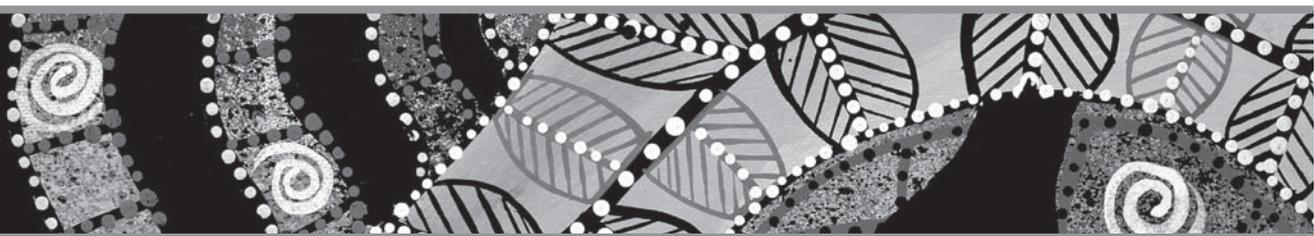


National Advisory Group on
Aboriginal and Torres Strait Islander
Health Information and Data

Strategic Plan
2006–2008



November 2006

Australian Institute of Health and Welfare
Canberra

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Australian Institute of Health and Welfare

Board Chair

Hon. Peter Collins, AM, QC

Director

Penny Allbon

Any enquiries about or comments on this publication should be directed to:

Dr Fadwa Al-Yaman

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1146

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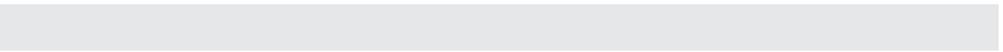
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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
BEACH	Bettering the Evaluation and Care of Health
CATCH	Australian Classification and Terminology for Community Health
CHINS	Community Housing and Infrastructure Needs Survey
COAG	Council of Australian Governments
HPF	The Aboriginal and Torres Strait Islander Health Performance Framework
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSIS	National Aboriginal and Torres Strait Islander Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NDSS	National Diabetes Services Scheme
NHIG	National Health Information Group
NHIMPC	National Health Information Management Principal Committee
NHS	National Health Survey
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PES	Census Post Enumeration Survey
SAR	Service Activity Reporting (data collection)



Introduction

Good-quality data on Aboriginal and Torres Strait Islander people are needed to assess the effectiveness of programs and interventions, to evaluate policies aimed at improving service delivery and health status, and to inform policy and program development. To meet these needs, there is a growing demand for high-quality, regularly reported, Indigenous information and data at a range of geographic levels. The diversity in Aboriginal and Torres Strait Islander culture, conceptualisation of health and wellbeing, family structure, living arrangements and the relatively high proportion of people living in remote areas create practical and statistical challenges for the collection, interpretation and analysis of data on Indigenous peoples.

The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) was established as a result of a decision by the Australian Health Ministers' Advisory Council (AHMAC) in October 2000. The role of NAGATSIHID is to provide broad strategic advice to AHMAC's information management committee on ways of improving the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and to draw together the range of Indigenous health information management activities into a coordinated and strategic process.

With the creation of the National Health Information Group (NHIG) as AHMAC's information management committee in October 2003, health ministers agreed that NAGATSIHID would become a standing committee of, and provide broad strategic advice to, NHIG. Following a review of AHMAC committees during 2006, NHIG has been re-named the National Health Information Management Principal Committee (NHIMPC). The position of NAGATSIHID within the national health information governance arrangements is shown in Figure 1.

The main role of the Advisory Group is to provide broad strategic advice to NHIMPC and, through NHIMPC, AHMAC. The Advisory Group is also responsible for:

- continuing the implementation of the 1997 *Aboriginal and Torres Strait Islander Health Information Plan—this time let's make it happen* (AIHW 1997). This includes monitoring and improving Indigenous identification in a range of data collections

including censuses, birth registration, death registration, hospital separations, cancer registers, community mental health services, alcohol and other drug treatment services and other data collections (see the section on administrative data for further details); the ongoing tasks in the plan are now included in the Advisory Group work program

- advising the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) on information and data priorities
- providing advice to the Australian Government's Department of Health and Ageing on the Aboriginal and Torres Strait Islander Health Performance Framework (HPF).

A vital element of the Advisory Group's operation is having a majority of Aboriginal and Torres Strait Islander members. These members bring different expertise from the spheres of research and teaching, service provision and policy. Aboriginal and Torres Strait Islander members are also called upon to represent NAGATSIHID on various project-specific steering groups and advisory committees.

The Advisory Group's membership includes three Indigenous advisors on Aboriginal and Torres Strait Islander health and welfare, an epidemiologist with expertise in Indigenous health issues, as well as representatives of the National Aboriginal Community Controlled Health Organisation, the National Aboriginal and Torres Strait Islander Health Officials Network, the AIHW, the ABS, the Australian Government Department of Health and Ageing, the Australian Government Office for Indigenous Policy Coordination, the Australian Institute of Aboriginal and Torres Strait Islander Studies, the Torres Strait Regional Authority and the Statistical Information Management Committee.

