

First Nations Health Equity Strategy 2025 – 2028



Acknowledgement of Country

Metro South Health recognises and pays respect to the Traditional Custodians of the land and waters—the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununjali peoples—and to Elders, past and present.



You are free to copy, communicate and adapt this report, as long as you attribute the work to the State of Queensland (Metro South Hospital and Health Service). To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>

Attribution

Content from this report should be attributed as: The State of Queensland (Metro South Hospital and Health Service) First Nations Health Equity Strategy 2025–2028.

© Metro South Hospital and Health Service 2026
ISSN 2202-4182

Aboriginal and Torres Strait Islander people are advised that this publication may contain the names and/or images of deceased people.

Foreword

Message from the Director of Aboriginal and Torres Strait Islander Health Directorate

Our people have always been strong, with resilience deeply seeded in our DNA. Guided by our collective intentions, we have created a strategy that truly reflects our voices and enables our health service to walk alongside mob, co-designing with heart to achieve better health outcomes for our community.

I want to acknowledge the Health Equity team, who early on in this journey committed to doing what’s right for our people. They prioritised outcomes that genuinely matter and focused on our ways of being, doing, and knowing—recognising that we are them, and they are us.

As a team, we are proud of this strategy and grateful to our community for their energy and presence in shaping this collective vision. Our hope is that Elders, community members, partners, and staff see themselves reflected in this work and understand that these ways of working are now central to Metro South Health’s approach to equity—demonstrating that we are truly better together.

We are them, they are us!

Message from the Board Chair and Chief Executive

At Metro South Health, we strive to ensure health equity for every person in our care. Everyone deserves the same opportunity to live a long, healthy life.

Our *First Nations Health Equity Strategy* is a shared commitment to meaningful change in the services we provide and the health outcomes of Aboriginal and Torres Strait Islander peoples. Most importantly, it is about respecting and embracing Aboriginal and Torres Strait Islander peoples’ voices, experiences and cultural traditions – acknowledging that culture is central to health, healing and wellbeing.

The strategy has been developed and led by Aboriginal and Torres Strait Islander Elders, community members and our workforce. This process has been a privilege and an important step in strengthening trust and connection.

Our vision is that First Nations people have great experiences and great outcomes because we have staff and systems that are capable and determined to provide care that acknowledges ways of knowing, being and doing.

This work is a long journey, but it is already creating meaningful change thanks to the courageous truth-telling of both staff and community. Together, we look forward to building strong partnerships and creating a legacy of better health and wellbeing for future generations.



Denise Hookey
Director of Aboriginal and Torres Strait Islander Health Directorate
Metro South Health



Janine Walker AM
Chair, Metro South Hospital and Health Board



Noelle Cridland
Chief Executive
Metro South Health



Contents

Metro South Health footprint	6
Metro South Health catchment	7
Strategic alignment	9
Our community voices	10–11
Health status of the Aboriginal and Torres Strait Islander community	12–13
Accessing our services	14–15
Redesigning health equity	17
Our journey to develop the strategy	18
Cultural governance	19
Key priority areas	20–22
Implementing, monitoring and reporting	23



