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Queensland Health

HEALTHQ32

First Nations First Strategy 2032

*Placing First Nations peoples at the centre
of healthcare design and delivery*



Queensland
Government

HEALTHQ32
First Nations First Strategy 2032

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Aboriginal and Torres Strait Islander viewers are warned that the following program may contain images of deceased persons.

"Making Tracks" Artwork produced for Queensland Health by Gilimbaa.



Contents

| | |
|---|-----------|
| Recognition statement | 4 |
| The legacy of Betty, Miss Sandy and Kaya: a catalyst for change | 6 |
| Foreword from the Chief First Nations Health Officer | 7 |
| Forewords from the Minister and Director-General..... | 9 |
| HEALTHQ32: A vision for Queensland's health system | 10 |
| First Nations population in Queensland | 12 |
| Policy context..... | 14 |
| Foundations for health and wellbeing | 16 |
| Determinants of health | 18 |
| System challenges and opportunities..... | 20 |
| Improving health equity: Models in action..... | 28 |
| <i>First Nations First Strategy 2032</i> | 30 |
| Where to from here? | 40 |

Recognition statement

.....

Queensland Health respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters and communities across Queensland.

Queensland Health recognises that the rights of First Nations peoples are central to health and wellbeing. Consistent with the *United Nations Declaration on the Rights of Indigenous Peoples (2007)*, these include:

- The right to practice culture
- The right to self-determination
- The right to make decisions on matters that affect lives and communities.

First Nations people also have the right to culturally safe and responsive healthcare, free of racism and inequity.

Throughout the project documents, the terms 'First Nations peoples' and 'Aboriginal and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Acknowledging First Nations peoples' right to self-determination, Queensland Health respects the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identities.

.....



The legacy of Betty, Miss Sandy and Kaya: A catalyst for change

Imagine a health system that has been redesigned by First Nations people, for First Nations people, a health system where culture wraps around consumers at all stages of the health continuum, from prevention through to diagnosis, care planning, treatment and/or transition. The *First Nations First Strategy 2032* strives for exactly that.

The tragic loss of three young First Nations women in remote Queensland from complications arising from Rheumatic Heart Disease, highlights the need to reform pervasive systemic issues in care delivery for First Nations people.

The Office of the Health Ombudsman report (2023): Systemic investigation into the healthcare provided to Miss Sandy at Doomadgee Hospital concluded:

.....
“It is evident that clear and committed action is required to address the issues identified in this report to avoid further preventable deaths.”
.....

The report highlights the impact of the racism and discrimination experienced by the women and their families and deficits in delivery of informed, accessible, and culturally appropriate management pathways, communication, and coordination of care. Many of the issues were replicated across their stories, demonstrating the lack of progress to date.

Queensland Health respectfully acknowledges the stories of Betty, Miss Sandy and Kaya and the ongoing grief of their families and community.

“I thank my Elders for the privileges and opportunities we have today. I am proud to present Queensland’s 10-year health strategy to put First Nations peoples first.”

First Nations people in Queensland continue to experience poorer health outcomes compared to non-First Nations people, despite over 30 years of national and jurisdictional public health policy efforts. The *First Nations First Strategy* provides a platform built on decades of efforts, to address the ongoing inequities experienced by First Nations people in Queensland.

As a state, we are entering a period of truth-telling. Now, more than ever we must embrace the facts and be honest about where we are as a system. Now is the time for bravery and courageous leadership. Changes must be made to eliminate the persistent barriers to healthcare.

It is time that collectively, we need to accept that there is a direct relationship between the racism experienced by First Nations people in our health system and their health and wellbeing outcomes. Health inequities and inequality exist because racism provides the foundation for their existence. The *First Nations First Strategy* confronts this head on with a dedicated focus area on eliminating racism with an anti-racist approach that will penetrate all parts of our public health system from policy to health service delivery and everything in between.

This Strategy will support and accelerate the recent reform efforts led by our Hospital and Health Services through their legislated First Nations Health Equity Strategies. It will also strengthen the environment that enables all parts of the system, to deliver the type of healthcare needed by mob, designed by and with mob and ensuring that all of us working in the system do our bit. These efforts will be supported by the Tracks to Treaty agenda and the Queensland Government’s reframed relationship with Aboriginal and Torres Strait Islander people that is grounded in truth telling and healing.

Importantly, for First Nations peoples — both Aboriginal peoples and Torres Strait Islander peoples who have lived on these lands for millennia — we have additional responsibilities as a health system and a country. *‘First Nations First’* means we must not only reshape the health system with Aboriginal and Torres Strait Islander peoples but also acknowledge the unique rights and cultural authority of First Nations peoples as the Traditional and Cultural Custodians of our lands, waters and seas.

The *First Nations First Strategy* is the next stage of our journey to create an integrated health system in Queensland that sees more of our First Nations peoples across the system, listens to First Nations voices in the system, supports a more culturally capable, better integrated and coordinated system with First Nations peoples; and lays the foundation for a more equitably funded system.



Haylene Grogan
Chief First Nations Health Officer

“In Queensland we commit to be courageous, curious and optimistic...to build a place where the world’s oldest living culture of Aboriginal and Torres Strait Islander peoples is celebrated as central to the identity of all Queenslanders.”

Queensland’s Path to Treaty Commitment (August 2022)



As the world’s oldest, surviving cultures, it is essential that First Nations communities in Queensland are healthy, connected and supported



We recognise the strength and resilience of First Nations peoples and are committed to creating a system of care that is free of racism and where all people can enjoy long and healthy lives. Developed in partnership with and led by First Nations people, the *First Nations First Strategy* sets a clear vision for achieving excellence in care and health equity with all First Nations peoples in Queensland.

This strategy follows the Queensland Government’s commitment through the Path to Treaty reforms to cultivate new relationships with First Nations peoples and support all Queenslanders to participate in a process that promotes healing, justice and reconciliation.

I would like to acknowledge the unique value of Aboriginal and Torres Straits Islander Health Workers and Practitioners, and their critical role in safe-guarding the health of communities during the COVID-19 pandemic and beyond.

Accelerating reform to improve health and wellbeing for First Nations peoples will require the collective effort of everybody across the health system. The Queensland Government is committed to putting First Nations First.

Every First Nations Queenslander should expect to receive clinically safe care, free of racism, wherever they choose to live in our great State. We will continue to support our health services to collaborate with their local communities and build solutions that work for First Nations families. We will encourage innovation and expect accountability from our health services.

Aboriginal and Torres Strait Islander peoples are the oldest surviving cultures in the world, and we are responsible for ensuring that they continue to thrive, right here on their traditional homelands.

The Hon. Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women

HEALTHQ32 presents the vision for Queensland’s health system



Achievement of this vision will see a health system that is dynamic and responsive and with a workforce that is valued and empowered to provide world-class health care to all Queenslanders. This will be vital for services accessed by First Nations people in Queensland who need greater efforts from our health system to meet their health needs and close the gap in the health inequities they still experience.

Good health is a fundamental human right for everyone, and it is essential we recognise that the experiences and the health and wellbeing outcomes of First Nations peoples is different to their mainstream counterparts. First Nations First recognises the importance of “*by First Nations peoples with First Nations peoples*” as critical to our collaborative success in Queensland. For this reason, *HEALTHQ32* has been underpinned by the principle First Nations First to guide the implementation of initiatives across the health system.

