



# Racism @ CHQ



21 October 2024



Queensland  
Government



Children's Health Queensland Hospital and Health Service  
pays respect to the Traditional Custodians of the lands  
on which we have the privilege to work on.

We acknowledge and pay our respects to Aboriginal and  
Torres Strait Islander Elders past, present and emerging.



## Key priority area 1

### Actively eliminate racial discrimination and institutional racism



#### What we heard

- 1 We need healthcare and systems that work for us, our cultural and social needs and differences.
- 2 We need all Children's Health Queensland staff trained in anti-racism and cultural awareness.
- 3 We feel that our voice is not being heard when accessing healthcare.
- 4 We see racism as an ongoing issue experienced by consumers and staff.
- 5 We want to see our culture celebrated in the services that are delivered.

#### What we are going to do

- 1 We will make Aboriginal and Torres Strait Islander health a priority across all layers of the organisation.
- 2 We will dismantle structures, policies and processes that disadvantage Aboriginal and Torres Strait Islander peoples and develop mechanisms to resolve systemic and interpersonal racism.
- 3 We will educate and empower our workforce to deliver equitable and culturally appropriate services informed by the lived experience of Aboriginal and Torres Strait Islander peoples.

#### We will know we are successful when

- 1 Children's Health Queensland is a service provider and workplace with zero tolerance for racism.
- 2 Children's Health Queensland's Aboriginal and Torres Strait Islander services and strategies are led by Aboriginal and Torres Strait Islander peoples including our staff.
- 3 All Children's Health Queensland owned strategies, plans and frameworks include a specific focus on health equity for Aboriginal and Torres Strait Islander peoples.
- 4 Our workforce is empowered through rich cultural education that is appropriate for their practice and informed by the lived experiences of Aboriginal and Torres Strait Islander people.



## The early stages....

'I am slightly uncomfortable about this. I mean, how are we supposed to eliminate racism. We can't control what people think and feel'

'How do we even know that racism is happening here?'

'What about racism towards other cultures, why isn't that important?'

'Surely this is purely a Code of Conduct issue'





## What is racism?

The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.

*UK's 1999 Lawrence Report (Home Office para 6.34), Sir William Macpherson*





## What is racism?

"You don't look very Aboriginal" "The family are Aboriginal so probably need welfare support"

"Your people probably don't do it this way"

"..But what does your job title mean, like, do you have qualifications?" "Oh you're the *identified* nurse, that's why you're in the role " "The family didn't show up 3 times so we've had to take them off the list"

"I find her approach a little, aggressive, she ruffles people's feathers" "We have asked security to keep a closer presence, just to be on the safe side"

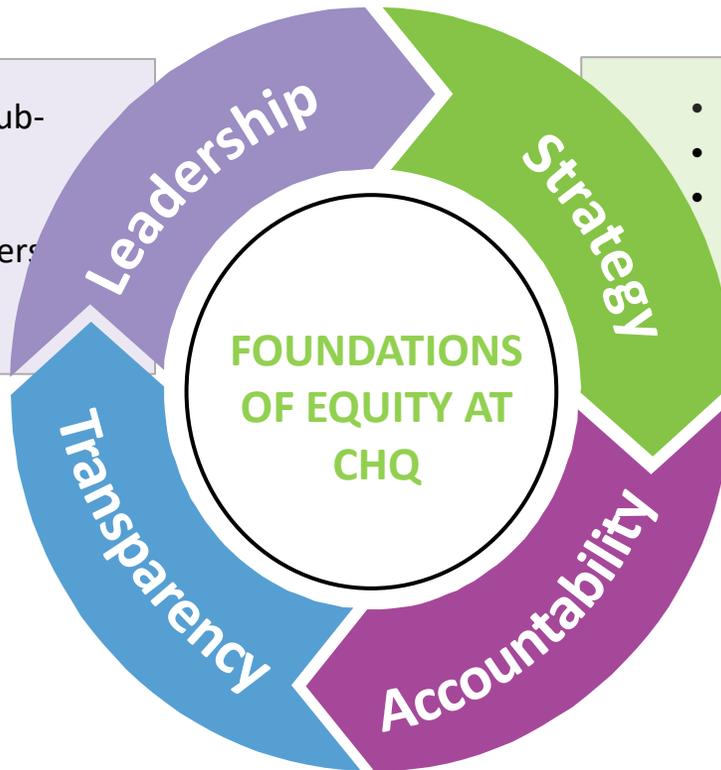
"I think it's a great idea, but unfortunately other things have taken priority" "I know that I need to have Aboriginal and Torres Strait Islander support – I just don't have the budget for it, can you fund it?"

