

Consultation summary version 2

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



Integrity



Compassion



Accountability



Innovation

Sunshine Coast
Hospital and Health Service



Queensland
Government

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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.

Our Project

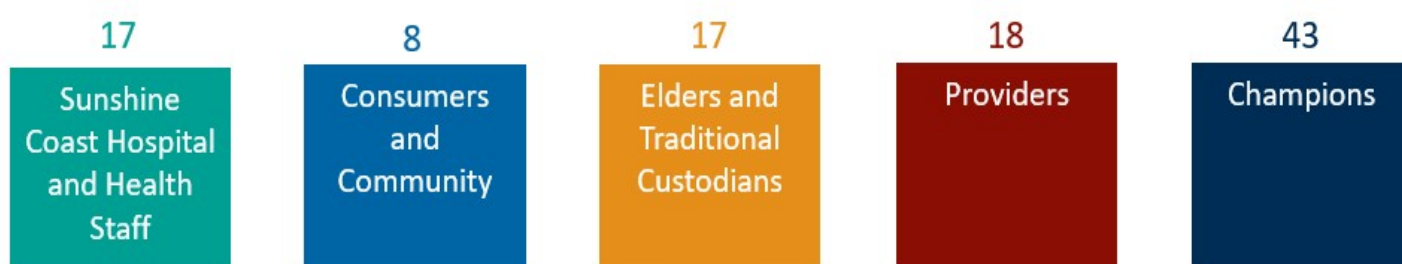
Since the beginning of our consultation period in March we have received 685 pieces of consultation from members of our community. We have reached out via teams, surveys, phone calls, letters, information stalls and one on one meetings. Using the themes from our last consultation summary (V1) we have been surveying our community to gain a deeper understanding of some of the issues that were outlined. Informed by your feedback we have asked you direct questions about racism, service development, workforce, and education. The Health Equity team has collated everybody’s responses and have included the results in this document. As with the last summary please let us know if you have anything to add, change or discuss in further detail. It is your voice that will make this project successful.

Our Stakeholders

To ensure confidentiality with all responses, we have grouped our stakeholders into the below categories.

- **Sunshine Coast Hospital and Health Staff (SCHHS Staff)**
 - Staff who are Aboriginal and / or Torres Strait Islander
 - Staff who run or provide Aboriginal and Torres Strait Islander Services
- **Consumers & Community**
 - Aboriginal and / or Torres Strait Islander community members who access health services
 - Aboriginal and Torres Strait Islander community groups
- **Elders & Traditional Custodians**
- **Providers**
 - Community Controlled Group - North Coast Aboriginal Corporation for Community Health (NCACCH)
 - Central Qld, Wide Bay and Sunshine Coast PHN (Our PHN)
 - Queensland Aboriginal and Islander Health Council (QAIHC)
 - Other Providers of Aboriginal and Torres Strait Islander Health Services
- **Champions**
 - People who are working with our community who do not identify as Aboriginal and / or Torres Strait Islander but want to help champion the Health Equity Strategy. We all agreed in our last consultation period that a big part of change is education for those who don't know or understand Aboriginal or Torres Strait Islander cultures.

In total we received 103 responses to our V2 survey from the below groups.



NB: Champions were asked slightly different questions to the rest of our stakeholder groups.

