



ASKING PATIENTS – “ARE YOU OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN?”

Who can identify an Aboriginal and/or Torres Strait Islander patient?

Identification of Aboriginal and/or Torres Strait Islander patients is determined by the self identification of the patient, or by the parent or guardian in the case of the child or baby.

The incorrect, though common way an Aboriginal and/or Torres Strait Islander patient may be identified is by observing the patient’s physical features, name, address, clothing or friends. The ONLY, effective and accurate way to identify someone of Aboriginal and/or Torres Strait Islander origin is to ask the question.

“Are you of Aboriginal and/or Torres Strait Islander origin?”

This question has been developed by the Australian Bureau of Statistics and has been adopted as the national standard for collecting Aboriginal and Torres Strait Islander origin in administrative data collections. By asking the question in the same way across all health collections every time, the reliability of the data will increase and it will be more comparable and better analysed over time and between data sets e.g. Census, school lists, health.

We acknowledge that there are situations where it is not possible to ascertain Aboriginal and/or Torres Strait Islander status either because the patient cannot be asked the question (i.e. they are unconscious), or because the patient refuses to answer. *“Patient refused to answer”* is only to be used when staff have asked the patient or parent or guardian and the patient has refused to answer them.

Who should be asked?

Patients should be asked at every admission, at the Emergency Department and at community centre attendances. Aboriginal and/or Torres Strait Islander origin does not change over time but willingness to identify can change. All patients should be asked at regular intervals about their Aboriginal and Torres Strait Islander status in the same way as they are asked about next of kin, doctor’s details or address.

Mothers of newborn babies should be asked if either parent is of Aboriginal and/or Torres Strait Islander origin. Babies with an Aboriginal and/or Torres Strait Islander father and non-Indigenous mother can be identified as Aboriginal and/or Torres Strait Islander.

When is data collected?

Aboriginal and Torres Strait Islander identification is collected through the usual patient data collection instruments, such as booking forms, pre-admission forms and admission forms. Ward staff that identify Aboriginal and/or Torres Strait Islander patients should also have the opportunity to add this data to the patient’s record, with the permission of the patient.

Why is it important to collect accurate registration data?

- Ensure accurate patient records
- Provide culturally and linguistically appropriate services
- Aid early intervention/identification of predisposing illness and monitor health patterns

- Monitor and drive policies to address health inequalities resulting from avoidable socio-economic influences
- Provide appropriate referrals and patient support (to social workers, interpreters, disability support workers, religious workers and Aboriginal and Torres Strait Islander Liaison and health workers)
- For revenue planning/budget allocations/funding proposals.

What happens to the data?

When hospitals collect data it can be used directly by the hospital and then used in aggregate form by both ACT Health and Commonwealth agencies. Data is also used by ACT Health and also provided to the Commonwealth for monitoring of service usage and expenditure.

Why do we ask about Aboriginal and/or Torres Strait Islander origin?

Aboriginal and/or Torres Strait Islander people have poorer health status than other Australians and their life expectancy is significantly less than other Australians. For example, between 2000-01 to 2004-05, the average age of Aboriginal and/or Torres Strait Islander people who had a hospital separation was 32 years, significantly younger than the average age for non-Indigenous people (45 years).

Why is it difficult to collect information on Aboriginal and/or Torres Strait Islander origin?

- Inconsistent hospital collection practices and admission forms
- Patient aversion to identifying religious or cultural origins
- Concern for privacy and confidentiality
- Lack of patient understanding what the information is used for and how it's used
- Health staff reluctance to ask 'sensitive' questions.

Prepared answers

Who is going to use this information?

Only health care workers and those involved in the management of the health system will have authorised access to the information. Individuals will not be identified if the data is used outside of the health service.

Why do you need that information? Will I get treated differently?

It's a government requirement that I ask the question. The statistics are important for improving Aboriginal and Torres Strait Islander health.

Why should they (Aboriginal and/or Torres Strait Islander people) get special treatment?

I can appreciate your concerns. The data simply allows health planners to find out why the health of Aboriginal and/or Torres Strait Islander people is not as good as the health of the general population.

Does answering this question change the way I will be treated?

No, it won't change the way you are treated by health staff. However, complete and accurate records will ensure timely access to your clinical information and improve the quality of your care.

¹ Pg. 5, The Health of Aboriginal and Torres Strait Islander People in the ACT 2000 To 2005, Health Series Number 40, Population Health Research Centre, Population Health Division, ACT Health, August 2007