"I think what you're doing is great, but what about other cultures?"



## Health Equity @ CHQ

- Equity embedded in Board schedule (in sub-committees and general business)
- Equity co-owned by Leadership
- Aboriginal and Torres Strait Islander leaders (Board, Exec, SMT)
- Why not? Instead of What for?



- Health Equity embedded in Strategic Plan
- Health Equity embedded in Ops Planning
- Health Equity Strategy devolved throughout the org, Imp Plan, Divisional Action Plans

# Strategic Plan 2024-2028

Children's Health Queensland



	OBJECTIVES	STRATEGIES	MEASURED BY
OBJECTIVES	<b>Engaged workforce</b> <i>We care for and value our people</i>	<b>Sustainable futures</b> <i>We imagine the future and enact plans to get us there</i>	<b>Accelerate sustainable, high-value care through integration, innovation and transformation</b>
	<b>Deliver an inclusive environment where our people are valued, safe and empowered to make change</b>	<b>Networked care</b> <i>We learn and share our skills with integrity to make a real difference</i>	<b>Advance the statewide paediatric and adolescent health system through partnership</b>
STRATEGIES	1.1 Proactively provide an environment where physical health, psychological and cultural safety are paramount. 1.2 Invest in learning for leadership, digital capability and experience design through people, processes and systems. 1.3 Build a diverse and inclusive workforce which includes lived experience and peer workforces. 1.4 Grow and retain the Aboriginal and Torres Strait Islander workforce. 1.5 Develop and celebrate workforce talent.	2.1 Leverage technology to streamline and simplify healthcare services. 2.2 Advance clinical excellence through initiatives that drive transformative health outcomes. 2.3 Actively eliminate racial discrimination and institutional racism. 2.4 Lead internationally-recognised research and knowledge translation. 2.5 Deliver healthcare that promotes sustainable development of the planet. 2.6 Integrate governance, operational processes and systems to improve efficiency.	3.1 Evolve and deliver statewide models that transform continuity of care. 3.2 Scale and spread statewide paediatric and adolescent capability through innovative workforce models, registered training pathways and virtual opportunities. 3.3 Generate opportunities for networked paediatric and adolescent services using population-based health service insights. 3.4 Utilise Aboriginal and Torres Strait Islander-specific population based and social determinants data to drive equitable healthcare. 3.5 Build services that enable the capability of children, adolescents and young adults to transition beyond CHO's care.
	* Improvement in indicators of workforce engagement, safety and wellbeing * CHQ workforce diversity and inclusion indicators comparable to Queensland population diversity * % increase of workforce that identify as Aboriginal and/or Torres Strait Islander * % reduced total workforce turnover rate	<b>Strong communities</b> <i>We respect differences and promote ways to be healthy and well</i>	<b>Support prevention, promotion and early intervention that helps keep children and young people healthy in their communities</b>
MEASURED BY			* Improvement in patient flow and specialist outpatient wait time. * Number of formal training partnerships with other HHSs and education institutions. * The role and responsibilities for statewide services are reflected in the CHQ Service Agreement. * Increased consumer partnerships in CHQ care, service planning, design, implementation and evaluation.
			* Increase in patient experience feedback which is positive. * Reduced proportion of total overnight separations that are potentially preventable hospitalisations. * Increase in the uptake of Hospital in the Home activity. * Increase in availability and utilisation of services for diverse communities.

