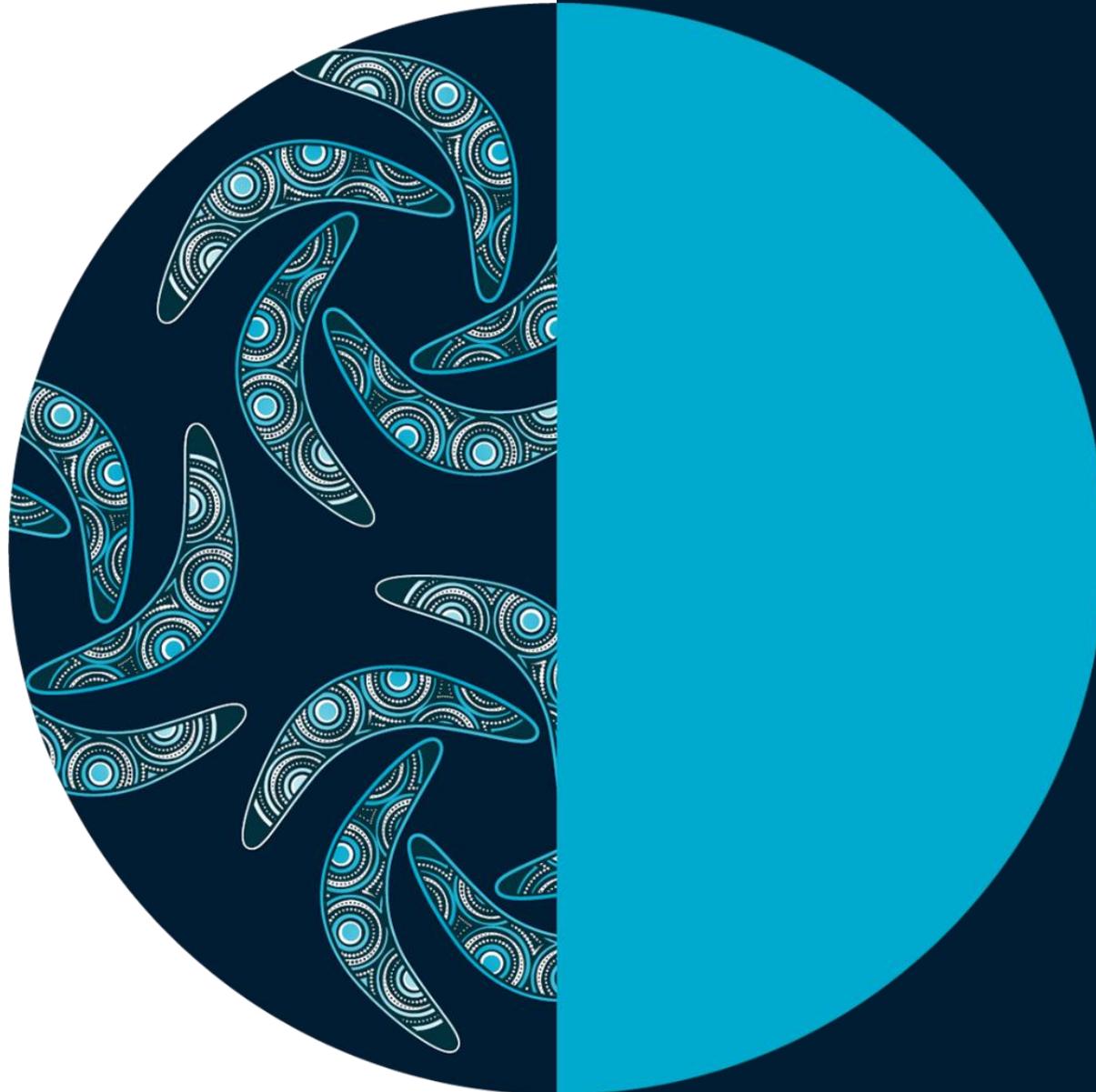




Better healthcare in hospitals for Aboriginal and Torres Strait Islander people

Thursday 12 November 2020





Overview

- My background
- What is Indigenous Status & why collect it
- History of Indigenous health data
- How accurate is Indigenous status?
- Alternative methodology results
- Accurate Indigenous Status identification: implications for their care.
- Indigenous Status - Culturally Safe Care
- Disparities in health care?
- Patient Journey

Identification of
Aboriginal and Torres
Strait Islander people
who present to hospitals
and the implications for
their care.



