

Health Equity Regional Consultations



| Anril | to | lune | 2021 |
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| 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+

37 in Maroochdore

participants, wincluding sub

worksho

written workshops submissions

IDENTIFIED PRIORITIES

Sunshine Coast



Drive an antiracism strategy across the health

Increase Queensland Health's First Nations employment targets

commensurate to localpopulation or hospital presentation and user rates (whichever is greater).

Establish regional coordination hubs and integrated care pathways.

PRINCIPLE 1: FIRST NATIONS LEADERSHIP

- Local health data governed by Aboriginal and Torres Strait Islander people.
- Engage local communities in the design and delivery of health services that meettheir needs.
- Support community to step into leadership and HHS board positions.

PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING

- Build upon and strengthen existing partnership arrangements.
- Agree to pooled funds, pooled resources and pooled workforce across healthcare providers.
- Develop an information and data sharing protocol between health partners and other stakeholders.
- Leverage the strengths of partners—each sector and service provider have their own strengths.
- Organise local community forums about the health service availability and current health data.
- Formalise and strengthen leadership and executive accountability to reform the health system.

PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS

- Develop a workforce pipeline and incubator to grow the local Aboriginal and Torres Strait Islander health workforce.
- Create mechanisms for health staff to work across settings and organisations through placements, staff exchanges and mentoring programs.
- Deliver trauma-informed care rather than system-driven care.
- Share local level health data between providers and ensure alignment to national targets.
- Develop and invest in local 'grow our own' training and employment pathways.
- State and national funding reforms to support local health system flexibility.
- Utilise 'My Health Record' as the means for data sharing between primary and secondary (hospital) healthcare providers.
- Design transport support to meet the needs of patients and community members—no out-of-pocket expenses.
- Improve emergency department engagement and communication with Aboriginal and Torres Strait Islander peoples to ensure cultural safety.
- Shift care from 'illness' to 'wellness' models and prioritise social and emotional wellbeing (SEWB).

PRINCIPLE 4: CULTURAL CAPABILITY

- Design culturally safe mechanisms for community members to provide feedback and input about their care.
- Ensure culturally safe healthcare is a guiding principle for all providers.
- Develop a standardised tool to measure and address racism in the health system.
- Model 'courageous conversations' in talking about racism and unconscious bias.
- Mandate cultural capability as a core competency across Queensland Health—all staff, all levels.
- Deliver continuous cycle of cultural safety training due to staff turnover.
- Genuine recognition of Aboriginal and Torres Strait Islander peoples' experiences—intergenerational trauma and identity have a huge impact on health.

PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH

- Need collaborative actions to address the broader social determinants of health.
- Implement a crossgovernmental strategy to address the social determinants of health.