



# Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020–2026

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ANNUAL REPORT  
2020 & 2021





## Artwork and design

*Linking Petroglyphs* Artwork by Takira Simon-Brown, proud descendant of Chief Mannalargenna of the Plangermaireener nation of lutruwita / Tasmania.

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*“Childhood memories of my mother’s early artwork using petroglyph images prompted this design while working with young school students. It shows the links between me, memories of my family, my community and our people.”*

– TAKIRA SIMON-BROWN

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The artwork and design elements feature in all key Department of Health documents and resources related to the *Improving Aboriginal Cultural Respect Across Tasmania’s Health System Action Plan 2020-2026.*

# Acknowledgments and thanks

**In recognition of the deep history and culture of this island the Tasmanian Department of Health acknowledges and pays respect to all Tasmanian Aboriginal people.**

We acknowledge Aboriginal Community Controlled Organisations as integral to improving the health and wellbeing of Aboriginal people, and as leaders in providing culturally safe care. We recognise Tasmanian Aboriginal health leaders for their experience, knowledge, and leadership, and acknowledge the Aboriginal Health Liaison Officers and Aboriginal Health Workers who support Aboriginal people to access mainstream health services every day.

We also acknowledge and respect the role many health professionals and mainstream services are already playing in efforts to transform the health system and improve the health and wellbeing outcomes for Aboriginal people.

Finally, we thank all those individuals and services that provided valuable input to this Annual Report.

## palawa kani

Throughout the Annual Report there are words written in palawa kani, the language of Tasmanian Aborigines, with thanks to the Tasmanian Aboriginal Centre.

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# Message from the Secretary



As the sponsor for this important work, I introduce the inaugural report on the *Action Plan for Improving Aboriginal Cultural Respect Across Tasmania's Health System 2020-2026*.

The Action Plan provides the building blocks for achieving a culturally respectful health system for Aboriginal people in Tasmania. This is the first time there has been a coordinated, statewide, and whole-of-sector focus on improving cultural respect for Aboriginal people in health.

I again thank the many Aboriginal people who generously shared their experiences using mainstream health services, as documented in our *Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report (2018)*. Your words shaped this Action Plan. It was heartening to see several business units already responding to this report and initiating strategies that were outlined as priorities for Tasmanian Aboriginal people while the Action Plan was being finalised.

This first report tracks our progress for the years 2020 and 2021. The report highlights those business units and staff who are doing things differently, and making real progress to creating culturally safe health services, environments and workplaces for Aboriginal people. Oral Health Services Tasmania and the Launceston General Hospital have done some great work and their stories, along with other positive case studies, feature in this Report. The Royal Hobart Hospital has also developed its own comprehensive Action Plan: waranta tunapri / Everybody's Business Project – which is to be commended.

The top priority for Aboriginal people communicated through the consultation was improving the cultural competence of all our staff – and we have listened. During 2020 and 2021, over 8 000 staff completed the updated *Aboriginal Cultural Respect in Health Services* eLearning module with overwhelmingly positive feedback. Staff have reported feeling more confident to deliver care and services that are culturally respectful for Aboriginal people. Other workforce development initiatives are detailed in this report, including the wonderful *Ask Away!* videos.

A personal highlight for me was attending the Tasmanian Aboriginal Centre's *tipara waranta kani nina-tu / What we want to talk to you about*, Cultural Awareness training at *piyura kitina / Risdon Cove*. Along with other Tasmanian Government health leaders, this powerful interactive training took me on an introductory journey of Tasmanian Aboriginal culture and history. I gained a deeper understanding of the issues affecting Tasmanian Aboriginal people and their engagement with mainstream health services. Our Health Executive has reflected on this training and explored personal Acknowledgements of Country at each meeting of our Health Executive, which have become the highlight of our weekly meetings. I look forward to joining my colleagues in undertaking the Cultural Safety in Health Settings training later this year.

We acknowledge however, that despite the progress on some actions, there is still much to do and some areas that require significant improvement. We are committed to continuing to implement the Action Plan and to take all the actions off the page and embed them into 'the way we do things in Health'.

A handwritten signature in black ink, appearing to read 'Kathrine Morgan-Wicks'.

**KATHRINE MORGAN-WICKS**

## Abbreviations used in this document

<b>ABS</b>	Australian Bureau of Statistics
<b>ACCO</b>	Aboriginal Community Controlled Organisation
<b>AHLO</b>	Aboriginal Health Liaison Officer
<b>AHPO</b>	Aboriginal Health Policy Officer
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>APSC</b>	Action Plan Steering Committee
<b>CRF</b>	Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 (National)
<b>DoH</b>	Department of Health Tasmania
<b>CQRA</b>	Clinical Quality, Regulation and Accreditation
<b>HR</b>	Human Resources
<b>LGH</b>	Launceston General Hospital
<b>MCH</b>	Mersey Community Hospital
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NAIDOC</b>	National Aborigines and Islanders Day Observance Committee
<b>NSQHS</b>	National Safety and Quality Health Service
<b>NWRH</b>	North West Regional Hospital
<b>OHST</b>	Oral Health Services Tasmania
<b>PHS</b>	Public Health Services
<b>PHT</b>	Primary Health Tasmania
<b>RHH</b>	Royal Hobart Hospital
<b>SETAC</b>	South East Tasmanian Aboriginal Corporation
<b>TAC</b>	Tasmanian Aboriginal Centre
<b>TAHF</b>	Tasmanian Aboriginal Health Forum
<b>TAHRG</b>	Tasmanian Aboriginal Health Reference Group
<b>THEO</b>	Tasmania Health Education Online
<b>THS</b>	Tasmanian Health Service

# Our First Step ... Listening to Tasmanian Aboriginal people

To produce an effective action plan, we needed to ask Aboriginal people in Tasmania about their experiences accessing mainstream health services and opinions on the priorities for improving cultural respect.

This was achieved through seven focus groups held across the state in 2018 and an online survey completed by 111 Aboriginal people who used government and other mainstream health services in the preceding few years.

Consultation findings are documented in [Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report \(2018\)](#).<sup>4</sup>

While many healthcare workers are respectful, the consultation confirmed the following issues across the health sector:

- Invisibility of Tasmanian Aboriginal culture and heritage.
- Racism, including the denial of the ongoing presence of Tasmanian Aboriginal people, especially by staff trained interstate or overseas.
- Inadequate partnerships between mainstream health services and Tasmanian Aboriginal Community Controlled Organisations.

Aboriginal people in Tasmania told us their priorities for improving cultural respect are:

- Cultural awareness and competency training for all staff.
- Improved data collection and training for staff in respectfully asking the Aboriginal identifier question.
- Improved physical settings and cultural visibility including flying / display of the Aboriginal flag.
- Improved knowledge about and respect for the role of the Aboriginal Health Liaison Officers (AHLOs) and increased capacity and support for these staff.
- Increased proportion of Aboriginal people working in mainstream health services.
- Better complaints management.
- Stronger partnerships between mainstream health services and Aboriginal organisations, including better understanding of the role of Aboriginal Health Workers.



# The Action Plan: Focus Areas, Timeframes and Reporting

Action Plan for Improving Aboriginal Cultural Respect Across Tasmania's Health System 2020-2022

## Focus Areas

There are six focus areas for improving Aboriginal cultural respect in our health system:

<b>Focus Area 1</b>	<b>Focus Area 2</b>	<b>Focus Area 3</b>
Whole-of-Organisation Approach and Commitment	Communication and Cultural Visibility	Workforce Development and Aboriginal Employment
<b>Focus Area 4</b>	<b>Focus Area 5</b>	<b>Focus Area 6</b>
Consumer Participation and Engagement	Partnerships with Aboriginal Community Controlled Organisations	Data

These focus areas align with:

- Aboriginal people's priorities in Tasmania, as detailed in the Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report (2018).
- The six domains of the National Cultural Respect Framework for Aboriginal and Torres Strait Island Health 2016 - 2026, with some minor adjustments for the Tasmanian context.
- Activities required under the National Safety and Quality Health Service Standards (second edition).
- The Four Priority Reforms of the 2020 National Agreement on Closing the Gap.

## Timeframes

This seven-year plan is for the years 2020–2026. It is being implemented in two phases:

**Phase 1: 2020–2022**

**2 Phase 2: 2023–2026**

Tasmania's health sector is large and diverse and the activities to improve Aboriginal cultural respect will vary across services. The Action Plan is not overly prescriptive about when activities will be undertaken, other than identifying activities considered high priority for implementation in Phase 1, and the activities that will require ongoing implementation throughout the life of the Plan and beyond.




## Reporting, Data and Performance Measures

The first Annual Report covers the years 2020 and 2021. Reporting includes:

- assessment of activity against the performance measures and indicators in the Action Plan; and
- case studies of activities and initiatives undertaken to improve Aboriginal cultural respect.

The report provides a synopsis for each focus area, followed by a summary of progress for the performance measures in a report card format. Overall there are 29 performance measures across the six focus areas. The following table provides a snapshot of our progress so far.

**Table 1: Performance Measures Summary Report Card**

Status	Number of PMs
 NOT PROGRESSED	9
 SOME PROGRESS	14
 ON TRACK/PROGRESSING	6
<b>TOTAL</b>	<b>29</b>

Data sources for the performance measures include:

- existing data sets: Obstetrix Database, iPM (Hospitals patient administration system)
- surveys
- direct enquiries to DoH business units and senior DoH staff; and
- the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) Report.

There are limitations with some of the performance measures due to data gaps, data quality and some of the performance measures listed in the Action Plan may need to be reviewed for future reports.

The Australian Government publishes the HPF report every two years. AIHW provides associated online data tables. Most of the report is based on data from Queensland, Western Australia, South Australia, and the Northern Territory. Data quality for Tasmania is considered not adequate for many parameters.

There are major data gaps for reporting on culturally respectful services, with most of the data reported relating to Aboriginal specific primary health care services. There is little national, Tasmanian, and smaller area level data found to report on the measures in relation to mainstream health services, for example primary health care and hospitals, though a high proportion of Tasmanian Aboriginal people use these services.

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*“Monitoring cultural safety and cultural respect in the health system, and the impact it has on access to appropriate health care, are limited by a lack of national and state level data. This is particularly the case in relation to reporting on the policies and practices of mainstream health services, such as primary health care services and hospitals.”<sup>1</sup>*

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<sup>1</sup> Cultural safety in health care for Indigenous Australians: monitoring framework, Monitoring framework—Australian Institute of Health and Welfare, <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/monitoring-framework>

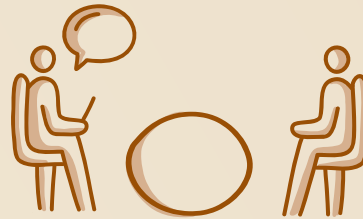
# Highlights 2020 and 2021

16



DoH health leaders sign a **Statement of Commitment** to improve our health system for Aboriginal people.

13



DoH health leaders undertake on Country face-to-face **cultural awareness training**.



An **updated eLearning module** included in DoH Mandatory Education, Training and Assessment protocols.

**4500** DoH staff complete training in 2020 and

**3500**

in 2021.



The Launceston General Hospital establishes **rana rrala payngana rrala / strong body strong mind Aboriginal Action group** with representation from Aboriginal Elders in Northern Tasmania.



The Royal Hobart Hospital develops its own Action Plan; **waranta tunapri / Everybody's Business**.

DoH Aboriginal **Health Policy Officer** appointed.



Aboriginal Elders develop a **First Nation People's Health Needs Protocol** and a **Cultural Capability Checklist** for THS North.

**Business units across the Department create welcoming spaces by:**

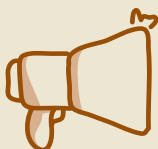


flying and displaying the Aboriginal flag

installing Acknowledgment of Country and People plaques



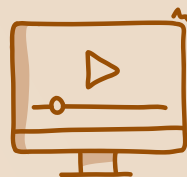
commissioning and displaying of Tasmanian Aboriginal artwork



supporting the celebration of NAIDOC Week.



Oral Health Services commits to implementing the Action Plan in their **Strategic and Operational Plan 2019–2021**.



Public Health Services develops a suite of resources, including the **Ask Away! video series and Discussion Guide**, to help health services and staff become more culturally competent.

**3**



Ida West Aboriginal Health Scholarships awarded in both 2020 and 2021.

**Commitment to have 10 scholarships available** each year for next four years (2022 to 2025).



Funding committed for up to ten **Aboriginal Health Worker traineeships** per year for the next three years to build the Aboriginal health workforce.



FOCUS AREA I

# Whole-of- Organisation Approach and Commitment

## This focus area aligns with

- NSQHS Standards – Action 1.2: The governing body ensures the organisation's safety and quality priorities address the specific health needs of Aboriginal people.
- CRF Domain 1: Whole-of-organisation approach and commitment.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations: Confronting institutionalised racism in government mainstream institutions and agencies to ensure Aboriginal and Torres Strait Islander people can access the services they need in a culturally safe way.

## Why this is important

Achieving a culturally respectful health system requires more than individual clinicians and caregivers providing culturally respectful care. Cultural respect requires strong leadership and commitment to bring about the required organisational and systems changes, with partnerships, resourcing, supportive policies and processes and evaluation.

## The story so far ...

Finalisation of the Action Plan was delayed due to DoH's response to the COVID 19 pandemic. The Secretary endorsed the Action Plan in late 2020 and the Health Executive in early 2021. The Secretary continues to lead, oversee, and sponsor this work.

Sixteen Tasmanian government health leaders signed a **Statement of Commitment** to make our health system culturally respectful for Aboriginal people.

The Health Executive approved governance arrangements for a high-level Steering Committee to oversee implementation of the Action Plan.

As a signal of genuine partnership, the Deputy Secretary Community, Mental Health and Wellbeing agreed to co-chair the Steering Committee with a Tasmanian Aboriginal health leader. Preparation for the Steering Committee has now been completed and meetings will commence in second half of 2022.

Face to face Aboriginal cultural respect training for senior managers, delivered by an Aboriginal training provider was considered a culturally appropriate next action. Thirteen of the 16 Tasmanian health leaders who signed the Statement of Commitment attended on country Cultural Awareness Training delivered by the Tasmanian Aboriginal Centre in November 2021.

As part of the training Tasmanian Government health leaders participated in *Changing Landscapes*, a visual and interactive simulation activity to assist participants to gain an understanding and empathy for the history of Tasmanian Aboriginal people.





*As part of the training Tasmanian Government health leaders participated in Changing Landscapes, a visual and interactive simulation activity to assist participants to gain an understanding and empathy for the history of Tasmanian Aboriginal people.*

*“Personally, I found it valuable, and I am keen to ensure senior leaders, our health planners and team leaders who are client facing, have this cultural awareness, as well as the cultural safety training.”*

**– HEALTH EXECUTIVE MEMBER**

**Racism. It stops with me** is a national campaign that provides tools and resources to help people and organisations learn about and respond to racism. The DoH has registered as official supporters and has included information for staff on the Diversity and Inclusion intranet page.

Another highlight of 2021 was the recruitment to a permanent identified Aboriginal Health Policy Officer (AHPO) position<sup>2</sup> in Public Health Services. Employing more Aboriginal people in the health system helps improve the knowledge, understanding and skills of non-Aboriginal staff. The AHPO provides policy advice and direction and works in partnership with key stakeholders both inside and outside the health sector to support improved health and wellbeing outcomes for Aboriginal people in Tasmania.

Under Focus Area One, Public Health Services (PHS) has been undertaking work to support organisations funded by DoH to show evidence of progress towards becoming a culturally respectful organisation for Aboriginal people.

The first stage has seen a standard clause and a key performance indicator (KPI) relating to Aboriginal cultural respect added to all relevant funding agreements when renewed. PHS has also provided supporting information and advice for funding agreement content advisors on how to support funded organisations to implement culturally appropriate initiatives. This KPI is one of continuous improvement, not a 'tick and flick' exercise. Some funded organisations / mainstream health services are already making great progress, others have needed support in taking those first steps.

Funded organisations have reported improved data collection, creating more welcoming environments, staff undertaking cultural awareness training to improve their cultural competency and developing genuine working relationships with local Aboriginal organisations.

