

Better Practice Guidelines

to Improve the Level of
**Aboriginal and
Torres Strait Islander
Identification**
in the NSW Public Health System

Better Health Good Health Care

NSW  HEALTH

NSW HEALTH DEPARTMENT

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For further copies please contact:

Manager
Contract and Service Performance Branch
Performance Management Division
New South Wales Department of Health
Telephone: (02) 9391 9554
Fax: (02) 9391 9456
E-mail: jyoung@doh.health.nsw.gov.au

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Foreword

The Better Practice Guidelines to Improve the Level of Aboriginal and Torres Strait Islander Identification in the New South Wales public health system have been developed under the auspice of the State Continuous Improvement Steering Committee (SCISC). The SCISC was established in 1996 to advise NSW Health on its continuous improvement strategy in non-clinical areas and consists of representatives from health professional and industrial bodies, senior health managers from across the NSW health system and the Australian Council on Health Care Standards.

The Better Practice Guidelines to Improve the Level of Aboriginal and Torres Strait Islander Identification in the New South Wales public health system seeks to improve the identification of Aboriginal and Torres Strait Islander status of patients in the NSW public health system. Accurate information is important in making informed decisions about the planning and delivery of health services so that health care providers can deliver the most appropriate care commensurate with the needs of Aboriginal and Torres Strait Islander peoples. The under-recording of Aboriginal and Torres Strait Islander origin information in major health and health-related data collections is a significant issue that these guidelines seek to address.

With the use of these Guidelines health services can work towards improving the processes in the identification of Aboriginal and Torres Strait Islander origin and so help improve services planning and access to services for Aboriginal and Torres Strait Islander peoples. Together with the other Better Practice Guidelines developed under the auspice of the State Continuous Improvement Steering Committee and other such initiatives, these Guidelines help achieve the goals:

- Healthier people
- Fairer access
- Quality Health care
- Better value

as set out in the NSW Health Strategic Directions for Health 1998 – 2003.



Michael Reid
Director- General

Executive Summary

Introduction

The development of the Better Practice Guidelines to Improve the Level of Aboriginal and Torres Strait Islander Identification in the New South Wales public health system was auspiced by the State Continuous Improvement Steering Committee and commenced in February 1998.

These guidelines were drafted by a Reference Group and Consortium that consisted of frontline staff and managers from four rural and metropolitan Health Services within NSW representing both hospital and community settings. Input and feedback was also received from representatives of the Aboriginal Health and Medical Research Council.

The main objective of this benchmarking project was to determine ways to improve the collection of Aboriginal and Torres Strait Islander origin information in the New South Wales public health system.

This project has identified wide variation in the questions asked to determine and collect data on the Aboriginal and Torres Strait Islander origin of hospital patients amongst the four participating Health Services. It could be assumed that this variation extends to the community health sector and across the NSW public health system generally. This project has involved service providers such as frontline staff and managers in considering issues affecting the collection of data on the Aboriginality of hospital patients. The results of benchmarking the questions currently used in facilities in the four Health Services are presented in Appendix One.

Compared to all other states and territories, NSW has the largest Aboriginal population amongst Australian States and Territories whilst the Torres Strait Islander population is very small. The health of Aboriginal and Torres Strait Islander peoples in NSW therefore plays a major role in the 'national picture' of Aboriginal and Torres Strait Islander health. However, the quality of information on the health status of Aboriginal and Torres Strait Islander peoples in the NSW health system is poor. One of the major contributing factors is the under identification of people of Aboriginal and Torres Strait Islander origin within most public health information collection systems.

Considerable effort has gone into determining what good quality data should look like. This is not an exact science. Analyses comparing 'expected' data with the data actually recorded for Aboriginal health in NSW show wide disparities – not seen in most other states and territories. A key reason for these data problems is the under-identification of Aboriginal and Torres Strait Islander peoples in most health and health-related data collection systems in NSW. For instance, it has been estimated that the NSW Inpatient Statistics Collection (ISC) under-enumerates people of Aboriginal and Torres Strait Islander origin by an average 33%. This is a notable contrast to Queensland, South Australia and Victoria where people of Aboriginal and Torres Strait Islander origin are under -enumerated by an average 15%, 10% and 25% respectively (Deeble et al 1998).

