*2023-24 Queensland Budget Submission*

Queensland Aboriginal and Islander Health Council submission to Queensland Government

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*QAIHC receives funding support from the Australian and Queensland Governments*



QAIHC SUBMISSION TO QUEENSLAND GOVERNMENT

About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

QAIHC is the peak body representing the Aboriginal and Islander Community Controlled Health Organisation Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Islander Community Controlled Health Organisations (AICCHOs) located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

Today, QAIHC represents 33 community-controlled health services and 11 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive, and culturally appropriate primary health care. QAIHC as the peak of AICCHOs of Queensland, wish to highlight current barriers and enablers in the Queensland ATSICCHO sector which needs attention and further funding from the Queensland Treasury to ensure effective care for Aboriginal and Torres Strait Islander peoples to work towards Closing the Gap.

The purpose of this budget submission is to outline how the 2023-24 Queensland Budget allocation can support the National Agreement on Closing the Gap(1)

QAIHC would like to thank the Queensland Treasury for the opportunity to invite QAIHC to make a budget submission.

# 1. Opening statement

In underpinning this submission, we have aligned the majority of our request for resources with the following:

* The direction of the nationally agreed Health Sector Strengthening Plan (HSSP) under the work of the National Closing the Gap Committee
* QAIHCs Strategic Plan 2021-2024 and the Plan’s four strategic priorities: 1. State-wide impact, 2. Local impact, 3. Impact through Partnerships and 4. Making a sustainable future impact.

As the Queensland State peak body we have also put forward further investments into the ATSICCHO sector is essential. On behalf of our Members, QAIHC is in this submission advocating for a strong proportion of additional funding to be directed to support the delivery and access to comprehensive Aboriginal and Torres Strait Islander community-controlled models of primary health care. This will also support the commitments and strategies put in place by the Queensland Government.

Key overarching reasons to increase funding to the ATSICCHO sector are the growing Aboriginal and Torres Strait Islander population (Queensland as the second largest Aboriginal and Torres Strait Islander population), Closing the Gap, Health Equity, and the increasing burden on the public health system. If Governments are serious about Closing the Gap in health between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians, there needs to be support to allow our services to support our Mob.

While QAIHC and its Member Services acknowledge that some funding has been allocated to the sectors from both the Federal and State Governments, this funding is not reflecting the need, and challenges, of many Aboriginal and Torres Strait Islander communities, particularly in rural and remote locations. Neither is the funding provided for QAIHC appropriate to allow for the support that ATSICCHOs across the state need to provide the required services and engage in partnerships and co-development projects which is now essential to align with the National Agreement as well as with the Health Equity Reform.

Infrastructure is key to providing services with the challenges of housing, IT infrastructure and building and renovation costs. This is true for both QAIHC Member Services and QAIHC itself. Many of QAIHC Member Services are major providers of preventative and primary care in their communities, however their ability to provide satisfactory and essential care for community members is reduced by insufficient funding for infrastructure.

As well as benefits to the health of Queensland’s First Nations people investment into the sector also supports strong careers and jobs for Aboriginal and Torres Strait Islander people.

### 1.1 Current barriers to Closing the Gap.

Queensland is not on track to Close the Gap by 2031. For the Targets related to health, Target 1 “*Close the Gap in life expectancy within a generation, by 2031”* is not on track, while Target 14 *“Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander peoples towards Zero”* is worsening(2). Yet little current capacity, or mechanism, to resolve this is provided. To ensure that Aboriginal and Torres Strait Islander peoples can receive safe holistic care, which is meaningful and effective for this marginalised population, ATSICCHOs must expand their service delivery.

