## Our journey so far

**Sunshine Coast Aboriginal and Torres Strait Islander** 

# **Health Equity Strategy**









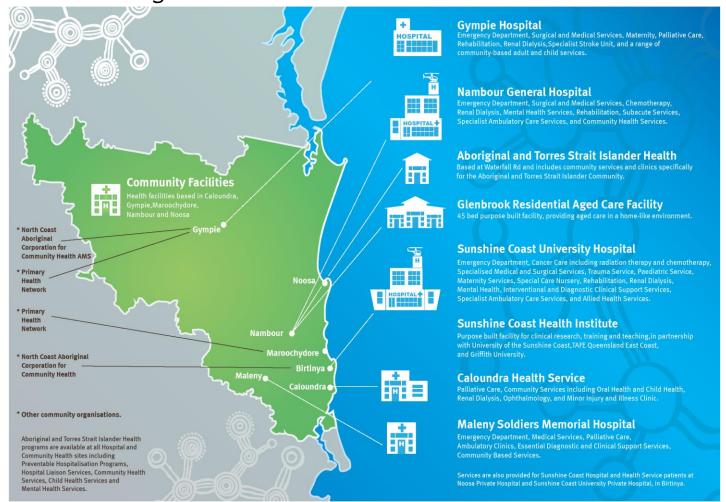




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Our Coverage



## **Our Community**

The Sunshine Coast Hospital and Health service (SCHHS) catchment area is forecast to experience above state average growth over the next 9 years, with most of the growth in two areas. The Caloundra Statistical Local Areas (SLA) where Caloundra West continues to expand with further housing developments, and the Sunshine Coast Hinterland SLA with the planned development of Beerwah East. Although not currently reflected in the statistics, the Gympie-Cooloola region is also expanding which may impact future population projections. Data indicates that the COVID-19 pandemic has also resulted in significant interstate migration which is also contributing to population growth.

The SCHHS Aboriginal and Torres Strait Islander population is expected to grow by 42% between 2016 (8,994) – 2031 (12,810). This is a growth rate of 2.4% p.a. and is above the total SCHHS population growth. Therefore, the Aboriginal and Torres Strait Islander community will have an increased share of the total SCHHS population. The regions with the largest number of Aboriginal and Torres Strait Islander residents are (1) Gympie - Cooloola, (2) Caloundra and (3) Nambour.

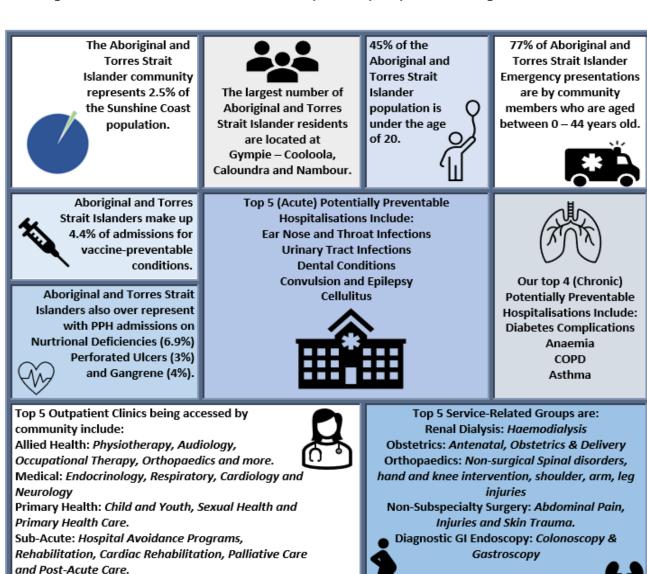
#### Our Consumers

Maternity: Midwifery and Obstetrics

The two planning areas with the highest share of Aboriginal and/or Torres Strait Islander populations on the Sunshine Coast are the Gympie-Cooloola and Nambour planning regions. Both regions are also the most socioeconomically disadvantaged with a large share of residents in the bottom two quintiles compared to the rest of the SCHHS catchment area. Although better overall, there are pockets of disadvantaged populations in two other planning regions including: Caloundra - Kings Beach (80% in the bottom two quintiles) and Noosa - Tewantin (50% of residents in the bottom two quintiles).

