

Closing the gap?

Monitoring trends in Indigenous Australians' life expectancy

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With thanks to

- Ian Anderson
- Bridget Barker
- Ken Hill
- Peter McInness
- Theo Vos
- Yuejen Zhao
- And others

The Commitment

- The Government will close the gap between Indigenous life expectancy and that of other Australians within a generation
 - The Prime Minister, opening the Federal Parliament in February,
- At the Indigenous Health Summit in March, the Prime Minister, the Minister for Health and the Minister for Indigenous Affairs signed a Statement of Intent to work with the Indigenous community to eliminate the life expectancy gap within a generation

Headline Targets

- Outcomes-focused targets COAG 20 Dec 2007:
 - Close the life expectancy gap in a generation
 - Halve the child mortality gap in 10 years
 - Halve the literacy and numeracy gap
- Further targets COAG 26 March 2008
 - Halve the gap in employment outcomes within a decade
 - Halve the gap for Indigenous students in Year 12 by 2020
 - In five years all Indigenous four year olds in remote Indigenous communities will have access to a quality early childhood education program.

Reporting Progress

- On the first day of every parliamentary year we will report on progress in closing the gap in life expectancy
 - the Prime Minister in London in April
- Annual Closing the Gap report to parliament
 - Content yet to be determined
 - but key life expectancy target will probably only be updated every 5 years.

The public health challenge

- There is pessimism in the health sector about the prospects of closing the gap
- Altman Biddle and Hunter, briefing paper for the Prime Minister's 2020 Summit
 - pessimism about improving Indigenous prospects has been overstated
 - discernible progress had been made over the last few decades in a number of fields
 - but life expectancy 'gap' is actually increasing
 - life expectancy has been improving, but the non-Indigenous population has been improving even faster

International comparisons

- On most measures Indigenous Australians' health disadvantage is worse than that of the Indigenous minorities in the countries with which we usually compare ourselves – New Zealand, Canada and the United States
 - Oxfam, in a recent review of the health of Indigenous Australians in the international context, confirming what many previous studies have shown.

The Health Service Challenge

- The Oxfam review included a number of case studies of promising local health initiatives, but offered no suggestions as to how the health system as a whole should be changed to address Indigenous disadvantage.
- Need to set Australia's Indigenous health *services* and health *policy* in an international context

Health Development Framework

- Indigenous health policy has drawn little on the lessons learned in the developing world
 - World bank: *Investing in Health*
 - Jack and Pat Caldwell have been the major contributors
 - cf Helen Hughes, NT intervention
- Even in very poor countries, major improvements in health have been achieved by a combination of programs aimed at universal education, improved status of women, and effective health services at the local level.
- Women who have the knowledge, capacity and means to make decisions affecting their families' health have proved to be a formidable force for change.
- This has been demonstrated in Australian Indigenous communities too.
- The challenge to health policy is to scale these local successes up to national health programs.
- So far the health system has failed to do so.

Indigenous health targets

- A long and not particularly encouraging history.
- A previous federal Labor administration in 1973 adopted a National Plan for Aboriginal Health, which had as its objective the
 - elimination of Indigenous disadvantage within ten years
 - the development of comprehensive Aboriginal health statistics so that progress could be measured
- Neither objective was achieved

