Australian Institute of Health and Welfare

Indigenous health

programs AIHW role

The AIHW's role in innovative Indigenous health programs is directly helping health services on the ground while building an important evidence base for the future.

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Northern Territory child health checks

Voluntary child health checks and follow-up form a significant part of the Australian Government's emergency measures to protect Aboriginal children in the Northern Territory, announced in June 2007.

As part of the initiative, the AIHW has been contracted to collect the data gathered from the child health checks and to analyse and report on it.

'The AIHW involvement is governed by an agreement with the Commonwealth, the NT Health and Community Services Department and the Aboriginal Medical Services Alliance of the NT. The collaboration among the four agencies to improve health services and so outcomes for Aboriginal children is important and carried out in accordance with the National Aboriginal and Torres Strait Islander Health Data principles', said Dr Al-Yaman, Head of the Aboriginal and Torres Strait Islander Health and Welfare Unit.

The child health checks conducted by health teams collect information on current health status, medical history, social and environmental factors, and any referrals made for follow-up. Each check collects information on 23 health and social conditions, including ear, eye, oral and skin health, nutrition, immunisation, substance use and housing.

An update from the NT Emergency Response shows that at the end of February 2008:

- 63 remote communities have had child health checks (CHCs) undertaken.
- 7 town camp regions have been visited by CHC teams.
- 6,408 NT Emergency Response CHCs have been completed. The estimated total number of CHCs to be carried out, including Medical Benefits Scheme checks, is approximately 8,800.
- 5 NT Emergency Response CHC teams are deployed and CHCs are being performed by local Aboriginal medical services in various regions.

The AIHW's Adriana Van den Heuvel said the comprehensive health checks are providing information on Indigenous health that has never been available before. The Institute is concentrating on making sure that what it reports back is useful.

'We are trying to analyse the information so that it informs policy and programs, which is important in the achievement of a permanent improvement in child health care.

'Information stripped of personal identification is going back to communities to provide them with a picture of their local health service needs. We're trying to get the information to where it is needed, presenting it in a way that makes it clear what local issues are', said Ms Van den Heuvel.

Brendan Gibson from the Commonwealth's Office for Aboriginal and Torres Strait Islander Health said the Institute's role as the data custodian and the provider of independent analysis is crucial.

'The AIHW is already affecting the implementation of the initiative', he said, with information from the Institute being used to help coordinate follow-up services and to inform local communities about their child health service needs.

'It is also a major contributor to the evaluation which will inform future policy making, on the basis of what works and what doesn't', Mr Gibson said.

An additional benefit from the partnerships in this program is the opportunity to gain a broader understanding of Indigenous health and child issues.

'This project is so pertinent and timely, we hope our work makes a difference to policy and to communities', Ms Van den Heuvel said.

The Institute's role is ongoing and it will continue to inform and report to the Commonwealth and to provide advice about data collection and evaluation of the initiative.

'Healthy for Life'

Another initiative leading developments in the innovative use of information is the 'Healthy for Life' program being managed by the Office for Aboriginal and Torres Strait Islander Health in the Australian Government Department of Health and Ageing.

Healthy for Life aims to enhance the capacity of more than 80 Aboriginal and Torres Strait Islander primary health care services to improve the quality of child and maternal health services and chronic disease care.

It is designed to allow health services to step back and review their current service delivery in child and maternal health and chronic disease care, to identify priority action areas for improvement and to develop further services for their community.

As part of the 'Support, Collection, Analysis and Reporting Function' of the program, the AIHW is providing a secure point for the collection and storage of data from health services on key health indicators. This function includes analysis of people's health status and the activities of health service providers.

Aggregated national data as well as service level data are made available to health service providers, allowing them to review what is working and how, in order to improve outcomes.

This is the first time this sort of collection and analysis of primary health care data has been done nationally, according to Dr Al-Yaman.

And the focus is important if there is to be a shift from high rates of acute hospital care to better preventative programs among Indigenous people.

