

Our shared journey to health equity

Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan 2022–2025





This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Sunshine Coast Hospital and Health Service) 2023

For more information

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

Disclaimer

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

Acknowledgement	4	Our Responsibility	16
Executive Summary	5	Health Equity Strategy 2022–2031	18
Key Messages	6	Implementation Plan 2022–2025	20
Chair and Chief Executive, Sunshine Coast Hospital and Health Service	6	Local Priorities	20
Chief Executive, North Coast Aboriginal Corporation for Community Health (NCACCH)	6	Success, Actions and Measures	21
Chair and Chief Executive, Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (Our PHN)	7	Eliminate Racism	22
Service Director of Aboriginal and Torres Strait Islander Health, SCHHS	7	Increase Access to Healthcare	23
Our Vision	8	Culturally Diverse and Confident Workforce	24
Our Purpose	8	Culturally Safe and Responsive Healthcare	25
The Gathering – Aunty Betty	9	Co-design and Partnerships	27
Our Region	10	Health Parity	28
Our Community	12	Ongoing Monitoring and Evaluation	30
Our Alignment	14	Reference Documents	31
Challenges and Opportunities	15		

Acknowledgement

Sunshine Coast Hospital and Health Service 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.

Readers should be aware that this document may contain images, voices, and names of deceased people.



Executive Summary

The *National Indigenous Reform Agreement* was published in 2008 with the goal of achieving health parity between Aboriginal and Torres Strait Islander people and the rest of the population by 2031. Although progress has been made an accelerated effort is needed to achieve the planned outcomes by 2031.

To renew commitment to Closing the Gap, legislative amendments were made to the *Hospital and Health Board Act 2011* and the *Hospital and Health Board Regulation 2012* mandating First Nations health equity as a priority for all Hospital and Health Services. Queensland Health, in collaboration with Queensland Aboriginal and Islander Health Council (QAIHC) published the *Making Tracks Together Queensland Aboriginal and Torres Strait Islander Health Equity Framework (2021)*. These documents mandated the minimum prescribed requirements for each health equity strategy to embed health equity across the whole health system. It was concluded that to drive real change we must all work together as an integrated and connected system, underpinned by representation, leadership and shared decision-making with Aboriginal people and Torres Strait Islander people.

Achieving Health Equity with Aboriginal and Torres Strait Islander People

Sunshine Coast Hospital and Health Service (SCHHS) and its partners are committed to achieving health equity with Aboriginal and Torres Strait Islander people and with that goal in mind, have developed the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)*. This strategy focuses on long term changes that address structural and systemic inequities to enable the provision of culturally safe and accessible healthcare. The *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan 2022–2025* includes the actions required to operationalise the strategy and outlines the measures to show our success. The Strategy and the Implementation Plan are co-designed, co-owned and co-implemented between the Aboriginal and Torres Strait Islander people, our Aboriginal and Torres Strait Islander Community Controlled Organisation (North Coast Aboriginal Corporation for Community Health (NCACCH), Central Queensland Wide Bay Sunshine Coast PHN (Our PHN) and Sunshine Coast Hospital and Health Service. A new implementation plan will be co-designed and developed every three years to ensure we continue to meet our agreed strategies to better support the Aboriginal and Torres Strait Islander community.

Teamwork Makes the Dream Work

Throughout the consultation process one very clear message was shared between all stakeholders, community, and our Elders. If we want to effect lasting change, we must all work together as a cohesive unit. Although there are dedicated programs that offer culturally appropriate services to the local Aboriginal and Torres Strait Islander community, these services are unable to support the growing population of 12,000 people on their own. All Aboriginal and Torres Strait Islander people will attend a mainstream service at some point during their health journey. For this reason, it is important all services and programs within the region are empowered to support, understand, and acknowledge Aboriginal and Torres Strait Islander cultures. Together, with a shared vision we have the power to encourage growth from ourselves and others, advocate for those who may not have a voice and be part of a bigger dream. That dream is to achieve health equity so all consumers can access services that understand and support them to be healthier. To achieve this dream, we need everyone working together. For that reason, we invite you to become part of the team because **teamwork makes the dream work.**

Key Messages

Message from the Chair and Chief Executive, Sunshine Coast Hospital and Health Service (SCHHS)

The *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)* has been developed in genuine partnership with community. Led by our Aboriginal and Torres Strait Islander health team, this strategy is a pivotal opportunity for us to change the way we deliver care for our Aboriginal and Torres Strait Islander community and to address the social determinants of health.

We are grateful to the local Elders and our partners including North Coast Aboriginal Corporation for Community Health and Our PHN for their support and leadership through the development of this strategy. This has been vital to ensuring an holistic approach to health equity in our region.

Through the implementation of this Health Equity Strategy, we will reform the way we provide care, ensuring care is place-based and person-centered, with flexibility to better support our community. We will continue to strengthen our partnerships to provide a prevention and intervention focused model of care, with better integration between primary, secondary and tertiary healthcare in our region.

Our vision for this strategy is to improve health outcomes for Aboriginal and Torres Strait Islander people through the delivery of culturally responsive, sustainable, and effective healthcare. We aim to develop a culture in which our workforce is inspired and empowered to test new approaches to close the gaps in avoidable deaths and avoidable hospitalisation rates between our most disadvantaged people. We will address what matters the most, for those who need it the most, to improve their health and wellbeing. This is a long-term strategy, but we are committed to delivering on our priorities and commitments for our Aboriginal and Torres Strait Islander community.



Sabrina Walsh

Health and Hospital Board Chair



Dr Peter Gillies

*Hospital and Health Service
Chief Executive*

Message from the Chief Executive, North Coast Aboriginal Corporation for Community Health (NCACCH)

The North Coast Aboriginal Corporation for Community Health Board and Executive acknowledge its successful long-standing relationship with SCHHS and are very enthusiastic to continue working in collaboration on the *2022–2031 Health Equity Strategy*.

In alignment with other key National and State initiatives, NCACCH looks forward to partnering with SCHHS, and other key stakeholders, to value add to the primary health care service provision across our region. Furthermore, the Sunshine Coast Health Equity Strategy compliments NCACCHs commitment to Closing the Gap by improving the health and wellbeing of our community through the provision of culturally safe, responsive, and inclusive services.

With the intention of working together to achieve health equity for our Aboriginal and Torres Strait Islander community across our service region, NCACCH is committed to this long-term strategy, whilst addressing the broader social determinants of health of our people.

The NCACCH Board and Executive acknowledge the SCHHS for their commitment to improving the health services journey to achieve health equity for our community.



Sharelle Eggmolesse

*North Coast Aboriginal
Corporation for Community
Health Chief Executive Officer*

Message from the Chair and Chief Executive, Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (Our PHN)

The Central Queensland, Wide Bay, Sunshine Coast PHN Board and Chief Executive would like to endorse the Sunshine Coast Health Equity Plan for the Aboriginal and Torres Strait Islander Community of the Sunshine Coast and Gympie Region.

Queensland's Aboriginal and Torres Strait Islander Health Equity Framework will strengthen our commitment and partnerships with the Hospital Health Service and Aboriginal Community Controlled Health Organisations, and is a major step forward to Closing the Gap and self-determination for the Aboriginal and Torres Strait Islander community.

This Health Equity Framework builds the foundation for our Aboriginal and Torres Strait Islander community, to have better health outcomes, experiences, and access to care across all health systems.

We thank Sunshine Coast Hospital and Health Service for the ongoing partnership and involving our PHN by providing the opportunity to contribute to the Health Equity Plan for our Aboriginal and Torres Strait Islander community.



Dr Peter Dobson

PHN Board Chair



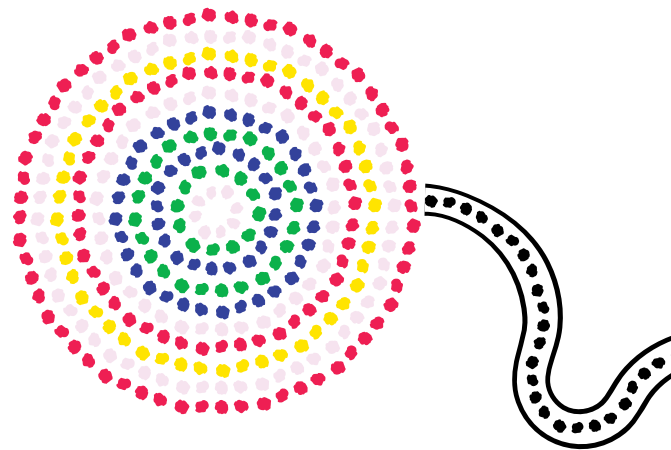
Julie Sturgess

PHN Chief Executive

Message from the Service Director of Aboriginal and Torres Strait Islander Health, SCHHS

