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Aboriginal and Torres Strait Islander Health Performance Framework

Aboriginal and Torres Strait Islander Health Performance Framework

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Foreword

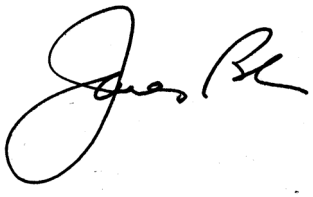
The health status of Aboriginal and Torres Strait Islander Australians is well documented with a life expectancy of around 17 years less than non-Indigenous Australians and death rates two to four times higher.[1] [2] While significant improvements have been made in the health status of non-Indigenous Australians, the level of disadvantage for Aboriginal and Torres Strait Islander people remains alarming and in marked contrast to other comparable countries. In response to these harrowing statistics, the Australian, State and Territory Governments established the National Strategic Framework for Aboriginal and Torres Strait Islander Health to support a comprehensive and coordinated effort both across and beyond the health sector to address the complex and inter-related factors that contribute to the current health outcomes.

The Aboriginal and Torres Strait Islander Health Performance Framework was developed by the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH). SCATSIH was a principal committee of the Australian Health Ministers' Advisory Council (AHMAC) which reports to the Australian Health Ministers' Conference through AHMAC.

This Framework has been developed to provide the basis for quantitative measurement of the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH). It will also provide an opportunity to streamline reporting on Aboriginal and Torres Strait Islander health and health care delivery. This document summarises the outcomes of the developmental work undertaken to identify the most appropriate framework and performance measures for the Framework. The Aboriginal and Torres Strait Islander Health Performance Framework is modelled on the National Health Performance Framework as it is the Australian endorsed framework and is consistent with the intersectoral approach outlined in the National Strategic Framework. The performance measures selected for the Health Performance Framework are based on the key policy questions identified in the National Strategic Framework.

Reports against the performance measures outlined in this Aboriginal and Torres Strait Islander Health Performance Framework will be produced biennially commencing in 2006. A number of measures are able to be reported now while others will require varying degrees of development and data improvement to enable reporting. This process will establish priorities for data development with the aim of eventually reporting all the measures.

I am pleased to present the Aboriginal and Torres Strait Islander Health Performance Framework and would like to commend those involved in the preparation of this framework.



Jim Birch
Former Chair
Australian Health Ministers' Advisory Council

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[1] National Aboriginal and Torres Strait Islander Health Council, 2003, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments,* NATSIHC, Canberra.
[2] Australian Bureau of Statistics, unpublished data.

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Acknowledgements

Many people have provided valuable input to the Aboriginal and Torres Strait Islander Health Performance Framework. Their time and commitment is greatly appreciated.

This Health Performance Framework was developed under the auspice of the Standing Committee on Aboriginal and Torres Strait Islander Health. This Committee provided valuable leadership and commitment to the development of this Framework.

A Technical Advisory Group was established to advise SCATSIH on the most appropriate performance measures for the Health Performance Framework. The selection of performance measures was a difficult and time consuming task. The expertise and input provided by this group is appreciated. Membership of this group included:

Chair	Ms Yael Cass Assistant Secretary, Workforce, Information and Policy Branch, OATSIH
SCATSIH	Dr Shane Houston Assistant Secretary, Office for Aboriginal Health Department of Health & Community Services and Mr Ken Wyatt Director, Aboriginal Health Branch, New South Wales Health
NAGATSIHID	Dr Ian Ring Manager, Health Information Centre, Queensland Health and Dr Sandra Eades Principle Research Fellow, Menzies School of Health Research
ABS	Mr Dan Black Director, National Centre for Aboriginal and Torres Strait Islander Statistics
AIHW	Dr Fadwa Al-Yaman Unit Head, Aboriginal and Torres Strait Islander Health and Welfare Unit
Indigenous Health Policy/ Statistics	Associate Professor Ian Anderson Deputy Head School of Population Health, University of Melbourne and Associate Professor Joan Cunningham Menzies School of Health Research
Health Economist	Professor Kathy Eager Director, Centre for Health Service Development University of Wollongong
Medicine/Epidemiology	Dr Patricia Fagan Senior Medical Advisor, OATSIH
National Health Performance Committee	Mr Brendon Davidson

Support for this work was also provided by a dedicated team in OATSIH including Karen Freedman, Joy McLaughlin, Debra Reid, Kym Starr, Robyn James and Kirrily Harrison.

1 Introduction

Australians in general are one of the healthiest populations of any developed country and have access to a world-class health system. Aboriginal and Torres Strait Islander Australians in general are the least healthy of all Indigenous populations within comparable developed countries.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health has been established to support a comprehensive and coordinated effort by governments in partnership with Aboriginal and Torres Strait Islander organisations, individuals and communities to address the health problems experienced by Aboriginal and Torres Strait Islander people. Jurisdictions have agreed to develop implementation plans and have committed to transparent and sensitive monitoring of outcomes in Aboriginal and Torres Strait Islander health.

The Aboriginal and Torres Strait Islander Health Performance Framework emerges from the National Strategic Framework and has been developed under the auspice of the SCATSIH. It provides the basis for quantitative measurement of improvements in Aboriginal and Torres Strait Islander health . It will indicate progress by jurisdictions against their NSFATSIH implementation plans and also provide an opportunity to streamline reporting on Aboriginal and Torres Strait Islander health and health care delivery.

The Aboriginal and Torres Strait Islander Health Performance Framework is described in this document as follows:

Chapter Two provides information about the context for the Aboriginal and Torres Strait Islander Health Performance Framework.

Chapter Three outlines the purpose, scope and audience of the Aboriginal and Torres Strait Islander Health Performance Framework.

Chapter Four describes the development of the Health Performance Framework.

Chapter Five provides comprehensive details of the Aboriginal and Torres Strait Islander Health Performance Framework, including the key policy questions the Framework seeks to address and how this Framework will measure performance towards improving the health of Aboriginal and Torres Strait Islander people.

Chapter Six describes the next steps required to develop and implement the Health Performance Framework.

2 The Aboriginal and Torres Strait Islander Health Context

2.1 Aboriginal and Torres Strait Islander Health

The life expectancy of Aboriginal and Torres Strait Islander Australians is around 17 years less than for non-Indigenous Australians, and death rates are significantly higher.[3] Infant mortality rates for Aboriginal and Torres Strait Islander infants are almost twice the rate for total infants.[4] After adjusting for age, Aboriginal and Torres Strait Islander Australians are about twice as likely to be hospitalised as other people.[5] The leading causes of death for both Aboriginal and Torres Strait Islander and non-Indigenous Australians are similar, however deaths occur at much higher rates for Indigenous Australians for nearly all causes. This includes higher death rates for Aboriginal and Torres Strait Islander Australians due to circulatory diseases, diseases of the respiratory system, endocrine diseases and injury[6].

Contributing to these health problems, there is evidence that Aboriginal and Torres Strait Islander people suffer a disproportionate impact from both increased exposure to environmental risk and decreased access to adequate environmental infrastructure. Aboriginal and Torres Strait Islander people are more likely to live in conditions considered to be unacceptable by general Australian standards. This includes overcrowding, poorly maintained buildings, high housing costs related to income, and a lack of basic environmental health infrastructure, such as adequate sanitation, water supplies and appropriate housing[7].

In addition to environmental health issues, Aboriginal and Torres Strait Islander people are disadvantaged compared to the total Australian population in terms of other health determinants such as lower incomes, lower levels of education and higher unemployment. These, in turn, contribute to higher rates of health risk behaviours in Aboriginal and Torres Strait Islander people such as smoking, alcohol misuse and lack of exercise[8].

Aboriginal and Torres Strait Islander Australians face a wide range of barriers in accessing health care. There are geographic barriers for those living in areas where health services are few such as rural and remote areas and barriers created by discrimination and poor access to culturally secure services. Out of pocket costs for health services, pharmaceuticals and associated costs such as travel, accommodation, time off work etc. can all bar Aboriginal and Torres Strait Islander access to health services.

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[3] National Aboriginal and Torres Strait Islander Health Council, 2003, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments,* NATSIHC, Canberra.
[4] Australian Bureau of Statistics, 2004, *Deaths Australia 2003*, ABS Cat. No. 3302.0, ABS: Canberra.
[5] Australian Institute of Health and Welfare (AIHW), 2004, *Australian Hospital Statistics 2002-03,* AIHW Cat. No. HSE 32, AIHW: Canberra.
[6] Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW), 2003, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, ABS cat. no. 4704.0, AIHW Cat. No. IHW 11, ABS, Canberra.
[7] National Aboriginal and Torres Strait Islander Health Council, 2003, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments,* NATSIHC, Canberra.
[8] National Aboriginal and Torres Strait Islander Health Council 2003, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context,* NATSIHC, Canberra.

2.2 National Policy Frameworks

2.2.1 The National Strategic Framework for Aboriginal and Torres Strait Islander Health

The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH), agreed to by all Australian Health Ministers in July 2003, endeavours to address some of the barriers outlined above and puts forward proposals to improve access and equity. This is reflected in the ultimate goal of the NSFATSIH, which is:

'To ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice.'

