

Introduction

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

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

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

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

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

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

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

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

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

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

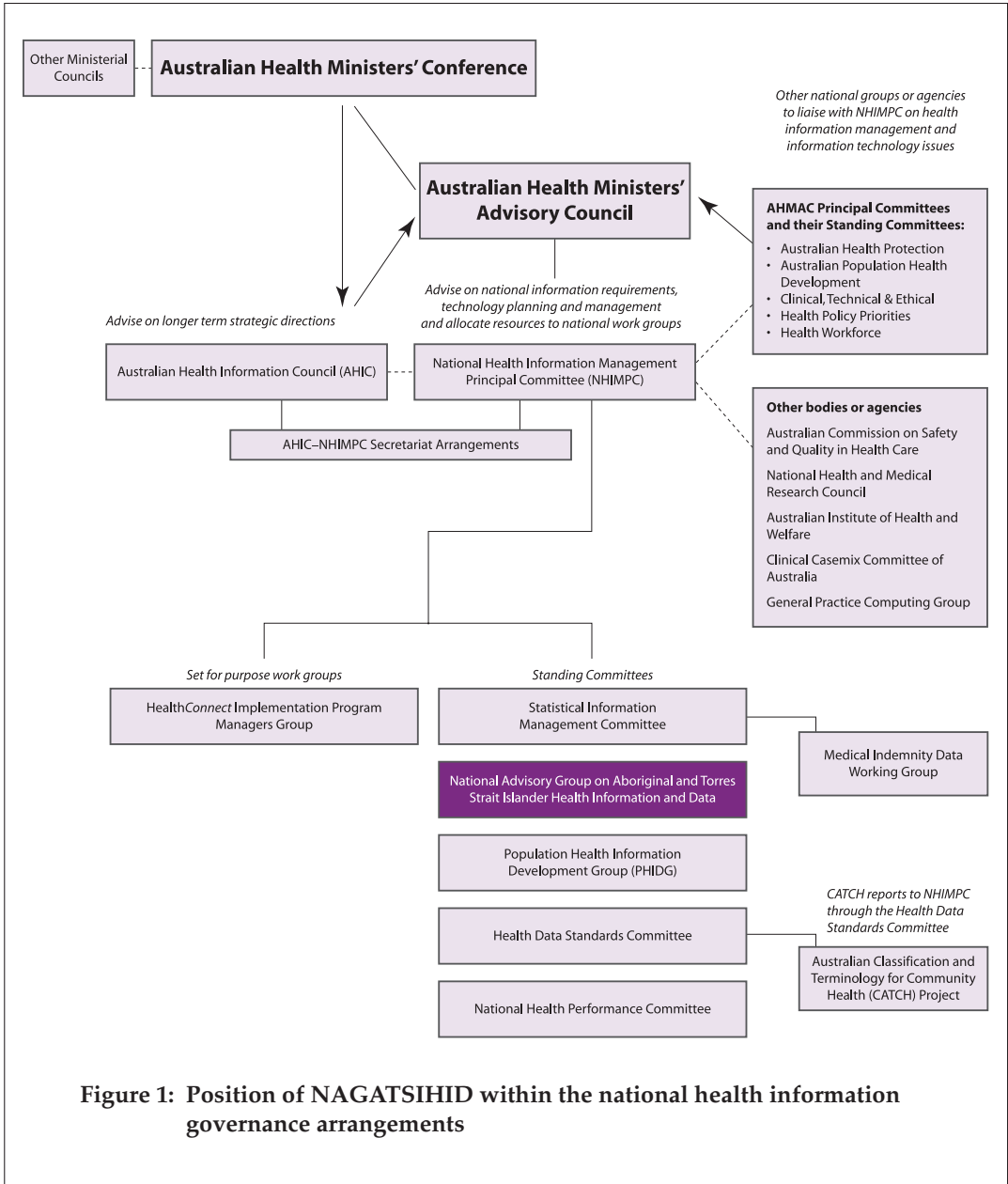


Figure 1: Position of NAGATSIHID within the national health information governance arrangements

Major achievements in health information and data

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

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

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

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

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

Priorities for information and data – twenty themes

A. Approaches to health information development, collection and use

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

1. Developing health information and evidence

Context

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

The Advisory Group's role

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

Next steps and monitoring progress

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

2. Data protocols

Context

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

The Advisory Group's role

The Advisory Group needs to develop and implement data protocols.

Next steps and monitoring progress

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

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

Context

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

4. Aboriginal and Torres Strait Islander statistical workforce

Context

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

The Advisory Group's role

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

Next steps and monitoring progress

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

5. Culturally appropriate measures of health

Context

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

The Advisory Group's role

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

Next steps and monitoring progress

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

6. International collaboration and international comparisons

Context

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

B. Priorities for information development

7. Enumeration of the Aboriginal and Torres Strait Islander population

Context

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

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

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

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

The Advisory Group's role

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

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

Next steps and monitoring progress

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

8. Surveys

Context

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

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

9. Administrative data

Context

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

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

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

Some other administrative data sets are under development.

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

10. Primary health care

Context

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

The Advisory Group's role

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

Next steps and monitoring progress

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

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

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

11. Other health services

Context

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

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

The Advisory Group's role

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

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

Next steps and monitoring progress

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

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

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

12. Mental health

Context

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

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

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

Related work is being pursued through several avenues:

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

The Advisory Group's role

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

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

Next steps and monitoring progress

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

13. Violence

Context

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

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

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

14. Prisoners' health

Context

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

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

15. Health workforce

Context

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

C. Analytical work

16. Health trends

Context

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

The Advisory Group's role

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

Next steps and monitoring progress

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

17. Avoidable mortality and morbidity

Context

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

18. Burden of disease

Context

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

The Advisory Group's role

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

Next steps and monitoring progress

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

19. Health expenditure

Context

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

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

The Advisory Group's role

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

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

Next steps and monitoring progress

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

D. Key statistical reports

20. Health status and health service delivery

Context

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

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

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

The Advisory Group's role

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

Next steps and monitoring progress

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

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

E. Themes that need further consideration

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

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