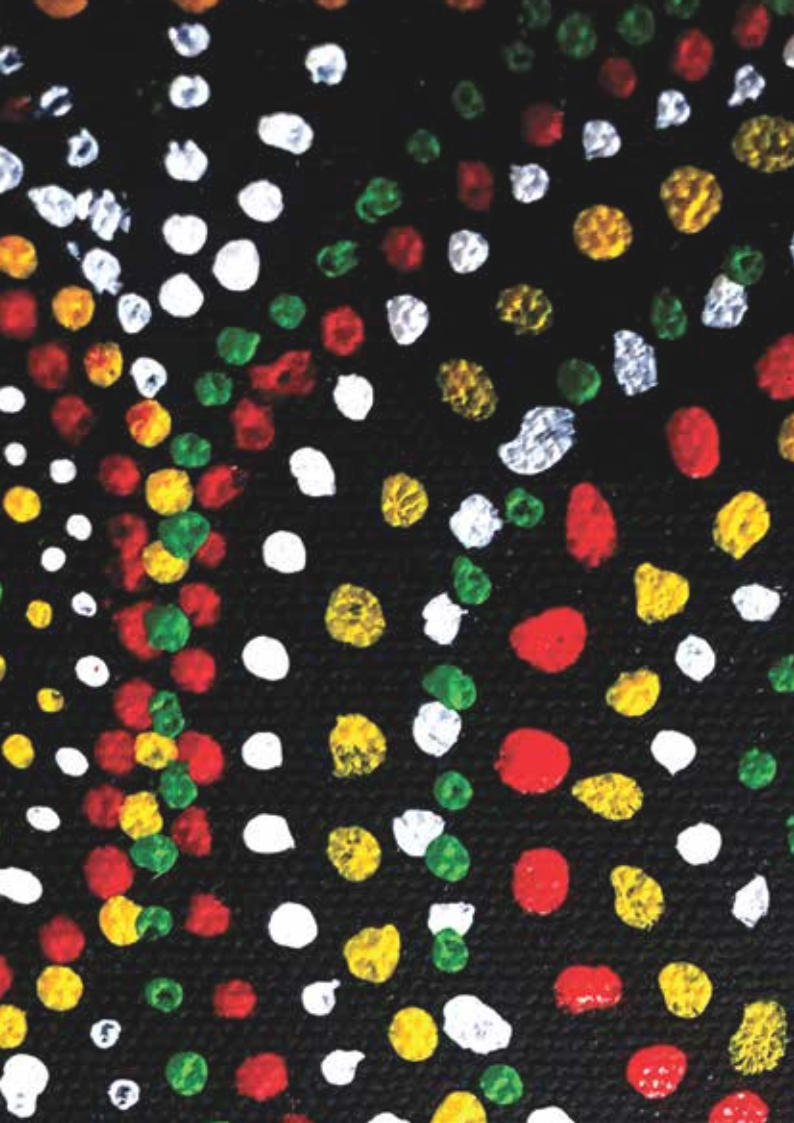
As the Service Director of Aboriginal and Torres Strait Islander Health for Sunshine Coast Hospital and Health Service, I am pleased to support a renewed focus that works to address the current barriers faced by Aboriginal and Torres Strait Islander peoples on their journey toward health equity. This process will continue to develop strong partnerships with the Community Elders and our partners.

The Health Equity Strategy and Implementation Plan provides real opportunity to embed changes to healthcare and impact the social determinants of health, driven by the voice of Aboriginal and Torres Strait Islander people. It provides a framework to work collaboratively that ensures Aboriginal and Torres Strait people's health becomes everybody's business, and person centered, culturally appropriate care becomes the norm rather than the exception.



Sharon Barry

Service Director of Aboriginal and Torres Strait Islander Health, SCHHS

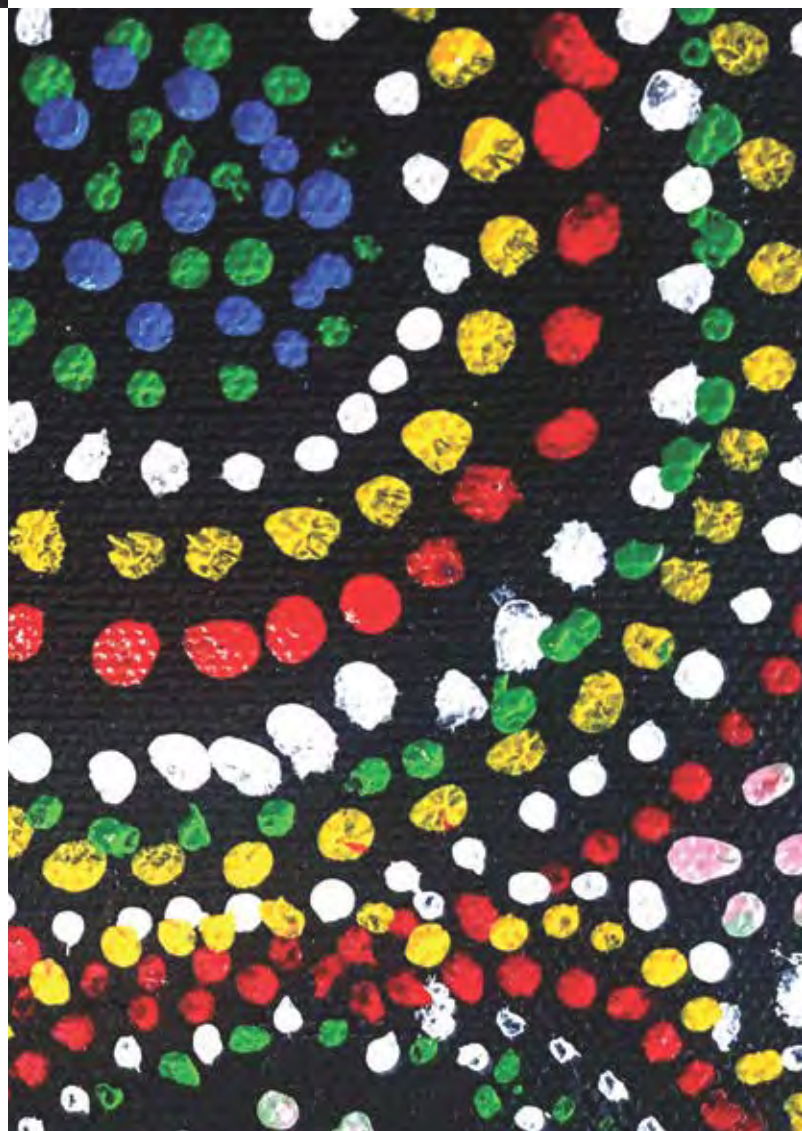


Our Vision

Improved health outcomes for Aboriginal and Torres Strait Islander people, through providing culturally responsive, sustainable and effective healthcare.

Our Purpose

To advance health equity, eliminate racism across the health system and to achieve life parity for Aboriginal and Torres Strait Islander people by 2031.



The Gathering



*It's getting better
because there are more
Aboriginal and Torres Strait
Islander people coming to
the coast than when we first
started here.*

— Aunty Betty

The themes and colours from The Gathering have been incorporated into the Sunshine Coast Health Equity Strategy and Implementation Plan. The painting represents community gathering into a yarning circle and highlights the importance of yarning and community to drive real change.

*The young ones have to
stand up for themselves;
the old ones are dying. The
young ones must take over if
they want to keep Aboriginal
culture alive.*

— Aunty Betty

Artist Aunty Betty McMahon passed away in 2018 but each year community still honour her contribution during Reconciliation Week. Aunty Betty moved to the Sunshine Coast in the 70s and quickly began to advocate for her community. She was part of the group who set up Kabi Kabi, an Aboriginal housing organisation and the Caloundra Aboriginal Corporation for Family and Youth. She was also instrumental in the creation of North Coast Aboriginal Corporation for Community Health and Kabbarli HACC which supported Elders in the community. Aunty Betty was the Chairperson of the Murri Health Reference Group from 1993, which established the first identified positions in the Sunshine Coast and Caboolture health services. Aunty Betty was also successful in securing funding for the first Aboriginal and Torres Strait Islander Hospital Liaison Officer which was based at Nambour Hospital. Aunty Betty supported various community action groups and services including Murri Court, Sunshine Coast Reconciliation Action Group, Local Health Forums and community art groups for Aboriginal and Torres Strait Islander people with disabilities. Aunty Betty strongly advocated for the Aboriginal and Torres Strait Islander community not only on the Sunshine Coast but across the state and nation.

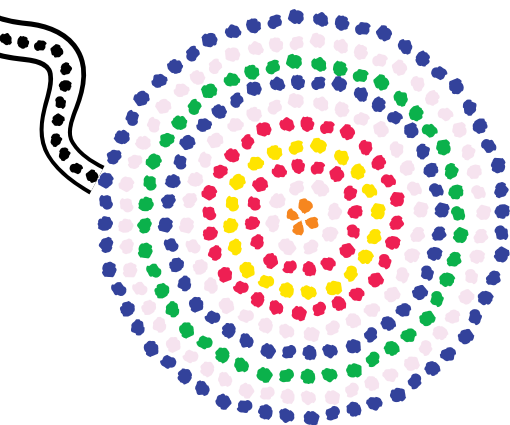
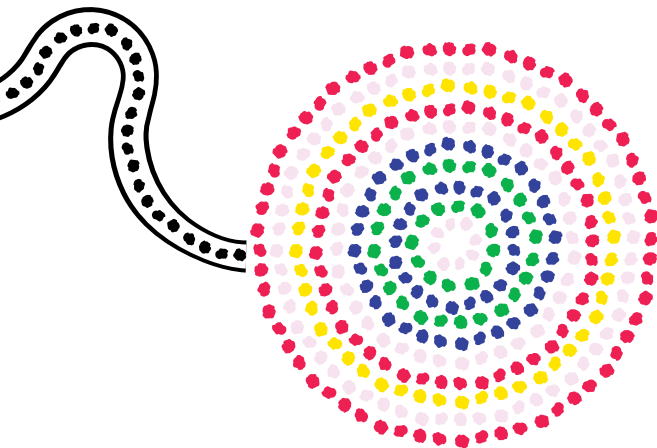
Our Region

The catchment in which our services are delivered includes the Sunshine Coast, Noosa, and Gympie councils. The region is made up of eight separate planning areas (Buderim, Caloundra, Gympie-Cooloola, Maroochy, Nambour, Noosa, Noosa Hinterland and the Sunshine Coast Hinterland) all of which present unique challenges.