Success in Closing the Gap is dependent on genuine partnership and all parts of the system taking responsibility for creating health services that First Nations communities will access. The *First Nations First Strategy* will facilitate a centrally supported, regionally enabled system. The *First Nations First Strategy* will provide a strong foundation for the inevitable challenging conversations we need to have as we reform the parts of the system that continue to perpetuate First Nations peoples’ poor experiences. As we move into the implementation of *HEALTHQ32* and the *First Nations First Strategy*, we must be bold in our efforts to eliminate racism from our health services, re-shape the system, transform the way that care is provided and we must strengthen and support the First Nations workforce.

Michael Walsh
Director-General, Queensland Health

HEALTHQ32: A vision for Queensland's health system

In collaboration with our partners and consumers, the vision for Queensland's health system over the next 10 years is: *To be a dynamic and responsive health system where our workforce is valued and empowered to provide world-class healthcare to all Queenslanders.*

HEALTHQ32 sets the future direction for the health system and focuses on being adaptable and sustainable. The vision focuses on embedding innovative models of care and new technologies to deliver services more efficiently and ultimately improve patient outcomes. HEALTHQ32 outlines seven system priorities to focus the course of action over the next 10 years in achieving the vision and system outcomes.

The overarching HEALTHQ32 vision and the *First Nations First Strategy* and other system priority strategies will guide future priorities for health in Queensland. **The *First Nations First Strategy* will accelerate the reform efforts over the next 10 years to achieve excellence in care and health equity with all First Nations people in Queensland.** To be successful, all partners across the system will need to work collaboratively over the next 10 years to bring the vision to life.



By 2032, HEALTHQ32 aims to:

- increase quality, safety and equity
- maximise the health and wellbeing of Queenslanders
- be more innovative, connected and sustainable
- create a workforce that is agile, skilled and valued.



Reform

Delivering connected equitable, sustainable, and integrated healthcare



First Nations First

Placing First Nations peoples at the centre of healthcare design and delivery in Queensland



Workforce

A responsive, skilled and valued workforce where our people feel supported



Consumer Safety and Quality

Ensuring the delivery of safe and quality healthcare that supports consumers to achieve better health outcomes



Health Services

Sustainable, personalised healthcare that delivers outcomes that matter most to patients and the community



Public Policy

Delivering quality advice to government to drive an agile, future-focused health policy agenda



Research

A health system where research and innovation is encouraged, supported and enabled

First Nations population in Queensland

According to the 2021 Census



In 2021
237,000

First Nations people were living in Queensland

which represents 4.6% of Queensland's population, an increase from 3.6% in 2021.



23 years

Was the median age for First Nations people in 2021. An increase from 20 years in 2011.



2/3

Of the population in Queensland that identify as First Nations are under 35 years of age.



5,792

First Nations babies were born in Queensland in 2020. Nationally, Queensland had the second highest proportion of women who gave birth who identified as First Nations.



8%

Of First Nations people in Queensland used a First Nations language at home.



81%

Of First Nations people in Queensland lived in appropriately sized (not overcrowded) dwellings.



66%

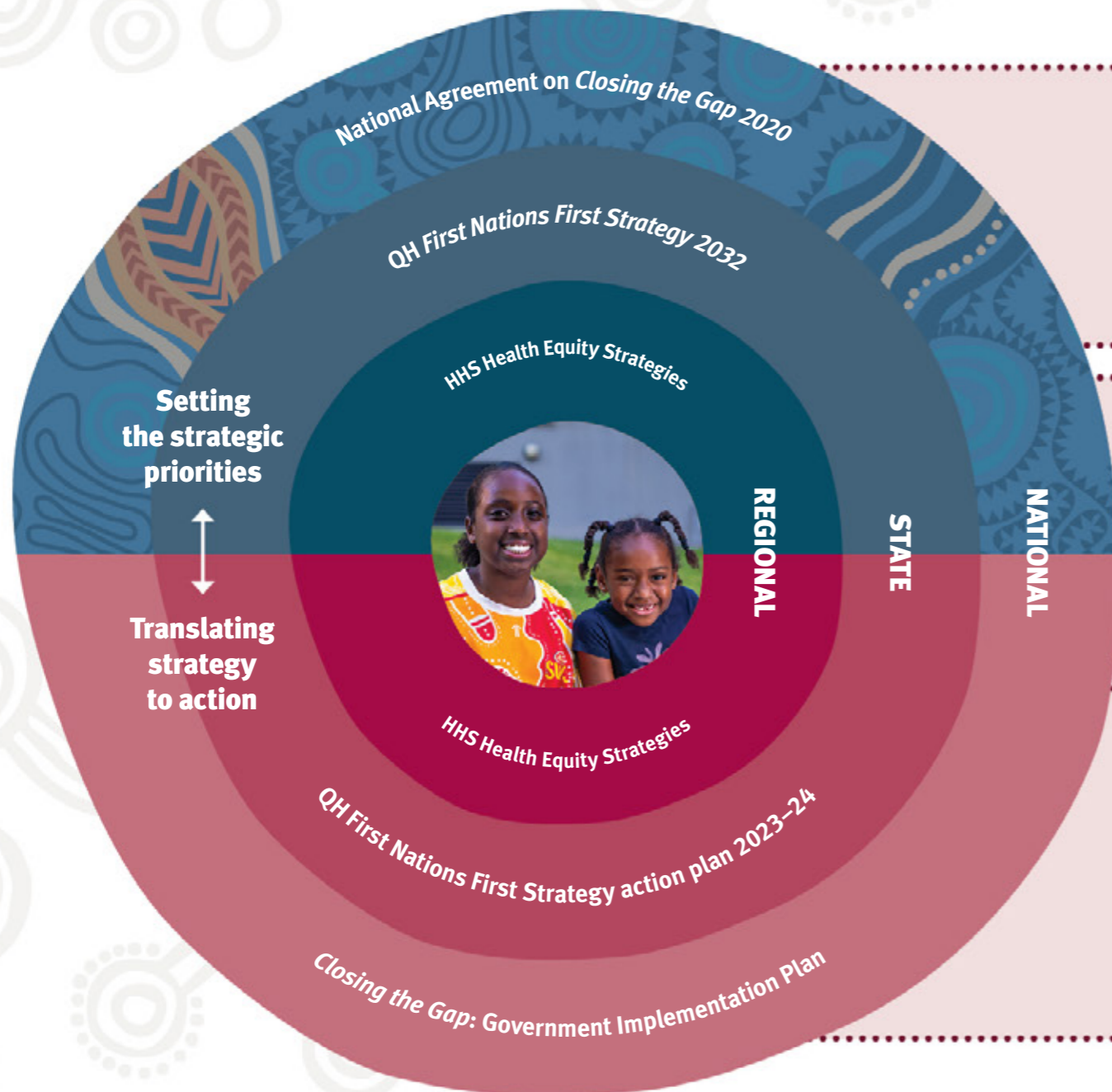
The proportion of First Nations people aged 20 to 24 years in Queensland who had completed Year 12 or equivalent as their highest year of school was 66.6%, up from 48.1% in 2011.