The Gympie-Cooloola region includes 80% of residents scoring in the bottom quintile, and 100% in the bottom two quintiles. The region is also the most isolated from the service providers and larger hospitals in the catchment area.

The Sunshine Coast catchment is split between 8 planning areas Buderim, Caloundra, Gympie-Cooloola, Maroochy, Nambour, Noosa, Noosa Hinterland and Sunshine Coast Hinterland. It is predicted that the population will grow significantly over the next few years, with major growth across most areas. The table provides a snapshot of our Aboriginal and Torres Strait Islander community and why they are accessing our services.



Data Sources: Department of Health Planning Portal (Health Need & Service Utilisation Access), Statistical Services Branch Data Dashboard (Indigenous Indicators), Indigenous Spatial Analysis and Health Services Unit (Population Projections) and Australia Bureau of Statistics (SEIFA).

## Our Health Equity Strategy Stakeholders

- Aboriginal and Torres Strait Islander Sunshine Coast Hospital and Health Service (SCHHS) staff
- SCHHS Staff who run or provide Aboriginal and Torres Strait Islander Services
- Aboriginal and Torres Strait Islander Community Members
- Aboriginal and Torres Strait Islander Elders
- Aboriginal and Torres Strait Islander Traditional Custodians
- The Chief Aboriginal and Torres Strait Islander Health Officer (CATSHIO)
- Aboriginal and Torres Strait Islander Community Controlled Groups North Coast Aboriginal Corporation for Community Health (NCACCH)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Primary Health Network Central Qld, Wide Bay and Sunshine Coast (Our PHN)
- Providers that service the Aboriginal and Torres Strait Islander Community
- (HWBQLD)



## Our Focus

The SCHHS Health Equity team co-designed the overarching strategy with input from our community, staff, Elders, Traditional Custodians and Stakeholders. Health Equity Key priorities were used to frame conversation and feedback from all Stakeholders and incorporated into a draft version of the strategy. Each engagement opportunity has been recorded via the Stakeholder Register.

The following prescribed requirements as per *Hospital and Health Boards (Health Equity Strategies)*Amendment Regulation 2021 Subordinate Legislation 2021 No. 34 were used as framework for engagement, reframed to reflect local stakeholder consultation input –

Prescribed requirements	Co-designed SCHHS Stakeholder focus
(i) actively eliminating racial discrimination and institutional racism within the Service	Eliminate Racial Discrimination - Adopt a zero-tolerance workplace culture and actively address racism and discrimination.
(ii) increasing access to healthcare services	Increase Access to Health Care - Increase access to health care services and directly address the barriers.
(iii) influencing the social, cultural, and economic determinants of health	<b>Health Parity -</b> Address the leading drivers of the health gap, minimise modifiable risks and influence social determinants.
(iv) delivering sustainable, culturally safe and responsive healthcare services	<b>Culturally Safe and Responsive Health Care-</b> <i>Deliver sustainable, culturally safe and response health care services.</i>
(v) 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	Co-Design and Partnerships - Work with Aboriginal and Torres Strait Islander communities and organisations to deliver and monitor health services.
*	<b>Culturally Diverse and Confident Workforce -</b> Support and grow our workforce to be culturally diverse, resilient and confident. Development of Workforce Strategy.

#### Our Connections

The SCHHS Health Equity team have engaged with our stakeholders via the following formats-

- Stakeholders Co-design workshops
- Elder and Community engagement forums
- Online surveys to all stakeholders
- One on one consultation
- Pop up Health Equity information stall
- Individual Stakeholder meetings
- All stakeholder forums
- Telephone consultation



### Our Consultation

A high-level Health Equity Strategy Consultation V1 summary collated the stories, feedback and focus areas provided from initial stakeholder consultation over several weeks. This was combined with information to inform stakeholders about the background and purpose of the project. In turn the summary was provided to all stakeholders for review and confirmation that we had not only heard their voices, but that they were accurately reflected. We also intended this document to be used by all stakeholders, especially in Community as a reference tool to create and drive further Health Equity conversation Consultation Summary V1.

