

## Institutional Racism in the Queensland Public Health System

### Background

*Racism in Australia's health care system continues to be expressed through rejection of, and hostility towards, Aboriginal and Torres Strait Islander people. As well as through provision of often inappropriate health services. Institutional, or systemic, racism is racism embedded in practices, social systems, policies and processes within institutions that maintain and reproduce avoidable and unfair inequalities (Australian Human Rights Commission, n.d.).*

**There has been a significant shift in policy from the Queensland government in response to the identification of racism as a key driver of ill-health amongst Aboriginal and Torres Strait Islander peoples. However, racism continues to be upheld by government policy and sanctions, significantly contributing to the gap in life expectancy experienced between Aboriginal and Torres Strait Islander people and non-Indigenous Australians (Australian Institute of Health and Welfare, 2022).**

The current practices and policies embedded in the Australian mainstream health system are perceived by many Aboriginal and Torres Strait Islander peoples as culturally inappropriate and unsafe. They therefore contribute to limiting access to services, and people abandoning treatment.

The experience of racism in the public health system has an ongoing impact beyond the interaction with the health system. Indeed it is considered a fundamental cause of adverse physical, mental and wellbeing. Racism within the health system acts as a deterrent to health care access because individuals may avoid healthcare settings for

fear of repeated exposure to racism (Truong et al, 2022). Additionally, poor health and fear of the mainstream system significantly limits job opportunities, leading to decrease in opportunity and income.

Freedom from racism and racial discrimination is a fundamental human right enshrined in the *Racial Discrimination Act 1975* (Australian Government, 1975). In 2007 the *Declaration of the Rights of Indigenous People* was adopted by the General Assembly of the United Nations (United Nations) further strengthened the rights of Aboriginal and Torres Strait Islander peoples, by including self-determination, participation in decision-making, respect for and protection of culture, and equality and non-discrimination as fundamental human rights for Indigenous peoples.

Both Commonwealth and state governments have identified the need to address institutional racism, as a clear priority, as demonstrated by the following government policies.

The *National Agreement on Closing the Gap (2020)* states that government agencies and institutions need to address systemic, daily racism, promote cultural safety, and transfer power and resources to communities. Priority Reform Three – transforming government

organisations, clause 59 requires Government Parties to implement six transformation elements, in government mainstream institutions and agencies, which identify and eliminate racism (The Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Government, 2020).

The '[Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Islander people](#)' report, penned and released by the then Queensland Anti-Discrimination Commission and QAIHC in 2017, found the *Hospital and Health Boards Act 2011* failed to give the necessary legislative force for the public health system to effectively close the gap. The report also revealed extreme levels of racism in Queensland's public health system, failing in its responsibilities to meet the basic human rights of Aboriginal and Torres Strait Islander people regarding adequate health (Anti-Discrimination Commission Queensland and Queensland Aboriginal and Torres Strait Islander Health Council, 2017). The response from Queensland Health was to begin a health equity reform agenda which included amendment to the *Hospital and Health Boards Act 2011*. The act requires each Hospital and Health Service (HHS) to develop and implement a Health Equity Strategy in partnership with First Nations peoples and local Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (ATSICCHOs). The new legislation also mandated that at least one member of the HHS Board identify as Aboriginal and/or Torres Strait Islander. For the first time in Queensland's history, a legislative document acknowledges, verbalises and addresses institutional racism and the inequity of health experienced by Aboriginal and Torres Strait Islander peoples since colonisation.

While the mainstream health system continues to be challenging in delivering a health service free of racism, the ATSICCHO Sector has looked to identify the mechanisms involved in providing culturally appropriate care and reducing systemic racism. Findings included: involving Indigenous peoples in key decision-making processes, conduct better community engagement, forge better partnerships between health and other sectors to address the social determinants of health and adopt ways of working which align with Indigenous ways of being and doing (Socha, 2020).

