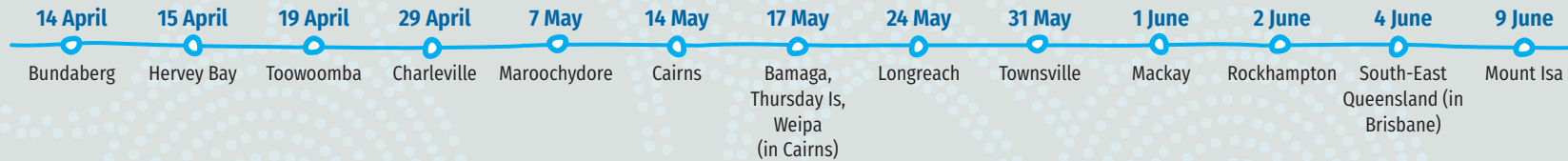


April to June 2021



450+
participants,
including
nine in
Hervey Bay

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

Hervey Bay

TOP 3 PRIORITY REFORMS	PRINCIPLE 1: FIRST NATIONS LEADERSHIP	PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING	PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS	PRINCIPLE 4: CULTURAL CAPABILITY	PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH
<p>Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).</p> <p>Establish regional coordination care hubs and integrated care pathways.</p> <p>Establish regional Aboriginal and Torres Strait Islander Community Controlled Health Organisations.</p>	<ul style="list-style-type: none"> Community to come together and become part of the decision making process for the new Health Equity Strategy. Provide mentorships for community members to become future HHS board members. Value the cultural and community expertise of Aboriginal and Torres Strait Islander peoples. Directly engage with community and find out what they need and want to improve their health 	<ul style="list-style-type: none"> Think smarter and differently to improve the health system—engagement and partnerships with Aboriginal and Torres Strait Islander peoples can't be tokenistic. The Aboriginal and Torres Strait Islander community controlled health sector and HHSs need to work together to better serve the local community. Ensure effective partnerships have accountability mechanisms established so all healthcare providers engage fairly. The Commonwealth Government and the Primary Health Network (PHN) are key partners. Acknowledge the past but focus forward—opportunity to reset the health system to effectively meet the needs of community. 	<ul style="list-style-type: none"> Increase the supply of Aboriginal and Torres Strait Islander health workers (all occupational streams) so HHSs and ATSI CCHOs don't have to compete for staff due to current staff shortages. Strengthen and streamline the patient journey—and if Aunty can't come to a service, the service comes to her. Employ more Aboriginal and Torres Strait Islander advocates to help mob navigate the health system and create employment pathways. Consider best use of limited resources and ensure healthcare providers are not duplicating resources or services. Ensure Aboriginal and Torres Strait Islander peoples have choice in accessing healthcare services they need and want. Ensure mainstream funding is allocated to improving Aboriginal and Torres Strait Islander health—can't only rely on 'Aboriginal and Torres Strait Islander specific funds' because the health needs are too great. Design cultural models of care to meet community needs, including more in-reach and outreach services. All healthcare providers to clearly understand their role in the health system and the patient journey. 	<ul style="list-style-type: none"> Increase education because most non-Aboriginal and Torres Strait Islander people don't understand cultural capability or racism. Encourage 'courageous conversations' within the HHS about racism and cultural capability. Improve communication with mob by using language and terminology that people understand. Implement an anti-racism campaign in tandem with the new Health Equity Strategies. 	<ul style="list-style-type: none"> Increased recognition and understanding that the causal factors of health are due to social determinants—better integration is needed between the health system and other social support services.