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 26 in Rockhampton

47 written submissions

17 workshops

IDENTIFIED PRIORITIES

Rockhampton

TOP 3 PRIORITY REFORMS

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

Factor equity into existing Queensland Health funding models.

Drive an anti-racism strategy across the health system.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- **Rightfully take our place at leadership tables** to co-design services.
- **Genuine consultation and engagement** hasn't been done in the last 10 years—this needs to change.
- **Ensure all Aboriginal and Torres Strait Islander equity groups** are engaged, including young people, older people, people with disabilities, LGBTQIA+ and people in prisons.
- Appoint more Aboriginal and Torres Strait Islander people **to leadership and executive positions**.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- **Amend the Act to create a prescribed governance committee** to oversight the Health Equity Strategy.
- **Meaningful partnerships, shared decision making, data sharing** and treating each other as partners needs to become the new norm—**'together we are the health system'**.
- Share **collective data to inform service/system planning** between HHSs, ATSICCHOs and private GPs through PHN.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Invest in a **locally trained workforce** to build a future workforce pipeline and encourage younger people to pursue health careers.
- Create a tailored **Aboriginal and Torres Strait Islander health workforce plan** for the region.
- Create **flexible employment pathways** between the HHS, ATSICCHO sector and PHN.
- Strengthen **partnerships with universities and schools** to create pipelines for the future workforce and improve the cultural capability of professional streams (i.e. GPs).
- **Integrate healthcare planning, investment and delivery across the health system**—currently characterised by disconnection between the primary care and hospital/tertiary care.
- **Redesign existing funding system** at Commonwealth and State level because equity in funding has not materialised yet. **Existing hospital funding model** which is based on volume of activity/care—little flexibility and discretionary funds exist.
- Support HHSs to **prioritise training and development**—HHS has lost the motivation to 'teach and train' and left training to universities.
- **Simplify and create employment pathways** for Aboriginal and Torres Strait Islanders who want to pursue a career in health.
- **Map the patient journey and points of care** across the continuum to determine the provider best placed to provide care to the patient.
- Reshape the health system by **placing patients at the centre of care** and respond to the needs of patients.

PRINCIPLE 4: CULTURAL CAPABILITY

- **Extend cultural capability beyond training**—processes and systems need to become embedded in the health system.
- **Deepen non-Aboriginal and Torres Strait Islander peoples understanding** about the impact of racism and discrimination, and the barriers it creates to access.
- **Best practice care is culturally safe**—without culturally safety and trust, effective care can't be delivered.
- Develop a **new language and new way of talking about racism and discrimination**—'we are all still learning'.
- **Enhance management training** to respond to racism experienced by staff or patients—the current HHS complaints process is described as complex and unsafe.
- **Revise systems, processes and practices to identify and respond to institutional racism** (i.e. RiskMan).
- **Recognise non-clinical cultural practices** as part of healing—cultural determinants of health still not well understood.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Increase understanding about the complexity of peoples' lives—**recognising intergenerational trauma and strengthening cultural identity** are critical for healing and improving health outcomes.
- DAMA only tells half the story—it does not take into account what someone needs in their life. Providing flexible care and coordinating pathways between the health system and other social support sectors will reduce DAMA.