

Queensland's Aboriginal and Torres Strait Islander

Health Equity Toolkit

OCTOBER 2021

Introduction

Message from the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division, Queensland Department of Health



Haylene Grogan, *Yalanji and Tagalaka woman, Chief Aboriginal and Torres Strait Islander Health Officer (CATSIHO) and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division, Queensland Department of Health*

*It is vitally important that the principles of **co-design** and **co-implementation** are at the core of the Health Equity Strategy development by the Hospital and Health Services with prescribed stakeholders and other partners—this will ensure that lived experiences and local cultural perspectives are part of the Health Equity Strategies. The Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 provides the legislative frame for how the health system will work **with** First Nations people and organisations to achieve improved health and wellbeing outcomes.*

This strengthened commitment to First Nations’ health highlights three key reforms required to drive health equity across Hospital and Health Services in Queensland; we must see our First Nations people across the system; have our First Nations voices in the system, and design a better coordinated system for engagement with First Nations peoples.

The health system must seize upon this opportunity to come together and embed ways to listen and respond to the

voice of First Nations consumers and strengthen current working relationships while striving for new and innovative ways to provide effective patient centred health care.

This Health Equity Strategy Toolkit promotes the key principles of partnership and co-design and provides the practical tools to support strategy development at the regional level.

Introduction

Message from Chief Executive Officer, Queensland Aboriginal and Torres Strait Islander Health Council



Cleveland Fagan,
*Cleveland Fagan, proud
Djabugay man, Chief
Executive Officer, Queensland
Aboriginal and Islander
Health Council (QAIHC).*

The Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 provides the legislative reform which will culminate in a practical and collaborative health system for First Nations peoples and organisations.

The delivery of First Nations Health Equity Strategies will ensure that our healthcare system is delivering culturally responsive, adaptive, equitable and appropriate care, irrespective of where you're from, or the care you seek.

Acknowledging the current gaps in our health system and actively participating in legislative change, is an empowering and encouraging sign for our mob across the state. The commitment between our government and stakeholders to co-design, co-own and co-implement Health Equity Strategies with their local Aboriginal and Torres Strait Islander

Community Controlled Health Organisation (ATISCCHO) and other partners will improve the overall health outcomes of First Nations peoples. The road to health equity must continue being built on this foundation of shared decision-making, that is inclusive of urban, rural, regional, and remote communities across the state.

The partnerships involved in this Health Equity Strategy Toolkit promote community driven and place-based solutions, self-determination, collaboration and holistic concepts of health.

Key Health Equity Strategy documents

There are a number of documents that are available to you as part of the health equity process. These documents were developed with a specific purpose in mind and together aim to provide with the tools to start the process of developing the Health Equity Strategies in partnership with your partners.

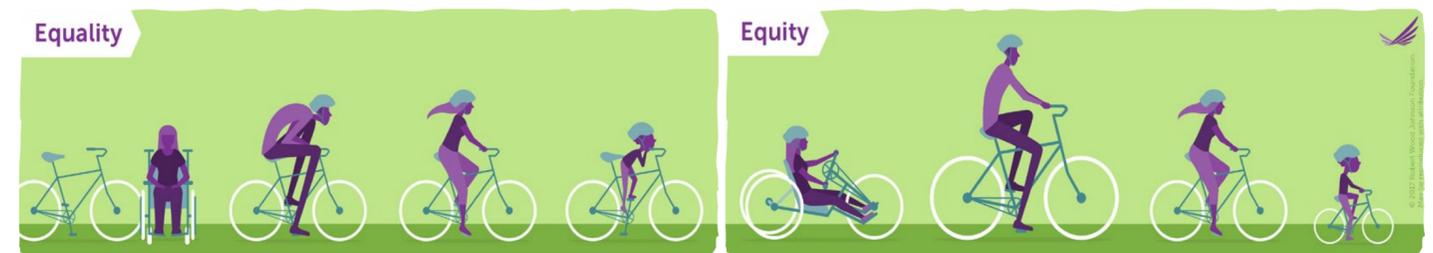
Document	Purpose	What the document includes	Target audience
Health Equity Strategies Regulation	The regulation provides the legal requirements associated with the <i>Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021</i> . This includes the prescribed requirements for the strategy including the priority areas.	The regulation defines the Prescribed Requirements to fulfil the legal obligations of the Act. The regulation lists the Prescribed Persons who must be party to the development and implementation of a Health Equity Strategy	Everyone
Health Service Directive: Health Equity Strategy co-design and mediation process	The Health Service Directive provides a consistent and transparent process to the development of the Health Equity Strategies.	This document includes the requirements relating to the consultation and shared decision-making practice standards, as well as a consistent mediation and conflict resolution process.	HHS
Health Equity Framework	The Health Equity Framework provides an understanding of Health Equity and the objective to be achieved through the development of a Health Equity Strategy. It provides a summary of the key performance measures as identified in the regulation and the timeframes for implementation and review.	This document includes who the stakeholders are, what co-design means and further information on what the priority areas mean.	HHS and prescribed stakeholders
Health Equity Strategy Template	The Health Equity Strategy Template, is a guiding document for HHS (and their partners) that provides a structure to meet the regulatory requirements and ensure there is consistency in the recording and level of detail on the actions to be achieved and their KPIs.	This document includes the required sections for the health equity strategies to be developed. This includes an overview of the structure and guiding instructions for different sections.	HHS and prescribed stakeholders
Health Equity Strategy Toolkit	The Health Equity Strategy Toolkit contains practical tools for the HHS and their partners that will support the development of the actions and collection of the information that is required to complete the template and deliver a health equity strategy.	The toolkit provides practical tools that will assist the completion of the template. These include: accountability framework, partnership agreement, example KPIs, final checklist etc.	HHS and prescribed stakeholders

Contents

-  Purpose of this document..... 3
-  Definition of Health Equity Framework..... 5
-  Development of strategies journey..... 6
-  Health Equity strategy components 8
-  Legislative requirements 9
-  What is co-design..... 10
-  Project Life Cycle 11
-  Definition of priority areas 12
-  Structure of actions..... 13
-  Governance 14
-  Stakeholders and roles 16
-  Priority health needs..... 17
-  KPIs..... 18

Further information/templates

-  Health reform funnel..... 20
-  Accountability framework..... 23
-  Partnership agreement 28
-  Example KPI's..... 31
-  LANA Measures 35
-  Final checklist..... 38
-  Additional information and links..... 40



What is the Health Equity Framework?

The Queensland Parliament passed the *Health Legislation Amendment Bill 2020* in August 2020 requiring each Hospital and Health Service to develop a local strategy to achieve health equity in partnership with First Nations peoples, and to appoint one or more First Nations person as board members.

Why do we need a Health Equity Strategy?

A First Nations health equity approach will galvanise a renewed and shared agenda to improve First Nations peoples' health outcomes, lived experiences, and access to care across the health system. This Health Equity Strategy sits within the policy context of the *National Agreement on Closing the Gap 2020* which aims to overcome the inequality in life outcomes experienced by First Nations peoples compared to other Australians. The Health Equity Strategies must also comply with:

- [Hospital and Health Boards \(Health Equity Strategies\) Amendment Regulation 2021](#)
- [Health Service Directive: First Nations Health Equity Strategy—Co-design and Mediation Process](#)
- [Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government](#)

What has been identified as the key performance measures?

The HHS Health Equity Strategy must state the key performance measures, agreed by the CATSIHO, that relate to improving health and wellbeing outcomes for First Nations peoples, including:

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

How will the Health Equity Toolkit help build a Health Equity Strategy?

The Toolkit contains several key documents that will help the HHS develop their Health Equity Strategy:

-  [Health Equity Strategy Template](#)
-  [Accountability Framework Template](#)
-  [Partnership Agreement Guide](#)
-  [Key Performance Indicator Guide](#)

To be successful the strategy must be underpinned by the purposes and principles of the:

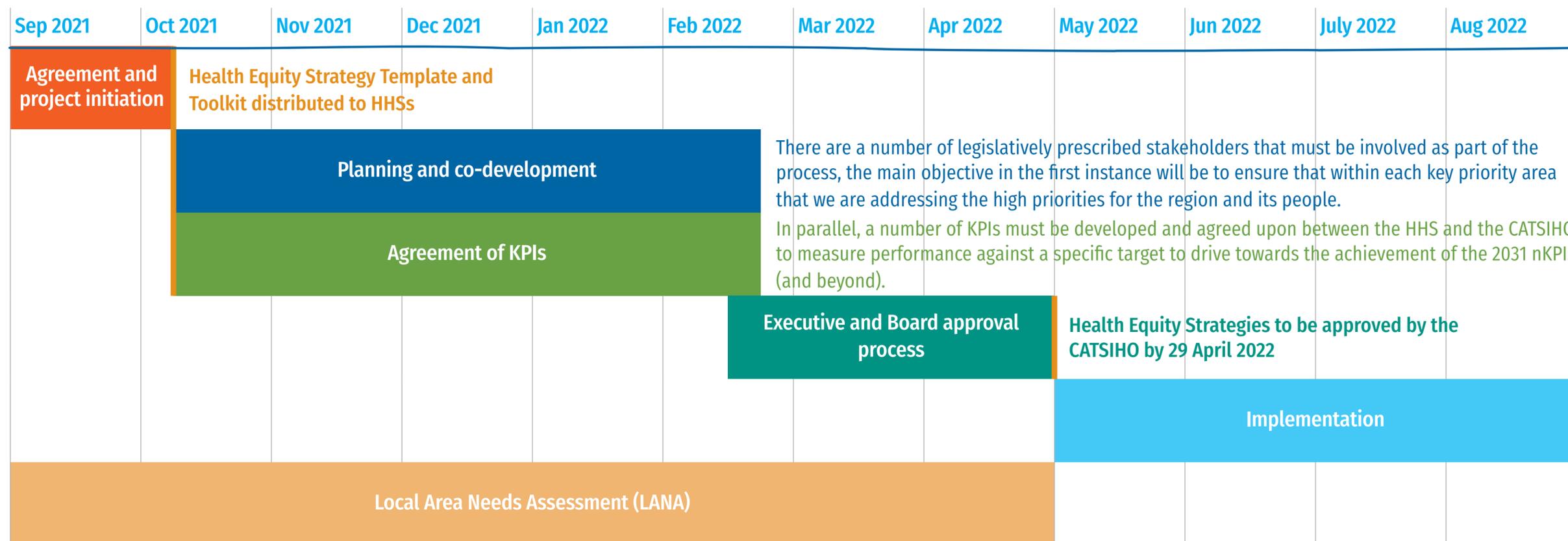
- [National Agreement on Closing the Gap 2020](#), and
- [Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government](#)

-  Purpose of this document
-  Definition of Health Equity Framework
-  Development of strategies journey
-  Health Equity strategy components
-  Legislative requirements
-  What is co-design
-  Project Life Cycle
-  Definition of priority areas
-  Structure of actions
-  Governance
-  Stakeholders and roles
-  Priority health needs
-  KPIs

-  [Health reform funnel](#)
-  [Accountability framework](#)
-  [Partnership agreement](#)
-  [Example KPI's](#)
-  [LANA Measures](#)
-  [Final checklist](#)
-  [Additional information and links](#)

