



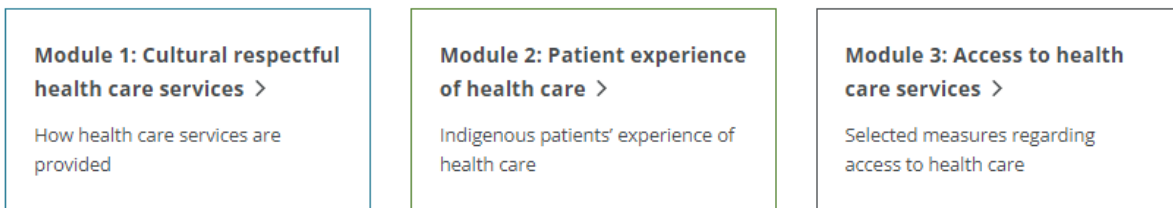
# Cultural safety in health care for Indigenous Australians: monitoring framework

## Summary and key findings

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 that respects Indigenous cultural values, strengths and differences, and also addresses racism and inequity.

The *Cultural safety in health care for Indigenous Australians: monitoring framework* aims to measure progress in achieving cultural safety in the Australian health system. For this purpose, cultural safety is defined with reference to the experiences of Indigenous health care users, of the care they are given, their ability to access services and to raise concerns.

The cultural safety monitoring framework covers three modules:



Data are reported from a wide range of available national and state and territory level sources to 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.

### Module 1: 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.

Between 2013 to 2020:

- the rate of Indigenous medical practitioners employed in Australia increased from 234 to 494 (from 31 to 57 per 100,000)
- the number of Indigenous nurses and midwives employed in Australia increased from 2,434 to 4,610 (324 to 535 per 100,000).

Among Indigenous-specific primary health care organisations and maternal/child health services:

- 47% of full time equivalent health staff in 2020–21 were Indigenous—this proportion varied by type of health staff, with higher proportions for Aboriginal Health Practitioners/Aboriginal Health Workers (98%) and other health workers (55%) and lower proportions for GPs (5%) and nurses and midwives (15%).

- 40% provided interpreter services, while around one third offered culturally appropriate services such as bush tucker, bush medicine and traditional healing in 2017–18.

## **Module 2: Patient experience of health care**

The experiences of Aboriginal and Torres Strait Islander 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.

- In 2018–19, 91% of Indigenous Australians aged 15 and over in non-remote areas reported that doctors always/often showed respect for what was said
- In 2018–19, of the 243,663 Indigenous Australians who did not access health services when they needed to, 32% indicated this was due to cultural reasons, such as language problems, discrimination and cultural appropriateness.
- In 2020, 22% of Indigenous Australian adults or their families reported being racially discriminated against by doctors, nurses and/or medical 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. In relation to admitted patient hospitalisations, Indigenous Australians were discharged against medical advice for 3.9% of hospitalisations in 2018–20. Based on age standardised rates, Indigenous patients were discharged against medical advice at over 5 times the rate of non-Indigenous Australians.

## **Module 3: Access to health care services**

Aboriginal and Torres Strait Islander people do not always have the same level of access to health services as non-Indigenous Australians. Disparities in use of health services may indicate problems with access to health services due to affordability, cultural safety, distance travelled especially in remote and very remote areas, and previous experiences of racism in health care environments for themselves, family or community members and fear of how they will be treated.

Selected measures of access to health care services for Indigenous and non-Indigenous Australians are used to monitor disparities in access.

- In the two-year period 2018–2019, 27% of Indigenous women aged 40 and over received a free mammogram through BreastScreen Australia. Based on age-standardised rates, 26% of Indigenous women aged 40 and above received a mammogram, compared with 34% of non-Indigenous women.
- Indigenous Australians waited longer to be admitted for elective surgery in 2019–20 than non-Indigenous Australians—50% of Indigenous patients were admitted for elective surgery within 49 days, compared with 38 days for non-Indigenous patients.
- In 2019, the potentially avoidable mortality rate for Indigenous Australians was 222 per 100,000. The Indigenous age-standardised rate was over 3 times that for non-Indigenous Australians (323 and 98 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 primary health care services and hospitals.

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 is

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

Additionally, the ABS Indigenous health and social surveys, for example, the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2018–19 and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2014–15, are national surveys to collect cultural safety information/patient experience. Both surveys contain questions relevant to patient experience and cultural safety. However, the infrequent data collection (around 5–6 years or more) do not allow for timely update of data for the monitoring framework.

This report brings together data from a wide range of sources. All the data presented in this monitoring framework are available in Excel format. The Excel tables also include all relevant footnotes, technical details and individual data sources.

### **Impacts of COVID-19 on data**

Since the beginning of the COVID-19 pandemic protecting the health, safety and wellbeing of Indigenous Australians has been a key national priority. However, there has been ongoing recognition that the changes to the health system and the restrictions and lockdowns necessary to prevent the spread of COVID-19 may have affected the need for, and use of, a broad range of health services by Indigenous Australians. This update presents data, where available, spanning the COVID-19 pandemic in Australia.

Specific impacts on the data are discussed in relation to relevant measures however, the full impact of COVID-19 may become apparent in the data for other measures in future years.

Impacts of COVID-19 on data used in this report are also explored in the AIHW reports:

- Indigenous specific health checks — [Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023](#)
- [Impact of COVID-19 on 2019–20 Elective surgery activity](#)
- [Impact of COVID-19 on 2019–20 Emergency department activity](#)
- Admitted patient care activity — forthcoming (July 2021)

For data and information that relate to COVID-19, please see the [AIHW's COVID-19 resources](#).

For more information, data and the full monitoring framework, visit: [Cultural safety in health care for Indigenous Australians: monitoring framework](#) (Cat. no. IHW 222).