

Aboriginal Health - Everybody's Business

Health Data & Information

**A South Australian Strategy for
Aboriginal & Torres Strait Islander People
2005 - 2010**

South Australian Aboriginal Health Partnership

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Aboriginal Health – Everybody’s Business
Regional Resource Package
South Australian Aboriginal Health Partnership

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Cover design by Terry Stewart

The meaning of the design;

Circles are symbolic of gatherings and pathways symbolise a way of getting there. There are many paths to take in relation to tackling health and wellbeing issues within Aboriginal and Torres Strait Islander communities. The challenge for the South Australian Aboriginal Health Partnership (SAAHP) agencies is to work together on areas of common ground.

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Recognition

'Many Aboriginal and Torres Strait Islander communities and individuals already create and sustain nurturing, healthy and successful families, positive community culture and safe community environments.'

The Executive Committee of South Australian Aboriginal Health Partnership (SAAHP) acknowledges and recognises the existing work within Aboriginal and Torres Strait Islander communities towards their improved social, cultural, economic and health status within the current Australian context.

While the focus of state and national strategy documents such as this is centred on the chronic health issues affecting individuals and communities, much of the achievements of Aboriginal and Torres Strait Islander communities, families, individuals and agencies are largely invisible to the broader Australian community and commonly unacknowledged.

The strength and resilience of a people continuing to maintain and increase their place within an historically hostile, denigrating and imposed culture, is given little public value or recognition and is easily obscured by the pervasive pictures of substance misuse, social and emotional wellbeing, unemployment, third world health status and generational poverty.

The impact of these social, economic and health issues affect the physical, spiritual, cultural and emotional advancement and growth of all Aboriginal and Torres Strait Islander people.

The SAAHP also acknowledge the value adding of existing efforts and collaboration, recognising the essential role of community, family and individual participation in this process.

The SAAHP Executive present this strategic direction for data and information in the spirit of collaborative responsibility, to add value to existing efforts and collaborative partnerships towards sustainable change for all Aboriginal and Torres Strait Islander people.

Note:

1. For the remainder of this document reference to Aboriginal and Torres Strait Islander people collectively infers ***communities, families and individuals*** and recognises Aboriginal and Torres Strait Islander ***people*** as two separate groups.

Acknowledgements

The preparation of this State Data and Information Strategy could not have been achieved to this level of quality without significant collaboration and sustained energy, ideas, support, input and guidance from a range of key people.

It is with pride that we acknowledge the involvement of the following key groups and individuals in bringing this project to fruition.

- Aboriginal and Torres Strait Islander Commission
- Aboriginal Health Council of South Australia Inc
- Ceduna Koonibba Aboriginal Health Service
- Child and Youth Health
- Department of Corrections
- Department of Education and Children's Services
- Department of Health and Ageing
- Department of Health (formerly Department of Human Services)
- Department of Justice
- Pika Wiya Aboriginal Health Service
- Port Lincoln Aboriginal Health Service
- SA Police
- Tullawon Health Service
- Umoona Tjutagku Health Service
- The SAAHP Secretariat

Background

There has been a long-term expressed desire by government and Aboriginal community controlled health organisations to improve the accuracy, timeliness and coverage of information that relates to the Aboriginal and Torres Strait Islander health in South Australia. This is complemented by moves at the national level to improve the identification of Aboriginal and Torres Strait Islander peoples in national health, housing, welfare and demographic collections.

The Stepping Onwards Evaluation of the SAAHP 1997-2002 Final Report, cited key player expressions for health outcomes data using a limited set of key indicators that could be monitored down to the regional or even the local community level. In 1997/98 enhancement by State and Commonwealth funders, through Health Service Agreements, DHS required units to specifically report on steps taken to identify and validate Aboriginal patient and employment data. OATSIH supported community controlled health services to implement Patient Information Recall Systems and linked it to APHCAP funding requirements.

However, these have not addressed all of the needs of the AHACs for data on specific funding allocations, services outputs or most importantly, health status. As a consequence additional funding was dedicated for the development of a Data-Information Strategy. That would provide:

- Shared common understanding re Aboriginal Health Information Strategy
- Formal Aboriginal health information guidelines
- MOUs between relevant and appropriate stakeholders.

