Consultation Report

Stakeholders consultation

28 MAY 2021

Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031

Discussion Paper

QAIHC
Queensland Aboriginal and Islander Health Council

Queensland Government

Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples—working together to achieve life expectancy parity by 2031

Consultation report: Stakeholders consultation

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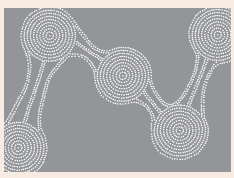
An electronic version of this document is available at **health.qld.gov.au** and **qaihc.com.au**

Acknowledgement of Country

Queensland Health and the Queensland Aboriginal and Islander Health Council (QAIHC), the peak body representing Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, acknowledge the Traditional and Cultural Custodians of the lands, waters and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

Making Tracks artwork produced by Gilimbaa for Queensland Health.



Sharing Knowledge artwork produced by Casey Coolwell for QAIHC.

Contents

Introduction

The stakeholders consultation workshop was undertaken on 28 May 2021 at the Sofitel, Brisbane. The consultation had 32 participants and was conducted over a four-hour period.

Workshop Purpose

The regional workshops were held statewide to:

- **increase the understanding of the Health Equity agenda**
- **explore how the Health Equity Regulation will change the health landscape in Queensland**
- **discuss what this means for Hospital and Health Services (HHSs) and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in delivering health services**
- **explore the implications and associated challenges for HHSs in meeting their requirement to prepare their Health Equity Strategy (HES) within 12 months of the regulation being passed**
- **identify any tools that would assist HHSs to develop their HES**
- **socialise other potential health reforms (outlined in section 3 of the Discussion Paper) to identify the ones that have the greatest support and to identify any other important reform items.**

Workshop Structure

The workshop was broken into three parts to correspond to the three sections of the Discussion Paper. Each section was discussed and explored through key questions and subsequent discussion with the groups. Scribes from Queensland Aboriginal and Islander Health Council (QAIHC) and the Department of Health took notes to capture the essence of the discussions and the thoughts and opinions of the participants.

Section 1

Discussed the journey that Aboriginal and Torres Strait Islander peoples have taken to improve health outcomes in Australia and Queensland since 1971.

This included the services undertaken by the Aboriginal and Torres Strait Islander community-controlled sector and Queensland Health. While there have been some health gains, the current pace of reform and activities is not enough to meet the Close the Gap (CTG) targets by 2031.

Section 2

Discussed the health equity journey since 2017, including the current tranche of reforms being introduced in Queensland through the new Health Equity Strategy Regulation. There are going to be additional accountability requirements on HHSs to demonstrate co-design and working in partnership with ATSICCHOs.

Explored the current issues with the local health system and what will need to be done to build a health system that better meets the needs of community and where all providers are working collaboratively towards improved health outcomes.

Section 3

Discussed the 20 proposed ideas to drive further system reforms to supplement the new HESs.

These 'ideas' are not limited to 20 as others could be identified, but it is important to have an idea of what could be relevant to this region and its priority. Details of the ideas are provided in Appendix 3.

Report structure

During the consultative process across the state, there was overall agreement that the health equity design principles (page 23 of the Discussion Paper) should include cultural capability and social determinants of health. Accordingly, the health equity design principles used for this report are:

- First Nations leadership
- local and regional decision making
- reorienting local health systems
- cultural capability (this could be changed to cultural safety)
- social determinants of health.

Further, five key themes have emerged from the workshops. These are:

- systems
- care
- funding
- workforce
- culture.

This report drills down further to map the principles to the key themes. There is often overlap in the learnings and how they have been attributed to the principles, so you may see some comments in multiple places as they are applicable to a variety of areas.

Executive summary

The major areas for consideration are institutional racism, data collection and sharing, funding reform to allow for different models of care, and workforce recruitment and retention. Models of care that allow for better service integration and allow for innovative ways to deliver patient care are required, as is the need for patients to feel culturally safe when accessing these services.

More First Nations staff are needed within the system at all levels, with a targeted recruitment and placement program underpinning it. Scope of practice needs to be investigated so that the role of the Aboriginal and Islander Health Worker (AIHW) practitioners can be fully utilised within the system. Networks and pipelines need to be established with schools and universities, and the clinical standards need to be updated to include cultural capability.

Ongoing issues created by the social determinants of health (SDoH), such as lack of housing, education, and interaction with the justice system, are factors in the health outcomes for First Nations peoples.

