

Outcome 8

INDIGENOUS HEALTH

Closing the gap in life expectancy and child mortality rates for Indigenous Australians, including through primary health care, child and maternal health, and substance use services

Outcome Strategy

Through Outcome 8, the Australian Government aims to improve access for Aboriginal and Torres Strait Islander peoples to effective health care services essential to improving health and life expectancy, and reducing child mortality. This supports the Government's broader commitments to close the gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians in health, education and employment. Two of these targets relate directly to the Health and Ageing Portfolio: to close the gap in life expectancy within a generation; and to halve the gap in mortality rates for Indigenous children under five years of age within a decade. The Government is working towards these targets in partnership with Aboriginal and Torres Strait Islander peoples and organisations, and in collaboration with state and territory governments.

To realise the Government's commitment to 'closing the gap'¹, a concerted effort by all Government agencies is required to address the factors both within, and beyond, the health system. All Outcomes within the Health and Ageing Portfolio have a responsibility to improve access to effective health care for Aboriginal and Torres Strait Islander peoples.

As a result of the Strategic Review, some programs have been consolidated into new flexible funds. Outcome 8 now includes the Aboriginal and Torres Strait Islander Chronic Disease Fund (Program 8.1). For further information on the outcomes of the Strategic Review, please refer to Section 1.4, page 47.

Outcome 8 is primarily the responsibility of the Office for Aboriginal and Torres Strait Islander Health. Mental Health and Chronic Disease Division, Health Workforce Division, Primary and Ambulatory Care Division, Population Health Division, Medical Benefits Division, Pharmaceutical Benefits Division, Ageing and Aged Care Division, and the Office of Health Protection also contribute to this Outcome.

Program Contributing to Outcome 8

Program 8.1: Aboriginal and Torres Strait Islander health

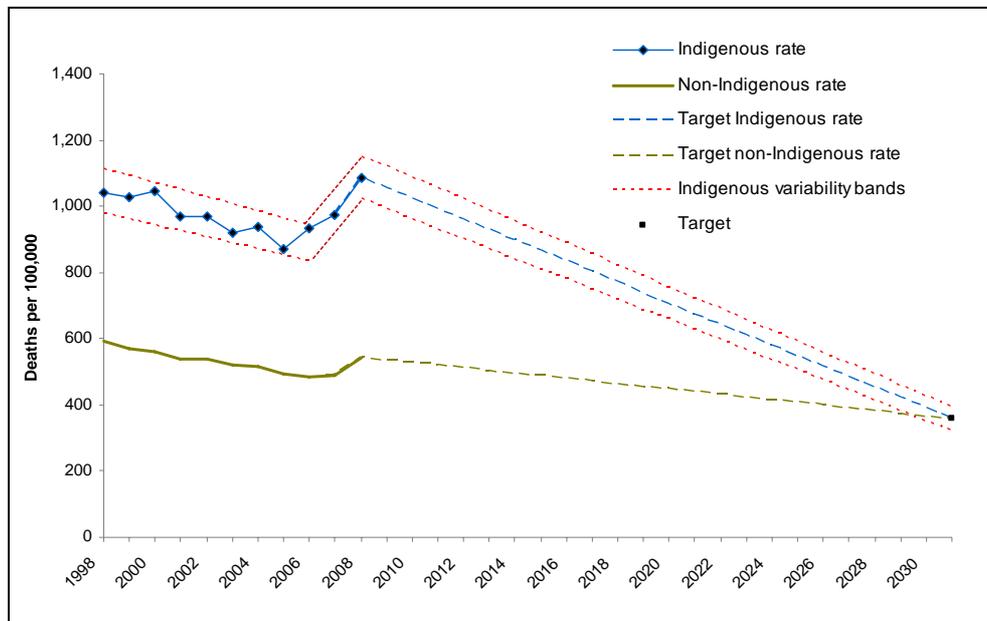
¹ Under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

Outcome 8 Milestone or Trend²

Trajectory 8.1: Working towards reducing the chronic disease mortality gap between Indigenous and non-Indigenous Australians within a generation (2031) to contribute to closing the gap in life expectancy.

