

Children's Health Queensland  
**Aboriginal and Torres Strait  
Islander Health Equity  
Strategy 2022-2025**



Queensland  
Government

# Acknowledgement of Country

Children’s Health Queensland Hospital and Health Service pays respect to the Traditional Custodians of the lands on which we walk, talk, work and live. We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.

We acknowledge the historical and contemporary impacts of Queensland’s history of colonisation on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We recognise the ongoing intergenerational trauma and racism experienced by members of the community.

We extend a special thank you to the Aboriginal and Torres Strait Islander peoples from across Queensland who consulted with us throughout the *Children’s Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025* design process. We are grateful for the knowledge and experiences shared in our pursuit of health equity.



*Children’s Health Queensland  
Aboriginal and Torres Strait  
Islander Health Equity  
Strategy 2022-2025.*

Published by the State of  
Queensland (Queensland  
Health), June 2022.

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For information about the  
artwork pictured on the cover  
and throughout this document,  
please see page 8.

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# Foreword

## Message from the Board

We are proud to present the inaugural *Children’s Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025*.

Co-designed with Aboriginal and Torres Strait Islander consumers, community members, staff and partner organisations, the *Children’s Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025* (the Health Equity Strategy) supports the self-determined right of First Nations peoples to have their culture lead the care they receive.

Every Aboriginal and Torres Strait Islander child and young person deserves equality in health outcomes. This can only be achieved through the delivery of equitable approaches to the delivery of care. Children’s Health Queensland acknowledges that we all have a part to play in achieving health equity for Aboriginal and Torres Strait Islander children and young people. We are excited about the journey that we are on, working alongside and empowering Aboriginal and Torres Strait Islander peoples to lead the design of their care at Children’s Health Queensland.

Despite the devastating impact of colonisation in Australia, Aboriginal and Torres Strait Islander peoples and their cultures prevail with strength, wisdom and care. Our approach

will acknowledge, value, respect and celebrate the oldest surviving culture in the world, particularly the children who are the future leaders and healers.

Through this strategy the Children’s Health Queensland Board commits to being bold in our strategic ambition, to support innovation, to partner more openly with Aboriginal and Torres Strait Islander communities and to hold

ourselves accountable for the strategic objectives we have set.

We have heard what the Aboriginal and Torres Strait Islander community has said and we will listen, learn and walk together on this journey.

**David Gow,**  
Board Chair  
**Karina Hogan,**  
Board member



Above: David Gow and Karina Hogan. Artwork pictured behind David and Karina: *Jarjums are the future 2021* and *Community 2021*. Artist: Farley Ward, Kamilaroi People. Both paintings acrylic on canvas. Children’s Health Queensland collection.



“See through a child’s eyes. Children need to be recognised in the institution and have a positive experience and fun!”

Photo: Claire Bonner, Austock photo.

# Foreword

## Message from the Executive Leadership Team

**We are extremely proud to be partners in Queensland Health’s pursuit of health equity for Aboriginal and Torres Strait Islander peoples living in Queensland. We accept our role in the preservation of the oldest surviving culture in the world, through improving the care that is provided to their children and young people.**

During our consultations we received overwhelming feedback that Aboriginal and Torres Strait Islander people did not feel heard. Therefore, we have been deliberate in the preservation of the voice of our Aboriginal and Torres Strait Islander community, consumers and workforce throughout the pages of our first Health Equity Strategy.

Implementation of the Health Equity Strategy will require everyone at every level to rethink how services

are delivered to Aboriginal and Torres Strait Islander children and young people. We must partner with organisations that can guide us in the delivery of models of care that are shaped by the cultural values of Aboriginal and Torres Strait Islander peoples. Our pursuit of health equity will force us to challenge our existing systems, processes, partnerships and service models. We are excited to embrace this necessary change. In living the

Children’s Health Queensland values, we will lead with respect for the Aboriginal and Torres Strait Islander communities that we serve, we will have integrity in the services that we deliver to their communities, we will combine world-class clinical care with cultural care, and we will be innovative in creating solutions to allow Aboriginal and Torres Strait Islander people to receive care closer to country. We will continue to empower Aboriginal and Torres Strait Islander leadership, within our service and in the development of key partnerships with community-controlled organisations.

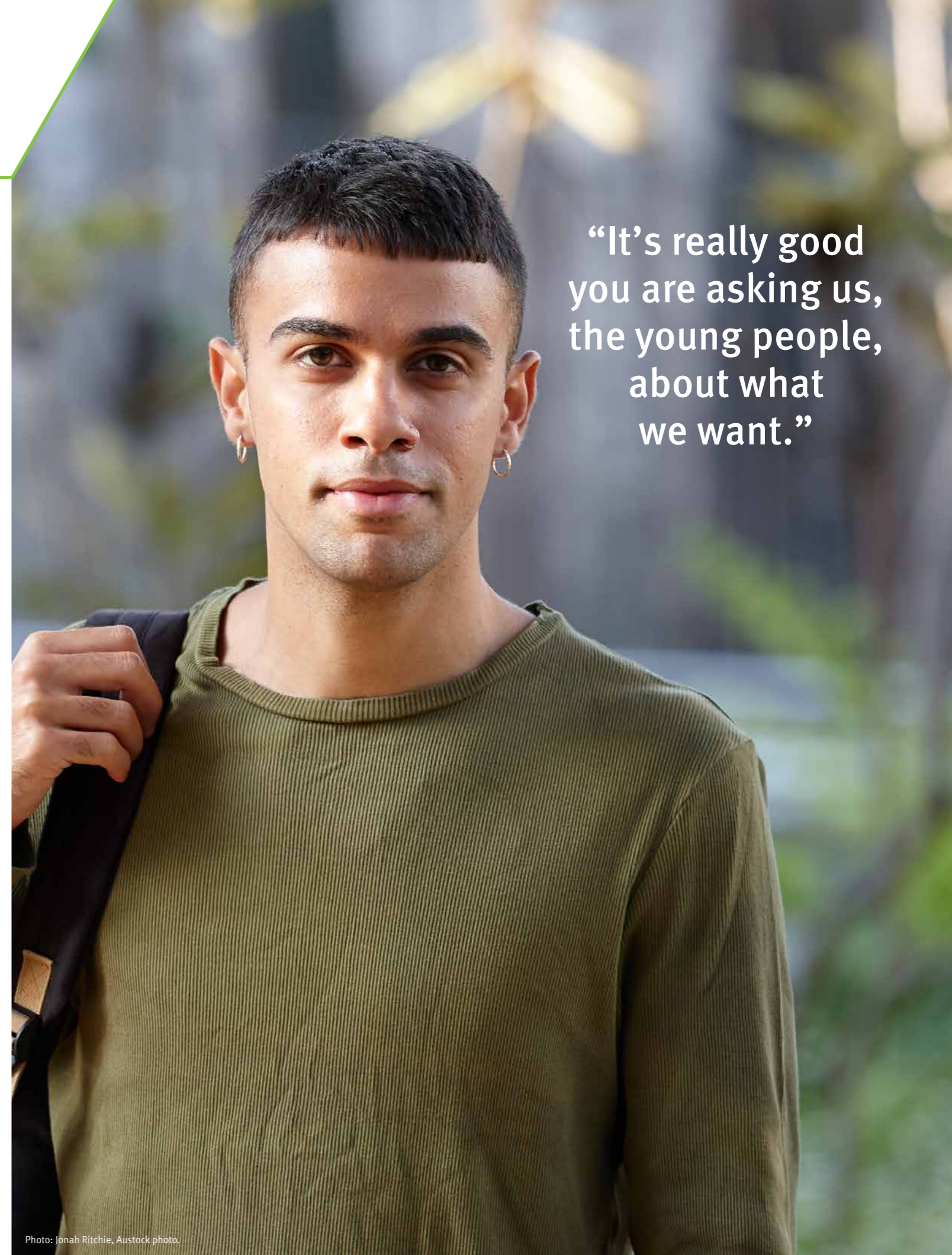
In the delivery and implementation of this Health Equity Strategy we have been led by the voices of Aboriginal and Torres Strait Islander consumers, community and workforce. We thank everyone for sharing their lived experiences so willingly with us and we are committed to honouring their stories through achieving real and sustainable change in the health outcomes of Aboriginal and Torres Strait Islander children and young people.

**Frank Tracey**, Chief Executive

**Angela Young**, (*Kullalli/Koa*)  
Executive Director Aboriginal and Torres Strait Islander Engagement



Above: Angela Young and Frank Tracey. Artwork pictured behind Angela and Frank: *Our endangered bernaysii*. Artist: Elisa Jane Carmichael, Ngugi People. Ochre, raffia, lomandra. Children’s Health Queensland collection.