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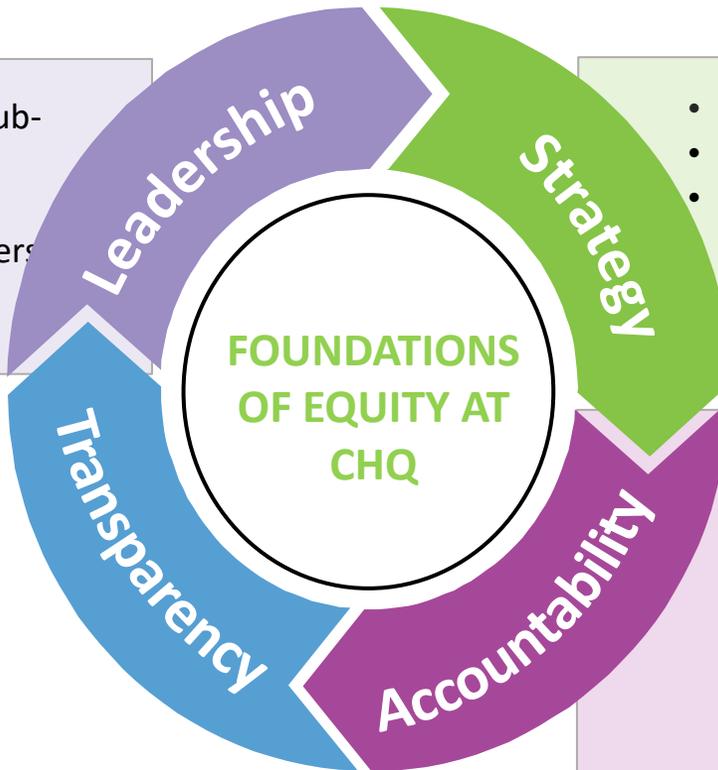
## Our core principles

Implementation of the strategic priorities is guided by our core principles. These principles reflect our clinical excellence and encourage us to apply different lenses as we bring the strategies to life.



## Health Equity @ CHQ

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- Adopted by the Board in 2021 as part of the regular Audit Schedule
- 2017 Marrie Institutional Racism Matrix is baseline, includes broad consumer feedback and Working for Queensland survey results.
- Sought advice from Race experts

## Sample – Audit scorecard (CHQ)

Consolidated snapshot of CHQ's matrix performance between 2017 and 2021 and priority areas

Key Indicators and Criteria	Scoring	Public Documents		Public and Internal documents	Within CHQ's control?	Priority
		2017 Score	2021 Score	2021 Score		
<b>1 Participation in HHS governance</b>						
<ul style="list-style-type: none"> <li>Legal visibility: the Hospital and Health Boards Act 2011 (Qld) (HHB Act) and Hospital and Health Boards Regulation 2012 (Qld) (HHB Regulations)</li> </ul>	20	0.5	7 ↑	7 ↑	No but CHQ can influence	Medium
<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander representation at board level</li> </ul>						
- Indigenous representative	10	0	10 ↑	10 ↑	Yes	Implemented
<ul style="list-style-type: none"> <li>Inclusion in Executive Management Structure</li> </ul>						
- Aboriginal and Torres Strait Islander Health Division	5	0	0 ●	0 ●	Yes	Medium
- Indigenous Executive Director	5	0	4 ↑	4 ↑	Yes	Low
	<b>Total 40</b>	<b>0.5</b>	<b>21 ↑</b>	<b>21 ↑</b>		
<b>2 Policy Implementation</b>						
<ul style="list-style-type: none"> <li>Closing the Gap</li> </ul>						
- Explicitly identified as a strategic priority in HHS Strategic Plan	5	0	5 ↑	5 ↑	Yes	Implemented
- Closing the Gap KPIs explicitly referred to in Health Service Agreement	5	1	1 ●	1 ●	No but CHQ can influence	Medium
<ul style="list-style-type: none"> <li>Community engagement</li> </ul>						
- Aboriginal and Torres Strait Islander community consultative body	5	0	5 ↑	5 ↑	Yes	Implemented
- Reconciliation Action Plan	3	0	0 ●	1.5 ↑	Yes	Medium
- Aboriginal and Torres Strait Islander Health Division/Unit community newsletter	2	0	0.5 ↑	0.5 ↑	Yes	Better Practice
<ul style="list-style-type: none"> <li>Public Reporting and Accountability (via annual report)</li> </ul>						
- Traditional Owner acknowledgement	1	1	1 ✓	1 ✓	Yes	Implemented
- Closing the Gap						
(i) Separate section in report devoted to Closing the Gap	1	1	1 ✓	1 ✓	Yes	Implemented
(ii) Reporting on KPIs contained in 2013/14 - 2015/16 service agreement	1	0	0 ●	0 ●	Yes	Medium
- Policy references						
(i) Cultural Capability Framework	1.5	1.5	0.5 ↓	0.5 ↓	Yes	High
(ii) Making Tracks	1.5	0	0 ●	0 ●		
- Organisational structure (ATSI unit placement within)	1	0	1 ↑	1 ↑	Yes	Implemented
- Aboriginal and Torres Strait Islander Employment						
(i) Data on ATSI employment	1	1	1 ✓	1 ✓	Yes	Implemented
(ii) Reference to workforce planning, recruitment, etc	1	0	1 ↑	1 ↑	Yes	Implemented
- Other recognition (e.g., awards, scholarships, etc.)	1	1	0.5 ↓	0.5 ↓	Yes	Better Practice
	<b>Total 30</b>	<b>6.5</b>	<b>17.5 ↑</b>	<b>19 ↑</b>		
<b>3 Service delivery</b>						
<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander HHS Plan</li> </ul>	10	0	10 ↑	5 ↑	Yes	High

