Australian Government
Australian Institute of Health and Welfare

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

Data sources and data considerations

Australian Institute of Health and Welfare
Canberra

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Background

This document provides information on the data sources and data considerations for the web report *Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

The data in the web report tracks progress against each of the 20 implementation plan goals for the *Aboriginal and Torres Strait Islander Health Plan 2013–2023*. For each of the 20 goals this document provides details on the data sources and data limitations.

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 will be more difficult to achieve. All the goals were set for the year 2023.

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.

Goal 1: Antenatal care first trimester

Measure

The age-standardised rate of Indigenous women attending at least one antenatal visit in the first trimester of pregnancy.

Data source

National Perinatal Data Collection (NPDC) (METeOR identifier: 668811 and 694988).

Administrative data available annually.

Further information: https://meteor.aihw.gov.au/content/index.phtml/itemId/668811 and https://meteor.aihw.gov.au/content/index.phtml/itemId/694988.

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 unknown).

Data considerations

Data presented here do not exactly match that reported in *Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document* due to the exclusion of data for New South Wales.

Trend information on antenatal care is limited due to the relatively recent standardised collection of data across the states and territories. Projected rates were based on available national data for only 3 data points and so should be interpreted with caution.

An antenatal visit refers to contact with a midwife, medical practitioner or other registered health professional where antenatal care was provided. It does not include a contact if it was to confirm the pregnancy only or those contacts for reasons not related to pregnancy. It does not include a contact after the onset of labour.

Data recorded about antenatal visits are based on visits recorded in the woman's clinical record and may not include all antenatal visits outside the hospital setting or outside the birth hospital, such as with a general practitioner or private obstetrician. Therefore, caution should be used when interpreting these data.

Goal 2: Antenatal care—5+ visits

Measure

The age-standardised rate of Indigenous women attending at least 5 antenatal visits during pregnancy.

Data source

National Perinatal Data Collection (NPDC) (METeOR identifier: 668811 and 694988).

Administrative data available annually.

Further information: https://meteor.aihw.gov.au/content/index.phtml/itemId/668811 and https://meteor.aihw.gov.au/content/index.phtml/itemId/694988.

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).

Data considerations

Data presented here do not exactly match that reported in *Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document* due to a change in the method used for age-standardisation.

Trend information on the number of antenatal visits is limited due to the relatively recent standardised collection of data across the states and territories. Trend data shown in the trajectory analysis pertain to only three jurisdictions: Queensland, South Australia and Northern Territory. National time series data became available in 2016 and is presented in the accompanying tables for completeness.

Data recorded about antenatal visits are based on visits recorded in the woman's clinical record and may not include all antenatal visits outside the hospital setting or outside the birth hospital, such as with a general practitioner or private obstetrician. Therefore, caution should be used when interpreting these data.

Goal 3: Smoking during pregnancy

Measure

The age-standardised rate of Indigenous women who smoked during pregnancy.

Data source

National Perinatal Data Collection (NPDC) (METeOR identifier: 668811 and 694988).

Administrative data available annually.

Further information: https://meteor.aihw.gov.au/content/index.phtml/itemId/668811 and https://meteor.aihw.gov.au/content/index.phtml/itemId/694988.

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.

Data considerations

Smoking status during pregnancy was not part of the Perinatal NMDS until July 2010. Data from non-standard smoking items made available as part of the NPDC have been used when data from standardised items were not available; therefore caution should be used when interpreting these data.

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.

Women's tobacco smoking status during pregnancy is self-reported.

Goal 4: Indigenous-specific health checks—children aged 0–4

Measure

The rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander children aged 0–4.

Data source: Numerator

Services Australia—MBS items 715, 228, 92004, 92011, 92016 and 92023.

As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years. In 2018–19, an additional MBS item (item 228, Indigenous-specific health assessments claimable for medical practitioners who are not general practitioners) was added.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-VR MPs)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-VR MPs).

