



Australian Government

Australian Institute of Health and Welfare

Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023

Technical companion document
2015





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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

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Background

The Aboriginal and Torres Strait Islander Health Plan 2013–2023 required the development of an Implementation Plan that included goals to measure progress in achieving the Health Plan’s priorities. To complement the existing COAG Closing the Gap targets, 20 new Implementation Plan goals were developed. These goals focus on prevention and early intervention across the life course and were agreed through a comprehensive consultation process with the Australian Institute of Health and Welfare (AIHW), the National Health Leadership Forum (NHLF), the Department of Health, and the Department of the Prime Minister and Cabinet.

This document is a technical companion for the Implementation Plan. It provides information about the selection of goals, and technical details about each goal. The corresponding Implementation Plan is available at: <www.health.gov.au/natsihp>.

A number of other indicators were proposed for inclusion in the Implementation Plan, but were either not currently measurable using existing data, or required further refinement or investigation. The AIHW is preparing a data development plan for these indicators.

How the goals were determined

The goals in the Implementation Plan were selected based on the following broad criteria:

- They were based on indicators that could currently be measured.
- They were unambiguous in their interpretation – for example, neither hospitalisations nor child protection rates are good goals as they reflect complex underlying issues and the interpretation of trends can be ambiguous.
- They reflected an area of potential action, not the end of a process – for example, screening and management of chronic conditions, rather than mortality – the goals focus on causes and drivers.
- They captured things that have a big impact on health – for example, smoking is a risk factor for key conditions responsible for the majority of deaths among Aboriginal and Torres Strait Islander people (such as cancer, cardiovascular disease, respiratory disease and diabetes). Maternal smoking also increases the risk of pre-term births and low birthweight, which are linked to chronic disease later in life.
- Emphasis was given to goals related to early intervention in the life cycle and therefore have the potential for greater impact – for example, antenatal care.
- They included a mix of measures that reflect disease pathways and opportunities for intervention – for example, prevention, early intervention, diagnosis and treatment.

Setting the goal rate

The agreed goal rate for each indicator was set based on AIHW analyses of historical trends, as well as on other evidence about what was achievable in the timeframe. For example, the time taken to achieve reductions in smoking rates for non-Indigenous Australians was used to provide an indication of what might be an appropriate timeframe for similar reductions in the Indigenous population.

Some goals are more ambitious than others – a number of ‘stretch’ goals were included with a view to focus action in child and maternal health where there is a potential for greater impact, and in areas of adult health where the largest disparities exist. As the stretch goals

are more ambitious, they will require greater efforts and be more difficult to achieve. All the goals were set for the year 2023, but will be reviewed in 2018.

Technical details

For each of the 20 goals and related indicators, this document provides details on how the indicator is calculated, the data sources and data limitations. The graphs presented include:

- historical time series data, including the most current rate
- projection(s) to the year 2023 based on the annual change (as calculated using linear regression) in the historical data
- a straight line trajectory required to achieve the 2023 goal
- variability bands for the historical time series data and the trajectory to the goal.

Historical time series data

The historical time series data are the actual data points for each of the indicators. The current rate is the most recent data point for each indicator.

Projection based on historical data

The projection provides an indication of what rates can be expected in the future if past trends continue. Least squares linear regression was used to find the straight line of best fit based on historical data, and then forward to 2023 to project future rates. The projections therefore assume that the factors that have been responsible for past trends will continue into the future and that no additional factors will enhance or slow that trend. The annual percentage point change observed in historical data is provided.

Trajectory to goal

For each indicator, the trajectory to the goal is a straight line from the most current data point to the 2023 goal rate. The annual percentage point change required to meet the goal is provided.

Variability bands

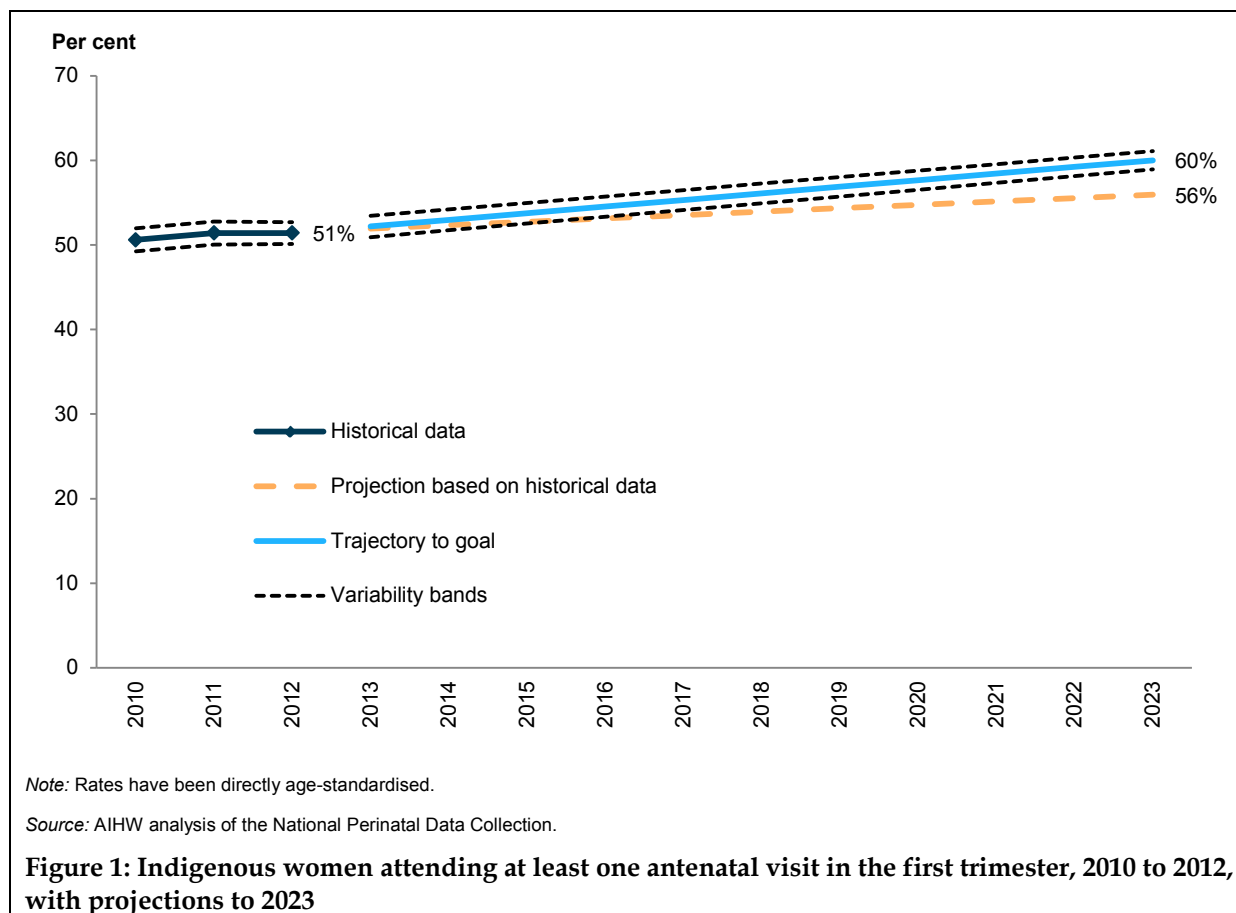
Variability bands were included in the graphs for both the historical time series data and the trajectory to the goal. The variability bands were initially calculated around the historical data and reflect a distribution of error. For example, the variability bands around the data based on sample surveys are much wider than those based on administrative data.

These variability bands were then applied to the trajectory to the goal, as it was assumed that a similar pattern of variability will apply to future rates. The variability bands around the goal trajectory can therefore help users determine whether a future rate is close enough to this trajectory to allow one to conclude that it is on track to meet the goal.

For most of the indicators, the projected rates based on historical data fall within the variability bands for the goal. But for those indicators with stretch goals, the projected rates fall outside the goal variability bands indicating that future rates need to improve more than they have in the past in order to meet the 2023 goal.

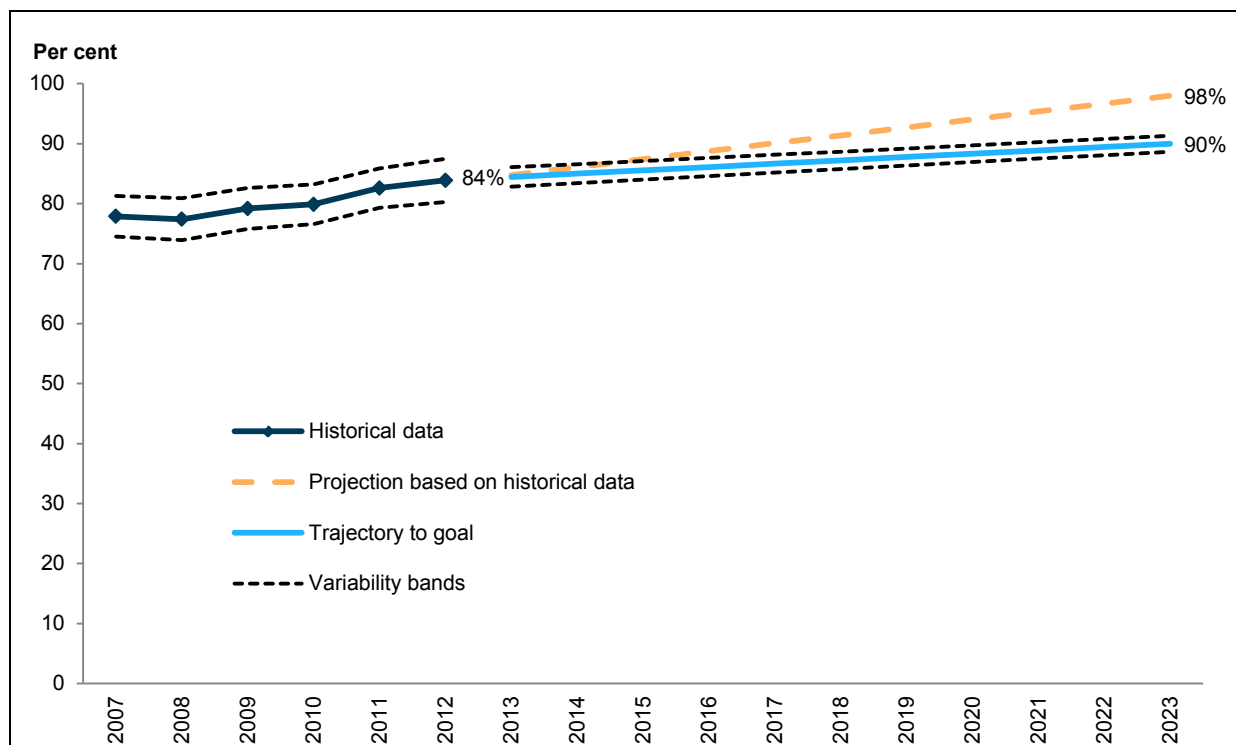
It should be noted that the variability bands do not reflect all of the key sources of variability that impact on the rates recorded in a year, or errors in the estimated number of Indigenous Australians in the relevant population. They also do not take into account current levels of Indigenous under-identification or changing levels of identification into the future.

Goal 1: Increase the rate of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester from 51% in 2012 to 60% by 2023	
Indicator	Rate of Indigenous women attending at least one antenatal visit in the first trimester of pregnancy
Implementation Plan domain	Maternal health and parenting
Description and rationale	Antenatal care relates to the health care provided by skilled birth attendants for reasons related to pregnancy. Antenatal care provides opportunities to address health risks and support healthy behaviours throughout pregnancy and into the early years of childhood. Such care has been found to have a positive effect on health outcomes for both mother and baby.
Numerator	Number of Indigenous women who gave birth in the relevant year to at least one live or stillborn baby and who attended at least one antenatal visit in the first trimester (up to and including 13 completed weeks)
Denominator	Number of Indigenous women who gave birth in the relevant year to at least one live or stillborn baby (where gestation at first antenatal visit is known)
Computation	100 × (numerator ÷ denominator) Age-standardised rates calculated using the direct method (5 year age groups from 15–19 to 40–44) and the 30 June 2001 Australian female estimated resident population
Data source details	National Perinatal Data Collection (METeOR identifier 489433) Administrative data available annually Further information: < http://meteor.aihw.gov.au/content/index.phtml/itemId/489433 >
Current rate	51% in 2012
Agreed goal	60% by 2023
Variability band for goal	58.9%–61.1%
Limitations	Projected rates were based on available national data for only 3 data points and so should be interpreted with caution.



	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	56	0.4
Trajectory to goal	60	0.8

Goal 2: Increase the rate of Aboriginal and Torres Strait Islander women attending at least five antenatal care visits from 84% in 2012 to 90% by 2023	
Indicator	Rate of Indigenous women attending at least 5 antenatal visits during pregnancy
Implementation Plan domain	Maternal health and parenting
Description and rationale	Antenatal care relates to the health care provided by skilled birth attendants for reasons related to pregnancy. Antenatal care provides opportunities to address health risks and support healthy behaviours throughout pregnancy and into the early years of childhood. Such care has been found to have a positive effect on health outcomes for both mother and baby.
Numerator	Number of Indigenous women who gave birth in the relevant year to at least one live or stillborn baby and who attended 5 or more antenatal visits for pregnancies of 32 or more weeks gestation
Denominator	Number of Indigenous women who gave birth in the relevant year to at least one live or stillborn baby, for pregnancies of 32 or more weeks of gestation (where number of antenatal visits is known)
Computation	100 x (numerator ÷ denominator) Age-standardised rates calculated using the direct method (5 year age groups from 15–19 to 40–44) and the 30 June 2001 Australian female estimated resident population
Data source details	National Perinatal Data Collection (METeOR identifier 489433) Administrative data available annually Further information: < http://meteor.aihw.gov.au/content/index.phtml/itemId/489433 >
Current rate	84% in 2012 (for Qld, SA and NT combined)
Agreed goal	90% by 2023
Variability band for goal	88.7%–91.3%
Limitations	National time series data are not currently available. Trend data shown in the trajectory analysis pertain to only three jurisdictions: Queensland, South Australia and Northern Territory.