Figure 1 measures progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians, as chronic disease continues to be a major cause of death in Indigenous communities. To achieve the long-term target of closing the gap between Indigenous and non-Indigenous life expectancy, reductions in principal causes³ of Indigenous chronic disease related mortality are vital. Note: The impact of COAG’s closing the gap investments are not yet reflected in the data. The most recent data in the graph below is for 2008 and implementation of these initiatives commenced in 2009-10.

Figure 1: Chronic disease related mortality rates from 1998 to 2031 required to close the gap⁴



² Improvements in health outcomes are influenced by factors both within and beyond the health system, such as housing and sanitation and, more broadly, levels of employment and education. Therefore, achieving the projections requires action by all Australian governments in partnership with Indigenous Australians and non-government organisations. Trend data is influenced by variations in the quality of Indigenous identification in mortality and population estimates.

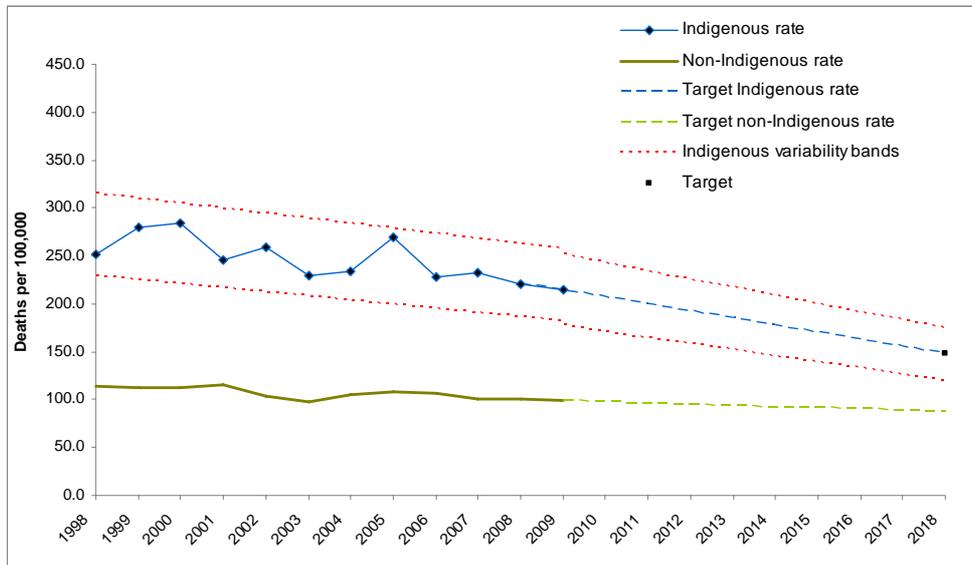
³ The principal causes of chronic disease related mortality include circulatory disease, cancer, endocrine/metabolic/nutritional disorders, respiratory diseases, digestive diseases and kidney diseases.

⁴ Australian Institute of Health and Welfare (AIHW) 2008, *National Mortality Database*. Rates are from New South Wales, Queensland, Western Australia, South Australia and Northern Territory combined. There was a large increase in the number of deaths recorded for Indigenous Australians in Western Australia during the period 2005-2008 mainly due to administrative changes and lagged registrations.

Trajectory 8.2: Working towards halving the mortality gap between Indigenous and non-Indigenous children under five years old by 2018.

Figure 2 shows progress towards achieving the Council of Australian Governments’ child mortality target. The long-term trend shows that the Indigenous child mortality rate between 1991 and 2008 declined by 46 per cent. This data also shows a high level of variation year to year. The estimated trajectories through to 2018 show the rate of improvement needed to reach the target.

Figure 2: Child mortality rates ages 0-4 years from 1998 to 2018 required to halve the gap⁵



⁵ Australian Institute of Health and Welfare (AIHW) 2008, *National Mortality Database*. Rates are from New South Wales, Queensland, Western Australia, South Australia and Northern Territory combined.

Outcome 8 Budgeted Expenses and Resources

Table 8.1 provides an overview of the total expenses for Outcome 8 by Program.