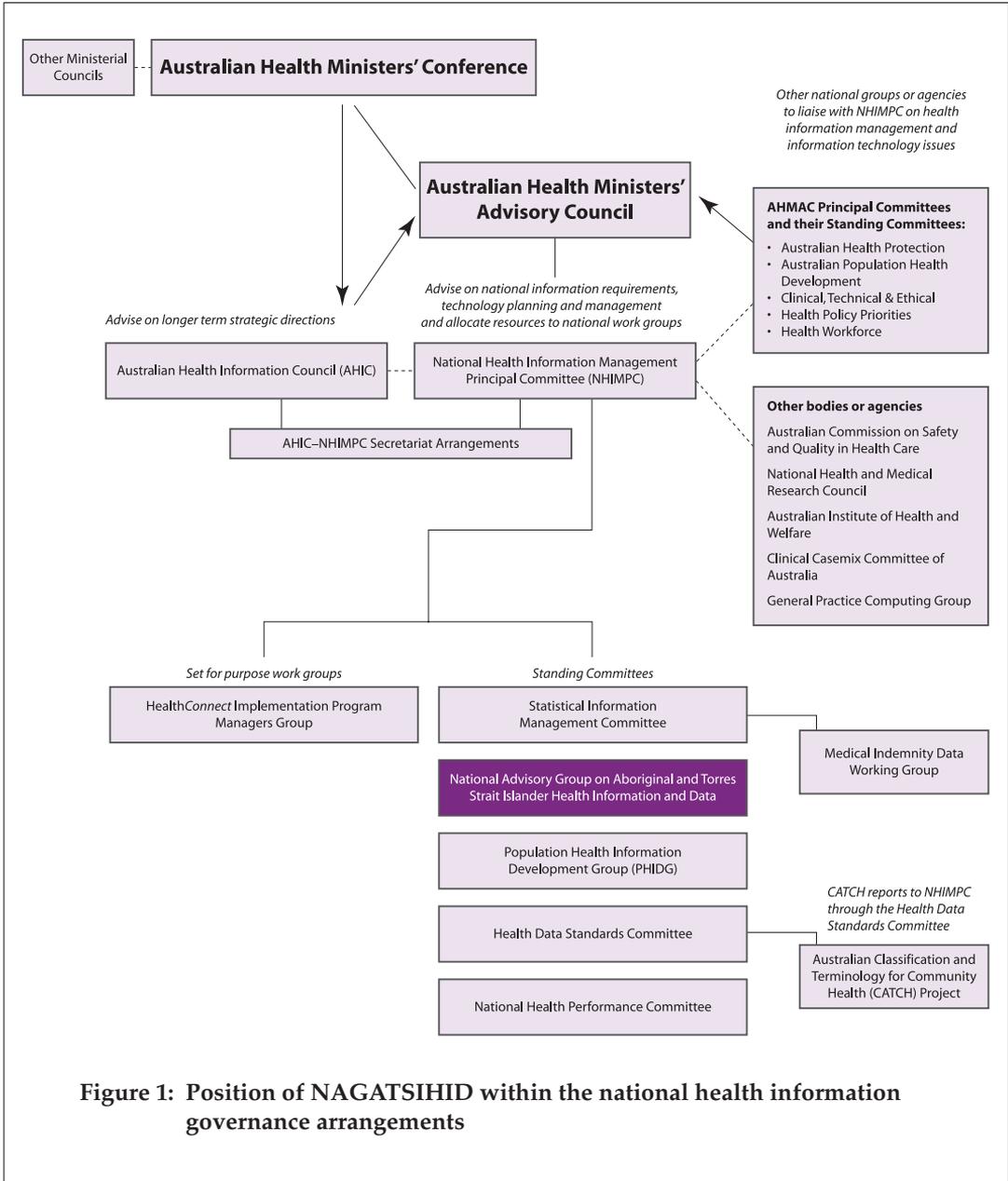


Figure 1: Position of NAGATSIHID within the national health information governance arrangements

Major achievements in health information and data

Significant progress has been achieved in developing the range and quality of statistical information on the health status and experience of Aboriginal and Torres Strait Islander peoples over the past decade. This is related to a number of factors.

1. There have been effective governance structures for developing consistent national information on Aboriginal and Torres Strait Islander peoples. The Advisory Group, with its strong representation of Aboriginal and Torres Strait Islander and other experts in health research, teaching, policy and services, as well as representatives from the key national agencies responsible for Aboriginal and Torres Strait Islander policy and health statistics, is well placed to ensure that information issues important to Indigenous people are identified and debated. The Advisory Group is also considering the most appropriate arrangements for liaison with the National Aboriginal and Torres Strait Islander Health Council, which now advises AHMAC (as well as the Minister for Health and Ageing) on government policy and program delivery relating to the health of Indigenous Australians. In addition, following a recent review of its committee structure, AHMAC requires that all its principal committees include Aboriginal and Torres Strait Islander health issues within their terms of reference.

The Advisory Group's role in the national health information governance arrangements is set out in the National Health Information Agreement ('the Agreement'). All jurisdictions, as well as the AIHW, the ABS, Medicare Australia and the Department of Veteran's Affairs, are parties to the Agreement, which aims to increase the availability of nationally consistent quality health and health services data to support policy and program development, and improvements in the quality, efficiency, effectiveness and accountability of health services provided to individuals or populations. The Agreement also aims to promote consistency and comparability between national data in the health, community services and housing sectors; an aim that is mirrored in the national information agreements for the community services and housing sectors. The Advisory Group liaises, where appropriate, with other groups responsible for the governance of Indigenous information management. The data development efforts and activities overseen by the Advisory Group are linked to a policy framework—the National Strategic Framework for Aboriginal and Torres Strait Islander Health. The HPF was developed to provide the basis for quantitative measurement of the impact of policy on health outcomes of Indigenous people and uses the National Health Performance Committee's framework for mapping the indicators.

2. There are a number of regular reports on statistics relating to Aboriginal and Torres Strait Islander peoples. The most comprehensive of these is *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* (ABS & AIHW 2005). This report is published every 2 years by the AIHW and the ABS. The first report was launched in 1997; the most recent report was launched in August 2005. The report covers a wide range of topics of interest to Aboriginal and Torres Strait Islander peoples, policy makers and other stakeholders, including the demographic profile, education, income and employment, housing, health status and the provision of, and access to, health and welfare services. Other regular reports include *Expenditures on health services for Aboriginal and Torres Strait Islander peoples* (AIHW 2001); *National Aboriginal and Torres Strait Islander Health Survey 2004–05* (ABS 2006a); *National Aboriginal and Torres Strait Islander Social Survey 2002* (ABS 2004a) and *Overcoming Indigenous disadvantage: key indicators 2005* (SCRGSP 2005).
3. A considerable effort has been devoted to enumerating Aboriginal and Torres Strait Islander peoples more accurately in successive Censuses and in a way that involves the Indigenous population in the process.
4. The ABS conducts a number of dedicated surveys of the health and social issues affecting Aboriginal and Torres Strait Islander peoples every 3 years. A number of gaps in knowledge of the social, cultural, economic, housing and health circumstances of Indigenous people have been filled through these surveys. For example, the latest social survey, conducted in 2002, included questions on disability among Indigenous people; and the latest health survey conducted in 2004–05 included a module that will allow an assessment of social and emotional wellbeing.
5. With advice from the Advisory Group, both the AIHW and the ABS, in partnership with the Australian Government and state and territory governments, have driven programs aimed at improving the quality and consistency of Indigenous identification in administrative data sets, as well as in vital statistics and other administrative data collections. Nevertheless, there remain varying degrees of completeness of Indigenous identification in different data collections.

Despite these achievements, many analytical and conceptual challenges remain. The varying levels of identification between different data collections, and within each data collection over time and between regions, makes it difficult to assess changes in health status over time and between different regions. The mismatch between Census data and some administrative data (death records, for example) as to how people identify, or are identified, also poses analytical problems. In addition, collecting information that is conceptually and culturally relevant to Aboriginal and Torres Strait Islander peoples can be challenging to mainstream statistics.

Priorities for information and data – twenty themes

A. Approaches to health information development, collection and use

The Advisory Group aims to ensure that there is a strategic, coordinated approach to the development of information on the health of Aboriginal and Torres Strait Islander people and that approaches to the collection and use of that information are useful culturally respectful and maximise the benefit to Aboriginal and Torres Strait Islander people.

1. Developing health information and evidence

Context

Good-quality data on Aboriginal and Torres Strait Islander peoples are needed to assess the effectiveness of programs and interventions, and to evaluate policies that are designed to improve the status of, and service delivery to, Aboriginal and Torres Strait Islander peoples. Evidence-based approaches to inform policy and program development continue to be of paramount importance.

The Advisory Group's role

- Provide strategic advice on improving the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery.
- Formulate and implement national plans for improving information about Indigenous health.
- Advise the AIHW and ABS on information priorities and on statistical and other issues that arise in their programs of work on Indigenous health information.
- Advise other national committees on performance measures relating to Aboriginal and Torres Strait Islander health.

Next steps and monitoring progress

The Advisory Group needs to draw together the full range of current and future health information development activities relating to Aboriginal and Torres Strait Islander people into a coordinated and strategic process.

2. Data protocols

Context

National data protocols can help to ensure the appropriate collection, management, analysis and dissemination of information about Aboriginal and Torres Strait Islander health.

The Advisory Group's role

The Advisory Group needs to develop and implement data protocols.

Next steps and monitoring progress

The Advisory Group needs to finalise the set of protocols that has been under development for the past several years.

3. Return of data to communities/use of data by communities

Context

It is important to ensure that data collected from Aboriginal and Torres Strait Islander communities are returned to them in a form that is useful to the communities themselves.