Dr Ray Mahoney



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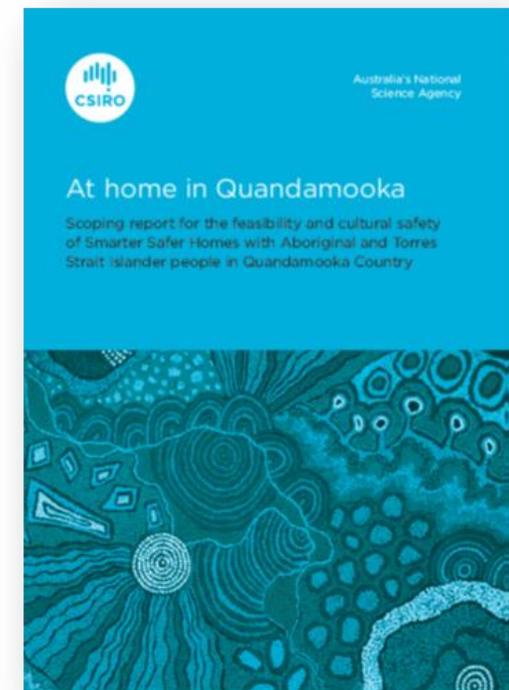
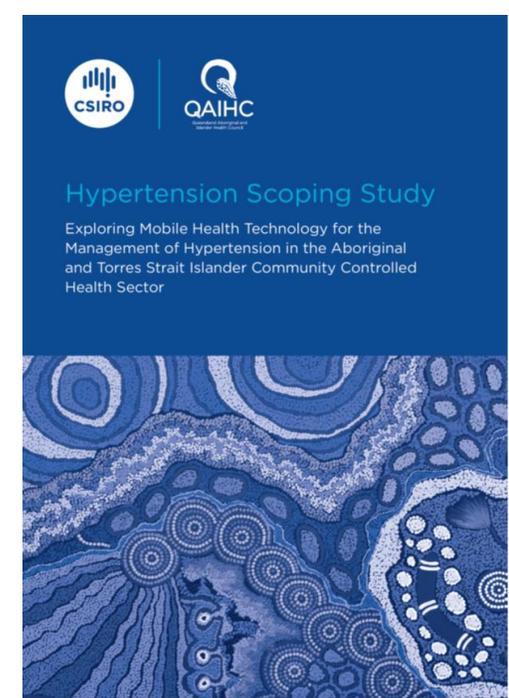


National Research
Collections of Australia

Australian e-Health Research Centre (AEHRC)