Adding these items did not result in a break in series as they were equivalent to the existing face-to-face MBS health check items 715 and 228.

Administrative data available quarterly.

Further information: https://www.servicesaustralia.gov.au/organisations/about-us/statistical-information-and-data/medicare-statistics.

Data source: 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. Population estimates/projections based on the 2016 Census are now available. However, since the goals were set using 2011 Census-based population estimates/projections, these populations have continued to be used to allow for comparability.

Further information: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument.

Numerator

Number of Indigenous-specific 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.

Data considerations

Data are the number of claims for Indigenous-specific MBS *health checks* processed by Services Australia in the relevant period, not the number of *people* for whom claims have been processed. However, 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 similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting *people* compared with *services*.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as items 715, 228, 92004, 92011, 92016 or 92023 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 (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

Goal 5: Immunisation—children aged 1 year

Measure

The rate of Aboriginal and Torres Strait Islander children aged 1 who are fully immunised.

Data source

Australian Immunisation Register (AIR).

Administrative data available quarterly.

Further information: https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-data-surveys-and-reports.

Numerator

Aboriginal and Torres Strait Islander children who are fully immunised at age 1 for the birth cohort born in the relevant period, as at 31 December each year (1 July – 30 September for the trajectory analysis, and 1 July to 30 June for other data), processed 3 months after the end of each quarter. Age includes children aged 12 months to less than 15 months in each quarter.

Denominator

Aboriginal and Torres Strait Islander children aged 12 to less than 15 months in the relevant quarter(s) who were registered with Medicare.

Data considerations

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the AIR. Indigenous identification is collected via a yes/no flag on immunisation encounter forms and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a ‘yes’ or ‘no’ when reports on vaccination coverage are produced from the AIR. ‘Not stated’ responses are included with the non-Indigenous responses, resulting in a comparison group of ‘other Australians’. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Time series data are limited to 5 jurisdictions for the trajectory analysis due to data availability when the goals were set. National data are available from 2003. Comparisons over time are also affected by changes in the introduction of new vaccines on the National Immunisation Program Schedule. From 2013, the definition of the term ‘fully immunised’ for children in the ‘Age 1 year’ cohort includes pneumococcal for AIR coverage reporting purposes.

Goal 6: Immunisation—children aged 2 years

Measure

The rate of Aboriginal and Torres Strait Islander children aged 2 who are fully immunised.

Data source

Australian Immunisation Register (AIR).

Administrative data available quarterly.

Further information: https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-data-surveys-and-reports.

Numerator

Aboriginal and Torres Strait Islander children who are fully immunised at age 2 for the birth cohort born in the reference period (1 July – 30 September for the trajectory analysis, and 1 July to 30 June for other data), processed 3 months after the end of each quarter. Age includes children aged 24 to less than 27 months in each quarter.

Denominator

Aboriginal and Torres Strait Islander children aged 24 to less than 27 months in the relevant quarter(s) who were registered with Medicare.

Data considerations

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the AIR. Indigenous identification is collected via a yes/no flag on immunisation encounter forms and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a ‘yes’ or ‘no’ when reports on vaccination coverage are produced from the AIR. ‘Not stated’ responses are included with the non-Indigenous responses, resulting in a comparison group of ‘other Australians’. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Time series data are limited to 5 jurisdictions for the trajectory analysis due to data availability when the goals were set. National data are available from 2003. Comparisons over time are also affected by changes in the introduction of new vaccines on the National Immunisation Program Schedule. In particular, from 31 December 2014, meningococcal C (given at 12 months), and dose 2 measles, mumps and rubella (MMR) and dose 1 varicella (given as MMRV at 18 months) were included in the definition of fully immunised for children in the ‘Age 2 years (24 to 27 month)’ cohort for AIR coverage reporting purposes.

Goal 7: Immunisation—children aged 5 years

Measure

The rate of Aboriginal and Torres Strait Islander children aged 5 who are fully immunised.

Data source

Australian Immunisation Register (AIR).

