
Collection of Indigenous Status in Queensland Health Data Sets

For further information contact:

Health Statistics Branch
Queensland Health
GPO Box 48
Brisbane Queensland 4001 Australia
tel (+61) (07) 3234 1875
hlthstat@health.qld.gov.au
www.health.qld.gov.au

Please go to <https://www.health.qld.gov.au/hsu/> to view other publications, reports and information produced by the Health Statistics Branch.

Published by the State of Queensland (Queensland Health), July, 2015



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) [2015]

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

Collection of Indigenous Status in Queensland Health Data Sets

Health Statistics Branch, Queensland Health

Queensland Health manages the collection of information from health service patients/clients consistently to achieve accurate self-identification and robust data regarding Indigenous status. These data support the provision of quality and culturally appropriate health care for Aboriginal and Torres Strait Islander people.

This fact sheet should be read in conjunction with [national best practice guidelines](#) and Queensland Health's [making tracks towards closing the gap framework](#).

Improving the health of the Queensland Aboriginal and Torres Strait Islander population is a priority for Queensland Health. Accurate identification of Aboriginal and Torres Strait Islander patients in Queensland Health data collections assures the complete measurement of both Indigenous health status and the effectiveness of intervention programs. Indigenous status is also used to determine aspects of facility funding.

The intent of this fact sheet is to support the accurate collection and use of data regarding the Indigenous status of health service patients/clients by establishing a consistent methodology for the collection of health service patient/client data in line with national guidelines.

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033* provides four guiding principles which apply to the collection of data regarding Indigenous status:

- | | |
|---|--|
| <p>❖ <i>Cultural respect and recognition:</i> Queensland Health encourages Aboriginal and Torres Strait Islander patients/clients to accurately self-identify their Indigenous status through demonstrated respect for all cultures and by providing environments that respect and recognise Aboriginal and Torres Strait Islander people and cultures.</p> | <p>❖ <i>Relationships and partnerships:</i> Services responsible for the collection of Indigenous status data have clear, documented working relationships with district services provided specifically for Aboriginal and Torres Strait Islander people, including Hospital Liaison Services and Aboriginal and Torres Strait Islander Health Workers, to optimise health outcomes.</p> |
| <p>❖ <i>Communication:</i> The Indigenous status question is asked of all Queensland Health patients/clients through clear, respectful and confidential communication; and upon request, the reasons for this data collection are sensitively communicated.</p> | <p>❖ <i>Capacity building:</i> The methodology for collecting and using Indigenous status is regularly reviewed in each district and state-wide for data integrity and quality improvement, and to ensure that the data is used towards improving health outcomes for Aboriginal and Torres Strait Islander people.</p> |

Best practice in obtaining Indigenous status information:

- ❖ Staff responsible for developing or updating relevant forms use the following *Indigenous status* question, with this exact wording on the forms:

“Are you of Aboriginal or Torres Strait Islander origin?” (For persons of both Aboriginal and Torres Strait islander origin, mark both ‘yes’ boxes).

 - No*
 - Yes, Aboriginal*
 - Yes, Torres Strait Islander*

(For patients/clients of both Aboriginal and Torres Strait Islander origin, both ‘Yes’ boxes should be marked)
- ❖ In addition, the following fourth response category may be included if suited to the data collection practices of the service:
 - Yes, both Aboriginal and Torres Strait Islander*
- ❖ Staff responsible for developing or updating information systems (e.g. databases) containing patient/client demographic information ensure the Indigenous status question is accurately represented in the information system.
- ❖ Staff collecting and recording patient/client demographic data ensure the Indigenous status question is presented (verbally, in sign language and/or in writing) to all patients and clients attending a healthcare service at the following times:
 - at the initial registration for a single treatment or course of treatment
 - if this information has not previously been documented (e.g. if the HBCIS screen shows ‘unknown’) or has not been updated within the previous 3 months
 - if there is discrepancy between different data sources
 - at subsequent appointments/treatments where the staff member recognises the Indigenous status question has not been completed on a form or in the information system.
- ❖ Staff collecting and recording patient/client demographic data direct the following question to the parent, guardian, carer, or responsible accompanying adult of a presenting child under the age of 15 years or a person who is too ill to respond:
 - *“Is (person’s name) of Aboriginal or Torres Strait Islander origin?”*

