

# Tiers and dimensions of the Rural Health Information Framework

Each of the tiers ('Health status', 'Determinants of health' and 'Health system performance') in the Rural Health Information Framework consists of a number of dimensions that allow for further structured understanding of the framework.

The following review of the framework under each tier and overview of the indicators is organised such that:

- the dimension is defined as in the National Health Performance Framework;
- the range of desirable information is outlined and a rationale is given for the choices;
- options and data limitations or issues are briefly discussed;
- indicators against which it is currently possible to report are listed (detailed documentation for each indicator is provided from page 62); and
- if the development of an indicator has not been possible because of conceptual or data problems, details are included from page 168.

For all indicators, it is desirable to report for the entire population, the Indigenous population and also the non-Indigenous population in each area. Consideration of Indigenous health is important because the health of Indigenous people can be worse than that of other Australians and because summary measures of the health of people living in rural, and especially remote areas, can be strongly influenced by the health of Indigenous people. Without structured analysis, it is not possible to determine whether poor health outcomes in rural and remote areas are associated with remoteness or with Indigenous health issues (or indeed both).

Reporting for the Indigenous population can frequently be difficult or impossible because of problems with the accuracy of identification of Indigenous people in data collections. The problems can be associated with the information not being required at the time of collection, not provided, or provided inaccurately, or it can be associated with the change over time of the likelihood of identifying as an Indigenous person.

Reporting for non-Indigenous populations can be affected by the same sort of issues that affect reporting for Indigenous people, but to a lesser extent. In reporting for non-Indigenous populations it is desirable to also describe Indigenous health issues (either at a regional or national level). In some situations inaccurate inferences about regional Indigenous health might be made on the basis of presented data for non-Indigenous and the total population. These should be anticipated and discussed in the text wherever possible.

The geographic classification used in this report is the ASGC Remoteness Structure, developed by ABS and GISCA. However, any geographic classification could be used (including DoHA categoric ARIA and RRMA). *Rural, Regional and Remote Health: A Guide to Remoteness Classifications* discusses each of these classifications (AIHW 2004).

Indicators described in this framework are frequently suites of indicators. Where similar data are to be analysed and presented in a similar way (e.g. indicator 1.1.1, Prevalence of chronic diseases), there has been an attempt to avoid duplication and present these summary measures as a group under the heading of a single indicator.

It is desirable to keep indicators as simple as possible; however, it is clear that simple indicators run the risk of providing a distorted view of reality. For example, simply describing how death rates change across geography, without also describing the effect of Indigenous health or that of migration of the aged, can give a very different impression of the pattern of regional death rates. Further, analysing across geography adds another level of complexity to the presentation of health statistics. Consequently, indicators may require presentation across time, geography, by gender, Indigenous status and age, making presentation complex. Wherever possible, presentation should attempt to summarise the main issues and trends for complex issues.

In Version 1 of the framework, documentation for each indicator was accompanied with the names of people who had assisted with the development of indicators, or who could provide data, information or expertise related to that indicator. Since Version 1 was published, many of these people have moved on to other organisations or roles. The contact list in this version of the framework has been modified, where possible, to direct readers to useful organisations rather than to individuals.

In using the framework, users are encouraged to seek feedback from experts in the field to test their findings, particularly in the light of the data constraints and gaps discussed in the final chapters.