Administrative data available quarterly.

Further information: https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-data-surveys-and-reports.

Numerator

Aboriginal and Torres Strait Islander children who are fully immunised at age 5 for the birth cohort born in the reference period (1 July – 30 September for the trajectory analysis, and 1 July to 30 June for other data), processed 3 months after the end of each quarter. Age includes children aged 60 months to less than 63 months in each quarter.

Denominator

Aboriginal and Torres Strait Islander children aged 60 to less than 63 months in the relevant quarter(s) who were registered with Medicare.

Data considerations

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the AIR. Indigenous identification is collected via a yes/no flag on immunisation encounter forms and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a ‘yes’ or ‘no’ when reports on vaccination coverage are produced from the AIR. ‘Not stated’ responses are included with the non-Indigenous responses, resulting in a comparison group of ‘other Australians’. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Due to changes to AIR reporting practice, from 2008, fully-vaccinated status for 5 year olds has been reported instead of for 6 year olds; as such, time series data for 5 year olds is limited to 2008 onwards. Time series data are limited to 5 jurisdictions for the trajectory analysis. National data are available from 2008.

Goal 8: Indigenous-specific health checks—children aged 5–14

Measure

The rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander children aged 5–14.

Data source: Numerator

Services Australia—MBS items 715, 228, 92004, 92011, 92016 and 92023.

As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years. In 2018–19, an additional MBS item (item 228, Indigenous-specific health assessments claimable for medical practitioners who are not general practitioners) was added.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-VR MPs)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-VR MPs).

Adding these items did not result in a break in series as they were equivalent to the existing face-to-face MBS health check items 715 and 228.

Administrative data available quarterly.

Further information: https://www.servicesaustralia.gov.au/organisations/about-us/statistical-information-and-data/medicare-statistics.

Data source: 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. Population estimates/projections based on the 2016 Census are now available. However, since the goals were set using 2011 Census-based population estimates/projections, these populations have continued to be used to allow for comparability.

Further information: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument.

Numerator

Number of Indigenous-specific 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.

Data considerations

Data are the number of claims for Indigenous-specific MBS *health checks* processed by Services Australia in the relevant period, not the number of *people* for whom claims have been processed. However, 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 similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting *people* compared with *services*.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as items 715, 228, 92004, 92011, 92016 or 92023 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 (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

Goal 9: Smoking—current smokers, youth aged 5–17

Measure

The rate of Indigenous youth aged 15–17 who smoke tobacco.

Data source

ABS Indigenous household survey data, collected approximately every 5–6 years.

Numerator

Number of Indigenous Australians aged 15–17 who reported being current smokers (includes those who smoke daily, weekly, or less than weekly).

Denominator

Number of Indigenous Australians aged 15–17.

Data considerations

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

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’.

Goal 10: Smoking—never smoked, youth aged 15–17

Measure

The rate of Indigenous youth aged 15–17 who have never smoked tobacco.

Data source

ABS Indigenous household survey data, collected approximately every 5–6 years.

Numerator

Number of Indigenous Australians aged 15–17 who reported having never smoked tobacco.

Denominator

Number of Indigenous Australians aged 15–17.

Data considerations

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Projected rates were based on only 3 data points and should be interpreted with caution.

Goal 11: Smoking—never smoked, people aged 18–24

Measure

The rate of Indigenous youth aged 18–24 who have never smoked tobacco.

Data source

ABS Indigenous household survey data, collected approximately every 5–6 years.

Numerator

Number of Indigenous Australians aged 18–24 who reported having never smoked tobacco.

Denominator

Number of Indigenous Australians 18–24.

Data considerations

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Projected rates were based on only 3 data points and should be interpreted with caution.

Goal 12: Smoking—current smokers, people aged 18+

Measure

The age-standardised rate of Indigenous Australians aged 18 and over who smoke tobacco.

Data source

ABS Indigenous household survey data, collected approximately every 5–6 years.