Table 8.1: Budgeted Expenses and Resources for Outcome 8

	2010-11 Estimated actual ¹ \$'000	2011-12 Estimated expenses ¹ \$'000
Program 8.1: Aboriginal and Torres Strait Islander health²		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	627,364	722,824
Departmental expenses		
Departmental appropriation ³	58,768	57,990
Expenses not requiring appropriation in the budget year ⁴	1,461	1,819
Total for Program 8.1	687,593	782,633
Outcome 8 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	627,364	722,824
Departmental expenses		
Departmental appropriation ³	58,768	57,990
Expenses not requiring appropriation in the budget year ⁴	1,461	1,819
Total expenses for Outcome 8	687,593	782,633
	2010-11	2011-12
Average staffing level (number)	424	416

¹ The 2010-11 estimated actual and the 2011-12 estimated expenses are based on the new program structure to be implemented 1 July 2011 by the department as part of the *Health and Ageing Portfolio - administrative efficiencies* measure.

² This program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each program. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

³ Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No 1)' and 'Revenue from independent sources (s31)'.

⁴ 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation expense, makegood expense and audit fees.

Program 8.1: Aboriginal and Torres Strait Islander health

Program Objectives

Through Program 8.1, the Australian Government aims to:

- improve the prevention and management of chronic disease through the Aboriginal and Torres Strait Islander Chronic Disease Fund;
- improve access to maternal and child health services;
- improve access to effective primary health care services; and
- improve social and emotional wellbeing services.

Major Activities

Aboriginal and Torres Strait Islander Chronic Disease Fund

Following a review of administrative arrangements in the Health and Ageing Portfolio, the Aboriginal and Torres Strait Islander Chronic Disease Fund will be established by consolidating several existing programs, including the majority of initiatives under the Indigenous Chronic Disease Package (ICDP). The aim of this fund is to improve the prevention, detection, and management of chronic disease in Aboriginal and Torres Strait Islander peoples to increase life expectancy. This consolidation will increase flexibility in responding to changing priorities in chronic disease prevention and management. The table on page 819 shows the movement of programs into funds as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated.

Preventing chronic disease

The Australian Government funds Aboriginal Community Controlled Health Organisations (ACCHOs) and other health providers to establish regionally focussed teams to deliver preventive health activities. In 2011-12, these teams will be active in 40 regions across Australia working with local communities to improve nutrition, increase physical activity and reduce smoking and alcohol misuse through targeted health promotion, locally-developed social marketing, and community initiatives.

In addition, a new campaign urging Indigenous Australians to 'break the chain' and quit smoking was developed and launched in 2010-11. This is expected to continue in 2011-12 following evaluation of its effectiveness. It is the first time a national television commercial targeting Indigenous Australians has been produced and run on Indigenous and mainstream media.

Training in brief interventions will be provided for existing health and community workers to better equip them to assist people to stop smoking. The National Coordinator for Tackling Indigenous Smoking will continue to lead this initiative.

Improving the detection and ongoing management of chronic disease

Activities within the Aboriginal and Torres Strait Islander Chronic Disease Fund are designed to improve access to a range of services that contribute to best

practice management of chronic disease. These activities are supported by other initiatives under the ICDP such as the Practice Incentives Program Indigenous Health Incentive.

The Australian Government will continue to provide assistance to Aboriginal and Torres Strait Islander patients who are assessed as having, or being at risk of developing, chronic disease; and whose adherence or access to medication may otherwise not be assured. This will reduce these patients' co-payments for PBS prescriptions, so general patients pay the concessional amount (currently \$5.60), and concession card holders will receive PBS medicines for free. Only PBS prescriptions annotated as 'Closing the Gap' prescriptions are subsidised. Since this support commenced, more than 60,000 (at 31 March 2011) eligible Aboriginal and Torres Strait Islander patients have benefited.

Implementation of the Care Coordination and Supplementary Services program will continue, with greater geographic coverage in 2011-12, providing assistance to patients to ensure they are able to access the range of services identified within their chronic disease management plan. There will also be further expansion of multi-disciplinary teams providing outreach to rural and remote Indigenous communities and medical specialist outreach for Aboriginal and Torres Strait Islander peoples living in urban areas.

