



Cooperative Research Centre for
Aboriginal Health

Media Release

Data collection obstacle to closing gap

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The paucity and inaccuracy of Aboriginal and Torres Strait Islander health data collection will hinder efforts to closing the health disparity gap between Indigenous and other Australians according to an editorial in the latest e-newsletter of the Cooperative Research Centre for Aboriginal Health.

Written by Associate Professor Jane Freemantle of the Onemda VicHealth Koori Health Unit, the editorial concludes that "Incomplete and inaccurate data lead to inaccurate policy and program development."

Under the current data collection regimes operating in most Australian states and territories there is no real ability for health services to evaluate policies and to assess the effectiveness of programs and interventions.

"We need to be sure of the accuracy of the baseline from which we measure the changes in the current status," wrote Associate Professor Jane Freemantle. "Improving the accuracy of Indigenous identification in data collections must be achieved at the point of collection, through better informing both those who collect the information, and those about whom the data are being collected, as to the importance of the accurate collection of information about Indigenous status."

The CRC for Aboriginal Health editorial follows a recent report from Charles Darwin University's School for Social and Policy Research, which found that the two most recent estimates of Indigenous life expectancy were too unstable to be used to calculate mortality rates.

The author of that report, Professor Tony Barnes, controversially found that mortality data was so poor that the true life expectancy gap could not be reliably calculated and that consequently the Rudd Government and their COAG partners "would struggle to conduct annual reviews".

Associate Professor Freemantle said that states where data collection is of unreliable quality are Victoria, New South Wales, Australian Capital Territory, Tasmania and Queensland (before 1998).

"This makes it impossible to provide a complete and accurate profile of the mortality of Australia's Indigenous people", she said.

Assoc Prof Jane Freemantle, funded through the Australian Research Council, is developing a total population mortality profile of Victoria's infants, children and young people from 1988-2010, with a particular focus of identifying the differing patterns and trends of mortality experienced by Aboriginal Victorians.

She recently completed similar work in Western Australia by collating over a quarter of a century of accurate and complete birth and mortality data.

She said the work in Victoria is critical not only because Aboriginal Victorians will be accurately 'counted' in administrative and statutory data sets, but also because the context within which these deaths are occurring will be scrutinized and the information describing the circumstances of the death will be collected, reviewed and described. This information will not only assist in the development of an evidence based preventability index which will also inform targeted health promotion and education programs and policy development.

CRC for Aboriginal Health CEO Mick Gooda said the collection of reliable data on Aboriginal health and mortality must be a priority for COAG if the "close the gap" commitment was to be more than just rhetoric.

"Far too often health departments and other agencies developing and delivering health related services to our people operate with a blindfold of inadequate data," he said. "How do governments effectively target the health budget and how do we efficiently allocate resources to the areas of greatest need if we don't have accurate data?"

To read Associate Professor Freemantle's editorial, go to:

www.crcah.org.au

For further information:

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