There needs to be an accountability framework for each area of the system; accountability for each client along the whole patient journey, with a better and more streamlined system that ensures culturally safe ongoing care at each stage. From home and back to home.

A baseline audit found racism needs to be addressed. More training and support needs to be available to hospital staff, and complaint mechanisms need to be streamlined to allow Aboriginal and Torres Strait Islander peoples to feel comfortable using the system. Current complaint mechanisms are too cumbersome and many patients feel that there is no accountability when complaints are made.

Top five health reforms

considered a priority for this region by the participants

- 20 — Drive an anti-racism strategy across the health system
- 13 — Undertake annual independent institutional racism audits
- 2 — Increase Queensland Health's First Nations employment target
- 8 — Establish regional coordinated care hubs
- 10 — Implement Queensland Health funding incentives to drive equity

Key discussion points

The discussion from the stakeholder consultation will be incorporated into the overall state consultation report, which will be used to develop the guide and toolkit that HHS will use to develop their health equity strategies over the next 11 months.

The ideas discussed during the workshop have been mapped against the health equity design principles and can be used to have further conversations about what actions need to be undertaken to redesign the local health system to better meet the needs of all stakeholders.

Principle 1: First Nations leadership	
Systems	• Need accountability framework. • Need data-sharing protocols and applications. • Need to utilise technology to help outcomes. • Need safe data systems (culturally safe). • Need to ensure system integration and accountability framework in place.
Care	• Need to ensure First Nations patients have a voice. • Need to ensure culturally safe spaces. • Need to enable patients to take self-care. • Need to ensure wrap-around services. • Need to identify and celebrate good practice. • Need to look at revised models of care. • Need to listen to lived experience and cultural practice. • Need to involve First Nations people in their own care.
Funding	• Need funding reform. • Need to review funding models.
Workforce	• Need First Nations workforce strategy. • Need a workforce strategy for retention. • Need mentors and champions. • Need to review scope of practice esp. AIHWs. • Need to ensure that there is a culturally safe workplace.
Culture	• Need to ensure cultural safety is built into all training programs. • Need to ensure cultural safety is core clinical skill requirement. • Need cultural safety built into standards. • Need to undertake racism audits. • Need to ensure complaints process is user friendly and responsive.

Principle 2: Local and regional decision making	
Systems	• Need to ensure system integration and accountability framework in place.
Care	• Need concierge services. • Need to ensure First Nations patients have a voice. • Need to ensure wrap-around services. • Need to ensure culturally safe spaces. • Need to involve staff in the journey. • Need to ensure patient journey is targeted and understood by patient. • Need to engage with patient, not oversee them. • Need to look at revised models of care. • Need a coordinated approach.
Funding	• Need revised funding and models of care.

Principle 3: Reorienting local health systems	
Systems	• Need to ensure system integration and accountability framework is in place. • Need a coordinated approach. • Need systems that make information sharing easy.
Care	• Need to review scope of practice especially AIHWs. • Need to ensure wrap-around services. • Need to simplify the patient journey. • Need concierge services. • Need to consider time challenges for clients. • Need to establish integrated pathways. • Need to ensure care plans are in place and followed. • Need evidence-based approaches to care.
Funding	• Need revised funding and models of care. • Need funding reform.
Workforce	• Need to review scope of practice especially AIHWs. • Need First Nations workforce strategy.
Culture	• Need to ensure that there is a culturally safe workplace. • Need to consider alternative models of care—outreach etc.

Principle 4: Cultural capability	
Systems	• Need safe data systems. • Need cultural safety built into standards, OH&S and all ongoing training. • Need to undertake racism audits. • Need to ensure system integration and accountability framework in place. • Need systems that make information sharing easy.
Care	• Need to ensure wrap-around services. • Need to consider alternative models of care—outreach etc. • Need to ensure care plans are in place and followed. • Need evidence-based approaches to care. • Need a coordinated approach.
Funding	• Need funding reform.
Workforce	• Need to ensure that there is a culturally safe workplace. • Need First Nations workforce strategy. • Need to review scope of practice esp. AIHWs. • Need mentors and champions.
Culture	• Need to ensure culturally safe spaces. • Need to engage with First Nations peoples for input into future plans. • Need cultural safety built into clinical skill base. • Need to recognise the need for cultural expertise in non-clinical roles also. • Need to listen to lived experience. • Need First Nations appropriate communication. • Need to listen to lived experience and cultural practice. • Need to involve First Nations peoples in their own care. • Need to look at revised models of care.

