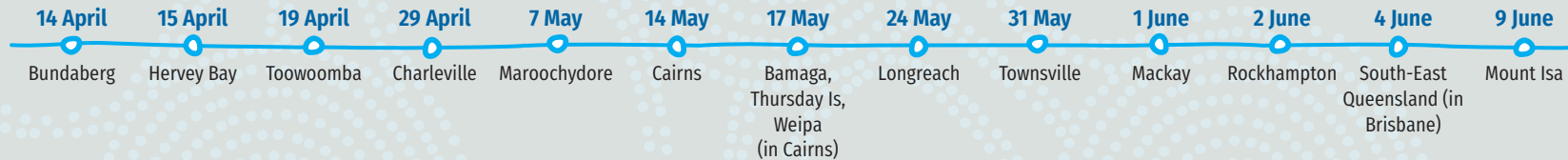


## April to June 2021



450+  
participants,  
including  
33 in  
Townsville

47  
written  
submissions

17  
workshops

## IDENTIFIED PRIORITIES

## Townsville

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
<ul style="list-style-type: none"> <li>Establish a <b>First Nations Health Board</b>.</li> <li>Embed <b>cultural capability into the Clinical Services Capability Framework</b>.</li> <li>Factor <b>equity into existing Queensland Health funding models</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen existing <b>cultural health governance</b> in the region—the Aboriginal and Torres Strait Islander Community Advisory Council (community representatives) and the Aboriginal and Torres Strait Islander Health Leadership Advisory group (staff representatives).</li> <li><b>Move beyond symbolism</b> and embed Aboriginal and Torres Strait Islander ways of knowing, being and doing into models of care.</li> </ul>	<ul style="list-style-type: none"> <li><b>Use strong foundations and relationships</b> that exist between healthcare providers to drive local health system improvements.</li> <li><b>Strengthen accountability</b> for stakeholders to deliver actions (e.g. Palm Island Action Plan).</li> <li><b>Formalise systems and structures to integrate and coordinate healthcare</b> so relationships are not person-dependent—meeting frequency to increase and focus on joint planning and service system design rather than immediate priorities.</li> <li><b>Bring together all key stakeholders</b> to reach agreement about current service gaps and how to address unmet health needs.</li> <li><b>Include measures (KPIs)</b> in the new Health Equity Strategy <b>that matter the most</b> to local health providers and the community.</li> </ul>	<ul style="list-style-type: none"> <li><b>Increase flexibility</b> for HHSs to realign and repurpose funding away from hospital throughput/service activity.</li> <li><b>Redesign healthcare</b> models to become genuinely patient and community-centred for all patients.</li> <li>Ensure Aboriginal and Torres Strait Islander healthworkers in the HHS <b>can work to their full scope of practice</b>.</li> <li><b>Care coordination and case management</b> to become the new norm—breakdowns sometimes occur in the patient journey between primary and acute care.</li> <li><b>Integrate and share data</b> between healthcare providers and critical points on the patient journey.</li> <li><b>Design and invest in innovative ways to improve access to healthcare</b>—new models need to prioritise going to the client rather than expecting the client to access care.</li> <li><b>Integrate workforce models</b> by sharing positions across primary and acute care settings (or locations).</li> <li><b>Map the patient journey</b> to understand the key coordination points across the patient journey to and from home to the hospital.</li> <li><b>Build the supply pipeline</b> for the future Aboriginal and Torres Strait Islander health workforce.</li> </ul>	<ul style="list-style-type: none"> <li><b>Acknowledge racism and discrimination</b> experienced by Aboriginal and Torres Strait Islander health staff and patients—experiencing, reporting and explaining the impact of racism is a heavy burden.</li> <li>Culturally safe care can't be tokenistic.</li> <li><b>Build upon, expand and strengthen existing cultural competency/anti-racism training</b> for new recruits and existing staff in HHS.</li> <li><b>Establish a relationship of trust</b> to address racism—it cannot be fixed overnight.</li> <li>Limited understanding of institutional racism by a lot of non-Aboriginal and Torres Strait Islander people.</li> <li>Recruitment practices and service models need to <b>value non-technical cultural skills</b> required to work with Aboriginal and Torres Strait Islander peoples.</li> <li>Support to eliminate racial discrimination must be <b>translated into action</b>.</li> <li><b>Use accreditation standards to embed culturally safe care</b> into business as usual and standardised practice.</li> </ul>	<ul style="list-style-type: none"> <li>Require every healthcare professional and clinician to have a <b>working knowledge of local health priorities</b> and the burden of disease (BOD) in the region or location.</li> <li>Strengthen <b>integration between healthcare and other sectors</b> to address the broader social and economic factors affecting Aboriginal and Torres Strait Islander peoples and communities.</li> </ul>