Referencing the stakeholder feedback and themes developed from the initial round of consultation, more focused engagement continued via the same channels and was incorporated into Consultation Summary V2.

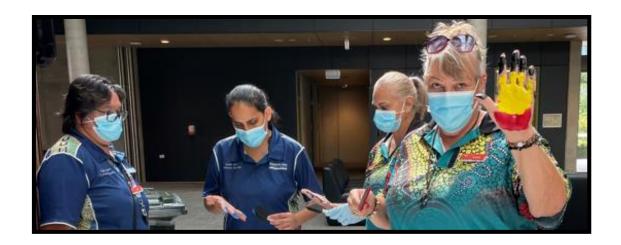
An All-Stakeholder forum that included Traditional Owners, Aboriginal and Torres Strait Islander staff, Aboriginal and Torres Strait Islander Board representative, Aboriginal and Torres Strait Islander health services staff, Department of Health project staff, Aboriginal and Torres Strait Islander community and service providers was undertaken April 13, 2022.

The forum was to present consolidated findings and enable further opportunity for development stakeholder input. We also wanted to ensure the draft Strategy focus was true to the voices of our stakeholders and assist with codesign ideas for development of the implementation and evaluation of the Health Equity Strategy.

### Our Plan

The Draft Aboriginal and Torres Strait Islander Health Equity Strategy (A&TSIHES) was developed as an overarching strategic blueprint for the Sunshine Coast Hospital and Health Service (SCHHS). The A&TSIHES is designed to be the framework to inform the 3 yearly co-design and development of living implementation plans based on shared decision-making, collaboration and genuine partnership.

The A&TSIHES implementation plans (2022-2025, 2025-2028, 2028-2031) will be determined and guided by ongoing engagement and partnerships with implementation stakeholders to review and confirm priorities for that period. The 3 year implementation plan cycle enables a more dynamic and flexible response to changing community needs, Health Service policies or emerging situations (e.g., Covid) and will include agreement of relevant KPI's and reporting processes for each tranche of the implementation.







## Our Alignment

The draft Aboriginal and Torres Strait Islander Health Equity Strategy (A&TSIHES) the subsequent A&TSIHES implementation plans (2022, 2025, 2028 and 2031) will reference the following:

The draft SCHHS Aboriginal and Torres Strait Islander Health Equity Strategic Plan has been developed in line with the legislation and various other strategic documents including:

- National Agreement on Closing the Gap (2020)
- Making Tracks Policy and Accountability Framework (2018)
- Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples
- Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 (2015)
- Queensland Health Growing Deadly Families Maternity Service Strategy 2019 2025 (2019)
- Queensland Health Mental Health Strategy 2016 2021 (2016)
- SCHHS Strategic Plan 2022 2026
- SCHHS PEACCE Strategy Patient Experience and Consumer and Community Engagement
- SCHHS Workforce Engagement Strategy
- SCHHS A&TSI Workforce Strategy 2022
- My health, Queensland's future: Advancing health 2026
- Unleashing the potential: an open and equitable health system 2020



## Our Next Steps 🝣 🤝 🍣

#### April 2022



Draft Aboriginal and Torres Strait Islander Health Strategy 2022-2031 to SCHHS Board for Endorsement

Draft Aboriginal and Torres Strait Islander Health Strategy 2022-2031 to the Chief Aboriginal and Torres Strait Islander Health Officer (CATSHIO) and prescribed stakeholders for review and feedback.

In line with *Health Service directive – First Nations health equity strategies (Directive number: QH-HSD-053:2021*), once feedback is received from the development stakeholders, SCHHS Health Equity Team (SCHHSHET) will consider the feedback and provide a written report to the development stakeholders. This will outline how their feedback has been incorporated, or not incorporated, into the Aboriginal and Torres Strait Islander Health Equity Strategy. SCHHSHET will provide a response to the development stakeholder in written form within 90 days from the date the feedback was received.

#### May - July 2022



Ongoing consultation with prescribed implementation stakeholders to codesign and develop A & TSI HES Implementation & Evaluation Plan 2022-2025 for SCHHS Board and stakeholder endorsement.

