Darling Downs Health
Indigenous Health

HEALTH EQUITY STRATEGY

2022–2025

Queensland Government

Darling Downs Health acknowledges the Traditional Custodians of the land and pays respect to Elders past, present and future.

Queensland Government

Darling Downs Health

5747.v1 | 09/2022

Queensland Health Statement of Acknowledgement

Building on the progress already made, including through the Queensland Government's Reconciliation Action Plan 2018-2021, the Human Rights Act 2019, and new National Agreement on Closing the Gap 2020, the Department of Health **solemnly proclaims** a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government's Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government, including:

- Recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
- Self-determination
- Respect for Aboriginal and Torres Strait Islander cultures and knowledge
- Locally led decision-making
- Shared commitment, shared responsibility, and shared accountability
- Empowerment and shared decision-making
- Free, prior, and informed consent
- A strengths-based approach to working with Aboriginal peoples and Torres Strait Islander peoples to support thriving communities.

Affirming that prior to invasion and colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

Convinced that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

Recognising that Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded;

Acknowledging the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

Recognising the sovereign First Nations of this continent remain highly sophisticated in their operations, organisations, institutions and practices;

Recognising the acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and their First Nations have experienced and continue to experience;

Convinced that disadvantage and inequity has been caused by continuous systemic oppression and combatting this will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by enabling and supporting Aboriginal peoples' and Torres Strait Islanders peoples' self-determination, self-management and capabilities;

Asserting that better life outcomes are achieved when Aboriginal peoples and Torres Strait Islander peoples have a genuine say in the design and delivery of services that affect them;

Acknowledging that the United Nations Declaration on the Rights of Indigenous Peoples, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and their First Nations freely determine their political status and freely pursue their economic, social and cultural development;

Underpinning the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to Aboriginal peoples' and Torres Strait Islander peoples' social, cultural, intellectual and economic advancement of and development agendas;

Recognising that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples is needed to address inequities.

Messages from the Board and Executive

Darling Downs Health is committed to placing First Nations peoples and voices at the centre of healthcare service design and delivery. We will work with Aboriginal and Torres Strait Islander communities to co-design and incorporate their lived experience of health in the way we provide care.

Health equity for Darling Downs Health means a fair and just opportunity to be as healthy as possible. As part of the consultation process of this Health Equity Strategy we have looked at the inequities across our health service region and the high-level strategies we can implement to help improve the health of our First Nations communities.

As a Board we will support actively eliminating racial discrimination and institutional racism, increasing access, influencing the determinants outside of health, delivering sustainable, culturally safe, responsive healthcare services, genuinely consulting and co-designing services and increasing our Aboriginal and Torres Strait Islander workforce. We will find new ways of making health more accessible, connected, and responsive.

We will work to improve health and wellbeing outcomes and eliminate the health inequalities and life disparities experienced by Aboriginal and Torres Strait Islander communities.

This strategy marks a commitment to both an important outcome and a way of working. The outcome – health equity – is now central to our legislation, our strategy, and our actions. This is not just about services designed specifically for Aboriginal and Torres Strait Islander people, but also the many mainstream services that our health service provides. It also extends beyond the four walls of our hospitals to our partnerships with providers in the primary health sector.

The way of working – co-design – is how we must achieve health equity. We must hear the voices of Aboriginal and Torres Strait Islander people to understand how our services are experienced. Only then can we truly engage with what needs to change. This is how we will ensure that our services are culturally safe and provided with compassion.

The development of this strategy is one step in the co-design process, and we are grateful for what we have learned from our stakeholders so far. We heard much about the things we do well, but also much about the things we need to change. This strategy outlines our commitment to this change, and to achieving health equity in collaboration with you all.

Mr Mike Horan
Chair
Darling Downs Health Board

Annette Scott PSM
Chief Executive
Darling Downs Health

Message from the Director of Indigenous Health

Health equity starts in the health service but it will have far-reaching implications across our communities. If Aboriginal and Torres Strait Islander people are healthier and living longer, individuals will have a greater quality of life, culture can be passed down unbroken, and our communities will be more resilient.

I have great confidence that Darling Downs Health, working with local Aboriginal and Torres Strait Islander Community Controlled Health Services and other stakeholders, will implement this Strategy in a way that is compassionate and responsive.

It's not always going to be easy to get things right, as there are a lot of voices we need to listen to, and a lot of people playing their part. However, we do hope that many years advocating for the health of our people will find us in good stead as we embark on the next leg of this journey.

Additionally, our way of connecting and collaborating means we will inevitably bring the whole health service—and everyone on the periphery—on the journey with us.

We also can't lose sight that the process of achieving health equity is as important as the end goal. This process needs to be built upon shared decision making that works to incorporate the views of Aboriginal and Torres Strait Islander people right across the Darling Downs region. This process needs to be patient, sustainable and accessible to capture the voices of our people.

This milestone is an important one; it's not the first milestone though and it won't be the last. It's just the next step on the journey of achieving health equity for all Aboriginal and Torres Strait Islander people.

Rica Lacey
Director of Indigenous Health
Darling Downs Health

Statement of Commitment

This statement affirms our commitment to achieving health equity for the Aboriginal and Torres Strait Islander peoples of the Darling Downs, and our desire to collaborate on the Health Equity Strategy to this end.

Signed by Annette Scott PSM in September 2022

Annette Scott PSM
Health Service Chief Executive
Darling Downs Health

Signed by Brian Hewitt in September 2022

Brian Hewitt
Chief Executive Officer
Carbal Medical Service

Signed by Katherine Simpson in September 2022

Katherine Simpson
Chief Executive Officer
Cherbourg Regional Aboriginal & Islander Community Controlled Health Services (CRAICCHS)

Signed by Elvie Sandow in September 2022

Elvie Sandow
Mayor
Cherbourg Aboriginal Shire Council

Signed by Floyd Leedie in September 2022

Floyd Leedie
Chief Executive Officer
Goondir Health Services

Signed by Lucille Chalmers in September 2022

Lucille Chalmers
Chief Executive Officer
Darling Downs & West Moreton Primary Health Network

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Achieving Health Equity

This strategy outlines how we will achieve health equity for Aboriginal and Torres Strait Islander peoples. This means putting the voices of First Nations peoples at the centre of how we design and deliver healthcare services across the Darling Downs.

