

How to use this template

This section is to be deleted upon completion of the document

This template was designed to provide a structure for the co-development of the Health Equity Strategies for each of the HHSs with their prescribed stakeholders. The template aims to ensure the minimum requirements are met, while providing some flexibility to each of the HHSs and their partners to focus on what is important to the communities in their region.

Documents available to support you to complete the template

Document.	Purpose.	What the document includes.
Health Equity Regulation	The regulation provides the legal requirements associated with the <i>Hospital and Health Boards Regulation 2012</i> in specific relation to the <i>Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021</i> .	The regulation defines the prescribed requirements to fulfil the legal obligations of the Act.
Health Service Directive: Health Equity Strategy co-design and mediation process	The Health Service Directive provides a consistent and transparent process to the development of the Health Equity Strategies.	This document includes the requirements relating to the consultation and shared decision-making practice standards, as well as a consistent mediation and conflict resolution process.
Health Equity Framework	The Health Equity Framework provides an understanding of Health Equity and the objective to be achieved through the development of a Health Equity Strategy. It provides a summary of the key performance measure areas as identified in the regulation and the timeframes for implementation and review.	This document includes who the stakeholders are, what co-design means and further information on what the priority areas mean.
Health Equity Strategy Template	The Health Equity Strategy Template, is a guiding document for HHS (and their partners) that provides a structure to meet the regulatory requirements and ensure there is consistency in the recording and level of detail on the actions to be achieved and their KPIs.	This document includes the required sections for the health equity strategies to be developed. This includes an overview of the structure and guiding instructions for different sections.
Health Equity Strategy Toolkit	The Health Equity Strategy Toolkit contains practical tools for the HHS and their partners that will support the development of the actions and collection of the information that is required to complete the template and deliver a health equity strategy.	The toolkit provides practical tools that will assist the completion of the template. These include: accountability framework, partnership agreement, example KPIs, final checklist etc.

How the template provides guidance – components you will find in the template

In this document, you will see a number of grey highlighted text like this [How to description]. These descriptions provide support on the specific information that should be included in each of these sections. As mentioned above you will also have the resources included in the toolkit to support you in this process. Once completed you can delete the whole grey section from the template as part of finalisation of the document.

Placeholder: to be replaced with local Aboriginal or Torres Strait Islander artwork

Health Equity Strategy

2022 - 2025

[insert
HHS]



Queensland
Government

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[INSERT]

Statement of Acknowledgement

Building on the progress already made, including through the Queensland Government's Reconciliation Action Plan 2018-2021, the *Human Rights Act 2019*, and new National Agreement on Closing the Gap 2020, the Department of Health **solemnly proclaims** a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government's Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government, including:

- Recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
- Self-determination
- Respect for Aboriginal and Torres Strait Islander cultures and knowledge
- Locally led decision-making
- Shared commitment, shared responsibility, and shared accountability
- Empowerment and shared decision-making
- Free, prior, and informed consent
- A strengths-based approach to working with Aboriginal peoples and Torres Strait Islander peoples to support thriving communities.

Affirming that prior to invasion and colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

Convinced that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

Recognising that Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded;

Acknowledging the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

Recognising the sovereign First Nations of this continent remain highly sophisticated in their operations, organisations, institutions and practices;

Recognising the acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and their First Nations have experienced and continue to experience;

Convinced that disadvantage and inequity has been caused by continuous systemic oppression and combatting this will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by enabling and supporting Aboriginal peoples' and Torres Strait Islanders peoples' self-determination, self-management and capabilities;

Asserting that better life outcomes are achieved when Aboriginal peoples and Torres Strait Islander peoples have a genuine say in the design and delivery of services that affect them;

Acknowledging that the United Nations Declaration on the Rights of Indigenous Peoples, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and their First Nations freely determine their political status and freely pursue their economic, social and cultural development;

Underpinning the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to Aboriginal peoples' and Torres Strait Islander peoples' social, cultural, intellectual and economic advancement of and development agendas;

Recognising that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples is needed to address inequities.

Message from the Chair and Chief Executive, HHS

Provide 6-8 sentences highlighting the commitment from the partners involved to the achievement of First Nations health equity and health parity by 2031, and the strategic priority of Health Equity with First Nations peoples. This would include quotes from the different partners and key stakeholders. This is to be followed by signatures of both the Chair and Chief Executive, as well as the logo's of all the partner organisations as shown below

Health and Hospital Board Chair

Hospital and Health Service Chief Executive

Box containing the logo's of all partner organisations.

This will include the logos of the HHS, Queensland Health, ATSI CCHOs, PHN, Councils, RNTBCs, PBCs etc.

Message from the Chair/s and Chief Executive/s, ATSICCHO

Opportunity to provide 6-8 sentences highlighting the shared commitment to the achievement of First Nations health equity, and health parity by 2031.

ATSICCHO Board Chair and Chief Executive

Message from the Chair/s and Chief Executive/s, PHN

Opportunity to provide 6-8 sentences highlighting the shared commitment to the achievement of First Nations health equity, and health parity by 2031.

PHN Board Chair and Chief Executive

Message from the legislated Implementation

Stakeholder/s

As per above. NB: The Implementation Stakeholders (exc. Development Stakeholders) are: QAIHC, Health and Wellbeing Queensland, and the Chief Aboriginal and Torres Strait Islander Health Officer.