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2 Aboriginality. The Head of the State Service has determined that this is an Aboriginal Identified Position and that it's filled in accordance with the Guidelines for Aboriginal Employment

## FOCUS AREA I: CASE STUDY

# Embedding Aboriginal Cultural Respect Principles in Funding Agreements: Arthritis and Osteoporosis Tasmania – 2021 Spring Yarns with Karadi Aboriginal Corporation

*“This case study is such a notable example of how incorporating cultural respect expectations in a funding agreement creates growth and development in this area.”*

– PHS FUNDING AGREEMENT CONTENT ADVISOR

Arthritis and Osteoporosis Tasmania (AOT) are funded by DoH to ensure Tasmanians living with arthritis, osteoporosis and related musculoskeletal conditions, their carers and families are informed and supported with evidence-based information and activities designed to help them actively manage their condition(s).

Working with their PHS Funding Agreement content advisor, AOT agreed to specific measures in their Agreement which focussed on engagement with Tasmanian Aboriginal organisations to do health promotion activities. Aware of the need to improve communication and engagement strategies and realign services to be more culturally safe and responsive, AOT made the effort to provide health education in a way that empowered more Tasmanian Aboriginal people to be active participants in their own health and musculoskeletal healthcare.

AOT’s Health Educator made personal approaches to reconnect with Tasmanian Aboriginal Community organisations offering to work in partnership to provide increased education support for their community in whatever manner they saw fit.

Partnering with Karadi Aboriginal Corporation (Karadi), AOT successfully delivered three health promotion workshops, Spring Yarns for Elders, and community members on site. Karadi’s three key health program coordinators each consulted with their groups regarding topic selection before working with the AOT Health Educator to help with the design and delivery plan of each individual session.



On the advice of Karadi, 'yarn style' talks were determined to be the most effective mode of delivering the information and ensuring that every participant had enough time for telling their story if they wished, receiving information, and asking lots of questions to ensure that everyone understood the concepts, evidence and strategies being discussed. The AOT Health Educator was invited and agreed to stay on to join the groups for lunch, providing a chance to get to know each other better, build trust and allow for individuals to have their questions answered in a private manner.

Storytelling to illustrate and convey key knowledge; visual display aids including diagrams, photos, and a collection of examples of assistive aids for daily living, were employed at each session. In addition, every participant received an information pack to take home.

In the case study provided to PHS as evidence of how well they met the KPIs and whether anyone was better off, AOT reported:

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*“All three sessions were well attended and received. Lively conversation ensued with lots of questions and sessions running over time at the request of the groups. Elders were happy to share their knowledge with our Health Educator in an exchange of cultural learning.”*

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Karadi Coordinators were pleased with the outcomes of all three of the sessions reporting community members expressed satisfaction and found the talks interesting and engaging:






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*“As a result of their participation, several members had followed up post session to avail themselves of the opportunity to book appointments with their health providers to seek further individual guidance and support to implement self-management strategies. A positive, collaborative relationship has been established because of this initiative. Karadi have expressed interest in continuing to work with AOT.”*

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## FOCUS AREA I

# Performance Measures Report Card

Performance measure	Data source	Progress	Summary
<b>1</b> Active membership and activity of the Action Plan Steering Committee (APSC)	Direct enquiry through APSC.	 <b>SOME PROGRESS</b>	The Deputy Secretary Community, Mental Health and Wellbeing, agreed to co-chair with a Tasmanian Aboriginal health leader.  Preparations for the Steering Committee completed, with co-chair arrangements agreed, members identified across the Department and key stakeholders. Meetings are scheduled for 2022.
<b>2</b> Number of Aboriginal organisations/people represented on health advisory forums/committees.	Direct enquiry through APSC.	 <b>SOME PROGRESS</b>	Direct enquiry not made for this Report, however there is Aboriginal representation on some health advisory committees.
<b>3</b> Number and proportion of Health Executive team members who have completed face-to-face cultural respect training delivered by an Aboriginal Community Controlled Organisation in Tasmania.	Direct enquiry to executive members.	 <b>ON TRACK</b>	13 or 81% of Health Executive members attended Cultural Awareness training held at piyura kitina / Risdon Cove.
<b>4</b> Proportion of relevant funding agreements that include clauses and performance indicators about Aboriginal cultural respect. <sup>3</sup>	Individual business units.	 <b>SOME PROGRESS</b>	First phase of this action has focussed on Public Health Services (PHS) Funding Agreements only. All relevant PHS funding agreements renewed since late 2019 have performance measures relating to improving Aboriginal cultural respect.  See Appendix I for further details.
<b>5</b> Number of newsletter articles published about cultural respect.	Direct enquiry through APSC.	 <b>SOME PROGRESS</b>	Many articles published. Comprehensive information not fully collected across the DoH for this report.

<sup>3</sup> Relevant funding agreements are those that provide funding for service delivery to the general public.





FOCUS AREA 2

# Communication and Cultural Visibility

## This focus area aligns with

- Tasmanian Aboriginal people's priority: Improved cultural visibility.
- NSQHS Standards – Action 1.33: The organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal people.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations: Support Aboriginal and Torres Strait Islander cultures.

## Why this is important

Culturally respectful communication and environments are the foundation for the delivery of accessible, culturally responsive, and safe health care. These actions are vital to 'opening the gate' to the path to cultural respect and cultural competence.

## The story so far ...

The past two years have seen a marked improvement in the visibility of Tasmanian Aboriginal culture across the Department.

## Flying the Flag

During Community Consultations in 2018, the importance of the Aboriginal flag was raised at every focus group. Participants spoke with pride about the Aboriginal flag and explained that seeing the flag made them feel welcome and, importantly, that the service was a friendly and safe place.





*Candy J Edwards, Aboriginal Health Liaison Officer (NWRH) said the installation provides visual comfort for those who attend the hospital.*

### **At our main hospital sites**

The Aboriginal flag has been wall mounted in two places within the Royal Hobart Hospital (RHH) and 14 Acknowledgment of Country plaques were developed for the hospital and other Tasmanian Health Service facilities in the south.

In January 2021, after 15 years of discussion, the Aboriginal flag was raised at the Launceston General Hospital (LGH). The flag is now flying permanently and lit up at night. LGH is also developing a culturally welcoming garden with the local Aboriginal community.

Since mid-2020 Aboriginal and Torres Strait Islander people visiting NWRH are welcomed by an Acknowledgement plaque and the Aboriginal and Torres Strait Islander flags, following a significant installation project.

Extensive consultation was undertaken with local Aboriginal services in the region to ensure all stakeholders could have their say.

*“The plaque and flags show our Aboriginal and Torres Strait Islander patients, family and friends who attend our service that they are welcomed and acknowledged. Aboriginal and Torres Strait Islander people look for the colours of the flags when entering new places*

*I hope my community and those people visiting or who have moved here from interstate can see that this installation has been done out of respect to acknowledge all Aboriginal and Torres Strait Islander people.”*

**– ABORIGINAL HEALTH LIAISON OFFICER CANDY J EDWARDS**

A similar installation will be progressed at the Mersey Community Hospital (MCH).

*Other Department of Health sites*



*Flag Collage: Statewide Mental Health Services sites.*



*Oral Health Services Tasmania.*



*Dental Van with the Aboriginal and Australian flags inside and flag stickers outside.*



RHH – entrance to the Ambulatory Care Centre.

## Creating welcoming spaces

The Royal Hobart Hospital (RHH) received accreditation against the second edition of the NSQHS standards in June 2020. Quality Innovation Performance (QIP) made several recommendations for improvement. One recommendation was to increase the visual welcoming for Aboriginal and/or Torres Strait Islander people throughout the hospital.

Ambulatory Care Centre (ACC) staff embraced this concept and with the assistance and guidance of the Aboriginal Health Liaison Officer RHH, the entrance to ACC has been transformed to be more inclusive and welcoming, pictured above.

## Displaying Tasmanian Aboriginal Artwork

The commissioning and display of Tasmanian Aboriginal Artwork in many mainstream health services have also helped create safe and welcoming environments for Tasmanian Aboriginal people.

### ***Royal Hobart Hospital***

The RHH's opening event for NAIDOC week 2020 celebrated the unveiling of their Dual Naming Series; original watercolour paintings framed as five triptychs by Tasmanian Aboriginal artist Janice Ross. More information about the five triptychs can be found [here](#).

Click on this link to watch a video of the [unveiling of the Dual Naming Series](#).



*Tasmanian Aboriginal Artist Janice Ross next to one of her watercolours from the Dual Naming Series putalina / Oyster Cove that is located on the Ground Floor, K Block RHH.*

*“This is a significant event for our health service, as it highlights the connection the Aboriginal community has to lutruwita / Tasmania; and continues the ongoing education of our staff, our patients and their families in recognising the history of where the RHH is located, nipaluna / Hobart, and how we can work together to reconnect.”*

**– SUSAN GANNON, CHIEF EXECUTIVE HOSPITALS SOUTH**

NAIDOC Scrub Caps 2021 – RHH Aboriginal Health Liaison Officer, Tracey Cleaver, found a sewing crew and engaged two local Tasmanian Aboriginal artists, Shaun Thomas, and Takira Simon-Brown to create the four beautiful designs celebrating Tasmanian Aboriginal Culture. They were a hit!

*RHH: Theatre staff with their new scrub caps.*





Dr David Boadle and artist Takira Simon-Brown alongside her paintings *Cultural Connections*. Photo: Jillian Mundy

### **Statewide Cancer and Blood Services**

Emerging palawa / Tasmanian Aboriginal artist Takira Simon-Brown was selected to paint three large paintings as part of the federally funded *Optimal Care Pathways for Aboriginal and Torres Strait Islander People with Cancer Project*, for Cancer and Blood Services. Called *Cultural Connections*, Takira's paintings are in each of the major cancer care sites – within the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital.

High-quality, smaller-sized prints of each original piece of art were created to enable display in additional service sites commonly visited by Aboriginal people with cancer or serious blood disorders – including Aboriginal Health Liaison offices, inpatient units and radiotherapy waiting areas.

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*“While we recognise that great substance of hearts and minds really needs to underpin the care of Aboriginal people, a strategically located and enduring symbol would serve as a constant reminder to all people of the importance of culturally nuanced care when working with Aboriginal people.”*

**– DR DAVID BOADLE, PALLIATIVE CARE MEDICAL SPECIALIST**

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## Mersey Community Hospital

Tasmanian Aboriginal artist Allan Mansell completed his artwork project on the pillars underneath the MCH helipad in January 2021. Allan painted some of the pillars with a design based on the story of the Yolla (mutton bird) in flight and the importance that the bird has in the traditional life of many Tasmanian Aboriginal people.

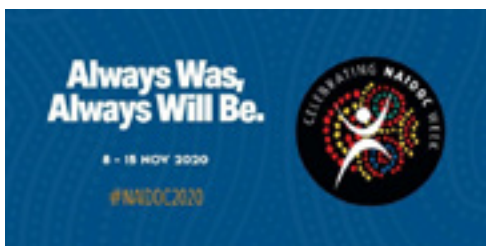
*Artworks completed under the helipad at Mersey Community Hospital (MCH).*



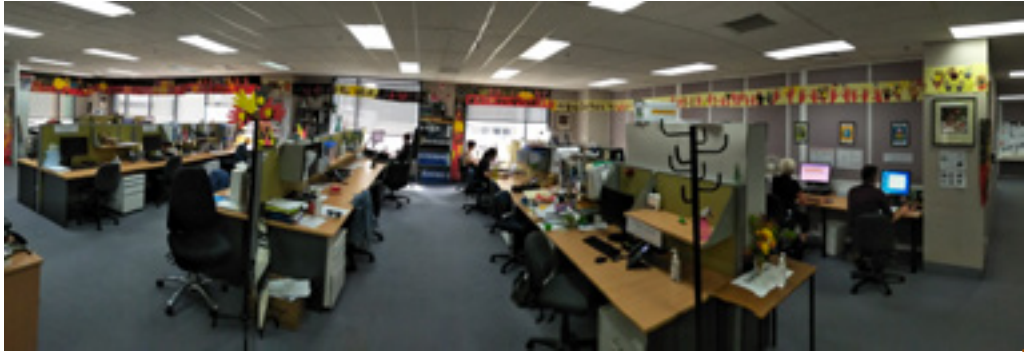
## Celebrating NAIDOC Week

Across the Department staff are being encouraged to participate in annual NAIDOC Week Activities.

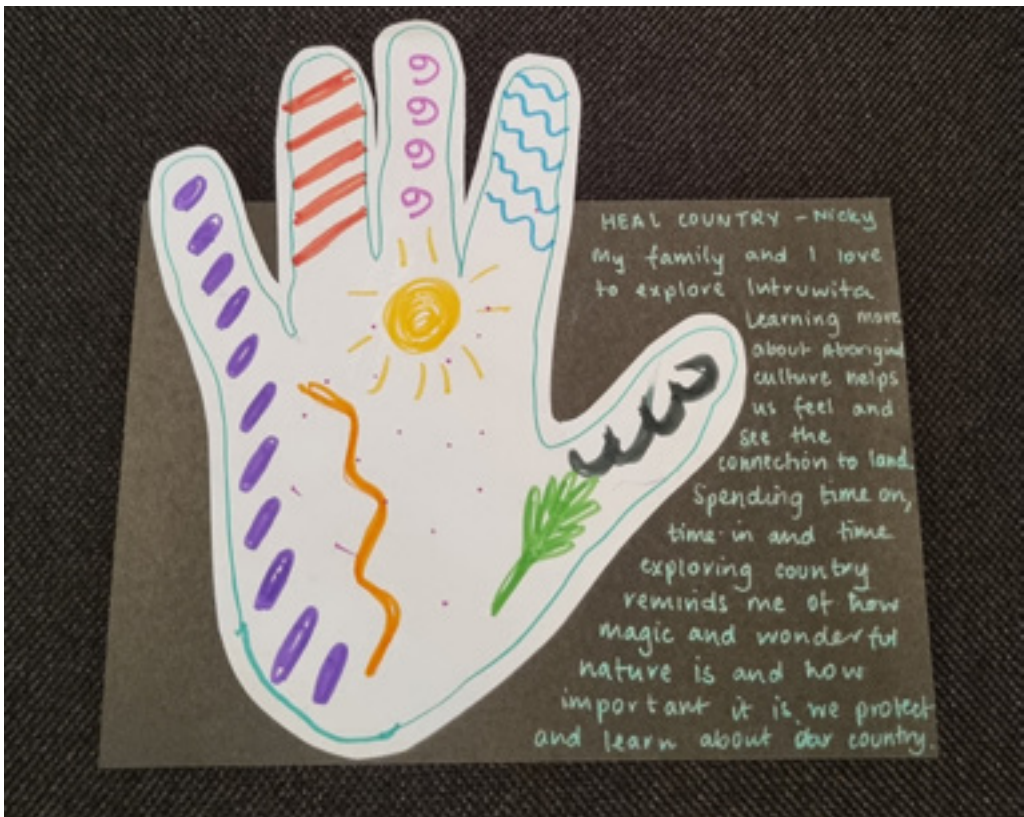
In 2020 the State Sector Management Office (SSMO) called on all Tasmanian Government agencies to join in a visual NAIDOC 'sea of hands' installations across the State in Government buildings/ workspaces. Many business units/teams across the Department took up this challenge.



*Yarn Bombing in Aboriginal Colours – Internal Garden K Block RHH.*



RHH Occupational Therapy Department.



RHH Pharmacy Department.



Oral Health Services Tasmania – Northern Dental Centre: Staff and a local school care group made and installed their Sea of Hands in the waiting room.

**Some NAIDOC week stories for 2020 and 2021 worthy of reflection:**

“Today we held a morning tea for staff at CH Smith Centre to celebrate NAIDOC Week with Covid-19 safe assorted food boats. Renowned palawa artist Judith-Rose Thomas kindly provided Welcome to Country. Attached are a few pics from today plus the yarnbombing and ‘sea of hands’ installations we have been working on for a couple of weeks. I was fortunate my friend made the native floral arrangements for the table and the sheaf of flowers to thank Judith-Rose. All arrangements had native flora, wrapped in bark, and looked stunning. We are taking the floral arrangements to the TAC later today.”

– DENISE EASTHER, PUBLIC HEALTH SERVICES, LAUNCESTON



CH Smith Centre NAIDOC week celebrations – sea of hands.





*CH Smith Centre NAICOC week celebrations – Kellie-anne Jarman, Jaymeila Webb, Denise Easter.*

## ***RHH Children's and Adolescents 'Heal Country reflection' July 2021***

This artwork was created by young people aged 7 to 17 during their recovery at Children's and Adolescents, RHH.