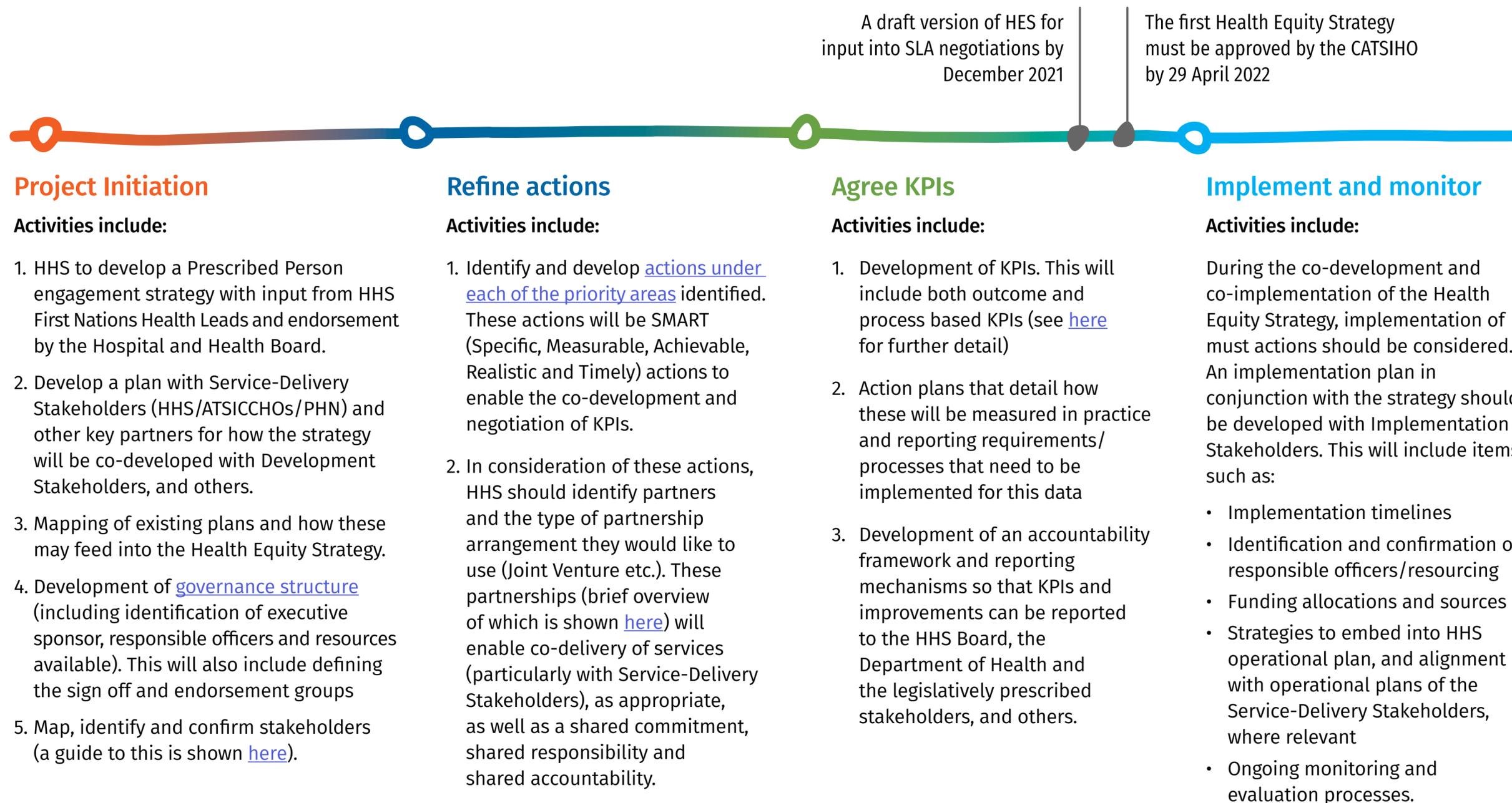
What this process will require of you

The timeframes for co-design of the Health Equity strategies is relatively short, with a final strategy to be approved by the CATSIHO by 29 April 2022. The strategies will also need to go through executive and board approval processes ahead of this sign off. A high level project plan for the activities highlighted below is shown on the following page.



-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  Health reform funnel
 -  Accountability framework
 -  Partnership agreement
 -  Example KPI's
 -  LANA Measures
 -  Final checklist
 -  Additional information and links

What this process will require of you



- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel**
 - Accountability framework**
 - Partnership agreement**
 - Example KPI's**
 - LANA Measures**
 - Final checklist**
 - Additional information and links**

What goes into your Health Equity Strategy

The Health Equity Strategies will include a number of components in order to develop a comprehensive strategy. The template provides an overview of these different components and how this template will lead to the development of two documents—a **Health Equity Strategy** which includes an action plan and detail on implementation, and a **Health Equity Strategy Placemat** which provides an overview of the priority actions and HHS commitments.

Health Equity Strategy template.

1. Narrative and background
2. Process
3. Burden of disease profile
4. Priority actions including partnership agreements and KPIs
5. Governance
6. Implementation
7. Statement of commitment

Health Equity Strategy template

A template provided to HHS with an overview of the components for the strategy.

Health Equity Strategy placemat

This will be a short version of the Health Equity Strategy that provides an overview of the actions. This will be able to be displayed easily across providers.

HHS Health Equity Strategy

Priority Area	Action	How will we do it	How we will measure it	How does it align

Health Equity Strategy including action plan

This will be a multi-page document following the template shown to the left. This will include further detail on the priority actions including how they will be delivered and the KPI's associated with delivery.

HHS Health Equity Strategy

- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

What are the legislative requirements?

The legislative requirements for the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*

Developmental Stakeholders

- First Nations HHS staff
- First Nations consumers
- First Nations community members
- Traditional Custodians and Native Title holders in the Health Service area
- Each Implementation Stakeholder **(below)**

Implementation Stakeholders

- Chief Aboriginal and Torres Strait Islander Health Officer (CATSIHO)
- Health and Wellbeing Queensland
- Queensland Aboriginal and Islander Health Council
- Each Service Delivery Stakeholder **(below)**

Service Delivery Stakeholders

- Each Aboriginal and Torres Strait Islander community-controlled health service in the Health Service area
- Each Local primary healthcare organisation (including PHN) for the Service

State the KPI's agreed with the CATSIHO to improve health and wellbeing outcomes, including:

- actively eliminating racial discrimination and institutional racism within the Service
- increasing access to healthcare services
- influencing the social, cultural, and economic determinants of health
- delivering sustainable, culturally safe and responsive healthcare services
- working with Aboriginal and Torres Strait Islander peoples, communities, and organisations to design, deliver, monitor, and review health services.

Set out the actions the HHS will take to:

- achieve the KPI's, including through partnership arrangements with Service Delivery Stakeholders
- work with Implementation Stakeholders for greater collaboration, shared ownership, and decision-making
- improve integration of health service delivery with Service Delivery Stakeholders
- provide inclusive mechanisms for First Nations peoples of all needs and abilities to provide feedback to the Service
- increase First Nations workforce representation to levels commensurate with local population across all levels and employment streams.

State how the Strategy aligns with:

- strategic and operational objectives of the Service;
- other policies, guidelines or directives made by or applying to the Service:
 - Consumer and Community Engagement Strategy
 - policies relating to the *Human Rights Act 2019*;
- Health Equity Strategies of other HHSs; and
- other national, state and local government policies, agreements and standards relevant to promoting shared decision-making, shared ownership and working in partnership with First Nations peoples:
 - *National Agreement on Closing the Gap 2020*
 - *Queensland Government Statement of Commitment to Reframe the Relationship 2019*
 - *Queensland Health Cultural Capability Framework 2010–33*.

- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel**
 - Accountability framework**
 - Partnership agreement**
 - Example KPI's**
 - LANA Measures**
 - Final checklist**
 - Additional information and links**

What is co-design?

Principles of co-design

1. Inclusive
2. Respectful
3. Participative
4. Iterative
5. Outcomes focused

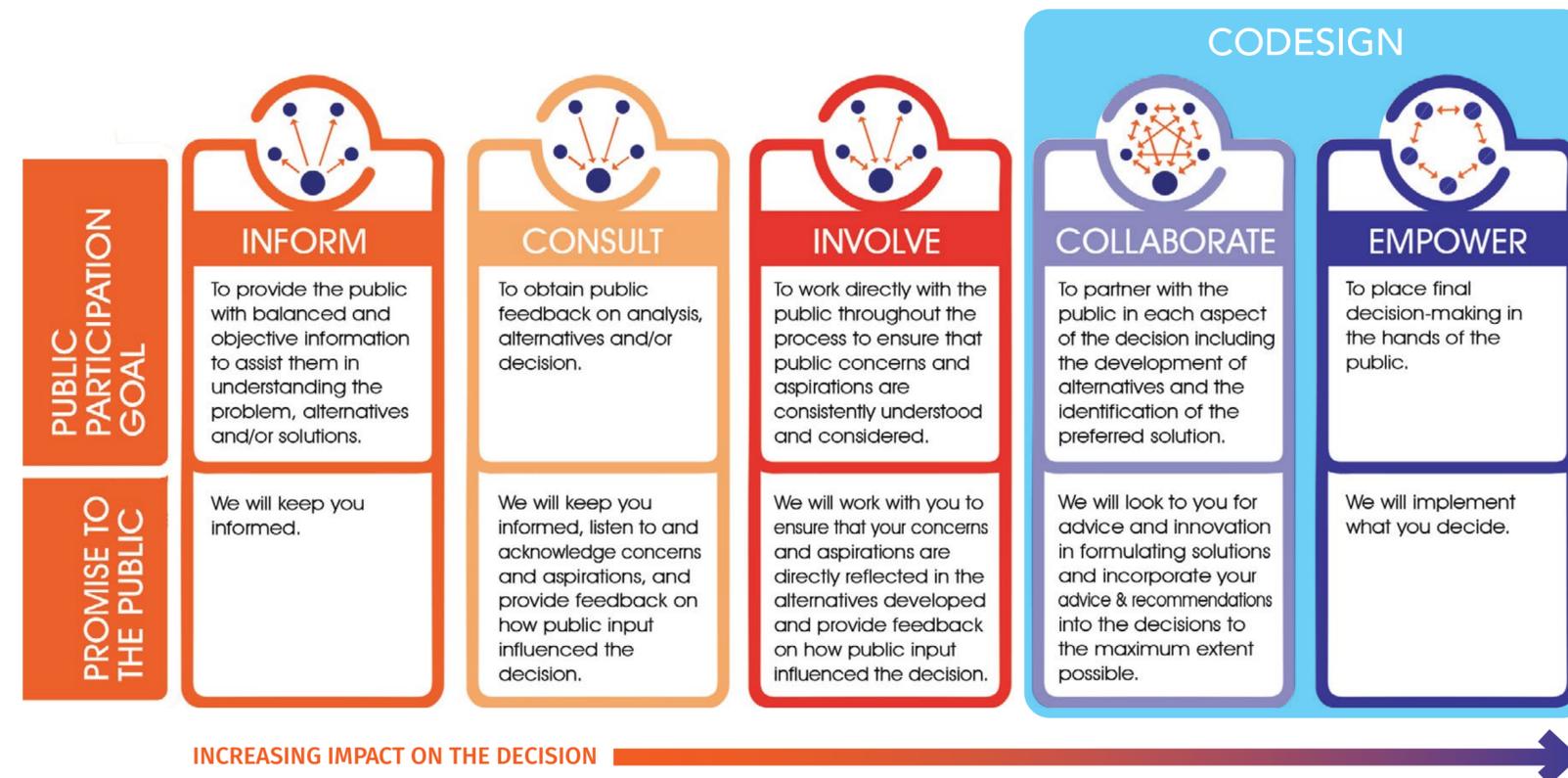
“Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, **Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic social programmes affecting them and, as far as possible, administer such programmes through their own institutions**”.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Article 23

IAP2 Spectrum

Using the International Association of Public Participation (IAP2) spectrum, ‘co-design’ (as we are using it) is situated at the ‘collaborate’ and ‘empower’ levels of engagement.