Policy context

Queensland’s public health system operates within an inter-dependent system of health and social services. The broader health system encompasses primary, secondary, and tertiary care, as well as aged and disability care and preventive health. Service providers across the health ecosystem are critical partners in accelerating and sustaining reform for First Nations peoples.

Queensland Health enjoys a strong and reliable partnership with Queensland Aboriginal and Islander Health Council (QAIHC). The strengths and successes of Aboriginal and Torres Strait Islander Community Control Health Organisations (ATSICCHO) are more than Aboriginal and Torres Strait Islander governance, leadership and culturally safe primary healthcare — albeit critical, they are in integral part of the health system in Queensland.



Nationally

Closing the Gap

The over-arching policy driving reform for First Nations health is the [National Agreement on Closing the Gap](#), which sets the strategic benchmark of achieving life expectancy parity for Aboriginal and Torres Strait Islander peoples by 2031. All jurisdictions are held accountable for progress through the Productivity Commission’s [Closing the Gap national data dashboard](#) and are required to report progress against published [Implementation Plans](#).

In Queensland

Health Equity

Amendments that were made to the [Hospital and Health Boards Act \(2011\)](#) in 2021 created the legislative foundation to accelerate changes in First Nations health. All 16 Hospital and Health Services (HHSs) have published their inaugural co-designed [Health Equity Strategies](#) outlining how HHSs will advance health equity within their services.

This *First Nations First Strategy* recognises the significant insights provided by First Nations communities, workforce, and partners through the HHS Health Equity Strategy co-design processes. The themes from all 16 Health Equity Strategies have been consolidated to ensure that the voices of the community are central to this strategy.

National Agreement on Closing the Gap 2020



- **Priority Reform 1:** Formal partnerships and shared decision making
- **Priority Reform 1:** Building community controlled health services
- **Priority Reform 3:** Transforming government organisations
- **Priority Reform 4:** Shared access to data and information at a regional level.

HEALTHQ32: First Nations First Strategy 2032



Achieving excellence in care and health equity with all First Nations people in Queensland.

Hospital and Health Service Health Equity Strategies



- **KPA 1:** Actively eliminate racial discrimination and institutional racism within the service
- **KPA 2:** Increasing access to healthcare services
- **KPA 3:** Influencing the social, cultural and economic determinants of health
- **KPA 4:** Delivering sustainable, culturally safe and responsive healthcare services
- **KPA 5:** Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services.

Foundations for health and wellbeing

Caring for self, kin, community and Country is core to Aboriginal and Torres Strait Islander knowing, being and belonging. Good health and wellbeing are built upon deep and enduring social, emotional, and cultural connections between self and the whole community.



For First Nations peoples, the foundations for health and wellbeing include (but not limited to):



A holistic concept of health and wellbeing

The First Nations concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole communities. For First Nations peoples, health is seen in terms of the whole-life-view.



The social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. We recognise the resilience and enduring intergenerational trauma experienced by First Nations peoples from the impact of colonisation and former policies and practices.



The cultural determinants of health

The cultural determinants of health are the protective factors that enhance resilience, strengthen identity, and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship, and community; beliefs and knowledge; cultural expression and continuity; languages; self-determination and leadership.



A life-course approach

First Nations people view health and wellbeing as involving the whole community throughout the entire life course. A life course approach recognises the way certain factors influence health at different times in life. We may think of life-course stages as:

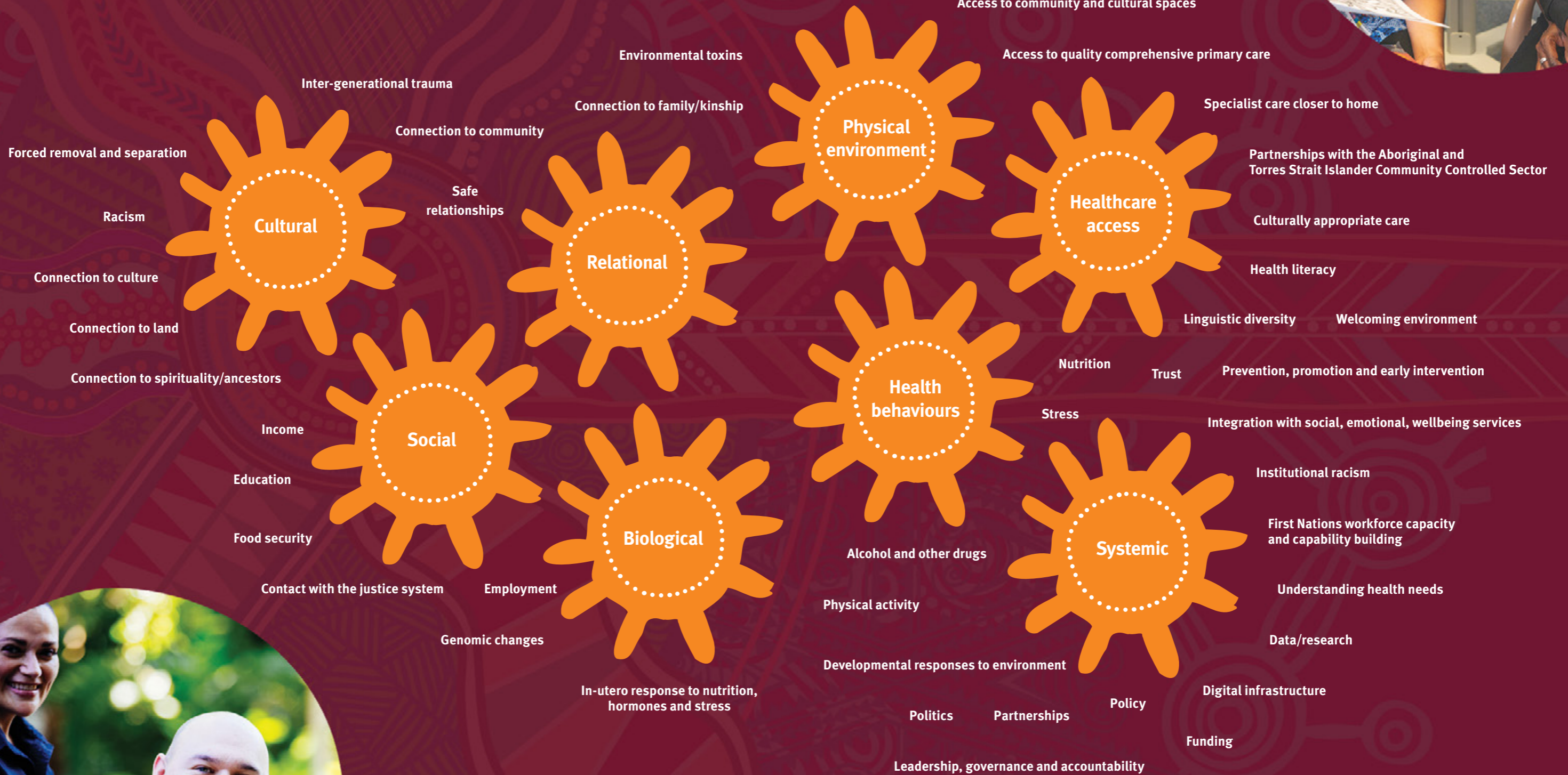
- Healthy babies and young children
- Healthy youth and adolescents
- Healthy adults, and
- Healthy ageing

Definitions sourced from the National Aboriginal and Torres Strait Islander Health Plan 2021–31.