Principle 5: Social Determinants	
Systems	• Need to influence SDoH. • Need to have all SDoH at table.

Appendix 1—Section 1: The journey so far...

**Have aligned comments to the health equity principles as a guide to move from concept/ideas/comments to action.*

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
General discussion		
General agreement on the Health Equity definition from the group! Please consider the inclusion of 'mental health and wellbeing' to the Working definition page 22. Consider the inclusion of—*Every life: the Queensland suicide prevention plan 2019–2029*. This whole of government strategy sits under *Shifting Minds*, and includes specific initiatives for Aboriginal and Torres Strait Islander peoples living in Queensland.		

Appendix 2—Section 2: Embedding health equity into local health...

Placing First Nations peoples and voices at the centre of healthcare service delivery

**Have aligned comments to the health equity principles as a guide to move from concept/ideas/comments to action.*

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Challenges		
Making Tracks—include accountability	• Need accountability framework.	P1: First Nations leadership
Having culturally safe visiting professions	• Ensure cultural capacity of clinicians.	P4: Cultural capability
AICCHO sector are absent from accountability	• Need accountability framework.	P1: First Nations leadership
Measures determined by $$$: • funding that follows a person to education and employment in health and safety • ensuring a flexible approach.	• Need revised funding and models of care.	P3: Reorientating local health systems
Navigating all the systems	• Need to simplify the patient journey.	P3: Reorientating local health systems
Confusing for the patient to navigate the system—so many services and visiting providers	• Need concierge services.	P2: Local and regional decision making P3: Reorientating local health systems
Imposing short timeframes	• Need to consider time challenges for clients.	P3: Reorientating local health systems
A culture of blame	• Need a culturally safe space.	P4: Cultural capability
Staff turnover	• Need a workforce strategy for retention.	P1: First Nations leadership
Trust in sharing data	• Need to ensure data protocols.	P1: First Nations leadership
Maintaining ownership and sovereignty.	• Need to ensure First Nations patients have a voice.	P1: First Nations leadership

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Engaging Aboriginal and Torres Strait Islander peoples meaningfully to identify and prioritise health needs/issues	• Need to ensure First Nations patients have a voice.	P2: Local and regional decision making P4: Cultural capability
Devolving nature of healthcare management/ system—disintegration	• Need to establish integrated pathways.	P3: Reorientating local health systems
Duplication of services—silo nature and lack of service integration	• Need to establish integrated pathways.	P3: Reorientating local health systems
Data integration and sharing—lack of data to identify/understand real problem/issue in the community	• Need data-sharing protocols and applications.	P1: First Nations leadership
Lack of understanding of full scope of practice across health care	• Need to review scope of practice esp. AIHWs.	P1: First Nations leadership P3: Reorientating local health systems P4: Cultural capability
Existence of racism (institutional and individual/unconscious) within the system and need to address the issues	• Need to undertake racism audit.	P1: First Nations leadership
Racism—identify unconscious racism experienced by the people	• Need cultural safety training programs.	P4: Cultural capability
Tokenistic approach to workforce	• Need First Nations workforce strategy.	P1: First Nations leadership
Improving culturally safe health workforce	• Need cultural safety training programs.	P4: Cultural capability
Making changes to MBS system to meet needs of Aboriginal and Torres Strait Islander health workforce—current MBS system is not responsive to Aboriginal and Torres Strait Islander health practitioners. It feels like the system is devaluing the role and impact they are making in the community.	• Need to review scope of practice esp. AIHWs.	P1: First Nations leadership P3: Reorientating local health systems P4: Cultural capability
Lack of proper university pathways to improve Aboriginal and Torres Strait Islander health workforce	• Need First Nations workforce strategy.	P1: First Nations leadership
Changing/improving current medical model of care	• Need revised funding and models of care.	P2: Local and regional decision making P3: Reorientating local health systems
Creating culturally responsive locum health practitioners is a big challenge	• Need to ensure cultural safety is core clinical skill requirement.	P1: First Nations leadership P4: Cultural capability
Addressing SDoH is a huge challenge	• Need to have all SDoH at table.	NEW: Social determinants of health

