



Queensland Health

Rural and Remote Health & Wellbeing Strategy 2022-2027

Handbook



Queensland
Government

Acknowledgments

Acknowledgement of Country

Queensland Health acknowledges the Traditional and Cultural custodians of the lands, waters and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

Stakeholder Acknowledgments

The Office of Rural and Remote Health acknowledge the significant contributions of all stakeholders including health consumers bringing this strategy to life and providing a voice to rural and remote Queenslanders. The authors also acknowledge the unwavering leadership, direction and guidance of both the Strategy Steering Committee and the Rural and Remote Health Advisory Committee in delivering this body of work now and into the future.

Rural and Remote Health & Wellbeing Strategy 2022-2027 Handbook
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For more information contact:

Office of Rural and Remote Health, Queensland Health, Level 4 Clinical Practice Building, 1 James Cook University Drive, James Cook University, QLD, 4814
email: OfficeofRuralHealth@health.qld.gov.au, phone (07) 4433 4885

An electronic version of this document is available at www.health.qld.gov.au

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Joint Statement

The Hon. Yvette D'Ath, Minister for Health and Ambulance Services and Dr John Wakefield PSM, Director-General Queensland Health

We are pleased to introduce the Rural and Remote Health and Wellbeing Strategy 2022-2027 (the Strategy), Queensland Health's first strategy to outline a whole-of-system approach to achieving health equity for rural and remote Queenslanders.

This Strategy delivers on the Queensland Government's commitment to improving equity of access and optimising health outcomes for people living in rural and remote communities in Queensland, and the recommendation from the Rural Maternity Taskforce that Queensland Health establish a clear:

“whole-of-system governance and strategy for rural and remote health services...that brings together: education and training; workforce; planning, funding, and performance management; sustainability; and safety and quality.”

The Strategy has been informed by widespread engagement with stakeholders including health consumers, clinicians and workforce, not-for-profit organisations, Aboriginal and Torres Strait Islander community controlled-organisations and Queensland's education sector. We would like to express our appreciation to everyone who contributed to its development.

A system-wide response to health equity in rural and remote communities is ambitious, and the road ahead is not without challenges. However, we know Queenslanders are innovative, resilient and have proven time and time again that they can successfully work together to face any challenge. We cannot underestimate the value our rural and remote communities contribute to the state of Queensland, and it is important for us to advocate on their behalf.

Our focus over the next five years is to transform the system; it will be more connected and easier to navigate, consumers and clinicians will be empowered, care will be relevant, culturally safe and value based, there will be increased participation in preventative programs and we will achieve greater levels of sustainability.

However, we can't do this alone. An individual's health is determined by a number of factors, beyond simply access to healthcare services. Achieving health equity means working together with partners across agencies to respond to a person's needs and their determinants. The health and wellbeing of Queenslanders is everyone's responsibility, and by working better, together, we can continue to improve the lives of our communities.

**The Hon. Yvette D'Ath MP
Minister for Health and Ambulance Services**

**Dr John Wakefield PSM
Director-General
Queensland Health**



Executive Summary

Mr Nick Steele, Deputy Director-General, Healthcare Purchasing and System Performance and Chair, Rural and Remote Health Advisory Committee

Rural and remote Queenslanders account for approximately 38 per cent of Queensland's total population and contribute significantly to Queensland's economic prosperity and diverse culture and identity. Queensland is also home to Australia's second-largest First Nations population and approximately 47 per cent of First Nations people live in non-metropolitan areas¹. Life expectancy is lower than those living in metropolitan areas and lower again among First Nations people.

Achieving equity in health outcomes for rural and remote Queenslanders is complex and magnified by unique characteristics and challenges that act as barriers to accessing healthcare. Visible barriers include limited infrastructure, vast distances, poorer connectivity between towns to health services, higher cost of health services and living, and harsh drought or flood-stricken environments. Invisible barriers include cultural differences and attitudes towards health care, and social isolation which can hide the need for an individual to access, for example, mental health care or domestic violence support services.