“It’s really good you are asking us, the young people, about what we want.”

Photo: Jonah Ritchie, Austock photo.

# Foreword

## Message from the Health Equity Strategy Steering Committee

Health equity for Children’s Health Queensland requires an Aboriginal and Torres Strait Islander led and cross-sectorial, statewide team approach.

We represent all prescribed stakeholders under the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021* (the Regulation) at a statewide level and it has been a privilege to be involved in the development of the first Health Equity Strategy for Children’s Health Queensland.

We would like to thank Children’s Health Queensland for advocating for a genuine co-design approach, taking into consideration that it is the only statewide hospital and health service focused on caring for children and young people.

We would like to thank our health equity partners for diligently consulting with their respective members, to ensure Aboriginal

and Torres Strait Islander peoples, communities and organisations were informed and consulted across the state.

We commit to working with Children’s Health Queensland to implement the Health Equity Strategy and to advocate for children, young people and their families in the ways needed, by speaking truth, breaking down barriers, working across sectors, and focusing on prevention and optimal health and wellbeing outcomes and experiences for children and young people.

See page 38 for more information about the Health Equity Strategy Steering Committee membership.

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



Photo: Leanne Atherton, Aустock photo.

# Foreword



## Health Equity Strategy illustration workshop

At Children’s Health Queensland, we try to ensure the voice of the child is present in all we do. The principles of co-design have been at the heart of the deep consultative process underpinning the development of our Health Equity Strategy. With this in mind, we invited children to create artwork for the strategy.

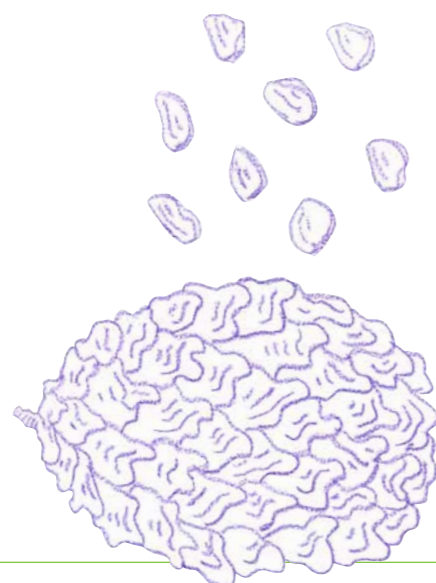
We have used this model before – putting children, young people and artists together to help visualise the values and mission of the healthcare service in ways that everyone can recognise and understand.

On this occasion, we asked Tony Albert, a senior Aboriginal artist based in Brisbane, to work with Aboriginal and Torres Strait Islander children to produce artwork that could be incorporated into the design. Tony is a major supporter of Children’s Health Queensland. His sculptural installation, *The Glad Tomorrow*, welcomes patients, families and staff to the Queensland Children’s Hospital. He serves as an advisor within our Arts in Health Program’s First Nations Reference Group, and has a close relationship with the students and staff of the Queensland Children’s Hospital School.

On Friday 18 March 2022, Tony hosted a workshop with several children and workforce members. During the workshop, the children were asked to creatively imagine the things that made them feel happy and healthy.

Their responses, included throughout the Health Equity Strategy, remind us of the instinctive wisdom of children. As they worked, they talked about their families, music, colour, fishing and about animals and flowers. Most of all, they showed us that for them and their families, connection to Country is everything.

With thanks to Tony, Jorja, Lillie, Javan, JoJo, Norman, Bree, Angelique, Angela and Vena.



# Why?

## The case for change

Despite decades of government policy developed to support better health outcomes for Aboriginal and Torres Strait Islander peoples, health disparities when compared to other Australians still exist.

The *Queensland Closing the Gap Snapshot Report Card (2019)* showed the Aboriginal and Torres Strait Islander life expectancy gap for males and females was 7.8 years and 6.8 years respectively, and the child mortality rate was 1.7 times that of non-Aboriginal and Torres Strait Islander peoples living in Queensland. Higher rates of hospitalisation for acute interventions also lead to significant system costs and lower health outcomes.

Racism is a core barrier shown to impact health and wellbeing and access to healthcare. According to research by the Australian National University (ANU) and the Murdoch Children's Research Institute (MCRI), school children who experience racial discrimination show higher risk markers for later cardiometabolic disease, including diabetes, heart disease or stroke.

In 2017, the *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services* report demonstrated significant levels of institutional racism are experienced by Aboriginal and Torres Strait Islander peoples with regard to healthcare.

Children's Health Queensland therefore welcomes the Queensland Government's amendment to the *Hospital and Health Boards Act 2011* which prioritises health equity and aims to address racial discrimination and institutional racism. This legislation requires all Hospital and Health Services (HHSs) in Queensland to co-design and co-implement, three-year health equity strategies with the Aboriginal and Torres Strait Islander community.

We acknowledge that systemic and sustainable health equity reform can only be achieved through self-determination and the genuine inclusion of, and partnership with, Aboriginal and Torres Strait Islander peoples at every stage.

As a specialist statewide paediatric Hospital and Health Service we are dedicated to providing equitable healthcare for Aboriginal and Torres Strait Islander children and young people (who represent almost half of Aboriginal and Torres Strait Islander peoples living in Queensland).

In 2015, the Lowitja Institute (2015) reported that investment in the early years of children's health development and wellbeing is the most cost-effective step to address adult health inequity. This is because it makes it possible to shift child and adult trajectories and disrupt inter-generational cycles of disadvantage.

The Health Equity Strategy supports the broader Queensland Health system reform agenda to improve health and wellbeing outcomes, experiences and access to care across Queensland for Aboriginal and Torres Strait Islander children and young people.

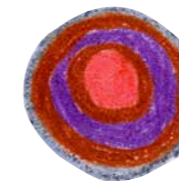
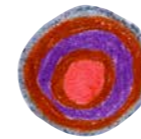
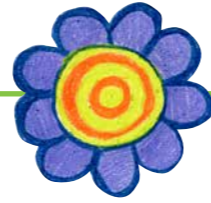


Photo: Michael Bradley, Austock photo.

# Who?



## About us

Children's Health Queensland is dedicated to improving the health and wellbeing of children and young people across Queensland through world-class care, research, advocacy and leadership.

We deliver responsive, integrated, high-quality, person-centred care through a network of services and facilities, including the:

- ☉ Queensland Children's Hospital
- ☉ Child and Youth Community Health Service
- ☉ Child and Youth Mental Health Service
- ☉ statewide services and programs, including specialist outreach and telehealth services.

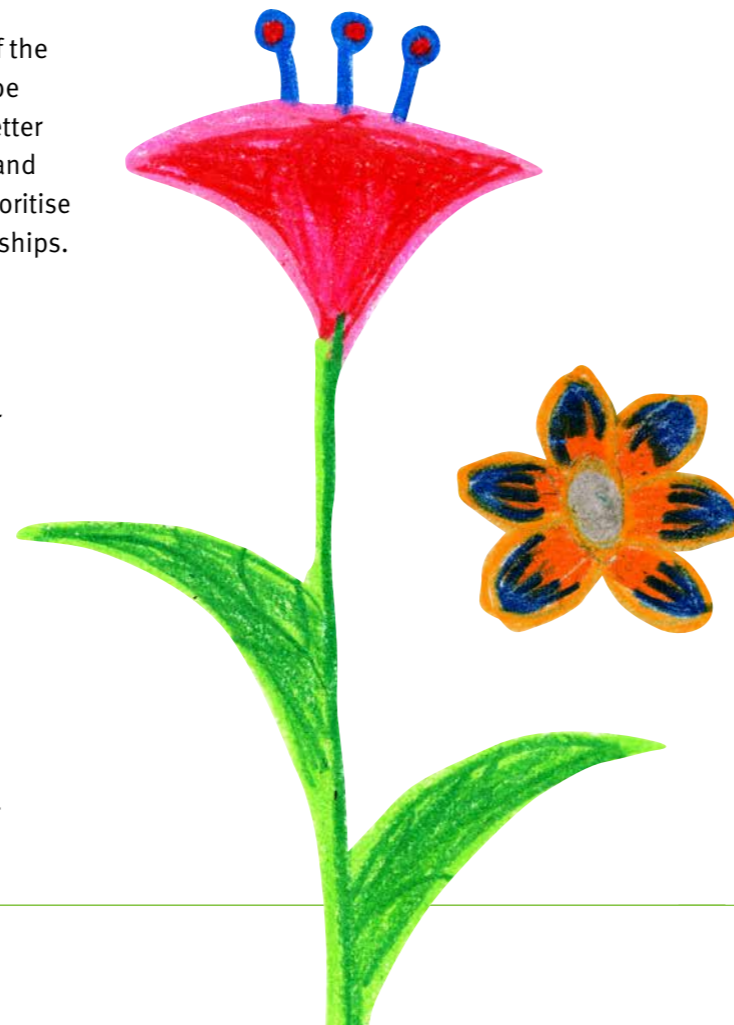
Our commitment to health equity is embedded within the organisation's strategic and operational plans. In 2018, we launched the *Children's Health Queensland Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023* (the Plan), an initial plan for meeting the clinical needs of Aboriginal and Torres Strait Islander children and young people.