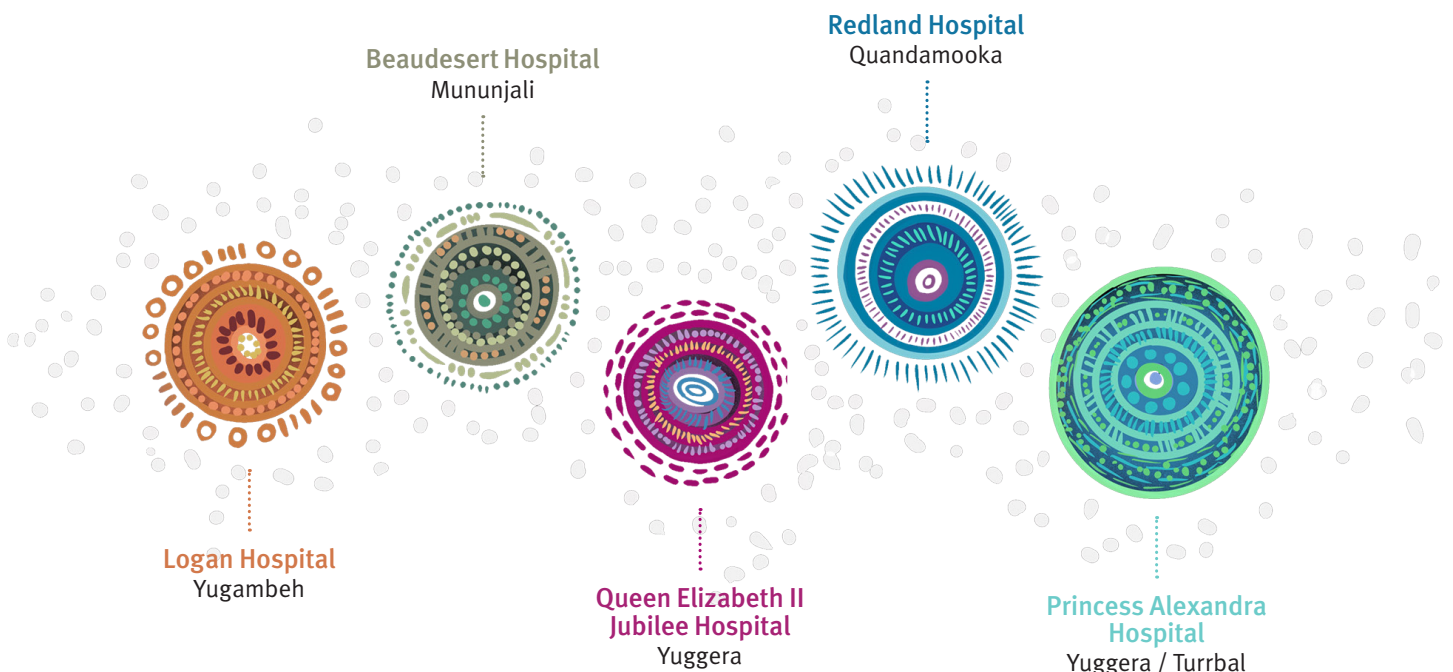
Our Metro South Health footprint

This artwork is an Aboriginal and Torres Strait Islander Cultural Environment representation of the five major Healing Places (hospitals) in Metro South Health (MSH), with the people and community support flowing around the Healing Places. The overlaying white ‘gathering/yarning circles and song lines’ tell the stories of First Nations Peoples, sharing their experiences and connections to the Healing Places.

Each Healing Place is represented by an individual and unique design and colour – **light teal/blue**: Princess Alexandra Hospital; **sea blue**: Redland Hospital and Bayside area; **red/maroon**: Queen Elizabeth II Jubilee Hospital; **orange**: Logan Hospital; and **brown/green**: Beaudesert Hospital.



The Indigenous artwork used in this document’s template is from the artwork ‘Healing Places Footprint’ and ‘Healing Places’ September 2023 produced by leading artist Kylie Hill. Kylie is a proud Aboriginal woman from the Kalkadon, Waanyi and Quandamooka tribes and co-owner of KJH Artworks, to promote Aboriginal and Torres Strait Islander health within the First Nations Health Directorate and throughout Metro South Health.