Evidence demonstrates and the Framework recognises that an effective, efficient and equitable health system is an essential component for any whole of Government effort that seeks to address Indigenous disadvantage. However in addition to a responsive health system, action in areas such as education, employment, transport and nutrition is also required if sustainable health gains are to be achieved. The NSFATSIH acknowledges that 'concerted action both across and beyond the health sector to address the complex and inter-related factors that contribute to the causes and persistence of health problems amongst Aboriginal and Torres Strait Islander people' is needed. The framework encourages the health sector therefore to 'contribute to action on the agendas of other portfolios through research, advocacy, partnerships and linkages'.[9]

The NSFATSIH recommends action across a number of keys areas:

- Strengthening comprehensive primary health care
- Emotional and social well-being:
  - Mental health problems and suicide
  - The protection of children from abuse and violence, including sexual abuse
  - Responses to alcohol, smoking, substance and drug misuse
  - Male Health
- Pre-determinants of chronic disease in adult populations:
  - Nutrition and Physical Activity
  - Child and Maternal Health
  - Oral Health
- Improving the health of Aboriginal and Torres Strait Islander peoples in custodial settings
- Data availability and quality.

Furthermore, the NSFATSIH was developed consistent with the Council of Australian Government's (COAG) Reconciliation Framework (2000) that advocates a whole of government approach focusing on partnerships between governments and Aboriginal and Torres Strait Islander communities.

[9] National Aboriginal and Torres Strait Islander Health Council, 2003, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments,* NATSIHC, Canberra.

2.2.2 Other National Policy Frameworks

The NSFATSIH identified a number of existing national strategies or strategies under development that provided more detailed points of reference for specific action to address Aboriginal and Torres Strait Islander health needs. These included:

- Jurisdictional implementation plans for the NSFATSIH
- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009
- Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, May 2002
- National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2003 – 2010 (NATSINSAP)
- National Aboriginal and Torres Strait Islander Oral Health Workshop – Workshop Report and Action Plan
- Social and Emotional Well Being Framework - A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well Being 2004 – 2009
- National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005 – 2008
- National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003 – 2006
- National Drug Strategy: Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003 – 2006, Supplement to the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006.

3 Purpose, Scope and Audience of the Aboriginal and Torres Strait Islander Health Performance Framework

3.1 Health Performance Measurement

Health systems are defined as comprising all the organisations, resources and activities whose primary purpose is to improve health. Governments, through their stewardship role in policy, planning and program delivery, have a key role to play in defining vision and direction as well as exerting influence and measuring performance[10].

Recognising that sustainable health gain will require not only an efficient, effective and equitable health system but also timely contributions from other sectors the Health Performance Framework also maps changes in key indicators outside of the health sector. These indicators provide a better context for interpreting changes in health outcomes and provide a basis for constructive intersectoral dialogue.

[10] World Health Organisation, 2001, *The World Health Report 2000, Health Systems: Improving Performance*, WHO, Geneva.

In addition, a framework for measuring health performance in relation to Aboriginal and Torres Strait Islander people must take account of the particular health and social issues that are likely to affect Indigenous Australians to a greater or different degree than other Australians.

Therefore, performance monitoring of the stewardship role of governments in their efforts to improve Aboriginal and Torres Strait Islander health is critical. In doing this, attention should be given to assessing not only the levels of access to appropriate care but the experiences of Aboriginal and Torres Strait Islander people in receiving care. Attention must also be given to the social and policy context of Aboriginal and Torres Strait Islander health and the complex relationships between determinants of health, the health system and health outcomes.

3.2 Purpose of the Health Performance Framework

The primary purpose of the Health Performance Framework is to monitor progress of the health system and broader determinants of health in improving Aboriginal and Torres Strait Islander health.

The Health Performance Framework will also support the streamlining of reporting requirements across Aboriginal and Torres Strait Islander health. It will utilise and build on existing national data sources where possible and replace the existing National Performance Indicators for Aboriginal and Torres Strait Islander Health. This Framework will provide the basis for future developments in health system performance monitoring in other national reports such as the Overcoming Indigenous Disadvantage Report and the Report on Government Services.

The Health Performance Framework will provide a meaningful and policy based report on the health status of Aboriginal and Torres Strait Islander peoples, the performance of the health system and the situation in relation to the determinants of health. Reporting against the Framework will promote:

Accountability
The Health Performance Framework will be a significant public accountability tool for all governments, measuring achievement against their commitments to improve Aboriginal and Torres Strait Islander health.

Informed policy
The Framework will provide important information to inform the development of policy in Aboriginal and Torres Strait Islander health and in whole of government action on the determinants of health.

The Health Performance Framework will complement the Overcoming Indigenous Disadvantage report produced by the Steering Committee for the Review of Government Services provision by providing more direct measures that will assist in defining the policy responses that are needed.

Informed research
The Framework will provide a valuable tool for those involved in research into Aboriginal and Torres Strait Islander health. Over time, longitudinal analyses will be available to highlight changes in key areas of health system performance and outcomes as well as health determinants.

Foster informed debate
The Health Performance Framework has the potential to become a key resource in informed public debate around Aboriginal and Torres Strait Islander health. It will add to material already available such as the triennial report *Expenditures on health services for Aboriginal and Torres Strait Islander people* and the biennial report *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*.

3.3 Scope of the Health Performance Framework

The Health Performance Framework covers the entire health system including Indigenous-specific services and programs and mainstream services across the continuum of care. The Framework includes measures across the full continuum from Inputs, Processes, Outputs, and Intermediate Outcomes to Outcomes. This enables short to medium term measures of progress to be included and accommodates the different stages of development of services and systems.

In addition, the Framework includes indicators for health determinants that are outside of the health system. This is consistent with the whole of government approach recommended by the Council of Australian Governments.

3.4 Audience for the Health Performance Framework

The Health Performance Framework will be a document for many audiences. An important audience will be Australian Government and State and Territory Health Ministers and officials in the context of monitoring progress against the objectives of the NSFATSIH and the jurisdictional Implementation Plans. The Other audiences will include:

- Central agencies across jurisdictions;
- Groups and individuals with a role in advocacy;
- Aboriginal and Torres Strait Islander Community Controlled health sector;
- Aboriginal and Torres Strait Islander Australians;
- Researchers and Universities;
- The media; and
- The general public.

4 Development of the Aboriginal and Torres Strait Islander Health Performance Framework

4.1 Developing the Framework

In developing the Health Performance Framework SCATSIH adopted the structure and definitions of the already endorsed National Health Performance Committee's (NHPC) Health Performance Framework.

One important benefit of the NHPC framework is that it acknowledges, in addition to the performance of the health system the broad range of factors that influence health status and outcomes. In contrast, the health performance frameworks of many international organisations did not include measures of social determinants of health. This partly reflects the difficulty of

developing a single framework to include the actions of multiple portfolios and also that in some jurisdictions, the health system is primarily responsible for curative and palliative functions. Internationally, Canada and Australia appear to be the only two countries that have systematically included a tier to address the broader determinants of health within a health performance framework.

The NHPC framework comprises 3 Tiers of performance measurement as follows:

- Tier 1 -health status and health outcomes:
  Measures of prevalence of disease or injury, human function, life expectancy and well being. How healthy are people? Is it the same for everyone? What is the opportunity for improvement?

- Tier 2 - determinants of health status:
  Measures of the determinants of health including socioeconomic status, environmental factors and health behaviours. Are the factors that determine good health changing? Is it the same for everyone? Where and for whom are these factors changing?

- Tier 3 - health systems performance:
  Measures of health portfolio activities including population health programs, primary health care services and acute care sectors. How well is the health system performing in delivering quality health actions to improve health? Is it the same for everyone?

The primary relationship between the Tiers is that health status and outcomes (Tier 1) are influenced by both determinants of health (Tier 2) and the performance of health systems (Tier 3). The framework recognises that there is not a direct causal relationship between the actions of health systems (Tier 3) and health outcomes (Tier 1) because of the intervening variables associated with Tier 2.

In developing the Health Performance Framework it was important that the definitions of the NHPC Framework were applied appropriately so that the most useful and relevant performance measures would be chosen. Therefore, during the development of the Health Performance Framework, the following were considered:

- Other national and international health performance frameworks in terms of their definitions and measures;
- Links to relevant areas of the NSFATSIH and other relevant national Aboriginal and Torres Strait Islander policy frameworks; and
- Contextual issues associated with the current status of Aboriginal and Torres Strait Islander health and health system development.

As a result of this analysis, this framework adopts the NHPC definitions but adds consideration of the Aboriginal and Torres Strait Islander health context and poses policy questions relevant to that context.

4.2 Selection of Performance Measures for the Health Performance Framework

SCATSIH established a Technical Advisory Group to select the measures for the Health Performance Framework. When selecting measures the Technical Advisory Group used criteria developed by SCATSIH and which were based on the NHPC criteria. The following process was used (outlined in detail in Box 1):

- In stage one, measures were short-listed for policy relevance, based on the policy questions identified by SCATSIH for each domain.
- In stage two, the short-listed measures were examined for technical merit and feasibility.
    - This was done to a limited extent only as the Technical Advisory Group agreed that it would be more appropriate to consider stage two as part of the future work to develop the selected measures (refer to Chapter 6).
- In stage three, the selected measures were considered as a whole to ensure there were no gaps and that there was an appropriate balance of measures across the HPF.

