

Making Tracks towards to health employment parity:

Co-designing the new First Nations Health Workforce Strategy for Action



Queensland
Government



Vision—*the why?*

Achieving health equity, eliminating racism and attaining life expectancy gap by 2031 is dependent on:

1. **VALUING** Aboriginal and Torres Strait Islander health workforces
2. **INVESTING** in Aboriginal and Torres Strait Islander health workforces
3. **GROWING** Aboriginal and Torres Strait Islander health workforces.

2020 Palaszczuk Government election commitment to prioritise First Nations health workforces across the health system.

New strategy won't replace existing state and national policy frameworks but address workforce supply and demand pressures that have prevented the delivery of existing targets.

New strategy will focus on **ACTIONS**.



Vision—*the why?*

VALUING Aboriginal and Torres Strait Islander health workforces

- Dr Carmen Parter's research—*why aren't our health policies and models of care improving health outcomes for First Nations peoples?*
 - Need to embed **cultural ways of being, knowing and doing** into models of care/care pathways and scopes of practice.
- **Cultural safety and clinical safety** are two aspects of patient safety—need both for First Nations peoples to achieve health equity.
- Need to recognise and value the **unique skills** Aboriginal and Torres Strait Islander peoples bring to the public health system—cultural expertise and community focus.



Vision—*the why?*

INVESTING IN and **GROWING** Aboriginal and Torres Strait Islander health workforces

- **From gardeners to surgeons**—across every geographical location, occupational stream and functional areas of work across the health system.
 - Clinical, non-clinician and cultural brokerage roles
 - Frontline workers and system leadership positions.
- The health sector is one of the largest employers in Queensland *substantial opportunities
 - 2021-22 Budget allocated 99,266 positions to Queensland Health (3% = 2,978 positions; 4.7% = 4,666 positions)
 - Health sector often the largest employer in rural and remote areas.
- One of the most practical ways to improve the social determinants of health is **EMPLOYMENT.**