The Health Equity Strategy will build on the early achievements of the Plan, noting however that it was never fully implemented and will be superseded as the key document to guide our efforts to achieve better health outcomes for Aboriginal and Torres Strait Islander children and young people. Since launching the Plan, we have worked hard to prioritise health service change through targeted programs and new partnerships.

Some of our achievements include:

- ☉ supporting Aboriginal and Torres Strait Islander leadership at the Board and Executive levels.
- ☉ establishing an Aboriginal and Torres Strait Islander Consumer Advisory Group.
- ☉ creation of a dedicated online health hub to support Aboriginal and Torres Strait Islander families.
- ☉ joint clinics with the Aboriginal and Torres Strait Islander community-controlled health organisation sector.
- ☉ professional pathways developed through school-based traineeship programs and tertiary cadetships.
- ☉ culturally appropriate pathway for COVID-19 positive children.
- ☉ partnership with the Institute for Urban Indigenous Health (UIIH) and development of stronger relationships with other community-controlled organisations.

“It is integral that we really value the Aboriginal and Torres Strait Islander staff and look after them properly. Improving this will then be reflected through the retention rates.”



## Our workforce

Children's Health Queensland has a diverse Aboriginal and Torres Strait Islander workforce, including:

- ☉ health workers
- ☉ nurses
- ☉ allied health workers
- ☉ project staff
- ☉ administration officers
- ☉ cadets
- ☉ hospital liaison officers
- ☉ executive.

Currently, 1.5 per cent of Children's Health Queensland staff identify as Aboriginal and/or Torres Strait Islander. The Regulation prescribes an “increase in workforce representation of Aboriginal people and Torres Strait Islander people across all levels of health professions and employment streams to levels at least commensurate with the health service area's Aboriginal and Torres Strait Islander population.” Children's Health Queensland serves a statewide community with an Aboriginal and Torres Strait Islander population of 4.7 per cent.

## Our partnerships with Aboriginal and Torres Strait Islander communities

We work closely with Aboriginal and Torres Strait Islander communities and their service providers including the Aboriginal and Torres Strait Islander Community-Controlled Health Organisation sector. Our current partnerships include:

- ☉ The establishment of a partnership with UIIH articulating shared initiatives that both organisations have prioritised to improve health outcomes for Aboriginal and Torres Strait Islander families. These include:
  - An ear, nose and throat (ENT) Super Saturday Clinic which supports families to access ENT services in a timely, culturally safe way.
  - A dedicated Paediatric Integrated Systems Coordinator role that functions as a conduit between UIIH and Children's Health Queensland to connect health services for Aboriginal and Torres Strait Islander children and young people who access both organisations.
- ☉ The Aboriginal and Torres Strait Islander Kids Health and Wellbeing ECHO network – a virtual community of practice to support front-line staff working with Aboriginal and Torres Strait Islander families.
- ☉ The Navigate Your Health program helps children and young people who are in out-of-home care or involved in the youth justice system to look after their health. Through the program they receive free health checks, referrals and ongoing healthcare coordination to improve their overall health and wellness. Children's Health Queensland nurse navigators lead the program in collaboration with Child Safety and Youth Justice staff, in partnership with general practitioners, hospitals, Aboriginal and Torres Strait Islander community-controlled health organisations and other community health services.
- ☉ The Children's Health Queensland Indigenous Respiratory Outreach Care (IROC) team (currently operating under the lead program at Metro North HHS) provides specialist paediatric respiratory (lung health) outreach clinics to support Aboriginal and Torres Strait Islander children and young people in rural, remote and urban communities across Queensland.
- ☉ The Deadly Ears Program leads Queensland Health's response to reducing the rates and impacts of middle ear disease and conductive hearing loss for Aboriginal and Torres Strait Islander children across Queensland.



# Who?

## Population profile

IN 2020  
**4.7%**  
 of Queensland's total population (all ages) were Aboriginal and/or Torres Strait Islander peoples

IN 2020  
**8.1%**  
 of Queensland's total population (0 to 19 years) were Aboriginal and/or Torres Strait Islander peoples

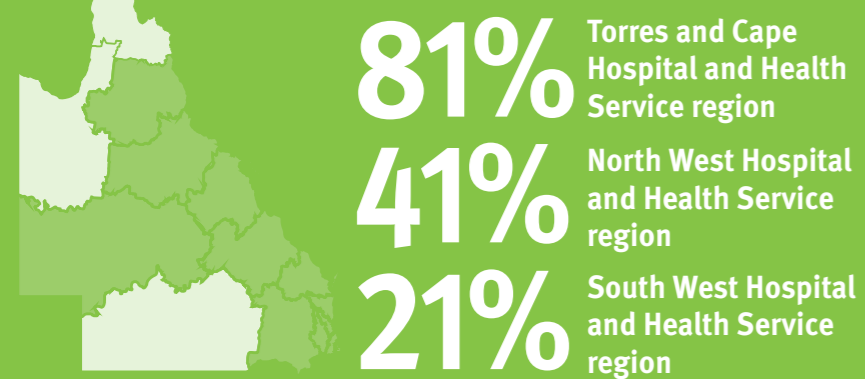
IN 2020  
**45%**  
 of all Aboriginal and Torres Strait Islander peoples living in Queensland were 0 to 19 years old

IN 2020  
**25%**  
 of all non-Indigenous peoples living in Queensland were 0 to 19 years old

IN 2020  
**45%**  
 of all Aboriginal and Torres Strait Islander peoples (0 to 19 years) lived in Cairns and Hinterland, Metro South, Metro North and Townsville HHS regions

By 2023, the Aboriginal and Torres Strait Islander children and young people population (0 to 19 years) is expected to grow by  
**16,700**  
 to more than 124,000

The highest proportion of Aboriginal and Torres Strait Islander 0 to 19 years olds live in the following regions:



Source: Australian Bureau of Statistics, Estimated Resident Populations (ERPs) by Indigenous/non-Indigenous status, as at November 2021



Photo: Caro Teller, Austock photo.

“Respect that I am of another culture so things can be a lot different to how I was raised or taught, and to not be so quick to harshly judge.”

# Who?

## Children's Health Queensland service access and activity 2020-2021

**6.7%**

of all outpatient appointments

at Queensland Children's Hospital were Aboriginal and Torres Strait Islander children and young people

**8.4%**

of all inpatient separations

in Queensland Children's Hospital were Aboriginal and Torres Strait Islander children and young people

**9.6%**

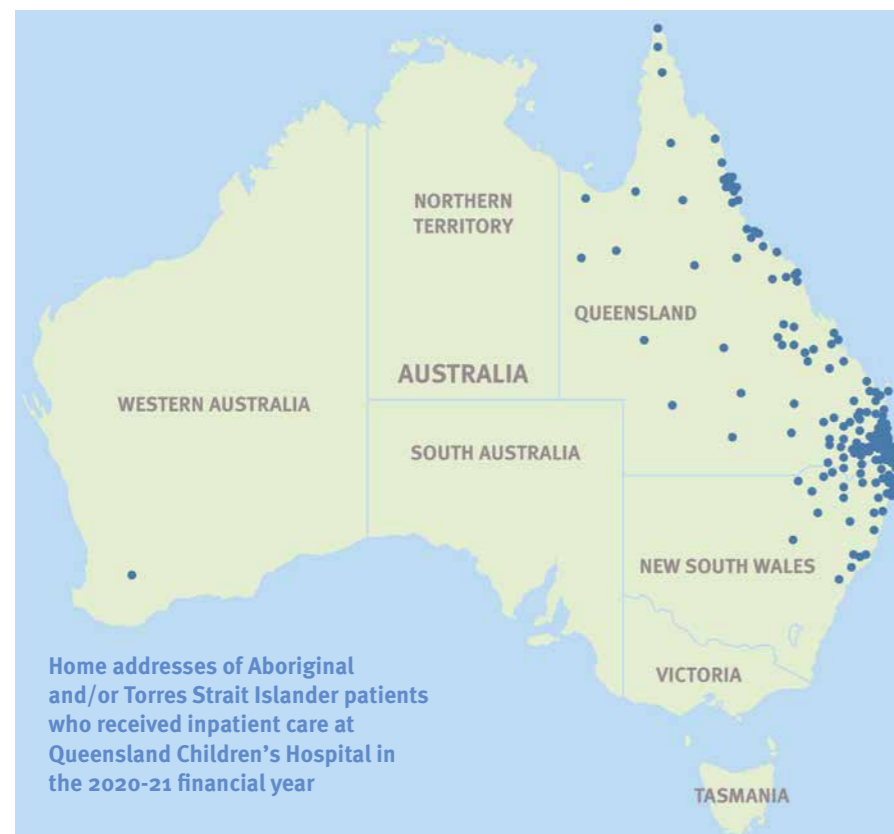
of all Children's Health Queensland community health appointments

were Aboriginal and Torres Strait Islander children and young people

**8.7%**

of all new child and youth mental health patients

were Aboriginal and Torres Strait Islander children and young people



“Children to have access to Aboriginal and Torres Strait Islander health practitioners from all disciplines.”