The performance measures selected for the Health Performance Framework are presented in Appendix 2.

BOX 1 Selection Criteria for the Health Performance Framework

Stage 1
Sort list for policy relevance:

Social and Policy Relevance Performance measures should cover an area or subject that is relevant and important to Aboriginal and Torres Strait Islander Australians, policy makers, health services.
Is the performance measure, measuring one of the key policy questions in Aboriginal and Torres Strait Islander Health?
Does the performance measure show things that are important to Aboriginal and Torres Strait Islander people, policy makers and health services?
Is the performance measure capable of leading change?

Stage 2
Cull by technical criteria and feasibility:

Technical validity and reliability An assessment of the scientific soundness of the performance measure utilising available evidence. Defines which specific measures are best suited to evaluating the areas under consideration.	
Valid	The measure must reflect the event or activity it purports to reflect.
Reliable	Under identical conditions, the measure should give the same answers. In this way, the measure is not liable to unpredictable or inexplicable fluctuations.
Sensitive	When there is a significant change in the phenomenon of interest this will be reflected in a significant change in the measure.
Attributable (relevant for Tier 3 only)	The measure should reflect health and social outcomes that are substantially attributable to the health system through its role as service provider, advocate for health, and interagency partner.

Feasibility An assessment of whether the measure is supported by data that are currently available and/or feasible, inexpensive to collect
Are recent good quality data available for this measure? If not, would it be feasible and inexpensive to develop a data source for this.
Can the data be updated regularly?
Is the data nationally consistent?

Stage 3
Recommended questions to check the short list of indicators and to ensure balance across the Health Performance Framework:
Is there an appropriate balance of performance measures across Inputs, Processes, Outputs, Intermediate Outcomes and Outcomes;
Is there an appropriate balance across each level of the health system (Tier 3)
Primary Health care
Hospitals
Specialists;
Is there an appropriate balance of priority health issues reflected in the measures; and
Is there an appropriate balance of measures across all domains of the Health Performance Framework?

5 The Aboriginal and Torres Strait Islander Health Performance Framework

5.1 Using the Framework to Measure Performance

This Framework comprises:

- 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.

In addition to the eighteen domains of the Health Performance Framework listed above, there are two overarching dimensions that apply across multiple domains. These dimensions, quality and equity, are described below.

Following this, each domain of the Health Performance Framework is described using the following structure:

- Definition
    - These have been adopted from the NHPC framework
- Policy Questions
    - These are the questions that the domain seeks to answer to inform policy
- Relevant Issues
    - This section presents any issues that are relevant to the application of the domain within the Aboriginal and Torres Strait Islander Health Performance Framework
- Performance Measurement
    - This section presents the performance measures for the domain. Subsequent to this publication, technical specifications will be developed for these measures including an assessment of any data development requirements (refer to Chapter 6).
    - Due to the areas of overlap between the domains of the NHPC framework, measures were assigned to the domains of the Health Performance based on a series of rules, the purpose of which was to avoid duplication and ensure consistency in the assignment of performance measures across domains.
        - The rules do not limit the definition of the domain and in reports against the Health Performance Framework it is envisaged that each domain will include a detailed analysis of the measures that sit within that domain as well as a consideration of any relevant measures from other domains. This will allow a greater depth of understanding for each domain and the framework as a whole.

5.2 Dimensions

5.2.1 Quality

Adapted from the Canadian work, this Health Performance Framework's definition of Quality is:

> *the quality of health care relates to delivering the best possible care and achieving the best possible outcomes for Aboriginal and Torres Strait Islander people every time they deal with the health care system or use the services of the health care system.*

The cultural security of health service is an important element of quality for Aboriginal and Torres Strait Islander Australians. 'Cultural respect is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected.'[11] Cultural security is 'a commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, views, values and expectations of Aboriginal people. It is a recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administration.'[12]

Both system level and service/program aspects of quality are important in Aboriginal and Torres Strait Islander health. Quality is both a system outcome reflecting improved levels of performance with respect to Aboriginal and Torres Strait Islander health and a process of continual improvement at the service/program level.

Policy Questions

The following questions are pertinent to quality:

- What are the objectives of health system performance in relation to Aboriginal and Torres Strait Islander health?
- To what extent should quality of the health system be based on levels of attainment in health system performance?
- Should quality be a judgement about actual structures and processes of service delivery and if so how?

Performance Measurement

Based on the argument of Sibthorpe et al (2003)[13] that quality is not integral to the structures and processes of the health system but is a judgement made about them, it is not considered feasible to develop specific performance measures for Quality. Rather, an assessment of quality would be a judgement about the health system's overall performance with reference to all the domains of Tier 3. This 'judgement' would be qualitative rather than quantitative.

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[11] Standing Committee on Aboriginal and Torres Strait Islander Health Working Party, 2004, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*, AHMAC, Canberra.
[12] Houston S. [no date]. *Aboriginal Cultural Security, A Background paper.* Available from: www.aboriginal.health.wa.gov.au/htm/aboutus/Cultural%20Security%20Discussion%20Document.pdf [Accessed 4 July 2005].
[13] Sibthorpe B., Gardner K., Eades S., 2003, *A Review of Primary Care Performance Indicators for Indigenous-Specific Services and Programs funded by the Office of Aboriginal and Torres Strait Islander Health (First Report)*, (unpublished).

5.2.2 Equity

The Health Performance Framework definition of Equity as adapted from the UK definition[14] is:

> *the state or ideal of being just, impartial, and fair such as everyone having the same chance of good health regardless of who they are, where they live, or their social circumstances.*

It is further recognised that given the existing health problems facing Aboriginal and Torres Strait Islander Australians, positive discrimination will be needed in order to achieve the same chance of achieving good health, for example, Indigenous Australians require a higher level of health expenditure on average than non-Indigenous Australians because they have greater need. The definition of equity also needs to acknowledge that the construct of health is different for Aboriginal and Torres Strait Islander people from non-Indigenous Australians and therefore the outcomes sought may be different.[15] There are cultural, geographic and language barriers to achieving equitable health outcomes that must also be addressed.[16]

Policy Questions

The following questions are pertinent to equity:

- What is the magnitude of the difference between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians in terms of health status and outcomes, determinants of health and health system performance?
- Is the gap widening or narrowing?
- Are health services being provided to Aboriginal and Torres Strait Islander peoples proportional to need?

Performance Measurement

Equity will be assessed in the Health Performance Framework by comparing Aboriginal and Torres Strait Islander and non-Indigenous Australians in the measures for each domain.

Within Tier 3 of the Health Performance Framework, another type of equity measurement is looking within the Aboriginal and Torres Strait Islander population and determining whether services are being provided proportional to need.

[14] Anderson G., Petrosyan V. and Hussey P., 2003, *International Working Group on Quality Indicators: Working paper on Disparities Indicators in Five Countries*, John Hopkins University.
[15] Mooney G., 2003, Here's a recipe for a more equitable health care system in Australia, Viewed 26 May 2005 <http://www.onlineopinion.com.au.
[16] Leeder, S. R., 2003, 'Achieving equity in the Australian healthcare system', *Medical Journal of Australia*, Vol 179: 475-478.

5.3 Tier 1 – Health Status and Outcomes

While Australians in general are one of the healthiest populations of any developed country, Aboriginal and Torres Strait Islander Australians are generally the least healthy of all Australians and least healthy when compared to Indigenous populations within comparable developed countries.[17] The life expectancy of Aboriginal and Torres Strait Islander Australians is around 17 years less that non-Indigenous Australians and death rates are between two and four times higher.[18] [19]

The causes of poorer health status among Aboriginal and Torres Strait Islander Australians are complex. The health outcomes measured in Tier 1 arise from a range of social, economic, political and physical determinants. Hence, Tier 2 of this framework measures determinants of health across several domains including socioeconomic, environmental, behavioural and person-related factors.

> The NSFATSIH, recognises the complex factors contributing to poor health outcomes and provides a framework for action across the determinants of health, as well as for health service policy and delivery. The ultimate aim is to raise the health status of Indigenous Australians to the same level enjoyed by the rest of the Australian community.

Tier 1 of the Health Performance Framework examines the health status of Indigenous Australians, and provides the basis for monitoring any changes to health outcomes over time. It consists of the same four domains used in Tier 1 of the NHPC Framework, which are:

- Health conditions
- Human function
- Life expectancy and wellbeing
- Deaths

5.3.1 Health Conditions

Information on the prevalence, incidence and burden of disease and injury provides a baseline to evaluate trends in the population's health and a basis for comparing different population groups (eg Indigenous and non-Indigenous Australians). These high-level health outcomes are influenced by many factors that are external to the health system. Therefore, while they cannot be used to measure health system performance, they can provide an indication of directions for policy development within a whole-of-government perspective.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

[17] National Aboriginal and Torres Strait Islander Health Council, 2003, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context,* NATSIHC, Canberra.
[18] Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW), 2003, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, ABS cat. no. 4704.0, AIHW Cat. No. IHW 11, ABS, Canberra.
[19] Australian Bureau of Statistics, 2004, *Deaths Australia 2003*, ABS Cat. No. 3302.0, ABS: Canberra.