These two levels of engagement have the greatest impact on decision-making because they require either sharing decision-making with First Nations peoples (‘collaborate’) or devolving decision-making to Aboriginal peoples and Torres Strait Islander peoples (‘empower’).



- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

What is the lifecycle of Health Equity Strategies?

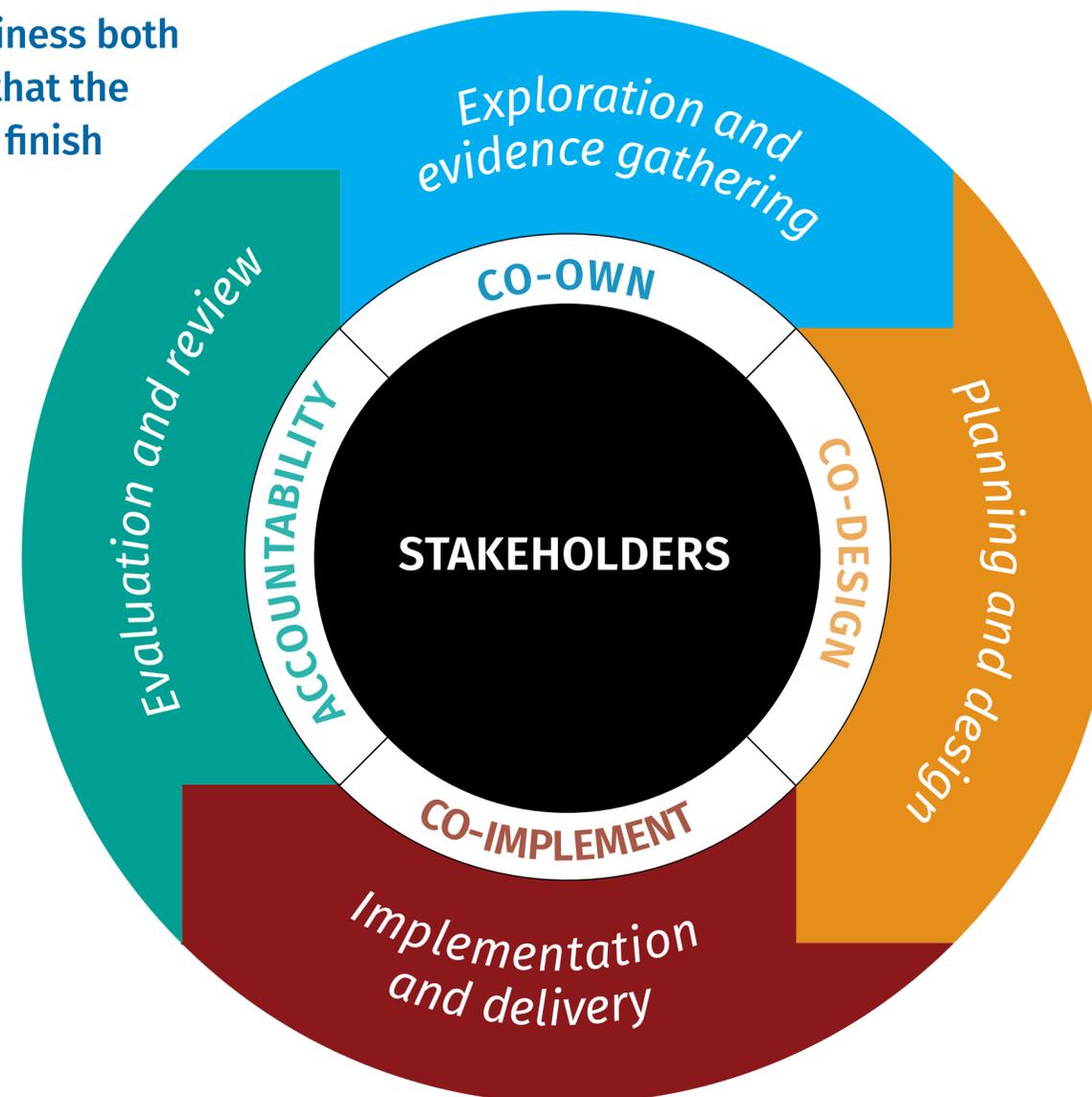
In order for Health Equity to become embedded as part of core business both within the HHS and with partner organisations, it is recommended that the project lifecycle be considered. The Health Equity Strategies do not finish upon drafting and endorsement of the document, but rather must be a continual reiteration guided by the project life cycle to ensure effectiveness and relevance of the regional Strategies over time.

Hospital and Health Services will have until 30 April 2022, 12 months from commencement of the regulation, to co-develop and publish the first tranche of their Health Equity Strategy.

In accordance with the HHB Act, each Health Equity Strategy will be developed and reviewed in three-year tranches towards the achievement of life expectancy parity by 2031.

There are five key interactions for the Health Equity Strategies project lifecycles. These include:

1. Working with the [prescribed stakeholders](#)
2. Exploring and evidence gathering (based on the principle of co-ownership)
3. Planning and design (based on the principles of co-design)
4. Implementation and delivery (based on the principle of co-implementation)
5. Evaluation and review (which is based on the principle of accountability)



- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

What are the key performance measures we want to impact?

The *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021* requires Hospital and Health Services to set out its actions and agreed key performance measures to improve First Nations health and wellbeing outcomes, including:

IMPROVING FIRST NATIONS HEALTH AND WELLBEING OUTCOMES

Actively eliminating racial discrimination and institutional racism within the service

Racism is a key structural determinant of First Nations health inequity. As defined by this regulation, “institutional racism refers to the ways in which racist beliefs attitudes or values have arisen within, or are built into the operations and/or policies of an institution in such a way that discriminates against controls or oppresses, directly or indirectly, a certain group to limit their rights; causing and/or contributing to inherited disadvantage”.

Increasing access to healthcare services

First Nations peoples continue to have lower access to health services than other Australians for a range of reasons including: experiences of racism within healthcare settings, barriers relating to cost, a lack of culturally respectful and culturally competent health services, lack of transport, and distance to services.

Delivering sustainable, culturally safe and responsive healthcare services

Growing the size, capacity and capability of the First Nations health sector workforce will significantly improve the cultural capacity of the system, whilst also helping to address the social, cultural and economic determinants of health. Commensurate workforce representation across all levels and employment streams will increase the cultural capability of service provision whilst also ensuring services have a representative and diverse workforce.

Influencing the social, cultural and economic determinants of health

Approximately one-third of the health gap for First Nations peoples is linked to the social determinants of health. Given many health inequities are created before patients reach healthcare services, it is critical that service providers work alongside and with other organisations to improve not only health outcomes but also the social, cultural and economic determinants of health.

Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

Improving and increasing the level of engagement, shared decision-making and partnership with First Nations peoples, communities and organisations will enable improved effectiveness and health outcomes, as well as increasing collaboration across the system enabling a better interface between primary and acute care.

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  Health reform funnel
 -  Accountability framework
 -  Partnership agreement
 -  Example KPI's
 -  LANA Measures
 -  Final checklist
 -  Additional information and links

What is the suggested structure of actions?

The priority areas outlined in the Health Equity Strategy will form the basis for the development of actions and KPIs by the HHS. Performing against these KPIs will improve health care outcomes for First Nations peoples. All priorities and actions are intended to align with the purpose, priority reforms and targets outlined in the *National Agreement on Closing the Gap 2020*.

Alignment to National and State strategies and policies

National Agreement on Closing the Gap
including the *Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government*

HHS developed strategy

HHS Health Equity Strategies

Key performance measures (both common and HHS specific) will be agreed between the HHS and the CATSIHO for each of the key priority areas.

Improving Health and wellbeing outcomes for First Nations people

<i>Actively eliminating racial discrimination and institutional racism within the service</i>	<i>Increasing access to healthcare services</i>	<i>Influencing the social, cultural and economic determinants of health</i>	<i>Delivering sustainable, culturally safe and responsive healthcare services</i>	<i>Work with First Nations peoples, communities and organisations to: design, deliver, monitor, and review health services</i>
Number of policies updated or created to eliminate institutional racism and promote anti-racism	Decrease the average distance travelled to access care for First Nations patients	Commensurate representation of First Nations peoples within the workforce	Increase number and frequency of staff completing cultural capability or anti-racism training	Number of partnerships successfully delivering on their agreement
Position patient experience captured through PREMs	Reduce wait time for First Nations peoples	Commensurate procurement of First Nations businesses	Increased proportion of baseline funds allocated to First Nations health services and programs	First Nations representation on all HHS governance

