

Appendix B: An overview of the under-identification of Indigenous Australians in administrative data collections

This appendix should be read together with the main report: National best practice guidelines for collecting Indigenous status in health data sets

Australian Institute of Health and Welfare 2010. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW.

This appendix provides an overview of past and current projects on the under-identification of Indigenous Australians in administrative data.

General practice data

Needs analysis of immunisation

Status: past project

Project overview: Needs Analysis of Immunisation for Aboriginal and Torres Strait Islander People in Queensland was a project conducted by the Centre for Indigenous Health at the University of Queensland. It was undertaken during 2002 and 2003 and contained information about attitudes and behaviours of general practitioners (GPs) regarding the collection of Indigenous status.

Main findings: The project found that GPs are utilised by many Aboriginal and Torres Strait Islander people, often without the practitioner being aware of their client's Indigenous status. Some 'hard to reach' Aboriginal and Torres Strait Islander adults do not utilise any of the services available for immunisation. Many barriers were identified to optimum uptake of immunisation by Aboriginal and Torres Strait Islander people including: limited availability of service in some remote areas, limited availability of transport to services for people living in urban areas, lack of acknowledgment of culture and sensitivities in primary health-care services, limited awareness of the benefits of adult immunisation, confusion over current and previous child immunisation schedules, providers not offering all vaccines due or overdue at an encounter due to failure to ascertain Indigenous status or the client's immunisation status, and loss of follow-up of Aboriginal and Torres Strait Islander people due to frequent moves and lack of a telephone.

Reference: Centre for Indigenous Health 2004. Needs analysis of immunisation for Aboriginal and Torres Strait Islander people in Queensland. General practitioner survey of Indigenous immunisation issues. Brisbane: Centre for Indigenous Health, University of Queensland.

National Indigenous Pneumococcal and Influenza Immunisation (NIPII) program

Status: past project

Project overview: Evaluation of the National Indigenous Pneumococcal and Influenza Immunisation program 2003 was conducted by the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS). The evaluation included a national survey of GPs which included processes for identification.

Main findings: Impediments to vaccination reported by GPs included that they were unsure if they were the sole provider for their Aboriginal and Torres Strait Islander clients. Only 28% of GP respondents to the survey reported having a system for routinely collecting the Indigenous status of all their patients. Commonly reported reasons for not having a routine system were that Indigenous patients rarely attended their practice, patients were treated on an individual basis rather than as demographic categories and urban middle-class Aboriginal and Torres Strait Islander patients were not regarded as being at high risk.

Reference: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases 2003. Evaluation of the National Indigenous Pneumococcal and Influenza Immunisation program, 2003 (unpublished study).

A call for action: better Aboriginal and Torres Strait Islander health through better GP identification—Aboriginal and Torres Strait Islander Health Awareness project

Status: past project

Project overview: The Australian Capital Territory (ACT) Division of General Practice conducted a project on Aboriginal and Torres Strait Islander health awareness in 2007. The project aimed to improve access to culturally appropriate primary health care for Aboriginal and Torres Strait Islander people in the areas covered by the division (the ACT and Queanbeyan). Work was undertaken with the local Aboriginal Community Controlled Health Service, Winnunga Nimmityjah, to investigate how the division can best meet their support needs.

The project involved working with mainstream GPs to assist with improving rates of Indigenous status collection at their practices, as indications were that only a minority have a systematic approach to asking all patients if they are of Aboriginal and/or Torres Strait Islander origin, and do so in a manner which facilitates a patient's disclosure of their Indigenous status.

Main findings: The study found that there was widespread confusion about the criteria for Aboriginal and/or Torres Strait Islander status; questions about 'half-castes' and 'part-Aborigines' were common. There was a lack of knowledge by GPs of the Aboriginal and Torres Strait Islander health assessments or other GP-mediated Aboriginal and Torres Strait Islander health initiatives. Additional barriers to identification were GP attitudes toward the question, including that it was bureaucratically driven, that it would not benefit patients, that it was inconsistent with an 'equal treatment for all' approach and that Aboriginal and Torres Strait Islander health issues, while difficult, were not sufficient justification for an approach distinct from other populations.