[Signature / Logo]

Message from the legislated Development

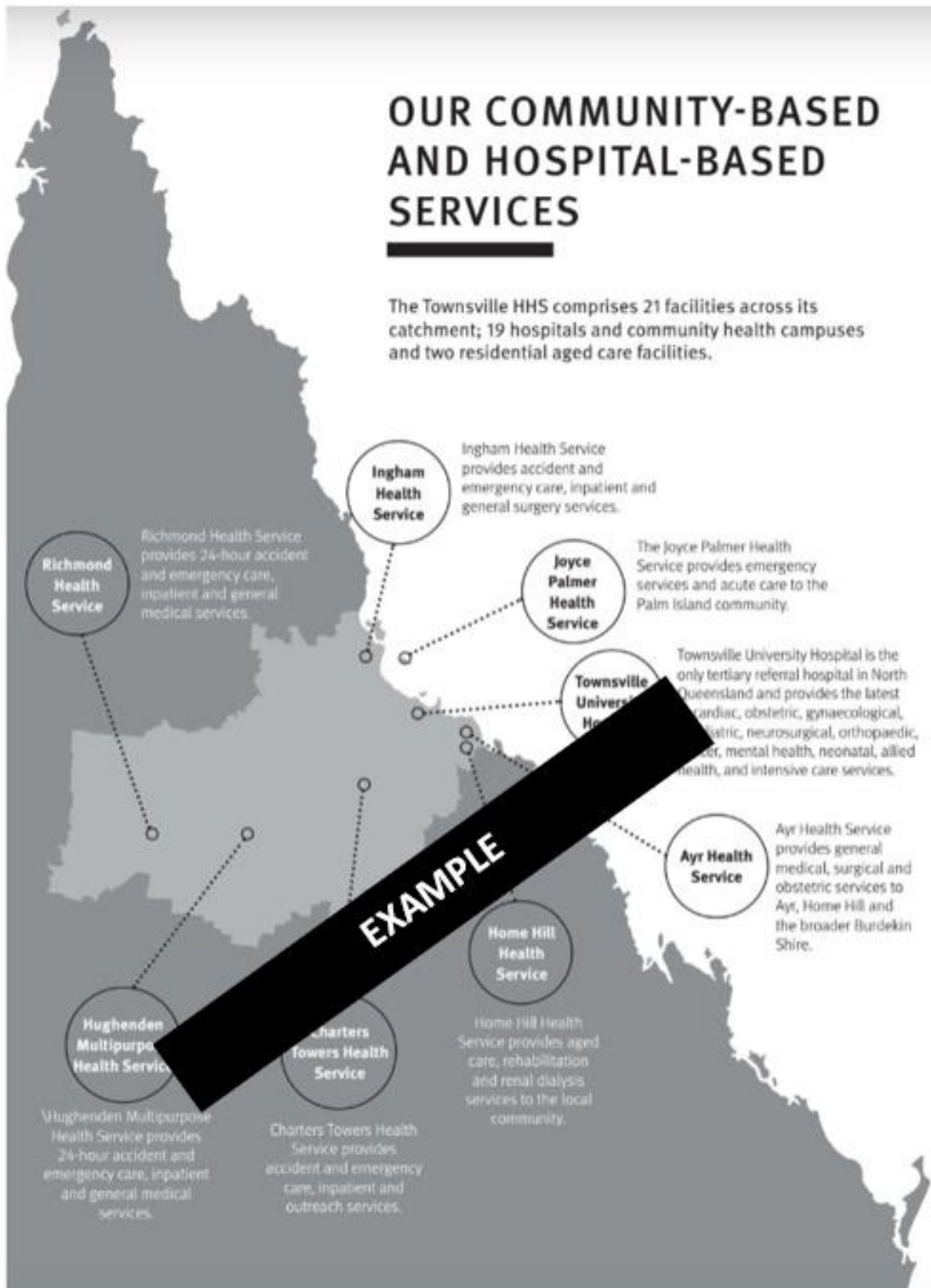
Stakeholder/s

As per above. NB: The Development Stakeholders (exc. Implementation and Service Delivery Stakeholders) are: HHS First Nations health staff, First Nations health consumers, First Nations community members, and Traditional Custodians / Owners and Native Title Holders within the Service area.

[Signature / Logo]

Regional map

Add map and comments as relevant



NB: It may be worthwhile to consider including also ATSCCHOs and local primary healthcare organisations / clinics / services (where appropriate) on the service map.

Aboriginal and Torres Strait Islander community profile

The lands and waters within the **INSERT** Hospital and Health Service region encompasses the following Traditional Custodian Groups:

Location / facility	Traditional Owners (pronunciation)
Augathella	Bidjara (Bid-jara)
Bollon	Kooma (Coo-ma)
Charleville	Bidjara (Bid-jara)
Cunnamulla	Kunya (Koun-yah)
Dirranbandi	Kooma (Coo-ma)
Injune	Kongabula (Kon-ga-bu-la)
Mitchell	Gungahlin (Gung-a-hin)
Morven	Wangkumara (Wong-ka-ma-ra)
Mungindi	Kamilaroi (Car-milla-roy)
Quilpie	Bunthamarra (Bun-tha-mar-ra) and Wangkumara (Wong-ka-mara)
Roma	Mandandanji (Mand-an-dand-gee)
St George	Kooma (Coo-ma) with Kamilaroi, Mandandanji, Bigambul and Gungahlin interests
Surat	Mandandanji (Mand-an-dand-gee)
Thargomindah	Kullila (Coo-lee-lar)
Wallumbilla	Mandandanji (Mand-an-dand-gee)



Total First Nations population (estimated)