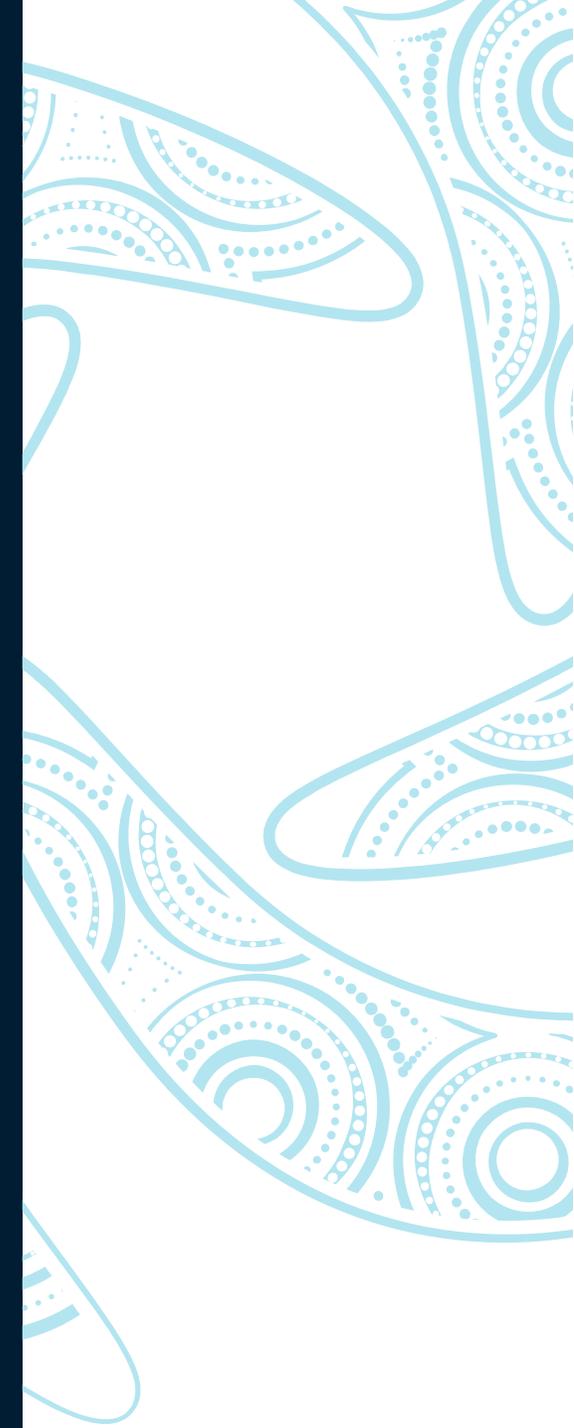
Developing Indigenous e-Health Research

- Mobile Health (mHealth)
- Aged Care
- Thermal comfort monitoring in remote communities
- Primary Care Data Quality Foundations
- e-Health Research Collaboration for Aboriginal and Torres Strait Islander Health



Indigenous Status

- What is Indigenous Status?
- Why collect Indigenous status?
- What is the Indigenous status question?
- How is Indigenous Status Recorded?
- Who is Indigenous?
- Who decides Indigenous status

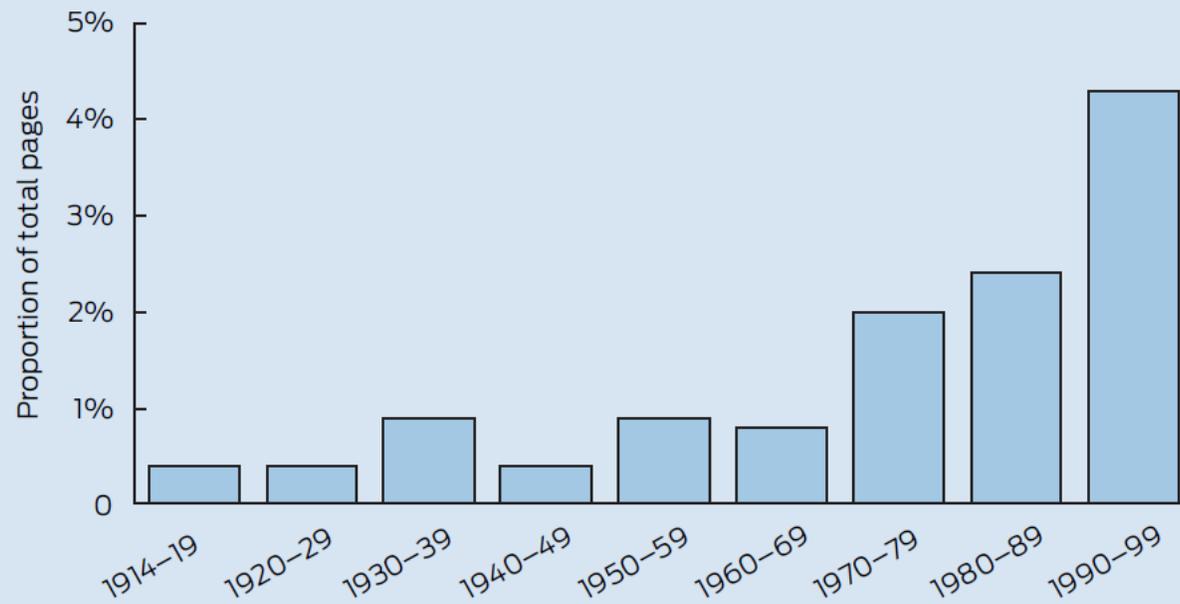




History of Indigenous health data



2 Indigenous health articles as a proportion of total *MJA* pages, 1914–1999^{7*}



* Excludes the 99 (of a total 1022) Indigenous health articles published in supplements (of these, 95 were published between 1974 and 1986, including 21 in 1975).

2011 - MJA Indigenous health research is still too **“observational and deficit-focused, with a dearth of interventional studies”** and **“considered putting a moratorium on publishing the many observational studies”** being submitted

(Thomas, Bainbridge, & Tsey, 2014)

Table 1: The six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people



Standard	Action
Partnering with Consumers Standard	2.13 The health service organisation works in <i>partnership with Aboriginal and Torres Strait Islander communities</i> to meet their healthcare needs
Clinical Governance Standard	1.2 The governing body ensures that the organisation's <i>safety and quality priorities</i> address the specific health needs of Aboriginal and Torres Strait Islander people
	1.4 The health service organisation <i>implements and monitors strategies</i> to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
	1.21 The health service organisation has strategies to improve the <i>cultural awareness and cultural competency</i> of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
	1.33 The health service organisation demonstrates a <i>welcoming environment</i> that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people
Comprehensive Care Standard	5.8 The health service organisation has processes to routinely ask patients if they <i>identify as being of Aboriginal and/or Torres Strait Islander origin</i> , and to <i>record</i> this information in administrative and clinical information systems

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How accurate is Indigenous status?