In collaboration with Aboriginal Health Liaison Officer Tracey Cleaver and community members an opportunity to participate in NAIDOC Week was identified. The theme presented to young people in the ward was NAIDOC Week 2021 – Heal Country.

A selection of picture and letter templates was made available and young people selected a template that resonated with them to share. A diverse group of young people and staff worked together using a variety of approaches such as marbling to enhance lettering and pictures.

Their participation in creating the artwork evoked conversations about the significance and importance of healing Country in nipaluna / Hobart and throughout lutruwita / Tasmania.

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*“Special thanks to the young people, their families and community members for sharing their talents, wisdom and energy with us. Thanks also to the nursing staff on K6, Occupational Therapy Department, Inscape program and RHH management for their support towards this NAIDOC Week celebration.”*

– CHILDREN'S AND ADOLESCENTS, RHH

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*'Heal Country reflection' – created by young people aged 7 to 17 during their recovery at Children's and Adolescents, RHH.*





Aboriginal Health Liaison Officer for THS-North West, Candy J Edwards in front of the Acknowledgement Plaque for NWRH.

## Acknowledgement of Country and People

*“Welcome to Country and Acknowledgement of Country are ancient cultural practices relating to the regulation of strangers on country, born of recognition, relatedness and reciprocity.”*

### – RECONCILIATION AUSTRALIA

Many individuals and business units have led by example by practising and providing an Acknowledgment of Aboriginal People and Country where and when appropriate, including at Health Executive Meetings.

Many business units have also included Acknowledgement of Country and People in key documents and displayed plaques in their foyers. The following is an example of wording from a plaque for Oral Health Services Tasmania:

*Oral Health Services Tasmania staff acknowledge Tasmanian Aboriginal people as the traditional and ongoing custodians of this land and that Tasmanian Aboriginal peoples’ traditional foods and lifestyle promoted good oral health.*

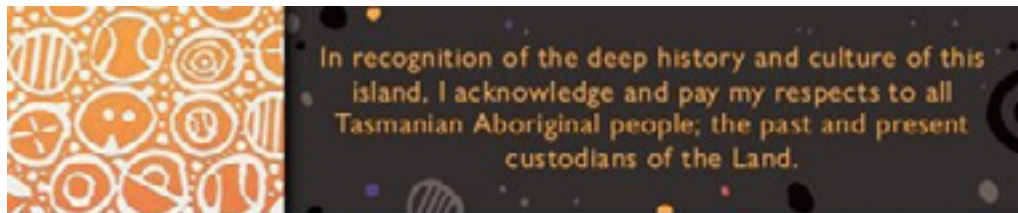
*We acknowledge the ongoing work of Aboriginal Community Controlled Organisations as integral in promoting and improving the health and wellbeing of Aboriginal people.*

The Department of Health shared and promoted, via Reach, the *[Acknowledgement of Aboriginal People and Country and Welcome to Country Guide](#)*, released in December 2021. The Guide has been designed as a tool for State Service agencies to develop consistent whole of Government practices that support all employees to know when, how and why they should consider an Acknowledgement of Aboriginal People and Country or a Welcome to Country ceremony.

The introduction of this Guide represents an important step towards all Tasmanian State Service agencies and employees' improved understanding, respect and recognition of Aboriginal views and unique ways of working; including the importance of cultural protocols and ceremonies, encouraging culturally inclusive work practices and valuing the cultural diversity that enriches and motivates the work we do.



Download the [Acknowledgement signature block](#) to use in your emails.





*Above (left to right): Luke Mabb, Auntie Nola, Aboriginal Health Liaison Officer Delia Summers, QAA Secretary Carol Voss, Project Lead - Ana Navidad, Luana Towney, QAA President Robyn Beltz. Absent: Aboriginal Health Liaison Officer Tracey Cleaver*

## FOCUS AREA 2: CASE STUDY

### Royal Hobart Hospital Maternity Services: Maternity Cultural Art Collaboration

The Maternity Cultural Artwork was officially unveiled at the new Maternity Unit (K7) in October 2021.

A strong connection to place and acknowledgement that cultural visibility is an important step to the feeling of belonging, partnership, and shared governance, led a small group of staff and Aboriginal community members to collaborate on this art project for the new Maternity Unit.

The artwork brings important elements of Country, nature, and Tasmanian Aboriginal culture into the public spaces on the Maternity unit. These images are now treasures for every Tasmanian to recognise, share, and enjoy together.

The art project is in honour of the thousands of years of birthing on Country by Tasmanian Aboriginal people and is symbolic of the ongoing intention to ensure recognition and support for cultural safety whenever birthing or visiting the Royal Hobart Hospital Maternity Unit.

## ***pulingina pakata ngayapi mapali / Welcome to all the babies born***

Like all good things, the Maternity Cultural Art Collaboration Project started with an open, relaxed and honest yarn.

- *How can we do better? How do we let Aboriginal families know that the new K7 Maternity unit is a welcoming safe space?*
- *How can we honour and acknowledge the rich and thriving Aboriginal culture in nipaluna / Hobart and throughout lutruwita / Tasmania, that is here today, as it has been forever, with strong connection to Country?*
- *How do we tell a story that brings everyone a sense of place, recognition, pride and belonging?*
- *How do we start somewhere that feels good, feels right and starts us on a journey of healing and becomes a journey for healing?*

The value of Aboriginal Health Liaison Officers (AHLOs) being connected to Community and the “everyday business” of the RHH Maternity Service, cannot be underestimated. From working with families directly, to guiding staff to consider a cultural lens and bring Aboriginal voice and direction to Maternity staff’s work and professional development, both for physical health care and beyond, highlights the importance and value of AHLOs being present and integrated as important partners of the broader health team.

Everything starts with building real and honest relationships.

The relationship with the AHLOs and external Aboriginal Health Services and broader community has been developing for some time and is equally very much in its early ‘building trust’ days. We have time.

Maternity staff are authentically seeking ongoing ways to improve access, quality of care and ensure the lived experiences of Aboriginal women and their families whilst being cared for through the Maternity Services, is as positive and culturally appropriate as possible.

This includes going slowly where necessary, knowing this is for the long time. It’s not a “to do list”, it’s a “to be list”, a “deep listening, genuine learning/growing/welcoming/inviting and ensuring a place is always at the table and an openness to being led.”

Other background external influences and inspiration for starting this project included:

- **The Australian College of Midwives Birthing on Country project 2017-2019.**
- Midwifery staff attending TAC cultural awareness training on the recommendation of the RHH AHLO and with support from RHH management.
- The updating of NSQHS standards in 2018. The RHH Women’s and Children’s service completed a gap analysis and action plan, identifying work needed in Standard 2 (Partnering with Consumers) and Standard 6 (Communicating for Safety) including partnering with Aboriginal families and community to create safe, culturally sensitive and welcoming environments for Aboriginal people.

Luana Towney, Tasmanian  
Aboriginal Artist with Jodie Clifford,  
Digital Ink Graphic Artist.



The LGH and RHH Aboriginal Health Liaison Officers connected the RHH Maternity Clinical Midwife Consultant to meet and work with Luana Towney, a Tasmanian Aboriginal Artist, who had also birthed with RHH Maternity. This was a perfect partnership for bringing culture, Country, current and ancient birthing connections to K7 Maternity, through Luana's artwork and storytelling.

This yarn then evolved into a collaborative art project, with thanks to the support of time and funding from the Queen Alexandra Auxiliary (QAA) Group, who engaged Digital Ink Graphic Artist to work closely with Luana, to transform her works into the beautiful wall murals. The murals were completed and installed in September 2021, for the public spaces on K7 Maternity for all to enjoy, for many years to come.

This project is just the beginning for the many ways in which healing, partnership and shared governance will hopefully continue to be walked onward together. Ensuring every Aboriginal family feels genuinely culturally safe, respected, heard, and celebrated within our health services is of great importance for the healing of Country and in turn, Country healing us.








The image of larapuna / Bay of Fires with soft overlays of a whale and grasses was the image chosen by maternity staff to help create a space of calm, relaxation, and recharge during breaks. The healing influences of nature, beauty, and colours are well known to have an impact on the parasympathetic nervous system. The QAA wanted to ensure those looking after mothers and babies also felt looked after.



## FOCUS AREA 2

# Performance Measures Report Card

Performance measure	Data source	Progress	Summary
<b>1</b> Number of new resources developed that are culturally inclusive and respectful.	Direct enquiry through APSC.	 <b>ON TRACK</b>	There are a range of examples across the DoH, including the Aboriginal Health and Cultural Respect resources. Departmental survey being developed for future reporting.
<b>2</b> Proportion of Aboriginal and Torres Strait Islander people reporting needing to go to a healthcare provider in the last 12 months, but not going, and the reason, by state/territory.	Aboriginal and Torres Strait Islander Health Performance Framework (HPF) Report (Tier 3) (Table 3.08.4).	 <b>NOT PROGRESSED</b>	Across the six healthcare provider access areas, an average of 31.7% or 1,745 Aboriginal people were not accessing health services when needed due to the service not being culturally appropriate. (2018-2019) See graphs of data collected in the Appendix 1.
<b>3</b> How often doctors listened carefully, showed respect for what was said and spent enough time with patients. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.22 in the 2017 report).	 <b>SOME PROGRESS</b>	An average of 87.2% said that doctors always listened carefully, showed respect, and spent enough time with patients.  Out of the 15586 patients who saw a doctor a range of 9.9% to 16.9% said this wasn't the case. Full details are in Appendix 1.
<b>4</b> Proportion of Aboriginal and Torres Strait Islander people who avoided appointments with doctors, nurses or other staff at hospitals or doctors' surgeries due to past unfair treatment. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.19 in the 2017 online data tables).	 <b>SOME PROGRESS</b>	200 (1.1 % of 17,800) people said they had in the last 12 months avoided situations with doctors, nurses or other staff at hospitals or doctors' surgeries because of past unfair treatment. (2018-2019)  Note, this data is considered too unreliable for general use.
<b>5</b> Case studies of effort to provide culturally respectful service environments.	Direct enquiry through APSC.	 <b>ON TRACK</b>	Case studies across the Department included in the Annual Report showing positive improvements. Departmental survey being developed.



**FOCUS AREA 3**

# Workforce Development and Aboriginal Employment

## This focus area aligns with

- Tasmanian Aboriginal people's priorities: – Workforce development. Improved staff training and processes in recording Aboriginal identity. Increased capacity of Aboriginal Health Liaison Officers. Increased proportion of Aboriginal people working in mainstream health services.
- NSQHS Standards – Action 1.2.1: The organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal patients.
- CRF Domain 3: Workforce Development and Training.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations: Identify and eliminate racism. Embed and practice meaningful cultural safety. Employ more Aboriginal people.

## Why this is important

- Evidence shows Aboriginal people are more likely to access health services where service providers communicate respectfully, build good relationships, have an awareness of the underlying social issues and some understanding of culture, and where Aboriginal people are part of the healthcare team.
- Barriers to the use of health services by Aboriginal people include fear and lack of trust of non-Indigenous health professionals (who were integral to the policies that created the Stolen Generations), and lack of understanding and respect shown by healthcare providers.
- Employing more Aboriginal people in the health system can help improve the knowledge, understanding and skills of non-Aboriginal staff.
- Evidence shows Aboriginal people are under-represented across the registered health professions in Tasmania.
- Concerns have been raised about the breadth and scale of responsibilities, sole person dependency on and limited hours of the Aboriginal Health Liaison Officers at Tasmania's major hospitals.

## The story so far ...

### Workforce Development

The top priority communicated through the Community Consultations was workforce development, including cultural awareness and cultural competency training for all health staff, especially doctors trained interstate and overseas, reception staff and those working in emergency departments and aged care services.

#### ***Aboriginal Health and Cultural Respect Intranet page***

As part of a range of actions being implemented through the Action Plan, Public Health Services has developed a new *Aboriginal Health and Cultural Respect* intranet page and [public internet page](#) which houses a suite of resources to help build more culturally respectful health services, environments, and workplaces for Aboriginal people.

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*“The awareness of these resources is high, the site is promoted, I hear conversations about it, it is really good! The AHLO has received great feedback about the Ask Away! videos.”*

**– SENIOR ADVISOR, QUALITY & PATIENT SAFETY SERVICE, HOSPITALS NORTH**

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Feedback from DoH staff completing the *Aboriginal Cultural Respect in Health Services* eLearning module consistently included requests for additional resources. A [survey of staff](#) completing the eLearning module informed the development of these resources. Quick, engaging, and easy to access resources are preferred by the nearly 1000 staff who completed the survey during October and November 2020.

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*“We now have valuable tools to help guide our process of putting a lens over all our service components and actioning improvements to help us build Aboriginal Cultural Respect and Safety within our organisation.”*

**– ARTHRITIS AND OSTEOPOROSIS TASMANIA**

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## Updated eLearning Module

Led by the previous Aboriginal Health Policy Officer, PHS developed the first Aboriginal Cultural Competency Training (ACCT) eLearning module in 2014. A review of the eLearning was completed in January 2020, with new online content and activities reflecting responses and identified priorities in the Community Consultation Report.

Working with THS Human Resources, the eLearning module was included in the Mandatory Education, Training and Assessment (META) Protocols. THS advised all regions of the requirement to include this training in their protocols in late 2019.

The training still includes an overview of Tasmanian Aboriginal history and culture, with an additional focus on what culturally respectful health services look like, and Asking the Question: Are You Aboriginal or Torres Strait Islander? The updated *Aboriginal Cultural Respect in Health Services* eLearning module was released on Tasmanian Health Education Online (THEO) in February 2020.

A total of 8,351 (55%) staff have completed the updated eLearning module in 2020 and 2021, with overwhelmingly positive feedback and indicating changes will be made in practice. Many said they now feel more confident when working with Aboriginal people. Most consistently people acknowledged understanding the need to ask all health service consumers the Aboriginal identifier question.

A selection of comments about the eLearning resource:

- *"I found this very interesting; as an Aide at the Hospital, I don't participate in a lot of cultural awareness activities but always interested and happy to help display any information and make new staff members aware that we have new information available for them to read and to pass on to other team members."*
- *"Thank you for this education and for the awareness. I know for me it felt like a lot of the negative history was a long time ago. So, I've learnt a lot about its effects now and how they are still ongoing. I hope I can be part of a positive change."*
- *"Wish this course was provided at Uni when studying the Bachelor of Nursing!"*
- *"Great module, very different structure to most of the others. I was very engaged and interested and would love to do a study day on it!"*
- *"Any changes to the service delivery will have to come through management. However, my service is dedicated to providing a welcoming place for the Tasmanian Aboriginal Community to find support and help and in doing so have made several changes to our service delivery."*

## Ask Away! Videos

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*“The quality and professionalism of these resources reflect the care and extensive consultation that were invested into their development. I can highly recommend these resources to all teams. We have used the clips to open up helpful and meaningful conversations in our team”*

**– HEALTH PROMOTION SOUTH TEAM**

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Public Health Services commissioned a series of short videos featuring 13 Tasmanian Aboriginal people from across Tasmania sharing their ideas and experiences when using mainstream and Aboriginal health services, and general experiences as an Aboriginal person in Tasmania. The four videos cover topics about identity, stereotypes, Aboriginal health services and Tasmania’s history.

Questions asked of video participants were real questions. The answers were not scripted or rehearsed. The series were filmed, produced, and edited by Tasmanian Aboriginal filmmakers.

The videos were created to use for staff training and development. They complement the *Aboriginal Cultural Respect in Health Services* eLearning module. The videos are great conversation starters. [A Discussion Guide](#) was developed as an accompaniment to support mainstream health workers consider the content in relation to their work area.

[Click here](#) to watch Elizabeth Mahnken from Public Health Services explain the videos.

The Ask Away! Videos and the Discussion Guide were reviewed and trialled across several business units in DoH in 2021, and are now being promoted and distributed across the Department and to the wider health sector by Primary Health Tasmania and other Tasmanian health networks.