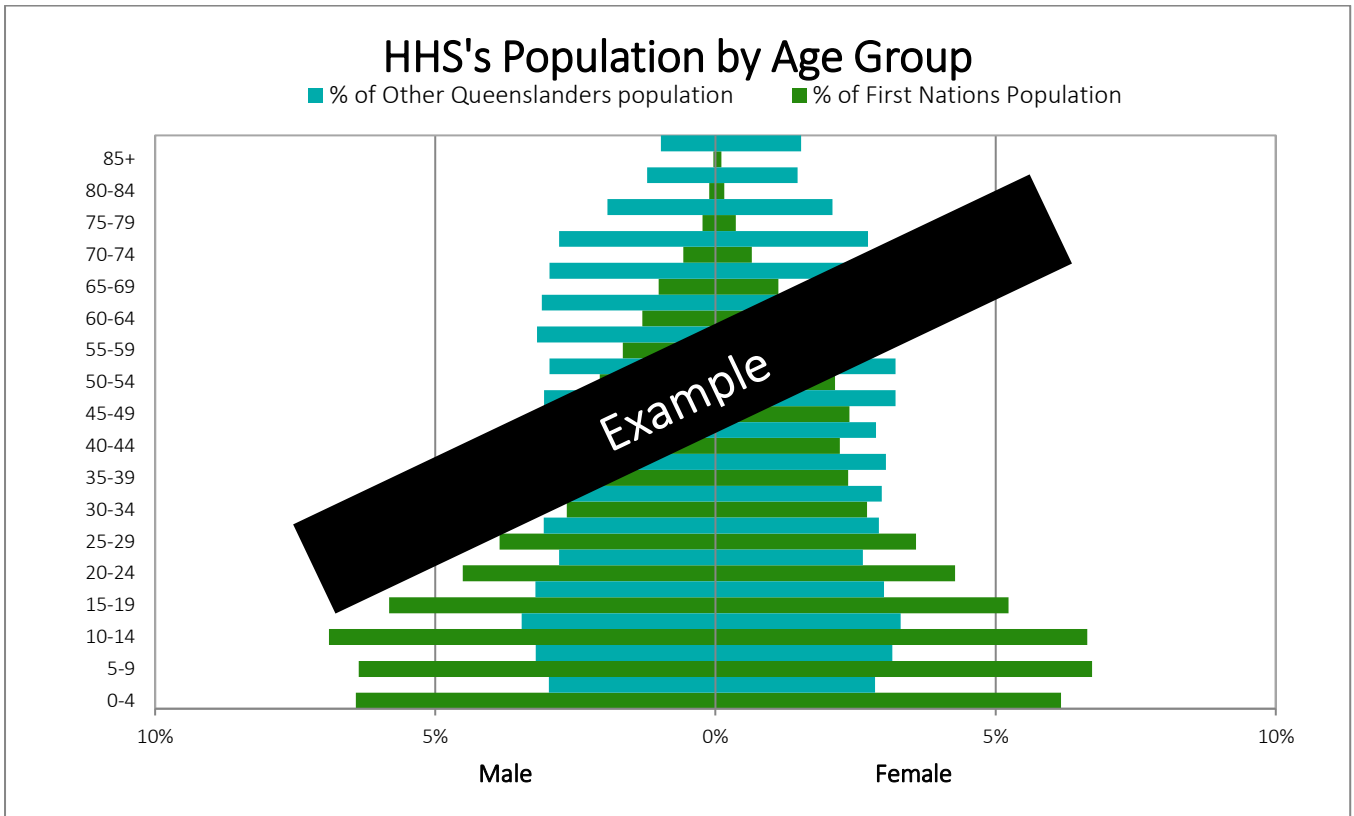
As of DATE

	Estimated Resident Population (ERP)		
Geographic region	Previous years (optional)	2020	Growth rate (%) (optional)
Name of region (for example SA2) within Service Area			

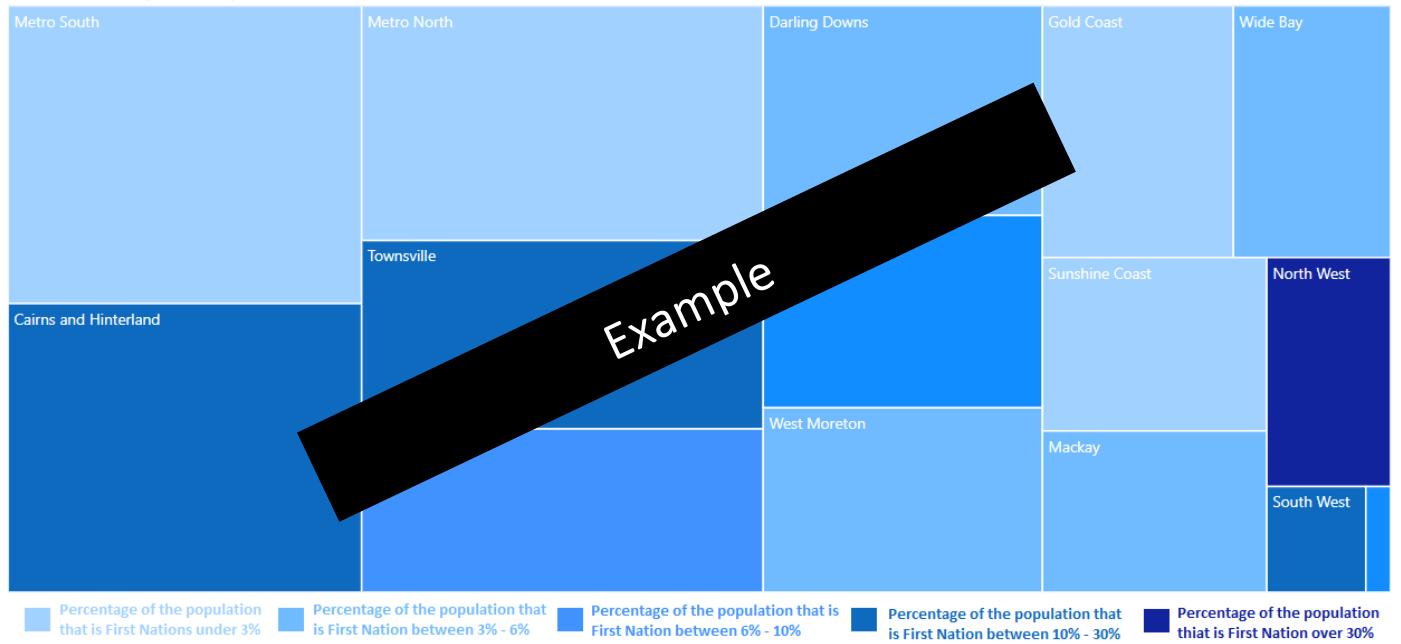
Data source: ERP: Department Infobank details at SA2 levels, 2020 population estimates. (Click Here to access).