#### 1.1.1 No funding for ATSICCHOs to engage in partnerships

In 2021 it was legislated that the Hospital and Health Services (HHS) are to co-develop and co-implement Health Equity Strategies with First Nations stakeholders. However, despite funding positions within the HHSs to facilitate this process no funding was allocated to the ATSICCHO sector to appropriately participate in the co-design of the Health Equity Strategies. This led to significant limitations in the Health Equity strategies across the State. To meaningfully work towards Priority Reform 1 and 3 as well as Target 1, and 14 in the National Agreement of Closing the Gap and the HSSP funding to facilitate partnerships and genuine co-design and collaboration is essential. Funding for the ATSICCHO sector to fully engage in the development and implementation of the Health Equity Strategies will have a significant impact on the health care provided for and by Aboriginal and Torres Strait islander peoples and further assist the sector in meeting our strategic priorities as outlined above.

By equitably funding ATSICCHOs in accordance with infrastructural and operational needs, ATSICCHOs will be able to reinvest more of their current funds into service delivery, increase their workforce capacity, expand to increase specialist and ancillary service provision, as well as co-locate services to improve patient outcomes and Close the Gap in health between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians.

QAIHC has worked closely with its Member Services in the development of this submission. We are provided specific examples on capital works funding that both QAIHC Member Services as well as QAIHC require to improve effective care for Aboriginal and Torres Strait Islander communities across the state of Queensland.

## 2. Building the capacity for additional services and infrastructure to increase access to primary health care for Aboriginal and Torres Strait Islander people.

### 2.1. Value of ATSICCHO infrastructure and capital works investment

Queensland ATSICCHOs consistently highlight to QAIHC that their existing infrastructure is insufficient to meet the primary health care needs of their communities. This reflects the HSSP, which states that estimated infrastructure needs in the Aboriginal and Torres Strait Islander community controlled health sector is in the order of $1 billion(9).

Many QAIHC Members have engaged in infrastructure and capital works projects to secure relevant and efficient workforce that can respond to the often complex needs of the communities, establish new clinics, upgrade existing clinics, and repair or replace damage and outdated infrastructure and equipment. As mentioned earlier in this submission, due to the geographic location of many of the ATSICCHOS, the large areas they cover and the complex needs of the communities they serve, the costs of infrastructure are significantly higher than that in metropolitan areas. The difference in cost between areas are often not considered in funding allocation resulting in services that operate in more rural and remote locations in Queensland are struggling to respond appropriately to the increasingly complex needs in the population.

*Queensland ATSICCHOs prioritise infrastructure and capital works projects because of the value they bring to their ability to deliver high quality comprehensive primary health care services, as outlined below.*

#### 2.1.1. Support expansion of service

ATSICCHOs must consider the constant population growth and the future service delivery demand when determining infrastructure needs. Lack of consulting rooms, workforce, particularly GP’s, allied health professionals and medical specialists and derelict infrastructure severely limits the sector’s ability to function effectively, in an environment of increasing clients, episodes of care and client contacts (9, 10). The financial situation of many ATSICCHOs, particularly those existing in rural and remote areas, makes it difficult to respond to the complex needs of the communities they serve. With rapidly increasing populations in many regions of Queensland, there is a need to increase health infrastructure in ATSICCHOs to meet increased demand (10). Increasing ATSICCHO capacity through increasing available infrastructure, in the first instance, will have flow on implications regarding health service access, workforce, and access to specialist and ancillary services as part of the current comprehensive model of primary health care delivered by ATSICCHOs.

#### 2.1.1. Population growth

Data shows that there has been a 27% increase in the Aboriginal and Torres Strait Islander population in Queensland from 2016 to 2021, as well as a 23% increase in the Aboriginal and Torres Strait Islander population in Australia during the same period (11). The increase in Aboriginal and Torres Strait Islander populations results in increased ATSICCHO service demand. However, with limited workforce to respond, resources and consultation rooms, ATSICCHOs are capped by the number of client interactions they may offer, which has resulted in Aboriginal and Torres Strait Islander peoples needing to access healthcare service elsewhere, or not accessing healthcare services at all. It is well established that Aboriginal and Torres Strait Islander peoples living in rural and remote areas of Australia have a 1.4 times higher disease burden and a 1.8 times higher fatal burden compared to those living in major cities and inner regional areas (3). Higher care needs and barriers to accessing health care due to limited infrastructure and the higher costs of delivering rural and remote health care result in a significantly higher “per person price” in rural and remote areas. Additionally, the lack of capital works makes preventable work and health promotion difficult for many ATSICCHOs. Data has shown that the rate of potentially preventable hospitalisation in 2020 was 2.6 times as high for people living in Very remote areas and 1.8 times as high for people living in remote areas(3). This has been further impacted by COVID-19 over the past few years, reduced incidence of primary healthcare service provision, likely resulting from a need to avoid non-urgent health care.