AIHW methodology

- Interview each in-patient and ask Indigenous status question
- Check information recorded at interview with Indigenous status in hospital system

Author	Year	Sample Site	Jurisdiction	Number participants (Indigenous)	% Accurately identified
AHMAC & ATSIHWIU (1999)	1998	11 hospitals		8,276 (648)	85% (range 55-100%) of Indigenous
Lynch & Lewis(2005)	1997	2 hospitals	QLD	1836 (76)	66% & 70% of Indigenous
Mahoney (2005)	2000	2 hospitals	QLD	1090 (35)	74% overall (62% & 82%)
AIHW (2010)	2007 2008	Hospitals		Aust: 9,640 (1,380) QLD: 2740 (403)	93% of Indigenous 88% of Indigenous
AIHW (2013)	2011 2012	Hospitals		Aust: 20,099 QLD: 3516 (357)	88% (weighted) 87% (weighted)

Alternative methodology results

	Hospital			
Outreach Cohort	Indigenous	Non-Indigenous	Not Stated	TOTAL
Indigenous	138	49	44	231
	59.7%	21.2%	19.0%	
Non-Indigenous	32	24	7	63
	50.8%	38.1%	11.1%	
Total	170	73	51	294
	57.8%	24.8%	17.3%	



Accurate Indigenous Status identification: implications for their care. Results: Completeness & Correction Factor

294 patients Qld Health hospitals

- Indigenous patients - 60% accurately recorded correction factor of 1.35.

AIHW/Qld Health report (2011-12)

- Indigenous patients 87% accurately recorded Correction Factor 1.08

Applying the Correction Factor of 1.35 to Indigenous separations:

- Nationally 408 165 Indigenous separations would increase to 551 023 (+142k).
- Qld 99,956 Indigenous separations would increase to 134 941 (+34k)

Four levels of inter-related cultural competence in delivering culturally safe care:

- Systemic
- Organisational
- Professional
- Individual

Nguyen (2008)