(The response should be later verified if and when the patient/client is able to answer the question themselves.)
- ❖ Staff collecting and recording perinatal data direct the following question to the mother of a neonate:
 - *“Is (neonate’s name) of Aboriginal or Torres Strait Islander origin?”*

(If the mother is unable to answer the question, it is acceptable to ask the father/relative/close friend/or member of the household the question)

- ❖ Staff collecting and recording patient/client demographic data, where a patient/client does not speak or read or write English, use an interpreter, a staff member or an accompanying person who can interpret to elicit an accurate response to the Indigenous status question.
- ❖ Staff collecting and recording patient/client demographic data ask the Indigenous status question in a respectful and confidential manner.
- ❖ Staff collecting and recording patient/client demographic data record the response in hospital data collection systems and record appropriately in patient information so that it is clearly available to clinical staff.
- ❖ Staff collecting and recording patient/client demographic data not request or require proof of descent, ancestry or community acceptance to validate a response to the Indigenous status question.

It is recommended that:

- ❖ All patients/clients attending Queensland Health facilities should be asked respectfully the question, “Are you of Aboriginal or Torres Strait Islander origin?” either directly or in writing.
- ❖ The question should be asked of all patients/clients irrespective of appearance, country of birth and main language spoken.
- ❖ Responses to the Indigenous status question should be recorded for all patients/clients and clearly available to clinical staff.
- ❖ Systems should be in place to support quality improvement of Indigenous status data collection mechanisms.

Quality improvement suggestions:

- ❖ Managers ensure staff responsible for collecting and recording patient/client demographic data are trained to a level of competency to support data accuracy.
- ❖ Managers ensure mechanisms are in place within their team/facility to follow up and collect Indigenous status data should the question not initially be asked (e.g. emergency presentation) or not answered (e.g. form not completed).
- ❖ Hospital and Health Service Chief Executive Officers ensure a documented quality improvement process is in place to support the accurate recording of patient/client data. This process should include at minimum:
 - Annual audit
 - Strategies to detect inaccuracies/errors
 - Action planning
 - Tracking of actions and reporting.
- ❖ To support Hospital and Health Service staff, the Health Statistics Branch monitors and reports on synthetic data estimates of Indigenous identification and “not stated” Indigenous status at facility level at a minimum of every twelve months. For these to indicators go to <http://qheps.health.qld.gov.au/hsu/qhpi-at.htm>

Definitions of terms used in this fact sheet and/or related documents:

Term	Details	Source
Indigenous status	Indigenous status is a measure of whether a person identifies as being of Australian Aboriginal or Torres Strait Islander origin.	Qld Health Data Dictionary
Indigenous status question	“Are you [is the person] of Aboriginal or Torres Strait Islander origin?”	Australian Institute of Health and Welfare, 2010, <i>National best practice guidelines for collecting Indigenous status in health data sets</i> , Canberra.
The standard response options	<p>Three standard response options should be provided to clients to answer the question (either verbally or on a written form):</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p> <p>For clients of both Aboriginal and Torres Strait Islander origin, both ‘Yes’ boxes should be marked. Alternatively, a fourth response category may also be included if this better suits the data collection practices :</p> <p><input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander</p>	Australian Institute of Health and Welfare, 2010, <i>National best practice guidelines for collecting Indigenous status in health data sets</i> , Canberra.

Related documents:

- Australian Institute of Health and Welfare, 2010, *National best practice guidelines for collecting Indigenous status in health data sets*, Canberra.
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458760>
- Queensland Health, 2010, *Making tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework*, Brisbane.
http://qheps.health.qld.gov.au/atsihb/docs/making_tracks_pol.pdf