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Engaging Aboriginal and Torres Strait Islanders	• Need to ensure First Nations patients have a voice.	P1: First Nations leadership P2: Local and regional decision making
Enablers		
People taking responsibility for their own care	• Need to enable patients to take self-care.	P1: First Nations leadership
Improving virtual care—Goondir model	• Need to utilise technology to help outcomes.	P1: First Nations leadership
Ensuring accountability is assigned	• Need an accountability framework.	P1: First Nations leadership
Integration across primary to tertiary and back to primary care—continuity of care	• Need to ensure wrap-around services.	P1: First Nations leadership P2: Local and regional decision making P3: Reorientating local health systems
Australian Health Practitioner Regulation Agency (AHPRA) standards	• Need cultural safety built into standards.	P1: First Nations leadership P4: Cultural capability
National Safety and Quality Health Service (NSQHS) Standards—culture embedded	• Need cultural safety built into standards.	P1: First Nations leadership P4: Cultural capability
Include Cultural Safety into OH&S or WH&S	• Need cultural safety built into standards and OH&S.	P1: First Nations leadership P4: Cultural capability
An 'inviting' organisation that demon-strates respect for the patient	• Need to ensure culturally safe spaces.	P1: First Nations leadership P2: Local and regional decision making P4: Cultural capability
All staff understand their role and how they contribute	• Need to involve staff in the journey.	P2: Local and regional decision making
Celebrate achieving milestones and unexpected positive outcomes	• Need to identify and celebrate good practice.	P1: First Nations leadership
Identify the measures for being a 'good place to work': • retaining Aboriginal and Torres Strait Islander staff at all levels • identifying and supporting career progression • increase training pathways that support inclusion to leadership roles.	• Need to ensure that there is a culturally safe workplace. • Need First Nations workforce strategy.	P1: First Nations leadership P3: Reorientating local health systems

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Community values—shared and demonstrated respect for Indigenous knowledge	• Need to engage with First Nations peoples for input into future plans.	P4: Cultural capability
A coordinated approach that is aligned and understood with accountability assigned	• Need to ensure system integration and accountability framework in place.	P1: First Nations leadership P3: Reorientating local health systems
Health equity is prioritised	• Need First Nations champions.	P1: First Nations leadership
Access to primary health care (PHC)	• Need to consider alternative models of care—outreach etc.	P3: Reorientating local health systems
Equity in funding to achieve: • weighted in location—geospatial mapping MMM • weighted with burden of disease—including preventable hospitalisations • weighted with drivetime to access PHC.	• Need funding reform.	P1: First Nations leadership P3: Reorientating local health systems
Upskilling health professionals	• Need cultural safety built into clinical skill base.	P4: Cultural capability
Pathways to careers—impart education/ knowledge	• Need First Nations workforce strategy. • Need mentors and champions.	P1: First Nations leadership P4: Cultural capability
Providing equitable options—e.g. food security	• Need to influence SDoH.	NEW: Social determinants of health
Linkages to 'housing for health'	• Need to influence SDoH.	NEW: Social determinants of health
Care plans	• Need to ensure care plans are in place and followed.	P3: Reorientating local health systems
Investment in non-clinical roles	• Need to recognise the need for cultural expertise in non-clinical roles also.	P4: Cultural capability
Knowing what services are coming	• Need to ensure patient journey is targeted and understood by patient.	P2: Local and regional decision making
Understanding time and engagement—increase and reflect importance of ENGAGEMENT	• Need to ensure patient journey is targeted and understood by patient.	P2: Local and regional decision making

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Having authenticity—being GENUINE	• Need to engage with patient, not oversee them.	P2: Local and regional decision making
Local/regional commissioning	• Need to look at revised models of care.	P2: Local and regional decision making
You NEED local knowledge holders and communication both ways	• Need First Nations champions.	P1: First Nations leadership
Ensure funding allocation for sustainability	• Need to review funding models.	P1: First Nations leadership
Ensuring accountability and identify where accountability sits or is assigned	• Need an accountability framework.	P1: First Nations leadership
Identify solutions—driven by Aboriginal and Torres Strait Islanders that are heard by the bureaucracy	• Need to listen to lived experience.	P1: First Nations leadership P4: Cultural capability
Keeping communication SMART and SIMPLE	• Need First Nations appropriate communication.	P4: Cultural capability
Utilising the evidence—the measures that matter: • a process to share information.	• Need evidence-based approaches to care. • Need systems that make information sharing easy.	P3: Reorientating local health systems
Coordinated regional approach	• Need a coordinated approach.	P2: Local and regional decision making P3: Reorientating local health systems
Measure points of contact and where 'navigators' intersect	• Need to ensure patient journey is targeted and understood by patient.	P2: Local and regional decision making
Ensure a mechanism is in place that Aboriginal and Torres Strait Islander peoples are part of the solution (define, design, develop, implement and evaluate)	• Need to listen to lived experience and cultural practice. • Need to involve First Nations people in their own care.	P1: First Nations leadership P4: Cultural capability
Focus on developing culturally safe health care services that are controlled and exclusively accessed by Aboriginal and Torres Strait Islander peoples.	• Need to look at revised models of care.	P1: First Nations leadership P4: Cultural capability
Develop and improve data integra-tion/sharing system (culturally safe)—improve MHR	• Need safe data systems.	P1: First Nations leadership P4: Cultural capability