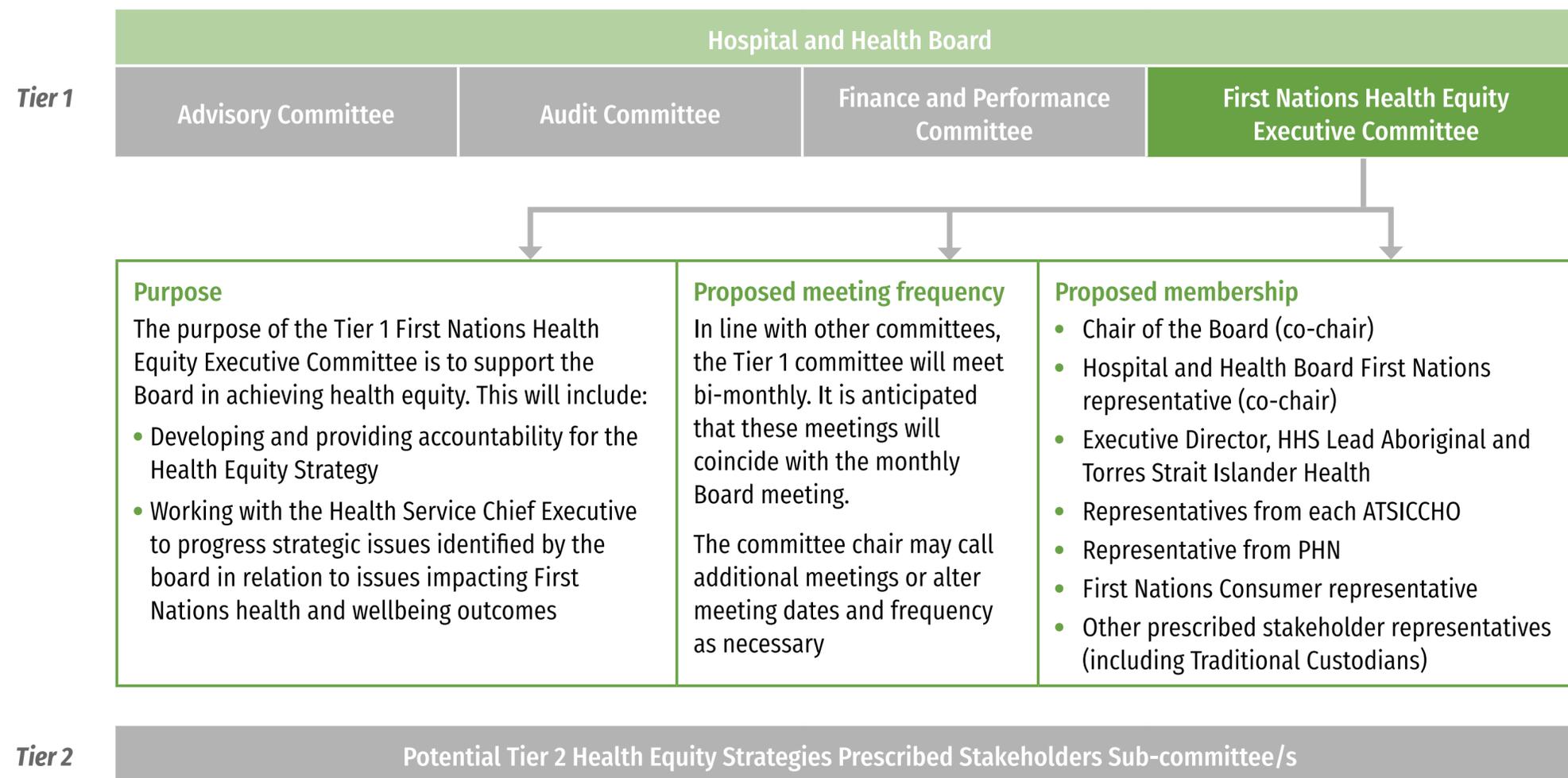
For each key priority area the HHS will develop a number of actions. Each action will be supported by process KPIs. Possible examples of these actions have been listed here.

- Purpose of this document
- Definition of Health Equity Framework
- Development of strategies journey
- Health Equity strategy components
- Legislative requirements
- What is co-design
- Project Life Cycle
- Definition of priority areas
- Structure of actions
- Governance
- Stakeholders and roles
- Priority health needs
- KPIs

- Health reform funnel**
- Accountability framework**
- Partnership agreement**
- Example KPI's**
- LANA Measures**
- Final checklist**
- Additional information and links**

What your governance structure may look like

Details of interactions between stakeholders and specific accountability measures will be outlined in the HHS developed [Health Equity Performance and Accountability Framework](#).

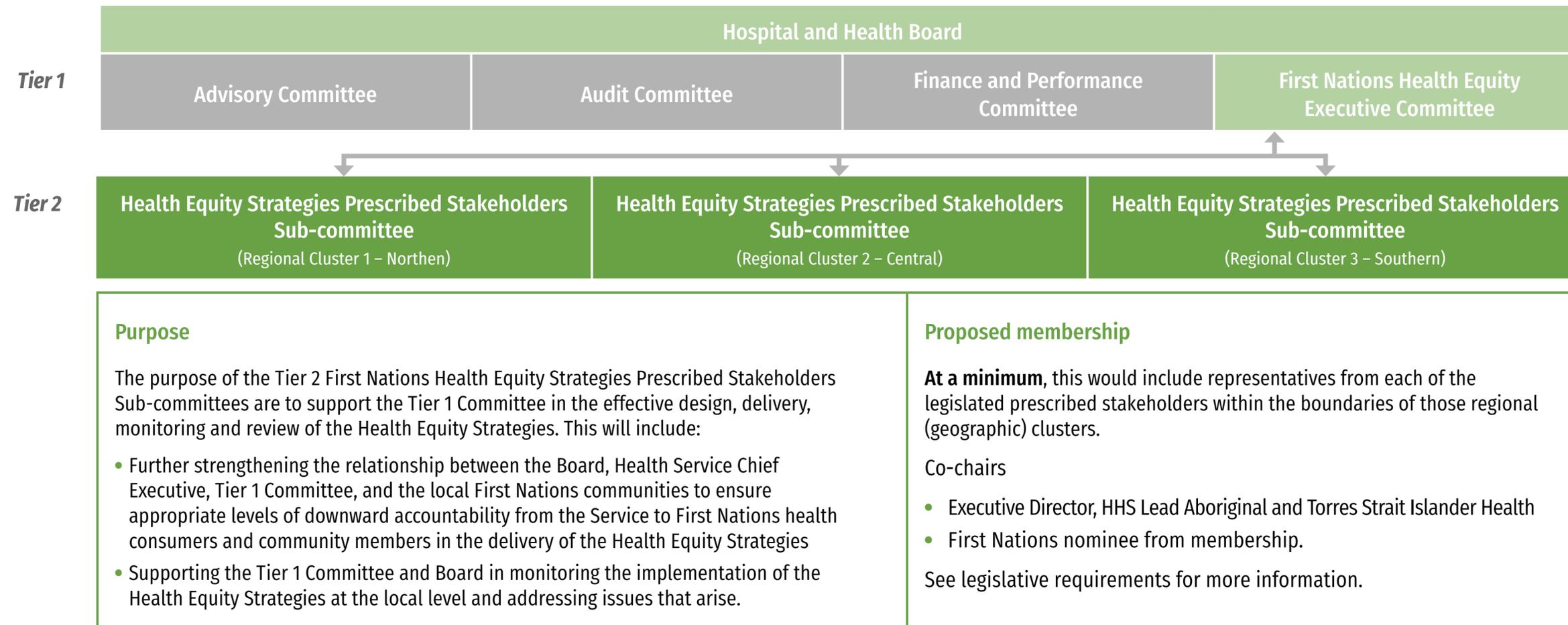


Note: Whilst other partner organisations may not be legislatively required to contribute to this strategy, the development of the Health Equity Strategy should have participation and agreement from other relevant organisations not prescribed by regulation to ensure consistent and coordinated action across a region.

- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

What your governance structure may look like

The ability of HHSs to appropriately engage each of their prescribed stakeholders in the manner as prescribed by legislation may require a regional cluster approach due to the vast geographic region and / or the number of legislatively prescribed stakeholders across a health service area. For example, an HHS may have 15 or more Traditional Custodians / Owners across their health service area, however by breaking-down their service area into regional clusters (such as: north, central, south for example); it more effectively enables the representation of each prescribed stakeholder on their HHS governance: as well as more tailored, place-based solutions to local challenges.

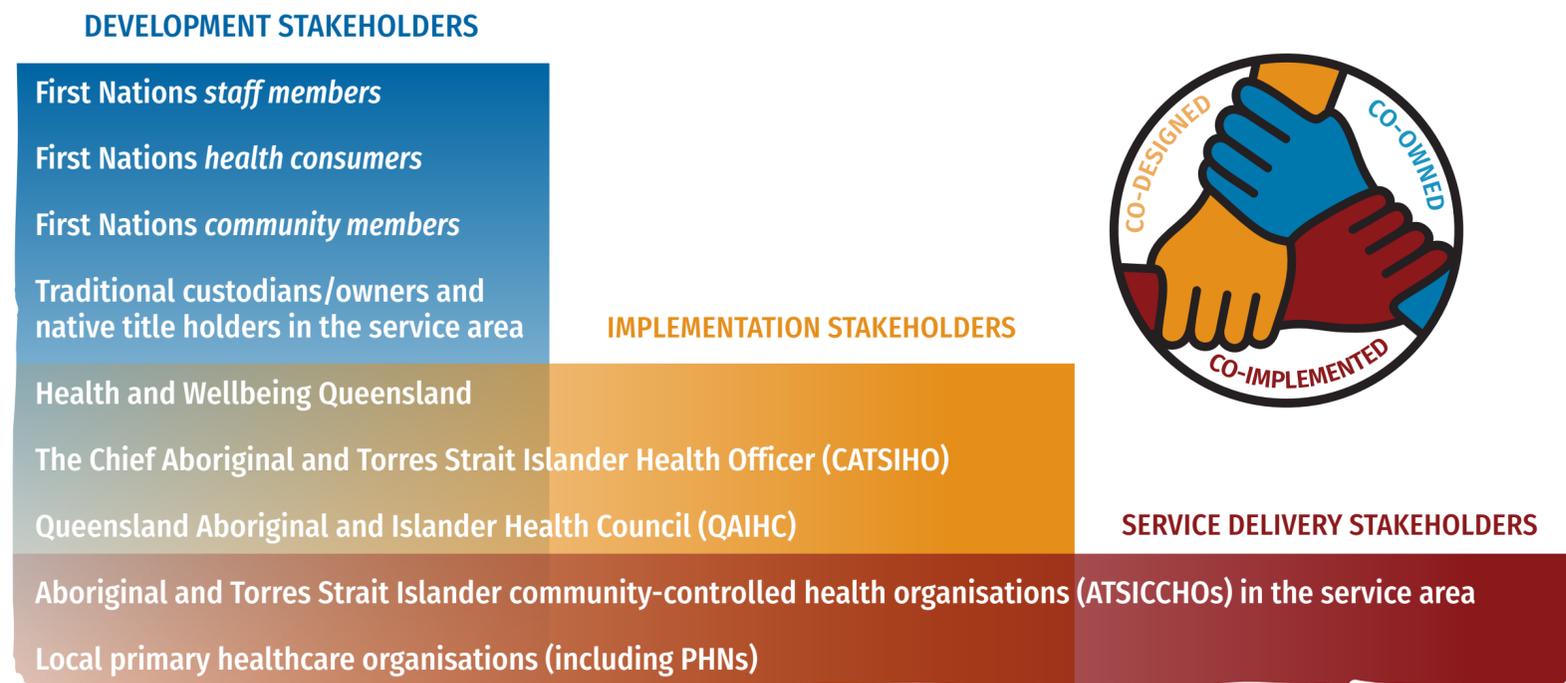


- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel**
 - Accountability framework**
 - Partnership agreement**
 - Example KPI's**
 - LANA Measures**
 - Final checklist**
 - Additional information and links**

Who the prescribed persons are and what's their role

As part of developing the Health Equity Strategies, HHS will be required to work with a number of stakeholders during development, implementation and service delivery. This will ensure that services are co-designed, co-implemented and co-owned. As part of the legislation, there are three categories of prescribed stakeholders. These include:

- 1. Development Stakeholders**—those that must be involved in the co-development of the Health Equity Strategies. A one pager guide for communicating with these stakeholders is shown [here](#).
- 2. Implementation Stakeholders**—those that must be involved and worked with as part of co-development and co-implementation
- 3. Service Delivery Stakeholders**—those that must be partnered and worked with in co-development, co-implementation, and service delivery. These stakeholders will be critical in ensuring that the Health Equity strategies are embedded into Business as Usual activities.



