

The Aboriginal Health Landscape: An approach to reporting health priorities in South Australia from an Aboriginal perspective



WARDLIPARINGGA
Aboriginal Research



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Identity | Knowledge | Strength

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Acknowledgement



“On behalf of SAHMRI’s Wardliparingga Aboriginal Research Unit we would like to acknowledge the Kulin Nation who are the traditional custodians of this land and that we respect their spiritual relationships with their country.

We would also like to pay respect to elders past and present of the Kulin Nation.”

- ❖ Background to the Aboriginal Health Landscape project
- ❖ What it aims to achieve and how
- ❖ Challenges
- ❖ Ways forward

Background to the Aboriginal Health Landscape Project



Fundamental requirements:

Aboriginal people and communities must be involved in and empowered to define their health priorities, plan, implement and monitor changes

Health information must be presented in ways that are meaningful to the Aboriginal community

The reported information must be able to better inform areas for health improvements

Current approaches to reporting and monitoring Aboriginal and Torres Strait Islander peoples health



- **National** (National Aboriginal and Torres Strait Islander Health Performance Framework 2012, The Burden of Disease and Injury in Aboriginal and Torres Strait Islander peoples 2003)
- **State** (Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: South Australia, Aboriginal Mortality in SA: A Profile data collected 1999-2006)
- **Urban, rural, remote SA** (SAAHS data collected 2010/11)
- **ILOCS** (Aboriginal Health – Everybody’s Business, ‘Knowing the Business’ data collected 2001/02/03)

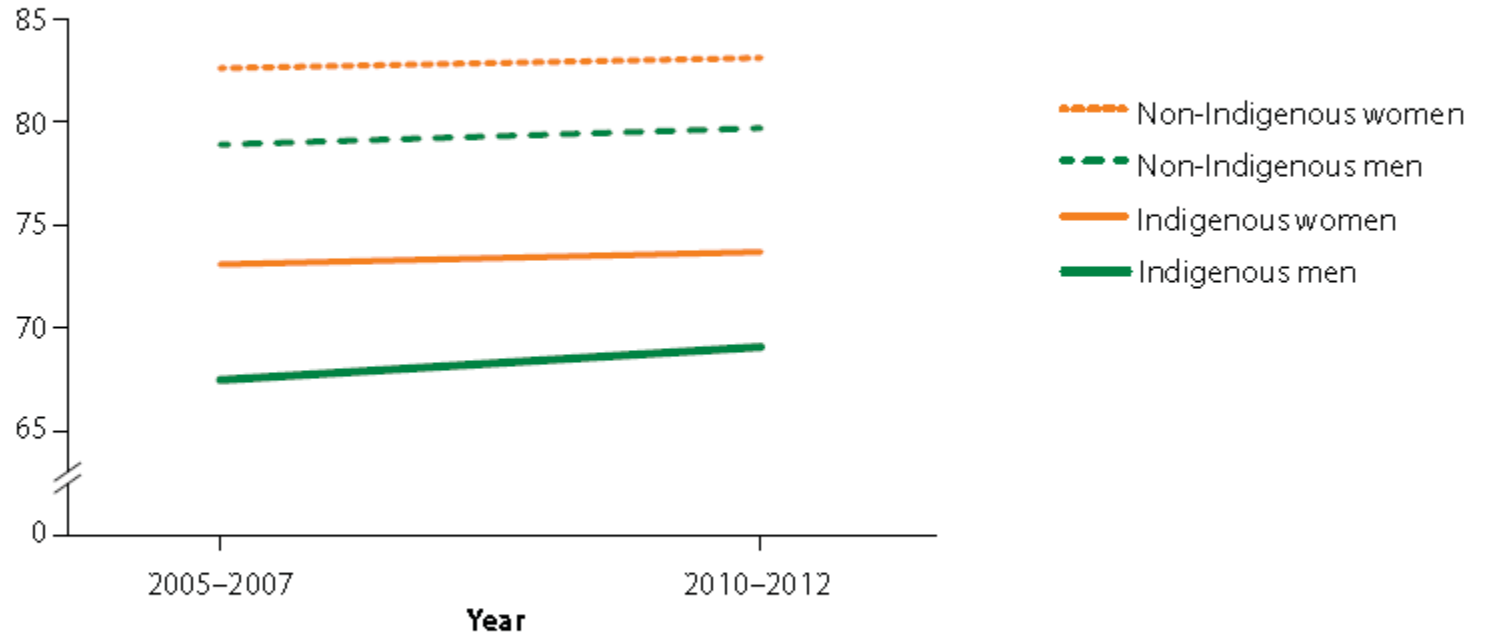
No reporting at a small area level since 2005

