

Achieving health equity in **cancer care** with Aboriginal and Torres Strait Islander Queenslanders

Joint Queensland Aboriginal and Islander Health
Council and Queensland Health Framework 2024

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders

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Aboriginal and Torres Strait Islander viewers are warned that the following program may contain images of deceased persons.

“Making Tracks” Artwork produced for Queensland Health by Gilimbaa.

Project team information

The *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* was developed by the Strategy and Policy Branch, First Nations Health Office, under the leadership of Haylene Grogan, Chief First Nations Health Officer, and Amanda Leonard, Senior Director.

Research and consultation were conducted at The University of Queensland, by the First Nations Cancer and Wellbeing Research Program (Faculty of Medicine) under the leadership of Professor Gail Garvey and by the Institute for Social Science Research under the leadership of Professor Lisa McDaid. Initial research was conducted at the Menzies School of Health Research. Contributors include (in alphabetical order): Ms Jenny Brands, Dr Alice Campbell, Professor John Condon, Professor Joan Cunningham, Professor Gail Garvey, Dr Judy Gregory, Ms Rachael Jaenke, Mr Desmond McGrady, Dr Bronwyn Morris, Mr Dave Porter, Dr Mark Robinson, Dr Lisa Whop, Ms Kate Wilkinson.

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In particular, we thank the Aboriginal and Torres Strait Islander Queenslanders affected by cancer who generously contributed their time and expertise. Many people contributed to this framework and their wisdom has equipped QAIHC and Queensland Health and its partners with a solid foundation of knowledge to support implementation.

We particularly thank the people who shared their personal stories with us and helped to ensure this is grounded in their lived experience. A list of key contributors is included in [Appendix 1](#).

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Queensland Health respectfully acknowledges **Aboriginal and Torres Strait Islander peoples** as the Traditional and Cultural **Custodians of the lands** on which we live and work to deliver healthcare to all **Queenslanders** and recognises the continuation of **First Nations peoples'** cultures and connection to the lands, waters and communities across **Queensland.**

Forewords

“**As long as cancer continues to have such a devastating impact on our people and communities, we will advocate for the changes needed to achieve health equity in cancer care.**”



We acknowledge the efforts of all health leaders who have worked towards the goal of health equity for Aboriginal and Torres Strait Islander Queenslanders.

Because cancer has such a profound impact on our people and communities, including on cancer survivors and their families and through Sorry Business, QAIHC and its members have partnered with Queensland Health to develop this framework. As we look ahead, we remain committed to achieving health equity that respects our right to self-determination.

Our journey towards health equity and improved wellbeing integrates health, cultural, and social determinants. We affirm that Aboriginal and Torres Strait Islander Community Controlled Health Organisations are the leading and preferred providers of comprehensive primary care for our people, families and communities.

QAIHC and its members possess expert knowledge of Aboriginal and Torres Strait Islander health and wellbeing. We leverage this unique expertise to address health disparities between Aboriginal and Torres Strait Islander peoples and other Queenslanders, ensuring consistent, quality health care across the cancer care continuum.

Now a leading cause of mortality, addressing the growing gap in cancer care outcomes for our communities is critical. QAIHC has partnered with Queensland Health in developing *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* to close this gap. We've listened to diverse community experiences and the voices of those directly impacted by cancer, shaping this framework to remove avoidable barriers to access. Our collective goal is to enhance cancer care outcomes and strengthen the lives of Aboriginal and Torres Strait Islander people in Queensland.

In line with this effort, QAIHC is committed to partnering with Queensland Health to implement this framework and necessary health system reforms. Aboriginal and Torres Strait Islander Community Controlled Health Organisations are essential to this interconnected health system, leading efforts to establish integrated pathways for accessible and culturally safe health care throughout the cancer journey for individuals and their families.

To ensure accessible, culturally safe health care is available for all Aboriginal and Torres Strait Islander people, our sector must play a central role in the delivery of this framework.

Matthew Cooke

Chairperson,
QAIHC

Paula Arnol

Acting Chief Executive Officer,
QAIHC

“We will make systemic changes to cancer care to achieve health equity with Aboriginal and Torres Strait Islander peoples.



This framework aligns with the broader reforms being undertaken across the entire health care system under the [HEALTHQ32: First Nations First Strategy 2032](#). As part of the [HEALTHQ32: First Nations First Strategy 2032](#) we are working towards eliminating racism, re-shaping the system, transforming care, and strengthening the workforce. It also aligns with the 2020 [National Agreement on Closing the Gap](#) and reaffirms the Queensland Government’s commitment to putting First Nations First.

Every Aboriginal and Torres Strait Islander person living with or at risk of cancer should expect to receive accessible, timely, culturally safe, and optimal cancer care services. We will continue to strengthen our Aboriginal and Torres Strait Islander workforce, whilst partnering with QAIHC and the Aboriginal and Torres Strait Islander community controlled health sector to ensure that this happens. We will also have a focus on prevention and increasing community awareness.

Shannon Fentiman
Minister for Health, Mental Health and Ambulance Services and Minister for Women

The *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* was developed in partnership with the Queensland Aboriginal and Islander Health Council and Aboriginal and Torres Strait Islander peoples and it represents how we must change our approach to cancer care with Aboriginal and Torres Strait Islander peoples. I personally and professionally thank those who shared their personal experiences to help shape the framework.

“Queensland Health is committed to reshaping the health system and transforming cancer care to improve health outcomes with Aboriginal and Torres Strait Islander peoples living with or at risk of cancer.



The cancer burden experienced by Aboriginal and Torres Strait Islander peoples has been increasing and we need to make changes within our health system to decrease this burden. *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* is a framework that guides the path to achieving health equity in cancer care health outcomes.

This framework was developed in partnership with QAIHC and Aboriginal and Torres Strait Islander peoples. We also acknowledge the special contribution of those who shared their lived experience towards the development of the framework.

As we move forward with implementation of the framework, we will continue engaging in genuine partnerships and supporting self-determination by listening to the needs of Aboriginal and Torres Strait Islander communities. *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* also recognises the important role that Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) have in providing health services along the cancer care continuum.

The framework builds upon other changes being made across our health care system. At a national level, Queensland Health is committed to changing the way we work with Aboriginal and Torres Strait Islander people in accordance with the priority reforms of the 2020 [National Agreement on Closing the Gap](#) to improve life outcomes. We know that inequitable cancer care outcomes contribute towards the gap in life expectancy for Aboriginal and Torres Strait Islander peoples. This framework aligns with meeting Target 1 of the National Agreement, which aims to ensure ‘Everyone enjoys long and healthy lives’ and closing the gap in life expectancy by 2031.

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders also aligns with the accelerated reforms undertaken across Queensland Health over the next 10 years to achieve health equity as part of the [HEALTHQ32: First Nations First Strategy 2032](#). This strategy focuses on four areas to achieve health equity: eliminate racism, re-shape the system, transform care and strengthen our workforce.

Our future vision is a health care system that provides equitable and optimal cancer care services to Aboriginal and Torres Strait Islander peoples by a culturally safe health workforce.

Haylene Grogan
Chief First Nations Health Officer, Queensland Health

Michael Walsh
Director-General, Queensland Health

Introduction and context

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders is a framework that sets high-level priorities and goals for Queensland Health, Queensland Aboriginal and Islander Health Council and the many organisations whose combined efforts are required to address the growing and inequitable cancer burden experienced by Aboriginal and Torres Strait Islander Queenslanders.

Queensland cancer incidence rates were 10% higher than Australian rates in 2018 (standardised rate per 100,000 persons 542.0 and 493.9, respectively), largely driven by melanoma of the skin⁴.

With an ever-increasing population and an ageing population, more people are being diagnosed with cancer every year and the total number of new cancer cases is expected to grow at 3% each year from now until 2034.