A number of these areas are isolated from services, whereas others are experiencing unprecedented growth. The map outlines the location of current services within our region.

To ensure we capture the voices of the entire region, the Strategy and the Implementation Plan was co-designed, co-owned and co-implemented with the below prescribed stakeholders.

- Aboriginal and Torres Strait Islander 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 and Traditional Custodians
- The Chief First Nations Health Officer (CFNHO)
- Central Queensland Wide Bay Sunshine Coast PHN (Our PHN), North Coast Aboriginal Corporation for Community Health (NCACCH), Queensland Aboriginal and Islander Health Council (QAIHC)
- Providers that service the Aboriginal and Torres Strait Islander Community
- Health and Wellbeing Queensland





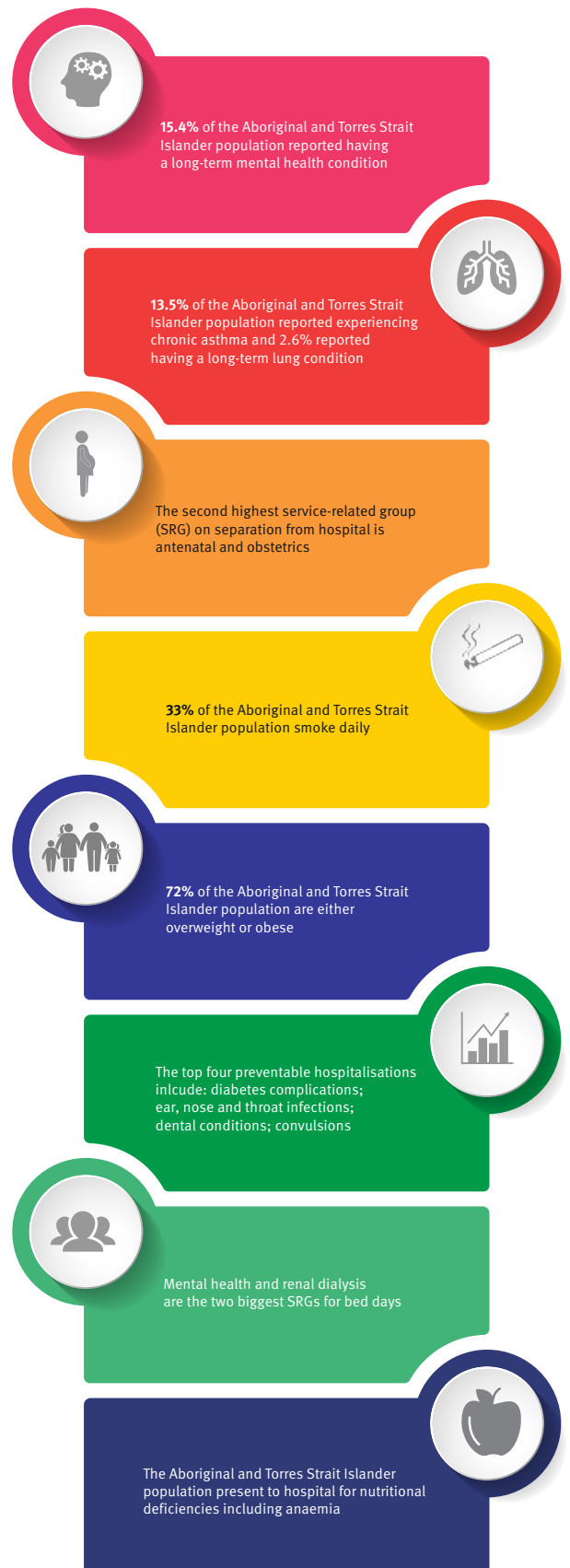
Our Community

Our community is forecast to have above state average growth over the next nine years, thereby increasing pressure on the current health system.

Currently the Sunshine Coast Aboriginal and Torres Strait Islander population represents 2.8% of the total population (approx. 12,000 people) and is estimated to increase at rate faster than the mainstream population. Almost half of the Aboriginal and Torres Strait Islander population in our region are aged 20 years or younger making the median age 26 years. This is significantly different when compared to the whole of population which has a median age of 46. It is predicted that the elderly population will grow with those aged between 70–85+ increasing by 40% and 68% respectively. All Health Services within the region will need to balance services to meet the needs of the ageing population but also address the health gap for a younger cohort of patients within the Aboriginal and Torres Strait Islander community.

Our community is made up of eight regions which all present unique challenges. The Caloundra, Sunshine Coast Hinterland and Gympie-Cooloola regions are expanding with large housing developments impacting future population projections. In some of the more isolated areas being developed, there is limited infrastructure in place to support the growth with a lack of public transport being one of the biggest issues raised by community. As the cost-of-living and house prices increase, some residents may be forced to move further out into these isolated areas where they have limited access to health services. This will likely greatly impact the Aboriginal and Torres Strait Islander community who already face increased household pressure due to inequities in social determinants.

The Aboriginal and Torres Strait Islander population in our region have a higher unemployment rate (16.7%) when compared to the state average (9.1%) and are also less likely to have completed year 12 (40.8%) when compared to the state average (52.1%). The Gympie-Cooloola and Nambour regions are the most socio-economically disadvantaged areas within our community and have a greater share of residents scoring in the bottom two quintiles on the Socio-Economic Indexes for Areas (SEIFA) scale. The Gympie-Cooloola region is also the most geographically isolated from the larger hospitals and also has the highest population of residents who do not have access to internet at home.

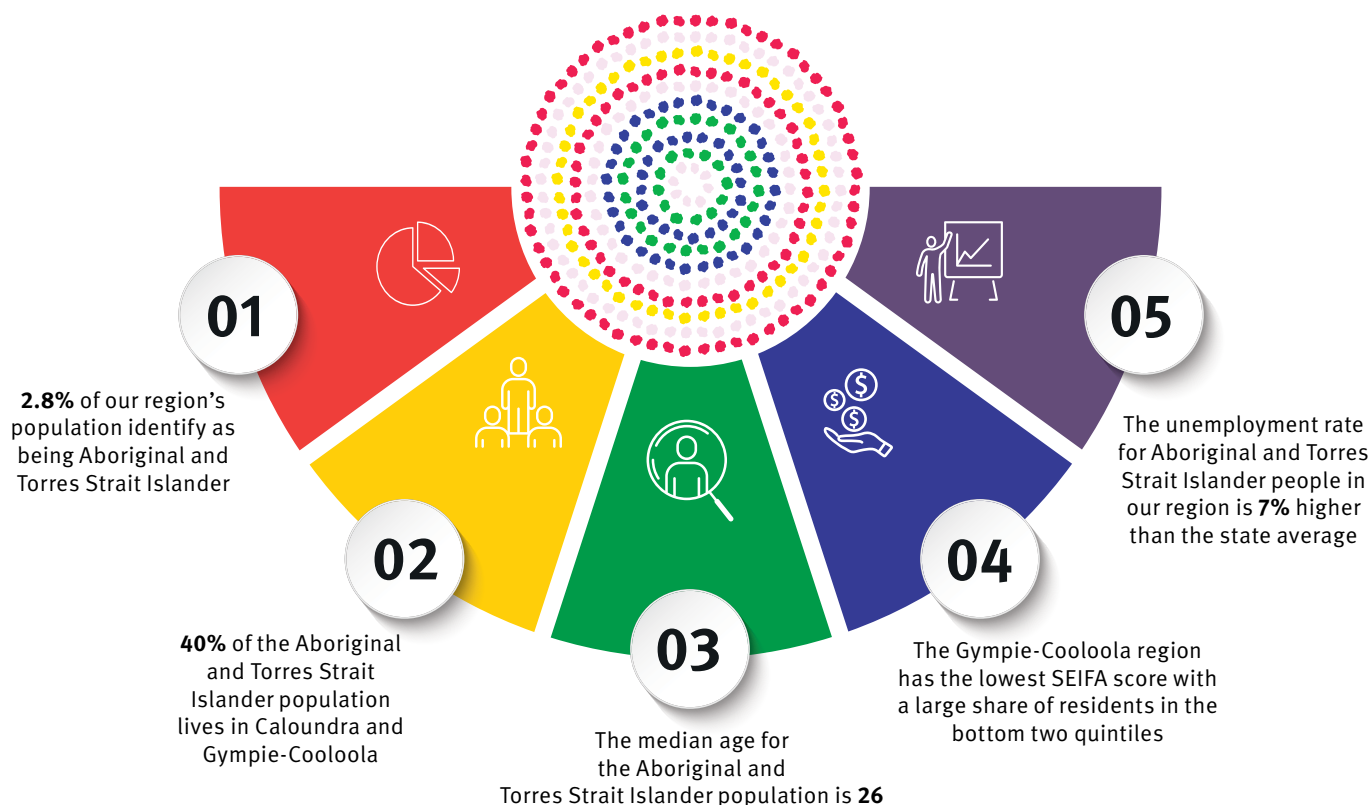


Almost half of the region's Aboriginal and Torres Strait Islander residents live in the Caloundra (20%) and Gympie-Cooloola (20%) regions. The regions with the highest density of Aboriginal and Torres Strait Islander residents include Gympie-Cooloola (4.9% of the total population identifies), Nambour (3.7% of the total population identifies) and the Sunshine Coast Hinterland (3% of the total population identifies). This suggests that although Caloundra has had significant growth in the Aboriginal and Torres Strait Islander population, it has also experienced significant growth in the overall population. These regional inequities and the social determinants must be considered when planning services to ensure health appropriate care is accessible by community.

