HEALTH EQUITY STRATEGY TOOLKIT

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

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.
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.

<table>
<thead>
<tr>
<th>Document</th>
<th>Purpose</th>
<th>What the document includes</th>
<th>Target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Equity Strategies Regulation</td>
<td>The regulation provides the legal requirements associated with the <em>Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021</em>. This includes the prescribed requirements for the strategy including the priority areas.</td>
<td>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.</td>
<td>Everyone</td>
</tr>
<tr>
<td>Health Service Directive: Health Equity Strategy co-design and mediation process</td>
<td>The Health Service Directive provides a consistent and transparent process to the development of the Health Equity Strategies.</td>
<td>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.</td>
<td>HHS</td>
</tr>
<tr>
<td>Health Equity Framework</td>
<td>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.</td>
<td>This document includes who the stakeholders are, what co-design means and further information on what the priority areas mean.</td>
<td>HHS and prescribed stakeholders</td>
</tr>
<tr>
<td>Health Equity Strategy Template</td>
<td>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.</td>
<td>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.</td>
<td>HHS and prescribed stakeholders</td>
</tr>
<tr>
<td>Health Equity Strategy Toolkit</td>
<td>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.</td>
<td>The toolkit provides practical tools that will assist the completion of the template. These include: accountability framework, partnership agreement, example KPIs, final checklist etc.</td>
<td>HHS and prescribed stakeholders</td>
</tr>
</tbody>
</table>
HEALTH EQUITY STRATEGY TOOLKIT

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

Equality

Equity
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,
- Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government
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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement and project initiation</td>
<td>Health Equity Strategy Template and Toolkit distributed to HHSs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning and co-development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreement of KPIs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive and Board approval process</td>
<td>Health Equity Strategies to be approved by the CATSIHO by 29 April 2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Area Needs Assessment (LANA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are a number of legislatively prescribed stakeholders that must be involved as part of the process, the main objective in the first instance will be to ensure that within each key priority area that we are addressing the high priorities for the region and its people.

In parallel, a number of KPIs must be developed and agreed upon between the HHS and the CATSIHO to measure performance against a specific target to drive towards the achievement of the 2031 nKPIs (and beyond).
What this process will require of you

Project Initiation
Activities include:
1. HHS to develop a Prescribed Person engagement strategy with input from HHS First Nations Health Leads and endorsement by the Hospital and Health Board.
2. Develop a plan with Service-Delivery Stakeholders (HHS/ATSICCHOs/PHN) and other key partners for how the strategy will be co-developed with Development Stakeholders, and others.
3. Mapping of existing plans and how these may feed into the Health Equity Strategy.
4. Development of governance structure (including identification of executive sponsor, responsible officers and resources available). This will also include defining the sign off and endorsement groups
5. Map, identify and confirm stakeholders (a guide to this is shown here).

Refine actions
Activities include:
1. Identify and develop actions under each of the priority areas identified. These actions will be SMART (Specific, Measurable, Achievable, Realistic and Timely) actions to enable the co-development and negotiation of KPIs.
2. In consideration of these actions, HHS should identify partners and the type of partnership arrangement they would like to use (Joint Venture etc.). These partnerships (brief overview of which is shown here) will enable co-delivery of services (particularly with Service-Delivery Stakeholders), as appropriate, as well as a shared commitment, shared responsibility and shared accountability.

Agree KPIs
Activities include:
1. Development of KPIs. This will include both outcome and process based KPIs (see here for further detail)
2. Action plans that detail how these will be measured in practice and reporting requirements/processes that need to be implemented for this data
3. Development of an accountability framework and reporting mechanisms so that KPIs and improvements can be reported to the HHS Board, the Department of Health and the legislatively prescribed stakeholders, and others.

Implement and monitor
Activities include:
During the co-development and co-implementation of the Health Equity Strategy, implementation of must actions should be considered. An implementation plan in conjunction with the strategy should be developed with implementation Stakeholders. This will include items such as:
- Implementation timelines
- Identification and confirmation of responsible officers/resourcing
- Funding allocations and sources
- Strategies to embed into HHS operational plan, and alignment with operational plans of the Service-Delivery Stakeholders, where relevant
- Ongoing monitoring and evaluation processes.

A draft version of HES for input into SLA negotiations by December 2021

The first Health Equity Strategy must be approved by the CATSIHO by 29 April 2022
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**
A template provided to HHS with an overview of the components for the strategy.

**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.

**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.
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 Implementation 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

### Legislative requirements

- 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
What is co-design?