Numerator

Number of Indigenous Australians aged 18 and over who reported being current smokers (includes those who smoke daily, weekly, or less than weekly).

Denominator

Number of Indigenous Australians 18 and over.

Data considerations

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

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’.

Goal 13: Indigenous-specific health checks—people aged 15–24

Measure

The rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander young people aged 15–24.

Data source: Numerator

Services Australia—MBS items 715, 228, 92004, 92011, 92016 and 92023.

As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years. In 2018–19, an additional MBS item (item 228, Indigenous-specific health assessments claimable for medical practitioners who are not general practitioners) was added.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-VR MPs)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-VR MPs).

Adding these items did not result in a break in series as they were equivalent to the existing face-to-face MBS health check items 715 and 228.

Administrative data available quarterly.

Further information: https://www.servicesaustralia.gov.au/organisations/about-us/statistical-information-and-data/medicare-statistics.

Data source: Denominator

Estimates and projections of Indigenous resident population based on the 2011 Census of Population and Housing. Population estimates/projections based on the 2016 Census are now available. However, since the goals were set using 2011 Census-based population estimates/projections, these populations have continued to be used to allow for comparability.

Further information: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument.

Numerator

Number of Indigenous-specific 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.

Data considerations

Data are the number of claims for Indigenous-specific MBS *health checks* processed by Services Australia in the relevant period, not the number of *people* for whom claims have been processed. However, 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 similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting *people* compared with *services*.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as items 715, 228, 92004, 92011, 92016 or 92023 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 (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

Goal 14: Indigenous-specific health checks—people aged 25–54

Measure

The rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Aboriginal and Torres Strait Islander adults aged 25–54.

Data source: Numerator

Services Australia—MBS items 715, 228, 92004, 92011, 92016 and 92023.

As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years. In 2018–19, an additional MBS item (item 228, Indigenous-specific health assessments claimable for medical practitioners who are not general practitioners) was added.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-VR MPs)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-VR MPs).

Adding these items did not result in a break in series as they were equivalent to the existing face-to-face MBS health check items 715 and 228.

Administrative data available quarterly.

Further information: https://www.servicesaustralia.gov.au/organisations/about-us/statistical-information-and-data/medicare-statistics.

Data source: 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. Population estimates/projections based on the 2016 Census are now available. However, since the goals were set using 2011 Census-based population estimates/projections, these populations have continued to be used to allow for comparability.

Further information: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument.

Numerator

Number of Indigenous-specific 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.

Data considerations

Data are the number of claims for Indigenous-specific MBS *health checks* processed by Services Australia in the relevant period, not the number of *people* for whom claims have been processed. However, 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 similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting *people* compared with *services*.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as items 715, 228, 92004, 92011, 92016 or 92023 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 (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

Goal 15: Indigenous-specific health checks—people aged 55 and over

Measure

The rate of Indigenous-specific Medicare Benefits Schedule (MBS) health checks among Indigenous adults aged 55 and over.

Data source: Numerator

Services Australia—MBS items 715, 228, 92004, 92011, 92016 and 92023.

As item 715 commenced in May 2010, MBS codes 704, 706, 708 and 710 were reclassified as 715 for prior years. In 2018–19, an additional MBS item (item 228, Indigenous-specific health assessments claimable for medical practitioners who are not general practitioners) was added.

In response to the COVID-19 pandemic, temporary telehealth items for Indigenous-specific health checks have been made available from March 2020:

- Health checks provided via videoconference: MBS item 92004 (provided by GPs) and MBS item 92011 (provided by non-VR MPs)
- Health checks provided via teleconference (when videoconferencing is not available): MBS item 92016 (provided by general practitioners) and MBS item 92023 (provided by non-VR MPs).

Adding these items did not result in a break in series as they were equivalent to the existing face-to-face MBS health check items 715 and 228.

Administrative data available quarterly.

Further information: https://www.servicesaustralia.gov.au/organisations/about-us/statistical-information-and-data/medicare-statistics.

