

Healthy new communities- equity- based population health approach to improving health outcomes.

Edwin Lubari | Advanced Health Equity Officer

Brooke Hutchison | Team leader HEAT



Acknowledgement of Country

Metro South Health recognises and pays respect to the traditional custodians of the land and waters — the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununjali peoples — and to Elders, past, present and emerging.

Artist | Kylie Hill

Declaration

Please be advised there is no conflict of interest associated with this presentation or work.

Health Equity and Access Team (HEAT)

We work with priority communities within Metro South Health who experience poor health outcomes and difficulties getting the services they need. Our focus is culturally and linguistically diverse people and people with disability.

We are diverse. We are a one of a kind team in Qld. Our work includes organisational capability and working with communities to stay healthy.

- Providing training and resources for health care workers
- Supporting services to improve access to healthcare
- Developing inclusive health policies/systems
- Health promotion and community led initiatives
- Health literacy projects.

Aim: ensuring equitable, accessible and culturally appropriate services.

Our population

Of the **100** people in our village...

23 were born overseas



6 birthplaces were unknown

71 were born in Australia

Top 5 overseas birthplaces of people usually living in Queensland



(a) Excluding UK and Ireland

13 people speak a language other than English at home

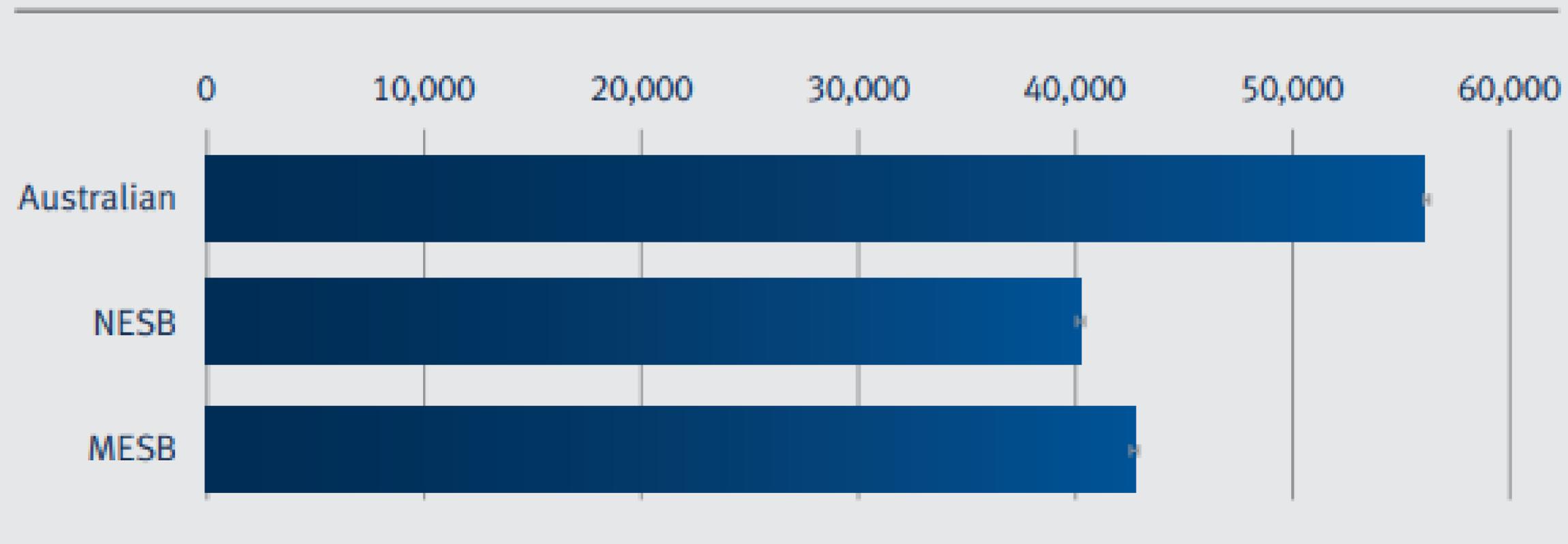


84 people in the village are Australian citizens

QLD 23.% Vs MSH 31%

Health of the 23 in our village of 100

Figure 28: Age-standardised rates for all hospitalisations by broad country of birth category, Queensland, 2016–17 to 2019–20