The current efforts to improve data quality in NSW are not driven by a desire for 'perfect statistics'. The key motivator is our commitment to improving the health of Aboriginal and Torres Strait Islander peoples. Good quality information is an important tool in making informed decisions about the planning and delivery of health services.

These guidelines have been developed to assist managers and other senior health staff. A separate project, under the NSW Aboriginal Health Information Strategy, targets staff directly involved in the collection and recording of Aboriginal and Torres Strait Islander origin information. The first component of this project has resulted in a training package for frontline hospital staff. The guidelines and this training package should be regarded as companion resources targeting different audiences. This summary presents four components that may be implemented by Health Services to improve data collection on Aboriginality.

The 'Right' Question

This project has revealed enormous inconsistencies in the way Aboriginality information is recorded on hospital forms. Following a national meeting in November 1996, health jurisdictions agreed to the use of the question used by the Australian Bureau of Statistics (ABS) when collecting Aboriginality information. All health services must use this ABS Standard. Staff should be made aware when collecting Aboriginality information that they will ask the question:

Are you of Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No

Staff Training

It is important that hospital staff who are required to ask questions of this nature:

- Are able to clearly explain the reasons for collecting the data.
- Recognise the nature of the question and are mindful of the manner in which it is asked.
- Acknowledge that all clients have the right to refuse to supply this information.

Health Services need to have cultural awareness training programs for staff that form part of their orientation and induction programs and are supported by regular updates or in-service programs. This will assist staff in the:

- Understanding of why the information is needed
- Understanding of why in the past it has been difficult to ask
- Developing a range of responses to clients who ask why the information is needed

Professional Development Programmes run by Area Health Services for example, "Dealing with Aggression", "Conflict Resolution" and "Communication Skills" may consider using the question on Aboriginality as an example of the difficulties client services staff can meet when asking for information that may illicit an unexpected or undesired response. For example, skill development programs for staff collecting client information could assist staff in managing unexpected or undesired responses when asking questions about marital status, religion, Aboriginal origin, and other items regarded by some as 'sensitive'.

Professional Development Programs on "Cultural Awareness" can also discuss the importance of Aboriginal and Torres Strait Islander origin information in assisting with service planning and delivery for Aboriginal and Torres Strait Islander peoples, and some of the reasons why there have been difficulties in the past in collecting this information.

Staff orientation programs may need to be reviewed by the Human Resource Managers Forum to ensure they contain relevant training material to assist frontline staff collecting patient information. This may include suggested responses to why certain questions like Aboriginal and Torres Strait Islander origin are being asked, an explanation of why people may react to being asked specific questions and display media that will further communicate the reasons for collecting the information.

Policy and Procedure Manuals should also be updated to include readily accessible material that will assist the client services staff member in the performance of this work task. The manual should also include relevant Department of Health circulars and stipulate minimum standards in the completion on the work task.

Organisational Issues

Appropriate organisational structures and processes are required in order for staff to be able to implement these guidelines. Details are contained in the body of the report.

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Introduction

The New South Wales (NSW) Health Department in collaboration with Area Health Services has undertaken a series of benchmarking projects in specific service areas designed to improve the quality of service to the community. The outcome of each project is a set of guidelines to provide health service providers with a framework for continuous improvement in a specific service. This publication is the sixth in a series of guidelines and seeks to improve the identification of Aboriginal status of patients of the NSW public health system.

This benchmarking project was under the auspice of the State Continuous Improvement Steering Committee (SCISC), established in April 1996 to provide a strategic direction for benchmarking projects to improve non-clinical aspects of health services delivery. The project was managed by the Performance Management Division of the NSW Health Department.

This publication is a guideline developed by staff from the NSW public health system representing hospitals and community locations to assist in the process of data collection.

Strategic Direction for Quality

Improving the quality of practices in the NSW health system is one of the principle goals of the NSW health system. The four goals of the NSW public health system set out in Strategic Directions for Health 1998 - 2003 are:

- Healthier people
- Fairer access
- Quality health care
- Better value

The improvement of identification of Aboriginal peoples accessing services of the NSW public health system plays an important part towards meeting these goals. Improving the processes in identification of Aboriginal and Torres Strait Islander origin is crucial towards services planning and improving access to services for Aboriginal and Torres Strait Islander peoples.

Why is it Important?

It is important to know Aboriginal and Torres Strait Islander origin information because the health of Aboriginal peoples and Torres Strait Islanders is still significantly poorer than that of non-Aboriginal Australians. Accurate origin information allows us to monitor our efforts to improve the health of Aboriginal and Torres Strait Islander peoples.