This reform agenda, underpinned by legislative changes to the *Hospital and Health Boards Act 2011*, means that Hospital and Health Services are now required to co-develop and co-implement strategies to:

- eliminate racial discrimination and institutional racism,
- increase access to healthcare services,
- influence the social, cultural and economic determinants of health,
- deliver sustainable, culturally safe and responsive healthcare services, and
- work with Aboriginal people, Torres Strait Islander people and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services

How the Strategy was Developed

The health equity strategy was developed in partnership with staff, consumers, community members, primary care organisations and State-level implementation partners. The feedback we received throughout this process is summarised in this strategy, as are the priorities for action that were developed. Details of the engagement methods used are included in Table 1.

Traditional custodians were consulted on an individual basis through the Health Equity process. Consultation with traditional owner groups will occur in partnership with the Department of Seniors, Disability Services and Aboriginal & Torres Strait Islander Partnerships during the implementation period. This process has been included as one of the priorities for action in this strategy.

Prescribed stakeholder engagement methods

Stakeholders	Engagement Methods
DEVELOPMENT STAKEHOLDERS	
First Nations staff members	Health equity workshops (in-person and virtual) for First Nations staff members across the district
First Nations health consumers	Yarning circles with First Nations health consumers
First Nations community members	Staff and community health equity survey
Traditional custodians/owners	Formal consultation on the draft health equity strategy
SERVICE DELIVERY STAKEHOLDERS	
Aboriginal and Torres Strait Islander community-controlled health organisations	Direct, one-on-one engagement with service delivery stakeholders
Primary Health Network	Consultation through PHN forum and Cherbourg Health Council
Cherbourg Aboriginal Shire Council	Health equity workshop to review opportunities and develop health equity initiatives
	Formal consultation on the draft health equity strategy
IMPLEMENTATION STAKEHOLDERS	
Health and Wellbeing Queensland	Formal consultation on the draft health equity strategy
The Chief Aboriginal and Torres Strait Islander Health Officer	
Queensland Aboriginal and Islander Health Council	

Table 1: Prescribed stakeholder engagement methods

Strategic Context

This strategy has been integrated with existing priorities and systems to ensure that health equity priorities are an integral part of the business of Darling Downs Health.

Government Priorities

The health equity reform agenda reflects a new approach to addressing a number of existing government commitments. The National Agreement on Closing the Gap and the *Queensland Health System Outlook to 2026* clearly articulate health equity as a reform priority for the health system. The Queensland Government's *Statement of Commitment* outlines how we will work together with First Nations people, and the Reform Planning Group's *Unleashing the Potential* report establishes health equity and this approach as the first recommendation for health system reform. These priorities are reflected both in the health equity legislative framework and in this strategy.

Strategic Plan

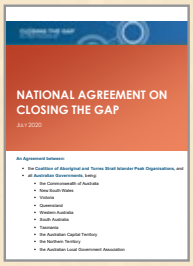
The *Darling Downs Health Strategic Plan 2020-2024* identifies First Nations health equity as one of the organisation's key priorities. The Strategic Plan guides the allocation of resources across the health service, and ensures that the health equity reform agenda is a key consideration in this process.

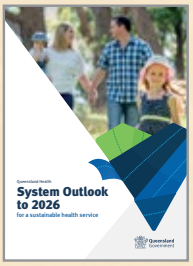
Operational Plans

Operational planning is used to set year-to-year priorities for the health service. This includes both the organisation's annual operational plan and the *Healthier Together Plan*, which details the key actions and initiatives for the Indigenous Health Team. Health Equity initiatives will be included in these plans and monitored through existing operational planning processes.

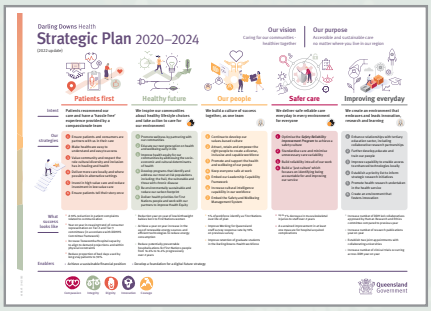
A list of relevant policies and strategies is included in Appendix A

GOVERNMENT PRIORITIES





STRATEGIC PLAN

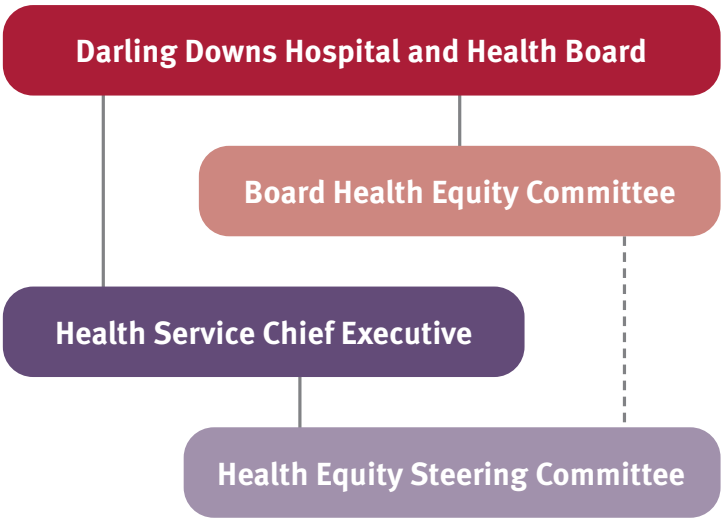


HEALTH EQUITY STRATEGY

OPERATIONAL PLANS

Governance

The Darling Downs Health Board has the ultimate responsibility for developing and implementing this Health Equity Strategy. The Board will establish a Health Equity Committee to oversee the implementation of the Health Equity Strategy, to ensure that the specified actions are completed and that performance indicators are met.



Implementation of the strategy will be led by the Health Equity Steering Committee, comprising of executive leadership from each of the service delivery stakeholders. This includes representation from Cherbourg Aboriginal Shire Council, the only discrete community in the Darling Downs Health district.

This committee will be responsible for health equity implementation, including the prioritisation and allocation of resources to health equity initiatives.