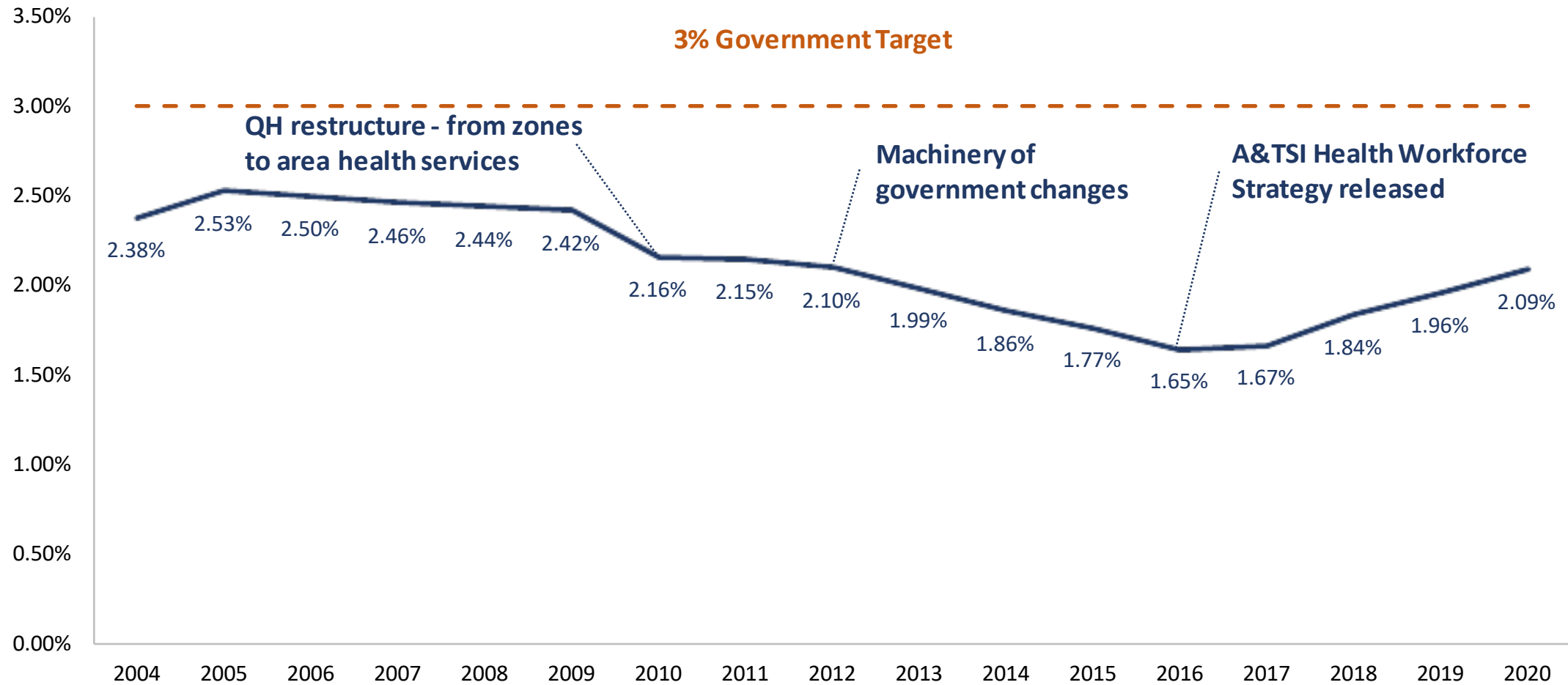


Challenges

- We have First Nations workforce targets and actions in existing policies (state and national) that aren't met or delivered—**we need to change this.**
- Current QH Aboriginal and Torres Strait Islander workforce target—3% by December 2022 (set in 2016)
 - Current workforce representation is 2.4% as at March 2022 (2,754 headcount)
 - Not on track to meet 3% target by December 2022
 - Current target is too low (Aboriginal and Torres Strait Islander people make-up 4.7% of the Queensland population)
 - QH has gone backwards—the highest First Nations workforce representation was in 2005 (2.53%)
- Need to **grow and invest in the workforce supply pipeline**—an untapped pool of qualified workers are not waiting to be offered a job.

Employment trends since 2004

First Nations proportion of total Queensland Health workforce





Current opportunities

- **Recent health equity legislative reforms** require each HHS to deliver actions to increase First Nations workforce at least commensurate to the size of local populations:
 - Inaugural **Health Equity Strategies** currently being co-designed **will be released this year*
 - The new **First Nations Workforce Strategy for Action** will help local health systems grow local health workforces.
- **2021-22 Budget**—small amount of funding (\$37.8M over two years for four initiatives)
 - Some funds earmarked for training infrastructure and incentivised employment pathways
 - Funds will be used to road-test ideas that could be scaled up in the new strategy.



Next steps

- Co-designing the new **Queensland First Nations Health Workforce Strategy for Action** in partnership with QAIHC on behalf of the Aboriginal and Torres Strait Islander community-controlled health sector.
- Queensland Health Clinical Chiefs and HHSs collaborating on the strategy development.
- Sub-Committee established to guide the development of the new strategy—CHeckUP and PHN are key stakeholders.
- **Concept paper will be released in May 2022** to stimulate discussion about actions for the new strategy—32 proposed actions currently being proposed.
- **New strategy will be released mid-late 2022** following engagement/consultation.

Want to hear from you about the challenges and barriers in valuing, investing in and growing First Nations workforces.



What can health providers do now?

- Don't wait for the release of the new strategy—implement workforce actions now to:
 1. **Support** your current Aboriginal and Torres Strait Islander health workforces
 1. Clinical roles: empower staff to work to their full scopes of practice
 2. Non-clinical roles: invest in ongoing development and create career pathway into health.
 2. **Increase** the number of Aboriginal and Torres Strait Islander peoples in all professions (*preferential recruitment/positive discrimination).
 3. **Invest** in the future Aboriginal and Torres Strait Islander health workforce through traineeships, cadetships, scholarships and other incentivised pathways.
 4. **Ensure** all new models of care/care pathways embed cultural safety into their design.
 5. **Ring-fence** a proportion of new/existing budget spends to include First Nations employment, procurement and training/skilling components—make this BAU

Thank you

