



OUTCOME 07

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Improved health status for Aboriginal and Torres Strait Islander peoples.

OUTCOME 7: ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

PART 1: OUTCOME PERFORMANCE REPORT

Outcome 7 was managed in 2004-05 by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), with significant contribution from other outcome areas and the Department's State and Territory Offices.

Major Achievements

- Expansion and enhancement of primary health care services for Aboriginal and Torres Strait Islander peoples through the Primary Health Care Access Program.
- Enhancing workforce capacity with the launch of the Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework, significant progress in the development of national competencies for Aboriginal and Torres Strait Islander Health Workers, and the release of 30 Puggy Hunter Memorial Scholarships.
- Four new sites engaged in the second round of Continuous Improvement projects for the early detection and management of chronic disease for Aboriginal and Torres Strait Islander peoples.
- Replacement of Avgas with Opal, an unleaded replacement fuel which does not produce the physiological high sought by petrol sniffers, for supply to remote Indigenous communities registered under the Comgas Scheme, as an alternative to regular unleaded petrol in an effort to combat petrol sniffing.

Challenges

- Delayed development of a policy framework for the Aboriginal and Torres Strait Islander Substance Use Program.
- The Shared Responsibility Agreement for the Anangu Pitjantjatjara Yankunytjatjara Lands is not yet signed.

KEY STRATEGIC DIRECTIONS FOR 2004-05

Infrastructure Resources

Improving Access to the Mainstream Health System

The Department continued to improve the Medicare Benefits Scheme (MBS) arrangements so that they are more accessible to Aboriginal and Torres Strait Islander peoples. OATSIH maintains the exemptions issued under subsection 19(2) of the *Health Insurance Act 1973* that allow payment of Medicare rebates for services provided in 114 Aboriginal and Torres Strait Islander primary health care services and in agreed State and Territory run remote Health Services in Queensland and the Northern Territory. Access to Medicare also allows access to other mainstream funding programs such as the Practice Incentives Program and the General Practice Immunisation Incentives Program, that use Medicare activity in the calculation of payments.

To support future policy development in relation to Indigenous peoples' access to mainstream health services, the Health Insurance Commission (HIC) and OATSIH jointly commissioned in May 2005 a study of Aboriginal and Torres Strait Islander peoples' attitudes, perceptions and experiences of the effectiveness of the Australian Government's major health benefits programs (MBS and PBS and related initiatives) in supporting their access to and use of primary health care services. This research is a follow-up from market research completed in 1997 into Aboriginal and Torres Strait Islander peoples' access to Medicare and the PBS. The current study is expected to report to the Department and HIC in June 2006.

Improved access to mainstream health services is being further supported by improved data on the use of health services by Indigenous Australians. The Medicare database introduced a voluntary Indigenous identifier in November 2002. The number of Aboriginal and Torres Strait Islander peoples voluntarily identifying as Indigenous stood at 80,658 in June 2005.

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The Department has continued to facilitate the implementation of special arrangements under Section 100 of the *National Health Act 1953* to enable supply of pharmaceuticals covered by the PBS to clients of remote area Aboriginal and Torres Strait Islander primary health care services. Information on these arrangements is reported under Outcome 2.

Access to Primary Health Care

The Department has increased access to primary health care services with further expansion of services through the Primary Health Care Access Program. The Department has implemented a more streamlined approach to the allocation of new funding which ensures that additional health services are established quickly, and are specific to the health care needs of local communities and the capacity of organisations to deliver services effectively.

In 2004-05, OATSIH entered into contracts worth \$64.85 million to fund new primary health care services in priority areas as well as a range of initiatives including:

- the expansion of primary health care services;
- capacity building activities such as training and support, information provision and the development of community organisations;
- the upgrade and expansion of health clinics; and
- the construction of health staff housing in remote areas to enable health care staff recruitment in these areas.

In general, the Department administers funding for Aboriginal Community Controlled Health Organisations directly, although variations include administering funds to State Governments to manage Indigenous specific health clinics where there are no alternative providers.

Capital Works

The Department continued to make significant progress in delivering infrastructure priorities identified in the National Indigenous Health Infrastructure Plan, with 27 new projects and variations to 16 existing projects for health/substance use facilities and staff housing valued at \$25 million approved in 2004-05. As at 30 June 2005, 125 projects with a value of

\$128.5 million were in progress. This funding provides clinics, expands or modifies buildings as health service needs change, and provides accommodation for health staff in remote areas where health services would not otherwise be provided.

Council of Australian Governments (COAG) Whole-of-Government Trials

The Department continued in its lead role for the Indigenous Council of Australian Governments (COAG) trial site on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.

Two specific projects, previously endorsed by the APY Lands COAG Steering Committee and reflecting the priorities identified in the draft APY Lands Shared Responsibility Agreement (SRA), continued to develop in 2004-05, with funding from several Departments. The Mai Wiru Regional Stores Policy focuses on improving the availability and affordability of healthy food supplies and the PY Ku Network focuses on improving access to a wide range of social and community services on the APY Lands. Both projects are also improving training and employment opportunities.