"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*

---

**Principles of co-design**

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

**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’).
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)
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively eliminating racial discrimination and institutional racism within the service</td>
<td>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”.</td>
</tr>
<tr>
<td>Increasing access to healthcare services</td>
<td>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.</td>
</tr>
<tr>
<td>Delivering sustainable, culturally safe and responsive healthcare services</td>
<td>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.</td>
</tr>
<tr>
<td>Influencing the social, cultural and economic determinants of health</td>
<td>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.</td>
</tr>
<tr>
<td>Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services</td>
<td>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.</td>
</tr>
</tbody>
</table>

*NOTE: This text is an excerpt from the HEALTH EQUITY STRATEGY TOOLKIT by Queensland's Aboriginal and Torres Strait Islander Health Council.*
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**.

### 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 Health Equity Strategies

**Improving Health and wellbeing outcomes for First Nations people**

<table>
<thead>
<tr>
<th>Action</th>
<th>KPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively eliminating racial discrimination and institutional racism</td>
<td>Number of policies updated or created to eliminate institutional racism and promote anti-racism</td>
</tr>
<tr>
<td>within the service</td>
<td>Decrease the average distance travelled to access care for First Nations patients</td>
</tr>
<tr>
<td></td>
<td>Commensurate representation of First Nations peoples within the workforce</td>
</tr>
<tr>
<td></td>
<td>Increase number and frequency of staff completing cultural capability or anti-racism training</td>
</tr>
<tr>
<td></td>
<td>Number of partnerships successfully delivering on their agreement</td>
</tr>
<tr>
<td>Position patient experience captured through PREMs</td>
<td>Reduce wait time for First Nations peoples</td>
</tr>
<tr>
<td></td>
<td>Commensurate procurement of First Nations businesses</td>
</tr>
<tr>
<td></td>
<td>Increased proportion of baseline funds allocated to First Nations health services and programs</td>
</tr>
<tr>
<td></td>
<td>First Nations representation on all HHS governance</td>
</tr>
</tbody>
</table>

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.
**HEALTH EQUITY STRATEGY TOOLKIT**

**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.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Hospital and Health Board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advisory Committee</td>
</tr>
<tr>
<td></td>
<td>Audit Committee</td>
</tr>
<tr>
<td></td>
<td>Finance and Performance Committee</td>
</tr>
<tr>
<td></td>
<td>First Nations Health Equity Executive Committee</td>
</tr>
</tbody>
</table>

**Purpose**
The purpose of the Tier 1 First Nations Health Equity Executive Committee is to support the Board in achieving health equity. This will include:
- Developing and providing accountability for the Health Equity Strategy
- Working with the Health Service Chief Executive to progress strategic issues identified by the board in relation to issues impacting First Nations health and wellbeing outcomes

**Proposed meeting frequency**
In line with other committees, the Tier 1 committee will meet bi-monthly. It is anticipated that these meetings will coincide with the monthly Board meeting. The committee chair may call additional meetings or alter meeting dates and frequency as necessary

**Proposed membership**
- Chair of the Board (co-chair)
- Hospital and Health Board First Nations representative (co-chair)
- Executive Director, HHS Lead Aboriginal and Torres Strait Islander Health
- Representatives from each ATSICCHO
- Representative from PHN
- First Nations Consumer representative
- Other prescribed stakeholder representatives (including Traditional Custodians)

**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.

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Potential Tier 2 Health Equity Strategies Prescribed Stakeholders Sub-committee/s</th>
</tr>
</thead>
</table>

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

Queensland Health | Queensland Aboriginal and Islander Health Council
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**

The purpose of the Tier 2 First Nations Health Equity Strategies Prescribed Stakeholders Sub-committees are to support the Tier 1 Committee in the effective design, delivery, monitoring and review of the Health Equity Strategies. This will include:
- Further strengthening the relationship between the Board, Health Service Chief Executive, Tier 1 Committee, and the local First Nations communities to ensure appropriate levels of downward accountability from the Service to First Nations health consumers and community members in the delivery of the Health Equity Strategies
- Supporting the Tier 1 Committee and Board in monitoring the implementation of the Health Equity Strategies at the local level and addressing issues that arise.

**Proposed membership**

At a minimum, this would include representatives from each of the legislated prescribed stakeholders within the boundaries of those regional (geographic) clusters.

- **Co-chairs**
  - Executive Director, HHS Lead Aboriginal and Torres Strait Islander Health
  - First Nations nominee from membership.
  
See legislative requirements for more information.
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.
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 the 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.
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.