Some work of this kind is under way. For example, the ABS has developed plans for the return of data as part of its Indigenous engagement strategy.

The Advisory Group's role

- Foster the return of data to, and use of data by, communities.
- Monitor and encourage progress by the statistical agencies and others who gather data about Indigenous health.

Next steps and monitoring progress

The return of data/use of data is a standing item on the Advisory Group agendas.

4. Aboriginal and Torres Strait Islander statistical workforce

Context

There is a need to develop a larger and stronger workforce of Aboriginal and Torres Strait Islander people who are expert in the collection, assembly, analysis, interpretation, dissemination and communication of Indigenous health statistics.

The Advisory Group's role

The Advisory Group needs to support the development of Indigenous statistical capacity, and secure commitment from relevant stakeholders.

Next steps and monitoring progress

The AIHW will create a plan for the development of the Indigenous statistical workforce. This plan would identify the actions needed and the organisations that are responsible, or could contribute (such as the national statistical agencies, universities and statistical groups within health departments).

5. Culturally appropriate measures of health

Context

There is potential for developing measures of health that are culturally appropriate to the experiences and values of Aboriginal and Torres Strait Islander people, and that would underpin the creation of appropriate policies and programs.

The Advisory Group's role

- Develop a statement about the types of work on alternative measures of health that would be most valuable to undertake.
- Identify the highest priority strands of work in this field, and support the provision of resources to pursue those strands.
- Advise on the technical and management issues that arise in developing alternative measures of Aboriginal and Torres Strait Islander health.

Next steps and monitoring progress

The Advisory Group needs to support work on an inventory of existing, or proposed, conceptual and statistical approaches to alternative measures of health.

6. International collaboration and international comparisons

Context

Comparisons with the experience of Indigenous populations in other countries can provide insights into:

- the performance of the Australian health system
- areas where health gains can be made
- the governance of health information
- areas for statistical development and analysis.

Consideration will be given to the role of international comparisons during the development of the HPF.

The Advisory Group's role

The Advisory Group needs to support work on international comparisons of health disparities and health trends.

Next steps and monitoring progress

The AIHW, ABS, Office for Aboriginal and Torres Strait Islander Health (OATSIH) and National Aboriginal Community Controlled Health Organisation (NACCHO) will participate in the meetings of the four-country Indigenous Health Measurement Group, involving Australia, New Zealand, the United States of America and Canada.

B. Priorities for information development

7. Enumeration of the Aboriginal and Torres Strait Islander population

Context

The 5-yearly Censuses of Population and Housing conducted by the ABS are central to understanding the size, structure and distribution of the Aboriginal and Torres Strait Islander population.

The Indigenous Enumeration Strategy for the forthcoming 2006 Census was devised after evaluation of the 2001 Census processes, and with the advice of an expert Indigenous Enumeration Strategy Working Group.

The extension of the 2006 Census Post Enumeration Survey (PES) to include discrete Indigenous communities in both remote and non-remote Australia is being tested in the lead-up to the Census and will, if feasible, be undertaken as part of the 2006 PES. This would help address concerns regarding the derivation of the estimated resident Indigenous population.

The Indigenous Enumeration Strategy counting rules use a place-of-enumeration basis, in line with standard Census practices. Indigenous population profiles from the 2006 Census will be compiled on a usual-residence basis.

The Advisory Group's role

- Advise the ABS and data users on the policy and other applications of Census data and population estimates.
- Advise the ABS on the Indigenous Enumeration Strategy, including developments such as the enhancements to post-enumeration validation procedures.

- Advise ABS on statistical issues arising in the estimation of the Indigenous population. Such issues include estimating and reducing under-enumeration; and understanding, and taking account of, changing Indigenous identification over time.
- Advise and support the ABS on management and relationship issues relevant to Indigenous population estimates. Such issues include language and translation, return of information to Indigenous communities and organisations, confidentiality and appropriate use of data, and other collaboration with Indigenous stakeholders.

Next steps and monitoring progress

In its reports to the Advisory Group, the ABS will provide updates on progress with Indigenous enumeration in the Census, and population estimation. The ABS will also provide information about plans and timetables for future work.

8. Surveys

Context

The ABS conducts a major rolling program of surveys of the Aboriginal and Torres Strait Islander people. These include:

- a 6-yearly social survey (National Aboriginal and Torres Strait Islander Social Survey, NATSISS)
- a 6-yearly health survey (National Aboriginal and Torres Strait Islander Health Survey, NATSIHS).

In addition, the ABS plays a role in conducting Indigenous surveys such as the Community Housing and Infrastructure Needs Survey (CHINS).

The Advisory Group's role

- Advise the ABS, other organisations that conduct surveys and other stakeholders on key Indigenous health information requirements that should be addressed through surveys.
- Advise the ABS and other organisations that conduct surveys on the statistical issues that arise in Indigenous surveys.
- Advise the ABS and other organisations that conduct surveys on the management and relationship issues that arise in Indigenous surveys.
- Provide advice on policy and research questions that can be informed by survey data, such as, the socioeconomic determinants of Indigenous health.
- Raise awareness among policy makers and researchers of the breadth of data available from Indigenous surveys.

Next steps and monitoring progress

The ABS will seek the Advisory Group's advice on the development of health-related content for its surveys of Aboriginal and Torres Strait Islander peoples. In its reports to the Advisory Group, the ABS will provide updates on progress with Indigenous surveys. The ABS will also provide information about plans and timetables for future work.

NAGATSIHID is to make policy makers and others aware of the information available, particularly through AHMAC structures.

9. Administrative data

Context

Administrative by-product data can provide valuable information relevant the health of the Aboriginal and Torres Strait Islander population, including information on health and related services and on health outcomes and status.

Key administrative data sources relating to health include, but are not limited to, the following:

- Hospital separations
- Vital statistics—births and deaths
- Other registers
 - notifiable diseases
 - cancer registries
 - perinatal collections
 - coronial information
 - rheumatic heart disease registries
 - end-stage renal disease registry (Australia and New Zealand Dialysis and Transplant Registry)
- Medical Benefits Scheme and Pharmaceutical Benefits Scheme
- Other data relating to general practice
- Other administrative data sets
 - community mental health care
 - alcohol and other drug treatment services.

Some other administrative data sets are under development.

There are some key information gaps that should be addressed by data development, such as information about renal services to Indigenous people.

An issue affecting the usability of all administrative data is Indigenous identification, and the ways in which identification varies across data collections, jurisdictions and time.

The Advisory Group's role

- Define the priorities for administrative data development, especially with a view to monitoring health system performance through the HPF.
- Advise on, and support, improvements to Indigenous identification in administrative processes and the data sets derived from those processes.
- Facilitate a shared understanding of, and effort to align, Indigenous identification across data collections, jurisdictions, regions and time.
- Monitor compliance with the standard question on Indigenous status.
- Monitor progress on improvements in identification for all key data sets.

Next steps and monitoring progress

- NAGATSIHID will discuss and support the priorities for improvements to administrative data sets.
- Establish mechanisms for tracking progress on improvement in identification in each data set; for example, audits of annual reporting of progress.

10. Primary health care

Context

The HPF identified the need for improving information about primary health care for Aboriginal and Torres Strait Islander peoples.

The Advisory Group's role

- Advise on the specification and implementation of the measures of primary health care performance within the HPF.
- Identify needs for pivotal health care services (such as cardiac rehabilitation, renal services, or maternal and child health) and develop reports that deliver information relevant to policy and program improvement.

