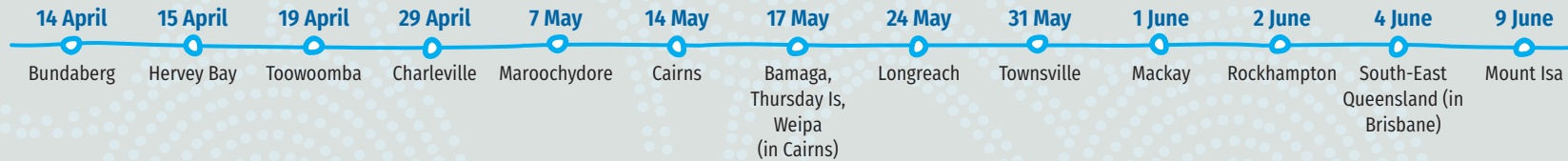


April to June 2021



450+
participants,
including
26 in
Rockhampton

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

Rockhampton

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 coordination hubs and integrated care pathways.</p> <p>Factor equity into existing Queensland Health funding models.</p> <p>Drive an anti-racism strategy across the health system.</p>	<ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● 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, ATSI CCHOs and private GPs through PHN. 	<ul style="list-style-type: none"> ● 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, ATSI CCHO 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. 	<ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● 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.