## Statewide insights

Most common reason for hospitalisation in 2020-21 (0 to 19 years)

- Respiratory medicine
- Ear, nose and throat
- Non-subspeciality surgery
- Orthopaedics

Most common potentially preventable hospitalisations in 2020-21 (0 to 14 years)

- Ear, nose and throat
- Dental conditions
- Cellulitis
- Convulsions and epilepsy
- Urinary tract infections

Most common causes of emergency department presentations in 2018-19 (0 to 14 years)

- Injury, poisoning and other consequences of external causes
- Diseases of the respiratory system
- Symptoms, signs and abnormal clinical and laboratory findings
- Certain parasitic diseases
- Diseases of the skin

Source: <sup>1</sup> Queensland Health Decision Support System, accessed in December 2021; <sup>2</sup> Emergency Data Collection 2018/19, accessed through the Queensland Health Planning Portal, accessed in December 2021; <sup>3</sup> Queensland Hospital Admitted Patient Data Collection, accessed through the Queensland Health Planning Portal, accessed in December 2021.

State of Queensland (Queensland Health) 2021

# Who?

## Living in Queensland: social determinants of health

Social determinants are the circumstances in which people grow, work and age (World Health Organisation, 2008). These determinants can significantly impact health access and outcomes.

For Aboriginal and Torres Strait Islander peoples, the social and cultural determinants of health also include factors such as cultural identity, family, participation in cultural activities and access to traditional lands. To close the gap in health outcomes by 2031, in accordance with the [National Agreement on Closing the Gap \(July 2020\)](#), we must understand and acknowledge the impact of social and cultural determinants on health parity and the modifiable risk factors that can lead to inequitable burden of disease and health outcomes in later life for Aboriginal and Torres Strait Islander children and young people. It is estimated that 70 per cent of the gap in mortality is due to chronic diseases and much of this is preventable (Australian Institute of Health and Welfare, 2016).

IN 2018

**89%**

of all Aboriginal and Torres Strait Islander children were fully immunised at age 2<sup>1</sup>  
Target: 95%

IN 2018

**89.5%**

of Aboriginal and Torres Strait Islander babies had a healthy birthweight<sup>2</sup>  
2031 target: 91%

IN 2018

**33.5%**

of Aboriginal and Torres Strait Islander children were developmentally on track in all five domains of the Australian Early Development Census<sup>3</sup>  
2031 target: 51%

FROM 2016-20

**20.8** per 100,000

Aboriginal and Torres Strait Islander youths aged 0 to 24 years died by suicide, compared to 6.3 per 100,000 for non-Indigenous young people<sup>2</sup>  
2031 target: down towards 0%

IN 2020

**32.1** per 10,000

Aboriginal and Torres Strait Islander youths aged 10 to 17 were in detention, compared to 1.1 per 10,000 for non-Indigenous young people<sup>3</sup>  
2031 target: down by 30%

IN 2019-20

**40.4** per 10,000

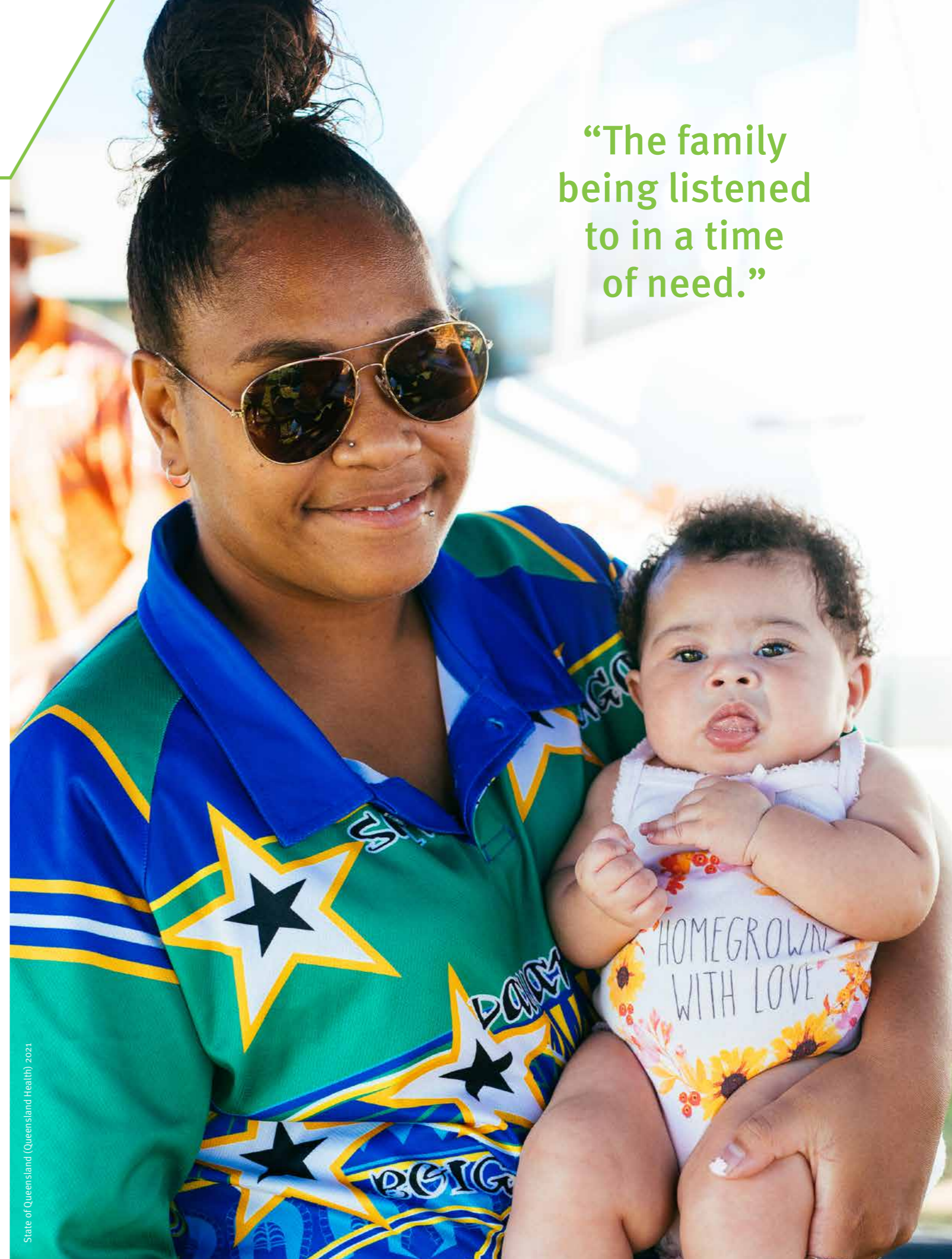
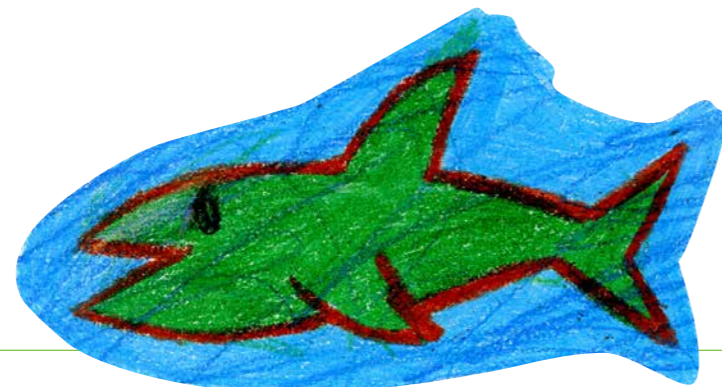
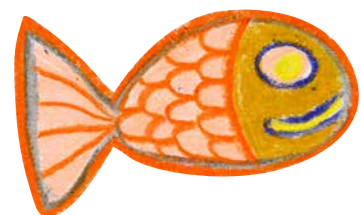
Aboriginal and Torres Strait Islander children aged 0 to 17 years were in out-of-home care compared to 4.6 per 10,000 for non-Indigenous children<sup>3</sup>  
2031 target: down by 45%

Source:

<sup>1</sup> Public Health Information Development Unit (PHIDU), Torrens University Australia

<sup>2</sup> Australian Institute for Health and Welfare

<sup>3</sup> Closing the Gap Annual Compilation Report July 2021



“The family being listened to in a time of need.”

