

# Introduction

This is the second report against the refined set of health performance indicators endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in 2000. It covers activity in the 2003 and 2004 calendar years and the 2002–03 and 2003–04 financial years. This is the last report using this set of indicators as it is currently being replaced by the Aboriginal and Torres Strait Islander Health Performance Framework. Reporting on the latter will commence in 2006 on a biennial basis.

## Background

In 1996 AHMAC directed state and federal health departments to develop a set of national performance indicators for Aboriginal and Torres Strait Islander health. In 1997 the Australian Health Ministers' Conference endorsed an interim set of 58 national performance indicators to be reported against annually by all states and territories. Annual reports against these interim indicators were prepared for 1998, 1999 and 2000 (published in 2003).

A number of problems existed with the interim set of performance indicators:

- some indicator definitions were difficult to interpret
- the data provided by states and territories were often of poor quality and for different time periods
- data were not provided at all by some states and territories for a number of important indicators
- no indicators addressed measures of social and emotional wellbeing
- no conceptual framework accompanied the indicator set.

In 1998 AHMAC requested that the national performance indicators be refined. The Co-operative Research Centre for Aboriginal and Tropical Health was engaged by the Australian Institute of Health and Welfare (AIHW) to conduct a technical refinement of the indicators. In October 2000 AHMAC endorsed the refined set of 56 indicators, which included a conceptual framework for the indicators, indicator definitions, potential data sources and reporting responsibilities.

This set of 56 national performance indicators for Aboriginal and Torres Strait Islander health is a heterogeneous set which describes population health status, the incidence and prevalence of selected conditions, death rates, social and economic wellbeing, and factors pertaining to the organisation and delivery of health services. They include measures of health service delivery performance, broader government service accountability, state of health of the population, health outcomes and key health determinants including risk factors.

Rather than relying on states and territories to provide data for all indicators, the responsibility for reporting on the indicators is shared among the states and territories and a number of agencies. National data are used to report on the indicators whenever possible.

## The conceptual framework

The refined set of 56 indicators is mapped within the conceptual framework that groups them according to three main domains:

- Government inputs
- Determinants of health
  - Social equity
  - Access to services
  - Risk markers
- Outcomes for people

The conceptual framework used for the national Aboriginal and Torres Strait Islander health indicators is a composite of several existing frameworks and contains the same basic ideas as the National Health Performance Framework.

## Quality and limitations of the indicators

A number of limitations remain in the health performance indicators in the current report.

In November 2003, the AIHW held a workshop with representatives from the states and territories, the Australian Government's Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the Australian Bureau of Statistics (ABS). The indicators' definitions, interpretation, data availability and data quality were discussed, with a focus on indicators that had proved to be problematic. For some of these indicators – such as workforce availability, smoking prevalence, alcohol consumption, and overweight and obesity – it was agreed to use national data sources. For a number of other indicators, the workshop refined the definitions and reference periods for reporting.

Despite this work to refine and clarify indicators, some limitations in reporting remain. First, technical specifications for a number of indicators are quite restrictive and limit the ability to report according to the specification. For example, for a number of indicators (16, 17 and 18) which require the use of data from the Community Housing and Infrastructure Needs Survey (CHINS), the CHINS data specifications do not fully match the technical specifications of the indicator.

Second, definitions for some of the refined set of indicators were problematic. For example, the definition of a primary health care centre or an acute care hospital in the specifications is extremely restrictive, and few actual centres and hospitals meet them. In addition, conceptual difficulties were experienced when reporting some indicators. The concept of a catchment population for a health service is an example that proved problematic in application (Indicator 22).

Third, some indicators have little relevance for states and territories with a small population of Indigenous people. Therefore the capture of comparable data across states and territories might not be achievable.

Various data issues that were discussed at the AIHW workshop are presented in boxes throughout this report.

## Future reports

This is the last report using this set of indicators and it will be replaced by the Aboriginal and Torres Strait Islander Health Performance Framework (HPF). The HPF is a policy based framework established under the auspices of the SCATSIH to support the implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH). The Health Performance Framework will provide the basis for quantitative measurement of the impact of the NSFATSIH. The HPF consists of three tiers:

- Tier 1 – Health, Status and Outcomes – has four domains: health conditions, human function, life expectancy and wellbeing, and deaths
- Tier 2 – Determinants of Health – has five domains: environmental factors, socioeconomic factors, community capacity, health behaviours, and person-related factors
- Tier 3 – Health System Performance – has nine domains: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable.

## Structure of the report

The report consists of five parts. Part 1 covers indicators 1–4, which form the first domain, 'Government inputs'. Part 2 covers indicators 5–14, which form the sub-domain 'Determinants of health – social equity'. Part 3 covers indicators 15–24, which form the sub-domain 'Determinants of health – access to services'. Part 4 covers indicators 25–35, which form the sub-domain 'Determinants of health – risk markers'. Part 5 reports indicators 36–56 under the domain 'Outcomes for people'. An executive summary is provided at the front of the report.

The layout for each indicator includes a definition according to the technical specifications, a statement of purpose that explains the importance of the indicator and what it is measuring or describing, and a data section. The data section includes information on the data sources and whether the data presented differ from those specified in the technical specifications.

Recommendations from the November 2003 workshop for improvements to these indicators are outlined in a box under the relevant indicator.

The report concludes with an appendix that contains a summary table of the quantitative indicators and a mapping from the refined set of indicators to the interim set of indicators reported in previous reports (NHIMG 2000, 2001, 2003).