

Indigenous health



programs

AIHW role

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

Northern Territory child health checks

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

'Healthy for Life'

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

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

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

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

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

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

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

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AIHW role

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

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

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

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

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

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

Improving sexual health

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

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

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

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

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

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

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

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

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