National Strategic Framework for Aboriginal and Torres Strait Islander Health

Progress against jurisdictional implementation plans

Incorporating reporting under the Agreements on Aboriginal and Torres Strait Islander Health (Framework Agreements), Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, and Aboriginal and Torres Strait Islander Health Performance Framework

Report to the Australian Health Ministers' Conference
1 July 2004 until 30 June 2005

These reports alternate each year between whole of government reports and health portfolio reports
This is a health portfolio report for the Australian Government

Foreword

*******From the SCATSIH Chair*******

Overview

*******Text to provide a summary of the key highlights in the report – similar to an executive summary*******

Introduction

The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) commits governments to monitoring and implementation within their own jurisdictions, as well as working together at the national level and across government on joint initiatives between health and other portfolios to address specific health problems and ensure Aboriginal and Torres Strait Islander people enjoy a healthy life equal to the general population.

This is the first report to Ministers under the new arrangements in accordance with the NSFATSIH. Information contained in this report reflects performance against the [jurisdiction] implementation plan, which commits to action complementary to core business. This report builds on and replaces previous annual reporting arrangements under the Agreements on Aboriginal and Torres Strait Islander Health (Framework Agreements) and includes action that contributes to other relevant endorsed national initiatives.

Key Result Area One: Community controlled primary health care services

Objectives:

Strong community controlled primary health care services that can draw on mainstream services where appropriate to ensure that Aboriginal and Torres Strait Islander communities have access to the full range of services expected within a comprehensive primary health care context.

Improved community decision-making, influence and control over the management and delivery of health services to Aboriginal and Torres Strait Islander communities.

Improved capacity of individuals and communities to manage and control their own health and well being.

ACTION AREA (Specific Strategies)	LEAD AGENCY (Contributing Agency)	OUTCOMES
Strong and effective community controlled health services		
Enhancing service provision 1 Continue to support Aboriginal and Torres Strait Islander community controlled primary health and health related services through the Aboriginal and Torres Strait Islander Health Program: • Expand services in areas of highest need and where there is organisational capacity to deliver services; and • Improve the quality and responsiveness of existing services	1 DHA	1 In 2004-05, funding for primary health care service expansion and enhancement activities was approved in 64 OATSIH Planning Regions. Activities approved for funding 49 additional health service delivery staff, including 12 extra GPs, 13 nurses and 24 Aboriginal and Torres Strait Islander Health Workers. In addition, funding was also provided for 43 new service and support positions, including patient transport drivers and child/youth workers. Funding was also provided for capital works, IT infrastructure and screening and diagnostic equipment. This funding was channelled, in the majority of cases, through community controlled health organisations. Governance support is an ongoing activity associated with recurrent funding of those services. During 2004-05, a trial of the OATSIH Service Development and Reporting Framework (SDRF) was conducted with 34 Services. The evaluation of the trial concluded that organisations found this to be a very effective business planning process. The Framework required participating organisations to develop and report against Action Plans and implement Quality Improvement Initiatives aimed at improving service operations outcomes
2 Within available funds improve capital	2 DHA	2 Twenty new clinics or refurbishments and twenty new health staff

