

# Feedback summary

## Sunshine Coast Aboriginal and Torres Strait Islander **Health Equity Strategy**



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## Acknowledgement

Sunshine Coast Hospital and Health Service (Sunshine Coast Health) respectfully acknowledges the Traditional Custodians, the Kabi Kabi (Gubbi Gubbi) and Jinibara people on whose land we provide our services. We also pay our respects to the Aboriginal and Torres Strait Islander Elders past, present, and future and recognise the strength and resilience that Aboriginal and Torres Strait Islander people and their ancestors have displayed in laying strong foundations for the generations that follow.

Sunshine Coast Health would like to thank everyone who has consulted with us on this project to date. We are grateful for your knowledge, honesty, and willingness to share your experiences. We look forward to ongoing opportunities for genuine consultation with our stakeholders and community.

## Aboriginal and Torres Strait Islander Health Equity Strategy

This document provides confirmation of all feedback provided by prescribed stakeholders on the draft Sunshine Coast Health Aboriginal and Torres Strait Islander Health Equity Strategy. The draft strategy was circulated to prescribed stakeholders for feedback on 28 April 2022. Stakeholders were allowed 30 days to respond by phone, email or during one-on-one meetings (online and in person). To allow robust discussions around measures the feedback period was extended until 27 June 2022. All feedback provided by the 27 June 2022 has been summarised in this document.

# Feedback summary

## Legislation, consultation and evaluation feedback

Summary of comments	Response / decision
<p>It is evident from the supporting documents attached to the draft Health Equity Strategy (HES), that considerable consultation and engagement has gone into its development. It is recommended Sunshine Coast Health consider publishing and making these background documents public alongside the final HES and forthcoming Implementation Plan to demonstrate legislative alignment with the following:</p> <ul style="list-style-type: none"> <li>• HHB Act 2011 – Section 40 (3a)</li> <li>• HHB Regulation 2012 – 11D</li> <li>• HHB Regulation 2012 – 13A(c).</li> </ul>	<p><b>Agreed change:</b> The Health Equity Team will work with the Sunshine Coast Health communications team to publish the below documents and make sure they are available for community and stakeholders.</p> <ul style="list-style-type: none"> <li>• Consultation Summary 1</li> <li>• Consultation Summary 2</li> <li>• Health Equity Journey.</li> </ul>
<p>Strongly recommend Sunshine Coast Health consider making the background documents public. These documents provide the narrative regarding the process undertaken to develop the draft HES. The incredible commitment, volume and quality of work that went into developing the HES deserves to be acknowledged and recognised by all parts of Sunshine Coast Health and the broader community.</p>	
<p>There is an opportunity to expand the advice sought from these stakeholders, beyond local health care systems and services to include social determinant issues. This may require expanded stakeholder register.</p>	<p><b>No change:</b> Consultation summaries outlined prescribed stakeholders, but non-health organisations were also consulted including Kabi Kabi Housing, Nungeena Aboriginal Corporation for Women’s Business, Murri Court, SC1NG (Sunshine Coast First Nations Network Group), Sunshine Coast Reconciliation Group and Department of Education. Health Equity will continue to expand stakeholder relationships.</p>
<p>We congratulate Sunshine Coast Health on engaging with key Aboriginal and Torres Strait Islander stakeholders, through a total of 685 consultation pieces, to provide a consumer and community perspective. There is an opportunity to summarise the in-depth findings of the consultation undertaken with stakeholders, to further explain the Key Priority Areas.</p>	<p><b>No change:</b> Each consultation document outlines further detail around the consultation process, the key priority areas and what they mean to the community. Consultation Summary V1 (page 8-12) and Consultation Summary V2 (page 11-16). More detail on how we will achieve change in each of these areas will be included in the Implementation Plan.</p>
<p>The HES would significantly benefit from a more detailed discussion of each of the key priority areas (page 2). The consultation summaries could be incorporated into each priority area with a detailed explanation on how the final strategies and measures were developed as part of the co-design process.</p>	





Consider outlining the governance structures and arrangements in both the draft HES and forthcoming Implementation Plan to better demonstrate and highlight partnerships, responsibility and commitment across the priority areas, activities and across the life of the HES (*Hospital and Health Boards Act 2011* (HHB Act)—Section 40 (4); Section 40 (5)).