It is important to know Aboriginal and Torres Strait Islander origin information to ensure health care providers deliver the most appropriate care commensurate with the identified needs. There is significant concern over the gap in health status between Aboriginal and Torres Strait Islander peoples and the remainder of the Australian population. For example, the life expectancy for Aboriginal males is 17 years shorter than their non-Aboriginal counterparts. The infant mortality rate for Aboriginal-babies is three times that of non-Aboriginal Australians (ABS and AIHW 1997). Surveys have shown that Aboriginal and Torres Strait Islander peoples often present to health services late and with more serious or severe conditions. Accurate identification is fundamental to providing appropriate and good quality health services. Accurate identification will also facilitate patients having access to culturally appropriate services and Aboriginal and Torres Strait Islander health workers within the NSW health system.

It is important to know Aboriginal and Torres Strait Islander origin information so that national reports such as National Performance Indicator's about the Aboriginal and Torres Strait Islander peoples of Australia include those in NSW. The

poor accuracy of origin information in NSW has meant that Aboriginal and Torres Strait Islander peoples in NSW have often been excluded from such reports.

Differences between NSW and Other States

Compared to all other states and territories, NSW has the largest Aboriginal population amongst Australian States and Territories whilst the Torres Strait Islander population is very small. The health of Aboriginal and Torres Strait Islander peoples in NSW therefore plays a major role in the 'national picture' of Aboriginal and Torres Strait Islander health. However, the quality of information on Aboriginal and Torres Strait Islander health in the NSW health system is poor. One of the major contributing factors is the under identification of people of Aboriginal and Torres Strait Islander origin within most public health information collection systems.

Considerable effort has gone into determining what good quality data looks like. This is not an exact science. Analyses comparing 'expected' data with the data actually recorded for Aboriginal and Torres Strait Islander health in NSW show wide disparities – not seen in most other states and territories. A key reason for these data problems is the under-identification of Aboriginal and Torres Strait Islander peoples in most health and health-related data collection systems in NSW. For instance, it has been estimated that the NSW Inpatient Statistics Collection (ISC) under-enumerates people of Aboriginal and Torres Strait Islander origin by an average 33%. This is a notable contrast to Queensland, South Australia and Victoria who under enumerate people of Aboriginal and Torres Strait Islander origin by an average 15%, 10% and 25% respectively.¹

There are a number of reasons why the quality of information about Aboriginal and Torres Strait Islander peoples in other states and territories is considered 'better'.

In other states and territories:

- Comparisons between 'expected' data and the data actually recorded for Aboriginal and Torres Strait Islander health are closely correlated in most cases;
- Larger proportions of Aboriginal and Torres Strait Islander peoples live in discrete rural/remote communities, making Aboriginal and Torres Strait Islander identification easier;
- Health jurisdictions have previously addressed similar data quality problems and taken remedial steps.

Asking the 'Right' Question

This project has revealed enormous inconsistencies in the way Aboriginality information is recorded on hospital forms. In 1996 a meeting of governments agreed to adopt the 'ABS Standard' – that is, the question and codes used by the Australian Bureau of Statistics in the 5-year population census for collecting origin information. All health services must use the ABS Standard. Managers should ensure staff ask the question as stated below.

The following are guidelines to assist staff in asking and collecting origin information.

¹ Deeble J., Mathers C., Smith L, Goss J., and Smith V, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People*, (1998), Canberra: Commonwealth DHFS (Publication No. 2225)

The Question

The question you should ask is:

Are you of Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No

Why this Question needs to be asked

The following section provides a range of responses staff may use or modify to answer enquiries as to why the information is needed.

- The Department of Health requires that the question is asked of every patient being admitted to hospital in New South Wales to assist in improving the planning of services.
- The information is collected for better health statistics of Aboriginal and Torres Strait Islander peoples to assist in the improvement of their health.
- Improved information will assist staff to provide culturally sensitive services.
- Sometimes it is not possible to determine whether any person is an Aboriginal or Torres Strait Islander without asking the person whether they are of Aboriginal or Torres Strait Islander origin.
- We ask so that we can work towards improving the health of Aboriginal and Torres Strait Islander peoples because right now their health is much poorer than that of other Australians.
- The answers we collect help staff give everyone services that fit their culture.
- We collect this information to identify and service everyone's needs better.
- This information is used for better planning of health services.
- This information lets us know which patients might like to have access to Aboriginal health workers.
- Your answers to the various questions we ask help us to help you.