Despite reductions in cancer mortality for most Queenslanders, there remains a substantial inequality in cancer outcomes experienced by Aboriginal and Torres Strait Islander peoples. Cancer is now the leading cause of death for Aboriginal and Torres Strait Islander Queenslanders.

Now is the time for action; it is clear that more of the same is not enough. A ‘one-size-fits-all’ approach will not meet the needs of Aboriginal and Torres Strait Islander Queenslanders.

What is required is a substantial coordinated effort and commitment by the whole healthcare sector in Queensland to address the systemic failures for Aboriginal and Torres Strait Islander Queenslanders.

Recognising the critical need to address the inequitable burden of cancer on Aboriginal and Torres Strait Islander Queenslanders, Queensland Health sought to determine where effort and investment should be directed to improve cancer outcomes. In 2020, the Menzies School of Health Research developed a draft of the framework for *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* and in 2022, The University of Queensland updated the framework and developed a linked implementation plan and monitoring, evaluation and learning framework.

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders has been developed and refined through extensive consultation over an extended period, with valuable contributions by Aboriginal and Torres Strait Islander people affected by cancer. It has been tailored to align with [HEALTHQ32: First Nations First Strategy 2032](#) and [Making Tracks Together](#), Queensland’s Aboriginal and Torres Strait Islander health equity framework.

We call on all key stakeholders across Queensland’s health and community sectors to make a shared commitment to take action on the priority areas set out in this document.

Project advisory group
Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders
A full list of advisory group members is included in Appendix 1.

Framework at a glance



Vision

To improve the lives of Aboriginal and Torres Strait Islander Queenslanders by reducing cancer incidence and mortality and improving cancer survival



Aim

To achieve this vision by providing quality, accessible and culturally safe cancer services and care to Aboriginal and Torres Strait Islander Queenslanders

Guiding principles



Aboriginal and Torres Strait Islander Queensland leadership and engagement



Shared ownership and responsibility through partnerships



Focus locally to make the greatest improvements



Flexible implementation that recognises diversity

Priorities



Culturally safe health workforce



Prevention and early detection



Cancer awareness and understanding



Optimal cancer care

Goals

- Aboriginal and Torres Strait Islander Queenslanders from diverse backgrounds (including LGBTIQ+, people with disabilities and ageing populations) are employed across all levels of health care, including leadership, and across the cancer continuum.
- Culturally safe, competent and respectful staff and volunteers with effective communication skills work across the cancer continuum.
- Health care environments are culturally safe, free from racism, welcoming and inclusive.
- Institutional racism is acknowledged and addressed.
- The impact of stigma on accessing and receiving health treatment is acknowledged and addressed.
- Aboriginal and Torres Strait Islander Queenslanders have access to culturally safe, evidence-based cancer screening and immunisation programs and strategies, no matter where they live.
- Aboriginal and Torres Strait Islander Queenslanders are aware of the signs and symptoms of cancer.
- There is widespread community awareness of the risk and protective factors that can influence cancer diagnosis.
- Aboriginal and Torres Strait Islander Queenslanders are empowered to make informed choices through easily accessible information and increased health literacy.
- Timely and accurate data is made available and used to measure and report cancer outcomes.
- Health care providers are aware of the disproportionate burden of cancer on Aboriginal and Torres Strait Islander Queenslanders, and communicate with patients about cancer risk.
- Health care providers are familiar with and deliver services aligned with current clinical guidelines and other relevant strategies and policies.
- Evidence-based and culturally appropriate information and resources are widely available and integrated into service delivery across the cancer continuum.
- The primary healthcare sector is engaged in supporting people across the cancer continuum using an integrated approach to care; enhanced communication between tertiary care and primary health care ensures optimal care coordination.
- The social, emotional, cultural, practical and support needs of Aboriginal and Torres Strait Islander Queenslanders affected by cancer are identified and met by health care providers.
- Aboriginal and Torres Strait Islander Queenslanders are supported to live well — with, through and beyond cancer.
- Aboriginal and Torres Strait Islander Queenslanders receive equitable access to innovative technologies and research in cancer care.
- Health service providers embed the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* into service provision.
- Palliative and end of life care services that meet the cultural needs of Aboriginal and Torres Strait Islander Queenslanders are accessible; Aboriginal and Torres Strait Islander Queenslanders have access to end of life care on Country, if that is their wish.

Personal stories from **cancer** survivors

Personal stories help to connect policy with people's lives and help to deepen our understanding of why policy matters. To ground this framework in the lived experiences of Aboriginal and Torres Strait Islander people affected by cancer, the project advisory group agreed to introduce the framework with stories from two of its members (shared during the development of the framework) and include quotes throughout the document from people who participated in the project consultation.

Check-ups and early diagnosis save lives

Coralie Achterberg is living proof that annual health checks save lives. Six years ago, Coralie was diagnosed with kidney cancer. Today, she's cancer free and healthy.

Coralie started having an annual health check about 10 years ago, when she was in her mid-50s. During her third health check, the doctor found blood in her urine and ordered follow-up tests. She was soon diagnosed with cancer in her right kidney.

For Coralie, the cancer diagnosis was a hard shock. 'Getting the cancer diagnosis was terrifying,' said Coralie. 'My first thought was that I'd been given a death sentence. But then I calmed down and did some research. I soon recognised my chances were good. My cancer was diagnosed early and it's possible to live a pretty normal life with just one kidney.'

Perhaps the hardest part of the diagnosis was telling her family. 'I couldn't bring myself to tell everyone in my family,' she said. 'I didn't want to have to say it. "Cancer" is such a scary word. I'd only just been diagnosed and I had no idea what the treatment would be like. So I told one sister and she told everyone else.'

'It turned out that my family was a huge support. So were the people at work. I was lucky that we've got nurses in the family, so they knew what was going on and they helped me understand everything. I had lots of people around me who helped me cope and helped me recover from the surgery.'

Coralie had her right kidney removed through keyhole surgery and was back at work six weeks after the operation. Her cancer hadn't spread, so she didn't need any ongoing treatment.

'For a long time after the operation I had a check-up every six months to make sure the cancer hadn't come back,' she said. 'I also saw a nutritionist and adjusted my diet to help keep as healthy as possible. Now, I just need a check-up once a year.'

Coralie urges everyone she meets to make sure they don't miss out on an annual health check.

'Getting cancer is no fun. But at least when it's diagnosed early there's a good chance it can be treated. That's why I think everyone needs to get an annual health check.'

Rare cancers can be difficult to diagnose

In October 2014, while on holiday in Katherine, Des McGrady developed what he thought was a sinus infection. Des's doctor in Alice Springs agreed and prescribed sinus medication.

But Des's health slowly declined; he lost weight, had difficulty breathing, suffered from persistent headaches and poor sleep and lost his sense of smell.

'I was so unwell and couldn't understand what was happening,' said Des. 'I couldn't believe that a sinus infection could be making me so sick. I wanted to be near my family and I thought I might get better access to specialists in Brisbane.'

Des returned to Brisbane in March 2016 — almost 18 months after he first experienced sinus symptoms. Within four days, he was diagnosed with Stage 4 Nasopharyngeal Carcinoma — a rare type of head and neck cancer. He was told that he needed 35 treatments of radiation, plus 3 rounds of chemotherapy.

'I was fortunate that the diagnosis came early enough for me to have treatment,' said Des. 'And I was fortunate that the Princess Alexandra Hospital in Brisbane chose the right treatments and they worked for me.'

From the moment of his diagnosis, Des was determined to fight his cancer. He got through the treatment by focusing on his dream to be well enough for a fishing and camping trip with his family that Christmas.

Des achieved his dream of a Christmas fishing trip. His treatment was tough and there were times when he struggled to remain positive. Three things kept him going: his family, who supported him every step of the way; living on his home Country; and bush medicine, which he used alongside the medical treatment to keep as healthy as possible.

