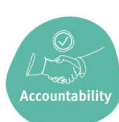


Consultation summary version 1

Sunshine Coast Aboriginal and Torres Strait Islander **Health Equity Strategy**



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Acknowledgement



Sunshine Coast Hospital and Health Service respectfully acknowledges the Traditional Custodians, the Kabi Kabi (Gubbi Gubbi) and Jinibara people on whose land we provide our services. We also pay our respects to the Aboriginal and Torres Strait Islander Elders, past, present, and future and recognise the strength and resilience that Aboriginal and Torres Strait Islander people and their ancestors have displayed in laying strong foundations for the generations that follow.

The Sunshine Coast Hospital and Health Service would like to thank everyone who has consulted with us on this project to date. We are grateful for your knowledge, honesty, and willingness to share your experiences. We look forward to ongoing opportunities for genuine consultation with our stakeholders and community.

Understanding the issue

Our History

In the words of Prime Minister Paul Keating from his 1992 Redfern speech “... *it might help us if we non-Aboriginal Australians:*

- *imagined ourselves dispossessed of land we had lived on for fifty thousand years - and then imagined ourselves told that it had never been ours.*
- *Imagine if ours was the oldest culture in the world and we were told that it was worthless.*
- *Imagine if we had resisted this settlement, suffered, and died in the defence of our land, and then were told in history books that we had given up without a fight.*
- *Imagine if non-Aboriginal Australians had served their country in peace and war and were then ignored in history books.*
- *Imagine if our feats on sporting fields had inspired admiration and patriotism and yet did nothing to diminish prejudice.*
- *Imagine if our spiritual life was denied and ridiculed.*
- *Imagine if we had suffered the injustice and then were blamed for it.”*

Aboriginal and Torres Strait Islander peoples continue to be disproportionately represented in access to health services compared to other Australians. This may be for a range of reasons including experiences of racism within healthcare settings (including beliefs or perceptions of implicit bias or unconscious bias from health practitioners), barriers relating to cost for service provision, a lack of culturally respectful and culturally competent health services, difficulty in navigating systems, and lack of transport and distance to services.

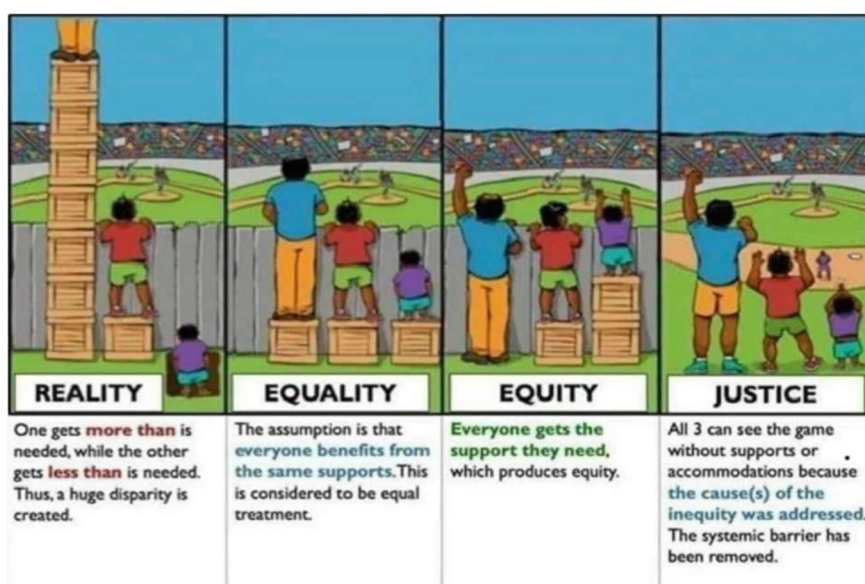
In 2020 the National Agreement on Closing the Gap was published in consultation with the Aboriginal and Torres Strait Islander community. The agreement outlined key priority areas for reform including health, education, and social-economic welfare. Despite years of policy reform, the Aboriginal and Torres Strait Islander community are still facing disparity in health. Queensland is currently not on target to close the life expectancy gap by 2031.