Indigenous Health Targets

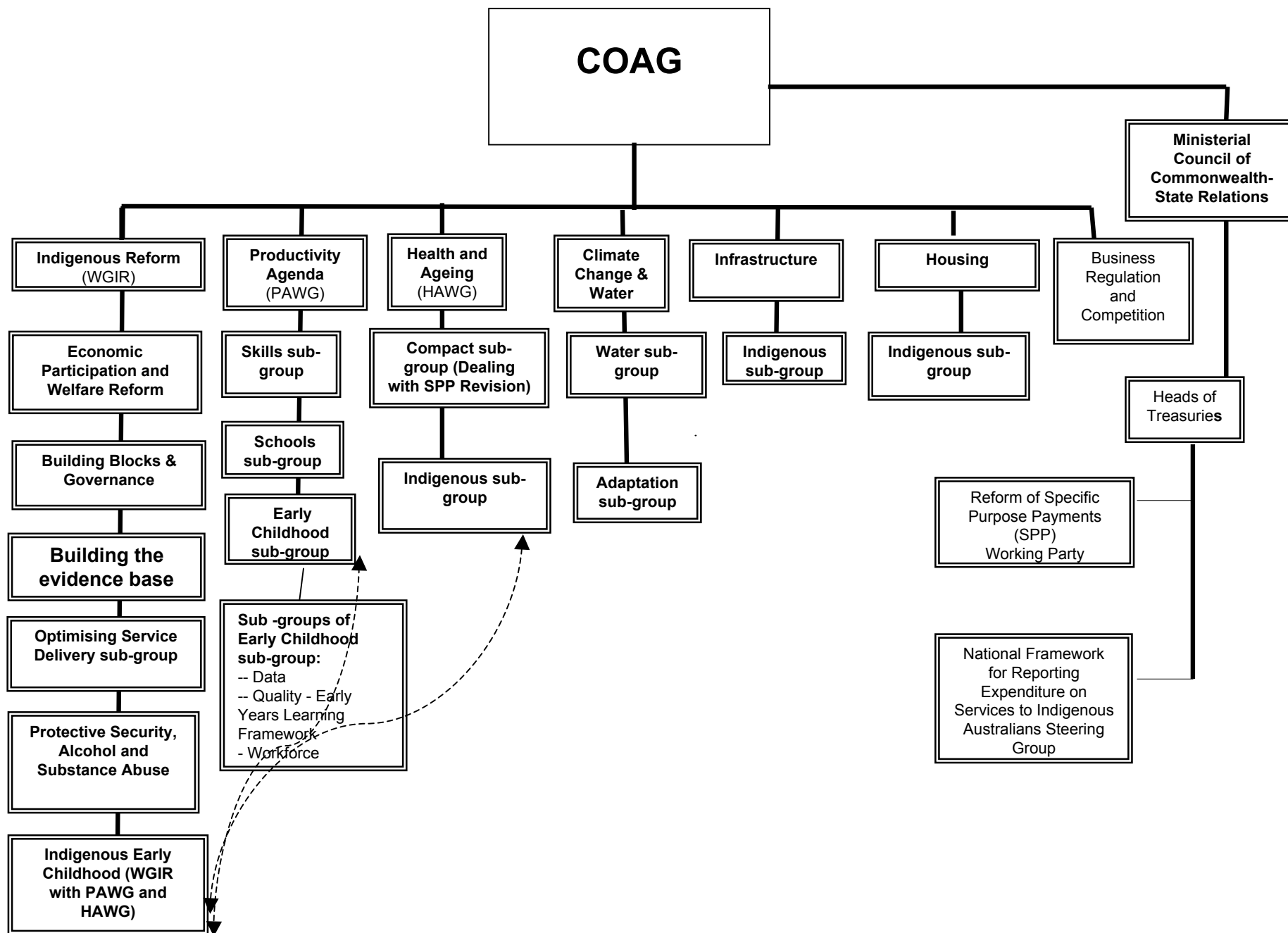
- In 1983, another Labor government endorsed a National Health Strategy based on a partnership between government and community services, incorporating specific priority objectives and comprehensive monitoring data
- The strategy was never effectively implemented.

Indigenous Health Targets

- The last Government initially favoured mainstreaming, ‘practical reconciliation’ and individual responsibility
 - Framework agreements with outcome targets
- Ended in its last year with a policy of ‘stabilise, normalise and exit’ in remote communities.
 - Outcome targets unclear

The reporting environment

- Complex, ambitious
- COAG *Working Group on Indigenous Reform* (WGIR) oversees work towards the headline targets
- WGIR includes a *Building the Evidence Base* subgroup, which will specifically look at how the targets can be effectively monitored
- A number of other COAG Working Groups have specific Indigenous sub groups or sub-groups with a particular focus on Indigenous issues