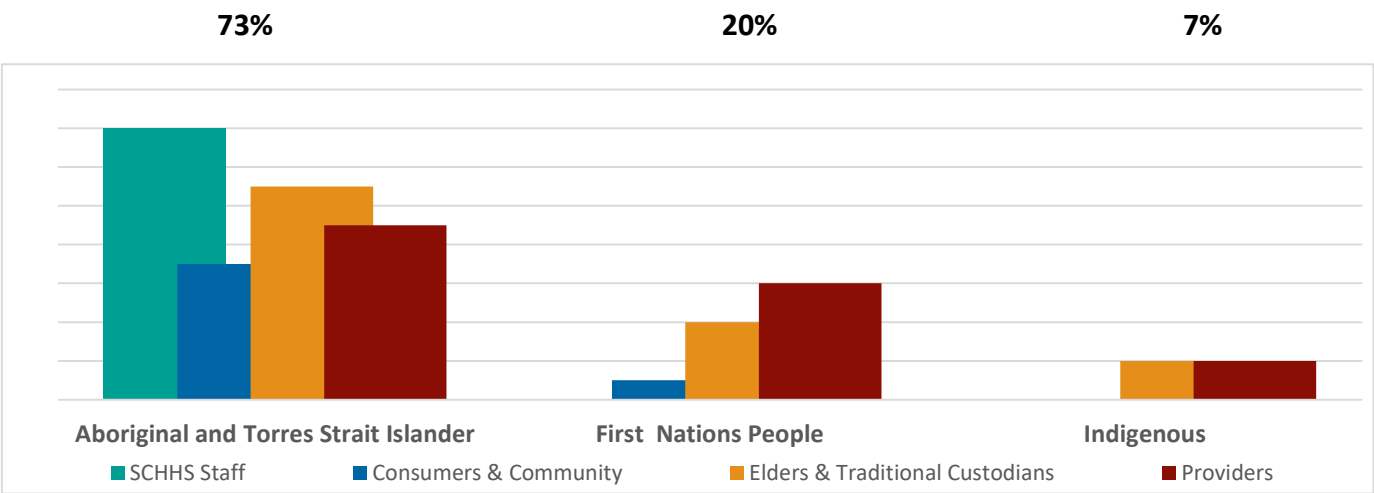
Survey Results

We asked: Which of the following terms do you prefer was used?

73% of you agreed that you prefer Aboriginal and Torres Strait Islander

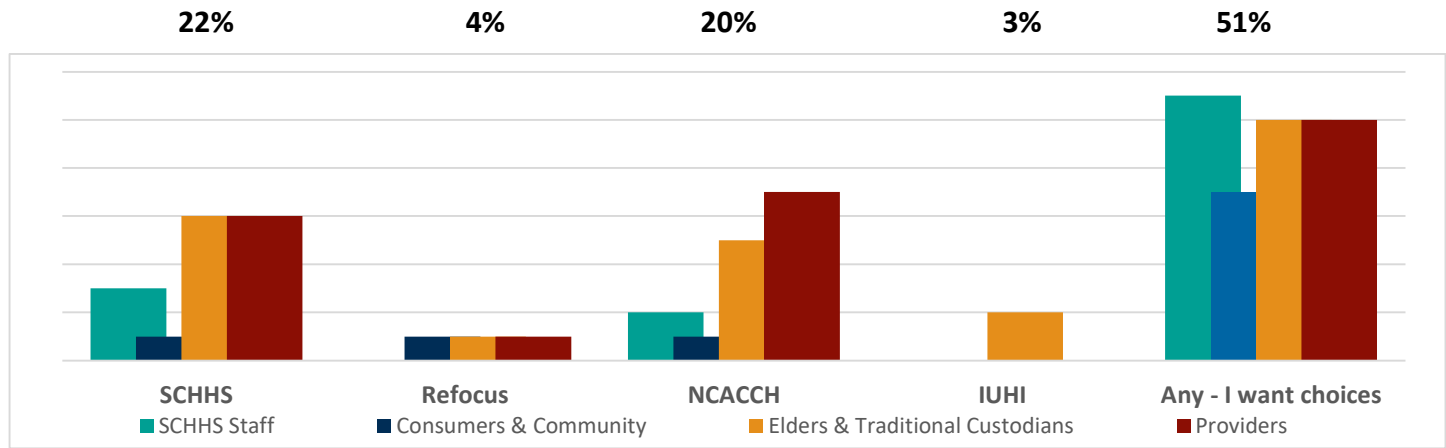
You also said:

- Aboriginal and Torres Strait Islanders are two distinct cultures. Stop putting them together on forms.
- Some also noted being happy with First Nations as an option.
- Some asked to explore other terms such as Decedents of Traditional Custodians



We asked: Where do you feel safe and comfortable to access health services?

51% of you agreed that you want a choice for services

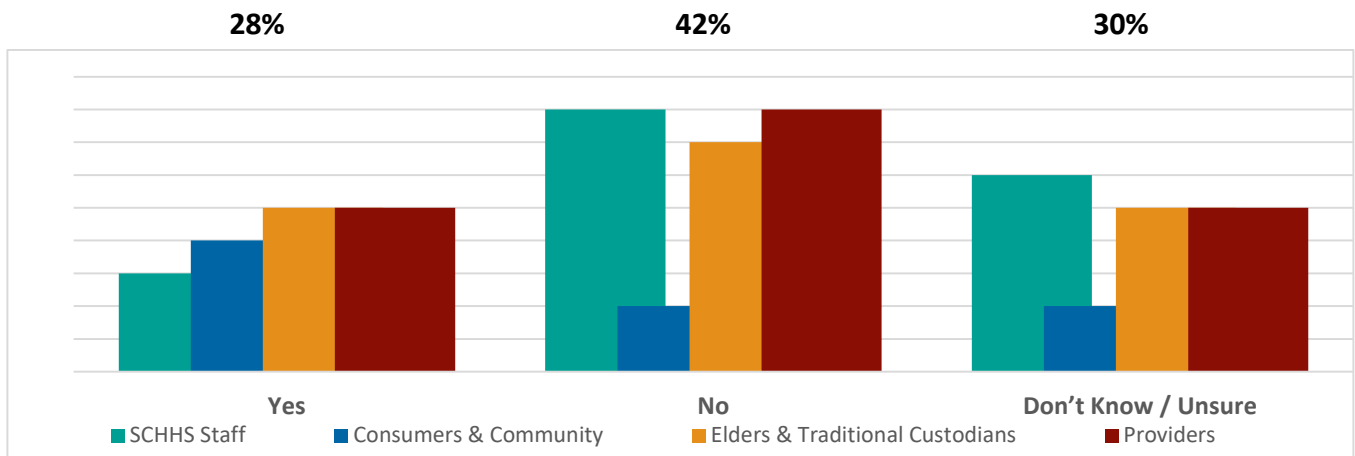


We asked: Do you believe there are duplicated services across the Sunshine Coast?