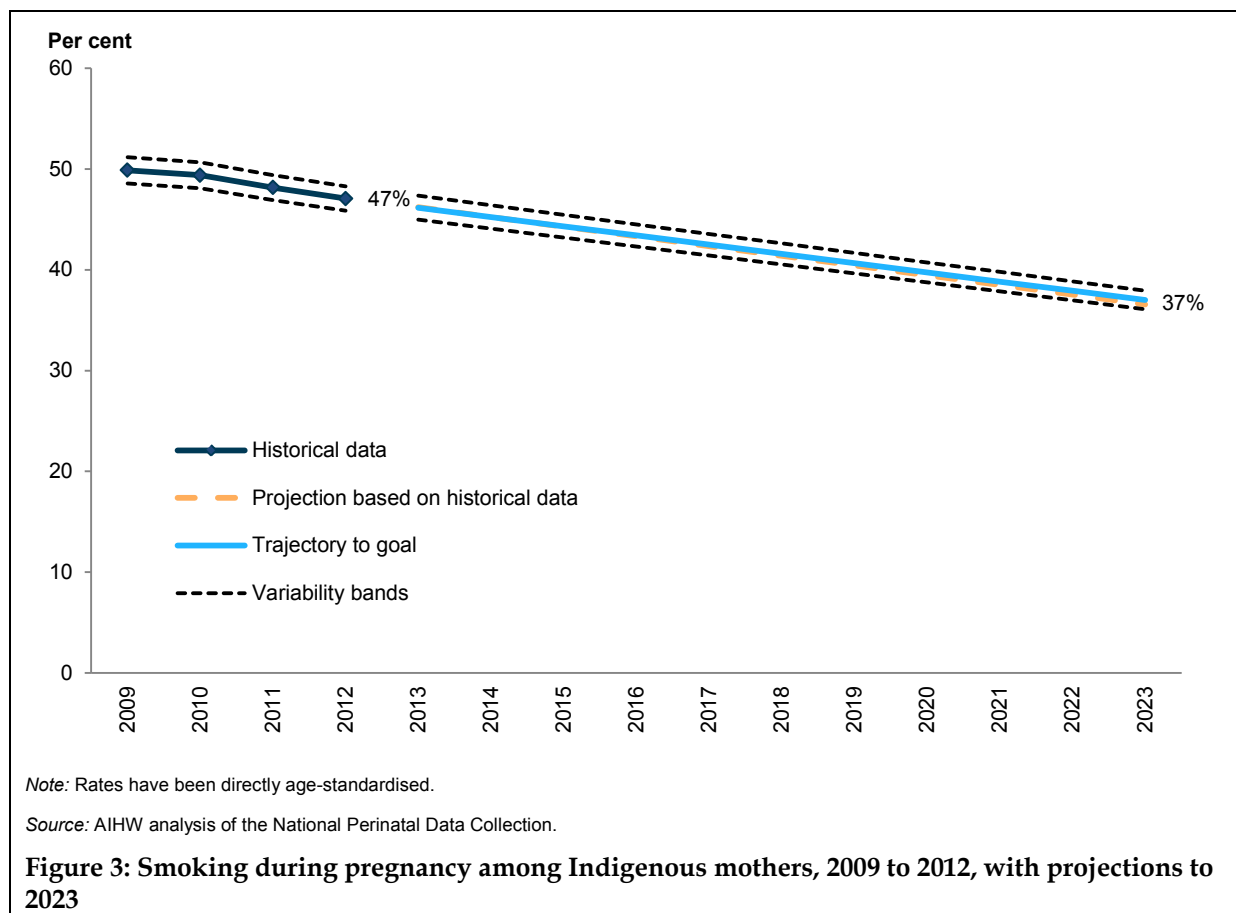
Note: Rates have been directly age-standardised.

Source: AIHW analysis of the National Perinatal Data Collection.

Figure 2: Indigenous women attending at least five antenatal visits during pregnancy, Qld, SA and NT combined, 2007 to 2012, with projections to 2023

	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	98	1.3
Trajectory to goal	90	0.6

Goal 3: Decrease the rate of Aboriginal and Torres Strait Islander women who smoke during pregnancy from 47% in 2012 to 37% by 2023	
Indicator	Rate of smoking among Indigenous women during pregnancy
Implementation Plan domain	Maternal health and parenting
Description and rationale	Many lifestyle factors contribute to, and can have adverse effects on, the health and wellbeing of a woman and her baby during pregnancy, birth and beyond. Smoking tobacco increases the risk of complications such as miscarriage, ectopic pregnancy, placental abruption and gestational diabetes and is associated with low birthweight, foetal growth restriction, pre-term birth, congenital anomalies and perinatal death.
Numerator	Number of Indigenous women who gave birth in the relevant year and reported smoking at any time during their pregnancy
Denominator	Number of Indigenous women who gave birth in the relevant year with known smoking status during pregnancy
Computation	100 × (numerator ÷ denominator) Age-standardised rate calculated using the direct method (5 year age groups from 15–19 to 40–44) and the 30 June 2001 Australian female estimated resident population
Data source details	National Perinatal Data Collection (METeOR identifier 489433) Administrative data available annually Further information: < http://meteor.aihw.gov.au/content/index.phtml/itemId/489433 >
Current rate	47% in 2012
Agreed goal	37% by 2023
Variability band for goal	36.1%–37.9%
Limitations	National data on smoking during pregnancy were added to the Perinatal NMDS from 1 July 2010. For earlier time periods, non-standardised information was obtained as part of the National Perinatal Data Collection. There are differences in the definitions and methods used for data collection across jurisdictions. Projected rates were based on only 4 data points and should be interpreted with caution.



	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	37	-1.0
Trajectory to goal	37	-1.0

Goal 4: Increase the rate of Aboriginal and Torres Strait Islander children 0–4 years who have at least one health check in a year from 23% in 2013–14 to 69% by 2023	
Indicator	Rate of children aged 0–4 who have at least one Indigenous health check annually
Implementation Plan domain	Childhood health and development
Description and rationale	Early detection is the discovery of a disease or condition at an early stage of its development or onset, usually before symptoms occur. Early detection may occur for individual patients, where clinically indicated, or for all members of a population through screening programs. In Australia, primary health care providers, including Aboriginal and Torres Strait Islander health services and GPs, have a key role in early detection and early treatment programs. Early detection and treatment programs are most effective when there are systematic approaches to ensuring assessment and screening occurs regularly and at recommended intervals.
Numerator	Number of Indigenous health checks billed to Medicare for children aged 0–4 in the relevant year
Denominator	Estimated Indigenous population aged 0–4 at the mid-point of the relevant year
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Medicare Australia – Medicare Benefits Schedule (MBS) item 715. As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years. Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/medicare-statistics >
Data source details: denominator	Australian Bureau of Statistics (ABS) Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	23% in 2013–14
Agreed goal	69% by 2023
Variability band for goal	68.5%–69.5%
Limitations	Data are the number of health checks billed to Medicare under the MBS item 715, not the number of people who received a health check. As health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is likely to be similar to the number of people receiving the checks.

(continued)

Limitations (continued)	<p>Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (i.e. non Indigenous-specific).</p> <p>Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.</p>
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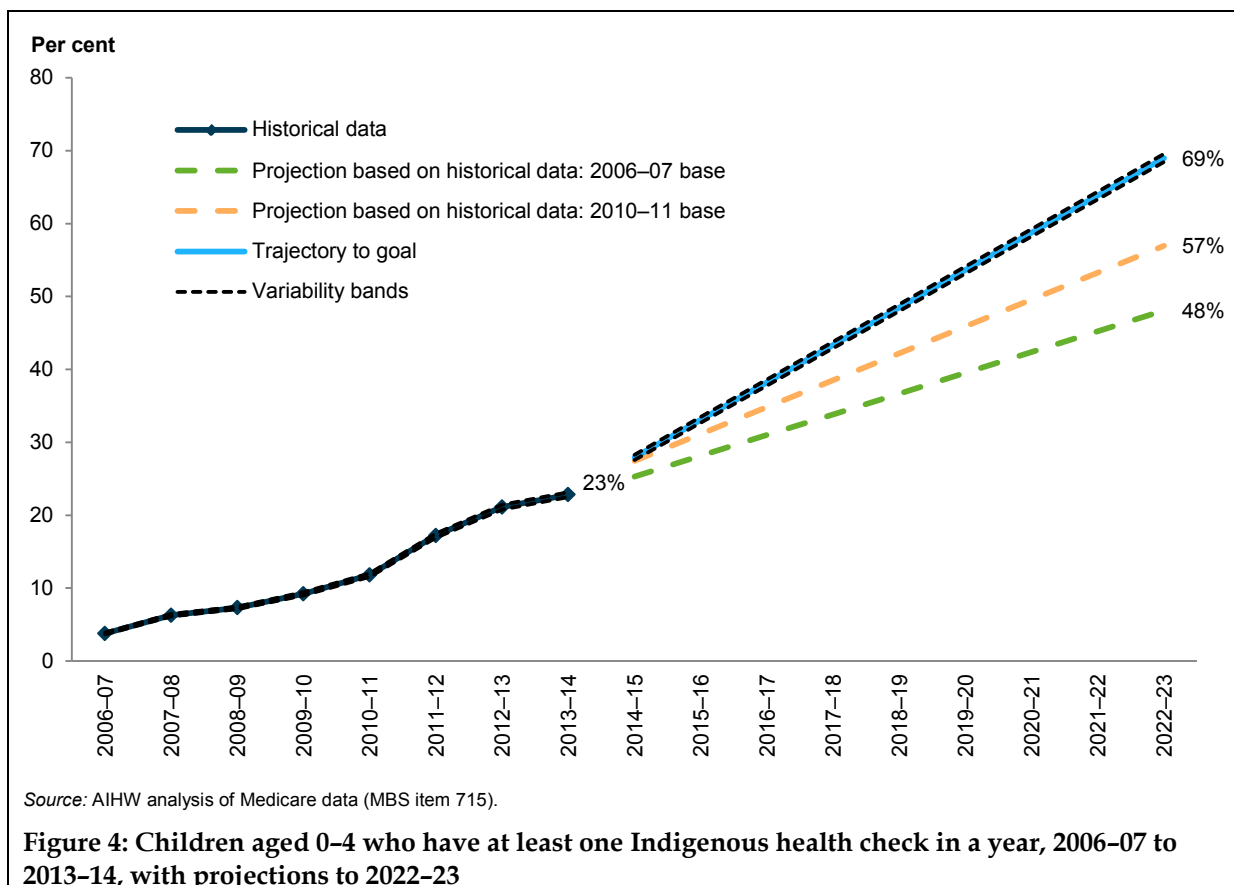


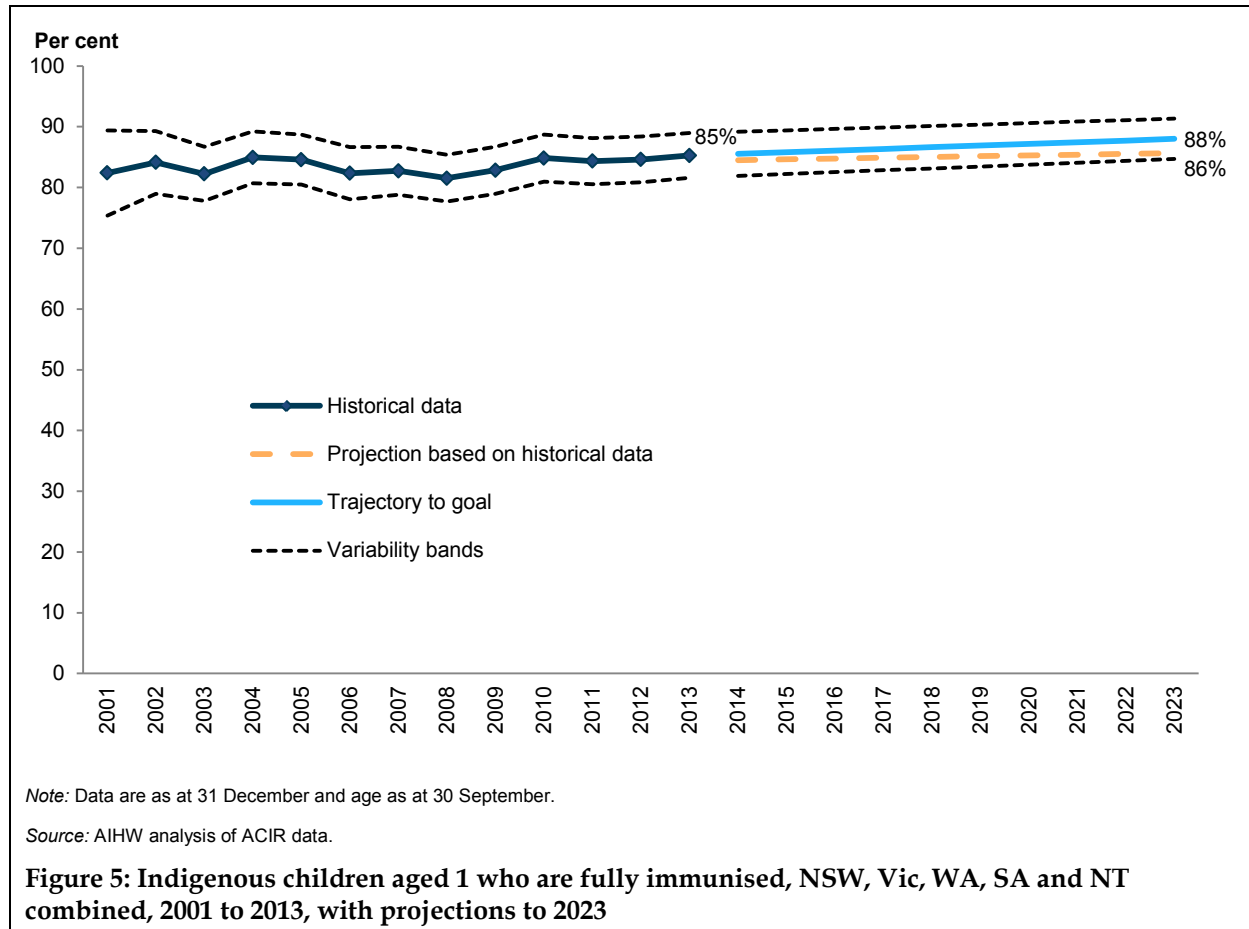
Figure 4: Children aged 0-4 who have at least one Indigenous health check in a year, 2006-07 to 2013-14, with projections to 2022-23