Next steps and monitoring progress

- Develop a picture of the initiatives relevant to primary health care, such as the National Strategic Framework for Aboriginal and Torres Strait Islander Health, HPF,

Healthy for Life program, and support the coordination of information development efforts across those programs.

- Define the services that would constitute comprehensive primary health care. Define a core set of services that should be available to all Indigenous people. Map existing services to identify Indigenous populations for which there are a deficit in services. Identify the factors that together act as barriers or facilitators to primary health care use.
- Identify the most valuable data development work that might be undertaken regarding Indigenous primary health care—having regard to key policy and information initiatives—and support the pursuit of that work. In particular, support the development of primary health care measures for the HPF.

11. Other health services

Context

There is a large array of information development work that might be undertaken regarding the many other health services for Aboriginal and Torres Strait Islander peoples.

At present there are no comprehensive measures of Aboriginal and Torres Strait Islander peoples' need for or access to those other health services.

The Advisory Group's role

NAGATSIHID is to advise the statistical agencies, data custodians and others regarding the analyses of administrative data relevant to other health services.

Given the potential breadth of this field, the Advisory Group will choose a few priority areas on which progress can be made in the duration of its three-year work program.

Next steps and monitoring progress

NAGATSIHID's work will spring from the HPF measure 'Access to services compared to need', which covers the following priority areas:

- primary care
- hospital
- dental
- allied health
- post acute care
- palliative care.

The Framework also includes measures on access, focusing on affordability, access to pharmaceuticals and access to after-hours primary care.

12. Mental health

Context

Achieving a better understanding of mental health services and outcomes for Aboriginal and Torres Strait Islander people is a high priority. Non-health sectors have also identified this as a key theme—see, for example, the information development plan for crime and justice.

A large array of issues might be pursued. These include, but are not limited to, the following:

- Developing an appropriate concept of mental health/social and emotional wellbeing for Indigenous people, and developing measurements based on directly collected or administrative data.
- The social and emotional wellbeing and development of Indigenous children.
- Indigenous peoples' access to mental health services.
- The health system's capacity for making appropriate diagnoses of and referrals for Indigenous people.
- Co-morbidities between mental ill health and other conditions.

Related work is being pursued through several avenues:

- Mental health appears as an indicator in the HPF, and conceptual and statistical work will be undertaken.
- A survey module on social and emotional wellbeing has been developed and used in the 2004–05 NATSIHS. The results will be used to evaluate the module, and further work will be undertaken as necessary.
- The social and emotional wellbeing and development of Indigenous children is being discussed intensively as part of the development work for the Longitudinal Study of Indigenous Children.

The Advisory Group's role

- Identify the most fruitful areas for improving and applying information on Indigenous mental health/social and emotional wellbeing.
- Support the development of culturally appropriate data collections relating to mental health/social and emotional wellbeing—including measures of isolation and coping—in Aboriginal and Torres Strait Islander communities.

- Advise on the development of appropriate tools for assessing social and emotional wellbeing in administrative settings, such as hospitals and general practice. Assess the usability of the available data, and identify the most policy-relevant data development and analytical work that might be undertaken.
- Promote and support the analysis of data to identify gaps in provision of mental health services to Indigenous people.

Next steps and monitoring progress

- Engage with the National Mental Health Working Group and other stakeholder bodies.
- Support the evaluation of data from the social and emotional wellbeing module in the 2004–05 NATSIHS.
- Assemble an inventory and assessment of key administrative data collections related to Indigenous mental health/social and emotional wellbeing.
- Support the development of measures for the concepts of isolation and coping. Assess the usefulness of the strength and difficulties questionnaire for these purposes.

13. Violence

Context

The impact of violence (including family violence, domestic violence and other violence) on health and wellbeing, and the need for better information about the causation and patterns of violence, and on policies and programs that work, is a priority.

Some information is available, and some information development activity is underway:

- Data from the NATSISS on exposure to violence was published in the Health risk factors chapters of the 2005 edition of the *Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* (ABS & AIHW 2005).
- The AIHW is producing a comprehensive report on the extent of violence among Aboriginal and Torres Strait Islander peoples using key administrative data and surveys. The report also assesses the different data sources in terms of whether family violence can be distinguished from partner violence and general violence, whether and how information on the Indigenous status of the victim and/or offender is collected, and which other variables are included in these collections.
- Several jurisdictions have undertaken family violence projects—some of which have led to policy or program changes within agencies or across the whole of government.

- The Family Violence Working Group, a working group to the Crime and Justice National Information Development Plan (NIDP) Steering Committee, was established early in 2006. One of the main objectives of this group is to develop strategies to move forward data development in the area of family violence.

Information work in this field will begin with available administrative and survey data, then explore further survey collections that might fill information gaps.

The Advisory Group's role

- Advise on priorities for information development work in this field.
- Advise on the analysis and application of information in this field to improve Indigenous health and welfare.

Next steps and monitoring progress

The AIHW will assemble an inventory of data sets and information development work at the national and jurisdictional levels, and the policy applications for that work.

14. Prisoners' health

Context

This is an important field, because of the high rates of imprisonment for Aboriginal and Torres Strait Islander people and the particular health needs of the prisoner and former prisoner population.

There is a need for information about prisoners' health status and about the health interventions available, or not available, to prisoners while in prison and following release.

Some information is available, and some information development activity is underway:

- During 2005–06, the AIHW hosted a workshop involving the justice and health departments. It was agreed to produce a report that will map the information work that has been done on prisoners' health to date. A task force (the Prisoners' Health Information Group) has been formed to progress this work. It was also agreed that a National Prisoners' Health Minimum Dataset is to be developed by the AIHW.
- Some jurisdictions are undertaking data-linkage work (for example, Tasmania's linking of police, correctional services and health data).

The Advisory Group's role

- Advise on priorities for information development work in this field.
- Advise on the analysis and application of information in this field to improve Indigenous health and welfare.

Next steps and monitoring progress

The Prisoners' Health Information Group will report its plans and progress to the Advisory Group.

15. Health workforce

Context

To ensure improved delivery of health services to Aboriginal and Torres Strait Islander peoples, information is needed on three groups within the current, or potential, health workforce—Indigenous people in the health workforce (by discipline); health professionals working on Indigenous health; and Indigenous people undertaking health-related study or training.

Some information is available, but it has not yet been drawn together to form a comprehensive picture of the health workforce:

- The jurisdictions have or could assemble data about the three groups within the health workforce. In some cases, this would draw on existing systems for monitoring Aboriginal and Torres Strait Islander health service delivery and workforce management; in other cases, it may demand special data collections.
- Some government agencies are assembling such data as part of whole-of-government approach to workforce planning and service delivery. The Department of Education, Science and Training and the National Centre for Vocational Education Research have data that are relevant to the health and related sectors.

The Advisory Group's role

- Advise on priority areas for information development in this field.
- Advise agencies and committees undertaking health workforce planning or information development work on Indigenous issues and priorities.

Next steps and monitoring progress

- Conduct a workshop to define the landscape of issues surrounding the measurement of the workforce in all segments of the health system responsible for Indigenous health.
- Establish working relationships with the Department of Education, Science and Training and the National Centre for Vocational Education Research to explore the existence and accessibility of relevant data.

C. Analytical work

16. Health trends

Context

An understanding of Aboriginal and Torres Strait Islander health demands measures and analyses of differentials between Indigenous and other Australians, and of trends.