Indigenous h

Indigenous health programs

AIHW role

'In order to improve health outcomes you need the bigger picture of what is happening.

'People use hospitals when things are already serious. The first line of defence is primary health care and we need to shift the balance there to prevention and education rather than treatment alone.

'There are many issues around access to primary health care services, but you also need information to identify needs and to plan. Primary health care data informs that process', Dr Al-Yaman said.

The benefits of collecting this primary care data are enhanced by the program's strategy of providing direct feedback to both policy makers and communities on what services are working and how.

Under the program, services will be able to log in to a secure website and input their data, as well as see their own results together with aggregated national data.

With this critical emphasis on an evidence base and working partnerships, Dr Al-Yaman said policies and services can head in the direction of improving health outcomes.

Improving sexual health

The crucial role of an evidence base is also at the centre of a new sexual health program which the AIHW started working on in May.

Available information shows there are higher rates of sexually transmitted infections (STIs) among young Aboriginal and Torres Strait Islander people compared to non-Indigenous youth.

According to the recent AIHW report, *Young Australians: their health and wellbeing 2007*, notifications among Indigenous young people for the most common sexually transmitted infections, chlamydia and gonorrhoea, accounted for 13% and 64% respectively of notifications for all young Australians for these infections. Young Indigenous people also accounted for 56% of the total number of syphilis notifications for young people.

Under the new program 'Improving the Sexual Health of Aboriginal and Torres Strait Islander Youth', the Office for Aboriginal and Torres Strait Islander Health in the Australian Government Department of Health and Ageing has sought innovative plans from agencies on how to attract young people to engage in treatment and screening, and to thereby ultimately reduce the rate of STIs.

The AIHW's role will be evaluation, and that starts with collecting baseline data before the programs begin.

After the programs are implemented, the AIHW will measure their impact. The Institute will also help services with data collection.

Dr Al-Yaman said it is significant that evaluation and evidence are being considered right from the beginning of a project. 'People are thinking about evaluation at the start of programs, beginning with benchmarks. This is a great role for the AIHW.'

With meaningful evidence of what works and what doesn't, there are even greater opportunities to improve health services and the health status of individual people. ■

ealth programs

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Indigenous

The building bl

Indigenous housing and homelessness issues are occupying a prime position on the current national policy agenda.

At its March 2008 meeting, the Council of Australian Governments reaffirmed its commitment to close the gap on Indigenous disadvantage via a range of specific actions across health, education, water supply and affordable housing.

This follows closely on the heels of the announcement made by Prime Minister Rudd as part of the Apology to the Stolen Generation: a new five-year housing strategy for remote Indigenous communities under the bipartisan Joint Policy Commission announced in February.

The current Commonwealth State Housing Agreement (CSHA) is also due to expire in June of this year. Governments have recognised that declining housing affordability is a pressing issue for Australians and improving it is critical to addressing financial stress and disadvantage, including for Indigenous Australians. The new National Affordable Housing Agreement will seek to address these problems. The new agreement is likely to include the major program supporting people experiencing homelessness in Australia, the Supported Accommodation Assistance Program (SAAP).

A Homelessness discussion (Green) paper was tabled in Parliament and issued for formal consultation in May. This will be followed by the policy direction (White) paper that will provide a plan of action by September 2008. Indigenous homelessness will be addressed in both these papers.

Underpinning the latest flurry of policy activity is the recognition among policy makers and the community alike that housing plays a major role in the health and wellbeing of all Australians—poor housing can put people's health and safety at risk. Beyond the physical bricks and mortar, adequate housing is essential for decent outcomes in health, education, employment, safety, autonomy and social cohesion.

Policy makers also recognise the need for a firm foundation of evidence. In her speech on Indigenous housing to the National Press Club in February, Indigenous Affairs Minister Jenny Macklin highlighted that: 'Inevitably there will be difficult decisions but all these decisions will be driven by one single criterion—evidence…All our policy decision making will be based on a thorough, forensic analysis of all the facts and all the evidence. Once implemented, all programs will be rigorously and regularly evaluated.'