The SRA for the APY Lands neared completion in 2004-05, following delays over the last two years. There have been significant changes in the governance arrangements on the APY Lands during 2004-05, resulting in the lack of a representative community body with whom to sign the Agreement. In February 2005 Anangu partners formed the Wiru Palyantjaku (Better Outcomes) Taskforce representative of their local and regional interests. This taskforce is now part of the reformed COAG Steering Committee, known as Tjungungka Kuranyukutu Palyantjaku (TKP) (Working Together for the Future) along with the Australian Government and South Australian State Government. The TKP will now review and sign the SRA. The five broad regional reform priorities outlined in the SRA under development in the region may now, under the Government's new Indigenous affairs arrangements, take the form of a Regional Partnership Agreement.

Aboriginal and Torres Strait Islander Health Workforce

The Department works with a range of key stakeholders to support and expand a skilled Aboriginal and Torres Strait Islander health workforce across a range of health care settings.

In September 2004, the Committee of Deans of Australian Medical Schools launched the new Indigenous Health Curriculum Framework. This work has been done in partnership with OATSIH. The framework provides medical schools across the country with guidelines for success in developing and delivering Aboriginal and Torres Strait Islander health content in core medical education. The inclusion of Indigenous health as a core part of the medical curriculum will mean that all medical graduates are equipped to address specific Aboriginal and Torres Strait Islander health, culture and societal issues.

The Department made significant progress, in collaboration with stakeholders, on the development of key competencies for Aboriginal and Torres Strait Islander Health Workers. In August 2004, all stakeholders agreed to establish two functional streams for Aboriginal and Torres Strait Islander Health Workers. This will allow the development of both a primary care and a specialist team. Consultancies have continued on the details of the competencies. Historically there have been divergent views on the role and functions of Aboriginal and Torres Strait Islander Health Workers, which has increased the complexity for professional recognition of these workers. The project has identified two core strands: the Aboriginal and Torres Strait Islander Primary Practice role; and the Aboriginal and Torres Strait Islander Community Care role.

The broad agreement and acknowledgement of new competencies that will underpin future training and work practices was a major achievement in Aboriginal and Torres Strait Islander health. Implementation of the new competency and qualifications framework will commence in 2005-06.

The Puggy Hunter Memorial Scholarship Scheme provides undergraduate scholarships for Aboriginal and Torres Strait Islander students in medicine, nursing, health management and Aboriginal Health Worker courses in recognition of the need for a substantial increase in the number of Aboriginal and Torres Strait Islander health professionals. The Scholarships are worth \$15,000 per annum.

For the 2005 academic year 30 scholarships were awarded, of which seven are in medicine, nine nursing, five allied health, eight Aboriginal Health Worker and one health management.

Since the commencement of the Scheme in 2002, 87 scholarships have been awarded and 23 scholarship recipients have graduated in the following areas: five medicine, four nursing, two allied health and 12 Aboriginal Health Workers. Sixty one students are continuing with their studies in the 2005 academic year (three students have withdrawn).

Patient Information and Recall Systems Funding Program

In 2004-05, the Department delivered funding of \$1.35 million to 26 organisations to implement or expand patient information and recall systems (PIRS), resulting in 76 per cent of Aboriginal and Torres Strait Islander primary health care services now using or implementing electronic health information systems. Services in remote locations with a number of satellite clinics had particular problems establishing workable PIRS. To address this problem, the Department commissioned a series of technology trials to assess the performance of PIRS applications using satellite-mediated wide-area network environments. A report of key findings produced by RPR Consulting in May 2005 outlines recommendations for policy development within OATSIH for effective deployment of electronic PIRS across networks in very remote localities. The Department is now investigating how the Australian Government might support cost-effective implementation of these approaches.

Risk Assessment Procedures

During 2004-05, the Department successfully implemented the Risk Assessment Procedures in all State and Territory offices. This process is assisting project officers in the early identification of OATSIH funded organisations that are of concern, allowing for earlier intervention and support from OATSIH for organisational development and capacity building. An analysis by OATSIH of the Risk Assessment Procedures commenced in 2004-05 and further consultations with State and Territory Offices will occur in 2005-06 to improve its applicability as a continuous improvement tool.

Addressing Specific Health Issues

Aboriginal and Torres Strait Islander Adult Health Check

Since 1 May 2004, a two yearly adult health check has been available to self-identifying Aboriginal and Torres Strait Islander peoples between the ages of 15 and 54. The purpose of the adult health check is to ensure early detection, diagnosis and intervention for common and treatable conditions that cause considerable illness and early mortality, such as diabetes or cardiovascular disease. The adult health check can be provided by Aboriginal Community Controlled Health Services that access Medicare and by general practitioners in the broader community. As a Medicare item, a rebate is payable through the Health Insurance Commission when a health check is provided to an eligible client. Since its commencement, uptake of the new item has increased from 249 to more than 600 per month (Outcome 2).