In 2018–19 a National Aboriginal and Torres Strait Islander Health Survey was completed to provide data on health risk behaviour. The only indicator in which the Aboriginal and Torres Strait Islander population was lower than the overall state average, was in the overweight (Body Mass Index (BMI) 25.00–29.99) category, 28% compared to the state average of 33.5%. Yet in the obese (BMI 30.00 or higher) category the Aboriginal and Torres Strait Islander population rated well above the state average; with 44.8% classed as obese compared to mainstream 32.4%. These two measures suggest that in total 72% of the Aboriginal and Torres Strait Islander population in our region are either overweight or obese. The survey also revealed 33% of the Aboriginal and Torres Strait Islander population smoke daily. The Gympie – Cooloola region was the highest with 40% of the Aboriginal and Torres Strait Islander population reporting daily smoking.

The recent Census data (2021) detailed the prevalent long term health conditions that are impacting the Aboriginal and Torres Strait Islander population. Asthma, Arthritis, Cancer, Mental Health, Lung Conditions and Chronic Conditions all scored above the Aboriginal and Torres Strait Islander state averages. Of these six conditions Mental Health (15%), Asthma (13.5%) and Chronic Conditions (21%) were the highest reported for the region. Comparatively for the whole population, reports on Asthma (8.1%) and Mental Health conditions (9.5%) were much lower. Both the Aboriginal and Torres Strait Islander population and the whole population were above the state averages for Arthritis, Cancer and chronic conditions suggesting these health conditions impact the entire population. The Aboriginal and Torres Strait Islander population in our region scored just in line with the Aboriginal and Torres Strait Islander state averages for Heart Disease (3.6%) and Stroke (1%).

Aboriginal and Torres Strait Islander people present to hospital for a wide range of Service-Related Groups (SRGs) and Potentially Preventable Hospitalisations (PPH). PPH conditions largely occur in areas related to infections (ear, nose, throat, UTIs and Cellulitis), respiratory conditions (asthma, Chronic Obstructive Pulmonary Disease (COPD), nutritional deficiencies (anemia), dental conditions, and diabetes complications. Prolonged hospitalisations and unmanaged chronic conditions all result in increased morbidity issues and poorer health outcomes. In our region the median age at death for the Aboriginal and Torres Strait Islander population is 61.8 years old, an 18.2-year gap difference when compared to the Queensland average.



Our Alignment

The *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2022–2025)* has been developed in line with the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)* (SCA&TSIHES 2022–2031).

The Implementation Plan also aligns with the overarching *Sunshine Coast Hospital and Health Service Strategic Plan (2022–2026)* and will be embedded in operational plans throughout SCHHS. The SCA&TSIHES 2022–2031 will be implemented over a nine-year period with a detailed implementation plan developed and refined every three years. The inaugural implementation plan will cover 2022–2025 and has been designed to reflect the commitment of the Queensland Government, our health services, and our partners to improve health outcomes for Aboriginal and Torres Strait Islanders and drive change toward health equity.

Below outlines the strategies, plans and priorities at the various levels of government and community services.

Government Priorities		<ul style="list-style-type: none"> • National Agreement on Closing the Gap 2020 • Queensland Government Statement of Commitment to reframe the relationship • Queensland Health System Outlook 2006 • Queensland Health Advancing Health 2026 • Australian Government My Life My Lead 2017 • Unleashing the potential: an open and equitable health system • National Safety and Quality Health Service Standards 2021
Organisation Priorities		<ul style="list-style-type: none"> • 2021–25 Strategic Plan Sunshine Coast Health Network • Sunshine Coast Health Strategic Plan 2022–2026 • Sunshine Coast Hospital and Health Service Operational Plan 2022–2023 • SCHHS Aboriginal and Torres Strait Islander Workforce Strategy • North Coast Aboriginal Corporation for Community Health Strategic Plan 2021–2026 • Health and Wellbeing Queensland Strategic Plan
Health equity		<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health Equity Journey • Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2031 • Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan • Health Enquiry Consultation Summary 1 • Health Enquiry Consultation Summary 2
Focus areas		<ul style="list-style-type: none"> • Eliminate racism • Increase access to health care • Culturally diverse and confident workforce • Culturally safe and responsive health care • Co-design and partnership • Health parity

Challenges and Opportunities

During the consultation and co-development of **The Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)**, several challenges were highlighted by the community and partners that must be considered during the implementation phase.

Consultation

Although robust consultation was undertaken, the pandemic coupled with time constraints negatively impacted large consultation opportunities. Smaller groups, combined with surveys and other alternative methods of communication were employed to capture the voice of the community. This challenge underlined the importance of establishing an Elders Advisory Committee and integrating alternative models of communication (telehealth for example) into everyday business.

Transport options from Gympie. You asked me to be at Caloundra at 7:30 but the hospital wasn't open, and no one was there to greet me. You have a Wunya sign that I can see from the other side of the glass door. Wunya means welcome I was not welcome. — Elder

Funding

Funding models across all health services are complex and difficult to navigate. Our partners noted this creates a discrepancy between what services we can offer and what the community expects. Managing these expectations can be difficult and on occasion appear as a service gap. In most cases these services are available but can only be accessed in a different setting. This challenge underlines the need for co-design during service development as well as improved transparency between organisations around funding sources and services. This will help us work together to spread services more widely and increase access for our community.

Social Determinants

This is a multi-faceted issue that affects all stages of life and impacts health outcomes. Addressing these factors cannot be achieved by health services alone and requires a whole of government coordinated approach to achieve real lasting change. However, there is an opportunity for health services to influence these factors by focusing on targeted preventive health initiatives, improved health literacy and increasing employment opportunities.

It is good to have a voice now, we just need to see more of our mob in jobs when we come in. — Consumer

Population

The population in our region is growing at a higher rate compared to the rest of the state, and the Aboriginal and Torres Strait Islander population is growing even faster and has a median age that is 20 years younger (26) than the rest of the population. The demand for services will be impacted by the population growth and the difference in median ages will force services to cater to two very different age cohorts. A younger population provides an opportunity to create a lasting impact on health outcomes by using targeted and proactive health engagement which includes prevention strategies, health checks and support to stay healthy.

Data

Robust data for the Aboriginal and Torres Strait Islander population is often difficult to access and is not shared across organisations. Without outcome measures we are not able to evaluate services and understand our impact on the health gap. Although difficult to source, data is being captured. We have an opportunity to report this data and start using it as part of our planning activity.

Health Worker roles are valuable but are often not taken seriously. We need to build better support. — Consumer

Our Responsibility

The Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy and Implementation Plan are co-designed and co-owned by the Aboriginal and Torres Strait Islander community.

The Strategy and Implementation Plan have also been developed in consultation with our Implementation Stakeholders who are the prescribed persons that share a responsibility to give effect to the strategy. The Implementation stakeholders will work with our community to deliver on the strategic objectives and successes that are included in the plan. Each organisation will be asked to contribute their own actions to achieve these objectives in line with their core business.

Our Implementation Stakeholders include:

- Sunshine Coast Hospital and Health Service (SCHHS)
- The Chief First Nations Health Officer (CFNHO)
- Central Queensland Wide Bay Sunshine Coast PHN
- North Coast Aboriginal Corporation for Community Health (NCACCH) (A&TSICCHO)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Health and Wellbeing Queensland (HWQLD)

All Implementation Stakeholders share a responsibility to work collaboratively to achieve the objectives outlined in the strategy. However, the SCHH Board and Health Service Chief Executive have the overarching responsibility and accountability to implement the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2031* (SCA&TSIHES) and the subsequent three yearly Implementation plans. Reporting referencing the SCA&TSIHES will be included as in the SCHHS annual public report.

Aboriginal and Torres Strait Islander Health Equity Forum (A&TSIHEF)

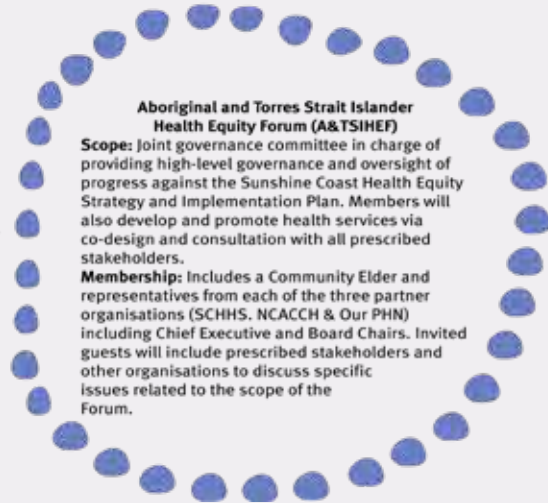
Formerly titled the Aboriginal and Torres Islander Local Health and Wellbeing Forum, this committee has been established for many years. The membership includes an Elder to represent the community and senior leaders from each organisation.

This committee has been pivotal in the past for establishing opportunities for shared services and events such as the widely successful Well Persons Health Check Day (WPHCD). Leveraging this already existing committee, the Terms of Reference will be updated to reflect the governance of the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)* and the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2022–2025)*. The joint governance committee will provide high-level governance and oversight of progress against the Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy and Implementation Plan. Members will also develop services via co-design and consultation, share needs assessments and engage with the broader health and social sectors.