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*“I had an impromptu session with seven Dental Assistants this morning... We watched the videos as a group and used the discussion guide after watching each video. The session really generated some good discussions ... it was a very valuable session, and we all learnt a lot from each other ...*

*The videos were in a format that was interesting and had a little bit of humour which we all liked. It was great to see a good representation of Tasmanian Aboriginal people of all ages and gave good insight on each topic... In terms of the Discussion Guide, it was very easy to follow, and we liked the bios on the participants afterwards as we felt a sense of connection from reading their stories.”*

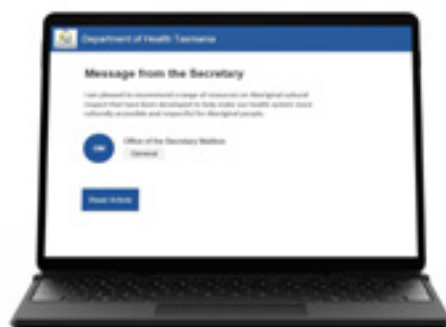
**– RENEE MOODY, AREA MANAGER OHST**

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The videos and Community Consultation Report provide a unique perspective of the consumer experience of our health services and support NSQHS Partnering with Consumers in Organisational Design and Governance Action 2.14 – *The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce.*

The Ask Away! videos have been shared with Tasmanian Aboriginal organisations, the State Sector Management Office, Equal Opportunity Tasmania, and Legal Aid Tasmania. The videos were officially launched by the Secretary via Reach in December 2021 in conjunction with the DoH Aboriginal Health and Cultural Respect intranet page.



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*“I really appreciated listening to Palawa stories and opinions. It’s all well and good to be told how to be culturally respectful in a clinical setting but hearing from the community itself how they prefer to be treated, how they have been treated and the changes they want to see is what really informs my practice! Keep it up, I’d love to hear more.”*

**– FEEDBACK FROM DoH STAFF MEMBER**

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### **Face to Face training**

The Action Plan commits the Department to support staff to attend face to face training delivered by Aboriginal registered training organisations.

Comprehensive data was not collected for this Report. There are some limited examples of face to face training undertaken:

- 13 Tasmanian health leaders attended on country Cultural Awareness training delivered by the TAC in November 2021.
- 36 DoH staff took the opportunity to attend the Tasmanian State Sector face to face Aboriginal Cultural Respect Training which was trialled in 2021. The training is creative, experiential, challenging and provides an innovative and unique sharing and deep learning experience for participants.
- 68 RHH staff enrolled in TAC Cultural Awareness training in 2020 and 20 staff in 2021.



## Aboriginal Employment

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*‘An appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical for an efficient national health system’<sup>4</sup>*

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Growing the Aboriginal workforce is essential for Tasmania's health system to deliver culturally safe and responsive health services. Aboriginal employees bring a diverse range of skills to the health sector including a cultural perspective, the ability to break down barriers and provide culturally appropriate care for Aboriginal people in Tasmania.

To enable accurate reporting of the proportion of Aboriginal staff employed by the DoH, processes to record (voluntarily) the Aboriginal status of staff were needed. The new data collection standards based on ABS standards has been approved by the Health Executive.

To support the implementation of the standards, a request has been made to Health Information Communication and Technology (Health ICT) to update the Employee Self Service portal so that employees can access and amend their personal details online, including being able to identify as Aboriginal. When this is complete, HR will undertake a communication campaign to make employees aware. New starter forms and the HR system Empower have also been updated to reflect the standards.

### **Aboriginal Employment in the health workforce: Numbers and changes**

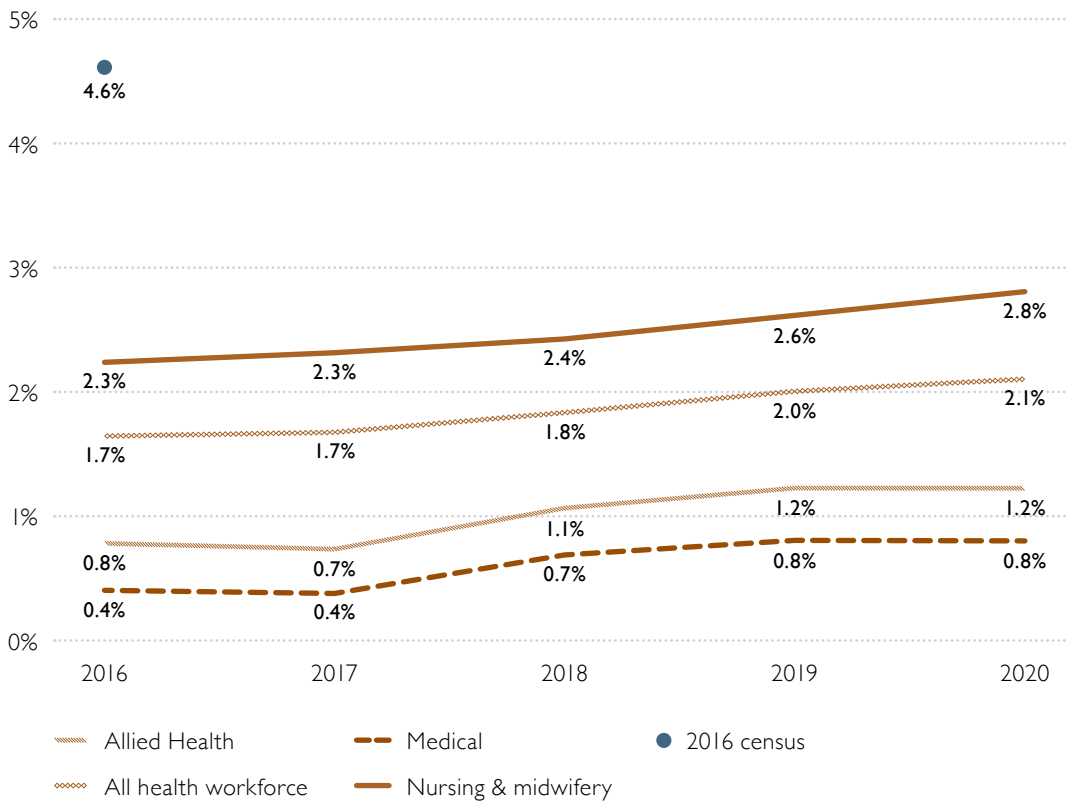
The Health Workforce Planning Unit (HWPU) has developed a workforce data profile to monitor Aboriginal representation in the Tasmanian health workforce. The data in the workforce profile shows a similar disparity to the national numbers. HWPU will produce this profile annually.

In the 2016 ABS Census, 4.6% of people living in Tasmania identified as Aboriginal and Torres Strait Islander, compared to only 2.1% of the registered health workforce (National Health Workforce Data Set, 2020).

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<sup>4</sup> National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

**Figure 1: Aboriginal employment (%) in the health workforce, Tas 2016-2020**



**Table 2: Proportion of health workforce that identified as Aboriginal, Tas 2020**

Workforce group	Proportion of workforce that identifies as Aboriginal, 2020		
	Public sector	Private sector	Combined sector
Allied health	1.3%	0.9%	1.2%
Medicine	0.8%	0.8%	0.8%
Nursing & midwifery	2.6%	3.0%	2.8%
<b>All</b>	<b>2.1%</b>	<b>1.8%</b>	<b>2.1%</b>

Data sources: National Health Workforce Data Set, 2016–2020 (based on headcount) and 2016 Census

The table and chart above show the proportion of registered, employed health practitioners in Tasmania that identify as Aboriginal and Torres Strait Islander, from 2016–20. There has been little change in that period. Nurses and midwives continue to have the highest proportion of Aboriginal employees. The Tasmanian Aboriginal population in 2016 is provided for comparison (as a proportion).

## **What we are doing**

Some of the strategies and projects that are targeting and influencing the Tasmanian and national objective of increasing the number of Aboriginal people in the health workforce include:

### **Tasmanian**

As part of the *Health Workforce 2040* strategy, DoH has commenced work on the Aboriginal Health Worker Traineeships project which will provide up to ten paid Aboriginal Health Worker traineeships per annum for three years. The positions will be funded by the Tasmanian Government and employed and trained by an external organisation.

After their training, it is expected that some trainees will gain employment as Aboriginal Health Workers. It is also expected that some will progress to other health roles or continue onto other clinical training. Providing exposure to health care roles is critical in attracting Aboriginal people to the health sector.

The HWPU and HR–Recruitment have been discussing strategies to increase Aboriginal participation in graduate employment programs including nursing Transition to Practice, medical internships, and pharmacy graduate placements. Strategies including making it easier to apply and giving Aboriginal applicants preference over placement locations. Health HR also contributed to the review of the State Service Aboriginal Employment Portal.

The Tasmanian State Service Aboriginal Employment Strategy aims to increase the number of Aboriginal employees working across the state sector to 3.5% by 2022.

### **National**

Tasmania has contributed to and endorsed the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* that includes numerous actions for implementation.

The *National Agreement on Closing the Gap* is shifting the way governments have previously worked to close the gap. It acknowledges that Aboriginal people must determine, drive, and own the desired outcomes, alongside all governments.

## **Aboriginal Identified Positions**

In 2020 there were three Aboriginal identified positions within the Department of Health; the Aboriginal Health Liaison Officer positions – A full time position at both the Royal Hobart Hospital and the Launceston General Hospital, and a 0.5FTE position covering both the Mersey Community Hospital and the North West Regional Hospital.

2021 saw the successful recruitment to a permanent 0.8FTE Aboriginal identified Aboriginal Health Policy Officer position within Public Health Services, taking the total number of Aboriginal identified positions in DoH to four.

## FOCUS AREA 3: CASE STUDY

### The Ida West Aboriginal Health Scholarship

Aunty Ida West was a respected Tasmanian Aboriginal Elder who made significant contributions to social justice and reconciliation in both Tasmania and at a national level. On her passing in 2003, the DoH consulted with her family to establish the Ida West Aboriginal Health Scholarship program to honour her life and work.

Established in 2004, the program is a key DoH initiative in support of the *Tasmanian Government Aboriginal Employment Strategy 2019-2022*. It provides financial support for tertiary and vocational study in recognition of the under representation of Aboriginal people in health professions in Tasmania.

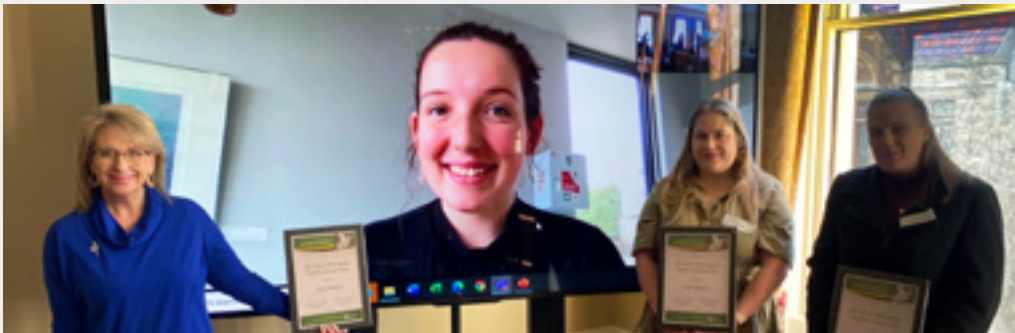
Each year the Office of the Chief Nurse and Midwifery Officer (OCNMO) works closely with a West family member throughout the scholarship advertising, selection and awarding processes.

Scholarship funds help students in many ways. Students can buy textbooks, computers, clinical equipment and uniforms. The scholarship helps with living costs for attendance at rural clinical experience placements. During COVID-19 some students found the loss of income eased by the scholarship. Being able to pay for childcare costs helped others with studying at home. Students can focus on their studies and connect with their local community without the pressures of financial stress. All say the extra financial support is critical to students completing their studies.

In 2020 nine applications were received. The three available scholarships were awarded to MaKenzie Adams (Bachelor of Nursing), Emma Shanahan (Bachelor of Nursing) and Claire Whiteway (Bachelor of Medicine and Bachelor of Surgery).

In 2021 there were 11 applicants with Emma Shanahan (Bachelor of Nursing), Claire Griffith (nee Whiteway) (Bachelor of Medicine and Bachelor of Surgery) and Jaimi-Lee Armstrong (Bachelor of Medicine and Bachelor of Surgery) being awarded the three available scholarships.

For the next four years (2022 to 2025) there will be an additional seven Ida West scholarships available each year, bringing the total to 10 available scholarships. This has been made possible through additional funding under Health Workforce 2040.



*Chief Nurse and Midwife, Associate Professor Francine Douce, with 2021 recipients Claire Griffiths, Emma Shanahan and Jaimi-Lee Armstrong.*

## Having a yarn with Emma, scholarship recipient for 2020 and 2021

The DoH's Aboriginal Health Policy Officer (AHPO) Nikki Kivi recently interviewed Ida West scholarship recipient Emma Shanahan.

### Who lives with you?

Husband Ian, Ezra our six-year-old son, along with one horse, one dalmatian, one cat, 39 chickens, four sheep and some fish.

### Where do you currently work?

I work at the Aboriginal Health Service in Hobart. I love working for the Health Service as we get the time to really work out what someone's needs are and support them through their whole health journey.

### Being an Ida West Aboriginal Health Scholarship recipient enabled me to ...?

I had been an Enrolled Nurse for over 10 years before I found out about the Scholarship. With a mortgage, child, and full-time employment I could not see a financially stable path for me to undertake a Bachelor of Nursing.

I applied for one of the three scholarships and was successful! I was able to confidently reduce my hours at work to commence studies and now I am looking forward to the end of the year when I complete my degree and graduate.

### Ida West Legacy

Receiving the Scholarship has been an honour and I am determined to carry on Auntie Ida's legacy of supporting Community and being a role model for other Aboriginal people interested in the health field.

### What does the future hold for you career wise?

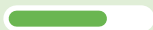





Nothing is set in concrete yet, there are many avenues that open when you become a Registered Nurse. You will have to wait and see.









*Emma Shanahan on placement at the Midlands Multipurpose Health Centre Oatlands, with Wobbie, a regular visitor to the Centre.*

## FOCUS AREA 3

# Performance Measures Report Card

Performance measure	Data source	Progress	Summary
<b>1</b> Proportion of staff that have completed the DoH <i>Aboriginal Cultural Respect in Health Services</i> eLearning module.	PHS	 <b>ON TRACK</b>	8,351 (55%) Staff have completed training in 2020 and 2021. Thirty-four different business units across the Department of Health have undertaken the training, with the largest proportion coming from the Nursing and Administration Support job streams.
<b>2</b> Nature of the feedback provided about the eLearning module.	PHS	 <b>ON TRACK</b>	Overwhelming positive feedback and indicating changes will be made in practice. Many now feel more confident when working with Aboriginal people. Most consistently people acknowledged understanding the need to ask all health service consumers the Aboriginal identifier question.
<b>3</b> Number and proportion of DoH staff completing Aboriginal face-to-face cultural respect training.	Training providers	 <b>NOT PROGRESSED</b>	Data not available for this report. There are some limited examples of face to face training undertaken.
<b>4</b> Number of GPs and other primary healthcare workers that have completed cultural awareness training coordinated by Primary Health Tasmania (PHT).	Primary Health Tasmania	 <b>SOME PROGRESS</b>	A total of 31 GPs and other primary health care workers attended PHT cultural awareness training sessions in 2020.  28 GPs and other primary health care workers attended training in November 2021.
<b>5</b> Percentage of state health sector staff that identify as Aboriginal.	State Service Survey	 <b>SOME PROGRESS</b>	1778 DoH employees (or 14%) responded to the State Service Survey 2020, which is much lower than previous years. 2% identified as Aboriginal or Torres Strait Islander people. Health ICT are updating the DoH's Employee Self Service portal so employees can access and amend their personal details online, including being able to identify as Aboriginal or Torres Strait Islander.
<b>6</b> Proportion of nursing and midwifery positions in the state health sector that are held by Aboriginal people.	CQRA	 <b>NOT PROGRESSED</b>	2020 data –2.8% (or 175 people) in the nurses and midwifery workforce identify as Aboriginal. There has been little change from 2016 to 2020. Details in Appendix I.

