

Strong sector, strong system: QAIHC's Ten-Year Blueprint 2024–2034

for a strong Aboriginal and Torres Strait Islander community-controlled health sector in Queensland.



As the peak body representing Queensland's Aboriginal and Torres Strait Islander community-controlled health organisation sector, *Strong Sector, Strong System: QAIHC's Ten-Year Blueprint 2024-2034 (Blueprint 2.0)* sets our strategy for growing our sector and its impact so that Aboriginal and Torres Strait Islander people, families and communities throughout Queensland are engaged, self-determining and strong.

“Not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community. This is a whole-of-life view and it includes the cyclical concept of life-death-life.”

“We have been practicing and delivering holistic healthcare for millennia.”

We are a strong sector

Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs) play a critical role in the health system in Queensland.

Since 1973, when our first service, Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane, started operating from a converted shopfront in Red Hill, community leaders and Aboriginal and Torres Strait Islander communities have worked to deliver a model of healthcare that meets local needs and priorities — in Community, by Community.

Our sector is growing and has evolved significantly. However, the foundations of community control remain unchanged — the right to self-determination and embedding Aboriginal and Torres Strait Islander concepts of health and wellbeing.

QAIHC represents 33 Members. Our Members are committed to delivering holistic, culturally safe comprehensive primary healthcare services that respond to the unique aspirations and priorities of our communities. ACCHOs provide flexible and responsive services, delivered through a model of care that reflects the broader determinants of health and focuses on prevention, early intervention, comprehensive care and wrap-around supports.

Underpinned by principles of self-determination, QAIHC's Statewide ACCHO Model of Care Framework sets the benchmark for excellence in high-quality, well-integrated, culturally safe healthcare. It enables flexibility in service delivery and empowers local solutions.

“The strengths and successes of ACCHOs are about more than Aboriginal and Torres Strait Islander governance, leadership and culturally safe primary healthcare—they are an integral part of the health system architecture in Queensland.”

We are an integral system partner

ACCHOs play a pivotal role in Queensland's health system. There is clear evidence strong primary healthcare can close the gap. Greater levels of community involvement are directly linked to improved health outcomes and evidence supports community control as a highly effective model for supporting health system sustainability.

Aboriginal and Torres Strait Islander people have a clear preference for accessing services delivered by ACCHOs. Many will bypass mainstream services to access an ACCHO where they are confident their cultural safety is guaranteed. However, ACCHOs are under-recognised and under-resourced. Our Member services are under significant pressure to respond to increasing demands, workforce shortages, funding constraints and reporting burdens.

Increasingly, governments are looking to the sector to deliver a wider range of services both within and beyond the scope of the health system. The ACCHO sector is best placed to deliver services and outcomes for Aboriginal and Torres Strait Islander people but deliberate investments in the sector are required to meet the existing and growing demands on the sector. The status quo is not working. Too often funding is directed to mainstream agencies to deliver services that would have greater impact if delivered in community, by community.

ACCHOs must be supported to navigate the complexities of the health system. They must be sustainably funded so they are empowered to deliver the broad range of services that reflect their local community's needs and priorities — in the right way, at the right time, in the right place

Direct investment in the sector will strengthen capacity and capability and drive the improvements in health and wellbeing outcomes required to close the gap.

Strong sector, strong system: QAIHC's Ten-Year Generational Framework 2023-2033 sets out QAIHC's priorities. We will advocate on behalf of our Members to ensure our sector is well resourced and empowered to deliver for Aboriginal and Torres Strait Islander peoples and communities.



Strong sector, strong system: QAIHC's Ten-Year Blueprint 2024-2034

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Our Vision

- Queensland Aboriginal and Torres Strait Islander people, families and communities are engaged, self-determining, healthy and strong.
- Aboriginal and Torres Strait Islander community-controlled health organisations are part of a regionally unified, locally controlled health sector, that deliver integrated services through a statewide ACCHO model of care framework.
- The Aboriginal and Torres Strait Islander community-controlled health sector in Queensland is core partner in an integrated, sustainable and equitable health system.