Why has it been difficult to ask?

It is important that staff understand that the question is 'not a sensitive question', although some people may be sensitive to either asking the question or being asked. The question relating to Aboriginal and Torres Strait Islander origin is equivalent to every other question required at the time of admission to a health service, and should be asked in exactly the same way.

Because some people may be sensitive to either asking or being asked the question, they should have access to cultural education and be supported and encouraged to understand that this question is the same as every other question on the admission form. The effect of past policies and community attitudes on why some people are sensitive to this question is described in the section on cultural issues. There are concerns in Aboriginal communities about the possible uses of data, and myths in the non-Aboriginal community about services for Aboriginal and Torres Strait Islander peoples that affect the collection of data on Aboriginality. Service² orientation and induction programs should include education regarding Aboriginal culture that address these issues and assists staff to understand the needs of Aboriginal and Torres Strait Islander peoples.

² 'Service' includes Area Health Services, Hospitals and Community Health Services.

Facing the Realities

The following table illustrates some concerns and realities relating to Aboriginal and Torres Strait Islander peoples.

EXPRESSED CONCERNS	REALITIES
<p>Use of data and information</p> <p>The information will be used to discriminate against you or Aboriginal and Torres Strait Islander peoples generally</p> <p>The data will not be confidential</p> <p>There is no need to ask because the person doesn't 'look Aboriginal'</p>	<p>The information is used for planning health services for Aboriginal and Torres Strait Islander peoples</p> <p>The information collected is held according to NSW Health's policies for data collection and privacy</p> <p>There are physical differences amongst Aboriginal and Torres Strait Islander peoples. A person may be of Aboriginal and Torres Strait Islander origin even though they may not 'look Aboriginal'. All clients entering the Health Service need to be asked the question about Aboriginal and Torres Strait Islander origin.</p>
<p>Services</p> <p>Aboriginal and Torres Strait Islander peoples receive special care or services</p> <p>Aboriginal and Torres Strait Islander peoples receive 'freebies' or special benefits.</p>	<p>The information enables Aboriginal and Torres Strait Islander peoples to receive appropriate care and staff involvement.</p> <p>Aboriginal and Torres Strait Islander people have the poorest health status in Australia. Aboriginal and Torres Strait Islander peoples and other disadvantaged groups with poorer health receive resources according to their need.</p>

Who is responsible for collecting Aboriginality information?

The simple answer is that all staff should be aware of the relevant details of the patients in their care. The recommendation is that the information required is collected at the first point of contact, that is, where the patient first arrives or 'contacts' health services. Obvious examples are the:

- Ambulance Service
- Emergency department
- Admissions office / booking office
- Pre-admission clinic
- Outpatient clinic
- Community Health Centres

Information on Aboriginal and Torres Strait Islander origin should be collected as part of completing other registration or admission information, for example: name, date of birth and financial status. The collection and verification of this information must form part of the normal work practices of all staff members.

Organisational Issues

Appropriate organisational structures and processes are required in order for staff to perform their job function. The following is a list of policies and processes that form part of a Health Service's infrastructure that should be in place to support staff in collecting this information. These should be reviewed by Health Service managers in supporting staff in implementing improvements to work-practices in identification of Aboriginality.

The following are some suggested implementation strategies:

- The responsibility and accountability for collecting this information in the organisation is clearly delegated to individual managers and staff.
- There are standardised forms for the collection of this information across the Health Service that conforms to the ABS question.
- Health Service policies that concern identification of Aboriginal and Torres Strait Islander origin all conform with the ABS question.
- The Health Service periodically reviews all forms to ensure that where information on Aboriginal and Torres Strait Islander origin is recorded, the correct question is asked. Examples include patient referrals between wards and services; multi-disciplinary assessment forms, and discharge summaries.
- There is a periodic audit of data collections to monitor the completeness and accuracy of this information. The ongoing monitoring of this performance indicator is part of the organisation's quality improvement program.
- Workflow analysis may be a useful tool to identify functional areas of poor performance. There are a number of points of entry to the health system for clients requiring services, and therefore a number of staff are potentially involved in the collection of this information. Responsibility for collecting the data should be clearly delegated within the organisation however, as health care service delivery requires a team approach, improving the collection of information also requires a team strategy.
- Surveys or interviews with patients post discharge should include the following evaluation of the use of this question, which may then indicate future staff training needs:
 - At what stage of the admission were they asked this question?
 - What was the question asked?
 - How and in what manner was the question asked?
 - How did they feel about the manner in which the question was asked?
 - Was an adequate explanation provided about the reason for the question?
 - In what ways could the process have been improved?