Board Health Equity Committee

Meeting Frequency	Quarterly (4 times per year)
Purpose	To oversee health equity implementation and performance.
Functions	1. To monitor implementation of the Health Equity Strategy, including health equity actions and performance indicators
	2. To ensure that the Board meets its health equity obligations as prescribed in the *Hospital and Health Boards Act 2011*
Membership	• Board members, as determined by the Darling Downs Health Board

Health Equity Steering Committee

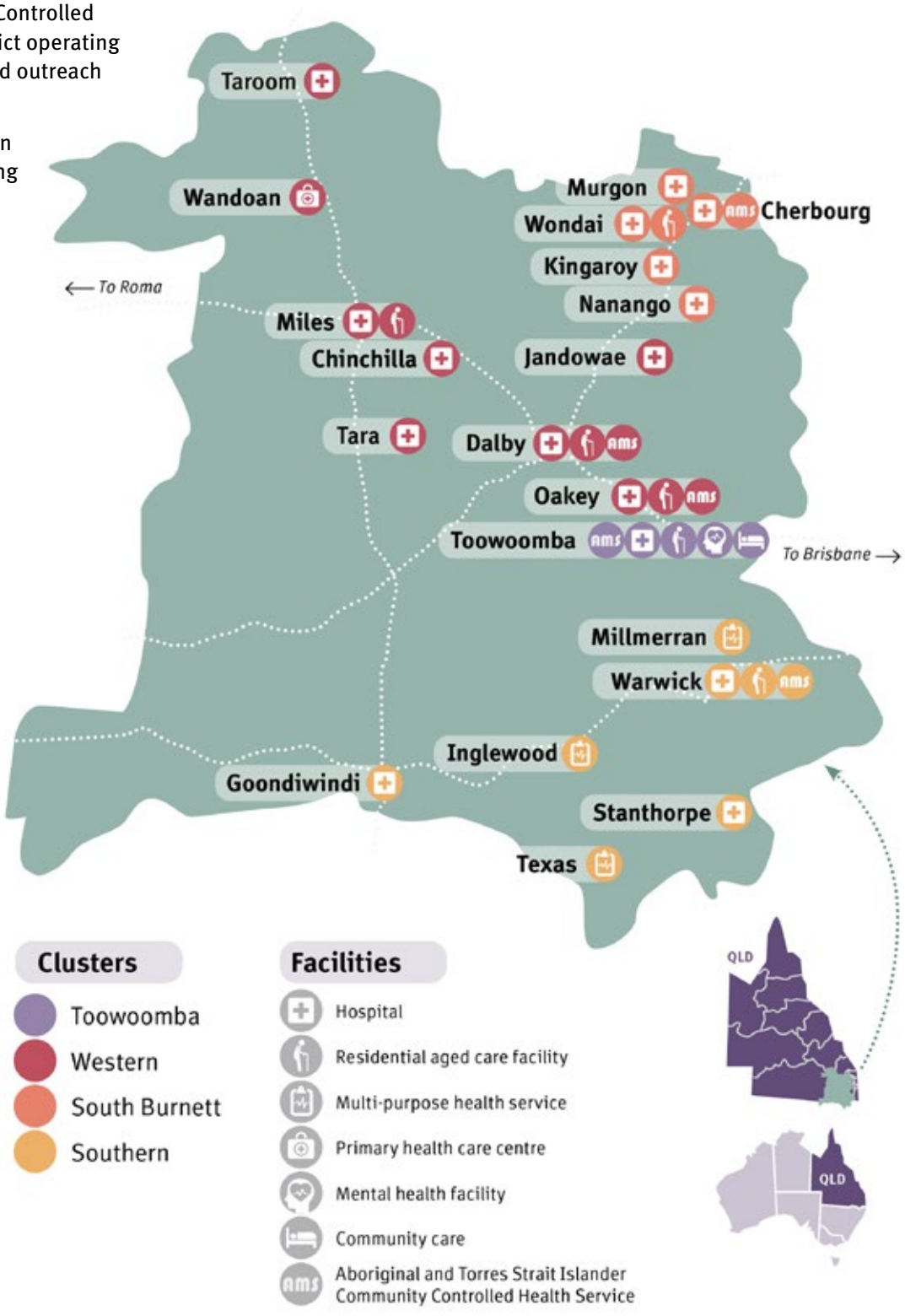
Meeting Frequency	Quarterly (4 times per year)
Purpose	To ensure that the Darling Downs Health Equity Strategy is successfully implemented.
Functions	1. To determine the priority of health equity initiatives across the implementation period
	2. To coordinate and commit resources to health equity initiatives on behalf of the member organisations
	3. To review the effectiveness of health equity initiatives, and report implementation status to the Darling Downs Health Board
	4. To ensure that initiatives are appropriately co-designed and co-implemented with stakeholders
Membership	• Health Service Chief Executive (Darling Downs Health) (Chair) • Director Indigenous Health (Darling Downs Health) • Chief Executive Officer (Carbal Medical Service) • Chief Executive Officer (CRAICCHS) • Chief Executive Officer (Goolburri Aboriginal Health Advancement Co Ltd) • Chief Executive Officer (Goondir Health Services) • Mayor (Cherbourg Aboriginal Shire Council) • Chief Executive Officer (DDWMPHN) • 5 x consumer representatives (nominated by each AMS and Cherbourg Health Council)

