



Cultural safety in health care for Indigenous Australians: monitoring framework

Web report

Cat. no: IHW 222

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The *Cultural safety in health care for Indigenous Australians: monitoring framework* brings together available data to assess progress in achieving cultural safety in the health system for Indigenous Australians. The framework includes measures on culturally respectful health care services; Indigenous patient experience of health care; and access to health care services. The data are presented at the national, state and regional levels.

Key findings:

- 95% of Indigenous primary health care providers had a formal commitment to providing culturally safe health care
- 41% of health staff employed in Indigenous primary health care organisations were Indigenous
- 85% of Indigenous Australians said doctors showed respect for what was said
- The number of Indigenous nurses and midwives increased from 2,434 in 2013 to 3,540 in 2017.

Summary

The cultural safety monitoring framework covers three domains: the first focusing on how health care services are provided, the second on Indigenous patients' experience of health care, and the third on measures regarding access to health care. Data are reported from a wide range of available national and state and territory level sources to

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provide a picture of cultural safety, though there are significant data gaps. Sources include both national administrative data collections and surveys of Indigenous health care users.

Culturally respectful health care services

Cultural respect is achieved when the health system is a safe environment for Indigenous Australians, and where cultural differences are respected. This module reports on how health care is provided, and whether cultural respect is reflected in structures, policies and programs.

The 2017–18 Online Services Report data showed that among Indigenous primary health care providers:

- 95% had a formal commitment to providing culturally safe health care
- 84% had mechanisms to gain advice on cultural matters
- over 70% of organisations with a formal board had over half of Board members who were Indigenous
- nearly 4 in 10 provided interpreter services; while around one third offered culturally appropriate services such as bush tucker, bush medicine and traditional healing.
- 41% of health staff employed in these organisations were Indigenous
- almost all (99%) provided cultural orientation for non-Indigenous staff.

National health workforce data showed that from 2013 to 2017:

- the number of Aboriginal and Torres Strait Islander medical practitioners employed in Australia increased from 234 to 363
- the number of Indigenous nurses and midwives employed in Australia increased from 2,434 to 3,540.

Patient experience of health care

The experiences of Indigenous health care users, including having their cultural identity respected, is critical for assessing cultural safety. Aspects of cultural safety include good communication, respectful treatment, empowerment in decision making and the inclusion of family members.

National survey data show that:

- in 2014–15, an estimated 80% of Indigenous Australians who consulted a doctor/specialist in the last 12 months said that their doctor always/often listened

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carefully, while an estimated 85% said that their doctor always/often showed respect for what was said.

- in 2012–13, an estimated 20% of Indigenous Australians reported being treated unfairly by health care staff in the last 12 months.

The differences in rates of Indigenous and non-Indigenous hospital patients who choose to leave prior to commencing or completing treatment are frequently used as indirect measures of cultural safety. Among:

- emergency department presentations in 2015–16, around 8% of Indigenous patients and 5% of non-Indigenous patients took own leave or did not wait
- hospitalisations in 2013–15, around 3% of Indigenous and 0.5% of non-Indigenous patients left against medical advice or were discharged at their own risk.

Access to health care services

Indigenous Australians experience poorer health than non-Indigenous Australians', but they do not always have the same level of access to health services. This is due to a range of different reasons, including remoteness and affordability. Selected measures of access to health care services for Indigenous and non-Indigenous Australians are used to monitor disparities in access.

- BreastScreen participation rates for the two year period 2016–2017 for Indigenous women were 27% compared with 34% for non-Indigenous women.
- Indigenous Australians waited longer to be admitted for elective surgery in 2017–18 than non-Indigenous Australians (median waiting time of 48 days and 40 days, respectively).
- In 2015, the potentially avoidable mortality rate for Indigenous Australians was over 3 times the rate for non-Indigenous Australians (345 and 105 per 100,000 respectively).

Data gaps

Monitoring cultural safety and cultural respect in the health system, and the impact it has on access to appropriate health care, are limited by a lack of national and state level data. This is particularly the case in relation to reporting on the policies and practices of mainstream health services, such as hospitals and primary health care services.

There is also limited data on the experiences of Indigenous health care users. Most jurisdictions undertake surveys about patients' experiences in public hospitals, but there was not a lot of available data on Indigenous patient experience. A high proportion of Indigenous Australians use mainstream health services, so further data developments in

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this area are required to allow for more comprehensive reporting across the health sector.

Background material

Origin and policy context

The concept of cultural safety has been around for some time, with the notion originally defined and applied in the cultural context of New Zealand. It originated there in response to the harmful effects of colonisation and the ongoing legacy of colonisation on the health and healthcare of Maori people—in particular in mainstream health care services.

A commonly accepted definition of cultural safety from the Nursing Council of New Zealand (2002:7) is the 'effective nursing or midwifery practice of a person or family from another culture, and is determined by that person or family... Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.'

A distinctive feature of this definition of cultural safety is its emphasis on the provision of culturally safe health care services as defined by the end users of those services, notably, the Maori people of Aotearoa New Zealand, not by the (non-Maori) providers of care.

The National Collaboration Centre for Indigenous Health in Canada (2013) notes that culturally safe health care systems and environments are established by a continuum of building blocks:

Cultural awareness ⇒	Cultural sensitivity ⇒	Cultural competency ⇒	Cultural safety
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The centre states that cultural safety '...requires practitioners to be aware of their own cultural values, beliefs, attitudes and outlooks that consciously or unconsciously affect their behaviours. Certain behaviours can intentionally or unintentionally cause clients to feel accepted and safe, or rejected and unsafe. Additionally cultural safety is a systemic outcome that requires organizations to review and reflect on their own policies, procedures, and practices in order to remove barriers to appropriate care.'

In Australia, there has been increasing recognition that improving cultural safety for Aboriginal and Torres Strait Islander health care users can improve access to, and the quality of health care. This means a health system where Indigenous cultural values, strengths and differences are respected; and racism and inequality is addressed.

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There are difficulties in both defining and measuring generalised concepts such as cultural respect and cultural safety. They include lack of conceptual clarity and agreement on terms, the qualitative nature of the concepts, and the diversity of Indigenous Australians and their perceptions. The Australian literature uses various definitions of cultural safety, and related concepts such as cultural respect and cultural competency, and what these mean in relation to the provision of health care.

For the purpose of developing a monitoring framework cultural safety is defined with reference to the experience of the Indigenous health care consumer, of the care they are given, their ability to access services and to raise concerns. Some of the essential features of cultural safety include an understanding of one's culture; an acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of this difference. The presence or absence of cultural safety is determined by the experience of the recipient of care and is not defined by the caregiver (AHMAC 2016).

Two important aspects of culturally safe health care across the literature are, how it is provided and how it is experienced, and these form the basis for the monitoring framework (see AHMAC 2016; CATSINAM 2014; AIDA 2014; DHHS 2016; NACCHO 2011; Department of Health 2015).

How health care is *provided*

- behaviour, attitude and culture of providers: respects and understands Indigenous culture and people
- defined with reference to the provision of care, including governance structures, policies and practices

How health care is *experienced* by Indigenous people

- feeling safe, connected to culture and cultural identity is respected
- can only be defined by those who receive health care

The importance of cultural respect and cultural safety is outlined in Australian government documents such as the [*Cultural Respect Framework 2016–26 for Aboriginal and Torres Strait Islander Health*](#), and the [*National Aboriginal and Torres Strait Islander Health Plan 2013–23*](#). The Australian Commission on Safety and Quality in Healthcare (ACSQHC) also included six Aboriginal and Torres Strait Islander specific actions in the [*National Safety and Quality Health Service Standards*](#) to improve care for Aboriginal and Torres Strait Islander people in mainstream health services.

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Development of a monitoring framework

The *Cultural safety in health care for Indigenous Australians: monitoring framework* aims to measure progress in achieving cultural safety in the Australian health system by bringing together data related to cultural safety. Specifically, to measure progress in achieving cultural safety in the health system under the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–23*. The framework can also assist in measuring progress in achieving cultural safety under the Cultural Respect Framework which commits the Commonwealth Government, and states and territories, to embed cultural respect principles into their health systems; from developing policy and legislation, to how organisations are run, through to the planning and delivery of services.

In consultation with key stakeholders, including the National Aboriginal and Torres Strait Islander Health Standing Committee and the Implementation Plan Advisory Group, this framework was developed through a review of relevant policy documents, academic literature, and potential national and state level data sources.

The framework has 3 reporting modules which each include a range of measures focussing on culturally respectful health care services, patient experience of health care among Indigenous Australians, and access to health care as an indirect measure of cultural safety.



Reporting against the framework

This *Cultural safety in health care for Indigenous Australians: monitoring framework* brings together available national and state and territory level data to provide a picture of cultural safety in the health system. The scope of national and state and territory level data currently available are limited and further development is required to enable more comprehensive reporting. See data gaps in [Culturally respectful health care services](#), [Patient experience of health care](#), and [Access to health care services](#).

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Monitoring cultural safety and cultural respect in the health system, and the impact it has on access to appropriate health care, are limited by a lack of national and state level data. This is particularly the case in relation to reporting on the policies and practices of mainstream health services, such as primary health care services.

There are also limited data on the experiences of Indigenous health care users. Most jurisdictions undertake patient experience surveys in public hospitals, but there is little data on Indigenous Australians for reporting. A high proportion of Indigenous Australians use mainstream health services, so further data developments in this area are required to allow for more comprehensive reporting across the health sector.

As data developments occur and more comprehensive data become available, the cultural safety monitoring framework will be expanded and updated.

References

- AHMAC (Australian Health Ministers' Advisory Council) 2016. Cultural Respect Framework 2016–26 for Aboriginal and Torres Strait Islander Health: a national approach to building a culturally respectful health system. Canberra: AHMAC.
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NCCIH (National Collaborating Centre for Indigenous Health) 2013. Towards Cultural Safety for Métis: An Introduction for Health Care Providers. Canada: University of Northern British Columbia.

Nursing Council of New Zealand 2002. Guidelines for cultural safety, the treaty of Waitangi, and Maori health in nursing and midwifery education and practice. Wellington: Nursing Council of New Zealand.

Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute 2017. National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health. Sydney: Australian Commission on Safety and Quality in Health Care.

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Culturally respectful health care services

The cultural safety of Indigenous health care users cannot be improved in isolation from the provision of health care, and the extent to which health care systems and providers are aware of and responsive to Indigenous Australians' cultural perspectives. The structures, policies and processes across the health system all play a role in delivering culturally respectful health care.

What data are available?

Reporting in this module is limited by a lack of national and state and territory level data. The main information source is the *Online Services Report (OSR)*, a data collection from organisations funded by the Australian Government to deliver health services to Aboriginal and Torres Strait Islander Australians. A high proportion of these organisations show a service level commitment to be culturally respectful and safe.

National data are also reported on Indigenous Australians enrolled in health related training courses and those employed across the health system, including GPs, nurses and some specialist doctors. The Indigenous workforce is integral to ensuring that the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander people.

Data gaps and limitations

Data on mainstream health services, such as public hospitals and general practitioners, are a key data gap. Data on these services are required to provide a more comprehensive picture of culturally respectful health care.

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Leadership

Aboriginal and Torres Strait Islander leadership at the board or executive level is also an indicator that services are culturally aware and respectful

Indigenous culture

Providing culturally appropriate services can help to make Indigenous people feel culturally safe

Indigenous workforce

Aboriginal and Torres Strait Islander employees in the health workforce understand the needs of Indigenous patients

Community feedback

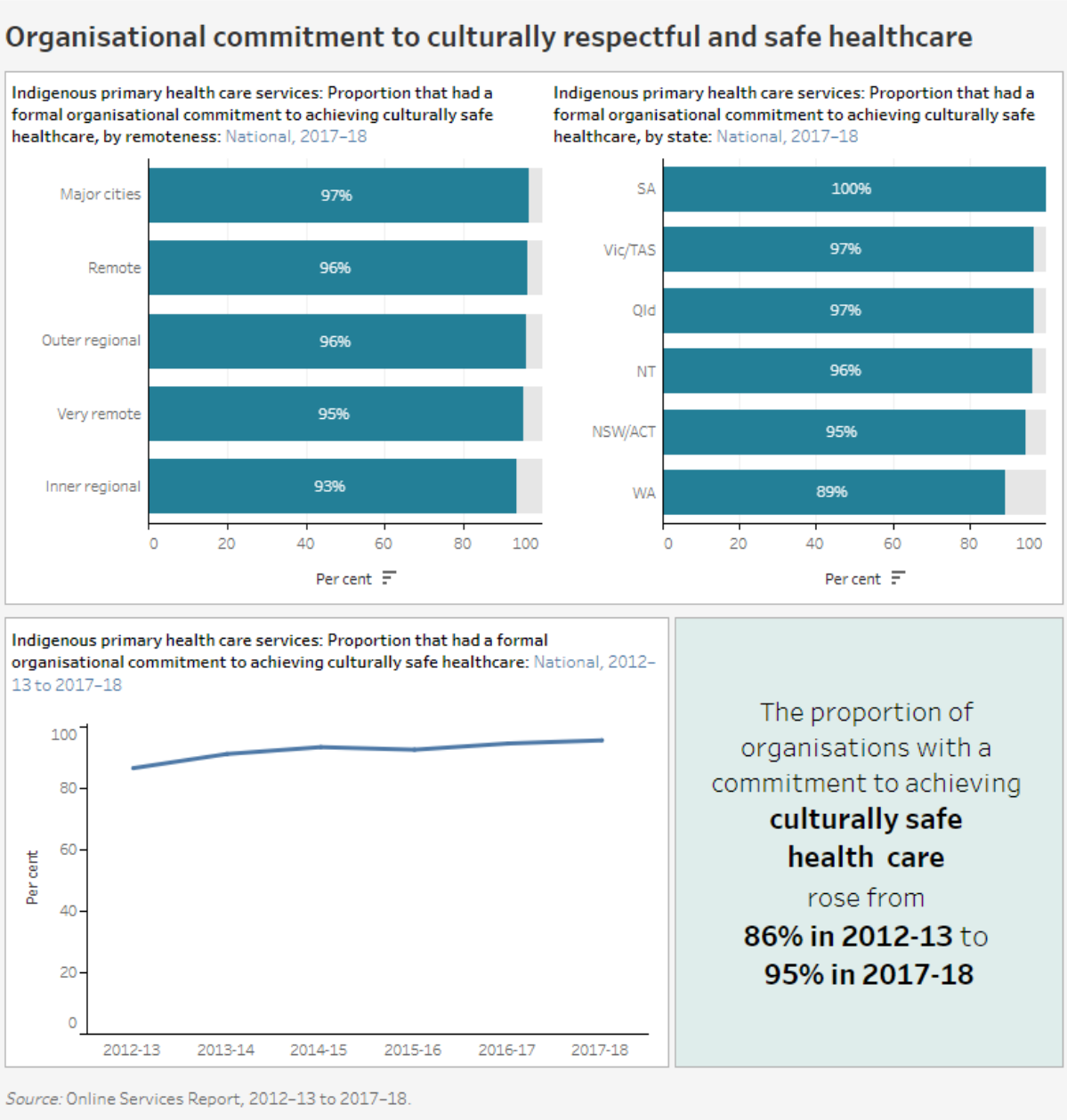
Collaboration with Indigenous organisations is important for ensuring services are culturally respectful

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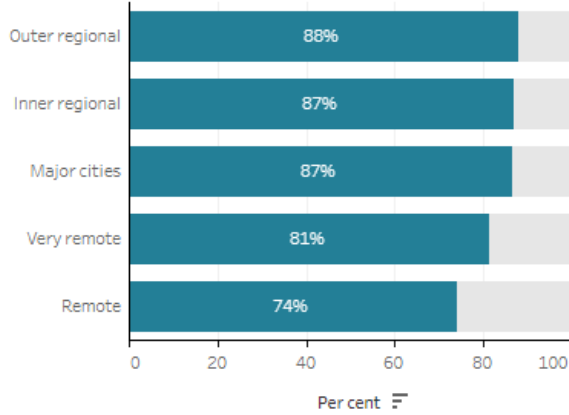
Organisational approach and commitment

An organisational approach and commitment to providing culturally respectful and safe health care at the highest level is necessary but not sufficient to ensure care is culturally safe. Aboriginal and Torres Strait Islander leadership at the board or executive level is an indicator that services are culturally aware and respectful. Data on these measures are provided from organisations funded to deliver Indigenous primary health care and maternal and child health services.