Subsequently the AHCSA undertook responsibility for developing and completing the Data and Information strategy and obtain validation from SAAHP.

The majority of major Australian Health Information systems tend to focus on diseases and their treatment. This domination of service related by-product data in the clinical health fields creates specific difficulties for Aboriginal people.

- The Aboriginal population is younger than the rest of the South Australian community. If health service allocations are made on the basis of mortality rates and hospital separations, there will be little consideration of the needs of the majority of Aboriginal society. In addition, if services are not available, or their use is delayed, need is underestimated.
- The Aboriginal view of health is inclusive and wide ranging, covering all aspects of body, mind and spirit and all of the environmental, cultural and social factors that have an impact on well-being. Data on disease therefore meet only a small part of the need for information in Aboriginal cultures.

While the narrow focus of clinically based systems is offset to some extent by health and housing surveys, the sample sizes of these surveys do not permit accurate estimates to be made of the health of Aboriginal people, especially at the local level at which health planning is required.

Other sectors also gather information that is relevant to assessing the health needs of Aboriginal people and in describing the social and physical environmental determinants of health and the outcomes for Aboriginal people. Inclusion of information from these sectors is in line with Aboriginal views of health and well-being. It also takes cognisance of the importance of social and environmental factors described in all major studies of the health of Indigenous peoples.

Data and Information – Everybody’s Story

OVERVIEW

The purposes of future data and information systems

Data and information has a number of important functions in Aboriginal Health.

- To measure and report on the health status of Aboriginal and Torres Strait Islander peoples in SA
- To describe unmet need and provide a foundation for deciding how to meet this need
- To describe the services and strategies that respond to the health needs of Aboriginal and Torres Strait Islander peoples
- To inform the setting of priorities, targets and performance indicators
- To measure targets and performance indicators

Key features of future information systems

A future Aboriginal and Torres Strait Islander peoples health information system must be underpinned by a broad definition of health and well being that is not dominated by clinical health service and disease models and actively promote preventive strategies. There is need for information to be gathered routinely from a wide range of sources and for this to be processed and packaged to meet the needs of stakeholders in an efficient and effective manner.

The database should cover:

- The physical, mental and social and economic health status of the Aboriginal population
- The environment in which Aboriginal people live
- The distribution of services to Aboriginal people

And be:

- **Accessible** - It must be physically easy to access, conceptually simple and meaningful, and presented in a fashion that enables easy use by the full range of stakeholders
- **Accurate** - Indicators should not be subject to major doubts about validity or biases in coverage or measurement
- **Affordable** - Information from the database should be free of charge to users

The core needs of stakeholders at state, regional, and local level can be met by:

- Routine presentation of aggregate data at state, regional and local level
- A facility to undertake more detailed analysis
- Easy access of users of information to the primary data owners

Data needs to be presented in a simple and straightforward manner using charts and tables. The technical analysis of the data needs to be done behind the scenes to ensure high integrity of the reports and to relieve the end-user of the responsibility of dealing with large and often unfamiliar data sets.

The data should be available via a "one-stop-shop" which also has access points to other relevant data, held by other organisations.

The starting points for a data and information system

Use of existing information

Existing information relevant to the health of Aboriginal and Torres Strait Islander people is found in many sectors. As a first step the following data sources are being tapped to demonstrate the use of existing data.

- Hospital separations
- Infant and four year old health screening
- Literacy and numeracy
- Demographic data
- Social well being, poverty and employment
- Police apprehensions, court convictions, imprisonment and community corrections

Future work will identify a broader set of indicators that will be used to form the basis of population level descriptions, evaluation of intervention impact and monitoring of performance indicators.

Generating new information

Available data do not provide a clear picture of the health status of Aboriginal and Torres Strait Islander people. There is an urgent need to be able to describe the primary health status, especially for adolescents, young adults and working age people.

- The information needed for planning and evaluating interventions that seek to improve health by prevention and education is not currently available
- Only limited data are available to measure performance indicators for the priority areas defined by the SAAHP strategies
- Aboriginal health providers have identified difficulty in accessing relevant information about people who seek their care, especially where a person has seen multiple service providers and agencies
- Information flow to support systematic clinical care, social support and an understanding of changes in health over time is inadequate

Improving the coverage of routine basic health care assessments and strategically improving record keeping can best address the problems outlined above. This has already been recognised by the work over the last five years on Patient Information and Recall systems, the introduction of a new Medicare item for adult Aboriginal and Torres Strait Islander health assessments and in the development of the Health Connect systems of clinical information sharing.