To address this issue the Queensland Parliament passed the Health Legislation Amendment Bill in August 2020 requiring each Hospital and Health Service to develop a local strategy to achieve health equity in partnership with Aboriginal and Torres Strait Islander peoples. The success of this new approach is dependent on representation, leadership, and shared decision-making with Aboriginal and Torres Strait Islander peoples. It will only succeed by listening to and respecting the voices, lived experiences and cultural authority of Aboriginal and Torres Strait Islanders.

Equity vs Equality

Equity recognizes each person has different circumstances and needs, and therefore different groups of people need different resources and opportunities allocated to them to thrive.

Equality is giving everyone the exact same resources across the board, regardless of individuals' or groups of people's actual needs or opportunities/resources already provided to them.

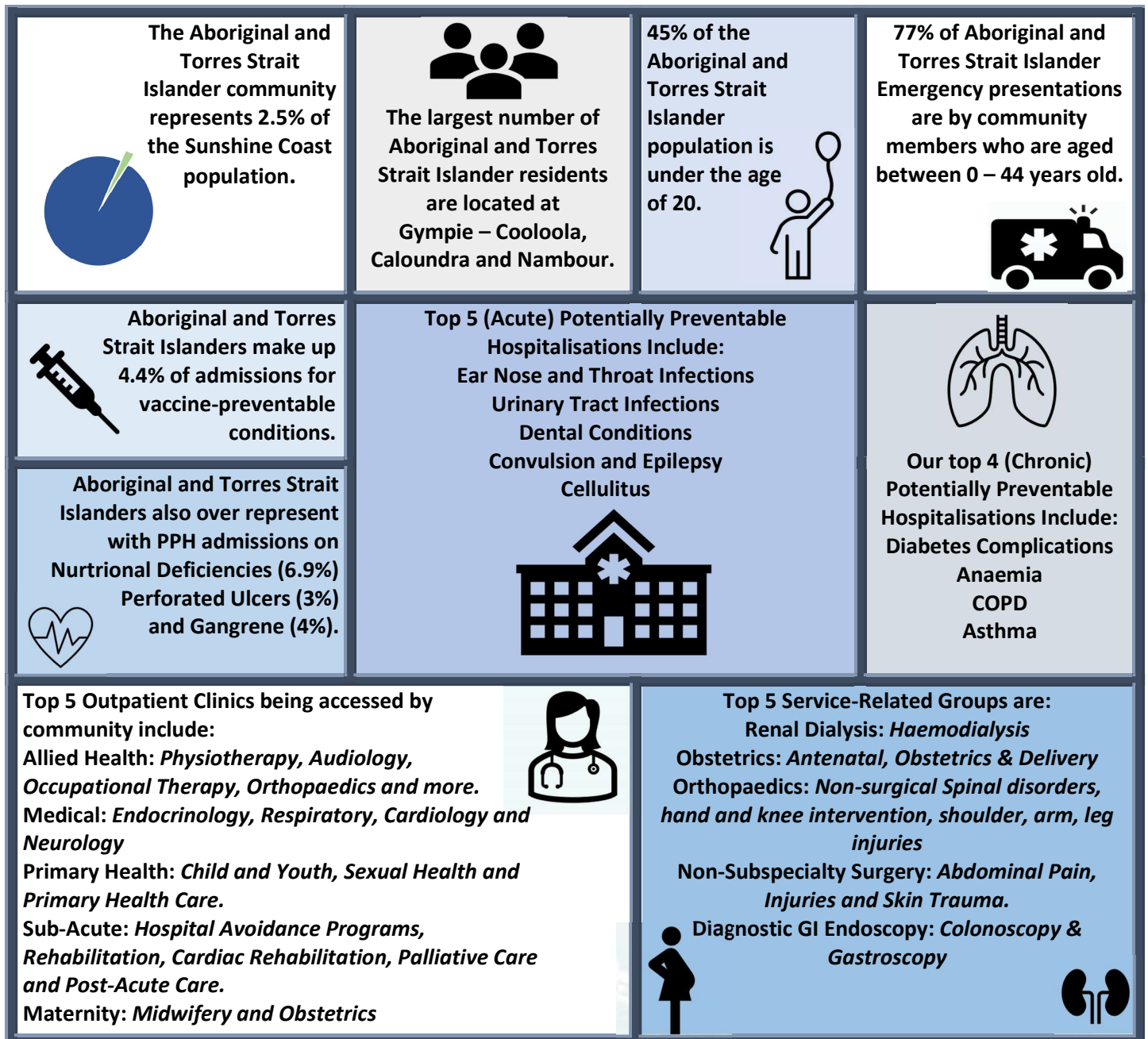


Our Opportunity

To address the issues outlined above, the Sunshine Coast Hospital and Health Service (SCHHS), in partnership with our Aboriginal and Torres Strait Islander community and stakeholders will be creating an Aboriginal and Torres Strait Islander Health Equity Strategic Plan. The objective of the strategic plan is to outline our vision and goals over the long term to help imbed Heath Equity into our service. A successful plan will help the SCHHS make informed decisions on the future course of business and will be applicable to our whole service to achieve widescale change. Our objectives need to show where we want to be as an organisation and need to be achievable when broken down into smaller operational goals which will be outlined once we enter the implementation phase of this project.

Our Community








The Sunshine Coast catchment is split between 8 planning areas Buderim, Caloundra, Gympie- Cooloola, Maroochy, Nambour, Noosa, Noosa Hinterland and Sunshine Coast Hinterland. It is predicted that our population will grow significantly over the next few years, with major growth across most areas. Below is a snapshot of our Aboriginal and Torres Strait Islander community and why they are accessing our services.



Data Sources: Department of Health Planning Portal (Health Need & Service Utilisation Access), Statistical Services Branch Data Dashboard (Indigenous Indicators), Indigenous Spatial Analysis and Health Services Unit (Population Projections) and Australia Bureau of Statistics (SEIFA).