Performance measure	Data source	Progress	Summary
<b>7</b> Number of identified Aboriginal positions in the state health sector (FTE).	HR	 <b>SOME PROGRESS</b>	2020: Three Aboriginal Health Liaison Officers (AHLOs) 2.5FTE  2021: Four positions—three AHLOs 2.5FTE and Aboriginal Health Policy Officer 0.8FTE
<b>8</b> Number of applicants and successful applicants for the Ida West Health Scholarship in the financial year.	CQRA	 <b>SOME PROGRESS</b>	2020: Nine applications, three scholarships available and awarded.  2021: 11 applications, three scholarships available and awarded.  A commitment has been made to increase the number of scholarships; from 2022 there will be 10 Ida West health scholarships available each year for the next four years
<b>9</b> Number of Tasmanian applicants and successful applicants for Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Scholarships.	CQRA	 <b>NOT PROGRESSED</b>	Direct enquiry to CATSINaM; nil applicants from Tasmania.
<b>10</b> Employed health professionals by Indigenous status, state/territory and profession.	HPF Report (Table 3.12.4).	 <b>NOT PROGRESSED</b>	2020 data: 1.2% in the allied health workforce across the private and public sector identify as Aboriginal. There has been little change in the proportion of the workforce that identify as Aboriginal from 2016 to 2020.
<b>11</b> Employed medical practitioners by Indigenous status and state/territory.	HPF Report (Table 3.12.6).	 <b>NOT PROGRESSED</b>	2020 data: 0.8% in the medical practitioner's workforce identify as Aboriginal. This equates to 7 practitioners. There has been little change in the proportion of the workforce that identify as Aboriginal from 2016 to 2020.
<b>12</b> Employed nurses and midwives, by Indigenous status and state/territory.	HPF Report (Table 3.12.9).	 <b>NOT PROGRESSED</b>	2020 data –2.8% in the nurses and midwifery workforce identify as Aboriginal. This equates to 175 nurses and midwives. There has been little change in the proportion of the workforce that identify as Aboriginal from 2016 to 2020.





FOCUS AREA 4

# Consumer Participation and Engagement

## This focus area aligns with

- Tasmanian Aboriginal people's priorities: Increased capacity of Aboriginal Health Liaison Officers and better complaints management.
- NSQHS Standards – Action 2.1.3: The organisation works in partnership with Aboriginal communities to meet their healthcare needs.
- CRF Domain 4: Consumer Participation and Engagement.
- National Agreement on Closing the Gap 2020 – Priority Reform Three – Transforming Government Organisations:
  - Improve engagement with Aboriginal and Torres Strait Islander people.
  - Engage with Aboriginal and Torres Strait Islander people to listen and respond to concerns about mainstream organisations.

## Why this is important

Providing comprehensive care to Aboriginal people means tailoring the care to the needs and goals of individuals and considering the impact of care on that person's life and wellbeing. Optimal patient centred care includes acknowledging the philosophies of holistic health and wellbeing, and the role of Aboriginal knowledge, values, beliefs, cultural needs and health history in decision-making about treatment and ongoing care. Patient centred care also considers the impact of family structures and responsibilities.

## The story so far ...

Complaints management is a topic that triggered much expression of frustration at the Aboriginal Community Consultation focus groups in 2018. Participants outlined the following barriers to making complaints:

- Concern that making a complaint would make the situation worse.
- Lack of knowledge about how to complain, and confidence in ability to make a complaint according to the defined processes.
- Lack of time and energy to make a complaint given the perceived lack of benefit.

Many participants stated they would not feel comfortable making a complaint or didn't know how, especially if they had to make the complaint in writing. No participants at any of the focus groups had heard of the Health Complaints Commissioner when asked by a focus group facilitator and none mentioned seeing any written information about making a complaint or being given information.

For the few who had made a complaint in the past, the experience was not positive. Participants felt their complaints were not taken seriously and were not followed up: often they did not get any response from the service provider. Some were very concerned their complaint made their situation – and treatment – worse.

The exception was the Launceston General Hospital, which was singled out at two focus groups:

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*“Complaints management at the LGH is good. They should roll that out across all the hospitals. They ring to find out what happened and talk it through; then they follow it up in writing.”*

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Feedback through the online survey conducted in 2018, in conjunction with the Community Consultations, supported the findings from the focus groups; that complaints management is a priority for improvement. Over one in four (28.6 per cent) survey participants stated they had experienced racism or racial discrimination while using or visiting a mainstream health service over the past two – three years.

Data from the 2020 Australian Reconciliation Barometer indicate that 22% of Indigenous Australians or their families were racially discriminated against by doctors, nurses and/or medical staff in the last 12 months.

Client and community feedback is important for health services to ensure that their policies and programs are meeting the needs of Tasmanian Aboriginal people. Collaboration with local Aboriginal organisations is also important for ensuring services are culturally safe.

There is a question in the statewide consumer feedback form relating to cultural needs; ‘How well staff respected your cultural, racial and religious needs’ The response set 1 – 5, is very poor to very good (this enables means scores). The Department has committed to reviewing consumer feedback and complaints mechanisms to ensure they meet best practice and add questions about cultural safety to patient/client feedback surveys.

“Cultural safety is defined with reference to the experience of the Indigenous health care consumer, of the care they are given, their ability to access services and to raise concerns. Some of the essential features of cultural safety include an understanding of one’s culture; an acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of this difference; and the ability to recognise, address and prevent racism. The presence or absence of cultural safety is determined by the experience of the recipient of care and is not defined by the caregiver”

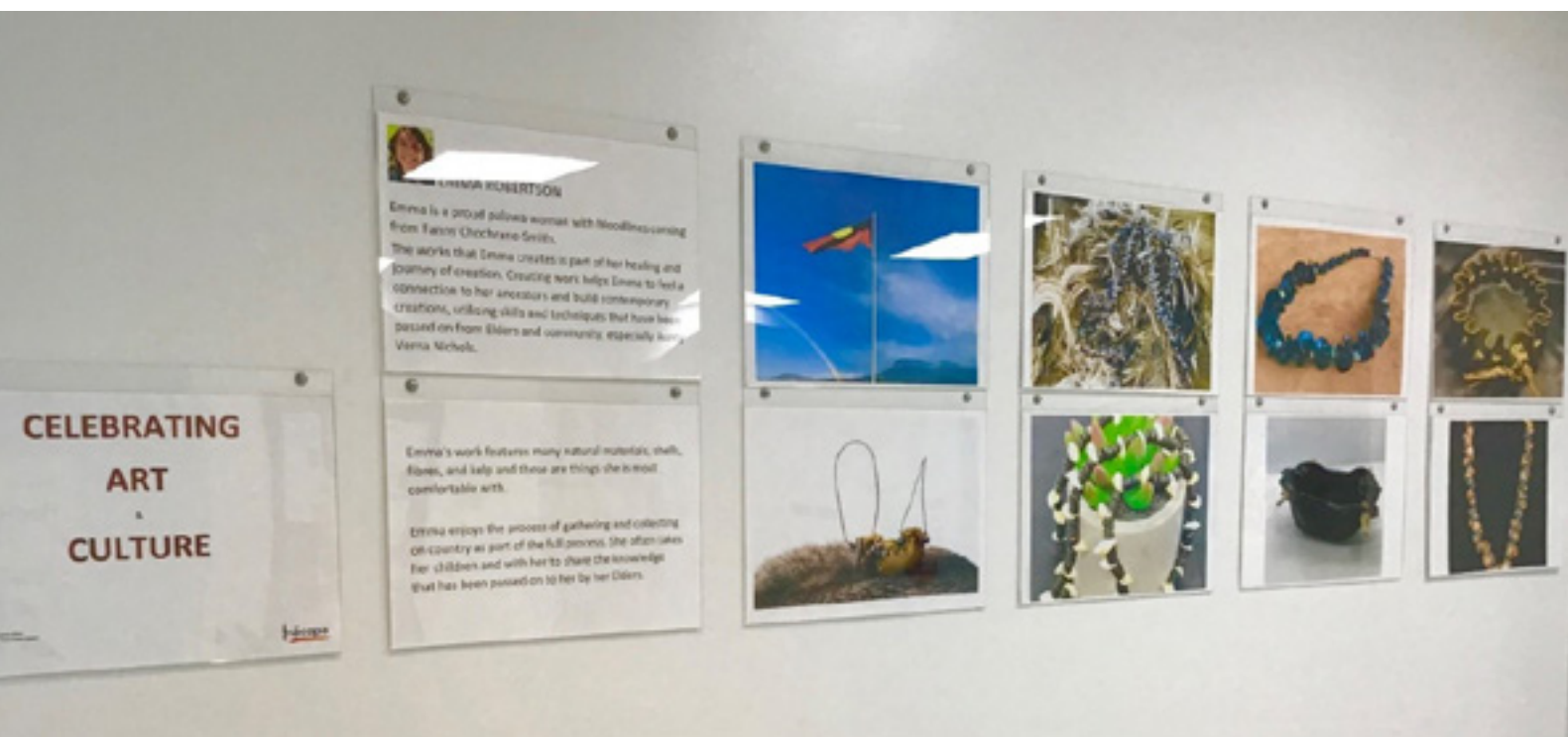
– AUSTRALIAN HEALTH MINISTERS ADVISORY COUNCIL 2016

The importance and value of Aboriginal Health Liaison Officers (AHLOs) in supporting consumer participation by being connected to their community and local Aboriginal organisations, and the ‘everyday business’ of our public hospitals cannot be underestimated.

“AHLOs are important partners of the broader health team.... Everything starts with building real and honest relationships.”

– ANA NAVIDAD, CLINICAL NURSE CONSULTANT, MATERNITY SERVICES, RHH

Photo display of Aboriginal artist Emma Robertson’s work. Emma is also the Senior Care Coordinator, Integrated Team Care at Karadi.



## Two good examples ...

### ***RHH: A Block Foyer***

The Art and Culture display in the A block foyer RHH showcased the artwork of eight Tasmanian Aboriginal Artists from September to December 2020. Inscape and the Aboriginal Health Liaison Officer for the RHH worked together to bring photos of these beautiful and diverse artworks from the community into the health care setting.

The AHLOs close connections with her community made this possible. Inscape was excited to use the permanent display wall to celebrate art and culture.

The Tasmanian Aboriginal Artists who showcased their work were Emma Robertson, Luana Towney, Takira Simon-Brown, Dean Greeno, Craig Everett, Janice Ross, John Dickson and Allan Mansell.

### ***RHH: Whittle Ward***

Gail, Pam, Jill and Sandra who are some of the members of the Karadi Knitting Mob proudly presented 13 knee blankets knitted in the 'Aboriginal Colours' to staff at the Whittle Ward in November 2020. It is hoped the knee blankets will help Aboriginal people at the end stage of their lives connect back with their community through the warmth and love that has been knitted into each blanket. Thank you Karadi they are beautiful.

Karadi Knitting Mob. ⋮



## FOCUS AREA 4: CASE STUDY

# rana rrala payngana rrala / strong body strong mind

### Aboriginal Action Group – Tasmanian Health Service North

The rana rrala payngana rrala group was formed in December 2019 and includes representation from Aboriginal Elders in Northern Tasmania.

The group was formed in recognition of the need to support health services across the North to become more culturally appropriate and welcoming for First Nations people.

Actions since the group's inception:

- Developing a THS North 'First Nation Peoples' health needs protocol and a cultural capability checklist.
- Reinstating the Aboriginal flag at LGH. The flag, together with the Australian and Tasmanian flags, will fly continuously, with lighting at night. The flags were reinstated with a ceremony attended by the Health Minister and members of rana rrala payngana rrala.
- In 2021 a significant body of work was undertaken in developing posters, about asking the question 'Are you Aboriginal or Torres Strait Islander?' The design, content and colours were chosen by members of rana rrala payngana rrala, reflecting their connections to the land and sea. Each poster features members of rana rrala payngana rrala and their families. These resources will be launched in 2022.

Feedback from rana rrala payngana rrala members:

.....  
*"The journey has been enjoyable, working with other community members, Aboriginal and non-Aboriginal."*  
.....

.....  
*"Worthwhile health outcomes are being achieved for Aboriginal people."*  
.....

.....  
*"It is a positive step forward in recognition of the health needs of Aboriginal and Torres Strait Islander people."*  
.....

.....  
*From left: Nursing Director Primary Health Fiona Young, chair Consumer and Community Engagement Committee Peter O' Sullivan, former Minister for Health Sarah Courtney, rana rrala payngana rrala group member Clyde Mansell, Senior Advisor Quality & Patient Safety Service Gretchen Long and group members Nola Hooper and Lola Green.*  
.....



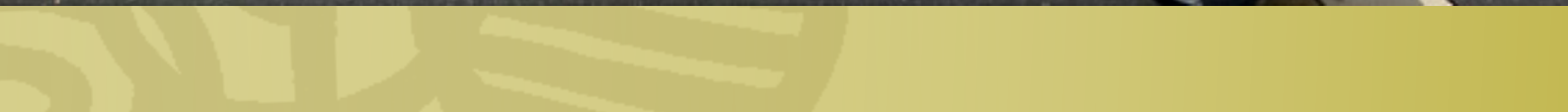
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Plans for 2022:

- Launch of asking the question 'Are you Aboriginal or Torres Strait Islander?' resources including dissemination and information sessions to LGH and District Hospitals North.
- Progress Aboriginal artwork for two major entry transit points in and through the LGH and also in the NICS area.
- Support for celebration of NAIDOC week.
- Acknowledgement Plaque for front entrance of the LGH designed by members.






*Clyde Mansell pictured with the 'Asking the Question' poster designed by the group which features local families and depicts connections to land and sea.*



## FOCUS AREA 4

# Performance Measures Report Card

Performance measure	Data source	Progress	Summary
<b>1</b> Number of consumer engagement committees with Aboriginal representatives.	Direct enquiry through APSC.	 <b>SOME PROGRESS</b>	Direct enquiry not sought for this report. This will be followed up for future reports.
<b>2</b> How often doctors listened carefully, showed respect for what was said and spent enough time with patients. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.22).	 <b>SOME PROGRESS</b>	An average of 87.2% said that doctors always listened carefully, showed respect, and spent enough time with patients.  Out of the 15586 patients who saw a doctor a range of 9.9% to 16.9% said this wasn't the case. Full details are in Appendix I.
<b>3</b> Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and state/territory (excluding dialysis and mental and behavioural disorders).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) Table 3.09.3).	 <b>NOT PROGRESSED</b>	Aboriginal patients in Tasmania's hospitals discharge against medical advice four times more than non-Aboriginal patients. The data available is from July 2015 to June 2017.



FOCUS AREA 5

# Partnerships with Aboriginal Community Controlled Organisations

## This focus area aligns with

- Tasmanian Aboriginal people's priority: Improved partnerships between mainstream health services and Aboriginal community controlled organisations, including better understanding of the role of Aboriginal Health Workers.
- NSQHS Standards – Action 2.1.3: The organisation works in partnership with Aboriginal communities to meet their healthcare needs.
- CRF Domain 5: Stakeholder Partnerships and Collaboration.
- National Agreement on Closing the Gap 2020 – Priority Reform One: Formal partnerships and shared decision-making. More partnership arrangements between Aboriginal and Torres Strait Islander people and governments at all levels.

## Why this is important

Respectful and effective partnerships and collaboration between Aboriginal community controlled organisations and mainstream health organisations are vital to supporting accessible, responsive and culturally safe services and improving the health of Aboriginal people.

## The story so far ...

There are two established Aboriginal health consultative mechanisms that representatives from DoH regularly participate in with Aboriginal health services and have established relationships. These mechanisms provide a key opportunity for the Department to share information and engage in discussions, planning and feedback processes.

## Tasmanian Aboriginal Health Forum (TAHF)

The Tasmanian Aboriginal Health Forum (TAHF) is a consultative and advisory mechanism under the *Agreement on Tasmanian Aboriginal and Torres Strait Islander Health and Wellbeing 2016–2021*. TAHF comprises the Tasmanian Aboriginal Centre (TAC) as the Tasmanian NACCHO Affiliate, the DoH (Australia) and the DoH (Tasmania), with Primary Health Tasmania and the National Indigenous Australians Agency as observers. The Forum provides members the opportunity to share information, plan collaboratively and work in partnership to improve Aboriginal health outcomes.

TAHF meetings have not been convened by the Australian Government since December 2020. In the absence of TAHF forums, the DoH (Tasmania) and individual business units and services have directly engaged with the TAC.

The TAC provides comprehensive Aboriginal community-controlled primary health services in Hobart, Burnie, and Launceston. The TAC is the peak body for Aboriginal Community Controlled Organisations (ACCOs) in Tasmania and is represented on the Closing the Gap Coalition of Peaks.

## Tasmanian Aboriginal Health Reference Group (TAHRG)

The Tasmanian Aboriginal Health Reference Group (TAHRG) is a consultative and advisory body comprising ACCOs and funded by the Australian Government. TAHRG members deliver a wide range of health and other services to their communities. Members of TAHRG are:

- Cape Barren Island Aboriginal Association
- Circular Head Aboriginal Corporation
- Flinders Island Aboriginal Association
- Karadi Aboriginal Association
- South East Tasmanian Aboriginal Corporation.

