

# Introduction

This is the first report against the refined set of health performance indicators endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in 2000. This report for 2001 and 2002 covers activity in the 2001 and 2002 calendar years and the 2000–01 and 2001–02 financial years.

## Background

In 1996 AHMAC directed state and federal health departments to develop a set of national performance indicators for Aboriginal and Torres Strait Islander health. In 1997 the Australian Health Ministers' Conference endorsed an interim set of 58 national performance indicators to be reported against annually by all states and territories. Annual reports against these interim indicators were prepared for 1998, 1999 and 2000 (published in 2003).

A number of problems existed with the interim set of performance indicators:

- some indicator definitions were difficult to interpret;
- the data provided by states and territories was often of poor quality and for different time periods;
- data was not provided at all by some states and territories for a number of important indicators;
- no indicators addressed measures of social and emotional wellbeing;
- no conceptual framework accompanied the indicator set.

In 1998 AHMAC requested that the national performance indicators be refined. The Co-operative Research Centre for Aboriginal and Tropical Health was engaged by the Australian Institute of Health and Welfare (AIHW) to conduct a technical refinement of the indicators. In October 2000 AHMAC endorsed the refined set of 56 indicators, which included a conceptual framework for the indicators, indicator definitions, potential data sources and reporting responsibilities.

This set of 56 national performance indicators for Aboriginal and Torres Strait Islander health is a heterogeneous set which describes population health status, the incidence and prevalence of selected conditions, death rates, social and economic wellbeing, and factors pertaining to the organisation and delivery of health services. They include measures of health service delivery performance, broader government service accountability, state of health of the population, health outcomes and key health determinants including risk factors.

Rather than relying on states and territories to provide data for all indicators, the responsibility for reporting on the indicators is shared among the states and territories and a number of agencies. National data is used to report on the indicators whenever possible.

## The conceptual framework

The refined set of 56 indicators is mapped within the conceptual framework that groups them according to three main domains:

- Government inputs.
- Determinants of health
  - Social equity
  - Access to services
  - Risk markers.
- Outcomes for people.

The conceptual framework used for the national Aboriginal and Torres Strait Islander health indicators is a composite of several existing frameworks and contains the same basic ideas as the National Health Performance Framework. Table 1 shows the links between these two frameworks.

**Table 1: Links between the Aboriginal and Torres Strait Islander Health Performance Indicators Framework and the National Health Performance Framework**

<b>National Aboriginal and Torres Strait Islander Health Performance Indicators Framework</b>		
<b>Domains</b>	<b>Indicator numbers and description</b>	<b>National Health Performance Framework domains</b>
Government inputs	<i>4 indicators (numbered 1–4)</i> Health system inputs such as government expenditure, data development efforts	Health system performance (Tier 3)
Determinants of health		
Social equity	<i>10 indicators (numbered 5–14)</i> Life expectancy and the contribution of non-health factors such as education, employment, income poverty, housing Capacity building and governance	
Access to services	<i>10 indicators (numbered 15–24)</i> Access to community health care and hospitals, workforce availability and training	Determinants of health (Tier 2)
Risk markers	<i>9 indicators (numbered 25–35)</i> Low birthweight, immunisation rates, Pap smear screening, smoking prevalence, alcohol consumption, injury	
Outcomes for people	<i>21 indicators (numbered 36–56)</i> Notification rates for selected diseases, hospitalisations and death rates	Health outcomes (Tier 1)

## Quality and limitations of the indicators

A number of limitations remain in the health performance indicators in the current report. To achieve comparable and high-quality reporting of indicators, further work is needed to refine and clarify the indicator’s objectives and technical specifications.

In November 2003, the AIHW held a workshop with representatives from the states and territories, the Australian Government’s Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the Australian Bureau of Statistics (ABS). The indicators’ definitions,

interpretation, data availability and data quality were discussed, with a focus on indicators that had proved to be problematic. For some of these indicators – such as workforce availability, smoking prevalence, alcohol consumption, and overweight and obesity – it was agreed to use national data sources. For a number of other indicators, the workshop refined the definitions and reference periods for reporting.

Despite this work to refine and clarify indicators, some limitations in reporting remain. First, technical specifications for a number of indicators are quite restrictive and limit the ability to report according to the specification. For example, for a number of indicators (16, 17 and 18) which require the use of data from the Community Housing and Infrastructure Needs Survey (CHINS), the CHINS data specifications do not fully match the technical specifications of the indicator.

Second, definitions for some of the refined set of indicators were problematic. For example, the definition of a primary health care centre or an acute care hospital in the specifications is extremely restrictive, and few actual centres and hospitals meet them. In addition, conceptual difficulties were experienced when reporting some indicators. The concept of a catchment population for a health service is an example that proved problematic in application (Indicator 22).

Third, some indicators have little relevance for states and territories with a small population of Indigenous people. Therefore the capture of comparable data across states and territories might not be achievable.

The collection and reporting of measures used as indicators vary between the states and territories. While all states and territories are committed to reporting against the indicators, it is recognised that establishing comparable information systems will take a number of years.

Various data issues that were discussed at the AIHW workshop are presented in boxes throughout this report.

## **Structure of the report**

The report is structured according to the National Aboriginal and Torres Strait Islander Health Performance Indicators Framework and its main domains or sub-domains. Section 1 covers indicators 1–4, which form the first domain, Government inputs. Section 2 covers indicators 5–14, which form the sub-domain Determinants of health – social equity. Section 3 covers indicators 15–24, which form the sub-domain Determinants of health – access to services. Section 4 covers indicators 25–35, which forms the sub-domain Determinants of health – risk markers. Section 5 reports indicators 36–56 under the domain Outcomes for people. An executive summary is provided at the front of the report.

The layout for each indicator includes a definition according to the technical specifications, a statement of purpose that explains the importance of the indicator and what it is measuring or describing, and a data section. The data section includes information on the data sources and whether the data presented differ from those specified in the technical specifications. Recommendations from the November 2003 workshop for improvements to these indicators are outlined in a box under the relevant indicator.

The report concludes with an appendix that contains a summary table of the quantitative indicators and a mapping from the refined set of indicators to the interim set of indicators reported in the three previous reports (NHIMG 2000, 2001, 2003).