**Table 1: Number of Aboriginal and Torres strait Islander people accessing ATSICCHOs compared to population size in Queensland and Australia (12).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Number of Aboriginal and Torres Strait Islander people accessing ATSICCHOs in Queensland** | **Estimated Aboriginal and Torres Strait Islander population in Queensland** | **Number of Aboriginal and Torres Strait Islander people accessing ATSICCHOs in Australia** | **Estimated Aboriginal and Torres Strait Islander population in Australia** |
| 2013-14 | 68,516 | 210,208 | 323,566 | 759,128 |
| 2014-15 | 82,617 | 214,703 | 344,331 | 774,659 |
| 2015-16 | 98,854 | 219,123 | 364,389 | 790,292 |
| 2016-17 | 95,521 | 223,742 | 364,087 | 805,775 |
| 2017-18 | 112,216 | 228,739 | 391,860 | 821,323 |
| 2018-19 | 119,029 | 233,860 | 393,101 | 837,261 |
| 2019-20 | 101,385 | 239,100 | 382,607 | 853,575 |
| 2020-21 | 96,353 | 244,464 | 367,409 | 870,270 |

It is important to note that the population estimates are underestimated, as census data shows that in 2021, there were 273,224 Aboriginal and Torres Strait Islander people in Queensland and 984,002 in Australia (11). To improve the effectiveness of ATSICCHOs and limit the burden of disease experienced amongst Aboriginal and Torres Strait Islander populations ATSICCHO service funding, specifically that for infrastructure and workforce, should be increased proportionate to the increasing population. Furthermore, the allocated funding should account for the more complex needs that the population living in rural and remote areas often have resulting in higher costs of treatment. Appropriate investment ATSICCHO health provision has been identified as one of the main priorities in the National Agreement of Closing the Gap.

Further, many of QAIHC Members have reported that an increasing number of non-Indigenous clients have been accessing ATSICCHO services recently, as more private practices move away from bulk billing due to the increased cost of running a healthcare service.

#### 2.1.2 ATSICCHO Workforce

Workforce is a key issue impacting ATSICCHO comprehensive primary health care service delivery (13). The lack of workforce is predominantly due to lack of funding from Governments to allow ATSICCHOs to pay, sustain and upskill workforce adequately.

ATSICCHO infrastructure must support current increased workforce needs and prepare for future service demand. Many ATSICCHOs struggle to establish a sustainable workforce due to inability to offer a salary as attractive as most hospital and health services leading to difficulties filling positions and keeping staff long term. Furthermore, current consultation rooms cap the number of full-time equivalent staff a service can acquire, which limits ATSICCHO service access by Aboriginal and Torres Strait Islander peoples even for ATSICCHOs with a sufficient workforce.

Much of the increase in Aboriginal and Torres Strait Islander peoples accessing ATSICCHOs, as demonstrated in Table 1 above, may be due to the establishment of new IUIH clinics and health infrastructure over time, which has enabled an increase in ATSICCHO workforce, and subsequently more clients in Southeast Queensland to access healthcare services, and experiencing better health outcomes. For example, the proportion of Aboriginal and Torres Strait Islander peoples in Southeast Queensland who had seen a GP or specialist in the previous 12 months increased from 20.3% in 2005 (14), to 90.9% in 2019 (15) and the proportion of Aboriginal and Torres Strait Islander people in Southeast Queensland who had seen a dentist in the previous 12 months increased from 5.2% in 2005 (14) to 47.2% in 2019 (15). This is a huge increase in service provision; however, it is important to acknowledge that there has been no increase in workforce leading to severe burnouts within the sector. Additionally, QAIHC acknowledge that this increase is significant, however it must be noted that this increase has not been seen in rural and remote areas due to the reasons discussed previously in this submission.

