



# *Learnings from Health Equity*

Queensland Aboriginal and Islander Health Council  
submission to Productivity Commission

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## QAIHC SUBMISSION TO THE NATIONAL PRODUCTIVITY COMMISSION

### About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment. In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 12 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Torres Strait Islander Community Controlled Health Organisations (AICCHOs) located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of AICCHOs of Queensland, wish to express the collective views on behalf of our state-wide members, regarding the implementation so far of the Health Equity reform. While broadly representative it may not represent all Members experiences on the reform to date.

The purpose of this submission paper is to reflect on the implementation and journey of Health Equity reform in Queensland, from the perspective of QAIHC.

QAIHC would like to thank the Productivity Commission for the opportunity to comment on this matter to inform their broader review of the Close the Gap Agreement, particularly in regards to the four priority reforms.

## 1. Response to the Productivity Commission – Health Equity

### Sector reflections on Health Equity in Queensland

The initiation, and implementation of Health Equity within the Queensland Public Health System has been a first in that both the impact of racism (direct and institutionalised) and the underpinning legislative requirement for Queensland's Hospital and Health Services (HHSs) is to develop locally informed Health Equity Strategies in partnership with local Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs), the Qld ACCHO Peak body, (Queensland Aboriginal and Islander Health Council), and local Communities.

The Queensland Aboriginal and Islander Health Council (QAIHC) was one of the original partners calling for a need to change the mainstream health system after the results of a review of Institutionalised Racism across Queensland HHSs in 2017, available from [QHRC : Health equity](#). As such and the supporting legislation it should have provided a platform to significantly meet the four Priority Reform Areas of the current Closing the Gap agreement and drive change in the health related outcomes. Over two years on from the legislation being in place it appears that it has not provided the required impetus to really drive the significant change in how Aboriginal and Torres Strait Islander people access their care. This is in part because of how the funds, responsibility and oversight still remains with the Queensland Health environment, both at a system Manager and HHS level. There has not been an increasing level of investment into the ACCHO sector, developed KPIs are not openly reported to community or service partners and still reflect the indicators used to test the acute care system. The ACCHO sector have also not seen the level of information being shared on the health of their communities nor been supported to have a strong voice in making changes to how health is delivered.

While there are some isolated gains it has not driven state wide change, including no statewide re-assessment of the level of institutionalised racism within HHSs, a key driver for these changes. ACCHOs and QAIHC are not being financially supported to fully participate in consultations or strategy development or increased service delivery but are expected to give their time and endorsements to a mainstream strategy with little in return to date. The need for stronger accountability for outcomes in First Nations health is also shown through in the Queensland Audit Office report on Health Outcomes for First Nations People, available from [Health outcomes for First Nations people | Queensland Audit Office \(qao.qld.gov.au\)](#).

An opportunity exists for stronger and shared oversight of Closing the Gap in Queensland and the subsequent supporting Health Equity Strategies. This could happen with both shared investment and oversight at the regional levels, and at a State level. To drive the change and remove barriers Queensland could consider development of a Closing the Gap Ministerial Advisory Committee to all direct reporting to the Minister with the inclusion of QAIHC as one of the Committee participants. This could facilitate QAIHC playing a strategic statewide perspective but as being able to bring forward successes and barriers at the regional levels. Such a concept was originally proposed in the [Queensland's First Nations Health Equity Consultation Report. QAIHC and Queensland Health](#).

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Essential to this is developing tools and sharing data to ensure progress is tracked at both the State and Local levels so that communities and ACCHOs can understand how progress is being made on Closing the Gap and improving the Queensland Health System. QAIHC also calls for a revision of the original Marrie Matrix and an immediate and ongoing reassessment of racism within HHSs.

Aboriginal and Torres Strait Islander Health and Wellbeing is more than a measure of how the tertiary hospital is operating, and as such developed KPIs need to be redefined so that they relate to the communities wishes and understanding on the wellbeing of their communities. As such QAIHC commends Children Health Queensland taking a more community focused approach on reporting progress on their Health Equity Strategies.

