Community participation has been identified as a central strategy to reducing health inequities since the 1978 Alma Ata Declaration. Hospital experiences are particularly important to Aboriginal health as Aboriginal Australians are admitted to public hospitals at nearly four times the rate of non-Aboriginal Australians and are 2.5 times as likely to be hospitalised for acute care as non-Aboriginal Australians. There is therefore a need for hospitals to become adept at engaging with Aboriginal communities through the incorporation of structures and processes that enable community consultation and partnership development with Aboriginal Community Controlled Health Organisations.

Makewe Hospital and Nueva Imperial Hospital demonstrate two distinct Chilean models of hospital-based care, each of which have demonstrated some level of success in embedding Aboriginal community participation within hospital settings. Based on similarities between the Chilean and Australian contexts, including within the health care systems and in Aboriginal population demographics, it is likely that strategies used to increase Aboriginal community participation in Chilean hospitals may be adaptable for Australian hospitals. The current research aims to explore the possible benefits, barriers and facilitators to adoption of such strategies.

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