This Strategy commits to achieving health equity of rural and remote Queenslanders through four overarching goals and two partner goals. These goals are:

- **Equity of Health Outcomes**
- **Integrated Person-Centred Care**
- **Strong Partnerships**
- **Sustainable Skilled and Supported Workforce**

Our partnership goals are:

- **First Nations Health Equity**
- **Digitally Enabled**

The way the system works together to achieve outcomes for the future, matters. The Strategy principles have been developed based on extensive stakeholder consultation feedback and relevant best practice. The principles serve as a foundation for the entire system to guide decision making over the Strategy's term, ensuring consistency even in the most challenging times. Similarly, effective and efficient execution of the Strategy requires clear enablers. The enablers act as inputs that support the core activities, ultimately bringing the Strategy to life.

Success of this Strategy is the responsibility of the entire system; it will require all system participants who align to this plan to collaborate with Queensland Health and each other, and effectively report and measure progress against the plan. Together, we can reduce chronic health conditions, reduce the burden of disease and create positive health outcomes for rural and remote Queenslanders.

Nick Steele

**Healthcare Purchasing and System Performance Deputy Director-General
Rural and Remote Health Advisory Council Committee Chair**

1. ABS Census of Population and Housing, 2016.
2. Health of Queenslanders 2020, Chief Health Officer Report.

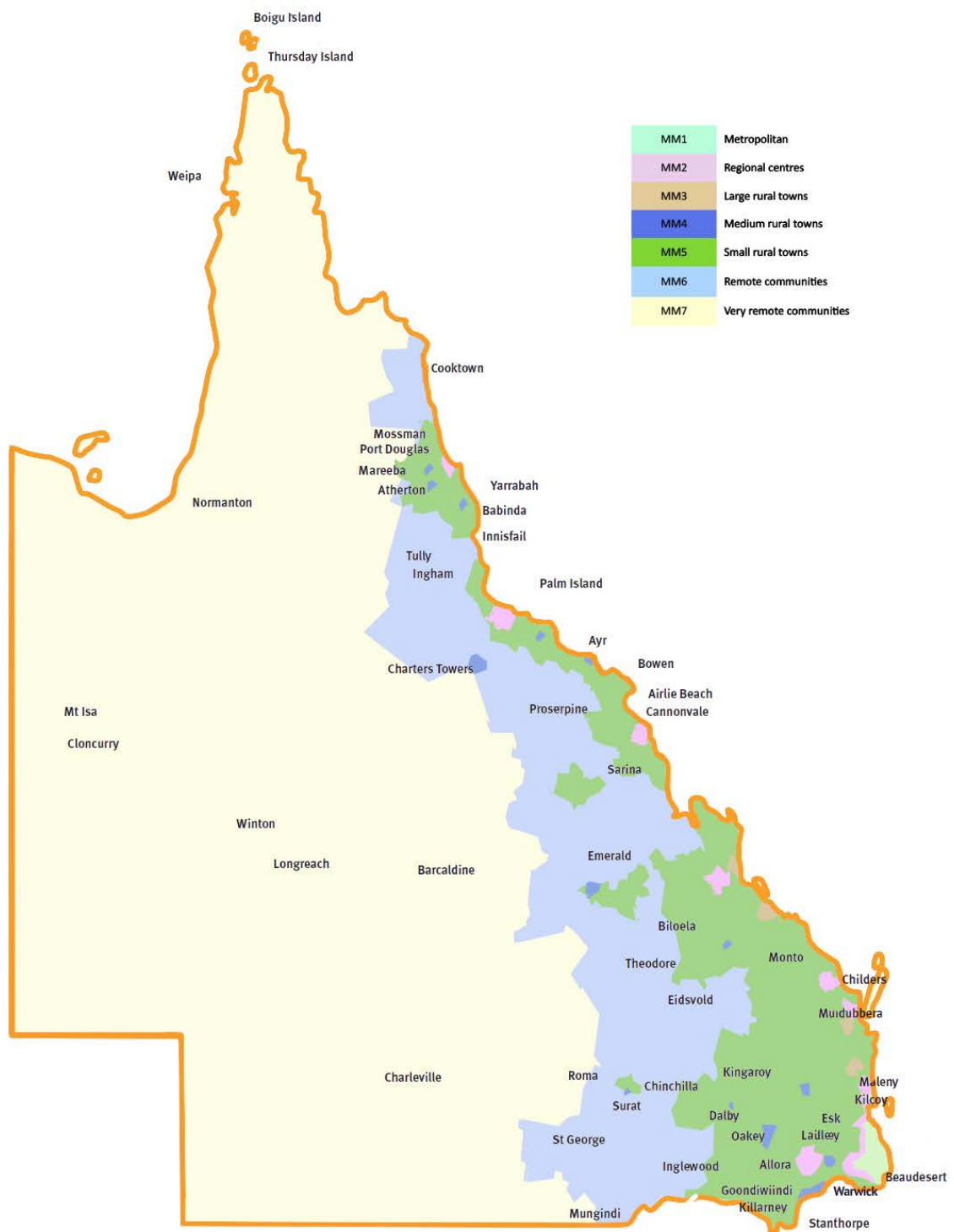
Principles and Enablers

Principles	They Achieve
Principle 1 Work together in genuine partnership	A whole-of-system approach to addressing issues. Solutions are achieved jointly and there is shared responsibility and accountability.