Des now believes that every day is precious. 'Cancer is a scumbag, and it takes a lot of fighting,' said Des. 'But I gained strength, courage and confidence through my experience. I had to stop and look fear in the face. I learned that I could do things I didn't believe were possible.'

Des is now a cancer ambassador for the Aboriginal and Torres Strait Islander community in Queensland. He encourages everyone he meets to get tested and be persistent about getting their questions answered.

'It took a lot of persistence for me to get diagnosed,' said Des. 'The doctors were convinced it was sinus, but I knew deep inside me that I was seriously sick. I kept asking questions and requesting tests until I was finally diagnosed. I was just fortunate that the diagnosis came early enough for me to have treatment.'

Strategic framework

Four guiding principles underpin this framework.

1

Aboriginal and Torres Strait Islander Queenslanders leadership and engagement

Aboriginal and Torres Strait Islander Queenslanders must be involved in guiding and informing planning and delivery of key actions. Development of *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* and implementation are driven by self-determination; implementation across the health system is guided by the leadership of Aboriginal and/or Torres Strait Islander people. Health care providers and policy makers need to ask about and listen to people's experiences of care across the cancer continuum and what would make it better and more effective. QAIHC and ATSICCHOs will play a critical role in facilitating engagement and collaboration.

2

Shared ownership and responsibility through partnerships

Ownership and responsibility by key partners in achieving the goals outlined in *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* are critical for improving Aboriginal and Torres Strait Islander health. This will require open and transparent negotiation through shared decision-making processes. Organisations involved in providing services and care across the cancer continuum (from prevention and screening, through to palliative and end of life care) need to work collaboratively and be accountable for achieving the priorities and goals. Developing and recognising relationships with key partners is an important first step and all actions that link to its implementation should be guided by principles of co-design.

3

Focus locally to make the greatest improvements

With urgency, regions that carry the highest cancer burden need to recognise plans to implement *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* and link it to their health equity strategy. Each Hospital and Health Service (HHS) should develop an implementation plan in collaboration with key sector partners including their local ATSICCHOs, supported by Queensland Health and QAIHC. This will require a coordinated effort in each region, led by HHSs and using the latest available data to ensure their implementation plan is based on the strongest current evidence and extensive stakeholder engagement. Evidence and engagement will continue to inform local implementation.

4

Flexible implementation that recognises diversity

Aboriginal and Torres Strait Islander individuals and communities are diverse. In addition to cultural and language diversity, many Aboriginal and Torres Strait Islander people belong to diverse sub-groups, such as disability and LGBTIQ+ communities. Implementation needs to be flexible, local and contextual to acknowledge the specific needs of people who belong to diverse groups. Implementation must also acknowledge that many health issues need to be recognised as either men's business or women's business.

“**Diversity matters**, and it needs to be acknowledged in *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* and its implementation. **Aboriginal and Torres Strait Islander communities** are diverse. The issues experienced by people with **cancer** are also diverse. We need locally relevant implementation plans.

Strategic overview



Purpose

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders provides a framework for the priorities, goals, and strategies for action by all stakeholders at a state, regional and local level to reduce the impact of cancer for Aboriginal and Torres Strait Islander Queenslanders. It is designed to accompany other key Aboriginal and Torres Strait Islander health and cancer-related policies and strategies.

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders is a guiding document for how the health sector will achieve the goals and ensure actions suit their local context and needs. This includes:

- Hospital and Health Services (HHSs)
- Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs)
- Primary health care organisations
- Cancer screening services
- Palliative care services
- Other related services providing health care and support to Aboriginal and Torres Strait Islander Queenslanders.

Vision

To improve the lives of Aboriginal and Torres Strait Islander Queenslanders by reducing cancer incidence; improving cancer survival; and meeting the physical, social, emotional, cultural and practical needs of patients, families and communities affected by cancer.

Aim

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders aims to reduce the impact of cancer by providing quality, accessible and culturally safe cancer prevention, early detection, care, and services that meet the needs of all Aboriginal and Torres Strait Islander Queenslanders.

Timeframe

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders sets priorities and key actions for cancer prevention, detection and care from 2024 until 2034.

This timeframe aligns with other Queensland Health planning processes including the [Queensland Cancer Strategy 2024–2034](#) and contributes to [HEALTHQ32: First Nations First Strategy 2032, Making Tracks Together](#) and the health equity strategies developed by individual Hospital and Health Services.

Policy context

The development of *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* has been guided by state and national planning and policy documents. It is to be used in conjunction with these and other local strategies that may be in place (see [Appendix 2](#) for further information).

Such documents include, but are not limited to:

Australian Cancer Plan (10-year plan released in November 2023)
Aboriginal and Torres Strait Islander Cancer Plan (National Aboriginal Community Controlled Health Organisation, released in November 2023)
Queensland Cancer Strategy 2024–2034 (Queensland Health, released in July 2024)
Cancer Screening Strategic Framework 2019–2026 (Queensland Health, 2019)
A Conceptual Framework for Cancer Care During a Pandemic Incorporating Evidence from the COVID-19 Pandemic (Cancer Australia, 2022)
Cultural Considerations: Providing End-of-Life Care for Aboriginal People and Torres Strait Islander Peoples (IPEPA, 2020)
Guide to Implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer (Cancer Australia, 2020)
Queensland Palliative and End of Life Care Strategy (Queensland Health, released in October 2022)
Sad News, Sorry Business: Guidelines for Caring for Aboriginal and Torres Strait Islander People Through Death and Dying (Queensland Health, 2015)
HEALTHQ32: First Nations First Strategy 2032 (Queensland Health, released in March 2024)
Making Tracks Together – Queensland’s Aboriginal and Torres Strait Islander health equity framework (Queensland Health, 2021)
Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033 (Queensland Health, 2010)
My Health, Queensland’s Future: Advancing Health 2026 (Queensland Health, 2016)
National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Department of Health and Aged Care, 2021)
National Agreement on Closing the Gap (Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Governments, 2020)
National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 (Australian Health Practitioner Regulation Agency, 2020)
Prevention Strategic Framework 2017–2026 (Queensland Health, 2017)
Queensland Health’s Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2019–2026 (Queensland Health, 2019)



Alignment with key documents

Alignment with the 2020 *National Agreement on Closing the Gap*, *HEALTHQ32: First Nations First Strategy 2032* and health equity strategies. *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* aligns with key documents guiding health policy for Aboriginal and Torres Strait Islander Queenslanders.

HEALTHQ32: First Nations First Strategy 2032

In 2024, Queensland Health launched the [HEALTHQ32: First Nations First Strategy 2032](#). The strategy places First Nations peoples at the centre of health design and delivery in Queensland and accelerates the reform efforts over the next 10 years to achieve excellence in care and health equity with First Nations peoples. There are four focus areas of the strategy to achieve this reform by 2032:

1. Eliminate racism — First Nations people will receive care from a system free of racism.
2. Re-shape the system — the healthcare system will have re-shaped the enabling environment to meet the needs of First Nations peoples.
3. Transform care — we will have a connected health system that First Nations peoples will access, their way.
4. Strengthen the workforce — the First Nations workforce will be empowered to flexibly deliver the care that First Nations people need, including across service boundaries.

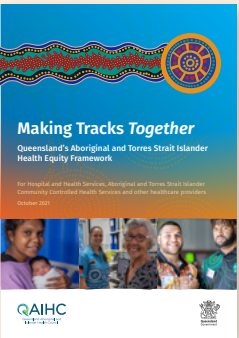
The [HEALTHQ32: First Nations First Strategy 2032](#) builds upon the progress made by Queensland Health and QAIHC in placing First Nations peoples and voices at the centre of health care service design and delivery in Queensland through [Making Tracks Together](#), Queensland's Aboriginal and Torres Strait Islander health equity framework.



