Cultural safety in health care: monitoring framework

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Citation

AIHW


The Cultural safety in health care: 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.

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Findings from this report:

- The number of Indigenous nurses and midwives increased from 2,434 in 2013 to 3,540 in 2017
- 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
- 95% of Indigenous primary health care providers had a formal commitment to providing culturally safe health care
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 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 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.
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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 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:

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<thead>
<tr>
<th>Cultural awareness</th>
<th>Cultural sensitivity</th>
<th>Cultural competency</th>
<th>Cultural safety</th>
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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 or 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.

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 AIDAMAC 2016; CATSIMAM 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.

Development of a monitoring framework
The Cultural safety in health care: 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
Cultural sensitivity 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](#).

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


AIDA (Australian Indigenous Doctors' Association) 2013. Position Paper Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients, Canberra: AIDA.

CATSINaM (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives) 2014. Towards a shared understanding of terms and concepts: Strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples. Canberra: CATSINaM.


Wardliparringa Aboriginal Research Unit of the South Australian Health and Medical Research Institute 2017. National Safety and
Cultural sensitivity experienced to improve care for Aboriginal and Torres Strait Islander Cultural safety and the brings together available national and state and territory level data to provide a Cultural competency.

Background material

Origin and policy context

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Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.

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AHMAC (Australian Health Ministers’ Advisory Council) 2016. Cultural Respect Framework 2016–26 for Aboriginal and Torres Strait Islander Health

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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.

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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Culturally respectful health care services

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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Culturally respectful health care services

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 respectful health care services

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Culturally respectful health care services

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.

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Culturally respectful health care services

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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Culturally respectful health care services

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
- Aboriginal and Torres Strait Islander leadership at Board/Executive level

1.2. Communication and cultural services
- Culturally appropriate communication resources (brochures, interpreters)
- Culturally safe and welcoming environments (artwork, flags, posters)
- Offers culturally appropriate services

1.3. Workforce development and training
- Aboriginal and Torres Strait Islander participation in the workforce
- Aboriginal and Torres Strait Islander workforce development
- Cultural safety and responsiveness training for staff

1.4. Consumer engagement and stakeholder collaboration
- Client and community feedback mechanisms
- Consultation with Aboriginal and Torres Strait Islander communities
- Collaboration with Indigenous organisations

1.5. Monitoring and accountability
- Monitoring and reporting on priorities for Indigenous Australians
- Monitoring and reporting on cultural safety and responsiveness

Notes:
- Online Services Report (Indigenous Primary Health Care)
- National Health Workforce Dataset
- Higher Education Statistics; Vocational Education and Training statistics

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.


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

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Patient experience of health care

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.
Patient experience of health care

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.
Patient experience of health care

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.

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Patient experience of health care

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.

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Patient experience of health care

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.

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Patient experience of health care

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

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

Notes:

- Australian Aboriginal and Torres Strait Islander Health Survey
- National Hospital Morbidity Database, National Non-admitted Emergency Department Care Database
- NSW Adult Admitted Patient Survey (AAPS)
- Queensland Maternity Outpatient Clinic Experience Survey (MOCES)
- 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)
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.

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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

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Access to health care services

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.

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Access to health care services

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.

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Access to health care services

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 health care services

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.
Access to health care services

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.
Access to health care services

Data sources and data gaps

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

- 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

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

3.5 Overall health system

- Potentially avoidable deaths – National Mortality Database

Notes:

- Data sources are underlined
- AATSHIS – Australian Aboriginal and Torres Strait Islander Health Survey, NHMD – National Hospital Morbidity Database, NNASPCC – National Non-admitted Emergency Department Care Database; NSW Adult Admitted Patient Survey (AAPS); Queensland Maternity Outpatient Clinic Experience Survey (MCES).

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 treated respectfully 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 surveys (390 women). 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 therefore include hospitals data from most jurisdictions, as well as data on non-hospital 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.
Access to health care services

Data sources and data gaps

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

- 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

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

3.5 Overall health system

- Potentially avoidable deaths – National Mortality Database

Notes:

Data sources are underlined. AATSHIS – Australian Aboriginal and Torres Strait Islander Health Survey, NHMD – National Hospital Morbidity Database, NNAPEDC – National Non-admitted Emergency Department Care Database; NSW Adult Admitted Patient Survey (AAPS); Queensland Maternity Outpatient Clinic Experience Survey (MOCES).

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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](#).

**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 (NNAPECD), 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**


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

Data

- Data tables: Module 1 - Culturally respectful services
  Download XLSX 129Kb
- Data tables: Module 2 - Patient experience of health care
  Download XLSX 134Kb
- Data tables: Module 3 - Access to health care services
  Download XLSX 189Kb

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