



IMPROVING THE IDENTIFICATION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN MAINSTREAM GENERAL PRACTICE

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POLICY CONTEXT

Ensuring optimal uptake of new initiatives to 'Close the Gap' in Indigenous health disadvantage will require improving identification of Aboriginal and Torres Strait Islander people at mainstream general practices. The project aim was to identify promising strategies to improve identification processes in mainstream general practice. It explored this issue from the perspectives of Indigenous people as well as at practice, community, regional and national level.

KEY FINDINGS

How do we improve the identification of Aboriginal and Torres Strait Islander people in mainstream general practice?

Make it Relevant: Indigenous Australians and health professionals alike often did not see identification as relevant to quality of care. Improved identification can result in better quality of care. Promoting and supporting this link is critical to improving identification.

Make it Attractive: For many practices introducing identification will mean changing standard operating procedures or customary behaviour. This will be more attractive if there is some benefit for the practice in making the changes such as through practice incentive payments (PIP). Raising the profile of identification through advocacy and promotion by opinion leaders could also increase the attractiveness of change.

Make it Achievable: Whole of practice approaches where identification is integrated with all aspects of practice management are the most effective in eliciting change. This includes clear protocols for assisting staff 'ask the question'. There was overwhelming good will at general practices and General Practice Networks (GPNs) towards "Closing the Gap" however this was not always accompanied with skills in managing change and working with Indigenous Australians. Developing skills in effective community collaboration would facilitate the implementation of identification strategies.

Make it Necessary: Tightening accreditation to focus on cultural safety and identification would move practices that favour accreditation towards providing a safe environment to identify. Providing the 'push' from community self-identifying (even without being asked) will also raise the expectation that this will be taken seriously in mainstream general practices and received appropriately.

For more details, go to the [three page report](#)

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