



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 user, of the care they are given, their ability to access services and to raise concerns.

The cultural safety monitoring framework covers three modules:

Module 1	Module 2	Module 3
Culturally respectful health care services How health care services are provided	Patient experience of health care Indigenous patients' experience of health care	Access to health care services Selected measures regarding access to health care

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 2019:

- the number of Indigenous medical practitioners employed in Australia increased from 234 to 488
- the number of Indigenous nurses and midwives employed in Australia increased from 2,434 to 4,369.

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

- 47% of full time equivalent health staff in 2018–19 were Indigenous—this proportion varied by type of health staff, with lower proportions for GPs (9%) 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 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.

- 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 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 Australians or their families were racially discriminated against by doctors, nurses and/or medical staff in the last 12 months.

(continued)

Module 2 (continued): Patient experience of health care

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 emergency department presentations in 2018–19, 8% of Indigenous patients and 6% of non-Indigenous patients took own leave or did not wait, based on age-standardised rates.
- In relation to hospitalisations in 2017–19, 3% of Indigenous and 0.5% of non-Indigenous patients left against medical advice or were discharged at their own risk, based on age-standardised rates.

Module 3: 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. Disparities in access and use of health services may indicate problems with the cultural safety of services, but there may be many other factors, such as remoteness, affordability, 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.

- 25% of Indigenous women aged 40 and above received a free mammogram through the BreastScreen Australia program in the two-year period 2017–2018, compared with 34% of non-Indigenous women.
- Indigenous Australians waited longer to be admitted for elective surgery in 2018–19 than non-Indigenous Australians—50% of Indigenous patients were admitted for elective surgery within 50 days, compared with 40 days for non-Indigenous patients.
- In 2018, the potentially avoidable mortality rate for Indigenous Australians was over 3 times the rate for non-Indigenous Australians (312 and 103 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.

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.

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

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