**KPI program logic**

**SITUATION**

**INPUTS**

- What we invest
  - Time
  - Money
  - Workforce

**OUTPUTS**

- What we do
  - Initiatives
  - Programs
  - Service delivery

- Who we reach
  - Patients
  - Community

**OUTCOMES**

- Change in:
  - Service delivery
  - Utilisation by patients

  **Short**
  - Health outcomes
  - Social determinants

  **Medium**
  - Health outcomes
  - Social determinants

  **Long**
  - Health outcomes
  - Social determinants

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.
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
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 partner organisations strategic plans particularly in relation to prevention and intervention.

Effective mapping of these polices 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.
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.
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

#### Strategy 2A:
(e.g.) Reduce DNA rates through integration of ILO for First Nations patients

#### Partnering with Service Delivery Stakeholders
- Has the Service Delivery Stakeholder been identified for this Action Plan?
- Have they provided input into the draft?
- Have they been made aware of the intent and the actions to be delivered?
- Are they aware of their role and responsibilities going forward?

#### Actions
- Has an action plan been developed to support the implementation of the strategy?
- For each action, are the responsible officers and/or owners identified and aware of their responsibility?
- Have you consulted with other HHSs about your strategy?
- Are there any current actions that have been identified but not currently part of a work program?
- Have you included the prescribed stakeholders in the development of the actions?

#### Key Performance Indicators
- Have short term outcome KPIs been identified for this strategy?
- Have medium term outcome KPIs been identified for this strategy?
- Have long term outcome KPIs been identified for this strategy?
- Have you identified the process KPIs to achieve these outcomes?
- Have these KPIs been documented and communicated to all responsible parties?
- Has the reporting mechanism been identified for the above KPIs?
### Purpose of this document

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

### Timeline

- Have timelines been identified as part of this strategy? Including the intermittent steps for the delivery of outcomes.
- Are these timelines documented and communicated to all responsible parties?
- Are these timelines achievable?

### Resources

- Have you identified the responsible officer?
- Have all relevant parties been informed of their roles and responsibilities?
- Have all resources necessary to the project been identified? Including:
  - workforce
  - budget
  - Does this strategy require support from external health services? If so, is a partnership agreement in place to align relevant parties?

### Alignment

- Have you ensured this strategy and relevant action plan is aligned to other strategic priorities? These include:
  - HHS Performance and Accountability Framework
  - Strategies, policies guidelines or directives made by or applying to the HHS
  - HHS strategic and operational objectives
  - Health equity strategies of other HHSs
  - Other relevant national, state and local governments strategies, policies, agreements and standards.
HEALTH EQUITY STRATEGY TOOLKIT

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, ATSICHOs 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.

WHAT DOES HEALTH EQUITY MEAN IN THE REGION?
Types of partnership arrangements
<table>
<thead>
<tr>
<th></th>
<th>Letter of Intent</th>
<th>Memoranda of Understanding (MoU)</th>
<th>Unincorporated joint venture</th>
<th>Incorporated joint venture (Partnership)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
<td>Scope of the agreement is dependent on the parameters of the collaboration sought with the partnering organisation or service.</td>
<td>Scope of the agreement is dependent on the parameters of the collaboration sought with the partnering organisation or service.</td>
<td>Both parties are bound to fulfil whatever obligations are written in the joint venture contract.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Obligations</strong></td>
<td>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.</td>
<td>Your obligation is to set out what has been agreed upon with the partnering party.</td>
<td>Obligations are set out in the terms of the partnership agreement and also arise through general (common law) obligations.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Legality</strong></td>
<td>Not likely to be legally binding</td>
<td>Not likely to be legally binding</td>
<td>Legally binding document</td>
<td>Legally binding document</td>
</tr>
<tr>
<td><strong>Intent</strong></td>
<td>Where parties wish to show willingness and intent to collaborate.</td>
<td>Where the two parties are separate organisations, but have agreed to work collaboratively together.</td>
<td>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.</td>
<td>Where two parties are jointly and separately liable for expenses of the partnership.</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>For example, the HHS may use a letter of intent to commence engagement with the Development Stakeholders.</td>
<td>For example, the HHS and the local PHN may agree to work together to achieve certain outcome KPIs through their own respective process KPIs.</td>
<td>For example, the HHS may provide funding or workforce to a community organisation that provides an existing service.</td>
<td>For example, two parties may lease a property together and commit resources from their separate entities.</td>
</tr>
</tbody>
</table>
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 (QAHC), 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.

