



Fact sheet: First Nations Health Equity Strategies

Why is Queensland Health developing and implementing First Nations Health Equity Strategies?

The development and implementation of First Nations Health Equity Strategies by Hospital and Health Services (HHSs) is a legislative requirement under the *Hospital and Health Boards Act 2011* (HHB Act) and the *Hospital and Health Boards Regulation 2012* (HHB Regulation). Amendments were made to the HHB Act and the HHB Regulation in 2020 and 2021 respectively as part of a broader suite of reforms being introduced across Queensland Health to achieve health equity for First Nations peoples, eliminate institutional racism and racial discrimination across the public health system, and attain the national goal of life expectancy parity by 2031.

The legislative amendments to the HHB Act and the HHB Regulation form a cornerstone of the First Nations health equity reform agenda to reshape and redesign the delivery of healthcare based on what First Nations peoples need and want to reach their full health potential. The aim of the First Nations health equity reform agenda is to embed First Nations voices across the health system; see more First Nations peoples working across the health system; and to create a better coordinated and culturally capable health system.

Queensland Health’s First Nations health equity reform agenda commenced in 2017 in response to an independent report about the level and extent of institutional racism across the public health system commissioned by the then Queensland Anti-Discrimination Commission and the Queensland Aboriginal and Islander Health Council, *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander people in Queensland’s Public Hospital and Health Services*.

What is included in the First Nations Health Equity Strategies?

The First Nations Health Equity Strategies (HES) detail how each HHS will achieve health equity with and for Aboriginal and Torres Strait Islander peoples.

Each First Nations HES must comply to minimum legislative requirements. The legislative requirements include the **prescribed First Nations stakeholders** that must be involved in the development and implementation of the Health Equity Strategy; **the priority areas** that must be included in the Health Equity Strategy; and inclusion of **key performance measures** to track progress towards achieving health equity. Each HES must include actions that address the following priority areas:

<i>Co-design, co-develop and co-implement HESs with First Nations peoples</i>	<ul style="list-style-type: none"> • Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services • Entering into partnership arrangements or other arrangements with service delivery stakeholders to achieve the key performance measures • Ensuring greater collaboration, shared ownership and decision-making in implementing the strategy with implementation stakeholders • Providing inclusive mechanisms to support Aboriginal and Torres Strait Islander peoples of all needs and abilities to give feedback to the HHS.
<i>Eliminate Racism</i>	<ul style="list-style-type: none"> • Actively eliminating racial discrimination and institutional racism within the HHS.



<i>Employ First Nations people proportionate to the First Nations population they serve, across every level and every category</i>	<ul style="list-style-type: none"> Increasing workforce representation of Aboriginal and Torres Strait Islander peoples of all levels of health professions and employment levels at least commensurate with the Aboriginal and Torres Strait Islander population in their service area.
<i>Increase equitable access to healthcare</i>	<ul style="list-style-type: none"> Increasing access to all healthcare services Improving the integration of health service delivery between the HHS and other service delivery stakeholders.
<i>Influence the social, cultural and economic determinants of health</i>	<ul style="list-style-type: none"> Influencing the social, cultural and economic determinants of health.
<i>Provide culturally safe healthcare</i>	<ul style="list-style-type: none"> Delivering sustainable, culturally safe and responsive healthcare services.

Collectively, over 600 actions are being delivered by the 16 HHSs over the next three years to achieve health equity with and for First Nations peoples. Accompanying HES Implementation Plans are being released by each HHS to operationalise the actions in further detail.

Who is responsible for developing the First Nations Health Equity strategies?

Each HHS is required by legislation to develop and publicly release a First Nations HES every three years in partnership with prescribed (legislated) stakeholders, including:

- Development stakeholders:* Aboriginal and Torres Strait Islander staff members; Aboriginal and Torres Strait Islander health consumers; Aboriginal and Torres Strait Islander community members; traditional custodians and native title holders of the lands and waters where the HHS delivers services; and implementation stakeholders.
- Implementation stakeholders:* Chief First Nations Health Officer; Queensland Aboriginal and Islander Health Council; Health and Wellbeing Queensland; and service delivery stakeholders.
- Service delivery stakeholders:* Aboriginal and Torres Strait Islander community-controlled health organisations in the HHS service area; and local primary healthcare organisations in the HHS service area.

How will the effectiveness of the First Nations Health Equity Strategies be measured?

Each First Nations Health Equity Strategy includes key performance measures to enable HHSs and First Nations peoples to track progress towards achieving health equity with and for First Nations peoples. A common set of key performance measures are included in all 16 First Nations Health Equity Strategies in addition to tailored key performance measures unique to each HHS based on their identified health priorities. HHSs will report annually against the key performance measures.



 **When were the First Nations Health Equity Strategies released?**

The 16 First Nations Health Equity Strategies were released between July 2022 and February 2023. The staged timeframe was due to the different consultation and engagement processes undertaken by the 16 HHSs to develop their Health Equity Strategy in partnership with prescribed First Nations stakeholders.

 **Where can the First Nations Health Equity Strategies be accessed?**

The First Nations Health Equity Strategies are publicly available here: [First Nations Health Equity | Queensland Health](#)

 **First Nations Health Equity Strategies snapshot**

- 606 actions across the 16 HHSs to achieve health equity with and for First Nations peoples in Queensland.

Hospital and Health Service	Release date	Priority areas and actions
Metro North	4 July 2022	5 priority areas; 34 actions
Children’s Health Queensland	12 July 2022	6 priority areas; 19 actions
Cairns and Hinterland	30 July 2022	6 priority areas; 26 actions
Gold Coast	12 August 2022	6 priority areas; 50 actions
Mackay	6 September 2022	5 priority areas; 42 actions
Metro South	21 September 2022	6 priority areas; 19 actions
Sunshine Coast	26 September 2022	6 priority areas; 23 actions
South West	28 September 2022	6 priority areas; 36 actions
Townsville	30 September 2022	5 priority areas; 42 actions
Wide Bay	30 September 2022	10 priority areas; 45 actions
Darling Downs	30 September 2022	6 priority areas; 12 actions
North West	30 September 2022	6 priority areas; 149 actions
West Moreton	30 September 2022	6 priority areas; 19 actions
Central West	2 November 2022	6 priority areas; 26 actions
Torres and Cape	16 December 2022	6 priority areas; 48 actions
Central Queensland	9 February 2023	5 priority areas; 16 actions