The TAHRG meets bimonthly and Tasmanian DoH staff attend to ensure issues raised through the TAHRG within the purview of the Tasmanian government are addressed. PHS continues to coordinate a departmental update for each TAHRG meeting to ensure member organisations are informed about significant DoH policy development, service planning and care design.

Concerns were raised by Aboriginal Health Workers and Aboriginal Support Workers during the Community Consultations about the lack of genuine partnerships between Aboriginal Community Controlled Health Organisations and mainstream health services.

There were significant concerns about a perceived lack of understanding of – and respect for both Aboriginal Support Workers and Aboriginal Health Workers.

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*“People in mainstream health services don’t realise Aboriginal health services employ fully-trained, registered health professionals”*

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Participants suggested:

- Clearer processes for referral pathways and a guide for how to build relationships.
- Rotation of mainstream health service staff through Aboriginal community-controlled health services.

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*“Where there is a relationship between the (mainstream) health service and an Aboriginal Health Worker the referral and support system work well. Aboriginal Health Workers recommend people identify on admission and get a discharge plan before leaving.”*

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*“Drug and Alcohol Services do a bus tour to the Aboriginal Health Service for new and trainee staff. It really helps.”*

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Public Health Services is developing protocols and guidelines for establishing and enhancing existing partnerships with the ACCOs, including principles for working in partnership and covering issues such as reciprocity, communication, representation and sharing of knowledge and data to support systems change.

## FOCUS AREA 5: CASE STUDY

# Oral Health Services Tasmania 'healthy mukwi<sup>5</sup> healthy me' Initiative

Oral Health Services Tasmania (OHST) is working to improve its partnerships with local Aboriginal Community Controlled Organisations in the kotalayna / Jordan River area of lutruwita / Tasmania.

The healthy mukwi healthy me initiative was developed under the guidance of the local **Our Community | kotalayna Collective** to help support Aboriginal children prebirth to five years and their families that live in kotalayna get the best start in life.

kotalayna Health Service, run by the Tasmanian Aboriginal Centre and kotalayna Learners (a team of Department of Education Aboriginal Educators) are key partners in the collective.

Informed by the voice of the community they are both working with OHST to improve oral health outcomes for Aboriginal children under 5 and their families. Their guidance forms positive and culturally appropriate experiences for Aboriginal children and their families.

### What we know:

- Although nearly entirely preventable early childhood decay is the most common childhood disease and the top reason for hospitalisation in this age group. It is strongly linked to family behaviours and practices.
- Local families do not currently have the information on how to prevent early childhood decay.
- Numbers of local families accessing dental clinics needs to be increased.

### What we do together:

- We have a shared and agreed purpose with kotalayna Learners and other partners to actively work together to break down barriers for families reluctant, or find it difficult to access, dental care or preventive messages or interventions.

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5 'mukwi' is palawa kani for 'mouth'

## We did this by:

- Building the oral health knowledge and understanding of the eight kutralayna Learners.
- Supporting kutralayna Learners to share information on how to prevent early childhood decay.
- Supporting kutralayna Learners to develop healthy mukwi\* healthy me resources that support parents to make healthy oral behaviour choices at home.
- Participating in Community for Children's Health Day in Children's Week. We provide a safe and respectful space for families to take part in fun activities.
- Forward planning the promotion of OHST into local schools and supporting local families to access the service.
- Working with kutralayna Health and kutralayna Learners to improve (warm) referral pathways. A 'warm referral' uses the support of safe relationships that families have with other Aboriginal organisations and community to provide families with the confidence to access services.

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*"The Team enjoyed the informal way that the information was delivered and how it was Community based information. It will be easy to make it part of our every-day work"*

**– KUTALAYNA LEARNER**

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*Images from Children's Week 2021, provided by Communities for Children.*



“Leanne, one of the kotalayna Learners developed the artwork for the background for the Wendy Roo story book for the 60 outreach workers.”

– KOTALAYNA LEARNER



## What we will do next:

- Implement our planned activities into Launching into Learning programs in schools via the kotalayna Learners team.
- Continue to support kotalayna Learners through regular professional learning opportunities with OHST.
- Continue to support a warm or supported approach to help Aboriginal families attend our service.
- Local dental team members will take part in Cultural Awareness training.
- Compare data from previous year to monitor our approach.



“We do soft and supported referrals to enable us to meet the needs of our Community. In our area, families are hesitant to attend any service without some form of intro and have an historical dislike/negative experience with many services (government in particular). This type of approach is working better for our people, and we are seeing more families attending the different services because of this.”

– KOTALAYNA LEARNER



## FOCUS AREA 5

### Performance Measures Report Card

Performance measure	Data source	Progress	Summary
1 Number of projects undertaken in partnership with Aboriginal Community Controlled Organisations.	Direct enquiry through APSC.	 <b>SOME PROGRESS</b>	Case Study examples but no Departmental surveys or direct enquiries made for this report.
2 Aboriginal Health Workers' experience of working in partnership with mainstream health services.	Survey (qualitative).	 <b>NOT PROGRESSED</b>	Survey not progressed. Collection of this data needs further consideration.





FOCUS AREA 6

# Data

## This focus area aligns with

- Tasmanian Aboriginal people's priority: Improved staff training and processes in asking and recording Aboriginal identity.
- NSQHS Standards:
  - Action 1.4: The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal people.
  - Action 1.8: The organisation has processes to routinely ask patients if they identify as Aboriginal, and to record this information in administrative and clinical information systems.
- CRF Domain 6: Data, planning and research.
- National Agreement on Closing the Gap 2020 – Priority Reform Four – Shared access to data and information at a regional level: establish partnerships between Aboriginal and Torres Strait Islander people and government agencies to improve collection, access, management and use of data, including identifying improvements to existing data collection and management.

## Why this is important

Recording Aboriginal identity when collecting information for admission or registration and as clinically indicated, is important because capturing this data helps to measure progress in improving health outcomes and supports service planning. It is required under national accreditation standards. This information also allows us to connect Aboriginal and Torres Strait Islander patients to our Aboriginal Health Liaison Officers at the major hospitals, helps us provide culturally respectful care, bearing in mind Aboriginal risk factors and supports patient-centred care, discharge planning and referral to Aboriginal Community Controlled Organisations. It is essential that all information is accurate for the correct reporting of health activity which funds health services.

## The story so far ...

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*“Our trauma is compounded by having to convince people we still exist.”*

– QUOTE FROM THE COMMUNITY CONSULTATION REPORT (DOH) 2018

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## Asking the Question: Are you Aboriginal or Torres Strait Islander?

Aboriginal and Torres Strait Islander people are under-identified in many health-related data collections. Self-reporting Aboriginal identity is the only way to accurately record data and identify a client's status. It is mandatory for all health services to ask all patients and clients if they are Aboriginal or Torres Strait Islander.

The Patient Administration System (PAS) is the authoritative data source for patient demographic data within the DoH / Tasmanian Health Service (THS).

In May 2020 a change was made to the PAS to make the capture of the Aboriginal and Torres Strait Islander field mandatory. In June 2020 the eHealth Systems Support issued an updated release of the THS Patient Demographic Data Collection Statewide Protocol with an addition relating to the capturing of accurate patient data. There is a requirement to review and update patient data at every presentation to a THS facility including Aboriginal and Torres Strait Islander status.

The eHealth Systems Support Officers train all staff using the above protocol, when training new staff on patient registration. Under the Action Plan, DoH has committed to training administrative staff who collect patient demographic information on when and how to ask the Aboriginal identifier question and why we ask.

Feedback from staff completing the DoH updated THEO eLearning module (*Aboriginal Cultural Respect in Health Services*) and the *Improving Aboriginal Cultural Respect – Staff Cultural Respect Resources Survey 2020* found that even with training, staff members can have difficulty consistently asking the identity question.

Many staff members do not ask 'the question' or stop asking the question because of:

- lack of understanding about the importance of asking the question
- lack of confidence or no training in asking the question
- the incorrect belief that asking the question may be discriminatory
- staff perceptions about what an Aboriginal person looks like
- being challenged by people about why the question is asked
- client refusal to answer question (possible negative prior experience or confidentiality reasons).

The updated *Aboriginal Cultural Respect in Health Services* eLearning module includes activities designed to allow staff to practise applying their knowledge in a workplace setting. Much of the module content has been taken directly from stories and experiences shared in the [Community Consultation Report](#) which detailed the complexities of 'Asking the Question' in Tasmania. A big focus of the course is asking about Aboriginal identity and creating culturally safe/welcoming spaces.

Most consistently, people acknowledge the value of the 'asking the question' activity and supporting material in their feedback:

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*“Being a clerk, I particularly appreciated the videos on asking the question. It has given me the confidence to be able to ask the question without feeling uncomfortable.”*

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*“As a pharmacist I don’t think, “Are you Aboriginal or Torres Strait Islander,” is widely asked as part of our best possible medication history. This could be very relevant especially on discharge with the CTG scheme. I will add to my own process and encourage others to do the same.”*

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*“I found the content really useful, especially the part about asking whether or not someone is Aboriginal or Torres Strait Islander because I wasn’t sure why we were asking that question and had at times felt uncomfortable. Now I know the reason why and the positive outcomes, I am more confident and comfortable in asking the question.”*

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During 2020, DoH collaborated with the Australian Institute of Health and Welfare (AIHW) to identify gaps in, and improve the reporting of, Aboriginal and Torres Strait Islander health data for Tasmania. As a result, a Tasmanian Key Health Performance Indicators Report was published on 8 December 2020 by the AIHW as part of the Aboriginal and Torres Strait Islander Health Performance Framework (HPF). The report is available on the Australian Government’s Indigenous HPF website and outlines key findings from the HPF for Tasmania. This was the first time a jurisdictional HPF report had been published for Tasmania (commissioned by the Australian Government Department of Health).

DoH is considering ways to further enhance access to Aboriginal health data and information at a regional level. This work is progressing as part of Tasmania’s commitments to Closing the Gap. DoH expects to work closely with the Aboriginal Partnerships Division within the Department of Premier and Cabinet when it is established, and this collaboration may lead to further data quality and access improvements.

## FOCUS AREA 6: CASE STUDY

# Asking the Question, ‘Are You Aboriginal or Torres Strait Islander?’ Tasmanian Resources

Whilst training is essential in improving self-identification of Aboriginal and Torres Strait Islander people, DoH has developed some permanent Tasmanian resources to be on-going reminders of the need for staff to ‘ask the question’ and to encourage Aboriginal people to identify when accessing mainstream health services.

Most Aboriginal participants in the Community Consultations didn’t know the rationale for Aboriginal identity being asked and recorded and believed many staff would not know the rationale either.

Participants of the 2020 *Staff Cultural Respect Resources Survey* provided the following feedback about what resources they needed:

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*“Resource on ‘identification’ i.e. Who decides; Asking the Question; poster encouraging people to identify, Templates for reports, brochures, factsheets.”*

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*“To have the question in a more prominent place on paperwork.”*

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*“Posters that ask if a person identifies as Aboriginal or Torres Strait Islander should also state why we ask that question or wish to know that information. This would be of value to everyone...”*

---

The Tasmanian Asking the Question Resources feature commissioned artwork Linking Petroglyphs by palawa / Tasmanian Aboriginal artist, Takira Simon-Brown. This artwork and design elements feature in all key DoH documents and resources related to the *Improving Aboriginal Cultural Respect Across Tasmania’s Health System Action Plan 2020–2026*.

The following Asking the Question resources were developed in late 2021:

- Posters
- Staff lanyard cards
- Stickers and monitor stickers
- Patient fact sheets
- Staff fact sheets

These Tasmanian Asking the Question Resources will be promoted across the DoH, with promotional hard copies of all resources being printed and distributed to mainstream health services in 2022.

Business Units will be responsible for displaying 'Are You Aboriginal or Torres Strait Islander' posters and fact sheets at all reception points. The posters and factsheets are available in digital format, ready for staff to print: [Tasmanian Asking the Question Resources](#).

**Please note:**

The decision to change the Identifier question slightly on all the Tasmanian Asking the Question Resources from 'Are you of Aboriginal and Torres Strait Islander Origin?' to 'Are you Aboriginal or Torres Strait Islander?' was based on recommendations by the former and current DoH Aboriginal Health Policy Officers, member organisations of the Tasmanian Aboriginal Health Reference Group, and members of the Tasmanian Health Service North's Aboriginal Action group.



Staff lanyard cards with handy contact details of Aboriginal Community Controlled Organisations in Tasmania on the back.





## FOCUS AREA 6

# Performance Measures Report Card

Performance measure	Data source	Progress	Summary
<p><b>1</b> Proportion of people registered in the THS patient administration system whose Aboriginal and/or Torres Strait Islander status is not stated or unknown.</p>	<p>iPM (THS patient administration system).</p>	 <p><b>SOME PROGRESS</b></p>	<p>Health Information Management Services has recommended changing the wording of this KPI to 'Proportion of people seen within the last 12 months whose Aboriginal and/or Torres Strait Islander status is not stated or unknown.'</p> <p>As including data for all people registered in the iPM misrepresents the true picture as it includes decades of registered patients whose data can never be corrected as they have died, moved out of the state, never re-presented etc.</p> <p>Revised data for 2020 and 2021 requested but not available for this report.</p>
<p><b>2</b> Proportion of births for which Indigenous status of the mother and father is recorded.</p>	<p>Obstetrix database.</p>	 <p><b>ON TRACK</b></p>	<p>Mothers' Indigenous status recorded in 2020 was 98% and in 2021 was 97.9%.</p> <p>In 2020 91.5% of fathers' Indigenous status was recorded and in 2021 it was 91.6%.</p>





# Appendix I

# Appendix I: Performance Measures Data Analysis

There are existing reporting requirements relating to Aboriginal cultural respect for the Tasmanian health system:

- All Australian states and territories report on cultural respect through biennial reporting against the National Aboriginal and Torres Strait Islander Health Performance Framework (HPF)<sup>2</sup>, under the indicator 'cultural competency'.
- Tasmania's NACCHO affiliate, the Tasmanian Aboriginal Centre (TAC), reports to NACCHO on work undertaken to support Aboriginal people to access mainstream health services.
- DoH reports to the TAC, the TAHRG and the Tasmanian Government's Aboriginal Partnerships Interdepartmental Committee on activities to support Aboriginal people to access mainstream health services.

Following are the details of performance measures where the data source is an existing data source or has been collected by the project management team for the implementation of the Action Plan. In some cases, there is a more recent data source and that has been used in place of the original data source listed in the Action Plan.

This information complements the data contained in each of the Focus Area Performance Measures Report Card contained in the main text.

Performance Measures with additional details are:

Focus Area and Measure	Performance Measure	Data Source
<b>FI-4</b>	Proportion of relevant funding agreements that include clauses and performance indicators about Aboriginal cultural respect. *Relevant funding agreements are those that provide funding for service delivery to the general public.	Individual business units
<b>F2-2</b>	Proportion of Aboriginal and Torres Strait Islander people reporting needing to go to a healthcare provider in the last 12 months, but not going, and the reason, by state/territory.	Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) (Tier 3) (Table 3.08.4 in the 2017 Report online data tables).
<b>F2-3</b>	How often doctors listened carefully, showed respect for what was said and spent enough time with patients. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.22 in the 2017 online data tables).
<b>F2-4</b>	Proportion of Aboriginal and Torres Strait Islander people who avoided appointments with doctors, nurses or other staff at hospitals or doctors' surgeries due to past unfair treatment. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.19 in the 2017 online data tables).
<b>F3-1</b>	Proportion of staff that have completed the DoH <i>Aboriginal Cultural Respect in Health Services</i> eLearning module.	PHS
<b>F3-6</b>	Proportion of nursing and midwifery positions in the state health sector that are held by Aboriginal people.	CQRA
<b>F3-10</b>	Employed health professionals by Indigenous status, state/territory and profession.	Aboriginal and Torres Strait Islander HPF Report (Table 3.12.4, 2017 Report).
<b>F3-11</b>	Employed medical practitioners by Indigenous status and state/territory.	Aboriginal and Torres Strait Islander HPF Report (Table 3.12.6, 2017 Report).
<b>F3-12</b>	Employed nurses and midwives, by Indigenous status and state/territory.	Aboriginal and Torres Strait Islander HPF Report (Table 3.12.9, 2017 Report).
<b>F4-2</b>	How often doctors listened carefully, showed respect for what was said and spent enough time with patients. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) (Table 3.08.22 in the 2017 Report online data tables).
<b>F4-3</b>	Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and state/territory (excluding dialysis and mental and behavioural disorders).	Aboriginal and Torres Strait Islander HPF Report (Tier 3) Table 3.09.3 in the 2017 Report online data tables).
<b>F6-1</b>	Proportion of people registered in the THS patient administration system whose Aboriginal and/or Torres Strait Islander status is not stated or unknown.	iPM (THS patient administration system)
<b>F6-2</b>	Proportion of births for which Indigenous status of the mother and father is recorded.	Obstetrix database

## FOCUS AREA I

### Performance Measure 4 (Action 1F)

Proportion of relevant funding agreements<sup>6</sup> that include clauses and performance indicators about Aboriginal cultural respect.