42% agreed that there was no duplication of services

You also told us

- 30% who were unsure felt they didn't know enough about our services to answer. We need more awareness of the services that are available.



28% believed services were duplicated with the top two responses being:

- Yes/Maybe – there are duplications but that gives mob choice which is good
- NCACCH AMS & Refocus

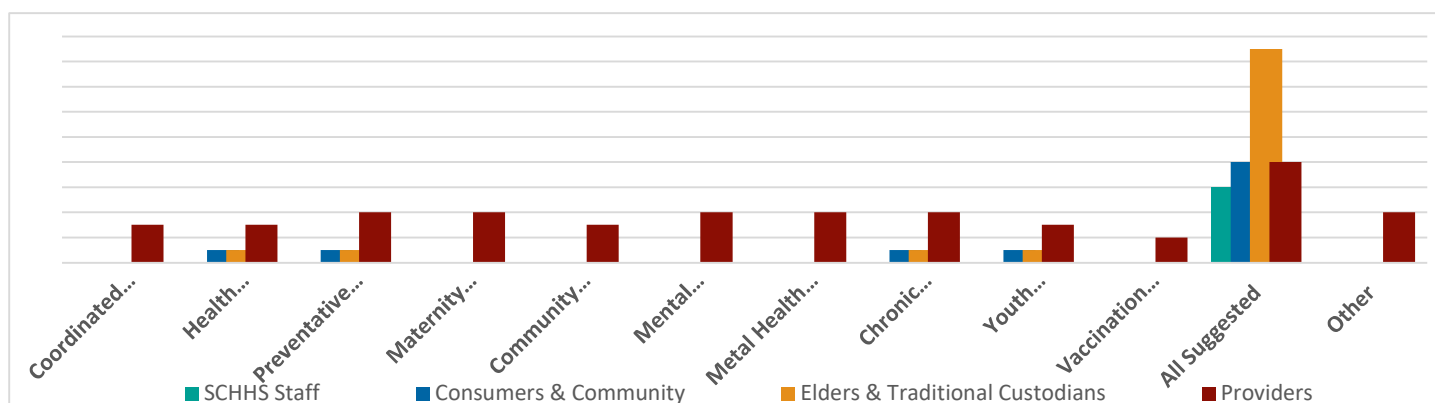


We asked: What services do you think the Sunshine Coast Hospital and Health Service should offer?

46% agreed all the listed options should be made available

You also told us

- *That Alcohol and Other Drug Services (AODS) should also be considered (captured in other).*



We asked: Do you think there are health service gaps and if so what service/s do you think are missing?

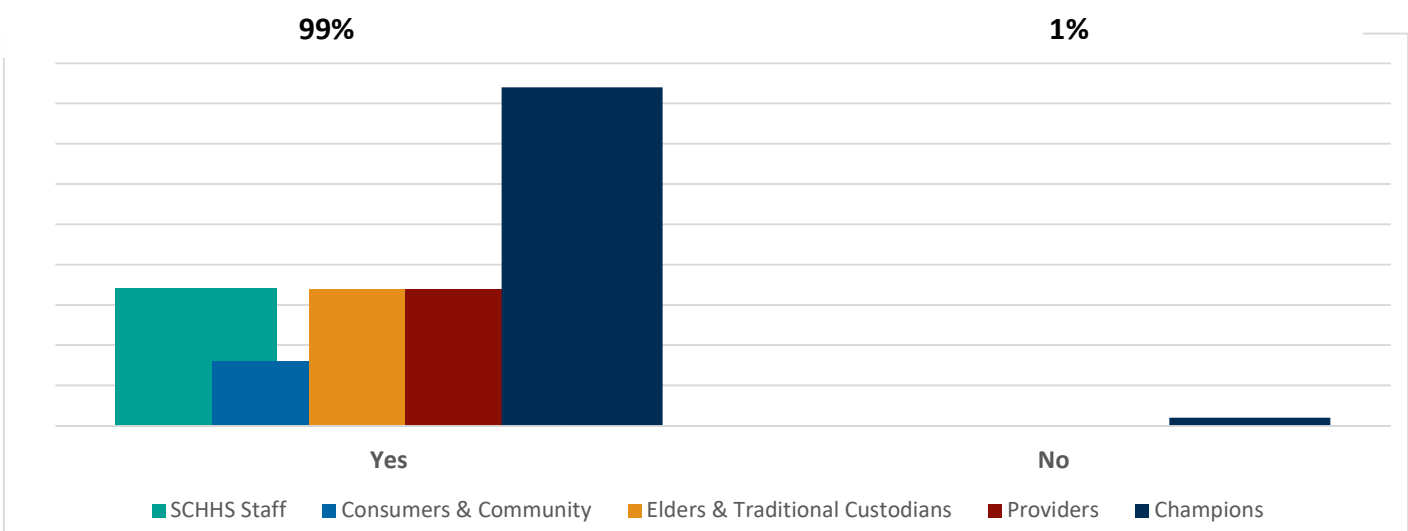
The top four responses were:

- Mental Health Support
- Youth Programs
- Dietetics and Nutrition
- Out of Hours Support – Acute support, HLOs on the weekend and more services available outside of school hours



We asked: Do you think cultural education and training should be mandatory for all people who work within Aboriginal and Torres Strait Islander Health Services?

99% agreed that training should be mandatory.

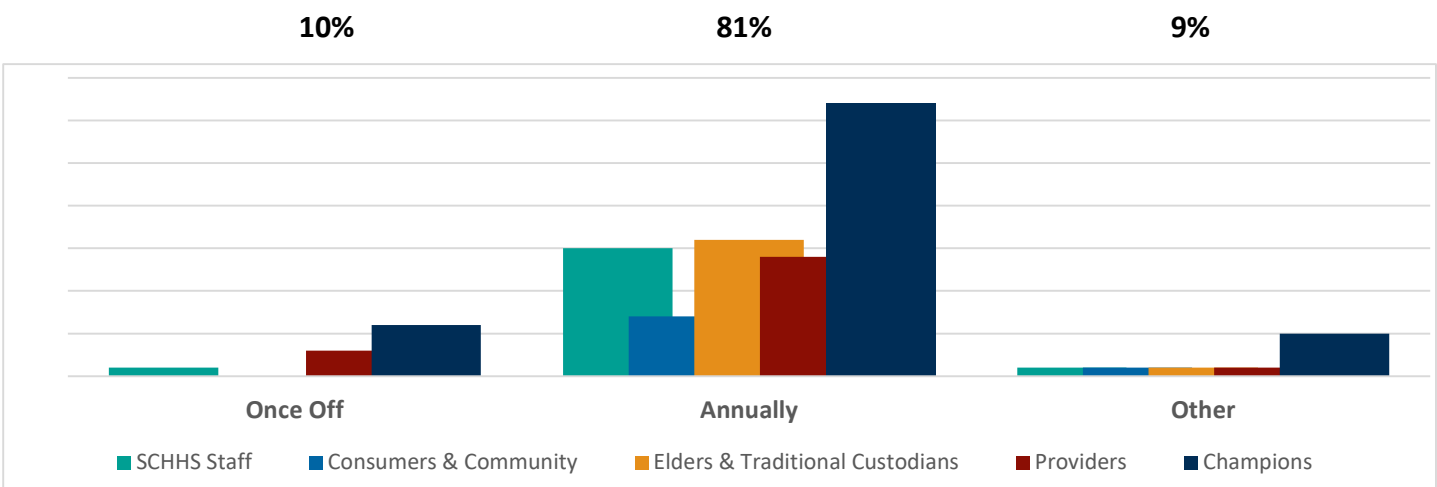


We asked: How often do you think the training should be undertaken?

81% agreed that training should be held annually

You also told us

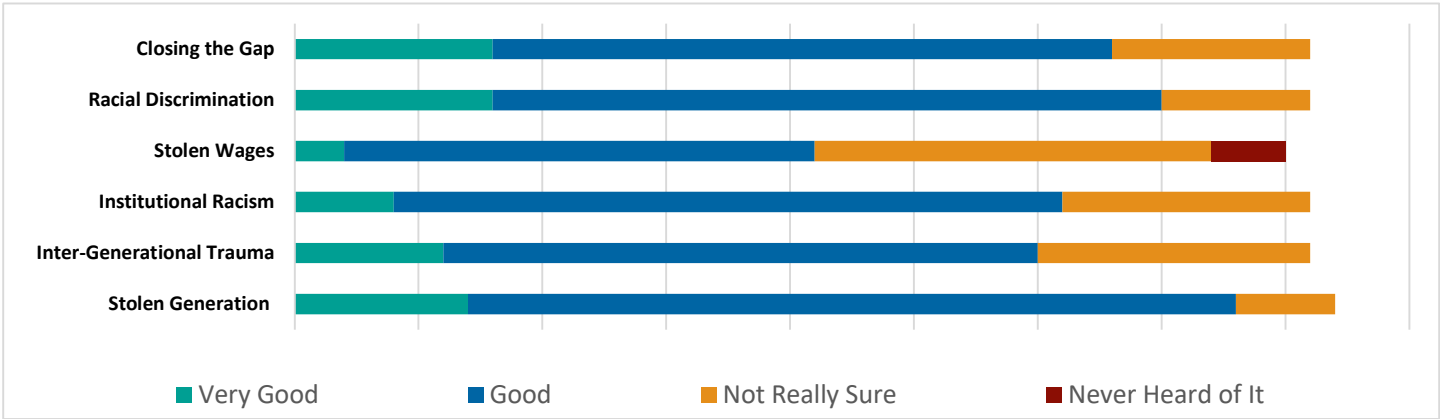
- Those who answered other suggested training every two years.
- The training should be evaluated regularly for the effectiveness.