While these initiatives are important, the focus is on managing and reporting a stream of data on clinical services and events. This does not easily provide an integrated picture of the overall health of an individual or a population. The greatest simple improvement to our knowledge would be to develop a commonly defined way of reporting overall primary health status and using this to support better clinical care and for measuring health status.

A new health record system for Aboriginal and Torres Strait Islander peoples would:

- Summarise overall health status including symptoms, diseases, risk factors, health goals and care plans
- Become a client owned health information passport providing information to the health care practitioners chosen by the client
- Broaden the basis of population level descriptions, evaluation of intervention impact and monitoring of performance indicators related to health outcomes

Data and information - Everybody's Business

Purpose

The purpose of this section is to guide the strategic direction for key stakeholders towards the development of regional and organisational implementation.

This data and information strategy should be read in conjunction with National Aboriginal and Torres Strait Health information strategy documents.¹

Commitment

The SAAHP believe that work currently occurring throughout South Australia on data collection and reporting requires a more supportive and coordinated response from State and Commonwealth stakeholders to ensure consistency and sustainability of approaches as well as ensuring 'real' change in the health status of Aboriginal and Torres Strait Islander people and communities.

A change in the focus of data and information strategies to provide sound information on primary health status is necessary to support approaches that strengthen the resilience of individuals, families and children and that redress the breakdown of family and community and interrupt the cycle of generational harm.

The Partnership will actively lobby for improvements to routine data collection that enhance the position of health care to Aboriginal and Torres Strait Islander People. These improvements will actively select and measure performance indicators and targets for priority areas. (In the first instance Diabetes, Social and Emotional Wellbeing, Substance Misuse and Health Workforce Development)

This will include:

- Broadening of the scope of "health data" to include information from a wide range of sectors and services and the use of indicators of health that reflect the broad and integrated view of health in Aboriginal culture
- Ready availability of information to communities, health workers and managers according to meaningful local areas through a statewide analysis of available data from all relevant sectors and data collections
- Training for those who work in the Aboriginal health sector to effectively access and use information in their daily work
- The establishment of a system that will identify the primary health status, including risk factors and symptoms, of Aboriginal people of all ages and in all localities in South Australia

¹ Australian Health Minister's Council, The Aboriginal and Torres Strait Islander Health Information Plan Australian Institute of Health and Welfare Canberra 1997
National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013, NATSIHC, Canberra 2004

Guiding Principles

These principles are evident within this strategy and are consistent with the

- National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003);
- National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004 – 2009;
- National Drug Strategy: Aboriginal and Torres Strait Islander People Complementary Action Plan (2003 – 2006);
- Living with Diabetes, The South Australian Aboriginal Experience, A State Strategy and Action Plan for Aboriginal Diabetes July 2000; and
- Iga Warta Principles, arising from the Department of Health 2000, Renal Summit.

Cultural Respect

- Respecting cultural diversity, views, values and expectations of Aboriginal and Torres Strait Islander people within planning and development of health and wellbeing programs and services

Community Control

- Acknowledging Aboriginal and Torres Strait Islander communities' right to control the health and wellbeing approaches and services in their local community and/or region

Holistic Approach

- Attending to the physical, spiritual, mental, cultural, emotional and social wellbeing and their role in contributing to health outcomes for Aboriginal and Torres Strait Islander peoples
- Including the environmental determinants of health such as food, water, housing and unemployment
- Including the social determinants of health and wellbeing, such as racism, marginalisation, history of - dispossession and loss of land and heritage

Local Planning

- Aboriginal and Torres Strait Islander people's central involvement in planning, development and implementation of strategies for better health and wellbeing
- Planning takes place at the local level to develop local responses to local needs and priorities as determined by the local Aboriginal and Torres Strait Islander population/community

Partnerships

- Combining the efforts of government, non-government and community controlled sectors, and working in partnership with communities to provide the best method in improving the broader determinants of health

Recognition of Diversity

- Recognising the diversity within and between Aboriginal communities in the development of programs and services
- Supporting the provision of differing approaches according to region, age and gender