Principle 2 Governance arrangements are simple and streamlined	Enables a flexible approach for rural and remote initiatives. Ensures the system allows for the efficient flow of approvals, information, and health and community intelligence (e.g. data).
Principle 3 The most effective solution is pursued	Creates a system-wide culture of sustainability that rewards innovation. Outcomes achieved focus on shifting efforts towards prevention, promotion and education, and comprehensive primary care.
Principle 4 Person and community centred and culturally safe	Ensures the system remains focussed on rural and remote Queenslanders, actual community need, and the delivery of relevant health and wellbeing solutions.
Principle 5 Technology is used respectfully and ethically to provide and enhance care	Creates opportunity for innovation and new ways of health-service delivery, with clear safeguards in place, ultimately bringing care closer to home.
Principle 6 Culturally and clinically safe care is the best care	Improved outcomes for patients and enhanced support to clinicians and health services through culturally, clinically, physically, and psychologically safe initiatives.

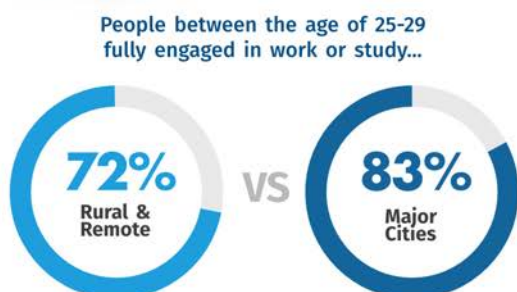
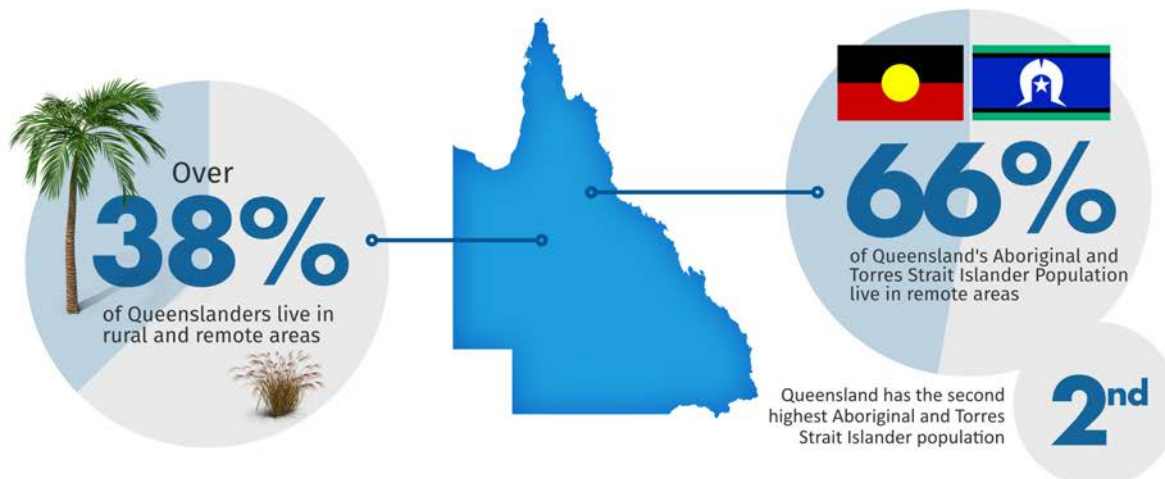
Enabler	Description
Engagement	Relevance is key when delivering health and wellbeing services to rural and remote communities, especially those that are preventative. Strong, frequent, and meaningful engagement with communities and clinicians will support high-value care and empower individuals.
Leadership	Strong, committed leaders are needed at every level of the system to drive change and achieve outcomes.
Culture and approach	A unified approach and strong culture across the system will drive implementation in a positive manner by aligning goals through shared imperatives, values and beliefs.
Rural and remote voice	The voice of rural and remote individuals, communities and the people that provide care to them must be front and centre.

