



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Fact Sheet: The identification of Aboriginal and Torres Strait Islander people

What is required in the RACGP's Standards for general practices (3rd Ed)

The Royal Australian College of General Practitioners (RACGP) recognises that improving the health of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities.

The *Standards for general practices (3rd Ed)* asks that:

- the practice general practitioners (GPs) can explain how they access guidelines for specific clinical care of patients who self-identify as Aboriginal or Torres Strait Islander¹ (*Criterion 1.4.1E*)
- the practice can demonstrate that it is working towards recording the self-identified cultural background of patients (e.g. Aboriginal and Torres Strait Islander self-identification) in active patient health records (*Criterion 1.7.1D*)
- the practice can identify important / significant cultural groups within the practice's patient population (e.g. Aboriginal and Torres Strait Islander patients), and outline the strategies they have to meet their needs (*Criterion 2.1.1H*).

Practices need to be working towards the routine recording of patient's cultural background, status in order to assist in appropriately tailoring care to patients. It is particularly important to routinely record Aboriginal or Torres Strait Islander self-identification, the process by which patients are encouraged to identify themselves as being of Aboriginal and Torres Strait Islander origin.

The *Standards* provide guidance about the appropriate ways to ask about the possible Aboriginal and Torres Strait Islander identity of patients.

The National Aboriginal Community Controlled Health Organisation (NACCHO) supports this important task.

Current evidence – such as the BEACH study – suggests that there is substantial under-identification of Aboriginal and Torres Strait Islander people in general practice, despite the importance of tailoring health care to their specific and different needs.

While this Fact Sheet specifically deals with issues related to Aboriginal and Torres Strait Islander people, there are other groups in the Australian society with high health needs such as homeless people, people with disability, refugees, and survivors of abuse and torture; and general practices are encouraged to specifically address these people's needs if they live within their community.

¹ Such material is available in the *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*, prepared by the National Aboriginal Community Controlled Health Organisation as lead agency of the Chronic Illness Alliance of Non-Government Organisations, and endorsed by the Royal Australian College of General Practitioners, August 2005.



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Ways to demonstrate that you are working towards the recording the self-identified cultural background of patients

There are many ways in which a practice can improve the recording of the self-identified cultural background of its patients. Depending on the barriers to recording the self-identified cultural background of patients in a general practice, the following strategies might be useful and appropriate:

- undertaking a clinical audit to determine if the information is recorded where the cultural background of patients is known to the practice
- putting a sign at the reception desk or in the waiting room which indicates the importance of the general practice knowing the cultural background of patients
- including the request for information about cultural background amongst the information sought in a form given to new patients to complete
- undertaking staff education about the importance of the issue, the benefits to the patients of the practice, and appropriate ways to ask about cultural background
- working with people from the various communities within the catchment of the general practice to raise awareness within the community of the benefits and importance of identifying cultural background when going to the general practice.

Identification of Aboriginal or Torres Strait Islander patients

Patients can be encouraged to self-identify either verbally or by completing a form.

- Some people may give this information without being asked. Others may not.
- It is important not to assume that a person is or is not Aboriginal or Torres Strait Islander.

It is valuable for GPs to ensure that each person attending their practice has the opportunity to identify if they are Aboriginal or Torres Strait Islander. An environment that maintains confidentiality and provides an explanation for this question if requested will assist this process.

It is important that GPs and practice staff are accurate in collecting this information, and that assumptions about a person's origin are not based on physical features, name, address, associates etc.

The only accurate method to identify a patient of Aboriginal or Torres Strait Island descent is to ask them to self-identify as such. The inquiry may be made verbally and recorded by the GP as part of routine medical history taking at first consultation, or by a receptionist or other staff member.

The nationally accepted question to ask is: "Are you Aboriginal or Torres Strait Islander origin?" This exact form of words may not be appropriate in all clinical settings and useful guidance can be found in the Commonwealth Department of Health and Ageing (DoHA) Aboriginal and Torres Strait Islander adult health check Medicare item supplementary and reference materials for health practitioners¹.



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Alternatively, the question may be included on a client self-history or practice record form. The form should use a standard question such as:

Are you Aboriginal or Torres Strait Islander?

- Yes - Aboriginal*
- Yes - Torres Strait Islander*
- Yes – Aboriginal and Torres Strait Islander*
- No*

When this information is reported and recorded in health information systems the resulting data item is known as the patients ' self-identified Aboriginal and Torres Strait Islander status'.

Background

The health of the Australian population improved markedly during the twentieth century. Health gains however, have not been equally shared across all sections of the population, and today Australia is characterised by large morbidity and mortality inequalities between population subgroups.

In particular, Aboriginal and Torres Strait Islander people have a life expectancy that is 20 years shorter than that of non-Aboriginal people, and a death rate in the 35 to 44 age group that is five times greater. Aboriginal and Torres Strait Islander children in the 0-14 age group are 2.7 times more likely to die than non-Aboriginal children in the equivalent age group and the infant mortality rate is three times greater. Aboriginal and Torres Strait Islander people are twice as likely to have a low birth weight baby than are non-Aboriginal people. (A brief summary of details provided by the AIHW Australia's Health Report 2004 is available from <http://www.aihw.gov.au/publications/index.cfm/title/10014>).ⁱⁱ

A recent summary of Aboriginal Health highlights the fact that the majority of Aboriginal Australians are more likely to suffer from cardiovascular disease, respiratory disease, injuries, renal failure, non-insulin-dependent diabetes mellitus, lung cancer, cervical cancer and liver cancers, and preventable communicable diseases (Australian Indigenous Health *InfoNet* (2004) *Overview of Indigenous health: January 2004*).ⁱⁱⁱ

During the review of the *Standards (2nd Ed)*, members of the general practice community asked that the new Standards include specific reference to the ways that practices could improve care of Aboriginal and Torres Strait Islander patients. As a matter of principle, many GPs felt that it was essential that the *Standards* directly address the health needs of Aboriginal and Torres Strait Islander people.

Representatives from within Aboriginal and Torres Strait Islander communities urged the RACGP to include specific reference to the needs of members of their communities. They also strongly supported a standard that encouraged general practices to record the self-identified Aboriginal and Torres Strait Islander identity of patients.

This view was shared by a range of stakeholders in general practice.



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

-
- ⁱ Commonwealth Department of Health and Ageing (DoHA). Aboriginal and Torres Strait Islander adult health check Medicare item supplementary and reference material for health practitioners. Canberra: DoHA online, 2004. Available at:
[www.seniors.gov.au/internet/wcms/Publishing.nsf/Content/health-epc-atsiinfo.htm/\\$FILE/sandrm.pdf](http://www.seniors.gov.au/internet/wcms/Publishing.nsf/Content/health-epc-atsiinfo.htm/$FILE/sandrm.pdf)
Accessed 24/05/2005.
- ⁱⁱ Australian Institute of Health and Welfare (AIHW). Australia's Health 2004. Canberra: AIHW, 2004.
- ⁱⁱⁱ Thomson N, Burns J, Burrow S, Kirov E. Overview of Indigenous health 2004. Australian Indigenous Health Bulletin 2004; 4(4): Reviews 1. Mt Lawley: HealthInfoNet online, 2004. Available at:
www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_44/reviews/thomson/reviews_thomson_1.htm.
Accessed 05/05/2005.