

**CIRCULAR**

<b>File No</b>	98/5788-2
<b>Circular No</b>	2000/38
<b>Issued</b>	18 May 2000
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**PRINCIPLES FOR RECORDING ABORIGINAL AND TORRES STRAIT ISLANDER ORIGIN INFORMATION OF PATIENTS AND CLIENTS.**

This Circular replaces Circular 85/25 ('Hospital Morbidity Statistics on Aboriginals') and instructions in collecting information on Aboriginality in Information Bulletin 94/3 ('Collection of Sensitive Patient Details').

**1. INTRODUCTION**

- 1.1 NSW Health is committed to the collection and recording of accurate and complete registration details about all patients and clients receiving public health services in NSW. This information is vital for making informed decisions about the services provided for Aboriginal and Torres Strait Islander peoples. It also identifies those patients and clients who may want access to Aboriginal health workers or Aboriginal liaison officers.
- 1.2 The collection and recording of Aboriginal and Torres Strait Islander origin information is mandatory when registering all patients and clients.
- 1.3 Under the National Aboriginal and Torres Strait Islander Health Information Plan (Objective 2.1) all States and Territories have agreed to:  
  
"Improve the capacity of major health and related data collections to separately identify Indigenous persons."
- 1.4 There is scope for considerable improvement in the collection of origin information in NSW health services. It has been estimated that in 1998 the Inpatient Statistics Collection under-recorded Aboriginal and Torres Strait Islander origin by an average of 33%. A recent benchmarking project reported widespread inconsistencies in the way origin information is recorded on hospital forms. Community-based health services have also been identified nationally as an area needing urgent attention.

Distributed in accordance with circular list(s):

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## 2. CONSISTENT AND COMPREHENSIVE DATA

All NSW health services are required to collect consistent and comprehensive data on Aboriginal and Torres Strait Islander health status by:

- 2.1 Ensuring that all health services which collect client/patient information include collection of Aboriginal and Torres Strait Islander origin information;
- 2.2 Ensuring that all staff involved in registering people for health or health-related services ask every person about his/her Aboriginal and Torres Strait Islander origin. The question can be asked verbally, or can be included on a registration form;
- 2.3 Ensuring that a standard question is asked when inquiring about a person's Aboriginal and Torres Strait Islander status. The standard question to use is:

**Are you of Aboriginal or Torres Strait Islander origin?**

The standard responses to use are:

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

All patient and client registration forms should be consistent with this standard.

If a person is too ill to be asked questions at the time of registration, staff responsible for admission and registration procedures should ensure the person, or the person's relatives, are followed up as soon as it is practical. For infants or young children, the parents or guardians should be asked whether the child is of Aboriginal or Torres Strait Islander origin.

- 2.4 Ensuring that information on Aboriginal and Torres Strait Islander origin is coded in a manner consistent with the National Health Data Dictionary specifications for this data element (see appendix). The field should be mandatory, and it should not be possible for the system to default to a particular response in this field.

## 3. EXEMPTIONS

Exemptions from collecting information on Aboriginal and Torres Strait Islander origin may only be granted for reasons such as:

- difficulties of collecting data in emergency situations; or
- collecting data would compromise service delivery (eg. needle exchange).

Exemptions may only be granted by the Director-General on the recommendation of the Director, Aboriginal Health Branch or the Director, Information Management and Clinical Systems.

## 4. RIGHT TO SERVICE

An individual's identification of his/her Aboriginal/Torres Strait Islander origin will not affect the right to, or level of, service available to that individual, although the type of service may vary as appropriate, e.g. referrals to an Aboriginal Health Worker.

## **5. RIGHT TO REFUSE**

While staff should ensure every person is given an opportunity to indicate his/her Aboriginal or Torres Strait Islander origin, it is the right of every patient or client to refuse to supply this information, and this will in no way affect their access to a service.

## **6. CHANGE OF STATUS**

While a person's Aboriginal or Torres Strait Islander origin does not change over time, a person's decision to identify as Aboriginal or Torres Strait Islander may vary at different times. The client should be allowed the opportunity to confirm or change any previously recorded identification.

## **7. EXPLANATION**

If patients/clients require an explanation about the reasons for the collection of Aboriginal and Torres Strait Islander origin information they should be informed that it is a requirement of NSW Health that the question be asked of every new patient/client receiving NSW health services. The information is used for planning purposes and to ensure patients/clients receive appropriate services.

