

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

The journey so far... building on our foundations in the past and now

WHY? Our First Nations peoples set the foundation

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

WHO and HOW? Co-design is integral

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

WHAT does health equity mean for us in Queensland?

Health equity adopts a social justice and human rights-based approach to health and healthcare access by responding to differences between groups of people that considers what people need to attain their full health potential. The health system plays a pivotal role in addressing health equity but every segment of

society underpins health through the economic and social conditions in which people grow, live, work and age. Society as a whole, and not the health system alone, creates the foundations for good health.

A First Nations health equity approach is being adopted to galvanise a renewed and shared agenda to improve Aboriginal and Torres Strait Islander people's health outcomes, experiences and access to care across the health system. This agenda aims to build on the foundations of the past to reshape the health system by placing 'health equity' at its centre. To be successful, it must be underpinned by representation, leadership and shared decision-making with Aboriginal peoples and Torres Strait Islander peoples to change the current power balance and create a health system free from racism and discrimination.

HOW? Reframing the relationship with Aboriginal and Torres Strait Islander peoples—First Nations leadership at the centre of decision-making

State and national government policy approaches have substantially changed over the last 10 years in response to broader societal changes. These legislative and policy reforms are significant structural changes aimed at changing how governments share decision-making with Aboriginal

Our mob have been advocating for health equity for generations. We didn't call it that but that's what we've been saying, 'work with us to deliver the type of health care services we need and want'. And this is the first time it is genuinely happening—the whole health system partnering with us and working together for our mob.

Cleveland Fagan, Queensland Aboriginal and Islander Health Council (QAIHC)

and Torres Strait Islander peoples to address historical and ongoing economic and social injustices, and recognise First Nations sovereignty and right to self-determination. This includes:

- ◎ *Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander peoples and the Queensland Government (2019)*
- ◎ *Treaty Statement of Commitment (2020)*
- ◎ *Queensland Human Rights Act 2019*
- ◎ *National Agreement on Closing the Gap (2020)*

The recent and ongoing lessons from the global COVID-19 pandemic have also amplified the need to drive a health equity agenda across the health system.

First Nations Health Equity— a working definition

The First Nations health equity journey in Queensland has only commenced but pivotal to building and strengthening this agenda is defining what health equity means to First Nations peoples and operationalising health equity in practice. A working definition has been developed to start conversations with First Nations peoples about the **meaning of health equity in principle and practice**. The goal is to create a definition that is easily understood and can be applied in practice.

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

Strategies to achieve health equity include:

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

Health Equity Design Principles—moving from ideas to practical health system, service and practice improvements

Three initial design principles—underpinned by cultural capability—have been developed by Queensland Health to supplement the working definition and guide future reforms across the health system whilst the Health Equity Strategies and Health Equity Framework are being developed. These principles will be further developed based on the feedback from consultation and finalised in partnership with QAIHC and the broader Aboriginal and Torres Strait Islander Community Controlled Health Sector to ensure health equity can be applied in practice.



Underpinning these principles is **cultural capability** as demonstrated by cultural respect, cultural competency, cultural safety and the broader Queensland Government commitment to **reframe the relationship with First Nations peoples**

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?