**Addendum to Report Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland’s Public Hospitals and Health Services**

The report *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland’s Public Hospitals and Health Services* (Marrie, A., 2017) is primarily based on information provided in the 2014/15 annual report of each of Queensland’s 16 public hospital and health services (HHS). The *Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services* (the Matrix), initially developed by Adrian Marrie and Henrietta Marrie AM and first trialled on the Cairns and Hinterland Hospital and Health Service (CHHHS) in 2014, was used to carry out an audit of each of the HHSs, and captures the situation within the HHSs at a specific point in time. That audit provides a set of base-line data from which to measure progress towards the elimination of institutional racism from within the HHSs over time.

It is important to note that by 2017 many of the HHSs had advanced the process of addressing some of the issues raised in the audit. Further the Matrix methodology has not yet been validated and is undergoing a trial as a possible tool which can be used either by external monitoring agencies, or internally by Queensland Health (QH) and the HHSs themselves.

It is emphasised that the Matrix, based on a set of key indicators and criteria derived from federal and Queensland Closing the Indigenous Health Gap policies, provides a framework for discussion around key issues concerned with accountability and transparency in closing the health gap policy implementation. Since the report’s submission to ADCQ in March 2017, QH has absorbed its findings and has responded positively by issuing a *Statement of Action towards Closing the Gap in health outcomes* in December 2017 for its HHSs to follow. It has also engaged with ADCQ and the Queensland Aboriginal and Islander Health Council (QAIHC) to further the validation of the Matrix to make it a more useful tool by amending some of the criteria to reflect actions that HHSs can implement or change as opposed to matters beyond their responsibility, such as advocating for changes to the *Hospital and Health Boards Act 2011* (Qld).

It was in this spirit that a validation workshop was held on 12 November 2018 attended by senior representatives of QH, a number of its HHSs, ADCQ, QAIHC, an Aboriginal and Torres Strait Islander community controlled health service, a national peak health body and one of the authors of the Matrix. A number of changes to the Matrix were suggested to improve its application and validity. The result is now a more valid tool, and a measuring system which more accurately reflects QH and HHS priorities in relation to closing the gap in Indigenous health outcomes and the improvements that they would like to see that will result in a more responsive health care system for the delivery of better healthcare to Aboriginal and Torres Strait Islander people.

As far as providing a framework for discussion and action, the version of the Matrix used in the 2017 audit has fulfilled its promise with significant changes being made by the HHSs, but now a new and more valid tool has been developed. While the new and revised Matrix would have delivered a different set of scores to those of 2017, it can now be used more confidently to monitor the changes required over time. This would not have been possible without QH’s initial response in seeing the potential of the Matrix to reduce the structural barriers to health equity for Aboriginal and Torres Strait Islander people and to join with ADCQ and QAIHC to be part of the validation process.

Adrian Marrie

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