## QAIHC Position

- Despite the recent implementation of both national and statewide frameworks targeting racism in the healthcare system, institutional racism continues to be viewed as the largest barrier to achieving health equity and better health outcomes for Aboriginal and Torres Strait Islander peoples and therefore to Closing the Gap.
- Institutional racism must be further understood, acknowledged, and addressed through more comprehensive and targeted policies, legislations, procedures, and measures, as determined by Aboriginal and Torres Strait Islander peoples.
- QAIHC believes that further institutional racism markers and indicators must be developed to identify baseline data, targets and areas for action. All HHSs should be required to undertake the Bukal Institutional Racism Matrix audit, previously known as the Marrie Institutional Racism Matrix (MIRM), to provide both a baseline and a means for future monitoring and accountability in working towards eliminating institutional racism (Marrie, A. and Marrie, H. 2014).
- QAIHC would support the development of a complaints and escalation process for Aboriginal and Torres Strait Islander people accessing public health services; to raise and report experiences of racism in the health system, with a goal of increasing access and trust in the public health system. This in part could be based on a "Ryan's rule" approach.
- QAIHC has identified a need for government agencies to undertake further collaborative work to coordinate reporting of racism-related complaints regarding health delivery, and that this information is used to identify and respond to systemic racism issues (Truong et al, 2022).
- QAIHC advocates for the inclusion of training for health staff focusing on understanding institutional and direct racism as well as the impact these have on the health and wellbeing of Aboriginal and Torres Strait Islander people.

## Recommendations

### Recommendation 1:

All HHSs undertake the Bukal Institutional Racism Matrix audit, previously known as the Marrie Institutional Racism Matrix, every two years. Commencing 2023, the audit is a means to identify areas for action in responding to institutional racism and develop a measure for progress and accountability. Actions and targets should be developed in consultation with the ATSI CCHO Sector.

### Recommendation 2:

HHSs must, in partnership with the ATSI CCHO Sector, review and amend current internal policies and bills to comprise strategies that contribute to eliminating institutional racism and actions, and that they ensure individuals and systems are held accountable when performing racist acts.

### Recommendation 3:

That Queensland Health develop a complaints and escalation process to allow an individual/organisation/community to raise concerns regarding experiences of institutional or direct racism, with a goal of improving immediate and long-term access and trust in the public health system.

### Recommendation 4:

That Queensland Health ensures all staff working within the Queensland public health sector be required to participate in mandatory and ongoing cultural capacity training that is designed by Aboriginal and Torres Strait Islander peoples. This training must be regularly updated, as a priority, to address the consequences of both institutional and direct racism and to encourage change in behaviors.

## References

- Anti-Discrimination Commission Queensland (ADCQ) & Queensland Aboriginal and Torres Strait Islander Health Council (QAIHC). (2017). *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services*.
- Australian Government. (1975). *Racial Discrimination Act 1975*. Canberra: 52 of 1975.
- Australian Human Rights Commission. (n.d.). *What is Racism?* Retrieved from <https://humanrights.gov.au/our-work/race-discrimination/what-racism>
- Australian Institute of Health and Welfare. (2022, September 23). *Indigenous health and wellbeing*. Retrieved from <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>
- The Coalition of Aboriginal and Torres Strait Islander Peak Organisations & the Australian Government. (2020). *National Agreement on Closing the Gap*.
- Marrie, A. & Marrie, H. (2014). *A Matrix for Identifying, Measuring, and Monitoring Institutional Racism within Public Hospitals and Health Services*. Gordonvale, QLD.
- Marrie, A. (2017). *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander Peoples in Queensland's Public Hospital and Health Services*. Gordonvale, QLD.
- Socha, A. (2020). Addressing Institutional Racism Against Aboriginal and Torres Strait Islanders of Australia in Mainstream Health Services: Insights from Aboriginal Community Controlled Health Services. *International Journal of Indigenous Health*.
- Truong, M., Allen, D., Chan, J., Paradies, Y. (2022). Racism complaints in the Australian health system: An overview of existing approaches and some recommendations. *Australian Health Review*, 46(1), 1-4.
- United Nations. (2007). *United Nations Declaration on The Rights of Indigenous Peoples*.