

OUTCOME 7

## Indigenous health

**Improved access by Aboriginal and Torres Strait Islander peoples to effective primary health care and substance use services and population health programs**

### Outcome summary—the year ahead

The Government is committed to achieving sustainable gains in health status for Aboriginal and Torres Strait Islander people by improving access to high quality primary health care and substance use services and population health programs. All policies relating to the health of Indigenous Australians are based on the principle of shared responsibility for addressing the causes and consequences of ill health and the development and delivery of health care services. The Department's activities are based on solid engagement with Aboriginal and Torres Strait Islander people and organisations, mainstream health programs and relevant Australian Government and State and Territory government agencies.

The Department is pursuing a three-pronged approach which aims to:

- improve access to, and the responsiveness of, the mainstream health system and services;
- provide complementary action through Indigenous-specific primary health care and substance use services and population health programs; and
- ensure collaboration across governments and the health sector to improve service delivery and outcomes.

Although many initiatives are coordinated through the Office for Aboriginal and Torres Strait Islander Health (OATSIH), all programs within the Department have a responsibility to ensure effective and accessible health programs for Indigenous Australians.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health will guide much of this effort.

### Key strategic directions for 2005-06

#### Improving access to, and responsiveness of, the mainstream health system

Key areas of work for 2005-06 will include:

- Improved access to mainstream health financing

Exemptions under subsection 19(2) of the *Health Insurance Act 1973* have been granted in recognition of the comparatively low use of benefits under the Medicare Benefits Schedule (MBS) by Aboriginal and Torres Strait Islander people. Reviews of access to MBS funding under these arrangements in approved Queensland and Northern Territory clinics will be completed in 2005-06. Work will continue with the Health Insurance Commission (HIC) and the Pharmaceutical Benefits Scheme (PBS) to improve the uptake of Medicare and PBS funded items by Indigenous Australians, and a joint project with the HIC will review

current barriers to the major health programs, such as Medicare and the PBS, at a national level.

- **Influencing mainstream population health programs**

Work will continue on ensuring that mainstream population health, social marketing and preventative health programs better address the needs of Aboriginal and Torres Strait Islander peoples. In particular, this will include a strong focus on better outcomes for Aboriginal and Torres Strait Islander people under the National Drug Strategy.

- **Workforce development**

Effective health workforce planning, education, retention and support underpin the overall capacity of the health system to respond effectively to Aboriginal and Torres Strait Islander peoples' health needs. The continued implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework is a major focus of OATSIH's workforce development activities in 2005-06. This work will include endorsement and implementation of the revised Aboriginal and Torres Strait Islander Health Worker qualifications and competencies, additional scholarships and improved student recruitment and retention support for Indigenous Australians in health disciplines. It will be complemented by work to strengthen the role of Divisions of General Practice, Rural Workforce Agencies and other mainstream programs in expanding recruitment and retention initiatives for Indigenous-specific health services.

**Complementary action through Aboriginal and Torres Strait Islander specific health and substance use services**

Key areas of work for 2005-06 will include:

- **Indigenous-specific health service development**

Consolidation and development of primary health care and substance use services for Aboriginal and Torres Strait Islander people will be a major focus during 2005-06. This will include improving the quality of existing services, streamlining the Single Funding Agreement and reporting requirements, strengthening service management where needed, and support for services in moving towards sustainable health enterprises.

Capital works activity will continue to support the construction, upgrading and maintenance of health clinics, substance use facilities and staff housing, with a focus on rural and remote areas.

- **Focus on improving effectiveness**

The effectiveness of Indigenous-specific health services will be addressed by clarifying core components of primary health care delivery and ensuring these components are adopted in the planning processes of funded services. Implementation and expansion of the Service Development Reporting Framework will provide an improved mechanism for services to plan and report on activities and identify quality improvement opportunities.

- **Focus on improving efficiency**

The efficiency of Indigenous-specific health services will be addressed by assessing the regional sustainability of funded services as part of a regional health sector approach.

