

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.

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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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