Cultural Issues

The difference in health status between Aboriginal and Torres Strait Islanders and non-Aboriginal Australians has been attributed to a variety of social, economic and environmental factors. For example 38% of Aboriginal and Torres Strait Islander Australian households have been identified as living in overcrowded housing in contrast to 17% of other Australian households (p100, ABS Health & Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1997). Access to health care services is also likely to contribute to the health status. The National Aboriginal Health Strategy (1989) identified 'equal access to equal care opportunities' as a major issue for Aboriginal peoples.

A range of factors may affect Aboriginal and Torres Strait Islander peoples attending health care services, including:

- distance from the service
- the degree of Aboriginal and Torres Strait Islander involvement in the facility
- whether Aboriginal and Torres Strait Islander staff are available
- the level of awareness amongst staff of issues that impact on Aboriginal health
- the permanency of the service, and
- the frequency with which health professionals visit
- the capacity for Aboriginal and Torres Strait Islander people to access services
- concerns about privacy and confidentiality
- community relationships between patient and staff
- perception of culturally appropriate and sensitive health services.

Access to health care services is the first hurdle; the second often faced by Aboriginal and Torres Strait Islander peoples are cultural barriers. To Aboriginal and Torres Strait Islander peoples the health care system may seem to not reflect Aboriginal community values; the authority structure appears alien and a different language seems to be used. In addition, past government and institutional policies sought to segregate families and communities and to deny Aboriginal peoples their heritage in an attempt to assimilate them into lifestyles and cultures thought to be better for them. This has led to anger and resentment amongst some people to many institutions whose purposes are to serve and support the community as a whole. These barriers need to be broken down before fulfilling and trusting relationships can exist between Health Services and some of their clients.

Health Services need to have cultural awareness training programs for staff that form part of their orientation and induction programs and are supported by regular updates or in-service programs. Feedback from Aboriginal consumers through a patient satisfaction survey in 1992/93³"found that most were satisfied with the care provided to them. However, most indicated that hospital professional staff had little understanding of many of the needs of Aboriginal patients, such as being in regular touch with their own people. Many inpatients reported not understanding what was happening to them. There were some differences between Aboriginal groups..... It became apparent, however, as this was explored further, that many Aboriginal people were simply not using the hospital. The Aboriginal population, both in terms of demographic data and health status data, did not appear to use the hospital services as much as one would expect."

Through improving the cultural sensitivity of all staff to the needs of Aboriginal and Torres Strait Islander peoples by providing cultural awareness training and support, Aboriginal and Torres Strait Islander people will be more likely to access health services when they need them. The longer-term outcome can include:

- Culturally appropriate services
- Improved access for Aboriginal and Torres Strait Islander peoples to the services they need
- Improved health outcomes for Aboriginal and Torres Strait Islander peoples

³ Mary Draper, Involving Consumers in Improving Hospital Care: Lessons from Australian Hospitals, Royal Melbourne Institute of Technology 1997, Health Service Outcomes Branch 97.03, Commonwealth Department of Health and Family Services.

Appendix I: Results of Benchmarking

Questions asked at the point of admission and recorded in the medical records by services in the participating Area Health Services

