

Outcome 8

**INDIGENOUS HEALTH**

Outcome | 08

**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.

The Australian Government, through the National Indigenous Reform Agreement, is committed to ‘closing the gap’ between Indigenous and non-Indigenous Australians in health, education and employment. While this requires a concerted and coordinated effort from all Government agencies, two of the targets in the agreement 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 Australian Government recognises that closing the gap in life expectancy in the Northern Territory continues to present a significant challenge. The *Stronger Futures in the Northern Territory through health* initiative responds to this challenge by providing ongoing funding to deliver a comprehensive health package for Aboriginal and Torres Strait Islander peoples in the Northern Territory.

The Department of Health and Ageing is working in partnership with Aboriginal and Torres Strait Islander peoples and organisations, as well as in collaboration with state and territory government agencies to implement these programs.

The Office for Aboriginal and Torres Strait Islander Health leads the work for Outcome 8 by funding the delivery of primary health care services and other programs. However, 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.

**Program Contributing to Outcome 8**

**Program 8.1: Aboriginal and Torres Strait Islander health**

## Outcome 8 Budgeted Expenses and Resources

**Table 8.1: Budgeted Expenses and Resources for Outcome 8**

	2011-12 Estimated actual \$'000	2012-13 Estimated expenses \$'000
<b>Program 8.1: Aboriginal and Torres Strait Islander health<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	678,845	705,659
Departmental expenses		
Departmental appropriation <sup>2</sup>	56,359	52,495
Expenses not requiring appropriation in the budget year <sup>3</sup>	2,761	1,925
<b>Total for Program 8.1</b>	<b>737,965</b>	<b>760,079</b>
<b>Outcome 8 totals by appropriation type</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	678,845	705,659
Departmental expenses		
Departmental appropriation <sup>2</sup>	56,359	52,495
Expenses not requiring appropriation in the budget year <sup>3</sup>	2,761	1,925
<b>Total expenses for Outcome 8</b>	<b>737,965</b>	<b>760,079</b>
	<b>2011-12</b>	<b>2012-13</b>
<b>Average staffing level (number)</b>	392	350

<sup>1</sup> 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.

<sup>2</sup> Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".

<sup>3</sup> "Expenses not requiring appropriation in the budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees. This estimate also includes approved operating losses - please refer to the departmental financial statements in section 3 for further information.

## Program 8.1: Aboriginal and Torres Strait Islander health

### Program Objectives

#### *Reduce chronic disease*

Aboriginal and Torres Strait Islander people experience more than twice the burden of disease than other Australians. A large part of the burden of disease is due to high rates of chronic diseases such as cardiovascular disease, diabetes, cancer and chronic respiratory disease. The Department will undertake a range of activities to reduce these rates, focusing on prevention, detection and management of chronic disease and follow-up care.

In 2012-13, the Department will continue to work with Aboriginal Community Controlled Health Organisations and other health care providers to improve chronic disease prevention and detection through regionally based teams that will deliver targeted health promotion activities. This will assist Indigenous Australians who have developed, or are at risk of developing, preventable chronic disease to make healthy lifestyle choices.

#### *Improve child and maternal health*

The Australian Government is committed to improving the health of Aboriginal and Torres Strait Islander mothers and children. In particular, the Government is focussed on addressing low birth weights for babies, improving rates of childhood immunisation and encouraging more women to adopt healthy lifestyle behaviours during and after pregnancy.

To achieve this objective, in 2012-13 the Department will fund *New Directions: Mothers and Babies Services* to improve access to antenatal and postnatal care, child health and facilitate healthy entry into school; the Healthy for Life Program to continue providing Indigenous mothers and their children with support in making healthy lifestyle choices; and the Indigenous Early Childhood Development National Partnership initiatives to continue providing antenatal care, teenage sexual and reproductive health and pre-pregnancy advice.

#### *Improve remote service delivery and access to effective health services*

In 2012-13, the Government will fund approximately 260 organisations to provide comprehensive primary and allied health care services to Indigenous peoples. This will deliver prevention, treatment and integrated long-term management of the health needs of Indigenous peoples, including a focus on delivering services into remote areas. The Department will work with community based primary health care organisations to assist them to improve their corporate governance and service delivery approach to ensure a strong focus on community needs.

Through the *Stronger Futures in the Northern Territory through health* initiative, the Department will continue to undertake improvements in the delivery of primary health care and continue delivery of specialist and allied health services for high disease burden conditions such as oral health, hearing and substance misuse.

The Government will also continue funding for the Remote Area Health Corps to recruit urban-based health professionals for short-term deployments to help meet workforce shortages in remote locations in the Northern Territory.

*Improve social and emotional wellbeing*

The Australian Government is committed to improving the social and emotional wellbeing of Indigenous Australians. In 2012-13, the Social and Emotional Wellbeing Program will enhance existing counselling, family tracing and reunion services to Indigenous communities, including members of the Stolen Generations, through the existing network of eight Link Up Services and staff in over 90 Aboriginal Community Controlled Health Organisations.