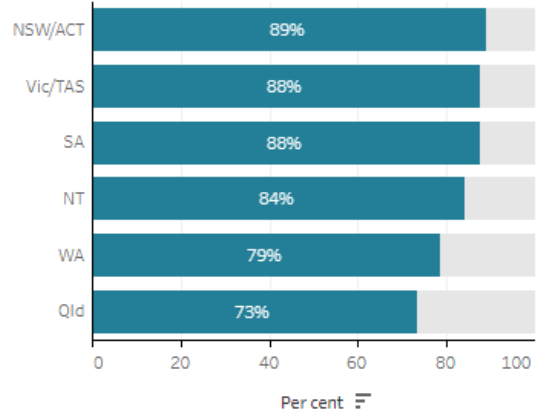


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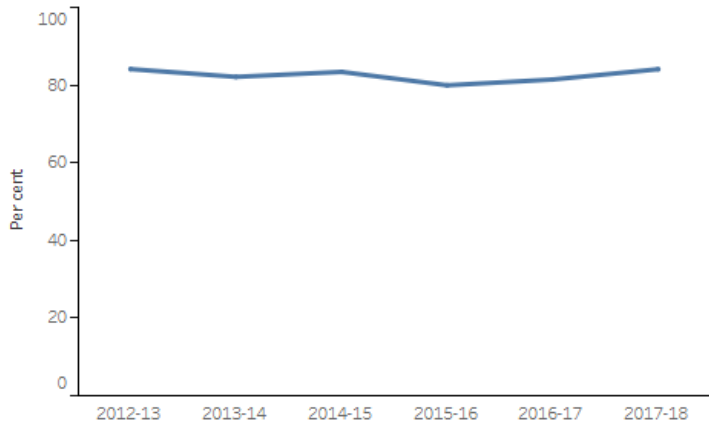
Indigenous primary health care services: Proportion that had a mechanism for obtaining advice on cultural matters, by remoteness: National, 2017-18



Indigenous primary health care services: Proportion that had a mechanism for obtaining advice on cultural matters, by state and territory: National, 2017-18



Indigenous primary health care services: Proportion that had a mechanism for obtaining advice on cultural matters: National, 2012-13 to 2017-18



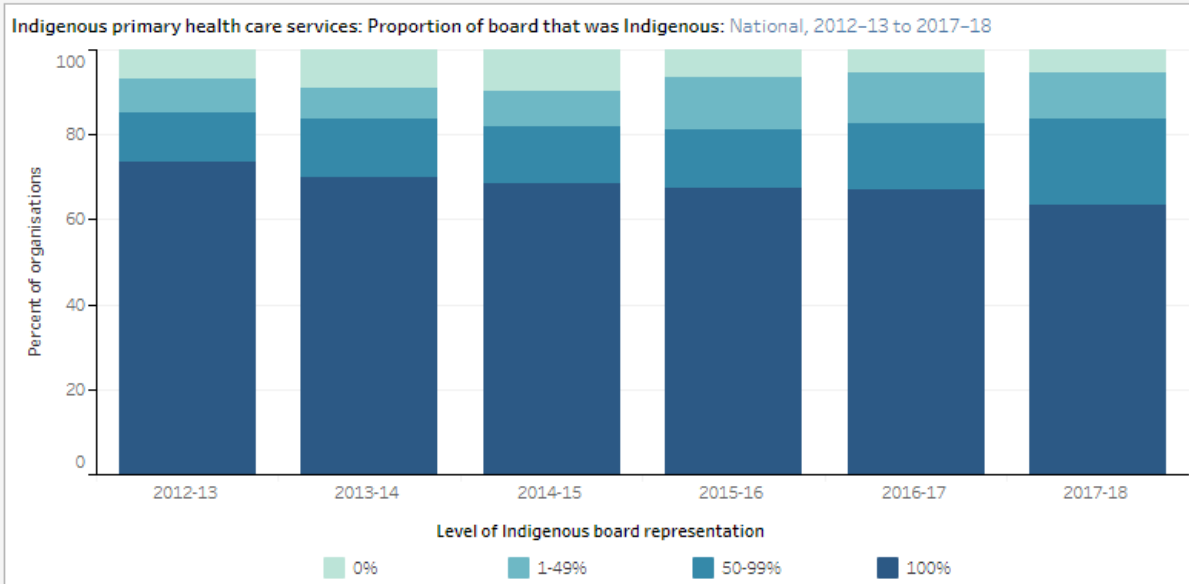
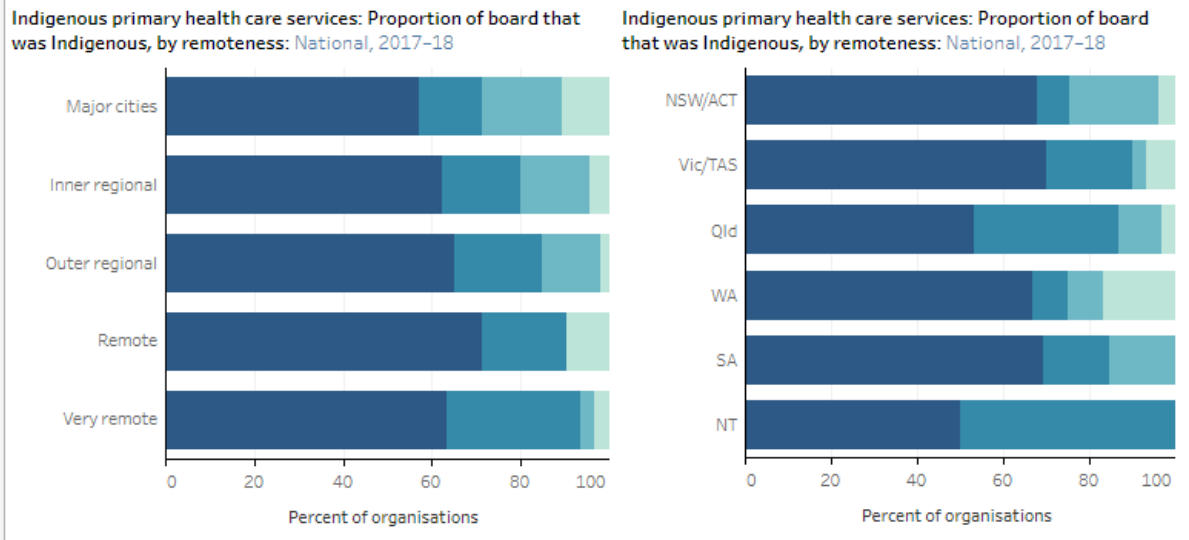
8 out of 10
organisations had mechanisms
for
obtaining
**advice on cultural
matters**

Source: Online Services Report, 2012-13 to 2017-18.

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Aboriginal and Torres Strait Islander leadership at Board/Executive level



Source: Online Services Report, 2012-13 to 2017-18.

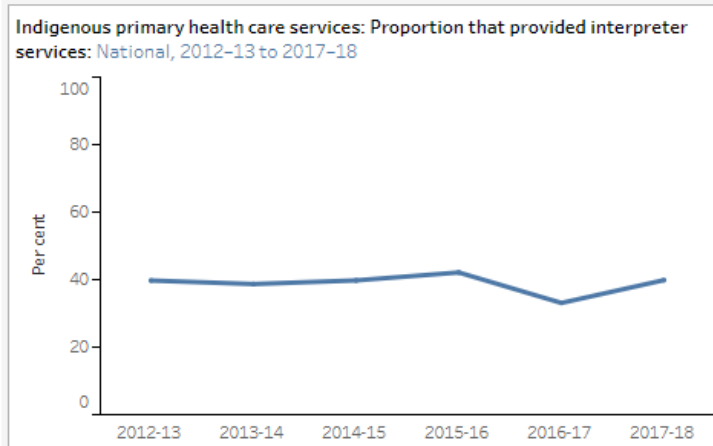
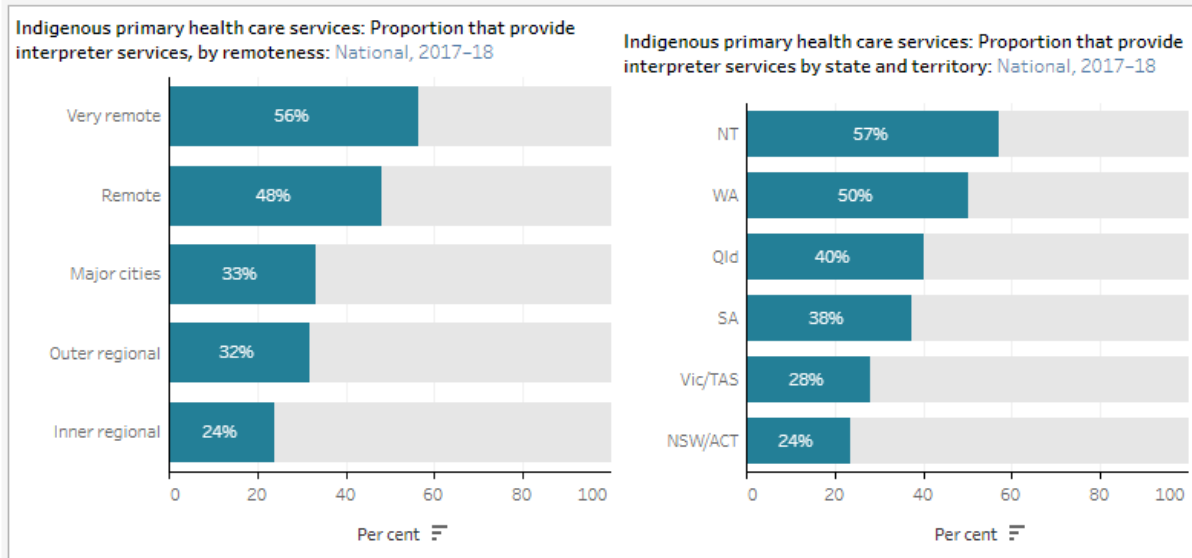
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Communication and cultural services

Health service environments that value Aboriginal and Torres Strait Islander culture by displaying Indigenous artwork and providing culturally appropriate resources, communications and other services can help to make Indigenous people feel culturally safe.

There are some data on communication and cultural services from organisations funded to provide Indigenous primary health care and maternal and child health services.

Culturally appropriate communication resources



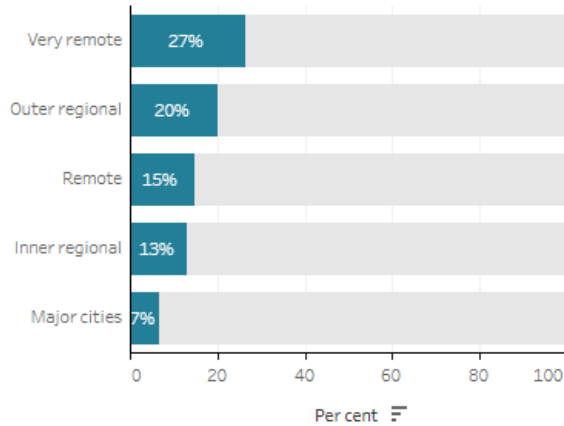
Half or more Indigenous health services provided interpreters in **Western Australia** and the **Northern Territory**

Source: Online Services Report, 2012-13 to 2017-18.

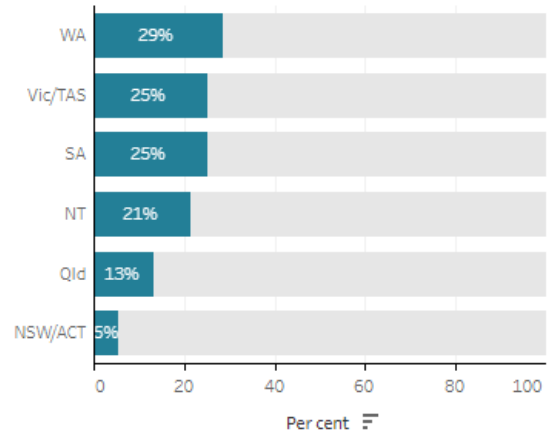
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Offers culturally appropriate services

Indigenous primary health care services: Proportion offering bush tucker programs, by remoteness: National, 2017-18



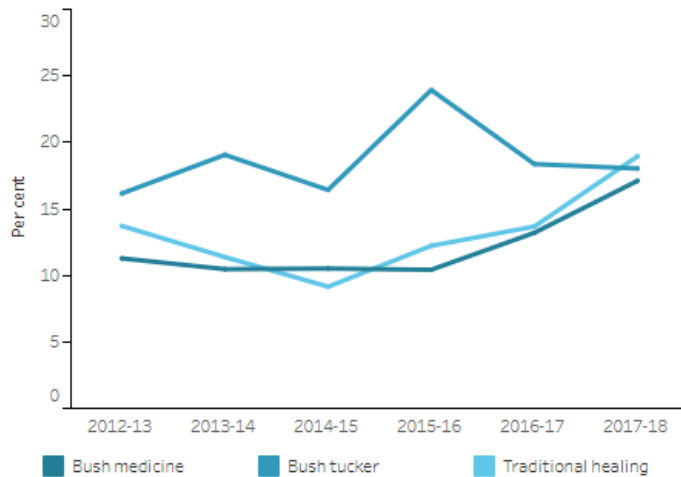
Indigenous primary health care services: Proportion offering bush tucker programs, by state or territory: National, 2017-18



Choose service type

Bush tucker

Indigenous primary health care services: Proportion offering culturally appropriate services: National, 2012-13 to 2017-18



More than **one quarter** of health services in very remote areas provided **bush tucker programs**

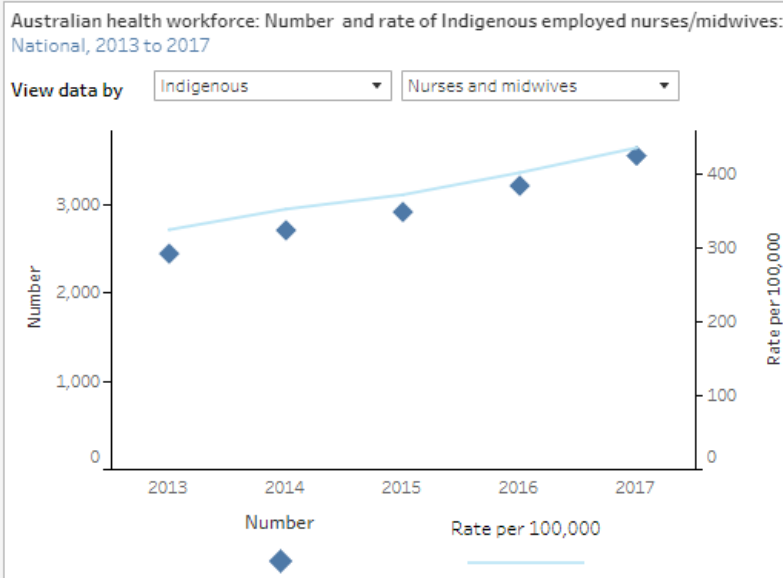
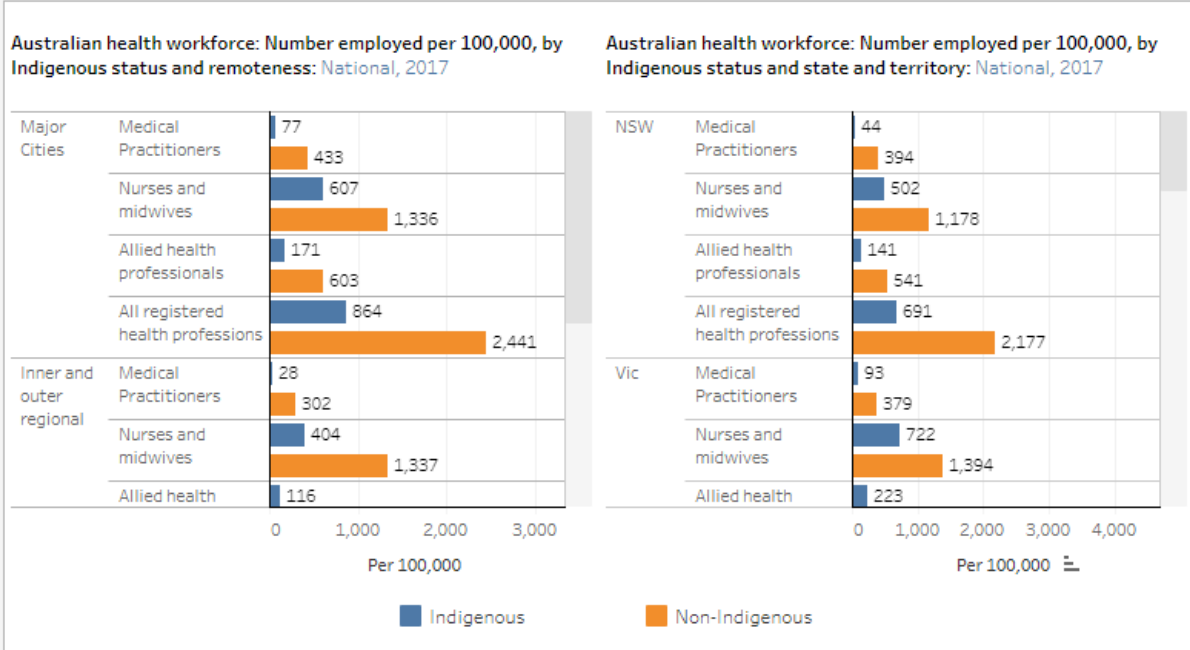
Source: Online Services Report, 2012-13 to 2017-18.