The Advisory Group's role

- Auspice analytical work on health trends, and ensure that the implications for health policy and programs are drawn to the attention of senior officials through the AHMAC structures.
- Advise on priorities and methods for identifying and interpreting trends in Indigenous mortality and morbidity.

Next steps and monitoring progress

The ABS and AIHW will report plans and progress on trend measurement to the Advisory Group.

17. Avoidable mortality and morbidity

Context

Measures of avoidable mortality and morbidity provide an indication of the effectiveness of the health system.

Some information is available, and some information development activity is underway:

- The HPF includes avoidable mortality among its performance measures, and work will be undertaken to develop further specifications for avoidable hospitalisations.

The Advisory Group's role

The Advisory Group needs to support the development of agreed methods for monitoring avoidable mortality and morbidity.

Next steps and monitoring progress

The AIHW will engage with stakeholders who have done developmental work in this field.

18. Burden of disease

Context

Estimates of the burden of disease can be used to identify health service priorities and to assess the performance of health interventions. The work is very technical, and there is a need to ensure that the findings are interpreted correctly and communicated effectively.

The Advisory Group's role

- Advise the burden-of-disease project steering committee on statistical, communication and other management issues.
- Support the intelligent use of burden-of-disease estimates (in the light of data quality issues and the modelling assumptions that underlie the estimates), to inform improvements to health policy and programs.

Next steps and monitoring progress

NAGATSIHID members will participate in the burden-of-disease project steering committee.

19. Health expenditure

Context

Consistent, comprehensive and regular estimates of expenditure on Aboriginal and Torres Strait Islander health are an essential foundation for the development and assessment of health policies and programs. It would be particularly valuable to understand the financial resources expended on the three groups within the health workforce (see Theme 12).

At present, the triennial estimates must be assembled from a large, heterogeneous array of financial information, and require considerable modelling and exercise of judgment. A key problem is the difficulty of dissecting expenditure aggregates for programs into their 'Indigenous' and 'other' segments.

The Advisory Group's role

- Advise on ways of improving health expenditure reporting. Relate those enhancements to expenditure information (such as categories of expenditure or levels of geographic disaggregation) that would be most valuable to policy makers, health administrators and researchers.
- Foster quality improvements in the consistency, comprehensiveness and timeliness of health expenditure information.

- Support the analysis of expenditure data to inform the evaluation and improvement of health system performance.

Next steps and monitoring progress

The AIHW will review recent expenditure reports to assess which enhancements would be most valuable.

D. Key statistical reports

20. Health status and health service delivery

Context

A number of major national reports on Aboriginal and Torres Strait Islander Health are now produced on a regular basis:

- The health and welfare of Aboriginal and Torres Strait Islander peoples (biennial).
- Expenditures on health services for Aboriginal and Torres Strait Islander people.
- National summary of jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators (to be succeeded by the HPF)
- The Aboriginal and Torres Strait Islander HPF (biennial starting in 2006)
- Overcoming Indigenous disadvantage: key indicators.

A key need is to ensure that knowledge is shared across these information activities, and that the findings are brought to bear on improving health policy, programs and outcomes.

The Advisory Group's role

- Define the information that would be most valuable at different levels of the health system (national/jurisdictional/service delivery agencies) and where and how this information can be applied to enhance service delivery and outcomes.
- Advise on the content, presentation and promulgation of key reports on Indigenous health and health service delivery.
- Through the AHMAC structures, support the use of reports to inform enhanced service delivery.
- Provide feedback to jurisdictions on the findings of the reports, especially lessons regarding quality and usefulness of information.

Next steps and monitoring progress

The Advisory Group will develop model processes for drawing lessons from each report, and for ensuring that the relevant committees and agencies hear and apply those lessons.

When a report is published, the Advisory Group will work with relevant committees within the AHMAC structures to ensure that the information is interpreted intelligently and applied to greatest effect.

E. Themes that need further consideration

When developing this Strategic Plan, the Advisory Group identified a number of additional themes that it regarded as important, but for which it has not yet defined the work that should be undertaken. These themes will be considered by NAGATSIGHID in its periodic reviews of information development:

- disability
- children's hearing loss
- nutrition
- community grief
- cultural competency and cultural awareness.

Appendix: Data collections and statistical reports

I. Key data collections

Considerable effort has been expended to collect health and welfare data on Aboriginal and Torres Strait Islander peoples through dedicated surveys and to improve the quality of Indigenous identification in censuses, vital statistics collections and other administrative data collections. See Table A1.1.

Table A1.1: National census and survey collections relevant to Aboriginal and Torres Strait Islander health, 1994 to 2006

Data collection	Status	Coverage	Comment
Census of Population and Housing, 2001 & 2006 (ABS)	Results reported for 2001 Census. Results for 2006 Census expected in 2007.	Indigenous data reportable down to Indigenous location level, and Census Collection Districts except where confidentiality is an issue.	Conducted every five years. Content includes population, housing, income, education and employment. Complete coverage of the population is an advantage.
National Health Survey: Indigenous supplement, 1995, 2001 (ABS)	Results reported for non-remote areas in 1995, and both non-remote and remote areas in 2001.	All Indigenous persons. Data available at national level.	Wide range of information about health conditions, actions, risk factors, etc. For 2001, subset of questions used in remote areas.
National Aboriginal and Torres Strait Islander Health Survey 2004-05 (ABS)	Survey conducted. Results reported 2006.	All Indigenous persons; data reportable by remoteness area at the national level and down to state/territory level with some regional data also available.	Wide range of information about health conditions, actions, behaviours.
National Aboriginal and Torres Strait Islander Survey, 1994 (ABS)	Results reported.	All Indigenous persons; data reportable down to ATSI regional level.	Wide range of topics in the areas of family and culture, health, housing, education and training, employment and income, and law and justice.
National Aboriginal and Torres Strait Islander Social Survey, 2002 (ABS)	Results reported.	Indigenous persons aged 15 years and over; data reportable by remoteness area at the national level and down to state/territory level with some regional data also available.	Reported on areas of social concern including health, disability, language, culture, law and justice, employment, education and income.

(Continued next page)

Table A1.1 (continued): National census and survey collections relevant to Aboriginal and Torres Strait Islander health, 1994 to 2006

Data collection	Status	Coverage	Comment
Community Housing and Infrastructure Needs Survey, 1999, 2001 & 2006 (ATSIC & ABS in 1999 and 2001, FaCSIA & ABS in 2006)	Results reported for 1999 and 2001 surveys. Results for 2006 survey expected in 2007.	Discrete Indigenous communities and Indigenous housing organisations; data reportable down to community level.	Housing, environmental and health service infrastructure.
National Drug Strategy Household Survey 1998, 2001, 2004 (DHAC & AIHW)	Results reported.	All persons aged 14 years and over in 1998 and 2001 surveys; all persons aged 12 years and over in 2004 survey; Indigenous data reported at national level.	Drug use and exposure, attitudes, awareness, knowledge and behaviours.
Bettering the Evaluation and Care of Health, 1998 onwards (AIHW & Australian General Practice Statistics and Classification Centre, Sydney University)	Results reported annually.	General practitioners in private practice, some state-level Indigenous data on services provided to Indigenous clients.	A survey of general practice activity. Includes information on service delivery to Indigenous clients and GP consultations, including characteristics of GPs, patients, reasons for encounter, treatment and risk factors.

