



IN ACTION CONFERENCE

Improving Public Health through collaboration

Rochelle Robinson, Public Health Manager
Institute for Urban Indigenous Health

Marguerite Taylor, Executive Director
Strategy and Coordination Branch, Queensland
Public Health and Scientific Services

Joe Debattista, Sexual Health & BBV Coordinator
Metro North Public Health Unit

Key Priority Areas

SEQ First Nations Health Equity Strategy Key Priority Areas

- **KPA1 Cultural Safety:** Actively eliminating racial discrimination and institutional racism within services.
- **KPA2 Access:** Increasing access to healthcare services.
- **KPA3 Determinants:** Influencing the social, cultural, and economic determinants of health.
- **KPA4 Delivering Quality Healthcare:** Delivering sustainable, culturally safe, and responsive healthcare services.
- **KPA5 Service Delivery Partnerships:** Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- **KPA6 A Strong and Capable Workforce:** Strengthening the First Nations health workforce.



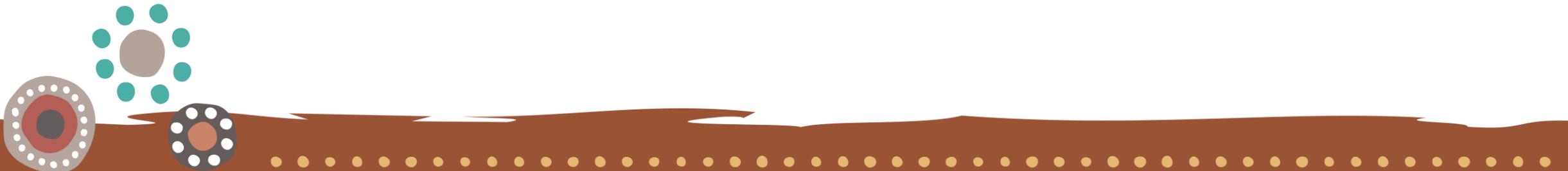
Overview

Objective:

Explore collaboration between Queensland Health and the Community-Controlled Health Sector to strengthen public health in Southeast Queensland (SEQ).

Topics:

- Working together
- Successful strategies
- Challenges and lessons learned
- Areas for improvement



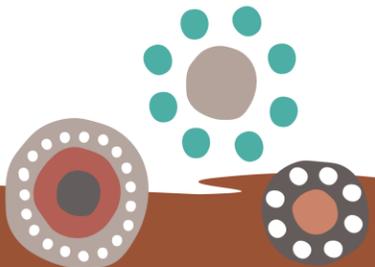
Goals of Collaboration

Partners:

QPHaSS, IUIH, MNPHU (QSSS)

Mutual Goals:

- Public health surveillance data sharing in priority public health areas to inform community-led public health responses
- Best practice, evidence-based policy, protocols and health promotion material for culturally appropriate care in priority public health areas.
- Improved screening, treatment, and contact tracing in priority public health areas.
- Clinician and consumer public health resources and health promotion events targeting priority populations.
- Eventual expansion of priority areas.



Working together

How did we get here?

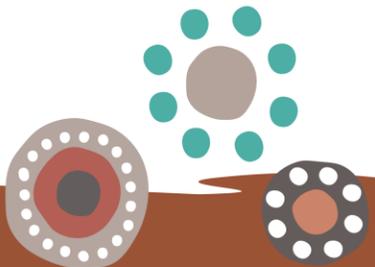
- Partnership formed
- Agreed on priorities to be covered by the partnership
- IUIH Public Health Team established
- Regular meetings to action priorities, identify resources to support approaches and implementation of initiatives

Priorities

Data
Sharing

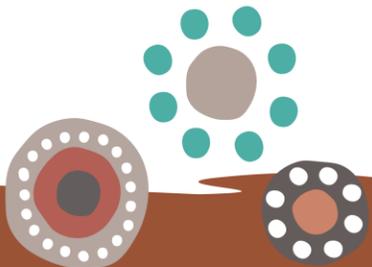
Syphilis

Vax &
Imms



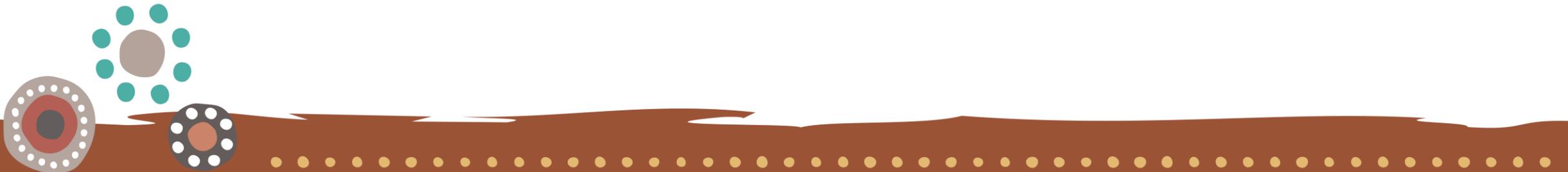
Working together cont...