Determinants of health

The factors that influence the health and wellbeing of First Nations peoples are complex and inter-related. It is critical that programs, policies, and services collectively prioritise strengths-based, holistic approaches that recognise the broader determinants of health. This underpins delivery of comprehensive person-centred care.

Note: Factors displayed are illustrative, not exhaustive.



System challenges and opportunities

The National Agreement on [Closing the Gap](#) identifies 17 socio-economic outcomes important to the rights, wellbeing, and quality of life of First Nations people.

|  CLOSING THE GAP | |
|--|---|
| 1 | Aboriginal and Torres Strait Islander people enjoy long and healthy lives |
| 2 | Aboriginal and Torres Strait Islander children are born healthy and strong |
| 3 | Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years |
| 4 | Aboriginal and Torres Strait Islander children thrive in their early years |
| 5 | Aboriginal and Torres Strait Islander students achieve their full learning potential |
| 6 | Aboriginal and Torres Strait Islander students reach their full potential through further education pathways |
| 7 | Aboriginal and Torres Strait Islander youth are engaged in employment or education |
| 8 | Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities |
| 9 | Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need |
| 10 | Aboriginal and Torres Strait Islander people are not overrepresented in the criminal justice system |
| 11 | Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system |
| 12 | Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system |
| 13 | Aboriginal and Torres Strait Islander families and households are safe |
| 14 | Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing |
| 15 | Aboriginal and Torres Strait Islander people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters |
| 16 | Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing |
| 17 | Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision-making regarding their own lives |

Sources: *Closing the Gap Information Repository, Australian Government Productivity Commission, 2023*

Closing the Gap in health outcomes

Among the 17 [Closing the Gap](#) outcomes, there are three that are health-specific, which have been highlighted in blue:

| Outcome | Target | Progress |
|--|--|---|
| <p>1</p> <p>Aboriginal and Torres Strait Islander people enjoy long and healthy lives</p> | <p>Close the Gap in life expectancy within a generation, by 2031.</p> | <p>Improving but not on track to meet life expectancy parity by 2031.</p> <p>Compared to non-Indigenous children at birth in Queensland (2015–2017):</p> <p>First Nations females will live 6.9 years (~2,500 days) less.</p> <p>First Nations males will live 7.8 years (~2,800 days) less.</p> <p><i>~ Approximate days.</i></p> |
| <p>2</p> <p>Aboriginal and Torres Strait Islander children are born healthy and strong</p> | <p>By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.</p> | <p>Not on track to be met by 2031.</p> <p>In Queensland (2020), 89.4% First Nations babies were born with a healthy birthweight.</p> |
| <p>14</p> <p>Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing</p> | <p>Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.</p> | <p>In Queensland, the age-standardised suicide rate for First Nations peoples is increasing.</p> <p>In 2021, suicide rates for First Nations Queenslanders were twice that of other Queenslanders. 65% of First Nations suicides occurred in people aged 29 years or under, compared to 21% for other Queenslanders.</p> |

Sources: *Closing the Gap Information Repository, Australian Government Productivity Commission, 2023*
Queensland Suicide Register, Australian Institute for Suicide Prevention and Research, 2022

Health of First Nations people in Queensland

2.1x
HIGHER

Disease burden rate

In 2018, standardised total disease burden rate was double (2.1 times higher) for First Nations Queenslanders that of other Queenslanders.



Mental health and substance use

Mental health and substance use disorders were the leading cause of health burden, and cancers the leading cause of death.



Heart disease and diabetes

Between 2011 and 2018, the age-standardised rates for coronary heart disease and type 2 diabetes burden in First Nations peoples both decreased by 32%.

563x
HIGHER

Rheumatic heart disease

First Nations people in Queensland have a prevalence of Rheumatic Heart Disease (RHD) 563 times higher than other people living in Queensland. RHD is almost exclusively a disease of socio-economic disadvantage.



Immunised

In 2022, 96.0% of 5-year-old First Nations children in Queensland were age-appropriately immunised, exceeding the 95% target.



Antenatal care

In 2020, 90.7% of First Nations females who gave birth in Queensland had 5 or more antenatal care visits.

Sources: *The Health of Queenslanders: Report of the Chief Health Officer Queensland, 2022*
Australian Immunisation Register, 2022
Analysis by Australian Institute of Health and Welfare, 2023



Leading causes of burden of disease and injury vary by age, with injuries and mental and substance use disorders being key causes in younger years while cancers and cardiovascular disease becoming more prominent in older ages.

Leading burden of disease and injury cause groups among Queensland First Nations people, 2018

| | AGE | | | | | | |
|-----|--|---|---|---|---|---------------------------------|---------------------------------|
| | 0-4 | 5-14 | 15-24 | 25-44 | 45-64 | 65-74 | 75+ |
| 1st | Infant and congenital conditions, 65% | Mental and substance use disorders, 46% | Mental and substance use disorders, 43% | Mental and substance use disorders, 38% | Cancer and other neoplasms, 17% | Cancer and other neoplasms, 24% | Cardiovascular diseases, 18% |
| 2nd | Injuries, 10% | Injuries, 10% | Injuries, 28% | Injuries, 17% | Cardiovascular diseases, 14% | Cardiovascular diseases, 16% | Cancer and other neoplasms, 18% |
| 3rd | Infectious diseases, 8% | Respiratory diseases, 9% | Musculoskeletal disorders, 5% | Musculoskeletal disorders, 7% | Mental and substance use disorders, 13% | Respiratory diseases, 11% | Neurological conditions, 13% |
| 4th | Respiratory diseases, 5% | Musculoskeletal disorders, 6% | Respiratory diseases, 4% | Cardiovascular diseases, 7% | Respiratory diseases, 11% | Musculoskeletal disorders, 11% | Musculoskeletal disorders, 10% |
| 5th | Mental and substance use disorders, 4% | Skin disorders, 5% | Oral disorders, 3% | Respiratory diseases, 5% | Musculoskeletal disorders, 11% | Endocrine disorders, 11% | Respiratory diseases, 10% |

Source: *Queensland Burden of Disease Study 2018 (unpublished data)*

First Nations leadership

For system reform efforts to be successful, First Nations peoples must be empowered to lead the design and delivery of the care of their communities. Although there is still a long way to go to realise representation of First Nations workforce and leadership commensurate with population and the community health need, Queensland Health has demonstrated progress since the report into Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander people in Queensland's Public Hospital and Health Services (2017):



Increased First Nations HHS Executive Team representation

Increased from 3 out of 16 HHSs in 2017 to 9 out of 16 HHSs in 2023.

Established First Nations Health as a stand-alone dedicated division/unit within the HHS

Increased from 0 out of 16 HHSs in 2017 to 11 out of 16 HHSs in 2023.