The forthcoming Implementation Plan will need to consider how it will satisfy the prescribed requirements to deliver actions by partnering with other providers; working with implementation stakeholders; integrating healthcare service delivery; and deploying inclusive mechanisms to reach all parts of the Aboriginal and Torres Strait Islander community—refer *HHB Regulation 2012*, Section 13A (b).

In the forthcoming Implementation Plan, it is recommended the relevant partnerships required to operationalise the plan are clearly outlined as per *HHB Regulation 2012*—13A(b).

Include more detail in the forthcoming Implementation Plan around how the opportunity for shared planning and collaboration across the region will be operationalised. Clearer guidelines as to what the KPIs could be and how data will be shared across services is needed to ascertain the feasibility of this strategy.

Currently the Strategy does not outline any co-design or partnership arrangement, governance structure or stakeholder engagement plan to identify if the community has access to healthcare services that they want and need. The Consultation Summary V2 highlights that the current health service gaps are mental health support, youth programs, dietetics, nutrition and out of hours support.

An existing Sunshine Coast Health committee the Aboriginal and Torres Strait Islander Health and Wellbeing Forum is mentioned as a legislated requirement for the Aboriginal and Torres Strait Islander Health Equity Project, however the Draft Health Equity Strategy currently does not elaborate on the ongoing governance structure or what role and responsibilities the committee will have with implementation. A defined governance structure could help guide this process and provide more transparency.

Consider including more detail around how the Implementation and Evaluation Plan phase will operationalise those strategies and measures outlined in the key priority areas.

**Agreed Inclusion (Implementation Plan):** Implementation plan will include:

- A clear governance structure outlining the shared governance of the Aboriginal and Torres Strait Islander Health Equity Strategy
- Partnerships required to operationalise the plan
- Clear responsibility and commitment from each partner
- How we will integrate service delivery
- What are the KPIs and how they will be shared
- Community Engagement Plan to ensure the services being developed are in response to community needs and wants
- A detailed evaluation plan.



# Feedback summary

## KPI and measures feedback

Summary of comments	Response / decision
<p>Further discussion is needed with the CATSIHO and DDG to agree to the final key performance measures. Clarification is sought on the draft key performance measures on page 2:</p> <ul style="list-style-type: none"> <li>• Do data sources exist for the proposed metrics?</li> <li>• Can baselines and targets be created for the proposed metrics?</li> </ul> <p>Has Sunshine Coast Health considered including other qualitative measures to supplement the quantitative measures?</p>	<p><b>Agreed:</b> KPIs are being negotiated with stakeholders and draft measures will be submitted to CATSIHO and DDG with further information. The implementation plan will provide more detail around metrics.</p>
<p>What is the core function/business of each partner? Who are your key enablers and how are you going to achieve these strategies?</p>	<p><b>Agreed inclusion (ImplementationPlan):</b> A summary outlining the core business of each partner will be included in the Implementation Plan.</p>
<p>We welcome the commitment on <i>“adopting zero-tolerance workplace culture and actively addressing racism and discrimination.”</i> (page 2, under Eliminate Racial Discrimination). It is noted that the Sunshine Coast Health proposes to capture robust data for evaluation. The development and implementation of a more detailed evaluation plan to determine the effectiveness of both the complaints process as well as the anti-racism, unconscious bias and equity training should be considered for inclusion.</p>	<p><b>Agreed inclusion (ImplementationPlan):</b> A robust reporting and evaluation system will be developed alongside the complaints system to ensure appropriate actions are in place to drive change.</p>
<p>When developing Key Performance Indicators (KPIs) please consider renal, maternity, mental health, and youth mental health as areas of concern.</p>	<p><b>For consideration (ImplementationPlan):</b> Highlighted areas of need as outlined by our prescribed stakeholders and data will be considered in the implementation plan.</p>
<p>On reviewing the measures of success under Increase Access to Healthcare (page 2), when designing the KPIs please consider:</p> <ul style="list-style-type: none"> <li>• What preventative health services area priority for Sunshine Coast Health as a key outcome for success.</li> <li>• Support exploring partnerships across providers to help achieve these outcomes.</li> <li>• Support the strategy to focus on <i>“improving coordinated care to guide our community on their journey through and out of hospital”</i>.</li> </ul>	
<p>Currently there are no specific targets, goals or timelines attributed to any of the proposed KPIs. It is noted that in the consultation summaries, stakeholders have voiced some clear target preferences that should be considered for inclusion as a minimum.</p>	