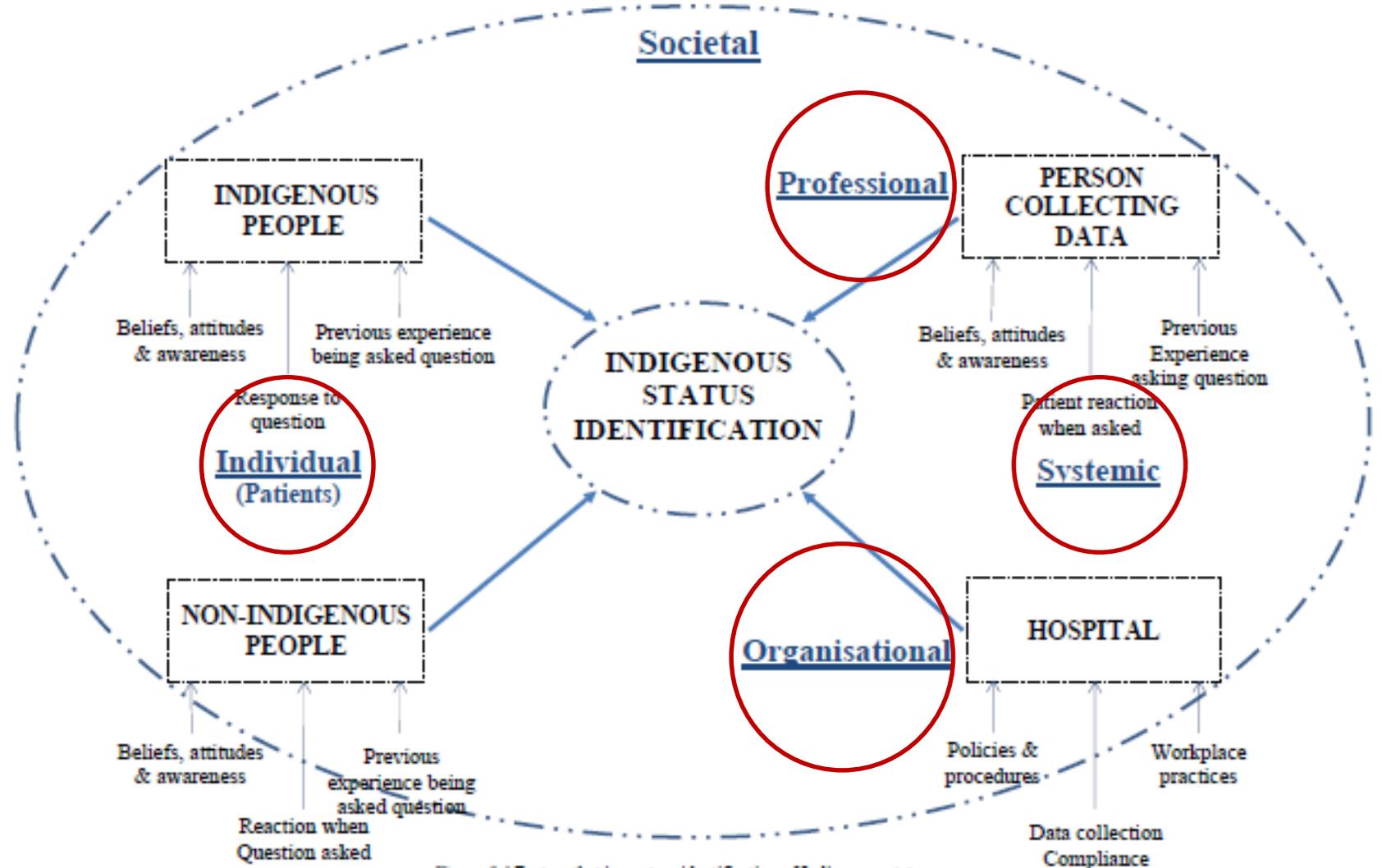


Figure 5.1 Factors that impact on identification of Indigenous status



Impact on patient care? CVD patient journey

Evidence that Indigenous people receive a **lower standard of hospital care** than non-Indigenous patients has been well documented

The reasons for these disparities between Indigenous and non-Indigenous patients in the levels of evidence-based health care have been less clear and **attributed to a range of factors, including racism.**

Disparities in health care

Disparities in health care?

Cardiovascular Disease Management

Details of Study	Procedure/Outcome	Study Results
Brown (2010) 492 public hospital patients (214 Indigenous and 278 non-Indigenous)	Diagnostic angiography	36% Indigenous 47.6% Non-Indigenous
	Mortality (two year follow up)	30% Indigenous 17.8% Non-Indigenous
Coory and Walsh (2005) 14 683 public sector patients admitted to Qld. 558 (3.8%) Indigenous.	PCI	39% lower
	Mortality (12 month follow up)	79% more likely to die
Mathur, Moon et al. (2006) for the AIHW 2002–2003 hospital and mortality records	Diagnostic angiography	40% lower rate
	Coronary angioplasty or stent	40% lower rate
	Coronary bypass surgery (CABG)	20% lower rate
	CHD out-of-hospital death rate.	1.4 times



CVD patient journey

- Management of CVD is **logistically complex** and relies on interaction with a range of health care service providers.
- This creates **numerous opportunities for racism** and discrimination to occur at various levels (internalised, interpersonal and systemic)
- Significantly influence, and in many instances **ultimately determine, the standard of care and health outcomes** for Indigenous patients.



Indigenous CVD patients

Does the literature reinforce the dominant white viewpoint about Indigenous patients:

- poor health literature
- lower levels of education
- competing personal and family demands
- cultural misunderstandings
- transport issues
- financial constraints
- being more mobile
- fear of hospitals



Patient Journey

My thesis study found evidence of a gap in the patient journey that disadvantaged Indigenous patients.

There are some aspects of the patient journey that are more reflective of the unique needs of Indigenous patients.

There was also evidence that there could be differences in diagnostic investigations based on Indigenous status, but a larger sample size is required to substantiate this finding. times to 2.7 times.



Accurate Indigenous Status identification: implications for their care.

Patient Journey

Conclusion

- Collecting Indigenous status often a 1st step in the patient journey.
- Collecting Indigenous status often happens in multiple steps in the patient journey.
- Does asking the Indigenous status reinforce racism?
 - (Across all levels – Internalised, Interpersonal and Systemic)
 - Is asking the Indigenous status question racial profiling?
- Indigenous status could be collected and reported during culturally safe clinical care
- Health services are capable of providing culturally safe care to Indigenous people
- Sharing of quality health information on Indigenous patients
- Systemic racism requires attention to create an environment for culturally safe care to become normalised.



Thank you

Health and Biosecurity

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