All 16 HHSs have a published commitment to improving health and wellbeing of First Nations people As articulated through their Health Equity Strategies.



In 2019, Queensland Health appointed the inaugural Chief First Nations Health Officer

Statewide First Nations Leads Forum established

16 out of 16 HHSs represented by an identified First Nations leader.



Increased First Nations HHS Board representation

Increased from 3 out of 16 HHSs in 2017 to 15 out of 16 HHSs in 2023 (noting 1 Board is currently being recruited).



Queensland Aboriginal and Torres Strait Islander Clinical Network established August 2021

Aboriginal and Torres Strait Islander Health Workers and Practitioners

Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are the first culturally based health professions with national training and registration in the world.

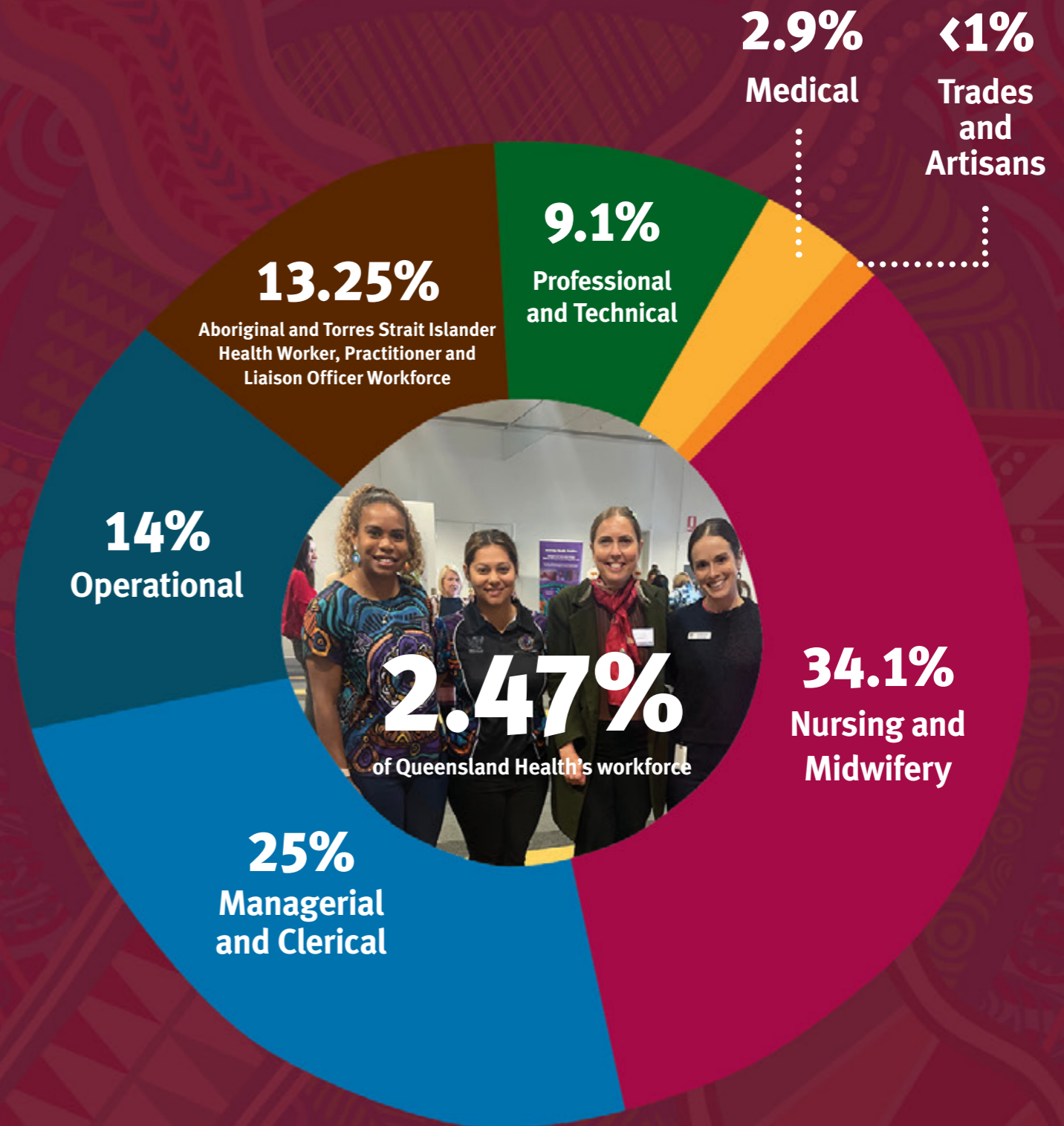
They are a workforce that is renowned as a vital and reliable community resource critical to the health and wellbeing of First Nations people with evidence directly connecting these roles to improved health outcomes across the life course. A key strength of this workforce is the expertise they bring in connecting people with the care they need based on a deep knowledge of what is available and what and how things work where they are. The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners is the national peak workforce association.



In 2021/22
886 Aboriginal and Torres Strait Islander Health Practitioners were registered nationally with 161 residing in Queensland

First Nations workforce

Aboriginal and/or Torres Strait Islander Queensland Health workforce self-identify across the following streams:



Improving health equity: Models in action



Medical Outpatient Clinics

Cairns and Hinterland Hospital and Health Service have two Aboriginal and Torres Strait Islander Health Workers who work across their Medical Outpatient Clinics. The Aboriginal and Torres Strait Islander Health Workers are responsible for setting up the clinic, triaging patients, undertaking assessments, ordering clinic supplies and following up on patients who do not attend their appointments.

Since the introduction of the Aboriginal and Torres Strait Islander Health Workers into the Medical Outpatient Clinics:

‘Failed to Attend’ rates have halved from 14% to 7%

in FY2022–23 for First Nations patients.

Waijungbah Jarjums

Waijungbah Jarjums is a community service for Gold Coast First Nations families to receive continuity of care from pregnancy through to 5 years of age. The first of its kind in Australia, the service combines both the Birthing on Country project and the Deadly 5 Australia principles and is founded on Aboriginal and Torres Strait Islander ways of knowing, being and doing. The service was developed through a genuine co-design process with the local community and Aboriginal corporations including the local Aboriginal and Torres Strait Islander Community Controlled Health Service.

With a focus on employing First Nations staff, the service has helped:

338 First Nations mothers access culturally appropriate maternity care.

100%

of First Nations mothers accessing at least five antenatal visits with the service.

Integrated Ear, Nose and Throat Service Sustainable Specialist Care on Country

This program aims to address the inequitable distribution of specialist level Ear, Nose and Throat services throughout remote communities in the Torres and Cape region, whose communities experience some of the highest rates of middle ear disease.

The program has seen:

445 referrals received.

OVER 1,300 occasions of service provided.

94% of care kept locally and provided on Country, keeping these patients from being referred onwards to larger tertiary referral centres.

Improving Aboriginal and Torres Strait Islander patient’s surgical journey

The pre-surgery health and wellness check initiative at the Royal Brisbane and Women’s Hospital produces significant improvements in surgery attendance for First Nations patients across the state.

It was trialled during a six-month period in mid-2022, resulting in a:

45.5% decrease in surgery cancellations compared to that time the previous year.