Data source: 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. Population estimates/projections based on the 2016 Census are now available. However, since the goals were set using 2011 Census-based population estimates/projections, these populations have continued to be used to allow for comparability.

Further information: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.02001%20to%202026?OpenDocument.

Numerator

Number of Indigenous-specific 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.

Data considerations

Data are the number of claims for Indigenous-specific MBS *health checks* processed by Services Australia in the relevant period, not the number of *people* for whom claims have been processed. However, 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 similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting *people* compared with *services*.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as items 715, 228, 92004, 92011, 92016 or 92023 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 (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

Goal 16: HBA1c checks—people with diabetes

Measure

The rate of Indigenous Australians with type 2 diabetes who have regular HbA1c tests.

Data source

Indigenous primary health care national key performance indicators (nKPIs) (METeOR identifier: 717261).

Data collected from Indigenous primary health care organisations (Aboriginal controlled as well as other governance arrangements).

Further information: https://meteor.aihw.gov.au/content/index.phtml/itemId/717261.

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.

Data considerations

Data relate to regular clients attending Indigenous primary health care organisations that report to the nKPI data collection and do not capture data for all Indigenous Australians.

From December 2015 collection, the Northern Territory Government organisations have reported data using the standard nKPI definition of an Indigenous regular client. Prior to this, most NT Government organisations—namely those using the Primary Care Information System—defined regular clients as clients who attended the health clinic as their *usual health centre* and had attended at least 3 times in the last 2 years. Therefore data from December 2015 onwards that include the NT Government Services using the PCIS should not be compared with historical data.

From the June 2017 data collection, changes were made to the data extraction method. This means that data from June 2017 onwards are not comparable with earlier collections.

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020. This resulted in a decrease in the number of organisations that reported on Indigenous regular clients with type 2 diabetes who had a HbA1c result recorded in the previous 12 months from 209 in June 2019 to 194 in June 2020.

In addition, lockdown restrictions due to COVID-19 may have affected the ability to deliver services and the way in which services were delivered (for example, the use of Telehealth

instead of face-to-face). There may also have been impacts on the ability for clients to attend services.

More information on data quality can be found on the AIHW's METeOR website https://meteor.aihw.gov.au/content/index.phtml/itemId/717261.

Projected rates should be interpreted with caution as they are 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.

Goal 17: Regular blood pressure tests—people with diabetes

Measure

The rate of Indigenous Australians with type 2 diabetes who have regular blood pressure tests.

Data source

Indigenous primary health care national key performance indicators (nKPIs) (METeOR identifier: 731839).

Data collected from Indigenous primary health care organisations (Aboriginal controlled as well as other governance arrangements).

Further information: https://meteor.aihw.gov.au/content/index.phtml/itemId/731839.

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.

Data considerations

Data relate to regular clients attending Indigenous primary health care organisations that From December 2015 collection, the Northern Territory Government organisations have reported data using the standard nKPI definition of an Indigenous regular client. Prior to this, most NT Government organisations—namely those using the Primary Care Information System—defined regular clients as clients who attended the health clinic as their *usual health centre* and had attended at least 3 times in the last 2 years. Therefore data from December 2015 onwards that include the NT Government Services using the PCIS should not be compared with historical data.

From the June 2017 data collection, changes were made to the data extraction method. This means that data from June 2017 onwards are not comparable with earlier collections.

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020 and December 2020. This resulted in a decrease in the number of organisations that reported on Indigenous regular clients with type 2 diabetes who had a blood pressure result recorded at the primary health care organisation within the previous 6 months from 211 in December 2019, to 194 in June 2020 and 194 in December 2020.

In addition, lockdown restrictions due to COVID-19 may have affected the ability to deliver services and the way in which services were delivered (for example, the use of Telehealth

instead of face-to-face). There may also have been impacts on the ability for clients to attend services.