Public Health Services (PHS) has been undertaking work to support organisations funded by DoH to show evidence of progress towards becoming a culturally respectful organisation for Aboriginal people.

The first stage has seen a standard clause and a key performance indicator (KPI) relating to Aboriginal cultural respect added to all relevant PHS funding agreements when renewed.

PHS has also provided supporting information and advice for funding agreement content advisors on how to support funded organisations to implement culturally appropriate initiatives.

This KPI is one of continuous improvement, not a 'tick and flick' exercise. Some funded organisations / mainstream health services are already making great progress, others have needed support in taking those first steps.

Funded organisations have reported improved data collection, creating more welcoming environments, staff undertaking cultural awareness training to improve their cultural competency and developing genuine working relationships with Aboriginal organisations.

#### ***PHS Funded Organisations with Aboriginal Cultural Respect in their Funding Agreements***

In 2019 PHS determined that all recurrent funding agreements, that were being renewed, would include clauses and/or performance measures about Aboriginal cultural respect.

Through the Healthy Tasmania Strategy there have been two Healthy Tasmania grant rounds – one in 2018 and one in 2019/2020. The funding agreements for these grants do not include clauses and/or performance measures relating to cultural respect.

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<sup>6</sup> Relevant funding agreements are those that provide funding for service delivery to the general public.

## **Examples of measures**

- 'Engage with at least 2 Tasmanian Aboriginal organisations to do health promotion activities around arthritis, osteoporosis, and related musculoskeletal conditions.'
- 'Demographics of clients completing/not completing the health coaching process (including gender, age, Aboriginal identity, postcode, health care card status or other measure of disadvantage).'
- 'Number of collaborations and partnerships with Aboriginal organisations (response to *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 Domain 5 indicators 5.1, 5.3 and 5.5.*)'
- 'Evidence of being a culturally respectful organisation for Aboriginal people.'
- 'Number and percentage of staff members qualified in training related to improved organisational structure (response to *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 Domain 3, indicator 3.08.*)'
- 'Number and percentage of people in Tasmanian Aboriginal organisations who felt better informed about management of arthritis, osteoporosis, and related musculoskeletal conditions.'
- 'Number and percent of National Stroke Foundation staff trained in Tasmanian Aboriginal Cultural awareness. Number and percent of people in Tasmanian Aboriginal organisations who felt better informed about stroke after education.'

## FOCUS AREA 2

### Performance Measure 2

Proportion of Aboriginal and Torres Strait Islander people reporting needing to go to a healthcare provider in the last 12 months but not going and the reason (by state/territory)  
Tasmania:

**Table D3.08.4: Reasons for Indigenous Australians not accessing health services when needed, by jurisdiction, 2018–19 (%)**

Reason	Total	Yes	%	No	%	Didn't attend due to Service not being culturally appropriate	%
Whether needed to go to dentist in last 12 months, but didn't <sup>(a)</sup>	28,447	6,799	23.9%	21,734	76.4%	2,400	35.3%
Whether needed to visit doctor in last 12 months, but didn't	29,756	5,683	19.1%	24,073	80.9%	1,398	24.6%
Whether needed to go to other health professional in last 12 months, but didn't <sup>(b)</sup>	29,756	3,303	11.1%	26,572	89.3%	502	15.2%
Whether needed to go to hospital in the last 12 months, but didn't	29,576	2,202	7.4%	27,346	92.5%	788	35.8%
Whether needed to see a counsellor in last 12 months, but didn't <sup>(c)</sup>	18,000	1,908	10.6%	16,092	89.4%	702	36.8%
Whether needed to go to a health provider in last 12 months but didn't <sup>(d)</sup>	29,756	10,980	36.9%	18,687	62.8%	4,681	42.6%
Whether ever accessed/used health services for mental health condition <sup>(e)</sup>	17,892	7,794	43.6%	10,098	56.4%	Not collected	
Whether been to counselling service for own health in last 12 months <sup>(f)</sup>	18,000	3,906	21.7%	14,004	77.8%	Not collected	



- (a) Persons aged 2 and over.
- (b) More than 1 response allowed, sum of components may exceed total.
- (c) Other health professionals include: nurse, sister, & Aboriginal (& Torres Strait Islander) Health Worker.
- d) Persons aged 18 and over, present at interview and responding for self.
- (e) Excludes 'not asked'.
- (f) Includes persons who reported they needed to go to a dentist (persons aged 2 and over), doctor, other health professional, hospital or counsellor (persons aged 18 and over) in the last 12 months, but did not go.

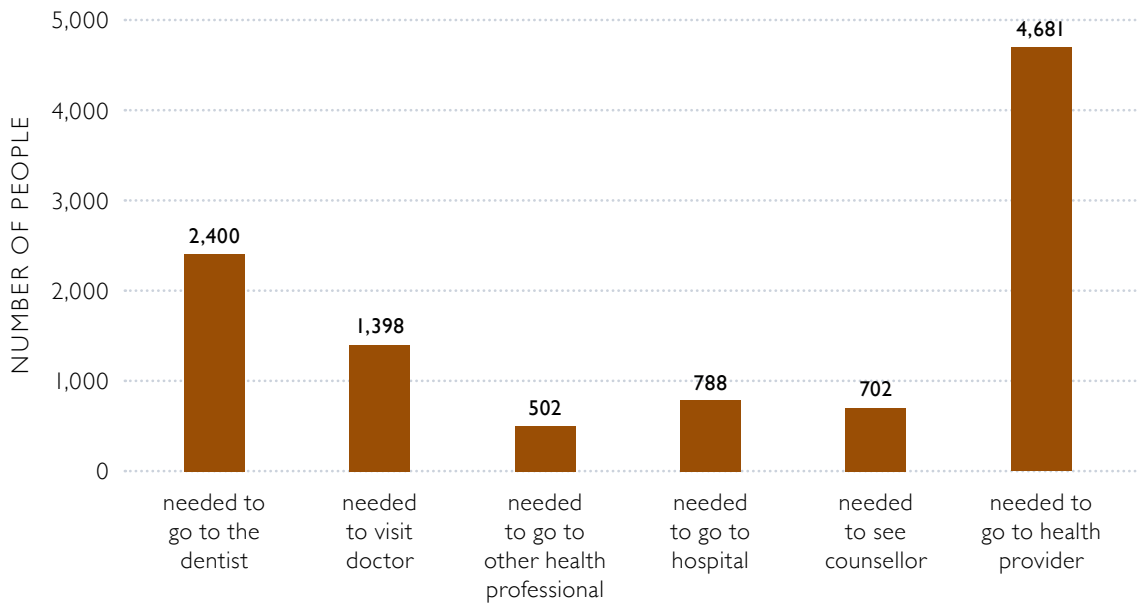
**Notes:**

1. Percentages calculated within columns. Cells in this table have been randomly adjusted to avoid the release of confidential data and discrepancies may occur between sums of the component items and totals.
2. Data excludes 'not stated' responses.

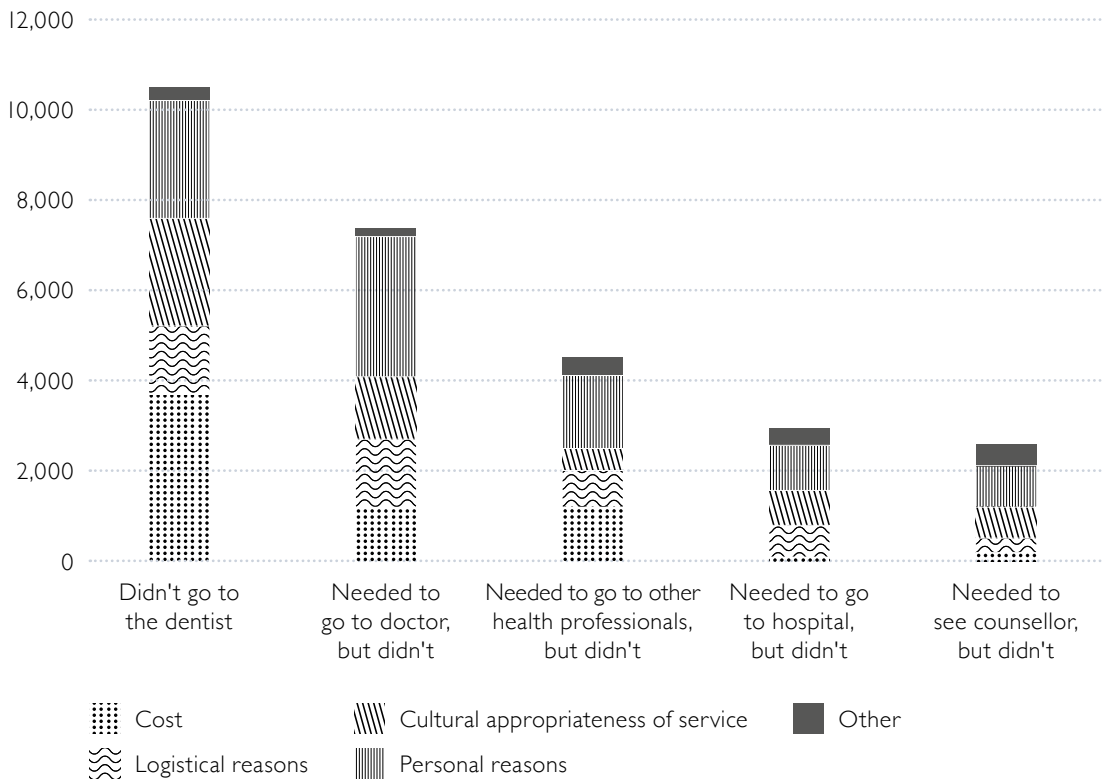
*Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19.*

Across the six access areas: need to see a dentist, a doctor, other health professions or go to a hospital, counsellor or a health provider the average of 31.7% or 1,745 Aboriginal people were not accessing health services when needed, in Tasmania due to service not being culturally appropriate in 2018-2019.

**Figure 2: Not accessing health services when needed due to service not being culturally appropriate, in Tasmania 2018-2019**



**Figure 3: Reasons Indigenous Australians are not accessing health services when needed in Tasmania (2018-2019)**



## FOCUS AREA 2

### Performance Measure 3

How often doctors listened carefully, showed respect for what was said and spent enough time with patients. Aboriginal and Torres Strait Islander persons aged 15 and over (by state/territory) Tasmania.

**Table D3.08.22: Patient experience in the last 12 months in non-remote areas, by jurisdiction, Indigenous persons aged 15 and over, 2018–19<sup>(a)</sup>**

Questions	Tas	%
Doctors listened carefully – Always/often	13,516	86.7%
Doctors listened carefully – Sometimes/rarely/never	2,264	14.5%
Doctors showed respect for what was said – Always/often	14,239	91.4%
Doctors showed respect for what was said – Sometimes/rarely/never	1,539	9.9%
Doctors spent enough time with patient – Always/often	13,013	83.5%
Doctors spent enough time with patient – Sometimes/rarely/never	2,630	16.9%
<b>Total number of persons who saw a doctor in the last 12 months for their own health</b>	<b>15,586</b>	

(a) Self-reported data consisting of persons aged 15 and over who consulted a doctor or specialist in the last 12 months. Data excludes a small number of people who were not present at interview and for whom responses were provided by a proxy.

#### Notes

1. Percentages calculated within columns. Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
2. Data in this table are not comparable to previously published Health Performance Report tables due to changes in response categories used.

Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19.

**Figure 4: Patient experience in the last 12 months in Tasmania (excluding King, Flinders and Cape Barren Islands) 2018–2019**



## FOCUS AREA 2

### Performance Measure 4

Proportion of Aboriginal and Torres Strait Islanders people who avoided appointments with doctors, nurses or other staff at hospitals or doctor's surgeries due to past unfair treatment. (Aboriginal and Torres Strait Islander persons aged 15 and over, by state/territory).

**Table D3.08.19: Experiences of discrimination by jurisdiction, Indigenous Australians aged 15 and over, 2018–19**

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
<b>Whether had unfair experience in the last 12 months because Aboriginal and/or Torres Strait Islander<sup>(a)</sup> (estimate of numbers '000)</b>									
Has not had an unfair experience	119.6	25.4	97.9	38.0	17.8	14.7	2.4	34.0	349.8
Had unfair experience	39.4	8.7	27.8	17.2	8.8	3.1	2.2	8.8	116.2
<b>Whether avoided situations in the past 12 months due to past unfair treatment (estimate of numbers '000)</b>									
Doctors, nurses or other staff at hospitals or doctor's surgeries	2.1 <sup>†</sup>	1.1 <sup>†</sup>	3.0 <sup>†</sup>	1.4 <sup>†</sup>	0.7 <sup>†</sup>	0.2 <sup>‡</sup>	0.1 <sup>†</sup>	0.6	8.9
<b>Whether avoided situations in the past 12 months due to past unfair treatment (percentage)</b>									
Doctors, nurses or other staff at hospitals or doctor's surgeries	1.2 <sup>†</sup>	3.0 <sup>†</sup>	2.2 <sup>†</sup>	2.4 <sup>†</sup>	2.6 <sup>†</sup>	1.1 <sup>‡</sup>	2.0 <sup>†</sup>	1.3	1.8

† Estimate has a relative standard error between 25% and 50% and should be used with caution.

‡ Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

**Note:** Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19.

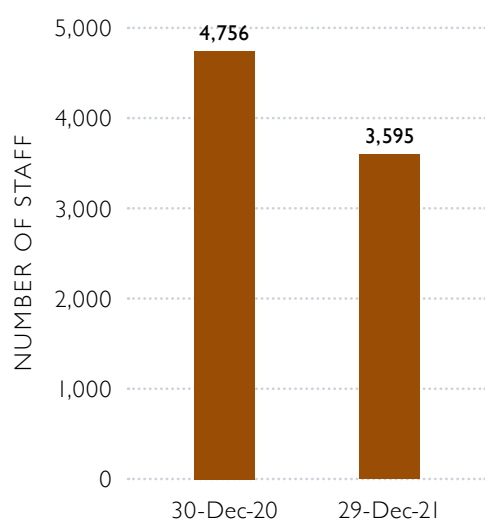
## FOCUS AREA 3

### Performance Measure I

Proportion of staff that have completed the DoH *Aboriginal Cultural Respect in Health Services* eLearning module.

Date	Headcount	Staff completing training	Proportion (%) staff completing training
30-Dec-20	13,928	4,756	34%
29-Dec-21	15,088	3,595	24%
<b>Total End of 2021</b>	<b>15,088</b>	<b>8,351</b>	<b>55%</b>

Figure 5: Staff completing eLearning module 2020 and 2021



## FOCUS AREA 3

### Performance Measures 10,11 and 12

Employed health professionals, medical practitioners, nurses and midwives, by Indigenous status and state/territory (Tasmania).

Proportion of Tasmanians in the registered health workforce who identified as Aboriginal and Torres Strait Islander, 2020. Note: In the 2016 ABS Census, 4.6% of people living in Tasmania identified as Aboriginal and Torres Strait Islander.