Where we started

The Health Equity Project team reviewed past and current strategic policies that directly address the health gap. There were key themes and recommendations that spanned all documents including:

-  Early Intervention / A Healthy Start: Give Aboriginal and Torres Strait Islander babies the best start to life through effective women's services. Continue to reach out and support 8 – 18-year-olds to establish positive health patterns. Provide health check services to identify health issues early.
-  Access and Continuity of Care: Improve access to health services that are appropriate and affordable. Plan services with consideration of distance, transport options and accommodation. Ensure the Aboriginal and Torres Strait Islander community have support throughout their health journey. Co-locate wrap around services and social support to help with transition from hospital.
-  Determinants of Health: Improve the living environments of Aboriginal and Torres Strait Islanders. Recognise the connection between serious health problems and social and emotional difficulties.
-  Address the leading drivers of the Health Gap: Including cardiovascular disease, diabetes, chronic respiratory disease, cancers, mental illness, and injuries. Address modifiable risk factors including, obesity, high blood pressure and cholesterol, unsafe sex and consumption of cigarettes, alcohol, and other drugs.
-  Provide Culturally Safe Health Care: Support the Aboriginal and Torres Strait Islander workforce to deliver and lead services. Develop existing career structure pathways and support growth opportunities. Show ongoing commitment for reconciliation by building cultural respect and actively challenge personal attitudes and behaviours that may support racism. Develop a cultural education program (Cultural Practice Program).
-  Community Consultation and Partnerships: Ensure the Aboriginal and Torres Strait Islander community are involved in service planning and strategic direction. Design services to fit around the needs of the community and re-evaluate services regularly to ensure they remain appropriate. Encourage partnerships and integration between programs and providers.
-  Transparent Decision Making and Accountability: Improve systems for the identification of Aboriginal and Torres Strait Islander people. Increase the analysis and use of data in health service planning and patient safety. Regularly review data to ensure programs and services are contributing to measurable outcomes.