Strong foundations

QAIHC will support, strengthen and expand our sector's leadership and capacity to deliver high-quality, integrated, culturally safe care focusing on:

System-wide policy and advocacy

QAIHC promotes our sector's aspirations, experience and innovation through an evidence-based, unified and collective voice. Our leadership and expertise informs policy development and reform at the national, statewide, regional and local level.

Sector-wide strengthening

QAIHC works to ensure our Members are collectively empowered to deliver high-quality, integrated, culturally safe care that meet the needs and aspirations of our people and communities.

Focused Member support

QAIHC grows and advances the capacity and capability of our Members to realise their full potential.

Outcome domains

Blueprint priorities

Strong culture

Cultural safety is inherent in our models of care because we understand health and wellbeing are culturally bound. Integrating culture as a pathway to health, ACCHOs embed their community's cultural values and concepts of health and wellbeing in their services and measures of success.

QAIHC will:

- ensure our advocacy and policy fosters and promotes Aboriginal and Torres Strait Islander aspirations and self-determination
- establish frameworks that embed Indigenous knowledges, experiences and values, transforming organisational and system-wide governance
- strengthen our relationships, and proactively partner, with and across, the sector
- embed Indigenous Data Sovereignty, enhancing collection, access and use of meaningful data to support local, regional and sector-wide self-determination.

Strong sector

ACCHOs are empowered to implement innovative models that respond to local health needs. Sustainable, outcomes-based funding, infrastructure and workforce arrangements enable ACCHOs to deliver care in the right place, at the right time, in the right way - as determined by the local community.

QAIHC will:

- optimise access to sustainable revenue and funding streams
- advocate for health system funding reform
- support our Members to achieve and maintain excellence in community, clinical and corporate governance
- grow and sustain a strong Aboriginal and Torres Strait Islander leadership pipeline
- uplift ACCHOs' capacity to access resources and lead local system reform
- enhance the evidence base for the QAIHC statewide ACCHO model of care framework and its impact on health outcomes and system costs
- strengthen and leverage our sector's regional structures, optimising opportunities for collaborative planning, commissioning and delivery of healthcare.

Strong system

ACCHOs collaborate with partners across the health system to lead an agile, holistic approach. Strong partnerships support collaboration and clinicians to work to their full scope of practice. Local and regional governance arrangements encourage care delivered in community and a seamless patient transition between sectors.

QAIHC will:

- promote intersectoral and cross-portfolio collaboration
- bolster collaboration in local health needs assessment and planning to support a system-wide approach for targeted and timely services that deliver for local communities
- focus on early intervention and care in community,
- utilise data to drive health equity, reduce health inequalities and deliver higher value care
- strengthen governance structures and mechanisms to facilitate effective Indigenous-led, community-controlled healthcare commissioning.

Strong structures

Our sector shares its knowledge, expertise and leadership to drive reform.

QAIHC will:

- drive reforms that facilitate reciprocal engagement between system partners to share data, workforce, infrastructure and incentives
- share our sector's expertise to advance innovation across the health system and empower its workforce
- harness opportunities for an integrated, high-value health system, promoting ACCHOs as an effective model for enabling system-wide sustainability
- embed governance and accountability frameworks that measures health system performance in a way that is meaningful for Aboriginal and Torres Strait Islander people.

Enablers for long-term success

Sector

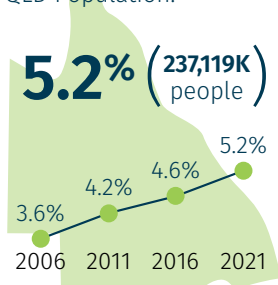
- Adaptable and sustainable funding and commissioning approach
- Flexible, future-fit physical and digital infrastructure
- Sustained investment in capacity building
- Skilled, valued and empowered workforce
- Culture and governance that fosters innovation and self-determination

QAIHC

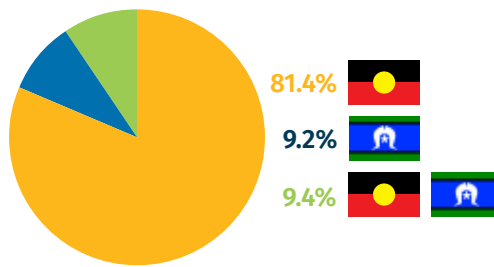
- Regularly reaffirmed mandate from Members
- Ongoing mandate for policy and accountability
- Sustainable, diversified and flexible funding
- System, sector and organisational leadership and governance
- Evidence-based, statewide model of care framework
- A workforce that is equipped and empowered to represent and support