Health Needs and Priorities

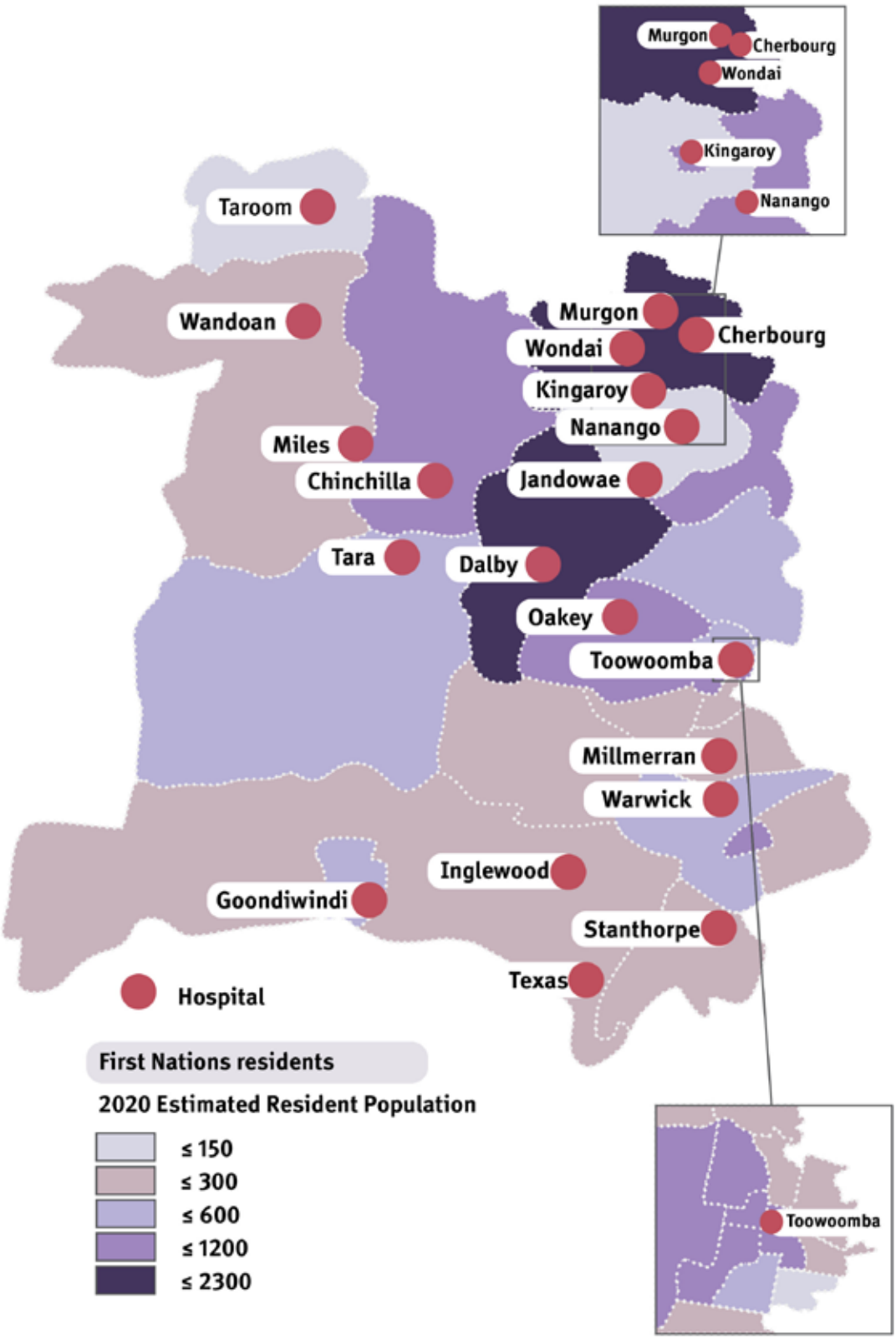
Darling Downs Health provides services from 28 facilities and through community-based services across the region.

There are also four Aboriginal and Torres Strait Islander Community Controlled Health Services in the district operating from a number of clinics and outreach locations.

The district has a population of 280,000 people, including 17,000 who identify as Aboriginal or Torres Strait Islander.



First Nations Residents



Accessing Health Services

Aboriginal and Torres Strait Islander people make up:

6.0% of our population

7.7% of our hospital stays

The top five reasons First Nations people stay in our hospitals are:

1. Renal dialysis
2. Obstetrics
3. Non-subspecialty surgery
4. Respiratory medicine
5. Gastroenterology

Health Status

Median Age at Death

SA2 Areas Within Darling Downs

There remains a large gap in life expectancy for Aboriginal and Torres Strait Islander People within the Darling Downs.

For both population groups the lowest median age at death was in South Burnett and Dalby, and the highest in Toowoomba and surrounds.

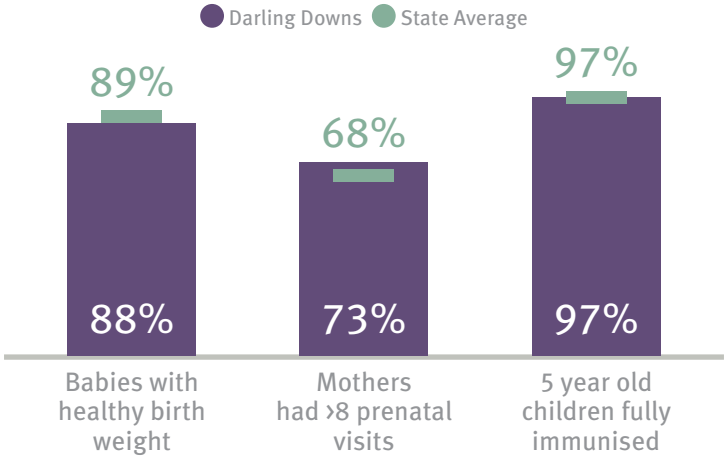
Health Status

In 2020-21 a large proportion of hospitalisations for First Nations patients related to potentially preventable conditions.

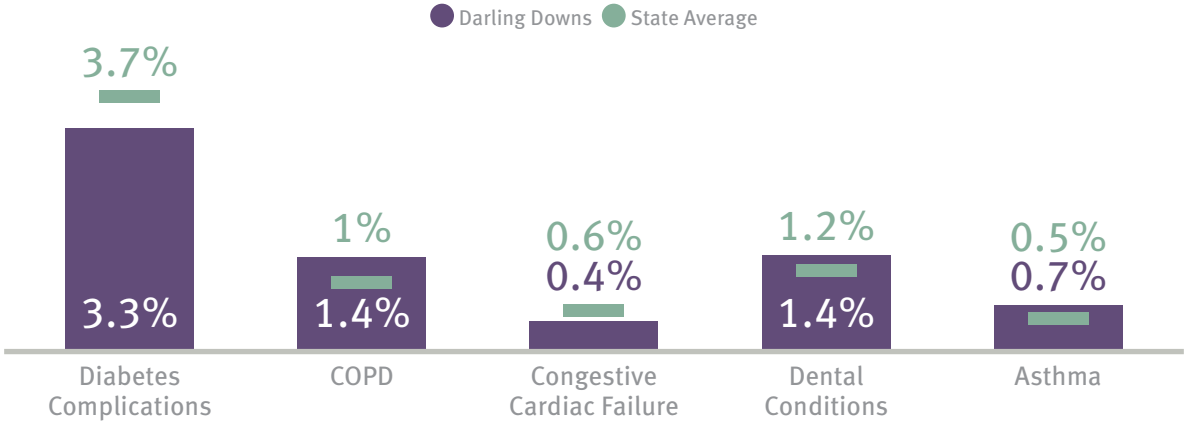
3% Diabetic complications

11% Other conditions

Early Childood Indicators for First Nations Patients



Potentially Preventable Hospitalisations for First Nations Patients



Early childhood indicators for babies and children within the Darling Downs are comparable with state-wide averages.

More localised data is not reliable due to the low numbers of Aboriginal and Torres Strait Islander babies born each year.