Population Health, Prevention and Early Intervention

In June 2005, the Minister announced a new Medicare funded annual health check for Aboriginal and Torres Strait Islander children from birth to 14 years of age. Development of the new item will occur during the 2005-06 financial year (Outcome 2).

Preventable Chronic Diseases

During 2004-05, OATSIH expanded the Continuous Improvement Projects (CIPs) for the early detection and management of chronic disease for Aboriginal and Torres Strait Islander peoples to include an additional four Aboriginal Community Controlled Health Services, bringing the total number of Services participating in the initiative to 13. The CIPs build on current Australian and international research on systematic approaches to chronic disease in the primary health care context.

A Departmental Panel of Quality Improvement Facilitators was established in December 2004 to work with the Aboriginal Community Controlled Health Services participating in the CIPs. The role of the facilitator is to provide support and ongoing development opportunities to build the capacity of the Services to undertake continuous improvement activities specifically related to their chronic disease activity. Early feedback from the Services that are working with the

facilitators indicates this approach is effective in providing an additional resource and support to implement their project.

Child and Maternal Health

In 2004-05, a range of continuing and new initiatives were consolidated to improve child and maternal health including:

- a new child and maternal health exemplar site at Durri Aboriginal Corporation Medical Service in Kempsey, New South Wales;
- funding for a Sudden Infant Death Syndrome (SIDS) project, jointly undertaken between the National Aboriginal Community Controlled Health Organisation and SIDS for Kids;
- the production of the fourth (revised) edition of the *Women's Business Manual* by Nganampa Health Council and Congress Alukura; and
- funding for Aboriginal and Torres Strait Islander women to participate in the 5th Australian Women's Health Conference.

Healthy Skin

The Department entered into a contract with Murdoch Children's Research Institute in March 2005, to contribute to the Northern Territory Healthy Skin Project over the next three years, through supporting the training and development of community workers and primary health care workers.

The Healthy Skin Project is a large multi-organisation research and service delivery project implemented in 2004-05, in at least six communities of the East Arnhem region of the Northern Territory. The Project aims to reduce the level of scabies and skin sores, which can lead to streptococcal skin infections, rheumatic heart disease and renal disease.

Trachoma

In December 2004, the Department commenced a consultation process on the draft national guidelines for the public health management of trachoma in Australia. Key stakeholders and organisations with an interest in trachoma were invited to provide comments on the guidelines. It is expected that the guidelines will be finalised in 2005 for endorsement by the Communicable Diseases Network Australia (Outcome 1).

Substance Use

In 2004-05, the Department continued to provide funding to support 67 Aboriginal and Torres Strait Islander substance use services nationally.

The Department made important changes to the successful Comgas Scheme that supports wider efforts to combat petrol sniffing. Since its inception in 1998, the Comgas Scheme has been subsidising the use of Avgas (an aviation fuel) as an alternative fuel at participating remote Aboriginal and Torres Strait Islander communities as part of wider efforts to address petrol sniffing. Currently there are 37 Aboriginal and Torres Strait Islander communities registered on the Comgas Scheme.

Avgas previously contained low levels of aromatic hydrocarbons, the component of unleaded petrol that gives the physiological high sought by sniffers, and is suitable as a petrol substitute. Recent changes to Avgas have increased the levels of aromatic hydrocarbons and it can no longer be offered as an alternative fuel. Since February 2005 a new unleaded fuel, Opal, has been developed to replace Avgas under the Comgas Scheme.

The recently published evaluation of the Comgas Scheme found that substituting unleaded petrol with a fuel that does not induce a high when sniffed is a safe, effective and popular intervention in reducing the incidence of petrol sniffing. Petrol replacement is part of a wider strategy to reduce the incidence of petrol sniffing. Complementary community-based diversion activities are an essential part of this strategy.

The Grog Book: Strengthening Indigenous Community Action on Alcohol, developed in 1998 by Dr Maggie Brady, has been revised with departmental funding and a second edition commissioned. *The Grog Book* serves as a practical guide for communities, organisations and advisers dealing with alcohol misuse. Drawing on contributions from Indigenous communities and individuals around Australia, the book highlights prevention, treatment and supply, and demand and harm reduction strategies, many of which have been successfully trialed at the community level.

The Cross Border Reference Group on Volatile Substance Use, a multi-jurisdictional body including the Australian Government and for which the Department currently provides

secretariat support, commissioned a formal feasibility study into effective community service models to address volatile substance misuse in the cross-border region of South Australia, Western Australia and the Northern Territory. In April 2005, the Centre for Remote Health in Alice Springs was awarded the contract to undertake this study. The South Australian Government awarded and is managing the contract on behalf of all four governments who each contributed funding for the project.

Immunisation

In response to the recent evaluation of the National Indigenous Pneumococcal and Influenza Immunisation Program, the Department developed a new immunisation promotion strategy for 2004-05 in which jurisdictional Regional Public Health Units were funded to undertake regional activities to promote adult immunisation in collaboration with other service providers, including Aboriginal Community Controlled Health Services. It is expected the new immunisation promotion strategy will result in greater coordination of regional immunisation service provision.