It has been identified that economic benefits in employment of Aboriginal and Torres Strait Islander peoples and future workforce capacity building will not be met if ATSICCHO infrastructure needs are not met (10). Therefore, by supporting ATSICCHO infrastructure and capital works projects, the Queensland Treasury will be supporting Closing the Gap targets relating to both health and economic development.

#### 2.1.4 Specialised and ancillary services

Since the commencement of ATSICCHOs, the Model of Care has expanded to incorporate specialised and ancillary services, such as aged care, disability support, allied health services, dental and maternal care. These additional services require additional infrastructure, including consulting rooms, to support innovative, person-centred care. At present, to access most specialised services people living in both regional, rural and remote areas have to travel, often long distances, to access specialised services. An example is pregnant women living in isolated areas.

While many Aboriginal and Torres Strait Islander women experience healthy pregnancies, chronic health conditions, poor nutrition, lifestyle behaviours and social complexity can contribute to a greater chance of high-risk pregnancies and worse neonatal outcomes than those experienced by non-Indigenous women, with nearly double the instances of maternal mortality, preterm birth, low birth weight and perinatal deaths(16). In addition to health complexities, the perinatal period can also be a vulnerable time for the mental health of Aboriginal and Torres Strait Islander women. A significant number of Aboriginal and Torres Strait Islander women often need to travel far to be hospitalised in a Mainstream hospital which often creates added anxiety due to isolation and inappropriate use of practises. Research shows that certain interventions during the pregnancy of Aboriginal and Torres Strait Islander women improve health and wellbeing outcomes for women and their babies(17, 18). Such interventions include: culturally-competent care, early identification and targeted support for reducing risk factors such as smoking, identifying and managing chronic conditions, and parenting education and support(19)

One example of a new specialised care program includes the Birthing in our Community program (BioC), delivered in partnership between IUIH, ATSICHS Brisbane and the Mater Mothers’ Hospital. BioC’s social and peer support strategy, including weekly community days, is also highly valued with women participating in arts and craft activities, receiving peer support and advice on food preparation where women co-produce a healthy lunch and take home the recipe to reproduce for their family (20). These BioC activities have required dedicated infrastructure to support the peer engagement that has led to the success of the program.

More ATSICCHOs, including Mookai Rosie Bi-Bayan, wish to provide services, including outreach services for pregnant women and families as this is an essential action to improve health and wellbeing amongst Aboriginal and Torres Strait Islander families and to Close the Gap. However, funding from the Government to develop the needed infrastructure to provide these services are needed.

### 3.1. Funding to support equal participation in Partnerships and Health Equity Reform.

The Hospital and Health Boards Act 2011 was amended in April 2021 to mandate the development and implementation of Health Equity Strategies by all HHSs across Queensland. Under the Queensland Health, Health Service Directive relating to First Nations Health Equity Strategies, HHSs are mandated to develop their Health Equity Strategies in accordance with the principles of continuous quality improvement, shared decision-making, collaboration, and genuine partnership with the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector(21). The new strategies outline the actions HHSs will deliver to achieve health equity, actively eliminate racial discrimination and institutional racism, and influence the social, cultural, and economic determinants of health by working with Aboriginal and Torres Strait Islander organisations, health services, communities, consumers and Traditional Owners.

While each of the 16 HHSs received a total of $250,000 to develop a Health Equity Strategy and Implementation plan no funding has been allocated to an already overworked and under resourced ATSICCHO sector to appropriately participate in the co-design of the Health Equity Strategy.