Program 8.1 is linked as follows:

- This Program includes National Partnership Payments for:
  - Closing the Gap in the Northern Territory-Indigenous health and related services (which expires on 30 June 2012 and will be replaced by *Stronger Futures in the Northern Territory through health*, currently under negotiation);
  - *Closing the Gap: Indigenous Early Childhood Development - antenatal care, pre-pregnancy and teenage sexual and reproductive health*;
  - *Improving Ear Health Services for Indigenous Australian Children (multilateral project agreement with NT, SA, WA and Vic)*
  - *Improving Ear Health Services for Indigenous Australian Children (bilateral project agreement with Qld)*
  - *Improving Trachoma Control Services for Indigenous Australians (Qld, SA & NT)*;
  - *Reducing acute rheumatic fever among Indigenous children*;
  - *Sexual Assault Counselling in Remote Northern Territory Areas*; and
  - *Renal Accommodation in Northern Territory*.

These Partnership 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's Portfolio Budget Statements.

- The Department of Education, Employment and Workplace Relations (Program 1.3) to establish at least 35 children and family centres for the delivery of integrated health and early childhood education services.
- The Department of Innovation, Industry, Science and Research (Australian Institute of Aboriginal and Torres Strait Islander Studies - Program 1.3) for Aboriginal and Torres Strait Islander Studies.
- The Department of Human Services (Medicare Australia – Program 1.1) to administer Indigenous access to the Pharmaceutical Benefits Scheme.

### Program 8.1 Expenses

Table 8.2: Program Expenses

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	678,845	705,659	752,877	758,607	788,881
Program support	59,120	54,420	51,405	51,080	51,481
<b>Total Program 8.1 expenses</b>	<b>737,965</b>	<b>760,079</b>	<b>804,282</b>	<b>809,687</b>	<b>840,362</b>

### Program 8.1: Deliverables<sup>1</sup>

Table 8.3: Qualitative Deliverables for Program 8.1

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Improve social and emotional wellbeing</b>	
Provide high quality social and emotional wellbeing services	Revised program manuals distributed and in use across funded services

Table 8.4: Quantitative Deliverables for Program 8.1

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Reduce chronic disease</b>					
Additional staff working on the prevention and management of chronic disease including Aboriginal and Torres Strait Islander outreach workers, practice managers and other health professionals <sup>2</sup>	195	242	295	295	295

<sup>1</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

<sup>2</sup> Totals are cumulative over the life of the measure.

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Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
<b>Improve child and maternal health</b>					
Number of organisations funded to provide New Directions: Mothers and Babies Services <sup>3</sup>	75	82	82	82	82
<b>Improve remote service delivery and access to effective health services</b>					
Number of organisations funded to provide Indigenous specific primary health care and social and emotional wellbeing services	245	260	275	275	275

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<sup>3</sup> The cost per service is less than originally anticipated allowing the program to fund additional services.

**Program 8.1: Key Performance Indicators****Table 8.5: Quantitative Key Performance Indicators for Program 8.1**

Quantitative Indicators	2009 Revised Budget	2010 Budget Target	2011 Forward Year 1	2012 Forward Year 2	2013 Forward Year 3
<b>Reduce chronic disease</b>					
Chronic disease related mortality rate per 100,000 <sup>4</sup>					
• Indigenous	822-923	819-920	792-890	765-861	738-831
• Non-Indigenous	473-480	469-476	459-467	450-457	441-448
• Rate difference	346-447	346-448	329-428	311-407	293-387
<b>Improve child and maternal health</b>					
Child 0-4 mortality rate per 100,000 <sup>5</sup>					
• Indigenous	175-255	152-226	146-218	140-210	134-201
• Non-Indigenous	97-111	91-104	90-103	89-101	87-100
• Rate difference	71-152	54-130	49-123	44-116	40-108
<b>Improve remote service delivery and access to effective health services</b>					
Percentage of organisations funded to provide Aboriginal and Torres Strait Islander specific services which have action plans in place	100%	100%	100%	100%	100%

<sup>4</sup> Source: AIHW *National Mortality Database*, calendar years 1998-2010 (which is the most up-to-date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, SA and NT combined). An investigation undertaken by the WA Registry of Births, Deaths and Marriages and the ABS has confirmed that Indigenous mortality data for WA was overstated for the years 2007, 2008 and to a lesser extent for 2009, with work underway to identify the best options to address this issue. Consequently, WA has been excluded from the mortality data, and previously published data have been revised.

<sup>5</sup> Source: AIHW *National Mortality Database*, calendar years 1998-2010, (which is the most up to date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, SA and NT combined). An investigation undertaken by the WA Registry of Births, Deaths and Marriages and the ABS has confirmed that Indigenous mortality data for WA was overstated for the years 2007, 2008 and to a lesser extent for 2009, with work underway to identify the best options to address this issue. Consequently, WA has been excluded from the mortality data, and previously published data have been revised.