A focus on equitable outcomes

The health outcomes experienced by Aboriginal and Torres Strait Islander people are about more than poor infrastructure attributed to an absence of local resources

Figure 7.2

Life expectancy (years)



Source: ABS 2013b.

Life expectancy of Indigenous and non-Indigenous Australians at birth, 2005-2007 to 2010-2012

Limitations of the current approach

- Limited Aboriginal and Torres Strait Islander involvement
- National and State level reporting is too coarse to effect change:

Limited ability to identify distinct needs for targeted and purposeful policy and practice responses.

South Australia's response: the Aboriginal Health Landscape project



Aim:

For Aboriginal people in South Australia to be involved in reporting and monitoring their health outcomes, in ways that are meaningful to communities and that are used to inform policy, planning, practice and resource allocation.

SA Health HREC/14/SAH/22, SA Aboriginal Health Ethics AHREC 04-13-546

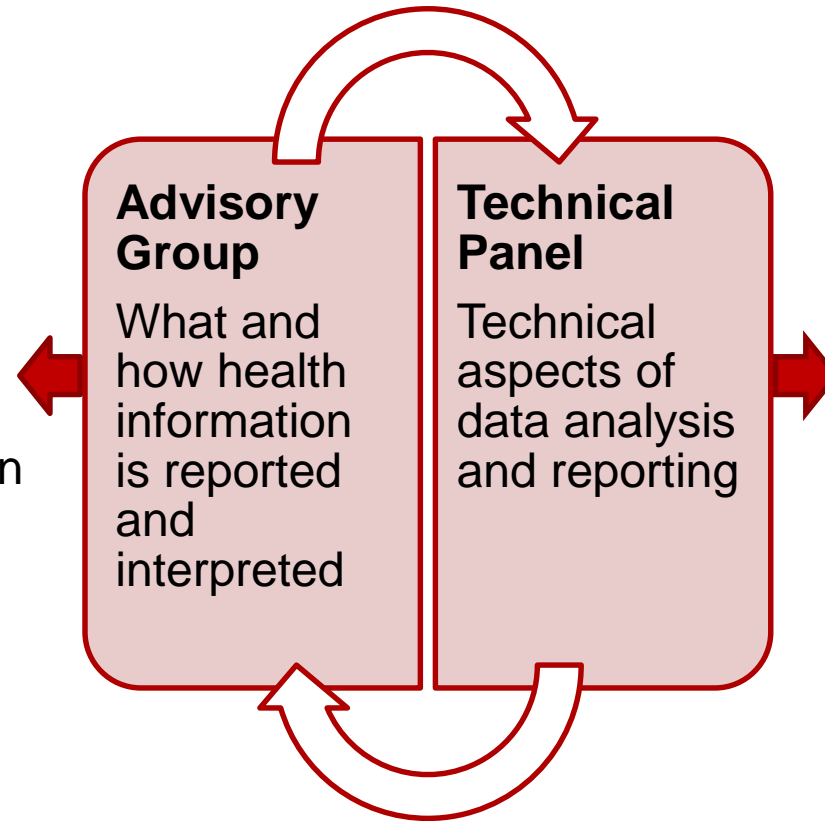
Objectives

- To empower Aboriginal people in the process of, reporting health information, defining health priorities and monitoring changes over time
- To define geographical boundaries of importance to Aboriginal people that highlighted the diversity of communities
- To report and monitor health outcomes including through a health equity lens

Landscape Governance Structure

Privileging Aboriginal Peoples Involvement

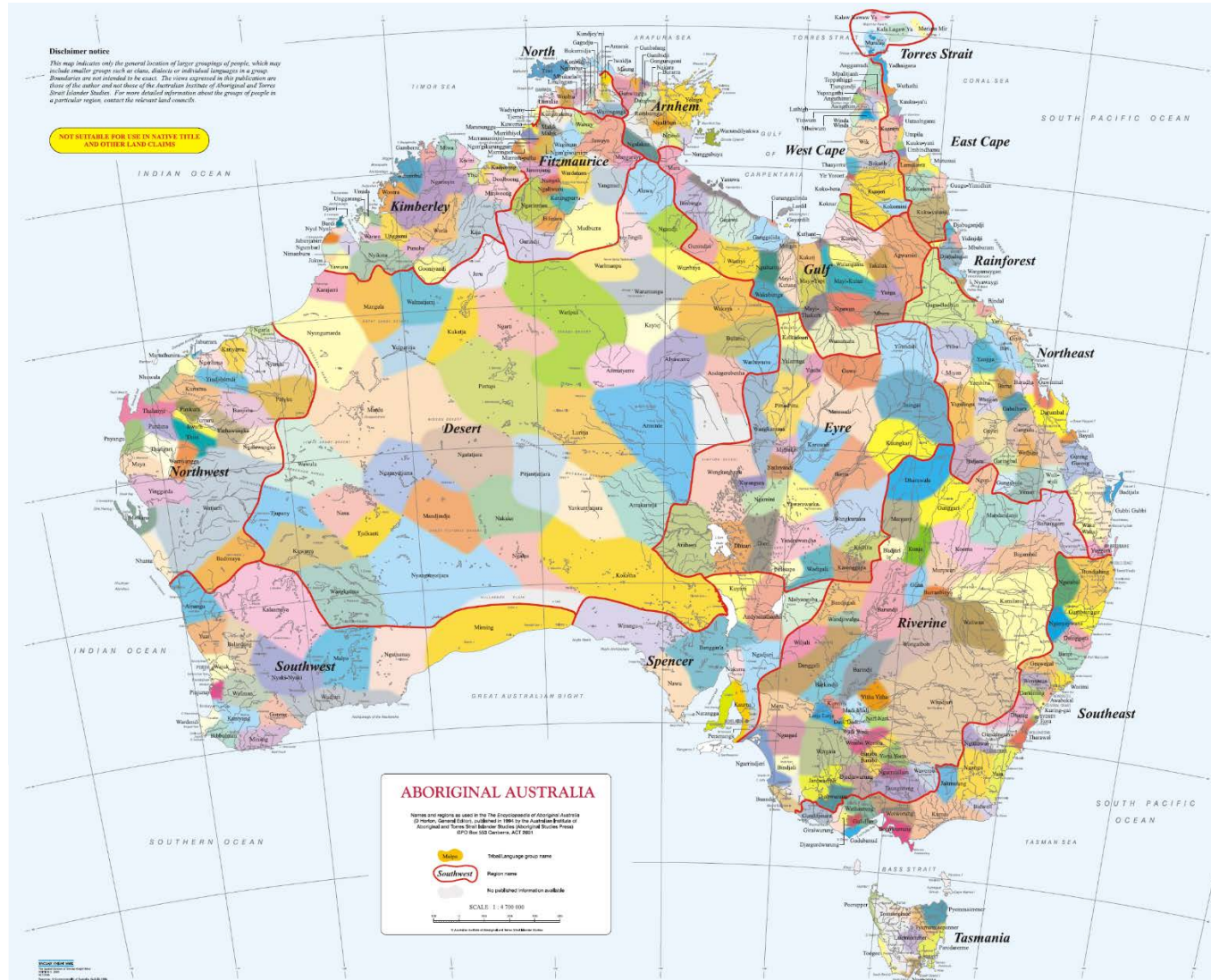
- Reporting framework
- Contextual framework
- Interpretation
- Engagement protocol
- Monitoring framework
- Presentation and distribution



Statistical Rigour

- Theoretical frameworks
- Robust data analysis
- Policy and practice linkages
- Academic investment in Aboriginal people

Diversity is important and expected

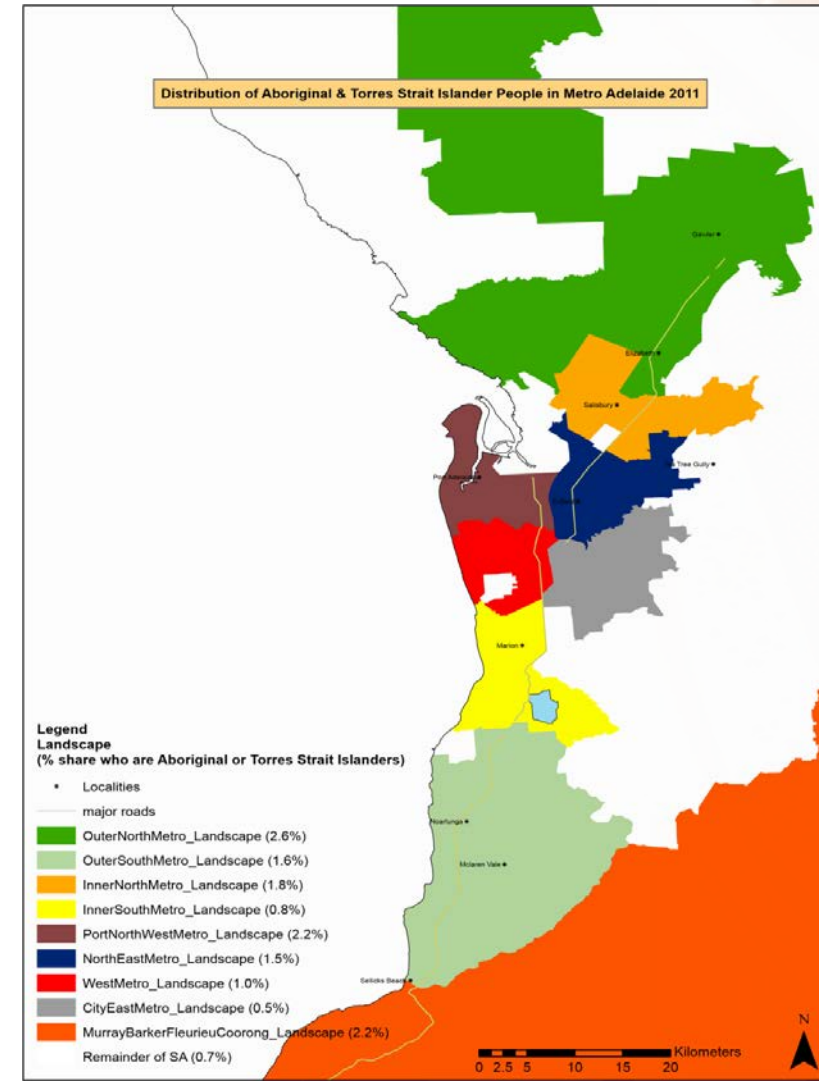
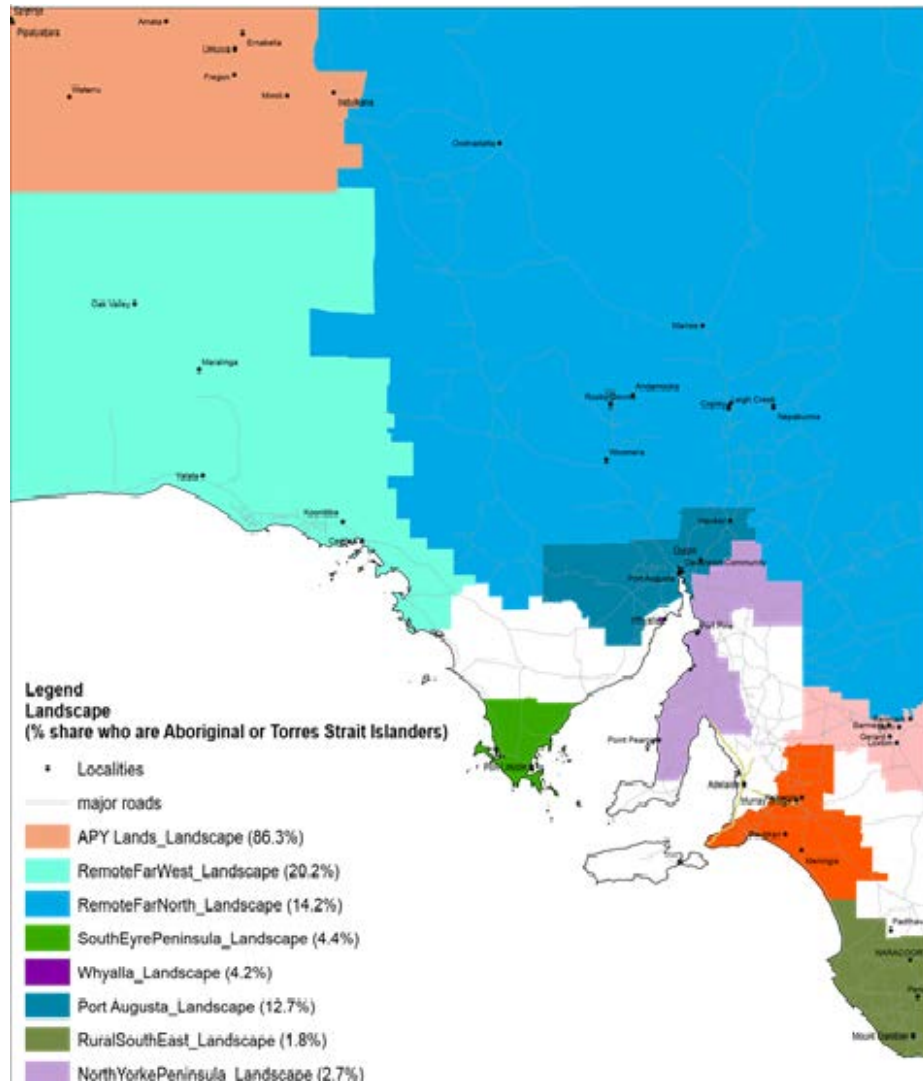


