Indigenous participation in the Australian Health Survey: a response

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ABSTRACT

- The Australian Health Survey will deliver key health measures for all Australian children and adults, and collect information across Australia.
- The Australian Bureau of Statistics has consulted widely on the development of the Survey, and has shaped the survey according to strong and consistent advice in relation to Aboriginal and Torres Strait Islander peoples.
- It is hoped that this approach will maximise survey response rates and place us in good trust to embark on the next survey round.

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The Australian Health Survey 2011–13 (AHS) is a major investment in public health information. It will deliver key information on health status, health risk factors, health service usage and the impact of ill health for all Australians. The Survey will offer new information about physical activity, nutrition and, for the first time on such a large scale, biomedical measures derived from blood and urine samples. The AHS will sample children and adults across rural, regional and remote areas and focus attention on key health issues for the general population, and specifically for Aboriginal and Torres Strait Islander peoples, through tailored approaches.

Transparency of consultation while designing such a key public health information resource has been critical in order for the designers of the Survey, the Australian Bureau of Statistics (ABS), to be responsive to views from stakeholders. The ABS, in conjunction with its funding partners, the federal Department of Health and Ageing and the National Heart Foundation of Australia, have exposed the developing project to over 700 stakeholders. Key health advice about Aboriginal and Torres Strait Islander peoples was sought through NIHEC, NACCHO, NAGATSIHID, OATSIH (Box) and the Survey's own Aboriginal and Torres Strait Islander technical panel. Each of these stakeholder groups has welcomed the opportunity to improve core pieces of health information. They have pushed the AHS into new areas, but have recognised the current Survey as part of a larger program of collecting health information that will evolve over time.

The key messages from these stakeholder groups were to ensure that:

- high-quality, robust information is delivered;
- the AHS is relevant and acceptable to Aboriginal and Torres Strait Islander peoples;
- information is fed back appropriately; and
- the community is consulted and cultural issues are taken into account, so that trust develops and future survey participation is encouraged.

Ignoring these stakeholder messages would clearly compromise the rollout of the Survey, reduce the quality of the information and risk wasting public investment.

Keeping an "eye to the future" is critical in responding to the concerns that Hoy has raised in this Journal (*page 509*).[1] While she essentially advocates an all-inclusive approach to the Survey (including biomedical testing for Aboriginal and Torres Strait Islander children and youths), consultation with a wide range of stakeholders on this point elicited strong views that this should be considered as the next step in the survey program. The views were that the new survey elements regarding nutrition, food security, health status and health management combined with key health risk factors (eg, smoking and alcohol) were of higher immediate priority. Information on these critical factors will meet the objectives of the AHS, illustrating the current differentials in health status of the Indigenous population. Further, the trust built in managing the delivery of the biomedical testing in the adult Indigenous population in the next survey wave will facilitate future survey expansion and the hoped-for inclusion of biomedical testing in children. This will result in maximum response rates and statistical viability in a small population group.

Hoy argues for storage of biomedical samples from Indigenous people (to be considered in the next round of the AHS). This issue goes beyond the immediate "sample and test" approach and has some particular cultural sensitivities, which will be explored further in planning stages of the next survey round. The cultural aspects will need careful consideration (as with all sample-storage proposals) and application of good governance to ensure ethical use of the data in a manner acceptable to Aboriginal and Torres Strait Islander peoples.

While Hoy encourages the AHS managers to consider the significant epidemiological information that biomedical testing (and later storage) would provide, the balance for the ABS is to respect community views in the Survey design, thus ensuring high survey response rates. Demonstrating good practice in the AHS in 2011–13 will place us in good stead to take on the proposed additional challenges in the next survey round.

Acronyms

- NIHEC: National Indigenous Health Equality Council
- NACCHO: National Aboriginal Community Controlled Health Organisation
- NAGATSIHID: National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- OATSIH: Office for Aboriginal and Torres Strait Islander Health ◆

Competing interests

None identified.

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Reference

1 Hoy W. Research, information and consent for the Australian Health Survey: a separate standard for Indigenous people? *Med J Aust* 2011; 194: 509-510.

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