Resources

- Ensuring that resources are sufficient to improve the health and wellbeing of Aboriginal and Torres Strait Islander people
- Sustainable resource building for communities through strengthening community expertise and capacity building of health services and communities

Capacity Building

- Providing information, skills development and/or knowledge acquisition to assist and support individual change
- Building the capacity of a community, families or individuals to manage change and/or maintain resilience

Accountability

- Supporting the effective use of funds by community controlled and mainstream health services and programs
- Ensuring accountability for effective resource application through long term funding
- Establishing genuine and meaningful planning and services development partnerships with communities
- Government maintaining responsibilities for ensuring all Aboriginal and Torres Strait Islanders have access to appropriate and effective health care

Strategic Planning – Model



Refer Appendix 1

Strategic Direction- Vision

VISION

South Australian Aboriginal and Torres Strait Islander people living healthy lives equal to that of the general population, within well functioning communities that have effective health care and community services that are enriched by a strong living culture, dignity and justice

(Adapted from the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009)

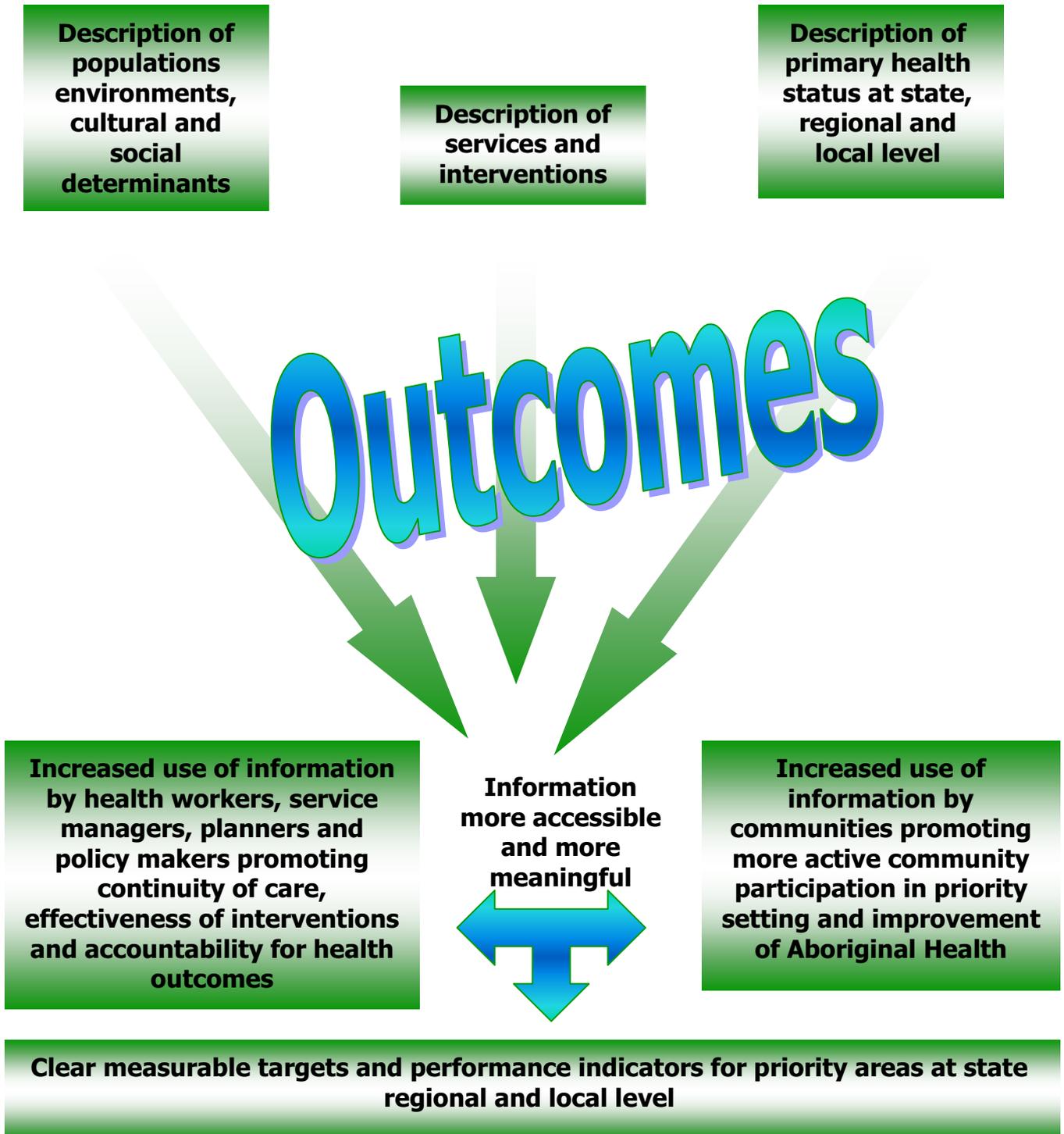


GOAL

To provide readily accessible information to support the planning, delivery, and evaluation of approaches to improve the health of Aboriginal and Torres Strait Islander peoples

Strategic Direction – Outcomes

These outcomes are intended to be measurable within the 5-year time frame of this plan.



Strategic Direction - Strategies

These describe the broader 'big picture' of work to be undertaken across the state during the next 5 years to realise the outcomes.

Strategies



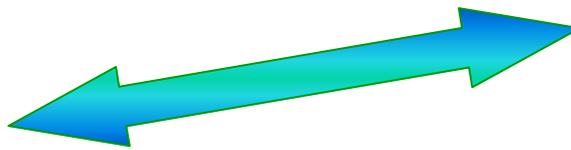
Strategic Planning – Coordinated Approach

- The SAAHP Executive has responsibility to ensure that the actions within this framework are implemented, resourced and monitored
- The Partnership members will undertake action that facilitate an increased collaborative and coordinated statewide approach to data collection and information sharing

