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**Feedback Form**

**Darling Downs South West Queensland**

**Aboriginal & Torres Strait Islander Health Plan**

**2014- 19**

The plan has now been drafted and we are seeking your final contributions. After the forum held on the 09 April 2014, knowledge and information was gathered in order to reflect the community direction and needs in this plan. **You can have your say by completing this feedback form.**

The Aboriginal & Torres Strait Islander Health Plan will then be finalised and support individual organisations and regional partnership between stakeholders to enhance health outcomes for Aboriginal & Torres Strait Islander people.

**Closing time for feedback on the draft Health Plan is 5pm Monday 30 June 2014.**

**How to have your say**

**By email to:** spurtle57@bigpond.com

**By post to:** Health Plan Feedback, PO Box 193 Goombungee Qld 4354

**By phone to:** Kath or Sylvana 4696 5254 / 0417 603 148

**Please tell us a bit about you** *(or you can remain anonymous)*

**Your name:**

**Your email address:**

**Your organisation:**

**Your gender:** Male Female

**What role best describes you?**

 CEO Manager Clinician Health Worker

 Consumer/Carer Other (please state):

**Would you like to be kept informed about the Health Plan? Yes No**

**We would really appreciate your views and feedback the proposed focus areas**

**Focus Area 1:** Organisational and Cultural Change

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Do you support these strategies:** | **Strongly DO NOT support** | **DO NOT support** | **Neutral** | **Support** | **Strongly SUPPORT** |
| 1 | Partnerships and Collaborations |  |  |  |  |  |
| 2 | Cultural Competency |  |  |  |  |  |
| 3 | Sustainability |  |  |  |  |  |
| 4 | A Trained, Confident, Sustainable, Stable Workforce |  |  |  |  |  |
| 5 | Improved Access to an use of Technology |  |  |  |  |  |

**Comments:**

**Focus Area 2:** Chronic Disease

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Do you support these strategies:** | **Strongly DO NOT support** | **DO NOT support** | **Neutral** | **Support** | **Strongly SUPPORT** |
| 1 | Referral Pathways |  |  |  |  |  |
| 2 | Intervention for Chronic Disease Complications |  |  |  |  |  |
| 3 | Integration and Coordination |  |  |  |  |  |

**Comments:**

**Focus Area 3:** Mothers and Babies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Do you support these strategies:** | **Strongly DO NOT support** | **DO NOT support** | **Neutral** | **Support** | **Strongly SUPPORT** |
| 1 | Antenatal Care |  |  |  |  |  |
| 2 | Post Natal Care |  |  |  |  |  |

**Comments:**

**Focus Area 4:** Social Determinants

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Do you support these strategies:** | **Strongly DO NOT support** | **DO NOT support** | **Neutral** | **Support** | **Strongly SUPPORT** |
| 1 | Mental Health, Drugs and Alchol, Housing, Transport, Employment and Domestic and Family Violence |  |  |  |  |  |
| 2 | Child Protection and Family well-being |  |  |  |  |  |

**Comments:**

**General Comments:**

**Do you have any general comments about the draft Health Plan?**