	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2006-07 base^(a)	48	2.9
Projection based on historical data: 2010-11 base^(b)	57	3.7
Trajectory to goal	69	5.1

(a) Based on historical data for the period 2006-07 to 2013-14.

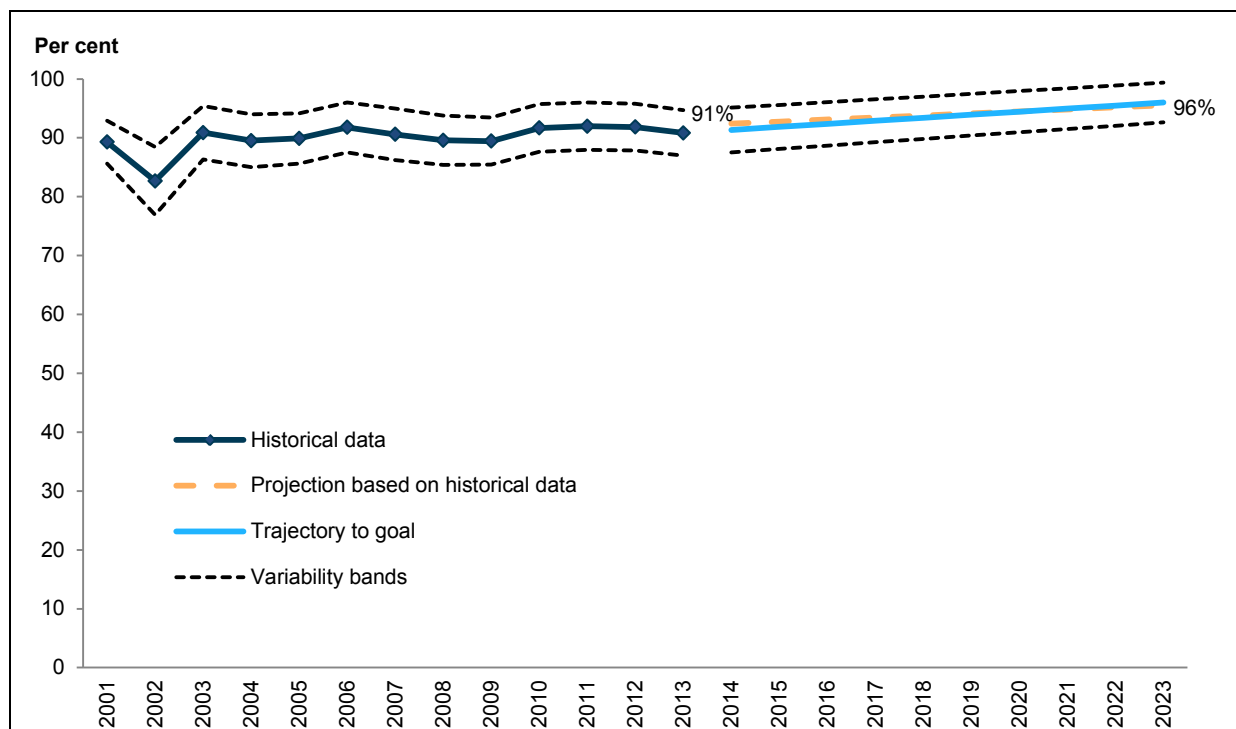
(b) Based on historical data for the period 2010-11 to 2013-14.

Goal 5: Increase the rate of Aboriginal and Torres Strait Islander children at age 1 who are fully immunised from 85% in 2013 to 88% by 2023	
Indicator	Rate of Indigenous children at age 1 who are fully immunised
Implementation Plan domain	Childhood health and development
Description and rationale	Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Since the introduction of childhood vaccination, deaths from vaccine-preventable diseases have fallen for the general population by 99%. Vaccinations are an effective strategy for reducing disease disparities between Indigenous and non-Indigenous populations.
Numerator	Indigenous children who are fully immunised at age 1 for the birth cohort born 1 July to 30 September (data processed as at 31 December)
Denominator	Estimated Indigenous population aged 1 in the relevant quarter
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Australian Childhood Immunisation Register (ACIR) Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/australian-childhood-immunisation-register-statistics/ >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	85% in 2013 (NSW, Vic, WA, SA and NT combined)
Agreed goal	88% in 2023
Variability band for goal	84.7%–91.3%
Limitations	Time series data are limited to 5 jurisdictions.



	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	86	0.1
Trajectory to goal	88	0.3

Goal 6: Increase the rate of Aboriginal and Torres Strait Islander children at age 2 who are fully immunised from 91% in 2013 to 96% by 2023	
Indicator	Rate of Indigenous children at age 2 who are fully immunised
Implementation Plan domain	Childhood health and development
Description and rationale	Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Since the introduction of childhood vaccination, deaths from vaccine-preventable diseases have fallen for the general population by 99%. Vaccinations are an effective strategy for reducing disease disparities between Indigenous and non-Indigenous populations.
Numerator	Indigenous children who are fully immunised at age 2 for the birth cohort born 1 July to 30 September (data processed as at 31 December)
Denominator	Estimated Indigenous population aged 2 in the relevant quarter
Computation	100 x (numerator ÷ denominator)
Data source details: numerator	Australian Childhood Immunisation Register (ACIR) Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/australian-childhood-immunisation-register-statistics/ >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	91% in 2013 (NSW, Vic, WA, SA and NT combined)
Agreed goal	96% in 2023
Variability band for goal	92.6%–99.4%
Limitations	Time series data are limited to 5 jurisdictions.



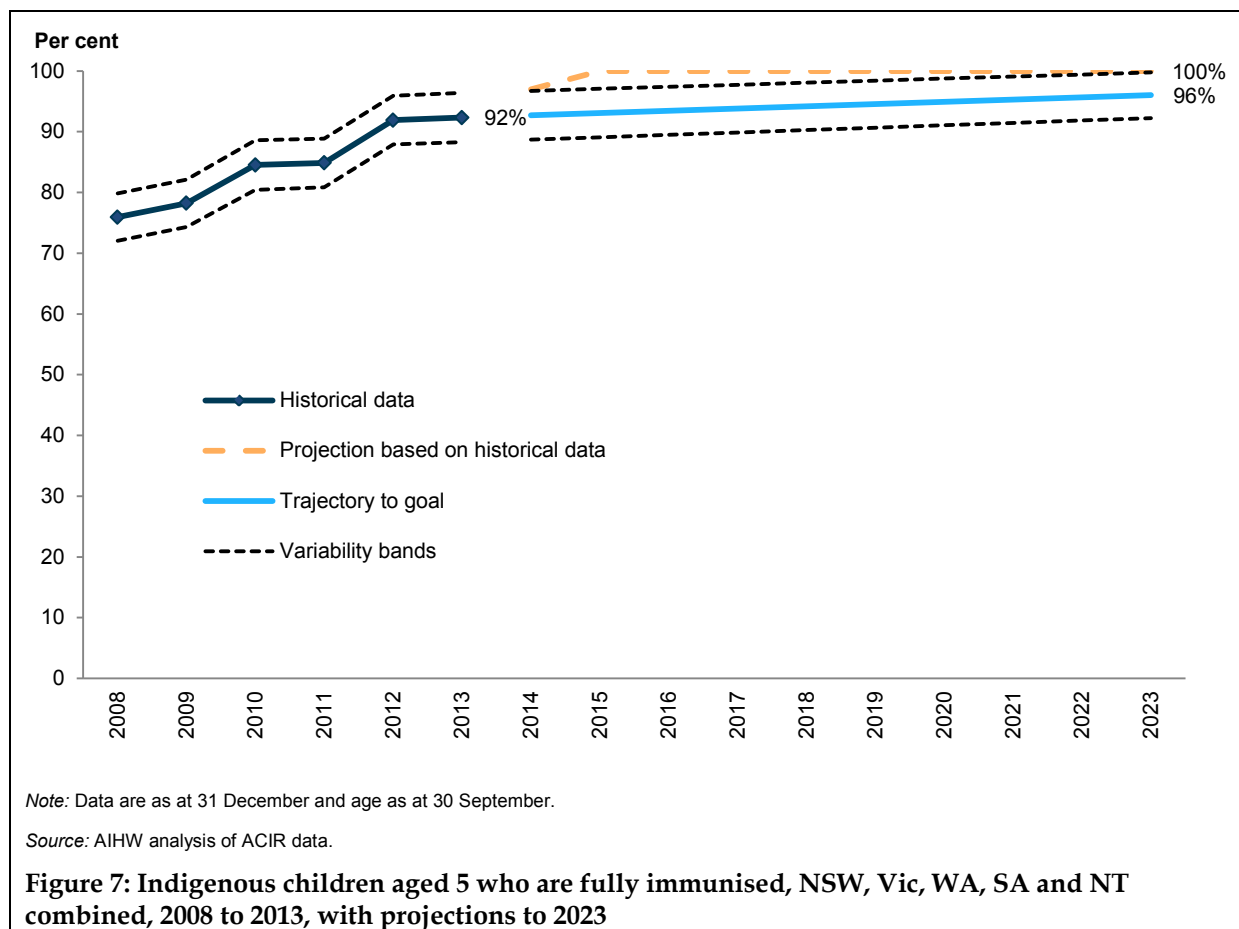
Note: Data are as at 31 December and age as at 30 September.

Source: AIHW analysis of ACIR data.

Figure 6: Indigenous children aged 2 who are fully immunised, NSW, Vic, WA, SA and NT combined, 2001 to 2013, with projections to 2023

	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	95.5	0.3
Trajectory to goal	96.0	0.5

Goal 7: Increase the rate of Aboriginal and Torres Strait Islander children at age 5 who are fully immunised from 92% in 2013 to 96% by 2023	
Indicator	Rate of Indigenous children at age 5 who are fully immunised
Implementation Plan domain	Childhood health and development
Description and rationale	Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Since the introduction of childhood vaccination, deaths from vaccine-preventable diseases have fallen for the general population by 99%. Vaccinations are an effective strategy for reducing disease disparities between Indigenous and non-Indigenous populations.
Numerator	Indigenous children who are fully immunised at age 5 for the birth cohort born 1 July to 30 September (data processed as at 31 December)
Denominator	Estimated Indigenous population aged 5 in the relevant quarter
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Australian Childhood Immunisation Register (ACIR) Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/australian-childhood-immunisation-register-statistics/ >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	92% in 2013 (NSW, Vic, WA, SA and NT combined)
Agreed goal	96% in 2023
Variability band for goal	92.2%–99.8%
Limitations	Time series data are limited to 5 jurisdictions.