In 2011-12, a further 150 health workers who work with Aboriginal and Torres Strait Islander patients with chronic disease will receive training in chronic disease self-management support. Once trained, workers will be able to help Indigenous Australians better manage chronic conditions and improve and maintain their lifestyles through activities such as low impact exercise and movement, better diet choices and motivation for positive long-term change.

Building the capacity of the workforce

The Fund is also focussed on building the capacity of the Indigenous health workforce. As well as initiatives described above, in 2011-12 the Government will continue to encourage and support Aboriginal and Torres Strait Islander people to join and remain in the health workforce. This will include funding for an additional 22 Aboriginal and Torres Strait Islander outreach workers, nine additional health professionals and 11 practice managers in ACCHOs.

Funding is being provided for orientation and training for Aboriginal and Torres Strait Islander outreach workers in both ACCHOs and Divisions of General Practice. Outreach workers actively encourage Aboriginal and Torres Strait Islander clients to attend health and medical services by linking clients with these services.

A national advertising campaign and community engagement program to encourage Aboriginal and Torres Strait Islander secondary students to pursue a career in health and increase the number of Aboriginal and Torres Strait Islander people employed in the health sector in the long-term will continue in 2011-12. The campaign will also seek to attract existing health professionals and health students to work in Aboriginal health.

Improve child and maternal health

In 2011-12, the Australian Government will continue to expand child and maternal health services for Indigenous Australians. Up to ten additional primary health care services will receive funding under the New Directions: Mothers and Babies Services initiative. This initiative provides Indigenous children and their mothers with increased access to antenatal and postnatal care to support improved outcomes. These outcomes include a reduced rate of low birth weights and an increased number of pregnant women who do not smoke and access antenatal care in their first trimester.

The department will also continue to implement the Australian Nurse-Family Partnership program. This pilot program provides sustained home visits to women pregnant with an Aboriginal and/or Torres Strait Islander child until their child is two years of age. In 2011-12, the department will complete a formative evaluation of the program.

In 2011-12, the department will monitor implementation of elements two and three of the COAG's Indigenous Early Childhood Development National Partnership (IECD NP), in accordance with the plans agreed by the Australian Government and respective state and territory governments. These implementation plans are available on the Ministerial Council for Federal Financial Relations website.⁶ The IECD NP is a commitment by Australian governments to improve early childhood education and health outcomes for Aboriginal and Torres Strait Islander children. The health related elements aim to improve antenatal care, teenage sexual and reproductive health, and pre-pregnancy advice as well as building good child and maternal health programs. The department will work with the Department of Education, Employment and Workplace Relations to evaluate this National Partnership.

The department, through the Healthy for Life program, aims to increase attendance rates for antenatal care and monitor both birth weights and immunisation status in Aboriginal and Torres Strait Islander children.

In 2011-12, the department will continue to implement Indigenous male health activities to support fathers, partners, grandfathers and uncles to play a stronger role in their children's and family's lives. Activities will increase access for Indigenous males to culturally appropriate health services and antenatal, parenting and other related programs and health messages within the context of local community needs and cultural practices.

Improve access to effective health services

In 2011-12, the department will continue to fund approximately 245 organisations to provide primary health care and social and emotional wellbeing services, as well as improve access to effective management of sexually transmitted infections and blood borne viruses for Aboriginal and Torres Strait Islander peoples. A significant number of these organisations are located in rural, remote and very remote locations where they are the only service providers.

⁶ Available at: <www.federalfinancialrelations.gov.au>.

In 2011-12, the Australian Government will continue to improve access to effective primary health care services in the Northern Territory, in partnership with the Northern Territory Government and the Aboriginal Medical Services Alliance Northern Territory and through consultation with other key stakeholders. Key initiatives include establishing a number of new Aboriginal primary health care providers, the implementation of a standard set of core primary health care services, and the development of a framework to embed clinical quality improvement practices in primary health care across the Northern Territory. The Government will fund dental services for children identified through previous child health checks. In 2011-12, the Government will continue to fund the Remote Area Health Corps to recruit urban-based health professionals for short-term deployments in the Northern Territory.