State of Queensland (Queensland Health) 2021

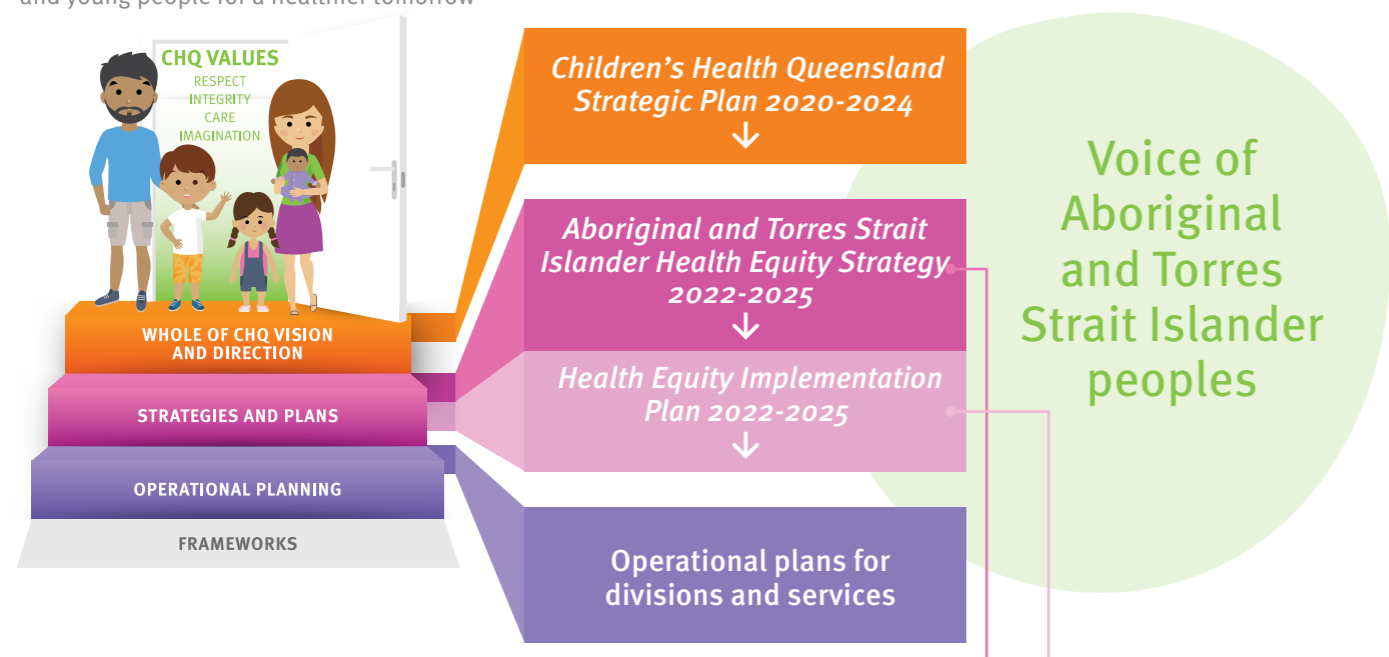
# How?

## An aligned approach

Health equity is a core organisational priority across Children’s Health Queensland’s strategies and plans. These plans work together to guide why, how and what we will do to improve Aboriginal and Torres Strait Islander health outcomes.

## Integrated Planning

Leading life-changing care for children and young people for a healthier tomorrow



### The Insights Report outlined

What matters most to Aboriginal and Torres Strait Islander young people families, communities, staff and organisations.  
[CHQ HHS Health Equity Strategy Insights report](#)

### The Health Equity Strategy outlines

- Why health equity matters:
  - What we heard.
  - Alignment to strategy, vision, values and policy.
  - Gap in health outcomes.
- What we will focus on:
  - Our six key performance areas (KPAs).
  - Our strategies for each KPA.
  - The outcomes we are working towards.
- How we enable success:
  - Our approach to governance, leadership and partnership.

### The Implementation Plan outlines

- What we do:
  - Actions to deliver each strategy including timeframes, resources and accountability.
- What we will measure to ensure we are making a difference.
- Who we partner with and how.

The Healthy Equity Strategy applies to all services delivered by Children’s Health Queensland, our workforce and our partnerships. It is consistent with the Queensland Government’s role in implementing and reporting against the *National Agreement on Closing the Gap* and the *Statement of Commitment*, which reframed the relationship between Aboriginal and Torres Strait Islander peoples and the Queensland Government and upholds the principles of the *Path to Treaty*.

It is a flexible, ‘living’ document, that reflects the voice of the Aboriginal and Torres Strait Islander community, uses the best evidence as it becomes available and pivots in response to emerging issues. To achieve this, we will use an integrated and aligned approach that focuses our attention across all layers of planning to enable a collective response.

## Key priority areas

The Healthy Equity Strategy aligns with the Regulation and its prescribed five inter-connected key priority areas. An additional key priority area, Strengthening the Aboriginal and Torres Strait Islander workforce, was included due to the overwhelming feedback specific to the workforce.



# How?

## Our commitment to working together

Health equity for Aboriginal and Torres Strait Islander peoples is everyone's business. We are committed to partnering with community, organisations and across sectors to advocate for the design and development of care models that meet the needs of children and young people and are delivered in partnership with families and the community.

### *The South East Queensland First Nations Health Equity Strategy (SEQ Strategy)*

In South East Queensland, we have committed to work collectively as a regional health system with the other HHSs, the IUIH network of community-controlled health services, Primary Health Networks and the Mater Hospital (Mater) to identify opportunities for reform, connect services and overcome access barriers. The SEQ Strategy will be implemented through a cooperative governance partnership

which places the region's First Nations families and communities at the centre of healthcare. Through this partnership, we will work together – across the health system with Aboriginal and Torres Strait Islander communities and with other providers of health and social support services – to close the health gap in South East Queensland through an accessible, culturally safe, health system. The SEQ Strategy builds on service delivery partnerships that are already working in this region to make the health system

more accessible, connected and responsive. The SEQ Strategy is supported by a strong evidence base and progress towards closing the health gap by 2031 will be measured by the *South East Queensland Close the Gap Health Performance Monitoring and Reporting Framework*.

Children's Health Queensland will work to the regional focus of the SEQ Strategy and the organisational focus of the Health Equity Strategy, reporting on both biannually.

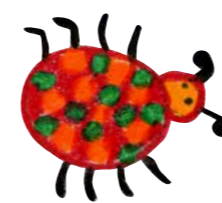


South East Queensland First Nations Health Equity Strategy Partners to the Statement of Commitment (left to right): Jim McGowan (Metro North HHS Chair), David Collins (Yulu-Burri-Ba CEO), Kieran Chilcott (IUIH Chair/Kalwun CEO), Peter Steer (Mater CEO), Simone Jackson (Kambu CEO), Ron Calvert (Gold Coast HHS CEO), Melody Ingra (ATSICHS Brisbane Chair), Adrian Carson (IUIH CEO), Jody Currie (ATSICHS Brisbane CEO at time of signing), Peter Bristow (Metro South HHS CEO), Frank Tracey (Children's Health Queensland CEO), Kerrie Freeman (West Moreton HHS CEO), David Gow (Children's Health Queensland Chair), Wayne Ah Boo (MATSICHS General Manager) and Michael Willis (West Moreton HHS Chair).

## Our Health Equity Strategy approach

Our approach to developing the Health Equity Strategy has reflected our unique and special remit as a statewide, paediatric-focused HHS. In partnership with our development and implementation stakeholders, we consulted with Aboriginal and Torres Strait Islander communities across Queensland, including urban, rural and remote communities and vulnerable sections of the community. We reached out to Aboriginal and Torres Strait Islander consumers from the past 12 months with a survey and supported our workforce to consult face-to-face with their consumers and community members. We established the Health Equity Strategy Steering Committee who consulted with their members and communities across Queensland. This significant consultation has ensured the voices of community shaped the health equity themes and informed the strategies that the organisation will prioritise across the next three years.