Term for Domain: Health Conditions

Definition: Prevalence of disease, disorder, injury or trauma or other health-related states.

Policy Questions

This domain seeks to answer the following policy questions:

- What is the gap in the prevalence or incidence of health conditions between Indigenous and non-Indigenous Australians? Is this gap widening or narrowing over time?

- Which health conditions cause the highest morbidity in the Aboriginal and Torres Strait Islander population?

- Is the nature of the health conditions that cause significant morbidity in Aboriginal and Torres Strait Islander peoples changing over time, and if so how?

Relevant Issues

The relevant aims and priority areas identified in the NSFATSIH provide information about which health conditions are of importance in the Aboriginal and Torres Strait Islander context. One of the identified aims of the NSFATSIH is to strengthen the service infrastructure essential to respond to:

- chronic disease, particularly cardiovascular disease; renal disease; diseases of the endocrine system (such as diabetes); respiratory disease; and cancer;
- communicable disease, particularly infections in children and the elderly, sexually transmissible infections and blood borne diseases (including hepatitis C);
- mental disorder, stress, and trauma;
- injury and poisoning;
- Family violence, including child abuse and sexual assault (relating to injury within the Health Conditions domain); and
- Child and maternal health and male health.

The key goal of the NSFATSIH is that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population. Therefore, an important focus for this domain will be to identify and monitor discrepancies between the health status of the Aboriginal and Torres Strait Islander Australian population and the general Australian population.

Performance Measurement

The following measures will be reported on in this domain, subject to technical examination and identification of data development requirements:

- Low birthweight infants
- Top reasons for hospitalisation
- Hospitalisation ratios for injury and poisoning
- Hospitalisation for pneumonia
- Circulatory disease
- Acute rheumatic fever and rheumatic heart disease
- High blood pressure
- Diabetes

- End stage renal disease
- Decayed, missing and filled teeth
- HIV/AIDS, hepatitis C and sexually transmissible infections
- Children's hearing loss.

5.3.2 Human Function

The Human Function domain captures information on the level of disability and impaired functioning in the population. It includes information on the prevalence of impaired functioning, activity limitations and restrictions in participation. Australia's Welfare 2003[20] presents an overview of disability in Australia, which incorporates several aspects of human function:

"Disability is conceptualised as multi-dimensional, relating to the body functions and structures of people, the activities they do, the life areas in which they participate, and factors in their environment which affect these experiences. Increasingly, disability is recognised as something that affects most people in the population, to varying degrees and at varying life stages; it can be measured along a continuum and estimates vary with the particular definition used."

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Human Function Definition: Alterations to body structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).

Policy Questions

This domain seeks to answer the following policy questions:

- What is the gap in terms of the human functioning of Aboriginal and Torres Strait Islander Australians compared to non-Indigenous Australians? Is this gap widening or narrowing over time?

- How is the human functioning of Aboriginal and Torres Strait Islander Australians changing over time?

- Are there types of human function limitation that Aboriginal and Torres Strait Islander Australians are at particular risk of experiencing?

Relevant Issues

There is currently little nationally comparable data on the prevalence of disability within the Aboriginal and Torres Strait Islander population. However, research suggests that although Indigenous people might have around the same rate of genetic disability as the rest of the

[20] Australian Institute of Health and Welfare, 2003, *Australia's Welfare 2003*, Cat. No. AUS 41, AIHW, Canberra.

population, they may have a higher rate of disability owing to environmental and trauma-related factors[21].

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Disability
- A measure (to be developed) of community functioning.

5.3.3 Life Expectancy and Well Being

The Life Expectancy and Wellbeing dimension includes broad measures of physical, mental and social wellbeing of individuals and other derived indicators.

Life expectancy is the average number of years a person of a given age and sex might expect to live if the current age-sex-specific death rates continued to apply throughout his or her lifetime.

The National Mental Health Plan 2003-2008 defines:

- Mental health as a 'state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential'; and
- Mental illness as a 'clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.'[22]

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Life Expectancy and Wellbeing Definition: Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE).

Policy Questions

This domain seeks to answer the following policy questions:

- What is the gap in life expectancy at birth between Aboriginal and Torres Strait Islander Australians and the general Australian population? Is this gap changing over time?

- How do Aboriginal and Torres Strait Islander Australians rate their own general wellbeing (mental, social, physical and/or emotional) and how does this compare to the general population?

[21] Steering Committee for the Review of Government Service Provision (SCRGSP), 2003, *Overcoming Indigenous Disadvantage: Key Indicators 2003*, Productivity Commission, Canberra.
[22] Australian Health Ministers, 2003, *National Mental Health Plan 2003-2008*, Australian Government, Canberra.

Relevant Issues

Life expectancy at birth for Aboriginal and Torres Strait Islander peoples is currently 17 years less than for other Australians. The NSFATSIH identifies the following aims that are related to the Life Expectancy and Wellbeing of Aboriginal and Torres Strait Islander Australians:
To increase life expectancy to a level comparable with non-Indigenous Australians; and
To decrease mortality rates in the first year of life and decrease infant morbidity by improving well being and quality of life.

The concept of social and emotional wellbeing is important to Aboriginal and Torres Strait Islander peoples and is considered distinct from mental illness. Aboriginal and Torres Strait Islander peoples experience higher rates of both social and emotional wellbeing problems and some mental disorders than other Australians. Social and emotional wellbeing problems can result from grief, loss, trauma, abuse, violence, substance misuse, physical health problems, child development problems, child removals, incarceration, family breakdown, cultural dislocation, racism and social disadvantage.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Life expectancy at birth
- Perceived health status
- Median age of death
- Social and emotional wellbeing.

5.3.4 Deaths

Data collected for this domain will assist in identifying which population subgroups are most at risk of premature death from which conditions. This may assist with the development of appropriate policy responses both within and outside of the health system by providing information about whether overall life expectancy for Aboriginal and Torres Strait Islander Australians could be increased by focussing on a small number of health conditions and/or population subgroups.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Deaths Definition: Age and/or condition specific mortality rates.

Policy Questions

This domain seeks to answer the following policy questions:

- How large is the disparity in death rates between the Indigenous and non-Indigenous Australian population and is the gap widening or narrowing over time?

- What are the major causes of death amongst Aboriginal and Torres Strait Islander Australians and how does this compare with the general population?

- Which groups within the Aboriginal and Torres Strait Islander population are at most risk of premature death, and for what causes?

Relevant Issues

Aboriginal and Torres Strait Islander Australians have a mortality rate of about three times the total Australian mortality rates. The leading causes of death for both Aboriginal and Torres Strait Islander Australians and the total Australian population tend to be similar however deaths occur at a much higher rate for Indigenous Australians for nearly all causes[23].

The Deaths domain of Tier 1 of the Aboriginal and Torres Strait Islander Health Performance Framework will provide the basis for monitoring which age group(s) and/or sex faces the highest risks in relation to premature death, and for what causes.

The NSFATSIH aims that relate to this domain are to:

- Decrease mortality rates in the first year of life;
- Decrease all-causes mortality rates across all ages; and
- Respond to a range of (potentially fatal) health conditions such as renal disease, respiratory disease and cancer.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Infant mortality rate
- Perinatal mortality
- Sudden Infant Death Syndrome
- All causes age standardised deaths rates
- Leading causes of mortality
- Maternal mortality
- Avoidable and preventable deaths.

[23] Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW), 2003, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, ABS cat. no. 4704.0, AIHW Cat. No. IHW 11, ABS, Canberra.

5.4 Tier 2 – Determinants of Health

The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) highlighted the importance of broader policy approaches to address health and non-health sector initiatives. It is therefore appropriate that the Health Performance Framework address performance measures that capture the cross-sectoral response required.

The rationale behind the inclusion of non-health sector performance measures in the Health Performance Framework is twofold. Firstly, the inclusion of cross portfolio performance measures in a single Health Performance Framework acknowledges the complex interrelated factors that determine high-level measures such as health status. It recognises that improvements in both health and social determinants are required for sustained progress.

Secondly, it is clear from past experience and international evidence that sustained health improvement requires sound intersectoral collaboration, that addresses *key* factors that influence health. The inclusion of performance measures related to this combined action allows monitoring of progress of all portfolios that have a role to play in improving the health of Aboriginal and Torres Strait Islander Australians.

Tier 2, of the Health Performance Framework examines the determinants of health that influence the health status of Aboriginal and Torres Strait Islander Australians. Reliable information on the size and distribution of determinants of health in the Aboriginal and Torres Strait Islander population, and comparisons with measures in the non-Indigenous population is crucial for:

- evaluating the effects of current health and social policies;
- developing and prioritising strategies for health gain;
- highlighting areas for possible intersectoral action; and
- determining research priorities.

This tier consists of the same five domains used in Tier 2 of the NHPC framework, which are:

- Environmental factors;
- Socioeconomic factors;
- Community capacity;
- Health behaviours; and
- Person-related factors.