Both QAIHC and its Member Services recognise that the legislation is an important step towards reconciliation and Closing the Gap. However, QAIHC regrets to see that the ATSICCHO sector is not appropriately encouraged to participate in partnerships and co-design due to no allocation of resources. The decision of only investing in the HHSs does not foster the principle of co-design, co-development and co-implementation between the HHSs and the Aboriginal and Torres Strait Islander Community Controlled Health Services who are listed as prescribed stakeholders under the *Health Equity Regulation 2020.*

The lack of financial support for ATSICCHOs to engage in genuine partnership and the co-design is beyond disappointing. Not only for the sector but the broader Aboriginal and Torres Strait Islander population. To not adequately resource the ATSICCHO Sector, which is the largest provider of healthcare to Aboriginal and Torres Strait Islander Queenslanders, a key stakeholder in the implementation of the Health Equity Reform and a sector which has been a part of the state-wide consultation through initial co-design principles would be a fundamental failure to the overall objectives of Eliminating Institutional Racism from our current health systems.

The limited engagement from ATSICCHOs due to no funding has resulted in that most of the Health Equity Strategies have significant limitations and often do not align with the National Agreement on Closing the Gap despite this being a part of the legislation(21).

QAIHC has 33 Member Services spread across Queensland. These deliver primary health care services within the 15 HHSs and Children’s Health and Hospital Service boundaries. To engage in the codesign processes of each Health Equity Strategy similar investments adequately and appropriately to that already provided to the HHSs and Queensland Health is required. QAIHC as a stakeholder and a peak body requires an investment of $500.000 per annum for 4 years to appropriately support Member Services and advocate and coordinate.

A total investment of $18 ($16million to Members and $2 million to QAIHC) million over 4 years to the Queensland ATSICCHO sector is required to allow the sector to perform its role as key stakeholders in Queensland’s Health Equity Reform. Please refer to Appendix 1 for a funding breakdown.

## 3.2 Funding to Support ATSICCHO involvement to support the Queensland Government’s *Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024*

Investment in the current strategy has been focused on the mainstream service, including Hospital and Health Services. To support stronger intervention on the significant impact acute rheumatic fever and rheumatic heart disease it is proposed that funding of $5 million is made available to support place based initiatives led by ATSICCHOs aimed principally at primordial and preventative activities to redress the progression of sore throats and skin sores to acute rheumatic fever. This could include education, early diagnosis, treatment, management and support in addressing determinants.

## 4. Specific Investments needed for QAIHC to meet its Strategic plan, to support a stronger Qld ATSICHHO sector.

As mentioned earlier in this submission, QAIHC’s strategic plan has four priorities: 1. State-wide impact 2. Local impact, 3. Impact through Partnerships and 4. Making a sustainable future impact.

QAIHC provide a wide range of support to its Member Services across Queensland. These services include, but are not limited to; advocacy on behalf of Member Services, capacity building support, Governance Training, leading the co-design of health promotion programs between ATSICCHOs and mainstream organisations, engagement in research programs to better support Aboriginal and Torres Strait Islander peoples, data collection and analysis, facilitate care coordination and promote and facilitate training and leadership opportunities and programs. All activities are aligned with the Strategic Priorities of QAIHC.

Due to funding limitations QAIHC has been limited in the ability to provide a full range of services to Members, and often additional funding is set to the priorities of Government or provided against specific “body part” activities. As QAIHC is led by its Members and therefore an essential part of the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Sectors, funding to sustain and expand the services of QAIHC is critical. Providing funding for QAIHC to undertake its responsibilities will also align with all Priority Areas in the National Agreement on Closing the Gap as QAIHC is a key player in many of the actions under this agreement.

The request for funding outlined below is presented under the Strategic Priorities underpinning all QAIHCs work.

### 4.1. Strategic Priority 1: State-wide Impact

To increase QAIHCs capacity to host regional and state Forums with Members to assist in providing State-wide advocacy, supporting regional implementation and bringing forward local and regional issues for broader consideration and response. An annual budget of $100,000 is requested.