Elders Advisory Committee (EAC)

A new committee to be established as a consultation body that ensures the community is represented in all aspects of the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)* and the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2022–2025)*. The committee will be comprised of Elders and membership will be decided via an Expression of Interest process to ensure equity. Due to the unique barriers faced by each planning region two EACs will be established; one in Gympie and the other in the Sunshine Coast region.





Health Equity Strategy (2022–2031)

The Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy detailed six key objectives required to address the drivers of the health gap.

These strategic objectives were developed in line with the *Making Tracks Together Queensland Aboriginal and Torres Strait Islander Health Equity Framework (2021)*, and the Sunshine Coast Health Equity Consultation process that gathered feedback and recommendations from our community and partners. Feedback provided was collated into the consultation summaries and 'Our Journey So Far' presentation.



Eliminate Racism

It is known that Aboriginal and Torres Strait Islander people's health outcomes are negatively impacted by institutional racism and racial discrimination, inherent within mainstream government systems. This can be demonstrated within the healthcare system by a one size fits all approach, which is not inclusive of culturally safe and appropriate spaces, systems, or practices, and was not designed to reflect the wishes or needs of the community. The flow on effect is evidenced by lack of engagement and ongoing health care avoidance, which in turn results in much poorer health outcomes. The Health Equity Strategy aims to work with community and partners to address the barriers and develop a health system that provides a voice for Aboriginal and Torres Strait Islander people that acknowledges and celebrates the world's oldest living continual culture.



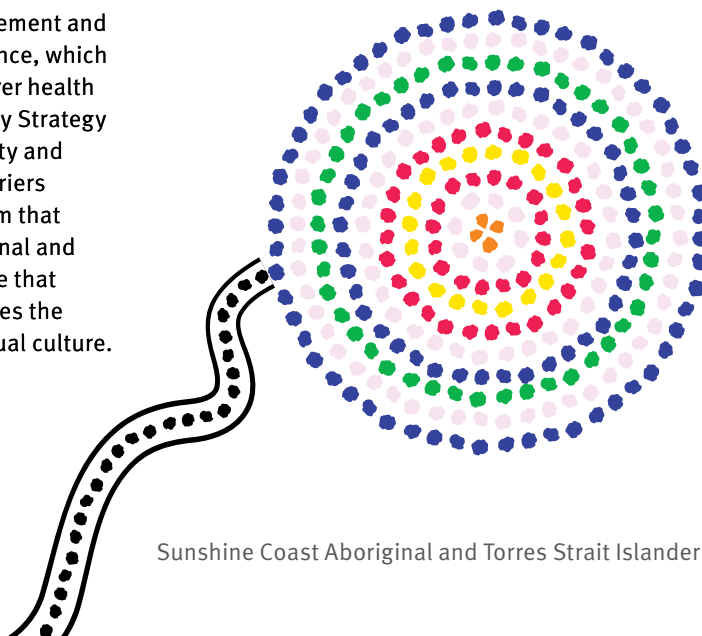
Increase Access to Healthcare

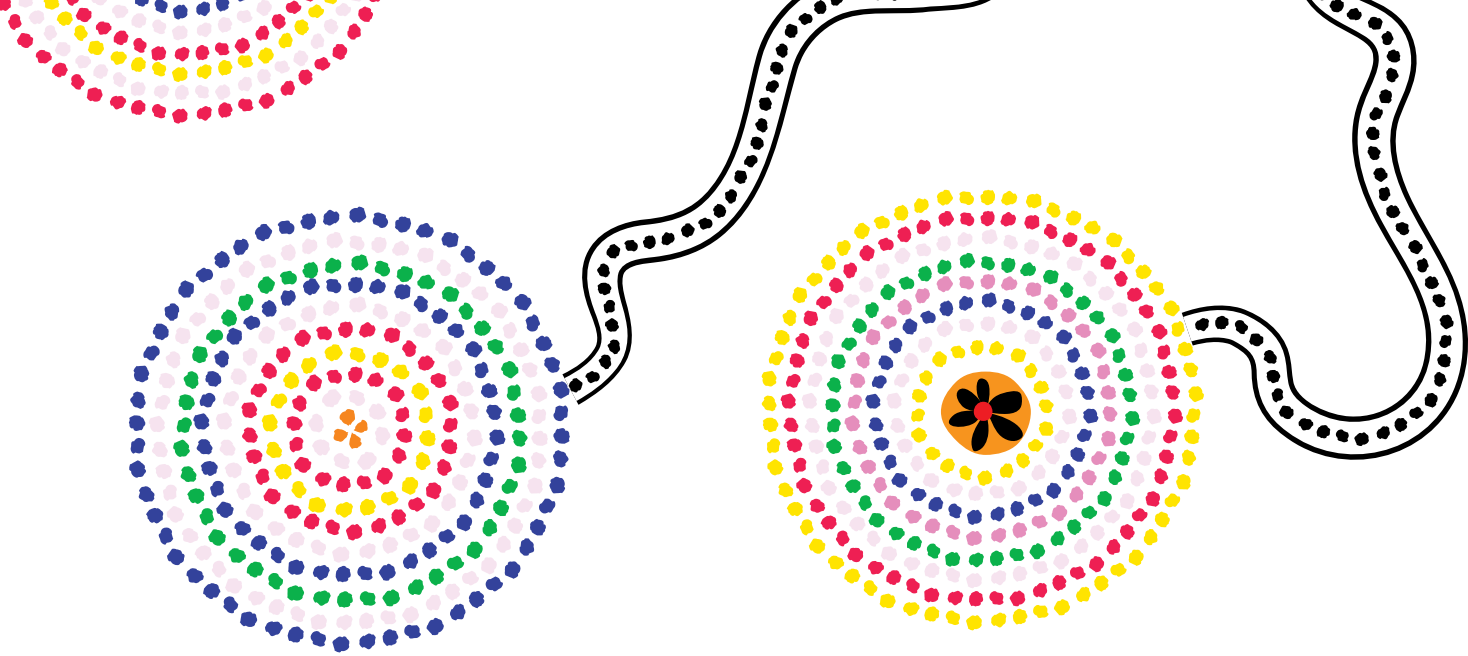
Aboriginal and Torres Strait Islander people encounter multiple barriers to health care including prohibitive cost, lack of transport or access to culturally appropriate services. The Health Equity Strategy will work with community and our partners to develop services that incorporate the use of technology such as telehealth to offer care options closer to home.



Culturally Diverse and Confident Workforce

We know health outcomes are impacted by social determinants which cannot be resolved in isolation. Factors such as employment, education, housing, and food security, are all integral steps on the road to good health and are fundamentally linked. As the largest employer in the region, we recognise that by providing pathways for employment, ongoing education, and development we have the power to drive real change and influence these factors.





Culturally Safe and Responsive Healthcare

We recognise the development of a culturally diverse workforce will not only help to influence the social determinants of health, but also intrinsically address many of the issues of racism, exclusion and development of a health care service which is culturally safe. We know from consultation there are gaps in knowledge of our non-identified workforce around the impacts of colonisation on Aboriginal and Torres Strait Islander people, and this continues to contribute to poorer health outcomes. We will use this opportunity to incorporate truth telling, cultural education and awareness to make Aboriginal and Torres Strait Islander Health everybody's business. As our workforce diversifies, we will build trust with community that will underpin a rich cultural exchange and support the health journey for all patients.



Co-Design and Partnerships

Improved health outcomes for Aboriginal and Torres Strait Islander people must be a whole of government and partnership approach. Strong collaborative partnerships to ensure the best use of funding and resources are directed by and responsive to the needs of the Aboriginal and Torres Strait Islander community, with reference to the service areas core business. We know that this will not happen without community continuing to have a voice that is not only acknowledged but heard and genuinely respected. We commit to develop and embed mechanisms for ongoing shared decision making to guide us on this journey to address the issues and develop solutions in collaboration.



Health Parity

We recognise achieving Health Parity will take a concerted effort from every of level of government, Aboriginal and Torres Strait Islander communities and all service providers. This will only happen by first highlighting inequities, acknowledging the barriers within current system, and providing real and sustainable pathways to negate the lasting impact of colonisation. We know change will not be achieved in isolation and the journey to Health Parity must include a focus not only on health, but also the social and cultural determinants that impact inequitable outcomes.

Implementation Plan 2022–2025: Local Priorities

As part of the consultation process, we asked community and our partners what they felt were the most important issues within each of the strategic objectives. This feedback allowed us to develop local priorities that would identify the focus for the inaugural three-year Implementation plan 2022–2025.

Priority 1

Increased accountability within all health services

Without accountability we have no way to measure our success, track our outcomes or drive widespread change. Across the board, our community wanted increased transparency in decision making, governance and funding from all three organisations. They also wanted to understand how we implement changes from feedback that we receive and how we measure our success when evaluating these services. To deliver on this priority the implementation plan has outlined what success looks like and measures on making Aboriginal and Torres Strait Islanders health everyone's business, increasing identification rates and strong governance with greater transparency and accountability. This priority aligns with what success looks like and measures outlined for strategic objectives Culturally Safe and Responsive Healthcare and Co-design and Partnerships.

Priority 2

Support and grow the Aboriginal and Torres Strait Islander workforce

To eliminate racism and create a culturally safe environment we need to build diversity within our workforce across all streams and within all health services. A diverse workforce is also the most direct way we can impact social determinants within our community by growing opportunities for education and employment. To deliver on this priority the implementation plan has outlined what success looks like and measures on building career pathways, increasing Aboriginal and Torres Strait Islander workforce representation and establishing clinical governance for the new Health Worker stream. This priority aligns with what success looks like and measures outlined for strategic objectives Culturally Diverse and Confident Workforce and Culturally Safe and Responsive Healthcare.