“I would like the doctor to talk to me and explain on a bit of paper so that I can take it away and look at it later.”



# How?

## Our initial consultation

We listened and we heard what matters to Aboriginal and Torres Strait Islander children, young people, families, community and services across Queensland.

Our organisation will continue to work collaboratively with Aboriginal and Torres Strait Islander people to support the implementation of paediatric health equity strategies across the health system, including the strategies developed by other HHS partners across Queensland.



**7,451**

surveys sent to our families



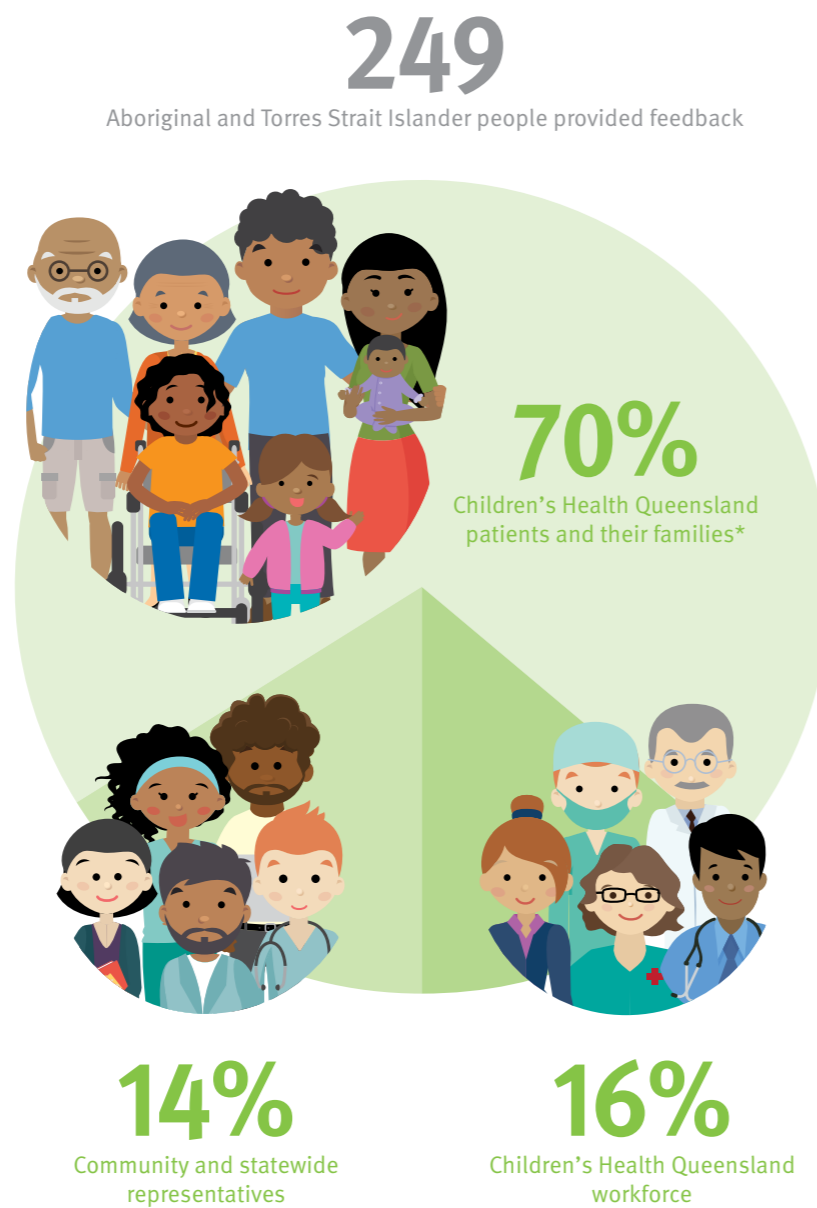
**339**

total replies



**1,673**

pieces of individual consultation feedback



\*Families or carers could be non-Aboriginal and Torres Strait Islander, but may have a child who is Aboriginal and/or Torres Strait Islander.

Through shared goals, planning, resources and evidence we can strengthen the system to improve health outcomes for Aboriginal and Torres Strait Islander children, young people, and their families, no matter where they live.

Our Health Equity Strategy shows clear alignment between:

### What we heard

The themes that emerged from our consultations with our design stakeholders.

### What we are going to do

The strategies underpinning our health equity efforts and our response to the themes raised.

### We will know we are successful when

The performance measures designed to hold our organisation accountable for the delivery of the health equity strategies.



We consulted with communities throughout Queensland and received responses from all of the areas displayed.

# Key priority area 1

## Actively eliminate racial discrimination and institutional racism



### What we heard

- ☉ We need healthcare and systems that work for us, our cultural and social needs and differences.
- ☉ We need all Children's Health Queensland staff trained in anti-racism and cultural awareness.
- ☉ We feel that our voice is not being heard when accessing healthcare.
- ☉ We see racism as an ongoing issue experienced by consumers and staff.
- ☉ We want to see our culture celebrated in the services that are delivered.

### What we are going to do

- ☉ We will make Aboriginal and Torres Strait Islander health a priority across all layers of the organisation.
- ☉ We will dismantle structures, policies and processes that disadvantage Aboriginal and Torres Strait Islander peoples and develop mechanisms to resolve systemic and interpersonal racism.
- ☉ We will educate and empower our workforce to deliver equitable and culturally appropriate services informed by the lived experience of Aboriginal and Torres Strait Islander peoples.

### We will know we are successful when

- ☉ Children's Health Queensland is a service provider and workplace with zero tolerance for racism.
- ☉ Children's Health Queensland's Aboriginal and Torres Strait Islander services and strategies are led by Aboriginal and Torres Strait Islander peoples including our staff.
- ☉ All Children's Health Queensland owned strategies, plans and frameworks include a specific focus on health equity for Aboriginal and Torres Strait Islander peoples.
- ☉ Our workforce is empowered through rich cultural education that is appropriate for their practice and informed by the lived experiences of Aboriginal and Torres Strait Islander people.

## Key priority area 2

# Increase equitable access to healthcare services for Aboriginal and Torres Strait Islander peoples



### What we heard

- ☉ We need care that suits our family structures, and we want to be involved in care planning and decision-making.
- ☉ We want to be supported on our healthcare journey by Aboriginal and Torres Strait Islander staff.
- ☉ We want to access services closer to home no matter where we live.
- ☉ We want the hospital services, general practitioners (GPs) and Aboriginal and Torres Strait Islander community-controlled health organisations to work together so they all know our care plan.

### What we are going to do

- ☉ We will work together to provide seamless care.
- ☉ We will dismantle the barriers that make it harder for Aboriginal and Torres Strait Islander people to receive care.
- ☉ We will deliver care that is closer to home, community and Country.

### We will know we are successful when

- ☉ There is an increase in the number of Children's Health Queensland services delivered closer to home and at community centres for Aboriginal and Torres Strait Islander families.
- ☉ Integrated care is provided in partnership with other health organisations.
- ☉ Data demonstrates increased access to healthcare services.
- ☉ Aboriginal and Torres Strait Islander patients are supported by Aboriginal and Torres Strait Islander staff throughout their healthcare pathway.



## Key priority area 3

# Influence the social, cultural and economic determinants of health



### What we heard

- ☉ We need more mental health, and social and emotional wellbeing services.
- ☉ We don't want to lose our children when we come to get help with our healthcare. We want help to keep our families together.
- ☉ We need help with other supports that our family needs (e.g. housing, child safety, juvenile justice and education).
- ☉ We want our strengths to be recognised when we come to you for care.
- ☉ We want you to take the time to understand our needs.

### What we are going to do

- ☉ We will grow new and culturally appropriate social and emotional wellbeing services.
- ☉ We will partner with service providers and government agencies beyond the health sector to improve outcomes.
- ☉ We will enable health promotion, disease prevention and early intervention to maximise the health, social, education and learning outcomes.
- ☉ We will commit to the quality collection, utilisation, sharing and development of health and social determinants data to inform decision-making.

### We will know we are successful when

- ☉ Patient and family-centred care practice includes social, cultural and economic determinants of health.
- ☉ There is an increase in the number of informal and formal partnerships to identify and resolve issues for families across sectors.
- ☉ Patient and families are provided with holistic care including prevention and early intervention.
- ☉ Children's Health Queensland's population health dashboard includes a large selection of Aboriginal and Torres Strait Islander data to support healthcare and cross-sectorial planning across Queensland.