<p>Consider differentiating actions and measures (metrics) between different hospital and community sites within Sunshine Coast Health in the forthcoming Implementation Plan, demonstrating effective localisation of activities.</p>	<p><b>For consideration (Implementation Plan):</b> Different actions and measures will be considered when creating the implementation plan.</p>
<p>Consider including medium and long-term activities in the HES or forthcoming Implementation Plan that can be delivered over multiple three-year plans.</p>	<p><b>For consideration (Implementation Plan):</b> The Sunshine Coast Health Aboriginal and Torres Strait Islander Health Equity Strategy spans nine years with three implementation plans (three-yearly) being developed. Medium and longer term KPIs will be considered in each plan.</p>
<p>Employment is a key social determinant of health, and we welcome the commitment to <i>“increase Aboriginal and Torres Strait Islander representation and targets across all levels”</i> (page 2, under Culturally Diverse and Confident Workforce). When designing the KPIs please consider:</p> <ul style="list-style-type: none"> <li>• Adding a target goal (noting that the consultation found a minimum of 85 per cent to 100 per cent as the preference) and a timeline to achieve this goal would strengthen commitment to this priority.</li> <li>• Consider including, that skills and capacity of the Aboriginal and Torres Strait Islander workforce are strengthened and supported in the areas of health promotion, prevention, and early intervention, within the scope of their practice.</li> <li>• Noting Sunshine Coast Health’s commitment to actively recruit Aboriginal and Torres Strait Islander people into the health service, in conjunction with challenges raised by the community about accessing educational qualifications, a more detailed workforce plan or mapping should be considered that explores new models to support this (e.g. traineeships and cadetships for young people).</li> </ul>	<p><b>Agreed Inclusion (Implementation Plan):</b> Clear workforce targets will be included in the Implementation plan with further detail on how this will be achieved. The Sunshine Coast Health Workforce Plan will be reviewed and updated to align with the HES.</p>
<p>Will your current workforce strategy be reviewed? Is the representation and percentage growth for workforce overall? Can you have a percentage growth target for each stream?</p>	
<p>Cultural training should be mandatory and refreshed every two years at a minimum.</p>	<p><b>For consideration (Implementation Plan):</b> The current Cultural Practice Program (and other services) will be reviewed as part of the Implementation Plan. Changes will be considered to each service to better align with the HES.</p>



<p>Do you have an Aboriginal and Torres Strait Islander Volunteers service? Is this a requirement?</p>	<p><b>No change:</b> There is no minimum requirement for Aboriginal and Torres Strait Islander volunteers however we do encourage Aboriginal and Torres Strait Islander community members to volunteer. We do currently have Aboriginal and Torres Strait Islander community members within our volunteer service.</p>
<p>Although cultural safety measures in clinical governance and evaluation processes are noted, (page 2, under Culturally Safe and Responsive Healthcare) it should be considered that prevention and health promotional so be included in any BAU processes.</p>	<p><b>No change:</b> Prevention and health promotion is a focus within the strategy however each prescribed stakeholder must also consider core business. Health promotion and education activity will occur in collaboration with our partners but may not be considered BAU for all stakeholders.</p>
<p>We support the strategy of “community need, and health equity being integrated into all health service design, assessment, planning and commissioning activities” (page 2, under Culturally Safe and Responsive Healthcare). More detail on how this could occur would ensure better transparency, accountability, and sustainability.</p>	<p><b>Agreed inclusion (Implementation Plan):</b> More detail will be provided in the implementation plan on how this will be achieved.</p>
<p>A range of strategies are included in key priority area (Health Parity) with the ambition to increase access to programs that aid with early detection, strengthen health literacy, and support healthy communities. Limited detail has been provided on what strategies are being proposed to achieve health parity. Although the Well Persons Health Check Day was suggested by the stakeholders, health literacy and early detection on their own, will not address the social, cultural, and economic determinants of health. Action noted here to develop partnerships with providers across the broader social system to address those priority determinants of health identified for the region. The collaboration sought across agencies should link back to the social determinants identified (e.g. employment, education, housing) rather than care planning.</p>	<p><b>For consideration (Implementation Plan):</b> Core business for each stakeholder must be considered when creating strategies, care planning and health being the focus of our services. Any agreed activity or KPIs to influence the social determinants will likely require a health focus but can be delivered in collaboration with our partners from broader social systems. The implementation plan will include further information.</p>
<p>Sunshine Coast Health procurement practice is another area that could contribute to addressing the social determinants of health. Partnerships with regional Aboriginal and Torres Strait Islander businesses could support employment. We recommend establishing a target for procurement from Aboriginal and Torres Strait Islander businesses.</p>	<p><b>Agreed inclusion (Implementation Plan):</b> A target will be considered in the implementation plan.</p>