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Workforce development and training

Aboriginal and Torres Strait Islander employees in the health workforce can increase the cultural safety of Indigenous patients because they understand the needs and priorities of Indigenous patients. There are national data available on Indigenous enrolments in health related courses and Indigenous participation in the health workforce. Data on the health workforce and on cultural safety training among non-Indigenous staff are also available from organisations funded to provide Indigenous primary health care and maternal and child health services.

Aboriginal and Torres Strait Islander participation in the workforce

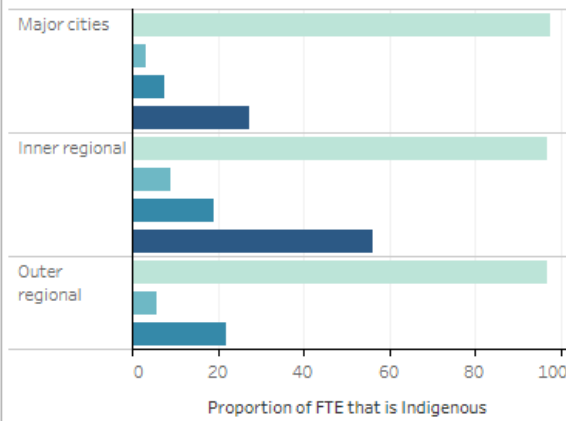


From 2013 to 2017 the number of Indigenous medical practitioners increased from **234** to **363**

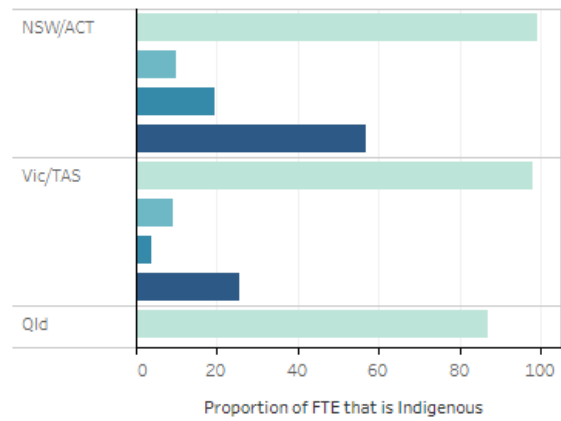
Source: AIHW analysis of National Health Workforce Data Set.

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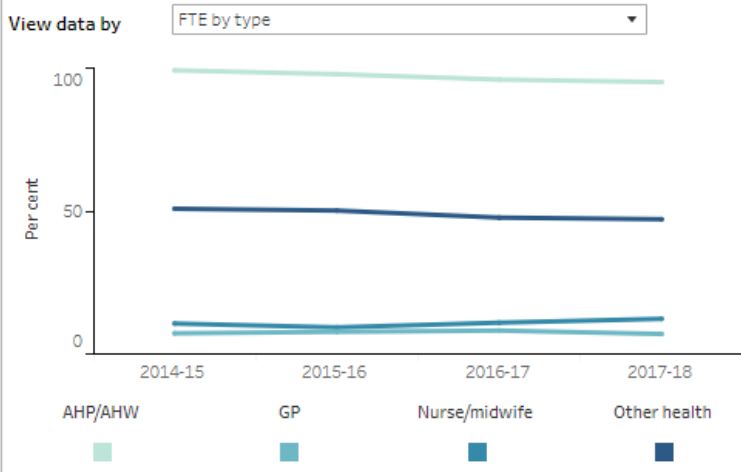
Indigenous primary health care services: Proportion of the workforce that is Indigenous, by remoteness: National, 2017-18



Indigenous primary health care services: Proportion of the workforce that is Indigenous, by state and territory: National, 2017-18



Indigenous primary health care services: Proportion of the workforce that is Indigenous: National, 2014-15 to 2017-18



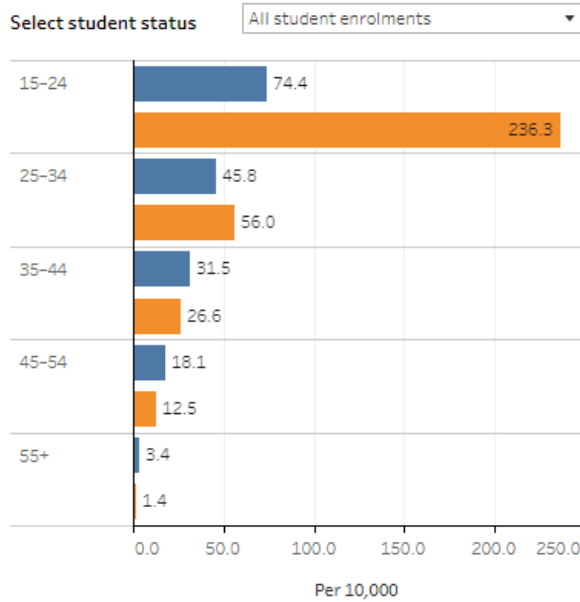
In 2017-18 around **4 in 10** health staff in Indigenous primary health care services were Indigenous

Source: Online Services Report, 2012-13 to 2017-2018.

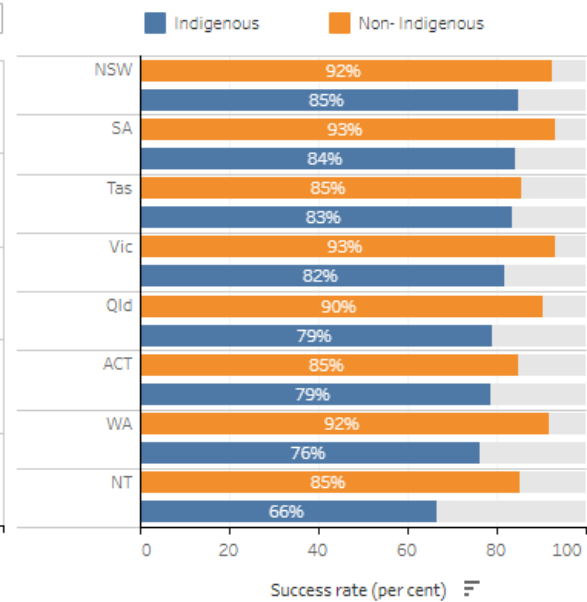
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Aboriginal and Torres Strait Islander workforce development

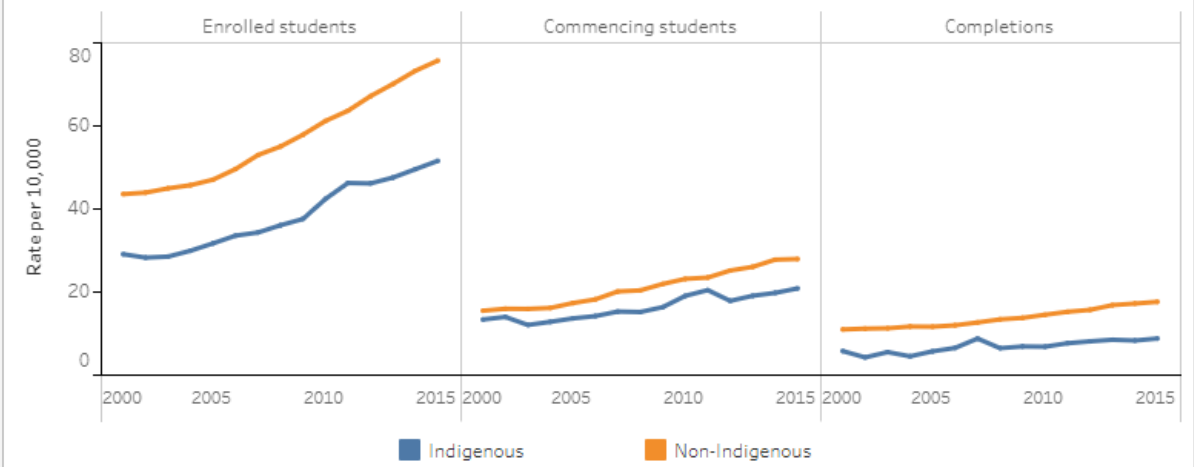
Higher education: Rates of health-related student enrolments, by Indigenous status and age: National, 2017-18



Higher education: Success rates of health-related student enrolments and completions, by Indigenous status and state and territory: National, 2017-18

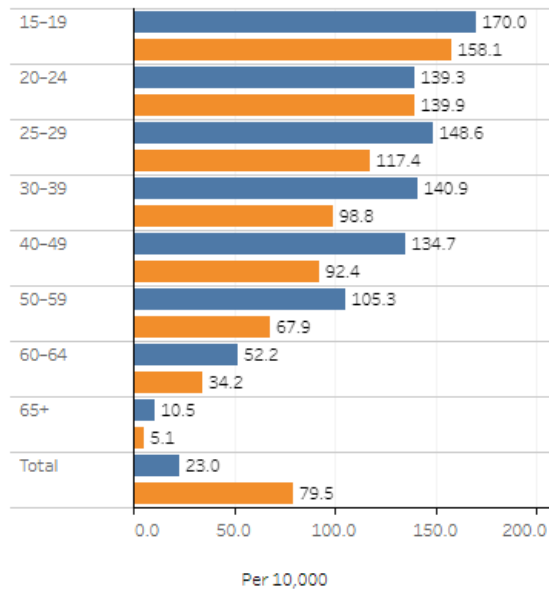


Higher education: Rates of health-related student enrolments and completions, by Indigenous status: National, 2012-13 to 2017-18

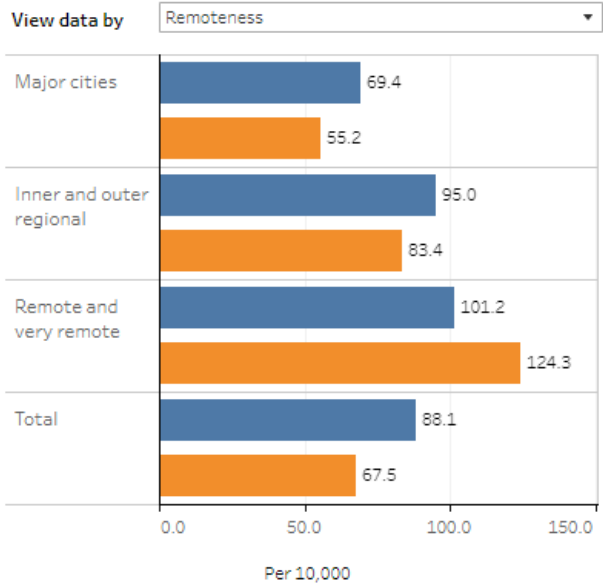


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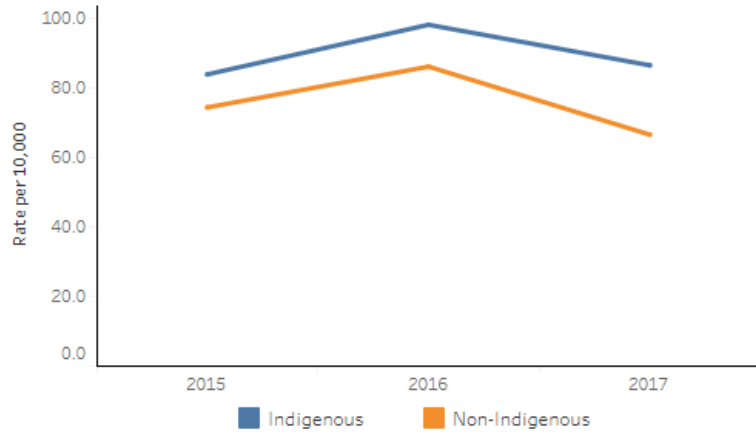
Vocational education and training: Rates of health-related course enrolments, by Indigenous status and age: National, 2017



Vocational education and training: Rates of health-related course enrolments, by Indigenous status and remoteness: National, 2017



Vocational education and training: Rates of course enrolments, government and non-government, by Indigenous status: National 2015 to 2017



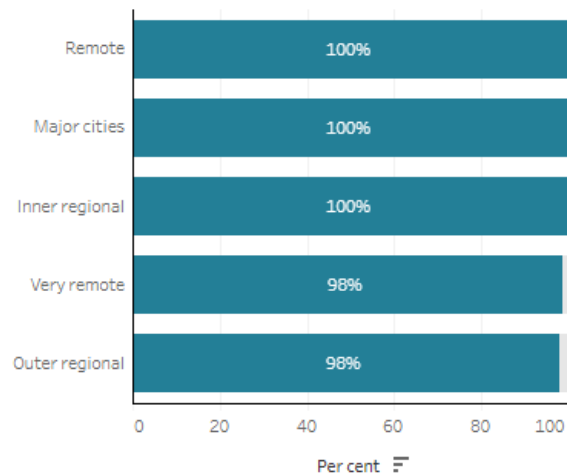
The rates of **Indigenous Australians** undertaking health-related vocational education and training were **higher** than for non-Indigenous Australians

Source: AIHW analysis of Higher Education Statistics, AIHW 2017; AIHW analysis of National Vocational Education and Training Provider Collection 2019.

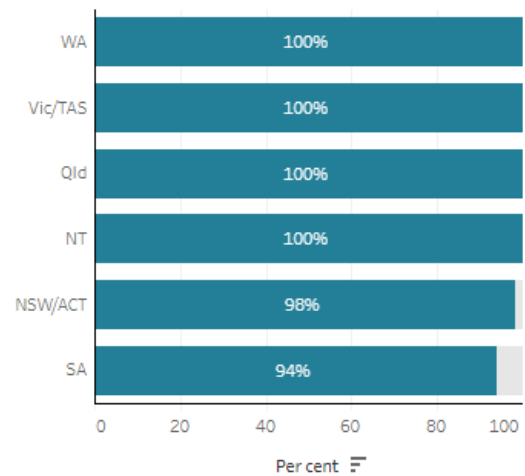
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Cultural safety and responsiveness training for staff

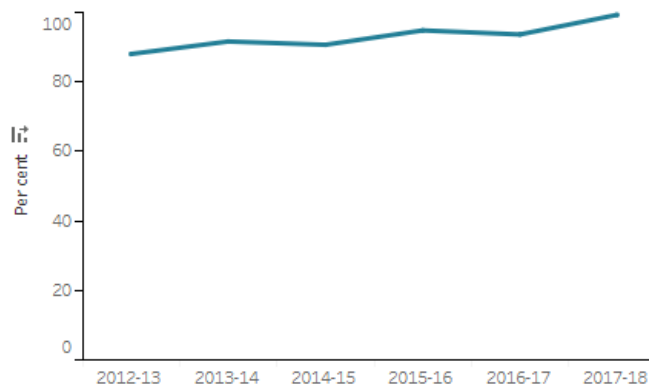
Indigenous primary health care services: Proportion that had cultural orientation for non-Indigenous staff, by remoteness: National, 2017-18



Indigenous primary health care services: Proportion that had cultural orientation for non-Indigenous staff, by state and territory: National, 2017-18



Indigenous primary health care services: Proportion that had cultural orientation for non-Indigenous staff: National, 2012-13 to 2017-18