Reference: Kehoe H 2007. A call for action: better Aboriginal and Torres Strait Islander health through better GP identification. Canberra: ACT Division of General Practice.

National hospital data collection

Improving the quality of Indigenous identification in hospital separations

Status: past project

Project overview: In 2005, the Australian Institute of Health and Welfare (AIHW) compiled a report on improving the quality of Indigenous identification in hospital separations. The report outlines the processes and policies in each state and territory for ascertaining the Indigenous status of admitted patients, and provides an account of the extent and characteristics of the under-identification of Indigenous patients. As part of this report, a survey was sent to each state and territory health authority in order to assess Indigenous status data quality for hospital admitted patients.

Main findings: In studies based on patient interviews, the proportions of Indigenous patients found to have been correctly identified in hospital records were:

- 93% overall for the five Northern Territory public hospitals in 1997
- 85% overall for 11 public hospitals in five jurisdictions in 1998
- 86% overall for 26 public hospitals in Western Australia in 2000
- 74% overall for two metropolitan public hospitals in Queensland in 2000.

Relatively poor arrangements for ascertaining Indigenous status at private hospitals were confirmed in the analysis of national separations data.

For both the public and the private sectors, the 'not stated/inadequately described' category of Indigenous status had greater similarity with the non-Indigenous category than with the Indigenous category across a wide range of patient characteristics.

Recommendations: Various recommendations were made for improving Indigenous identification in separations data, such as data collection processes, training of data collection staff, organisational policies and practices, and data monitoring and audit. The main recommendation was to use data for only the four jurisdictions that were assessed to have adequate levels of Indigenous identification (Queensland, Western Australia, South Australia and the Northern Territory).

Reference: AIHW 2005. Improving the quality of Indigenous identification in hospital separations data 2005. Cat. no. HSW 101. Canberra: AIHW.

Assessing the quality of identification of Aboriginal and Torres Strait Islander people in hospital data

National

Status: past project

Project overview: A 1999 publication on the quality of Indigenous identification in hospital data – the result of collaboration between the Australian Bureau of Statistics (ABS) and the AIHW – reported on a survey across a sample of hospitals in various parts of Australia. It compared the results of interviews with hospital patients with information obtained from hospital records.

Main findings: The project found that the extent to which Aboriginal and Torres Strait Islander patients had been correctly recorded at admission varied greatly between the 11 hospitals that completed the study (55% to 100% correct) but was consistently lower than the extent to which non-Indigenous patients had been correctly recorded at admission (94% to 100% correct). The quality of Indigenous identification varied between hospitals, largely in accord with the degree of Indigenous representation in the population living in the hospital's catchment area.

Reference: Australian Health Ministers' Advisory Council & Aboriginal and Torres Strait Islander Health and Welfare Information Unit 1999. Assessing the quality of identification of Aboriginal and Torres Strait Islander people in hospital data. Cat. no. IHW 4. Canberra: AIHW & ABS.

Northern Territory

Status: past project

Project overview: In 1997, the Northern Territory Department of Health and Community Services used patient interviews in an audit of the recording of demographic items, including Indigenous status, in hospital separation records at all five public hospitals in the Northern Territory. The audit involved a sample of 1% of annual admissions for each of the five hospitals.

Main findings: Overall, the audit found a high level of agreement between the interviews and the separations data for patients' Indigenous status. The audit found that, among 216 patients identified at interview as Indigenous, 200 (92.6%) had been recorded as such at admission and 16 (7.4%) had been recorded as non-Indigenous. Among 182 patients identified at interview as non-Indigenous, 176 (96.7%) had been recorded at admission as non-Indigenous, five (2.7%) had been recorded as Indigenous and one (0.5%) had no recorded Indigenous status. Overall, using the assumption that Indigenous status was correctly identified at interview, the study found a 5.1% net under-count of Indigenous patients across the survey data set.

Reference: Condon JR, Williams DJ, Pearce MC & Moss E 1998. Northern Territory hospital morbidity dataset: validation of demographic data 1997. Darwin: Territory Health Services.

Western Australia

Status: past project

Project overview: The accuracy of hospital separations data was assessed in a study involving 10,106 patient interviews conducted at 26 public hospitals in Western Australia during 2000. The study involved a two-tier sample that was selected as a random sample of patients taken at each of a random sample of hospitals.