What You Told Us

Health Equity Survey

We received 118 responses to our Health Equity survey from across the Darling Downs district. The survey was promoted via social media and staff communication channels, at NAIDOC and other community events, shared with all prescribed stakeholders and directly with patients of the health service. The survey asked people about their experiences accessing health care – both good and bad – and asked what changes could be made to improve health equity.

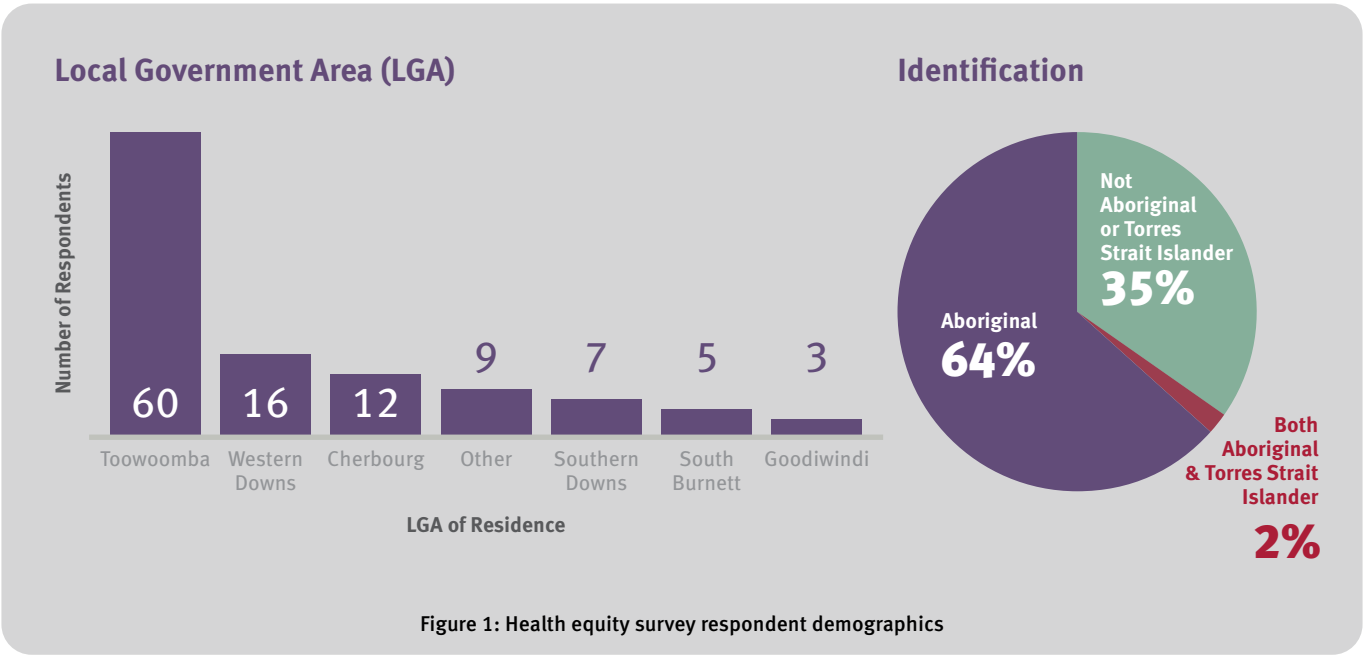
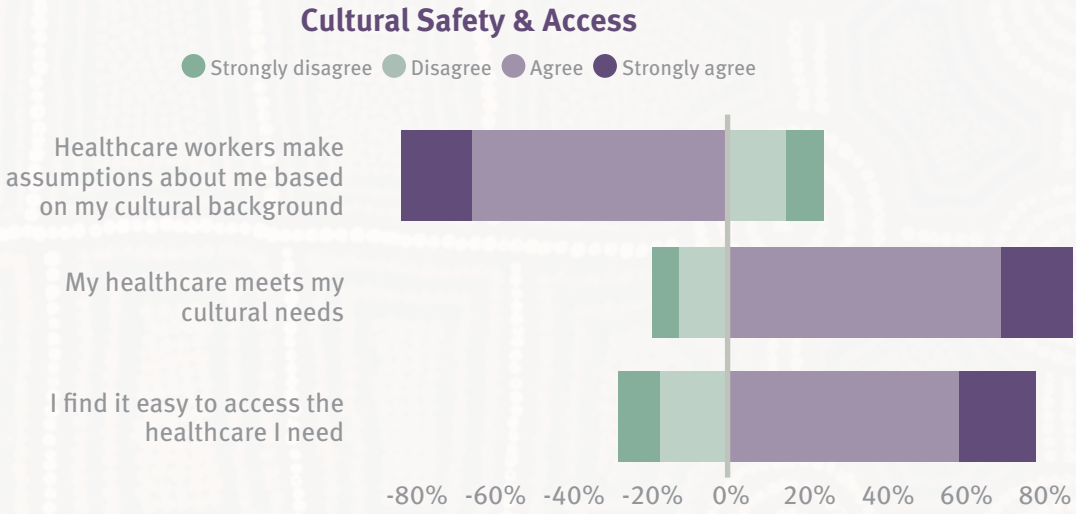


Figure 1: Health equity survey respondent demographics

Looking specifically at responses from Aboriginal and Torres Strait Islander people, 80 percent of respondents felt that health care workers made assumptions about them based on their cultural background, and 1 in 4 found it difficult to access the healthcare they needed. Overall 35 percent had a negative experience during their last visit to hospital. The issues raised through this survey were explored further in subsequent consultation, including through yarning circles and direct engagement with prescribed stakeholders.