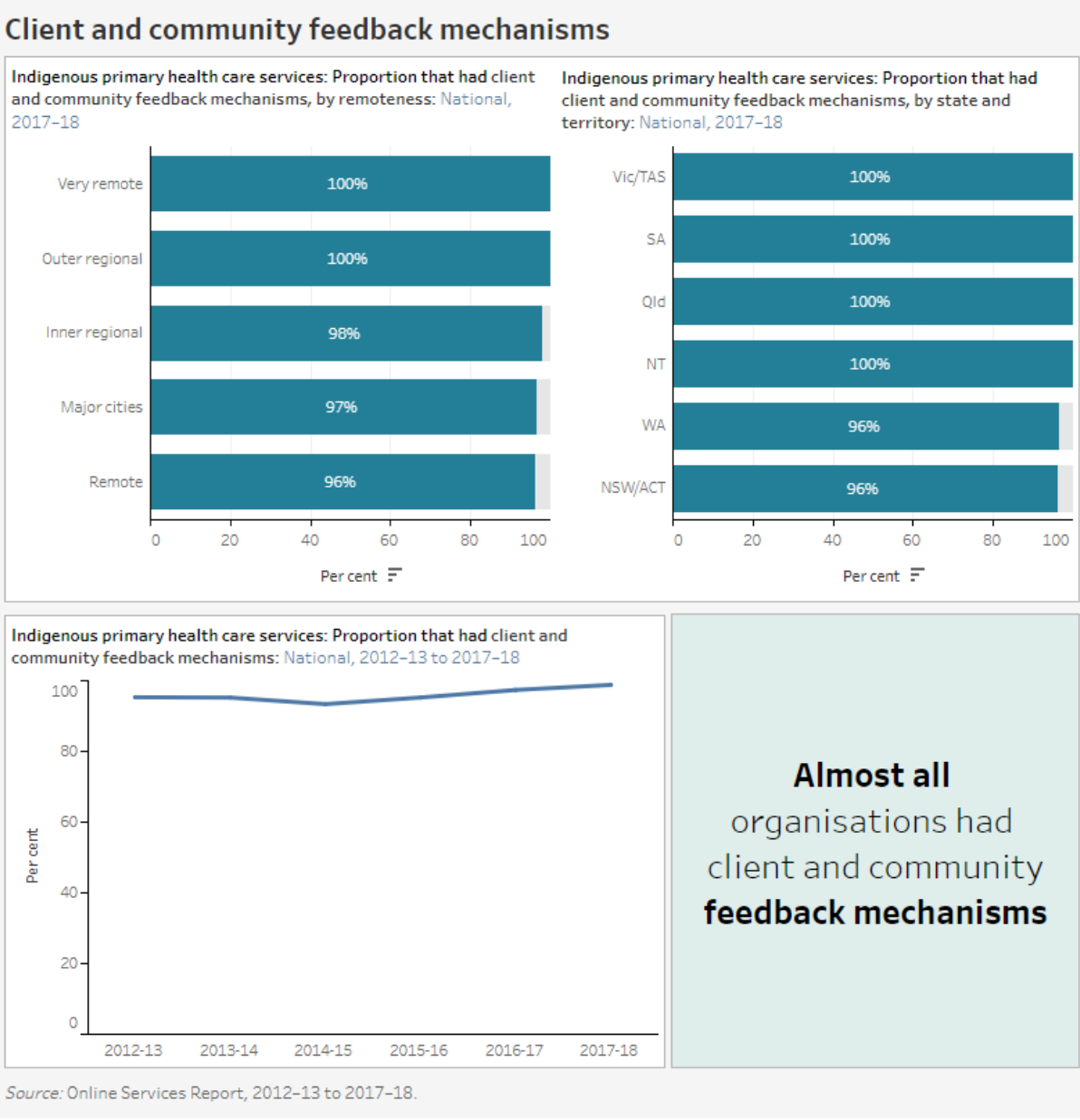
In 2017-18
almost all
Indigenous primary health care
organisations provided
cultural orientation
for non-Indigenous staff

Source: Online Services Report, 2012-13 to 2017-18.

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Consumer engagement and stakeholder collaboration

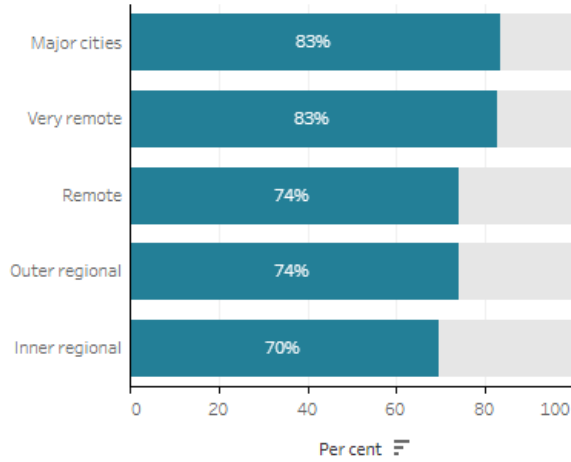
Client and community feedback is important for health services to ensure that their policies and programs are meeting the needs of the Indigenous community. Collaboration with Indigenous organisations is also important for ensuring services are culturally respectful. Data on these measures are provided for organisations funded to deliver Indigenous primary health care and maternal and child health services.



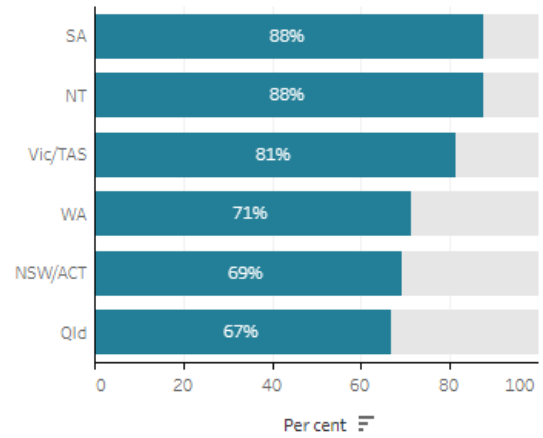
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Consultation with Aboriginal and Torres Strait Islander communities

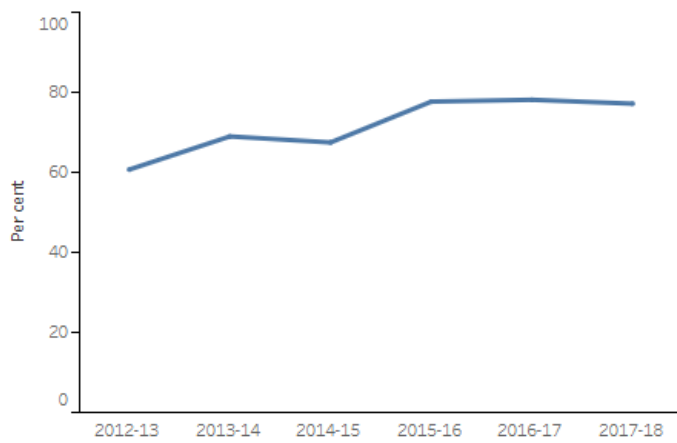
Indigenous primary health care services: Proportion that had formal cultural safety policies by remoteness: National, 2017-18



Indigenous primary health care services: Proportion that had formal cultural safety policies by state and territory: National, 2017-18



Indigenous primary health care services: Proportion that had formal cultural safety policies: National, 2012-13 to 2017-18



More than
three quarters
of organisations had
cultural safety policies
in place

Source: Online Services Report, 2012-13 to 2017-18.

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Data sources and data gaps

The following, limited number of sources were found for reporting on this module:

- Online Services Report (OSR) – for data on Indigenous specific primary health care services
- Higher Education Statistics and National Vocational Education and Training data – for data on enrolments in health-related courses
- National Health Workforce Dataset – for information on the characteristics of the health workforce.

Culturally respectful health care services – measures, data sources and data gaps

1.1. Organisational approach and commitment

- Organisational commitment to culturally respectful and safe health care OSR
- Aboriginal and Torres Strait Islander leadership at Board/Executive level OSR

1.2. Communication and cultural services

- Culturally appropriate communication resources (brochures, interpreters) OSR
- Culturally safe and welcoming environments (artwork, flags, posters) No data available
- Offers culturally appropriate services OSR

1.3. Workforce development and training

- Aboriginal and Torres Strait Islander participation in the workforce OSR NHWD
- Aboriginal and Torres Strait Islander workforce development HES/VET
- Cultural safety and responsiveness training for staff OSR

1.4. Consumer engagement and stakeholder collaboration

- Client and community feedback mechanisms OSR
- Consultation with Aboriginal and Torres Strait Islander communities OSR
- Collaboration with Indigenous organisations No data available

1.5. Monitoring and accountability

- Monitoring and reporting on priorities for Indigenous Australians No data available
- Monitoring and reporting on cultural safety and responsiveness No data available

Notes:

OSR Online Services Report (Indigenous Primary Health Care)

NHWD National Health Workforce Dataset

HES/VET Higher Education Statistics; Vocational Education and Training statistics

No data available No data source available for the moment

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Most of the available data for this module comes from the AIHW Online Services Report data collection and relates to Indigenous primary health care and maternal and child health services. There were 217 of these organisations who reported in 2017–18, including Aboriginal Community Controlled Health Organisations (ACCHOs), government and non-government organisations.

The National Health Workforce Dataset provides national data on the Indigenous status of the health workforce for a wide range of professions, including GPs, nurses, and medical specialists. The Higher Education and Vocational Education and Training data provide information on the Indigenous status of student enrolments and completions for health related courses such as health workers, nursing, medical studies, pharmacy and radiography. These data are important for monitoring programs that aim to build an Indigenous health workforce to help improve the cultural safety of health services.

Data gaps

There are major data gaps for reporting on culturally respectful services, with most of the data reported relating to Indigenous specific primary health care services. There was little national and state and territory level data found to report on the measures in relation to mainstream health services, for example hospitals and primary health care, though a high proportion of Indigenous Australians use these services. There are some data available at the individual hospital level, but this is outside the scope for reporting against a national framework.

The Australian Safety and Quality in Health Care Commission has included six Aboriginal and Torres Strait Islander specific actions in the National Safety and Quality Health Service Standards. They have recently commenced assessing the implementation of these actions in mainstream hospitals and other health services. Data on the implementation of these actions may be included in the cultural safety monitoring framework in the future.

There were also 3 measures for which no national or state data source could be found.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Patient experience of health care

Cultural safety is defined with reference to the experience of Aboriginal and Torres Strait Islander people who access and use health care services, including their treatment by health care professionals and their feelings of cultural safety. It also includes some indirect measures of cultural safety where clients take their own leave from hospitals. These measures suggest that there are situations where Indigenous patients do not find the hospital environment to be culturally safe.

What data are available?

The data sources include the ABS national Aboriginal and Torres Strait Islander health and social surveys, and surveys of public hospital patients in New South Wales, Victoria and Queensland. There are also data from the national hospital data collections on indirect measures of cultural safety.

Data gaps and limitations

Data from Indigenous health care users about the health care that they receive are limited. Data from surveys of hospital patients in all states and territories are required, as well as additional national data on patient satisfaction with different types of health care services.

Awareness and interest

Health care is more effective when providers have an awareness and interest in Indigenous culture

Respect

Respect leads to more trust and confidence about the health care provided to Indigenous patients

Rights

Being provided with information about your rights as health care consumers empowers patients

Family

Family members included in the health care process help the patients feeling culturally safe

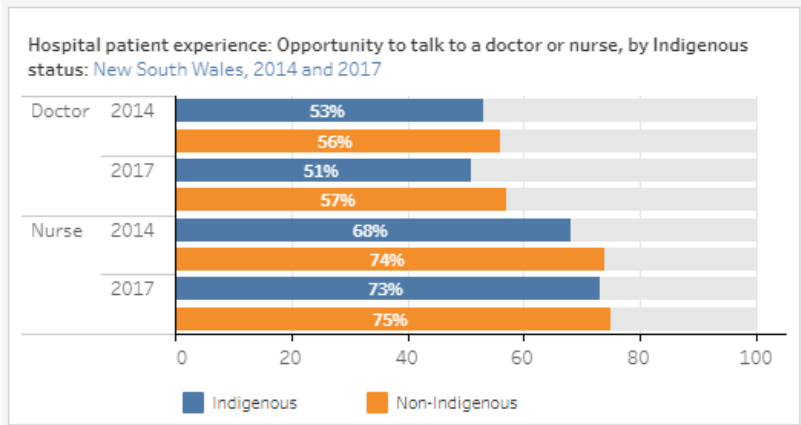
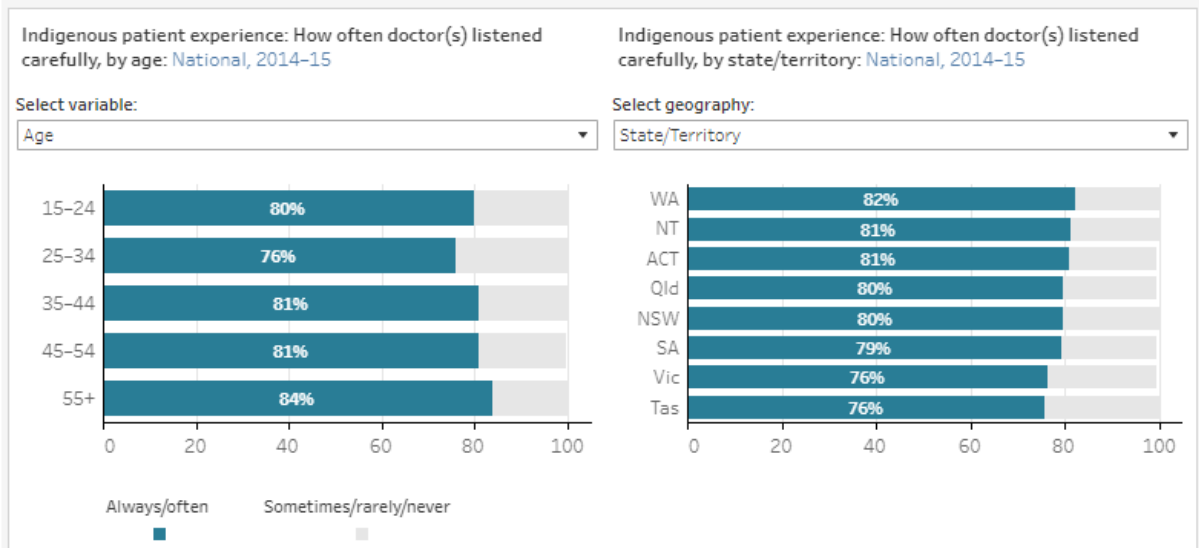
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Communication

The quality of communication between health care providers and Indigenous patients, including an awareness and interest in Indigenous culture, is important for ensuring patients feel culturally safe. Respectful communication makes it more likely that Aboriginal and Torres Strait Islander Australians will access health care, and that the care they receive will be more effective. The data reported on Indigenous patient experiences of communication come from national surveys, and public hospital patient surveys in some states.

Felt listened to and understood

Hover over any element of the chart to see number of responses in each category.



3 in 4
Indigenous hospital patients in NSW said they had the opportunity to talk to a nurse in 2017, compared with **1 in 2** who had the opportunity to talk to a doctor.

Source: AIHW analysis of National Aboriginal and Torres Strait Islander Social Survey 2014-15, AIHW 2017; NSW Adult Admitted Patient Survey 2014 and 2017.