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

The centre focuses 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.
KPIs
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

**INPUTS**
- What we invest
  - Time
  - Money
  - Workforce

**OUTPUTS**
- What we do
  - Initiatives
  - Programs
  - Service delivery
- Who we reach
  - Patients
  - Community

**OUTCOMES**
- Short
  - Change in: 
    - Service delivery
    - Utilisation by patients
- Medium
  - Change in: 
    - Health outcomes
    - Social determinants
- Long
  - Change in situation: 
    - Health outcomes
    - Social determinants

Worked example—healthy mums and bubs

**INPUTS**
- What we invest
  - # of First Nations midwives
  - Funding invested into First Nations birthing programs

**OUTPUTS**
- What we do
  - # of dedicated First Nations birthing programs
  - # of staff who have received culturally appropriate birthing training
- Who we reach
  - Patients
  - Community

**OUTCOMES**
- Short
  - Share of mothers who have 5 or more antenatal visits
- Medium
  - Share of mothers engaging in risk health activities during pregnancy
- Long
  - # of babies with a low birth weight
  - # of children admitted to the neonatal unit
  - # of preterm births
### 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 ATSICCHOs
- 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 Attends
- 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

### 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 Attends
- 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
**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 ATSICCHOs 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

**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 ATSICCHOs 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
Local Area Needs Assessment (LANA) measures
Under the current LANA planning, below are a list of the regional indicators.

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

<table>
<thead>
<tr>
<th>Service Profiling</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service mapping</td>
<td></td>
</tr>
<tr>
<td>Service performance analysis</td>
<td></td>
</tr>
<tr>
<td>Workforce mapping</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Behaviours</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population living in need of assistance with a profound or severe disability</td>
<td></td>
</tr>
<tr>
<td>Obesity rates</td>
<td></td>
</tr>
<tr>
<td>Adequate fruit and vegetable intake</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
</tr>
<tr>
<td>Smoking rates</td>
<td></td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td></td>
</tr>
<tr>
<td>Illicit drug use</td>
<td></td>
</tr>
<tr>
<td>Number of antenatal visits</td>
<td></td>
</tr>
<tr>
<td>Obese mothers</td>
<td></td>
</tr>
<tr>
<td>Smoking during pregnancy</td>
<td></td>
</tr>
<tr>
<td>Cancer screening rates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-assessed health</td>
<td></td>
</tr>
<tr>
<td>Life expectancy</td>
<td></td>
</tr>
<tr>
<td>Premature births</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td></td>
</tr>
<tr>
<td>Immunisation rates</td>
<td></td>
</tr>
<tr>
<td>Age standardised mortality rates</td>
<td></td>
</tr>
<tr>
<td>Years of life lost</td>
<td></td>
</tr>
<tr>
<td>Premature mortality rates</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rates</td>
<td></td>
</tr>
<tr>
<td>Leading causes of death</td>
<td></td>
</tr>
<tr>
<td>Avoidable deaths</td>
<td></td>
</tr>
<tr>
<td>Incidence/Prevalence rates of selected diseases and conditions</td>
<td></td>
</tr>
<tr>
<td>Mental and psychological distress</td>
<td></td>
</tr>
<tr>
<td>Potentially preventable hospitalisations</td>
<td></td>
</tr>
<tr>
<td>Aged standardised rates of PPH</td>
<td></td>
</tr>
<tr>
<td>Total admitted separations for PPH dental related conditions (primary diagnosis)</td>
<td></td>
</tr>
<tr>
<td>Vaccine preventable diseases</td>
<td></td>
</tr>
<tr>
<td>Estimates of unmet need for assistance for 1-4 activities</td>
<td></td>
</tr>
<tr>
<td>Rates of suicide</td>
<td></td>
</tr>
</tbody>
</table>
Under the current LANA planning, below are a list of the regional indicators.

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

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

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

**Potential Determinants of Health**

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>ED presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency department statistics</td>
</tr>
<tr>
<td></td>
<td>Potentially unnecessary ED presentations</td>
</tr>
<tr>
<td></td>
<td>Oral health activity – OOS by service</td>
</tr>
<tr>
<td></td>
<td>Activity by GPOHS clinic</td>
</tr>
<tr>
<td></td>
<td>Activity by CAOHS</td>
</tr>
<tr>
<td></td>
<td>Residential aged care places</td>
</tr>
<tr>
<td></td>
<td>Number of outpatient service events</td>
</tr>
<tr>
<td></td>
<td>Service events by Tier 2 Clinics</td>
</tr>
<tr>
<td></td>
<td>Virtual bed separations</td>
</tr>
<tr>
<td></td>
<td>$13$HEALTH activity</td>
</tr>
<tr>
<td></td>
<td>Mental health care plans</td>
</tr>
<tr>
<td></td>
<td>Chronic disease plans</td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander health checks</td>
</tr>
<tr>
<td></td>
<td>Services delivered by GPs</td>
</tr>
<tr>
<td></td>
<td>Services delivered by Allied Health professionals</td>
</tr>
</tbody>
</table>
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
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)(iv) 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
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
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 [PDSATSIP 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 codeign:
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.

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