1. Census of population and housing

The Census of Population and Housing, conducted every 5 years, is perhaps the most useful statistical collection in Australia with respect to providing data about Aboriginal and Torres Strait Islander peoples. It provides the basis for the estimation of the size of the Indigenous population, as well as information on a range of topics such as housing, employment, education, income and language, in all geographical areas. The range of Indigenous specific outputs has been expanding and improving with each Census since 1971.

Major Indigenous outputs from the Census include the publications *Population distribution, Aboriginal and Torres Strait Islander Australians, 2001* (ABS 2002b) and *Population characteristics, Aboriginal and Torres Strait Islander Australians, 2001* (ABS 2003a).

Preparations for the 2006 Census (and 2006 CHINS) are now complete. The ABS Indigenous Community Engagement Strategy will use Indigenous engagement managers to liaise with communities to establish rapport. This will be supported by specifically targeted Census awareness campaigns. A separate collection of community-level data collection (CHINS) is being run during the preparatory stages of the Census, as occurred in 2001, and this will also assist in gaining the cooperation of communities. The 2006 Census will be run with a more flexible approach to enumeration, enabling the tailoring of strategies to suit community characteristics and specific situations. This will include the further development and widespread implementation of appropriate strategies for the enumeration of Indigenous people in urban and regional areas; the use of a matrix interviewer household form in nominated discrete communities, in place of the separate Special Indigenous Household and Personal Forms used in 2001; and, for nominated discrete communities, the capture of more details about Indigenous persons who are away from their usual residence at the time of the Census and unlikely to be counted elsewhere. Improved mechanisms in remote areas will assist in developing measures of under-count, which will also be supported by independent observations of the Census enumeration in a number of remote communities and possibly in rural and urban areas.

2. Indigenous survey program and other surveys

Following the 1999 review of its household survey program, the ABS developed a strategy for Aboriginal and Torres Strait Islander statistics (ABS 2000). Both initiatives included wide consultation, involving all levels of government and the Aboriginal and Torres Strait Islander community. The key elements (discussed individually below) in the ABS Indigenous household survey program are a 6-yearly NATSISS, and a 6-yearly NATSIHS (both surveys designed to produce national and state/territory-level estimates, and cover remote and non-remote areas of Australia), and regular identification of Aboriginal and Torres Strait Islander peoples in the Labour Force

Survey so that broad employment data are available between Censuses. In addition, the ABS was commissioned to administer the CHINS in 1999, 2001 and 2006. The results of these surveys provide broad and complementary information to improve understanding about the social environment and health and wellbeing of the Indigenous population.

The survey strategies are designed to ensure that data are relevant, that collection methods are sensitive to Aboriginal and Torres Strait Islander peoples, and that broad consultation processes are in place. Achieving long-term credibility for survey results requires a substantial level of acceptance by the Aboriginal and Torres Strait Islander community, and the ABS is involving a wide range of community stakeholders in consultative processes throughout the conduct of its Indigenous surveys. There is also need for routine ongoing liaison with communities and respondents in the consultation process.

Community Housing and Infrastructure Needs Surveys

The first CHINS was conducted in 1999. It collected housing and management information from Aboriginal and Torres Strait Islander housing organisations, and a range of community infrastructure information for those locations identified as discrete communities. The 2001 CHINS was conducted in conjunction with Census 2001, and updated the 1999 CHINS by maintaining comparability with that collection.

CHINS data include details of the current housing stock, and management practices and financial arrangements of Indigenous housing organisations. Details of housing and related infrastructure, such as water, power and sewerage systems, and other facilities, such as education and health services available in discrete Aboriginal and Torres Strait Islander communities, are also collected.

National Aboriginal and Torres Strait Islander Health Survey

The Australian Government Department of Health and Ageing entered into a partnership with the ABS to fund a program of triennial national health surveys from 2001. The program incorporated an enhanced Indigenous sample into the 2001 National Health Survey (NHS), and involves an Indigenous-specific survey, the NATSIHS, first conducted in 2004–05 and to be conducted every 6 years thereafter (to coincide with every second NHS). Results from the Indigenous supplement to the 2001 NHS were released in 2002 and provide national estimates on some indicators of health status (ABS 2002a). Estimates from the 2004–05 NATSIHS at the national, state and territory level, and by remoteness, were released in April 2006 (ABS 2006a).

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS, conducted in 2002, will be repeated at 6-yearly intervals. It provides broad information across areas of social importance, including health, housing, work, education and income. The results allow relationships between different areas of social

concern to be explored, and provide information on the extent to which some people face multiple social disadvantages. The final content of the 2002 NATSISS achieved about 50% overlap with the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) conducted by the ABS, thus allowing some comparative studies. Initial results from the 2002 NATSISS were released in June 2004 (ABS 2004a). Key comparisons with results from the 1994 NATSIS, and with results for other Australians from the 2002 General Social Survey, are included. Relevant data items have been age-standardised to facilitate more useful comparisons with statistics for the other Australian population. The 1994 NATSIS results have been re-benchmarked to reflect the significant change in Indigenous population levels between the 1991 Census-based population benchmarks used when the 1994 data were first released, and subsequent experimental Indigenous population estimates based on 1996 Census results. Preparations for the 2008 NATSISS will start in 2006.

National Drug Strategy Household Survey

The National Drug Strategy Household Survey is conducted every 2–3 years and is Australia's most comprehensive national survey on drug issues. The 2004 National Drug Strategy Household Survey was conducted between June and November 2004. This was the eighth and largest survey in a series that began in 1985, and was the third to be managed by the AIHW, commissioned by the Australian Government Department of Health and Ageing. Almost 30,000 Australians aged 12 years and older participated in the survey in which they were asked about their knowledge of, and attitudes towards, drugs, their drug consumption histories, and related behaviours.

Initial results of the 2004 survey were released in April 2005 and detailed findings were released in October 2005. To enable comparisons over time, many of the analyses reported are based on the population aged 14 years and over. In the 2004 survey, respondents were asked whether they were Aboriginal, Torres Strait Islander or both. Approximately 1.5% of respondents identified as Aboriginal or Torres Strait Islander, which is below their representation in the population (AIHW 2005a). Results from the survey should therefore be interpreted with caution.

The AIHW has been commissioned by the Australian Government Department of Health and Ageing to undertake a study about the availability and information content of current data on drug and alcohol use and associated harms among Aboriginal and Torres Strait Islander peoples, and to inform the best way forward in terms of improving data, its analysis and the usefulness of existing data sets. The study will identify the key information needs and the availability of relevant data sources, with reference to contemporary patterns of alcohol and drug use and associated harms, social and contextual factors, and the availability and accessibility of relevant services. The report is scheduled for release in mid-2006.

General practitioner survey

Information about general practitioner (GP) consultations is available from the Bettering the Evaluation and Care of Health (BEACH) survey. BEACH is a collaborative program between the AIHW and the University of Sydney. The survey questionnaire includes an Indigenous identifier—patients are asked whether they are Aboriginal (Yes or No) or Torres Strait Islander (Yes or No). However, it is unknown whether the GP's who fill out the survey forms always ask the question of their patients and record the information consistently. The reliability of the results in BEACH has been tested in a sub-study of about 9,000 patients encountered during the survey. The sub-study found that if the question on Indigenous status is asked of the patient within the context of a series of questions about origin and cultural background, 2.2% will identify as Aboriginal or Torres Strait Islander, which is twice the rate routinely recorded in BEACH.

