Health Equity Regional Consultations

QAIHC Queensland Aboriginal and Islander Health Council

Queensland Government

April to June 2021

14 April	15 April	19 April	29 April	7 May	14 May	17 May	24 May	31 May	1 June	2 June	4 June	9 June
Bundaberg	Hervey Bay	Toowoomba	Charleville	Maroochydore	Cairns	Bamaga, Thursday Is, Weipa (in Cairns)	Longreach	Townsville	Mackay	Rockhampton	South-East Queensland (in Brisbane)	Mount Isa

450+ participants, including 27 in Cairns

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Cairns

TOP 3 PRIORITY REFORMS

Establish **regional coordinated care hubs** and integrated care pathways.

Embed **cultural capability into the Clinical Services Capability Framework.**

Factor **equity into existing Queensland Health funding models.**

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Support **'home grown leaders'** and encourage more community members to take on leadership roles.
- **Be guided by frontline Aboriginal and Torres Strait Islander staff** about experiences of systemic racism—identify what's happening and actions needed to address barriers

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Existing regional health partnership *(Stronger Mob, Living Longer)*** can develop the new Health Equity Strategy and drive broader reforms.
- **Sharing authority and decision making** will make co-design, co-ownership and co-implementation real for the region.
- **Include realistic actions and performance measures** (process, output and outcomes) in the Health Equity Strategy.
- **Share health data** between health care providers, other key providers and with local community to strengthen accountability and track progress.
- Strengthen **relationships with private GPs**

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- **Regulate 'cultural standards of care'** as part of all professional scopes of practice.
- **Champion holistic care by integrating care** across the patient journey—primary health needs to sit alongside both secondary (hospital) and tertiary (specialist) care.
- Ensure **clinical governance places client outcomes** (consumers/patients/community) front and centre.
- **Strengthen models of care** to proactively support people with chronic disease before they experience acute conditions
- **Build a skilled local workforce and encourage resource sharing** (e.g. positions working across primary and acute care settings)
- **Improve the patient journey** between Cairns, Cape, Torres and NPA.
- **Revise current funding arrangements**—time-limited funding does not support the delivery of sustainable care.
- **Build the workforce pipeline** by creating incentivised pathways for both clinical and non-clinical roles.
- **Maximising quality of life** needs to be an integral part of models of care.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Embed 'cultural standards of care'** as part of standard patient safety for mob—daily processes and practices need to recognise culture.
- **Identify and address institutional racism across theheath system**—this requires challenging entrenched values, beliefs and mindsets held about Aboriginal and Torres Strait Islander peoples.
- 'The **health system and broader society still do not understand they continue to operate unconsciously from the premise of terra nullius'** (= institutional racism and unconscious bias).
- **'Did not attend' indicates mob are not coming orengaging with the HHS**—these occurrences mean existing practices and processes need to change for mob to feel comfortable.
- **Experiences of direct (interpersonal) racism are still prevalent across the health system**—it is not only institutional racism that needs to be addressed.
- **Utlise Patient Reporting Experience Measure (PREMs) (patient voice) data** to improve the experience of consumers accessing care

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Create **accountability measures for non-health portfolios to drive change** and support the Health Equity Strategy.
- Design **holistic models of care** to address the social determinants of health—this requires community and clientengagement models to understand family and community health.
- Recognise that **achieving life expectancy parity by 2031 is a target that requires both health and non-health solutions** (for example, housing, employment and education)