## Sample – Audit recommendations

Key Indicators and Criteria	Scoring	2021 Score Public Documents	2022 Score Public Documents	2021 Score Public and Internal Documents	2022 Score Public and Internal Documents	Recommendations per the matrix for 2022	Within CHQ's control?	Priority
(i) Data on ATSI employment	1	1	1	1	1			
(ii) Reference to workforce planning, recruitment, etc	1	1	1	1	1			
- Other recognition (e.g., awards, scholarships, etc.)	1	0.5	1	0.5	1			
	<b>Total 30</b>	<b>17.5</b>	<b>23.5</b>	<b>18.5</b>	<b>23.5</b>			
<b>3 Service delivery</b>								
• <b>Aboriginal and Torres Strait Islander HHS Plan</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>10</b>			
• <b>Cultural competence</b>								
- Cultural competency policy/strategy	3	1	2	1	2	It is recommended that there is increased transparency around cultural competency through ongoing reporting on the Health Equity Strategy and Implementation Plan.	CHQ can implement	High
- Capacity to deliver Cultural Competence Training (CCT)	3	1	0.5	1	2.5	It is recommended that the Cultural Capability Officer role is maintained to facilitate the delivery of the Cultural Competence Training.	CHQ can implement	High
- Proportion of non-indigenous staff trained	4	0	0.5	1.5	2.5	It is recommended that proportion of non-indigenous staff trained is monitored within the Health Equity Strategy First Nations Dashboard and included in the annual reporting of the Implementation Plan status.	CHQ can implement	Medium
• <b>Selected Health Service Performance Indicators</b>								
- Estimated level of completion of Indigenous status – specifically the reporting of 'not stated' on admission	2	0	0.5	1.5	1.5	It is recommended that estimated level of completion of Indigenous status – specifically the reporting of 'not stated' on admission performance indicator is monitored within the Health Equity Strategy First Nations Dashboard and included in the annual reporting of the Implementation Plan status.	CHQ can implement	Medium
- Discharges against medical advice (DAMA)	2	0	0.5	0.5	1.5	It is recommended that DAMA performance indicator is monitored within the Health Equity Strategy First Nations Dashboard and included in the annual reporting of the Implementation Plan status.	CHQ can implement	Medium
- Potentially preventable hospitalisations (PPH)	2	0	0	0	0	It is recommended that PPH performance indicator is monitored within the Health Equity Strategy First Nations Dashboard and included in the annual reporting of the Implementation Plan status.	CHQ can implement	Medium
- Access to mental health services	2	0	0.5	1.5	1.5	It is recommended that access to mental health performance indicator is monitored within the Health Equity Strategy First Nations Dashboard and included in the annual reporting of the Implementation Plan status.	CHQ can implement	Medium
- Access to drug and alcohol services	2	N/A	N/A	N/A	N/A	Criteria is not applicable to CHQ as there is no specific drug and alcohol service. Patients would be referred to Metro North Hospital and Health Service or Mater Private Hospital for treatment.	N/A	N/A
	<b>Total 30</b>	<b>12</b>	<b>14.5</b>	<b>16.5</b>	<b>21.5</b>			
<b>4 Recruitment and employment</b>								

# Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System

Chelsea Watego, David Singh, Alissa Macoun

DISCUSSION PAPER



## Children's Health Queensland Position Statement Eliminating institutional racism to achieve health equity

At Children's Health Queensland, we believe:

- all Aboriginal and Torres Strait Islander children and young people should have access to culturally safe and respectful healthcare and services to improve health and wellbeing outcomes.
- we have a collective responsibility, as part of the health system, to address all forms of interpersonal and institutional racism and racial health inequity within our hospital and health service.
- health equity can only be achieved by understanding, identifying, acknowledging and eliminating interpersonal and institutional racism in the healthcare system, led by both Aboriginal and Torres Strait Islander, and non-Aboriginal and Torres Strait Islander staff.

### The problem

Racism is a core barrier shown to impact the health and wellbeing, and access to healthcare, for Aboriginal and Torres Strait Islander children and young people. It can lead to poorer self-reported health status, lower perceived quality of care, underutilisation of health services, delays in seeking care, failure to follow recommendations, societal distrust, interruptions in care, mistrust of providers and avoidance of health care systems.

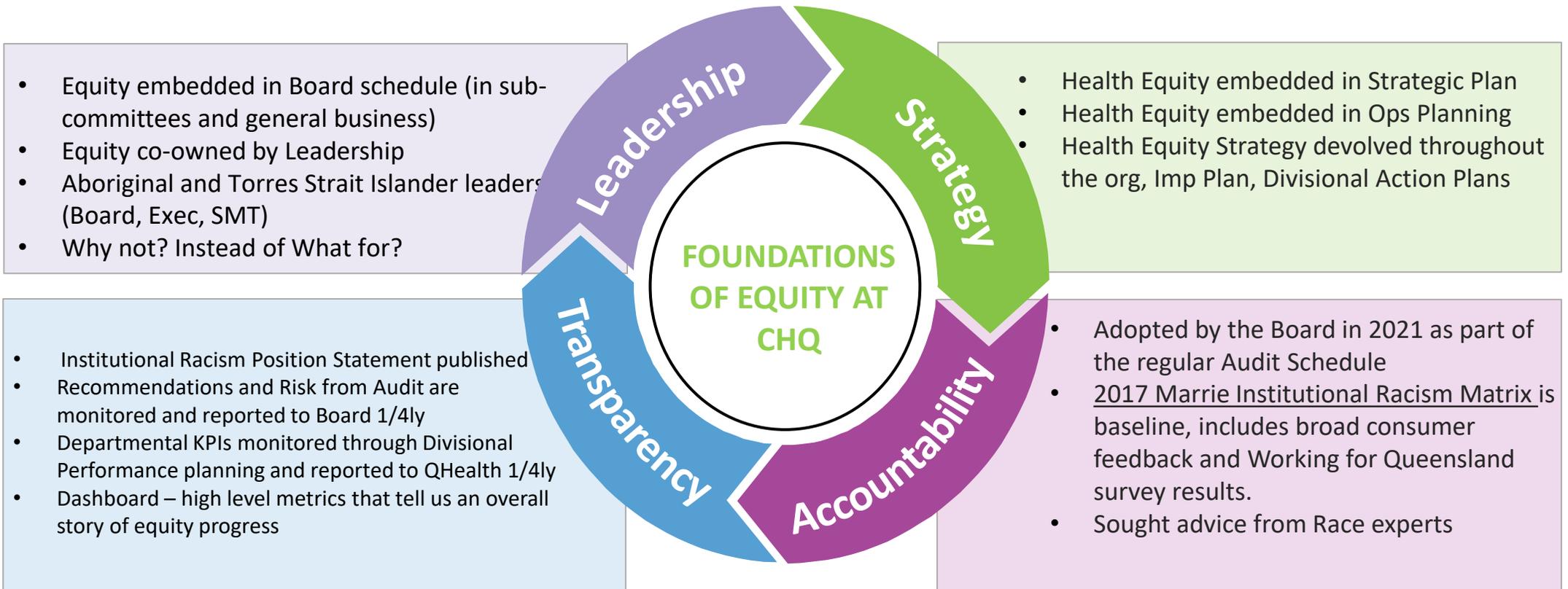
*Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework* defines institutional racism as 'the ways in which racist beliefs, attitudes or values have arisen within, or are built into the operations and/or policies of an institution in such a way that discriminates against, controls or oppresses, directly or indirectly, a certain group to limit their rights; causing and/or contributing to inherited disadvantage'.