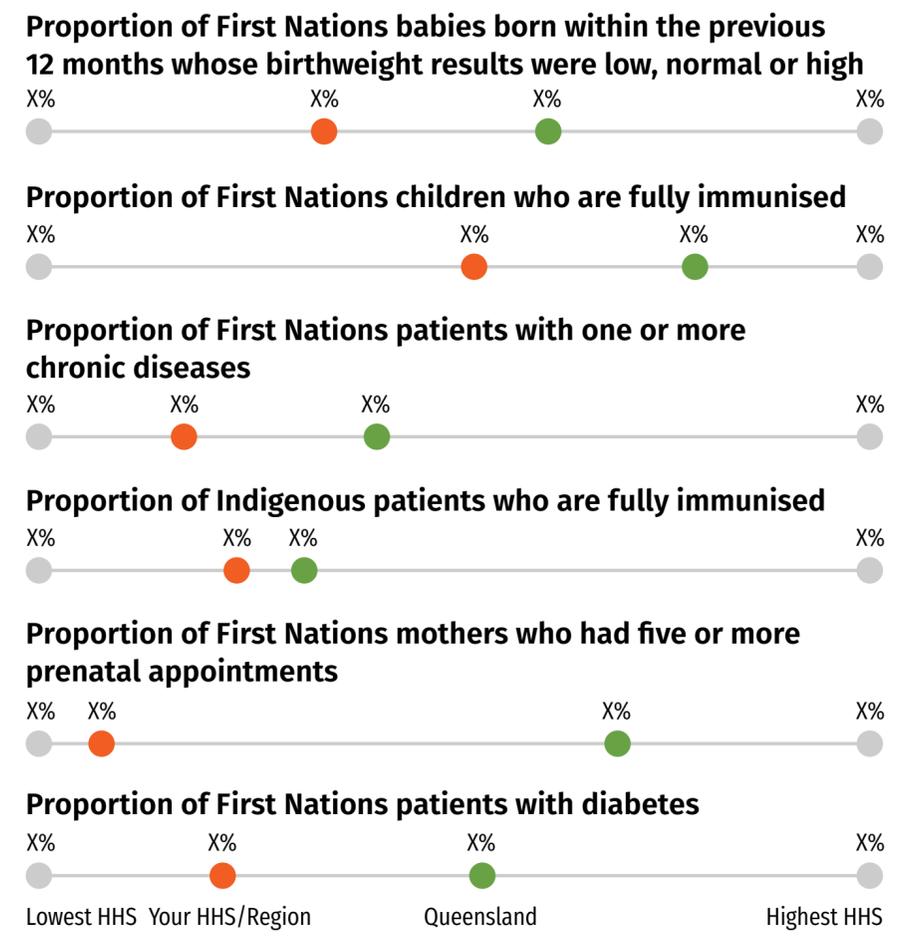
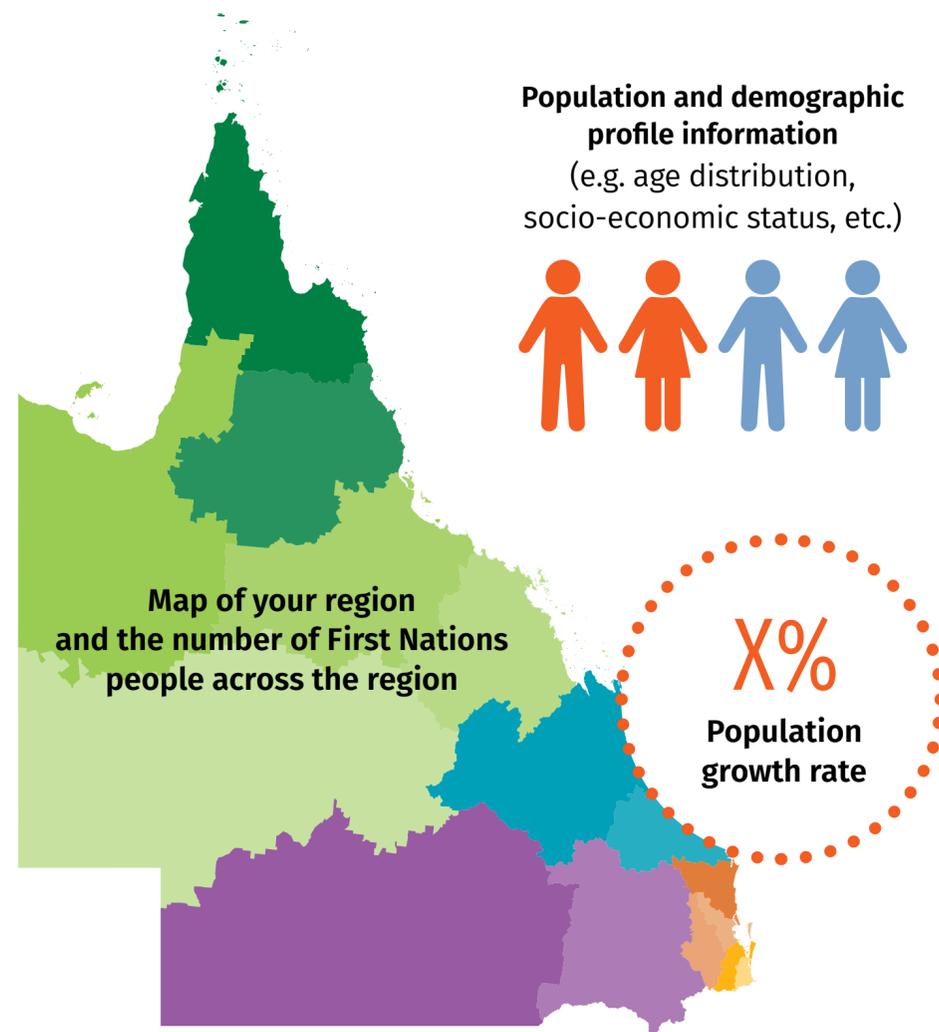
It is important to remember that whilst the prescribed stakeholders list is prescriptive, it is not exhaustive—HHS are strongly encouraged to work with additional persons/organisations not otherwise prescribed by regulation.

- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

What are the priority health needs for First Nations people

The Local Area Needs Assessment (LANA) is a systematic method of identifying health and healthcare needs of a population and determining if changes are required to meet community needs. These assessments are being jointly developed between the HHS and the PHN.

The information from the LANA will help inform what some of the priority needs are for First Nations people within a particular region. There should also be engagement with community around what the data shows to inform the prioritisation and design of the strategies. Within each Health Equity Strategy, one page summarising the health need for First Nations within the region including benchmarking information would enable this evidence base. A template of what could be included on this page is shown on this page.



- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

How you will measure performance

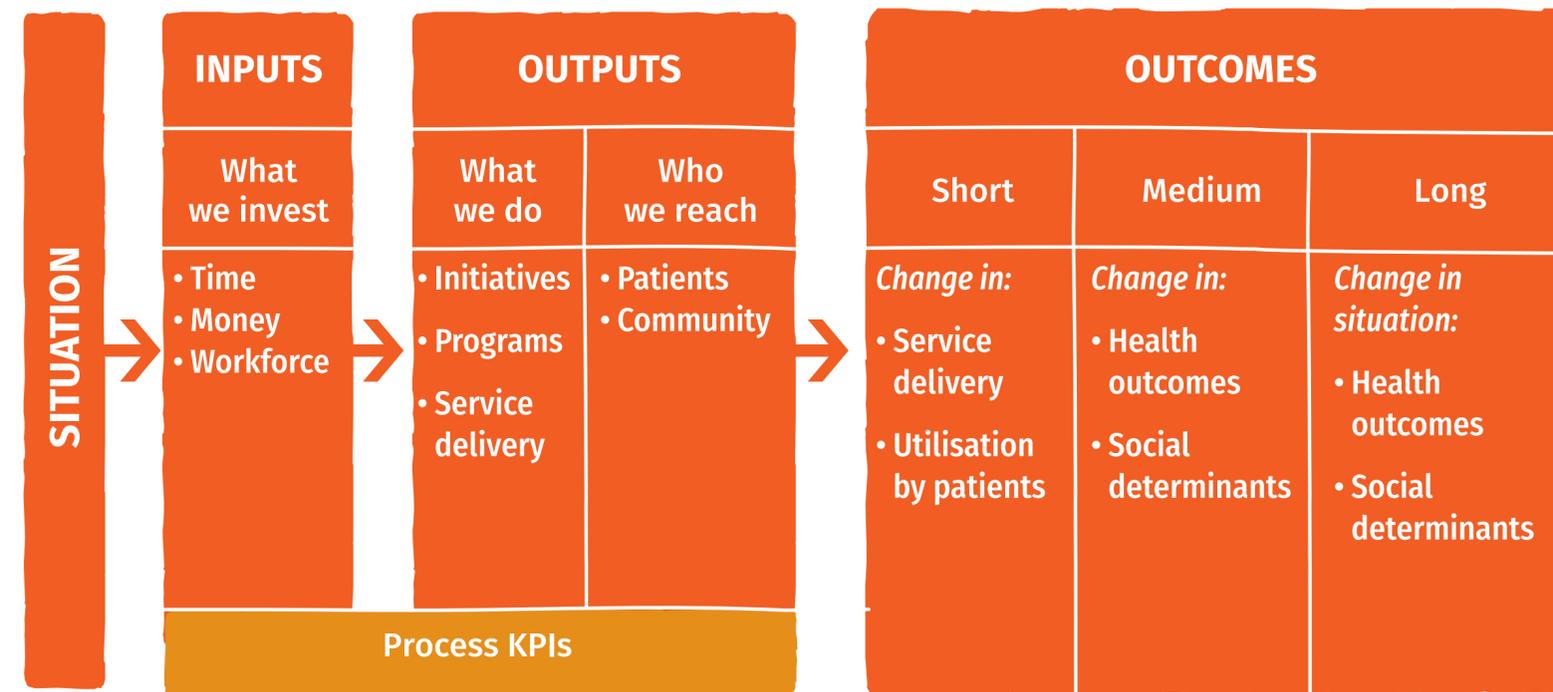
In order to measure progress against outcomes, the development of key performance indicators (KPIs) are required. The development of these KPIs at a HHS and regional level will enable reporting to the HHS Boards, Department of Health and the prescribed stakeholders on Health Equity progress. The aligning of these KPIs to the nKPIs will reduce duplication of outcome reporting whilst also ensuring system performance across Queensland can be measured.

The KPIs developed should not be related to only outcomes but also the inputs and outputs of programs to improve outcomes (as shown in the program logic). In practice this means the development of process measures, access measures and system measures. A worked example of this process is shown [here](#). [Here](#) also highlights some possible measures that could be considered during the development of HHS Health Equity KPIs.

Remember, agreed KPI's must be those that relate to:

- improving health and wellbeing outcomes
- actively eliminating racial discrimination and institutional racism
- influencing the social, cultural and economic determinants of health
- delivering sustainable, culturally safe and responsive healthcare services
- working with Aboriginal and Torres Strait Islander peoples, communities and organisations to design, deliver, monitor, and review health services.