Sexual Health

During 2004-05, the Department developed the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008. It is expected to be launched in the first quarter of 2005-06. The Strategy will continue to guide Australia's response to HIV/AIDS, blood borne viruses and sexually transmissible infections within Aboriginal and Torres Strait Islander populations. The Strategy builds on the work of the National Indigenous Australians' Sexual Health Strategy 1996-1997 to 2003-04, and has been prepared in parallel with the development of relevant mainstream strategies.

Hearing

Funding of nearly \$300,000 has been provided for a project examining the uptake of the Recommendations for Clinical Care Guidelines on the Management of Otitis Media. The project will develop a collaborative regional program to focus on the management of Aboriginal and Torres Strait Islander children (0-5 years) with otitis media. In addition, over \$0.5 million was spent in 2004-05 on training for ear and hearing health training for Aboriginal Health Workers.

Social and Emotional Well-Being

In December 2004, the Australian Health Ministers' Advisory Council endorsed the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Well-Being, 2004-2009. This document aims to provide a framework for action by all governments and communities to improve the social and emotional well-being and mental health needs of Aboriginal and Torres Strait Islander peoples. All State and Territory governments are responsible for implementing the Framework, with the Department taking a lead role in auspicing, implementation and monitoring arrangements.

Evidence suggests that mainstream mental health programs have often been inadequate in addressing the needs of Aboriginal and Torres Strait Islander peoples from a culturally appropriate perspective. This has resulted in differences in approaches to addressing social and emotional well-being for Indigenous Australians. The Department's investment in the Western Australian Aboriginal Child Health Survey has resulted in the publication of a volume of new information focusing on the social and emotional well-being of Indigenous children and young people in the State. This information may have broader national application and will be useful in the future policy responses around social and emotional well-being for Indigenous Australians.

Improved Evidence Base

Service Development and Reporting Framework

In 2004-05, the Department successfully trialled new Service Development and Reporting arrangements in 34 health and substance use services. For the services involved, this meant a considerable reduction in their reporting requirements as well as an opportunity to plan and measure their performance in a more transparent and accountable fashion. Services were required to develop a single, holistic 'Action Plan' for all the funds provided through OATSIH, develop performance measures in relation to major activities and report against them in one consolidated report. This approach replaced multiple program allocations and reporting processes that have developed over time in response to specific issues. An independent evaluation managed by the

Department found that the trial was successful. Services were positive about the change and welcomed the opportunity to learn about and use the planning and reporting framework. Given the success of the trial the Service Development and Reporting Framework (SDRF) process will be implemented by the Department to all funded services over the next 18 months.

As well, services that participated in the SDRF received funds for Quality Improvement Initiatives which they developed themselves. This created a direct link between the processes of service planning and quality improvement. Services using the SDRF will have access to Quality Improvement Initiative funding once every three years. In 2005-06, the Department will undertake the evaluation of the quality improvement component of the SDRF.

At the same time, OATSIH has made progress in the development of a Single Funding Agreement. From 2005-06, those services using the SDRF will be able to receive their funds as a 'global allocation' within a single contract with OATSIH. This will streamline administration and create the opportunity for services to operate as robust business entities.

Aboriginal and Torres Strait Islander Health Performance Framework

In January 2005, the Australian Health Ministers' Council approved in principle the Aboriginal and Torres Strait Islander Health Performance Framework. Using this framework, the Australian Government and State and Territory governments will monitor the impact of policies contained in the National Strategic Framework for Aboriginal and Torres Strait Islander Health on over 90 measures of health status, the social determinants of health, and the performance of the health system in meeting the needs of Aboriginal and Torres Strait Islander peoples. The first report against the Health Performance Framework is due in 2006. It will replace the Biennial Report of National Performance Indicators for Aboriginal and Torres Strait Islander Health and complement 'jurisdictions' Implementation Plans which are to be submitted under the reporting requirements of the National Strategic Framework. During 2004-05, OATSIH worked with the Standing Committee on Aboriginal and Torres Strait Islander Health to develop the framework, commence the task of specifying each of the performance measures in detail, and mapping the measures

to the objectives and strategies of the National Strategic Framework for Aboriginal and Torres Strait Islander Health and other national policies that explicitly target the health of Indigenous Australians.

Trends in Mortality

The Department continued to base policy and programs on sound information on national trends in vital health statistics on the health of all Australians. However, similar information on the Aboriginal and Torres Strait Islander population cannot be derived from these data sets because of the poor and variable extent to which the data collected on Aboriginal and Torres Strait Islander peoples are identified. For example, recent estimates of Aboriginal and Torres Strait Islander peoples' coverage in the mortality data show that only 60 per cent of Aboriginal and Torres Strait Islander deaths are accurately identified as Indigenous Australian.

Under the aegis of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, OATSIH continued to promote and provide secretariat facilities for the Technical Advisory Group on Indigenous Mortality Trends, which provides expert analysis and advice on what can defensibly be derived from the analysis of existing data sets. Papers produced by this group in 2004-05 underpin the mortality trends reported in 2005 edition of the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*.