From the nature versus nurture perspective of health determinants, the Tier 2 domains of environmental factors, socioeconomic factors, community capacity, health behaviours are measuring nurture, whereas the domain of person-related factors is measuring nature.

It is important to consider the complex inter-related character of the determinants within Tier 2 of the Health Performance Framework. For example, Winkleby et al. (1990) [24] found that lower levels of education, a key indicator of socioeconomic status (SES), were associated with a higher prevalence of health risk factors such as smoking and obesity.

Winkleby et al. (1990) [25] argued that it is therefore important to understand trends and benchmarks of individual related determinants such as 'smoking and other health behaviours', in the context of related trends in population level determinants of health such as 'socioeconomic

[24] Winkleby, M.A., Fortmann, S.P. & Carrett, D.C., 1990, 'Social Class Disparities in Risk Factors for Disease: Eight-Year Prevalence Patterns by Level of Education', *Preventive Medicine*, vol. 19, pp. 1–12.
[25] Winkleby, M.A., Fortmann, S.P. & Carrett, D.C., 1990, 'Social Class Disparities in Risk Factors for Disease: Eight-Year Prevalence Patterns by Level of Education', *Preventive Medicine*, vol. 19, pp. 1–12.

status'. The research indicated that individual factors were in fact clustered around population level risk factors. Understanding and addressing population level exposure to risk factors (eg low SES or pollution in neighbourhoods) was considered just as important as addressing those at the individual level (eg smoking).

5.4.1 Environmental factors

The physical environment in which people live plays a pivotal role in population health. Environmental health depends, among other things, on the buildings in which people live, the water they drink, the food they eat, the air they breathe, their ability to clean themselves, their clothes and their homes, the safe removal of waste, and control of pests. Protection from pathogens, the extremes of temperature and ultraviolet radiation are other examples of environmental factors that affect health. Ultimately issues such as soil depth and quality, climate, biodiversity and sustainable utilisation of resources such as fisheries and forests are of critical importance to communities now, and to the health of future populations generally[26].

Reporting environmental measures across geographic areas and between Indigenous and non-Indigenous Australians will provide evidence of the impact of relevant whole of Government action.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Environmental factors Definition: Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.

Policy Questions

This domain seeks to answer the following policy questions:

- What proportion of Aboriginal and Torres Strait Islander Australians are at risk due to environmental factors?

- What is the differential exposure between Indigenous and non-Indigenous Australians? Is this improving?

Relevant Issues

Key Result Area 5 of the NSFATSIH aims to improve standards of environmental health, including housing and essential services, in Aboriginal and Torres Strait Islander communities.

Macro level environmental health measures, such as ozone levels, that appear in mainstream health reporting processes have less specific relevance to the Aboriginal and Torres Strait Islander context. More relevant to Aboriginal and Torres Strait Islander health disadvantage are

[26] McMichael. A, 1993, *Planetary overload*. Cambridge: Cambridge University Press.

measures directed at access to and quality of basic necessities such as housing, water and sewerage disposal.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Access to functional housing with utilities
- Overcrowding in housing
- Environmental tobacco smoke.

5.4.2 Socioeconomic Factors

Research has shown clear associations between the health status of Australians and socioeconomic factors such as education, employment and income. Generally, population groups with lower socioeconomic status have poorer health than those with higher socioeconomic status. The evidence also suggests that health care utilisation is similarly affected by socioeconomic status, perhaps independently of health status. Furthermore, socioeconomic characteristics are also highly correlated with other non-medical determinants of health[27].

Reporting the socioeconomic factors affecting health will help to inform public policy. This could encourage greater intersectoral collaboration to help address health inequalities and improve health status and health outcomes.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Socioeconomic factors Definition: Factors such as education, employment, per capita expenditure on health, and average weekly earnings.

Policy Questions

This domain seeks to answer the following policy questions:

- What is the socioeconomic status of Aboriginal and Torres Strait Islander peoples (including education, employment and income)?
- What is the disparity between Indigenous and non-Indigenous Australians?
- Is this disparity changing over time and if so by how much?

[27] Canadian Institute for Health Information (CIHI), 2001, *Health Indicators Conceptual Framework: Background Paper*. CIHI, Canada.

Relevant Issues

This domain links with KRA6 of the NSFATSIH, which looks at wider strategies that impact on health, including the areas of employment and education.

The following issues are important to consider in relation to Indigenous socioeconomic factors:

- Employment
    - Indigenous employment has a significant part time component compared to the non-Indigenous labour force;
    - Recorded Indigenous employment is significantly affected by CDEP participation, particularly in very remote areas;
- Income
    - Income levels need to be considered in the context of family size as Indigenous families tend, on average, to be larger than non-Indigenous families;
- Education
    - Educational factors need to be considered in the context of more proximal health status measures. For example, there is evidence in relation to Aboriginal communities that educational achievement is adversely affected by poor health, particularly by malnutrition, otitis media (leading to hearing loss) and substance misuse[28].

Performance measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Year 3, 5 and 7 literacy and numeracy
- Years 10 and 12 retention and attainment
- Educational participation and attainment of Aboriginal and Torres Strait Islander adults
- Employment status including CDEP participation
- Income
- Housing tenure type
- Disparity index which would cover the elements of this domain - a combined index of disadvantage, economic resources and of education and occupation.

5.4.3 Community Capacity

This component incorporates information on characteristics of communities that can influence health, such as health literacy, community support services, transport, community safety and social support. Concepts and measures of community capacity are currently the focus of considerable research and development. The development of performance measures that relate health to community capacity is still in the early stages both nationally and internationally.

One aspect that can affect both physical and mental health is actual or perceived safety. Indicators used to measure safety are usually 'negatives' or 'system breakdowns, such as the occurrence of crime and/or injury. It is important to note that the effects of these negative events are experienced not only by the immediate victims but also by their friends and family. Less

[28] Steering Committee for the Review of Government Service Provision (SCRGSP), 2003, *Overcoming Indigenous Disadvantage: Key Indicators 2003*, Productivity Commission, Canberra.

directly, other individuals and society at large experience the effects in terms of perceptions of danger or, more positively, feelings of safety and security.[29]

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Community capacity Definition: Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport.

Policy Questions

This domain seeks to answer the following policy questions:

- What proportion of Aboriginal and Torres Strait Islander Australians live in areas that lack characteristics associated with high levels of community capacity?
- What is the trend over time?
- How does this compare with the non-Indigenous population?

Relevant Issues

Community capacity is a critical factor in Indigenous health disadvantage. Historical, institutional, and societal factors have led to the present situation where many Aboriginal and Torres Strait Islander Australians are living in communities that are hazardous to health and unable to provide the supports that ameliorate the risk factors for disease.

Grief, trauma and loss, were identified in the Ways Forward Report[30] as highly significant problems for Aboriginal and Torres Strait Islander Australians. These can stem from a range of factors intimately related to the health and capacity of communities and cultures. According to the report some of the social and community factors that can affect mental health were:

- the ongoing impact of colonisation;
- loss of land and culture;
- high levels of family separations, including forced separations;
- deaths in custody;
- domestic violence; and/or
- sexual and physical abuse.

[29] Australian Institute of Health and Welfare, 2003, *Australia's Welfare 2003*, Cat. No. AUS 41, AIHW, Canberra.
[30] Swan P. and Raphael B., 1995, *Ways Forward – National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*, AGPS, Canberra.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

Demography
- Dependency ratio
- Single-parent families by age group

Safety and Crime
- Community safety
- Contact with the criminal justice system
- Child protection

Other
- Transport
- Indigenous people with access to their traditional lands.

5.4.4 Health Behaviours

Poor health is strongly associated with certain health behaviours. Poor diet, insufficient physical activity, excess alcohol consumption and smoking are common risk factors for many diseases and conditions including cancers, diabetes, heart disease and stroke.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Health Behaviours: Definition: 'Factors that influence health status. Attitudes, beliefs knowledge and behaviours eg. patterns of eating, physical activity, excess alcohol consumption and smoking'.

Policy Questions
This domain seeks to answer the following policy questions:

- What proportion of Aboriginal and Torres Strait Islander Australians are at risk due to health behaviours? How does this compare to non-Indigenous Australians.

- Is the disparity between Indigenous and non-Indigenous Australians improving?

Relevant Issues

Health behaviours are an important contributing factor for Aboriginal and Torres Strait Islander health disadvantage. However, the interpretation of this domain in the Health Performance Framework must acknowledge the socioeconomic and structural factors that predispose Aboriginal and Torres Strait Islander people to such risks. In other words risk behaviours at the individual level must be seen in the context of risk factors affecting populations[31].

This ensures that policy initiatives move beyond a narrow focus of individual blame to develop an understanding of the systematic factors that initiate and maintain risky health behaviours.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

Tobacco, alcohol and other drug use

- Tobacco use
- Tobacco smoking during pregnancy
- Risky and high risk alcohol consumption
- Drug and other substance use including inhalants

Physical activity

- Level of physical activity

Nutrition

- Dietary behaviour
- Breastfeeding practices

Other health behaviours

- Self reported unsafe sexual practices.