Scope

'Rural and remote' in the context of this Strategy relates to the rural and remote communities of Queensland encompassed by the Modified Monash Model Categories 4 to 7 (large rural towns to very remote). For an explanation on the Modified Monash Model please visit <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>.



Rural and Remote at a glance



There were potentially **3267 per 100,000** population of preventable hospitalisations in 2018-2019





1-3 years

The number of years life expectancy is lower for **Queenslander's living outside of Metropolitan areas.**



↑14%

The **increase in medical retrievals and aeromedical transports** in the past 5 years.

Smoking is a leading contributor to health inequities based on socioeconomic status, geographical location and Aboriginal and Torres Strait Islander status



↑94%

HIGHER remote/
very remote

↑36%

HIGHER inner
regional

in 2020 daily smoking prevalence was higher outside major cities — ranging from **36% higher in inner regional areas to 94% higher in remote/very remote areas in 2020.**



In 2019, the highest number of road fatalities occurred in Central Queensland.

33%



People living in rural and remote areas have **higher rates of daily sugar and tobacco consumption** and are **more overweight and obese** when compared to those living in major cities

Rates of **hospitalisation for spouse or domestic partner violence** per 100,000 people aged 15 and over between 2017-2018 was:

562

 For people very remote

200

 For people remote

12

 for those in major cities

In 2020, adults living in remote areas were:

- **35% more likely to exceed the lifetime risk guidelines (alcohol), and**
- **36% more likely to exceed single occasion risk (at least monthly), than those in major cities**



Alcohol was the **most common drug of concern** for Queenslanders seeking mental health services.

Mental/behavioural chronic conditions **ranked highest at 20%** of the rural and remote population

In 2018-19 there was a **notable increase in chronic disease conditions** for First Nations people when compared to 2001. Diabetes and hypertension were highest in rural and remote areas

↑58%

 Diabetes

↑50%

 Kidney Disease

↑30%

 Arthritis & eyesight

In 2018-19 over

50%

 of admissions for potentially preventable hospitalisations were for chronic conditions and vaccine-preventable admissions.

Potentially preventable hospitalisation rates are **higher** for people who experience lower socioeconomic status, live in rural and remote areas, are very young or very old and for First Nations People

Strategic Alignment

In addition to Partner goals, the Strategy has been developed to align with a range of relevant published strategies including:

- at a National level, the *National Health Reform Agreement*⁵
- at a State level, Queensland's *My Health, Queensland's future: Advancing health 2026 strategy (Advancing Health Strategy)*
- at a Department of Health level, *Department of Health Strategic Plan 2021*
- ensures bi-directional alignment through consideration of the relevant hospital and health services' level, their individual strategies as they relate to rural and remote healthcare.

Consistently and across all relevant strategic plans and frameworks, the focus areas include (non-exhaustive):

- safe, high-quality, reliable care in the right place at the right time
- a focus on prevention, promotion, and education
- improved access to comprehensive primary healthcare
- skilled, supported and sustainable workforce
- improved collaboration and relationships with system participants
- affordable, evidence-based models of care
- First Nations commitment (workforce, literacy, cultural capability)
- improved access, sharing and development of data
- empowering health consumers

Background Paper

A comprehensive background paper to this Strategy is available on request. Please email OfficeofRuralHealth@health.qld.gov.au.