In public health, institutional racism is evident in a 'one size fits all' approach to service delivery that does not meet the requirements, requests or unique needs of Aboriginal and Torres Strait Islander patients and communities. It can also be reflected in funding decisions, governance structures, healthcare models and clinical practices and policies that restrict or fail to acknowledge the cultural needs of Aboriginal and Torres Strait Islander peoples.

Children's Health Queensland pays respect to the Traditional Custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders past, present and future.



## Health Equity @ CHQ





## Welcome and Resources

The Welcome and Resources page provides users with an overview of the Health Equity strategy and how the dashboard is intended to support project objectives. Users can also navigate to a range of project resources and/or navigate to the other sheets within the dashboard.

<b>Welcome &amp; Resources</b>
Measures Scorecard
Scorecard Summary View
Tracking and Benchmarking
First Nations Demographics

### Resources

[Link to Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025](#)

[Link to Health Equity Strategy Implementation Plan - Performance Framework](#)

[Link to Health Equity Strategy Implementation Plan - Data Dictionary](#)

[Link to Hospital and Health Boards \(Health Equity Strategies\) Amendment Regulation 2021](#)



### Purpose

This dashboard supports to implementation, monitoring and reporting of CHQ's Aboriginal and Torres Strait Islander Health Equity Strategy, through providing visibility and tracking of performance measures and patient population data required for informed planning.

The Performance Measures include CHQ-specific indicators as well as relevant common measures proposed by the Department of Health, which are shared across all Hospitals and Health Services.

The intent of this dashboard is for divisional areas to begin to understand their position against the measures, particularly when benchmarked against the rest of the organisation.

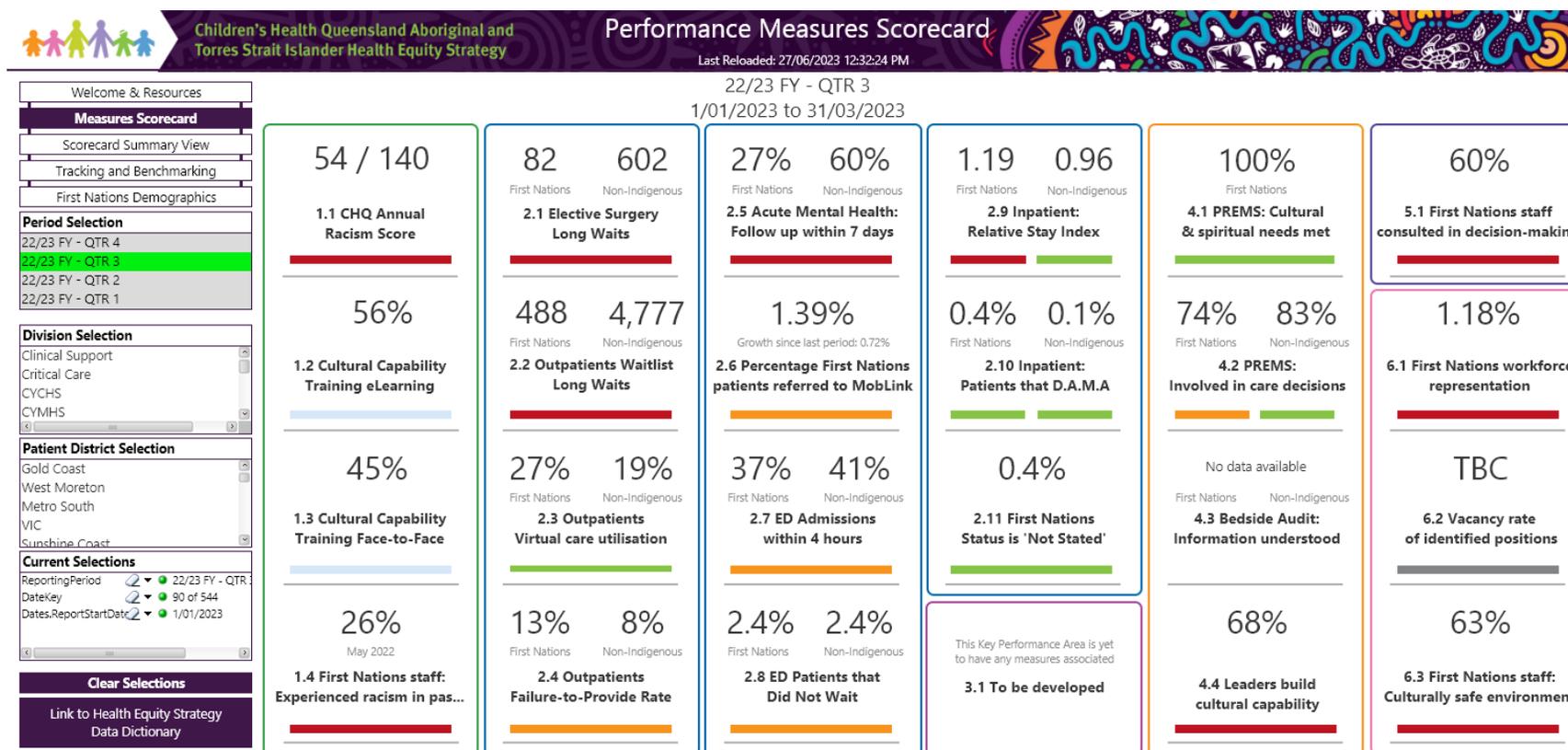
The CHQ Aboriginal and Torres Strait Islander Healthy Equity Strategy (2022-2025) applies to all services delivered by Children's Health Queensland, our workforce, and our partnerships. It is consistent with the Queensland Government's role in implementing and reporting against the National Agreement on Closing the Gap and the Statement of Commitment, which is a statutory requirement under the amendment of the Hospital and Health Boards Act 2011, requiring all hospital and health services to co-design and co-implement reporting and improvement strategies in collaboration with Aboriginal and Torres Strait Islander peoples and organisations.

