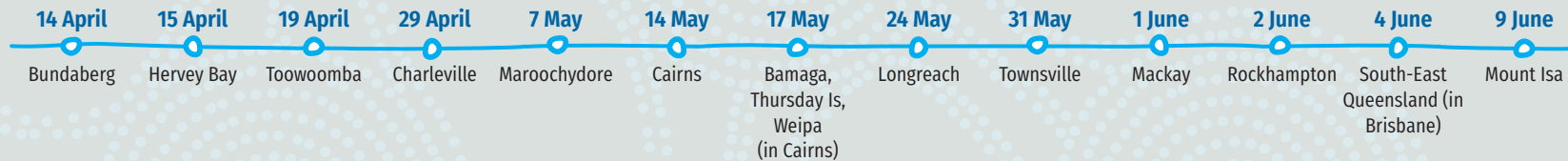


April to June 2021



450+
participants,
including
15 in
Mackay

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

Mackay

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 pilot 'Marmot city regions' across Queensland.</p> <p>Establish regional coordination hubs and integrated care pathways.</p> <p>Legislate the responsibilities of the Chief Aboriginal and Torres Strait Islander Health Officer in the <i>Hospital and Health Boards Act 2011</i>.</p>	<ul style="list-style-type: none"> Ensure genuine co-design partnership across the community and all groups, including Traditional Owners. Utilise the community and cultural expertise of the ATSICCHO sector. Empower community to take responsibility for their own health. 	<ul style="list-style-type: none"> Better coordination and integration between service providers—AICHS Mackay and the Mackay HHS deliver great services but they aren't connected or integrated, and operate in silos. Build upon and strengthen existing programs working effectively in the region—for example, the Kutta Mulla Gorinna Special Assistance School. Improve the relationship between the HHS and the Aboriginal and Torres Strait Islander community controlled health service in Mackay. Integrate existing data sets between all healthcare providers to identify and develop services to local and regional health needs. 	<ul style="list-style-type: none"> Employ more Aboriginal and Torres Strait Islander Health Practitioners in the HHS to deliver Aboriginal and Torres Strait Islander-led models of care Increase accountability across the health system and at all levels—change needs to be driven across the public health system, and leaders and managers held to account. More investment and local strategies to build a future health workforce—building and recruiting a local health workforce is a key priority. Maximise local healthcare delivery in the region and only transfer patients to Brisbane or Townsville for specialist care. Ongoing patient care and management, including wrap around supports, needs to be provided locally to be effective. Prioritise young people with complex health and social needs, including young people in Out of Home Care (OOHC). Bring healthcare to the people because opportunistic care connects people to a service who don't regularly access care. Invest in multi-disciplinary teams that integrate care across the health system and enable the Aboriginal and Torres Strait Islander health workforce to work across settings. Revise state and national funding arrangements—current parameters are rigid and little flexibility exists to respond to local health needs. 	<ul style="list-style-type: none"> Acknowledge that racism and discrimination stop people accessing care when and where they need it—mob need to feel safe to come to a service. A lack of understanding exists about unconscious bias and white privilege—a lot of non-Aboriginal and Torres Strait Islander people do not understand what racism is and that equitable treatment is not the same as preferential treatment. The non-Indigenous health workforce to educate themselves and take greater responsibility for their cultural capability. Respect and value the role of Aboriginal health workers, practitioners and liaison officers in building safe and trusting relationships with mob. Improve how the HHS engages and communicates with Aboriginal and Torres Strait Islander peoples. 	<ul style="list-style-type: none"> Prioritise health equity for other Queensland Government departments—the Mackay Senior Officers group could be used as the mechanism to get buy-in and support from other Queensland Government agencies. Bring together as many stakeholders outside of the health system to develop and implement the new Health Equity Strategy to address the social determinants of health.