Support development of localised, regional, and state-wide data snapshots, with funding to build the capacity internally and purchase external expertise, at a cost of $500,000 annually for two years, is critical. Strong data snapshots, including capacity to refresh, will be critical to analyse gaps and needs for further activity and investment planning to support Closing the Gap. This will support the current arrangement of a QAIHC staff placement at the Australian Institute of Health and Welfare.

Investments of $300,000 over 2 years to support QAIHC to undertake a project to support modelling to assess the impact of the work of Member Services in strengthening the broader health system (economic, social determinants, health) in the Queensland context is essential for continued growth of sector as well as to Close the Gap in Health. This may be similar to the following paper: *Pearson, O., Schwartzkopff, K., Dawson, A. et al. Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. BMC Public Health 20, 1859 (2020).*

### 4.2. Strategic Priority 2: Local Impact

In supporting a stronger ATSICCHO sector, investment support to QAIHC of $70,000 annually over five years to supplement the provision of Governance Training for Member Services.  This training would initially be targeted at existing, and proposed, CEOs and Board Members but has the potential to be extended across the state.

Support the development of regional capacity and leadership within the sector funding of $500,000 for each of the five QAIHC regions is sought at a cost of $2.5M annually. This would allow stronger collaboration and planning and establishment and joint purchasing of services. Individual member services do not currently have the capacity to self-support regional collaborations.

### 4.3. Strategic Priority 3: Impact through Partnerships

Funding of $200,000 over two years to QAIHC to match the existing Grant funding from Lowitja to undertake a scoping and feasibility study around establishing a single Statewide Human Ethics Committee for Aboriginal and Torres Strait Islander Health Research proposals. This funding will support broader engagement within this scoping study and understand the implications of this work.

To support QAIHC to work with Research Partners to facilitate undertaking research in partnership with QAIHC Member Services. Funding of $300,000 annually is requested.

Funding of $600,000 over 3 years to undertake a project to determine the scaleability of the First Nations Care Coordination hubs across Queensland is essential to Closing the Gap.  This will include an assessment of learnings from North Queensland and South East Queensland as well as identifying future opportunities.

To support economies of scale, in light of increased costs and burden on the health system, provide funding of $200,000 to QAIHC to source a review with Members to identify opportunities to save costs and increased efficiency options with joint procurement processes with key suppliers. This could include options of utilising existing Government procurement pathways and supply chains.

### 4.4. Strategic Priority 4: Making a sustainable future impact

Ongoing funding of $1.6 million to enable the continuation of the QAIHC Youth Health Network and support continued operation of established Member Health Youth Hubs, with current funding provided as one-off by DSDSATSIP.  This is critical to ensure that our Member Services are continuing to be responsive to the health needs of a high-risk population.

QAIHC is seeking $500,000 annually to invest in our future Aboriginal and Torres Strait Islander leaders in Health.  Provisionally funding of $50,000/each for two individuals from each of the five QAIHC regions would be allocated.  This would allow these individuals to be supported with placements, training and leadership opportunities.

Funding of $1M/year to assist QAIHC to host an Innovation Event and provide start-up funding to kickstart projects or innovations. QAIHC would work with a range of stakeholders, including Indigenous Chambers of Commerce, and would not see this as being limited to health only innovations.  This is part of building economic independence for First Nations people in Queensland and growing business and innovation.

### 4.5. Enablers

Provision of $2M to identify and scope opportunities to support developing an ICT platform for QAIHC Member services to better allow the capturing and sharing of data.

## 5. Specific Infrastructure Investments needed for QAIHC Member Services

QAIHC has worked closely with its Member Services to identify funding needs. The below requests are particularly for essential infrastructure projects. All the below projects will, if funded, significantly contribute to Closing the Gap between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians in Queensland. By funding these projects, the Government will comply with the National Agreement Priority Reform 2 of *“Building the Community Controlled Sector”*. Additionally, investments into the below projects will also align with the HSSP.

