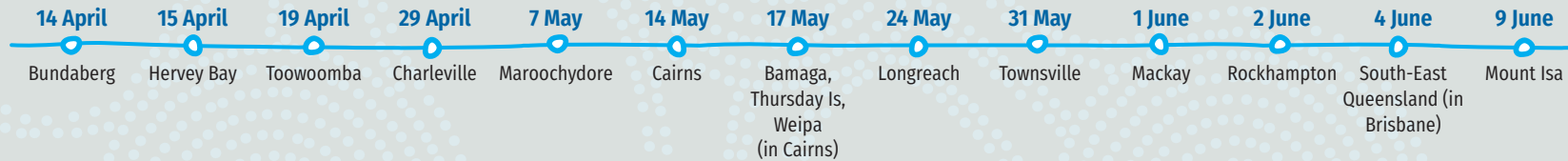


April to June 2021



450+
participants,
including
15 in
Bundaberg

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

Bundaberg

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>Implement funding incentives to address specific First Nations equity issues.</p> <p>Release a biennial First Nations health equity report tabled at Parliament.</p> <p>Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).</p>	<ul style="list-style-type: none"> More Aboriginal and Torres Strait Islander people in key leadership positions across the health system. More investment to create employment pathways for the next generation of health care professionals and leaders. Ensure Aboriginal and Torres Strait Islander health workers and practitioners work to their full scope of practice. 	<ul style="list-style-type: none"> Working relationships have been challenging in the past due to a lack of trust and collaboration—need to learn from the past and move on. Need to move forward together—'staying together and working together' will result in success. Ensure regional governance has the right organisations and membership to make informed decisions. Make funding decisions collectively at local and regional levels. Shared leadership between healthcare providers to understand each other's roles in providing care ('who does what?'). Primary Health Network (PHN) are a key health partner because they're responsible for integrating Commonwealth investment at local and regional levels. 	<ul style="list-style-type: none"> Design alternative models of care appropriate to the local community based on lived experience. Deliver more outreach services and employ more 'health navigators' not only nurse navigators. Ensure local models of care have the right infrastructure—fully costed with sustainable workforce models. Develop flexible models of care that can be modified to respond to local needs. Require better understanding of local health needs and service gaps. Factor equity into health funding arrangements by acknowledging greater health needs in regional areas. Reflect on previous models of care—what's worked and hasn't worked? Local culturally appropriate models of care are being delivered in the region. Can't continue doing what's always been done because health outcome will not change. Invest in the ongoing development and skilling of Aboriginal and Torres Strait Islander people already working in the health system. 	<ul style="list-style-type: none"> Community distrust of the public health system results in people not accessing care until they are seriously ill. Ensure after hours and weekend care are culturally safe, including emergency departments. Redesign health system so community feel comfortable and confident to access care when they need it. Re-educate (non-Aboriginal and Torres Strait Islander) health staff—western models of care don't work for Aboriginal and Torres Strait Islander peoples. Blaming Aboriginal and Torres Strait Islander peoples for poorer health has to stop. Re-design communication materials and approaches to improve health literacy and increase access/participation. 	<ul style="list-style-type: none"> Better recognition that the causal factors of poor health are due to social determinants—better service integration is needed between the local health system and other sectors (for example, justice, housing, and education). Patient-centred care requires understanding what people need in their lives to be healthy.