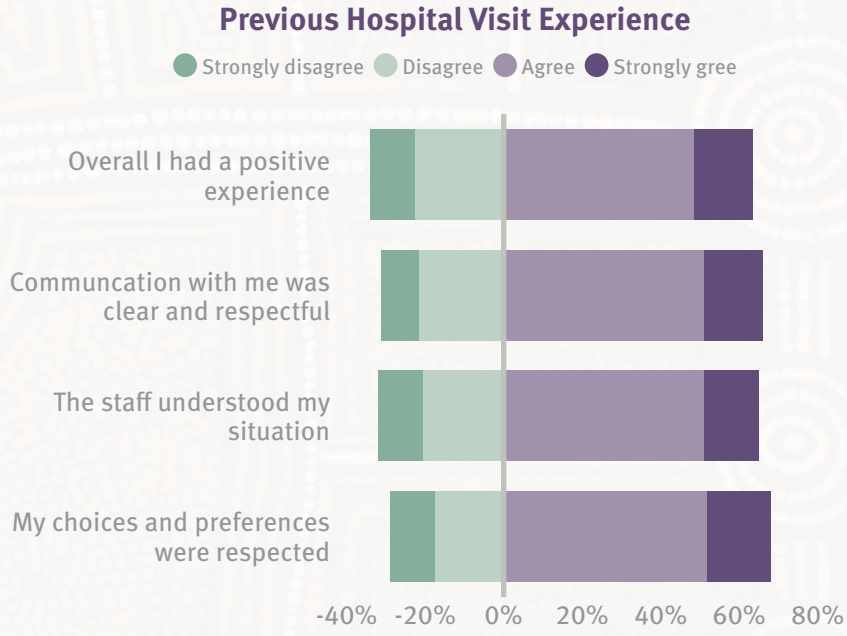


Figure 2: Patient experience survey feedback

Key Themes From Consultation

In addition to the survey, qualitative data was collected throughout a range of consultation processes. This included:

- Two health equity workshops open to all staff (one in-person, and one virtual)
- Consultation with the Diversity and Inclusion Community of Practice
- Direct engagement with Health Service staff in Cherbourg
- Attendance at, and consultation with, the Cherbourg Health Council
- One-one-one meetings and a joint health equity forum with service delivery stakeholders, including Aboriginal Medical Services, Cherbourg Council and the Darling Downs and West Moreton PHN
- Two yarning community yarning circles, facilitated by the University of Queensland
- Direct engagement with the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, South West Region
- Written feedback provided by a wide range of stakeholders

Through this consultation a number of common themes emerged.

Accessing Care

A variety of barriers to accessing health care were raised in the consultation process. Whilst the specifics of these varied from service to service, there were consistent themes across all areas. Principally these related to difficulties accessing outpatient services at hospitals. This included:

- the waiting time to get an appointment or procedure at the hospital,
- confusion about requirements on the day of a surgery or procedure leading to delays or cancellations
- patients being removed from the waiting list due to being uncontactable, and subsequently having difficulty re-booking appointments or procedures
- transport, family responsibilities and other logistical issues making attendance to the hospital difficult

What We Heard

"She didn't understand she was going for the procedure instead of an appointment. She had to get the bus back to Kingaroy at 2 so she just left."

"Have to travel to get some help and this is often expensive and/or difficult to organise."

"Hard to get appointments at the GP and the hospital."

"All the letters went to my old address. I didn't get the text until just before."

Mental Health and Suicide Prevention

Stakeholders reported a gap in services for people who required more intensive or specialised support than what a GP could normally provide, but who did not require hospitalisation for an acute psychiatric illness. When discussing mental health stakeholders also referred to the full spectrum of mental health, substance abuse and social and emotional wellbeing issues – extending beyond the scope of what acute mental health care provides. Specific issues included:

- difficulties accessing appropriate support after an Emergency Department presentation or hospital admission, leading to repeated presentations
- a lack of support for people suffering from mental health and substance abuse problems at the same time
- limited integration between the acute hospital system and providers of social and emotional wellbeing and other support services
- family and friends wanting to support their loved ones, but not knowing the "right" things to say or do

What We Heard

"These patients need help booking in all their appointments after they leave hospital. They don't go and make appointments when that's how they feel."

"Our families feel like they're on suicide watch all the time. We're walking on eggshells, don't want to say the wrong thing."

"They said he doesn't have a mental health problem, he needs to give up the drink. But why is he drinking in the first place?"

"We get the patient's support network involved: friends, family, community and service providers. The results are so much better."

Cultural Safety

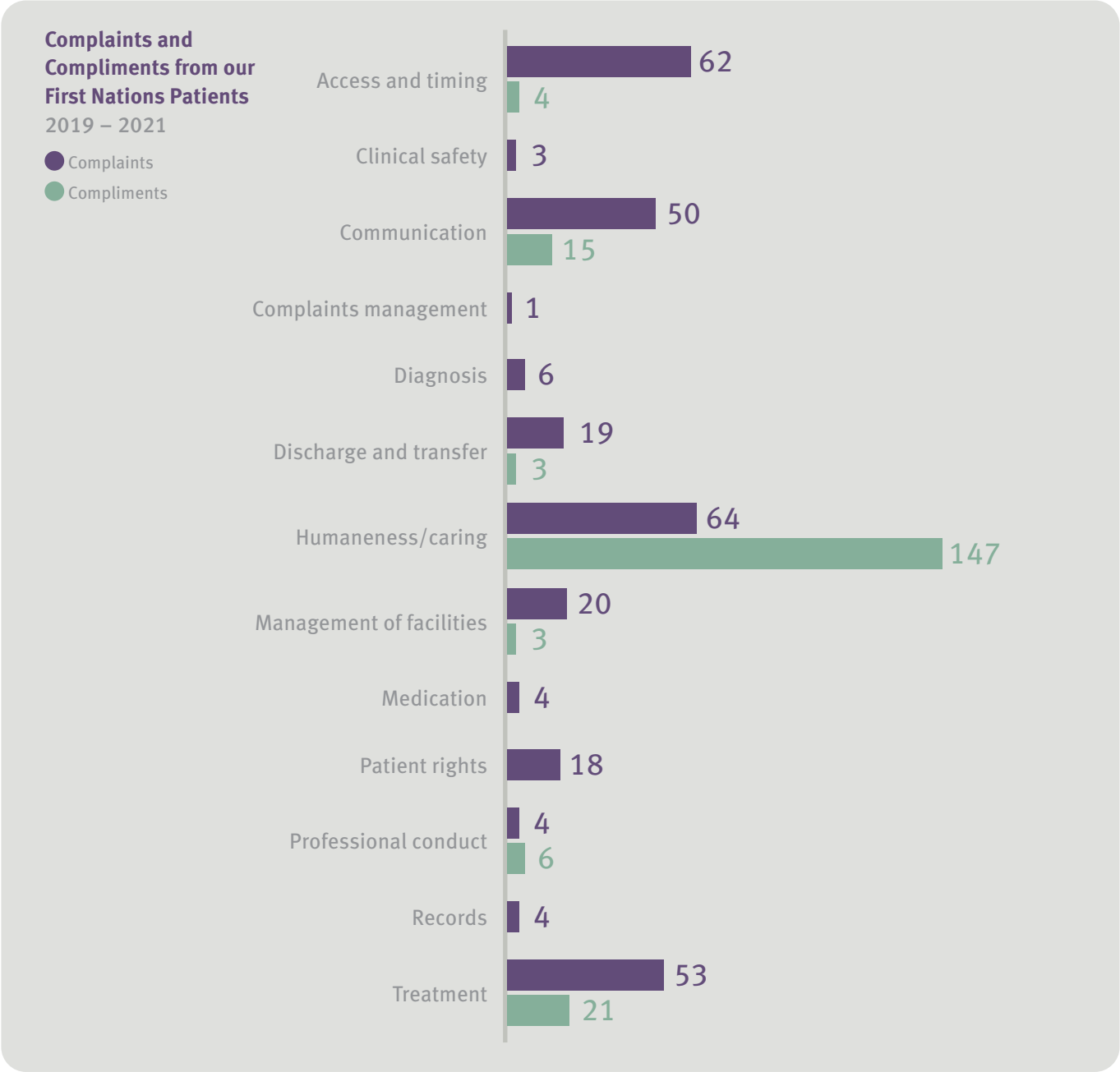
Regarding cultural safety, a large proportion of responses related to how people felt they were treated by staff when accessing health care services. This was mirrored in complaint data that was reviewed in preparing this strategy, with complaints in the category of "humaneness/ caring" being the largest group, making up 20% of all complaints received. Of the compliments received, 75% related to the same category.