Suggested text: describe what the data shows and if possible, where population has increased/decreased historically and projected for the future. Describe any factors known to influence these population changes.

Total First Nations population (estimated)



First Nations Population by HHS



How the Strategy was co-designed with Development Stakeholders

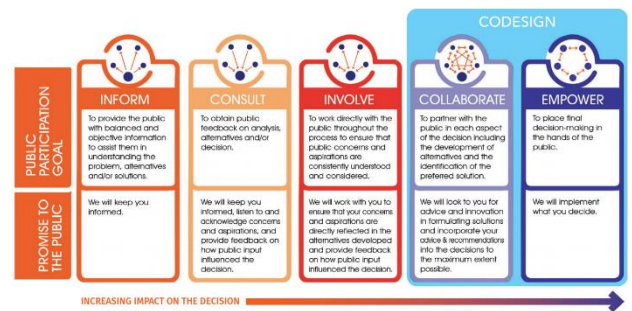
Identify how this plan has been developed in accordance with the principles of:

- continuous quality improvement
- shared decision-making,
- collaboration and,
- genuine partnership

with each Development Stakeholder, in particular the Aboriginal and Torres Strait Islander community-controlled health sector.

[NB: Attached as appendices should be copies of the Development Stakeholder Feedback Reports].

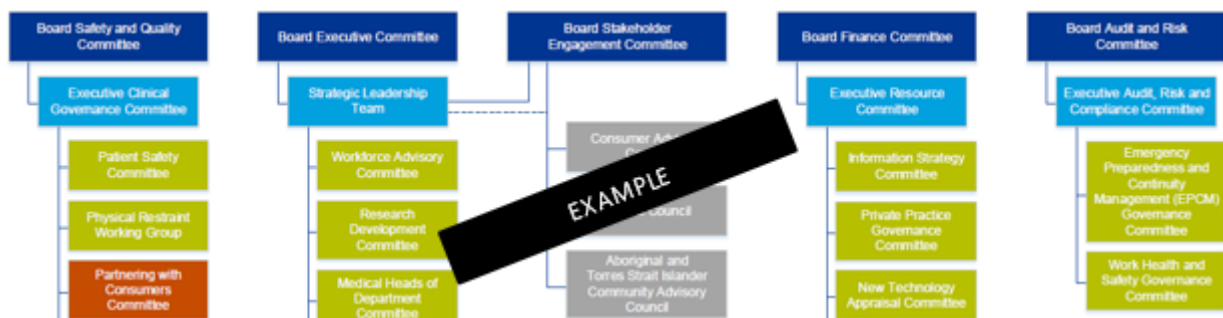
Keep to half a page.



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

Provide 3-4 sentences highlighting whole of Hospital and Health Service governance and accountability arrangements to improve Aboriginal and Torres Strait Islander health and wellbeing outcomes (that is, 'First Nations health is everyone's responsibility').

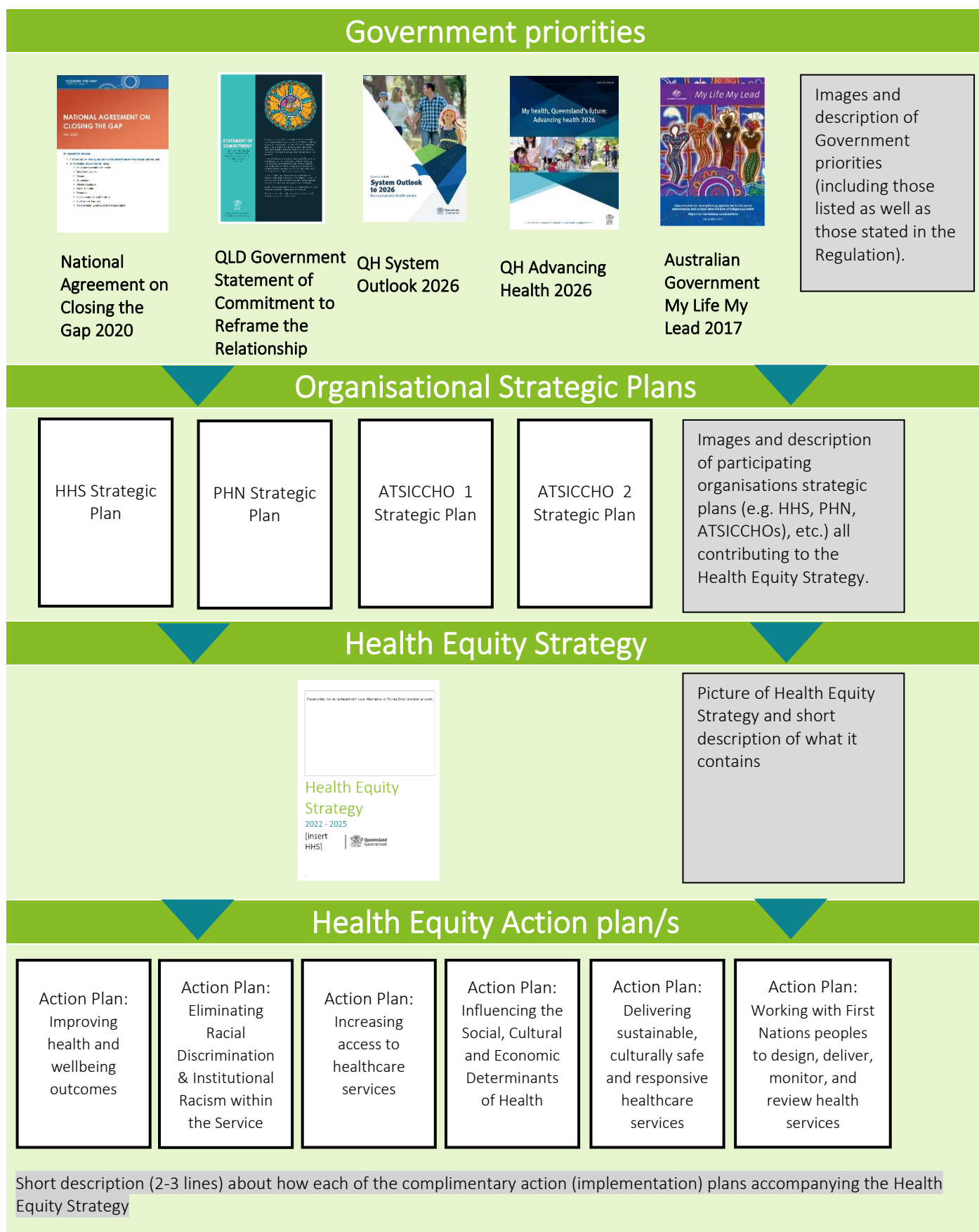
Identify First Nations representation on each HHS Governance Group (from HHB, Tier 1, Tier 2, Tier 3 etc.) on the HHS' organisational chart. Further information around this is provided in the Toolkit.