5.4.5 Person-related factors

Person-related factors include age, genetic and biomedical characteristics, which may manifest as particular genetic conditions or predispositions to chronic diseases. These determinants of health represent a specific set of individual risk factors that may not always be remediable as they often lie outside those factors normally influenced by individual behaviours or by the environment. However, individual behaviours and/or the environment may influence some biomedical characteristics such as high blood pressure.

Such factors may contribute to outcomes of human function, life expectancy and health conditions. As such, person related factors must be considered in order to form a comprehensive understanding of health and the various pathways that mediate between states of health and illness[32].

31 Kawachi I, Kennedy BP, Lochner K, Prothrow-Stith D., 1997, 'Social capital, income inequality, and mortality', *American Journal of Public Health 1997,* vol. 87, pp. 1491-1498.

32 Baird P. A., 1994, *The Role of Genetics in Population Health, in Evans RG, Barer ML, Marmor T (eds). Why are Some People Healthy and Others Not?*, New York: Aldine de Gruyter.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Person related factors Definition: Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.

Policy Questions

This domain seeks to answer the following policy questions:

- What proportion of Aboriginal and Torres Strait Islander Australians are at risk due to person related factors?

- Is there a differential prevalence between Indigenous and non-Indigenous Australians and if so what is the magnitude and direction of the difference?

Relevant Issues

This domain has special significance to the Aboriginal and Torres Strait Islander context and Indigenous populations worldwide. The rapid social, cultural and demographic transitions that have occurred in these populations have resulted in an accelerated epidemiological shift in the profile of disease towards increased early onset chronic disease in adults. Part of this increased risk is determined at birth and independent of lifetime exposure to environmental and behavioural risk factors.

For example, research has shown associations between lower levels of birth weight and growth during the first years of life, and the prevalence of coronary heart disease and stroke, high blood pressure, and type 2 diabetes among adults[33].

This is particularly important given that low birth weight and poor early growth are significant issues in Indigenous communities. The proportion of live births during 1998-2000 with low birthweight was almost twice as high for Indigenous than for non-Indigenous mothers (11.9 per cent compared with 6.0 per cent)[34]. Note: the low birhweight performance measure has been included in the Health Conditions domain.

Performance Measurement

The following measure will be reported in this domain, subject to technical examination and identification of data development requirements:

- Prevalence of overweight and obesity.

[33] For a discussion of the impact of poor maternal and infant growth on future health see NHMRC, 2000, *Nutrition in Aboriginal and Torres Strait Islander Peoples: An Information Paper*, pp. 21-23, NHMCR, Canberra.
[34] Steering Committee for the Review of Government Service Provision (SCRGSP), 2003, *Overcoming Indigenous Disadvantage: Key Indicators 2003*, Productivity Commission, Canberra.

5.5 Tier 3 – Health System Performance

The Key Result Areas from Group A within the NSFATSIH are focused towards a more effective and responsive health system:

- Key Result Area One focuses on Aboriginal and Torres Strait Islander community controlled primary health care services;
- Key Result Area Two focuses on strengthening the whole of the health system's responsiveness to Aboriginal and Torres Strait Islander peoples;
- Key result Area Three advocates for the strengthening of the health workforce; and
- Key Result Area Four advocates for addressing the emotional and social well-being of Aboriginal and Torres Strait Islander individuals and communities.

Tier 3 of the Health Performance Framework aims to measure the health system's performance towards meeting the health needs of Aboriginal and Torres Strait Islander peoples as identified in NSFATSIH. In assessing health system performance, measures have been limited to those that a health system can reasonably be expected to achieve. As discussed earlier in this document, it is well recognised that health status and outcomes are influenced by many factors that are outside the direct influence of the health system.

Tier 3 of the Health Performance Framework consists of the same domains used in Tier 3 of the NHPC framework, which are:

- Effective, Appropriate and Efficient;
- Responsive;
- Accessible;
- Safe;
- Continuous;
- Capable; and
- Sustainable.

Together, the Tier 3 domains should provide an overall picture of how well Australia's health care system is meeting the needs of Aboriginal and Torres Strait Islander people.

5.5.1 Effective

Effectiveness is about whether the desired outcome has been achieved and using this as a measure of health system performance. However, it is important to remember that health outcomes are very much affected by factors outside the health system.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for Domain: Effective Definition: Care, intervention or action achieves the desired outcome.

Policy Questions

This domain seeks to answer the following policy questions:

- Is the Australian Health Care System effective for Aboriginal and Torres Strait Islander Australians?

Relevant Issues

Effectiveness is about achieving the 'desired outcome'. However, it is important to recognise that achieving the ultimate 'desired outcome' may not be feasible in the short to medium term due to the much poorer health status of Aboriginal and Torres Strait Islander Australians, the complexity of their health issues and contributing factors from outside the health system.

Further, when assessing effectiveness in the Aboriginal and Torres Strait Islander context, it is important to note that the health system for Indigenous Australians is currently under development. This means that it may take some time to obtain the required breadth of information about the relative effectiveness of treatments and services.

Performance Measurement

The measures selected for the Effective, Appropriate and Efficient domains are relevant across these domains. The following measures will be reported for the **Effective, Appropriate** and **Efficient** domains, subject to technical examination and identification of data development requirements:

- Health promotion
- Antenatal care
- Immunisation (child and adult)
- Early detection and early treatment
- Chronic disease management
    - This would include measures that are relevant to
        - Diabetes
        - Cardiovascular
        - Renal
        - Respiratory
        - Cancers
        - Chronic mental illness management
- Differential access to key hospital procedures
- Ambulatory care sensitive hospital admissions.

5.5.2 Appropriate

Appropriateness is about whether the actions of the health system are:

- relevant to the needs of the client
    - This includes the concept of whether care is culturally appropriate
- based on established standards
    - In the Health Performance Framework this refers to standards that are established for use with Aboriginal and Torres Strait Islander peoples. These standards may be mainstream standards that are considered effective for all Australians or standards that have been specifically adapted or developed for Indigenous Australians.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Appropriate Definition: Care, intervention or action provided is relevant to the client's needs and based on established standards.

Policy Questions

This domain seeks to answer the following policy questions:

- Is the Australian Health Care System providing care appropriate to the needs of Aboriginal and Torres Strait Islander Australians based on culturally appropriate established standards?

Relevant Issues

Care that is relevant to the needs of Aboriginal and Torres Strait Islander Australians needs to be based on appropriate definitions of health, an understanding of the health conditions of Aboriginal and Torres Strait Islander Australians, and the availability and mix of staff in health care services across the continuum of the health system and the service's approach to Aboriginal and Torres Strait Islander issues.

Performance Measurement

See above under Effective.

5.5.3 Efficient

Efficiency is about whether the health system achieves outcomes with the most cost-effective use of resources. There is considerable evidence that primary health care interventions are more cost effective than care provided in acute care settings. For example, Tengs, T. &et al (1995)[35] reviewed hundreds of cost-effectiveness analyses and found that 'primary prevention is more cost-effective than secondary or tertiary prevention'.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Efficient Definition: Achieve desired results with most cost effective use of resources.

[35] Tengs, T. &et al 1995, 'Five-hundred life-saving interventions and their cost effectiveness', *Risk Analysis*, vol. 15, pp. 369-391.

Policy questions

This domain seeks to answer the following policy questions:

- To what extent is the maximum benefit being obtained within available resourcing?
- Is the most efficient allocation of funds between primary health care and acute care being achieved for Aboriginal and Torres Strait Islander peoples?

Relevant Issues

There are no direct links between the Efficient domain and the Key Result Areas within the NSFATSIH. The main reason for this may be because the Aboriginal and Torres Strait Islander health system is under development and therefore the primary focus is on increasing capacity and resources.

The WHO have argued that cost-effectiveness by itself is relevant for achieving the best overall health, but not necessarily for the second health goal, that of reducing inequality. Related to the issue of equity, it is not considered feasible to compare health system efficiency between Indigenous and non-Indigenous Australians. This is because of the additional costs of service provision in remote areas and large inequalities in health status.

Performance Measurement

See above under Effective.

5.5.4 Responsive

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Responsive Definition: service provides respect for persons and is client oriented, including respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.

Policy Questions

This domain seeks to answer the following policy questions:

- To what extent does the Australian health care system reflect Aboriginal and Torres Strait Islander values?

Relevant Issues

The Cultural Respect Framework for Aboriginal and Torres Strait Islander health defines cultural respect as the 'recognition, protection and continued advancement of the inherent rights, cultures

and traditions of Aboriginal and Torres Strait Islander peoples'[36]. There is a growing understanding that a response to address the marginalisation of Aboriginal and Torres Strait Islander peoples must focus on improving the performance and accountability of mainstream services. The health system, overall, does not provide the same level and quality of care to treat illness for Aboriginal and Torres Strait Islander peoples[37].

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Discharge against medical advice
- Access to mental health services
- Aboriginal and Torres Strait Islander Australians in the health workforce
- Competent governance.