With these themes in mind the Health Equity Project Team designed surveys and questions that were taken to our key stakeholders for further discussion.

Developmental Stakeholders:

- ① Aboriginal and Torres Strait Islander SCHHS Staff
- ① SCHHS Staff who run or provide Aboriginal and Torres Strait Islander Services
- ① Aboriginal and Torres Strait Islander Community Members
- ① Aboriginal and Torres Strait Islander Elders
- ① Aboriginal and Torres Strait Islander Traditional Custodians
- ① Aboriginal and Torres Strait Islander Community Controlled Group
- ① Providers that service the Aboriginal and Torres Strait Islander Community

Together the community told us what these themes mean to them and how they have impacted their personal experiences. Each piece of feedback was then grouped under each of the key elements outlined in the Health Equity Framework.

Health Equity Strategic Priority 1: Actively eliminate racial discrimination and institutional racism within the Service

What you said...

"Don't make assumptions about me on how I look. How hard is it to listen to people?" - Consumer

"Even if I was dying, I would not set foot in that hospital." - Elder.

"When we hang up posters asking people to identify as Aboriginal and/or Torres Strait Islander in the hospital, they are often ripped down. No one knows who or why, it makes me uncomfortable that we have staff doing this with no consequence, it seems like the health service condones this." - SCHHS staff.

"We need more truth telling, we don't educate people on what happened. Ignorance creates racism, education eradicates it." - SCHHS staff

"Self-reflective tools are a waste of time. You are asking people to be aware of their unconscious bias, but it is unconscious." - SCHHS Staff

"Familiar people make me feel more comfortable, I want to know the health staff and see them in my community." - Consumer

"Aboriginal and Torres Strait Islander health care needs to be owned by everyone." - SCHHS Staff

"The Aboriginal and Torres Strait Islander people have the same access we do, so what's their problem?" - Consumer

"A male colleague attended a BreastScreening education session to support his team's clinic. At the beginning of the session the educator stated that she had removed the pictures of breasts since there were men attending the session. He and the other male in the room were very uncomfortable as they were both male clinicians and they were there to learn. This is a type of discrimination and it isn't okay just like if the gender roles were reversed. We are all trained staff and need to be respected for who we are and not discriminated because of our gender, culture or beliefs." - SCHHS Staff

"Incident's complaints and reports on racism need to be talked about and shared with staff. The only way to stop unconscious bias is to use the examples as a teaching tool and to show how we learn from them and that we have zero tolerance for this behaviour." - SCHHS Staff

"I think people struggle to understand the difference between equity and equality. They are very different and until people understand that there will be a feeling that one group of people gets free stuff that the other doesn't." - SCHHS Staff

"We need more education and truth telling." - Elder

What we heard...

- ✓ Racism and discrimination are still a widespread issues that need to be addressed.
- ✓ We need more truth telling and targeted education.
- ✓ We need to remove racism by addressing unacceptable behavior with action and consequences.
- ✓ We need to address unconscious bias in a clinical setting. We need to listen to our consumers, not make assumptions.
- ✓ We need the broader community to understand the difference between equality and equity.

Health Equity Strategic Priority 2: Increasing Access to Health Care Services

What you said...

"Why can't you offer transport assistance?" – Elder

"Access to health programs and clinics needs to be improved, they should be located near public transport, and it should be easier to book." – Elder

"I need more notice for appointments, public transport options are limited, and I must travel to make the appointment. If I need to stay overnight, I must consider my family/kids/pets and how to arrange for care if I am not home." - Elder

"I want strong advocacy when I am in hospital, so I know I am being heard." - Elder

"We need support when transitioning out of hospital, when I was discharged no one called to check on me and I had no idea how to access support services." – Elder

"The programs and hospitals all work in silos and don't communicate; you need to improve communication between services." - Consumer

"Often when patients are discharged from the hospital, we get no notice and no discharge plan." – Provider

"Sometimes I am not even aware when the HLO comes into my area. They need to be more vocal and advocate loudly." – SCHHS Staff

"There are a lot of services if you are sick with a chronic condition but less options if you are generally healthy. I want more support to stay healthy." – Consumer

"Let's start young and engage our youth in services. We need to get them involved to make an impact." - Elder

"Years ago, I arrived for an appointment, after travelling in on public transport, only to be told the consultant was on leave. I got no phone call or apology; my appointment was booked three months before. Not a good way to treat a community member." – Consumer

"The Aboriginal and Torres Strait Islander team need to have a front facing model, community need to feel comfortable walking in, especially at SCUH." – SCHHS Staff

"WPHCD is an example of how we do access well. A great day for health checks." - Consumer

What we heard...