Focusing on the Future

“The system must work. If it is incomplete, difficult to use, presents insufficient information or doesn’t solve a problem, it won’t be used”

Stakeholder feedback

At the heart of this strategy is a commitment to achieving equity in health outcomes for all rural and remote Queenslanders. Health equity is more than just giving people access to the same healthcare opportunities, it’s about removing barriers, and providing individualised care based on a range of social and environmental determinants.

Re-orienting health delivery towards prevention, promotion and education is universally recognised as a solution to disease prevention, better chronic disease management and helping minimise the burden of disease and its associated risk factors³. It also alleviates resource-constrained, reactive (acute) health services⁴. Participation in health prevention, promotion and education should occur everywhere; in the home, school, workplace and within community groups.

Health and wellbeing is about people, and a person’s health is impacted by their environment. The World Health Organisation (WHO) lists a number of social determinants of health and wellbeing including socio-economic position, early childhood, social situation, employment status, access to food, transportation and housing, a person’s living environment and whether they have an addiction or disability. It is vital that health and wellbeing is looked at through a social-determinants lens if health equity is to be achieved.

3. For example, e.g. smoking, alcohol consumption, inadequate nutrition. Refer to Australian Government, Consultation Paper, Development of the National Preventative Health Strategy.

4. Refer to Baum F, & Fisher M (2011).

Our Vision and Mission

Vision

Healthy rural and remote Queenslanders for today and tomorrow.

Mission

Working together as a system, with diverse communities, to provide world-class healthcare to rural and remote Queenslanders, placing equity of outcomes at the heart, is human centred, sustainable, and focussed on prevention, promotion, and education.

By working together as a system, and in partnership with rural and remote Queenslanders, we can bring Our Vision to life and:

- where sustainable, deliver care closer to home
- be person centred and address the broader social determinants of health
- support and sustain a highly skilled health workforce
- recognise and value the cultural diversity of rural and remote Queenslanders and use this to inform value-based activities
- empower individuals and communities to take control of their health through improved health literacy
- strengthen trust and certainty in the healthcare system
- translate actual need into relevant place-based initiatives and interventions
- create sustainability by leveraging investments, resources, strengths, and capacity
- provide a powerful, focused voice for rural and remote Queenslanders.

Strategy Goals



The Strategy has identified four goals and two partner goals to help combat challenges in a rural and remote environment, and provide opportunities into the future.

These goals have been further defined by distinct foundational strategies for the next five years, with success in 2027 clearly outlined through a range of measures of success. Collectively, and over time, the measures of success will lead to improvements in health outcomes that are not expressly stated above, but include:

- improved rates of disease prevention
- improvement in Close the Gap indicators
- improvements in the prevalence of risk factors for attributable burden
- improved health-related quality of life (HRQoL) measures (as examples).



Goal 1

Equity of Health Outcomes

Achieving equity of health outcomes requires both immediate health and wellbeing, and the factors that impact health and wellbeing, to be met. This includes addressing issues such as housing, literacy, employment and isolation so that people can live well, no matter where they live.

“It shouldn’t matter who you are or where you live, every Queenslanders deserves to be healthy. This strategy will help us to acknowledge and bridge the gaps in health care equity, and work towards healthier rural and remote communities.”

Beverley Hamerton

Torres and Cape Health Service Chief Executive and Rural and Remote Health Advisory Committee member

Comprehensive stakeholder engagement revealed that people living in rural and remote areas experienced a number of barriers to accessing healthcare:

- The more remote a community, the less services available.
- Fly-in, fly-out workforce models lead to inconsistency in care delivery.
- Time spent attending appointments in regional or metropolitan centres impacted people's livelihoods.
- Consumers reported that the health workforce had very little cultural understanding of rural and remote people when providing care.
- Navigating the health system was complex and confusing, and often information was only available online making it difficult for people who did not have access to a computer. Similarly, consumer confidence and trust in using telehealth varied, with access to reliable infrastructure not always guaranteed.
- Some consumers reported being unable to speak up about factors influencing health such as loneliness and isolation, and the impact this had on their mental health and wellbeing.