	Area Health Service 1	Area Health Service 2	Area Health Service 3	Area Health Service 4
<p>Is there a question relating to Aboriginality on the form?</p> <p>Yes / No indicates whether question is included or asked</p>	<p>A1) Hospital - after hours admission form – Yes</p> <p>A2) Hospital – public hospital admission form – Yes</p> <p>B1) Hospital – recommendation for admission form – Yes</p> <p>B2) Hospital – pre-admission questionnaire – No</p> <p>B3) Hospital – pre-admission nursing assessment – No</p>	<p>A) One form used for:</p> <ul style="list-style-type: none"> Hospital admission Recommendation for admission Pre-admission questionnaire <p>Yes – includes question</p>	<p>A) Hospital – Yes</p> <p>B) Admission Sheet – No</p> <p>C1) Pre-admission – Yes</p> <p>C2) Family care centre - Yes</p> <p>D) Hospital emergency / outpatient registration - Yes</p>	<p>A1) Hospital - to be completed by patient –Yes</p> <p>A2) Hospital MRI - Yes</p> <p>B1) Hospital Emergency Registration – Yes</p> <p>B2) Hospital MRI - Yes</p>
<p>Question that is included</p> <p>Key eg: A) relates to A) in the first row</p>	<p>A1) Aborigine Yes/No</p> <p>A2) Indigenous Status:</p> <ol style="list-style-type: none"> Aborigine TSI Both A & TSI Neither Aborigine or TSI <p>B1) Are you of Aborigine or TSI descent Yes/No</p>	<p>A) Are you:</p> <ol style="list-style-type: none"> An Australian Aborigine Torres Strait Islander Neither 	<p>A) Are you an Aborigine? Yes/No or TSI? Yes/No</p> <p>C1) Aboriginality Yes /No</p> <p>C2) Aboriginality (no options)</p> <p>D) Australian Aborigine or TSI Yes/No</p>	<p>A1) Indigenous Status:</p> <ul style="list-style-type: none"> Aborigine TSI Both Neither <p>A2) Indigenous Status (no options)</p> <p>B1) Ethnic origin – No question re A or TSI</p> <p>B2) Ethnic origin – No question re A or TSI</p>

Notes

1. TSI means Torres Strait Islander. 2. Alpha codes (A, B, C and so on) represent different sites in that Area Health Service. 3. Numeric codes (1, 2, and so on) represents locations at those sites.

Appendix 2: Acknowledgments

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PROJECT CONSORTIUM

Mr David Batey	Central Sydney Area Health Service
Ms Liz Beazley	Central Sydney Area Health Service
Mr Peter Clout	Central Sydney Area Health Service
Ms Jennie Fischer	Greater Murray Area Health Service
Mr Greg Packer	Greater Murray Area Health Service
Mr Steve Gibson	Far West Area Health Service
Ms Vicki Gransden	Far West Area Health Service
Ms Judy Jovanovich	Far West Area Health Service
Ms Edna Kelly	Far West Area Health Service
Ms Helen McKibben	Far West Area Health Service
Mr Richard Weston	Far West Area Health Service
Ms Jenny Adams	Hunter Area Health Service
Ms Leonie Callaghan	Hunter Area Health Service
Ms Leanne Cooper	Hunter Area Health Service
Mr Robert Salt (Chair)	Hunter Area Health Service
Dr Angela Todd	NSW Health Department

REFERENCE GROUP

Mr Tim Agius	NSW Department of Health
Mr Steve Gibson	Far West Area Health Service
Ms Mavis Golds	Northern Rivers Area Health Service
Mr Steve Hooppell	Greater Murray Area Health Service
Ms Val Keed (for Ms Bailey)	NSW Aboriginal Health Resource Co-operative
Ms Ann Weldon	Central Sydney Area Health Service
Ms Marilyn Wilson (Chair)	Hunter Area Health Service
Mr Richard Weston	Far West Area Health Service

Invited to participate in the project

Mr Stephen Blunden	Durri Aboriginal Medical Service
Ms Elaine Lomas	Winan-Gidyal Aboriginal Health Policy & Resource Unit
Ms Dea Thiele	Daruk Aboriginal Medical Service

Appendix 3: References

Refer to the list of relevant NSW Department of Health Circulars and Information Bulletins

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South West Centre for Public Health, 1995, *The Health of the Murrumbidgee*, Department of Health, Albury

List of Relevant NSW Department of Health Documents, Circulars and Information Bulletins

Information Bulletin 94/3, *Collection of Sensitive Patient Details*

Circular 96/32, *Inpatient Statistics Collection, Public Hospitals, Modifications to be Introduced from 1 July 1996*

Circular 96/33, *Inpatient Statistics Collection, Private Hospitals and Day Procedure Centres, Modifications to be introduced from 1 July 1996*

Circular 99/52, *Inpatient Statistics Collection (ISC) – Public Hospitals – Separations dated from 1 July 1999*

Circular 99/59, *Register of Patients – Inpatients Statistics Collection (ISC) – Private Hospitals and Private Day Procedure Centres – Separations dated from 1 July 1999*

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