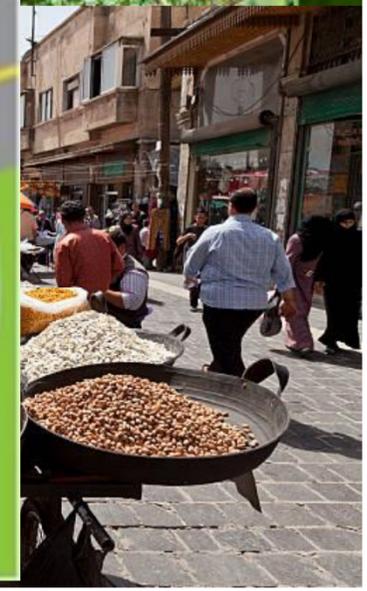
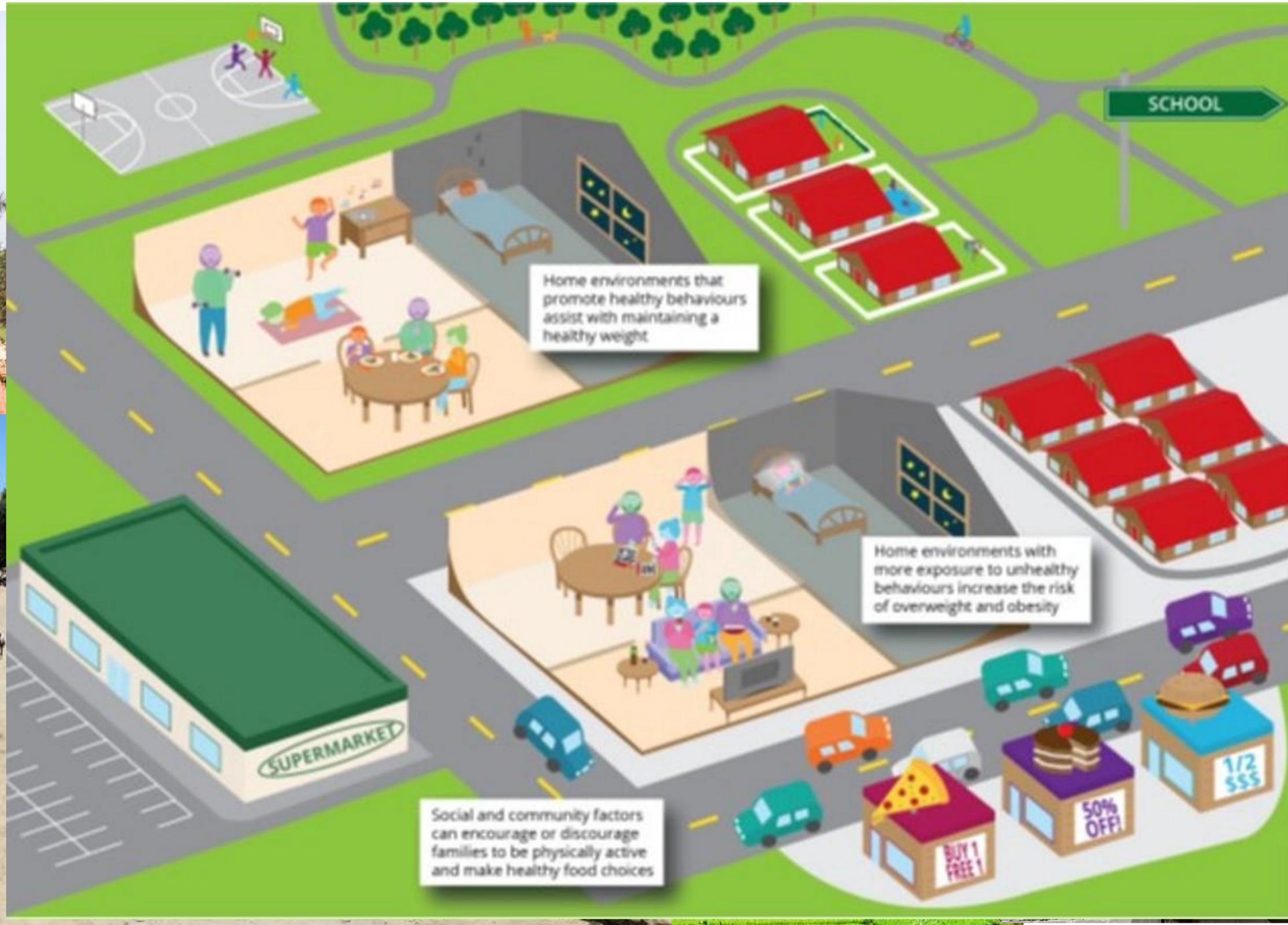
Key findings: Analysis at the level of country of birth

When compared to the Australian-born population, Queensland residents born in several countries had significantly higher hospitalisation rates.