Attendee's comments/views/input	Learnings	Health Equity Design Principles*
Focus on improving service integration through improved system and mechanism	• Need to ensure system integration and accountability framework in place.	P2: Local and regional decision making P3: Reorientating local health systems
Accountability framework to ensue all involved stakeholders are accountable for their action	• Need an accountability framework.	P1: First Nations leadership
Ensure cultural safety is imbedded into the various standards and services are rigorously assessed/accredited against the standards such as APHRA, NSQHS, RACGP etc	• Need cultural safety built into standards.	P1: First Nations leadership P4: Cultural capability
Establish a process within the system to notify/report racism and make complaint handling process better (responsive)	• Need to ensure complaints process is user friendly and responsive.	P1: First Nations leadership
Instigate 'Cultural Champion' program within the HHSs system to promote local culture and ensure cultural safety of the services.	• Need First Nations champions	P1: First Nations leadership
Universities to work with the health services and develop training programs to meet the needs community advocacy	• Need to ensure cultural safety is built into all training programs.	P1: First Nations leadership
Improve/review scope of practice across health care to expand Aboriginal and Torres Strait Islander Health practitioners current scope of practice in order to improve access to primary health care services in the community	• Need to review scope of practice, especially AIHWs.	P1: First Nations leadership P3: Reorientating local health systems
Review MBS and introduce MBS item that enables Aboriginal and Torres Strait Islander Health practitioners to incentivise their work broadly.	• Need to review scope of practice, especially AIHWs.	P1: First Nations leadership
Develop career pathways for Aboriginal workforce to improve Aboriginal health workforce across the state. Example was sought of Aboriginal workforce in NSW Health.	• Need First Nations workforce strategy.	P1: First Nations leadership
Mandate ongoing cultural safety training, a part of Continuous Professional Development (CDP) opportunity.	• Need cultural safety built into standards and OH&S and all ongoing training.	P1: First Nations leadership P4: Cultural capability
Introduce annual institutional racism audit of all primary health care services and HHSs as part of the service accreditation process.	• Need to undertake racism audits.	P1: First Nations leadership P4: Cultural capability

Attendee's comments/views/input

Other comments—Ideas

- Look at Goondir's use of technology.
- Monitoring the vital signs from home—data captured and referred back to health professional.
- Explain the accountability—the intent behind assigning accountability.
- Creating an inviting environment.
- Creating a great place to work.
- Understanding the many communities that make up the nation.
- Understanding of the many communities that make up the nation living and working on
- Location specific resources:
  - moving to a remote area—what do I need to know?
- Utilising geospatial mapping, burden of disease, remoteness, access to established primary health care.
- Add accountability.
- Develop and implement (include implementation dollars) pathways for career development.
- What is culturally appropriate?—ongoing continuum.
- How we use or share data—purposeful use:
  - primary care
  - acute care?
- How to develop a skills matrix.
- Communicating iterative data—looking and listening to improvements.
- How to build shared accountability.
- Ensuring the perspectives and leadership of people with lived experience of mental health issues and problematic alcohol and other drugs use, are appropriately included, and are supported in the co-design, implementation, governance, and evaluation process.
- Ensuring the perspectives and leadership of young people with lived experience are appropriately included and are supported in the co-design, implementation, governance, and evaluation process.
- Ensuring the perspectives and leadership of the mental health, alcohol and other drug service system are appropriately included and considered in the co-design, implementation, governance, and evaluation process.
- Providing regular communication/updates to key stakeholders and consulted groups as the Health Equity reform progresses.
- Providing a clear channel for stakeholders to connect/collaborate with QH and QAIHC on Health Equity, to encourage and support enhancement of process and outcomes and contribute to and leverage other initiatives that may arise.
- Including measurement indicators that include clinical outcomes, consumer satisfaction, staff satisfaction and cultural accessibility, data, service collaboration and or integration, Indigenous workforce recruitment and retention in every department.
- Aligning to the National Agreement on Closing the Gap and the Queensland Implementation Plan and targets and outcomes.