What We Heard

"The biggest problem is how we are treated. Not medically, just as people."

"I shouldn't have to go to an Indigenous maternity service to get culturally safe care. I should still get that if I choose a mainstream service."

"It's not a welcoming place. People don't go there unless they're too sick."



Care Coordination

The importance of care coordination was highlighted by a number of staff and service providers. Patients with complex health needs, including multiple chronic conditions, experience barriers to health care when accessing multiple services. Feedback indicated that this had a compounding effect, significantly increasing the risk that these patients could not access the care they needed. Opportunities highlighted included:

- Addressing systemic issues to minimise the administrative and logistical barriers that care coordinators need to resolve
- Models of service that are designed with care coordination as an integral component, particularly for high-risk patient cohorts
- Better integrating care coordination work with other roles, including Aboriginal Health Workers, Indigenous Liaison Officers, and increasing collaboration with Aboriginal and Torres Strait Islander Medical Services and other providers across the primary sector
- Increasing awareness of, and access to care coordination services across the health service

Case Study 1

"May" is an 70-year-old Aboriginal woman from Dirranbandi. She spent a month in Toowoomba Hospital following major cancer surgery, before transferring to a hospital in South West Hospital and Health Service for ongoing care. She returned to Toowoomba a month later for radiation therapy. As she was a non-acute patient during her radiation therapy, May received care at Oakey Hospital where she was better able to access her support network. The Care Coordination team assisted by:

- Identifying May's support needs and ensuring that an Indigenous Liaison Officer could support her throughout all of her hospital stays and post-discharge
- Coordinating transport and step-down arrangements between Darling Downs and South West HHSs, and Goondir Health Services
- Providing multi-disciplinary coordination between Aboriginal Medical Service staff, social works, nurse navigators, cancer care nurses, Indigenous Liaison Officers, the outsourced radiation oncology provider and the Patient Flow Coordinator

Case Study 2

"Grace" is an 80-year-old Aboriginal woman living in Yelarbon. She was diagnosed with breast cancer, requiring her to travel three hours for appointments at her treating hospital. Her husband was also recently injured in a fall, meaning they both had increased health care and support requirements. Their challenges included:

- Having to attend multiple appointments on different days
- Assistance required to access suitable transport
- Increased needs for home care, including domestic assistance
- Home improvements required to provide a safe and accessible living environment

The Clinical Care Coordinator worked with the treating hospital to have future appointments booked on a single day to minimise travel. Grace and her husband were referred to My Aged Care for increased home assistance, and to the local hospital for allied health follow up. They were also able to access some financial assistance for travel through the Patient Travel Subsidy Scheme.

The Clinical Care Coordinator advocated on behalf of Grace so she only had to tell her story once. The coordinated care plan meant that Grace and her husband could access the extra support they needed, and that all care providers understood their situation and the barriers that they faced.

Priorities For Action

Health Equity Priorities

Health Equity Strategies must address the five key priorities prescribed by regulation, as well as a specific workforce target. These arey:

1. Actively eliminating racial discrimination and institutional racism within the Service
2. Increasing access to healthcare services
3. Influencing the social, cultural and economic determinants of health
4. Delivering sustainable, culturally safe and responsive healthcare services
5. Working with Aboriginal people, Torres Strait Islander people and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services

W Increase 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

Actions:
Designing-In Health Equity

1. System Redesign Projects in Priority Services

2 3 4 5

Services will be reviewed and redesigned to ensure health equity for First Nations consumers. System redesign projects will consider the entire patient journey from the primary sector, into the Health Service, and back to the primary sector. Changes will be co-designed with patients, Aboriginal Medical Services, the Darling Downs & West Moreton PHN and other stakeholders.

The priority services for review identified by stakeholders are:

- Mental Health and Alcohol and Other Drug Services (including suicide prevention)
- Specialist Outpatients
- Women's and Children's
- Services delivered in Cherbourg

The voices of Aboriginal and Torres Strait Islander patients will be at the centre of these system redesign projects, using culturally safe co-design principles. These projects will be led by each service area, with support and guidance from the Indigenous Health team.

2. Implement Priority Strategies for Sexual Health and Rheumatic Heart Disease

2 3 4 5

The State has already developed strategies to address sexual health and rheumatic heart disease, both of which are priorities for First Nations communities. Darling Downs Health will implement these, ensuring that interventions targeted to First Nations consumers are co-designed and co-implemented in line with the health equity process.

Actions: Improved Collaboration

3. Provide Accessible Channels for Community Input

1 4 5

The consultation process for this strategy indicated that consumers are willing to provide feedback on their health needs and the care they receive, although they aren't necessarily able to commit to regular Consumer Advisory Groups.

To address this we will implement a wider range of ways for community to provide input, including a panel of consumers to provide feedback via one-on-one discussions, short, focussed surveys and group yarning sessions. Consumers will be approached directly and through Aboriginal Medical Services and other service delivery partners.