Priority 3

Provide culturally appropriate care in the right place

Access to services is one of the biggest issues outlined by community. Some of the hurdles highlighted during consultation included geography, isolation and lack of flexibility when booking times. Our health services identified funding as an issue as it directly effects eligibility criteria, service scope and waitlists. Awareness of services and the setting in which they are accessed was also a barrier identified across the board. Greater transparency across organisations and clear pathways is the best way to ensure culturally appropriate care in the right place. To deliver on this priority the implementation plan has outlined what success looks like and measures that include improved flexibility in access, connected pathways and increased service awareness. This priority aligns with what success looks like and measures outlined for strategic objectives Increase Access to Healthcare, and Culturally Safe and Responsive Healthcare.

Priority 4

Achieve dynamic community engagement

In our region the Aboriginal and Torres Strait Islander population is much younger emphasising the importance of preventive health and early engagement to reduce the health gap. Our community underlined the need for increased youth engagement and support to stay healthy. We also need to influence social determinants which have a direct impact on health outcomes. To deliver on this priority the implementation plan has outlined what success looks like and measures that includes supporting community to stay healthy, improved consumer engagement, increase education and prevention services. This priority aligns with what success looks like and measures outlined for strategic objectives Eliminate Racism, Increase Access to Healthcare, Co-design and Partnerships and Health Parity.

Success, Actions and Measures

Improving Aboriginal and Torres Strait Islander health and wellbeing outcomes and achieving health parity is a vision shared by all health services.

To achieve this by 2031 six strategic objectives have been developed as part of the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)*. The success, actions and measures included in the *Implementation Plan 2022–2025* aligns to each of the six strategic objectives and is underpinned by the local priorities outlined by our community and partners. This inaugural *Implementation Plan 2022–2025* includes a combination of state-wide and tailored Sunshine Coast specific measures and will be the focus of the next three years.



Objectives

Outlined in the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategic Plan (2022–2031)*.



Success

If we achieve our outcomes what are the benefits provided to our community.



Strategies (Action)

Operational detail to be developed by relevant SCHHS service areas in response to Implementation Plan metrics.



Measure

Outcomes to be reported by relevant SCHHS service areas via Operational Performance meetings.

Objective: Eliminate Racism

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Increased cultural competency through education and shared story telling	<ul style="list-style-type: none"> HHS / NCACCH / PHN — Establish / grow cultural education for all staff <ul style="list-style-type: none"> HHS — Increase Cultural Practice Program (CCP) (mandatory training) compliance rates by establishing the training as part of the orientation process. HHS — Report CPP compliance rates per division at Operational Performance meetings. HHS — Offer additional education sessions to the workforce that encourage truth telling (lunch box sessions, Elders talks, Traditional Owners education). PHN — Provide Cultural Competency Training (CCT) to Primary Care providers. HHS / NCACCH / PHN — Celebrate culturally significant dates and events <ul style="list-style-type: none"> HHS — Publish articles around significant dates in all staff communications to grow awareness. HHS — Hold events or education sessions on significant dates and invite all staff to participate. HHS — Attend and support community events that celebrate significant dates such as NAIDOC week celebrations. 	HHS — Cultural Practice Program Compliance Rates	69.5%	> 70% (Must increase by 0.5% each year)	<ul style="list-style-type: none"> Performing: ≥ 0.5% increase from previous year Performance Flag: ≥ 0.1% and < 0.5% increase from previous year Not Performing: 0% increase or decrease from previous year
		PHN — Amount of CCT sessions held per year.	0	4 sessions per year	Performing: Providing 3 – 4 sessions per year.
		HHS — Develop process to highlight culturally significant events and provide collaborative event planning and updated in community in collaboration with PHN and NCACCH.	0	1 SCHHS / PHN/ NCACCH Agreed process/ format to be completed by End of year (EOY) 1 – 2023 Process to be implemented by EOY 2 – 2024	
Increased culturally safe spaces	<ul style="list-style-type: none"> HHS — Increase culturally safe spaces across all HHS facilities <ul style="list-style-type: none"> HHS — Encourage use of the SCHHS Cultural Audit tool within the service. HHS — Collate and report on the findings provided by the audit tool. HHS — Complete a tender process for artwork designed by community and use this artwork for door wraps / signage and other material to provide a culturally safe space. HHS — Explore opportunities to develop culturally appropriate spaces for patients and family members while in hospital. 	HHS — Develop baseline data to enable quantifiable metrics to measure cultural safety.	0	1 Process to be implemented by year EOY 1 – 2023	
		HHS — Develop agreed SCHHS Aboriginal and/or Torres Strait Islander EO1 / artwork tender process to be published for SCHHS use.	0	1 Process to be implemented by year EOY 1 – 2023	
Racist incidents are captured and addressed	<ul style="list-style-type: none"> HHS / NCACCH — Integrate mechanisms to address racism and discrimination complaints <ul style="list-style-type: none"> HHS — Continue to work with Department of Health (DoH) to modify Riskman to include racism and discrimination reporting. HHS — Develop a process for escalating and resolving complaints of racism and discrimination. HHS — Develop a Human Resource (HR) policy on racism and discrimination to support managers in addressing complaints. 	HHS — Report every three months to the Executive Workforce Committee on progress against these actions.	0	1 Process to be implemented by EOY 1 – 2023	

Objective: Increase Access

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Clear and connected pathways for consumers	<ul style="list-style-type: none"> HHS – Improve pathways into and out of hospital <ul style="list-style-type: none"> HHS – Report on waitlist numbers and keep community engaged on their health journey via alternative care options while waiting for specialist treatment. HHS – Establish priority access to specialist care for Aboriginal and Torres Strait Islander people. HHS – Increase referrals to transition / step down and community programs to better support patients on discharge. HHS – Establish alternate care pathways for low acuity Department of Emergency Medicine (DEM) presentations HHS – Grow community awareness to DEM alternatives such as Minor Injury and Illness Clinic (MIIC). HHS – Develop an integrated approach to service delivery across the primary, secondary and tertiary levels. HHS / NCACCH / PHN – Explore opportunities to provide alternative models of care <ul style="list-style-type: none"> HHS – Rollout the Connected Community Pathways (CCP) projects to support alternative options to care. HHS / NCACCH / PHN – Identify gaps and develop services in partnership (via agreements and shared funding submissions / resources) that have been developed in consultation with partners and community. 	HHS – Elective Surgery – Increased proportion of Aboriginal and Torres Strait Islander patients treated within clinically recommended time	Cat 1 – 91% Cat 2 – 87% Cat 3 – 94%	Cat 1 ≥ 98% Cat 2 ≥ 95% Cat 3 ≥ 95%	Category 1 <ul style="list-style-type: none"> Performing: ≥ 98% Performance Flag: ≥ 95% and < 98% Not Performing: < 95% Category 2 & 3 <ul style="list-style-type: none"> Performing: ≥ 95% Performance Flag: ≥ 92% and < 95% Not Performing: < 92%
		HHS – Specialist Outpatient – Increased proportion of Aboriginal and Torres Strait Islander patients seen within clinically recommended times	Cat 1 – 84% Cat 2 – 45% Cat 3 – 78%	Cat 1 ≥ 90% Cat 2 ≥ 85% Cat 2 ≥ 85%	Category 1 <ul style="list-style-type: none"> Performing: ≥ 90% Performance Flag: ≥ 80% and < 90% Not Performing: < 80% Category 2 and 3 <ul style="list-style-type: none"> Performing: ≥ 85% Performance Flag: ≥ 75% and < 85% Not Performing: < 75%
		HHS – Increased proportion of Aboriginal and Torres Strait Islander People receiving face-to-face community follow up within 1–7 days of discharge from an acute mental health inpatient unit	70%	75%	<ul style="list-style-type: none"> Performing: ≥ 75% Performance Flag: ≥ 70% and < 65% Not Performing: < 70%
		HHS – Develop a process to enable a reference source for funding/ agreements	0	1 (To be completed by end of year 3 – 2025)	1 (To be completed by end of year 2 – 2024)
Increased flexibility in access for consumers	<ul style="list-style-type: none"> HHS / NCACCH – Increase flexibility in access HHS / NCACCH – Increase outreach clinics to enable care closer to home. HHS / NCACCH – Increase use of telehealth and telehealth hubs. HHS / NCACCH – Develop an integrated approach to service delivery across the primary, secondary and tertiary levels. 	HHS – Reduction in the proportion of failure to attend appointments for Aboriginal and Torres Strait Islander paediatric community, mental health, and outpatient appointments HHS / NCACCH – Develop disaggregated metric baseline to inform non-admitted patient telehealth usage rates for Aboriginal and Torres Strait Islander people	9%	8%	<ul style="list-style-type: none"> Performing: ≤ 8% Performance Flag: > 8% and ≤ 9% Not Performing: > 9%
Increased service awareness	<ul style="list-style-type: none"> HHS / NCACCH / PHN – Grow service awareness in the community and undertake regular consultation to understand barriers <ul style="list-style-type: none"> HHS / NCACCH / PHN – Attend and provide information on services at community events. HHS – Grow service awareness with staff <ul style="list-style-type: none"> HHS – Increase the capability of case coordination services to establish and share linkages. HHS – Use all staff communication to raise service awareness. 	HHS – Develop a collaborative annual calendar resource as a single reference point for community and work in partnership to support events	0	1 (To be completed by end of year 1 – 2023)	.