With so much policy activity, and the desire to improve the health and wellbeing of Indigenous Australians in particular, reliable and relevant data and analysis are crucial.

This is where the information, experience and expertise offered by the Australian Institute of Health and Welfare comes in.

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housing

ocks for change

According to the Head of the AIHW's Housing Assistance Unit, Ms Tracie Ennis, the Institute has a great deal of data useful to those working on Indigenous housing and homelessness.

'We have a lot of information to share, to inform the current policy agenda', she said.

In the past six months alone, the Institute has released a range of new reports (see recent releases at right) presenting the latest data and analyses on housing, health and welfare issues, for both Indigenous and non-Indigenous Australians.

They confirm that compared to the non-Indigenous population, a higher proportion of Indigenous Australians live in substandard and overcrowded housing and are homeless. Importantly, these analyses reveal to the current policy debate that Indigenous people (representing 2.5% of the Australian population) are:

- substantially over-represented among the homeless
  - the rate of homelessness for Indigenous Australians (8.5%) is 3.5 times higher than the rate for non-Indigenous Australians
  - 17% of Supported Accommodation Assistance Program (SAAP) clients are Indigenous Australians
  - 72% of Indigenous SAAP clients are women (compared to 57% of non-Indigenous clients) and the most common reason for seeking support is domestic violence and family breakdown

Recent releases

- *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*, April 2008, Australian Bureau of Statistics and Australian Institute of Health and Welfare
- *Housing assistance in Australia 2008*, February 2008, Australian Institute of Health and Welfare
- *State owned and managed Indigenous housing 2006–07*, January 2008, Australian Institute of Health and Welfare
- *Australia's welfare 2007*, November 2007, Australian Institute of Health and Welfare
- *Indigenous housing indicators 2005–06*, October 2007, Australian Institute of Health and Welfare

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  - 27% of all accompanying children in SAAP are Indigenous. One in every 11 Indigenous children under 5 years of age attended a SAAP agency in 2005–2006, compared to 1 in every 88 non-Indigenous children.
- under-represented as homeowners
  - 34% of Indigenous households were homeowners or purchasers in 2006, up from 31% in 2001 but in comparison to 69% of all Australians
- over-represented in all forms of government assistance provided under the CSHA, except home purchase assistance:
  - the proportion of new recipients of mainstream CSHA housing assistance in 2005–2006 who were Indigenous ranged from 14% for public rental housing to 7.5% for community housing
- subject to high rates of overcrowding and poor dwelling conditions
  - Overall, 14% of Indigenous households were at least one bedroom short in 2006, with the worst overcrowding in Indigenous Community Housing (ICH) where 40% were overcrowded
  - 30% (6,674) of ICH dwellings were in poor condition in 2006; 51 dwellings had no organised sewerage system; and 85 dwellings had no organised electricity supply. A recent report (by Torzillo et al.) from the Fixing Houses for Better Health program showed that only 11% of Indigenous community houses met electrical safety criteria and half did not have the facilities to wash a child. In addition, less than 10% met the criteria for functioning nutritional hardware such as space to safely prepare and store food. Data collected as part of this program is currently available on the AIHW website: http://www.aihw.gov.au/indigenous/datacubes/fhbh.cfm

Finding the hidden details

Addressing the AIHW 'Australia's Welfare 2007' conference last December, the South Australian Commissioner for Social Inclusion, Monsignor David Cappo, emphasised the significance of collecting an evidence base to successfully implement social policy reform, and the importance of having the 'persistence and creativity to find the hidden and forgotten details'.

For the Institute, these characteristics are at the heart of its ongoing efforts to improve data collection and analysis of Indigenous health and welfare issues.

