My Life, My Lead
Implementation Plan Advisory Group (IPAG)

Consultation Notes
Cairns – 11 April 2017

A range of face to face consultations, coupled with an online submission process, were established to hear from stakeholders and community on how to best address the social determinants and cultural determinants of Indigenous health.

The seventh national consultation was held in Cairns on 11 April 2017. Outcomes from the forum are below.

Recurring themes and observations:

- Cultural connection is central to overall health and wellbeing.
- Racism – there is plenty being done to tackle racism, but more work to be done.
- Dental is a significant gap in the health service delivery plan, and is key health determinant.
- Planning and policy cannot forget Torres Strait Islanders.

Session One – Small group discussions on social and cultural determinants

Connection to family, community, country, language and culture:

- *"In Cooktown, kids were taking territorial fights to the schoolground. I started an Aunties and Uncles program, 1 session per week. Aunties and Uncles visited the school and they could talk through the issues with the kids, and they could tell whether an issue was cultural or personal and sort it out. Suspensions and bullying reduced at the school".*
- Importance of reflecting culture on buildings - eg. artwork - so you know when you get there that you're in the Strait.
- Cultural safety is important. Make people feel comfortable in the space.
- There is a lack of recognition that Aboriginal people in the community are on-call 24/7. Anecdote about an elderly relative dealing with a diabetes diagnosis. Frequent phone calls to her niece in the weeks following asking for plain language explanations of the disease, of the medications, of the restrictions, etc, which the service was unable to provide.
- Need a cultural capability framework. Need to be able to audit our facilities to see if our actions are making a difference. Need a method.
- Many organisations don't understand how to support a person through sorry business. For example, in T.I only in-laws are able to handle the deceased. So people might need time off work to assist.

Health choices:

- Cairns and Hinterland Health Service has purchased *"deadly choices"* branding. They visit schools to engage and hold 'community days'. In some rural sites, they've had 95% attendance, 500-1000 people attend, there are jumping castles for the kids, they educate youth and parents about health choices. Kids pressure the parents to stop smoking.
- Automation of telephony is a problem. For speakers of English as a second language, automation is a barrier to service access in health.
- Organisations need to be equipped with longer-term funding.
- Enhanced interaction with Primary Health Networks is necessary to support holistic system planning.
- Importance of receiving treatment on-country.

Food security:

- People on benefits sometimes have to feed large families, leaving them without food. Example of trying to provide meals to an elderly person with a disability who was starving. They would provide food but it kept being eaten within the large extended household. They eventually provided her with a lockable box from bunnings.
- Nutrition 0-5 is critical. All determinants are impacted by poor nutrition early in life.
- Cost of food in Cape York is very high, poor quality. There are terrible shocking roads up there. Let's look at doing market gardens. Need to look at innovative solutions.
- High freight costs, poor quality food. Need to subsidise freight for fresh food. In many stores there is a small range and poor quality.
- Organisations need to support their local community, for example, if aged care services buy from the local store, it improves turnover in the store and keeps money in the community. Need to work out "what can be grown in the community?".
- Food security should be a top priority but it's often forgotten. Example of a recipe book for items that are usually found in communities, eg tinned/frozen.

Education:

- Longer term focus is needed. For example, programs are funded for three years then ripped away before they show real benefits.
- Collaboration is needed, eg. Health screening in schools.
- "No training for training's sake. Needs to be linked to real jobs."
- Cultural capability is the responsibility of all staff.
- Be more curious about Aboriginal concepts of health.
- One health record- E Health, is starting to work and needs to work better for people moving between communities and in and out of urban centres.
- There is a need for outreach services into schools that include GP, lawyer, SEWB, AOD, STI treatment services.
- Need to also access the 2,000 young children not in schools in Qld.
- Need to go into detention centres and youth hubs
- Need to consistently reinforce messaging in school culture not just one-off activities.
- There was a discussion about the need to train the teacher with some teachers in years 7, 8 & 9 providing dressings, STI and sexual health on a daily basis.
- Suggested to reintroduce school nurses to assist with undiagnosed impairments (noting link between undiagnosed impairments and justice issues).