Draft Reporting Framework

Term	Definition	Draft examples
<i>Headline indicators</i>	The precise measure of the outcome target	Life expectancy estimates, released five yearly by ABS
<i>Proxy indicators</i>	An annual indicator to be used where the headline indicator is only available in the 5 yearly Census.	Death rate by jurisdiction, age and gender.
<i>Interim targets</i>	Goals or milestones to aim for over time, ie, at regular intervals between now and the target year.	The gap in life expectancy at 5, 10, 15, 20, 25 years
<i>Trajectory</i>	The line or path to be taken to reach the target	To be determined. This could be a straight line from now to 25 years.
<i>Progress indicators</i>	Key indicators of the most significant factors which provide the best measure of progress, ie, based on evidence that they reflect the delivery chain or provide a line of sight between what we do and changes in the headline indicator.	Access to primary health care. Changes in leading causes of mortality such as smoking rates, prevalence of overweight and obesity. Early detection and treatment rates. Chronic disease management.
<i>Priority progress indicators</i>	A small set of progress indicators selected for inclusion in the annual report on progress.	To be determined.
<i>Contributing factors</i>	Factors which are known to influence the outcomes (ie, the targets). The progress indicators are measures of some of these factors.	Education. Employment status. Income.

The Evidence base:

Life expectancy gap

- Aboriginal and Torres Strait Islander Health Performance Framework Report 2006 (HPF)
- Overcoming Indigenous Disadvantage Report
- Indigenous Burden of Disease Report
- Indigenous Health Expenditure Report
- Studies of the causes of inequality in life expectancy
- Improving the quality of Indigenous statistics (ABS/AIHW, hospital, Medicare, etc)

