



MESSAGE IN A COOLAMON



#forcommunity

It is a privilege to be able to listen we need to respect that and listen and listen again until we understand

'Listen, hear and learn. This is a journey'

- Learn from the lived experience and stories
- Commitment to enabling change in the system and structures
- Localise strategies

Patient/consumers must have more say in the operational decision making (day to day) of our Hospitals. We must educate our staff about unconscious bias. This is a major barrier to moving forward effectively. Mandatory Training – Unconscious Bias.

It will be useful to focus on co-design being a journey. The time restriction currently could disable the process of co-deign without the broader strategy.

Aboriginal and Torres Strait Islander Leadership across the system and levels not just one but multiple.

- Co-design must meet the need of the community
- Service planning must be designed with and for community
- Organisational "business needs" must be built around the need of the community
- Valuing/recognising/respecting/advocating voice
- Truth telling
- Courageous conversations
- Clear and consistent messaging

You need to increase workforce NOT more artwork. You need to change the way we recruit. Why do we do so many resumes, application, cover letters and interviews?

Listen and learn from your Aboriginal and Torres Strait Islander patients, consumers, community and workforce. Understand we do things differently than mainstream health.

Staff understand what cultural safety means to the patient.

Connection, respectful, work together and everyone's business.

Respectful communication.

There is an opportunity to involve community members in the co-design (or re-design) of health services – from infrastructure design, model of care, how information is shared (2 ways), welcoming environment and whether HHS best placed to deliver the service.

Focus on community liaison officers – nurse navigators are still seen as clinical not community.

Need a ten-year journey to stop differentiating between all cultural groups. We need one service that treats everyone equally.

Active listening from first point of contact to completion of the patient's journey.

Co-design has got to be a truly engaging process. Objectives need to be culturally appropriate and enable good health outcomes.

Only our people know, our people – give the power back to us. So, we can work with us in our way to help us. You been telling us, for far too long, how we can and do, so let us!! We need autonomy for us. Stop all the talking and start doing. My great grandparents still alive and 10 years still nothing happening. We need to see and hear our people in the Government roles to implement changes. To get a different outcome we need to positively change white system from the inside out.

!Our own people in the health industry!

- Be more culturally sensitive
- Implement a more holistic approach
- Music, food, smell and sound

Support more information.

Supporting elders who are the “go to” people in their community.

We could do with a lot more support when visiting the hospitals. More cultural awareness.

Equal learning and voices in partnership.

Health equity requires the whole system to walk together – not just hospitals.

We need cultural healing team.

Have more forum between the board and elders/community.

Really look at the health worker positions in Metro North.

- Building trust
- Truth telling
- Active listening
- Unconscious Bias
- Cultural safety
- System thinking
- Meeting KPI will close the gap

1. Follow up with what we request e.g. community ATSI group at top level to advise
2. Increase indigenous health workers in community and hospital

Is Metro North brave enough to educate its staff on unconscious bias to tackle racism?

People don't know what they don't know, and I think generally no one wants to treat people badly or racially but due to mainstream culture, prejudice towards First Nations people it is built into all the systems. As individuals/staff we are all part of the systems and need to be prepared to change and challenge ourselves to change systems.

Being Aboriginal or Torres Strait Islander does not mean that I bleed differently!!!

Thank you for giving and listening to our voices. Training from top down from families and communities. Cultural training.

We need to listen and learn. Build trust and start small and change things. E.g. Opd-open to Murri time

I would like to develop an outreach program for rural and remote patients that are required to travel to the RBWH. I am grateful for the opportunity to attend today. Thank you.

Encourage and facilitate active listening.

Roll out courageous conversations about race in Metro North. This is currently done in MNH but we need more.

Ensure more staff complete MNH cultural awareness training. Some staff do not attend due to lack of support from managers in attending.

- Lever off the SEQ regional strategy
- Remember this is a long-term process
- Accountability for change and outcomes

Projects start with consumer suggestion, not asking a consumer what they think of your idea.

We need to run a similar process with Aboriginal and Torres Strait Islander staff. They know in more detail what we can do better at the facility level.

In New Zealand, there are programs where Maori grandmothers are recruited as health workers, especially working with pregnant women and early child health years. Could consideration be given to engaging local Aboriginal and Torres Strait older persons as a liaison officers/community worker – in a part time or consultancy basis?

Murri watch as it is now does not acknowledge and respect those that have come before them. There are a lot of stories that need to be acknowledge but not from the arrest staff.

Starting points:

- Literature review (what we already know)
- Current strategies actions (what's worked? Continue, adapt, stop)
- Stakeholder mapping (where are groups/people within the HHS and community we can talk to engage)

Lines of enquiry

- How to improve the patient experience
- Systemic change
- Specialties – practicalities e.g. Mums and bubs

I wanted to emphasise traditionally what would normally happen in Aboriginal communities/families is the knowledge should come from the elders. Respect for the Brisbane North Yarning Circle.

Thank you I really appreciated being a part of this journey. I feel more doctors are required in our community clinics. I participate in a Deadly Choices gym program which is fantastic.

First Nations or First People are good! Aboriginal and Torres Strait Islander peoples are the first peoples. First Nations peoples. Training of truth telling for all the staff, board and high up?

1. More liaison numbers especially after-hours roster
2. Transport issues for elders

Like the admission of more Indigenous staff. Listen. Share. By 2031 have more Indigenous staff deliver the components of education, training, workshops, and cultural awareness.