Main findings: This study found that recording of Indigenous status tended to be most complete and accurate at hospitals with a relatively higher proportion of Indigenous people living in the hospital's catchment area. Using the assumption that Indigenous status was

correctly identified at interview, the study found an 8.5% net under-count of Indigenous patients across the survey data set. There were no instances of unreported Indigenous status in the hospital records; a result of the fact that this category is not accommodated in systems for recording the Indigenous status of patients at public hospitals in Western Australia.

Reference: Young MJ 2001. Assessing the quality of identification of Aboriginal and Torres Strait Islander people in Western Australian Hospital data, 2000. Health Information Centre occasional paper 13. Perth: Health Department of Western Australia.

Queensland

Status: past project

Project overview: Various smaller data quality audits based on patient interviews have been carried out in Queensland. The latest of these was conducted at two metropolitan hospitals in early 2000. Information collected at interview on Indigenous status, Department of Veterans' Affairs eligibility, transfer status and hospital insurance cover was compared with Queensland hospital separations data.

Main findings: Using the assumption that Indigenous status was correctly identified at interview, the study found a 14.3% net under-count of Aboriginal and Torres Strait Islander patients across the survey data set. The misclassification of Indigenous patients as non-Indigenous made a greater contribution to this under-count than did the non-reporting of Indigenous status.

Reference: Mahoney R 2001. Report on improving Indigenous status collection in public hospitals. Brisbane: Queensland Health (unpublished report).

Victoria

Status: past project

Project overview: A study was conducted at Mercy Hospital for Women in East Melbourne between May 2001 and June 2002 to measure the percentage of patients asked on admission about their Indigenous status, and that of their babies, in order to audit admission procedures.

Main findings: Initial results indicated that 34% of women interviewed were asked their Indigenous status at admission. Interviews resumed after various problems were addressed, including the addition of a specific question regarding the Indigenous status of the babies' fathers. The percentage of obstetric patients who reported being asked their Indigenous status improved markedly after the resumption of the study.

The study also found that there were a number of inconsistencies with the medical records in the group of women who declared themselves or their babies as Aboriginal and/or Torres Strait Islander.

Reference: Middleton J, Halliday M & Sullivan M 2003. Mercy Hospital for Women report: data quality study on patient information (Aboriginal and Torres Strait Islander status). Melbourne: Mercy Hospital for Women.

New South Wales

Status: past project

Project overview: A study was conducted by the University of New South Wales to determine the accuracy of routine identification of Aboriginal and Torres Strait Islander women admitted to King George V hospital in Sydney. Hospital records were compared with self-disclosure of Indigenous status to a female Aboriginal health professional.

Main findings: Of the 536 women surveyed, 29 (5%) self-disclosed as being Aboriginal or Torres Strait Islander. Only a third of these patients were identified as Aboriginal and Torres Strait Islander in hospital records. The Indigenous women referred by another organisation were significantly more likely to be correctly identified than those who self-referred to the hospital.

Reference: Jackson Pulver LR, Bush A & Ward J 2003. Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital. *Australian Health Review* 26(2):19-25. Viewed 14 October 2009, <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15368832&dopt=Abstract>.

New South Wales, Queensland, Western Australia, South Australia, Tasmania and the Australian Capital Territory

Status: current project

Project overview: The AIHW will undertake a project that will assist in assessing the extent of under-identification of Indigenous patients in hospital data in five jurisdictions (New South Wales, Queensland, Western Australia, South Australia and Tasmania). The outcome will be updated under-identification factors, to be used in the forthcoming health expenditure report on Aboriginal and Torres Strait Islander people.

For the Australian Capital Territory, the AIHW is undertaking a project to assess the extent of under-identification of Indigenous people in hospital data in the Territory. The project will involve linkage of hospital data and Aboriginal health services data.