 **Redlands Satellite Health Centre**
Talwalpin Milbul

Quandamooka

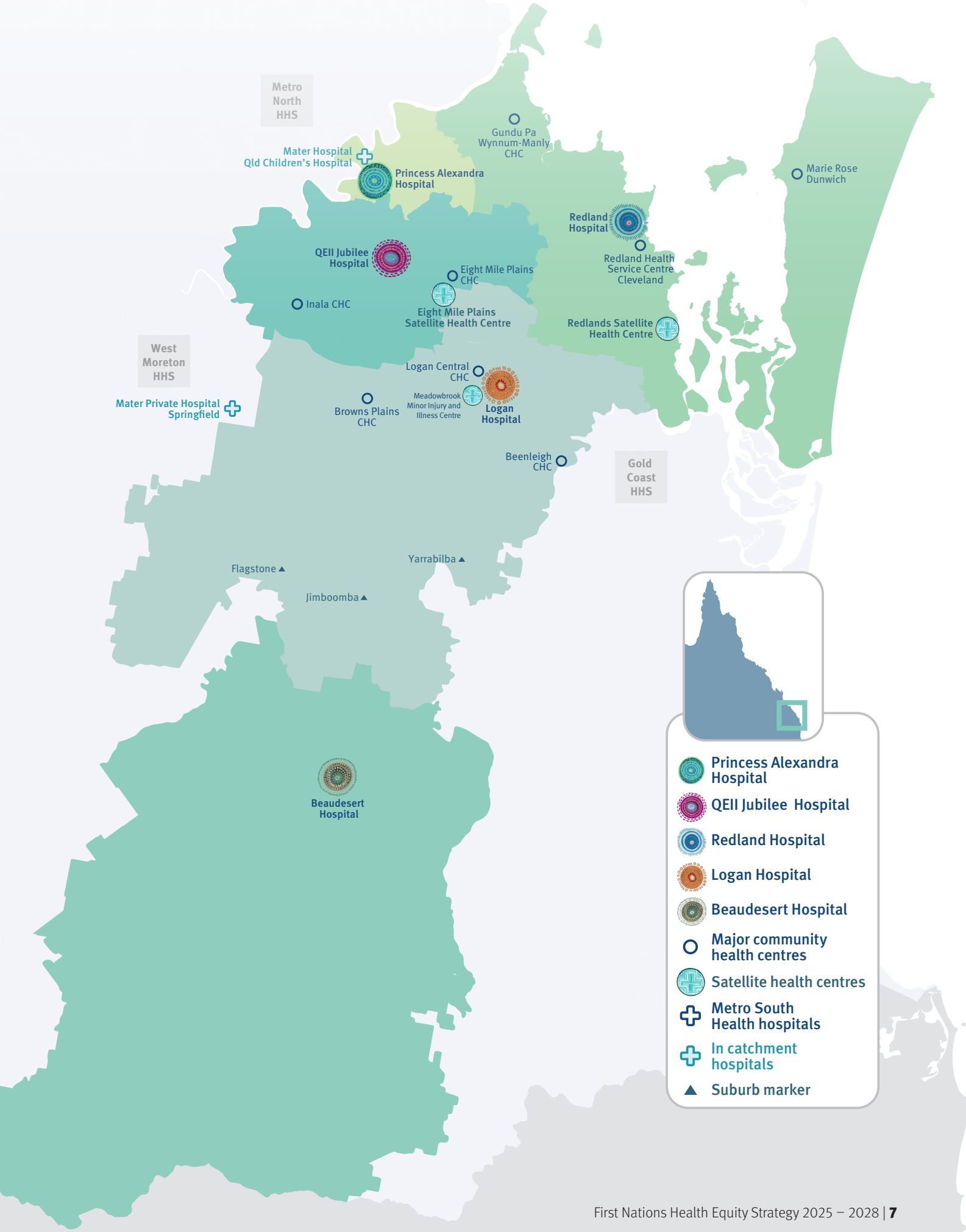
The satellite health centre is also known as Talwalpin Milbul, a name chosen by the Redlands Coast community and local Traditional Owners and Elders. It means ‘Redland Bay alive/active’ in Jandai language.

 **Eight Mile Plains Satellite Health Centre**
Maroo-goodji-ba

Yuggera / Yugambah

The satellite health centre is also known as Maroo-goodji-ba, a name chosen by the community and local Traditional Owners and Elders. It means ‘peace, wellbeing and place of red earth’ in the Yagarabul language.

Metro South Health catchment





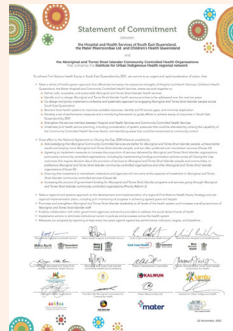
Strategic alignment

To support the Health Reform agenda, the *Metro South Health First Nations Health Equity Strategy 2025–2028* aligns to local, state and national priorities across the system. This alignment provides the intent for this new equity strategy that will be streamlined to achieve health outcomes. A strong foundation will ensure a consistent and connected approach to improving health equity for our Aboriginal and Torres Strait Islander peoples.

Local priorities



Metro South Health Strategic Plan 2024–2028



Southeast Queensland Statement of Commitment



Metro South Health Service Plan 2024–2028



South East Queensland First Nations Health Equity Strategy



Metro South Health First Nations Health Equity Strategy 2022–2025

State priorities



Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033



Queensland Health First Nations First Strategy 2032



Queensland Health Reframing the Relationship

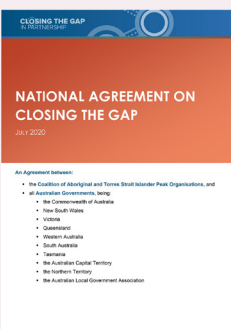


Queensland Health Statement of Commitment

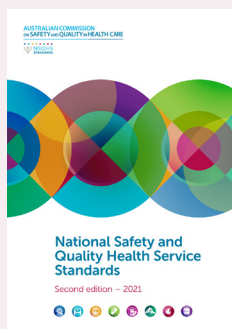


Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021

National priorities



National Agreement on Closing the Gap



National Safety and Quality Health Service Standards 2021



Our community voices

We are them, they are us!