Making Tracks Together

[Making Tracks Together](#) operationalised the [Hospital and Health Boards \(Health Equity Strategies\) Amendment Regulation 2021](#), and tasked Hospital and Health Services with leading the development and implementation of strategies that will achieve health equity by contributing to key priority areas, including:

1. Actively eliminating racial discrimination and institutional racism within the service.
2. Increasing access to health services.
3. Delivering sustainable, culturally safe, and responsive health services.
4. Influencing the social, cultural, and economic determinants of health.
5. Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services.



Implementing strategies that contribute to these key priority areas will enhance the health and wellbeing of First Nations people across the health system, including those living with, through and beyond cancer. *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* has, therefore, been designed to align with the strategic approach, priorities and principles underpinning [Making Tracks Together](#).

- Development was guided by an Aboriginal and Torres Strait Islander-majority project advisory group, co-chaired by QAIHC and Queensland Health, and consisting of leaders and experts from across the health system.
- Informed by extensive consultation with key stakeholders, including Aboriginal and Torres Strait Islander cancer survivors, families, carers, and health sector representatives.
- Operationalisation will be achieved, in part, through actions designed and delivered to meet the particular needs and priorities of different local contexts and communities. Certain actions that HHSs are taking to deliver their health equity strategies will also help to achieve the vision, aim and goals set out in this framework.

“Racism stops a lot of people from continuing with their care. Our people experience institutionalised racism and health professionals who won’t listen.

“The top priorities for cancer care identified by Aboriginal and Torres Strait Islander Queenslanders: improving cultural safety and addressing racism.

The disease burden of cancer

Aboriginal and Torres Strait Islander Queenslanders are experiencing a growing and inequitable cancer burden. The gaps between Aboriginal and Torres Strait Islander Queenslanders and other Queenslanders have been widening over the past decade. Reducing these cancer inequities is, therefore, crucial in making progress towards closing the gap in life expectancy. This section summarises cancer data for Aboriginal and Torres Strait Islander Queenslanders, sourced from the Queensland Cancer Registry.

Contributing factors

Many factors contribute to the poorer cancer outcomes experienced by Aboriginal and Torres Strait Islander Queenslanders, including factors related to individual patients, the health care system, and sociocultural and political contexts. Although many of these factors are interconnected, the specific factors are likely to vary across Queensland.

Patterns of cancer diagnosis and death for Aboriginal and Torres Strait Islander Queenslanders are strongly influenced by:

- The prevalence of risk factors (such as genetic susceptibility, tobacco use, alcohol use, obesity, and sun exposure) and protective factors (such as screening, sun safety and physical activity).
- The social determinants of health (such as education, employment and housing).
- Cultural determinants (such as connection to land, language, family connection and self-determination).

Diagnosis

For the period 2017–2021, the rate of new diagnosis for all cancers combined was higher for Aboriginal and Torres Strait Islander Queenslanders than for other Queenslanders (618 cases vs 533 per 100,000 — 1.2 times higher).

Diagnosis rates were higher for many cancer types associated with poorer survival. Notably, Aboriginal and Torres Strait Islander Queenslanders experienced higher diagnosis rates for liver cancer (3.0 times higher), oesophageal cancer (2.1 times higher), lung cancer (2.1 times higher), pancreatic cancer (1.9 times higher) and gynecological cancers (1.8 times higher).

Aboriginal and Torres Strait Islander Queenslanders are diagnosed with cancer at a younger age: 63% of new cancer cases among Aboriginal and Torres Strait Islander Queenslanders were diagnosed in those aged under 65. For other Queenslanders, 41% of new cancer cases were diagnosed in those aged under 65. This difference is partly due to the younger age structure of the Queensland Aboriginal and Torres Strait Islander population.

Survival

Cancer survival is lower for Aboriginal and Torres Strait Islander Queenslanders than for other Queenslanders and this inequity persists up to 5 years post-diagnosis.¹

Aboriginal and Torres Strait Islander Queenslanders who live in outer regional, remote and very remote areas have lower cancer survival than those who live in major cities and towns.

Death

For the period 2017–2021, the death rate for all cancers combined was 1.5 times higher for Aboriginal and Torres Strait Islander Queenslanders than for other Queenslanders (237 deaths vs 158 per 100,000).

Death rates for most cancers were higher among Aboriginal and Torres Strait Islander Queenslanders. Notably, death rates were higher for liver cancer (2.7 times higher), head and neck cancers (2.5 times higher), oesophageal cancer (2.3 times higher), gynecological cancers (2.1 times higher) and lung cancer (2.0 times higher).

Cancer deaths are higher among younger people: 49% of cancer deaths among Aboriginal and Torres Strait Islander Queenslanders occurred in those aged under 65. In contrast, 22% of cancer deaths among other Queenslanders occurred in those aged under 65. This difference is partly due to the younger age structure of the Queensland Aboriginal and Torres Strait Islander population.

¹ Peng, Y., & Baade, P. (2021). Survival disparities among recently diagnosed Aboriginal and Torres Strait Islander cancer patients in Australia remain. *Cancer Causes & Control*, 32(11), 1315–1320.

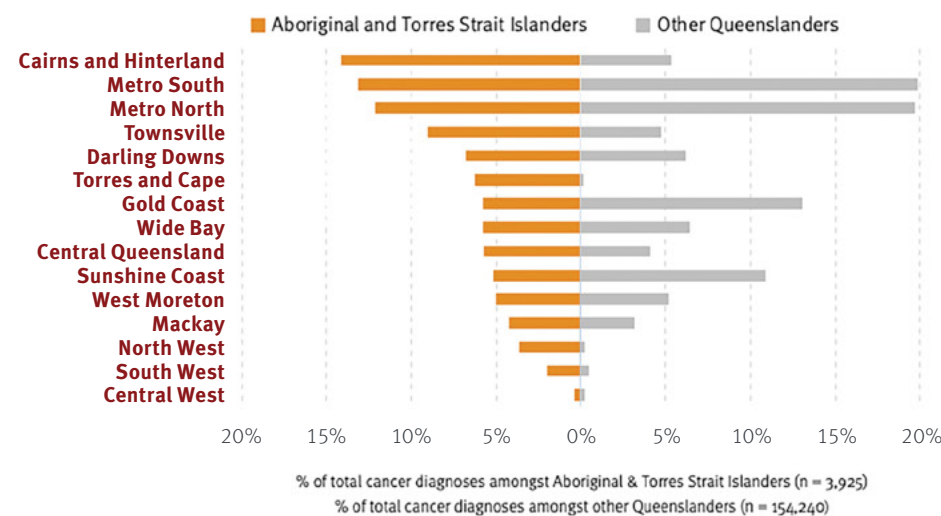


Cancer diagnosis

The figures below provide the distribution of cancer cases and cancer deaths in each Hospital and Health Service area.

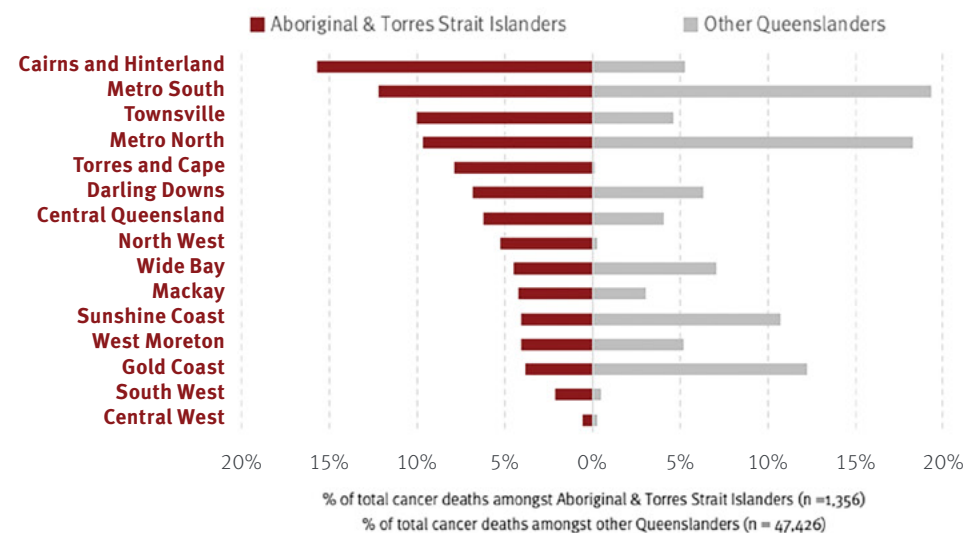
Cancer diagnosis

For the period 2017–2021, 56% of new cancer cases diagnosed among First Nations peoples of Queensland occurred in one-third of the HHS areas: Cairns and Hinterland, Metro South, Metro North, Townsville and Darling Downs.