## Key priority area 4

# Deliver sustainable, culturally safe and responsive healthcare services



### What we heard

- ☉ We want our cultural needs to be a part of our clinical care.
- ☉ We want to receive care in an environment that is welcoming, friendly, accepting and culturally safe for our children and families.
- ☉ We want to know that we will get top-quality care regardless of our race or the colour of our skin.
- ☉ We want more contact with Aboriginal and Torres Strait Islander staff.
- ☉ We want to be spoken to with respect and provided with information that can be clearly understood by our families.

### What we are going to do

- ☉ We will include cultural needs of Aboriginal and Torres Strait Islander peoples when delivering care.
- ☉ We will provide care in an environment that is welcoming, friendly, accepting and culturally safe for our children.
- ☉ We will take the time to provide care information that is clearly understood by children and families and delivered in a culturally appropriate way.

### We will know we are successful when

- ☉ We have improved clinical pathways/models of care for Aboriginal and Torres Strait Islander children and young people including their cultural needs.
- ☉ Aboriginal and Torres Strait Islander families feel comfortable and safe and report positive patient experiences.
- ☉ Aboriginal and Torres Strait Islander families can access and engage in cultural activities and support services.
- ☉ Information is effectively communicated to patients and families and accompanied by culturally appropriate resources to support and empower children and families.
- ☉ Continuous quality improvement is used to improve health equity.

## Key priority area 5

# Work with Aboriginal and Torres Strait Islander peoples to design, deliver, monitor and review health services



### What we heard

- ☉ We want our young people to be involved – they know what they need.
- ☉ We want our Elders, community, consumers and workforce to be involved in the design of health services for our Mob.
- ☉ We want HHSs to work in partnership with Aboriginal and Torres Strait Islander community-controlled organisations.
- ☉ We want our care shaped by Aboriginal and Torres Strait Islander-led research.
- ☉ We want to be able to see health information and data to help our community improve outcomes.

### What we are going to do

- ☉ We will partner with Aboriginal and Torres Strait Islander peoples (including young people and Elders) to design, deliver and monitor health services for their communities and acknowledge co-design contributions to the Health Equity Strategy.
- ☉ We will work together with other agencies and service providers, including Aboriginal and Torres Strait Islander community-controlled organisations, to improve health outcomes for our families.
- ☉ We will be informed by Aboriginal and Torres Strait Islander-led research and best practice models to support the transformation of healthcare.

### We will know we are successful when

- ☉ There is an increase in the number of quality community engagement mechanisms including youth and Elders.
- ☉ There is an increase in the number of formal and informal partnerships developed with other agencies and healthcare providers to deliver health prevention and health services to Aboriginal and Torres Strait Islander peoples.
- ☉ Children's Health Queensland has a robust Aboriginal and Torres Strait Islander-led research portfolio.
- ☉ There are more data sharing agreements in place with external stakeholders.

# Key priority area 6

## Strengthen the Aboriginal and Torres Strait Islander workforce



### What we heard

- ☉ We want to see more Aboriginal and Torres Strait Islander people working at Children's Health Queensland.
- ☉ We want more access (24 hours) to Aboriginal and Torres Strait Islander staff.
- ☉ We want Aboriginal and Torres Strait Islander staff to feel like they can make the right decisions about our care (empowered!).
- ☉ We want to know that the services for our Mob were designed with Aboriginal and Torres Strait Islander staff.
- ☉ We want the Aboriginal and Torres Strait Islander staff providing us with care to feel valued and supported in their workplace.
- ☉ We want to show our children and families that they can work in **health** by having access to career pathways.

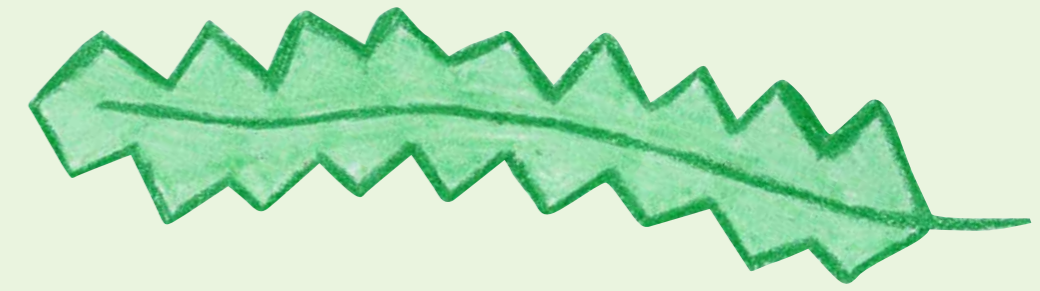
### What we are going to do

- ☉ We will increase our Aboriginal and Torres Strait Islander workforce across the organisation and develop health career pathways.
- ☉ We will be a workplace of choice for Aboriginal and Torres Strait Islander peoples that recognises and supports their leadership, value and lived experience.
- ☉ We will include Aboriginal and Torres Strait Islander staff in decision-making throughout the organisation, including in designing models of care.

### We will know we are successful when

- ☉ The number and capacity of Aboriginal and Torres Strait Islander staff in all areas of the organisation is increased and representative of the consumer population.
- ☉ Working for Queensland (Queensland Health's annual staff survey) results are improved for Aboriginal and Torres Strait Islander staff.
- ☉ An Aboriginal and Torres Strait Islander workforce strategy is developed and implemented, including activities that support health and wellbeing.
- ☉ All Aboriginal and Torres Strait Islander staff have their roles defined and are supported to work to their full scope of practice.
- ☉ Aboriginal and Torres Strait Islander staff are involved in decision-making at all levels throughout the organisation.
- ☉ Recruitment and retention rates for Aboriginal and Torres Strait Islander staff have improved.

# What?



## Developing the Implementation Plan

The Implementation Plan will be co-designed with prescribed and non-prescribed stakeholders following the endorsement of the Health Equity Strategy. Consideration for how the strategy aligns and supports the health equity strategies of other HHSs will be included in the Implementation Plan. It will describe key actions, targets, partnerships,

accountability, resourcing requirements, milestones and key performance indicators. The Implementation Plan will be included in Children’s Health Queensland’s planning processes and will describe how the Health Equity Strategy will be operationalised across our different service settings.

## Governance, performance, monitoring and review

The Children’s Health Queensland Board and Executive Leadership Team will be accountable for the effective leadership, implementation and compliance of the Health Equity Strategy as defined in the Regulation. The Health Equity Strategy Steering Committee will govern the Health Equity Strategy and is responsible for ensuring visibility, assurance and performance within agreed timelines. To ensure co-design, co-implementation, co-review and co-accountability of the Health Equity Strategy, the committee includes all representatives from the prescribed development and implementation stakeholders as defined by the Regulation:

- ☉ Children’s Health Queensland Executive Leadership Team chaired by the Executive Director of Aboriginal and Torres Strait Islander Engagement and represented by Strategy, Planning, Improvement and Innovation, and clinical services
- ☉ Children’s Health Queensland’s Board Aboriginal and Torres Strait Islander representative
- ☉ Children’s Health Queensland’s Aboriginal and Torres Strait Islander Consumer Advisory Group
- ☉ Children’s Health Queensland’s Daru Mugaru representing the Aboriginal and Torres Strait Islander workforce
- ☉ Aboriginal and Torres Strait Islander youth representatives
- ☉ Queensland Representative Body Alliance (QRBA)

- ☉ Queensland Aboriginal and Islander Health Council (QAIHC) representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) Sector
- ☉ Department of Seniors, Disability Service and Aboriginal and Torres Strait Islander Partnerships (DSDSDATISP) with engagement with the Joint Coordinating Committee (JCC) which includes Mayors and community representatives from Aboriginal and Torres Strait Islander communities
- ☉ Queensland Primary Health Network (PHN)
- ☉ Institute for Urban Indigenous Health (IUIH) representing South East Queensland’s ATSICCHO Sector
- ☉ Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) representing Northern Queensland’s ATSICCHO Sector
- ☉ Aboriginal and Torres Strait Islander Health Division, Queensland Health
- ☉ Health and Wellbeing Queensland.

The Health Equity Strategy will be reviewed annually and updated as required to reflect the ever-changing environment and respond to emerging priorities. Progress against the agreed key performance measures will be reported biannually. Progress will be shared in the Children’s Health Queensland Annual Report and on Children’s Health Queensland’s website for transparency.

## Leadership and accountability

**At Children’s Health Queensland each and every member of our workforce is a leader – and has a crucial role in leading life-changing care.**

It will take the commitment of all staff across our organisation to deliver on the strategies and associated activities outlined in the Health Equity Strategy and Implementation Plan. It is essential that responsibilities and performance expectations are clearly articulated. Built on our values, Children’s Health Queensland’s [Leadership Excellence Framework](#) describes what successful performance looks like at each level of the organisation. We will use this framework to support understanding of what is expected of each individual to achieve health equity for Aboriginal and Torres Strait Islander children and young people across Queensland, and how we can value and empower our Aboriginal and Torres Strait Islander colleagues.