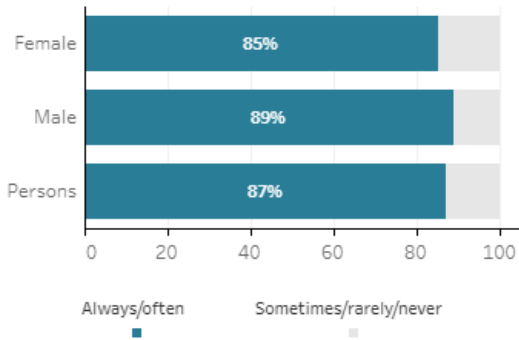
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Information provided in a way that could be understood

Indigenous patient experience: Doctor(s) explained things in a way that could be understood, by sex: National, 2012-13

Select variable:

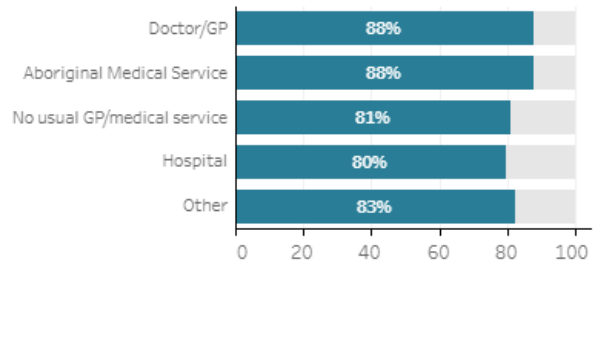
Sex



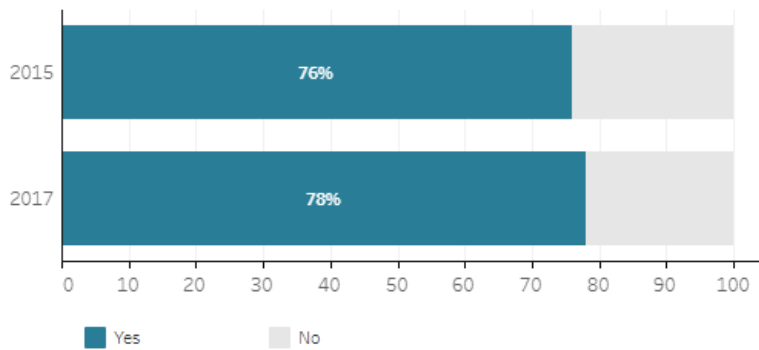
Indigenous patient experience: Doctor(s) explained things in a way that could be understood, by service type: National, 2012-13

Select variable:

Service type



Indigenous maternity patient experience: Maternity clinic offered culturally appropriate resources: Queensland, 2015 and 2017



Over 90%
of Indigenous patients in
Western Australia
reported that their
**doctor explained things in a
way that could be understood**

Source: AIHW analysis of National Aboriginal and Torres Strait Islander Health Survey 2012-13, AIHW 2017; Qld Maternity Outpatient Clinic Patient Experience Survey, 2015 and 2017

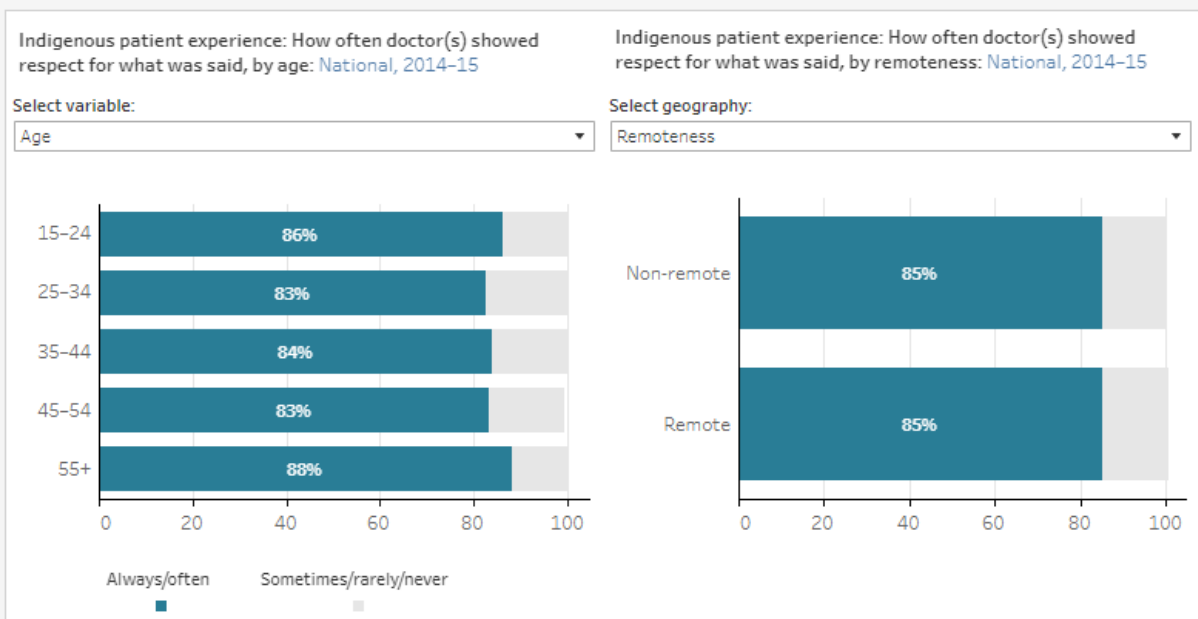
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Interpersonal treatment

Aboriginal and Torres Strait Islander Australians are more likely to feel culturally safe when they are treated with understanding, respect and empathy by health care providers. This leads to more trust and confidence in the health care they receive. Where Indigenous Australians are treated badly or unfairly because of their race, culture or language they may be less likely to access health care, or to feel comfortable and culturally safe when receiving care. The data reported on Indigenous patient experiences of interpersonal treatment come from national surveys, and public hospital patient surveys in some states.

Treated respectfully

Hover over any element of the chart to see number of responses in each category.



Source: AIHW analysis of National Aboriginal and Torres Strait Islander Social Survey 2014-15.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Had trust and confidence

Indigenous patient experience: Felt hospitals can be trusted, by year: National, 2014-15

Select variable:

Year

Indigenous patient experience: Felt hospitals can be trusted, by state/territory: National, 2014-15

Select geography:

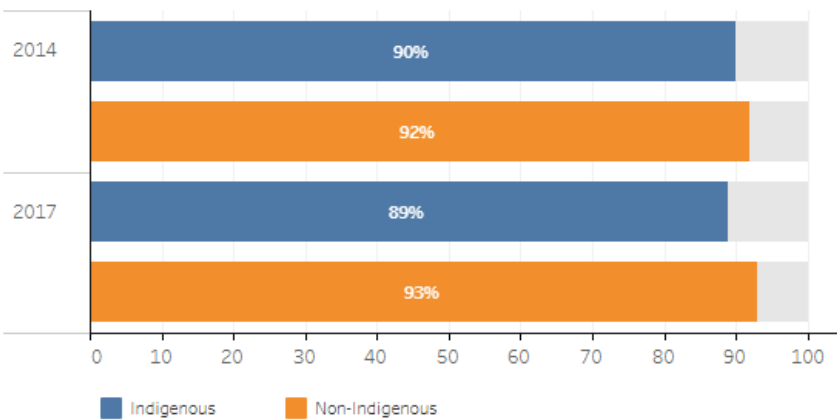
State



Source: ABS analysis of National Aboriginal and Torres Strait Islander Survey 2008, AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Social Survey 2014-15, AIHW 2017.

Staff were polite and courteous

Hospital patient experience: Health care staff were polite and courteous on your arrival: New South Wales, 2014 and 2017



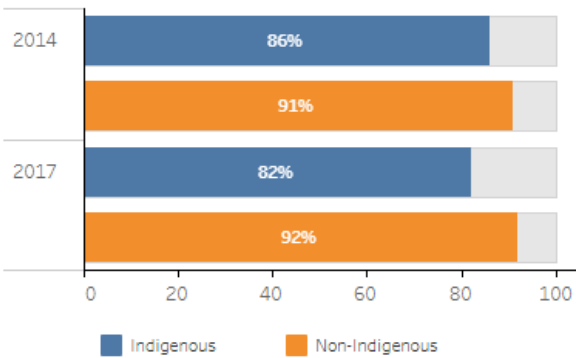
9 out of 10
Indigenous public hospital patients in NSW reported that the arrival staff were **polite and courteous**

Source: NSW Adult Admitted Patient Survey, 2014 and 2017.

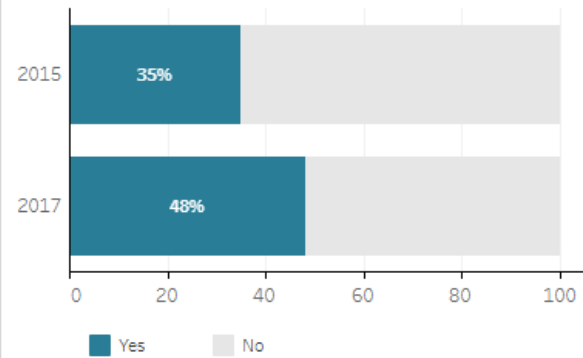
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Respect for cultural or religious beliefs

Hospital patient experience: Cultural or religious beliefs were always respected by hospital staff: [New South Wales, 2014 and 2017](#)



Indigenous maternity patient experience: Midwife/doctor checked if wanted cultural practices included in birthing plan: [Queensland, 2015 and 2017](#)



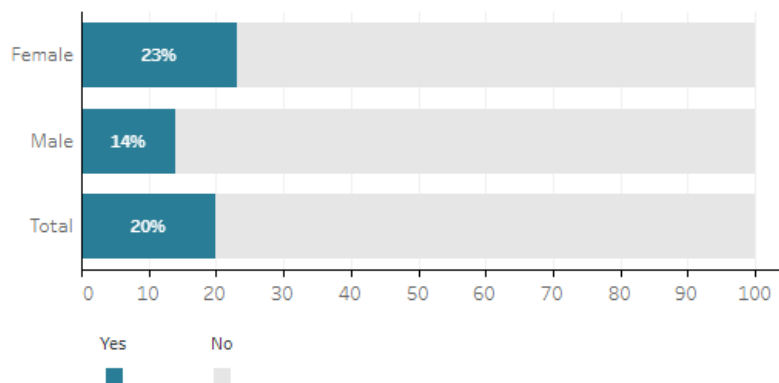
Source: NSW Adult Admitted Patient Survey 2014 and 2017; Qld Maternity Outpatient Clinic Patient Experience Survey, 2015 and 2017.

Treated unfairly

Indigenous patient experience: Whether treated unfairly by health care staff at hospitals/surgeries, by sex: [National, 2012-13](#)

Select variable:

Sex



23%
of Indigenous female patients reported being **treated unfairly**, compared with **14%** of male patients.

Source: AIHW analysis of Australian Aboriginal and Torres Strait Islander Health Survey 2012-13, AIHW 2017.

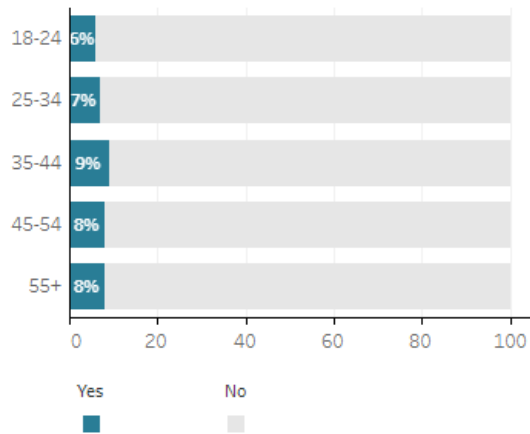
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Avoided health care due to poor treatment

Indigenous patient experience: Avoided seeking health care because been treated unfairly, by age: [National, 2012-13](#)

Select variable:

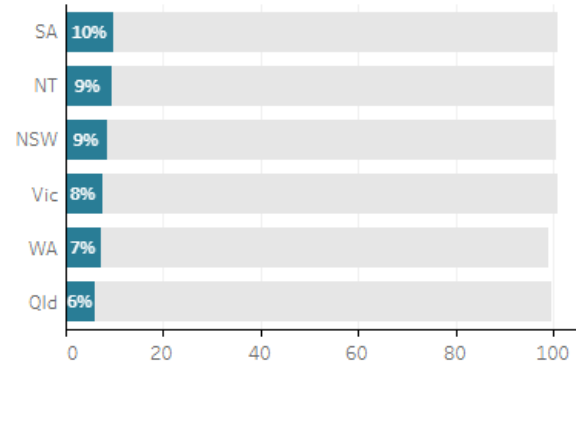
Age



Indigenous patient experience: Avoided seeking health care because been treated unfairly, by state/territory: [National, 2012-13](#)

Select geography:

State/Territory



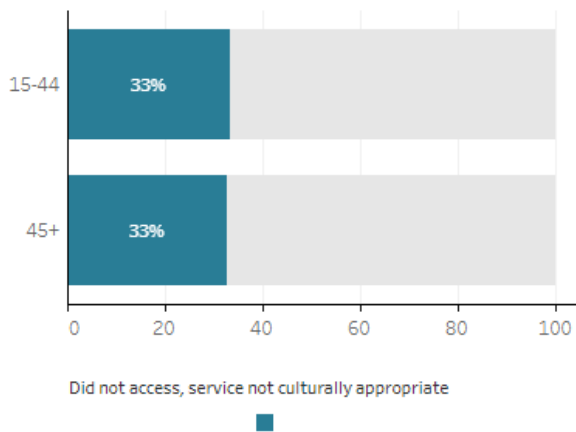
Source: AIHW analysis of Australian Aboriginal and Torres Strait Islander Health Survey 2012-13, AIHW 2017.

Did not access health care due to cultural reasons

Indigenous patient experience: Did not access health services when needed due to cultural reasons, by age: [National, 2012-13](#)

Select variable:

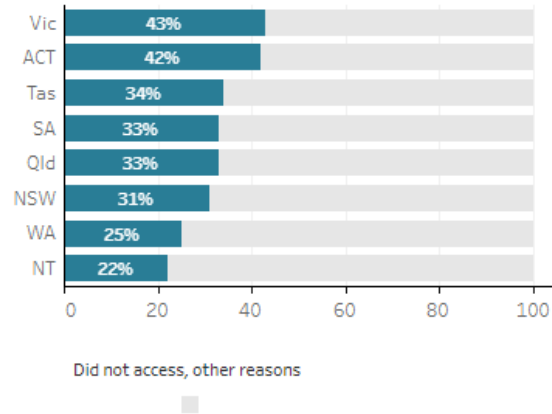
Age



Indigenous patient experience: Did not access health services when needed due to cultural reasons, by state/territory: [National, 2012-13](#)

Select geography:

State/Territory



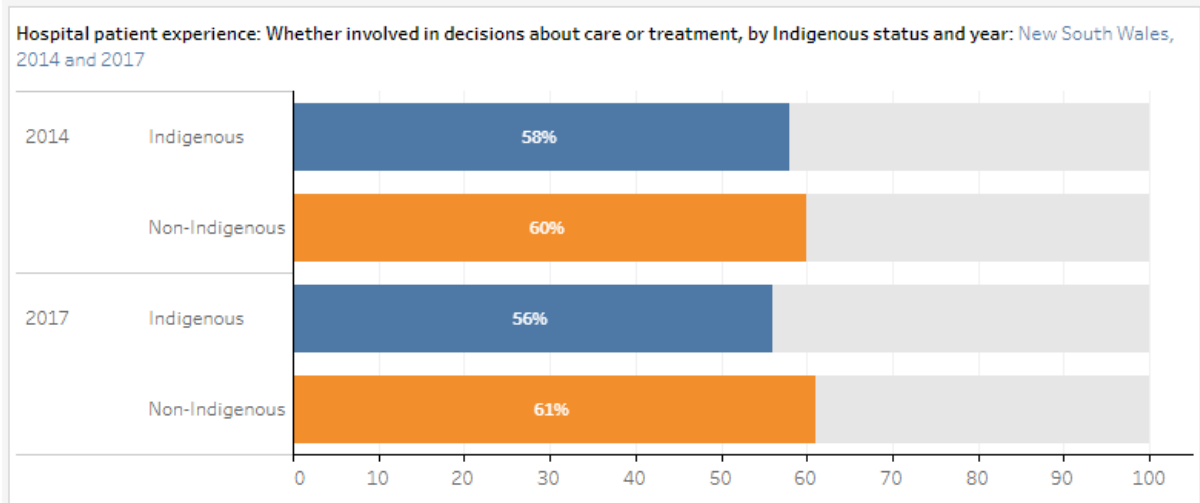
Source: AIHW and ABS analysis of Australian Aboriginal and Torres Strait Islander Health Survey 2012-13, AIHW 2017.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Empowerment

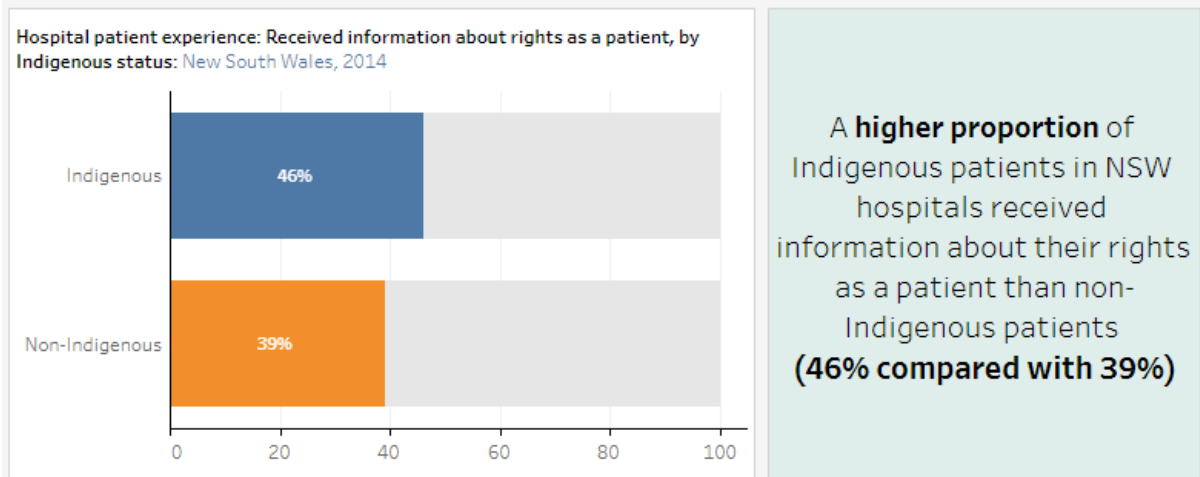
Empowerment is related to the extent to which people feel included in decisions about their health care, and that they have some control over the care that they receive. Being provided with information about your rights as health care consumers also empowers patients. The data reported on empowerment come from New South Wales public hospital patient experience surveys.

Involved in health care decisions



Source: NSW Adult Admitted Patient Survey 2014 and 2017.