KPI program logic



- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

HEALTH EQUITY STRATEGY TOOLKIT

Further information and templates

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  Health reform funnel
 -  Accountability framework
 -  Partnership agreement
 -  Example KPI's
 -  LANA Measures
 -  Final checklist
 -  Additional information and links

HEALTH EQUITY STRATEGY TOOLKIT

Health Reform Funnel

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

Reflective mapping tool for legislative compliance

HHSs and their partners have already signed up to a number of different agreements. Therefore consideration of how Health Equity Strategies align with these is important to ensure a streamlined approach to achieving outcomes.

As part of this, HHS should map and align their existing actions, policies, programs and funding decisions against the funnel (next page) and checklist (to the right).

This will ensure strategies are aligned to Queensland Government priorities. HHSs should also review against partner organisations strategic plans particularly in relation to prevention and intervention.

Effective mapping of these policies against the funnel domains will:

- Ensure greater alignment, consistency and clarity of purpose
- Identify deficiencies
- Identify actions non-alignment
- Provide the basis for the Health Equity Strategy.

<u>Queensland Public Service Values</u>	<u>Qld Gov. Statement of Commitment to Reframe the Relationship</u>	<u>HHB Health Equity Strategies Regulation AREAS</u>	<u>HHB Health Equity Strategies Regulation ACTIONS</u>	<u>HHB Health Equity Strategies Regulation ALIGNMENT</u>
<input type="checkbox"/> Customers First <ul style="list-style-type: none"> • Know your customers • Deliver what matters • Make decisions with empathy <input type="checkbox"/> Ideas into Action <ul style="list-style-type: none"> • Challenge the norms and suggest solutions • Encourage and embrace new ideas • Work across boundaries <input type="checkbox"/> Unleash Potential <ul style="list-style-type: none"> • Expect greatness • Lead and set clear expectations • Seek, provide and act on feedback <input type="checkbox"/> Be Courageous <ul style="list-style-type: none"> • Own your actions, successes and mistakes • Take calculated risks • Act with transparency <input type="checkbox"/> Empower People <ul style="list-style-type: none"> • Lead, empower and trust • Play to everyone's strengths • Develop yourself and those around you 	<input type="checkbox"/> Recognition of Aboriginal and Torres Strait Islander peoples as First Nation Peoples of QLD <input type="checkbox"/> Self-determination <input type="checkbox"/> Respect for Aboriginal and Torres Strait Islander cultures <input type="checkbox"/> Locally led decision making <input type="checkbox"/> Shared commitment, shared responsibility, shared accountability <input type="checkbox"/> Empowerment <input type="checkbox"/> Free, prior and informed consent <input type="checkbox"/> Strength-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities	<input type="checkbox"/> Improve health and wellbeing outcomes for First Nations peoples <input type="checkbox"/> Actively eliminate racial discrimination and institutional racism within the service <input type="checkbox"/> Increase access to healthcare services <input type="checkbox"/> Influence the social, cultural and economic determinates of health <input type="checkbox"/> Deliver sustainable , culturally safe and responsive healthcare services <input type="checkbox"/> Work with Aboriginal and Torres Strait Islander people and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services	Including: <input type="checkbox"/> Entering into partnership agreements or other arrangements with the Service Delivery Stakeholders for the Health Equity Strategy <input type="checkbox"/> Work with the Implementation Stakeholders for the Health Equity Strategy to ensure greater collaboration, shared ownership and decision making and implementation of the Strategy <input type="checkbox"/> Improve the integration of health service delivery between the service and Service Delivery Stakeholders <input type="checkbox"/> Provide inclusive mechanisms to support Aboriginal and Torres Strait Islander people of all needs and abilities to give feedback to the service <input type="checkbox"/> Increase workforce representation of Aboriginal and Torres Strait Islander people across all levels and employment streams to levels at least commensurate with the health service area's First Nations population	<input type="checkbox"/> The strategic and operational objectives of the Service <input type="checkbox"/> Other strategies, policies, guidelines or directives made by, or applying to, the Service under the Act or another Act <input type="checkbox"/> Health Equity Strategies of other Services <input type="checkbox"/> Other National, State and Local government strategies, policies, agreements and standards relevant to promoting shared decision-making, shared ownership and working in partnership with Aboriginal and Torres Strait Islander peoples

- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel**
 - Accountability framework**
 - Partnership agreement**
 - Example KPI's**
 - LANA Measures**
 - Final checklist**
 - Additional information and links**

Health Equity Strategies Regulation Reform Funnel

There are a number of existing national priorities and state directives that are in place across the system currently—it is important to consider how the Health Equity priority areas and their actions are aligned with and support the existing frameworks, principles and values.



Customers first

- Know your customer
- Deliver what matters
- Make decisions with empathy



Ideas into action

- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries



Unleash potential

- Expect greatness
- Lead and set clear expectations
- Seek, provide and act on feedback



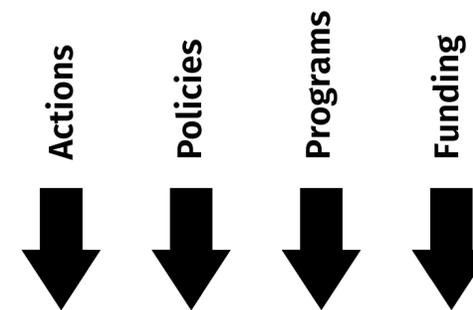
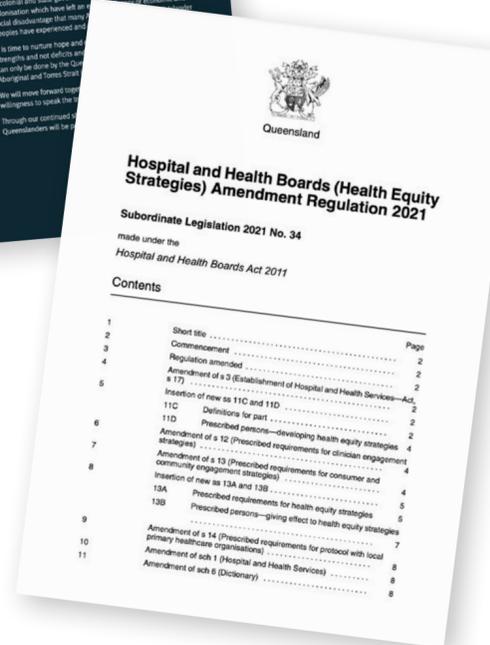
Be courageous

- Own your actions, successes and mistakes
- Take calculated risks
- Act with transparency



Empower people

- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you



Queensland Public Service
Values

Old Gov. Statement of Commitment to Reframe the Relationship
Principles

HHS (Health Equity Strategies) Amendment Regulation 2021
Key Priority Areas

Health Equity Strategies Regulation
Actions

Health Equity Strategies Regulation
Alignment

- Purpose of this document
- Definition of Health Equity Framework
- Development of strategies journey
- Health Equity strategy components
- Legislative requirements
- What is co-design
- Project Life Cycle
- Definition of priority areas
- Structure of actions
- Governance
- Stakeholders and roles
- Priority health needs
- KPIs

- Health reform funnel
- Accountability framework
- Partnership agreement
- Example KPI's
- LANA Measures
- Final checklist
- Additional information and links

HEALTH EQUITY STRATEGY TOOLKIT

Accountability framework

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

Key consideration to support improved accountability

As the action plans are developed to support each key priority area in the Health Equity Strategy, there are a number of key considerations for each of the components that (if completed) will improve accountability, transparency and ownership of the actions to be taken forward and delivered. This will ultimately improve chances of delivering change.

Strategic Priority 2: (e.g.) Increasing access to healthcare services	
<p>Strategy 2A: (e.g.) Reduce DNA rates through integration of ILO for First Nations patients</p>	<p>Partnering with Service Delivery Stakeholders</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has the Service Delivery Stakeholder been identified for this Action Plan? <input type="checkbox"/> Have they provided input into the draft? <input type="checkbox"/> Have they been made aware of the intent and the actions to be delivered? <input type="checkbox"/> Are they aware of their role and responsibilities going forward?
<p>Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has an action plan been developed to support the implementation of the strategy? <input type="checkbox"/> For each action, are the responsible officers and/or owners identified and aware of their responsibility? <input type="checkbox"/> Have you consulted with other HHSs about your strategy? <input type="checkbox"/> Are there any current actions that have been identified but not currently part of a work program? <input type="checkbox"/> Have you included the prescribed stakeholders in the development of the actions? 	<p>Key Performance Indicators</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have short term outcome KPIs been identified for this strategy? <input type="checkbox"/> Have medium term outcome KPIs been identified for this strategy? <input type="checkbox"/> Have long term outcome KPIs been identified for this strategy? <input type="checkbox"/> Have you identified the process KPIs to achieve these outcomes? <input type="checkbox"/> Have these KPIs been documented and communicated to all responsible parties? <input type="checkbox"/> Has the reporting mechanism been identified for the above KPIs?

- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- Health reform funnel
 - Accountability framework
 - Partnership agreement
 - Example KPI's
 - LANA Measures
 - Final checklist
 - Additional information and links

Key consideration to support improved accountability

<p>Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you identified the responsible officer? <input type="checkbox"/> Have all relevant parties been informed of their roles and responsibilities? <input type="checkbox"/> Have all resources necessary to the project been identified? Including: <ul style="list-style-type: none"> <input type="checkbox"/> workforce <input type="checkbox"/> budget <input type="checkbox"/> Does this strategy require support from external health services? If so, is a partnership agreement in place to align relevant parties? 	<p>Timeline</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have timelines been identified as part of this strategy? Including the intermittent steps for the delivery of outcomes. <input type="checkbox"/> Are these timelines documented and communicated to all responsible parties? <input type="checkbox"/> Are these timelines achievable?
<p>Alignment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you ensured this strategy and relevant action plan is aligned to other strategic priorities? These include: <ul style="list-style-type: none"> <input type="checkbox"/> HHS Performance and Accountability Framework <input type="checkbox"/> Strategies, policies guidelines or directives made by or applying to the HHS <input type="checkbox"/> HHS strategic and operational objectives <input type="checkbox"/> Health equity strategies of other HHSs <input type="checkbox"/> Other relevant national, state and local governments strategies, policies, agreements and standards. 	

-  Purpose of this document
-  Definition of Health Equity Framework
-  Development of strategies journey
-  Health Equity strategy components
-  Legislative requirements
-  What is co-design
-  Project Life Cycle
-  Definition of priority areas
-  Structure of actions
-  Governance
-  Stakeholders and roles
-  Priority health needs
-  KPIs

-  **Health reform funnel**
-  **Accountability framework**
-  **Partnership agreement**
-  **Example KPI's**
-  **LANA Measures**
-  **Final checklist**
-  **Additional information and links**

HEALTH EQUITY STRATEGY TOOLKIT

Communication to stakeholders

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

Communication to stakeholders

Below provides a potential guide that can be used for communicating with the prescribed stakeholders around the legislative amendments, what this process is trying to achieve, and inviting them to partner with the HHS in the journey.