- Royal Australasian College of Physicians is developing a framework for outreach.
- There needs to be an assessment for FASD in detention/justice centres as a first priority.

Racism:

- "Care bears" big organisations get money but don't work with communities. Then they come to local organisations (after winning funding grants) and say "we want to access your clients"
    - Yarrabah example - the service is owned by that community. "It is very rude and offensive when big services come and take our clients. Undermines our confidence.
    - Local equity employment targets. Eg. 15% local Indigenous popoulation, 15% represented in health service, not 3%.

- Recommendations to explore racism matrix once considered by the Queensland Social Justice Commissioner.
    - Governance structures
    - Policy implementation
    - Service delivery, cultural competency
    - Recruitment and employment

Existing initiatives that could be optimised:

- Most services have training to increase cultural capability – framework of cultural capability and orientation training
- Education perspective – ACCHSs going into schools to assist students
- Indigenous health beginning to be recognised as a specialty area in GP training – HOWEVER nursing and allied health needs more work.
- Access to scholarships to increase number of skilled workers
- Professional development.

Things that are not working and need to change:

- Execute change - support is needed for Aboriginal and Torres Strait Islander workers who are aiming for changes to assist with entrenched systemic racism.
- Mentoring is needed for Aboriginal and Torres Strait Islander people.
- More assistance is needed for Aboriginal and Torres Strait Islander people to navigate the health system – both patients and families/carers.
- Breakdown hierarchy and professional silos to work more collaboratively together to address outcomes.
- Non-Indigenous workers – prove that you're culturally appropriate – walk the talk.

Education is a complex for non-Indigenous people and it's even more complex for Indigenous and Torres Strait Islander people – Language is often the first barrier as English is not their first language.

Session Two - Next iteration of the Implementation Plan:

The second session was an open microphone format focussing on some ideas in developing the next iteration of the Implementation Plan. The following are a summary of these:

Dental.

- Primary health care needs dental beside it. (Anecdote about a GP referring 3 people a day to a dentist that doesn't exist). Local dental service has a nine month to 2 year waiting list. There are 4-5 year olds with no teeth who can't eat properly.
- Noted success in Queensland with partnership with Griffith university. They have an experienced dentist who supervises 4th and 5th year students to provide dental care to Indigenous people. Partnership has done wonders for the community.

Budget.

- North Queensland has 83000 Murris.We get 1% of the Indigenous budget. We get $1 for every $5 mainstream gets. We have the highest levels of accountability in Queensland health organisations.

Regional planning and empowerment.

- Developing regional health plans as well, not just state wide, but at a regional level to get more efficiency in the funding dollar but also to be more adaptive and reactive at the local level for people's health needs.
- How are we empowering communities to own their own health? How can community own the results (eg. health checks) What is the community's role in the IP?

Others.

- Page 8 of current Implementation Plan links to other strategies. *National Men's Health Strategy* doesn't appear on that page but men have lowest life expectancy. National Aboriginal & Torres Strait Islander education strategy needs inclusion in this list of links too.
- Holistic approach to Indigenous services like education and housing. Shouldn't be working in a silo.
- Services to the Torres Strait Islands. There is no community controlled health service in the Torres Strait. There is a lack of choice. (Bamaga has one, but not TI and North).
- *'Closing the gap. How serious are we as a country? I see opportunity. Government is supposed to be leading the way. I don't see that in action. There is a lack of commitment to it. Instead of real change, we hear "is there a site we can hold a trial"? When I look at some of the targets, some of the funding arrangments, etc, there needs to be an element of realism'.*
- If we want to entrench change, we have to hit beyond 4 years. Otherwise, we can't offer people permanent roles. Also, when we bring in people on temporary roles, we have to house them.
- PHNs - Concerns that 30-40% of total funding is gone in administration because of the PHN before it hits the ground.