We asked our champions: What aspects of Aboriginal and Torres Strait Islander history do you know about?

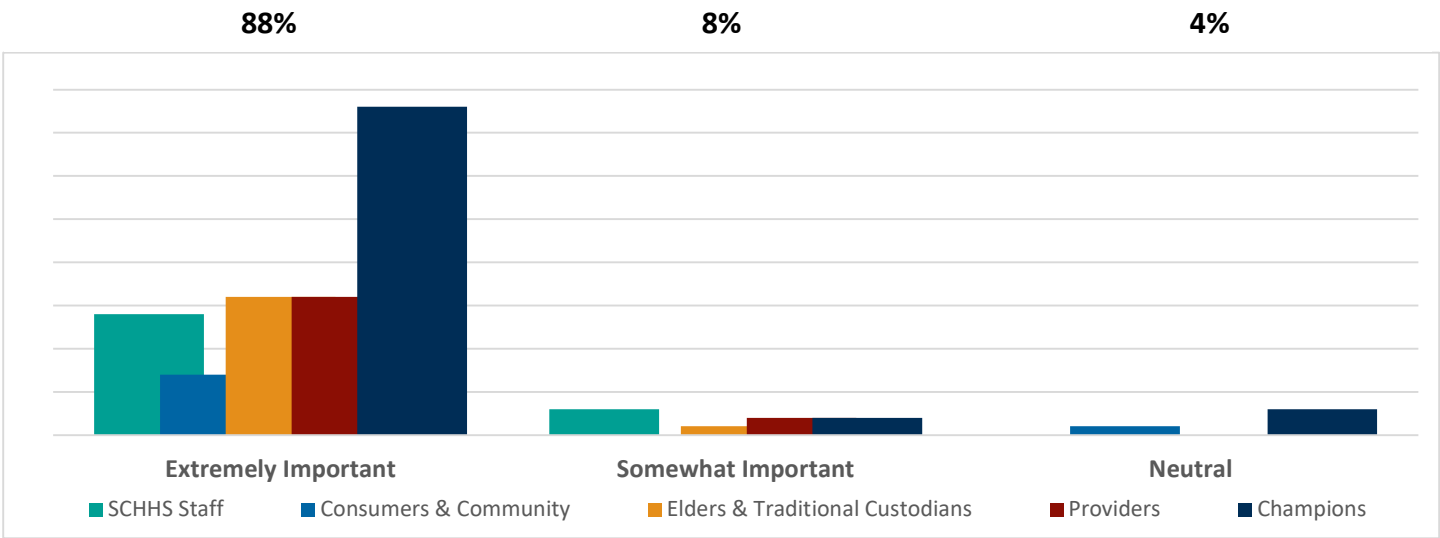
Overall, 24% said they were either not sure or have never heard of the below topics.

48% of those we asked had never heard of or weren't sure about stolen wages.



We asked: How important do you think it is that Aboriginal and/or Torres Strait Islander people are employed to run Aboriginal and Torres Strait Islander health services?

88% agreed that it was extremely important that Aboriginal and Torres Strait Islander people are employed to run Aboriginal and Torres Strait Islander health services

