

# Position Statement

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## Aboriginal and Torres Strait Islander Patient Identification – COVID-19 release

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander medical students and doctors in Australia. During the COVID-19 pandemic, AIDA members witnessed incidents of racism related to patient identification. Patient identification is imperative to providing culturally safe health care to Aboriginal and Torres Strait Islander patients. In one instance, a patient who identified as Aboriginal was denied testing for COVID-19. The justification for this denial was that priority testing would only be offered to "real Aborigines".<sup>1</sup> Incidents like these highlight the need to improve the cultural safety of all healthcare workers and that increasing community education about why asking all patients whether they identify as being of Aboriginal and/or Torres Strait Islander origin is vital.

AIDA advocates for best practice in patient identification to support the development of policies and services related to the health of Aboriginal and Torres Strait Islander people. Culturally safe practice begins with sensitively, correctly, and regularly asking the identification question at the admission of care. Addressing under-identification includes asking all patients the identity question and recording responses accurately as one of several best practice principles.

### Why is it important to ask the question?

Cultural safety in health care results in improved outcomes for Aboriginal and Torres Strait Islander people's health and wellbeing. Identification is a key element in providing a culturally safe environment as it encourages the service to consider how it engages with Aboriginal and Torres Strait Islander patients. Obtaining a full understanding of patient information is part of safety and quality and asking the identification question is equally important as ascertaining other demographic information such as age and gender.<sup>2</sup> Asking the question is important for the patient, the clinician and for health planning. For the patient, the opportunity to identify as being of Aboriginal and/or Torres Strait Islander origin can be empowering and result in improved cultural safety while receiving health care. For clinicians, asking the question and understanding the identity of patients allows for the provision of evidence-based care that is culturally and clinically responsive. This is especially important in health management and preventative care to evaluate risks related to heart disease, diabetes, and other chronic conditions. Moreover, in asking the question practitioners are better able to understand the needs of Aboriginal and Torres Strait Islander patient populations, develop appropriate health strategies to address disparities in health outcomes, and understand what approaches are most effective.

In healthcare, formal identification through the three-part Aboriginal and Torres Strait Islander confirmation process<sup>3</sup> is not appropriate and should not be used by providers for patients. Appropriately training all workers and ensuring the standard question is asked of all patients, irrespective of country of birth, age, appearance, clothing, language, or other characteristics is vital.

The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* acknowledges that accurate data is needed to properly monitor health outcomes and redress systemic racism in the healthcare system.<sup>4</sup> Under-identification of Aboriginal and Torres Strait Islander patients is a key issue in data collection, resulting in data gaps that may impede policy development and service provision.<sup>5</sup> During a pandemic, under-identification can result in misrepresentation in data, resulting in inadequate planning and resourcing for Aboriginal and Torres Strait Islander communities.

## **The COVID-19 pandemic**

Pandemic testing in primary health care settings, hospitals and specialised clinics must consider the issue of Aboriginal and Torres Strait Islander patient identification to ensure that results are representative of communities.

The social determinants of health and wellbeing, including housing, employment, education, and health access, highlight the increased risk to Aboriginal and Torres Strait Islander people during a pandemic. During the 2009 pH1N1 pandemic, Aboriginal and Torres Strait Islander populations were disproportionately affected, including an age standardised death rate that was 4.5 times that of non-Indigenous Australians<sup>6</sup>. There were many lessons to be taken from this devastating occurrence, including the obvious need for governments to consult and include Aboriginal and Torres Strait Islander communities in pandemic response, and that communities could not depend on or defer to government during a future pandemic.

During the COVID-19 response, the Australian Government formed the *Aboriginal and Torres Strait Islander Advisory Group on COVID-19*. This Taskforce developed the *Management Plan for Aboriginal and Torres Strait Islander Populations*.<sup>7</sup> Part of phase one in the management plan was to prepare and maintain clinical care and public health management by ensuring that Closing the Gap Pharmaceutical Benefits Scheme co-payment measures are noted on the prescriptions.<sup>8</sup> In order to achieve this aim, appropriate identification procedures must be followed.

### **Collection data**

At the time of publishing, 148 COVID-19 infections (0.5% of cases) had been reported in Aboriginal and Torres Strait Islander persons since the start of the pandemic in Australia. The media age for Aboriginal and Torres Strait Islander people with COVID-19 was 31 years old, compared to 37 years old for non-Indigenous people.<sup>9</sup> These statistics are only reliable if the standards of collecting identification data are upheld through asking a uniform question in a culturally safe environment. Understanding the population health status prior to a crisis point helps to inform a comprehensive perspective for planning around specific chronic conditions and other high-risk groups within the Aboriginal and Torres Strait Islander population. If quality identification data in pathology had been collected prior to the COVID-19 pandemic, it would have provided a sound baseline to support responsive systemic strategies during the pandemic. Patient identification in pathology collection is vital and the identification question should be on all pathology collection forms and be asked at admission, prior to collection.