Cancer deaths

For the period 2017–2021, 55% of deaths from cancer among First Nations peoples of Queensland occurred in one-third of the HHS areas: Cairns and Hinterland, Metro South, Metro North, Townsville, and Darling Downs.



Cancer diagnosis

among Aboriginal and Torres Strait Islander Queenslanders (2017–2021)

Aboriginal and Torres Strait Islander Queenslanders have a slightly higher diagnosis rate for all cancers combined than other Queenslanders. But they are diagnosed with some cancer types at much higher rates.

3.0X
Liver

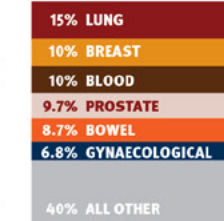
2.1X
Oesophageal

2.1X
Lung

1.9X
Pancreatic

1.8X
Gynaecological

CANCER TYPE



LUNG CANCER
was the most commonly diagnosed cancer

AGE GROUP



Most common cancer diagnosis by age group

0–29 years **BLOOD** (26%)
30–44 years **BREAST** (15%)
45+ years **LUNG** (17%)

SEX

Most common cancer types by sex

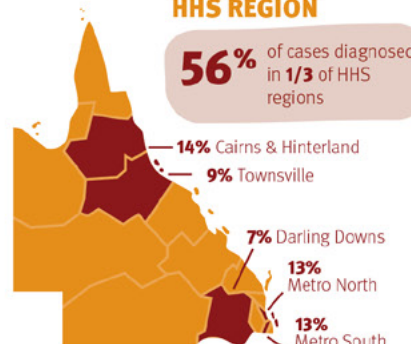
MALE
PROSTATE 19%
LUNG 14%
BLOOD 12%

FEMALE
BREAST 21%
GYNAECOLOGICAL 14%
LUNG 15%

Incidence was **1.3X HIGHER** among males, relative to females

HHS REGION

56% of cases diagnosed in 1/3 of HHS regions



Cancer deaths & survival

among Aboriginal and Torres Strait Islander Queenslanders (2017–2021)

Aboriginal and Torres Strait Islander Queenslanders experience a higher cancer mortality rate than other Queenslanders, and they experience a lower survival rate.

2.7X
Liver

2.5X
Head & Neck

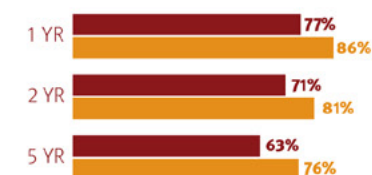
2.3X
Oesophageal

2.1X
Gynaecological

2.0X
Lung

SURVIVAL

Lower survival compared with other Queenslanders



Aboriginal & Torres Strait Islander (Dark Red bar) vs Other Queenslanders (Orange bar)

SEX

Most common cancer deaths by sex

MALE
LUNG 29%
BOWEL 9%
LIVER 7%

FEMALE
LUNG 27%
GYNAECOLOGICAL 13%
BREAST 11%

Mortality was **1.4X HIGHER** among males, relative to females

Lower 5-year survival compared with other Queenslanders for specific cancers

LUNG
21% v 28%

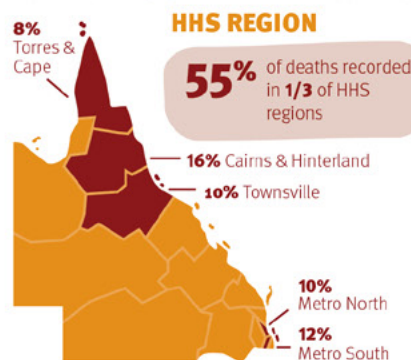
LIVER
13% v 26%

HEAD & NECK
60% v 73%

PANCREATIC
7% v 14%

HHS REGION

55% of deaths recorded in 1/3 of HHS regions



Incidence and mortality data averaged over 2017–2021.

Comparisons between Aboriginal and Torres Strait Islander Queenslanders and other Queenslanders based on indirectly standardised incidence and mortality ratios.

Survival statistics reflect relative survival. Comparisons between Aboriginal and Torres Strait Islander men and women based on ratios of age-standardised incidence and mortality rates (directly age-standardised to the 2001 Australian population).

Gynaecological cancer includes cervical cancer, uterine cancer, ovarian cancer, vulva cancer and other cancers of female genital organs. Blood cancers include Leukaemia, Lymphoma and Myeloma. Standardised mortality ratios only reported for cancer types with mortality counts greater than 20. Source: Queensland Cancer Register, Cancer Alliance Queensland.

PRIORITY 1: Culturally safe health workforce

1.1.1 This priority addresses the need to ensure Queensland has a representative and culturally safe health workforce that meets the needs of Aboriginal and Torres Strait Islander Queenslanders. Eliminating institutional and interpersonal racism, stigma and discrimination are fundamental to achieving this priority. It is imperative that Queensland Health and all health sector leaders commit to long-term strategies and funding to create culturally safe spaces for Aboriginal and Torres Strait Islander Queenslanders accessing services across the cancer continuum.



Goals

- 1.2.1** Aboriginal and Torres Strait Islander Queenslanders from diverse backgrounds (including LGBTIQ+, people with disabilities and ageing populations) are employed across all levels of health care, including leadership, and across the cancer continuum.
- 1.2.2** Culturally safe, competent, and respectful staff and volunteers with effective communication skills work across the cancer continuum.
- 1.2.3** Healthcare environments are culturally safe, free from racism, welcoming and inclusive.
- 1.2.4** Institutional racism is acknowledged and addressed.
- 1.2.5** The impact of stigma on accessing and receiving health treatment is acknowledged and addressed.



Strategies

- 1.3.1** Establish, support and maintain an Aboriginal and Torres Strait Islander cancer care workforce at all levels — including in primary care and hospital settings.
- 1.3.2** Create culturally safe and welcoming spaces for the Aboriginal and Torres Strait Islander health workforce.
- 1.3.3** Support accessible on Country cancer screening.
- 1.3.4** Provide culturally safe care across all health services that:
 - Enables health care providers to understand and reflect on their professional and personal biases, communication and behaviours.
 - Supports health care providers to eliminate inequities in cancer care.
 - Meets the needs of Aboriginal and Torres Strait Islander patients and families (including treatment closer to home or support for travel).
- 1.3.5** Create well-designed environments in health services where Aboriginal and Torres Strait Islander Queenslanders feel safe, welcome and accepted, with an embedded and resourced peer-led model of support for diverse communities and specialist health workers available in diverse community-based settings.
- 1.3.6** Provide resourcing to increase the capacity and capability in the cancer healthcare workforce.
- 1.3.7** Implement system-level changes to challenge institutional racism.



Why is this priority area important?