“ Listen to real life stories from Aboriginal and Torres Strait Islander peoples. ”

“ Leadership must visibly commit to anti-racism through clear goals, resources, and accountability. ”

“ We should be involved and at the table when decisions about our health and health services are happening. ”

“ Support in accessing health services and flexibility in how we receive care. ”



“ Giving health information in ways that are easy to understand and suit people’s needs, like talking with trusted people, using clear print, videos, websites, or community events. This helps everyone get the information they need. ”

“ More Hospital Liaison Officer presence and engagement, especially in Emergency Department.”



“ Staff require ongoing, mandatory cultural safety training co-designed with First Nations peoples.”

“ Support from Aboriginal and Torres Strait Islander Health Workers or Hospital Liaison Officers ensures culturally safe care and better communication.”

“ Creating culturally safe and welcoming places where people’s culture is respected helps everyone feel comfortable and valued.”

“ Providing opportunities for mob to have a say in decision-making and service design ensures their voices are heard and influence how services are run.”



“ Hiring and supporting more Aboriginal and Torres Strait Islander staff at all levels creates representation and opportunities.”

Health status of the Aboriginal and Torres Strait Islander community

Aboriginal and Torres Strait Islander population

In 2022 (2025 ABS Release), the estimated residential population who identified as Aboriginal and/or Torres Strait Islander in the Metro South Health region was **33,198**.

In 2022, there were **4,105** Aboriginal and/or Torres Strait Islander peoples aged 0–4 years representing **12.3 per cent** of the total Aboriginal and Torres Strait Islander population in Metro South Health.

Our hospital catchment

The largest number of Aboriginal and Torres Strait Islander peoples in the region resided in Browns Plains, Springwood–Kingston and Forest Lake – Oxley SA3s.

Logan Hospital had the highest estimated residential population in 2022, with **16,258** First Nations people, followed by QEII Hospital with **6,635**, and Beaudesert Hospital with the lowest estimated residential population, with **1,087** First Nations people.

Aboriginal and Torres Strait Islander persons population in the Metro South Health catchment

MSH Catchment	Estimated Residential Population
Logan Hospital	16,258
QEII Jubilee Hospital	6,635
Princess Alexandra Hospital	4,724
Redland Hospital	4,489
Beaudesert Hospital	1,087
Total	33,193

Workforce

In May 2025, there were a total of **384** staff who identified as Aboriginal and/or Torres Strait Islander in Metro South Health. The MSH headcount was **21,301**. This represents 1.8 per cent of our staff.

MSH has committed to strengthening the First Nations workforce by including it as a key priority.

The First Nations workforce is the backbone and

critical enabler in ensuring the Aboriginal and Torres Strait Islander community have culturally safe, accessible, and quality health care experiences throughout the health system.

MSH has supported initiatives such as the Deadly Start Program, the Cadetship program and the U-me Koola program to enhance opportunities for career pathways for First Nations students and community wanting to have a career in the health industry.

Pay Stream Group	First Nations	Non-First Nations	All Staff	Percentage First Nations
Nursing	141	9,534	9,675	1.46%
Managerial and Clerical	94	3,323	3,417	2.75%
Operational	59	1,724	1,783	3.30%
Professional and Technical	42	3,419	3,462	1.23%
Aboriginal and Torres Strait Islander Workforce	28	10	38	73.33%
Medical including VMO's	17	2,811	2,828	0.60%
Trade and Artisans	3	96	99	3.03%
TOTAL	384	20,917	21,301	1.80%

Data Source: MSH, First Nations, Workforce, Power BI Dashboard, 2025.

Life expectancy at birth in Queensland

Life expectancy at birth in Queensland was approximately **7.4 years lower** in First Nations males compared with non-First Nations males. Life expectancy at birth in Queensland was approximately **7.0 years lower** in First Nations females compared with non-First Nations females.

Males	QLD First Nations	QLD Non-First Nations	Australia First Nations	Australia Non-First Nations	7.4 years age gap in QLD
	72.9	80.2	71.9	80.6	
Females	QLD First Nations	QLD Non-First Nations	Australia First Nations	Australia Non-First Nations	7.0 years age gap in QLD
	76.6	83.5	75.6	83.8	

Burden of disease

The top five leading causes of disease burden and injury for MSH First Nations persons represent **65 per cent** of the total burden of disease and injury.