The CHQ Health Equity Strategy is a flexible, 'living' document, that reflects the voice of the Aboriginal and Torres Strait Islander community, uses the best evidence as it becomes available and pivots in response to emerging issues. To achieve this, we will use an integrated and aligned approach that focuses our attention across all layers of planning to enable a collective response.

- Key priority area 1**  
Actively eliminate racial discrimination and institutional racism
- Key priority area 2**  
Increase equitable access to healthcare for Aboriginal and Torres Strait Islander peoples
- Key priority area 3**  
Influence the social, cultural and economic determinants of health
- Key priority area 4**  
Deliver sustainable, culturally safe and responsive healthcare services
- Key priority area 5**  
Work with Aboriginal and Torres Strait Islander people to design, deliver, monitor and review health services
- Key priority area 6**  
Strengthen the Aboriginal and Torres Strait Islander workforce

# Measures Scorecard

The measures scorecard sheet provides an overview of a single reporting period. Users must select a period before the scorecard will be visible. Users may also wish to filter by Division or Patient District, though this will mean that datasets will be restricted based on whether they contain the filtered selection.



## Scorecard Summary View

The Scorecard Summary View presents the data collected over time, to enable users to understand how the data is changing over time.

Again, the data can be filtered by Division or Patient District, but this will mean that datasets will be restricted based on whether they contain the filtered selection.



**Children's Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy**

### Scorecard Summary View

Last Reloaded: 27/06/2023 12:32:24 PM

Welcome & Resources

Measures Scorecard

**Scorecard Summary View**

Tracking and Benchmarking

First Nations Demographics

**Period Selection**

22/23 FY - QTR 4

22/23 FY - QTR 3

22/23 FY - QTR 2

22/23 FY - QTR 1

**Division Selection**

Clinical Support

Critical Care

CVCHS

CVMHS

**Patient District Selection**

Gold Coast

West Moreton

Metro South

VIC

Sunshine Coast

**Current Selections**

**Clear Selections**

[Link to Health Equity Strategy Data Dictionary](#)