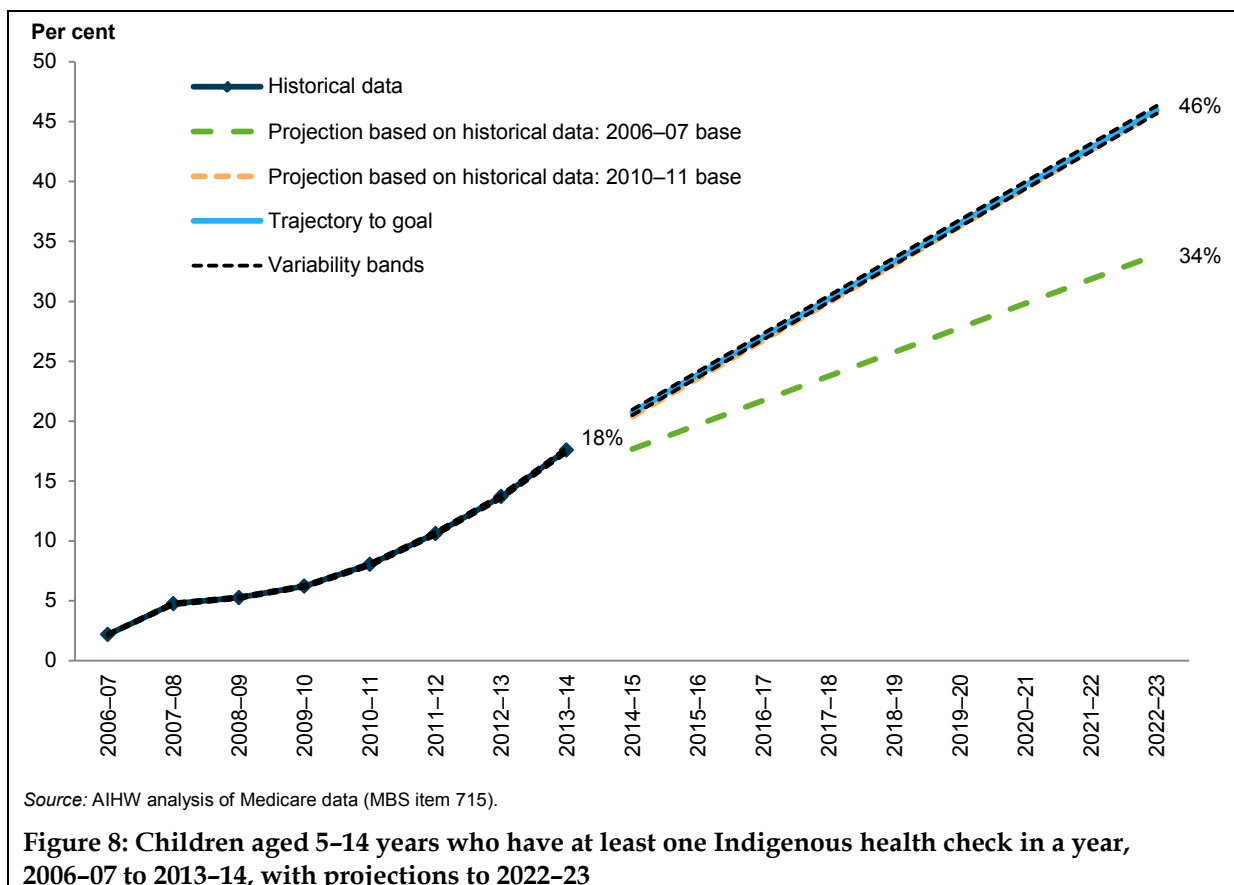


	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	100	3.5
Trajectory to goal	96	0.4

Goal 8: Increase the rate of Aboriginal and Torres Strait Islander children 5–14 years who have at least one health check in a year from 18% in 2013–14 to 46% by 2023	
Indicator	Rate of children aged 5–14 who have at least one Indigenous health check annually
Implementation Plan domain	Childhood health and development
Description and rationale	Early detection is the discovery of a disease or condition at an early stage of its development or onset, usually before symptoms occur. Early detection may occur for individual patients, where clinically indicated, or for all members of a population through screening programs. In Australia, primary health care providers, including Aboriginal and Torres Strait Islander health services and GPs, have a key role in early detection and early treatment programs. Early detection and treatment programs are most effective when there are systematic approaches to ensuring assessment and screening occurs regularly and at recommended intervals.
Numerator	Number of Indigenous health checks billed to Medicare for children aged 5–14 in the relevant year
Denominator	Estimated Indigenous population aged 5–14 at the mid-point of the relevant year
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Medicare Australia – Medicare Benefits Schedule (MBS) item 715. As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/medicare-statistics >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	18% in 2013–14
Agreed goal	46% by 2023
Variability band for goal	45.7%–46.3%
Limitations	Data are the number of health checks billed to Medicare under the MBS item 715, not the number of people who received a health check. As health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is likely to be similar to the number of people receiving the checks.

(continued)

Limitations (continued)	<p>Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (i.e. non Indigenous-specific).</p> <p>Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.</p>
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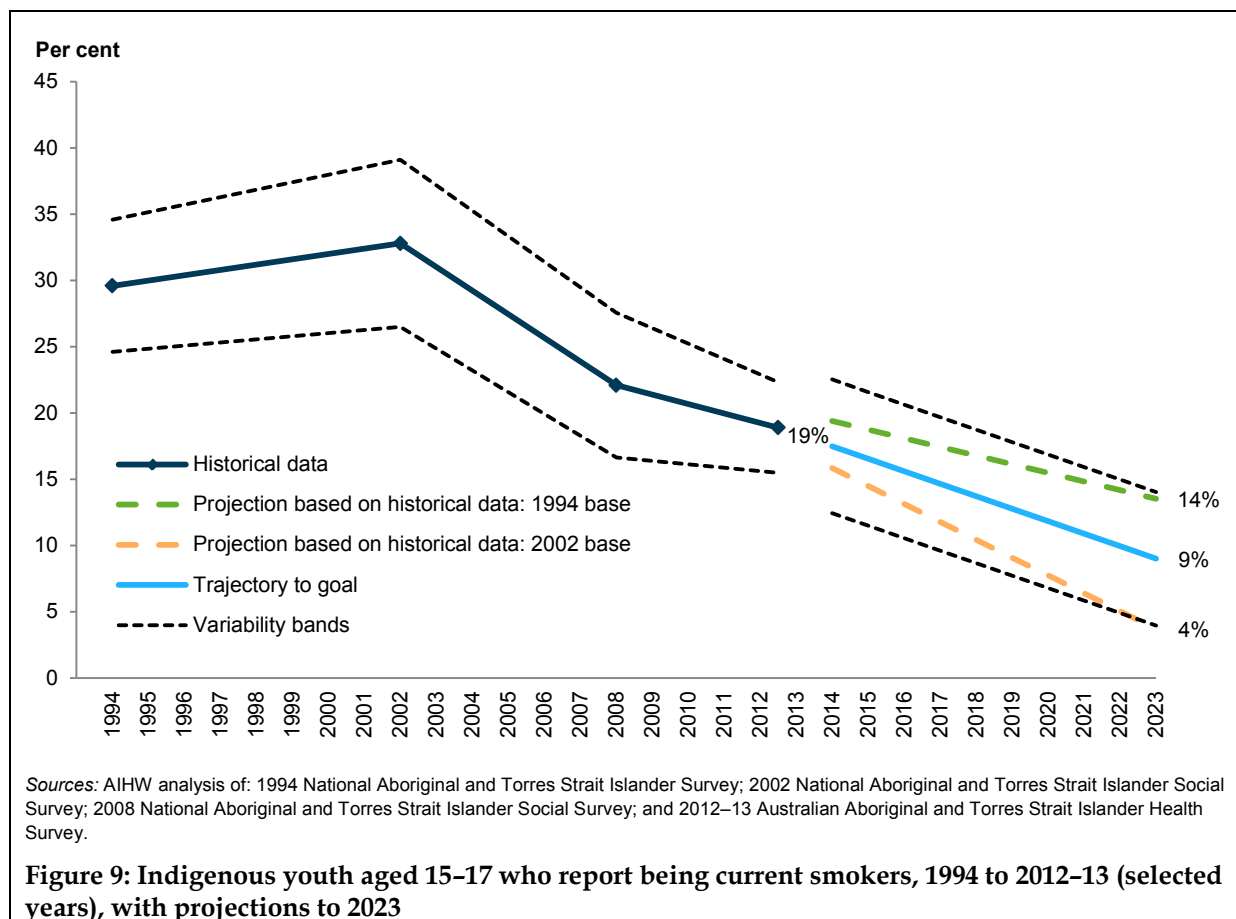


	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2006-07 base^(a)	34	2.0
Projection based on historical data: 2010-11 base^(b)	46	3.2
Trajectory to goal	46	3.2

(a) Based on historical data for the period 2006-07 to 2013-14.

(b) Based on historical data for the period 2010-11 to 2013-14.

Goal 9: Reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke from 19% in 2012–13 to 9% by 2023	
Indicator	The rate of Indigenous youth aged 15–17 who smoke tobacco
Implementation Plan domain	Adolescent and youth health
Description and rationale	The health impact of smoking is evident in the high rates of hospitalisation and deaths from tobacco-related conditions. Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander people. Tobacco has been estimated to contribute 12% of the burden and 17% of the gap in health outcomes between Indigenous and non-Indigenous Australians.
Numerator	Number of Indigenous Australians aged 15–17 who reported being current smokers (includes those who smoke daily, weekly, or less than weekly) when surveyed
Denominator	Number of Indigenous Australians 15–17 who took part in the survey
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	ABS Indigenous household survey data, collected approximately every 5–6 years
Current rate	19% in 2012–13
Agreed goal	9% by 2023
Variability band for goal	4.0%–14.0%
Limitations	Although considered generally comparable, there have been some changes in the wording of the smoking question across the ABS Indigenous surveys. In the 1994 survey, respondents were asked if they ‘smoke cigarettes’ and were not asked how frequently they smoke. In more recent surveys, respondents were asked if they ‘currently smoke’.

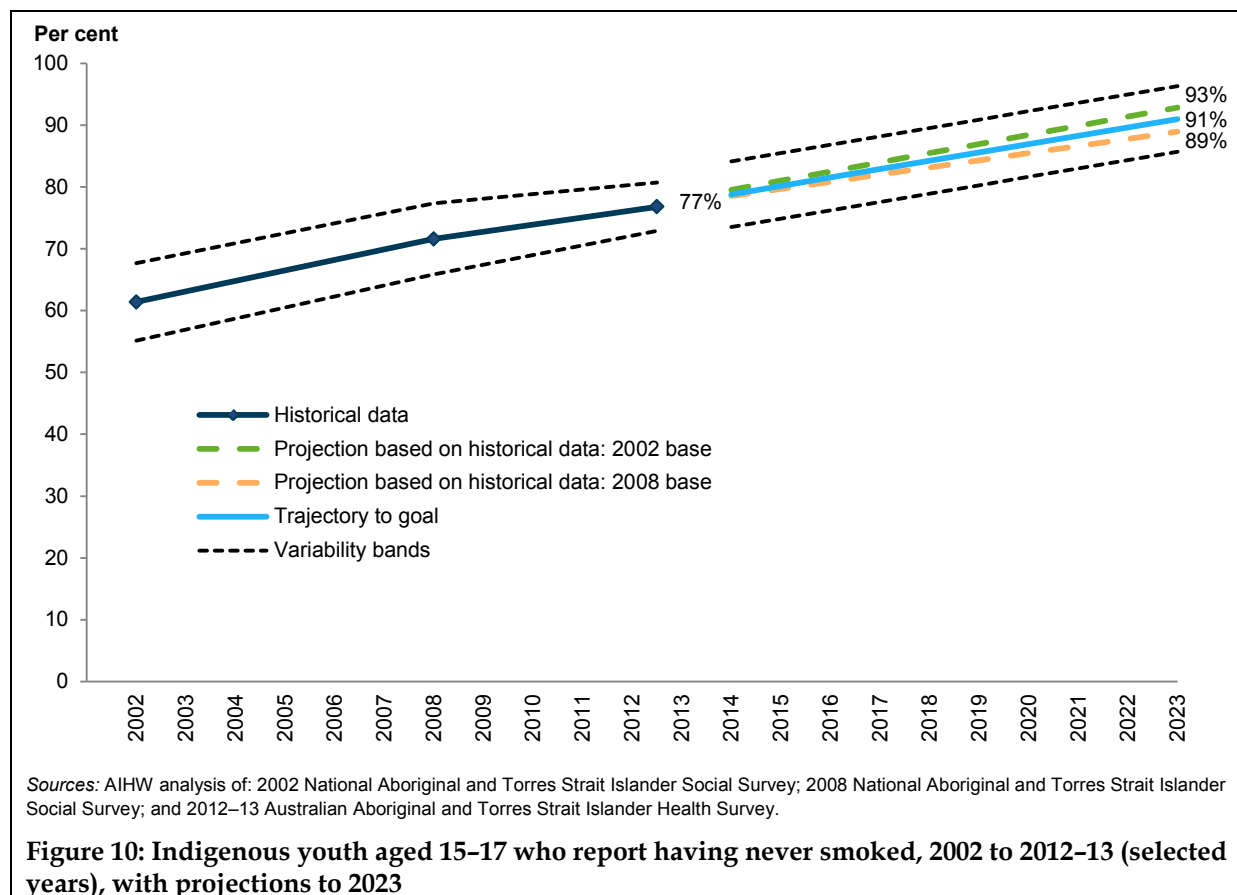


	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 1994 base^(a)	14	-0.7
Projection based on historical data: 2002 base^(b)	4	-1.3
Trajectory to goal	9	-0.9

(a) Based on historical data for the period 1994 to 2012–13 (4 data points).

(b) Based on historical data for the period 2002 to 2012–13 (3 data points).

Goal 10: Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked from 77% in 2012–13 to 91% by 2023	
Indicator	Rate of Indigenous youth aged 15–17 who have never smoked tobacco
Implementation Plan domain	Adolescent and youth health
Description and rationale	The health impact of smoking is evident in the high rates of hospitalisation and deaths from tobacco-related conditions. Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander people. Tobacco has been estimated to contribute 12% of the burden and 17% of the gap in health outcomes between Indigenous and non-Indigenous Australians.
Numerator	Number of Indigenous Australians aged 15–17 who reported having never smoked tobacco when surveyed
Denominator	Number of Indigenous Australians 15–17 who took part in the survey
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	ABS Indigenous household survey data, collected approximately every 5–6 years
Current rate	77% in 2012–13
Agreed goal	91% by 2023
Variability band for goal	85.7%–96.3%
Limitations	Projected rates were based on only 3 data points and should be interpreted with caution.