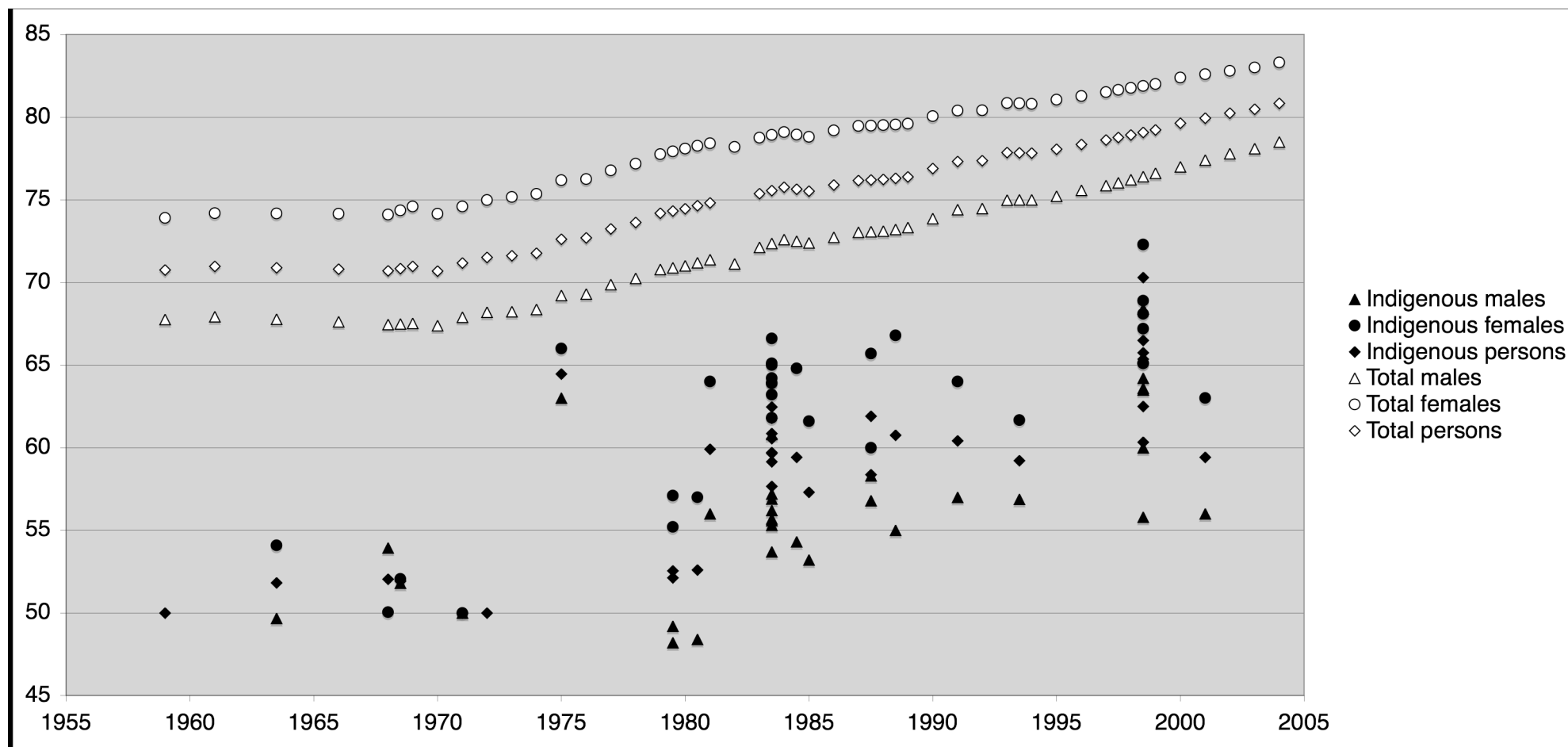
Trends in Indigenous life expectancy

- Pre 1970s only available for NT
 - About 50
 - 20 year gap
- Based on population registers, because
 - enumeration at censuses incomplete
 - Indigenous deaths not identified