### **COVID Testing**

According to the National Indigenous Australians Agency, 'rapid testing for Coronavirus (COVID-19) [is] being set up to protect remote and rural Aboriginal and Torres Strait Islanders communities. The Remote Point of Care Testing Program will cut testing times, in some cases from up to 10 days, to around 45 minutes.'<sup>10</sup> As with other pathology collection, in rapid testing the identification question should be asked at point of admission, prior to collection. The swift return of results should not result in a decrease in data integrity for Aboriginal and Torres Strait Islander communities. Practitioners should be mindful of the importance of asking the identification question during all testing opportunities to ensure accurate data is collected.

### **Telehealth**

During the COVID-19 pandemic telehealth has become a central component of primary health care across urban, rural, and remote settings. Identification is just as important during telehealth as other consultations. According to the NSW Agency for Clinical Innovation, 'all telehealth consultations should ask patients routinely whether they identify as an Aboriginal or Torres Strait Islander person. Identification should initiate a conscious effort on the part of the treating team to address any barriers that may limit the effectiveness of the consultation.'<sup>11</sup> Telehealth consultations must begin by asking the standard identification question at each

consultation. As of 6 April 2020, telehealth and phone-based Medicare item numbers must be bulk billed for Aboriginal or Torres Strait Islander patients who are at least 50 years old,<sup>12 13</sup> therefore there is a legislative requirement to ascertain each patient's identity in order to bill them appropriately. This measure applies to telehealth appointments and this requirement can only be met by asking the standard question.

### **Asking the question**

Determining the identification of Aboriginal and Torres Strait Islander patients should be done at the point of admission into all practices, emergency departments and community centres,<sup>14</sup> including specialised COVID-19 testing clinics. Self-reporting is the most accurate way of ascertaining Indigenous status.

The question should be uniform and follow the structure as set out by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW):<sup>15</sup>

- Are you (is the person) of Aboriginal and/or Torres Strait Islander origin?

The response options, likewise, should be uniform and allow for patients to respond to the question in a self-identifying manner:

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

An individual's right not to identify must be respected. Historical, cultural, or personal reasons may influence an individual's choice to identify as Aboriginal and/or Torres Strait Islander.<sup>16</sup>

### **Staff training**

Literature indicates that staff often express reasons for not asking the question appropriately, citing motives such as fear of aggression<sup>17</sup> and wanting to treat all patients equally.<sup>18</sup> AIDA advocates for cultural safety training for all staff involved in delivering frontline health services to ensure they are respectful and able to break down barriers in collection and accurate reporting of identification information. Completing the admissions process correctly should be a mandatory element of all registering staff requirements.<sup>19</sup> Staff need to be confident in asking the question and recording the response in a respectful non-assuming way. They should treat the question as they would other identifying questions in a general admissions process. However, training that only focuses on asking the identity question will not be sufficient to counter racism and problematic behaviour in the admissions process, nor will it address the attitudes or biases staff may hold towards clients who refuse to answer the question. As such, we advocate for cultural safety training as a holistic measure to combat racism and instil confidence in asking the question.

### **Data sovereignty**

AIDA supports the application of core values regarding Aboriginal and Torres Strait Islander data sovereignty:

- For whom are we collecting data?
- How do we collect the data?
- What should be measured?
- Who should control information?
- What are the data for?<sup>20</sup>

These questions should be granted key consideration when asking the identification question and should be included in cultural safety training for staff.

In a pandemic, data sovereignty relates to Aboriginal and Torres Strait Islander people knowing and having control over the intellectual property of testing data and knowing where the data is held, who is using it and for what purpose. The rights of Aboriginal and Torres Strait Islander people to exercise self-determination in the use and maintenance of data must be upheld.

### Recommendations

To improve identification of Aboriginal and Torres Strait Islander patients, AIDA makes the following recommendations:

- Using the standard question and answers as endorsed by the ABS and AIHW in all admission points for patient care in all health care settings
- Mandate the identification question at all COVID-19 testing sites
- Adhere to best practice in collecting identification data, including mandatory cultural safety training for all staff
- Uphold the rights of Indigenous data sovereignty and self-determination in data collection, privacy, and dissemination

### Reading and other resources

- ACSQHC - [Action 5.8: Identifying people of Aboriginal and/or Torres Strait Islander origin](#)
- ACT Health – [Are you of Aboriginal and/or Torres Strait Islander origin?](#)
- AIDA - [Aboriginal and Torres Strait Islander patient identification – 2019: position statement](#)
- AIHW - [Taking the next steps: identification of Aboriginal and Torres Strait Islander status in general practice](#)
- NACCHO RACGP – [Good practice tables](#)
- Queensland Health - [Are you of Aboriginal or Torres Strait Islander origin?](#)
- RACGP - [Identification of Aboriginal and Torres Strait Islander people in Australian general practice](#)
- RACGP - [Identification of Aboriginal and Torres Strait Islander people in Australian general practice position statement](#)
- The Conversation - [Yes, we need to Close the Gap on health. But many patients won't tell hospitals they're Indigenous for fear of poorer care](#)

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<sup>1</sup> Australian Indigenous Doctors' Association 2020. Indigenous Doctors warn that racism will cost lives. Accessed 18 June 2020 at <https://www.aida.org.au/wp-content/uploads/2020/03/Indigenous-Doctors-warn-that-racism-will-cost-lives-MEDIA-RELEASE.pdf>

<sup>2</sup> Australian Commission on Safety and Quality in Healthcare 2019. The National Safety and Quality Health Service (NSQHS) Standards: Action 1.15 Diversity and high-risk groups. Accessed 29 October 2020 at <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/patient-safety-and-quality-systems/action-115>

<sup>3</sup> Carlson, B 2016. The Politics of Identity, who counts as Aboriginal today? Page 131. Aboriginal Studies Press. Canberra.

