



Echuca Regional Health

ECHUCA REGIONAL HEALTH INVITES YOU TO THE

# *Research & Innovation Symposium*

**“Universal Access: Innovative Care and Workplace Diversity”**

## **KEY NOTE SPEAKERS:**

Dr Niki Vincent (Victorian Government)

Dr Ruth DeSouza (RMIT University)

Dr Joanne Flavel (Flinders University)

Dr Simon Judkins (Echuca Regional Health)

**29<sup>th</sup> and 30<sup>th</sup> March 2023**

**ERH Education Centre**

**226 Service Street, Echuca**

For further information, and for abstract guidelines please contact the  
ERH Office for Research - [research@erh.org.au](mailto:research@erh.org.au) OR  
Dr Nadine Glanville (Research Coordinator) - [nnglanville@erh.org.au](mailto:nnglanville@erh.org.au)



COVID Safe Event.  
Strictly ticketed event.

<https://erhresearchsymposium2022.eventbrite.com.au>

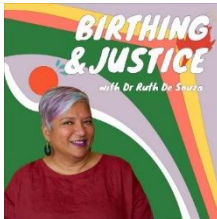


**Dr Niki Vincent – Gender Commissioner (Victorian Government)**

***"The intersections of diversity and gender equality"***

**(Presenting Wednesday 29<sup>th</sup> March – Evening Session)**

The Gender Equality Act 2020 is the first legislation of its kind in Australia, and the first equality law to formally incorporate intersectionality. We cannot achieve gender equality without also understanding how gender intersects with race, sexuality, disability and other aspects of identity. Applying an intersectional lens, both within the workforce and in the delivery of services, provides new opportunities to identify and address gender inequalities. Gender impact assessments, required under the Gender Equality Act, are a valuable tool in designing effective, inclusive and accessible services. Dr Vincent will discuss case studies and share research.



**Dr Ruth De Souza – Vice-Chancellor's Fellow (RMIT University)**

***"Presence and power: Having and making space to make health services both culturally safe and innovative"***

**(Presenting Wednesday 29<sup>th</sup> March – Evening Session)**

Fundamental to the concept of Cultural Safety is the idea that patients have a culture that needs to be considered when providing care, and also that supposedly neutral and universal health services themselves have a culture that practitioners must comprehend. It is the responsibility of health services to ensure that services are accessible, acceptable and appropriate for the individuals, families or communities they serve. Western healthcare services developed around the model of a factory, and the factory's unrelenting pressure, financial constraints and a limited capacity to be responsive can lead staff to feel overwhelmed and exhausted. All exacerbated by a pandemic! In this context new initiatives are not always and have not always delivered their promise of making life easier for caregivers and those receiving care. Datafication and digitisation have often been perceived as top down innovations without support or mentoring, Making the workforce diverse has often meant token members of identity groups who have not found support across their organisation. The enthusiasm for co-design and consumer engagement can take more staff time and resources.

So how do we design for more innovative, responsive ways of working that nurture and inspire us all? What kinds of space might we need to consider the things that work and do not work? Space to draw breath and regain equilibrium and energy and space to draw in the collective wisdom and expertise both inside and outside this complex ecosystem we call healthcare.



**Dr Joanne Flavel – Research Fellow (Flinders University)**

***"Regional health inequalities in Australia and social determinants of health"***

**(Presenting Thursday 30<sup>th</sup> March – Morning Session)**

There is clear evidence that health inequality has increased in Australia since the 1980s, despite overall progress on a range of social and economic indicators and continued increase in life expectancy. This presentation will examine the patterns of regional health inequities and the ways in which they have been shaped by social determinants. New analysis indicates that inequality is increasing for health, income, and employment in regional and metropolitan areas. While regional areas overall have a higher burden of disease than metropolitan Australia, there is heterogeneity in health outcomes and in the distribution of social determinants of health particularly within rural and remote areas. This heterogeneity has implications for the type and density of service provision and the need for accelerated action on social determinants of health.



**Dr Simon Judkins**

***"We treat all-comers, but do we treat all-comers equally...health inequality in Emergency Departments"***

**(Presenting Thursday 30<sup>th</sup> March – afternoon session)**

Equitable access to healthcare has been a long-term challenge in the Australian healthcare systems, but has been made worse by the impacts of the Covid pandemic. Emergency Departments, as well as having to deal with trauma, strokes and AMI's are also used as a community safety-net for many who can't access care in other ways. ED's and their clinicians take some pride in "treating all comers". But whether its regional and rural access, Indigenous Health or Mental Health care, large inequities remain. these challenges will be explored and what ED's and ACEM is doing to address these significant healthcare problems.