It is also important to understand how the system is funded, matters. investments in value-based care for the things that matter to individuals and communities is important, such as preventative mental health and wellbeing.

Foundational Strategies

1. Empower health consumers and improve levels of self-determination through increased health prevention, promotion and education.
2. Enhance access by working with communities to determine need and identify the outcomes that make a difference.
3. Ensure care is safe for those providing it and those receiving it (includes physical, clinical, psychological and culturally safe care).
4. Improve care coordination and connected care for complex condition management across multiple care (and other) settings, across the health continuum.
5. Prioritise and re-direct funding towards integrated, value-based services and initiatives.

Headline Measures of Success

Success in 2027 looks like:

- Improved rates of participation in health prevention, improved levels of health literacy and empowerment (e.g. % positive increases in self-assessed empowerment scores, increased confidence in an individual's ability to improve their health).
- Improved access to healthcare services in local areas through the achievement of relevant place and value-based healthcare services.
- Improved patient and clinician-safe care outcomes through improved existing and new safety data (i.e. cultural and psychological safety data), data analysis and utilisation for continuous improvement.
- Increased number of inter-agency care pathways for chronic conditions across care settings.
- Centralised navigation of priority-identified chronic conditions previously managed across multiple, siloed care settings.
- Increased investment in integrated, value-based health services.



Goal 2

Integrated Person-Centred Care

Greater integration across healthcare and other settings will improve health outcomes through the delivery of comprehensive care, coordinated and aligned to an individual's preferences for their health and wellbeing. Planning across organisational boundaries, innovation and high-quality leadership are key to achieving this.

“Putting people at the centre of healthcare is needed to create healthy Queenslanders, no matter where they live.”

Jo Smethurst

Health Consumers Queensland and Rural and Remote Health Advisory Committee member

The healthcare system comprises various settings such as primary, secondary, tertiary, and quaternary. Each plays an important role in delivering care to rural and remote communities.

Integrated person-centred care is key to achieving equity for rural and remote Queenslanders; care that is comprehensive, delivered in partnerships across health and broader settings, and encompasses the entire person and the factors that influence their health. While this approach exists in pockets at a local level, it must be enhanced to include more system participants across more sectors, health being one of those sectors.

Approaching care in this way also ensures Queensland's world-class system is sustainable into the future. Investing in innovative, resource-sharing models, and flexible governance and service-level agreements minimises waste, avoids duplication, and leverages collective resources across service providers which otherwise would be inaccessible.

Similarly, data is critical. How the system collects it, uses it and shares it in a way that better enables healthcare delivery by service providers (including clinicians) is essential to achieving integrated person-centre care. This same data plays a role in optimising health outcomes, through health prevention, promotion, and education initiatives.

Foundational Strategies

1. Plan and implement as a system and across organisational boundaries to minimise duplication and offer health consumers the most appropriate choice.
2. Invest in innovative models for care, governance, workforce, infrastructure and equipment that better enable integrated care delivery across organisations.
3. Identify, develop and share data and health intelligence to achieve seamless, comprehensive care across organisations.
4. Simplify care navigation for health consumers and providers across the system.

Headline Measures of Success

Success in 2027 looks like:

- Embedded inter-agency planning collaboratives that include clinicians, consumers and health providers from across various organisations (including healthcare).
- Embedded new, flexible models that effectively mobilise workforce across organisations (e.g. expansion of interdisciplinary models for identified priority populations, conditions etc).
- Increased amount of shared infrastructure and equipment across organisations.
- Embedded clinical governance models across organisations that support clinicians in the delivery of comprehensive care and optimise patient experience (informed by higher % positive scores such as personal needs and preferences met), patient outcomes, and safety and quality outcomes.
- Clinicians will have access to information where and when it is required to provide care (this information includes health information as well as social determinants and personal preference information).
- Increased participation in programs where the point of entry is from a care setting.
- Improved operational, clinical performance, and patient outcomes.



Goal 3

Strong Partnerships

Achieving health equity requires a cross sector approach to respond to both health needs and its determinants. This requires the system to align goals, forge strong partnerships, connect with communities, and share accountabilities.

“Health equity is about giving people a fair and just opportunity to be healthy. We need to work together, across all levels of health and social care, to promote a healthy future across all of Queensland.”