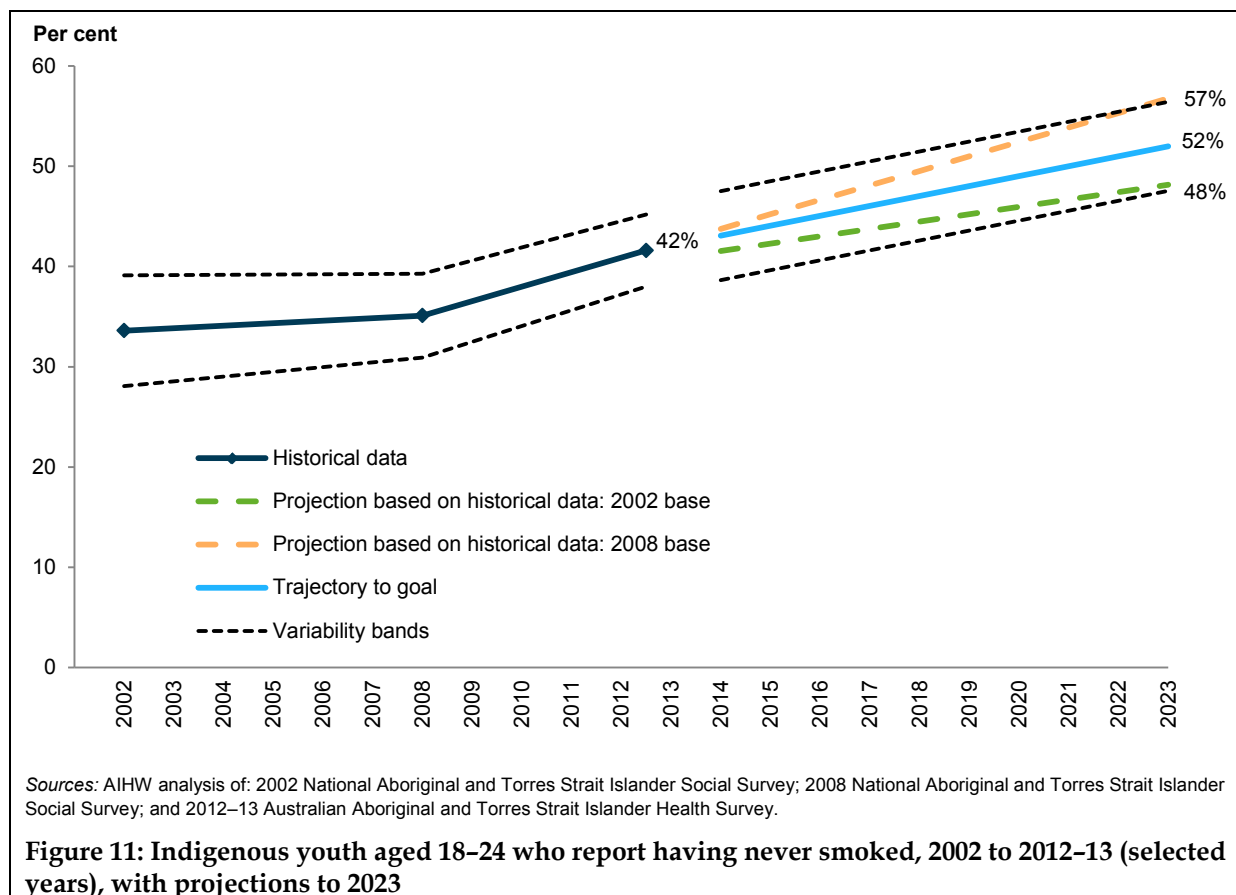


	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2002 base^(a)	93	1.5
Projection based on historical data: 2008 base^(b)	89	1.2
Trajectory to goal	91	1.4

(a) Based on historical data for the period 2002 to 2012–13 (3 data points).

(b) Based on historical data for 2008 and 2012–13 (2 data points).

Goal 11: Increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked from 42% in 2012–13 to 52% by 2023	
Indicator	Rate of Indigenous youth aged 18–24 who have never smoked tobacco
Implementation Plan domain	Adolescent and youth health
Description and rationale	The health impact of smoking is evident in the high rates of hospitalisation and deaths from tobacco-related conditions. Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander people. Tobacco has been estimated to contribute 12% of the burden and 17% of the gap in health outcomes between Indigenous and non-Indigenous Australians.
Numerator	Number of Indigenous Australians aged 18–24 who reported having never smoked tobacco when surveyed
Denominator	Number of Indigenous Australians 18–24 who took part in the survey
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	ABS Indigenous household survey data, collected approximately every 5–6 years
Current rate	42% in 2012–13
Agreed goal	52% by 2023
Variability band for goal	47.6%–56.4%
Limitations	Projected rates were based on only 3 data points and should be interpreted with caution.

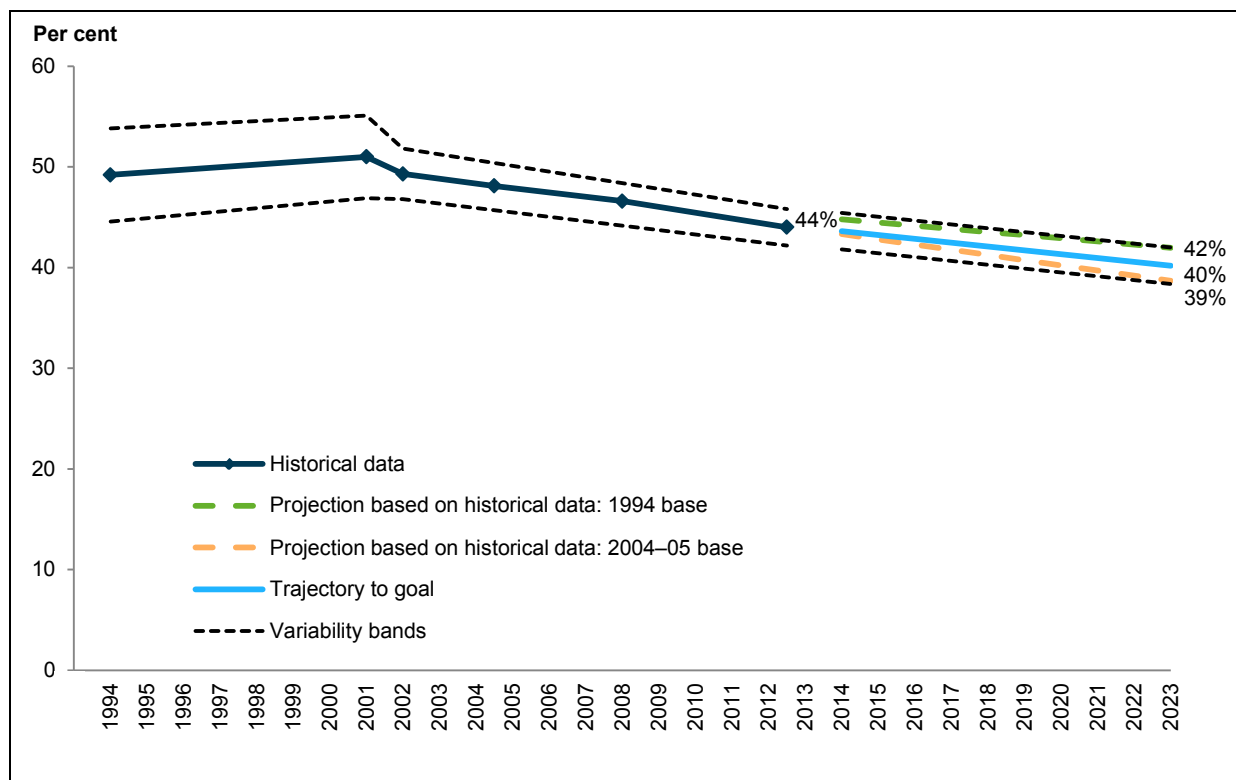


	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2002 base^(a)	48	0.7
Projection based on historical data: 2008 base^(b)	57	1.4
Trajectory to goal	52	1.0

(a) Based on historical data for the period 2002 to 2012–13 (3 data points).

(b) Based on historical data for 2008 and 2012–13 (2 data points).

Goal 12: Reduce the smoking rate among Aboriginal and Torres Strait Islander people aged 18 plus from 44% in 2012–13 to 40% by 2023	
Indicator	Rate of tobacco smoking among Indigenous Australians aged 18 and over
Implementation Plan domain	Healthy adults
Description and rationale	The health impact of smoking is evident in the high rates of hospitalisation and deaths from tobacco-related conditions. Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander people. Tobacco has been estimated to contribute 12% of the burden and 17% of the gap in health outcomes between Indigenous and non-Indigenous Australians.
Numerator	Number of Indigenous Australians aged 18 and over who reported being current smokers (includes those who smoke daily, weekly, or less than weekly) when surveyed
Denominator	Number of Indigenous Australians 18 and over who took part in the survey
Computation	100 × (numerator ÷ denominator) Age-standardised rate calculated using the direct method and the 30 June 2001 Australian estimated resident population
Data source details	ABS household survey data, collected approximately every 5–6 years
Current rate	44% in 2012–13
Agreed goal	40% by 2023
Variability band for goal	38.2%–41.8%
Limitations	Although considered generally comparable, there have been some changes in the wording of the smoking question across the ABS Indigenous surveys. In the 1994 survey, respondents were asked if they 'smoke cigarettes' and were not asked how frequently they smoke. In more recent surveys, respondents were asked if they 'currently smoke'.



Note: Rates have been directly age-standardised.

Sources: AIHW analysis of: 1994 National Aboriginal and Torres Strait Islander Survey; 2001 National Health Survey; 2002 National Aboriginal and Torres Strait Islander Social Survey; 2004-05 National Aboriginal and Torres Strait Islander Health Survey; 2008 National Aboriginal and Torres Strait Islander Social Survey; and 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey.

Figure 12: Indigenous Australians aged 18 and over who report being current smokers, 1994 to 2012-13 (selected years), with projections to 2023

	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 1994 base^(a)	42	-0.3
Projection based on historical data: 2004-05 base^(b)	39	-0.5
Trajectory to goal	40	-0.4

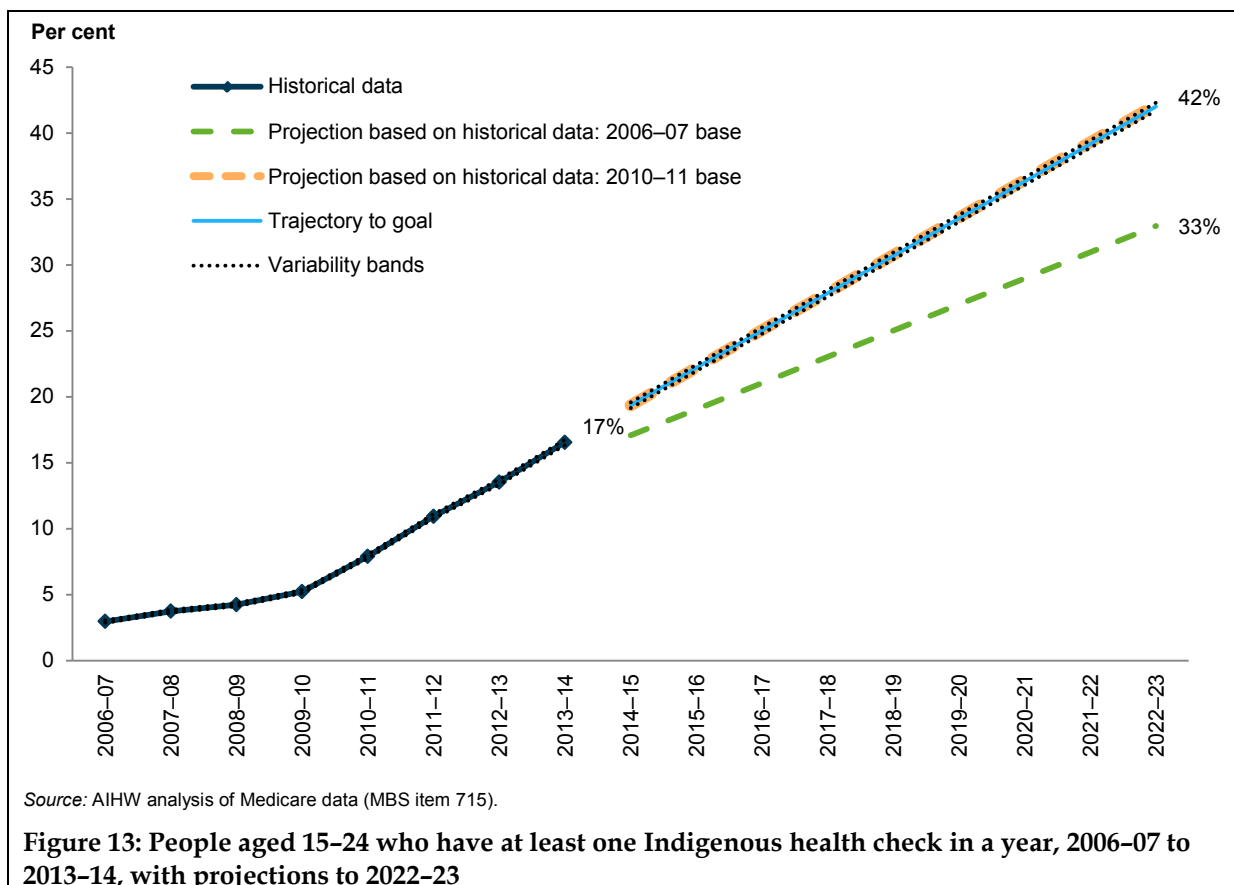
(a) Based on historical data for the period 1994 to 2012-13.