Promotion of the Use of Effective Policy

The Department has continued to work on improving its capacity to develop effective policy for Aboriginal and Torres Strait Islander health through a range of strategies, including:

- the coordination of Aboriginal and Torres Strait Islander health through the cross-departmental Working Group on Indigenous Health;
- the annual Portfolio Business Plan for Aboriginal and Torres Strait Islander Health; and
- the delivery of staff development programs on cross-cultural awareness and Indigenous health policy issues.

New Arrangements for Indigenous Affairs

During 2004-05, the Department was involved in policy and program development work related to the new arrangements for Indigenous affairs. Work has continued, for example, on harnessing mainstream programs to gain better outcomes for Aboriginal and Torres Strait Islander peoples. The Department has contributed to policy development related to the priorities of the Ministerial Taskforce on Indigenous Affairs, created in May 2004, and on policy work in further developing the concept of shared responsibility.

The Department has contributed to the implementation of the new arrangements through engaging with Indigenous Coordination Centres, particularly around the development of Shared Responsibility Agreements (SRA). As at 30 June 2005, the Department has contributed financially to two signed SRA and was involved in the negotiation of more than 20 other SRA.

During the year, the Department began work on the process of establishing a Solutions Brokers network to support the Department's engagement in SRA and Regional Partnership Agreement.

The Department is now represented on the National Indigenous Drug and Alcohol Committee overseeing a whole-of-government approach on the harmful effects of alcohol and other drugs in Indigenous communities.

Substance misuse is now recognised as a priority policy issue under the new Indigenous affairs arrangements. The formulation of new policies around this area and an increase in representational roles has seen a realignment of resources away from specific projects and a delay in finalising key projects. The development of a policy framework for the Substance Use Program will take account of the new policy priorities and will respond to the changed policy environment, including a need for a whole of government approach.

Improved Communication

The Department has continued its communication strategy to provide health information and improve links with the public and stakeholders in urban and remote locations. In 2004-05 initiatives undertaken include:

- the printing and distribution of the biannual newsletter *Indigenous Health Matters*;
- continued support for the internet site Australian Indigenous Health InfoNet¹ based at Edith Cowan University, Western Australia;
- continued support for the Touch and See (and Hear) network project, a health promotion initiative utilising touch-screen technology in Indigenous settings; and
- maintenance of OATSIH web pages within the Department's web site.²

PERFORMANCE INDICATORS (EFFECTIVENESS INDICATORS)

The Department of Health and Ageing is responsible, and accountable, for contributing to the achievement of nine outcomes. Effectiveness indicators are used to measure the progress the Department is making in achieving our outcomes.

Listed below are the effectiveness indicators for Outcome 7 followed by a brief description of the Department's performance in meeting these targets.

Indicator 1. Improving health outcomes for Aboriginal and Torres Strait Islander peoples by promoting the delivery of culturally appropriate high quality health care

Target:

Improvements across a range of indicators related to risk markers and intermediate health outcomes.

Information source/reporting frequency:

Biennial Report of National Performance Indicators for Aboriginal and Torres Strait Islander Health and other published reports.

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Evidence from research and administrative data shows significantly improved health outcomes in response to improved local delivery of health care interventions, for example:

- a study in the Torres Strait involving the use of a comprehensive diabetes management program led to a 20 per cent reduction in hospital admissions;
- as a part of its child and maternal health program, a South Australian health service has demonstrated increases in attendance for antenatal care. Low birth weight rates have fallen from around 15 per cent in the mid 1980s to 5-6 per cent in 2003. Childhood immunisation rates have increased from around 60 per cent to close to 100 per cent today;
- no cases of *Haemophilus influenzae* type b (Hib) meningitis have occurred in Indigenous children in Far North Queensland in the 10 years since the introduction of Hib vaccinations to the Standard Vaccination Schedule in 1993. Prior to this time the rate of this disease was 3.5 times greater in Indigenous children than in non-Indigenous children, resulting in 28 cases of Hib meningitis in Indigenous children aged under 5 years in far North Queensland in the years 1989-1992;
- Donovanosis notifications have continued their decline from 121 cases in 1994 to 11 cases in 2004; and
- specifically targeted maternal and child health programs have produced declines in preterm births from 16.7 per cent to 8.7 per cent, a rate comparable with the general population.

¹ Accessible online at <www.healthinonet.ecu.edu.au>.

² Accessible online at <www.health.gov.au/oatsih>.

Indicator 2. Per capita funding for primary health care for Aboriginal and Torres Strait Islander peoples across all government health programs

<i>Target:</i>	<i>Information source/reporting frequency:</i>
Increase in future years of spending on primary care as a proportion of all health care spending for Aboriginal and Torres Strait Islander peoples.	Reports on Expenditures on Health Services for Aboriginal and Torres Strait Islander people. The reports are prepared triennially for the Department.