The department will continue to work with the Indigenous health sector to achieve and maintain health service accreditation in 2011-12. Through the Establishing Quality Health Standards measure, support will be available to over 200 Aboriginal and Torres Strait Islander health organisations to attain best practice in management and quality care through meeting relevant mainstream Australian clinical and organisational accreditation standards. The department will continue to partner with Aboriginal and Torres Strait Islander health sector peak bodies, accreditation bodies, health service delivery organisations and other relevant stakeholder groups to achieve these outcomes.

In 2011-12, the department will work with Aboriginal and Torres Strait Islander community controlled health organisations, the sector's peak bodies and state and territory health departments to implement and monitor the adoption of a national set of key performance indicators for Indigenous-specific primary health care services. These indicators will monitor their performance in meeting COAG's two health-related targets of closing the gap in Indigenous life expectancy within a generation and halving the gap in mortality rates for Indigenous children under five within a decade. A new web-based reporting tool is being introduced for this purpose.

The Australian Government, through the department, will also continue to fund the Northern Territory Government to deliver the Mobile Outreach Service (MOS) *Plus*, as well as to provide counselling and other services to Aboriginal and Torres Strait Islander children and families in remote areas of the Northern Territory affected by child abuse-related trauma. MOS *Plus* will also improve access to forensic sexual assault medical examinations of children in remote communities.

Improve social and emotional wellbeing

The Australian Government is committed to improving the social and emotional wellbeing of Indigenous peoples. In 2011-12, current counselling and family tracing services will be consolidated under a cohesive Social and Emotional Wellbeing Program. The new consolidated program will enhance existing service delivery to Aboriginal and Torres Strait Islander communities, including members of the Stolen Generations, through more flexible models of service delivery and increased capacity to meet demand for services.

The program will deliver: counselling, family tracing and reunion services to members of the Stolen Generations through the existing network of Link Up services across Australia; Social and Emotional Wellbeing services, particularly counselling services, to Indigenous Australians, through existing mental health and counselling staff based in ACCHOs across Australia; and national coordination support to services and staff through initiatives that build the capacity of services and staff. It will also support effective service promotion and outreach, more streamlined case management, and allow a more flexible mix of individual and group counselling and support. It will also ensure better cross referral of clients to clinical services as necessary.

The new consolidated program will benefit members of the Stolen Generations, their communities and the services which support them. Members of the Stolen Generations will be able to access a comprehensive service including counselling, family tracing and reunion support through a trusted organisation without requiring referral between Indigenous and mainstream services.

Indigenous communities will be able to access counselling services through local ACCHOs for a broader range of social and emotional issues beyond those previously available. The staff and service providers will be better able to build the skills, knowledge and networks they require through ongoing support.

Program 8.1 is linked as follows:

- This program includes National Partnerships payments for:
 - *Closing the gap in the Northern Territory - Indigenous health and related services;*
 - *Indigenous early childhood development - antenatal and reproductive health;*
 - *Satellite renal dialysis facilities in remote Northern Territory communities;*
 - *Sexual assault counselling in remote Northern Territory areas;* and
 - *Reducing acute rheumatic fever for Indigenous children.*

These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

- The Department of Education, Employment and Workplace Relations – to establish at least 35 children and family centres for the delivery of integrated health and early childhood education services (Program 1.3).
- The Department of Innovation, Industry, Science and Research – for the Australian Institute of Aboriginal and Torres Strait Islander Studies (Outcome 1).
- The Department of Human Services (Medicare Australia) to administer Indigenous access to the PBS, under the Delivery of Pharmaceutical Benefits and Services (Program 1.2).

Program 8.1 Expenses

Table 8.2: Program Expenses

	2010-11 Estimated actual \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	627,364	722,824	734,842	755,260	787,158
Program support	60,229	59,809	52,897	53,283	51,858
Total Program 8.1 expenses	687,593	782,633	787,739	808,543	839,016

Program 8.1: Deliverables⁷

The department will produce the following 'deliverables' to achieve the objectives of Program 8.1.