- Targeting community health priorities

The Department will continue to focus on key initiatives that contribute to and align with whole-of-government priorities including:

- early childhood, primary health and development; and
- safer communities—focusing continued effort to address alcohol, tobacco, petrol sniffing and other drugs, together with mental health.

In addition, specific initiatives will be implemented to address other major causes of mortality and morbidity, hospitalisation and disability among Indigenous Australians. In 2005-06, this will include child and maternal health, chronic disease, substance use, social and emotional wellbeing and communicable diseases.

- Performance measurement

In 2005-06, the Department will focus on activities to improve performance and outcome monitoring to build the evidence base for program development and service provision. This work will be done in collaboration with State and Territory governments, other Australian Government agencies and health service providers. It will include:

- implementing and reporting against the Aboriginal and Torres Strait Islander Health Performance Framework which involves monitoring and reporting on progress in implementing mainstream and Indigenous-specific programs that impact on Aboriginal and Torres Strait Islander peoples;
- improving the relevance and usefulness of service level information through refinement and continued implementation of Service Activity Reports and the Service Development and Reporting Framework; and
- in collaboration with the Health Insurance Commission, improving Medicare enrolment, uptake of the voluntary Indigenous identifier and analysis of Medicare Benefits Schedule data on Aboriginal Community Controlled Health Services and State-funded Aboriginal health services.

In relation to research to improve the evidence base, activities will include:

- contributing to the conduct of high-quality strategic Aboriginal health research through our membership as a core partner in the Cooperative Research Centre for Aboriginal Health, along with support for the Koori Health Research Unit, Kulunga Research Network, the NSW Institute for Health Research, Indigenous Burden of Disease Study and the Western Australian Aboriginal Child Health Survey publications; and
- analysis of preliminary aggregated Medicare data using the voluntary Indigenous identifier.

**Collaboration across governments and the health sector to improve service delivery and outcomes**

Key areas of work for 2005-06 will include:

- contributing to shaping Indigenous policy and service coordination at the national level;
- linking regional health plans and Shared Responsibility Agreement processes; and

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- involvement in solution brokering and Indigenous Coordination Centre activity at a regional level.

The Department is engaging fully in the new arrangements in Indigenous affairs, working collaboratively with other agencies and communities in the development of shared responsibility agreements and increasing engagement with the network of Indigenous Coordination Centres across the country.

The Department is also participating in the Council of Australian Government trials of whole-of-government cooperative approaches to improving partnerships with communities in order to maximise outcomes of programs provided. The Department is the 'lead agency' in the Anangu Pitjantjatjara Yankunytjatjara Lands site in South Australia.

### **Outcome 7 resourcing**

Table 3.1.7 shows how the 2005-06 Budget appropriations translate to total resourcing for Outcome 7, including administered expenses, revenue from government (appropriation), revenue from other sources (Departmental) and the total price of outputs.

**Table 3.1.7: Total resources for Outcome 7**

	Estimated actual 2004-05 \$'000	Budget estimate 2005-06 \$'000
<b>Administered appropriations</b>		
<b>Program 7.1: Aboriginal and Torres Strait Islander Health</b>		
Appropriation Bill 1	287,096	350,299
	<b>287,096</b>	<b>350,299</b>
<b>Total Administered Appropriations</b>	<b>287,096</b>	<b>350,299</b>
<b>from Special Accounts (estimated payments from Special Account balances) <sup>(1)(2)</sup></b>		
Services for Other Govts and Non-Depts Bodies (Special Account) - <i>FMA Act 1997, s20</i>	900	900
	900	900
<b>Departmental appropriations</b>		
<b>Health and Ageing</b>		
Output Group 1 - Policy Advice	9,020	10,131
Output Group 2 - Program Management	27,059	30,392
<b>Total price of departmental outputs</b> <i>(Total revenue from government and from other sources)</i>	36,079	40,522
Total revenue from government (appropriations) contributing to price of departmental outputs	36,079	40,522
Total revenue from other sources	-	-
<b>Total price of departmental outputs</b> <i>(Total revenue from government and from other sources)</i>	36,079	40,522
<b>Total Price of Outputs for Outcome 7</b> <i>(Total Revenue from Government and from other sources)</i>	36,079	40,522
<b>Total estimated resourcing for Outcome 7</b> <i>(Total price of outputs and administered appropriations)</i>	<b>323,175</b>	<b>390,821</b>
	2004-05	2005-06
<b>Average staffing level (number)</b>		
Department	310	345