4. Cherbourg Health Council

3 5

Cherbourg Aboriginal Shire Council has established the Cherbourg Health Council to represent the needs of the local community and to lead improvements to health service delivery. Darling Downs Health, CRAICCHS and the Darling Downs & West Moreton PHN are collectively supporting the implementation of the Cherbourg Health Plan developed by this group.

The Cherbourg Health Council had already been established prior to the Health Equity process starting, involving the prescribed stakeholders in that community. As such consultation was directed through this group.

5. Consultation With Traditional Owners

5

The Department of Seniors, Disability Services and Aboriginal & Torres Strait Islander Partnerships (DSDSATSIP) has started mapping traditional owner groups within the Darling Downs Health district. Darling Downs Health will engage with traditional owners through this process to ensure that their voices are part of local health equity reforms.

6. Memorandum of Understanding (MoU) with Service Delivery Stakeholders

5

Darling Downs Health will establish an MoU with each of the Aboriginal Medical Services and Cherbourg Aboriginal Shire Council to govern communication and collaboration between the services. Four out of the five MoU's have been established as of May 2022.

Actions:
Proactively Seeking Patient Feedback

7. Systematically Collect Information on Patient Experience for First Nations Consumers

4 5

Consultation conducted for this strategy shows there is a need to improve the patient experience for First Nations consumers. We do not currently have the systems to track patient experience across many of our services, however.

Darling Downs Health will develop a range of culturally safe ways to collect data on patient experience, to inform ongoing improvements. Stakeholders reinforced that data collection cannot be the sole purpose of this process, and that this needed to prioritise identifying and resolving issues that individual patients are experiencing. Preferred methods include discussions between patients and staff during their stay, as well as follow up phone calls after discharge. This may be supplemented with Patient Reported Experience Measures (PREMS) or other survey data.

8. Indigenous Health Complaints Process

1 4 5

We recognise that many of our patients may prefer to raise complaints with someone they know – such as a community member or GP – rather than through an official complaints process. Darling Downs Health will develop a process for receiving these complaints, including having a dedicated member of the Indigenous Health Team who people can contact about their healthcare experiences, and to guide people through the process to resolve their complaints.

This complaints process will include accessible and culturally appropriate methods of reporting incidents of racism directly to senior management for resolution.

Anonymised information about complaints and their resolution will also be shared with Service Delivery Stakeholders, to inform opportunities for system improvement.

Actions: Strengthening our Workforce

9. Targeted Cultural Safety Improvements

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All Darling Downs Health staff members participate in cultural capability training when they join the organisation. This provides broad coverage, but needs to be supported by reflection and improvements in the work context, to lead to sustained improvements in cultural safety.

Darling Downs Health will implement targeted cultural safety improvements in each of the priority areas from Action 1 (System Redesign). This will include both service improvements and cultural safety training developed specifically for each service. Both will be directly informed by the feedback of consumers of those services, and sustained by "cultural champions" – staff working within these services who will be supported by the Indigenous Health team.

10. Indigenous Health Professional Governance Model

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The existing workforce of Indigenous Health Workers and Liaison Officers is uniquely placed to improve the delivery and coordination of care for our patients. By developing a professional governance model for this cohort we can ensure that they are able to work to the top of their scope of practice, and that they are appropriately supported by, and integrated with, other parts of the health service. The Professional Governance Model will be overseen by the Director of Indigenous Health, and will provide clear guidance both to staff and operational managers about how these roles can function, and be utilised, across the service.

11. Indigenous Health Worker Traineeship Pathways

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Darling Downs Health already provides traineeships for Indigenous Health Workers. As well as providing direct training, the traineeships expose people to a wide range of health roles and professions that people may not have encountered before. The traineeship model will be expanded to develop pathways and support for these trainees to transition to other professions – both clinical and non-clinical – within the health service.

12. Support Recruitment for Roles Outside the Indigenous Health Team

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The Indigenous Health Team has previously been successful in finding people who are interested in gaining employment within the health service, and supporting them to apply for roles across the organisation. This has directly led to the employment of more Aboriginal and Torres Strait Islander Staff, and has helped other areas fill positions that they had previously had difficulty recruiting to.

All divisions within the health service will work with the Indigenous Health team to identify similar recruitment opportunities. When staff are recruited to these roles they will receive support, mentoring and guidance from the Indigenous Health team to assist the transition into their new roles.

Assessing Our Performance

These indicators have been developed to assess health equity performance using existing data and systems. This data will be shared with the Health Equity Steering Committee and Board Health Equity Committee to inform a shared assessment of performance across the service. Progress against the health equity actions and performance indicators will be reported quarterly, with updates shared with all prescribed stakeholders. Project-specific KPIs and evaluation criteria will also be developed as part of the co-design process during the implementation phase.

Indicator Type	Key Performance Indicators
Policy-level performance indicators	These performance indicators are derived from the National Closing the Gap Strategy, and indicate overall progress towards health outcome goals. • Decreased potentially avoidable deaths • Increased proportion of Aboriginal and Torres Strait Islander babies born to First Nations mothers and non- Aboriginal and Torres Strait Islander mothers with healthy birthweights • Sustain a decreased rate and count of First Nations suicide deaths
Specific performance indicators	These indicators are specific to healthcare system performance and will be tracked quarterly to indicate health equity progress. Additional indicators specific to Darling Downs Health and the initiatives in this strategy will also be added during implementation planning. • Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time • Elective surgery—increased proportion of First Nations patients treated within clinically recommended time • Specialist outpatient—decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment • Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit • Increased proportion of First Nations people completing Advance Care planning • Annual (year-on-year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the local Aboriginal and Torres Strait Islander population • Increased proportion of Aboriginal and Torres Strait Islander people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey)

Appendix A: Relevant Policies and Strategies

- National Agreement on Closing the Gap ›
- Queensland Government Statement of Commitment ›
- Queensland Health Statement of Commitment to Reconciliation ›
- Making Tracks Policy and Accountability Framework ›
- Making Tracks Towards Achieving First Nations Health Equity: Interim Investment Strategy 2021 – 2022 ›
- Making Tracks Together: Health Equity Framework ›
- Queensland Health System Outlook to 2026 ›
- Unleashing the Potential: An Open and Equitable Health System ›
- Darling Downs Health Strategic Plan 2020 – 2024 ›
- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 – 2026 ›
- Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033 ›
- Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025 ›
- Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016 – 2021 ›
- Queensland Sexual Health Strategy 2016 – 2021 ›
- Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021 – 2024 ›

Darling Downs Health
Indigenous Health

HEALTH EQUITY STRATEGY

2022–2025

Queensland Government