## **8. SENSITIVITY**

While this should not generally be considered a 'sensitive' issue, and should be collected in the same way as other personal patient/client details, it is recognised that some people may be sensitive to asking or being asked. Staff who have any concerns about asking should have access to cultural education and should be encouraged to understand that this question is the same as any other patient/client information item. Staff should also be aware that the effect of past policies and community attitudes means that some patients/clients may have concerns about the possible uses of data and their effects on the treatment they might receive.

## **9. QUALITY ASSURANCE**

It is the responsibility of service managers to check regularly that patients/clients are being asked about their Aboriginal and Torres Strait Islander origin in the manner prescribed. Data managers are responsible for ensuring that this field is completed and for following up if it is not. Data managers should also ensure that data collected is internally consistent, ie. that data recorded on Aboriginality does not conflict with data on country of birth, language spoken at home, citizenship or other fields relating to ethnic identity. In this context it is considered very unlikely that an Aboriginal or Torres Strait Islander person accessing New South Wales services will have been born overseas or speak a language other than English or an Australian indigenous language.

## **10. PRIVACY**

It is the responsibility of all Area Health Services and their staff to ensure that Departmental information privacy principles, as outlined in the Information Privacy Code of Practice, are adhered to.

## **11. TRAINING**

A training program for frontline staff to improve the accuracy of patient/client registration information, including the collection of Aboriginal and Torres Strait Islander origin, has been developed by the NSW Aboriginal Health Information Strategy (AHIS) Unit, NSW Health Department. Inquiries about this program or the collection of Aboriginal and Torres Strait Islander origin information should be directed to the AHIS Unit (02 9391 9367).

## **12. FURTHER INFORMATION**

Further information about the collection of Aboriginal and Torres Strait Islander origin is available from the *'Better Practice Guidelines to improve the level of Aboriginal and Torres Strait Islander identification in the NSW public health system'* available from the Performance Management Division, NSW Health Department (02 9391 9554)

Michael Reid  
**Director-General**

## Indigenous status

*Admin. status:* CURRENT 1/07/97

### Identifying and definitional attributes

*Knowledgebase ID:* 000001 *Version number:* 2

*Data element type:* DATA ELEMENT

*Definition:* An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives (High Court of Australia in *Commonwealth V Tasmania* (1983) 46 ALR).

*Context:* Given the gross inequalities in health status between Indigenous and non-Indigenous peoples in Australia, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on Indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

### Relational and representational attributes

*Datatype:* Numeric *Representational form:* CODE

*Field size:* *Min.* 1 *Max.* 1 *Representational layout:* N

*Data domain:*

1	Indigenous – Aboriginal but not Torres Strait Islander origin
2	Indigenous – Torres Strait Islander but not Aboriginal origin
3	Indigenous – Aboriginal and Torres Strait Islander origin
4	Not indigenous – not Aboriginal or Torres Strait Islander origin
9	Not stated (not for use in primary data collection)

*Guide for use:*

*Verification rules:*

*Collection methods:* There are three components to the definition:

- descent
- self identification
- community acceptance

It is not possible to collect the three components of the definition in a single question. The Australian Bureau of Statistics (ABS) proposes that the focus of a single question should be the descent, the first component of the definition. The ABS therefore proposes the use of the following alternative questions, depending on whether the person is present or not.

Where the person is present

‘Are you of Aboriginal or Torres Strait Islander origin?’; or

where the person is not present and someone who knows the person well responds for them,

‘Is the person of Aboriginal or Torres Strait Islander origin?’

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## Indigenous status (*continued*)

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**Collection methods:** The ABS recommends collection of response in tick boxes, e.g.;

(*cont'd*)

- No

- Yes Aboriginal

- Yes Torres Strait Islander.

Persons of both Aboriginal and Torres Strait Islander origin will mark 'Yes' to both questions enabling the responses to be coded.

Self reporting of descent is not equivalent to self reporting of identity but because of the absence of a second 'identity' question some respondents will interpret the 'origin' question to mean both descent and identification. What identification in the context of the variable Indigenous Status should measure is an individual's self assessed historical and cultural affiliation.

The code in the not stated classification is for use in administrative collections when transferring data from data sets where the item has not been collected. It is not to be used in primary collections.

**Related data:** supersedes previous data element Aboriginality, version 1

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care	from 1/07/89 to
Institutional mental health care	from 1/07/97 to
Perinatal	from 1/07/97 to
Community mental health care	from 1/07/2000 to
Palliative care	from 1/07/2000 to

**Comments:** The ABS has revised its interim standard for statistics on indigenous status aimed at providing a conceptual framework for the collection of information about Aboriginal or Torres Strait Islander peoples.