Providing safe, welcoming and inclusive services that meet the needs of Aboriginal and Torres Strait Islander Queenslanders is crucial to overcoming negative experiences of institutions. Health services and their staff need to recognise, be sensitive to, and be responsive to the cultural needs of Aboriginal and Torres Strait Islander Queenslanders in order to provide optimal care and improve cancer outcomes. These culturally safe practices need to be embedded in service delivery by ensuring the patient's needs are central to the operations of a health service.

“Lots of services are not culturally appropriate, and people have bad experiences. We need to be welcomed and valued for who we are.”

“We need Indigenous cancer navigators who are with us every step of the way — someone we can talk to about our problems and who can help us understand the cultural jargon.”



PRIORITY 2: Prevention and early detection

2.1.1 This priority aims to reduce the incidence of preventable cancers, improve early detection, and reduce late-stage diagnosis. To achieve this, it is imperative to improve awareness of cancer risks and increase participation in prevention and screening activities. Significant gains in reducing cancer disparities can be made with greater and more targeted investment in programs that focus on cancer types that are largely preventable.

Primary care providers and ATSI CCHOs must be informed and equipped to offer and discuss cancer prevention and screening. Cancer screening services need to deliver culturally safe programs to better meet the needs of Aboriginal and Torres Strait Islander Queenslanders.

Accurate data on Aboriginal and Torres Strait Islander status must be collected and reported for cancer screening programs. Early detection and timely follow-up of diagnostic tests and procedures should be a part of the standard optimal care provided to all Aboriginal and Torres Strait Islander Queenslanders.



Goals

- 2.2.1** Aboriginal and Torres Strait Islander Queenslanders have access to culturally safe, evidence-based cancer screening and immunisation programs and strategies, no matter where they live.
- 2.2.2** Aboriginal and Torres Strait Islander Queenslanders are aware of the signs and symptoms of cancer.
- 2.2.3** There is widespread community awareness of the risk and protective factors that can influence cancer diagnosis.



Strategies

- 2.3.1** Support and empower Aboriginal and Torres Strait Islander people to make evidence-informed decisions to reduce their cancer risk and risk of cancer recurrence.
- 2.3.2** Develop and deliver targeted, evidence-based, culturally safe screening strategies and activities in partnership with key organisations.
- 2.3.3** Promote cancer risk assessment in primary healthcare.
- 2.3.4** Implement clinical guidelines for prevention and early detection in all healthcare settings.
- 2.3.5** Ensure referral and follow-up are timely, best practice and provided in culturally appropriate ways.
- 2.3.6** Develop health practitioner materials that address the medical needs of Aboriginal and Torres Strait Islander Queenslanders who identify with diversity groups.
- 2.3.7** Promote health practitioner use of inclusive language to increase participation and strengthen health outcomes for Aboriginal and Torres Strait Islander Queenslanders who identify with diversity groups.



Why is this priority area important?

Focusing on prevention and early detection will provide long-term gains in improving cancer outcomes for Aboriginal and Torres Strait Islander Queenslanders. Queensland has a number of statewide primary prevention programs and screening locations. However, as evidenced by high incidence rates of preventable cancers and late-stage diagnoses, these services may not be accessible or are not effectively meeting the needs of Aboriginal and Torres Strait Islander Queenslanders.



“We need education to address people’s fears about **cancer**. People get scared and don’t want to have health checks. It’s very cultural until the diagnosis, and then it gets very clinical.”



Why is this priority area important?

Appropriate information that is widely distributed and accessible would better equip patients and families to understand what to expect across their cancer journey. Better informed patients, families and healthcare providers will help to enhance effective communication and knowledge sharing, thus providing an avenue for engagement to instill confidence and re-establish trust among Aboriginal and Torres Strait Islander Queenslanders in the health system. Ultimately, improving awareness and understanding about cancer will encourage greater participation in recommended screening and cancer care for Aboriginal and Torres Strait Islander Queenslanders.

“There is stigma, shame, and a lack of understanding about **cancer** in Aboriginal and Torres Strait Islander communities.

“Aboriginal and Torres Strait Islander Queenslanders need easily accessible, culturally appropriate information about **cancer**. They want to know how to reduce risks, what symptoms to look for, what happens during diagnosis and treatment and what palliative care is.



Strategies

- 3.3.1** Develop tailored health promotion, education, and awareness campaigns across the life course to increase health literacy; ensure health promotion activities are co-designed, equitable, accessible, and tailored to a range of settings.
- 3.3.2** Collect and distribute timely and accurate data to monitor outcomes and analyse the entire cancer journey; integrate data systems and use data to inform decisions about policies, programs and cancer care.
- 3.3.3** Develop and distribute information and resources to meet the needs and preferences of Aboriginal and Torres Strait Islander Queenslanders; this information should support their understanding across the cancer continuum and address the impact of cancer on the patient, their family and their community.
- 3.3.4** Develop and maintain a central repository for information and resources, accessible to healthcare workers, patients, and their families.
- 3.3.5** Engage local champions who are cancer survivors and who reflect the diversity of Aboriginal and Torres Strait Islander peoples to encourage and inform community.
- 3.3.6** Promote and embed into practice in all sectors the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people* with cancer (including the tumour-specific pathways) and relevant Aboriginal and Torres Strait Islander health strategies, policies and guidelines.



Goals

- 3.2.1** Aboriginal and Torres Strait Islander Queenslanders are empowered to make informed choices through easily accessible information and increased health literacy.
- 3.2.2** Timely and accurate data are made available and used to measure and report cancer outcomes for Aboriginal and Torres Strait Islander Queenslanders.
- 3.2.3** Healthcare providers are aware of the disproportionate burden of cancer on Aboriginal and Torres Strait Islander Queenslanders and communicate with patients about cancer risk.
- 3.2.4** Healthcare providers are familiar with current cancer clinical guidelines. They deliver services aligned with those guidelines and other relevant Aboriginal and Torres Strait Islander health strategies, policies, and guidelines.
- 3.2.5** Evidence-based and culturally appropriate information and resources are widely available; they meet the needs of Aboriginal and Torres Strait Islander Queenslanders and healthcare providers; they are integrated into service delivery across the cancer continuum and across Queensland's regions.

PRIORITY 3:

Cancer awareness and understanding

- 3.1.1** Aboriginal and Torres Strait Islander Queenslanders require accessible, culturally safe, evidence-based information about cancer prevention, cancer and support services. Appropriate and relevant information can contribute to diminishing stigma and fear surrounding cancer. Resources can also facilitate communication between healthcare providers and their Aboriginal and Torres Strait Islander patients, carers, and families. ATSI CCHOs have a significant role in improving the health literacy of Aboriginal and Torres Strait Islander communities.

PRIORITY 4: Optimal cancer care

4.1.1 We need to ensure that all Aboriginal and Torres Strait Islander Queenslanders receive optimal cancer care that acknowledges their cultural knowledge, values, beliefs and needs. Patient-centred care must include a holistic approach that acknowledges and responds to the social, emotional, spiritual, and cultural wellbeing of Aboriginal and Torres Strait Islander patients and their families. Recognising and responding to the social and cultural determinants of health and how they may affect people’s access to cancer care is essential to achieving equity. Families and communities need to have the opportunity to be involved in decision-making about treatment and ongoing care.

Healthcare providers should be guided by current cancer clinical guidelines and Optimal Care Pathways, including the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer, and work together to provide integrated care. An innovative approach to cancer care across the continuum is needed, including adaptive, locally responsive, well-resourced solutions. This includes addressing additional obstacles faced by people living in rural and remote areas; people living with disabilities; and people with diverse bodies, genders, and relationships. Continuous quality improvement processes should ensure adherence to the Optimal Care Pathways is monitored. Health care providers need to adopt an integrated approach to cancer treatment and care.