First Nations Persons (all ages)



Data Source: Queensland Health (2024). Queensland First Nations Peoples Burden of Disease Report 2018, Queensland Health, Brisbane, Power BI report – FNHO_PERFORMANCE_REPORTING@health.qld.gov.au

Avoidable deaths

In 2020–2022, there were **177** potentially avoidable deaths recorded in the MSH catchment within the Aboriginal and/or Torres Strait Islander population at an average of **59** deaths per year. The annual average age standardised rate was **258** deaths per 100,000 population. This was higher than the rate in 2013–2015 of **199.8** deaths per 100,000 population.

177
potentially avoidable deaths

Smoking rates

32 per cent of Aboriginal and Torres Strait Islander people in Queensland were daily smokers, compared to 14 per cent in the general population.

32%
are daily smokers

Data Source: National Aboriginal and Torres Strait Islander Health Survey 2022–2023.



Accessing our services

Aboriginal and Torres Strait Islander peoples accessing Metro South Health services

Emergency

First Nations Emergency Department presentations have increased by **6 per cent** per year since 2022.

Increase of
6%

Data Source: System Performance Reporting (SPR) Unplanned Care (Emergency)

Satellite Health Centres

Eight Mile Plains Satellite Health Centre

In 2024–2025, First Nations peoples represented **4.1 per cent** of the total presentations.

4.1%
of total presentations

Redlands Satellite Health Centre

In 2024–2025, First Nations peoples represented **4.6 per cent** of the total presentations.

4.6%
of total presentations

Data source: MSH Satellite Health Centres Dashboard (internal MSH PowerBI dashboard). Accessed 1 August 2025.

Outpatient

Across the two years reviewed, the proportion of First Nations patients seen within the clinically recommended timeframe was comparable to that of non-First Nations patients. However, performance remained below target across all urgency categories for both First Nations and non-First Nations patients.

This was particularly evident for Category 2 urgency, with the percentage of patients seen on time:

2023–2024 Financial year:

41% First Nations
42% Non-First Nations

2024–2025 Financial year:

37% First Nations
37% Non-First Nations

Increase of
4%

Data Source: First Nations Health Equity Specialist Outpatient Indicators Dashboard. Accessed 31 July 2025.

Inpatient separations

First Nations inpatient separations have increased by **6 per cent** per year since 2022.

Data Source: MSH Activity Performance Insights Dashboard.

Potentially preventable hospitalisations (PPH)

Top six leading causes of PPH in First Nations residents in MSH, 2023–2024

Condition	First Nations			Non-First Nations
	Number of PPHs	Percentage of total PPH count	Age standardised rate /100,000	
Diabetes complications	523	22.5%	2,540.8	878.6
Cellulitis	276	11.9%	845.1	309.0
Ear, nose and throat infections	238	10.2%	397.0	232.1
Urinary tract infections, including pyelonephritis	233	10.0%	826.7	399.8
COPD	174	7.5%	930.3	227.6
Dental conditions	174	7.5%	407.4	298.4

In 2023–2024, across the top six leading causes of potentially preventable hospitalisations (PPHs) in Aboriginal and Torres Strait Islander residents in MSH, First Nations people had higher PPH rates than non-First Nations residents (based on age-standardised rates).

Data Source: Population Health Information Portal, Health Statistics Unit – hlthstat@health.qld.gov.au

Discharge Against Medical Advice (DAMA)

From 2023–2025, First Nations patients were almost twice as likely to **not** receive the care they need.

Data source: MSH First Nations Health Equity Discharge Against Medical Advice Indicators.

up to
2x
more likely



Children, women and maternal health

There has been significant improvement in maternal smoking during pregnancy in 2024.

Metro South Health – Indigenous mothers	Time period	
	2024	2020-2021
Indicators		
Babies/births		
Very premature births (before 35 weeks)	4.7%	4.9%
Birth weight (less than 2,500g at birth)	10.0%	9.8%
Mothers		
Maternal obesity (1st antenatal visit mother's BMI > 30)	35%	31%
Maternal smoking during pregnancy	32%	40%

Data Source: Queensland Health Perinatal Data Collection.

Breast screening rates

From 2017–2018 TO 2022–2023 there was an increase of 4.2 per cent in First Nations breast screening rates compared to 5 per cent decrease for non-First Nations.

Data Source: Cancer Screening Unit.

4.2%
increase

Immunisation rates

Immunisation rates for Aboriginal and Torres Strait Islander children are higher at age 5 compared to immunisations at age 1 and 2.

Data Source: Data from the Australian Immunisation Register and nationally implemented definitions.