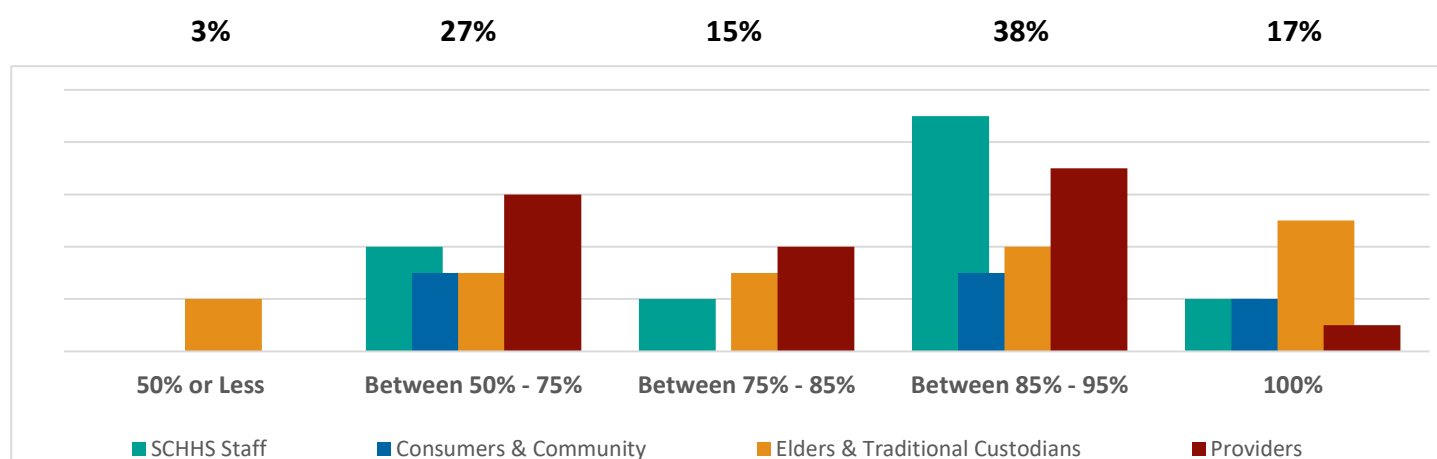


We asked: What is the minimum percentage of identified workforce you think we should aim for when planning our Aboriginal and Torres Strait Islander services?

38% agreed that having between 85% and 95% is ideal

You also told us

- We don't want you to hire Aboriginal and Torres Strait Islander people into token positions to make up numbers. They should be valued like the other members of the workforce.
- Getting the right person for the job is more important, but we should support the Aboriginal and Torres Strait Islander workforce so they can work towards these higher level/clinical positions that we struggle to fill.



We asked: How do you think we could work more efficiently and effectively?

The top four responses were:

- Address Transport and Accommodation
- Increase Collaboration
- More Awareness of Services Available
- More Community Gatherings



We asked: Is there anything else you would like to add in relation to the Health Equity Strategic Plan for Aboriginal and Torres Strait Islander peoples?

“Well Persons Health Check Day is support, education and intervention services done right – Grow and expand it” - Elder

“We need better collaboration between organisations, we should work together and spread the services widely” - Provider

“Focus more on preventive health, education and holistic care.” – SCHHS Staff

“More support for our front-line workers who are supporting our Community” – Community

“It is great to have a choice in services as it is my understanding that each service work together, which is great.” - Elder

“Very keen and interested in further education regarding your services.” – Champion

“Incorporate traditional healing practices and methods, they can work in conjunction with modern medicine.” – SCHHS Staff

“I would like to see more of our mob trained and able to access traineeships/apprenticeships to learn the skills to fill our workforce” - Provider

“Continue to invest grow and expand services and choice” - Community

“Thank you for the initiatives you are undertaking for the betterment of Aboriginal and Torres Strait Islander Health Services” - Elder

“Create advisory groups with key stakeholders and traditional owners.” – Traditional Owner

What's Next

With all the information you have given us over the last two months we have outlined six key focus areas that we believe should be in our Strategic Plan. We took these suggestions to our Consultation Forum on the 13th of April 2022. Thank you to everyone who attended and below is that you told us on the day.

Key Focus Area 1

Eliminate Racial Discrimination

Adopt a zero-tolerance workplace culture and actively address racism and discrimination.

What will we do?	What will we achieve?
<ul style="list-style-type: none"> Identify and address instances of racial discrimination and unconscious bias. Strengthen anti-racism and cultural diversity training practices. Encourage education and truth-telling about historical and contemporary injustices and inequities. Empower champions within the Health Service to call out racism and support change. 	<ul style="list-style-type: none"> ✓ Integrate mechanisms that encourage feedback from patients and staff to identify review and address instances of racial discrimination. ✓ Ready access to culturally safe complaints processes that capture robust data for evaluation. ✓ Ongoing anti-racism, unconscious bias, and equity training for all SCHHS staff, that is evaluated regularly for effectiveness.

At the Consultation Forum we asked:

How will we do it? What does it look like? How should it work? Who will be our partners?

- Safe spaces to have uncomfortable conversations
- Staff and patient surveys / experiences linked to dashboards for easy access
- Address racism, don't let it continue in the workplace ✓
- Education ✓✓✓✓✓
- Create yarning spaces for staff and consumers during training ✓✓
- Unconscious bias training for all staff
- More celebrations of Aboriginal and Torres Strait Islander art and culture ✓
- Cultural workshops ✓
- Report and record instances of racism from staff and patients (complaints) ✓✓
- Local Aboriginal and Torres Strait Islander language classes
- Continued cultural awareness training (extension of previous training)
- Target education based on complaints
- Role models and guest speakers
- Funding for future training
- Gatherings for hospital staff to meet with Aboriginal and Torres Strait Islander people socially
- Champions and Aboriginal and Torres Strait Islander staff delivering training together so other staff can relate to peers
- Specific training for leaders so they know how to lead in this space
- Add specific CPT item into PADS with action to be completed within 4 weeks if not done

Please note ticks have been added to show when multiple people recorded the same answer on the day.