Goals

- 4.2.1** The primary healthcare sector, including the ATSI CCHOs, is engaged in supporting people across the cancer continuum using an integrated approach to care. Enhanced communication between the tertiary care and primary care sectors ensures optimal care coordination.
- 4.2.2** The social, emotional, cultural, practical and support needs of Aboriginal and Torres Strait Islander Queenslanders affected by cancer are identified and met by healthcare providers.
- 4.2.3** Aboriginal and Torres Strait Islander Queenslanders are supported to live well — with, through and beyond cancer.
- 4.2.4** Aboriginal and Torres Strait Islander Queenslanders receive equitable access to innovative technologies and research in cancer care.
- 4.2.5** Health service providers embed the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer into service provision.
- 4.2.6** Palliative and end of life care services that meet the cultural needs of Aboriginal and Torres Strait Islander Queenslanders are accessible across all regions, including in rural and remote areas. Aboriginal and Torres Strait Islander Queenslanders have access to end-of-life care on Country and close to community if that is their wish.



Strategies

- 4.3.1** Embed current cancer clinical guidelines and the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer into service provision across all health care services.
- 4.3.2** Support the role of primary care, including ATSI CCHOs, to advocate for Aboriginal and Torres Strait Islander Queenslanders and provide care coordination, handover with tertiary care and continuity of care, especially in rural and remote areas.
- 4.3.3** Enhance cancer care systems and services to provide equitable, responsive and supported care to Aboriginal and Torres Strait Islander people affected by cancer.
- 4.3.4** Provide psychosocial and practical support to families and carers impacted by cancer to improve their social and emotional wellbeing.
- 4.3.5** Increase access to health promotion programs, including smoking cessation programs.
- 4.3.6** Facilitate HHS multidisciplinary team meetings for every Aboriginal and Torres Strait Islander patient, including a team member knowledgeable in providing culturally appropriate care.
- 4.3.7** Strengthen and expand access to healthcare innovations, including tele-oncology and clinical trials, including guidance and support on navigating, and understanding legal requirements and pathways that recognise diversity.
- 4.3.8** Review the way palliative care is delivered in community to understand and address gaps.
- 4.3.9** Acknowledge evolving policies and practices on voluntary assisted dying in the context of end-of-life care and advanced care planning.
- 4.3.10** Involve the patient’s family, including relevant extended community, in the patient’s cancer care plan across cancer treatment and/or palliative care.



Why is this priority area important?

A holistic approach incorporating culture, values, beliefs and family is required when providing quality cancer care to Aboriginal and Torres Strait Islander Queenslanders. Timely access and best quality care as outlined in the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer will ensure care is patient-centred and will improve cancer outcomes.

“Mob are scared to move off land — afraid of dying off land. Families can’t afford to travel to make sure the person with cancer is not left alone in the hospital.”

Next steps



Governance

QAIHC and Queensland Health in partnership will provide joint strategic oversight for implementation of *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders*. Aboriginal and Torres Strait Islander led governance arrangements will be established to oversee implementation and provide advice about monitoring, evaluation, and learning. A well-designed governance structure will provide the authorising environment to drive a collaborative, integrated approach to implementation.



Implementation

Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders identifies priority areas, goals and strategies that together form the path ahead for addressing the cancer burden facing Aboriginal and Torres Strait Islander Queenslanders. An implementation plan will be developed to describe how the priorities will be achieved, in partnership with Aboriginal and Torres Strait Islander Queenslanders. As cancer is the leading cause of death for Aboriginal and Torres Strait Islander Queenslanders, each HHS is encouraged to address the priorities of *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* at a local level with its own implementation plan, for incorporation into their health equity implementation plan.

“We need improved data sharing and reporting back to communities to support local control of healthcare priorities.”

“Aboriginal and Torres Strait Islander Queenslanders feel their cultural needs and beliefs are not respected or taken into consideration when they receive **cancer care**.”

“Aboriginal and Torres Strait Islander Queenslanders who live in isolated and remote areas have poor access to services right across the **cancer** continuum.”

Evaluation

Evaluation of *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* will be described in a Queensland Monitoring, Evaluation and Learning (MEL) framework. The MEL framework will provide a statewide approach, with multiple activities, to understand and improve implementation and outcomes throughout the 10-year timeframe. It will set out a guiding structure for routine monitoring, in-depth evaluation studies, and regular opportunities for knowledge exchange and learning.

The MEL framework will aim to improve the health of Aboriginal and Torres Strait Islander Queenslanders by:

- Assessing the extent to which *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders* is being implemented as intended and its goals are being achieved.
- Providing regular reporting of the latest data on key outcome indicators for Aboriginal and Torres Strait Islander Queenslanders across the cancer continuum, at state and local levels.
- Identifying, understanding, and sharing what is working well in cancer prevention and care for Aboriginal and Torres Strait Islander Queenslanders.
- Ensuring the experiences of Aboriginal and Torres Strait Islander people living with cancer (and their carers and families) are heard.
- Bringing stakeholders from across the cancer continuum together to share best practice and learn from each other.
- Providing the information needed to support continuous improvement, planning and decision making.

“After a **cancer** diagnosis, families need support to adapt to the new norm. We need a holistic approach. It’s not just about **cancer**. It’s about all of life.





Appendix

APPENDIX 1: Key contributors to the framework

We acknowledge, recognise and thank the following people for their contribution to *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders*.

Project advisory group members (2019–2020 and 2022)	
Co-chairs	<ul style="list-style-type: none">Ms Angela Young, former General Manager Policy and Research, Queensland Aboriginal and Islander Health Council (QAIHC)Ms Renee Williams, former General Manager Policy and Research, QAIHCMr Gregory Richards, General Manager Policy and Research, QAIHCMs Jade Daylight-Baker Director, First Nations Health Office, Queensland HealthMs Di Maurer, Director, First Nations Health Office, Queensland Health
Consumer representatives (in alphabetical order)	<ul style="list-style-type: none">Ms Coralie Achterberg, Aboriginal and Torres Strait Islander consumer representativeMr Desmond McGrady, Aboriginal and Torres Strait Islander consumer representativeMs Kelli Oates, Aboriginal and Torres Strait Islander consumer representative
Members (in alphabetical order)	<ul style="list-style-type: none">Ms Dania Ahwang, Chairperson, Northern Aboriginal and Torres Strait Islander Health AllianceProfessor Peter Baade, Senior Manager Descriptive Epidemiology, Cancer Council Queensland (CAQ)Ms Maree Bransdon, Nursing Director, Central Integrated Regional Cancer ServiceMr Adrian Carson, CEO, Institute of Urban Indigenous Health (IUIH)Mr Stephen Christian, Palliative/Aged Care Project Officer, NPA Family and Community ServicesMs Danica Cossio, Manager, Queensland Cancer Control Analysis Team, CAQDr Glen Kennedy, Network Co-Chair, Queensland Cancer Clinical NetworkProfessor Liz Kenny, Medical Director, Central Integrated Regional Cancer ServiceMs Maxine Knox, A/Principal Policy and Planning Officer, First Nations Health Office, Queensland HealthMs Gemma Lock, General Manager, Cancer Support and Information, Cancer Council Queensland (represented by Ms Lorraine Tutton)Ms Karen Mousey, General Manager, COUCH Wellness CentreDr Carmel Nelson, Director, Quality and Innovation, IUIHMs Shoni Philpot, Senior Director, CAQMr Gregory Pratt, Aboriginal and Torres Strait Islander Health Research Manager, QIMR BerghoferMs Wyomie Robertson, Health Equity Program Manager, Children’s Health QueenslandMs Samone Sallik, Project Officer, Health Equity Strategy, Children’s Health QueenslandMs Alexandra Shriane, Manager, Research and Evidence, QAIHCMs Kelly Trudgen, Nursing Director, First Nations, Queensland HealthMr Paul Vardon, Director, Cancer Screening, Queensland HealthDr Mark Wenitong, Public Health Medical Advisor, Apunipima Cape York Health Council

APPENDIX 2:

Key policy documents

Title	Available from
Australian Cancer Plan (Cancer Australia, due for release in 2023)	canceraustralia.gov.au/australian-cancer-plan
Aboriginal and Torres Strait Islander Cancer Plan (National Aboriginal Community Controlled Health Organisation, released in November 2023)	naccho.org.au/cancer/
Queensland Cancer Strategy 2024–2034 (Queensland Health, released in July 2024)	health.qld.gov.au/system-governance/strategic-direction/plans/queensland-cancer-strategy
Cancer Screening Strategic Framework 2019–2026 (Queensland Health, 2019)	health.qld.gov.au/system-governance/strategic-direction/plans/cancer-screening-strategic-framework-2019-to-2026
A Conceptual Framework for Cancer Care During a Pandemic Incorporating Evidence from the COVID-19 Pandemic (Cancer Australia, 2022)	canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/conceptual-framework-cancer-care-during-pandemic-incorporating-evidence-covid-19-pandemic-review
Cultural Considerations – Providing End-of-Life Care for Aboriginal peoples and Torres Strait Islander Peoples (IPEPA, 2020)	pepaeducation.com/wp-content/uploads/2020/12/PEPA_CulturalConsiderationsFlipbook_Web.pdf
Guide to Implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer (Cancer Australia, 2020)	canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/guide-implementing-optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer
Queensland Palliative and End of Life Care Strategy (Queensland Health, released in October 2022)	health.qld.gov.au/_data/assets/pdf_file/0026/1183544/palliative-care-strategy-queensland-health.pdf
Sad News, Sorry Business: Guidelines for caring for Aboriginal and Torres Strait Islander People Through Death and Dying (Queensland Health, 2015)	health.qld.gov.au/_data/assets/pdf_file/0023/151736/sorry_business.pdf
HEALTHQ32: First Nations First Strategy 2032	health.qld.gov.au/system-governance/strategic-direction/plans/first-nations-first-strategy-2032
Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander health equity framework (Queensland Health, 2021)	health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework
National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Department of Health and Aged Care, 2021)	health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en
National Agreement on Closing the Gap (Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Governments, 2020)	closingthegap.gov.au/national-agreement
National Scheme Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 (Australian Health Practitioner Regulation Agency, 2020)	ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx
Prevention Strategic Framework 2017–2026 (Queensland Health, 2017)	health.qld.gov.au/system-governance/strategic-direction/plans/health-wellbeing
Queensland Health's Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026 (Queensland Health, 2019)	health.qld.gov.au/system-governance/strategic-direction/plans/aboriginal-torres-strait-islander-health-workforce

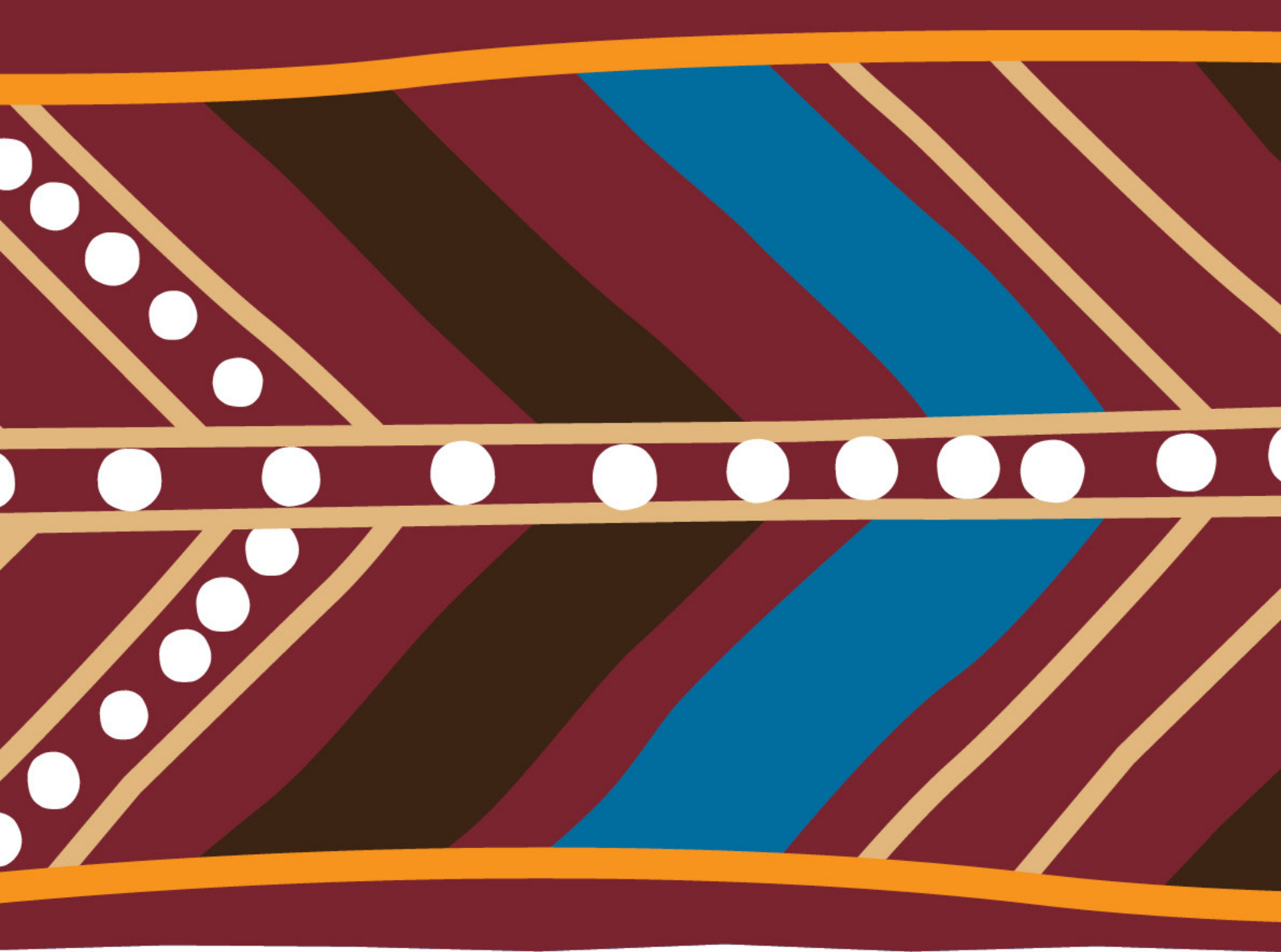
APPENDIX 3:

Process for developing the framework

Development was guided by an Aboriginal and Torres Strait Islander–majority project advisory group, which provided high-level strategic guidance from Aboriginal and Torres Strait Islander Queenslanders and key stakeholders.

Several underpinning pieces of work were completed to develop *Achieving health equity in cancer care with Aboriginal and Torres Strait Islander Queenslanders*:

- An evidence review — including analysis of the most recent data from the Queensland Cancer Register on cancer incidence, survival, and mortality as well as rapid reviews of the literature in seven key areas (cancer epidemiology, screening and prevention, access to services, psychosocial aspects of cancer control and care, diagnosis of cancer, treatment of cancer, palliative care) relating to cancer and Aboriginal and Torres Strait Islander people in Queensland.
- Service mapping, with service data provided by Queensland Health, QAIHC and its member services, the Central Integrated Regional Cancer Service (CIRCS), Cancer Council Queensland (CCQ) and remote Aboriginal and Torres Strait Islander palliative care services.
- Consultations to seek the perspectives of key stakeholders, including Aboriginal and Torres Strait Islander cancer survivors, families and carers and health sector representatives.
- An online survey of Aboriginal and Torres Strait Islander Queenslanders and people working in the cancer control sector in Queensland.



**Achieving health equity in cancer care
with Aboriginal and Torres Strait Islander Queenslanders**