The initiative strengthens cultural and clinical support for the patient during their surgical journey by addressing transport issues, language barriers, health literacy concerns and confirms the patient’s physical conditions and ability to attend surgery.

Mob ED (Emergency Department)

The Queensland first Mob ED service at Queensland Children’s Hospital aims to break down the barriers for First Nations families accessing emergency care. First Nations families are welcomed and supported by Mob ED First Nations staff. The service creates a culturally safe clinical environment for First Nations children in need of emergency care and aims to reduce poor health outcomes associated with families leaving without being seen or not being treated in time. Mob ED partners with the Institute for Urban Indigenous Health and their Mob Link initiative to link families with community-based health and social services when children are discharged.

First Nations led primary prevention

A pilot initiative for Aboriginal and Torres Strait Islander people in Central West HHS has been launched to improve the community’s health promotion and prevention. A fully First Nations staffed clinic has started conducting 715 health checks for First Nations people in the region to identify any emerging health concerns early and support earlier access to primary healthcare services. The region will also have access to the [Deadly Choices](#) program and resources through their GP services.



First Nations First Strategy 2032

Centrally supported, regionally enabled

Achieving excellence in care and health equity for all First Nations peoples in Queensland.



Focus area 1
Eliminate racism

By 2032, our system of care will be:
Understanding Culturally capable Respectful Responsive Welcoming Equitable



Focus area 2
Re-shape the system

By 2032, our healthcare system will have:

- Flexible, future-fit infrastructure that enables world class healthcare
- Adaptable and sustainable funding and commissioning approach
- Integrated and accessible technology, digital health and analytics
- Authentic partnerships
- Leadership, culture and governance that supports change



Focus area 3
Transform care

By 2032, First Nations peoples will access care that is:

- Person and family-centred
- World-class
- Adaptable
- Holistic
- Proactive



Focus area 4
Strengthen the workforce

By 2032, the First Nations healthcare workforce will be:

- Valued
- Culturally safe
- Equipped
- Commensurate to need
- Empowered

HEALTHQ32 System outcomes

Outcome 1

Queenslanders have access to high quality and safe healthcare with equitable outcomes.

Outcome 2

Queenslanders have overall improved health, a good start to life, healthy ageing and a good end of life experience.

Outcome 3

Queensland has an innovative, connected and sustainable health system.

Outcome 4

The Queensland health workforce are valued, respected and empowered to lead the delivery of world-class health services; each working to the top of their scope of practice.



Focus area 1: Eliminate racism

Racial discrimination and institutional racism are well-documented structural determinants of health with a growing body of evidence showing strong associations between self-reported racism and poor health outcomes across minority groups worldwide.

Racism is the belief of one's ethnic superiority over other ethnic groups. It is experienced through interpersonal (relationships, behaviours, words) and institutional (structural, systemic, organisational) racism. Freedom from discrimination (which includes racism) is a fundamental human right enshrined in the *Racial Discrimination Act 1975* (Commonwealth) and in the *Human Rights Act 2019* (Queensland).

Racial discrimination and institutional racism have a direct impact on health and wellbeing outcomes for First Nations people. However, racism is substantially under reported due to concerns about the potential impact this may have on the quality of care being provided. The contribution and direct link racism and racial discrimination has to the ongoing health and wellbeing inequities experienced by First Nations people has been formally recognised through the specific inclusion and reference in the amendments to the *Hospital and Health Boards Act (2011)* and the *Hospital and Health Board Regulation (2012)*.

Despite these advancements, legislative change and policy recognition will not eradicate racism in all its forms. Translational change requires understanding and acknowledgement of race and racism's impact on health outcomes, dismantling the structures, policies and processes that disadvantage or exclude First Nations peoples, and mobilising a collective reframe of mindsets and behaviours.

Our objectives

By 2032, First Nations people will receive care from a system free of racism.

Care will be delivered through a transformed, shared understanding of how all forms of racism contribute to poorer health outcomes for First Nations peoples. This shared understanding will be developed by providing access to contemporary education about race, racism in healthcare and culturally capable practice. The system will be responsive because it will have mechanisms to identify, measure and report experiences of racism.

The healthcare system will deliver equitable care in welcoming spaces where First Nations cultures are celebrated and acknowledged and is respectful of First Nations peoples' sovereignty over all aspects of their health journey.

Strategies

- 1.1. Understanding:** Build capability of all staff to understand how race and racism contributes to the health inequities of First Nations peoples.
- 1.2. Culturally capable:** Ensure services, systems and processes are informed by contemporary, mandatory anti-racism and cultural capability learning and education and policy.
- 1.3. Respectful:** Enable and respect the self-determined right of First Nations people to be navigators of their own health journey.
- 1.4. Responsive:** Implement mechanisms to report, address and measure racism.
- 1.5. Welcoming:** Provide culturally welcoming environments where First Nations culture is celebrated and acknowledged.
- 1.6. Equitable:** Eliminate barriers to access that have an inequitable impact on First Nations people.



“Culture isn’t a risk factor, it’s a protective factor.”

First Nations Clinician

“Racism continues to be one of the most significant barriers impacting health equity for First Nations’ people. Any framework and approach must measure more than just the individual, there needs to be transparency of how the HHS processes and actions are changing, and how it deals with racism when it occurs...”

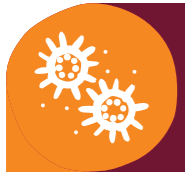
Aboriginal and Torres Strait Islander Community Controlled Health Organisation, North West HHS

“It’s not just about being culturally aware at one level. It needs to filter through from the executive all the way to people on the ground. It can’t be a tick box exercise from leadership — they need to take it seriously and embrace it.”

First Nations staff, Townsville HHS

“Don’t just stand for me, stand with me.”

Metro North HHS consultation



Focus area 2: Re-shape the system

First Nations people want to access the care they need, where they need it, from an integrated health system, where information is shared, and care pathways respond to their cultural needs. A re-shaped system will respond to the voices of First Nations peoples and funding, infrastructure and technology will become enablers of contemporary culturally-aligned models of care.

HEALTHQ32 articulates the key system enablers to achieving the collective vision for Queensland’s health system. These enablers have been included in this focus area, as critical areas of reform for First Nations health.

First Nations leadership, decision-making and self-determination must be embedded across all levels of health service planning and design to ensure that delivery adequately meets the unique needs of First Nations communities.

We acknowledge our partners, including local and regional ATSI CCHOs, primary care providers and non-government organisations, as integral parts of the health system architecture.

Re-shaping the system will enhance transparency and accountability in how resources are allocated, how they are used, and their impact on improving the health and wellbeing of First Nations peoples across Queensland.

Our objectives

By 2032, the healthcare system will have re-shaped the enabling environment to meet the needs of First Nations people.

We will prioritise First Nations partnerships, leadership and governance to co-design, co-implement and evaluate community-led, locally relevant solutions. These models will be enabled by adaptable and sustainable funding and commissioning and planning that considers the needs of First Nations people at each step along the way. Digital and capital infrastructure will support equitable care closer to home. First Nations peoples will be able to access locally relevant, data-informed and timely care wherever they are. There will be accountability across the system for delivering equitable access and outcomes for First Nations peoples.

