed, co-owned and co-implemented Health Equity Strategy be fostered or enhanced in your service area and across other regions?
2. What challenges, barriers and resistance exist to develop and implement the Health Equity Strategies? And how can they be managed?
3. How can the ideas and voices of First Nations peoples of all ages and abilities be incorporated into the design and implementation of the Health Equity Strategies?
4. What type of guidance needs to be provided in the Health Equity Framework to support the development and implementation of the Health Equity Strategies?
5. What other policy tools and resources would be beneficial at a local and regional level?

SECTION 3:

Driving health equity across the health system and addressing the social and cultural determinants of health... *future ideas for discussion*

(pages 32 to 43)

Section 3 explores opportunities to build on the current health equity agenda underway, including practical ways for the health system to influence the broader social and economic determinants of health. The questions in this section are seeking other innovative and progressive ideas to support First Nations peoples achieve life expectancy parity by 2031.

Key components

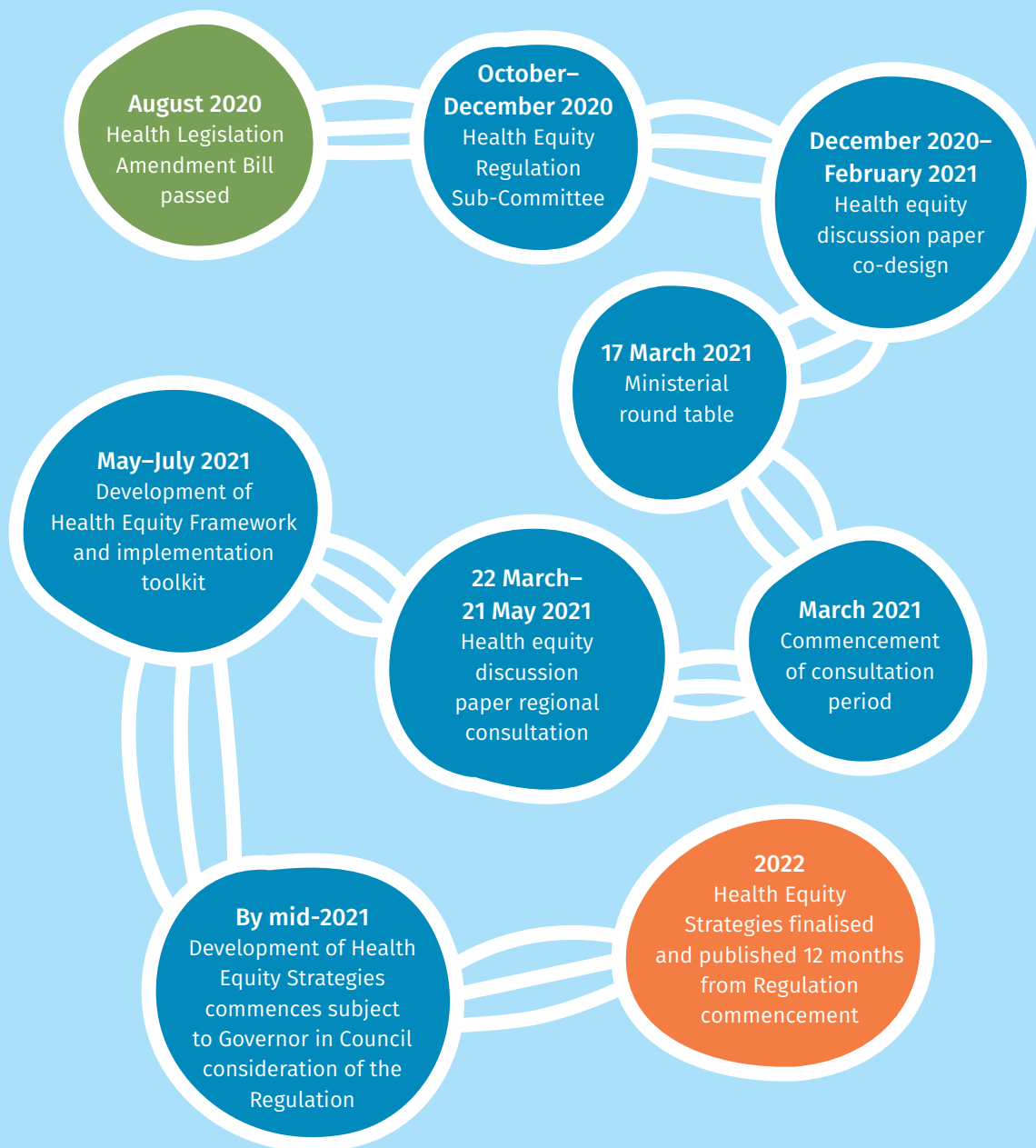
This section is about other potential changes needed across the health system and society more broadly to achieve the shared vision we want for the future. Twenty proposals and ideas are outlined under the following six themes:

- ⦿ Representation and Voice
- ⦿ Building First Nations health system leadership and workforce
- ⦿ Implementing integrated healthcare models and pathways to improve the patient journey and decrease demand on hospitals
- ⦿ Embedding cultural determinants into patient safety and quality
- ⦿ Driving state and national health funding reforms
- ⦿ Addressing the social determinants of health and eliminating racism.

Feedback questions

1. What other health system changes, improvements and reforms are needed to achieve health equity with First Nations peoples?
2. What are the top three changes, improvements or reforms that could contribute to improving the broader social determinants of health and achieving health equity?
3. How can the health system take a local leadership role in improving the broader social determinants of health?
4. Are 'Marmot city regions' a feasible approach for local communities to tackle long-term economic and social inequities, and improve the social determinants of health?

Health equity timeline—where we're heading



Next Steps...

what happens after the discussion paper?

The discussion paper is an important step in the health equity journey. It's a call to action to generate wider discussions, mobilise effort and build collective support across the health system and society more broadly for a renewed and focused agenda centred on First Nations health equity. This agenda aims to:

- ① Introduce broader changes and improvements within and across the health system, and
- ② Influence wider changes and improvements to the economic and social conditions in which Aboriginal and Torres Strait Islander peoples live their lives.

A nine week regional consultation process between March to May 2021 will involve Queensland Health and the ATSICCHO Sector discussing the health equity agenda and seeking other suggestions to drive this agenda forward and improve the social determinants of health.

Written responses to the discussion paper can also be submitted to the following email, online and mailing addresses:

Online Survey:

www.surveymonkey.com/r/health-equity-consultation

Email address:

Health.Equity_Consultation@health.qld.gov.au

Postal address:

Aboriginal and Torres Strait Islander Health Division
Department of Health
GPO Box 48
Brisbane Qld 4001

A public report will be prepared outlining the responses to the public consultation process and a **Health Equity Framework** released in July 2021 to guide the development and implementation of the Health Equity Strategies. Similar to the Paper, the **Health Equity Framework** will be co-designed in partnership between Queensland Health, HHSs and QAIHC on behalf of the Aboriginal and Torres Strait Islander Community Controlled Health Sector.

The ideas generated from the regional engagement and consultation process will be used to inform the First Nations health equity agenda over the next 10 years as Queensland's health system partners with First Nations peoples to achieve health parity by 2031 and improve the social and cultural determinants of health.