- ✓ Transport and access need to be considered when planning services and booking appointments. Can we do more to assist with transport, is this too late notice for someone to organise accommodation, can they access our hospital etc.
- ✓ Increased focus on health literacy, prevention, and early intervention. WPHCD is a great resource.
- ✓ Wrap around health services need to be available when people leave hospital. Service mapping and education may assist with this.
- ✓ We need to be accessible to the community, we need to be front facing and advocate strongly.

Key Health Equity Strategic Priority 3: Influencing the social, cultural, and economic determinants of health

What you said...

"We need more pathways into jobs. We should be actively engaging with our kids." - Elder

"People need to understand the impact social-economic factors have on health status. Economic situation, resources, education, and income affect mental health, addictive behaviours, health literacy and access to services. These issues often go hand in hand and create barriers to health." - Consumer.

"It's so difficult to attract staff when housing availability is such a big issue. Especially when offering temporary short-term contracts." - SCHHS Staff

"Recruitment processes takes such a long time to complete! Sometimes up to eight weeks, it's a long time to onboard new staff. After a while people lose interest or take other opportunities elsewhere, that are less hassle. Then we lose potentially good people." - SCHHS staff

"We need to engage with youth early to get them into jobs. Are you visiting job fairs or going to schools? Do you offer traineeships?" – Elder.

"Hard to recruit Health Worker positions, they are required to have a certificate or diploma in Aboriginal and Torres Strait Islander Primary Health Care to get the job but only two TAFEs (Cairns & Toowoomba) in QLD offer the course. How can we say we take Aboriginal and Torres Strait Islander health care seriously if we can't even access the course to get the job?" – SCHHS Staff

"Educating young is the biggest way to impact these factors. We need to start early to close the gap throughout their life journey." – Consumer

"We need our kids to know what jobs are available and how they can be supported to work in Health Care."- Elder

"Our mob needs to stand up too and not just come to get a t-shirt without doing something for it. Health care needs to start with birth and go all the way through life, so people don't end up with chronic illness." - Elder

What we heard...

- ✓ We need to see more Aboriginal and Torres Strait Islander people working at all levels in health care. We can help influence these factors with health education and supporting our community with jobs and study opportunities.
- ✓ We need to eliminate short term contracts where possible and offer long term permanent roles to attract staff and offer stability. Cost of living is so high moving here on a short-term contract is too much of a risk for most people.
- ✓ There needs to be a whole of Government approach to address these issues:
 - Health: Improve health literacy, support healthy choices, earlier intervention, and detection.
 - Education: Truth telling and teaching our history to help the population understand. Help grow the skills within our community by supporting job opportunities with Cadetships and Traineeships.
 - Transport: Address our isolated areas and offer more affordable options for our community.
 - Housing: We need affordable housing; people can't afford to live here, and community become more and more isolated.

Key Health Equity Strategic Priority 4: Delivering sustainable, culturally safe, and responsive healthcare services

What you said...

"There needs to be clear accountability across the SCHHS." – SCHHS Staff

"Health Worker roles are valuable but are often not taken seriously. We need to build better support and understanding of scope." - Elder.

"Funding models and accessing money for Aboriginal and Torres Strait Islander positions/services is often complex and difficult to navigate. This impacts growth opportunities." - SCHHS Staff.

"Services come to the Aboriginal and Torres Strait Islander team for cultural liaison support, is it appropriate for a team of 30 or so people who are patient facing to also oversee the entire services cultural appropriateness? Should specific positions be made, does education need to improve?" – SCHHS Staff.