Key Messages to Prescribed Stakeholders

- Queensland has until 2031 to Close the Gap and achieve life expectancy parity with Aboriginal peoples and Torres Strait Islander peoples.
- In order to accelerate effort and engage all aspects of the health system and broader community, Queensland Health has commenced an ambitious First Nations health equity reform agenda, underpinned by the most progressive legislation in Australia to deliver locally co-designed co-owned and co-implemented First Nations Health Equity Strategies.
- The commencement of the new [Hospital and Health Boards \(Health Equity Strategies\) Amendment Regulation 2021](#) on 30 April has substantially changed the legal framework guiding the public health system in Queensland by prioritising First Nations health equity.
- The new legislative amendments provide the authority to redesign and reshape the way health systems deliver service in partnership with Aboriginal peoples and Torres Strait Islander peoples, organisations, and other key stakeholders.
- We are committed to a new way of working together, delivering real outcomes and lasting change through a genuine partnership approach – and we invite you [ie prescribed stakeholder] to partner with us to achieve those ends.

Key Documents

- [Legislative requirements](#)
- [What is co-design](#)

MESSAGE FROM OUR PARTNERS

There should be a coordinated approach to the community from the HHS, ATSI CCHOs and PHNs that clearly articulates the journey that is beginning and the intent so that the community is informed of what to expect.

WHAT DOES HEALTH EQUITY MEAN IN THE REGION?

There should be communication strategy targeting the region and communities with key messaging on the Health Equity Strategies, and how they can engage in the process.

WHAT ARE THE NEEDS AND PRIORITIES OF THE COMMUNITY?

Co-design should occur with the community in a meaningful way to identify their needs and priorities to ensure there is a holistic view of local health needs.

- Purpose of this document
- Definition of Health Equity Framework
- Development of strategies journey
- Health Equity strategy components
- Legislative requirements
- What is co-design
- Project Life Cycle
- Definition of priority areas
- Structure of actions
- Governance
- Stakeholders and roles
- Priority health needs
- KPIs
- Health reform funnel
- Accountability framework
- Partnership agreement
- Example KPI's
- LANA Measures
- Final checklist
- Additional information and links

HEALTH EQUITY STRATEGY TOOLKIT

Types of partnership arrangements

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  Health reform funnel
 -  Accountability framework
 -  Partnership agreement
 -  Example KPI's
 -  LANA Measures
 -  Final checklist
 -  Additional information and links

Types of partnering arrangements

	Letter of Intent	Memoranda of Understanding (MoU)	Unincorporated joint venture	Incorporated joint venture (Partnership)
Coverage	Scope of the agreement is dependent on the parameters of the collaboration sought with the partnering organisation or service.	Scope of the agreement is dependent on the parameters of the collaboration sought with the partnering organisation or service.	Both parties are bound to fulfil whatever obligations are written in the joint venture contract.	The partnership creates a separate legal service made up of the two parties. Services have a responsibility to perform the duties and obligations as described in the partnership agreement, and are also expected to exercise their rights and powers in good faith to benefit the partnership.
Obligations	You have within reason attempted to engage all of the Prescribed Persons Sub-Committee, clearly explained your need and the expectations of the prescribed persons.	Your obligation is to set out what has been agreed upon with the partnering party.	Obligations are set out in the terms of the partnership agreement and also arise through general (common law) obligations.	As an incorporated joint venture, parties are likely to be members of the joint venture company and have broader obligations as members than those outlined in the contract.
Legality	Not likely to be legally binding	Not likely to be legally binding	Legally binding document	Legally binding document
Intent	Where parties wish to show willingness and intent to collaborate.	Where the two parties are separate organisations, but have agreed to work collaboratively together.	Where the two parties are separate services, but now are also part of a joint venture together. Both parties commit resources and take on risk and a joint venture is agreed.	Where two parties are jointly and separately liable for expenses of the partnership.
Example	For example, the HHS may use a letter of intent to commence engagement with the Development Stakeholders.	For example, the HHS and the local PHN may agree to work together to achieve certain outcome KPIs through their own respective process KPIs.	For example, the HHS may provide funding or workforce to a community organisation that provides an existing service.	For example, two parties may lease a property together and commit resources from their separate entities.

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

Examples of partnership arrangements



The Safer Baby Bundle is a partnership between the Clinical Excellence Queensland (CEQ), the Stillbirth Centre of Research Excellence, maternity professionals and bereaved parents.

The program works to prevent stillbirths with online educational resources through:

- Supporting women to stop smoking in pregnancy
- Improving detection and management of fetal growth restriction
- Raising awareness and improving care for women with decreased fetal movements
- Improving awareness of maternal safe going-to-sleep position in late pregnancy
- Improving decision-making about the timing of birth for women with risk factors for stillbirth.



Better Health North Queensland Alliance is a partnership between the five northern Queensland Hospital and Health Services (HHS), Primary Health Networks (PHN), Queensland Aboriginal and Islander Health Council (QAIHC), the Queensland Department of Health (DoH), and consumers.

The alliance is working to ensure that Northern Queenslanders are as healthy as all Queenslanders.



The Birthing In Our Community (BiOC) Program is a partnership between the Institute for Urban Indigenous Health (IUIH), the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane and the Mater Mothers' Hospital.

BiOC integrates the midwifery services and expertise of the Mater Mothers' Hospital with the cultural knowledge and clinical expertise of IUIH and ATSICHS Brisbane, enabling a unique approach to service delivery.



Children's Health Queensland Hospital and Health Service



The Yarrabilba Family and Community Place (YFCP) is a purpose-built integrated community facility. It is a innovative cross-agency initiative led by an allied health project team at Children's Health Queensland HHS (CHQ).

The centre focusses on the provision of inclusive and flexible health, education, and social services in a safe and supportive environment that encourages community connectedness and improves outcomes for children, families and the broader community.

YFCP involves government, non government and private stakeholders with CHQ and the Department of Education providing coordination and delivery of the programs.

- Purpose of this document
- Definition of Health Equity Framework
- Development of strategies journey
- Health Equity strategy components
- Legislative requirements
- What is co-design
- Project Life Cycle
- Definition of priority areas
- Structure of actions
- Governance
- Stakeholders and roles
- Priority health needs
- KPIs

- Health reform funnel**
- Accountability framework**
- Partnership agreement**
- Example KPI's**
- LANA Measures**
- Final checklist**
- Additional information and links**

HEALTH EQUITY STRATEGY TOOLKIT

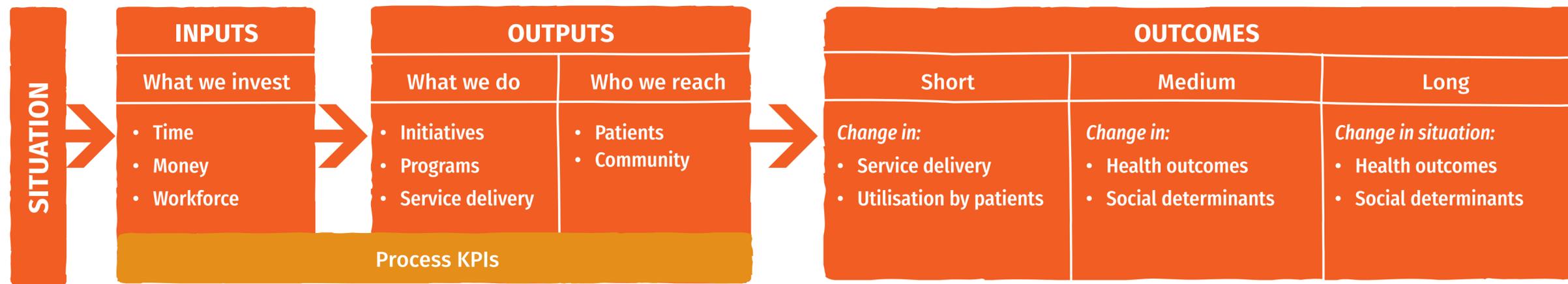
KPIs

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

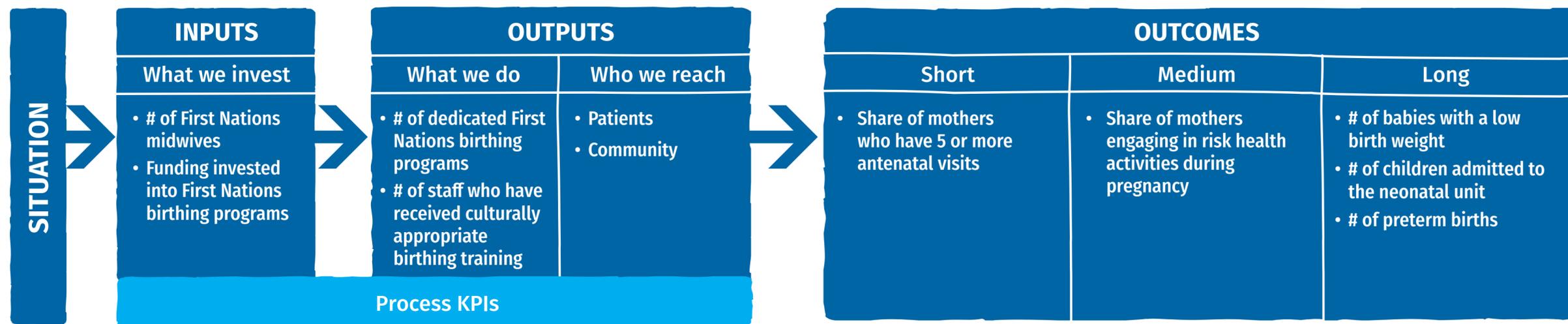
KPIs—worked example of program logic

KPIs will play a key role in the Health Equity Strategy over the next 10 years in terms of identifying where there are gaps in First Nation specific data recording and (2) ensuring that the strategies and actions that are implemented deliver the impact desired and are therefore the right investment in scarce resources.

Program logic template



Worked example—healthy mums and bubs



- Purpose of this document
 - Definition of Health Equity Framework
 - Development of strategies journey
 - Health Equity strategy components
 - Legislative requirements
 - What is co-design
 - Project Life Cycle
 - Definition of priority areas
 - Structure of actions
 - Governance
 - Stakeholders and roles
 - Priority health needs
 - KPIs
-
- [Health reform funnel](#)
 - [Accountability framework](#)
 - [Partnership agreement](#)
 - [Example KPI's](#)
 - [LANA Measures](#)
 - [Final checklist](#)
 - [Additional information and links](#)

KPIs—example measures

Over the next two pages are example key performance indicators to provide a starting point – as the maturity of data and new sources are coming through, there will be opportunities to further develop and expand to ensure impact and change is measured.