The *Expenditures on Health for Aboriginal and Torres Strait Islander Peoples* report covering the 2001-02 financial year provides the most recent data on national expenditure on Indigenous health. The share of expenditure on primary health care across all government health programs for Aboriginal and Torres Strait Islander peoples decreased slightly from 45.7 per cent in 1998-99 to 45.5 per cent in 2001-02. However, government primary health care expenditure per Indigenous person grew from \$1,550 to \$1,739 from 1998-99 to 2001-02 (in 2004-05 dollars).

Indicator 3. Number of health professionals (doctors, nurses and health workers) in Australian Government funded Aboriginal health services; and the number of Indigenous students who have graduated from tertiary degree training in medicine and nursing

<i>Target:</i>	<i>Information source/reporting frequency:</i>
Increase in numbers in each category.	Service Activity Reports provided to the Department of Health and Ageing and National Performance Indicators biennial reports.

The most recent data available shows that as at 30 June 2004 a total of 1,103 health professionals positions were employed in 138 Australian Government funded Aboriginal and Torres Strait Islander primary health care services, comprising full-time equivalent doctors (196 positions), nurses (275 positions) and Aboriginal and Torres Strait Islander Health Workers (632 positions). Overall there was a 4 per cent increase in the year to 30 June 2004. Aboriginal and Torres Strait Islander Health Workers increased by 3 per cent, doctors increased by 5 per cent and nurses by 6 per cent over the year.

There were also an additional 64 full-time equivalent visiting or separately funded positions comprising doctors (18 positions), nurses (16 positions) and Aboriginal and Torres Strait Islander Health Workers (30 positions), an overall increase of 23 per cent.

Between 2001 and 2003 the number of Indigenous students in tertiary level health related courses steadily increased. Most recent available data from the Department of Education Science and Training on Indigenous student doctors and nurses indicated there were 8 medical graduates in 2001 and 15 in 2002. There were 55 nurse graduates in 2001 and 44 in 2002.

Indicator 4. Data improvement on the performance of government programs to improve the health outcomes of Aboriginal and Torres Strait Islander peoples

<i>Target:</i>	<i>Information source/reporting frequency:</i>
Data collection improved through the National Performance Indicators for Aboriginal and Torres Strait Islander health and a comprehensive range of data sets, and of sufficient quality to support policy development.	Biennial reports on the National Performance Indicators held by the National Health Information Management Group.

Improving data collections has proved a slow process. The voluntary Indigenous identifier is a data improvement measure introduced into the Medicare database in November 2002. By June 2005, 80,658 people had identified as Indigenous.

Further improvement in Indigenous health data was pursued during 2004-05 through the Department's work with the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, a sub-committee of the Australian Health Ministers' Advisory Council. The Department pursued data improvements, through a number of avenues including:

- working with the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW) and jurisdictions on administrative data quality and availability;
- contributing funding towards an ABS Indigenous Health Survey program; and
- working with the AIHW and jurisdictions on the National Performance Indicators for Aboriginal and Torres Strait Islander Health.

During 2004-05, the Department also provided a significant contribution to the development of the new Aboriginal and Torres Strait Islander Health Performance Framework which is being auspiced by the Standing Committee on Aboriginal and Torres Strait Islander Health. This Framework has been developed to provide the basis for quantitative measurement of the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health. It will replace the existing National Performance Indicators and will provide the focus for improvements in Indigenous health data in the longer term.

PART 2: PERFORMANCE INFORMATION

Performance Information for Administered Items

Administered Item 1. Aboriginal and Torres Strait Islander health:

- comprehensive primary health care services, eg population health programs, clinical care, screening, immunisation, health education and promotion, counselling and specific programs such as sexual health, emotional and social wellbeing, substance use prevention; and
- substance use specific services, eg prevention, early intervention and residential rehabilitation services.

Target:	<i>Quantity:</i> At least 152 organisations providing and/or purchasing primary health care (may include substance use and emotional and social wellbeing).	
Result:	Target met.	168 organisations were funded in 2004-05 to provide primary health care services.
Target:	<i>Quantity:</i> At least 66 services undertaking a range of substance use measures including prevention, early intervention and treatment in relation to substance use (figure incorporates 23 services included in the preceding measure which provide both substance use and other primary health care services).	
Result:	Target met.	67 substance use specific and health services (including 24 services included in the preceding measure) provided a range of substance use measures including prevention, intervention and treatment.
Target:	<i>Quantity:</i> At least 1 million episodes of care provided.	
Result:	Target met.	In the year 2003-04, Australian Government-funded Aboriginal and Torres Strait Islander Health Services provided an estimated 1.6 million episodes of care to clients. 89% (1.4 million) of these episodes were for Aboriginal and Torres Strait Islander clients.