Alignment to other strategies in the system

Describe in 4-5 lines how the Health Equity Strategy aligns with other strategies. This includes describing the purpose of the document and the link between providing the strategic direction for a region's organisations to rally around. The key performance measures will provide a framework for the all parties within a region to collaborate and co-design the specific actions to achieve the overarching government objectives and targets.

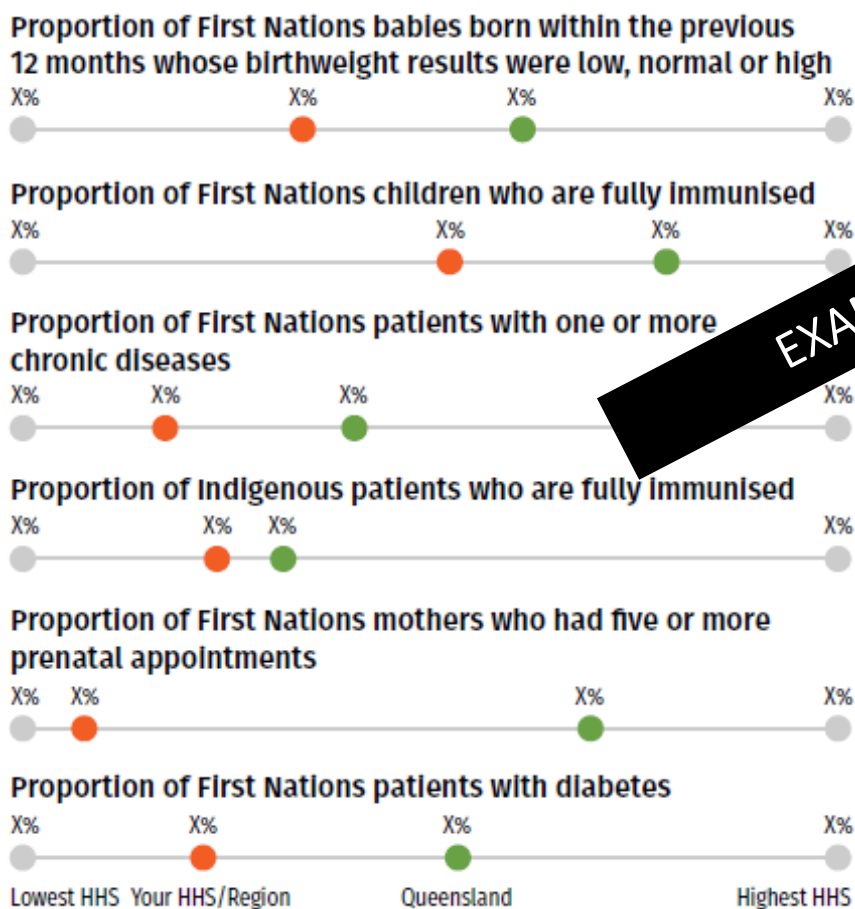
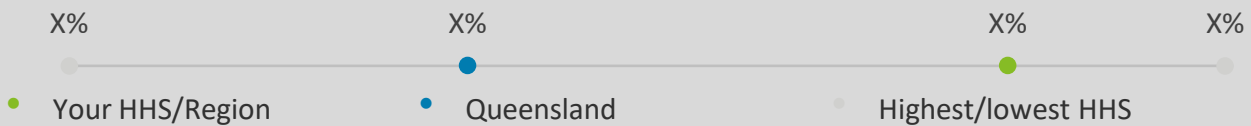
An example structure for how this could be displayed is **below**:



Our *shared* understanding of need and priority areas for the region

To fill the following sections out, please use the LANA process data being developed by each HHS. The Local Area Needs Analysis Measures section in the toolkit provides an overview of the measures that will be collected as part of the LANA process. Please use the measures where there is the greatest disparity between your HHS and the Queensland average. This may be shown through using a graph like the below or using another graphical representation. For further inspiration please see The Local Area Needs Analysis Measures section within the toolkit.

How to: To fill this section out, please use the LANA data being developed by each HHS. The Local Area Needs Analysis Measures section in the toolkit provides an overview of the measures that will be collected as part of the LANA process.



