### RELEASE OF NSW PUBLIC HEALTH BULLETIN DISCUSSION PAPER

The NSW Public Health Bulletin was established in May 1990 and has been in continuous production ever since. Throughout this period it has supported public health action in New South Wales. This month a discussion paper was released which makes recommendations regarding the future direction of the Bulletin.

The discussion paper is intended to stimulate a broad discussion and readers' comments are welcome. The comments we receive will help to shape a survey of the Bulletin's readership to be conducted in 2001. The purpose of this readership survey will be to ensure that the *NSW Public Health Bulletin* continues to be a useful and respected tool of the public health workforce in New South Wales.

Copies of the discussion paper are available from Michael Giffin, and can be obtained by phoning (02) 9391 9241; by faxing (02) 9391 9232, or by emailing mgiff@doh.health.nsw.gov.au. The discussion paper is also available from the NSW Department of Health's Web site at www.health.nsw.gov.au/public-health/phb/phb.html. Reader's comments on the discussion paper should be received by 2nd March 2001.

# INDIGENOUS STATUS A KEY ISSUE FOR HEALTH SERVICES

### Jenny Davis and Janis Shaw

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Collectors of health data across all agencies are the targets of a national awareness campaign aimed at improving the quality, completeness and coverage of indigenous health information.

The National Centre for Aboriginal and Torres Strait Islander Statistics (NCATSIS)—based at the Australian Bureau of Statistics (ABS) office in Darwin—is a key player in supporting the Indigenous Status Awareness Campaign, and is disseminating a package of campaign material including special pamphlets and a poster.

In partnership with the Australian Institute of Health and Welfare (AIHW), the ABS has developed a range of resources to help health service providers improve the accuracy of the data they collect about peoples' indigenous status and other data variables. The campaign stresses that good data quality is best achieved by following four steps:

- adoption of a standard question on indigenous status;
- provision of training and support for data collectors;
- raising public awareness on the issue;
- assessing the accuracy of the data when it is collected.

A standard question was developed by the ABS to help ensure consistency in collecting data on indigenous issues. However, research has indicated that health professionals and health service data collectors can experience difficulty when asking the question:

### 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

This may occur if asking the question makes data collectors feel awkward, or if they feel the question is sensitive and may upset the person being questioned. Some people collecting information from clients have also said they do not know how to answer client queries about why the question is being asked, or how to manage some client reaction to the question. In developing best practice methods in data collection it is essential to train collectors to address issues surrounding the collection of indigenous status, particularly:

- understanding the importance of asking the indigenous status question;
- knowing how to ask the question;
- feeling adequately equipped with information to manage client queries and responses.

Raising general client awareness supports staff collecting data and helps them manage client queries. Materials available to assist include two pamphlets:

- one targets all clients of health services and explains why the question is being asked;
- one targets health providers and gives information on the importance of asking the question.

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To help assess the accuracy of data, NCATSIS has a comprehensive publication Assessing the Quality of Identification of Aboriginal and Torres Strait Islander People in Hospital Data, which includes guidelines for conducting a data quality audit. Procedures involve reinterviewing patients and comparing these results with the information in hospital records.

To assist in other ways the ABS provides related services through its State regional offices, including:

- providing expert advice on effective data capture;
- providing advice on train-the-trainer services for data collectors on how to collect indigenous data,

- or assisting organisations to adapt this training to suit local requirements;
- providing indigenous status awareness material;
- providing advice and assistance in conducting data quality assessments and assistance with analysis of results.

For further information please contact Janis Shaw, NCATSIS 1800 633216, or by email at: janice.shaw@abs.gov.au.

A list of all ABS publications is available on the ABS Web site at **www.abs.gov.au**.

# IMPROVING THE IDENTIFICATION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES IN HEALTH-RELATED INFORMATION COLLECTION SYSTEMS IN NSW

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This article describes two projects undertaken by the NSW Department of Health to improve the identification of Aboriginal and Torres Strait Islander people in our major health information collection systems. The first project described is the development of Better Practice Guidelines for identification, and the second is a training program for frontline staff to improve the accuracy of patient registration information that is collected.

## **BACKGROUND**

The poor health status of Aboriginal and Torres Strait Islander peoples is well documented. Aboriginal infants have lower birth-weights, and higher rates of stillbirth, neonatal and postnatal death compared with non-Aboriginal infants. Aboriginal mothers represent nearly 30 per cent of all maternal deaths but comprise less than three per cent of all deliveries. Chronic diseases are more common among Aboriginals and Torres Strait Islanders, particularly diabetes, renal failure, and eye and ear problems. Aboriginal and Torres Strait Islander peoples are at significantly increased risk of death due to circulatory diseases, respiratory illnesses, injuries and poisoning, and cancer when compared with other Australians. The average estimated life expectancy of Aboriginals and Torres Strait Islanders continues to be around 15-20 years below that of non-indigenous Australians, with estimates of 57 years for indigenous males and 62 years for indigenous females. 1,2,3

Accurate and reliable information is critical to our efforts to improve the health outcomes of Aboriginal and Torres Strait Islander peoples. However, the quality of much of the available information is poor. One of the most important reasons for this is the under-identification of Aboriginal and Torres Strait Islander peoples in most health-related information collection systems. For example, it has been estimated that the NSW Hospital Inpatient Statistics Collection (ISC) under-enumerates Aboriginals and Torres Strait Islanders by 33 per cent.<sup>4</sup> This problem is further compounded by inconsistent collection practices when the data are collected, in particular the use of various questions about Aboriginal origin, descent and identification.

The inaccuracy and unreliability of these data seriously affect their use for planning, evaluation and monitoring purposes at local, State and national levels. In this regard it is of particular concern that 'national' reports about Aboriginal and Torres Strait Islander health often do not include NSW health statistics due to problems with data quality. As a result, the 25 per cent of Aboriginal Australians who reside in NSW are not being represented in the national picture.

## **BETTER PRACTICE GUIDELINES**

The NSW Department of Health's Contract and Service Performance Branch has initiated a number of projects aimed at identifying and supporting better practice within the NSW health system. One of these projects was the development of Better Practice Guidelines to improve the level of identification of Aboriginal and Torres Strait

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