Strategies

- 2.1. Flexible, future fit infrastructure:** Embed the perspectives, priorities and knowledge of First Nations peoples and culture throughout all service and infrastructure planning and decision-making.
- 2.2. Adaptable and sustainable funding commissioning approach:** Enhance funding, commissioning, and performance mechanisms to improve responsiveness to local health needs and enable community-led innovation and partnerships.
- 2.3. Integrated and accessible technology, digital health, and analytics:** Enable information sharing across partners, access to quality data that supports holistic evidence-based decision-making, and promotes world-class First Nations health research and evaluation.
- 2.4. Authentic partnerships:** Build stronger partnerships across the healthcare continuum to collectively design and deliver culturally appropriate and meaningful solutions.
- 2.5. Leadership, culture and governance that supports change:** Enhance the system’s leadership and governance mechanisms to strengthen accountability for the achievement of better First Nations health and wellbeing outcomes.



“Being able to advocate for our mob locally in community — it’s about the local region.”

Cairns and Hinterland HHS consultation

“Be welcoming, be friendly — make the environment less institutionalised and alien, staff to be friendly and not make you feel that you are being ‘processed’ it should be one human talking to another human.”

Community, Children’s Health Queensland HHS

“Establish and embed cultural governance. Developing roles that link with strategic planning, procurement, policy, planning and procedure development.”

Metro North HHS consultation

“Our communities want to see and understand the health information and data for their community so they can help improve health outcomes.”

Torres and Cape HHS
Health Equity Strategy



Focus area 3: Transform care

For First Nations peoples, health is not only the physical wellbeing of an individual. It also includes the social, emotional, and cultural wellbeing of the whole community in which everyone is able to achieve their full potential.

For First Nations peoples, maximising wellbeing means empowering people to make decisions that optimise health and recognising culture as a protective factor. This will be supported by working with communities to understand health needs and the barriers to access and engagement. Services should be co-designed with community, flexible, culturally responsive, and the healthcare continuum should be seamless, including support for service navigation and transition.

Our models of care should accommodate for the diverse needs of First Nations populations, including children and young people, the elderly, people living in rural and remote Queensland, speakers of Aboriginal and Torres Strait Islander languages, people with disability and people who belong to the LGBTQIA+ community. Empowering community to lead the design of care models will help us to understand their needs and address systemic factors impeding access.

HEALTHQ32 highlights the importance of investment along the care continuum:

1. **Improve the health and wellbeing of Queenslanders**
2. **Strengthen access to care in the community and closer to home**
3. **Optimise delivery of safe, appropriate and timely hospital care.**

Our objectives

By 2032 we will have a connected health system that First Nations peoples will access, their way.

We will co-design person and family-centred care with communities and respect the self-determined right of First Nations peoples to have sovereignty over their health decisions. Our services will be world-class in clinical and cultural care.

We will respond to the needs of the community, adapting delivery of care to where and how it is needed, including virtually or in person, closer to home and/or on Country.

We will deliver holistic, sustainable, culturally safe and responsive care. We will proactively support health and wellbeing across the life-course and care continuum.

Strategies

- 3.1. **Person and family-centred:** Work with First Nations peoples to co-design and deliver integrated, accessible, and self-determined care.
- 3.2. **World-class:** Achieve and maintain excellence in safety, quality, and cultural care with First Nations peoples.
- 3.3. **Adaptable:** Enable responsive and flexible delivery of models of care, including in hospital and community-based settings, virtually, closer to home and/or on Country.
- 3.4. **Holistic:** Create supportive health environments that are easier to navigate, trauma-informed and recognise the social and cultural determinants of health.
- 3.5. **Proactive:** Focus on keeping people well across the life-course, by strengthening health promotion, prevention, and early intervention.



“We should be bringing care into the community instead of taking people out of community.”

Traditional Owner, Townsville HHS consultation

“We recognise that better health outcomes are achieved when First Nations peoples have a say in the design, development and delivery of services that affect them.”

Executive, North Queensland Primary Health Network

“Often these services are meeting the needs of the sick and could be more appropriately termed sick care. How are we working with younger community members to engage in preventative models, opportunities to stay healthy, active, and connected?”

Gold Coast HHS consultation

“We want to be spoken to with respect and provided with information that can be clearly understood by our families.”

Community, Children’s Health Queensland HHS consultation



Focus area 4: Strengthen the workforce

The First Nations workforce is strong, capable, committed and are passionate about delivering culturally responsive and quality care for Queensland. Their skills and capabilities are enhanced by rich cultural knowledge and diverse lived experiences.

The *HEALTHQ32: Workforce Strategy 2032* outlines Queensland Health’s aspiration for an agile, skilled, and valued workforce by 2032. This workforce will be available where and when needed, working to optimal scope of practice, delivering services in efficient, caring, culturally appropriate and effective ways. This aspiration will only be realised with a strong First Nations workforce.

The *Hospital and Health Board Regulation (2012)* stipulates that HHS Health Equity Strategies must set workforce targets to:

Increase workforce representation of Aboriginal and Torres Strait Islander peoples of all levels of health professions and employment levels at least commensurate with the HHS service area Aboriginal and Torres Strait Islander population.

Increasing workforce participation requires supporting and retaining the current workforce, building new pipelines of talent and adapting and innovating new ways to deliver services.

Our partnerships across organisations and sectors, investment in education, mentoring and training and respect for cultural authority are necessary for a sustainable, empowered and valued First Nations workforce.

A strong First Nations workforce, with First Nations people represented in all levels of positions and across all streams, is essential to enable the best care to all people in Queensland.

Our objectives

By 2032, the First Nations workforce will be empowered to flexibly deliver the care that First Nations people need, including across service boundaries.

The size and distribution of the First Nations workforce will be commensurate with need, and represented across all roles, disciplines, and levels in our health system.

The workforce will be equipped with the support and skills they need and want throughout their career pathway.

We will recognise the value of cultural authority and lived experience in the design of service models and throughout recruitment and retention processes.

Our workplaces will be culturally safe, embracing a holistic approach to social and emotional wellbeing.