More information on data quality can be found on the AIHW's METeOR website https://meteor.aihw.gov.au/content/index.phtml/itemId/731839.

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.

Goal 18: Renal function tests—people with diabetes

Measure

The rate of Indigenous Australians with type 2 diabetes who have kidney (renal) function tests.

Data source

Indigenous primary health care national key performance indicators (nKPIs) (METeOR identifier: 731839).

Data collected from Indigenous primary health care organisations (Aboriginal controlled as well as other governance arrangements).

Further information: https://meteor.aihw.gov.au/content/index.phtml/itemId/731839.

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.

Data considerations

Data relate to regular clients attending Indigenous primary health care organisations that report to the nKPI data collection and do not capture data for all Indigenous Australians.

From December 2015 collection, the Northern Territory Government organisations have reported data using the standard nKPI definition of an Indigenous regular client. Prior to this, most NT Government organisations—namely those using the Primary Care Information System—defined regular clients as clients who attended the health clinic as their *usual health centre* and had attended at least 3 times in the last 2 years. Therefore data from December 2015 onwards that include the NT Government Services using the PCIS should not be compared with historical data.

From the June 2017 data collection, changes were made to the data extraction method. This means that data from June 2017 onwards are not comparable with earlier collections.

In acknowledgement of the additional pressures on organisations because of COVID-19, reporting to the nKPI collection was temporarily changed from mandatory to voluntary in June 2020 and December 2020. This resulted in a decrease in the number of organisations that reported on Indigenous regular clients aged 15 and over with type 2 diabetes who had a kidney (renal) function test result recorded within the previous 12 months from 207 in December 2019, to 193 in June 2020 and 194 in December 2020.

In addition, lockdown restrictions due to COVID-19 may have affected the ability to deliver services and the way in which services were delivered (for example, the use of Telehealth instead of face-to-face). There may also have been impacts on the ability for clients to attend services.

More information on data quality can be found on the AIHW's METeOR website https://meteor.aihw.gov.au/content/index.phtml/itemId/731839.

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.

Goal 19: Immunisation for influenza—people aged 50 and over

Measure

The rate of Indigenous Australians aged 50 and over who are immunised for influenza.

Data source

ABS household survey data, collected approximately every 5–6 years.

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.

Data considerations

The ABS Aboriginal and Torres Strait Islander health surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Data are self-reported.

Projected rates were based on only 3 data points and should be interpreted with caution.

Goal 20: Immunisation for pneumonia—people aged 50 and over

Measure

The rate of Indigenous Australians aged 50 and over who are immunised for pneumonia.

Data source

ABS household survey data, collected approximately every 5–6 years.

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.

Data considerations

The ABS Aboriginal and Torres Strait Islander health surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Data are self-reported.

Projected rates were based on only 3 data points and should be interpreted with caution.

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 Immunisation Register. See also **fully immunised at 1 year, fully immunised at 2 years** and **fully immunised at 5 years**.

fully immunised at 1 year: 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 for diphtheria, tetanus, pertussis, polio and hepatitis B, 2 or 3 doses for Haemophilus type B (depending on type of vaccine used) and 2 or 3 doses for pneumococcal. All previous vaccinations are assumed to have been received.

fully immunised at 2 years: Children aged 24 months to less than 27 months are required to have received all immunisations that are due at 12–18 months of age—that is, 4 doses for diphtheria, tetanus and pertussis, 3 doses for polio, pneumococcal and hepatitis B, 3 or 4 doses for Haemophilus type B (depending on type of vaccine used), 2 doses for measles, mumps and rubella, and 1 dose for meningococcoal C and varicella. All previous vaccinations are assumed to have been received.

fully immunised at 5 years: Children aged 60 months to less than 63 months are required to have received all immunisations that are due at 4 years of age—that is, 4 or 5 doses for diphtheria, tetanus, pertussis and 4 doses for polio. All previous vaccinations are assumed to have been received.

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 (items 715, 228, 92004, 92011, 92016 and 92023).

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.