Main findings: not yet available

Case studies of 'best practice' in recording Aboriginality in Victorian hospitals

Status: past project

Project overview: In March 1994, staff of the Koori Health Unit surveyed 45 public hospitals regarding their current practices in recording Indigenous status. The results of the survey were published in the report *Are you of Aboriginal or Torres Strait Islander descent?* (Human Services 1994). A follow-up survey of all Victorian public and private hospitals was undertaken during October–November 1994 to determine the extent to which the recommendations of the initial survey report had been carried out. Two Victorian hospitals (Mornington Peninsula Hospital and West Gippsland Hospital) were then selected for case studies of best practice in regard to recording Indigenous status of patients admitted to hospital.

Recommendations: The recommendations of the initial report covered changes to hospital forms, computer software, staff training and quality assurance checks on the Indigenous status data item. Specific recommendations included the need for all patients to be asked the Indigenous status question at every admission, and the requirement that Indigenous status should not be stored as a data item on the Patient Master Index database. These recommendations also reinforced the need to actually *ask* the Indigenous status question

rather than relying on any other way of determining whether a person was of Aboriginal and/or Torres Strait Islander origin, and the need to ensure that there is an opportunity to correct inaccurate recording of Indigenous status from a previous admission.

One of the recommendations of the follow-up survey was that best practice strategy models for recording Indigenous status should be documented and shared amongst hospitals, to address perceived negative attitudes within some hospitals towards correct and consistent collection of Indigenous status.

Recommendations that arose from the case studies were:

- an acknowledgement of the need for education and training of all relevant staff in regard to recording Indigenous status to be undertaken with a direct and personal approach, using the information and resources provided by the Koori Health Unit
- a commitment to quality assurance in collecting, recording and reporting Indigenous status information
- the need for continued lobbying through software user groups
- the need for additional funding to be provided to enable implementation of the changes recommended to hospital computer systems.

Reference: Koori Health Unit 1996. Case studies of 'best practices' in recording Aboriginality. Melbourne: Koori Health Unit, Victorian Department of Health. Viewed 14 October 2009, <<http://www.health.vic.gov.au/koori/archive/case-study/case-studies-of-best-practice-in-recording-aboriginality>>.

Attitudes about Indigenous status data collection in Australian Capital Territory public hospitals

Status: past project

Project overview: A survey of Calvary Hospital staff at admissions and discharge, conducted by Ray Lovett in 2005, examined how attitudes about Indigenous status data collection in Australian Capital Territory public hospitals affect the accuracy of Indigenous status in admission data. This survey was used to devise questions on attitudes of staff responsible for collecting data, knowledge of why data need to be collected and assumption of Indigenous status.

Main findings: The study found that negative attitudes to collecting Indigenous status information in hospitals from frontline staff exist. Specifically, some staff fear asking people whether patients are Aboriginal or Torres Strait Islander because of anecdotal reports of aggressive responses by both Indigenous and non-Indigenous people. The study also reported that many staff indicated that the purpose of asking Indigenous status was related to funding, and these staff regarded the collection of this information as irrelevant on the basis that all patients should be treated equally - suggesting a belief that some population groups in Australia, such as Indigenous Australians, may receive preferential treatment.

Reference: Lovett R 2006. ACT public hospital staff attitudes concerning Indigenous origin information and estimating Indigenous under-identification in ACT public hospital admission data. Chapter 4. Masters of Applied Epidemiology (Indigenous Health) thesis. National Centre for Epidemiology and Public Health, Australian National University.

Perinatal data

Assessment of Indigenous status data quality in perinatal data 1991 to 2004

Status: past project

Project overview: A study was undertaken by the AIHW in 2007 which assessed the quality of Indigenous status information in perinatal data in each state and territory. This involved a survey that was sent to midwifery managers across Australia to determine how many hospitals in each jurisdiction obtain Indigenous status information of mothers giving birth from admission records, and how many collect this information independently. The assessment also involved analysis of the variability in the number and proportion of mothers recorded as Aboriginal and/or Torres Strait Islander in the perinatal data collection, over time and across jurisdictions, for the period 1991–2004.

Main findings: The outcomes of this assessment showed that Indigenous status data from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory were suitable for trends analysis. Perinatal data from Tasmania, although improving, were deemed to be of insufficient quality. Although the most recent data from the Australian Capital Territory were of publishable quality, the data were not yet of sufficient stability to support trends analysis.