(b) Based on historical data for 2004-05 and 2012-13 (3 data points).

Goal 13: Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–24 years who have at least one health check in a year from 17% in 2013–14 to 42% by 2023	
Indicator	Rate of Indigenous Australians aged 15–24 who have at least one health check in a year
Implementation Plan domain	Adolescent and youth health
Description and rationale	Early detection is the discovery of a disease or condition at an early stage of its development or onset, usually before symptoms occur. Early detection may occur for individual patients, where clinically indicated, or for all members of a population through screening programs. In Australia, primary health care providers, including Aboriginal and Torres Strait Islander health services and GPs, have a key role in early detection and early treatment programs. Early detection and treatment programs are most effective when there are systematic approaches to ensuring assessment and screening occurs regularly and at recommended intervals.
Numerator	Number of Indigenous health checks billed to Medicare for people aged 15–24 in the relevant year
Denominator	Estimated Indigenous population aged 15–24 at the mid-point of the relevant year
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Medicare Australia – Medicare Benefits Schedule (MBS) item 715. As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/medicare-statistics >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	17% in 2013–14
Agreed goal	42% by 2023
Variability band for goal	41.7%–42.3%
Limitations	Data are the number of health checks billed to Medicare under the MBS item 715, not the number of people who received a health check. As health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is likely to be similar to the number of people receiving the checks.

(continued)

Limitations (continued)	<p>Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (i.e. non Indigenous-specific).</p> <p>Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.</p>
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	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2006–07 base^(a)	33	2.0
Projection based on historical data: 2010–11 base^(b)	42	2.8
Trajectory to goal	42	2.8

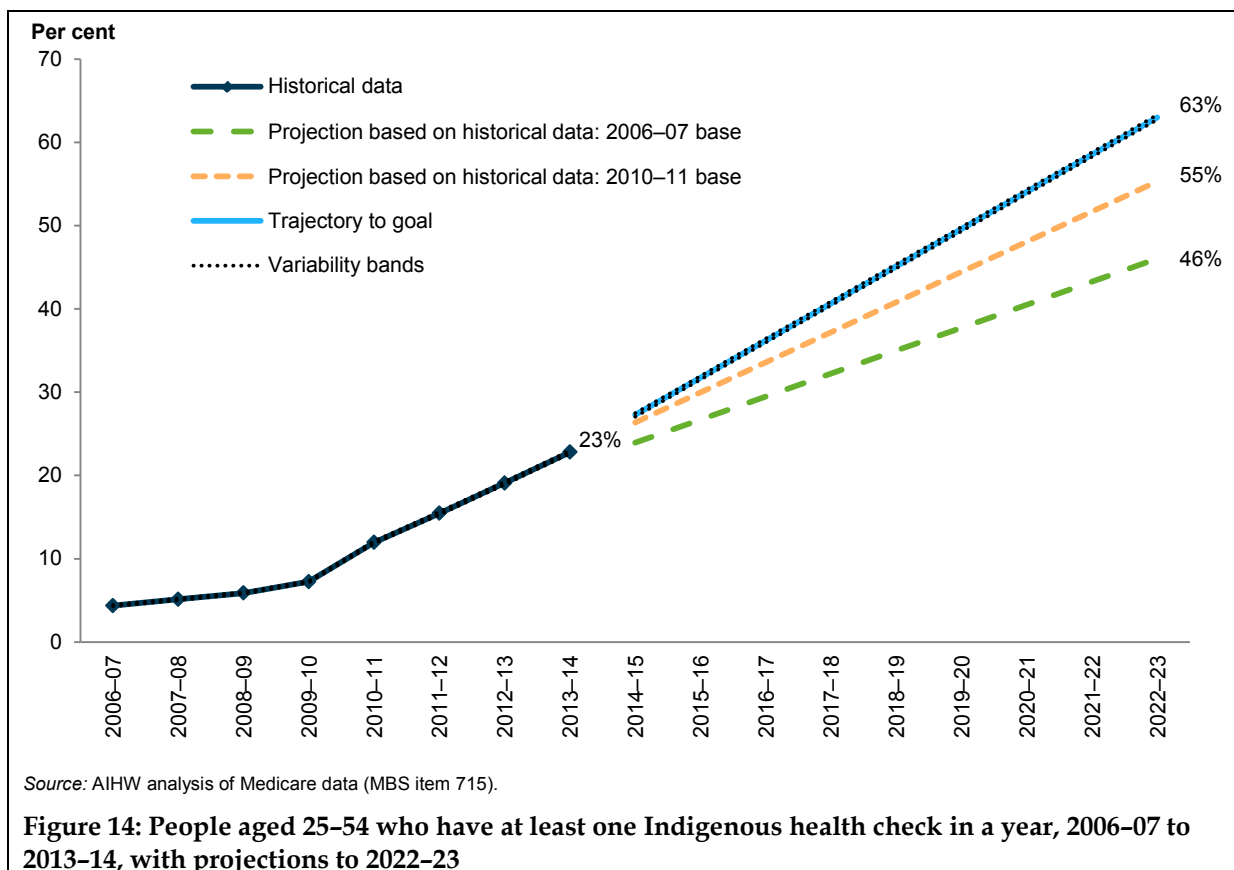
(a) Based on historical data for the period 2006–07 to 2013–14.

(b) Based on historical data for the period 2010–11 to 2013–14.

Goal 14: Increase the rate of Aboriginal and Torres Strait Islander adults aged 25–54 years who have at least one health check in a year from 23% in 2013–14 to 63% by 2023	
Indicator	Rate of Indigenous Australians aged 25–54 who have at least one health check in a year
Implementation Plan domain	Healthy adults
Description and rationale	Early detection is the discovery of a disease or condition at an early stage of its development or onset, usually before symptoms occur. Early detection may occur for individual patients, where clinically indicated, or for all members of a population through screening programs. In Australia, primary health care providers, including Aboriginal and Torres Strait Islander health services and GPs, have a key role in early detection and early treatment programs. Early detection and treatment programs are most effective when there are systematic approaches to ensuring assessment and screening occurs regularly and at recommended intervals.
Numerator	Number of Indigenous health checks billed to Medicare for people aged 25–54 in the relevant year
Denominator	Estimated Indigenous population aged 25–54 at the mid-point of the relevant year
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Medicare Australia – Medicare Benefits Schedule (MBS) item 715. As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/medicare-statistics >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	23% in 2013–14
Agreed goal	63% by 2023
Variability band for goal	62.7%–63.3%
Limitations	Data are the number of health checks billed to Medicare under the MBS item 715, not the number of people who received a health check. As health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is likely to be similar to the number of people receiving the checks.

(continued)

Limitations (continued)	<p>Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (i.e. non Indigenous-specific).</p> <p>Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.</p>
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	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2006–07 base^(a)	46	2.8
Projection based on historical data: 2010–11 base^(b)	55	3.6
Trajectory to goal	63	4.5

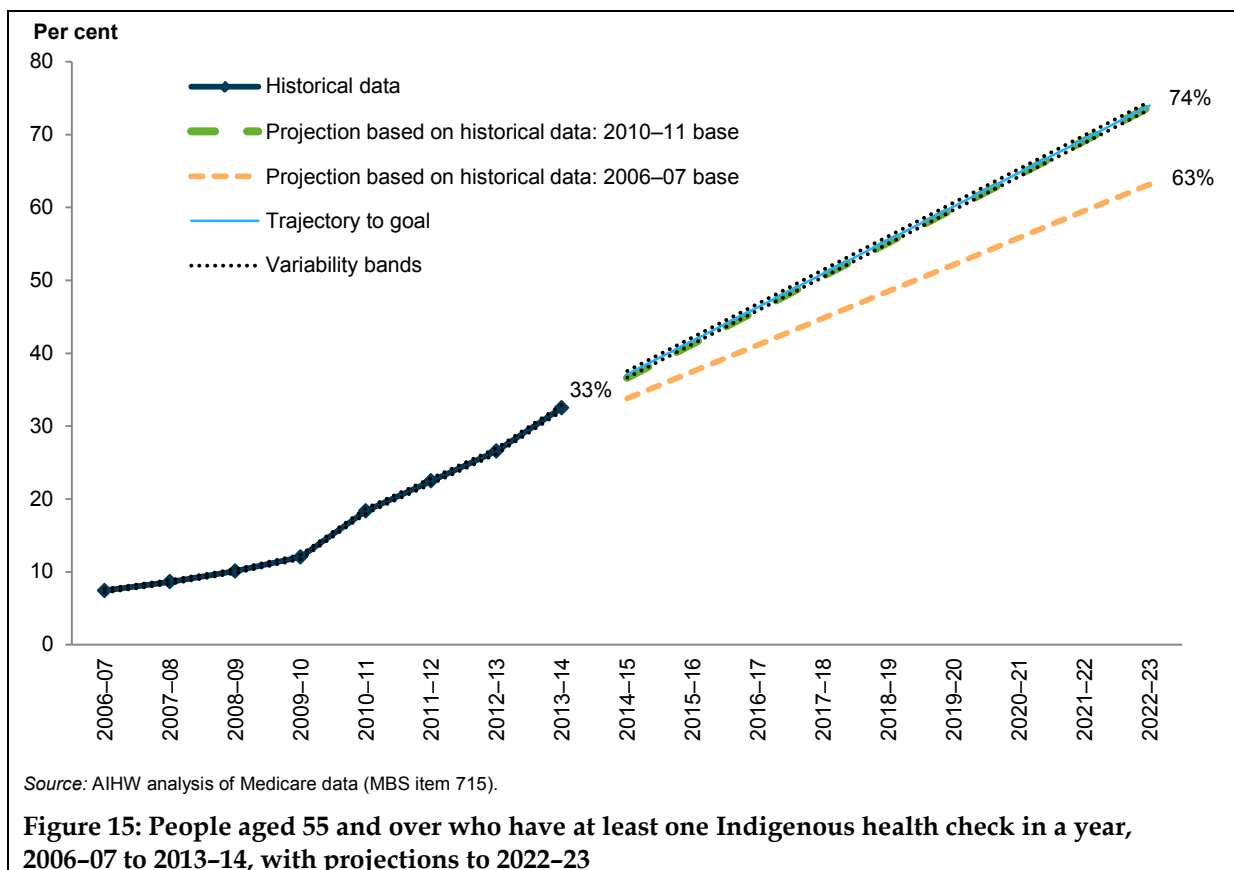
(a) Based on historical data for the period 2006–07 to 2013–14.

(b) Based on historical data for the period 2010–11 to 2013–14.

Goal 15: Increase the rate of Aboriginal and Torres Strait Islander adults aged 55 plus who have at least one health check in a year from 33% in 2013–14 to 74% by 2023	
Indicator	Rate of Indigenous Australians aged 55 and over who have at least one health check in a year
Implementation Plan domain	Healthy ageing
Description and rationale	Early detection is the discovery of a disease or condition at an early stage of its development or onset, usually before symptoms occur. Early detection may occur for individual patients, where clinically indicated, or for all members of a population through screening programs. In Australia, primary health care providers, including Aboriginal and Torres Strait Islander health services and GPs, have a key role in early detection and early treatment programs. Early detection and treatment programs are most effective when there are systematic approaches to ensuring assessment and screening occurs regularly and at recommended intervals.
Numerator	Number of Indigenous health checks billed to Medicare for people aged 55 and over in the relevant year
Denominator	Estimated Indigenous population aged 55 and over at the mid-point of the relevant year
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details: numerator	Medicare Australia – Medicare Benefits Schedule (MBS) item 715. As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years Administrative data available quarterly Further information: < http://www.humanservices.gov.au/corporate/statistical-information-and-data/medicare-statistics >
Data source details: denominator	ABS Indigenous population estimates/projections (ABS cat. no. 3238.0) Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Estimates/projections are updated after each 5-yearly Census Further information: < http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument >
Current rate	33% in 2013–14
Agreed goal	74% by 2023
Variability band for goal	73.5%–74.5%
Limitations	Data are the number of health checks billed to Medicare under the MBS item 715, not the number of people who received a health check. As health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is likely to be similar to the number of people receiving the checks.