Leadership level	Responsibilities
<b>Leader of self</b> (e.g. frontline workforce)	Deliver agreed actions in collaboration with other members of the team within agreed timeframes; and actively contribute to improving quality and outcomes.
<b>Leader of others</b> (e.g. team leaders, CNCs, SMOs, HP4s, CNS)	Support and enable the team by providing clarity and alignment of strategies, removing barriers, and fostering a constructive environment for the implementation and delivery of prioritised actions.
<b>Leaders of leaders</b> (e.g. Service Directors, NUMs)	Coach leaders and optimise systems and processes, to enable teams to focus on strategies and prioritised actions in the most effective and efficient way.
<b>Leader of function</b> (e.g. Divisional, Clinical and Corporate Directors)	Create and prioritise actions that integrate and align with the overarching health equity strategy, drive implementation, and monitor and report on progress against aligned activities on a quarterly basis.
<b>Leaders of portfolio</b> (Executive Leadership Team)	Develop and hold accountability for actions, deliverables and measures of success that align with the Health Equity Strategy, clearly articulate expectations and cascade appropriate activities in collaboration with stream leaders, demonstrate the interrelationship of actions with the overarching direction of the organisation, and monitor and report on performance against operational activities on a quarterly basis.
<b>Leader of health service</b> (Chief Executive)	Maintain oversight of performance and delivery of the Health Equity Strategy and associated Implementation Plan priorities and deliverables to ensure the integrity and viability of the organisation is maintained, cultivate strategic partnerships and set organisational risk appetite and tone (aspiration, pace, culture etc.) enable successful delivery of activities.
<b>Board</b>	Monitor and reconcile performance with the long-term trajectory of organisational direction.

# Appendices

## Terms and definitions

**Aboriginal and Torres Strait Islander community controlled health organisation sector** – refers to incorporated, not-for-profit, non-government organisations, governed and initiated by and for Aboriginal and Torres Strait Islander peoples, which deliver culturally appropriate and comprehensive primary healthcare and social support services to Aboriginal and Torres Strait Islander people.

**Cross-sectorial** – relating to or affecting more than one organisation or department within government.

**Cultural safety** – the experience of a person who receives a healthcare service which allows a person to feel safe and empowered in their interactions.

**Discrimination** – the unjust or prejudicial treatment of people based on race/cultural background, age, gender, sexual orientation, disability, sexual preference or religion.

**Health equity** – means everyone has a fair and just opportunity to be as healthy as possible. Under the First Nations Health Equity agenda, it is defined by Queensland Health as follows: “Achieving health equity requires eliminating the avoidable, unjust and unfair health differences experienced by Aboriginal and Torres Strait Islander people by addressing the social and economic inequalities and historical injustices that lead to poorer health”.

**Health gap/disparity** – refers to the inequity that exists between Aboriginal and Torres Strait Islander peoples and other Australians across a range of health outcomes, including life expectancy and the burden of disease and injury.

**Health system** – comprises all the organisations, institutions and resources that are used to produce health actions and outcomes. The health system has multiple components including health promotion, primary healthcare, specialist services and hospitals. To meet individual needs, a person may need the services of more than one part of the health system. An integrated healthcare system is where the individual components work together to overcome barriers and gaps between disconnected services to improve quality, access, coordination and continuity of care.

**Hospital and Health Services (HHSs)** – are the healthcare service delivery arm of Queensland Health, responsible for delivering public hospital and community health services. There are 16 HHSs in Queensland. In South East Queensland, there are four HHSs, plus Children’s Health Queensland which is based in Brisbane but has a statewide role.

**Institutional racism** – is a form of racism that is embedded through systems, process, policies and/or operations within an organisation.

**Primary healthcare** – is the entry level of the health system. Comprehensive primary healthcare, such as that provided by Aboriginal and Torres Strait Islander community-controlled health organisations, includes a broad range of health and social support services from health promotion, and screening for detection of health conditions, illness prevention such as vaccination, treatment and management of acute and chronic conditions, through to care coordination services and wrap-around services that support healthcare access, such as transport.

**Racism** – prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin.

**Social determinants of health** – Social determinants are the circumstances in which people grow, work and age (World Health Organisation, 2008). These determinants can significantly impact health access and outcomes. For Aboriginal and Torres Strait Islander people, the social determinants of health also include factors such as cultural identity, family, participation in cultural activities and access to traditional lands.

## Glossary of acronyms

**HHS** – Hospital and Health Service

**IUIH** – Institute for Urban Indigenous Health

**KPI** – Key Performance Indicators

**PHN** – Primary Health Network

**QAIHC** – Queensland Aboriginal and Islander Health Council



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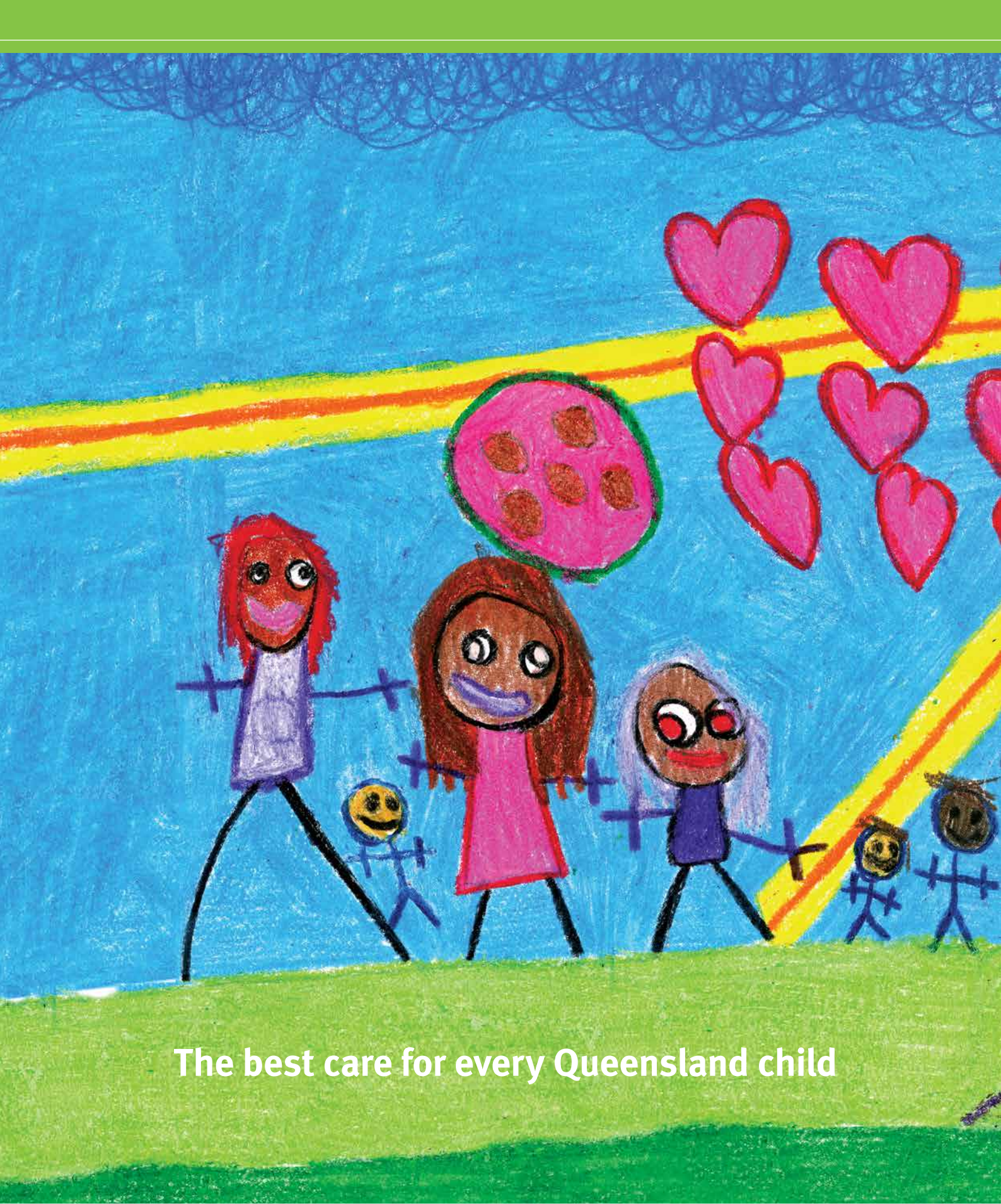
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