<p>Consider including reference to those other risk factors that impact burden of disease for Aboriginal and Torres Strait Islander peoples e.g. tobacco use, alcohol use, overweight and obesity and dietary factors. It is estimated that about 70 per cent of the gap in mortality is due to chronic diseases and much of this is preventable (AIHW, 2016). Information available here:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.indigenoushpf.gov.au/measures/1-23-leading-causes-mortality#references">https://www.indigenoushpf.gov.au/measures/1-23-leading-causes-mortality#references</a></li> <li>• <a href="https://www.aihw.gov.au/reports/burden-of-disease/burden-of-disease-study-2018-key-findings/contents/key-findings#preventable">https://www.aihw.gov.au/reports/burden-of-disease/burden-of-disease-study-2018-key-findings/contents/key-findings#preventable</a></li> <li>• <a href="https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report/current/full#our-health">https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report/current/full#our-health</a></li> </ul>	<p><b>For consideration (Implementation Plan):</b> Reducing modifiable risk factors is included as a measure under “Reduction in the leading drivers of the health gap (cardiovascular disease, diabetes, chronic respiratory disease, cancers and mental illness) and modifiable risk factors (smoking, alcohol, obesity, high blood pressure and high cholesterol)” (page 2, under Health Parity). Risk factors and data will be considered in the Implementation Plan. We encourage all individual stakeholders to consider the public listed data sources when developing new programs and services.</p>
<p>How will Sunshine Coast Health ensure data solvency with partners and other community organisations?</p>	<p><b>No change:</b> The Health Equity Team is considering multiple avenues including leveraging existing programs (My Health Record/The Viewer).</p>
<p>Is PARROT still accessible/available for training for Health Checks for Aboriginal and Torres Strait Islander people?</p>	<p><b>For consideration (Implementation Plan):</b> PARROT program is still accessible and is in use. The modules have been developed for Health Workers working in rural and remote areas and can be used by our staff although may not be applicable to the Sunshine Coast Health region.</p>