structures
communication
processes
common
goal
purpose
shared
flexibility
leadership
experience
reciprocity
resources
scaleability
foundations
authenticity



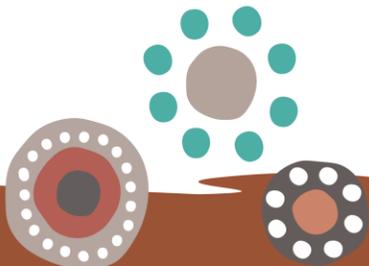
Data Sharing

- A key outcome of the partnership has been data sharing agreements:
 - Increase understanding of current situations
 - Identifying priority areas/groups for public health response
 - Greater visibility
 - Up to date, current information that enables a timely response
 - Strengthened surveillance
 - Timely updates of data provides for a Quality Assurance Feedback Loop



What we've achieved: a focus on syphilis

- Localised syphilis data shared across SEQ.
- Education sessions across all UIIH Network clinics
- UIIH Network Syphilis Action Plan
- Sexual health education sessions for young people
- 2500 free condoms at community event
- Syphilis POCT model of care

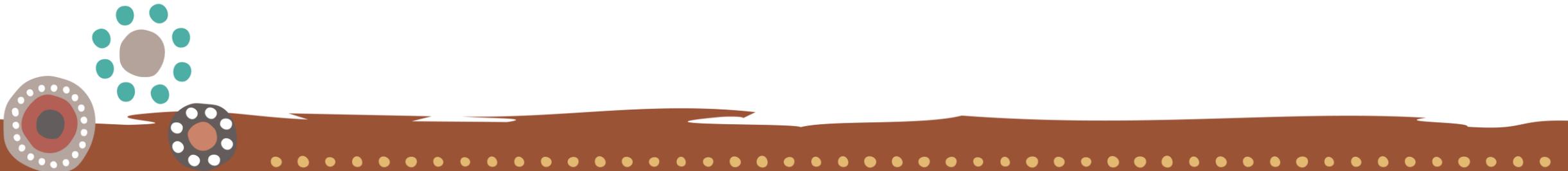


Case Study: Syphilis POCT Model of Care

Model Overview:

- Target groups include Aboriginal and Torres Strait Islander clients of outreach services (Transition Support Service) and Mental Health hubs (Staying Deadly Hubs).
- Peer support model to syphilis POCT, where community workers (e.g. care coordinators) will be doing the testing. Wrap around support for peer workers available through Moblink & UIH Public Health Team.
- Benefits to the POCT model of care is the ability to organise quick and supported treatment for clients, either on the day or within a 7-day period.
- Based on the uptake and success of Syphilis POCT we hope to expand this as a screening option in clinics and other services e.g. BiOC

How does this change/challenge the system?



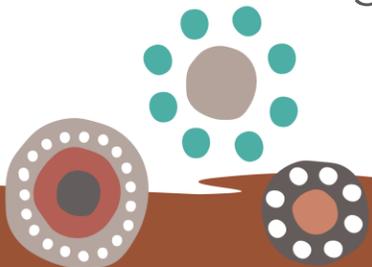
Future Directions

For Syphilis:

- Potential expansion of POCT to primary care settings – enabling quick follow up and treatment
- First time we are experiencing an outbreak in SEQ. We need to consider approaches and think differently to find what works in an urban setting.
- Critical to consider all the social determinants: DV, ATODS, mental health, homelessness, incarceration
- Strengthening relationships and processes between our clinics, MNPHU/QSSS, Sexual Health Services, NGO (Rapid/QuIHN/QC/Respect/Micah) as implementation commences
- Enables responsiveness as we navigate the syphilis outbreak

For the partnership:

- Expansion of public health priorities across the region in collaboration with Public Health Units eg Mpox



Conclusion & Q&A

Recap :

- Successful collaboration has advanced public health in SEQ. We have further to go and we're going together.
- Ongoing improvement and community-supported models of care is essential for emerging health challenges.

For your consideration:

What are the opportunities that exist for you to support the community-controlled sector? Have you asked your community-controlled partners what they want/need?