There has been significant progress in the quality and availability of statistical information on Aboriginal and Torres Strait Islander peoples over the last decade in Australia, due to a coordinated approach to information on health, community services and housing sectors and improved data quality and availability in survey, Census and administrative data.

Despite these achievements, many challenges remain. The varying levels of Indigenous identification between different data collections, within each data collection over time, and between regions, make it difficult to assess changes over time and between different regions.

This challenge for organisations such as the AIHW means that work to improve data collection and analysis is an ongoing priority.

Regardless of the future directions of Indigenous housing policy, Head of the AIHW's Housing Assistance Unit, Ms Tracie Ennis, said there are some 'basic building blocks' that will always be needed to understand the housing outcomes for Indigenous Australians. These include information on dwellings, the people living in them and those who are missing out. Other factors such as housing infrastructure and access to services are also important. The AIHW, in conjunction with governments and service providers, will continue work on improving this information.

Indigenous housing

The building blocks for change

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But while the disadvantages of Indigenous people are increasingly well documented, the important questions about whether improvements are occurring are not easily answered because there are limited time series data of sufficient quality and frequency to show real trends as they emerge.

The ability to answer these questions becomes increasingly important as new policies and programs develop to deal with this inequality. The AIHW's efforts to improve the available data are ongoing (see story, below).

'Now is the time to take stock of what data we are collecting, and to ensure that it best meets the need of measuring outcomes in a timely manner and informs future policy development', Ms Ennis said.

'For example, we are getting ready to review the National Social Housing Surveys, which include surveys of Indigenous families. We expect to review the scope, content and methodology of these surveys to ensure they meet the needs of the new National Affordable Housing Agreement, as well as the needs of other important initiatives such as the Joint Policy Commission.'

With so many opportunities offered by the current level of policy activity on Indigenous housing issues, the ability to measure and evaluate what is working, and how, will be crucial to making real improvements in the lives of Indigenous Australians in the future. ■

Reference:

Torzillo Paul J et al. 2008. The state of health hardware in Aboriginal communities in rural and remote Australia. Australian and New Zealand Journal of Public Health Vol. 32 No.1, 2008.

For example, as a result of an agreement by Housing Ministers in 2005, all states and territories have annually-updated plans to improve the identification of Indigenous households receiving housing assistance. Plans include such tasks as improvements to data collection forms and housing management software. Progress against these plans is reported to Housing Ministers each year, along with an analysis by the AIHW of access by Indigenous households to mainstream housing assistance.

Other work currently being undertaken by the AIHW in conjunction with states and territories includes the development and testing of a national indicator for dwelling condition. 'When fully implemented, this measure will provide a valuable addition to our understanding of the needs of Indigenous families and of the investment that is required to bring all dwellings up to accepted standards', Ms Ennis said.

The AIHW is in a unique position in that it has extensive data holdings across a wide range of health and welfare areas. There is considerable scope to bring these data together in a way that provides much more information than any one data set on its own. For example, questions such as the pathways of Indigenous households through homelessness and social housing, or the factors that lead to 'successful' tenancies could be explored.

At the same time, work is underway at the AIHW to update the data collection manuals and information it provides to Indigenous community housing organisations to inform and support their data collection activities.

Through these and other activities and partnerships, the AIHW will continue to work with 'persistence and creativity to find the hidden and forgotten details' that will help inform policy reform. ■

People behind the stats

Aboriginal and Torres Strait Islander Health and Welfare Unit

Staff of the Aboriginal and Torres Strait Islander Health and Welfare Unit

The Aboriginal and Torres Strait Islander Health and Welfare Unit (ATSIHWU) started in 2003 with one person and has expanded into one of the largest units at the AIHW with 22 staff members.

'The work on issues relating to Aboriginal and Torres Strait Islander people is important and challenging but very rewarding', said Dr Al-Yaman.

'The work program has expanded to include Indigenous housing and a broad range of health and welfare issues.