# Feedback summary

## Health equity strategy content feedback

Summary of comments	Response / decision
<p>Acknowledging the draft HES is only a two-page document and the subsequent need to include as much information as possible, the document is text heavy, especially page 1. Suggest Sunshine Coast Health considers lightening the language for audiences other than executive and leadership groups.</p>	<p><b>Agreed change:</b> The Health Equity team will review and amend the HES “<i>who are we</i>” (page 1) to infographics to reduce the text.</p>
<p>Suggest considering replacing the “<i>who we are</i>” text on page 1 with some infographics to break up the text.</p>	
<p>Page 1 – replace <i>Hospital and Health Boards Amendment Regulation</i> with <i>Hospital and Health Boards Regulation 2012</i> in the timeline.</p>	<p><b>Agreed change:</b> First bubble (page 1, on the snake) will be updated to <i>Hospital and Health Boards Regulation 2012</i>.</p>
<p>Suggested amendment to dot point under Co-Design and Partnerships “<i>Establish partnerships and integration between the hospital, community, and local Aboriginal and Torres Strait Islander health services</i>” (page 2). Remove Aboriginal and Torres Strait Islander Services and replace with ATSIICCHO.</p>	<p><b>Agreed Change:</b> Text will be changed to “<i>Establish partnerships and integration between the hospital, community, ATSIICCHO, local Aboriginal and Torres Strait Islander services and broader system partners.</i>” In line with provided feedback and community consultation to co-design and collaborate with a wider variety of Aboriginal and Torres Strait Islander services.</p>
<p>We acknowledge that health and wellbeing is impacted by a complex combination of physical, mental, emotional, social, cultural, and economic factors. We note that, in Our Consumers (page 4), there is some recognition that the social determinants of health for First Nations peoples are worse for the Sunshine Coast Health region than the rest of Queensland. We further note that in the Consultation Summary (pages 8-12) the community have feedback issues around access to transport, opportunities for educational attainment, employment, and the housing in the region. We strongly support that “<i>establishing partnerships across the broader social system</i>” is identified as a priority in the strategy.</p>	
<p>Sunshine Coast Health is looking to “<i>establish partnerships and integration between the hospital, community and local Aboriginal and Torres Strait Islander health services</i>” (page 2), however broader system level partnerships should not be excluded (e.g. schools/tafes/universities as per the consultation summary version 2). The Strategy refers to partnership arrangements beyond the health sector to influence the social determinants more widely. Suggest this should be reflected in this section.</p>	
<p>Highlight that we work in partnership with other appropriate community services such as Gunya Wellness.</p>	
<p>Suggest considering the inclusion of a statement from Sunshine Coast Health regarding next steps—how will the HES be implemented?</p>	
<p>Suggest changing the title from the “Sunshine Coast Health Aboriginal and Torres Strait Islander HES” to “Sunshine Coast Aboriginal and Torres Strait Islander HES” so it’s clear the strategy is owned by all partners, not just the Sunshine Coast Health.</p>	<p><b>Agreed Change:</b> The HES title will be amended to “Sunshine Coast Aboriginal and Torres Strait Islander HES”.</p>

<p>Page1—replace CATSHIO with CATSIHO and DDG.</p>	<p><b>Agreed change:</b> Aboriginal and Torres Strait Islander Health Equity Strategy will be updated to replace CATSHIO with CATSIHO and DDG.</p>
<p>February 2021 text bubble—should this be February2022? If not, change order of bubbles so they are in date order</p>	<p><b>Agreed change:</b> Second bubble (page 1,on the snake) will be updated to “February 2022”.</p>
<p>March-April 2022 text bubble—suggested change to Consultation summaries provided to stakeholders to update on project progress.</p>	<p><b>No change:</b> Does not change content, only word order.</p>
<p>Suggest balancing section <i>Increase Access to Healthcare</i> (page 2) from a focus on diagnosis and treatment services and consider actions that will help improve access to and availability of more clinical prevention services.</p>	<p><b>No Change:</b> Prevention and health promotion is a focus within the strategy and will be considered in the Implementation Plan. “<i>Increase Access to Healthcare</i>” (page 2) will outline options to improve access to all services including prevention and healthy lifestyle programs.</p>
<p>Consider balancing section “<i>Culturally Safe and Responsive Healthcare</i>” (page 2) to provide more of a focus on prevention and health promotion and consider actions that will help improve access to and availability of more prevention services and healthy lifestyle programs.</p>	
<p>We acknowledge the reference to the higher burden of disease experienced by Aboriginal and Torres Strait Islander peoples compared to the rest of the population in the region. We particularly note that nutritional deficiencies and diabetes complications are over-represented in Potentially Preventable Hospitalisations (PPH), suggesting higher levels of obesity across the Sunshine Coast Health region, and the prevalence of other conditions such askidney disease and rheumatic heart disease. With many of these conditions being preventable, we are pleased to note there is reference to “<i>increased patient engagement in preventive and early detection services</i>” (page 2, under <i>Increase Access to Healthcare</i>) and support for outcomes that achieve a “<i>decrease in Potentially Preventable Hospitalisations</i>” (page 2, under <i>Increase Access to Healthcare</i>).</p>	<p><b>No change:</b> Agree.</p>