### 5.1 Mookai Rosie Bi-Bayan

Mookai Rosie Bi-Bayan is seeking support to expand their services in the Cairns area, including services for pregnant women and families as well as supporting accommodation and support for clients travelling for other health reasons. The expansion will include the purchase of new land and buildings closer to Cairn’s. The new buildings will have the capacity to host 100 beds, including self-contained accommodation for whole families.

Mookai Rosie will also expand its clinic to include a culturally capable, full-time physician – five days a week as opposed to the existing two – to offer clients an increase in onsite healthcare.

To allow for the increase in services $6 million over 3 years is required. Investment in Mookai Rosie’s infrastructure projects will help the service to close the gap in health outcomes between Indigenous and non-Indigenous Australians in their local area and support the sustainability of Indigenous-led health care provider’s long term.

### 5.2 Gidgee Healing

### Gidgee Healing are seeking support for the development and implementation of new and innovative infrastructure projects that support the delivery of culturally appropriate healthcare services across the Lower Gulf Region of Queensland, servicing communities in Mount Isa, Normanton, Doomadgee, and Mornington Island.

Investment in infrastructure within this region will help Gidgee Healing to close the gap in health outcomes between Indigenous and non-Indigenous Australians and support the sustainability of Indigenous-led health care providers in the medium to long term. Gidgee Healing has engaged professional services to estimate new clinic build options and refurbishment opportunities:

**New Primary Health Care Clinic Opportunity:**

6 Bourke Street, Mt Isa - Feasibility, Infrastructure Support and Build - $18-$20m

This block is owned by Gidgee Healing.

**New Primary Health Care Clinic Opportunity:**

Address TBA - Feasibility, Land Purchase, Infrastructure Support and Build - $18-$20m

Gidgee Healing are reviewing current options in Mt Isa to purchase appropriate land and construct.

**Refurbishment Opportunity:**

Primary Health Care Centre Normanton – currently leased through IBA - $2.5m

### 5.3 Gindaja Treatment and Healing Centre

Gindaja were successful in securing Queensland health funds for an expansion to the treatment and healing facility. However, the project was put on hold during the first few years of the COVID-19 pandemic, and now that the service is ready to recommence building, costs have more than doubled, and the project is currently seeing a shortfall of approximately $7 million.

Gindaja have been advised by their contractor that building costs have exponentially increased due to:

* High demand for construction
* Reduced supply of skilled and unskilled labour
* Diminished supply of building materials resultant from industrial shutdowns in China
* Increased material shipping costs caused by the Russia/Ukraine conflict

Gindaja has attempted to reduce costs by completing some of the work themselves, opting for cheaper materials, and foregoing parts of the construction where they are not deemed absolutely essential. However, these cost savings are not sufficient to cover the post-pandemic price increase.

QAIHC advises the Treasury to cover the cost of this shortfall, as adequately funding a service such as Gindaja has flow on social and economic benefits to community and governments. A cost benefit analysis was conducted on Gindaja’s economic and social benefits if the service was fully funded in the future in accordance with the national Drug and Alcohol Service Planning Model. This found that for every dollar invested into Gindaja’s service, $3.10 benefits would be returned. While this infrastructure project is on hold, these social and economic benefits will be lost.

### 5.4. NPA Family and Community Services

NPA Family and Community Services has commenced building a new facility prior to COVID-19. Now that the project has recommenced, the ATSICCHO have been quoted an $8 million price difference to complete the build. In addition to the above, this is resultant from the extremely competitive labour market, as well as the difficultly to source and ship appropriate materials to such a remote location. NPA Family and Community Services are not able to fund this price difference themselves, leaving this project unfinished and unable to be of value to their community.

### 5.5 Bidgerdii Community Health Service

Bidgerdii has a new premises which requires a ramp to be built to improve building accessibility. The ATSICCHO has found it difficult to obtain trades in the current environment, with quotes exceeding the organisation’s funding allowances.