EXAMPLE

Also consider data / headline indicators of Service-Delivery Stakeholders (i.e. ATSI CCHOs and PHNs to complement HHS data).

Social determinants

A summary of the economic, education and housing issues facing First Nations people in your region. **CONSIDER:** SEIFA Score, Total family income, Financial Hardship [Rental and Mortgage Stress], Unemployment Rates, Population living in need of assistance with profound or severe disability. Also consider internal data including First Nations employment and procurement by HHS as economic indicator.

Health Status

Please consider both Morbidity and Mortality measures for this subsection.

Service availability

½ page consideration of access, hospital capability and hospital capacity. This section should also have an overview of workforce within the region (including current numbers/proportion of First Nations workers), access to primary healthcare, screening programs and/or ambulance services (for example).

Cultural determinants

Cultural determinants originate from and promote a strengths-based approach Cultural factors (inc. cultural expression, family and kinship, caring for Country, and self-determination) are protective and positive influences on Aboriginal and Torres Strait Islander peoples' health and wellbeing.

Our challenges and opportunities

This section provides an overview of the challenges and opportunities within the system that HHSs and their partners are operating within. The purpose of this section is to acknowledge some of these challenges, but also focus on what are some changes that can be leveraged to overcome these challenges. Positive change will ultimately support the achievement of the national commitment of health parity by 2031, and the delivery of health equity with First Nations peoples.

Challenges under the status quo

This section should describe the challenges within the current environment – this can include consideration of policy, funding, operational, cultural that are impacting on the ability to deliver health equity.

Opportunities for the future

This section should describe the opportunities that are available for the region to deliver upon the National Commitment to achieve health parity by 2031, as well as the State's directive to achieve health equity *with* First Nations peoples.

Our key priorities – high level

Summary of key actions to deliver improved health and wellbeing outcomes with First Nations peoples, and their key performance indicators

Our key performance measures	What will we do?	How we will do it?	What will we achieve?	Who will be the partners?
1. Improving health and wellbeing outcomes	<ul style="list-style-type: none"> Strategy 1a – [insert title of strategy] 	<ul style="list-style-type: none"> Strategy 1a – [insert key actions to be delivered] 	<ul style="list-style-type: none"> Strategy 1a – [insert outcome sought] 	<ul style="list-style-type: none"> Strategy 1a – [insert who the key partners are]
2. Actively eliminating racial discrimination and institutional racism within the service	<ul style="list-style-type: none"> Strategy 2a – [insert title of strategy] 	<ul style="list-style-type: none"> Strategy 2a – [insert key actions to be delivered] 	<ul style="list-style-type: none"> Strategy 2a – [insert outcome sought] 	<ul style="list-style-type: none"> Strategy 2a – [insert who the key partners are]
3. Increasing access to healthcare services	<ul style="list-style-type: none"> Strategy 3a – [insert title of strategy] 	<ul style="list-style-type: none"> Strategy 3a – [insert key actions to be delivered] 	<ul style="list-style-type: none"> Strategy 3a – [insert outcome sought] 	<ul style="list-style-type: none"> Strategy 3a – [insert who the key partners are]
4. Influencing the social, cultural and economic determinants of health	<ul style="list-style-type: none"> Strategy 4a – [insert title of strategy] 	<ul style="list-style-type: none"> Strategy 4a – [insert key actions to be delivered] 	<ul style="list-style-type: none"> Strategy 4a – [insert outcome sought] 	<ul style="list-style-type: none"> Strategy 4a – [insert who the key partners are]
5. Delivering sustainable, culturally safe and responsive healthcare services	<ul style="list-style-type: none"> Strategy 5a – [insert title of strategy] 	<ul style="list-style-type: none"> Strategy 5a – [insert key actions to be delivered] 	<ul style="list-style-type: none"> Strategy 5a – [insert outcome sought] 	<ul style="list-style-type: none"> Strategy 5a – [insert who the key partners are]
6. Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services	<ul style="list-style-type: none"> Strategy 6a – [insert title of strategy] 	<ul style="list-style-type: none"> Strategy 6a – [insert key actions to be delivered] 	<ul style="list-style-type: none"> Strategy 6a – [insert outcome sought] 	<ul style="list-style-type: none"> Strategy 6a – [insert who the key partners are]

Overarching Priority – Improving First Nations health and wellbeing outcomes

[This section provides an overview of the overarching indicators from the nKPIs – this will provide the high-level areas that the strategy is aiming to influence by developing specific actions across the regulation’s key priority areas]

This section should describe the three health-specific nKPI’s as identified in the National Agreement on Closing the Gap 2020 and how the six key priority areas of the regulation will provide the framework to identify the key actions that will deliver on the overarching objectives of the Health Equity Strategy.



Close the Gap in life expectancy within a generation, by 2031



By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent



Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero

1. Key Performance Measures & Actions: Improving First Nations health and wellbeing outcomes

[provide an overview of the strategies to be delivered as part of improving health and wellbeing outcomes – for each strategy, you should identify who is accountable for the delivery, provide a description of the strategy, the expected impact of the implementation of this strategy, highlight how this will be measured and identify who will be the key partners for implementation.]

Describe in a paragraph what actively eliminating racial discrimination and institutional racism means for the service and the opportunities it will provide to improve health and wellbeing outcomes for First Nations Peoples.

#	Strategy	Responsible lead	Partners	Key Performance Indicators
1. Improving Aboriginal and Torres Strait Islander health and wellbeing outcomes				
	[insert description of the strategy and what it is trying to achieve]		<p>NB: visit the Partnering Arrangements section of the Toolkit for further information</p> <p>[identify what partnerships are required to delivery on the strategy and summarize what has been put in place to support this in terms of engagement in the development of the strategy but also the ongoing delivery]</p>	<p>NB: visit the KPI section of the Toolkit for further information</p> <p>[identify how and through what metrics progress will be identified as part of the ongoing monitoring of the strategy]</p>
1A				
1B				
1C				

2. Key Performance Measures & Actions: Actively eliminating racial discrimination and institutional racism within the service

[provide an overview of the strategies to be delivered as part of **actively eliminating racial discrimination and institutional racism within the Service** – for each strategy, you should identify who is accountable for the delivery, provide a description of the strategy, the expected impact of the implementation of this strategy, highlight how this will be measured and identify who will be the key partners for implementation.]

