

Report summary

This audit examines the effectiveness of Queensland Health’s strategies to improve health outcomes for First Nations people. We focused on areas directly within the control of Queensland Health, like how it delivers culturally appropriate health care, its role as a health system manager, and how it manages the challenges of delivering services to First Nations people in remote areas.

Many opportunities to improve health outcomes are beyond Queensland Health’s immediate control, like economic, education, housing, and environmental factors. We do not examine these factors, but we note they present significant challenges requiring sustained focus and coordination across government. Improving health outcomes will also depend on partnerships with other stakeholders, like the community-controlled health sector.

Queensland Health needs clearer actions to address health inequity

There is a gap between the health outcomes experienced by First Nations Queenslanders and other Queenslanders, particularly in outer regional and remote areas. Queensland Health has committed to addressing these health inequities. To do so, services must be tailored to First Nations people, to meet their specific health needs.

Each hospital and health service (HHS) recently formalised this commitment in health equity strategies. These documents were developed in close partnership with communities and First Nations stakeholders in each region. Most health equity strategies commit to broad and ambitious objectives but do not contain enough detail to explain how the objectives will be achieved.

Each HHS is now publishing health equity strategy implementation plans. It is vital these set out clear and detailed actions to achieve each health equity commitment. Without a clear plan, Queensland Health risks failing to meet its equity commitments and damaging its relationship with First Nations communities.

Queensland Health must improve how it delivers culturally appropriate care

Culturally appropriate care is about delivering services that respond to the needs of First Nations people. It involves building trust and increasing engagement with First Nations people and communities. Queensland Health recognised the importance of culturally capable care in its *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* (the framework).

While this 23-year strategy is intended to guide engagement with First Nations people, Queensland Health has not delivered important outputs required under the framework, like regular implementation plans and performance reporting. As a result, it cannot demonstrate how its framework has improved its culturally appropriate care over the last 13 years.

Figure A
First Nations health outcomes gap in Queensland



Queensland Health also lacks processes to measure how effectively it delivers culturally appropriate care. For example, it knows more is needed to reduce events that lead to poor health outcomes for First Nations people – like discharging from hospital against medical advice, leaving an emergency department before being seen, and missing specialist outpatient appointments. Stakeholders told us these events can often be explained by a lack of culturally appropriate care.

However, Queensland Health does not assess the root cause of these events for First Nations people and is unable to determine the extent to which culturally appropriate care is a factor. This information is vital to help Queensland Health improve how it cares for First Nations people.

Figure B
First nations representation in events that lead to poorer health outcomes



Source: Queensland Audit Office, from Queensland Health: specialist outpatients appointments data; hospital admitted patient data collection data; and emergency data collection.

Having a representative First Nations workforce could improve how Queensland Health delivers culturally appropriate care. Each HHS now has at least one First Nations person on its governing board; most have committed to workforce representation targets; and all offer cultural awareness training to staff.

But there is still a long way to go. Important roles like Indigenous liaison officers are not used consistently, and there are more opportunities to train and develop the non-First Nations workforce to provide better care for First Nations patients.

Better patient travel arrangements are needed

Many First Nations people live in regional and remote areas. Queensland Health’s facilities in these areas are further apart and offer fewer clinical services than in metropolitan areas. This means First Nations patients must often travel long distances to access healthcare.

There is no tailored travel program to help First Nations people in remote areas. While First Nations people can access Queensland Health’s Patient Travel Subsidy Scheme, they may still incur significant out-of-pocket expenses when making long or frequent journeys for health care. Some may avoid or delay travel because of this.

This results in worse health outcomes for the patient and can ultimately cost Queensland’s health system more in the long run. Each HHS can provide additional support to First Nations patients where needed, but this is discretionary and is not publicised.

Each HHS can also do more to help communities understand what services are available to them. A local service catalogue in remote communities would ease confusion about what services are offered by the HHS and other providers in their region.

We make 6 recommendations to improve how Queensland Health works with First Nations people to deliver services. This includes recommendations to improve how each HHS implements its health equity strategies. We also recommend the Department of Health works closely with the HHSs to improve how they deliver culturally appropriate care and help First Nations people access health services.