

The Rural Health Information Framework

The Rural Health Information Framework seeks to identify all the types of information that are important to develop an understanding of, and to monitor, the health of rural, regional and remote populations.

It is expected that the framework be updated periodically as new or updated data become available and further development of indicators proceeds. This is the first such update. Readers are encouraged to assist in the development of future versions of this framework by identifying other sources of data, offering new indicators to fill gaps or suggesting refinements to improve the relevance of existing indicators.

The National Health Performance Framework (Appendix 1) consists of three tiers: 'Health status and outcomes', 'Determinants of health', and 'Health system performance'. Within each of these tiers there are a number of dimensions (e.g. within 'Health status' the dimensions are *health conditions, human function, life expectancy and wellbeing, and deaths*).

The Rural Health Information Framework comprises all three tiers and all dimensions of the National Health Performance Framework.

The Rural Health Information Framework is described in this report as follows:

- A simple table with associated brief explanatory notes overviews the proposed framework (page 4).
- For each dimension, a number of desirable measures (similar where possible to those described in the National Health Performance Framework) are proposed and brief details of possible indicators are provided (page 6).
- Documentation for each available and selected indicator is then provided (from page 62).
- Where the currently available data lacks the capacity to develop and describe an indicator, the deficiencies are identified and discussed briefly from page 168.
- Practical advice to those wishing to report against the indicators (page 182).
- An overview of the desirable measures against which it currently is and is not possible to report are listed in Appendix 2.

Notes to the Rural Health Information Framework

A number of issues can have a substantial effect on, or be affected by, health status, determinants of health and health system performance in a rural environment.

- An individual's sex and age can affect their health status, their likelihood of engaging in risky behaviour and their use of health services.
- Older people may migrate to less remote centres so as to access services.
- Many Indigenous people have poor health outcomes. Moreover, they constitute a large proportion of the population in more remote areas, and consequently strongly affect health statistics in those areas. While it is important to describe any overall changes across geography of the population as a whole, it is also important to try to differentiate between the effects of Indigenous health and that of remoteness. In other words, is poorer health in more remote areas a result of poor Indigenous health or is it related to remoteness (or do both factors play a part)?

To take account of these issues, indicators have been designed, where possible, to report:

- by broad geographic area such as ASGC remoteness, ARIA or RRMA category;
- over time;
- by sex;
- by age group; and
- by Indigenous status.

Other factors, frequently difficult to measure in health statistics (which have not been considered in the development of the indicators), need to be considered in the interpretation of indicator statistics:

- socioeconomic status; and
- population density (i.e. whether the local setting is a large regional centre or an isolated farm or a small and remote community).

In addition to these criteria, there are groups of people that should, where possible, be examined more closely because of the relevance of their characteristics to a rural health information framework:

- Indigenous people;
- certain age groups (especially the aged and youth);
- people with disabilities;
- farmers and farm workers;
- miners; and
- the health workforce.

Finally, in developing the indicators, we have specially taken care to cover the following areas:

- National Health Priority Areas (cardiovascular disease, cancer, diabetes, mental health, injury, asthma);
- specific rural health issues (occupational health, suicide, motor vehicle accidents, mental health); and
- Indigenous health issues (for example, renal disease, diabetes, early death).

Table 1: The Rural Health Information Framework

Health status and outcomes				
How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?				
Health conditions	Human function	Life expectancy and wellbeing	Deaths	
Prevalence of disease, disorder, injury or trauma or other health-related states. <i>Chronic diseases, injury, mental health, oral health, communicable diseases and birth outcomes.</i>	Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation). <i>Disability and days away from usual activity sick.</i>	Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as disability-adjusted life expectancy (DALE). <i>Disability-adjusted life expectancy, life expectancy, disability-adjusted life years, self-assessed health status and self-assessed happiness.</i>	Age- and/or condition-specific mortality rates. <i>Perinatal mortality, age-specific mortality, overall death rates, premature mortality, burden in each area.</i>	
Determinants of health				
Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing?				
Environmental factors	Socioeconomic factors	Community capacity	Health behaviours	Person-related factors
Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal. <i>Water, sewerage, food availability, housing, recreational and cultural facilities, the workplace, environmental hazards.</i>	Socioeconomic factors such as education, employment, per-capita expenditure on health, and average weekly earnings. <i>Education, employment, after-tax income.</i>	Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport. <i>Population characteristics, social issues and social capital, services, health literacy, perception of risk, housing, transport, cost of living, regional business health.</i>	Attitudes, beliefs, knowledge and behaviours, e.g. patterns of eating, physical activity, excess alcohol consumption and smoking. <i>Smoking, alcohol consumption, illicit drugs, physical activity, nutrition, sexual practices, driving practices.</i>	Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight. <i>Genetically determined diseases, specific birth defects, blood pressure, cholesterol and body weight.</i>

(continued)

Table 1 (continued): The Rural Health Information Framework

<p align="center">Health system performance</p> <p align="center">How well is the health system performing in delivering quality health actions to improve the health of all Australians?</p> <p align="center">Is it the same for everyone?</p>		
Effective	Appropriate	Efficient
<p>Care, intervention or action achieves desired outcome.</p> <p><i>Effectiveness of retrieval for victims of trauma, sexual health education, immunisation, breast cancer and cervical screening and of medical/surgical intervention.</i></p>	<p>Care/intervention/action provided is relevant to the client's needs and based on established standards.</p> <p><i>Female GPs, surgical procedure, specialist consultations, post-surgical care and rehabilitation, aged care, accreditation, waiting times for elective surgery, reasons for visiting a GP.</i></p>	<p>Achieving desired results with most cost-effective use of resources.</p> <p><i>Cost of providing services in each area, cost of providing services to service people from each area, cost of screening in each area, ratio of expenditure to positive outcomes.</i></p>
Responsive	Accessible	Safe
<p>Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.</p> <p><i>Culturally appropriate, confidentiality, choice of GP, waiting times for elective surgery, response time in hospital emergency departments, bulk billing, waiting times to consult allied health workers and test results, closed books and level of satisfaction of the population.</i></p>	<p>Ability of people to obtain health care at the right place and right time irrespective of income, physical location, cultural background, age and sex.</p> <p><i>Physical distance to health services, reduced access due to discrimination, lack of access because of cost, ratio of health workers and health facilities to population, occasions of service per person per year, times when health services are not available.</i></p>	<p>The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.</p> <p><i>Rate of medical and surgical misadventure, survival rates in intensive care units.</i></p>
Continuous	Capable	Sustainable
<p>Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.</p> <p><i>Rate of case-care conferencing.</i></p>	<p>An individual's or service's capacity to provide a health service based on skills and knowledge.</p> <p><i>Accreditation and rates of admission for surgical medical misadventure (also covered under 'safe' dimension).</i></p>	<p>System's or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).</p> <p><i>Health students from rural areas, recruitment and turnover of GPs, hours worked and time on call.</i></p>

Note: Based on the National Health Performance Framework. Text in italics refers to specific rural, regional and remote issues considered in the Rural Health Information Framework.