Western Australian Aboriginal child health survey

The first fully representative community survey of Aboriginal child health and wellbeing was undertaken in Western Australia from April 2001 to June 2002. The survey aimed to research the factors that contribute to significantly higher death rates, illness and disability in comparison with other Australians, and to identify resilience factors. The project was conducted under the auspices of the Kulunga Research and Training Network by researchers from the Telethon Institute for Child Health Research. The project was funded by the Australian Government, state/territory governments and private organisations. The ABS was a major partner, providing consultancy services as well as staff and support for survey development and field work.

Interviews with parents/carers and children aged 12–17 years gathered information on 5,289 Aboriginal and Torres Strait Islander children living in metropolitan, rural and remote areas of Western Australia. School data were also collected for a high proportion of the children.

During 2002, intensive data screening, cleaning, editing and validation took place. In addition, record linkage work further enhanced the scope of the data; 92% of carers gave consent for their survey data to be administratively linked to hospital records, and 96% of carers gave consent for the data on their children to be linked to both hospital and birth records. Where consent was given, 96% of children and 93% of carers were successfully linked to the administrative health records maintained on the WA Health Services Research Linked Database.

To date, two publications have been released: *The health of Aboriginal children and young people* (Zubrick et al. 2004) and *The social and emotional wellbeing of Aboriginal children and young people* (Zubrick et al. 2005). These publications provide an epidemiological framework not previously available as a planning resource to define the burden and impact of common child disorders in the Western Australian population and at

the regional level. This information will help policy makers, service planners and purchasers in health, education, family and children's services and justice to estimate service needs and the potential advantages of alternative policies and programs.

3. Administrative data

Different problems occur when collecting data at the point of service delivery. These problems relate to a lack of understanding about why the Indigenous status question is being asked, reluctance on the part of some staff to ask the question and reluctance on the part of some clients to identify themselves as Indigenous.

As a result, significant shortcomings exist in administrative data about Indigenous people in Australia. These problems occur in vital statistics and in point-of-service administrative data, such as hospitalisations and primary health care services records. Central to these problems is the under-counting of Aboriginal and Torres Strait Islander peoples that occurs because their status as Indigenous Australians is not recorded accurately in data collections. The degree of under-identification varies also by data collection and by jurisdiction.

The AIHW and ABS have initiated programs in partnership with state and territory authorities to improve the completeness with which Aboriginal and Torres Strait Islander peoples are recorded in a wide range of administrative data sets. Work on birth and death registrations continues to be undertaken by the ABS in collaboration with state and territory registrars, and has uncovered a number of ways in which the quality of Indigenous births and deaths data can be improved. The AIHW continues to work with state and territory authorities to document and improve the quality of data in such areas as hospital separations, cancer registrations, general practice, community mental health services, alcohol and other drug treatment services, juvenile justice, children's services, disability services, aged care and housing assistance services.

Vital statistics data

Births

Information regarding Indigenous births is obtained by ABS from birth registration forms and by AIHW from the perinatal collections from each jurisdiction. Birth registrations provide information on the Indigenous status of both parents. Perinatal collections, except for Victoria, include information only about the mother.

With minor variations, the questions used in each jurisdiction to identify Indigenous status on birth registration forms are based on the ABS standard question, which allows for five potential responses. Four of the jurisdictions use the standard ABS question on the perinatal form. South Australia and Western Australia ask a question on the mother's race, and the Northern Territory question on the mother's Indigenous status has a Yes/No option only. For Tasmania, in the provision of data to the National

Perinatal Statistics Unit, the 'Not stated' category for Indigenous status cannot be distinguished from the category of mothers who were neither Aboriginal nor Torres Strait Islander. The Indigenous status item in the perinatal collections may also come from linkage with hospitalisation data, as was the case in Western Australia up until 2003.

Differences between the two data sources are thought to mainly reflect differences in the level of Indigenous identification in the two data collections and delays or failure to register the birth of a child (ABS 2004b).

Deaths

All jurisdictions have adopted the ABS standard question on Indigenous status on death registration and medical cause-of-death forms. Almost all deaths in Australia are registered. However the Indigenous status of the deceased is not always recorded, or recorded correctly. The incompleteness of Indigenous identification means the number of deaths registered as Indigenous is an underestimate of deaths occurring in the Aboriginal and Torres Strait Islander population. Estimated implied coverage rates for Indigenous deaths in 1999–2003 were 58% nationally. As a result, the observed differences between Indigenous and non-Indigenous mortality are under-estimates of the true differences. The incomplete recording of Indigenous deaths restricts precise analysis of the data and presents difficulties for monitoring of mortality trends over time. The ABS continues to work with state and territory registrars to improve the recording of Indigenous status on registration forms.

Health-related data sets

Hospital separations data

Hospital separations data in the National Hospital Morbidity Database held at the AIHW are based on the National Health Data Dictionary definitions for the National Minimum Data Set for Admitted Patient Care which includes the standard ABS question on Indigenous status. All jurisdictions have implemented the standard Indigenous status question and all except two jurisdictions have implemented the standard categories. Information concerning the number of Indigenous hospitalisations is limited by the accuracy with which Indigenous patients are identified in hospital records. Problems associated with identification result in an underestimation of hospitalisations for Aboriginal and Torres Strait Islander persons.

Uncertainties regarding the accuracy of information about Indigenous persons also make it difficult to draw conclusions about changes over time. Improvements in the identification of Aboriginal and Torres Strait Islander patients can lead to higher apparent rates of hospitalisation. At present, it is not possible to ascertain the extent to which a change in hospitalisation rates for Indigenous people is due to differences in Indigenous identification or a genuine change in hospital use/health status.

Recent work by the AIHW on the quality of Indigenous status data in hospital separations records has resulted in recommendations for appropriate analysis of Indigenous status data and for improving the quality of the data (AIHW 2005c).

Communicable disease notifications

The National Notifiable Disease Surveillance System is maintained by the Australian Government. It receives notifications of communicable diseases from all Australian states and territories, which collect data under public health legislation. The Surveillance System includes an Indigenous identifier. New South Wales, Queensland and Tasmania use the ABS standard question of Indigenous status. Other states and territories can provide data for the categories 'Indigenous', 'non-Indigenous' and 'not stated', but do not identify Torres Strait Islanders separately.

Cancer registries

Data on cancer incidence are held at the AIHW National Cancer Statistics Clearing House and are provided by state and territory cancer registries. All jurisdictions except Western Australia comply with the national standards for recording Indigenous status. Although Western Australia has a high coverage rate of cancer registrations for Indigenous people overall, data do not separately identify Aboriginal Australians and Torres Strait Islanders.

National Diabetes Register

The National Diabetes Register has been collecting information about people who have begun to use insulin to manage their diabetes since 1 January 1999. The main source of records of insulin-treated diabetes mellitus in Australia is the National Diabetes Services Scheme (NDSS), administered by Diabetes Australia. Secondary sources are the research databases of the Australasian Paediatric Endocrine Group and state and territory databases.

There is currently no work is under way by either the NDSS or the Australasian Paediatric Endocrine Group to improve Indigenous identification in the Registry.

Primary health care

The Service Activity Reporting (SAR) data collection is a joint annual data collection project of the National Aboriginal Community Controlled Health Organisation and the Office for Aboriginal and Torres Strait Islander Health (OATSIH). Service level data on health care and health-related activities covering a 12-month period are collected by questionnaire from Australian Government-funded Aboriginal and Torres Strait Islander primary health care services. The SAR data collection commenced in 1997–98.