Key Focus Area 2

Increase Access to Healthcare

Increase access to health care services and directly address the barriers.

What will we do?	What will we achieve?
<ul style="list-style-type: none">• Offer innovative models of care that deliver care closer to home.• Strengthen our engagement with community to understand the barriers to access.• Improve co-ordinated care to guide our community on their journey through and out of hospital.• Create clear pathways for Aboriginal and Torres Strait Islander people to access services.	<ul style="list-style-type: none">✓ A growing number of services delivered via telehealth or in partnership with community-controlled services.✓ Increased patient engagement in preventive and early detection services as well as outpatient appointments.✓ Decrease in Potentially Preventable Hospitalisations (PPH).✓ Considered strategies for hard-to-reach groups in the community and priority access pathways for overrepresented conditions.

At the Consultation Forum we asked:

How will we do it? What does it look like? How should it work? Who will be our partners?

- Continuity of care, seeing the same person if possible
- Spiritual Healing
- Outreach services
- AMS more central on the Sunshine Coast
- Holistic patient care and individual care planning
- Virtual health care and telehealth ✓ ✓
- Increase the Nurse Navigator service for Aboriginal and Torres Strait Islander Health
- Patient subsidy scheme needs to be user friendly and culturally appropriate
- Transport employees (Aboriginal and Torres Strait Islander drivers)
- Portable Clinics like BreastScreening Vans that go to patients (Mobile Minor Injuries) ✓
- Work more with local community transit services / providers
- Give more options for appointments, don't just dictate times

Please note ticks have been added to show when multiple people recorded the same answer on the day.

Culturally Diverse and Confident Workforce

Support and grow our workforce to be culturally diverse, resilient, and confident.

What will we do?	What will we achieve?
<ul style="list-style-type: none"> • Grow Aboriginal and Torres Strait Islander representation across all streams. • Strengthen and develop staff and support them to work to full scope of practice. • Ensure Aboriginal and Torres Strait Islander representation at board and executive levels. • Actively recruit Aboriginal and Torres Strait Islander people into the Health Service. 	<ul style="list-style-type: none"> ✓ Growth and retention of the Aboriginal and Torres Strait Islander workforce. ✓ Integrated career pathways within the Health Service and access to education and career development for the Aboriginal and Torres Strait Islander workforce. ✓ Clear and supported scope of practice for Aboriginal and Torres Strait Islander positions. ✓ Increase in Aboriginal and Torres Strait Islander recruitment targets for student placements and nursing graduates.

At the Consultation Forum we asked:

How will we do it? What does it look like? How should it work? Who will be our partners?

- Make the roles more attractive especially Health Workers
- More partnerships and encouragement in schools / tates / universities to work in health ✓ ✓ ✓ ✓
- More support and pathways for established staff wanting to grow
- Better recruitment process e.g., screening panels
- Aboriginal and Torres Strait Islander representation in all streams and directorates
- Actively have Health Workers involved in clinical governance practices and supervision / training
- More education on culture
- Consistency, if we see a change in Government, we could see a repeat of 2012 – 2015
- Different cultural awareness training packages for special purposes e.g., training for managers on how to make a culturally safe workspace or training that explains why it's important to hire Aboriginal and Torres Strait Islander people
- Remote course options
- Regular in services to all departments

Please note ticks have been added to show when multiple people recorded the same answer on the day.

Key Focus Area 4

Culturally Safe and Responsive Health Care

Deliver sustainable, culturally safe and response health care services

What will we do?	What will we achieve?
<ul style="list-style-type: none">• Embed culturally safe care into clinical governance practices.• Leverage opportunities for funding via Quality Incentive Payments (QIPs)• Identify the needs of the Aboriginal and Torres Strait Islander community and integrate this into all health service design, assessment, and planning.• Commitment from all areas to fund Aboriginal and Torres Strait Islander services as Business as Usual (BAU).	<ul style="list-style-type: none">✓ All clinical governance and evaluation processes include cultural safety as part of BAU.✓ Health Equity is prioritised and routinely considered in all service planning and commissioning activities.✓ Increase in identified positions by converting existing positions.✓ Increase in funding being allocated to Aboriginal and Torres Strait Islander services.

At the Consultation Forum we asked:

How will we do it? What does it look like? How should it work? Who will be our partners?