Statewide



Action

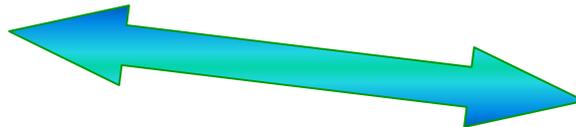


Regional



Action

- Each state health region is supported to develop regional implementation plans consistent with the statewide strategic direction
- Regional plans will facilitate the provision of services, programs, projects and resources consistent with the needs of the region
- Regional planning will support collaborative and coordinated regional partnerships inclusive of open and accountable reporting processes



- Organisations, services and agencies will utilise the regional plans to further describe the detailed actions needed to address data collection and information sharing relevant to local needs and priorities
- Action plans will identify, priorities and initiatives for a range of issues based on information about needs, services and outcomes

Organisational



Action

Statewide Management Responsibilities

Effective and collaborative coordination, monitoring and review are crucial to the achievement of the strategic outcomes and sustained change. Without this, change will continue to be slow, exhaustive and of greater cost both socially and economically.

Statewide

Develop organisational service agreements which support the definition and reporting of strategic data and include health outcome performance indicators

Ensure collaborative regional planning and development process of information sharing

Facilitate collaborative regional monitoring, review and reporting processes

Support inter-regional information exchange opportunities

Develop regionally coordinated knowledge management processes

Coordinate strategic partnerships between, and collaborative participation of, relevant community controlled, public and private sector agencies, services and organisations

Action

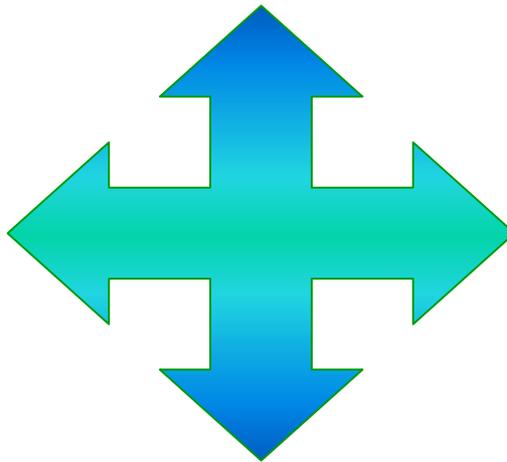
Regional Management Responsibilities

Regional collaboration with state and organisation partners enhances ongoing effectiveness and supports current and future regional planning. The approach also strengthens regional health intelligence and workforce capacity and supports effective and equitable service responses to meet the needs of communities, families and individuals.