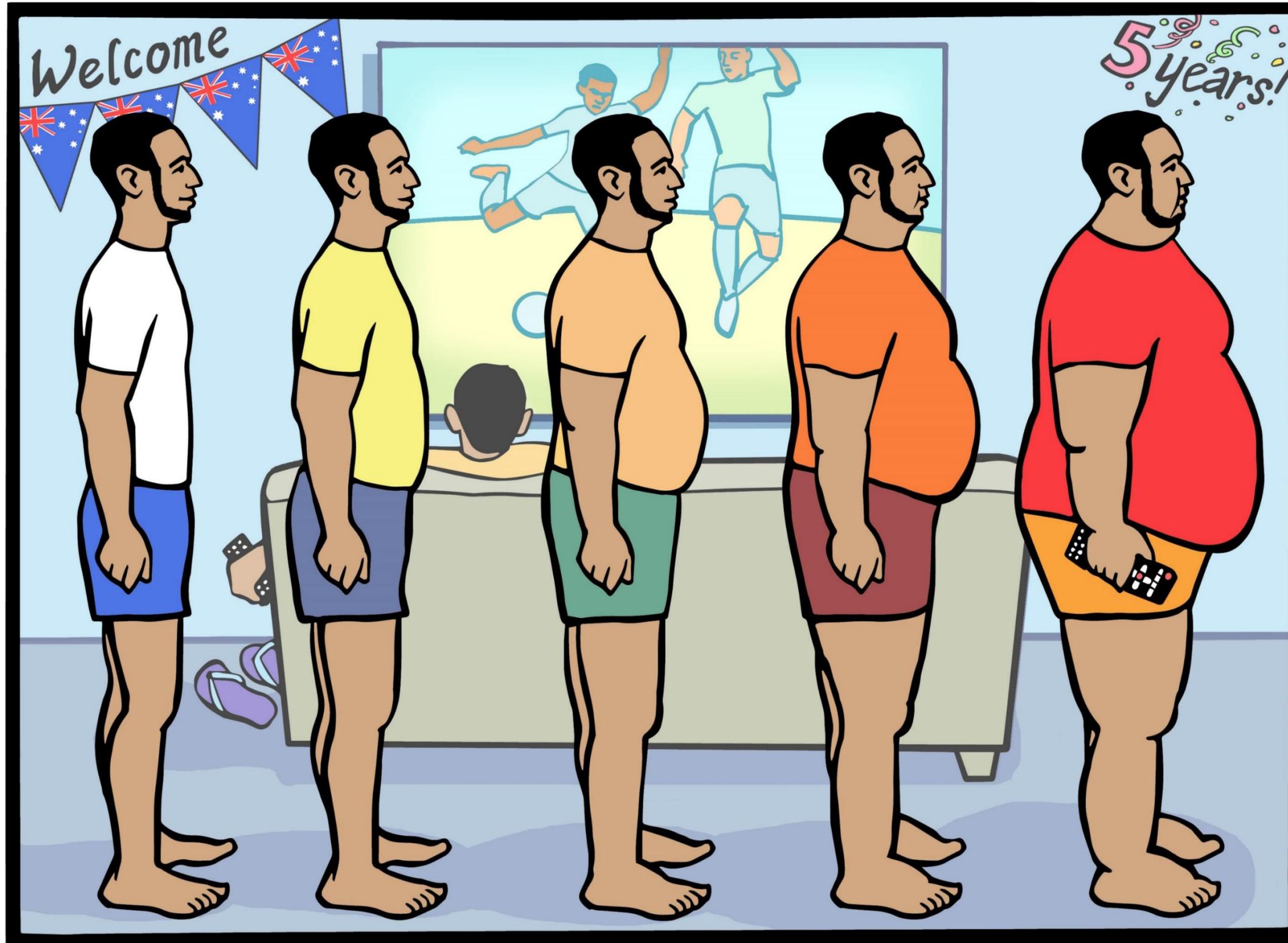
Highest rates were seen in people from:

- Syria **2.15** × higher
- Tonga **2.10** × higher
- Samoa **1.83** × higher
- Bangladesh **1.56** × higher
- Eritrea **1.51** × higher

