

Aboriginal and Torres Strait Islander Health Equity Reform

Background

In 2017, the Queensland Aboriginal and Islander Health Council (QAIHC) and the Anti-Discrimination Commission Queensland (ADCQ) commissioned an audit to address institutional racism in Queensland's public health system. The Health Equity Report that resulted from this audit found that all 16 Hospital and Health Services (HHSs) had either very high or extremely high levels of institutional racism (Marrie, 2017).

QAIHC and ADCQ presented these findings to the Queensland Government in the hope that this would be the first step towards addressing institutional racism and supporting Aboriginal and Torres Strait Islander peoples to achieve health equity.

The Government's response to these findings, and to the advocacy and lobbying by QAIHC was to initiate a Health Equity Reform, which aims to achieve life expectancy parity for Aboriginal and Torres Strait Islander people, as well as eliminate institutional racism in Queensland's public health system by 2031. A key driver of the Health Equity Reform were legislative amendments to the *Hospital and Health Boards Act 2011* (the Act) and to the *Hospital and Health Service Regulation 2012* (the Regulation). These legislative changes now require each of the 16 Hospital and Health Services (HHSs) in Queensland to have at least one person identifying as Aboriginal and Torres Strait Islander represented on their Board, and from 2022 HHSs will be required to develop, and adhere to, a Health Equity Strategy for their region.

Health Equity Strategies are also required to support progress towards the broader Closing the Gap targets in the National Agreement on Closing the Gap (the National Agreement) and the Queensland Government Closing

the Gap Implementation Plan, which stretches across the social, cultural and economic determinants of health.

QAIHC has taken a lead on supporting the development of the Health Equity Strategies, including by undertaking regional consultation with its Members to produce the [Queensland's First Nations Health Equity Consultation Report](#) and by co-designing with Queensland Health the [Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework](#), [Health Equity Strategy template](#) and [Health Equity Strategies Implementation Toolkit](#), all of which were co-launched by QAIHC and Queensland Health in October 2021. The purpose of these documents is for HHSs to guide the development and implementation of the Health Equity Strategy for their respective region.

Under Queensland Health's [Health Service Directive](#) relating to First Nations Health Equity Strategies, HHSs are mandated to develop their Health Equity Strategies in accordance with the principles of continuous quality improvement, shared decision-making, collaboration and genuine partnership with the Aboriginal and Torres Strait Islander Community-Controlled Health Organisation (ATSICCHO) Sector. This includes the ability for the ATSICCHO Sector to engage in co-design and to negotiate with the HHS on aspects of the Health Equity Strategy for their region.

QAIHC Position

- QAIHC, as an initial driver of this reform and an ongoing partner in Health Equity, strongly supports the direction of this reform to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in Queensland, particularly in the areas of addressing racism in the health system, increasing voice of Aboriginal and Torres Strait Islander people in decisions around their care, increased Aboriginal and Torres Strait Islander health workforce, and supporting better co-ordination of care.
- While QAIHC and its' Members recognise the value of being prescribed persons under the Regulation, there remains disparity of involvement and support for this to happen on a consistent basis. QAIHC will continue to advocate for this to be redressed in funding, governance structures and true partnerships, particularly as we progress to implementation of HHS Health Equity Strategies.
- QAIHC, while recognising the local and regional opportunities in developing HHS Health Equity Strategies, will continue to advocate that these Strategies must also strongly empower the delivery of the Priority Reforms under the National Agreement on Closing the Gap and include targeted steps to address the health-related socioeconomic outcomes under this Agreement.

Recommendations

Recommendation 1:

That Queensland Health, and individual HHSs provide equitable funding to QAIHC and the ATSI CCHOs QAIHC represents to support these parties' involvement in co-design, joint service model development and implementation of Health Equity Strategies across Queensland.

Recommendation 2:

That HHSs adopt a consistent governance framework for Health Equity Strategy oversight to ensure collaboration, shared ownership and shared decision-making with the ATSI CCHOs in their respective region, as per the [Health Equity Strategies Implementation Toolkit](#).

Recommendation 3:

That HHSs ensure Health Equity Strategies document the data needs of the region, as determined by the community and informed by the Local Area Needs Assessment, and how and when data will be shared with the ATSI CCHOs in their region and the community, as stated in the [Health Equity Strategies Implementation Toolkit](#).

Recommendation 4:

That Queensland Health ensure that there is strong alignment, and reportable actions, which address the Priority Reforms and health related socioeconomic outcomes under the National Agreement on Closing the Gap 2020, and that Queensland Health reports these to QAIHC and the Queensland Close the Gap Partnership.

References

Marrie, A. (2017). Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's public hospitals and health services: Report to Commissioner Kevin Cocks AM, Anti-Discrimination Commission Queensland. *Gordonvale: Bukal Consultancy Services*.