Target:	<i>Quantity:</i> At least 57 communities benefiting from new or expanded services as a result of the Primary Health Care Access Program.
Result:	Target met. Funding was approved through the Primary Health Care Access Program for service expansion and enhancement for 64 regions in 2004-05.
Target:	<i>Quantity:</i> In collaboration with other agencies, projects to improve living conditions in at least 2 remote communities.
Result:	Target met. This measure has been met through the 2005 Army Aboriginal Community Assistance program which was, in 2004-05, part funded by the Department. Improvements have been made to the infrastructure within the Yiyili, Kadjina and Yakanarra communities located in the Kimberley region of Western Australia.
Target:	<i>Quantity:</i> At least 31 substance use specific services providing residential rehabilitation services.
Result:	Target met. 31 substance use specific services provided residential rehabilitation services.
Target:	<i>Quantity:</i> At least 100 Bringing Them Home Counselling Positions.
Result:	Target met. The Australian Government provided funding of \$9.786 million in the 2004-05 financial year for 106 Bringing Them Home Counsellor Positions (including 16 part time positions) in Aboriginal Community Controlled Health Services (ACCHS) across the country.
Target:	<i>Quantity:</i> 75% of primary health care services using computerised client information systems.
Result:	Target met. A total of 92 out of a possible 121 Australian Government funded primary health care services have a patient information recall system either in place or under installation. This represents more than 76% of all primary health care services considered likely to benefit from the use of these systems.
Target:	<i>Quantity:</i> 17 new clinic redevelopments/improvements and 15 new health staff houses/duplexes in remote areas.
Result:	Target not met. Of the planned 17 new clinics only 14 have been completed. The uncompleted projects have been delayed due to various factors within each project. These include construction delays, changes in senior staff within the Organisation's Board through to insufficient infrastructure to meet the building demands. The planned provision of 15 houses/duplexes being provided for health professional staff was met.
Target:	<i>Quantity:</i> At least 80% of funded services routinely implementing population health promotion and education programs.
Result:	Target met. The most recent data available on Australian Government-funded ACCHS is the 2003-04 Service Activity Report. 99% of Services reporting in the survey implemented population health and education programs. Of the 41 Australian Government-funded drug and alcohol services reporting in 2003-04, 95% provided some form of health lifestyle training or activities, and 83% provided at least one social health program.

Target:	<i>Quality:</i> 100% of substance use specific services in South Australia are engaged in steps towards accreditation as part of a Quality Assurance pilot.	
Result:	Target met.	The Quality Assurance pilot was completed in 2003. The engagement of an independent consultant to evaluate the pilot is awaiting the outcome of a tender evaluation process conducted by the Department in 2004-05. The expectation is that the evaluation will be completed during 2005-06.
<ul style="list-style-type: none"> • Infrastructure to support the development and operation of high quality health care services for Aboriginal and Torres Strait Islander peoples, including: <ul style="list-style-type: none"> - workforce development; - specific health strategies; - data, evaluation and research; - service development activities; and - support for advocacy and representation. 		
Target:	<i>Quality:</i> Reduction in the number of funded services reporting difficulty with the management of human or financial resources, or equipment.	
Result:	Target met.	During the reporting period, OATSIH implemented a more comprehensive Risk Assessment Process to identify concerns earlier and to then implement corrective action. This process identified 20 organisations of serious concern (7.8% of total organisations funded in 2004-05) which is a decrease on the 9% of organisations in this category in 2003-04 and 35 organisations of concern (13.7%), a category not previously recorded.
Target:	<i>Quality:</i> At least 80% of primary health care services implementing screening.	
Result:	Target met.	Of 138 Service Activity Reporting services in 2003-04, 88% implement at least one screening program, while 35% implement as many as 8. The most commonly implemented programs were diabetic screening (113 services), PAP screening (109 services) and hearing screening (100 services).
Target:	<i>Quality:</i> Provision of resources to provide active Indigenous community participation and advocacy in policy planning and implementation.	
Result:	Target met.	The Department delivered Australian Government funding to the National Aboriginal Community Controlled Health Organisation; the Aboriginal Medical Services Alliance of the Northern Territory; the Queensland Aboriginal Islander Health Forum; Winnunga Nimityjah in the Australian Capital Territory; the National Aboriginal and Torres Strait Islander Health Council; and to the Health Partnership Forums in each State and Territory. Stakeholders were able to provide active Indigenous community participation and advocacy in policy planning and implementation through workshops, committees and consultation processes.
Target:	<i>Quantity:</i> At least 35 organisations funded to provide training and education programs recruitment and support services.	
Result:	Target met.	The Department funded 17 organisations to conduct education and training and 18 organisations to undertake recruitment and support (total 35 organisations funded).

Target:	<i>Quantity:</i> At least 10 projects to provide information and/or improve the quality of data on Aboriginal and Torres Strait Islander health and mental health client needs and/or service provision issues.
Result:	Target met. The Department delivered funding to 12 projects, including a project that aims to develop, for the first time, estimates of the burden of disease in the Aboriginal and Torres Strait Islander population.
Target:	<i>Quality:</i> At least 95% of services completing Service Activity Reporting.
Result:	Target met. In the year 2003-04, Service Activity Reporting was completed by 99% of services (139 out of 140 eligible).
Target:	<i>Quantity:</i> At least 20 services utilising the Service Development and Reporting Framework and have received funding for a quality improvement initiative.
Result:	Target met. 34 services used the Service Development and Reporting Framework with 32 of those services accepting quality improvement initiative funding.