<sup>4</sup> Commonwealth of Australia 2013. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Page 18. Accessed 11 September 2018 at <http://www.health.gov.au/natsihp>

<sup>5</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 2. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>6</sup> The Medical Journal of Australia 2010. 20 September 2010. Accessed 15 July 2020. <https://www.mja.com.au/journal/2010/193/6/aboriginal-and-torres-strait-islander-communities-forgotten-new-australian>

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<sup>7</sup> Department of Health 2020. Management Plan for Aboriginal and Torres Strait Islander Populations. Accessed 18 June 2020 at <https://www.health.gov.au/resources/publications/management-plan-for-aboriginal-and-torres-strait-islander-populations>

<sup>8</sup> Department of Health 2020. Management Plan for Aboriginal and Torres Strait Islander Populations. Page 22. Accessed 18 June 2020 at <https://www.health.gov.au/resources/publications/management-plan-for-aboriginal-and-torres-strait-islander-populations>.

<sup>9</sup> Department of Health 2021. Coronavirus disease (COVID-19) epidemiology reports, Australia, 2020. Accessed 19 January 2021 at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel\\_coronavirus\\_2019\\_ncov\\_weekly\\_epidemiology\\_reports\\_australia\\_2020.htm](https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel_coronavirus_2019_ncov_weekly_epidemiology_reports_australia_2020.htm)

<sup>10</sup> National Indigenous Australians Agency 2020. Coronavirus (COVID-19) Support measures. Accessed 18 June 2020 at <https://www.niaa.gov.au/covid-19/information-individuals>

<sup>11</sup> NSW Agency for Clinical Innovation 2017. Telehealth consultations with Aboriginal people for pain management. Page 1. Accessed 18 June 2020 at [https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0005/365513/ACI17081\\_Telehealth-Consult\\_Guide\\_F\\_WEB.pdf](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0005/365513/ACI17081_Telehealth-Consult_Guide_F_WEB.pdf)

<sup>12</sup> Department of Health 2020. 6 April 2020 News - Changes to COVID-19 services. Accessed 18 June 2020 at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Latest%20News%20April%202020>

<sup>13</sup> Australian Public Law 2020. Frenetic law making during the COVID-19 pandemic: the impact on doctors, patients and the Medicare system. Accessed 18 June 2020 at <https://auspublaw.org/2020/04/frenetic-law-making-during-the-covid-19-pandemic-the-impact-on-doctors-patients-and-the-medicare-system/>

<sup>14</sup> ACT Health 2009. Asking patients – “Are you of Aboriginal and/or Torres Strait Islander origin?”. Accessed 4 September 2018 at <https://www.health.act.gov.au/sites/default/files/Asking%20patients%20-%20Are%20you%20of%20Aboriginal%20and%20or%20Torres%20Strait%20Islander%20Origin.pdf>

<sup>15</sup> ACT Health 2009. Asking patients – “Are you of Aboriginal and/or Torres Strait Islander origin?”. Accessed 4 September 2018 at <https://www.health.act.gov.au/sites/default/files/Asking%20patients%20-%20Are%20you%20of%20Aboriginal%20and%20or%20Torres%20Strait%20Islander%20Origin.pdf>

Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

NACCHO/RACGP 2012. National Guide to preventative health assessment for Aboriginal and Torres Strait Islander people. 2<sup>nd</sup> edition. Accessed 4 September at <https://www.racgp.org.au/your-practice/guidelines/national-guide/>

<sup>16</sup> Australian Commission on Safety and Quality in Health Care 2017. National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health. Page 35. Accessed 11 September 2018 at <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf>

<sup>17</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 3. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>18</sup> ACT Health 2009. Asking patients – “Are you of Aboriginal and/or Torres Strait Islander origin?”. Accessed 4 September 2018 at <https://www.health.act.gov.au/sites/default/files/Asking%20patients%20-%20Are%20you%20of%20Aboriginal%20and%20or%20Torres%20Strait%20Islander%20Origin.pdf>

<sup>19</sup> Australian Institute of Health and Welfare 2010. National Best Practice guidelines for collecting Indigenous status in health data sets. Page 11. Accessed 4 September 2018 at <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

<sup>20</sup> David, M 2016. Data and the United Nations Declaration on the Rights of Indigenous Peoples. Page 29. In Tahu Kukutai, John Taylor. Indigenous Data Sovereignty: Toward an agenda. ANU Press. Accessed 24 June 2020 at <https://press-files.anu.edu.au/downloads/press/n2140/pdf/book.pdf>