(continued)

Limitations (continued)	<p>Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (i.e. non-Indigenous-specific).</p> <p>Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.</p>
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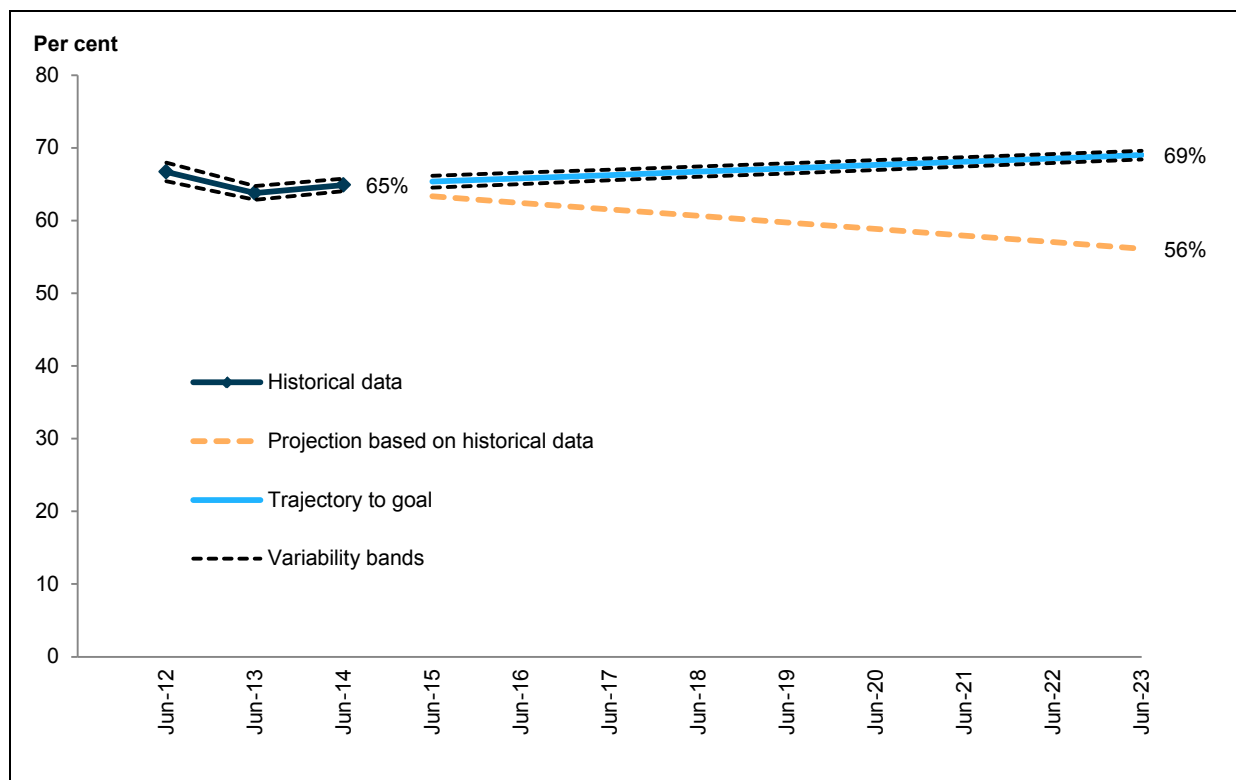


	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data: 2006-07 base^(a)	63	3.7
Projection based on historical data: 2010-11 base^(b)	74	4.7
Trajectory to goal	74	4.7

(a) Based on historical data for the period 2006-07 to 2013-14.

(b) Based on historical data for the period 2010-11 to 2013-14.

Goal 16: Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular HbA1c checks from 65% in 2014 to 69% by 2023	
Indicator	Rate of Indigenous Australians with type 2 diabetes who have regular HbA1c tests
Implementation Plan domain	Cross-domain
Description and rationale	Chronic diseases, including diabetes, are the major causes of morbidity and mortality among Australian and Torres Strait Islander people. Effective management of chronic disease can delay the progression of disease, improve quality of life, increase life expectancy and decrease the need for high-cost interventions leading to net savings. For people with Type 2 diabetes, keeping HbA1c (an indicator of blood sugar levels) below the specified level will reduce the likelihood of diabetes-related complications, disability and premature mortality.
Numerator	Regular clients of Indigenous primary health care organisations with type 2 diabetes who had their glycosylated haemoglobin (Hba1c) result recorded in the previous 12 months
Denominator	Regular clients of Indigenous primary health care organisations with type 2 diabetes
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	Indigenous primary health care national key performance indicators (nKPIs) (METeOR identifier 481307) Data collected from Indigenous primary health care organisations (Aboriginal controlled as well as other governance arrangements) Further information: < http://meteor.aihw.gov.au/content/index.phtml/itemId/481307 >
Current rate	65% in June 2014
Agreed goal	69%
Variability band for goal	68.4%–69.6%
Limitations	Data relate to regular clients of Indigenous primary health care organisations that report to the nKPI data collection. A regular client is defined as someone with 3 visits within 2 years. Projected rates should be interpreted with caution as they was based on only 3 data points, and there has been an increase in the number of services reporting and the number of clients with type II diabetes. The variability bands should be interpreted with caution as services vary in the proportion of clients with type 2 diabetes who receive these tests, and clustering of services may have an impact on the width of the variability bands.

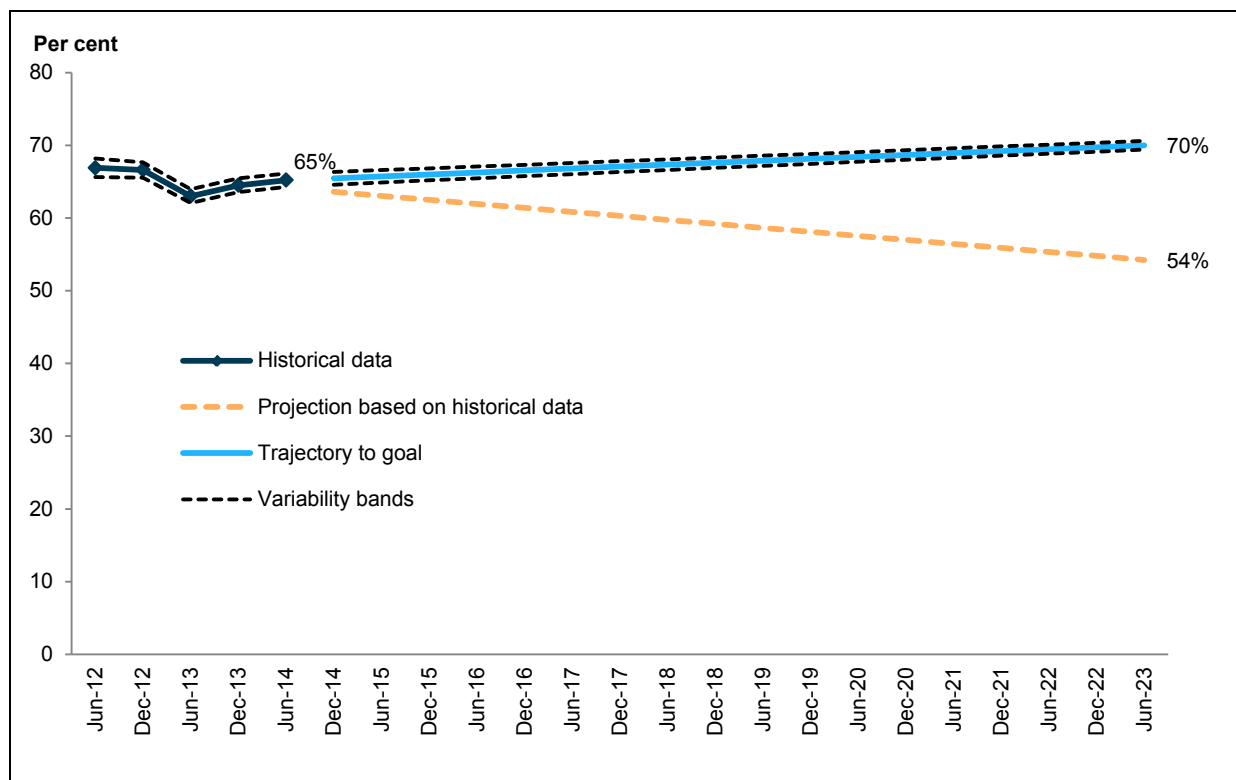


Source: Indigenous primary health care nKPI data.

Figure 16: Regular clients of Indigenous primary health care organisations with type 2 diabetes who had their HbA1c result recorded within the past 12 months, June 2012 to June 2014, with projections to June 2023

	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	56	-0.9
Trajectory to goal	69	0.5

Goal 17: Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular blood pressure tests from 65% in 2014 to 70% by 2023	
Indicator	Rate of Indigenous Australians with type 2 diabetes who have regular blood pressure tests
Implementation Plan domain	Cross-domain
Description and rationale	Chronic diseases, including diabetes, are the major causes of morbidity and mortality among Australian and Torres Strait Islander people. Effective management of chronic disease can delay the progression of disease, improve quality of life, increase life expectancy and decrease the need for high-cost interventions leading to net savings. For people with Type 2 diabetes, keeping HbA1c (an indicator of blood sugar levels) below the specified level will reduce the likelihood of diabetes-related complications, disability and premature mortality.
Numerator	Regular clients of Indigenous primary health care organisations with type 2 diabetes who had their blood pressure recorded in the previous 6 months
Denominator	Regular clients of Indigenous primary health care organisations with type 2 diabetes
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	Indigenous primary health care national key performance indicators (nKPIs) (METeOR identifier 481307) Data collected from Indigenous primary health care organisations (Aboriginal controlled as well as other governance arrangements) Further information: < http://meteor.aihw.gov.au/content/index.phtml/itemId/481307 >
Current rate	65% in June 2014
Agreed goal	70%
Variability band for goal	69.4%-70.6%
Limitations	Data relate to regular clients of Indigenous primary health care organisations that report to the nKPI data collection. A regular client is defined as someone with 3 visits within 2 years. Projected rates should be interpreted with caution as they were based on data over a relatively short time period, and there has been an increase in the number of services reporting and the number of clients with type II diabetes. The variability bands should be interpreted with caution as services vary in the proportion of clients with type 2 diabetes who receive these tests, and clustering of services may have an impact on the width of the variability bands.

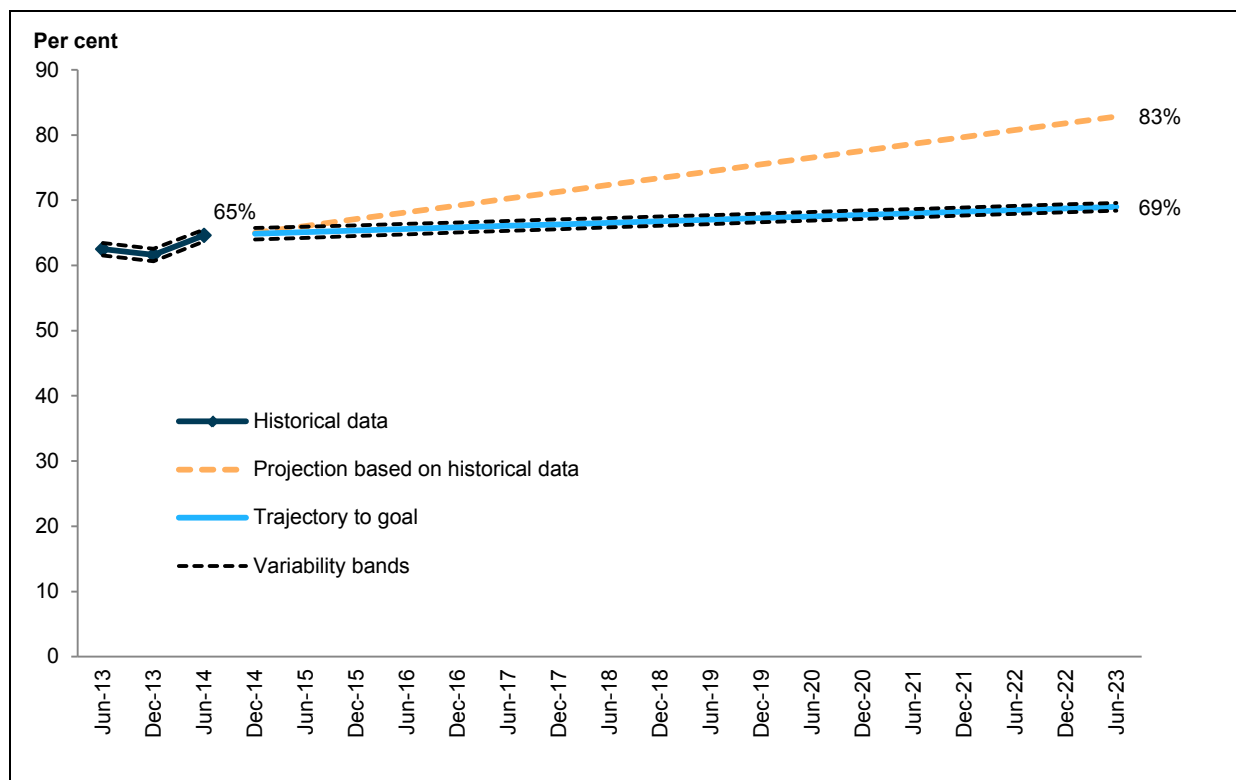


Source: Indigenous primary health care nKPI data.