Describe in a paragraph what actively eliminating racial discrimination and institutional racism means for the service and the opportunities it will provide to improve health and wellbeing outcomes for First Nations Peoples.

#	Strategy	Responsible lead	Partners	Key Performance Indicators
2. Actively eliminating racial discrimination and institutional racism within the service				
	[insert description of the strategy and what it is trying to achieve]		<p>NB: visit the Partnering Arrangements section of the Toolkit for further information</p> <p>[identify what partnerships are required to delivery on the strategy and summarize what has been put in place to support this in terms of engagement in the development of the strategy but also the ongoing delivery]</p>	<p>NB: visit the KPI section of the Toolkit for further information</p> <p>[identify how and through what metrics progress will be identified as part of the ongoing monitoring of the strategy]</p>
2A				
2B				
2C				

3. Key Performance Measures & Actions: Increasing access to healthcare services

[provide an overview of the strategies to be delivered as part of increasing access to healthcare services – for each strategy, you should identify who is accountable for the delivery, provide a description of the strategy, the expected impact of the implementation of this strategy, highlight how this will be measured and identify who will be the key partners for implementation.]

Describe in a paragraph what increasing access to healthcare services means for the service and the opportunities it will provide to improve health outcomes for First Nations People.

#	Strategy	Responsible lead	Partners	Key Performance Indicators
3. Increasing access to healthcare services				
	[insert description of the strategy and what it is trying to achieve]		<p>NB: visit the Partnering Arrangements section of the Toolkit for further information</p> <p>[identify what partnerships are required to delivery on the strategy and summarize what has been put in place to support this in terms of engagement in the development of the strategy but also the ongoing delivery]</p>	<p>NB: visit the KPI section of the Toolkit for further information</p> <p>[identify how and through what metrics progress will be identified as part of the ongoing monitoring of the strategy]</p>
E.g	<i>E.g. To develop a priority patient dashboard to support the risk stratification process and provide greater visibility and coordination of care for First Nations peoples</i>	<i>Chief Information Officer</i>	<i>DoH, eHealth, QAIHC, PHN and the five Northern Queensland HHSs have entered an agreement to provide resources and funding for the delivery of the project</i>	<ul style="list-style-type: none"> • <i>Development of the dashboard</i> • <i>Number of patients managed through the integrated pathway</i> • <i>Number of reduced touchpoints with the system</i> • <i>PREM and PROM data collection and development</i>
3A				
3B				
3C				

4. Key Performance Measures and Actions: Influencing the social, cultural and economic determinants of health

[provide an overview of the strategies to be delivered as part of influencing the social, cultural and economic determinants of health – for each strategy, you should identify who is accountable for the delivery, provide a description of the strategy, the expected impact of the implementation of this strategy, highlight how this will be measured and identify who will be the key partners for implementation.]

Describe in a paragraph what influencing the social, cultural and economic determinants of health means for the service and the opportunities it will provide to improve health outcomes for First Nations Peoples.

#	Strategy	Responsible lead	Partners	Key Performance Indicators
4. Influencing the social, cultural and economic determinants of health				
	[insert description of the strategy and what it is trying to achieve]		<p>NB: visit the Partnering Arrangements section of the Toolkit for further information</p> <p>[identify what partnerships are required to delivery on the strategy and summarize what has been put in place to support this in terms of engagement in the development of the strategy but also the ongoing delivery]</p>	<p>NB: visit the KPI section of the Toolkit for further information</p> <p>[identify how and through what metrics progress will be identified as part of the ongoing monitoring of the strategy]</p>
4A				
4B				
4C				

5. Key Performance Measures & Actions: Delivering sustainable, culturally safe and responsive healthcare services

[provide an overview of the strategies to be delivered as part of **delivering sustainable, culturally safe and responsive healthcare services** – for each strategy, you should identify who is accountable for the delivery, provide a description of the strategy, the expected impact of the implementation of this strategy, highlight how this will be measured and identify who will be the key partners for implementation.]

Describe in a paragraph what delivering sustainable, culturally safe and responsive healthcare services means for the service and the opportunities it will provide to improve health outcomes for First Nations Peoples.

#	Strategy	Responsible lead	Partners	Key Performance Indicators
5. Delivering sustainable, culturally safe and responsive healthcare services				
	[insert description of the strategy and what it is trying to achieve]		NB: visit the Partnering Arrangements section of the Toolkit for further information [identify what partnerships are required to delivery on the strategy and summarize what has been put in place to support this in terms of engagement in the development of the strategy but also the ongoing delivery]	NB: visit the KPI section of the Toolkit for further information [identify how and through what metrics progress will be identified as part of the ongoing monitoring of the strategy]
5A				
5B				
5C				

6. Key Performance Measures and Actions: Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services

[provide an overview of the strategies to be delivered as part of working with Aboriginal peoples and Torres Strait Islander peoples, communities, and organisations to design, deliver, monitor and review health services – for each strategy, you should identify who is accountable for the delivery, provide a description of the strategy, the expected impact of the implementation of this strategy, highlight how this will be measured and identify who will be the key partners for implementation.]

Describe in a paragraph what Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services means for the service and the opportunities it will provide to improve health outcomes for First Nations People.