1-2 year olds
88%

5 year olds
93%





Redesigning health equity

MSH is redesigning the way services are developed and delivered to embed health equity into health policy, models of care and clinical practice. Our vision for health equity is:

- Improved access to and experience of health services for First Nations peoples.
- Parity of health outcomes between First Nations peoples and other residents of South-East Queensland.
- Elimination of institutional and interpersonal racism within the services.

Our health equity values are:

- Partnerships built on trust, mutual respect, transparency, and shared decision making.
- Accountability to the First Nations communities who access our services for delivery of an integrated health service system that harnesses the capabilities of both Hospital and Health services and Community Controlled Health Services.
- Evidence based and community informed health care.
- Culturally safe service delivery environments that respect First Nations employees and clients and are free of racial discrimination.

MSH First Nations Health Equity Strategy 2025–2028 is the second iteration of the three plans to reach health parity between First Nations peoples and other Australians by 2031. This plan has been enriched through true co-design methodology.

Placing First Nations peoples and their voices at the core of its design and implementation, this initiative works to achieve health equity, dismantle racial and institutional discrimination, and influence the social, cultural, and economic factors impacting health, in partnership with Aboriginal and Torres Strait Islander organisations, services, communities, consumers, and Traditional Owners.

The Hospital and Health Boards (Health Equity Strategies) Amendment Regulations 2012 requires Hospital and Health Services to set out its actions and agreed key performance measures to improve Aboriginal and Torres Strait Islander peoples health and wellbeing outcomes.

MSH will deliver this plan in a spirit central to the Aboriginal and Torres Strait Islander culture; an intrinsic and invaluable **protective factor** that comes first and foremost in everything we do. This plan will be driven by First Nations people’s ways of **Knowing, Being and Doing**.

“KNOWING”– Our traditional knowledge of the way we tell stories, and practice and pass on cultural education.

“BEING”– Our identity, who we are, where we come from, where we belong. The connection to the land, sea, water and skies, to our community and our ancestors. The connection to cultural practices, art and ceremonies.

“DOING”– Our approach to life, our way of interacting within society and systems, our relationships and our responsibility as a collective and not as an individual.

As a response to community consultation, four core principles underpinned the approach to the development of the *MSH First Nations Health Equity Strategy 2025–2028*. These principles have been integrated into the strategy and include:

- Workforce
- Co-design
- Education and training
- Communication

In line with the Hospital and Health Boards Regulation 2012 (HHB Regulation) HHB Regulation—s13A (a) Prescribed requirement, the Health Equity Strategy aims to improve health and wellbeing outcomes by:

Key priority areas

-  Actively eliminating racial discrimination and institutional racism within the HHS.
-  Increasing access to healthcare services.
-  Influencing the social, cultural and economic determinants of health.
-  Delivering sustainable, culturally safe and responsive healthcare services.
-  Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services and additional priority.
-  Strengthening the First Nations workforce.

Our journey to develop the strategy

Metro South Health partnered with Aboriginal and Torres Strait Islander communities and key stakeholders throughout 2025 with the aim of strengthening health outcomes through the co-design of a new *First Nations Health Equity Strategy 2025–2028*.

Co-design and engagement

- Co-design sessions with community representatives and partners
- Surveys across Metro South Health
- Workforce and consumer surveys identifying key priorities
- Consumer survey delivered face-to-face and online
- Strategy development and design consulted with prescribed stakeholders



Community consultation

- Face-to-face community consultations across the Metro South region
- Face-to-face consultations across the Metro South region with Aboriginal Traditional Owner groups and individuals
- Face-to-face community consultations with Torres Strait Islander representatives
- Consultation rounds 1, 2 and 3 guided by four principles: workforce, co-design, education and training, and communication



World Café and Nominal Group Technique (NGT) methodologies used to engage stakeholders

- Setting the context and creating safe hospitable spaces
- Facilitating yarning rounds
- Sharing reflections to guide continuous improvement