Pattie Hudson

Chief Executive Officer Central Queensland, Wide Bay and Sunshine Coast Primary Health Network and Rural and Remote Health Advisory Committee member

Forging strong, relevant, and lasting partnerships between system participants will create better equity of health outcomes over time. Traditional partnerships (such as those between health and a health-related agency) must be strengthened and further balanced with new and innovative partnerships to leverage the strengths, resources and capacity of individual organisations, as a collective, to address holistic health needs for individuals or communities.

The need for strong partnerships across the system was also shared consistently by stakeholders during the Strategy development process, resulting in the following insights:

- Genuine and effective partnerships include diverse organisations, voices and people.
- Partnerships should be forged between agencies, but also between different groups of health consumers and clinicians.
- Care cannot be comprehensive or person centred without information and data being shared freely between organisations, empowering the health workforce.
- The system needs to think beyond traditional partnerships between similar organisations or only within the public sector; cross-sector partnerships (including private, corporate and commercial) can enhance local service planning and delivery, and achieve better outcomes.
- Partnerships must be aligned, and the intended outcomes of partnerships clearly articulated in agreements (e.g. clearly defined scope, goals, roles and responsibilities), to achieve better outcomes for rural and remote communities.
- Communication in partnerships needs to be transparent, with an open sharing of ideas and knowledge, and clarity around resourcing availability to build trust and longevity; and
- Health consumers need to be central to their care decisions; therefore, genuine and trusted partnerships need to be supported and enabled with individuals and communities.

Foundational Strategies

1. **Partner broadly across health and other sectors to deliver initiatives that address both health needs and the social determinants of health.**
2. **Strengthen relationships between providers and communities.**
3. **Establish governance models that are flexible, align efforts and share accountability across the system.**
4. **Share knowledge, communicate openly, and collaborate authentically.**

Headline Measures of Success

Success in 2027 looks like:

- **Improved health outcomes through improved social determinants of health (e.g. through the delivery of community-relevant, comprehensive primary healthcare programs).**
- **Improved community empowerment and trust in community-provider relationship (e.g. initiated and sustained activities leading to % positive increase in health and HRQoL outcomes and % positive increase in trust predictability, dependability and transparency between providers and communities).**
- **Improved operational outcomes.**
- **Improvements in local actions and decision-making (response time, outcomes etc).**



Goal 4

Sustainable, Skilled and Supported Workforce

Health is human, and having a workforce that represents and responds effectively to the varied and diverse needs of people across a lifetime, matter. Investing in people creates long-term sustainability. This means providing the right professional and personal supports, and prioritising wellbeing.

“The health system is only as strong as the people providing care. Our staff are our biggest asset, and it’s important that we nurture their skills to benefit our rural and remote patients.”

Adjunct Professor Shelley Nowlan

Deputy National Rural Health Commissioner, Chief Nursing and Midwifery Officer and Rural and Remote Health Advisory Committee member

Health is human, and having a workforce that both represents and responds effectively to the varied and diverse needs of people across a lifetime, matters. This means ensuring care considers human factors such as race, identity, culture and family environment.

Achieving this is a system responsibility, and providing early opportunities for people to immerse themselves in rural and remote practice is key. Immersion must be supported by access to financial and other supports. Distinct initiatives to increase First Nations workforce participation must be prioritised and linked to the First Nations Health Equity agenda.

Investing in people creates long-term sustainability. Attracting people to rural and remote areas requires the system to demonstrate what it will do to retain them. This means providing relevant education and training, housing and family support, professional and personal networks, and prioritising wellbeing. Innovative models of workforce, enhanced labour mobility and the introduction of new roles (e.g. hybrid clinical roles) will create sustainability in the system.

The health needs of rural and remote communities will be met by a flexible, skilled generalist workforce working in partnership with specialised clinicians and services available locally and in other centres, across the full continuum of healthcare including comprehensive primary healthcare, acute care, sub-acute and rehabilitation, aged care, and disability.