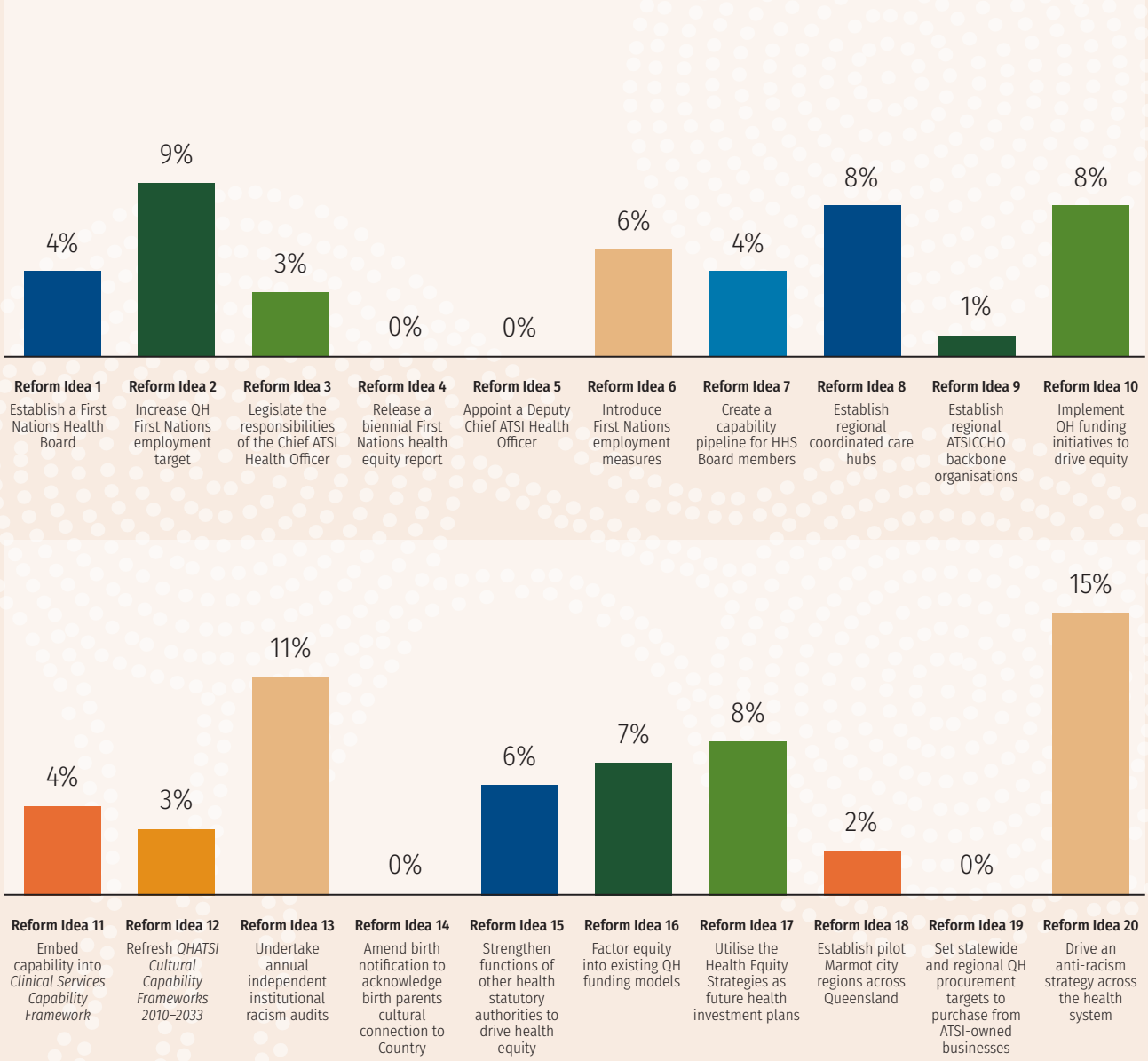
Attendee's comments/views/input
Other comments—Ideas
• What's required at 'handover' (between hospital and community) in ensuring continuity of care. • Define single concierge service that supports that patient through their journey. • A standardised tool to measure and address racism in the system. • Examples of good practices—evidence-based. • Accountability framework. • How will Health Equity reform contribute to Outcome #14—Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing, Target—Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero? • Including cultural as well clinical assessments and treatment services i.e. cultural information gathering tool. • Where effective and appropriate, best practice approaches / tools are used consistently across all HHS and supported at state level. • Clarifying how Queensland Health, Mental Health and Alcohol and Other Drugs Branch can support and assist Health Equity. • Ensuring services are close to home, particularly for rural, remote and discreet communities. • Providing annual community reporting on health equity reform progress. • Facilitating an annual forum or Queensland Health Clinical Senate showcasing Health Equity best practice approaches and workshopping resolutions to gaps and challenges.

