Australian Government
Australian Institute of Health and Welfare

AIHW

Cultural safety in health care for Indigenous Australians: monitoring framework

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:

Module 1: Cultural respectful health care services >

How health care services are provided

Module 2: Patient experience of health care >

Indigenous patients' experience of health care

Module 3: 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.

For the 2023 release, 26 measures out of 48 were updated. New data for the other 22 measures were not available. This was due to discontinued surveys or data items, revisions to survey questions or frequency of data collection. Further detail about measures that could not be updated is available in the relevant modules and in the *Notes* section.

Module 1: Culturally respectful health care services

New data were available to update 5 out of 12 measures reported in Module 1 in the 2023 release.

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 and 2021:

- the number of Indigenous medical practitioners registered in Australia increased from 247 to 604 (from 31 to 69 per 100,000)
- the number of Indigenous nurses and midwives registered in Australia increased from 2,833 to 6,160 (324 to 701 per 100,000).

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

- 46% of full-time equivalent (FTE) health staff in 2021–22 were Indigenous (2,305 FTE) – this proportion varied by type of health staff, with higher proportions for Aboriginal Health Practitioners/Aboriginal Health Workers (960 FTE, 99.5%) and other health workers (1,114 FTE, 52%) and lower proportions for GPs (42 FTE, 6.1%) and nurses and midwives (189 FTE, 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

New data were available to update 9 out of 23 measures reported in Module 2 in the 2023 release.

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.
- The Australian Reconciliation Barometer showed that the proportion of Indigenous Australians reporting racial discrimination by doctors, nurses and/or medical staff in the last 12 months has increased since 2014 (11% in 2014 to 20% in 2022).

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. Indigenous Australians left against medical advice for 4.0% (26,985) of admitted-patient hospitalisations from 2019–20 to 2020–21. This was over 5 times the proportion of non-Indigenous Australians (3.8% and 0.7%, age-standardised, respectively).

Module 3: Access to health care services

New data were available to update 12 out of 13 measures reported in Module 3 in the 2023 release.

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, such as:

- Availability and distance travelled, especially in remote and very remote areas
- affordability
- cultural appropriateness
- previous experiences of racism in health care environments for themselves, family or community members.

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

- Mammogram participation rates for Indigenous Australian women increased between 2010–2011 and 2018–2019. Rates decreased in 2019–2020, during the COVID-19 pandemic.
- In 2020–21, the rate of potentially preventable hospitalisations for Indigenous Australians was almost 3 times the rate for non-Indigenous Australians (66 compared with 23 per 1,000, based on age-standardised rates).
- In 2021–22, the median waiting time for emergency department presentations was similar for Indigenous Australians than for other Australians (19 and 20 minutes, respectively).
- Indigenous Australians waited longer to be admitted for elective surgery in 2021–22 than non-Indigenous Australians – 50% of Indigenous patients were admitted for elective surgery within 50 days, compared with 39 days for non-Indigenous patients.
- In 2021, of 6,749 registered cases of rheumatic heart disease, 78% were Indigenous Australians compared with 22% non-Indigenous Australians.
- In 2021, the avoidable mortality rate for Indigenous Australians was 208 per 100,000. The age-standardised rate for Indigenous Australians was over 3 times that for non-Indigenous Australians (296 and 91 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 are 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 the timely update of data for the monitoring framework.

The current monitoring framework focuses on the experience on the patient in the health care system. However, the experience of health care professionals and the cultural safety for Indigenous Australians in the health workforce are important aspects of a system free from racism.

This report brings together data from a wide range of sources. All the data presented in this monitoring framework are available in Excel format in the *Data* section of this report. 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:

- *Impacts of COVID-19 on data* – Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023
- Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme: quarterly data
- The first year of COVID-19 in Australia: direct and indirect health effects
- Antenatal care during COVID–19, 2020
- Cancer screening and COVID-19 in Australia: What was the impact of COVID-19 in Australia?
- Australia's hospitals at a glance: Impact of COVID–19 on hospital care
- Emergency department care activity
- Admitted patient activity.

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).