'Through my work I meet a lot of people who are also passionate about this work and are fun to work with.'

I am privileged to do something that I really like doing, and feel passionate about the work that I believe will make a difference.

The ATSIHWU focuses on analyses and reporting on the health and welfare of Aboriginal and Torres Strait Islander peoples.

The Unit's work includes data development, work on improving data quality, collection and reporting of data on health status and determinants of health, and collection of data for program evaluation. This is in addition to the collection of primary health care and other data to assess the quality of service delivery and improved outcomes for Aboriginal and Torres Strait Islander clients using health services.

Aboriginal and Torres Strait Islander Health and Welfare Unit head Dr Fadwa Al-Yaman was awarded a 2008 Public Service Medal. Dr Al-Yaman has a background in immunology and health population and was recognised for outstanding public service in improving the accuracy and reliability of the data on Indigenous Australians contained in information collections for health, housing and community services.

Fadwa Al-Yaman

The Unit analyses and reports on the health and welfare of Aboriginal and Torres Strait Islander peoples.

'*The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* is one of our most important publications', said Dr Al-Yaman.

This publication has been produced every two years in collaboration with the Australian Bureau of Statistics. It presents the most up-to-date information on important issues such as employment, income, education, housing and homelessness, health status, mortality, disability and ageing, mothers and children, risk factors and access to health services and community services.

'It compares the status of Indigenous people with that of the non-Indigenous population', said Dr Al-Yaman.

The *Aboriginal and Torres Strait Islander Health Performance Framework* report is another important publication that the Unit produces every two years.

The Unit produced the biennial report *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* in collaboration with the Australian Bureau of Statistics (ABS).

The publication reports against 70 measures covered by three tiers—health status and health outcomes, determinants of health status, and health systems performance. Trends over time are presented to help policy makers monitor progress and contribute to future policy, and improve planning and program delivery.

The Unit is setting a cracking pace with 14 projects on the go at present, including four major projects—the Healthy for Life project, the Northern Territory Emergency Response (NTER) Child Health Check Initiative (CHCI) project, the Aboriginal and Torres Strait Islander Health Performance Framework project and Improving Sexual Health in Aboriginal and Torres Strait Islander Youth project.

Closing the gap in life expectancy for Aboriginal and Torres Strait Islander peoples is one of the government's key commitments.

Healthy for Life is a program funded by the Australian Government's Department of Health and Ageing Office of Aboriginal and Torres Strait Islander Health which focuses on child and maternal health and chronic disease. The AIHW is responsible for data development, analysis and reporting. Data are submitted from primary health care services participating in the Healthy for Life program through a web-based information system.

The NTER CHCI project has recently expanded to include more than the initial task of data entry, analysis and reporting of the Child Health Check forms produced as a result of the NT Intervention. The project now also includes the electronic transfer of CHCI data, chart review data collection, dental services data collection and audiology services data collection.

The *Aboriginal and Torres Strait Islander Health Performance Framework* report is due out this year, and work is continuing on the extensive list of subject areas covered in this biennial publication.

The aim of the newest project on Improving Sexual Health is to increase the number of Aboriginal and Torres Strait Islander youth accessing testing and treatment services for sexually transmissible infections, as well as to reduce the level of risk behaviour among young people and contribute to the development of best practice approaches.

Staff in the Unit are also involved in various national committees, including the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, which is part of the Australian Health Ministers Advisory Council, the National Aboriginal and Torres Strait Islander Health Officials Network, the Prisoners Health Information Group, Overcoming Indigenous Disadvantage Indigenous Working Group, Child Health Check Memorandum of Understanding Management Group and the Steering Committee for the Aboriginal and Torres Strait Islander Health Performance Framework report.

Dr Al-Yaman also chairs the Data Development Reference Group for Healthy for Life and the Steering Committee for Best Practice Guidelines on Indigenous Identification.