Reporting Period	22/23 FY - QTR 1	22/23 FY - QTR 2	22/23 FY - QTR 3	22/23 FY - QTR 4
1.1 Annual Racism Score	54 / 140	54 / 140	54 / 140	54 / 140
1.2 Cultural Capability Training eLearning				
1.3 Cultural Capability Training Face-to-Face				
1.4 First Nations staff: Experienced racism in past year		26%	26%	26%
2.1 Elective Surgery Long Waits (First Nations)	139	110	82	50
2.1 Elective Surgery Long Waits (Non-Indigenous)	880	651	602	412
2.2 Outpatients Waitlist Long Waits (First Nations)	0	0	0	600
2.2 Outpatients Waitlist Long Waits (Non-Indigenous)	0	0	0	0
2.3 Outpatients Virtual care utilisation (First Nations)	29%	29%	27%	28%
2.3 Outpatients Virtual care utilisation (Non-Indigenous)	21%	19%	19%	20%
2.4 Outpatients Failure-to-Provide Rate (First Nations)	14%	13%	13%	12%
2.4 Outpatients Failure-to-Provide Rate (Non-Indigenous)	9%	8%	8%	8%
2.5 Acute Mental Health: Follow up within 7 days (First Nations)	89%	69%	27%	57%
2.5 Acute Mental Health: Follow up within 7 days (Non-Indigenous)	79%	39%	60%	66%
2.6 SEQ First Nations patients referred to MobLink	0.66%	0.68%	1.39%	
2.7 ED Admissions within 4 hours (First Nations)	36%	34%	37%	35%
2.7 ED Admissions within 4 hours (Non-Indigenous)	36%	42%	41%	36%
2.8 ED Patients that Did Not Wait (First Nations)	3.0%	1.0%	2.4%	3.8%
2.8 ED Patients that Did Not Wait (Non-Indigenous)	3.6%	2.1%	2.4%	3.6%
2.9 Inpatient: Relative Stay Index (First Nations)	1.32	1.18	1.19	
2.9 Inpatient: Relative Stay Index (Non-Indigenous)	1.08	1.00	0.96	
2.10 Inpatient: Patients that D.A.M.A (First Nations)	0.3%	0.6%	0.4%	0.7%
2.10 Inpatient: Patients that D.A.M.A (Non-Indigenous)	0.2%	0.1%	0.1%	0.1%
2.11 First Nation Status is 'Not Stated'	0.3%	0.4%	0.4%	0.4%
4.1 PREMS: Cultural & spiritual needs met		67%	100%	100%
4.2 PREMS: Involved in care decisions (First Nations)	79%	82%	74%	73%
4.2 PREMS: Involved in care decisions (Non-Indigenous)	78%	80%	83%	81%
4.3 Bedside Audit: Information understood (First Nations)	100%	86%		
4.3 Bedside Audit: Information understood (Non-Indigenous)	90%	88%		
4.4 Leaders build cultural capability		68%	68%	68%
5.1 First Nations staff consulted in decision-making		60%	60%	60%
6.1 First Nations workforce representation	1.15%	1.18%	1.18%	1.40%
6.2 Vacancy rate of identified positions	TBC	TBC	TBC	TBC
6.3 First Nations staff: Culturally safe environment		63%	63%	63%

Please note that not all datasets can be filtered by Division and/or Patient District. When a filter is applied and there are no matching records, data will no longer be displayed for that measure.

Where a target has been defined, colour coding is applied based on whether CHQ are currently

Performing (green)  
Not Performing (red), or  
Performance Flag (amber)

Further detail on each of the measures and the targets associated can be found in the Data Dictionary, available in the bottom left corner of each page of this dashboard.

# What has it changed?

- Racism is no longer a mystery, it is accepted, it is discussed and it is addressed
- We speak about racism and not just about cultural safety
- Although our tools for reporting incidents of racism haven't changed (work in progress), our system has – less opportunity for racism to exist
- Our people are more confident in raising racism complaints through the HR pathway, and HR are feeling more empowered to respond
- Our allies are more confident in addressing and standing up against racism – in peoples, policies and procedures
- We will soon have research to lay the foundations of an anti-racist educational Intervention that provides and understanding of race, racism and its impact on health outcomes (thank you MRFF and QUT's Carumba Institute)