- Stop using the “black bucket” for funding Aboriginal and Torres Strait Islander Services, reallocate funding in your business-as-usual budget to support our community
- Embed Aboriginal and Torres Strait Islander cases into all clinical learning
- Whole of hospital cultural safety team, reps from all departments
- Cultural safety training for staff, managers and leaders
- Recognise cost savings in prevention, every \$1 spent on prevention saves \$14 later ✓
- Cultural and organisational change in honouring and attending mandatory training (pay staff to attend as per policy)
- Include non-indigenous family members in HLO visits
- Aboriginal and Torres Strait Islander Health needs to be everyone’s cores business ✓
- Include Aboriginal and Torres Strait Islander measurers within our existing accreditation process
- Improved communication, tell us what you are doing, explain procedures

Please note ticks have been added to show when multiple people recorded the same answer on the day.

Co-Design and Partnerships

Work with Aboriginal and Torres Strait Islander communities and organisations to deliver and monitor health services.

What will we do?	What will we achieve?
<ul style="list-style-type: none"> • Increase opportunities for Aboriginal and Torres Strait Islander representation in consumer engagement, service design and planning. • Develop robust data for service planning, outcome measurements and continuous quality improvement. • Establish partnerships and integration between the hospital, community and local Aboriginal and Torres Strait Islander health services. 	<ul style="list-style-type: none"> ✓ The Aboriginal and Torres Strait Islander community have access to healthcare services that they want and need. ✓ Transparent decision making and accountability backed by robust data and evidence. Reportable KPIs. ✓ Shared data across services. ✓ Integrated mechanisms are in place to evaluate services regularly to ensure they remain appropriate to community needs.

At the Consultation Forum we asked:

How will we do it? What does it look like? How should it work? Who will be our partners?

- Consultants of Aboriginal and Torres Strait Islander knowledge are honoured as specialists and a paid for their time
- Set up rooms within providers / NGOs to access specialist care via telehealth ✓
- More partnerships, not just NCACCH include all medical services across the Sunshine Coast & Gympie
- Collaboration to reduce duplication
- More psychiatrists needed; we only have one in cultural healing
- NCACCH, Refocus, Our PHN and QLD Health working together
- More client pathways, work together to support continuity of care and collaborate on areas of cross over e.g., sharing resources
- Collaboration between specialists
- Engage, ask, listen do and show
- Shared training opportunities
- Have decision makers present for discussions so they can follow through
- Consider Elder fatigue and ensure Traditional Owner input
- Take consultation to them
- Map services to identify duplication, define duplication and then ensure choice
- Ethical considerations around data collection and sharing data (consider history of Aboriginal and Torres Strait Islander constant collection of data)
- Shared data used to make decisions to ensure transparency
- Ensure data is linked to education
- Get the Commonwealth and state on the same page with aligned data
- Encourage and support further investigation and care planning for chronic conditions, share care plans between all services
- Identification and promotion of community services (GPs, Allied Health, Imaging) that promote equitable health services for community

Please note ticks have been added to show when multiple people recorded the same answer on the day.

Key Focus Area 6

Health Parity

Address the leading drivers of the health gap, minimise modifiable risks and influence social determinants.

What will we do?	What will we achieve?
<ul style="list-style-type: none">• Increase access to programs that aid with early detection, strengthen health literacy, and support healthy communities.• Develop partnerships to engage with younger persons to reduce health risk.• Maximise the potential for health gain by targeting the leading drivers of the health gap.• Establish partnerships across the broader social system with a view to develop regional responses to critical determinants.	<ul style="list-style-type: none">✓ Grow health literacy and Increase engagement with the health service throughout their life journey.✓ Reduction in the leading drivers of the health gap (Cardiovascular Disease, Diabetes, Chronic Respiratory Disease, Cancers and Mental Illness) and modifiable risk factors (smoking, alcohol, obesity, high blood pressure and high cholesterol).

At the Consultation Forum we asked:

How will we do it? What does it look like? How should it work? Who will be our partners?

- Focus on Prevention and social and economic determinants of health
- Early intervention, education and prevention of chronic disease and complications
- Improvement with 715 Health Assessments, should be more comprehensive
- Partner with external NGOs to create education and activities that tie into existing care models
- Increase preventive health measures by developing comprehensive culturally appropriate care plans
- Give priority access to services that address the leading drives of the gap
- 45% of the Aboriginal and Torres Strait Islander population is youth, establish a youth engagement group
- The Marmot model of health (shared responsibility)
- Celebrate what we do well
- Holistic approach to health, link into other key focus areas like social determinants
- Promotion of health literacy training specific to chronic diseases rolled out into schools and community groups
- Evidence based research that highlights early detection
- Evaluate existing programs
- Work with schools to deliver units of work in health literacy

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Contact Us

If you have any feedback, or would like to be part of our future consultation sessions please contact us at SC-MakingTracks-HealthEquity@health.qld.gov.au or call 5436 8652