#	Strategy	Responsible lead	Partners	Key Performance Indicators
6. Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services				
	[insert description of the strategy and what it is trying to achieve]		<p>NB: visit the Partnering Arrangements section of the Toolkit for further information</p> <p>[identify what partnerships are required to delivery on the strategy and summarize what has been put in place to support this in terms of engagement in the development of the strategy but also the ongoing delivery]</p>	<p>NB: visit the KPI section of the Toolkit for further information</p> <p>[identify how and through what metrics progress will be identified as part of the ongoing monitoring of the strategy]</p>
6A				
6B				
6C				

Implementation

Provide a high level description of the steps that will be taken over the period covered by the Health Equity Strategy plan and in particular, highlight any key enablers that are required to support delivery of the strategies.

Reportable milestone table							
SPECIFIC ACTION/S USING REFERENCE ID (See table above)	DEDICATED RESOURCES & INVESTMENT PROFILE (inc. Funding Source)	MILESTONES (6-monthly milestones to completion of action / achievement of outcome)					
		6-month milestone/s	12-month milestone/s	18-month milestone/s	24-month milestone/s	30-month milestone/s	36-month milestone/s
A1	0.2FTE AO6 \$50,000 (90% Core Funds + 10% Making Tracks)	List					
A2							
B1							
B2							
C1							

Implementation – Mapping actions for legislative compliance

XXX Hospital and Health Service Health Equity Strategy 20XX – 20XX+3										
REF. CODE	KEY PRIORITY AREAS [S13A(a)]	ALIGNMENT [S13A(c)]	Requirements relating to KPI's to achieve health equity for First Nations peoples KPI's [S13A(a)]	Deliverables: What we will do [Think: 'SMART' goal] SPECIFIC ACTION/S (& REF. ID) [S13A(b)]	Practice: How we will do it		'SMART' goal TIMEFRAME	Responsibility RESPONSIBLE WORK AREA	Partners for purpose PARTNERING FOR SUCCESS [S13A(b)(j)]	Endorsement PRESCRIBED STAKEHOLDER ENDORSEMENT OF ACTION
					Qld Public Service values VALUES [S13A(c)(ii)]	Qld Gov Statement of Commitment to Reframe the Relationship 2019 PRINCIPLES [S13A(c)(iv)]				
A	Improve First Nations health and wellbeing outcomes	<input checked="" type="checkbox"/> S13A(c)(i) <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list <input checked="" type="checkbox"/> S13A(c)(ii) <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list <input checked="" type="checkbox"/> S13A(c)(iii) <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list <input checked="" type="checkbox"/> S13A(c)(iv) <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list	Common KPIs <input type="checkbox"/> xxx list HHS-specific KPIs <input type="checkbox"/> xxx list	A1 xxx	<input type="checkbox"/> Customers First <input type="checkbox"/> Ideas into action <input type="checkbox"/> Unleash potential <input type="checkbox"/> Be courageous <input checked="" type="checkbox"/> Empower people	<input type="checkbox"/> Recognition <input checked="" type="checkbox"/> Self-determination <input type="checkbox"/> Respecting culture <input checked="" type="checkbox"/> Locally led decision-making <input type="checkbox"/> Shared-commitment, -responsibility, -accountability <input checked="" type="checkbox"/> Empowerment <input type="checkbox"/> Free, prior and informed consent <input type="checkbox"/> Strengths-based approach	xxx	xxx	<input type="checkbox"/> ATSCCHOs <input type="checkbox"/> xxx <input type="checkbox"/> xxx <input type="checkbox"/> Primary Healthcare Organisations (inc. PHNs) <input type="checkbox"/> xxx <input type="checkbox"/> xxx <input type="checkbox"/> Others <input type="checkbox"/> xxx <input type="checkbox"/> xxx	<input checked="" type="checkbox"/> HHS First Nations staff <input type="checkbox"/> xxx (e.g. HHS FN staff forum / network) <input checked="" type="checkbox"/> First Nations consumers <input type="checkbox"/> xxx (e.g. FN Consumer Group/s) <input checked="" type="checkbox"/> Local First Nations community members within Service Area <input type="checkbox"/> xxx (e.g. Community Justice Group) <input checked="" type="checkbox"/> Traditional Owners / native title holders <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list <input checked="" type="checkbox"/> CATSIHO <input checked="" type="checkbox"/> QAIHC <input checked="" type="checkbox"/> HWOld <input checked="" type="checkbox"/> ATSCCHO/s <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list <input checked="" type="checkbox"/> Primary Healthcare Organisations (inc. PHNs) <input type="checkbox"/> xxx list <input type="checkbox"/> xxx list
B	Actively eliminating racial discrimination and institutional racism within the Service		Common HHS-specific	B1 B2						
C	Increasing access to healthcare services		Common HHS-specific	C1 C2						
D	Influencing the social, cultural, and economic determinants of health		Common HHS-specific	D1 D2						
E	Delivering sustainable, culturally safe and responsive healthcare services		Common HHS-specific	E1 E2						
F	Working with First Nations peoples, communities, and organisations to design, deliver, monitor, and review health services		Common HHS-specific	F1 F2						

Statement of Commitment

1-2 lines from group around how organisations are committed to the Health Equity Strategy. This is followed by signatures below, with icons of the different organisations to be used if appropriate.

Hospital and Health Board Chair

ATSICCHO Chair/s

Health Service Chief Executive

ATSICCHO Chief Executive/s

Hospital and Health Board First Nations Representative/s

PHN Board Chair

Hospital and Health Service Aboriginal and Torres Strait Islander Health Lead

PHN Chief Executive Officer

HHS First Nations Consumer Representative

QAIHC Chair/Chief Executive

Chief Aboriginal and Torres Strait Islander Health Officer,
Deputy Director-General, Queensland Health

Health and Wellbeing Queensland Representative

Consider Other Key Partner Organisations (RNTBCs, PBCs, Councils etc.)

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