Objective: Culturally Diverse and Confident Workforce

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Increased Aboriginal and Torres Strait Islander representation within the workforce	<ul style="list-style-type: none"> HHS – Increase Aboriginal and Torres Strait Islander representation through active recruitment <ul style="list-style-type: none"> HHS – Review recruitment strategies and role descriptions to ensure cultural appropriateness. HHS – Promote employment pathways and opportunities via career expos, education, and community associations. HHS – Modify existing positions to become Identified Positions. HHS – Create a communication strategy to encourage the existing workforce to identify. 	HHS – Annual (year on year) increase in Aboriginal and Torres Strait Islander workforce representation	1.79%	Between 2.6% – 3.6% (must increase in % each year)	<ul style="list-style-type: none"> Performing: ≥ 0.5% increase from previous year Performance Flag: ≥0.1% and < 0.5% increase from previous year Not Performing: < 0% increase from previous year
Established career pathways for growth and retention of the workforce	<ul style="list-style-type: none"> HHS – Strengthen and support existing staff by creating career pathways and progression opportunities in the workforce <ul style="list-style-type: none"> HHS – Review and restructure existing SCHHS Aboriginal and Torres Strait Islander services / programs to include progression opportunities. HHS – Establish and grow traineeships, student placements and graduate programs for all disciplines. HHS – Develop mentorship programs to support growth. HHS – Report on workforce by discipline to understand unrepresented areas. HHS – Target workforce streams that are unrepresented by Aboriginal and Torres Strait Islander people. HHS – Maintain Aboriginal and Torres Strait Islander representation at the Board and Executive levels. HHS – Publish SCHHS Cultural Capability Implementation Plan. 	HHS – Review, update and publish the SCHHS Aboriginal and Torres Strait Islander Workforce Strategy with measurable objectives.	0	1 To be completed by end of year 1 – 2023	<p>The HHS will report on progress against these actions and measures in the Workforce Strategy every two months via the Making Tracks Towards Health Equity Committee (MTHEC)</p> <p>No formal target will be set for individual streams as the overall workforce target (State KPI 10) will show progress in this area. This data will be captured to inform the direction of workforce strategies and highlight areas that require further support, incentives, and pathways to achieve the overall target.</p>
Clear and supported clinical governance for the new Health Worker Stream	<ul style="list-style-type: none"> HHS – Support Health Workers to work to their full scope by creating a clinical governance support structure <ul style="list-style-type: none"> HHS – Recruit a senior professional lead position for the Health Worker stream. HHS – Establish a professional support structure. HHS – Support professional development, upskilling and study opportunities via traineeships and Study and Research Assistance Scheme (SARAS). 	HHS Improve rates of participation in the Working for Queensland (WfQ) Employee Opinion Survey	95%	100%	Report feedback from WfQ survey to health workers via team meetings and through Performance and Development Plan (PaD) process.
			0	1 Recruitment to be completed by EOY 1 – 2023 Clinical governance support structure to be confirmed by EOY 2–2024	

Objective: Culturally Safe and Responsive Healthcare

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
<p>Improve identification rates to ensure services provided are both clinically and culturally responsive</p>	<ul style="list-style-type: none"> HHS / NCACCH / PHN – Improve patient identification rates <ul style="list-style-type: none"> HHS – Report on instances of ‘not stated’ per division at Operational Performance meetings. HHS – Deliver targeted education to areas that have high instances on ‘not stated’. HHS – Implement an overarching communication strategy regarding the importance of identifying as Aboriginal and/or Torres Strait Islander for consumers. NCACCH / PHN – Include identification on referral forms prior to admission to hospital. 	<p>HHS – Develop process and metrics to measure instances of ‘Not Stated’ on admission to the HHS (including waitlists and outpatient appointments) and work in partnership with NCACCH and PHN to improve GP identification rates</p>	0	1	<p>The HHS will report on progress against the measures outlined in the Implementation Plan (2022–2025) every two months via the Making Tracks Towards Health Equity Committee (MTTEC)</p>
<p>Increase in culturally safe care and revenue</p>	<ul style="list-style-type: none"> HHS / NCACCH / PHN – Increase revenue and leverage funding opportunities HHS – Leverage existing Quality Incentive Payments (QIP) and Healthcare Purchasing opportunities that result in improved healthcare for Aboriginal and Torres Strait Islander consumers. HHS / NCACCH / PHN – Collaborate on funding applications for services that work across the care continuum. 	<p>HHS – Increased proportion of Aboriginal and Torres Strait Islander people completing Advance Care Planning (ACP)</p>	5%	≥ 2% increase from previous year	<p>Performing: ≥ 2% increase from previous year</p> <p>Performance Flag: ≥ 1% and < 1.5% increase from previous year</p> <p>Not Performing: ≤ 0.1% increase from benchmark</p>
		<p>HHS – Improve the rate of Aboriginal and Torres Strait Islander public hospital inpatients and mental health community clients offered the Smoking Cessation Clinical Pathway.</p>	60%	65%	<p>Performing: ≥ 65%</p> <p>Performance Flag: ≥ 60% and < 50%</p> <p>Not Performing: < 5%</p>
		<p>HHS – Improve maternity care provided to Aboriginal and Torres Strait Islander mothers</p>	<p>72%</p> <p>Attended an antenatal visit during the first trimester</p>	<p>Between 80% – 84.8% (must increase each year)</p>	<p>Performing: ≥ 1% increase from previous year</p> <p>Performance Flag: ≥ 0.5% and < 1% increase from previous year</p> <p>Not Performing: < 0% decrease from previous year</p>
		<p>26%</p> <p>Smoking after 20 weeks gestation</p>	<p>Between 20% – 6.7% (must decrease each year)</p>	<p>Performing: ≥ 1% decrease from previous year</p> <p>Performance Flag: ≥ 0.5% and < 1% decrease from previous year</p> <p>Not Performing: < 0% increase from previous year</p>	

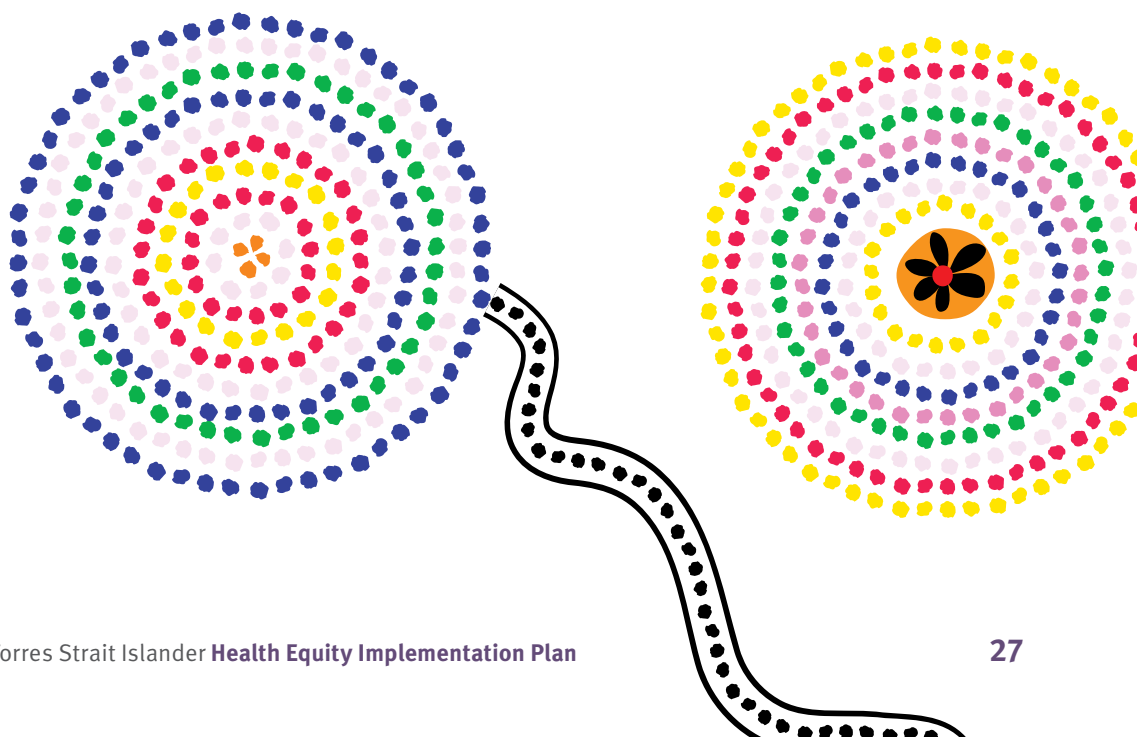
Objective: Culturally Safe and Responsive Healthcare *continued*

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Increased understanding of Aboriginal and Torres Strait Islander health issues and available services	<ul style="list-style-type: none"> HHS – Build a shared understanding of Aboriginal and Torres Strait Islander health issues HHS – Include Aboriginal and Torres Strait Islander programs and services in discharge planning. HHS – Provide instruction and guidance to staff on how to apply cultural capability in everyday practice. HHS – Implement a communication/ education strategy for clinicians regarding the importance of identifying and the specific health issues faced by the Aboriginal and Torres Strait Islander population. HHS – Increase clinical education that focuses on cultural diversity such as simulations. 	HHS – (Qualitative Measure) Increased proportion of Aboriginal and Torres Strait Islander people whose cultural and spiritual needs met during the delivery of healthcare using Patient Reported Experience Measures (PREMs).	N/A	N/A	No reporting is required until data quality has improved – as advised by DoH.
Making Aboriginal and Torres Strait Islander Health everyone's business	<ul style="list-style-type: none"> HHS – Work together to close the gap and share accountability HHS – Embed Health Equity Strategy and Objectives into Operational Plans. HHS – Maintain Annual reporting and embed Health Equity Measures, Strategy and Objectives. HHS – Continue to support the development of a state-wide database the reports on outcomes against the Health Equity Strategy. HHS – Amend PAD and other appraisal documents to include questions around cultural integrity and competency. HHS – All meetings, committees and templates will include acknowledgement to country. 	HHS – Bi-Monthly Reporting	0	1	The HHS will report on progress against the measures outlined in the Implementation Plan (2022–2025) every two months via the Making Tracks Towards Health Equity Committee (MTTEC).
		HHS – Develop reporting process to ensure Health Equity implementation plan measures are tracked and reviewed			Reporting structure to be confirmed by EOY 2–2024