# Feedback summary

## All other feedback

Summary of comments	Response / decision
<p>The draft HES is well designed and visually very pleasing to look at—the design is beautiful. Whilst the draft HES is brief, it is succinct in communicating a comprehensive health equity reform agenda for Sunshine Coast Health.</p>	<p><b>No change:</b> The Health Equity team will continue the design and art work into the implementation plan.</p>
<p>We support the acknowledgment that the purpose of this Health Equity Strategy is to advance health equity, eliminate racism across the health system and to achieve life parity for Aboriginal and Torres Strait Islander people. We look forward to exploring opportunities with Sunshine Coast Health that support addressing those systemic barriers to good health and to help develop partnerships to create actionable strategies around identified priorities.</p>	<p><b>No change:</b> Agree.</p>
<p>The section “<i>Why health equity</i>” on page 1 clearly explains what health equity means in straight-forward and direct language— it shows a comprehensive and practical understanding of health equity.</p>	<p><b>No change:</b> Considering all submitted feedback this section will remain unchanged.</p>
<p>“<i>Why health equity</i>” (page 1). You could create more BOOM in this first section by listing them as reasons why, presenting differently, Life Expectancy, Child Mortality, Racism etc.</p>	
<p>The section on “why health equity” (page 1) is clear and succinct. It highlights the need for change.</p>	<p><b>No change:</b> Agree.</p>
<p>Inclusion of Sunshine Coast Health’s values on the draft HES demonstrates a strong organisational commitment to its inaugural HES and the overall health equity system reform agenda.</p>	
<p>The ‘<i>Our Voice</i>’ quotes on page 2 of the draft HES are brilliant and including quotes from a mix of stakeholders has demonstrated the inclusive consultation and engagement that has occurred in its development.</p>	<p><b>No change:</b> The Health Equity team will find further opportunities to embed direct quotes and lived experiences from our community and stakeholders into our documentation.</p>
<p>The use of the Elder quote, “<i>Even if I was dying, I would not set foot in that hospital</i>”, demonstrates courage and genuine commitment from Sunshine Coast Health to not shy away from tough conversations and problems. The quotes are powerful, sobering and reflect the lived experience of Aboriginal and Torres Strait Islander peoples.</p>	



# Summary of changes

## Health Equity Strategy (Amendments)

The Health Equity Team will work with the Sunshine Coast Health Communications team to publish Consultation Summary V1, Consultation Summary V2 and the Health Equity Journey document.

The Health Equity team will change the HES “*who are we*” (page 1) to infographics to reduce the text.

The HES title will be amended to “*Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy*” to show shared governance and responsibility with our partners.

HES will be updated to replace CATSHIO with “*CATSIHO and DDG*”.

First bubble (page 1, on the snake) will be updated to “*Hospital and Health Boards Regulation 2012*”.

Second bubble (page 1, on the snake) will be updated to “*February 2022*”.

Text under Co-design and Partnerships will be updated to “*Establish partnerships and integration between the hospital, community, ATSI/CHO, local Aboriginal and Torres Strait Islander services and broader system partners.*” In line with provided feedback and community consultation to co-design and collaborate with a wider variety of Aboriginal and Torres Strait Islander services.

## Implementation Plan (inclusion and consideration)

A clear governance structure outlining the shared governance, responsibility, and commitment from each stakeholder

Information on our stakeholders including what is their core business, what services they offer and how we will all operationalise the plan in collaboration?

Implementation plan must include clear KPIs, how they will be shared across each stakeholder and how they will be measured. Consider medium and long term KPIs as well as differentiating actions and measures between different hospital and community sites demonstrating effective localisation of activities. (KPIs must be submitted to CATSIHO and DDG for review.)

Show how we will evaluate our success against each of the KPIs and ensure our services are effective.

All current services will be reviewed as part of the Implementation Plan. Changes will be considered to each service to better align with the HES.

Include a Community Engagement Plan to ensure the services being developed are what the community needs and wants.

A robust reporting and evaluation system will be developed alongside the complaints system to ensure appropriate actions are in place to drive change.

Highlight areas of need as outlined by our prescribed stakeholders, data, and community feedback.

Clear workforce targets to be included in the implementation plan with further detail on how this will be achieved. The Sunshine Coast Health Workforce Plan will be reviewed and updated to align with the HES.

## Contact Us

If you have any feedback, or would like to be part of our future consultation sessions please contact us at [SC-MakingTracks-HealthEquity@health.qld.gov.au](mailto:SC-MakingTracks-HealthEquity@health.qld.gov.au) or call us on 5436 8652.