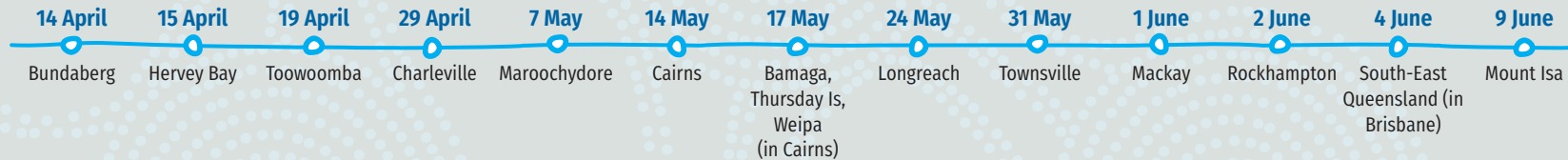


April to June 2021



450+
participants,
including
27 in Cairns

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

Cairns

| 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>Establish regional coordinated care hubs and integrated care pathways.</p> <p>Embed cultural capability into the Clinical Services Capability Framework.</p> <p>Factor equity into existing Queensland Health funding models.</p> | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Existing regional health partnership (<i>Stronger Mob, Living Longer</i>) 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 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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 the health 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. Utilise Patient Reporting Experience Measure (PREMs) (patient voice) data to improve the experience of consumers accessing care | <ul style="list-style-type: none"> 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 client engagement 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) |