POSSIBLE PROCESS MEASURES

Number and evidence of endorsement of the HHS Health Equity Strategy by Development Stakeholders (particularly the Service-Delivery Stakeholders)

Percentage of investment in Aboriginal and Torres Strait Islander owned businesses (Target: Commensurate to local population)

Evidence of services and/or programs transitioned to ATSI CCHOs

A dedicated budget that shows continuous growth in baseline mainstream investment (at least commensurate with local First Nations population growth) directed towards services and programs for First Nations peoples

Demonstrated knowledge of the health and socioeconomic profile of the local First Nations communities, including stratification of risk

Number and evidence of policies and procedures created or reviewed aimed at reducing institutional biases and institutional racism that promote inclusivity, racial equity and anti-racism

POSSIBLE EQUITY OF ACCESS MEASURES

Percentage of Queensland mothers pregnant with a First Nations baby whose first antenatal visit is within the first trimester

Telehealth utilisation rates (First Nations People)—Number of non-admitted telehealth service events (First Nations, total population)

Proportion of mental health service episodes with a documented care plan

Rate of face-to-face community follow up within 1–7 days of discharge from an acute mental health inpatient unit

Number of unplanned readmission rates

Emergency Department wait times by triage category

% of Category 1 patients treated within the clinically recommended time

Completed courses of oral health care for First Nations adult patients

The number and proportion of First Nations peoples who discharge from hospital against medical advice

The number and proportion of First Nations peoples recorded as Did Not Attend

Potentially preventable hospitalisations—hospital acquired complications

Proportion of Aboriginal and/or Torres Strait Islander peoples on elective surgery waitlist seen within clinically recommended time.

Proportion of Aboriginal and/or Torres Strait Islander people on specialist outpatient waitlist seen within clinically recommended time

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

KPIs—example measures

POSSIBLE MEASURES FOR ASSESSING HEALTH EQUITY IMPROVEMENTS IN SYSTEMS AND PROCESSES

Evidence of representation by First Nations peoples on HHS governance structures

Number of Board reports that present data disaggregated by First Nations status

Local Health Equity Strategy is embedded into HHS (and other Service-Delivery Stakeholders) Strategic and operational plans

Annual local health equity reviews demonstrates improvements in program access and equity of outcome

Evidence of continuous engagement with prescribed stakeholders, including ATSI CCHOs and the local Aboriginal and Torres Strait Islander community especially Traditional Custodians /Owners and First Nations HHS staff.

Evidence that health equity and anti-racism is embedded at all levels through the system

Number and evidence of partnership arrangements with agencies and providers in the social services, employment, and education sectors to demonstrate contribution to addressing the determinants of health and achievement of nKPIs.

Proportion of HHS models of care that demonstrate improvements in care coordination, including partnerships with Service-Delivery Stakeholders and other service providers, the implementation of effective care coordination and navigation pathways into and out of hospitals

Proportion of First Nations patients offered connection to a culturally capable care coordination service

POSSIBLE EQUITY OF OUTCOME MEASURES

Percentage of the workforce who identify as being First Nations People—by discipline (Target: Commensurate to local population)

Percentage of low birthweight First Nations babies born to Queensland mothers

The number and proportion of hospitalisations of First Nations people with diabetes complications/non-diabetes complications that could have been prevented through the provision of non-hospital services

Reduction in premature mortality rates

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

HEALTH EQUITY STRATEGY TOOLKIT

Local Area Needs Assessment (LANA) measures

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  Health reform funnel
 -  Accountability framework
 -  Partnership agreement
 -  Example KPI's
 -  LANA Measures
 -  Final checklist
 -  Additional information and links

Potential Determinants of Health

Under the current LANA planning, below are a list of the regional indicators.

	Region
Geography	
Geographic area	•
Remoteness	•
Demography	
Total population	•
Community/Sub-regions population	•
Population growth	•
Population projections	•
Population by Age	•
Indigenous population and number	•
Language other than English at home	•
Country of birth	•
Resident in Australia for five years of more and born in NES countries	•
Annual births	•
Fertility rate	•
Reported offences	•
Social Determinants	
SEIFA score	•
Education – highest level of schooling	•
Total family income	•
Unemployment status	•
Financial hardship	•

	Region
Access to housing	•
Overcrowding	•
Household composition	•
% of children developmentally vulnerable	•
Service Profiling	
Service mapping	•
Service performance analysis	•
Workforce mapping	•
Health Behaviours	
% of population living in need of assistance with a profound or severe disability	•
Obesity rates	•
Adequate fruit and vegetable intake	•
Physical activity	•
Smoking rates	•
Alcohol consumption	•
Illicit drug use	•
Number of antenatal visits	•
Obese mothers	•
Smoking during pregnancy	•
Cancer screening rates	•

	Region
Health Status	
Self-assessed health	•
Life expectancy	•
Premature births	•
Low birthweight	•
Immunisation rates	•
Age standardised mortality rates	•
Years of life lost	•
Premature mortality rates	•
Infant mortality rates	•
Leading causes of death	•
Avoidable deaths	•
Incidence/Prevalence rates of selected diseases and conditions	•
Mental and psychological distress	•
Potentially preventable hospitalisations	•
Aged standardised rates of PPH	•
Total admitted separations for PPH dental related conditions (primary diagnosis)	•
Vaccine preventable diseases	•
Estimates of unmet need for assistance for 1-4 activities	•
Rates of suicide	•

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

Potential Determinants of Health

Under the current LANA planning, below are a list of the regional indicators.

	Region
Service Access and Availability	
Number of GP clinics by sub region and hospital catchment	•
Registered health workforce by profession	•
Workforce FTE per 1000 population by profession	•
GP FTE per 1000 people	•
Medical FTE per 1000 people	•
Nursing FTE per 1000 people	•
Allied Health FTE per 1000 people	•
Indigenous health workers FTE per 1000 population	•
Mental health practitioners per 100 population	•
District of workforce shortage for GPs	•
Average number of GP attendances per person	•
Hospital beds per capita	
Number of Aboriginal Community Controlled Health Services	•
ED treatment spaces per capita	
Elective surgery wait times	
Elective procedure wait times	

	Region
Outpatient wait times	
Barriers to accessing healthcare	•
Percentage of workforce identifying as First Nations	•
Service Utilisation	
Average number of attendances per person	•
Bulk billing rates	•
Frequent GP attenders	•
After hours GP usage rates	•
GP attendances to residential aged care	•
Percentage of population that did not see a GP	•
NDIS participants	•
Hospitalisations – total admitted patient hospital episodes for all conditions and overnight and same day	•
Relative utilisation of private and public hospital services	•
Lowest service – related groups by total relative utilisation	•
Mental health hospitalisations per 100,000 people	•
Local hospital self-sufficiency rates – secondary and tertiary	•

	Region
ED presentations	
Emergency department statistics	
Potentially unnecessary ED presentations	
Oral health activity – OOS by service	•
Activity by GPOHS clinic	
Activity by CAOHS	
Residential aged care places	•
Number of outpatient service events	
Service events by Tier 2 Clinics	•
Virtual bed separations	•
13HEALTH activity	•
Mental health care plans	•
Chronic disease plans	•
Aboriginal and Torres Strait Islander health checks	•
Services delivered by GPs	•
Services delivered by Allied Health professionals	•

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

HEALTH EQUITY STRATEGY TOOLKIT

Final checklist

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

What your checklist should include

To assist with the legislative requirements of the Hospital and Health Boards Regulation 2012

The Hospital and Health Board (HHB) should consider a Governance Checklist for example:

- Has a publication regarding the HHS’s legislated responsibilities and commitment to First Nations health equity been forwarded to all staff of the HHS on behalf of the HHB Chair and Health Service Chief Executive?
- Has the HHB reviewed and/or amended the membership and/or positioning of its existing committees which focus on First Nations Health in relation to the legislated prescribed stakeholders and requirements (including those to: work with First Nations peoples, communities and organisations to: design, deliver, monitor and review health services [Section 13A(a)(v) of the HHB Regulation 2012])?
- Has the HHB ensured that the Prescribed Stakeholders Sub-committee (or other) been provided with the necessary resources to effectively undertake its functions (above noted)?

To ensure the HHB is compliant with the legislative requirements of the HHB Regulation 2012

The HHB should consider a Health Equity Strategy Checklist for example:

- That the legislated prescribed persons have been involved throughout the development process
- Developed strategies for each of the objectives:
 - improved health and wellbeing outcomes for Aboriginal peoples and Torres Strait Islander peoples
 - actively eliminating racial discrimination and institutional racism within the Service
 - increasing access to healthcare services
 - influencing the social, cultural, and economic determinants of health
 - delivering sustainable, culturally safe and responsive healthcare services
 - working with Aboriginal peoples, Torres Strait Islander peoples and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor, and review health services.
- Developed an action plan for each Strategy including KPIs

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

What your checklist should include

To ensure the HHB is compliant with the legislative requirements of the HHB Regulation 2012 (continued)

- Listed actions to achieve the KPIs, including through:
 - Entering into partnership agreements or other arrangements with the legislated Service-Delivery Stakeholders for the Health Equity Strategy
 - Working with the legislated Implementation Stakeholders for the Health Equity for the Strategy to ensure greater collaboration, shared ownership and decision-making and the implementation of the Strategy
 - Improving the integration of health service delivery between the HHS and the legislated Service-Delivery Stakeholders
 - Providing inclusive mechanisms to support First Nations peoples of all needs and abilities to give feedback to the Service
 - Increasing workforce representation of First Nations peoples across all levels of health professions and employment streams to levels at least commensurate with the HHS's Aboriginal and Torres Strait Islander population.

- Aligned each strategy to:
 - the strategic and operational objectives of the Service;
 - other strategies, policies or guidelines or directives made by, or applying to, the Service under the Act or another Act

Examples

 - the Health Equity Strategy Health Service Directive
 - the HHS's Consumer and Community Engagement Strategy
 - the HHS's Protocols with Local Primary Healthcare Organisations
- Health Equity Strategies of other Services;
- other national, state, and local government strategies, policies, agreements, and standards relevant to promoting shared decision-making, shared ownership and working in partnership with Aboriginal peoples and Torres Strait Islander peoples.

- Examples*
- The National Agreement on Closing the Gap 2020
 - The Queensland Government Statement of Commitment to Reframe the Relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government
 - The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

HEALTH EQUITY STRATEGY TOOLKIT

Additional information

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**

Additional information and links

To read the legislation:

Link to the legislation passed can be found [here](#)

Link to the Health Service Directive can be found [here](#)

To find out who your prescribed stakeholders are:

For Native Title Holders please contact your regional [DSDSATSIP Office](#)

The [Prescribed Body Corporate \(PBC\) website](#) provides information and resources for Native Title Groups and Corporations

For a List of Aboriginal and Torres Strait Islander Community Health Organisations see [QAIHC](#) for membership contacts

For the local [Primary Health Networks](#)

For further information about integrated care and codesign:

Information on Place-based systems of care can be found [here](#)

Understanding integration: how to listen and learn from people and communities can be found [here](#)

For further information around engaging consumers:

Health Consumers Queensland [Consumer and Community Engagement Framework](#)

A [guide](#) for Consumers Partnering with Health Organisations

-  Purpose of this document
 -  Definition of Health Equity Framework
 -  Development of strategies journey
 -  Health Equity strategy components
 -  Legislative requirements
 -  What is co-design
 -  Project Life Cycle
 -  Definition of priority areas
 -  Structure of actions
 -  Governance
 -  Stakeholders and roles
 -  Priority health needs
 -  KPIs
-
-  **Health reform funnel**
 -  **Accountability framework**
 -  **Partnership agreement**
 -  **Example KPI's**
 -  **LANA Measures**
 -  **Final checklist**
 -  **Additional information and links**