Performance Information for Departmental Outputs

Output Group 1. Policy advice, in relation to:

- providing policy advice on improving the access of Aboriginal and Torres Strait Islander peoples to comprehensive and effective primary health care for Indigenous peoples and improved access to mainstream health and ageing programs.

Target:	<i>Quality:</i> A high level of satisfaction of the Ministers, Parliamentary Secretary and Ministers' Offices with the relevance, quality and timeliness of policy advice Question Time Briefs, Parliamentary Questions on Notice and briefings.
Result:	Target met. The Minister and Minister's Office were satisfied with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.
Target:	<i>Quality:</i> Timely production of evidence-based policy research.
Result:	Target met. OATSIH funds a variety of external research projects to improve access to primary health care services for Aboriginal and Torres Strait Islander peoples. These projects are orientated toward improving the responsiveness of the mainstream health system; providing complementary action through Indigenous specific research projects; and collaboration between research networks to plan and support programs of research in priority areas.
Target:	<i>Quality:</i> Opportunity for stakeholders to participate in policy and program development.
Result:	Target met. The Department provided funding of \$2.265 million to the National Aboriginal Community Controlled Health Organisation, the Aboriginal Medical Services Alliance of the Northern Territory and to the Queensland Aboriginal, Islander Health Forum and Winnunga Nimityjah in the Australian Capital Territory, to enable these stakeholders to participate in policy and program development through workshops, committees and consultation processes. Support was also provided to the National Aboriginal and Torres Strait Islander Health Council to enable the Council to participate in those processes.

Output Group 2. Program management, including:

- development of improved contracts, tenders and project management;
- development of grant administration framework;
- community liaison and support for the development and implementation of programs;
- effective administration and resource management; and
- financial management and reporting on Outcome 7.

Target:	<i>Quality:</i> A high level of external stakeholder satisfaction with the timely development and implementation of national strategies.	
Result:	Target met.	The Department provided information to key advisory bodies including the Australian Health Ministers' Advisory Council and the National Aboriginal and Torres Strait Islander Health Council. Stakeholders generally indicated Department advice and input was of a high quality and provided in a timely manner.
Target:	<i>Quality:</i> Budget predictions are met and actual expenses vary less than 5% from budgeted expenses.	
Result:	Target met.	During 2004-05, full expenditure and commitment of funds was achieved with 100% of budget predictions being met.
Target:	<i>Quality:</i> 100% of payments are made accurately and in accordance with negotiated service standards.	
Result:	Target met.	During 2004-05, 1,672 payments were made by the Department to funded organisations. 100% of payments were made within 30 days of the nominal payment date.
Target:	<i>Quality:</i> A high level of external stakeholder satisfaction with relevance, quality and timeliness of information and education services.	
Result:	Target met.	Feedback from stakeholders is generally unsolicited. Many favourable comments have been received in relation to the <i>Indigenous Health Matters</i> biannual newsletter and the OATSIH maintained web pages within the Department's website. ³ In addition, favourable comments have been received through the OATSIH enquiries e-mail database from health professionals, researchers and students noting their satisfaction with the quality of the information and resources provided to these stakeholders.
Target:	<i>Quantity:</i> 502 grants, 288 contracts and 7 Memoranda of Understanding administered.	
Result:	Target met.	717 grants, 333 contracts and 7 Memoranda of Understanding were administered during the reporting period.

³ Accessible online at <www.health.gov.au/oatsih>.

Outcome 7 - Financial Resources Summary

	(A) Budget Estimate 2004-05 \$'000 ¹	(B) Actual 2004-05 \$'000	Variation (Column B minus Column A) \$'000
Administered Expenses			
Administered Item 1: Aboriginal and Torres Strait Islander Health			
Appropriation Bill 1/3	287,096	265,452	(21,644)
	287,096	265,452	(21,644)
Total Administered Expenses	287,096	265,452	(21,644)
Departmental Appropriations			
Output Group 1 - Policy Advice	9,020	14,799	5,779
Output Group 2 - Program Management	27,059	20,714	(6,345)
Total price of departmental outputs <i>(total revenue from Government & other sources)</i>	36,079	35,513	(566)
Total revenue from Government (appropriations) contributing to price of departmental outputs	36,079	35,274	(805)
Total revenue from other sources		239	239
Total price of departmental outputs <i>(total revenue from Government & other sources)</i>	36,079	35,513	(566)
Total estimated resourcing for Outcome 7 <i>(total price of outputs & admin expenses)</i>	323,175	300,965	(22,210)
Average Staffing Level (Number)			
Department	310.0	291.3	-18.7

The 2005-06 budget has not been provided. The Department of Health and Ageing has moved to a new Outcome structure for 2005-06 and is no longer appropriated under the 2004-05 Outcome structure. Accurate allocation of 2005-06 funding against the 2004-05 Outcome structure is not available and inclusion of notional allocations could be misleading to the reader.

1. Budgets taken from 2005-06 PBS and re-aligned to 2004-05 Outcome Structure.

7

OUTCOME