Provided with information about patient rights

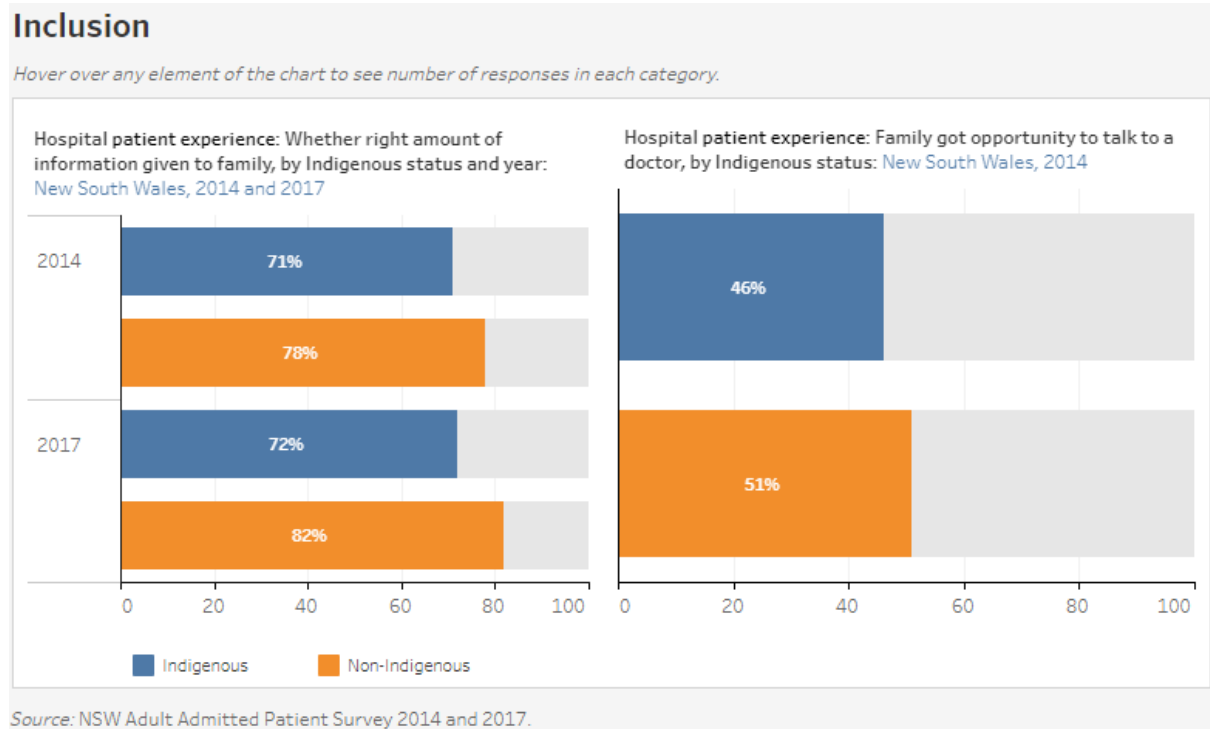


Source: NSW Adult Admitted Patient Survey 2014.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Family inclusion

Indigenous patients are more likely to feel culturally safe when family members, or other people important to them, are included in the health care process and decisions about their care. This can help improve the quality of health care and ensure that it is more effective. The data reported on family inclusion come from New South Wales public hospital patient experience surveys.



Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

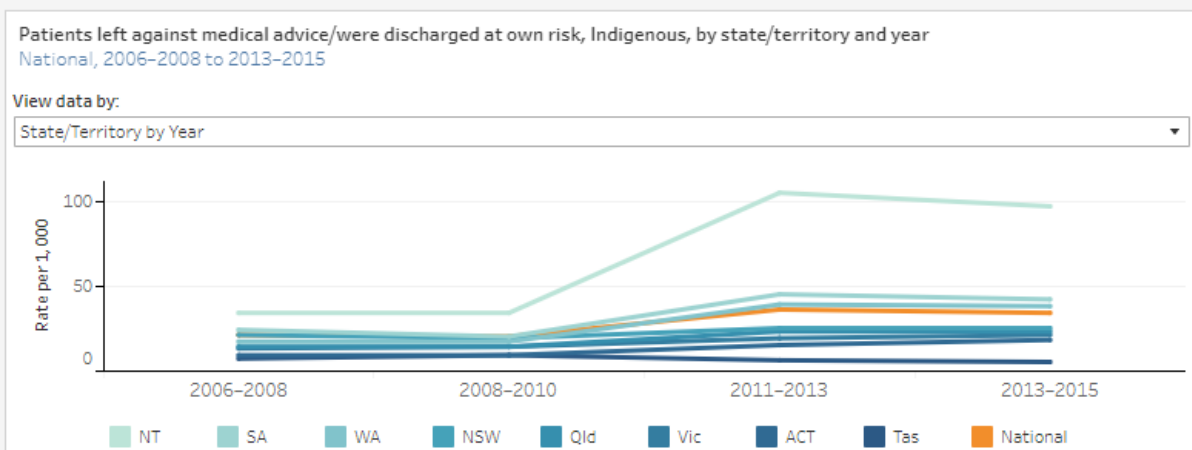
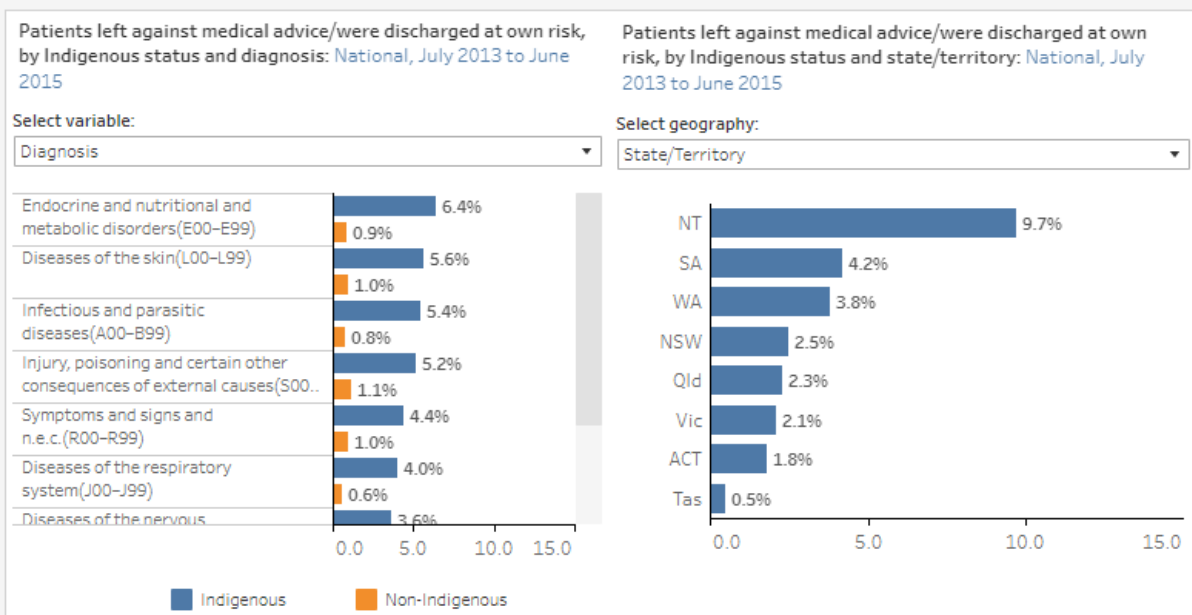
Take own leave

Take own leave refers to situations where hospital patients choose to leave prior to commencing or completing their treatment. This category includes two take own leave measures: incomplete emergency attendances and discharge from hospital against medical advice. Indigenous Australians are more likely to take their own leave from hospitals, and this is therefore viewed as an indirect measure of cultural safety, or the extent to which hospitals are responsive to Indigenous Australians patient needs.

The data reported for these two measures come from the national hospitals data collections.

Discharged from hospital against medical advice

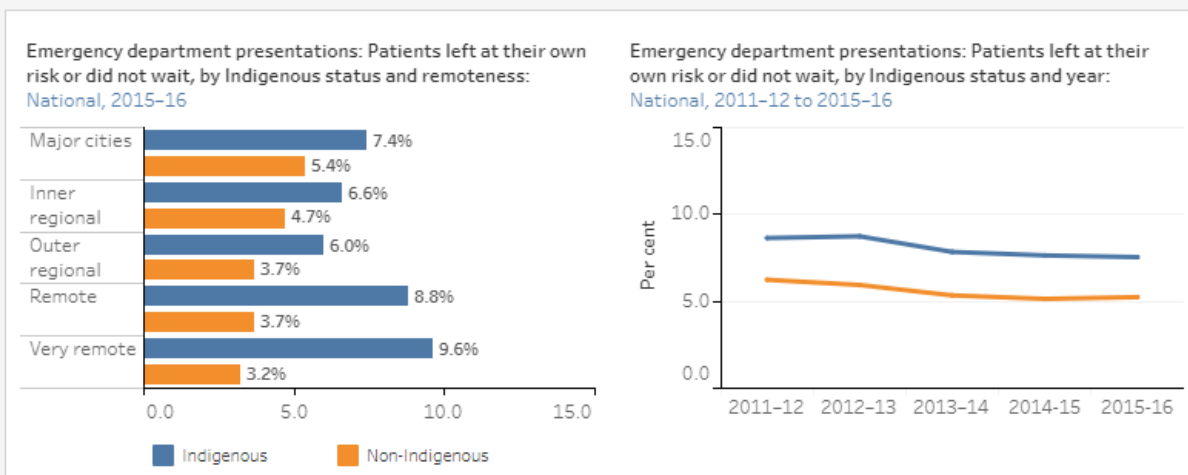
Hover over any element of the chart to see number of responses in each category.



Source: AIHW analysis of National Hospital Morbidity Database, AIHW 2017.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Incomplete emergency attendances



Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database, AIHW 2017.

Archived version

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Data sources and data gaps

The data sources with relevant data items on patient experiences and with data available on Indigenous Australians were:

- ABS National Aboriginal and Torres Strait Islander Social Survey, 2014-15,
- ABS Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13
- AIHW National Hospital Morbidity Database
- New South Wales Adult Admitted Patient Survey 2014 and 2017
- Queensland Maternity Outpatient Clinic Patient Experience Survey 2015 and 2017.

Patient experience of health care – measures, data sources and data gaps

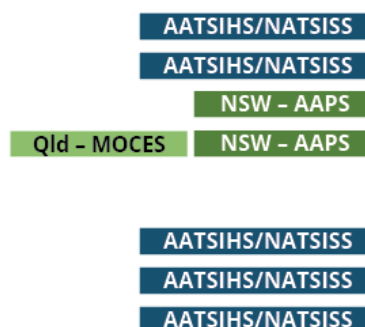
2.1 Communication

- Felt listened to and understood
- Information provided in a way that could be understood
- Interpreter services were offered



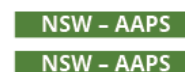
2.2 Interpersonal treatment

- a) Respect and trust
 - Treated respectfully
 - Had trust and confidence
 - Staff were polite and courteous
 - Respect for cultural or religious beliefs
- b) Racism and discrimination
 - Treated badly, unfairly, discriminated against
 - Avoided health care due to poor treatment
 - Did not access health care due to cultural reasons



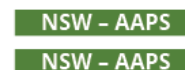
2.3 Empowerment

- Involved in health care decisions
- Provided with information about patient rights



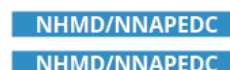
2.4 Inclusion

- Family members were informed
- Family members were included



2.5 Take own leave

- Incomplete emergency attendances
- Discharged self from hospital against medical advice



Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Notes:

AATSIHS/NATSISS	Australian Aboriginal and Torres Strait Islander Health Survey
NHMD/NNAPEDC	National Hospital Morbidity Database, National Non-admitted Emergency Department Care Database
NSW – AAPS	NSW Adult Admitted Patient Survey (AAPS)
Qld – MOCES	Queensland Maternity Outpatient Clinic Experience Survey (MOCES)
No data available	No data source available for the moment

The two national survey data sources were the ABS Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey. These surveys include data that relate to the communication and interpersonal treatment domains. The national ABS Patient Experience Survey (PES), which includes data related to communication and respectful treatment by general practitioners, are not available by Indigenous status.

Most jurisdictions undertake surveys about patients' experiences in public hospitals, but there was not a lot of publically released data on Indigenous patients. Data are reported for New South Wales from the Adult Admitted Patient Survey of those who have recently been admitted to a NSW public hospital. There were 550 Aboriginal people who responded to the 2017 survey and 2,682 who responded to a special survey in 2014. The Queensland Maternity Outpatient Clinic Patient Experience Survey includes Aboriginal and Torres Strait Islander specific questions. Data on Aboriginal and Torres Strait Islander women are available from the 2015 (350 women) and 2017 (390 women) surveys. There was also some 2015 publically available data for Victoria from the Health Experiences Survey, but the numbers of Indigenous clients was relatively small so this was not included.

The two final measures in this module for take own leave used data from the national hospitals and national emergency care data collections.

Data gaps

Major data gaps in this module are the lack of hospital patient experience data from most jurisdictions, as well as data on patients of non-hospital health care services such as primary health care and specialist services. Regular, national data collections on patient experiences are needed to enable monitoring of the impact of government initiatives and measuring of progress in achieving cultural safety. Such data collections should allow for reporting across small areas and in different health sectors.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Access to health care services

Overall, Aboriginal and Torres Strait Islander people experience poorer health than non-Indigenous Australians', but they do not always have the same level of access to health services. This module includes some selected measures of access to health care services that cover the different levels of the health system. The measures compare access for Indigenous and non-Indigenous people as a way of broadly monitoring disparities in access.

What data are available?

These measures are based on national administrative data collections covering immunisation, MBS, hospitals, mortality, perinatal and emergency surgery waiting times.

Data gaps and limitations

Disparities in access may be due to a range of factors other than a lack of cultural safety. The data provide overall measures of access, but do not include information on all the factors that can impact on access, such as the presence of co-morbidities or patient choice.

Prevention

Immunisation prevents the spread of diseases and health screening can reduce mortality

Regular health checks

Primary health care can help to keep people well, out of hospital and reduce the need for specialist services

Emergency and surgical procedures

Different measures can be used to assess access to hospital services

Avoidable deaths

Timely, effective and good health care can potentially prevent deaths

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Preventive health services

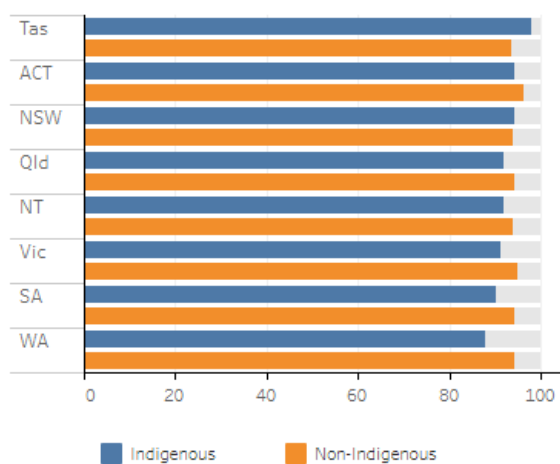
Preventative health services, such as immunisation, can protect children and adults from harmful infectious diseases, and prevent the spread of diseases amongst the community. Health screening services, such as breast screening, can help prevent serious conditions and reduce mortality.