In addition, Bidgerdii is one of the Queensland ATSICCHOs that does not own a premises. The CEO has expressed that they would like to purchase a purpose-built facility that could co-locate other services, including corporate services. This would add value to the service, as described under *4. Value of ATSICCHO infrastructure and capital works investment*, of this submission. Specifically, Bidgerdii has expressed the need for more consultation rooms to accommodate new Aboriginal Health Worker trainees that will be brought on as part of the announcement from the Honourable Linda Burney MP in August 2022 relating to 500 new First Nations workers.

It is recommended that funding for a scoping review, $350,000 to determine cost for needed improvements to buildings and other facilities are allocated to Bidgerdii Community Health Service.

### 5.6 Goolburri Aboriginal Health Advancement

Goolburri were successful in securing funding to expand their primary premises in Toowoomba, as per the Honourable Linda Burney’s announcement on 16 December 2022 (22). While this is a welcome project, Goolburri have expressed the need to co-locate a variety of their services at an additional green field site.

Goolburri have purchased land and have developed plans to build a new premises that will support co-location of their services. This new site will include a community and social services, child services, a GP clinic, a drop-in centre, and emergency housing for clients, which may also be used as employee housing for relocating staff to aid mitigation of workforce issues. ATSICCHO premises of this kind are consistent with IUIH models, which have supported health outcome improvements in Aboriginal and Torres Strait Islander peoples in Southeast Queensland.

It is recommended that funding for a scoping review, $350.000 to determine cost for needed improvements to buildings and other facilities to successfully co-locate with other services are allocated to Goolburri Aboriginal Health Advancement.

### 5.7 Townsville Aboriginal and Islander Health Service

Townsville Aboriginal and Islander Health Service (TAIHS) have recently established a new building to increase service delivery capacity. However, TAIHS has been quoted a minimum for $4 million to bring the building up to contemporary standards and will require an additional $2 million to refurbish the space to enable it to function as a co-located clinic and corporate services office.

### 5.8 The Value of Investing In specific ATSICCHO projects.

Investments in the ATSICCHOs will:

* **Improved access to healthcare:** Properly funded infrastructure can help to address the challenges of distance and isolation that often affect Indigenous communities in regional and remote areas, leading to improved access to healthcare services.
* **Ensure better health outcomes:** By providing better access to healthcare services, properly funded infrastructure can contribute to better health outcomes for Aboriginal and Torres Strait Islander people, including reduced mortality rates and improved quality of life.
* **Promote culturally appropriate services:** Infrastructure funding can enable healthcare organisations like our ATSICCHOs to design and implement culturally appropriate healthcare services that better meet the needs of Aboriginal and Torres Strait Islander patients.
* **Increase capacity:** With improved infrastructure, ATSICCHOs can increase their capacity to deliver healthcare services, leading to better health outcomes for more people in regional and remote areas.
* **Provide economic benefits:** Properly funded infrastructure can have economic benefits for Indigenous communities, including the creation of jobs and the stimulation of local economies through the procurement of goods and services.

## 6. Conclusion

Growth in capacity of the Aboriginal and Torres Strait Islander Community Controlled Health Sector is a key part to meeting several measures, and reforms under the Closing the Gap Agreement. As well as the health benefit for our communities it has a flow on impact through to employment, financial security, and education.

QAIHC would like to thank the Queensland Treasury for the opportunity to provide a submission in relation to the 2023-24 budget. If you have any queries regarding this submission, please contact the QAIHC Policy team at [policy@qaihc.com.au](mailto:policy@qaihc.com.au).

# Appendixes

APPENDIX 1: Funding breakdown for ATSICCHOs to participate in genuine partnerships on key Health Strategies

APPENDIX 2: Funding breakdown for ATSICCHO infrastructure projects

APPENDIX 3: Funding breakdown for QAIHC Sector Support needs

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