Table 8.3: Qualitative Deliverables for Program 8.1

Qualitative Deliverables	2011-12 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program and/or policy development	Stakeholders participate in program and/or policy development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Aboriginal and Torres Strait Islander Chronic Disease Fund	
Consultation with stakeholders on implementation arrangements for the fund	Timely initial contact and follow up consultation where this is required
Establishment of administrative arrangements for the fund	Administrative arrangements in place
Provide incentive funding to community pharmacies (and in some circumstances Hospital pharmacies) to support the delivery of quality use of medicines and medication management support services to Aboriginal and Torres Strait Islander Health Services (AHS) in remote and very remote areas	Quality use of medicines and medication management support are provided to remote AHSs through the support of participating pharmacists

⁷ As a result of the Strategic Review, deliverables may have changed from the 2010-11 Portfolio Budget Statements.

Qualitative Deliverables	2011-12 Reference Point or Target
Develop and implement a comprehensive national program of local Aboriginal and Torres Strait Islander community campaigns to raise awareness of lifestyle-related chronic disease, and how they can be prevented; promote the adoption of healthy lifestyle behaviours for the prevention of chronic disease; and increase use of health services for preventive purposes	Open, competitive grants advertised, applications assessed and local campaigns implemented Program of Healthy Community Days continued to promote preventive health, showcase and celebrate local community health activities, and promote Tackling Smoking and Healthy Lifestyle Teams Resources developed to support grant recipients, Tackling Smoking and Healthy Lifestyle Teams and interested communities, including a Health Promotion Toolkit to assist people to deliver chronic disease prevention activities
Delivery of a campaign that encourages more Aboriginal and Torres Strait Islander secondary school students to consider jobs in the health workforce and also encourages existing health professionals and students (primarily non-Aboriginal and Torres Strait Islander) to take up work in Aboriginal health	Advertising, public relations and community engagement activity which commenced in 2010-11 will continue through 2011-12
Improve child and maternal health	
An evaluation framework for the Australian Nurse-Family Partnership program has been developed and approach agreed	First stage evaluation report completed
Improve access to effective health services	
Develop and implement core primary health care services framework for service delivery planning in the Northern Territory	Resources developed to support service providers in implementing the revised Northern Territory core primary health care services framework, and all service providers using the framework to plan service delivery in the Northern Territory
Develop Continuous Quality Improvement activities and materials to support improvement of service delivery in the Northern Territory	Continuous Quality Improvement activities and materials are developed and being used in all regions in the Northern Territory
Support eligible health organisations to meet quality standards through accreditation under Australian health care accreditation standards	All Outcome 8 funded Indigenous health organisations provided with information on support and financial assistance available to assist them in achieving accreditation

Qualitative Deliverables	2011-12 Reference Point or Target
Improve social and emotional wellbeing	
Revised program framework for social and emotional wellbeing services will be developed in consultation with service providers	Revised program framework implemented within agreed timeframes

Table 8.4: Quantitative Deliverables for Program 8.1

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Aboriginal and Torres Strait Islander Chronic Disease Fund					
Number of new healthy lifestyle workers employed ⁸	42	>72	>105	>105	>105
Number of regions in which Indigenous tobacco workforce recruited ⁹	20	40	57	57	57
Number of states and territories funded to deliver urban specialist outreach services	4	6	6	6	6
Additional workforce for the prevention and management of chronic disease ¹⁰	154	195	242	295	295
Improve child and maternal health					
Number of New Directions: Mothers and Babies Services ¹¹	65	75	75	75	75

⁸ Figures are cumulative in line with reporting requirements.

⁹ Figures are cumulative in line with reporting requirements.

¹⁰ Totals are cumulative over the life of the measure.

¹¹ Up to 10 additional primary health care services will receive funding under New Directions: Mothers and Babies Services wave 5 funding round (2011-12).

