

Indigenous health performance measurement systems in Canada, Australia, and New Zealand

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The worldwide use of health performance measurement has emerged over the past two decades. Health service managers try to improve efficiency and outcomes by linking cycles of evaluation to clear and measurable objectives.^{1,2} The World Health Organization (WHO) has defined three principal goals for health-care systems as: contributing to good health, responsiveness to the expectations of the population, and fairness of financial contribution.³ In Canada, Australia, and New Zealand, the extent of Indigenous health disadvantage is well documented.⁴⁻⁹ Accordingly, expectations that the development of health performance measurement systems in these nations would give some priority to Indigenous health are reasonable. We discuss here the issues in health performance measurement systems in Indigenous societies within a human rights framework.

Our research group examined information systems for Indigenous health in Canada, Australia, and New Zealand, through an extensive, country-specific review of both published and unpublished resources, as well as key informant interviews with national, regional, and community health measurement stakeholders.¹⁰⁻¹² We asked national, regional, and community-level health information specialists and policymakers what health performance measurement systems are used, and how these systems relate to community-based health services and Indigenous peoples' definitions of health. In our thematic analysis, we examined the underlying goals, processes, and contexts of existing Indigenous health measurement systems. We also looked for examples of best practice.

Our inquiry identified some advances in the development of Indigenous health performance measurements systems. However, we also identified some important gaps, especially in the development of local and regional information systems and feedback to these systems, as well as in the processes for Indigenous input, including the application of Indigenous-specific frameworks and indicators.

The underlying intent of macro performance measurement systems varies, but includes the financial accountability of programmes and services, political management of programmes, monitoring of the performance of services, and the development of capacity at a programme level. Macro refers to aggregated national or large regional systems. Some key informants felt that despite the often repetitive and lengthy service reporting, feedback processes remained inadequate, especially at community level. For example, our key Canadian informants reported that, in general, data are not compiled and fed back to either the health-care services

or to the Indigenous communities from which they came. In New Zealand, key informants indicated that although the national Ministry of Health gathers Māori health data against a long list of indicators, much of those data are not used or fed back to the local level to inform Māori health-care planning and decision-making. Australia now produces a report every 2 years that collates performance data and indicators across a range of Aboriginal and Torres Strait Islander health-care and community service programmes.⁴ More importantly, the Australian Federal Health Department, has, since 2001, collaborated with the National Aboriginal Community Controlled Health Organisation on the analysis and publication of performance data from the health-care sector controlled by the Aboriginal community.¹³

All three countries have evidence of consultation with Indigenous people in the development of performance measurement systems. In Canada, the Aboriginal Health Reporting Framework process claims to centralise Indigenous consultation. However, the process is clearly driven by federal, provincial, and territorial accountability; is chaired by federal and provincial government representatives; and seeks to identify pan-Indigenous macro-level indicators.⁶ In New Zealand, the Ministry of Health held a Viewpoint of community meetings in 2004 to discuss what monitoring framework should be used nationally for Māori health. He Korowai Oranga,¹⁴ the national strategic framework for Māori health, was chosen. This framework can recognise both universal indicators of health such as mortality and disability, and Māori-specific indicators such as social determinants, secure cultural identity, and control over one's destiny. The development of He Korowai Oranga included consultation meetings and written submission as methods of gaining Māori input.¹⁵

In Australia, a collaborative planning strategy has been developed for Aboriginal and Torres Strait Islander health that enables input from Indigenous service stakeholders into all levels and aspects of health system development.¹⁶⁻¹⁸ Yet, opportunities for input from Indigenous Australian stakeholders outside of health or other community services are few. In all countries, some level of Indigenous involvement in the development of macro health systems has been achieved. Although effective consultative mechanisms are important, they should not divert attention from the necessity of enabling the development of local measurement systems that are Indigenous-driven.