Immunisation coverage rates

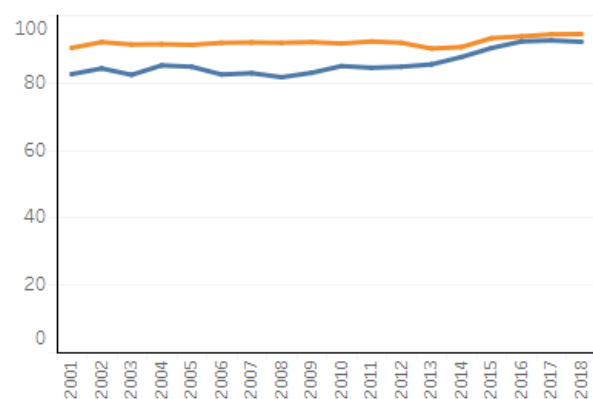
Select age group:

- 1 year
- 2 years
- 5 years

Percentage of children fully immunised, by state/territory: National, as at 31 December 2018



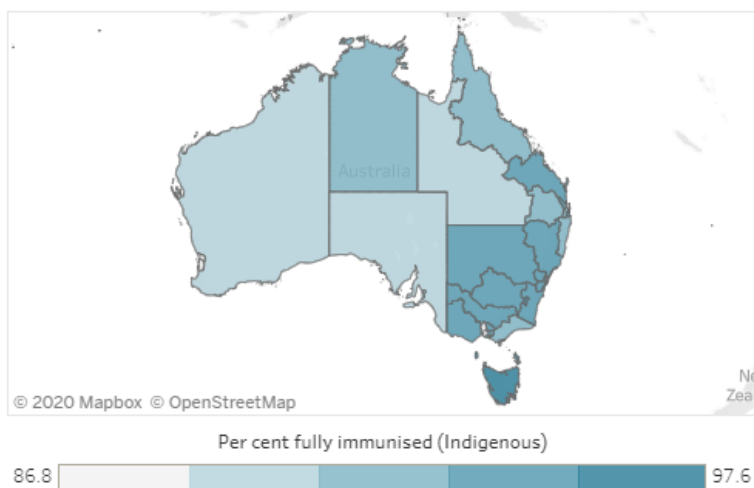
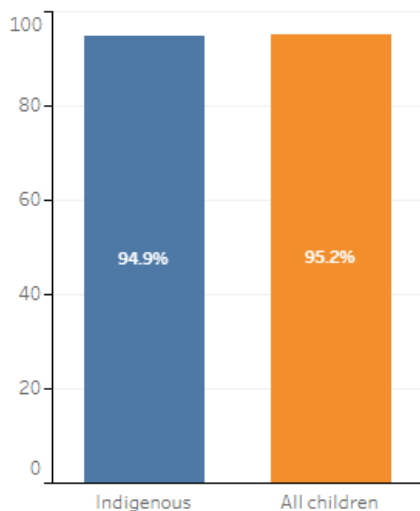
Percentage of children fully immunised, by year: National, 2001 to 2018



Percentage of children fully immunised, by Primary Health Network, 31 December 2018

Hover over a section of the map to see detailed comparisons by Primary Health Network.

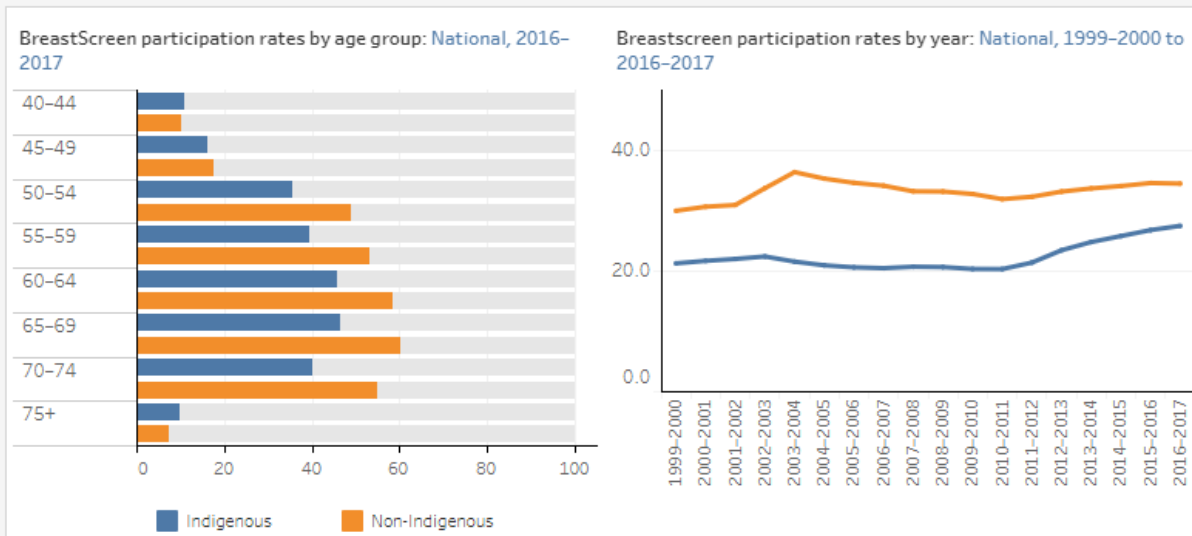
Children aged 1 year, Hunter New England and Central Coast



Source: AIHW analysis of Australian Immunisation Register (AIR) data, AIHW 2019.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Participation rates for breast cancer screening



Source: AIHW analysis of BreastScreen Australia data, AIHW 2017, 2018, and 2019.

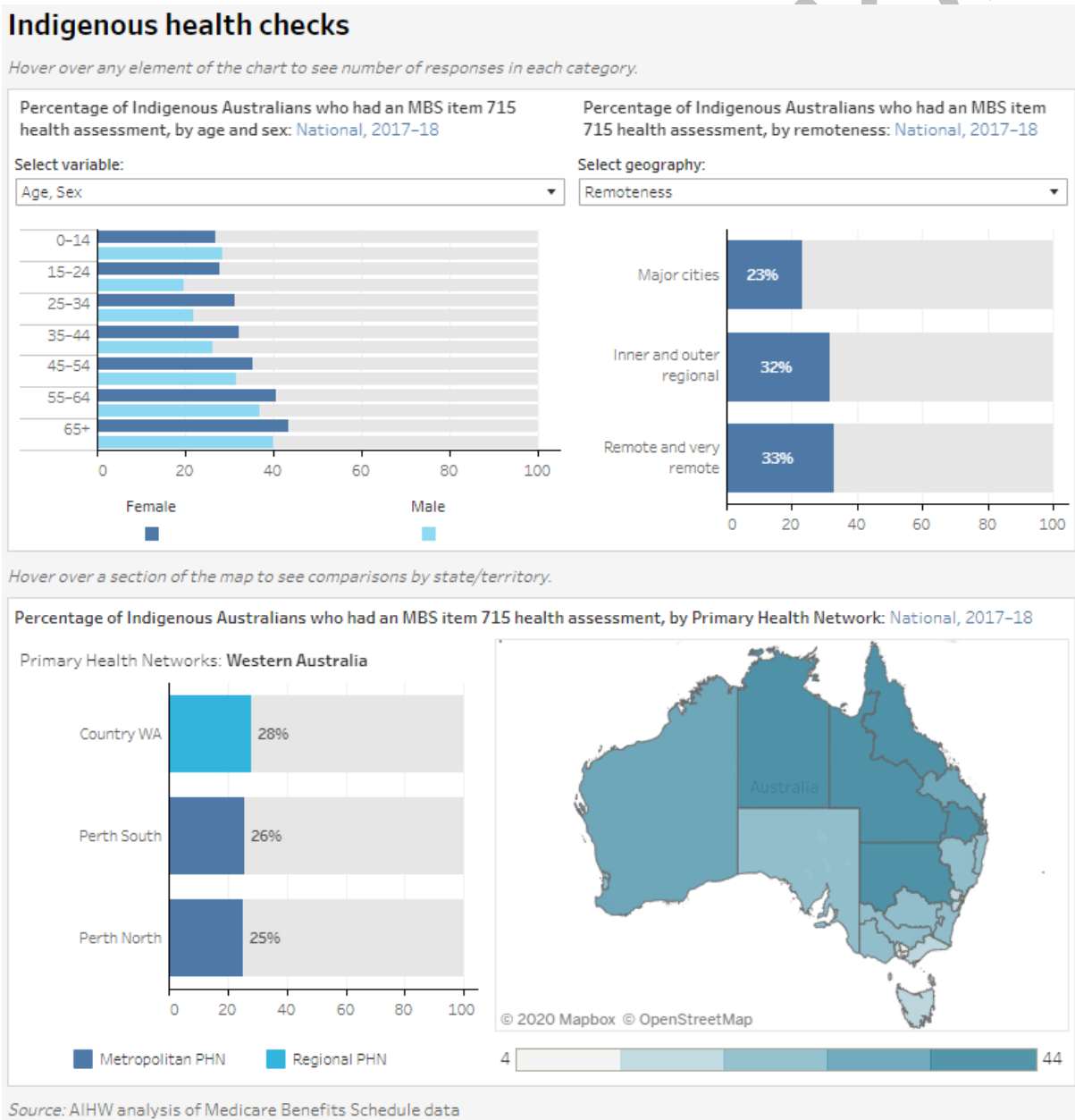
Archived version

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Primary health care

Primary health care services can help to keep people well and out of hospital by supporting them to manage their health issues in the community and at home. These services can reduce the need for specialist services and visits to emergency departments.

There are data provided on Indigenous health checks and antenatal care. Potentially preventable hospitalisations are also included in this section. These are conditions for which hospitalisation could have been avoided through early diagnosis and treatment in primary health care.



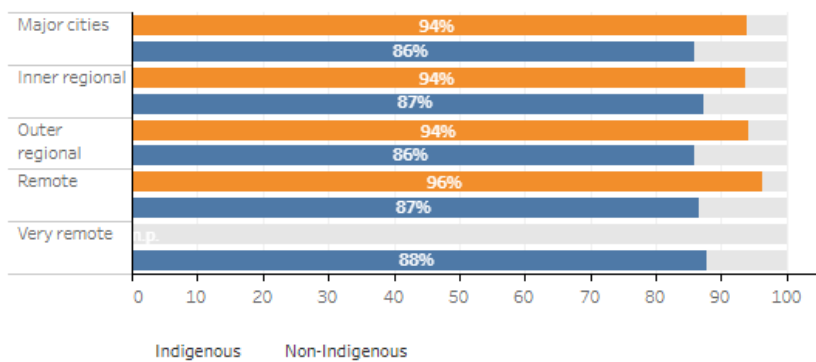
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Access to antenatal care

Percentage of women who gave birth who attended 5 or more antenatal visits, by remoteness: National, 2016

Select variable:

Remoteness



The rate of Indigenous women who attended 5 or more antenatal visits was **lower than** the rate for non-Indigenous women across remoteness areas

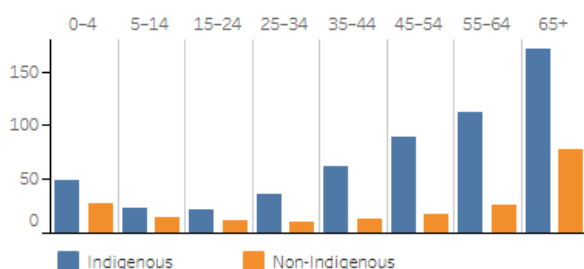
Source: AIHW analysis of the National Perinatal Data Collection, AIHW 2019.

Potentially preventable hospitalisations (PPH)

Rates of potentially preventable hospitalisations (PPH) per 1,000 population, by age: National, July 2013 to June 2015

Select variable:

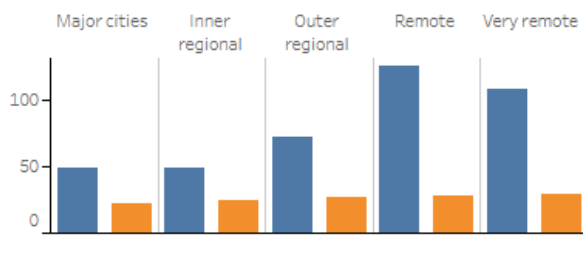
Age



Rates of potentially preventable hospitalisations (PPH) per 1,000 population, by remoteness: National, July 2013 to June 2015

Select geography:

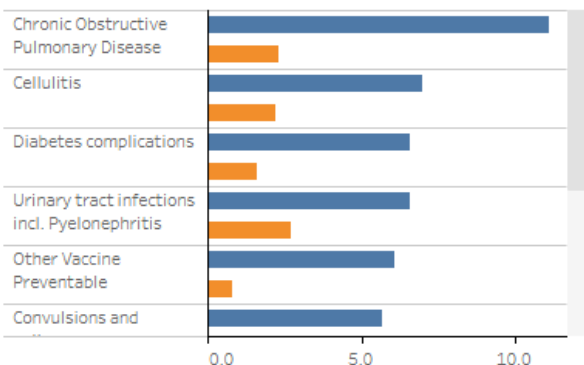
Remoteness



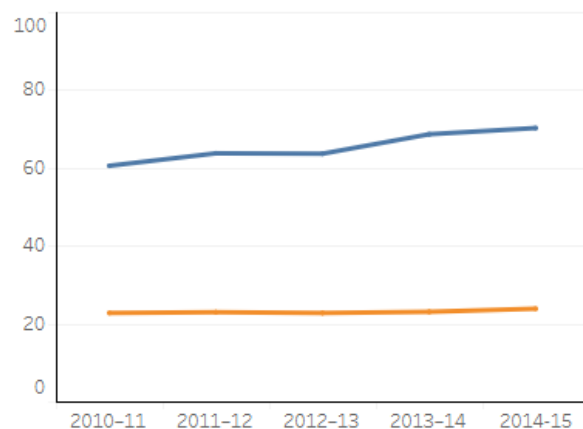
Rates of potentially preventable hospitalisations (PPH), by condition type: National, July 2013 to June 2015

Condition:

(All)



Rates of potentially preventable hospitalisations (PPH), by year: National, 2010-11 to 2014-15



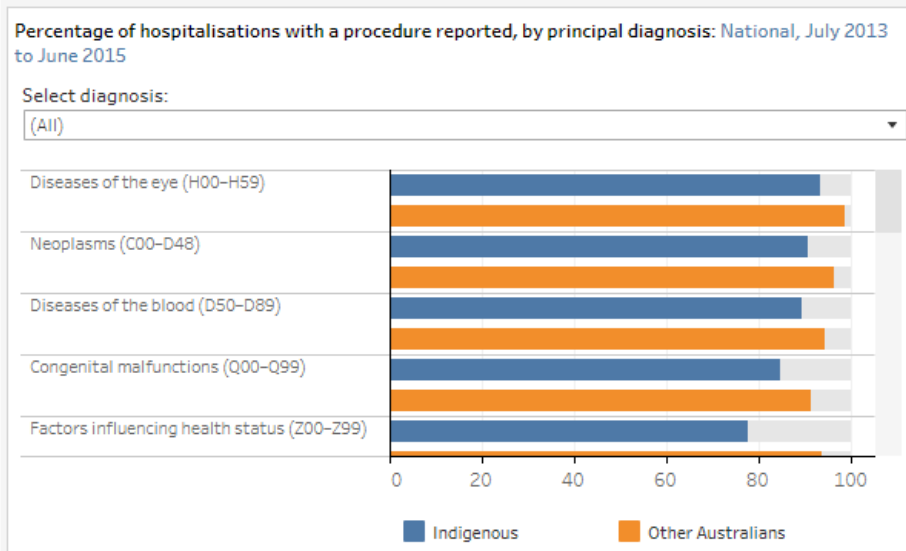
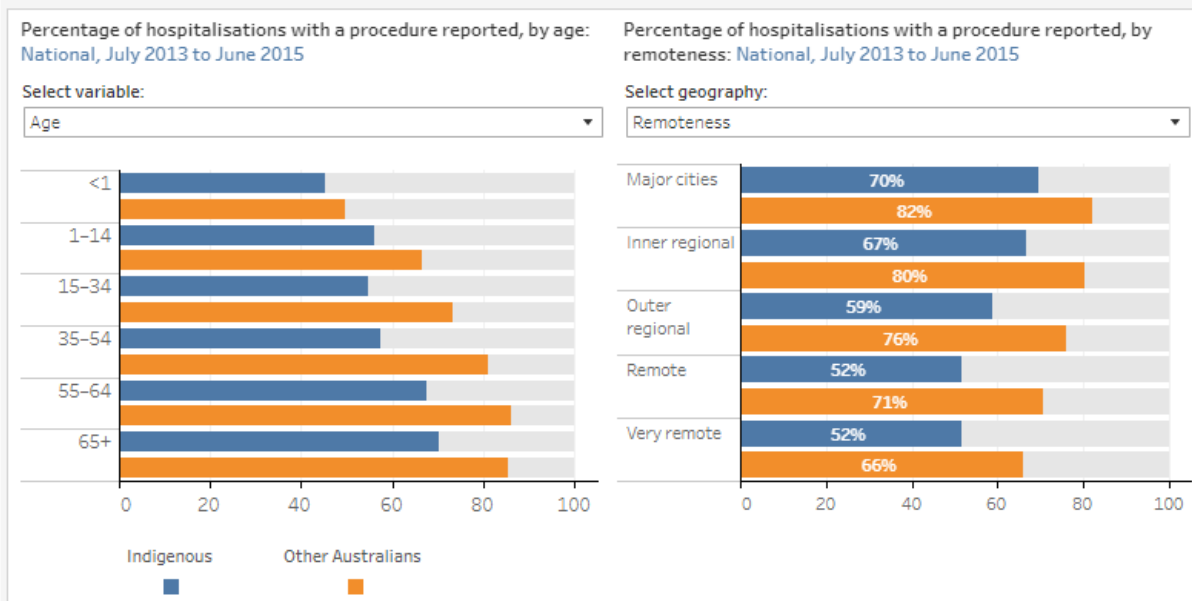
Source: AIHW analysis of National Hospital Morbidity Database, AIHW 2017.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Hospital services

There are different measures that can be used to assess access to hospital services. Emergency department waiting times are one indicator of accessibility of hospital services as they provide care to patients who require urgent medical attention, or serve as a gateway to care as an admitted hospital patient. Access to medical procedures while in hospital are another indicator as studies have shown that while Indigenous Australians are more likely to be hospitalised than other Australians, they are less likely to receive certain medical or surgical procedures. The data on waiting times for elective surgery also show that Indigenous Australians often wait longer to receive surgery.