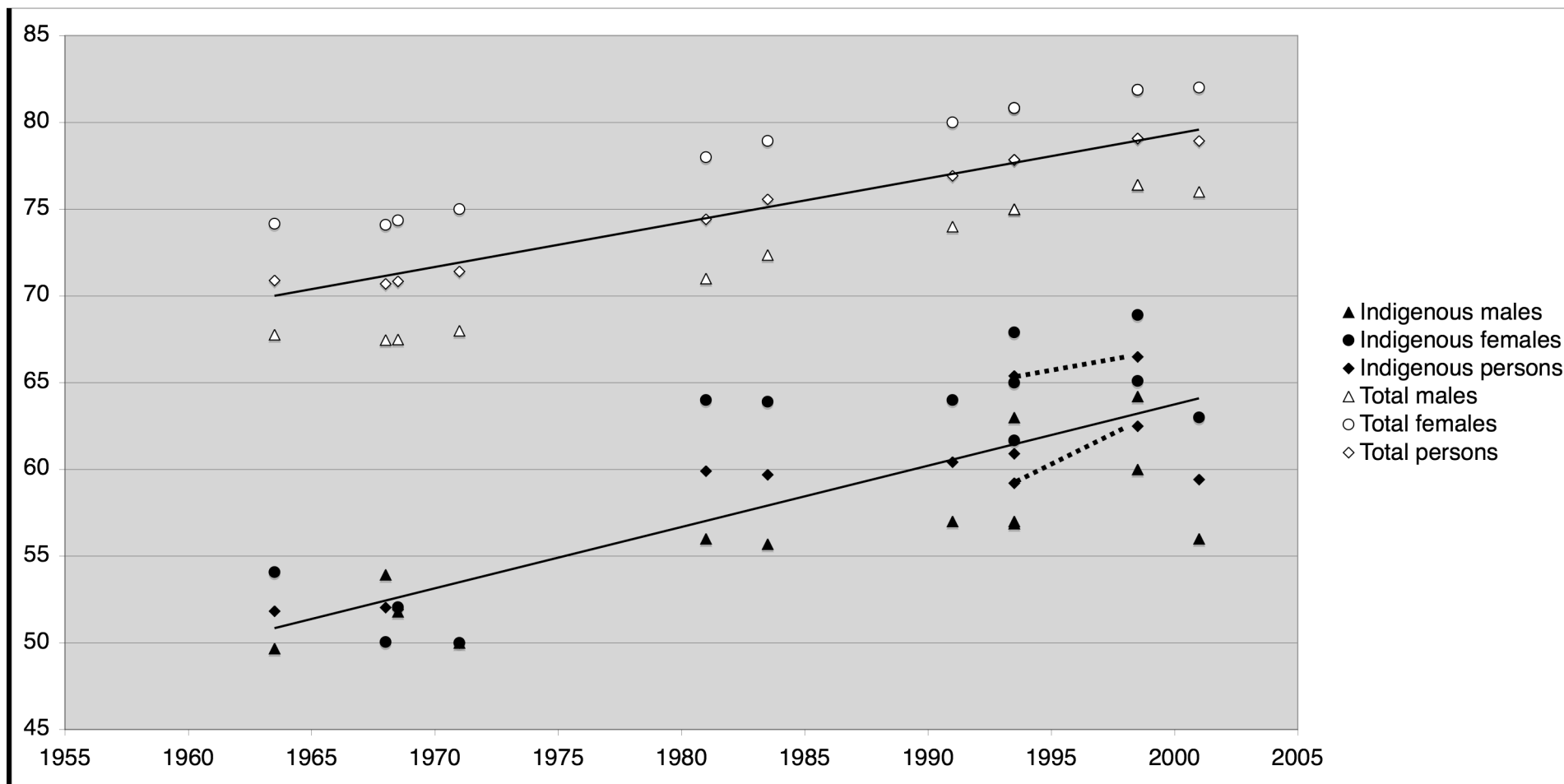
Incomplete data estimates

- Gray, Thomson, Smith etc in 1980s
 - About 59 years
 - 15-20 year gap
- ABS estimates
 - About 60 years
 - 17-18 year gap
- Hill Barker Vos *Indigenous Burden of Disease*
 - About 66 years
 - 13 year gap