In Canada, several Indigenous groups responded to the gap in local Indigenous health information system

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development and are in the early stages of constructing their own health measurement models. For example, Inuit Tapairit Kanatami, the national Inuit governing organisation, has created an Inuksiutiin Health Information Framework,¹⁹ which outlines the process components required to develop health data that are relevant and useful to Inuit in Canada. This framework is premised on Inuit leadership as well as Inuuqatigiittiarniq,—the holistic view of Inuit health. In New Zealand, a rural Māori health-care provider used Te Pae Mahutonga, a Māori-specific model of health promotion,²⁰ as a monitoring framework and populated the model with indicators relevant to local information needs. However, the provider was not able to gain funding support for the implementation of this framework. In Australia, although there is clear interest from some Indigenous stakeholders in the development of systems to assess local health service performance, no examples of fully-operational systems were identified that were locally developed and managed.

Internationally, Indigenous peoples are united by their claim of self-determination with respect to their ancestral homelands and governments. Additionally, Indigenous self-determination also includes the right of Indigenous peoples to “construct knowledge in accordance with self-determined definitions of what is real and what is valuable”.²¹ Among the recommendations made by the Indigenous Caucus of the UN Working Group on Indigenous Health is a call to respect the right of Indigenous peoples’ to their traditional medicines and health practices.²²

Although they are diverse, Indigenous models of health in our home countries generally differ from non-Indigenous biomedical models, in that they consider the health of the whole community and its surrounding environment.²³ For example, Te Whare Tapa Wha,²⁴ a widely recognised New Zealand Māori model, describes good health as the balance between four interacting dimensions: te taha wairua, spirituality; te taha hinengaro, thoughts and feelings; te taha tinana, the physical side; and, te taha whanau, the extended family. Health is likened to the four walls of a house, each wall representing one dimension of wellbeing and necessary to ensure the stability of the house. In contrast to western understandings of health, Māori ideas of health incorporate a spiritual dimension, emphasise balance, and include a focus on cultural integrity.

We have identified that Indigenous definitions of health continue to be marginalised within health performance measurement systems, mirroring the emphasis on macrosystem development. There is a priority in the development of these macrosystems for producing data that can be compared across different regions and with non-Indigenous health-care service performance. This approach results in greater attention to physical and disease based measures and less focus on regional cultural diversity and Indigenous specific

values and priorities. It is in contention with recommendations for the use of Indigenous specific indicators to complement more universally accepted measures.^{10–12} A greater emphasis on building local measurement systems might enable an increased responsiveness to local Indigenous cultural values and priorities.

Indigenous health outcomes are determined by a range of social and economic factors, many of which lie outside the direct control of the health-care sector. However, healthcare system capacity and effectiveness are also important determinants of Indigenous health. The development of community-level primary health-care systems is a priority, in view of the effect of this component of the health-care system on early disease intervention.^{25,26}

The UN defines the right to health as “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”,²⁷ and the UN Declaration on Indigenous Peoples Rights²² guarantees this right for Indigenous peoples. To achieve good health, primary health-care services should respond to locally identified health priorities and service infrastructure.²⁸ If these services are to be both effective and responsive the data gathered have to make sense to the community based planners and allow them to monitor the health domains that are of local priority.²⁹ These local information requirements are not well serviced by macro performance measurement systems that have different priorities and political imperatives. If local performance measurement systems are to be improved, attention has to be given to building the capacity of the local workforce and the development of service infrastructure.

Our conclusion is that Indigenous health-care performance measurement systems in Canada, Australia, and New Zealand are underdeveloped locally and hence deficient in their support of local service development. Rather, they are essentially government-driven systems that are intended to assess progress towards state-defined objectives for Indigenous health. Additionally, Indigenous concepts of health are marginalised at all levels of health-care measurement.

Although the development of macro healthcare monitoring systems is important, the underdevelopment of local performance measurement systems and marginalisation of Indigenous perspectives undermines effective local primary healthcare services by constraining the extent to which local services can access comprehensive performance data to guide service development. This oversight interferes with the ability of Indigenous communities to achieve the expression of Indigenous cultural values in health system development and affects the capacity of the system to contribute to the achievement of the highest attainable standard of health for Indigenous peoples.

Conflict of interest statement

We declare that we have no conflict of interest.

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