"Filling identified positions is a constant battle. We need to be exploring traineeships and cadetships." – SCHHS Staff

"Get our mob into jobs and get those positions into the community. I want to know them; I want to see them at events. I don't know who the HLO is at this hospital anymore." – Elder

"I have requested a Role Description for HLOs. I do not understand what they do or how they differ from Social Workers?" – SCHHS Staff

We need to develop a specialised Aboriginal and Torres Strait Islander Health Team that understand the multifaceted issues that face our community. They need to have the ability to provide social support, wrap around services, health literacy and chronic disease management. They can be the bridge between the acute setting and the community setting." – SCHHS Staff

"Do these white people even know or care about our history?" - Elder

"There can be a disconnect between what the community thinks we can offer to what we are funded for. Our focus is acute and that impacts our ability to intervene earlier. NGOs can be booked up for weeks and it means the community will go without." - SCHHS Staff

What we heard...

- ✓ Funding models and processes are difficult to navigate and understand. Can they be simplified, and can we be more flexible with our service models.
- ✓ KPIs need to be achievable, measurable and outcome focus, they need to be owned by everyone in the Health Service.
- ✓ We need to support our current positions (Health Workers, Hospital Liaison Officers) by building their scope, supporting their PDL training and ensuring professional mentoring is available. This will build legitimacy.
- ✓ We need to be actively recruiting more Aboriginal and Torres Strait Islanders into health.
- ✓ We need to support and offer Traineeships, Cadetships, and other opportunities to grow our workforce.

Key Health Equity Strategic Priority 5: Working with Aboriginal and Torres Strait Islander peoples, communities, and organisations to deliver, monitor and review health services

What you said...

"Make KPIs achievable! There is no point promising the world but delivering nothing." - Elder.

"We need to investigate collaboration opportunities to reduce traveling such as telehealth." - Elder

"Whenever I engage with the community, they give me honest feedback on the good, the bad and the ugly. Even if I can't fix the issue, I need to know about it." - SCHHS Staff

"I want to engage with the community, but I don't know how to begin. There isn't any real guidance on how to do it right." - SCHHS Staff

Most services are set up to suit the hospital service not the consumer. We need to look at how consumers consume health related services, online, telehealth. We need to offer flexible services that work with consumers not just send a letter and say be here at this time. We don't think from the consumer perspective enough. – SCHHS Staff

"I want to see more engagement with all providers of Aboriginal and Torres Strait Islander Services. Not just one." - Provider

"We need improved data sharing between organisations. We can't access clinical information and hospital discharge plans only go to GPs. There are a lot of providers providing clinical services that are not GPs." - Provider

"Community Services are not supported with a database and record data on excel spreadsheets. This needs to be addressed, only with accurate data can we plan our services appropriately." - SCHHS Staff

"There should be a dedicated identified Patient Liaison Officer for identified patients. This will help patients feel more comfortable in complaining. A box or category should be included on all paperwork and reporting systems to nominate a complaint as racism or discrimination. That way data can be captured and pulled out and reviewed. Trends and areas of needs can then be tracked, education needs to be targeted." – SCHHS Staff

The HHS used to deliver some great programs centred around public health such as vaccination programs. I see great value in your reach and ability to deliver these programs. Don't just leave it up to the community-controlled organisations." – Provider

What we heard...

- ✓ Data needs to be collected and collated – we don't know what impact we are having if we can't measure it.
- ✓ Services need to be planned in consultation with the community to ensure they are fit for purpose. Then ongoing consultation needs to occur to ensure Aboriginal and Torres Strait Islander people maintain a voice.
- ✓ SCHHS Staff want to engage with the community but aren't sure how to go about it.
- ✓ We need to listen to feedback from our community and value their input, including complaints. We need to make easier and more comfortable for community to come to us with their complaints.
- ✓ We need to work with multiple providers and organisations, so community have a choice.
- ✓ We have a role to play in community / public health services.