Section 2 – Department Outcomes – 8 Indigenous Health

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Number of patients enrolled in the Australian Nurse-Family Partnership program small scale pilot	260	310	330	330	330
Improve access to effective health services					
Increased episodes of primary health care for Indigenous Australians	1.8m	1.8m	1.9m	1.9m	1.9m
Number of health professionals placed in remote primary health care services in the Northern Territory ¹²	300	300	N/A	N/A	N/A
Number of Indigenous children in the Northern Territory to receive follow up services ¹³	3,035	2,596	N/A	N/A	N/A
Improve social and emotional wellbeing					
Number of Link Up clients	4,450	4,500	4,550	4,600	4,700
Number of reunions under Link Up	170	180	180	185	190
Number of services providing social and emotional wellbeing support	80	80	83	85	88

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¹² This measure terminates at the end of 2011-12.

¹³ This measure terminates at the end of 2011-12.

Program 8.1: Key Performance Indicators¹⁴

The following 'key performance indicators' measure the effectiveness of Program 8.1 in meeting its objectives thereby contributing to the outcome.

Table 8.5: Qualitative Key Performance Indicators for Program 8.1

Qualitative Indicator	2011-12 Reference Point or Target
Aboriginal and Torres Strait Islander Chronic Disease Fund	
Increased access to PBS medicines by Indigenous Australians, including improved compliance of use of medicines	PBS Medicine Co-payments measure has improved the use of PBS medicines by Indigenous Australians. The financial barrier to using PBS medicines is removed and Indigenous Australians' compliance with their recommended medication regime improves
Increased awareness and engagement of Indigenous communities in chronic disease prevention	Levels of awareness and engagement on positive chronic disease prevention activity in Indigenous communities as reported by healthy lifestyle workers
Increased commitment and participation of Indigenous patients in self management of chronic disease	Trained health workers report increased commitment of Indigenous patients to participating in self management of chronic disease in the report they are required to provide as a condition of funding
Indigenous specific anti-smoking social marketing campaigns raise awareness among target audience of the dangers of smoking	Improved levels of awareness as measured by ongoing evaluation of the campaigns
Increased awareness and understanding in Indigenous communities of the impact of smoking on health outcomes and engagement in activities to reduce smoking in communities	Levels of awareness and engagement in positive smoking cessation and prevention activities in Indigenous communities as reported by the Tackling Smoking workforce and other appropriate sources
Indigenous Chronic Disease Package meets criteria set out in the Commonwealth's Implementation Plans	Annual report provided to states and territories and Aboriginal and Torres Strait Islander Organisations reporting against the benchmarks and timelines as detailed in the Commonwealth's Implementation Plan

¹⁴ As a result of the Strategic Review, key performance indicators may have changed from the 2010-11 Portfolio Budget Statements.

Qualitative Indicator	2011-12 Reference Point or Target
Improve child and maternal health	
Services provided through the Indigenous Early Childhood Development National Partnership (IECD NP) improve early childhood education and health outcomes for Aboriginal and Torres Strait Islander children	All state and territory governments will report against the 10 performance indicators contained in the IECD NP
Improve access to effective health services	
Ongoing improvement of data collection systems to monitor the delivery of Primary Health Care services in the Northern Territory	All clinics reporting robust data
Effective support provided to eligible health organisations to meet quality standards through accreditation under Australian health care accreditation standards	Eligible health organisations meet quality standards through accreditation under Australian health care accreditation standards
Improve social and emotional wellbeing	
Better cross referral of clients who require social and emotional wellbeing support to clinical services	Client record system indicates that most clients reporting they have social and emotional wellbeing needs and who require support from clinical services are referred