The survey of midwifery managers showed that in some states and territories 50% or more of hospitals obtain Indigenous status information on women giving birth in hospital from the hospital database or admission form (Victoria, South Australia, Tasmania and the Australian Capital Territory). In New South Wales, Queensland the Northern Territory, it is more common for midwives to collect Indigenous status on women giving birth independently of what is recorded in the hospital admissions database.

Reference: AIHW: Leeds K, Gourley M, Laws P, Zhang J, Al-Yaman F and Sullivan EA 2007. Indigenous mothers and their babies 2001–2004. Perinatal statistics series no. 19. Cat. no. PER 38. Canberra: AIHW.

Communicable disease

Improving Indigenous identification in communicable diseases reporting systems

Status: past project

Project overview: This project, funded by the Australian Government, was conducted under the auspices of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) and the National Public Health Information Management Group. A discussion paper, containing recommended strategies and options to improve Indigenous identification in communicable disease reporting, was published in 2004.

Main findings: Major limitations to improving the quality of Indigenous identification in communicable disease reporting were identified in interviews with stakeholders that were conducted as part of the project. Limitations arose from differences across jurisdictions in notification and reporting systems, a perceived reluctance of Aboriginal and Torres Strait Islander people to disclose their Indigenous status, inconsistent or incorrect use of the standard Indigenous status question, lack of public health awareness, limited training to collect and value Indigenous status information, and non-integrated information and services.

Recommendations: The paper recommended actions to improve Indigenous identification reporting in all communicable disease data collections in all jurisdictions, by developing policy, creating incentives, improving reporting, introducing workplace reforms, enhancing information systems and exploring initiatives for targeted change.

Specific recommendations included:

- making collection and reporting of Indigenous status a mandatory requirement in all communicable disease health policies
- revising national funding agreements and reporting to introduce incentives in relation to the quality of Indigenous identification
- routinely monitoring and reporting completeness of Indigenous identification in communicable diseases through the Communicable Disease Network of Australia
- implementing Indigenous identification as part of standard demographic data gathered on all health-care users
- ensuring the sharing of available Indigenous status information across health information systems.

Reference: IIICDRPSC (Improving Indigenous Identification in Communicable Disease Reporting Project Steering Committee) 2004. Improving Indigenous identification in communicable disease reporting systems: a discussion paper prepared by the Improving Indigenous Identification in Communicable Disease Reporting Project Steering Committee (IIICDRPSC) for the Australian Government Department of Health and Ageing. Adelaide: Public Health Information Development Unit, University of Adelaide.

Pathology forms

Feasibility study into increasing the completeness of the Aboriginal identifier in Australian Capital Territory Government registries

Status: past project

Project overview: The Australian Capital Territory Department of Health (ACT Health) has assessed the feasibility of improving the identification, recording and tracking of Aboriginal and Torres Strait Islander patients in the key ACT Health registries, including the communicable disease register, Pap smear register and cancer register.

This feasibility study assessed the scope, issues and cost of implementing the changes necessary to improve the identification of Indigenous people in the ACT key health registries, and identified the implications for a national implementation.

This project provided an evidence base for NAGATSIHID on whether to undertake a pilot to trial the changes and whether there was potential to implement the changes nationally.

Main findings:

- Infrastructure changes are required and the level of effort and cost of implementation is likely to be significant. These include
 - changes to GP, hospital and pathology software to accommodate the identifier
 - changes to electronic and paper forms used by GPs and pathologists to include the identifier
 - changes to procedures/training for GPs, hospitals and pathologists
 - additional effort by GPs, hospitals and pathologists to record the identifier
 - promotional campaigns targeting health professionals and the general community to increase the rate of identification.
- Alternatives to capturing the identifier by GPs, hospitals and pathologists are through use of the Medicare Australia Voluntary Indigenous Identifier program or for the ACT health registries to contact patients when positive results are confirmed.
- A significant minority of GPs and health-care workers do not collect information on patients' Indigenous status, as they do not see value in collecting the data and regard it as an imposition on their time and as an intrusion on the privacy of their patients.
- The majority of Indigenous patients appear willing to disclose their Indigenous status, although a minority have concerns about the use to which such data might be put.
- Pathology laboratories are reluctant to incur the potential cost of collection of Indigenous status information without compensation for any costs incurred.