Strategies

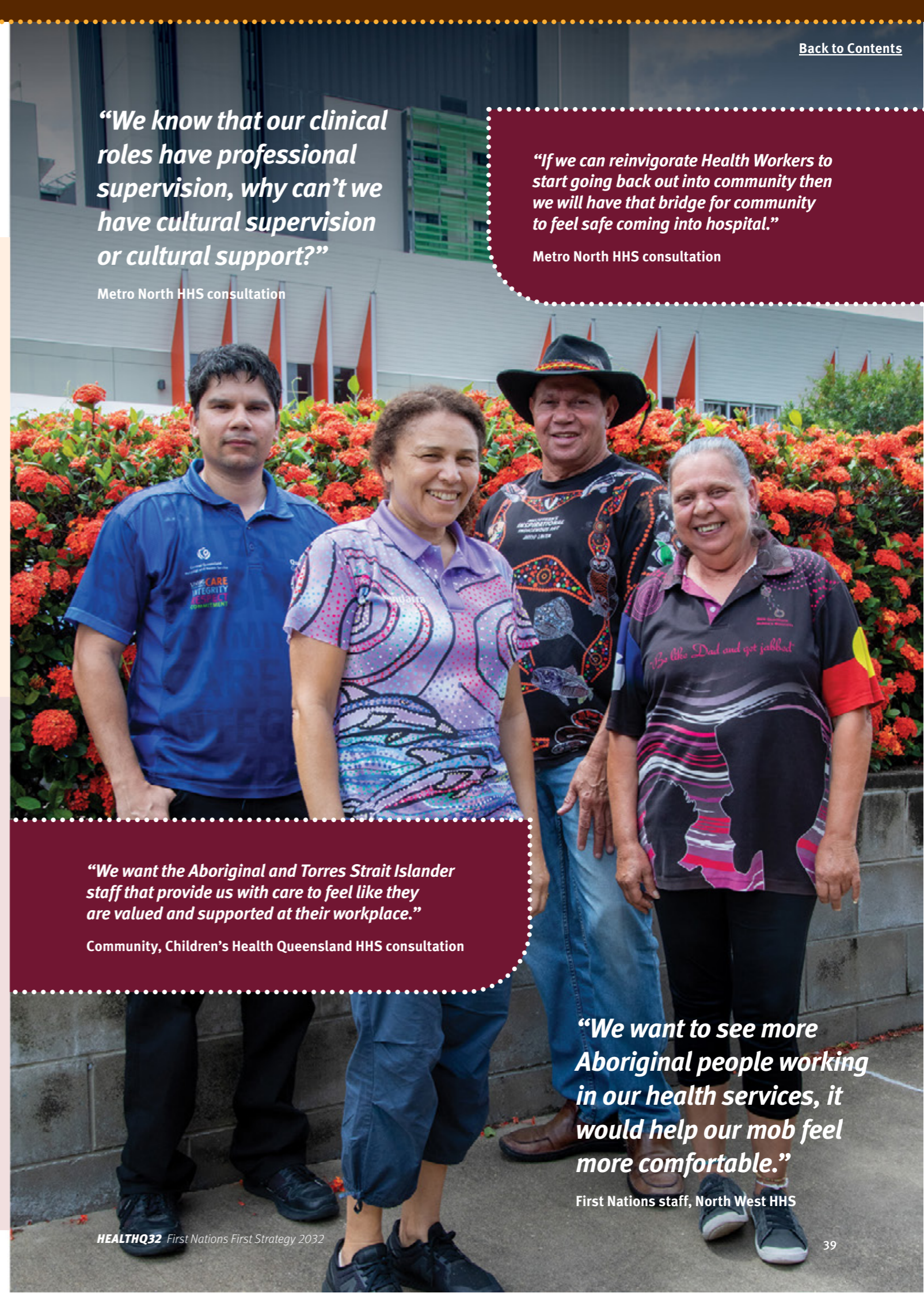
- 4.1. Valued:** Recognise and value the cultural authority and lived experience of First Nations staff in the design and delivery of healthcare.
- 4.2. Culturally safe:** Understand and support a holistic approach to the social and emotional wellbeing of First Nations staff.
- 4.3. Equipped:** Prioritise the ongoing career and leadership development of First Nations people and enable working to the full scope of practice, particularly in rural and remote regions.
- 4.4. Commensurate with need:** Accelerate the growth of the First Nations health workforce across all roles (clinical and non-clinical) and locations.
- 4.5. Empowered:** Enable and empower flexibility and adaptability in how the workforce delivers care, including across service boundaries, to meet the cultural and clinical care needs of First Nations peoples.

“We know that our clinical roles have professional supervision, why can’t we have cultural supervision or cultural support?”

Metro North HHS consultation

“If we can reinvigorate Health Workers to start going back out into community then we will have that bridge for community to feel safe coming into hospital.”

Metro North HHS consultation



“We want the Aboriginal and Torres Strait Islander staff that provide us with care to feel like they are valued and supported at their workplace.”

Community, Children’s Health Queensland HHS consultation

“We want to see more Aboriginal people working in our health services, it would help our mob feel more comfortable.”

First Nations staff, North West HHS

Where to from here?

Implementation

Implementation will be guided by a series of action plans over three horizons. These action plans will be used to operationalise and detail the deliverables relevant to each focus area as well as the senior responsible officer and relevant partners in delivery.

Horizon 1 (2023–24): Design and implement

The first action plan from 2023–24 identifies immediate priorities and sets the foundation for subsequent action plans that will help us to achieve our vision by 2032.

Horizon 2 (2024–28): Strengthen and grow

We will work with internal and external stakeholders to co-design key activities and generate commitment for the next stage of delivery of the *First Nations First Strategy*. We will work across the system to create an enabling environment embedded with a First Nations First approach. This phase will aim to build capability and capacity across the system and deliver more culturally safe, accessible and innovative models of care.

Horizon 3 (2028–32): Consolidate and renew

Evaluation of the previous two horizons will facilitate refinement of key actions and outcomes. New opportunities and challenges may emerge which require an adaptable approach to deliver upon the *First Nations First Strategy*.

Roles and responsibilities

Achieving excellence in care and improved health outcomes with First Nations peoples in Queensland will require collaborative efforts and resourcing from across the system.

Every person working within Queensland Health has a crucial role in creating a health system free of racism and contributing to service delivery that is equitable and meets the needs of First Nations peoples.

Leadership and partnerships will be critical to enabling change and ensuring accountability for delivery of the *First Nations First Strategy*. Successful implementation will depend upon First Nations people being engaged at all levels of design and delivery.

Monitoring, review and evaluation

There will be reporting on performance against agreed indicators, key milestones, and outcomes. Review mechanisms will guide implementation of the *First Nations First Strategy* and action plans and will ensure the approach remains contemporary, effective, and responsive. We will take the opportunity to enable continuous improvements, celebrate success and share learnings across the system.



Queensland Health has existing reporting requirements that will be leveraged to assess progress at a statewide, regional, and local level and inform future-focused action plans:



Closing the Gap

The ultimate success of health equity with First Nations peoples will be measured by achieving the 17 socio-economic targets agreed in the *National Agreement on Closing the Gap (2020)*, including eliminating the current life expectancy gap that exists between First Nations and other Queenslanders by 2031.



HEALTHQ32

Queensland Health will monitor progress against the agreed system outcomes defined in *HEALTHQ32* and assess future initiatives against these outcomes. As a key priority strategy, the successful delivery of the *First Nations First Strategy* will be crucial to improving outcomes for all Queenslanders.

Indicators of success will be assigned to each outcome and will be measured through a robust evaluation framework to guide investment and progress. Culturally relevant data metrics must be embedded in measures of First Nations health and wellbeing.



Health Equity Strategies

The *Hospital and Health Boards Regulation 2012* outlines that the Health Equity Strategies must include key performance measures agreed between the Chief First Nations Health Officer and the HHSs. Further work will be undertaken to develop, implement and monitor measures of institutional and interpersonal racism within the health system from a First Nations point of view.



“We are the oldest living culture in the world. There is something about our sustainability that everyone else hasn’t got. We have so much to contribute back to the health system.”

First Nations Consumer





Queensland
Government

HEALTHQ32 A vision for Queensland's health system