Table 8.6: Quantitative Key Performance Indicators for Program 8.1¹⁵

Quantitative Indicators	2008 Revised Budget	2009 Budget	2010 Forward Year 1	2011 Forward Year 2	2012 Forward Year 3
Aboriginal and Torres Strait Islander Chronic Disease Fund					
Principal causes of chronic disease related mortality rate per 100,000 ¹⁶	2008	2009	2010	2011	2012
• Indigenous	1,025-1,150	991-1,121	961-1,088	930-1,055	900-1,021
• Non-Indigenous	541-548	532-540	524-532	516-524	508-516
• Rate difference	484-603	458-582	436-557	414-532	392-506
Circulatory disease mortality rate per 100,000 ¹⁶					
• Indigenous	334-410	321-394	307-378	293-362	280-346
• Non-Indigenous	207-212	199-204	192-196	184-188	176-180
• Rate difference	127-199	121-191	115-183	109-175	103-166
Improve child and maternal health					
Child 0-4 mortality rate per 100,000 ¹⁶					
• Indigenous	183-259	177-251	171-243	164-234	158-226
• Non-Indigenous	94-107	93-105	92-104	90-103	89-101
• Rate difference	82-159	77-153	72-145	67-138	62-131
Infant mortality rate per 1,000 live births ¹⁶					
• Indigenous	6.3-9.3	5.5-8.1	5.4-8.0	5.3-7.8	5.2-7.7
• Non-Indigenous	3.7-4.3	3.9-4.5	3.9-4.4	3.8-4.4	3.8-4.3
• Rate difference	2.6-5.0	1.7-3.5	1.6-3.4	1.6-3.3	1.5-3.2

¹⁵ Data caveat: 2008 data is the latest mortality data available and is used as the baseline. Note that since the 2010-11 Portfolio Budget Statements, indicators for the 'Aboriginal and Torres Strait Islander Chronic Disease Fund' and 'Improve child and maternal health' have been revised using the new 2006 population denominators.

¹⁶ Source: AIHW *National Mortality Database*, calendar years 1998-2008.

Section 2 – Department Outcomes – 8 Indigenous Health

Quantitative Indicators	2008 Revised Budget	2009 Budget	2010 Forward Year 1	2011 Forward Year 2	2012 Forward Year 3
Low birth weight rate per 100 live births ¹⁷					
• Indigenous	11.6-12.9	11.3-12.6	11.0-12.3	10.7-12.0	10.4-11.7
• Non-Indigenous	5.8-6.0	5.8-6.0	5.8-6.0	5.9-6.0	5.9-6.1
• Rate difference	5.7-7.0	5.4-6.7	5.1-6.3	4.8-6.0	4.5-5.7
Percentage of mothers who attended at least one antenatal care visit ¹⁸					
• Indigenous	94.5-99.1%	94.8-99.3%	95.0-99.5%	95.3-99.7%	95.5-99.9%
• Non-Indigenous	98.3-99.2%	98.4-99.4%	98.6-99.5%	98.8-99.7%	98.9-99.8%
• Rate difference	-4.3-0.5	-4.2-0.5	-4.1-0.5	-4.0-0.6	-3.9-0.6

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Aboriginal and Torres Strait Islander Chronic Disease Fund					
Number of health professionals trained in chronic disease self-management support ¹⁹	100	250	400	400	400
Percentage of Aboriginal and Torres Strait Islander outreach workers who have commenced orientation and/or training ²⁰	90%	90%	90%	90%	90%

¹⁷ Source: AIHW *National Perinatal Data Collection*, calendar years 1991-2008.

¹⁸ Source: AIHW *Perinatal Data Collection 2008*. Data caveat: 2008 data is the latest perinatal data available and is therefore used as the baseline.

¹⁹ Figures are cumulative in line with reporting requirements.

²⁰ This number represents outreach workers who are working in an Aboriginal Medical Service or a Division of General Practice. In the 2010-11 Portfolio Budget Statements, this key performance indicator was reported as a deliverable. It has been moved in 2011-12 as it is a better measure of the successful uptake of the program.

Budget Statements – Department of Health and Ageing

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Number of patients issued a Closing the Gap prescription through the Subsidising PBS Medicine Co-payment measure under the Indigenous Chronic Disease Package	20,000	40,000	70,000	75,000	75,000
Percentage of Aboriginal Community Controlled Health Services participating in the Subsidising PBS Medicine Co-payments Measure	80%	85%	90%	100%	100%
Percentage of organisations funded to provide urban specialist outreach services	100%	100%	100%	100%	100%
Number of multidisciplinary outreach team services provided	199	494	645	678	711
Improve access to effective health services					
Access to social and emotional wellbeing and mental health services, measured by the number of client contacts delivered through Aboriginal and Torres Strait Islander specific services ²¹	120,000	130,000	140,000	145,000	150,000

²¹ This key performance indicator was reported as a deliverable in 2010-11. It has been moved as it demonstrates improved access to social and emotional wellbeing services.