Foundational Strategies

1. **Prioritise the Aboriginal and Torres Strait Islander workforce to realise and exceed the current QH Aboriginal and Torres Strait Islander health workforce targets (3% by 2022) to achieve Aboriginal and Torres Strait Islander workforce representation commensurate with local population.**
2. **Reorient the workforce towards a comprehensive primary healthcare focus.**
3. **Empower the workforce with the capability and confidence to deliver person-centred care across organisational boundaries.**
4. **Invest in attraction and retention initiatives that motivate people to work in rural and remote areas.**
5. **Prioritise the wellbeing of the rural and remote workforce (including volunteers) ensuring people are safe, supported, and nurtured.**

Headline Measures of Success

Success in 2027 looks like:

- **Increased size, scope and skill of the First Nations workforce across all levels, employment streams and locations (summarises the intended outcomes of the First Nations Equity Healthy agenda).**
- **Embed rural generalism across all disciplines.**
- **Enhanced scope of practice across all disciplines that deliver more comprehensive care locally and across care settings (e.g. % positive decrease in referrals or % positive increase in existing or new procedural non-procedural services).**
- **A world-class attraction and retention strategy that motivates more people to work in rural and remote areas for the long-term (e.g. % positive increase in tenure, satisfaction surveys).**
- **The rural and remote workforce will be one of the healthiest in Queensland and an exemplar for other workforces (e.g. % positive decrease in burn-out or fatigue rates).**



Partner goals

First Nations Health Equity

A First Nations Health Equity approach will galvanise a renewed and shared agenda to improve First Nations peoples health outcomes, experiences and access to care across the health system. Achieving health equity across the system for First Nations people requires reform. We must see First Nations people across the system, have First Nations' voices in the system, and design a better coordinated system. This Strategy aligns initiatives to the First Nations Health Equity agenda.

Digitally Enabled

A digital health future supports equity of access to healthcare by digitally enabling health services, empowering health consumers to own health outcomes, and supporting local care through wearable devices, augmented reality and high-quality home monitoring. This strategy aligns to the Digital Strategy for Rural and Remote Healthcare.

“Delivering better healthcare, particularly for First Nations people, is everyone's business. We need First Nations people in the system, First Nations voices in the system and, a better coordinated system. We must look at the whole system, together, to make it equitable for all.”

Haylene Grogan

Chief Aboriginal and Torres Strait Islander Health Officer, Deputy Director-General and Rural and Remote Health Advisory Committee member

First Nations Health Equity

This Strategy aligns the priorities of the First Nations Health Equity agenda to the Strategy goals and their foundational strategies. The First Nations Health Equity agenda priorities include: representation and voice, First Nations health system leadership and workforce, integrated care models and pathways, embedding cultural determinants into patient safety and quality, driving state and national health-funding reforms, addressing the social determinants of health, and eliminating racism.

These priorities are being realised through current initiatives such as the legislative requirement for hospital and health services to develop and embed Health Equity strategies, which serves to embed health equity for First Nations people into local health systems.

With the focus of this Strategy on system-wide participation and action, activities and initiatives that arise out of this Strategy harness the intention of the First Nations Health Equity agenda and place them in a rural and remote context. This Strategy also aligns to the overall outcome of the First Nations Health Equity agenda, being the achievement of life-expectancy parity by 2031, given the focus on addressing the social determinants of health and in authentic partnership across the sector and with communities. For more visit <https://www.health.qld.gov.au/public-health/groups/atsihealth/health-equity>.

Digitally Enabled

Partner Goal Digitally Enabled aligns the focus areas of the Digital Strategy for Rural and Remote Healthcare to this Strategy.

The digital strategy agenda is ambitious, and at its heart aims to support equity of access to healthcare by digitally enabling rural and remote healthcare services to deliver better care both now and into the future.

The digital strategy will enable clinicians with new digital technology and lead actions that will see information sharing across various agencies. Being a 10-year plan, the digital strategy also envisions a future where health consumers are empowered to own their health outcomes and are supported locally through wearable devices, augmented reality, and high-quality home monitoring.

Bringing the digital strategy to life will be a shift in consumer sentiment towards virtual care, improved levels of consumer and clinician digital literacy, and requires service providers to work closely with communities to address the barriers to participation. Above all, care delivered in this way must be safe and appropriate for those providing it and those receiving it.