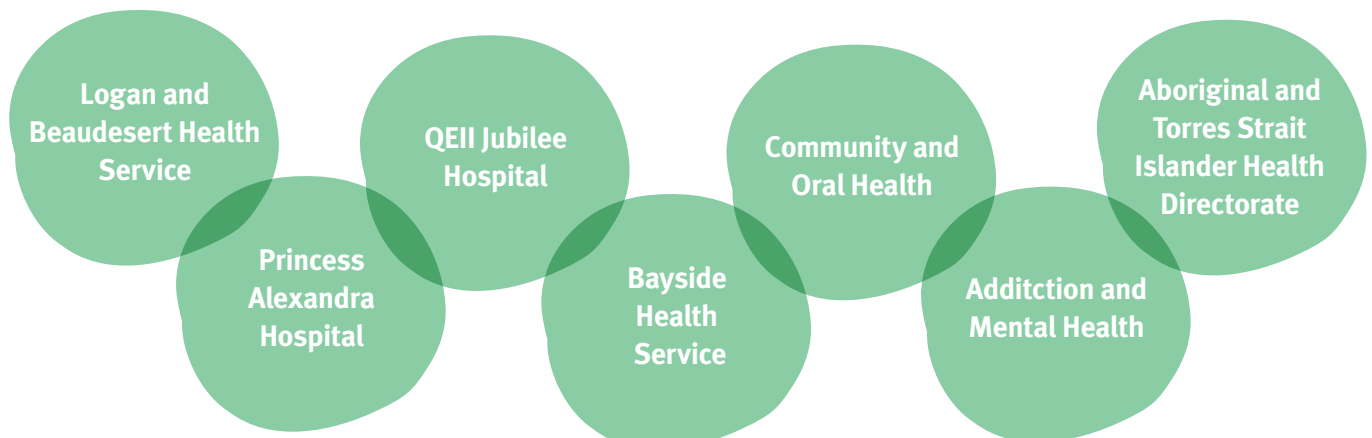
A commitment to partnerships embedded Aboriginal and Torres Strait Islander voices in every stage of design, decision-making, and delivery of this strategy.

Our journey has also been informed by a technical paper that provided information on the population, health status, health behaviours, health service access and utilisation for First Nations people in the Metro South Health catchment area.

Cultural governance



First Nations Health Equity Committees in Metro South Health



Key priority areas



Key priority areas

BEING: What we heard

DOING: What we will do about it

KNOWING: How will we know when we are successful



Actively eliminate racial discrimination and institutional racism

“Staff require ongoing, mandatory cultural safety training co-designed with First Nations peoples.”

“Encourage reflection. Clear path of escalation and steps to manage incidents – process from HR.”

“Listen to real life stories from Aboriginal and Torres Strait Islander peoples.”

“We need the leaders in high up to advocate and be allies but they need to actually walk the walk not just talk the talk.”

“Leadership must visibly commit to anti-racism through clear goals, resources, and accountability.”

- We will continue to enhance and strengthen anti-racism education and cultural capability training across multiple platforms including MSH orientation programs, service specific lunch box sessions and digital services.
- We will identify, review and disrupt mechanisms that encourage systemic racism.
- We will strengthen MSH leadership through storytelling, mutual respect and understanding of racism and shared experiences.
- We will create a strong workforce designed to respond to incidences of racism and ensure support for staff and consumers.
- We will review gaps in existing HR policies and develop mechanisms to address need.

Aboriginal and Torres Strait Islander patients, families and community experiences of racism no longer exist.

First Nation peoples attendance in Metro South facilities is trending to indicate completed delivery of care to First Nations consumers.



Increasing equitable access to healthcare services

“We should be involved, and at the table, when decisions about our health and health services are happening.”

“Cheaper parking options. Assistance with transport. Option of telehealth/video appointments.”

“Better information on the processes of care when in hospitals or medical facilities.”

“Politeness and honesty about process of care.”

“Have a representative from First Nations mob to explain medical terms to mob that don’t understand.”

- We will create stronger partnerships with local services and the community-controlled health sector to ensure a culturally safe, accessible and quality health care journey.
- We will co-design services and models of care with our partners, community and consumers and align them to Aboriginal and Torres Strait Islander ways of **Knowing, Being and Doing**.
- We will continue to enhance health information provided to our consumers and community and support their journey through the health system.
- We will develop policies, processes and structures to ensure appropriate protocols are adhered to when engaging and consulting with the Aboriginal and Torres Strait Islander community in the design, development and review of MSH projects, programs and infrastructure and planning.
- We will be more targeted in the way we position our Aboriginal and Torres Strait Islander workforce and expand into areas of high need i.e. outpatients, emergency department etc.

Aboriginal and Torres Strait Islander patients and their families have no barriers to accessing quality healthcare.

Aboriginal and Torres Strait Islander patients and their families have access to appropriate and timely healthcare based on their needs.

Aboriginal and Torres Strait Islander patients and their families have access to care closer to home.

Key priority areas

BEING: What we heard

DOING: What we will do about it

KNOWING: How will we know when we are successful



Influence the social, cultural, and economic determinants of health

“Giving health information in ways that are easy to understand and match people’s needs, like talking with trusted people, using clear print, videos, websites, or community events. This helps everyone get the information they need.”