1. Special Account outflows are shown in the payments column of the Special Account table in Table 2.6. The estimated payments from special account balances are provided by way of note only and do not form part of the total estimated resourcing.

2. Where names of Acts have been abbreviated, the full name of the Act can be found in the Acts Glossary at the end of Table 2.6.

**Measures affecting Outcome 7<sup>1</sup>**

	2005-06	2006-07	2007-08	2008-09
	\$m	\$m	\$m	\$m
Addressing Indigenous Needs - Combating Petrol Sniffing	2.326	2.371	2.420	2.470
Addressing Indigenous Needs - Fringe Benefits Tax supplementation for Aboriginal and Torres Strait Islander Organisations - extension	-	-	-	-
Addressing Indigenous Needs - Indigenous health - Healthy for Life	11.205	21.346	30.443	39.388
Addressing Indigenous Needs - Primary Health Care Access Program - additional funding	7.000	9.000	11.000	13.000

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<sup>1</sup> This relates to measures disclosed in the 2005-06 Budget context (that is, measures agreed since the *Mid-Year Economic and Fiscal Outlook 2004-05 (MYEFO)*).

**Performance information for Outcome 7**

**Table 3.2.7: Performance information for Outcome 7**

**Performance information for administered items**

<b>Administered funding—Indigenous health programs</b>	
Aboriginal and Torres Strait Islander Health.	<p><i>Quantity:</i> At least 200 organisations are providing and/or purchasing primary health care and/or substance use services for Aboriginal and Torres Strait Islander clients.</p> <p><i>Quantity:</i> At least 1.3 million episodes of care are provided by primary health care services to Aboriginal and Torres Strait Islander clients.</p> <p><i>Quantity:</i> At least 1,500 clients are supported by the national network of Link-up Services.</p> <p><i>Quantity:</i> At least 18 new clinic redevelopments/improvements are completed and 10 new health staff houses/duplexes are established in remote areas.</p> <p><i>Quantity:</i> At least 50 Aboriginal and Torres Strait Islander students receive scholarships to study health-related disciplines.</p>
<b>Cost: \$350.299m</b>	

**Performance information for departmental outputs**

<b>Output group 1—Policy advice</b>	
<p>Including:</p> <ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander Health; and</li> <li>2005-06 Budget measures.</li> </ul>	<p><i>Quality:</i> Ministers' satisfaction with the quality, relevance and timeliness of our advice for Australian Government decision making.</p> <p><i>Quality:</i> Production of timely evidence-based policy research.</p>
<b>Price: \$10.131m</b>	

<b>Output group 2—Program management</b>	
<p>Including:</p> <ul style="list-style-type: none"> <li>financial management and reporting;</li> <li>development and management of grants and contracts; and</li> <li>administration and revision of legislation as required.</li> </ul>	<p><i>Quality:</i> Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses.</p> <p><i>Quality:</i> Opportunity for stakeholders to participate in program development.</p>
<b>Price: \$30.392m</b>	

## **Evaluations for Outcome 7**

### **Evaluation of Bringing Them Home programs**

The Department will tender for a multi-program evaluation of three related Bringing Them Home programs—BTH Counsellors, Regional Centres and Link-up. The purpose of the evaluation will be to review previous evaluations and establish an appropriate methodology suited to each program, to inform future program development. This evaluation is expected to be completed by April 2006.