Combined Sectors	
Allied health	1.2%
Medical	0.8%
Nursing and midwifery	2.8%
<b>All</b>	<b>2.1%</b>

Public Sector*		Private Sector**	
Allied health	1.3%	Allied health	0.9%
Medical	0.8%	Medical	0.8%
Nursing and midwifery	2.6%	Nursing and midwifery	3.0%
<b>All</b>	<b>2.1%</b>	<b>All</b>	<b>1.8%</b>

\* Includes health professionals who worked one or more hour in the public sector

\*\* Includes health professionals who worked one or more hour in the private sector

*Note that the public sector is not just Department of Health (for example, some school nurses are employed by DoE etc, but they are relatively small numbers).*

*Sources for tables: National Health Workforce Data Set, 2020; and 2016 Census)*

## FOCUS AREA 3

### Performance Measure 10

Employed health professionals by Indigenous status, state/territory and profession(Tasmania).

**Table D3.12.4: Employed health professionals by Indigenous status, state/territory and profession, Australia<sup>(a)(b)</sup>, 2017**

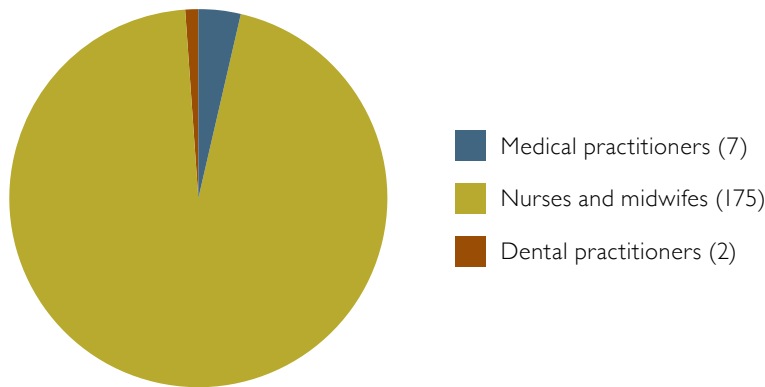
	Indigenous (TAS)	%	Non-Indigenous (TAS)	Totals
<b>Health professionals</b>				
Medical practitioners	7	0.3%	2,052	2,059
Nurses and midwives	175	2.2%	7,717	7,892
Dental practitioners	2	0.6%	347	349
<b>Total</b>	<b>184</b>	<b>1.8%</b>	<b>10,116</b>	<b>10,300</b>
<b>Allied Health Professionals</b>				
Aboriginal and Torres Strait Islander health practitioners <sup>(c)</sup>	2		..	2
Medical radiation practitioners	2	0.7%	279	281
Psychologists	5	1.1%	452	457
Pharmacists	1	0.2%	611	612
Physiotherapists	7	1.7%	414	421
Occupational therapists	1	0.4%	270	271
Optometrists	0		94	94
Chiropractors	0		50	50
Podiatrists	0		99	99
Osteopaths	0		39	39
Chinese medicine practitioners	0		34	34
<b>Total allied health professionals<sup>(d)</sup></b>	<b>18</b>	<b>0.8%</b>	<b>2,338</b>	<b>2,356</b>
<b>All registered health professions<sup>(e)</sup></b>	<b>201</b>		<b>12,437</b>	<b>12,638</b>



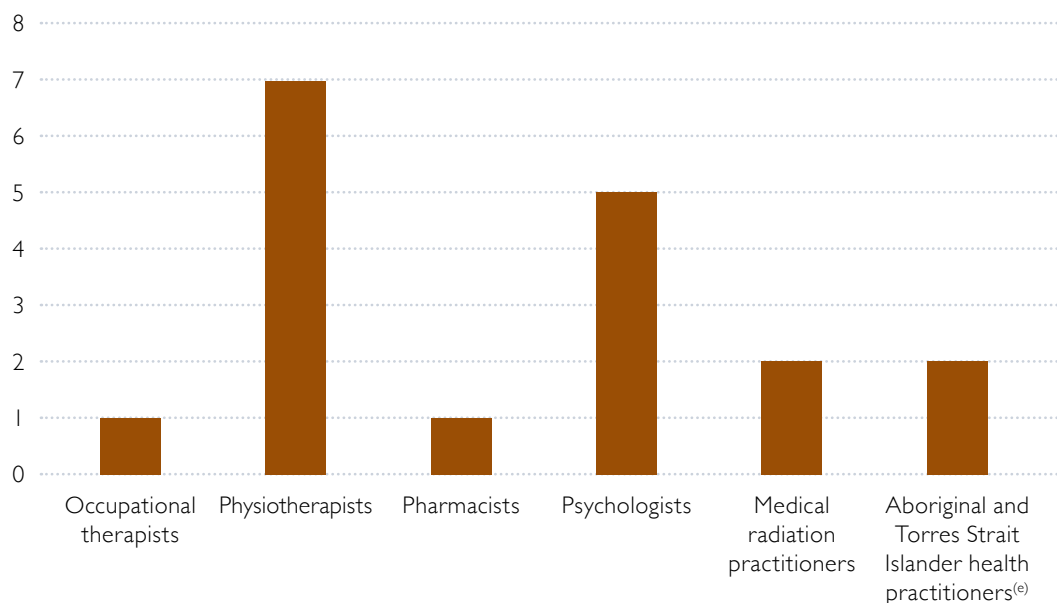
- (a) Excludes provisional registrations.
- (b) Includes all persons employed in the workforce for each profession, whether in a clinical or non-clinical role.
- (c) Total counts people registered in more than 1 profession only once so sum of components is more than the total.
- (d) Aboriginal and Torres Strait Islander Health Practitioners does not include all Aboriginal and Torres Strait Islander Health Workers, only those registered with particular qualifications. All are assumed to be Indigenous.
- (e) Rate is calculated using ABS population projections based on the 2016 Census with same characteristics, so may be understood as a participation rate (per 100,000 population).

Source: AIHW analysis of National Health Workforce Data Set.

**Figure 6: Aboriginal health professionals in Tasmania 2017**



**Figure 7: Aboriginal Allied Health Professionals in Tasmania 2017**



## FOCUS AREA 3

### Performance Measure II

Employed medical practitioners by Indigenous status and state/territory (Tasmania).

Table D3.12.6: Employed medical practitioners, Indigenous status, 2017

	Tasmania	Australia <sup>(a)</sup>
<b>Indigenous status</b>		
Indigenous	7	363
Non-Indigenous	2,052	94,831
<b>Total</b>	<b>2,059</b>	<b>95,194</b>
<b>Indigenous percentage</b>	<b>0.3*</b>	<b>0.4*</b>
<b>Indigenous rate<sup>(b)</sup> (per 100,000 population)</b>	<b>24.1</b>	<b>44.6</b>

\* Represents statistically significant differences at the  $p < 0.05$  level. Comparisons were made between jurisdictions with NT as the reference.

(a) 'Australia' includes employed medical practitioners who did not state or adequately describe their state or territory and employed medical practitioners who reside overseas.

(b) Rate is calculated using ABS population projections based on the 2016 Census with same characteristics, so may be understood as a participation rate (per 100,000 population).

Source: AIHW analysis of National Health Workforce Data Set.

## FOCUS AREA 3

### Performance Measure 12

Employed nurses and midwives, by Indigenous status and state/territory (Tasmania).

#### HPF Report 3.12.9: Employed nurses and midwives<sup>(a)</sup>, division and Indigenous status, 2017

	Tas	%
Registered Nurses – Indigenous	115	1.74%
Registered Nurses – Non-Indigenous	6,478	
Enrolled Nurses – Indigenous	60	4.69%
Enrolled Nurses – Non-Indigenous	1,220	
Midwives – Indigenous	5	0.92%
Midwives – Non-Indigenous	541	
<b>Total nurses and midwives<sup>(b)</sup></b>	<b>7,892</b>	
<i>Indigenous</i>	<i>175</i>	<i>2.22%</i>
<i>Non-Indigenous</i>	<i>7,717</i>	
<b>Employed nurses and midwives who are Indigenous</b>		
Indigenous %	2.2	
Indigenous rate <sup>(c)</sup> (per 100,000 Indigenous population)	602.7	

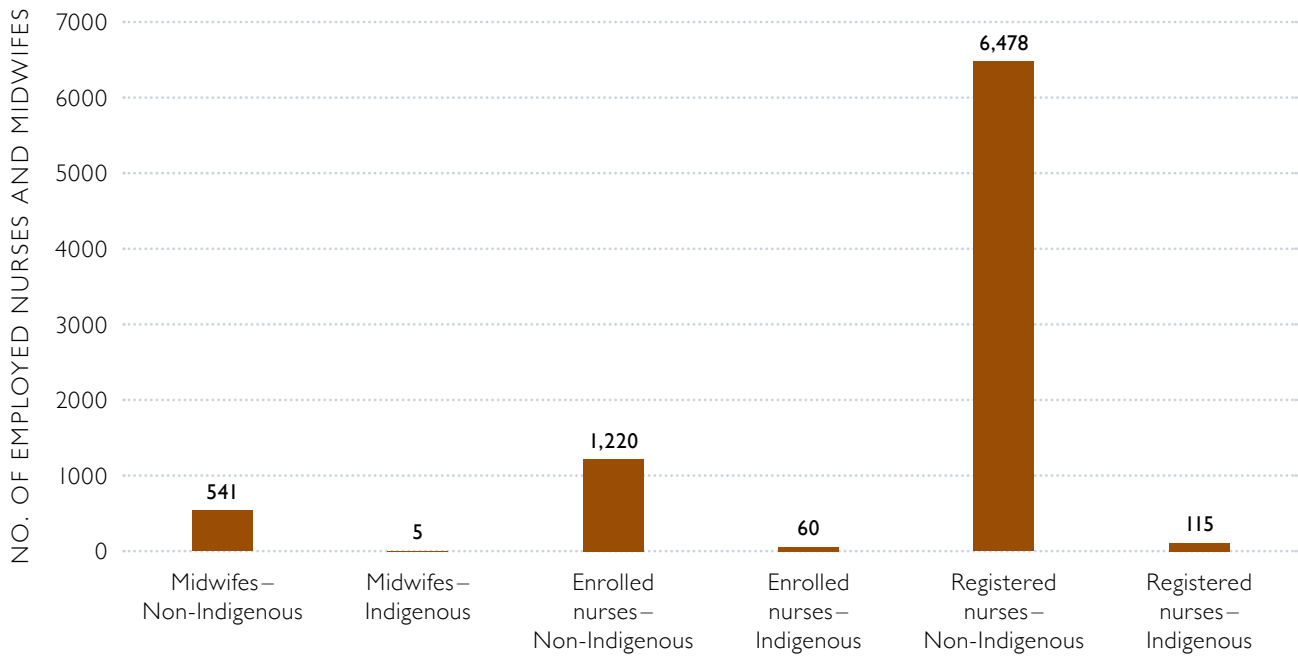
(a) Data excludes provisional registrants.

(b) Nurses and midwives may hold dual registration; therefore the total may not sum to registered nurses, enrolled nurses and midwives.

(c) Rate is based on the population with same characteristics, so may be understood as a participation rate (per 100,000 population).

Source: AIHW analysis of National Health Workforce Data Set. Table D3.12.9

**Figure 8: Employed nurses and midwives Tasmania 2017**



## FOCUS AREA 4

### Performance Measure 2

How often doctors listened carefully, showed respect for what was said and spent enough time with patients. Aboriginal and Torres Strait Islander persons aged 15 and over (by state/territory) Tasmania.

**Table D3.08.22: Patient experience in the last 12 months in non-remote areas, by jurisdiction, Indigenous persons aged 15 and over, 2018–19<sup>(a)</sup>**

Tasmania	No. Individuals	%
<b>How often doctor(s) listened carefully – Individuals</b>		
Always/often	13,516	86.5
Sometimes/rarely/never	2,264	14.7
<b>How often doctor(s) showed respect for what was said</b>		
Always/often	14,239	91.0
Sometimes/rarely/never	1,539	9.6
<b>How often doctor(s) spent enough time with patient</b>		
Always/often	13,013	83.3
Sometimes/rarely/never	2,630	16.7
<b>Total number of persons who saw a doctor in the last 12 months for their own health</b>	<b>15,586</b>	<b>100.0</b>

(a) Self-reported data consisting of persons aged 15 and over who consulted a doctor or specialist in the last 12 months. Data excludes a small number of people who were not present at interview and for whom responses were provided by a proxy.

#### Notes

1. Percentages calculated within columns. Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.
2. Data in this table are not comparable to previously published Health Performance Report tables due to changes in response categories used.

Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2018–19.

**Figure 9: Patient experience in the last 12 months in Tasmania (excluding King, Flinders and Cape Barren Islands) 2018–2019**



## FOCUS AREA 4

### Performance Measure 3

Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and state/territory (excluding dialysis and mental and behavioural disorders) Tasmania/Australia.

**Table D3.09.3: Hospitalisations where patients left against medical advice/were discharged at own risk, by Indigenous status and jurisdiction (excluding dialysis and mental and behavioural disorders), Australia, July 2015 to June 2017<sup>(a)</sup>**

	Number		% <sup>(b)</sup>		Age-standardised % <sup>(c)</sup>		Rate ratio <sup>(d)</sup>
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	
Tasmania	n.p.	n.p.	0.8	0.2	0.6	0.2	2.8
<b>Australia</b>	<b>19,915</b>	<b>86,071</b>	<b>4.0</b>	<b>0.5</b>	<b>3.1</b>	<b>0.5</b>	<b>6.1</b>

- (a) Data are reported by place of residence of the patient and include separations from public and private hospitals in all jurisdictions. Number of hospitalisations in NT, ACT and Tas are not published for privacy reasons.
- (b) Percentage of hospital separations for Indigenous and non-Indigenous Australians respectively (excluding Mental and behavioural disorders and Care involving dialysis) in the period 2015–16 to 2016–17.
- (c) Indirectly age-standardised using the non-Indigenous hospitalisations in 2015–16 and 2016–17.
- (d) Rate ratio is the age-standardised percentage for Indigenous Australians divided by the age-standardised percentage for non-Indigenous Australians.

#### Notes

- Categories are based on the ICD-10-AM 9th edition (Australian Consortium for Classification Development 2015).
- Data exclude separations for Newborns without qualified days, Hospital boarders and Posthumous organ procurement, those with a principal diagnosis of Care involving dialysis (Z49) and Mental and behavioural disorders (F00–F99, R44, R48, G30).

Source: AIHW National Hospital Morbidity Database.

## FOCUS AREA 6

### Performance Measure I

Proportion of people registered in the THS patient administration system whose Aboriginal and/or Torres Strait Islander status is not stated or unknown.

Ethnic Status	Jul-19	2019%	Feb-21	2021 % overall	Mar-22	2022% overall
Aboriginal but not Torres Strait Islander origin	17,856	1.82%	19,951	1.95%	21,577	2.04%
Both Aboriginal and Torres Strait Islander origin	1,338	0.14%	1,656	0.16%	2,009	0.19%
Neither Aboriginal nor Torres Strait Islander origin	645,402	65.75%	684,266	66.97%	718,381	67.80%
Not Stated/inadequately described	316,256	32.22%	315,078	30.83%	316,578	29.88%
Torres Strait Islander but not Aboriginal origin	787	0.08%	873	0.09%	942	0.09%
<b>Total</b>	<b>981,639</b>		<b>1,021,824</b>		<b>1,059,487</b>	

**Note:**

This information is from the iPM and is from the field "Ethnic Status". The data is at 15 March 2022.

As the question should be asked at every presentation, this figure would be fluid.

The Statewide Health Information Advisory and Governance Committee (HAIG) has been tracking this information for the last few years and the question as the "not stated/unknown" as has remained around 30%.

The actual figure on 15 March 2022 was 29.88%.

Source: iPM (THS patient administration system)



## FOCUS AREA 6

### Performance Measure 2

Proportion of births for which indigenous status of the mother and father is recorded.

Mother Ethnic Origin	2020		2021	
	Number	%	Number	%
Indigenous status is recorded	4341	98.0%	4704	97.9%
Indigenous status not recorded	90	2.0%	99	2.1%
<b>Total</b>	<b>4431</b>		<b>4803</b>	

Source: iPM/Obstetrix database - the indigenous status of baby's mother is sourced from iPM.

Father Ethnic Origin*	2020		2021	
	Number	%	Number	%
Indigenous status is recorded	4053	91.5%	4399	91.6%
Indigenous status not recorded	378	8.5%	404	8.4%
<b>Total</b>	<b>4431</b>		<b>4803</b>	

\* The Indigenous status of baby's father is not sourced from iPM. The question on Obstetrix for mother to answer is 'Is father of baby Aboriginal or Torres St Islander?'

**Note:**

The indigenous status of the Father is supplied by the Mother and may not reflect how the Father wants to be identified.







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