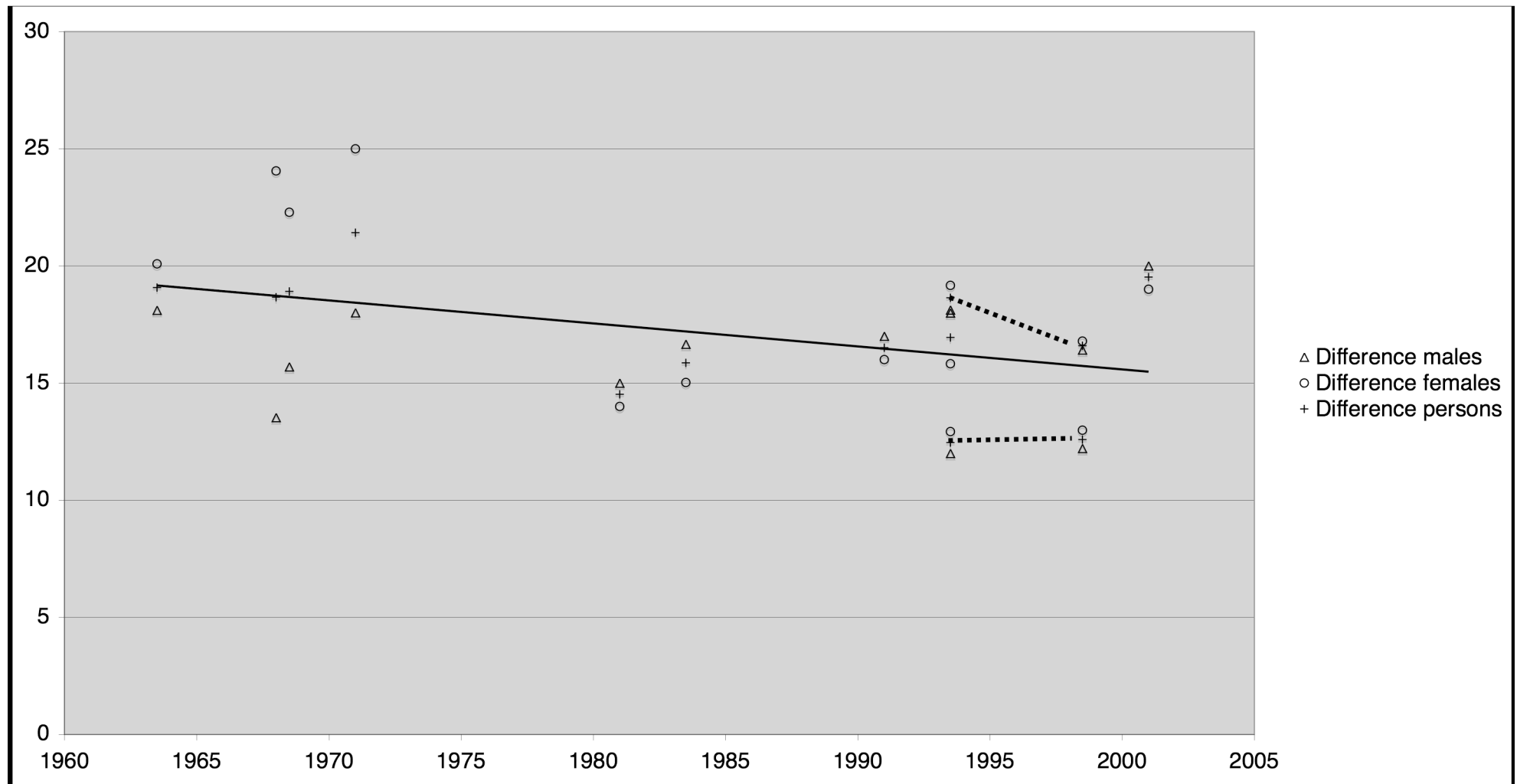
Indigenous and Total Life Expectancy



Indigenous & total life expectancy - Australia only



The gap in Indigenous life expectancy



The policy - information disconnect

- The Prime Minister's commitment is long overdue
- The public health challenge is enormous
- The statistical challenge, by contrast, should be straightforward
- *But* the system cannot deliver

The statistical challenge - obstacles to annual reporting

- Timeliness
- Annual population estimates
- Identification of deaths
- Competing estimates
- Assessing the significance of changes

Annual Estimates of the Indigenous Population

- A success story: census estimates vastly improved in recent years
- But may be continuing need to revise after each census

Under-identification of deaths

- ABS estimates that completeness of reporting of indigenous status ranges from 32% to 90%, with an overall figure of 55%

Under-identification of Indigenous deaths

- This is the real obstacle to effective monitoring
 - A frank failure of the statistical system
 - Dysfunctional federalism: Indigenous deaths are registered, but not identified as Indigenous
 - Long recognised as a problem
 - Urgent need to remedy
- Two ways of dealing with it in the short term:
 - Improved estimation methods
 - Augmented death data

Indirect methods - Bhat, Hill

- Used by ABS since 1991
- Typically only applicable to intercensal years.
- Dependent on our confidence in the most recent population estimates.
 - probably justified if the most recent estimate is the ERP from the most recent census.
 - but to use indirect methods annually would require intercensal estimates of population, which are themselves currently partly dependent on the indirect estimates based on earlier censuses.
- Competing methods
- No error theory

Augmented death data

- Indigenous deaths are already recorded
 - But almost half are not identified on the death notification form
- So look for other ways to identify them
 - Medical certificates (routine from 2007)
 - Other statistical systems
 - Other population lists
- Dual record estimates

Current activities

- ABS is revising indirect estimates based on 2006 census
- ABS is linking deaths to Census
- OATSIH NT project: degrade good data, assess impact
- AIHW project: augment death data, assess impact

Monitoring strategy

- Not enough data for time series
- Curve fitting problematic
- Given competing estimates, focus on changes rather than absolute levels
 - In life expectancy
 - In gap
- State/Territory and Urban/Rural/Remote
- Develop error theory
- Improve the death data!