WHO WE ARE (2021 CENSUS DATA)

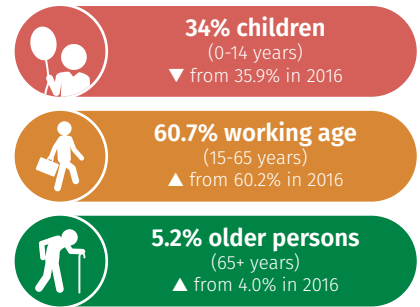
Percentage of the QLD Population:



How we identify:

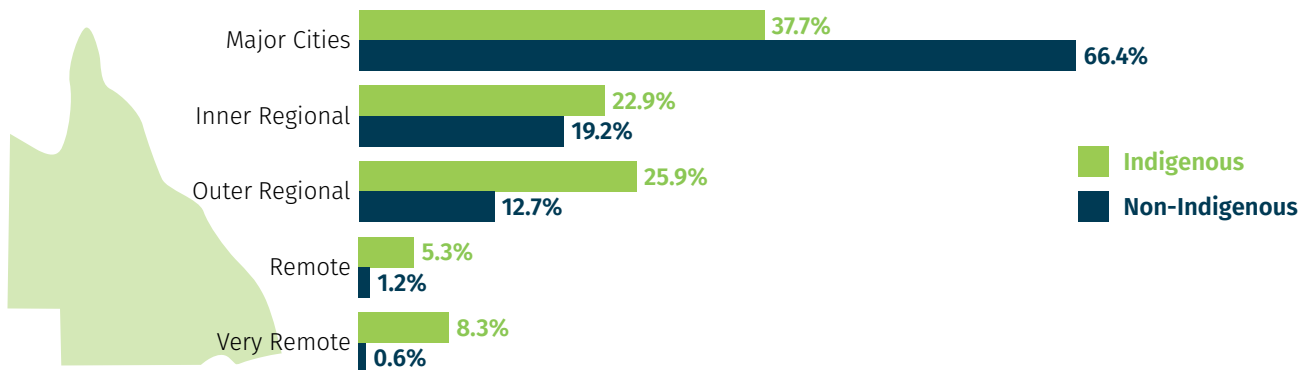


The age structure is changing:



POPULATION BY REMOTENESS AREA

The vast majority of First Nations Queenslanders lived in either urban and regional areas



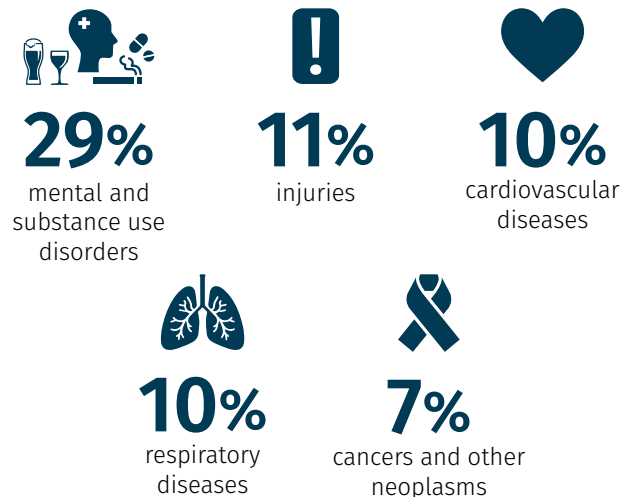
OUR HEALTH

In 2020-2022 the **life expectancy gap** in QLD:



*While we are **living longer**, we are **also living longer with ill health**, and **where we live** impacts our health.*

Leading contributors responsible for more than two-thirds of the excess disease burden:



Potentially preventable hospitalisation rates 2020-2021

Indigenous: Non-Indigenous



Focusing on the key areas that are contributing to ill-health is critical in reducing demand and cost.

Burden of disease and injury (2018)
Rate of burden in First Nations QLDrs:

