



NATSIIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

Policy Position Statement

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Local measures of progress

Investment in collection of quantitative and qualitative data should translate into better policy and programs to improve health and wellbeing of Aboriginal and Torres Strait Islander peoples. Good management is dependent on understanding the effects of policies and programs. Communities, health services and governments need to know whether the actions being taken for Aboriginal and Torres Strait Islander peoples are effective.

Much has been written in Australia criticising the relevance of the scientific approach to gathering information on effectiveness.^{1,2,3} The scientific approach involves measurement and statistics and remediation programs to try to achieve equality. Criticism describes the burden this places on Aboriginal and Torres Strait Islander peoples to meet others' expectations, loss of control over the agenda, the absence of consideration of culture and the divergence from a strength-based approach to a collection of deficit-based individual measures. This scientific approach struggles to show improvements against hypothetical targets as seen in the annual Closing the Gap reports.

Under the statistical equality approach, there is a risk that progress against targets, designed to close the gap compared to non-Indigenous statistics, can be at the expense of maintenance of culture.^{4,5} The effort should not be about Aboriginal and Torres Strait Islanders taking on the culture of other Australians. Further, focusing on disadvantage can fail to incorporate cultural understanding in programs and services which are intended to ensure progress occurs. The refresh of the Closing the Gap targets has been publicised^a as an opportunity to take a strength-based approach and celebrate achievements of Aboriginal and Torres Strait Islander peoples.

The Council of Australian Government Closing the Gap targets have been used since 2008 for national accountability of all Australian governments' investments in Aboriginal and Torres Strait Islander health. After ten years of this approach, the refresh is timely. So far this target system has produced very poor report cards, either because the effort is deficient, or there has not been sufficient time to allow for improvements, or the data collection or analysis is insufficient (as in the child mortality data), or perhaps, we are not measuring what really matters and in which progress is indeed being made.

National quantitative data sources are used for the major national reports on the health status and health system performance for Aboriginal and Torres Strait Islander peoples and the annual reporting by the Prime Minister against the Closing the Gap targets. The surveys used for these data sets provides for high quality data comparable from one survey to another for describing trends. Important national data sources are: the Australian Aboriginal and Torres Strait Islander Health Survey and Social Survey held in alternate years, Census, National Perinatal Data Collection, the National Hospital Morbidity Data, National Mortality Database, BEACH and Medicare. There are other valuable sources such as from the Longitudinal Study of Indigenous children, *Footsteps in Time*.

a. 'Historic': Sweeping overhaul of Indigenous Closing the Gap Strategy welcomed The Sydney Morning Herald 23 October 2017 accessed from <http://www.smh.com.au/federal-politics/political-news/indigenous-closing-the-gap-strategy-facing-sweeping-overhaul-by-turnbull-government-20171022-gz61ix.html>.



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Local measurement for local questions

There are limitations in using national data sets for describing and analysing more regional or local situations. Use of data for understanding the health of Aboriginal and Torres Strait Islander peoples depends first of all on the identification by respondents as Aboriginal or Torres Strait Islander. Limitations arise from low numbers providing survey answers and lack of ability to apply the findings to all circumstances. Wright and Lovett (2017)⁶ reported errors arising from regional calculations using national data which does not take account of the large variation in measurement and the confidence intervals associated with each point estimate.

A recent publication demonstrates the use of local quantitative data to tell a positive story of reduced mortality among the Tiwi people.⁷ This study used clinic-based death records and supporting parish burial records. It gives a picture not possible from national data.

Local choice of parameters to be measured will depend on the problems identified locally for formulating research questions and the desire to find out what works, and what does not, in local circumstances. In general the desire is to measure progress, but this needs to be carefully considered through an Aboriginal and Torres Strait Islander lens and be context-specific. Progress measurement is about more than health outcomes and should include the social and cultural determinants of health.

Measures of Aboriginal and Torres Strait progress

Various researchers and stakeholders are considering potential measures of what Aboriginal and Torres Strait Islander peoples' value. If these can be reported could they steer what matters and direct how to invest to achieve progress? For example, the emphasis could be away from socio-economic measures to a development measure that incorporates culture into the economic. Various approaches have been taken to measuring social and emotional wellbeing which can incorporate local views of what matters to peoples' lives.⁸

What is needed is a unifying index to be reported which satisfies the Aboriginal and Torres Strait Islander world-view for a good life. Whatever the index, the main issue is about ensuring that there is a process for gathering the community's views on what they value and what they want measured. An outsider's view of what progress to improve community wellbeing is limited and can be unhelpful.

Note, there is no single Aboriginal and Torres Strait Islander perspective of progress and development, so work in this areas should incorporate local views and contexts. For further reports on what constitutes a good life for Aboriginal and Torres Strait Islander peoples and how it can be measured see: Kowal et al. (2007)⁹, Yap M and Yu E (2016)¹⁰, Verlerk M et al. (2001)¹¹, Newton D et al. (2014)¹².



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NATSIHWA's position

NATSIHWA believes that local work on targets and measures is important for local purposes. This effort is also important groundwork in the development of a national unifying approach for measuring and reporting progress.

NATSIHWA's members are at the front line of comprehensive primary health care and as local community members understand the issues their communities face. They can participate through:

- Consultation on what their communities value as progress
- Collecting and managing data
- Establishing rigour and reporting on data quality issues
- Interpreting results and contributing to discussions
- Providing feedback to community
- Helping to make plans and changes
- Sharing their experiences with others.

Josslyn Tully, NATSIHWA Chairperson
Endorsed by the NATSIHWA Board on

Please send any comments on this Policy Position Statement to policy@natsihwa.org.au.

References

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- ⁴Altman J and Rowse T (2005) Indigenous affairs, In Saunders P and Walter J eds. Ideas and Influence: Social Science and public policy in Australia UNSW Press Sydney 159-177.
- ⁵Kowal E (2006) Moving towards the mean: dilemmas of assimilation and improvement In Lea T, Kowal E and Cowlishaw G eds. Moving Anthropology: Critical Indigenous Studies Darwin Charles Darwin University Press 65-78.
- ⁶Wright A and Lovett R (2017) Raising concerns about a key source on Aboriginal and Torres Strait Islander Health Melissa Sweet ed. 3 July 2017. <https://croakey.org/raising-concerns-about-a-key-source-on-aboriginal-and-torres-strait-islander-health/>.
- ⁷Hoy W, Mott S and McLeod B (2017) Transformation of mortality in a remote Australian Aboriginal community: a retrospective observational study BMJ Open 7:e016094.
- ⁸Jordan K, Bulloch H and Buchanan G (2010) Statistical equality and cultural difference in Indigenous wellbeing frameworks: a new expression of an enduring debate Australian Journal of Social Issues 45(3): 333-362.
- ⁹Kowal E, Gunthorpe W and Baillie R (2007) Measuring emotional and social wellbeing in Aboriginal and Torres Strait islander populations: an analysis of a Negative Life Events Scale International Journal for Equity in Health 6:18.
- ¹⁰Yap M and Yu E (2010) Operationalising the capability approach: developing culturally relevant indicators of indigenous wellbeing – an Australian example <http://dx.doi.org/10.1080/13600818.2016.1178223>.
- ¹¹Verkerk M, Busschbach J and Karssing E (2001) Health-related quality of life research and the capability approach of Amartya Sen Quality of life research 10: 45-55.
- ¹²Newton D, Day A, Gillies C and Fernandez E (2014) A review of evidence-based evaluation of measures for assessing social and emotional wellbeing in Indigenous Australians Australian Psychologist 50: 40-50.