5.5.5 Accessible

Accessibility is the ability of people to obtain health care as needed. There are multiple factors that affect whether health care is accessible, such as:

- Geography or physical distance to health care services and/or providers
    - This may also be measured in terms of travel time to reach health care.
- Discrimination, or perceived discrimination, from health care services or providers
- Affordability of health care.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Accessible Definition: Ability of people to obtain health care at the right place and right time irrespective of income, cultural background or physical location.

Policy Questions

This domain seeks to answer the following policy questions:

- Is the Australian Health Care System accessible to Aboriginal and Torres Strait Islander Australians?

Relevant Issues

A literature review commissioned by the Department of Health and Ageing reported that Aboriginal and Torres Strait Islander people access mainstream health services 80% less than the

[36] Standing Committee on Aboriginal and Torres Strait Islander Health Working Party, 2004, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*, AHMAC, Canberra.
[37] Office for Aboriginal and Torres Strait Islander Health, 2001, *Better Health Care: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians*, p.18, DHAC, Canberra.

overall Australian population[38]. The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health identifies cultural influences on access to health services "… Aboriginal and Torres Strait Islander peoples view their health is a broad sense, which includes consideration of the physical, cultural and spiritual components of their well-being. Culture and identity are central to Aboriginal perceptions of health and ill health…. At the service interface, these perceptions and the social interaction surrounding them influence …when and why Aboriginal communities access services"[39].

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Access to services by types of service compared to need (eg primary care, hospital, dental and allied health and post acute care and palliative care)
- Access to prescription medicines
    - not filling prescriptions due to cost
    - Pharmaceutical Benefits Scheme expenditure per capita by region
- Access to after hours primary health care
    - A proxy measure could be the use of Emergency Departments for triage category 4 & 5 (ie problems that could be dealt with within a primary health care setting).

5.5.6 Safe

Safety is about whether actual or potential harm caused by contact with health system has been reduced to acceptable limits. This includes the safety of patients and staff and can be considered particularly relevant in relation to medical, surgical and hospital care.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Safe Definition: The avoidance or reduction to acceptable levels of actual or potential harm from health care management or the environment in which health care is delivered.

Policy Questions

This domain seeks to answer the following policy questions:

- Is the Australian Health Care System safe for Aboriginal and Torres Strait Islander Australians?

- Are the risks associated with delivery of health care identified and managed?

[38] Paul, D 1999, cited in Commonwealth Department of Health and Ageing 2002, *Access to After Hours Primary Medical Care by Disadvantaged and Marginalised Groups, Literature Review*, DoHA, Canberra.
[39] Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*, AHMAC, Canberra.

Relevant Issues

In assessing safety for Indigenous compared to non-Indigenous Australians, caution would be needed to ensure there was no undue influence from underlying differences in health status, or other social, environmental, physiological, or genetic determinants of health.

Performance Measurement

No performance measures are included for this domain:

- The measures that fit within this domain are not considered a high priority for the HPF as they are not likely to be issues that significantly and specifically affect Aboriginal and Torres Strait Islander peoples.
- It is considered more appropriate that the NHPC report against such measures and include disaggregations by Indigenous status in keeping with its approach to determine 'is it the same for everyone'.

5.5.7 Continuous

Within Tier 3 of the Health Performance Framework, the focus is on the health system and therefore the primary focus of this domain is continuity of care within the health system. Continuity of care for patients has many dimensions; for example primary health care services need to have continuity:

- between health care staff within primary health care services;
- between primary health care providers;
- with pharmacists;
- with hospitals and the acute care sector;
- with other health organisations such as mental health, substance use services, community health care services etc;
- with specialists;
- with allied health professionals;
- with other health providers such as traditional healers; and
- with policy makers at the State and national levels.

Definition

As adopted from the NHPC as follows:

Term for domain: Continuous Definition: The ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.

Policy Questions

This domain seeks to answer the following policy questions:

- Is the delivery of health care provided in a coordinated and continuous manner across the continuum of care for Aboriginal and Torres Strait Islander peoples?

Relevant Issues

Aboriginal and Torres Strait Islander Australians experience many barriers to accessing health care services. For example, a higher proportion of Aboriginal and Torres Strait Islander Australians live in remote areas than other Australians. There has been a history of marginalisation and discrimination and forced removal from family and lands. There are often language and cultural barriers, as well as economic barriers to accessing health care services. These issues have been identified in the Accessible domain of Tier 3 and provide additional challenges in addressing the Continuous dimension.

Further, although only continuity within the health system is included under this domain, it is important to recognise that continuity across portfolios is also important (for example, is the health system coordinating well with the education and justice systems). Cross portfolio issues are a major focus of the whole of government trials currently underway in each State and Territory.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Care Planning – a measure of the proportion of clients with preventable chronic diseases managed on care plans will need to be developed as there is currently no mechanism to enable it to be measured
- Use of Enhanced Primary Care items on MBS
- Extent to which individuals have a regular GP or health service.

5.5.8 Capable

Capability refers to the capacity or competence (whether at an individual or service level) to provide health services and interventions based on skills and knowledge.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Capable Definition: An individual or service's capacity to provide a health service based on skills and knowledge.

Policy Questions

This domain seeks to answer the following policy questions:

- Do the people/services providing health care to Aboriginal and Torres Strait Islander Australians have the relevant qualifications, skills and experience (clinical and cultural)?

Relevant Issues

Staff turnover and retention is a significant issue for health services in relation to the skills and knowledge base of health staff. This is particularly an issue in rural and remote areas where there

are shortages of health professionals and many health professionals only work in these areas for short periods. This problem also applies in urban Aboriginal health services.

The capacity to provide training for staff in remote areas is challenging for health services due to the distance/time required travelling to training and the lack of access to replacement staff to back fill for those attending training. This leaves the service with few opportunities to offer ongoing skills updating and training for their employees.

The diversity and complexity of Aboriginal and Torres Strait Islander cultures is another important issue to address in assessing the capability of the Australian health care system in meeting the needs of Aboriginal and Torres Strait Islander Australians. The availability of health services including mainstream health services that are culturally equipped to provide services to Aboriginal and Torres Strait Islander peoples is one of the key factors that will contribute to improved health outcomes[40].

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Accreditation
    - This will be measured in areas where a high proportion of the population is Indigenous because if it was measured across Australia it becomes a mainstream measure
- Aboriginal and Torres Strait Islander people in Tertiary Education for health related disciplines (eg nurses, doctors and other allied health professions).

5.5.9 Sustainable

Sustainability is about whether the health system has sufficient capacity to provide the necessary infrastructure now and into the future.

Definition

The Health Performance Framework adopts the NHPC term and definition for this domain as follows:

Term for domain: Sustainable Definition: System's or organisations' capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Policy Questions

This domain seeks to answer the following policy questions:

- Is there sufficient funding to develop a sustainable health care system for Aboriginal and Torres Strait Islander Australians? Are resources adequate over the longer term?

[40] Health Department of Western Australia 2003, *Aboriginal Cultural Security: A Background Paper*, Page 7, Health Department of Western Australia, Perth.

- To what extent are Aboriginal and Torres Strait Islander Australians participating in the policy and planning process, service delivery and the management of health services?

Relevant Issues

Measuring the sustainability of the health system for Aboriginal and Torres Strait Islander peoples is complicated by the fact that the Indigenous health system is still under development. This means that the capacity of the system is being developed and the milestones for achievement have therefore not been properly specified or measured. Services and systems need to continue to be strengthened to effectively meet the health needs of the Aboriginal and Torres Strait Islander population. This should be through:

- investment in known effective care and commensurate with need; and
- addressing gaps in service provision for Indigenous Australians (eg investments in infrastructure and workforce development).

The monitoring of inputs and processes of service and system development over time will be necessary to establish the "critical threshold" over and above which effective health care can be delivered to Aboriginal and Torres Strait Islander people.

Of further relevance in the Aboriginal and Torres Strait Islander context, it is generally recognised that for services operating in remote areas to be sustainable requires additional investments in service development, particularly infrastructure and workforce strategies.

The development of sound long term processes for planning and participation by Aboriginal and Torres Strait Islander people are the building blocks for service and system development at the local, regional and national levels. A challenge for health performance is how to make these processes flexible enough to be responsive to change.

Performance Measurement

The following measures will be reported in this domain, subject to technical examination and identification of data development requirements:

- Expenditure on Aboriginal and Torres Strait Islander health compared to need
    - This will draw on information in the Report on Health Expenditures for Aboriginal and Torres Strait Islander people and
    - Will be reported as a proportion of total expenditure on health (ie Indigenous and non-Indigenous) and over time
- Recruitment and retention of clinical and management staff (including GPs)

6 Future Directions – Development and Implementation

6.1 Implementation

Biennial reports will be produced against the measures contained in the Health Performance Framework. In order to commence reporting as soon as possible, the Framework will initially report on those measures that are currently able to be measured. Each Report will provide an update on data development activity underway as part of a process to work toward reporting against all measures. Appendix B summarises the measures to be included in the first report against the Health Performance Framework.

An important objective of the Health Performance Framework is to streamline existing reporting requirements and to ensure that reporting has a direct link to policy priorities. Therefore, reporting against this Framework will replace the current reports against the National Performance Indicators for Aboriginal and Torres Strait Islander Health (NPIs). While the Indicators have served well over a number of years, this Framework provides the opportunity for more focussed reporting with direct policy relevance and builds on the National Performance Indicators. The Framework also gives a focus to data development activity.