The Unit works closely with the Office for Aboriginal and Torres Strait Islander Health in the Department of Health and Ageing, the ABS, the Department of Families, Housing, Community Services and Indigenous Affairs, the Overcoming Indigenous Disadvantage working group for the Productivity Commission, the Northern Territory Department of Health and Community Services, and Aboriginal primary health care services involved in the Healthy for Life program.

The Unit also collaborates with the Darwin-based Menzies School of Health Research, the National Perinatal Statistics Unit at the University of New South Wales, the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales, the Aboriginal Medical Services Alliance—Northern Territory and various other state and territory government departments.

'The staff bring a wealth of experience from many years working in the community sector, other government departments and with various Aboriginal and Torres Strait Islander communities and organisations', stated Dr Al-Yaman.

'Their qualifications range from bachelor degrees in psychology, science, social science, anthropology, sociology, English, Indigenous studies and demography to graduate diplomas in epidemiology and population health to PhDs in biochemistry, statistics and mathematics.'

If Dr Al-Yaman had extra time and resources, she would like to do more work with university-based researchers, and there is potential for future collaborative work with the Australian Institute of Aboriginal and Torres Strait Islander Studies, the Cooperative Research Centre for Aboriginal Health and the National Aboriginal Community Controlled Health Organisation. ■

Working in partnership

AIHW and the Office for Aboriginal and Torres Strait Islander Health

Almost one year on from the Australian Government's announcement of emergency measures to protect Aboriginal children in the Northern Territory, it is clear that strong partnerships underpin the initiative's progress and its future.

An integral part of the emergency response has been voluntary child health checks and at the time of writing over 8,700 checks had been undertaken in remote communities and outstations across every region in the NT.

The Australian Government Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health (OATSIH) has responsibility for planning and mobilizing the resources for the child health checks. This has involved the direct recruitment, training and deployment of child health check teams that include a doctor and up to three nurses, and administrative support staff. Increasingly, Aboriginal Community Controlled Health Services and the Northern Territory Department of Health and Community Services are working with OATSIH on the Child Health Checks and follow-up services.

An important part of the initiative is ongoing examination of its implementation and impact, and in view of that a memorandum of understanding (MoU) to cooperate on an evaluation was signed between OATSIH, the AIHW, the Northern Territory Health and Community Services, and the Aboriginal Medical Services Alliance of the Northern Territory.

OATSIH's Brendan Gibson said the Institute's 'crucial role' is as data custodian and to provide independent analysis.

To support the four-party MoU, another agreement between OATSIH and the AIHW was signed, contracting the Institute to collect the data from the health checks, build a database of information, undertake analysis and produce reports.

Dr Gibson said the AIHW has worked hard to understand the needs of the project and proven to be a responsible and professional partner.

'The Institute's role is professional and expert data collection and analysis. Its independence is also important', he said.

The information gathered from the child health checks is significant in terms of determining the health needs of individuals and communities and planning follow-up health services.

Each child health check takes an age-specific history of medical conditions, including general health, immunisations and development. For children aged 12 to 16 years, questions about alcohol, tobacco, other substances, mood, self-harm and sexual health (if indicated) apply. Social history, such as living conditions, is also covered.

It is a comprehensive examination similar to a thorough check-up by a GP of height, weight, eyes, ears, teeth, skin, heart sounds, lungs and abdomen, as well as other matters such as a finger prick blood test for haemoglobin level (anaemia), and possibly glucose (diabetes) in older children.

De-identified copies of child health checks are sent to the AIHW to enter into a database, after which the Institute analyses the information and provides ongoing reports to OATSIH. The Institute has also been able to provide expert advice on data collection issues.

Dr Gibson said the information received back from the Institute has already been used to coordinate follow-up services and planning in individual communities for health services.

'It is already affecting the implementation of the initiative. It is also a major contributor to the evaluation which will inform future policy making, on the basis of how successful we've been in reaching children with child health checks and follow-up services.' ■