Appendix 3—Section 3: Driving health equity across the health system and addressing the social and cultural determinants of health...

Future ideas for discussion

Stakeholder Health Equity Consultation Workshop

Voting on the 20 health reform ideas in Section 3 of the Health Equity Discussion Paper



Appendix 4—Attendee list

Name	Organisation
Kristin Wuruki	AHPRA
Warwick Pawsey	Brisbane North PHN
Danella Martin	Cancer Council Queensland
James Farrell	Cancer Council Queensland
Ann Maree Liddy	CheckUp
Karen Hale-Robertson	CheckUp
Tessa Pascoe	Commonwealth Department of Health
Matthew Gillett	Community Services Industry Alliance
Dianne Shanley	Griffith University
Deanne Minniecon	Health and Wellbeing Queensland
Simone Nalatu	Health and Wellbeing Queensland
Andrew Hayward	Health Workforce Queensland
Andy Van Der Rijt	Health Workforce Queensland
Zena Martin	Health Workforce Queensland
Anna Lewis	Heart Foundation
Tania Patrao	Heart Foundation
Katelin Haynes	Hepatitis Queensland
Adam Roberti	KeyData
Mearon O'Brien	Lung Foundation Australia
Gail Garvey	Menzies School of Health Research
Mellisa Shaw	Office of the Health Ombudsman
Matthias Merzenich	Pen Cs
Cleveland Fagan	QAIHC
Graham Kissell	QAIHC
Lauren Trask	QAIHC
Rachel Doolan	QAIHC
Tiana Lea	QAIHC
Kiel Weigel	Queensland Health
Sye Hodgman	QNMU
Yasmin Muller	Queensland Health
Ivan Frkovic	Queensland Mental Health Commission
Wyomie Robertson	Queensland Mental Health Commission

Appendix 5— Agenda

Proposed times	Agenda item
10:00–10:30am	Welcome to Country, housekeeping, introductions
10:30–11:00am	The Health Equity Project— • Who is on the Project Team? • What will the project do? • How will it bring better health for me and my family in the future?
11:00am–12:00pm	Discuss Section 1: The journey so far... (page 6–23)
12:00–12:30pm	LUNCH
12:30–1:30pm	Discuss Section 2: Embedding health equity in local health systems... (page 24–31)
12:30–1:30pm	Discuss Section 3: Driving health equity across the health system and addressing the social and cultural detirminants of health... (page 32–43)
2:30–3:00pm	Wrap up and close the meeting

Appendix 6—Glossary

Abbreviation	Meaning
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Aboriginal and Island Health Worker
AMS	Aboriginal Medical Service
ATSICCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
CATSIHO	Chief Aboriginal and Torres Strait Islander Health Officer
CE	Chief Executive
CTG	Closing the Gap
DAMA	Discharge Against Medical Advice
DATSIP	Department of Aboriginal and Torres Islander Partnerships
ED	Emergency Department
FN	First Nations
FNQ	Far North Queensland
HES	Health Equity Strategy
HHS	Hospital and Health Service
HR	Human Resources
IUIH	Institute for Urban Indigenous Health
KPIs	Key performance Indicators
LANA	Local area needs analysis
MHAOD	Mental Health and Other Drugs
NSQHS	National Safety and Quality Health Service
OH&S	Occupation Health and Safety
PHC	Primary health care
PHN	Primary Health Network
QAIHC	Queensland Aboriginal and Islander Health Council
QH	Queensland Health
RN	Registered Nurse
SDoH	Social determinants of health
SEWB	Social and Emotional Well Being (also ESWB)
WHO	World Health Organization

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