Figure 17: Regular clients of Indigenous primary health care organisations with type 2 diabetes who had their blood pressure result recorded within the past 6 months, June 2012 to June 2014, with projections to June 2023

	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	54	-1.1
Trajectory to goal	70	0.5

Goal 18: Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have renal function tests from 65% in 2013 to 69% by 2023	
Indicator	Rate of Indigenous Australians with type 2 diabetes who have renal function tests
Implementation Plan domain	Cross-domain
Description and rationale	Chronic diseases, including diabetes, are the major causes of morbidity and mortality among Australian and Torres Strait Islander people. Effective management of chronic disease can delay the progression of disease, improve quality of life, increase life expectancy and decrease the need for high-cost interventions leading to net savings. For people with Type 2 diabetes, keeping HbA1c (an indicator of blood sugar levels) below the specified level will reduce the likelihood of diabetes-related complications, disability and premature mortality.
Numerator	Regular clients of Indigenous primary health care organisations with type 2 diabetes who had either an estimated glomerular filtration rate (eGFR) or albumin/creatinine ratio (ACR) recorded or both in the previous 12 months
Denominator	Regular clients of Indigenous primary health care organisations with type 2 diabetes
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	Indigenous primary health care national key performance indicators (nKPIs) (METeOR identifier 481307) Data collected from Indigenous primary health care organisations (Aboriginal controlled as well as other governance arrangements) Further information: < http://meteor.aihw.gov.au/content/index.phtml/itemId/481307 >
Current rate	65% in June 2014
Agreed goal	69%
Variability band for goal	68.4%–69.6%
Limitations	Data relate to regular clients of Indigenous primary health care organisations that report to the nKPI data collection. A regular client is defined as someone with 3 visits within 2 years. Projected rates should be interpreted with caution as they are based on data over a relatively short time period, and there has been an increase in the number of services reporting and the number of clients with type II diabetes. The variability bands should be interpreted with caution as services vary in the proportion of clients with type 2 diabetes who receive these tests, and clustering of services may have an impact on the width of the variability bands.

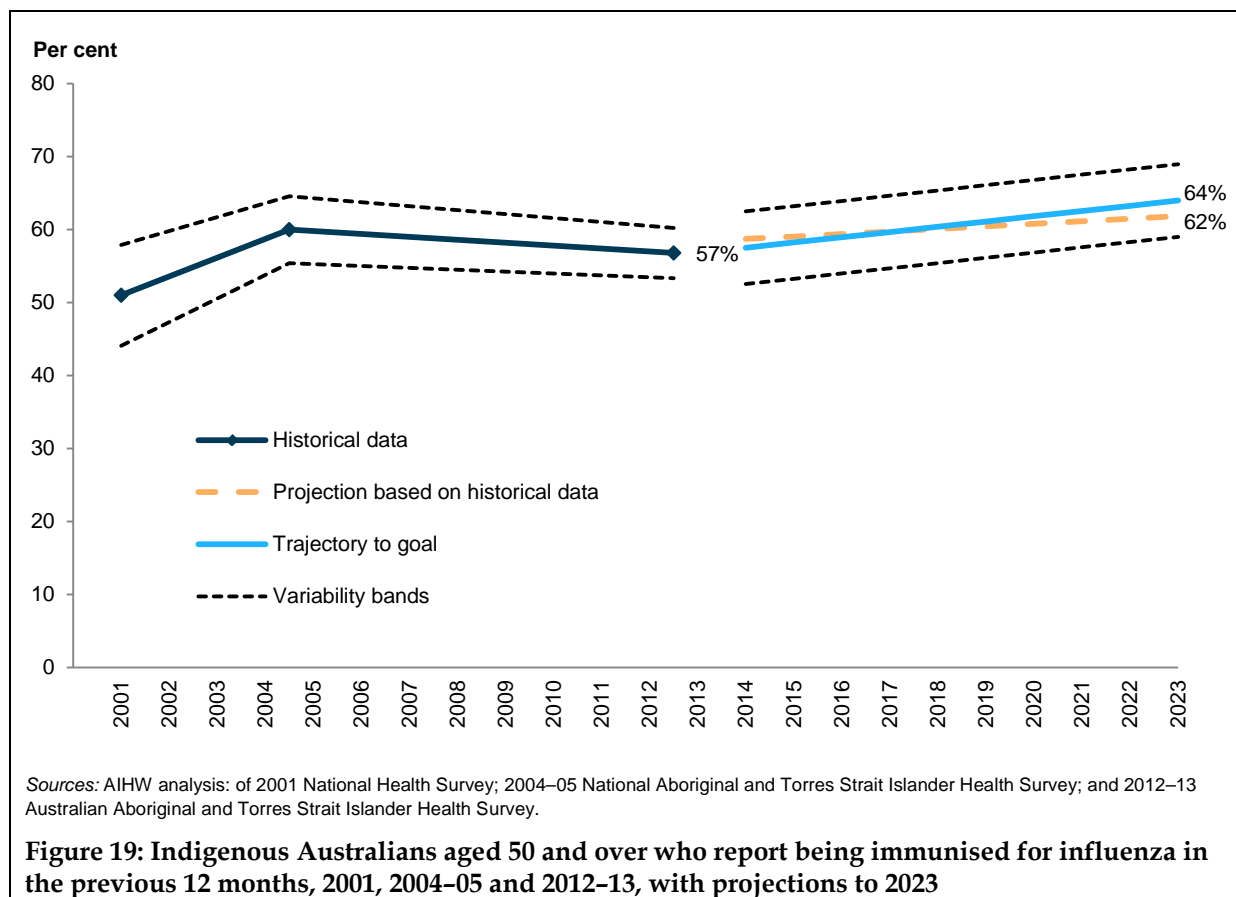


Source: Indigenous primary health care nKPI data.

Figure 18: Regular clients of Indigenous primary health care organisations with type 2 diabetes who had a renal function test in the past 12 months, June 2013, December 2013 and June 2014, with projections to June 2023

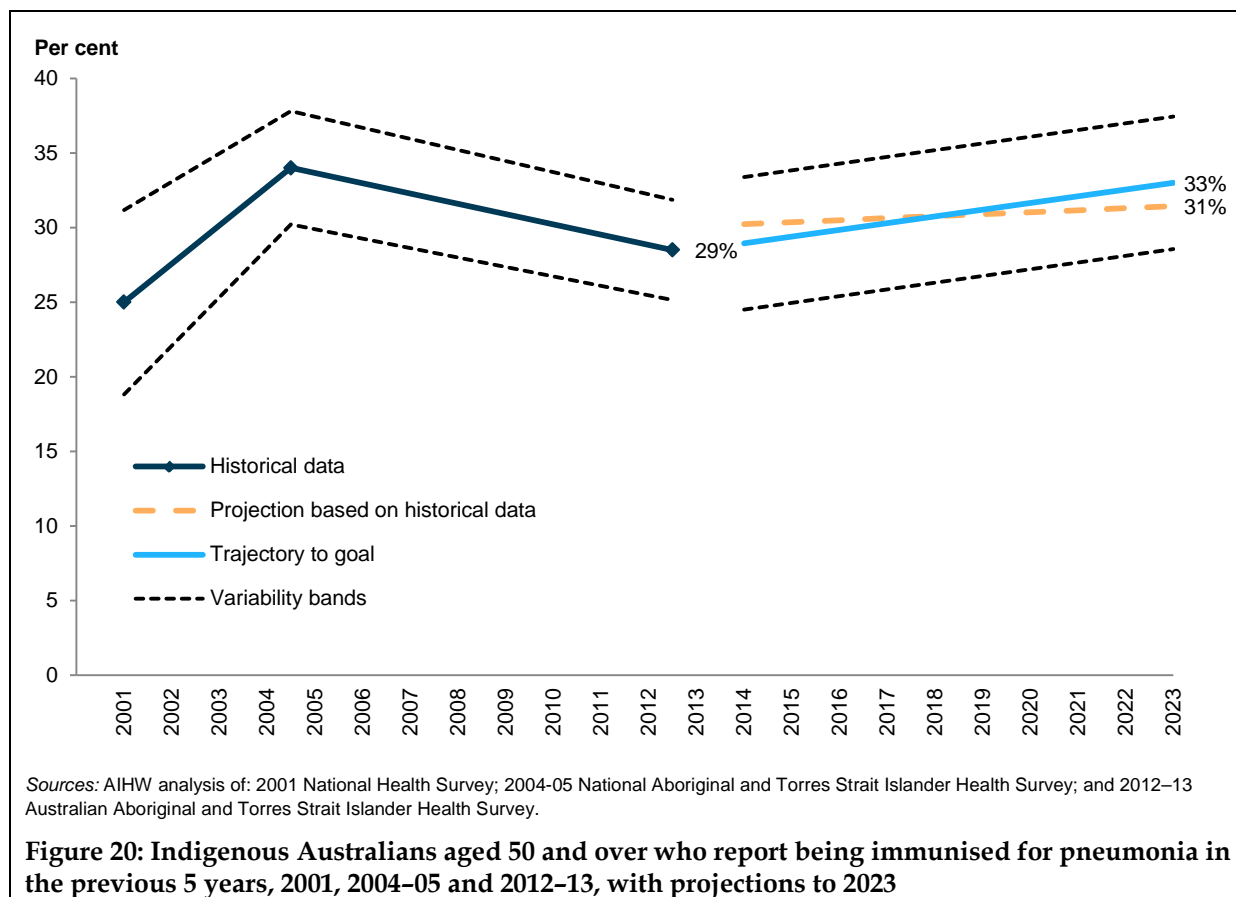
	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	83	2.1
Trajectory to goal	69	0.5

Goal 19: Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised for influenza from 57% in 2012–13 to 64% by 2023	
Indicator	Rate of Indigenous adults aged 50 and over who are immunised for influenza
Implementation Plan domain	Healthy ageing
Description and rationale	Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Since the introduction of childhood vaccination, deaths from vaccine-preventable diseases have fallen for the general population by 99%. Vaccinations are an effective strategy for reducing disease disparities between Indigenous and non-Indigenous populations.
Numerator	Number of Indigenous Australians aged 50 and over who reported being immunised for influenza in the previous 12 months
Denominator	Number of Indigenous Australians aged 50 and over who took part in the survey
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	ABS household survey data, collected approximately every 5–6 years
Current rate	57% in 2012–13
Agreed goal	64% by 2023
Variability band for goal	59.0%–69.0%
Limitations	Data are self-reported. Projected rates were based on only 3 data points and should be interpreted with caution.



	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	62	0.3
Trajectory to goal	64	0.7

Goal 20: Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised for pneumonia from 29% in 2012–13 to 33% by 2023	
Indicator	Rate of Indigenous adults aged 50 and over who are immunised for pneumonia
Implementation Plan domain	Healthy ageing
Description and rationale	Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Since the introduction of childhood vaccination, deaths from vaccine-preventable diseases have fallen for the general population by 99%. Vaccinations are an effective strategy for reducing disease disparities between Indigenous and non-Indigenous populations.
Numerator	Number of Indigenous Australians aged 50 and over who reported being immunised for pneumonia in the previous 5 years
Denominator	Number of Indigenous Australians aged 50 and over who took part in the survey
Computation	$100 \times (\text{numerator} \div \text{denominator})$
Data source details	ABS household survey data, collected approximately every 5–6 years
Current rate	29% in 2012–13
Agreed goal	33% by 2023
Variability band for goal	28.6%–37.4%
Limitations	Data are self-reported. Projected rates were based on only 3 data points and should be interpreted with caution.



	Rate in 2023 (per cent)	Annual change (percentage point)
Projection based on historical data	31	0.1
Trajectory to goal	33	0.4

Glossary

Aboriginal and/or Torres Strait Islander: for the data collections used for these goals, an Aboriginal and/or Torres Strait Islander person is one who identified themselves, or was identified by another household member, as being of Aboriginal and/or Torres Strait Islander origin.

ACR or albumin/creatinine ratio: a measure of renal function that assesses albumin in the urine.

age-standardised rates: rates adjusted for age in order to take into account differences in age structures when comparing different populations or across time.

antenatal visit: when a pregnant woman visits a midwife or doctor to look after their own health and wellbeing, and that of their baby, before the baby is born. They may ask for advice or have a check-up or other tests related to their pregnancy. An antenatal visit can happen any time up to labour. **First antenatal visit** is the contact at which the initial antenatal check-ups are done; for example, to confirm pregnancy, establish history and/or conduct blood tests.

current rate: The most recent data that were available for the indicator at the time of preparing the publication.

eGFR – estimated glomerular filtration rate: a measure of how well the kidneys filter wastes from the blood. The eGFR is the best available measure of kidney function.

fully immunised: describes children who have received all immunisations according to the Australian Childhood Immunisation Register. Children aged 12 months to less than 24 months are required to have received all immunisations that are due at 6 months of age – that is, 3 doses of DTPa, 3 doses of Polio, 2 or 3 doses of Hib and 2 or 3 doses of Hep B. Children aged 24 months to less than 36 months are required to have received all immunisations that are due at 12 months of age – that is, 3 doses of DTPa, 3 doses of Polio, 3 or 4 doses of Hib, 3 doses of Hep B and 1 dose of MMR. Children aged 36 months to less than 72 months are required to have received all immunisations that are due at 4 years of age – that is, 4 doses of DTPa, 4 doses of Polio and 2 doses of MMR.

HbA1c – haemoglobin A1c or glycated haemoglobin: a measurement that acts as an indicator of time-averaged blood glucose levels (over the previous 2–3 months). It is used as the best marker of long-term diabetes control.

health check: a health assessment for Aboriginal and Torres Strait Islander people carried out according to the MBS (item 715). Detailed information about these health checks is available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_MBSitem715>.

Indigenous: used interchangeably with Aboriginal and/or Torres Strait Islander in this document.

smoking status – current smoker: those who smoke daily, weekly or less often than weekly.

smoking status – never smoked: those who do not smoke now and have smoked fewer than 100 cigarettes or a similar amount of other tobacco over their lifetime.

type 2 diabetes: the most common form of diabetes, occurring mostly in people aged 40 and over, and marked by reduced or less effective insulin.

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This document is a technical companion for the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. It provides information about the Implementation Plan goals, including how they were selected and technical details, such as data sources and baseline measures.