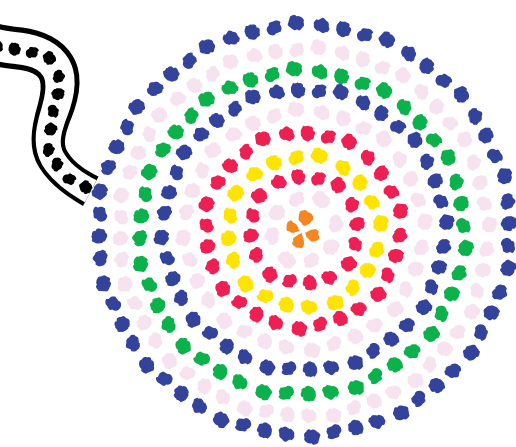
Objective: Co-Design and Partnerships

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Greater transparency and accountability	<ul style="list-style-type: none"> HHS / NCACCH / PHN – Work together as an integrated system HHS / NCACCH / PHN – Develop a shared register outlining all existing agreements between the three organisations. 	HHS / NCACCH / PHN – Bi-Monthly reporting	0	1 Shared register to be developed by EOY 1 2023	All partners will discuss progress against the measure outlined in the Implementation Plan (2022–2025) every two months via the Aboriginal and Torres Strait Islander Health Equity Forum (A&TSIHEF).
Improved consumer engagement	<ul style="list-style-type: none"> HHS / NCACCH / PHN – Increase engagement with our community and share feedback HHS – Establish an Elders Advisory group. HHS / NCACCH / PHN – Establish an ongoing community consultation strategy so information can flow between the three individual organisations and community. HHS / NCACCH – Develop a shared event calendar that outlines all significant dates and events for the year which can be accessed by community. HHS / NCACCH / PHN – Maintain representation at community action and network groups. PHN – Continue to provide and share health needs assessments to inform service delivery. 	<p>HHS / NCACCH / PHN – Support establishment of x 2 and Elders Advisory Groups – (EAG) Gympie and Birtinya / Nambour</p> <hr/> <p>HHS – Develop a resource to provide partner core business and program information to provide clarity to community</p>	0	1 EAG to be operational by EOY 1 – 2023	1 Resource to be completed by EOY 2 – 2024



Objective: Health Parity

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Community is supported to stay healthy at all points in their health journey	<ul style="list-style-type: none"> HHS / NCACCH / PHN / HWQLD – Support community to stay healthy HHS / NCACCH / PHN / HWQLD – Work with Health and Wellbeing Queensland to identify preventive health education programs that could be offered in the community. HHS / NCACCH / PHN – Deliver education and support programs that increase health literacy. HHS / NCACCH – Deliver targeted education programs that address Potentially Preventable Hospitalisations, modifiable risk factors and other areas of health need as outlined in reporting. HHS / NCACCH – Develop programs for youth. 	HHS / NCACCH / PHN – Decreased potentially avoidable deaths for Aboriginal and Torres Strait Islander people HHS / NCACCH / PHN – Decreased rate and count of First Nations suicide deaths <i>NB: The Sunshine Coast HHS may not report on this measure due to small numbers which may raise privacy, confidentiality and statistical reliability concerns. Exact counts will be suppressed in line with the health information disclosure guidelines developed by the National Health Information Standards and Statistics Committee (NHSSC)</i>	–	Sustain a reduction in potentially avoidable deaths and suicides <i>(There is no specific target outlined as there is no acceptable rate for potentially avoidable deaths and suicide)</i>	Performing: ≤ average of previous 3-year reporting Performance Flag: < average of previous 3-year reporting
		HHS – Increased proportion of Aboriginal and Torres Strait Islander babies born with a healthy birthweight	96.3%	96.3%	Performing: ≥ 0.5 percentage point reduction from target Performance Flag: > 0 percentage point to < 0.5 percentage point reduction from target Not Performing: ≤ 0 percentage point reduction from target



Objective: Health Parity *continued*

Success	Strategies (Actions)	Measure			
		Metric	Baseline	Target	Tolerance
Holistic Care is provided through the adoption of preventive health and improved lifestyle choices	<ul style="list-style-type: none"> HHS / NCACCH / PHN / HWQLD – Support Holistic Care through prevention and early intervention <ul style="list-style-type: none"> HHS – Establish a Prehabilitation process prior to patients receiving care in hospital. HWQLD / HHS – Explore opportunities to work together and trial innovative projects that provide alternative pathways to intervention and preventative health. HHS / NCACCH – Deliver targeted education programs that address Potentially Preventable Hospitalisations, modifiable risk factors and other areas of health need as outlined in reporting. HHS / NCACCH / PHN / HWQLD – Support Holistic Care through health checks <ul style="list-style-type: none"> NCACCH / PHN – Increase health checks and care planning including, 715s and Mental Health checks. HHS – Increase and report on Advance Care Planning (ACP). PHN / NCACCH – Deliver education to GPs around Aboriginal and Torres Strait Islander referral pathways and health checks. HHS / NCACCH – Explore and implement opportunistic screening with community health care teams. HHS / NCACCH / PHN / HWQLD – Support Holistic Care by influencing social determinants <ul style="list-style-type: none"> HHS / NCACCH / PHN -Include wider social services in the Aboriginal and Torres Strait Islander Health Equity Forum to establish linkages. HWQLD – Support the development of partnerships between health services and other agencies to help address actions related to social determinants. 	HHS – Increased proportion of Aboriginal and Torres Strait Islander Adult patients on the general care waitlist, waiting for less than the clinically recommended time.	85%	> 85%	<ul style="list-style-type: none"> Performing: ≥ 85% Performance Flag: ≥ 80% and < 85% Not Performing: < 80%
		HHS – Decrease Potentially Preventable Hospitalisations (PPH)	2.6% (Diabetes Complications)	2% (Diabetes Complications)	Diabetes Complications <ul style="list-style-type: none"> Performing: ≤ 2% Performance Flag: ≤ 2.5% Not Performing: > 2.5%
		HWQLD / HHS– Investigate partnership/program opportunities with HWQLD	7.6% (All other PPH Conditions)	7.1% (All other PPH Conditions)	All other PPH Conditions <ul style="list-style-type: none"> Performing: ≤ 7.1% Performance Flag: ≤ 8.1% Not Performing: > 8.1%
		HHS – Meet targets set for Potentially Preventable Hospitalisations under the Making Tracks funding arrangement.	0	1	All partners will discuss progress against the measure outlined in the Implementation Plan (2022–2025) every two months via the Aboriginal and Torres Strait Islander Health Equity Forum (A&TSIHEF).
		HHS/NCACCH/ PHN – Develop collaborative engagement strategy with wider community and local social services – e.g. SC1NG Sunshine Coast First Nations Group	0	1 (Process to be completed by EOY 2 – 2024)	



Ongoing Monitoring and Evaluation

The inaugural *Implementation Plan (2022–2025)* will guide the direction of the first three years of the *Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031)*.

The success and measures have been developed in line with our overarching priorities which were identified in collaboration with our community and partners. It is acknowledged that priority areas may need to alter over the course of the strategy so developing implementation plans in three-yearly tranches will allow us to pivot and develop a tailored plan in response to the changing health needs of our community. Additional plans will be developed for 2025–2028, and 2028–2031 which will allow opportunity for further consultation and evaluation of the previous plan. The below timeline documents the development of the Health Equity Strategy and Implementation Plan.

Jan – Apr 2022
Consultation and
Feedback

Consultation was completed with our partners and community. Feedback provided during this period was collated and published in consultation summaries.

Apr – Jun 2022
Draft Strategy
Circulated

On 28 April 2022 the Draft Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022–2031) was released to all prescribed stakeholders for review and feedback within 30 days. To allow robust discussion the feedback window was extended until 27 June. All feedback provided was summarised and published in the Feedback Summary document which was circulated to all prescribed stakeholders.

Jul – Sep 2022
Strategy Released

Agreed changes outlined in the Feedback Summary document were implemented and the final strategy was released.

Sep – Oct 2022
Draft Implementation
Plan Circulated

The Draft Sunshine Coast Health Equity Implementation Plan is finalised and circulated to stakeholders for review and feedback within 30 days.

Nov – Dec 2022
Implementation
Plan Released

Agreed changes are made and the Final Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Implementation Plan (2022–2025) is released.

Jan 2023 – 2025
Implementation Plan

Established reporting at joint governance committee against measures outlined in the implementation plan. Consultation and review of previous plan to frame development of 2nd tranche of Health Equity Implementation

Reference Documents

Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (2022 – 2031)

Health Equity Consultation Summary One

Health Equity Consultation Summary Two

Our Journey So Far

Sunshine Coast Aboriginal and Torres Strait Islander Health Equity Strategy (Feedback Summary)