Access to hospital procedures



62% of Indigenous hospitalisations included a procedure, compared with **81%** of non-Indigenous hospitalisations

Source: AIHW analysis of National Hospital Morbidity Database, AIHW 2017.

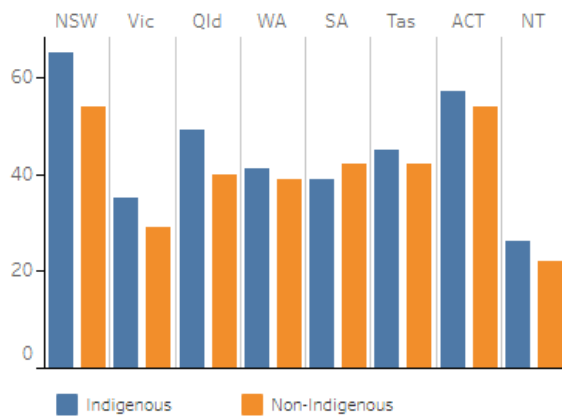
Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Waiting times for elective surgery

Select measure:

- Admissions
- Days waited (50th percentile)
- Days waited (90th percentile)
- Per cent waited greater than 365 days

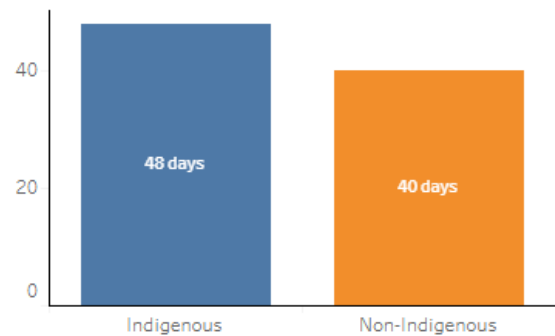
Waiting times for admissions from elective surgery waiting lists, public hospitals, by state/territory: National, 2017-18



Waiting times for admissions from elective surgery waiting lists, public hospitals, by procedure: National, 2017-18

Select procedure type:

All



Source: AIHW analysis of National Elective Surgery Waiting Times Data Collection, AIHW 2018b.

Emergency department waiting times

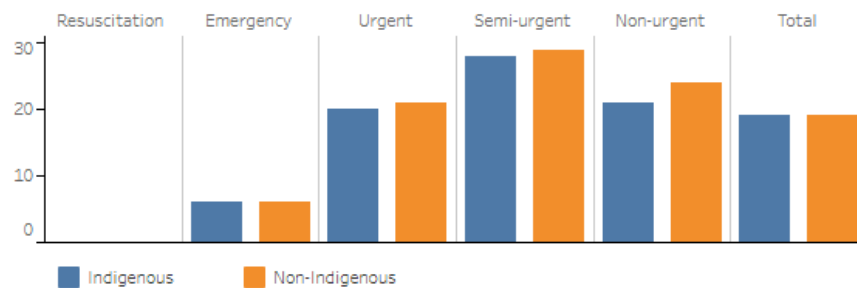
Select measure:

- Median waiting time (minutes)
- Per cent seen on time

Median waiting time (minutes) for emergency presentations, by triage category: National, 2017-18

Select variable:

Triage category



The **median waiting time** for Indigenous emergency presentations was the same as for non-Indigenous presentations (**19 minutes**)

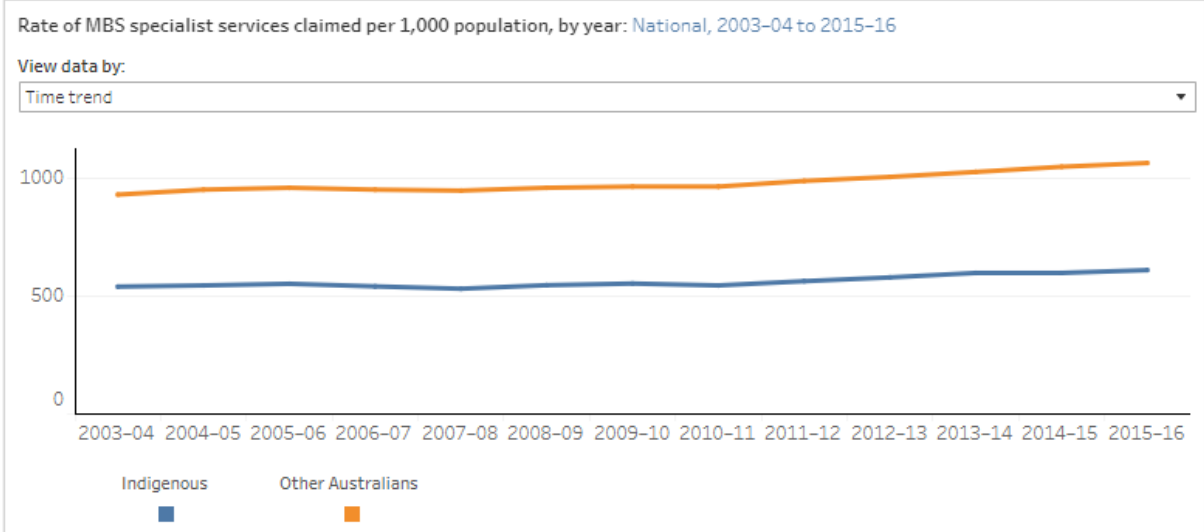
Source: AIHW analysis of the National Non-Admitted Patient Emergency Department Care Database, AIHW 2018a.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Specialist services

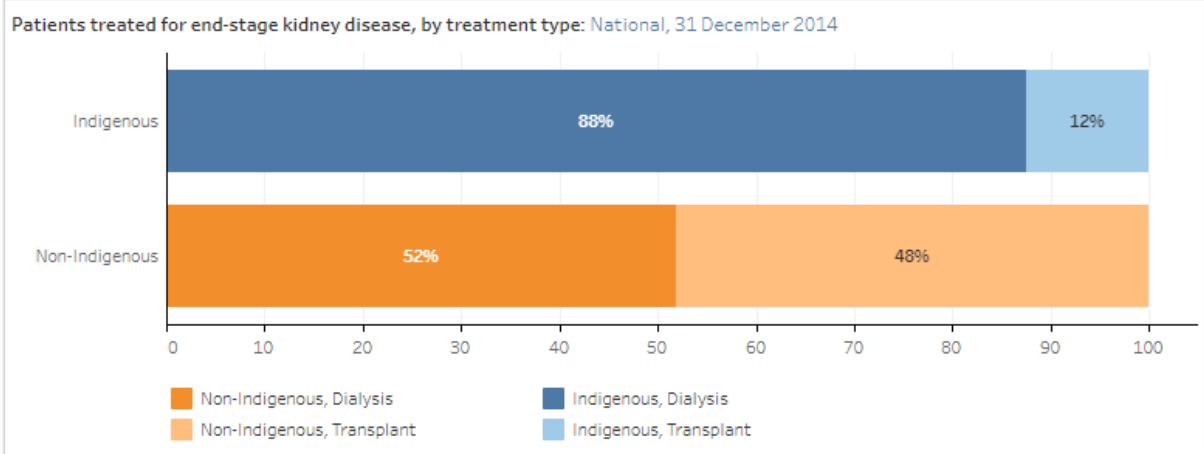
The Australian health system provides specialist treatment services to help people with a range of health concerns. Data are reported on specialist services claimed through the Medical Benefits Schedule (MBS), and on treatment of end stage kidney disease.

MBS specialist services



Source: AIHW analysis of Medicare data, AIHW 2017.

Treatment of end stage kidney disease

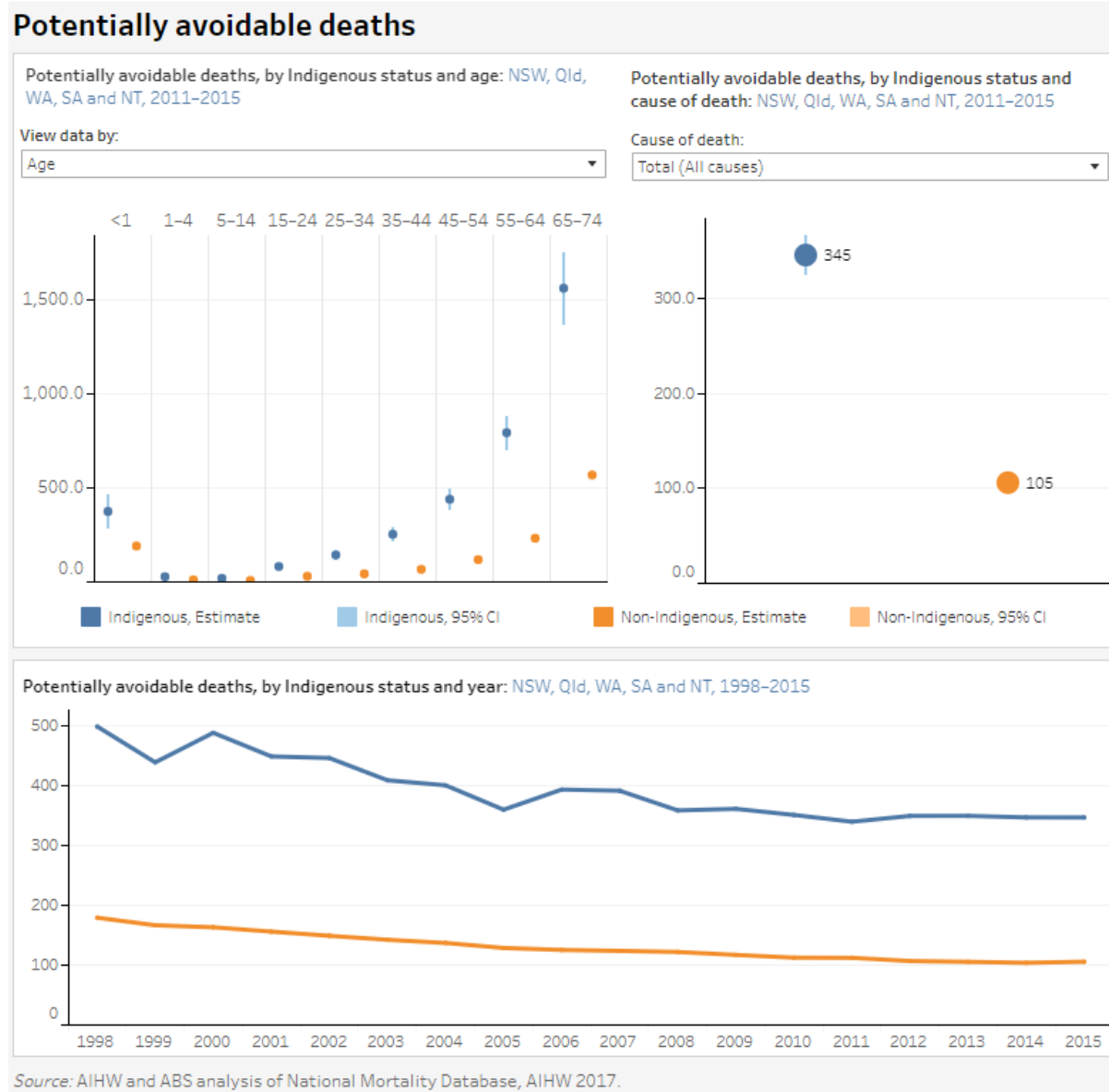


Source: AIHW analysis of ANZDATA data, AIHW 2017.

Note: this is not the most recent version of this report. Please visit the [AIHW website](#) for updates.

Overall health system

Potentially preventable deaths refers to deaths from conditions that are considered avoidable, given timely and effective health care, including disease prevention and population health initiatives. Avoidable deaths are one measure of the quality, effectiveness and accessibility of the health system. It should be noted, however, that deaths from most conditions are also influenced by factors other than access to health system services, including the underlying prevalence of conditions in the community, environmental and social factors, and health risk factors.



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Data sources and data gaps

The main data sources for the access to services measures were national data collections, mainly administrative data:

- Australian and New Zealand Dialysis and Transplant Registry
- Australian Childhood Immunisation Register
- BreastScreen Australia data
- Medical Benefits Schedule data
- National Elective Surgery Waiting Times Data Collection
- National Hospital Morbidity Database
- National Non-admitted Patient Emergency Department Care Database
- National Perinatal Data Collection -for access to antenatal care

There were data available for reporting on all measures in this module as they were based on existing national indicators or data collections.

Access to health care services: measures and data sources

3.1 Preventive health services

- Rates of immunisation – [Australian Childhood Immunisation Register](#)
- Participation rates for breast screening – [BreastScreen Australia Data](#)

3.2 Primary health care

- Indigenous health checks – [Medical Benefits Schedule data](#)
- Access to antenatal care – [National Perinatal Data Collection](#)
- Potentially preventable hospitalisations – [National Hospital Morbidity Database](#)

3.3 Hospital services

- Access to hospital procedures – [National Hospital Morbidity Database](#)
- Waiting times for elective surgery – [National Elective Surgery Waiting Times Data Collection](#)
- Emergency department waiting times – [National Non-admitted Patient Emergency Department Care Database](#)

3.4 Specialist services

- Specialist services claimed – [Medical Benefits Schedule data](#)
- Treatment of end stage kidney disease – [Australian and New Zealand Dialysis and Transplant Registry](#)

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3.5 Overall health system

- Potentially avoidable deaths – National Mortality Database

Notes:

- Data sources are underlined

Archived version

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Notes

This report brings together data from a wide range of sources. All the data underlying the tables are available in Excel format under the 'Data' tab. The Excel tables also include all the footnotes, technical details and individual data sources.

Some of the data reported have been published previously by the AIHW in the *Aboriginal and Torres Strait Islander Health Performance Framework (HPF) report 2017*. Where this is the case, the original data source is noted and the HPF (AIHW 2017) is provided as the reference. More detailed information about the data can be found there. Information about the other main data sources used in this report is provided below.

Online Services Report (OSR)

The OSR collects data from organisations funded by the Department of Health and/or the Department of Prime Minister and Cabinet to provide health, social and emotional well-being and substance use services to Aboriginal and Torres Strait Islander Australians. This report includes data from organisations funded by the Department of Health to provide primary health care and/or maternal and child health care.

The OSR collects information on the services organisations provide, client numbers, client contacts, episodes of care and staffing levels. Contextual information about each organisation is also collected.

For more information and the data quality statement, see AIHW data collections: [Online Services Report data collection](#)

NSW Adult Admitted Patient Survey

The NSW Bureau of Health Information (BHI) collects and publishes data about the experiences of people admitted to NSW public hospitals. The Adult Admitted Patient Survey seeks feedback from people who have recently been admitted to a NSW public hospital. There were 550 Aboriginal people who responded to the 2017 survey and 2,682 who responded to a special survey in 2014.

This report used data from the 2014 and 2017 surveys downloaded from the BHIs interactive data portal [Healthcare Observer](#)

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Queensland Maternity Outpatient Clinic Patient Experience Survey

The Maternity Outpatient Clinic Patient Experience Survey includes Aboriginal and Torres Strait Islander specific questions. Data on Aboriginal and Torres Strait Islander women are available from the 2015 and 2017 surveys. Around 350 Indigenous women responded to the 2015 survey and 390 to the 2017 survey (Queensland Health 2018).

National Hospitals Data Collection

This collection includes the major national hospitals databases held by the AIHW. This report includes data from the following hospital data collections:

- The National Hospital Morbidity Database (NHMD), a compilation of episode-level records from admitted patient morbidity data collection systems in Australian public and private hospitals.
- The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), a compilation of episode-level records (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals.
- The National Elective Surgery Waiting Times Data Collection (NESWTDC), which holds episode-level information on patients added to or removed from elective surgery waiting lists managed by public hospitals.

For more information about these collections and the data quality statement see AIHW data collections: [National Hospitals Data Collection](#)

References

AIHW (Australian Institute of Health and Welfare) 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report. Cat.no: IHW 194. Canberra: AIHW.

BHI (Bureau of Health Information) 2016. Patient Perspectives— Hospital care for Aboriginal people. Sydney (NSW): BHI.

Queensland Health 2018. Maternity Outpatient Clinic Patient Experience Survey 2017. Queensland: Queensland Health.

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