Therefore, the report against the NPIs in 2005, covering the two years ending in 2004, will be the last of those reports. The first report against the Health Performance Framework will be published in 2006.

6.2 Data Development

The measures in the Framework have been selected largely on the basis of policy relevance – that is they reflect issues that are important to measure and in respect of which measurement will inform policy and drive improvement. As a result, the capacity to report against all measure will develop over time. A number of measures are able to be reported now while others will require varying degrees of development and data improvement to enable reporting. AHMAC will establish priorities for the data development with the aim of eventually reporting all the measures.

Implementation of the Health Performance Framework will therefore involve the following stages:

- Developing technical specifications for each performance measure. This will include:
    - Defining in detail what each performance measure is designed to monitor in relation to the policy questions in the Health Performance Framework;
    - Where the performance measure requires conceptual development, an outline of the work/research required would be identified. In some cases this development work may take several years.
    - Analysis of existing national data collections to identify appropriate data sources for each performance measure taking into consideration data quality issues and the relevance to each measure. It is intended to utilise existing national collections wherever possible. Make recommendations on which performance measures should be reported on in 2006.
    - Identification of data development requirements in terms of gaps in existing data collections and data quality improvements needed.
    - Prioritise the measure development and data development work based on policy relevance. This stage includes specifying the work required for each performance measure, the organisation(s) responsible and likely timeframes to reach reporting stage.

    - Specify the reporting structures for each performance measure including tables and graphs, caveats on the data, statistical analysis required, policy analysis and linkage to the key policies in Aboriginal and Torres Strait Islander health.

- Reporting against the performance measures for inclusion in each report, with additional measures incorporated as development work proceeds.
    - Wherever possible and appropriate, national data sources will be used (for example from the Australian Institute of Health and Welfare or the Australian Bureau of Statistics) rather than requiring jurisdictions to directly supply the required information.

6.3 Level of reporting

The Health Performance Framework will initially report only at a national and jurisdictional level. It may also be possible to report some measures by remoteness classification (eg ARIA) at the national level. Although the Health Performance Framework will not require reporting below the State/Territory level in its first iteration, as data quality improves it will be possible to review the capacity of the Health Performance Framework to include regional level analyses.

6.4 Benchmarking

Benchmarking targets will not be developed for measures in the first iteration of the Health Performance Framework. Before any targets are set it will be necessary to have quality baseline information, which may only be possible after two or more reporting rounds of the Health Performance Framework.

However, comparative benchmarks will be incorporated wherever it is possible and useful to do so. Such comparative benchmarking may include:

- Benchmarking across jurisdictions;
- Comparisons between Indigenous Australians and non-Indigenous Australians;
- Comparisons between Aboriginal and Torres Strait Islander Australians and international Indigenous populations (where international data is judged to be of suitable quality for comparison purposes); and
- trends over time.

6.5 Measurement

The Health Performance Framework will play a key role in the evaluation and monitoring of health performance in respect of Aboriginal and Torres Strait Islander people in Australia. It will be a key tool in monitoring the impact of the NSFATSIH. It will provide useful quantitative measurement for the mid term review at five years of the NSFATSIH.

Abbreviations and Acronyms used in this Report

ABS	Australian Bureau of Statistics
AGPS	Australian Government Printing Service
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index for Areas
CDEP	Community Development Employment Project/Program
COAG	Council of Australian Government's
CIHI	Canadian Institute for Health Information
DALE	Disability Adjusted Life Expectancy
dmft	decayed, missing and filled (child) teeth
DMFT	decayed, missing and filled (adult) teeth
DoHA	Department of Health and Ageing
Framework	Aboriginal and Torres Strait Islander Health Performance Framework
GP	General Practice
HIV	Human Immunodeficiency Virus
HPF	Aboriginal and Torres Strait Islander Health Performance Framework
KRA	Key Result Area
MBS	Medical Benefits Schedule/Scheme
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2003-2010
NHMRC	National Health and Medical Research Council
NHPC	National Health Performance Committee
NPIs	National Performance Indicators for Aboriginal and Torres Strait Islander Health
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
OATSIH	Office for Aboriginal and Torres Strait Islander Health (DoHA)
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
SCRGSP	Steering Committee for the Review of Government Service Provision
SES	Socio-economic Status
SIDS	Sudden Infant Death Syndrome
UK	United Kingdom
WHO	World Health Organization

Appendix 1 – Health Performance Framework Definitions

Health status and outcomes (Tier 1)
How healthy are Australians? Is it the same for everyone? Where is the most opportunity for Improvement

Health conditions	Human function	Life expectancy and wellbeing	Deaths
Prevalence of disease, disorder, injury or trauma or other health-related states	Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation)	Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE).	Age and/or condition specific mortality rates

Determinants of health (Tier 2)
Are the factors that determine good health changing for the better? Is it the same for everyone? Where and for whom are these factors changing?

Environmental factors	Socioeconomic factors	Community capacity	Health behaviours	Person-related factors
Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.	Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.	Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport.	Attitudes, beliefs, knowledge and behaviours e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.	Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.

Health system performance (Tier 3)
How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?

Effective	Appropriate	Efficient
Care, intervention or action achieves desired outcome.	Care, intervention or action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost-effective use of resources.
Responsive	Accessible	Safe
Service provides respect for persons and is client orientated, including respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
Continuous	Capable	Sustainable
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System's or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring)

Source: National Health Performance Committee (2001), National Health Performance Framework Report.

Appendix 2 - Aboriginal and Torres Strait Islander Health Performance Framework Performance Measures

Health Status and Outcomes (Tier 1)

Health Conditions 1.01 Low birth weight infants 1.02 Top reasons for hospitalisation 1.03 Hospitalisation for injury & poisoning 1.04 Hospitalisation for pneumonia 1.05 Circulatory disease 1.06 Acute rheumatic fever & rheumatic heart disease 1.07 High blood pressure 1.08 Diabetes 1.09 End stage renal disease 1.10 Decayed, missing, filled teeth 1.11 HIV/AIDS, hepatitis C and sexually transmissible infections 1.12 Children's hearing loss	**Human Function** 1.13 Disability *Next Report: Community functioning* **Life Expectancy & Well-being** 1.14 Life expectancy at birth 1.15 Perceived health status 1.16 Median age at death 1.17 Social and emotional well-being	**Deaths** 1.18 Infant mortality rate 1.19 Perinatal mortality 1.20 Sudden infant death syndrome 1.21 All causes age standardised deaths rates 1.22 Leading causes of mortality 1.23 Maternal mortality 1.24 Avoidable and preventable deaths

Determinants of Health (Tier 2)

Environmental Factors 2.01 Access to functional housing with utilities 2.02 Overcrowding in housing 2.03 Environmental tobacco smoke **Socioeconomic Factors** 2.04 Year 3, 5 and 7 literacy and numeracy 2.05 Years 10 and 12 retention and attainment 2.06 Educational participation and attainment of Aboriginal and Torres Strait Islander adults 2.07 Employment status including CDEP participation 2.08 Income 2.09 Housing tenure type *Next report: Index of disadvantage*	**Community Capacity** *Demography* 2.10 Dependency ratio 2.11 Single-parent families by age-group *Safety and Crime* 2.12 Community safety 2.13 Contact with the criminal justice system 2.14 Child protection *Other* 2.15 Transport 2.16 Indigenous people with access to their traditional lands	**Health Behaviours** *Tobacco, alcohol and other drug use* 2.17 Tobacco use 2.18 Tobacco smoking during pregnancy 2.19 Risky and high risk alcohol consumption 2.20 Drug and other substance use including inhalants *Physical activity* 2.21 Level of physical activity *Nutrition* 2.22 Dietary behaviours 2.23 Breastfeeding practices *Other health behaviours:* *Next Report: Self reported unsafe sexual practices* **Person-related Factors** 2.24 Prevalence of overweight & obesity

Health System Performance (Tier 3)

Effective/Appropriate/Efficient 3.01 Antenatal care 3.02 Immunisation (child and adult) 3.03 Early detection and early treatment 3.04 Chronic disease management 3.05 Differential access to key hospital procedures 3.06 Ambulatory care sensitive hospital admissions *Next Report: Health promotion* **Responsive** 3.07 Discharge against medical advice 3.08 Access to mental health services 3.09 Aboriginal and Torres Strait Islander Australians in the health workforce *Next Report: Competent governance*	**Accessible** 3.10 Access to services by types of service compared to need 3.11 Access to prescription medicines *Next Report: Access to after hours primary health care* **Continuous** 3.12 Regular GP or health service *Next report: Care Planning for clients with preventable chronic diseases* *Next report: Use of Enhanced Primary Care items on MBS*	**Capable** 3.13 Accreditation 3.14 Aboriginal and Torres Strait Islander people in Tertiary Education for health related disciplines **Sustainable** 3.15 Expenditure on Aboriginal and Torres Strait Islander health compared to need 3.16 Recruitment and retention of clinical and management staff (including GPs)

The **Safe** domain is measured within the National Health Performance Committee framework.