Finer level of reporting

Design principles:

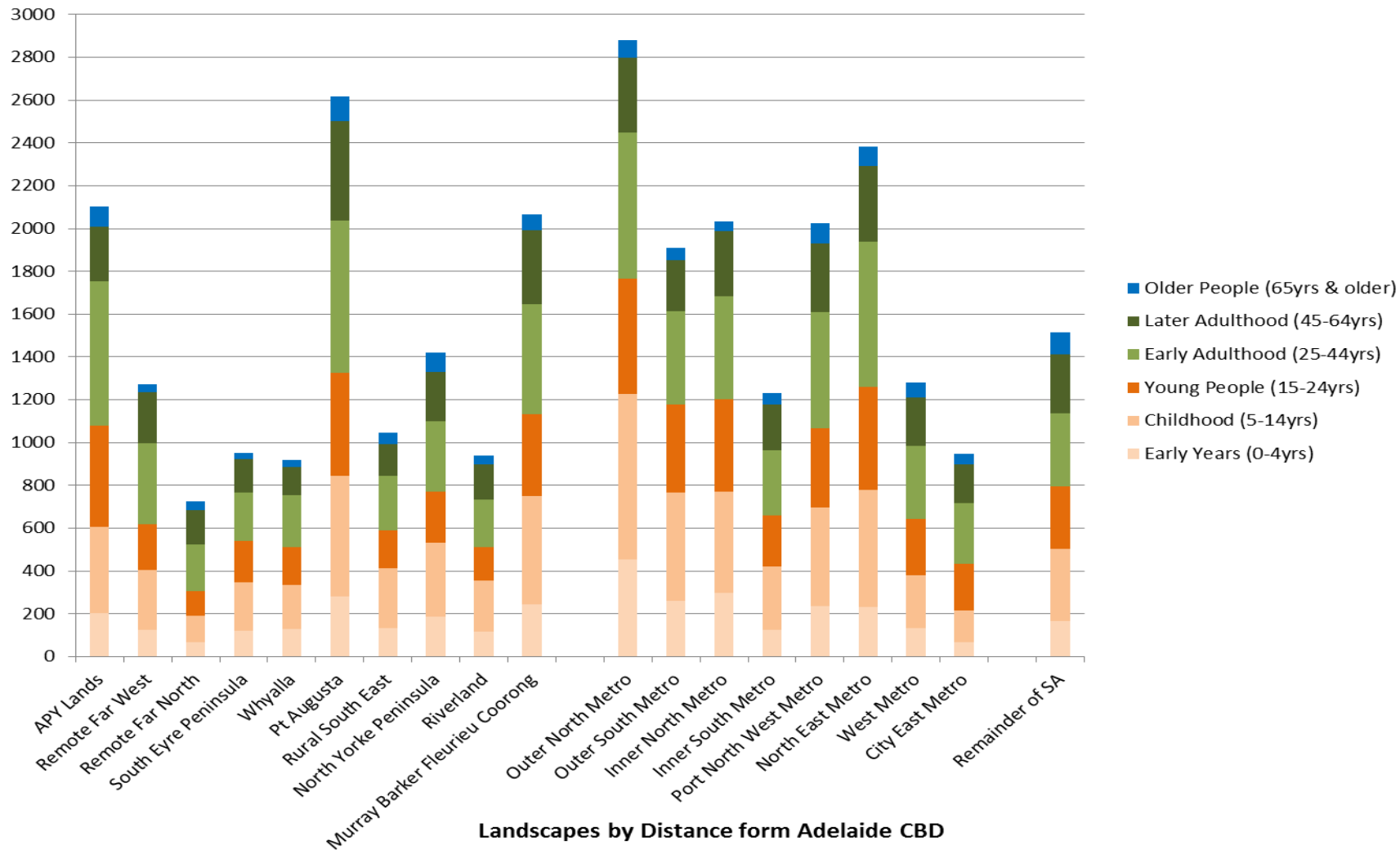
- 1) The Landscape units created for the study should **focus on where Aboriginal people in South Australia actually live** rather than conforming to arbitrary administrative or political boundaries.
- 2) In order to maximise the likelihood of being able to **report a reliable statistic**, wherever practicable, 1000 Aboriginal persons was used as the preferred minimum population for each Landscape unit.
- 3) To enable the Landscape units to be populated with data from a variety of sources, for example hospital or population census data, SA2, postal areas and locality codes were mapped to the units and **concordance** tables constructed

Boundaries of relevance to Aboriginal people



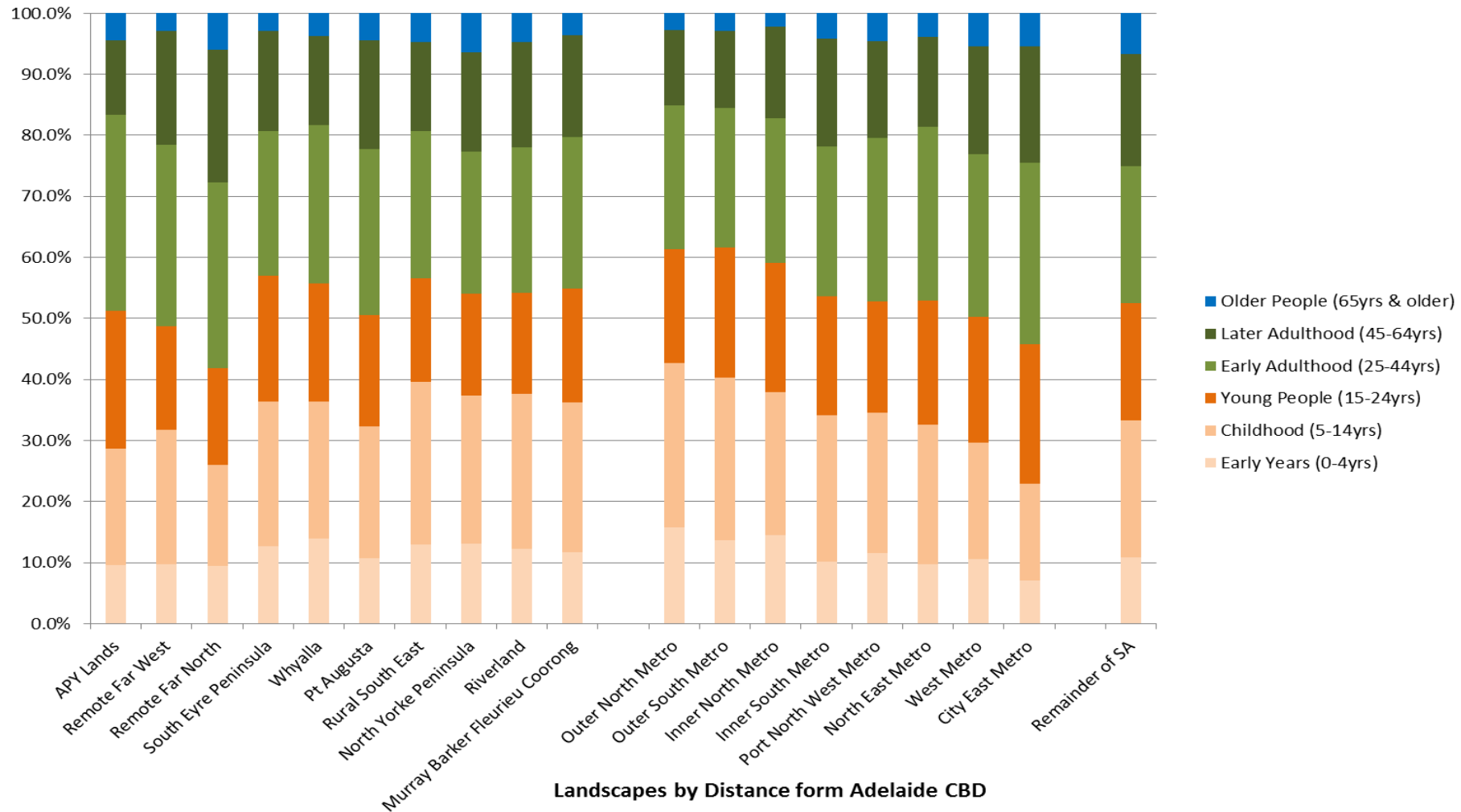
Aboriginal population within each Landscape unit