Recommendations:

- A pilot is practical but the scope of the project needs to be broadened for greater return on investment. It is recommended that the scope of the pilot be expanded in two ways
 - undertake a national approach for implementing this project rather than a jurisdiction-based approach
 - collect all pathology results into a consolidated database rather than just the three health registries examined.
- The pilot should trial Medicare Australia's Voluntary Indigenous Identifier data set for matching against a consolidated pathology results database.

Reference: ACT Health 2007. Aboriginal and Torres Strait Islander identifier on pathology forms: feasibility study into increasing the completeness of the Aboriginal identifier in ACT Government registries. Viewed 19 January 2010, <<http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1227504535&sid=>>.

Community services

Report on the data quality of Aboriginal and Torres Strait Islander identification: update on eight community services data collections 2006

Status: past project

Project overview: With the support of the Community Services Ministers' Advisory Council and the National Community Services Information Management Group, the AIHW published a report in 2007 on the quality of Indigenous identification in eight community services data sets. The report includes an assessment of the changes in the rates of missing/not stated Indigenous status in the records of seven community services data collections discussed in the previously published *Report on the data quality of Indigenous identification in seven community services data collections*.

Main findings: The report found that five out of the eight data collections reported decreases in the national (not known)/missing/not stated Indigenous status rates. The other three collections recorded an increase in the national missing/not stated Indigenous status rate. It was noted that these increases were not necessarily indicative of a decline in the quality of the data collection.

The report also indicated that a number of activities have been undertaken or instigated since the writing of the original data quality report that have resulted in improvements in Indigenous status data. Activities implemented at the national level in many data collections included: the development of improved data collection forms and software; implementation of the standard Indigenous status question; consultation with jurisdictions and agencies on the use of their data, including the return of data; and edit checks of national and jurisdictional data.

Reference: AIHW 2007. Quality of Aboriginal and Torres Strait Islander identification in community services data collections: update on eight community services data collections. Cat. no. HWI 95. Canberra: AIHW.

Improving Indigenous identification in home and community care

Status: current project

Project overview: The Australian Government Department of Health and Ageing has undertaken a more detailed analysis of Indigenous identification within the Home and Community Care (HACC) Program. This analysis showed that there was considerable diversity across states and territories within each service type. HACC officials have committed to improving the quality and completeness of Indigenous identification in the HACC Minimum Data Set. Activities to assist with this include:

- undertaking jurisdiction-specific activities to address the factors leading to missing data, particularly for certain service types
- introducing real-time monitoring of the rate of identification at each quarterly data submission

- developing and implementing a key performance indicator (KPI) relating to Aboriginal and Torres Strait Islander clients' access to HACC, which will also focus attention on data quality in this area
- where not already addressed, investigating and addressing any remaining areas of very high usage rates for specific age groups for Aboriginal and Torres Strait Islander people in the HACC data collection.

Main findings: not yet available

AIHW web portal on Indigenous Australians

The AIHW web portal on Indigenous Australians has been redeveloped as part of a project funded by the National Community Services Information Management Group (NCSIMG) on Indigenous identification in the community services. This website provides information and resources related to improving Indigenous identification in health, community services and housing data sets. The pages containing health-related information on Aboriginal and Torres Strait Islander people, as well as pages detailing information specific to Indigenous identification in health data collections, can be accessed via the following links:

- *Health:* <<http://www.aihw.gov.au/indigenous/health/index.cfm>>
- *Quality and availability of Indigenous statistics:*
<<http://www.aihw.gov.au/indigenous/statistics/index.cfm>>
 - This page presents national agreements and plans developed in the health sector which provide structures for addressing the quality and availability of national information on Indigenous Australians. Also presented is information on the quality of Indigenous identification in a number of national health-related administrative data collections and surveys, as well as the Census. Housing and community services information is also available on this page.
- *National standards and processes for reporting Indigenous status:*
<http://www.aihw.gov.au/indigenous/national_standards/index.cfm>
 - This section details a range of national standards and processes related to the collection and dissemination of Indigenous status information across all sectors. This information is presented across four topics: collecting Indigenous status information, resource materials to support Indigenous status reporting, requirements for national minimum data sets and national contacts for more information on the collection and reporting of Indigenous statistics.