The SAR includes only those Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funds to facilitate access to primary health care. Some services in the SAR provide the full range of comprehensive primary health care activities, whereas others focus on specific elements of primary health care, such as health promotion. A separate process gathers information from Australian-Government funded Aboriginal and Torres Strait Islander substance use specific services.

Medicare Australia data

As a result of collaborative efforts of the Australian Government Department of Health and Ageing, and the Health Insurance Commission and stakeholders, a voluntary Indigenous identifier was introduced to the Medicare database in November 2002. This was to enable access to mainstream Medicare Services and the Pharmaceutical Benefits Scheme to be assessed more accurately. Aboriginal and Torres Strait Islander Australians who had identified as Indigenous in this database as at 1 July 2005 numbered 80,658. Data available for statistical purposes from these administrative databases can provide essential and timely information on some aspects of service use and expenditure by Indigenous Australians. These data should be used with caution, however, due to the small proportion of the Indigenous population who identified as Indigenous in the database.

Community mental health care

The National Community Mental Health Care Database (NCMHCD), which contains records of service contacts in public community mental health services throughout Australia, was collated for the first time for 2000–01. This data collection, held at the AIHW, is based on the National Health Data Dictionary definitions for the National Minimum Data Set for Community Mental Health Care, which includes the data element for Aboriginal and Torres Strait Islander status based on the standard ABS question on Indigenous status. Data on the Indigenous status of clients for service contacts are included in the database. In 2002–03, about 3.2% of service contacts were reported to be with Aboriginal and Torres Strait Islander patients.

Alcohol and other drug treatment services

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) held at the AIHW, is a subset of alcohol and other drug treatment services information that is routinely collected by states and territories to monitor treatment services within their jurisdiction. The AODTS–NMDS is a nationally agreed set of common data items collected by government-funded service providers for clients registered for alcohol and other drug treatment. The standard ABS question on Indigenous status is a data item included in the dataset.

II. Key statistical reports

A number of national statistical reports on Aboriginal and Torres Strait Islander peoples are published regularly.

1. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples

This biennial report to the nation provides a comprehensive overview of the health and welfare of Aboriginal and Torres Strait Islander peoples. Produced jointly by the AIHW and the ABS, this report draws on a number of surveys and censuses conducted by the ABS and a range of administrative data held at the AIHW.

The fifth edition of the report was released in August 2005 (ABS & AIHW 2005). It presents the latest information on population, education, housing circumstances, health risk factors, maternal and child health, disability prevalence, health status, mortality, and the availability, resourcing and use of services, including health and community services. Disparities in health and welfare between Indigenous and other Australians are explored and, where possible, changes over time in the health and welfare outcomes for Aboriginal and Torres Strait Islander peoples are discussed. Linkages between measures of health status and social and economic circumstances are also explored.

2. Expenditures on health services for Aboriginal and Torres Strait Islander peoples

This report on health service expenditures for Aboriginal and Torres Strait Islander peoples is produced every three years at the request of AHMAC, with funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The latest publication covers expenditure for the 2001–02 financial year and is the third report in the series (AIHW 2005b). The first report covered 1995–96 (Deeble et al. 1998) and the second, 1998–99 (AIHW 2001).

The 2001–02 report covers Australian Government, state and territory government and non-government funding of, and expenditure on, health goods and services for Aboriginal and Torres Strait Islander peoples; changes in expenditure and funding over time; an analysis of regional health expenditure; and expenditure on health-related welfare services.

3. National summary of the jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators

In 1996, AHMAC directed state and Australian Government 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 for all states and territories to report against. Annual reports were prepared for 1998, 1999 and 2000. In October 2000, AHMAC endorsed a refined set of 56 indicators, which included a conceptual framework for the indicators, indicator definitions, potential data sources and reporting responsibilities.

These refined indicators cover government inputs, determinants of health (including social equity, access to services and risk markers), and outcomes for people. The first report using the refined set of health performance indicators was published by the AIHW in 2004 and covered activity in the 2001 and 2002 calendar years and the 2000–01 and 2001–02 financial years (AIHW 2004). A second report covering the 2003 and 2004 calendar years and 2002–03 and 2003–04 financial years was published in March 2006 (SCATSIH & SIMC 2006). This will be the last report using this set of indicators, and will be replaced by a report using the HPF.

4. Aboriginal and Torres Strait Islander Health Performance Framework

The HPF has been developed under the auspices of AHMAC. The HPF is designed to:

- measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health and inform policy analysis, planning and program implementation
- provide the basis for streamlining reporting on Aboriginal and Torres Strait Islander health and health care delivery
- provide a focus for data development activities.

The HPF adapts the National Health Performance Committee's framework as a model for the Aboriginal and Torres Strait Islander health context, and poses policy questions relevant to that context.

The HPF covers the entire health system, including Indigenous-specific services and programs and mainstream services across the continuum of care. The HPF includes measures across the full continuum from inputs, processes, outputs, and intermediate outcomes to outcomes. This enables short-to medium-term measures of progress to be included and accommodates the different stages of development of services and systems.

An effective, efficient and equitable health system is an essential component for any whole-of-government effort that seeks to overcome Indigenous disadvantage. However, in addition to a responsive health system, action in areas such as education, employment, transport and nutrition is also required if sustainable health gains are to be achieved. In recognition of this, the HPF includes measures of health outcomes and determinants of health that are outside the health system. This is consistent with the whole-of-government approach recommended by the Council of Australian Governments (COAG).

Reports using the performance measures outlined in the HPF will be produced biennially starting in 2006. A number of measures can be reported now, whereas others require varying degrees of development to enable reporting. Priorities for data development will be established with the aim of eventually reporting against all measures.

5. National Aboriginal and Torres Strait Islander Social Survey

Summary results from the 2002 NATSISS, conducted by the ABS, were published in 2004 (ABS 2004a). This publication includes topics on family and culture, health, education, work, income and housing, law and justice, and transport. Data from the 2002 ABS General Social Survey (ABS 2003b), covering other Australians, and selected results from the 1994 National Aboriginal and Torres Strait Islander Survey (ABS 1995), are also presented for comparison.

6. National Aboriginal and Torres Strait Islander Health Survey

Summary results from the 2004–05 NATSIHS, conducted by the ABS, were published in 2006 (ABS 2006a). This publication includes information on health status, health related actions health risk factors and women’s health. Data on the non-Indigenous population from the 2004–05 NHS (ABS 2006b), and selected results from Indigenous components of the 1995 and 2001 National Health Surveys (ABS 1999; ABS 2002a), are also presented for comparison. More information from these surveys is available from the ABS web site (www.abs.gov.au).

7. Overcoming Indigenous disadvantage: key indicators

In April 2002, COAG commissioned the Steering Committee for the Review of Commonwealth–State Service Provision (SCRGSP) to produce a regular report using key indicators of Indigenous disadvantage. The first report, *Overcoming Indigenous disadvantage: key indicators*, was published in November 2003 (SCRGSP 2003), and the second was released in July 2005 (SCRGSP 2005).

This report provides information on the impact of changes to policy and service delivery on outcomes for Aboriginal and Torres Strait Islander peoples. It also provides a way to assess the effect of COAG’s commitment to achieving the shared goal for Indigenous Australians ‘to enjoy the same standard of living as other Australians—for them to be as healthy, as long-living and as able to participate in the social and economic life of the country’ (SCRGSP 2005:iii).

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