Distribution of Aboriginal South Australians 2011 by Age Group across Landscapes



Aboriginal population within each Landscape

Distribution of Aboriginal South Australians 2011 by Age Group across Landscapes



Reporting & Monitoring Health Priorities: Aboriginal Health Landscape

Governance Structure

Advisory Group



Technical Panel

Topic Knowledge, Lived Experiences,
Emerging Community Issues

Priorities &
Rigour

Data Expertise, Key Stakeholders, Topic
Knowledge

Reporting and Monitoring Framework

Across the Lifespan

Pregnancy &
Early Years

Childhood

Young
People

Early
Adulthood

Adulthood

Elderly

Holistic Health and Well-being Areas of Focus

Physical

Cultural

Emotional

Social

Spiritual

Areas that Impact on Health

Health Outcomes

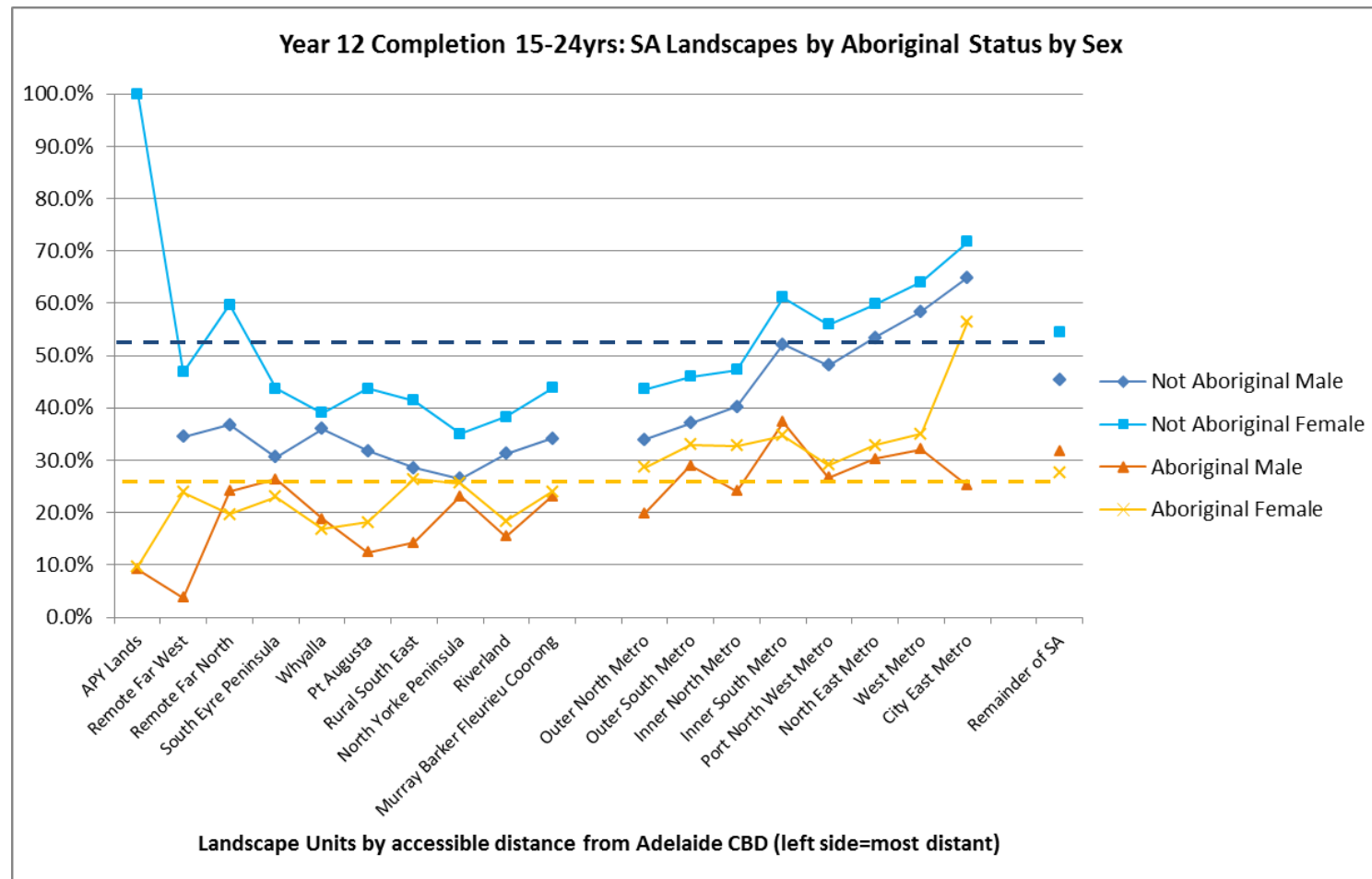
Health Service Utilisation

Socio-economic Determinants

Data Collections

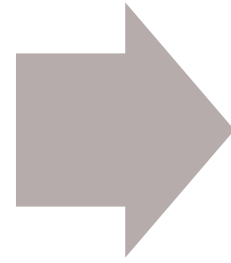
Data Set Name	How collected	Purpose of collection
Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13	Survey	Research & Monitoring
Australian Early Development Census	Quasi-population census	Provides a snapshot of children's development that can inform communities and support planning, policy and action
Cause of Death Unit Record File	Complete national dataset of deaths by cause (ICD 10), limited demographics from 2006	Legal reasons
Integrated South Australian Activity Collection (ISAAC)	Based on diagnosis, medical coder	Funding
Emergency Department Data Collection	Based on presenting reason, medical coder	Funding
Sexually Transmitted infections	Contact with service, positive result, Notifiable Conditions	Health Service Provision

Preliminary findings - Education



Challenges and overcoming them

Data availability



Influencing the system

Denominators



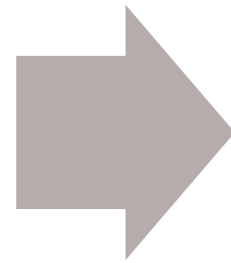
Estimated

Data quality



Influencing the system

Presentation and
interpretation



Working with key
stakeholders

Ways forward

- Complete descriptive analysis
- Interpretation, defining further questions
- Engagement with local communities
- Platforms presenting the information
- Potential to inform health priority setting