Invisible urbanisation



Implication of invisible urbanisation



Pathway to healthy lifestyle

socio economic disadvantages

Personal Safety

Language barriers

Discrimination

Complex food environment

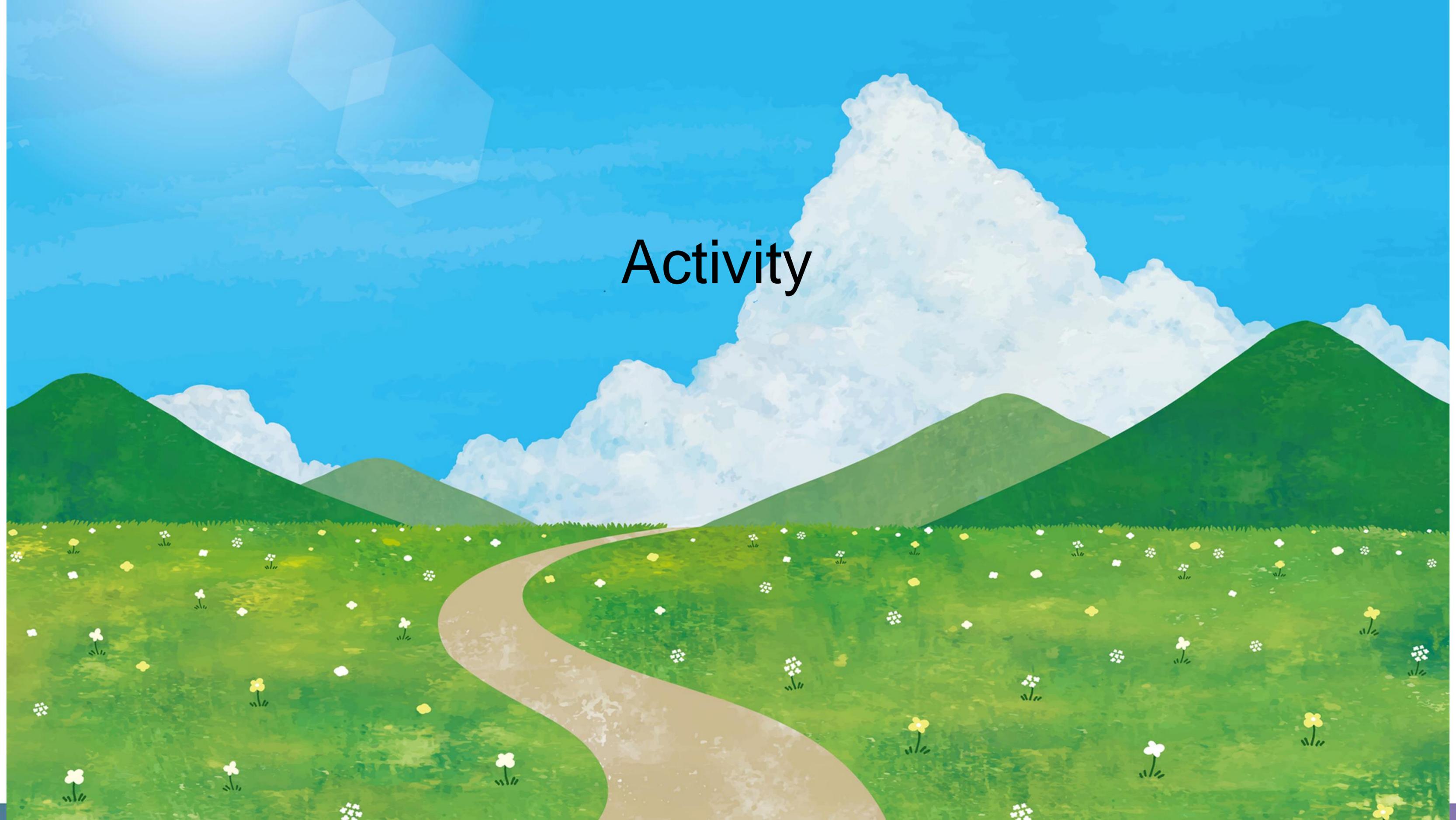
Cultural beliefs and social norms

Cultural appropriateness of services

Unfamiliar lifestyle

Low health literacy

Activity



Current pop health approach

Social marketing campaigns



Targeted equity health promotion approach



Published Data

(LAN, AIHW, Publish reports, Internal Hospital Dashboard etc)



Consultation

- Community needs and priorities)
- Community soci-cultural context in relation to the data



Partnership

- Community organisations ,
- Council



Co-design

- Co-define outcomes
- Co-design strategies



Commissioning

- Tailored activities (age, gender, family focus, youths focus etc)

Example - Thriving multicultural women



Example: Swimming



Example: Nutrition Champions



Example: Nutrition Champions

Healthy New Communities

Empowering
communities through
cooking:
The community
champions nutrition
program



Summary

- Co-defining outcomes with the community
- Co-designing and community led
- Health Promotion Officer – facilitating and providing support
- Employment outcomes (Economic impact on individual and family)
- Training pathways
- Improve access (cultural appropriate and safe services and programs)
- Courageous leadership, willing to take risks
- Valuing and supporting lived experience expertise

Acknowledgement of project partners



Questions and contact details

Edwin Lubari and Brooke Hutchison

Email Accesscapacity@health.qld.gov.au

Phone: 31569578