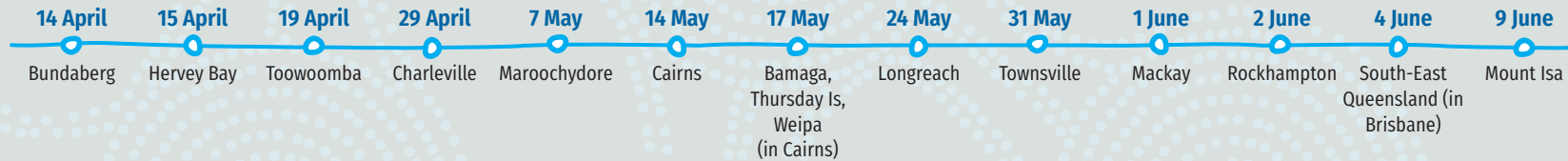


April to June 2021



450+
participants,
including
54 in
South East
Queensland

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

South East Queensland

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
<ul style="list-style-type: none"> ● Overlay Aboriginal and Torres Strait Islander culture across all mainstream health services. ● Recognise the value of cultural knowledge as a specialist skillset. ● Embed Aboriginal and Torres Strait Islanderways of knowing, being and doing into service design, delivery and monitoring/ evaluation. ● Increase Aboriginal and Torres Strait Islander people in clinical and cultural leadership roles. ● Acknowledge cultural authority. 	<ul style="list-style-type: none"> ● Identify and maximise the strengths of healthcare providers across the SEQ region to benefit clients, maximise resources and reduce duplication. ● Agreement to local system reform not individual service reform. ● Use a networked approach to develop and implement a Health Equity Strategy for the SEQ region. ● Shared vision and responsibility between health leaders in the HHSs and ATSI CCHOs not competition. ● 'Be bold and brave to go through, over and around barriers and obstacles'. ● Create accountability measures across the health system—checks and balances. 	<ul style="list-style-type: none"> ● Redesign the SEQ local health system to support the patient journey and provide continuity of care—patients do not recognise service boundaries. ● Integrate care by creating First Nations designed pathways across HHSs, ATSI CCHOs, PNHs and other healthcare providers. ● Design and invest (needs-based funding) in new models of care based on projected population growth. ● Utilise cultural governance standards in existing clinical accreditation (e.g. NSQHS) to strengthen to drive change. ● Provide realistic resources to support more Aboriginal and Torres Strait Islander people access training and pursue health careers. ● Deliver more specialist outreach services to increase access to healthcare—deliver care where community feel culturally safe. ● Set targets for identified clinician positions across the health system. ● Share local health data between primary and acute care (hospital) providers (including private GPs) to undertake integrated health planning and delivery. ● Learn from existing successful models of care delivered across SEQ. ● Integrate specialist care into primary healthcare settings. ● Ensure Aboriginal and Torres Strait Islander health practitioners and workers work to their full scope of practice. ● Develop and invest in incentivised employment pathways to grow workforce capacity and capability. 	<ul style="list-style-type: none"> ● Value yarning circles as ways of learning, healing, knowing and doing. ● Call out racism and challenge wrongs as and when they occur—show empathy to patients and staff who experience racism. ● Acknowledge culture is a protective factor. ● Embed cultural safety within training curriculum to 'future-proof' the health workforce to be anti-racist allies and advocates. ● Acknowledge some Aboriginal and Torres Strait Islander staff members leave the health workforce due to racism. ● Revise complaints mechanisms and processes for Aboriginal and Torres Strait Islander patients and staff to report racism. ● Hold 'courageous conversations' about unconscious bias and racism. ● Ensure models of care are trauma aware and trauma informed from a cultural perspective. 	<ul style="list-style-type: none"> ● Strengthen pathways, partnerships and health service linkages with other sectors (housing, justice and education) which impact on the social determinants of health.