- We will strengthen health promotion activity throughout MSH i.e. collaborating with Institute for Urban Indigenous Health and expanding health worker/health practitioner responsibilities.
- We will work across sectors to influence the determinants of health (e.g. justice, education, health).
- We will strengthen collaboration with Metro South Health Public Health Unit to protect and promote healthy environments i.e. healthy living programs.
- We will embed cultural ways of knowing, being and doing into services and programs.

When Aboriginal and Torres Strait Islander patients and their families are empowered and have access to information and resources to increase control over and improve their health.



Delivering sustainable, culturally safe, and responsive healthcare services

“Educating staff who sit at the counter.”
“Providing support by Aboriginal and Torres Strait Islander health workers or liaison officers to ensure culturally safe care and better communication.”
“Creating culturally safe and welcoming places where people’s culture is respected helps everyone feel comfortable and valued.”
“Have staff acknowledge people in the waiting area—a simple little chat goes a long way.”

- We will ensure all MSH facilities and services promote a welcoming and safe environment. Staff have the tools and respond to the needs of Aboriginal and Torres Strait Islander patients.
- We will accelerate the use of research to drive innovation and deliver better health care services for our community.
- We will build relationships, rapport and trust by developing systems that strengthen communication between Aboriginal and Torres Strait Islander consumers.
- We will grow and develop Aboriginal and Torres Strait Islander leadership across MSH to strengthen the design of services/programs to best meet cultural needs

Aboriginal and Torres Strait Islander patients and their families feel the service they received has met their cultural needs.
Aboriginal and Torres Strait Islander communities are actively engaging with MSH services.



Work with Aboriginal and Torres Strait Islander peoples to design, deliver, monitor and review health services

“Establishing a reference group that informs MSH on the direction of the organisation for and with First Nations peoples.”

- We will develop mechanisms to enhance communication pathways for Aboriginal and Torres Strait Islander community and staff to collaborate on the design of the services.
- We will enhance the way we connect with Traditional Owners, Elders and Elder Groups and community organisations for greater collaboration and connection.

Aboriginal and Torres Strait Islander patients and their families have enhanced positive experiences of MSH services.

First Nations Health Equity Strategy continued

Key priority areas



Strengthen the First Nations workforce

BEING: What we heard

“Create a safer working environment, not make them wait up to a month for their first pay, not have recruitment take months.”

“Providing opportunities for mob to have a say in decision-making and service design ensures their voices are heard and influence how services are run.”

“Hiring and supporting more Aboriginal and Torres Strait Islander staff at all levels creates representation and opportunities.”

DOING: What we will do about it

- We will create a strengthened network of support for the Aboriginal and Torres Strait Islander emerging workforce and be creative and innovative in our recruitment methods using methods of co-design.
- We will nurture and enhance support of the current workforce through activities and mechanisms that promote a sense of belonging and safety.
- We will increase the Aboriginal and Torres Strait Islander workforce across clinical and non-clinical areas in MSH.
- We will undertake a culturally appropriate review of recruitment processes to ensure best practice and develop support frameworks.

KNOWING: How will we know when we are successful

Increased representation of Aboriginal and Torres Strait Islander workforce across all health professions and employment streams within MSH and at a level that is equal to our population.




Implementation, monitoring and reporting

The implementation of the *MSH First Nations Health Equity Strategy 2025–2028* will be led by the Health Directorates across Metro South Health. Tangible actions will be undertaken across the six key priority areas, with Executive Sponsorship ensuring accountability, transparency, and purposeful delivery.


All Metro South leadership will be responsible for developing and implementing action plans within their respective areas to advance these priorities.

Monitoring of the Strategy will be continuous and progressive, ensuring that MSH Metrics are regularly reviewed and utilised to inform and drive systemic change. These measures will align with the Queensland Statewide Health Equity Targets, enabling MSH to track outcomes and improvements in real time.


In addition to quantitative data, qualitative measures will be incorporated to capture the lived experiences, perspectives, and stories that provide essential context and depth to the data ensuring that the full narrative of progress is understood and shared.



“ Listen to real life stories from Aboriginal and Torres Strait Islander peoples. ”



“ Hiring and supporting more Aboriginal and Torres Strait Islander staff at all levels creates representation and opportunities. ”



“ Leadership must visibly commit to anti-racism through clear goals, resources, and accountability. ”



Email: msh_fnhe@health.qld.gov.au

www.metrosouth.health.qld.gov.au/first-nations-health-equity-strategy

13 March 2026 | V1.0