Regional

Attend to reporting requirements consistent with Regional-State partnership agreement

Implement regionally coordinated knowledge management processes



Develop collaborative local and regional data and information implementation plans

Advocate and lobby public, private and community sources to strengthen regional resources

Action

Organisational Management Responsibilities

The effectiveness of service provision is determined by the existence of connected, credible and accountable organisations, with efficient organisational management and a workforce equipped to respond and resolve health related issues.



The Next Steps

STATEWIDE LEVEL

- If you have state wide responsibilities, the section on statewide management responsibilities is your starting point. Further assistance can be obtained from the following:- Department of Health/Aboriginal Health Division (DH/AHD), the Department of Health and Ageing(DoHA) Office Aboriginal Torres Strait Islander Health (OATSIH), the Aboriginal Health Council of SA (AHCSA) and or the South Australian Aboriginal Health Partnership (SAAHP) secretariat.

REGIONAL LEVEL

- If you have regional responsibilities, the section on regional management responsibilities is your starting point. Further assistance can be obtained from the following:- DoHA/OATSIH, DH/AHD and or AHCSA when developing an Aboriginal and Torres Strait Islander Health plan that supports the priorities of all health service providers in your region.

ORGANISATIONAL LEVEL

- If you have organisational responsibilities, the section on organisational management responsibilities is your starting point. If you are in a mainstream organisation that is developing or updating its Aboriginal and Torres Strait Islander health plan talk to the AHCSA and AHD/DH about how planning can be supported and linked to the Aboriginal Community Controlled Health Service (ACCHS) sector strategic plan.

INDIVIDUAL LEVEL

- If you're interested as an individual, talk to your local Aboriginal Community Controlled Health Service and mainstream health organisation about their Aboriginal and Torres Strait Islander health plans and opportunities to become informed about and or involved in health service activity.

Abbreviations

ACCHS	Aboriginal Controlled Community Health Service
ADAC	Aboriginal Drug and Alcohol Council of South Australia Inc
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia Inc
AHD	Aboriginal Health Division
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIS	Aboriginal and Torres Strait Islander Services
DH	Department of Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health
SAAHP	South Australian Aboriginal Health Partnership

Glossary

Aboriginal Community Controlled Health Service (ACCHS)	<ul style="list-style-type: none"> ACCHS are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate care to people within their communities. Their board members are elected from the local Aboriginal community (NATSIHC 2002)
Connectedness	<ul style="list-style-type: none"> A relationship that links and bonds one with community, family and friends
Knowledge Management Processes	<ul style="list-style-type: none"> A systematic approach to manage the use of information in order to provide a continuous flow of knowledge to the right people at the right time enabling efficient and effective decision making in their everyday business
Partnership Approach	<ul style="list-style-type: none"> A partnership approach is defined as a close working relationship among Commonwealth, State and Territory, and local governments; affected communities; business and industry; community-based organisations; professional workers; and research institutions
Prevention	<ul style="list-style-type: none"> Broadly defined as an intervention strategy designed to change the social and environmental determinants of drug and alcohol abuse, including discouraging the initiation of drug use and preventing progression to more frequent or regular use among at-risk populations
Primary Health Status	<ul style="list-style-type: none"> A description of the overall health and wellbeing of individuals or populations including social and emotional wellbeing, disease, injury, sexual health, mental health, nutrition, lifestyle and health risk factors
Social and Emotional Wellbeing	<ul style="list-style-type: none"> Broadly, a comprehensive term used for the physical, psychological, and cultural welfare and happiness of an individual within his or her community

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- "Better Choices, Better Health", Final Report of the South Australian Generational Health Review (Government of South Australia 2003)
- "National Drug Strategy", Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2006
- The Aboriginal and Torres Strait Islander Health Information Plan October 1997
- Aboriginal and Torres Strait Islander Health Framework Agreement 2001
- Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework
- The National Indigenous Australian Sexual Health Strategy, Implementation Plan for 2001/02 to 2003/04
- The National Strategic Framework for Aboriginal and Torres Strait Islander Health, Framework for action by Governments, July 2003
- The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004 – 2009
- The SAAHP First Step Document (1997)

Appendix 1 - Defining Terms

The following provides the thinking behind the development of the strategic goals, strategies, outcomes and actions within this current framework.

The defining of these terms is by no means definitive and is intended only to illustrate how the planning of this document arose.