infrastructure (including new and upgraded clinics, substance use facilities and remote area staff housing) in line with service expansion and requirements for maintenance and upgrade of existing facilities through the OATSIH Capital Works Program.		houses/duplexes located in remote areas were completed during 2004-05.
Improving the quality of services 3 Develop and implement the Quality Improvement Initiative for Aboriginal and Torres Strait Islander primary health and health related services. 4 Examine the technical efficiency of funded Aboriginal Community Controlled Health Services (ACCHS) and develop risk assessment methodology for the stability of funded services.	3 DHA 4 DHA	3 $952,000 was provided for 34 services to undertake a Quality Improvement Initiative of their choosing as part of the Service Development and Reporting Framework process during 2004-05. A review of the outcomes of these initiatives will be undertaken by an independent consultant by December 2005. 4 During 2004-05 the Department developed and trialled a risk assessment process to be used to assess potential areas for concern for the sustainability of OATSIH-funded services
5 Continue to support patient information and recall systems in ACCHS. 6 Develop a plan for installation and optimal resourcing of ACCHS patient information systems, including maintenance, training and effective use of systems.	5 DHA 6 DHA	5 Patient Information Recall Systems (PIRS) and/or additional upgraded support were provided to 29 services in 2004-05. 6 Work continued on a national tender to audit current systems and support requirements.
7 Support Aboriginal and Torres Strait Islander specific services to improve their management and governance skills through training for boards of management and executives and training in financial management, human resource management and health planning *(see KRA3).*	7 DHA	7 Nationally, $0.65 million was provided in 2004-05 for support and training to both management and the boards of funded services. Additionally, $0.34 million supported 34 services to develop one year Action Plans in 2004-05.
Improved links/streamlined planning through Framework Agreement partnership forums		
8 Australian Government representatives will work within the Framework Agreement partnership forums and Indigenous Coordination Centres *(see KRA6)* to	8 DHA and DIMIA	8 The Office of Indigenous Policy Coordination (OIPC) provided a presentation to the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) expanded meeting attended by the National Aboriginal Community Controlled Health Organisation (NACCHO) state

encourage stronger links and more streamlined planning processes at the state/territory and regional levels.		and territory affiliates and state and territory government representatives on 24 February 2005 about the Australian Government's new whole of government approach to Indigenous policy and programs. OATSIH state and territory Directors attended Framework Agreement partnership forums as the Australian Government representatives on the forums. The partnership forums are constructing relationships with OIPC and Indigenous Coordination Centres (ICCs) and will report further at the next NATSIHC Expanded meeting in February 2006. The Department is implementing a strategy for engaging with ICCs utilising resources transferred from the former Aboriginal and Torres Strait Islander Services (ATSIS) – see Outcome 125 for further details. A national network of Departmental solution brokers is in the process of being established. Solution brokers will represent the Department's interests in ICCs in the development of shared responsibility agreements. This will include identifying and developing opportunities for collaboration and coordination of cross program/cross agency initiatives and planning processes.
9 Support Framework Agreement partnership forums to enable them to undertake planning and priority setting at the State/Territory and regional levels.	9 DHA	9 The Department provided funding for the partnership forum secretariats and also provided funding for the NACCHO affiliate representatives to attend a NATSIHC expanded meeting. The NATSIHC expanded meeting was held on 24 February 2005 with NACCHO state and territory affiliates, state and territory government representatives in order to report on partnership forum activities.
Community Capacity Building		
10 Develop strategies that build the capacity of communities to utilise mainstream health services by raising awareness and understanding of the mainstream health system.	10 DHA	10 The Department funds four Indigenous Liaison Officer positions whose role it is to assist health services to better understand and utilise Medicare services. The Department has also funded a communication campaign around the Indigenous Adult Health Check.
11 Support and assist communities to improve their capacity to manage local primary health care services by developing mechanisms to assess readiness and capacity of communities to manage health resources.	11 DHA	11 The Management, Support and Development Program targeted services in difficulty as well as the proactive development needs of services. Governance and support is an ongoing activity associated with recurrent funding of those services.

Key Result Area Two: Health system delivery framework

This part of the report also covers reporting against the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health

Objectives:

Effective comprehensive primary health care, including population health services and programs.

Enhanced provision of comprehensive primary health care through increased coordination and the establishment of partnerships and collaborative linkages between Aboriginal community controlled health services and general (mainstream) services.

General (mainstream) services that are better equipped to be responsive to the needs of Aboriginal and Torres Strait Islander peoples.

Mainstream health planning processes that take account of priorities identified under Framework Agreement planning processes.

Increased participation in planning and managing health services by Aboriginal and Torres Strait Islander peoples.

Movement towards funding on the basis of need.

ACTION AREA (Specific Strategies)	**LEAD AGENCY (Contributing Agency)**	**OUTCOMES**
Comprehensive Primary Health Care		
12 Expand or enhance primary health care service provision (including additional doctors, nurses, Aboriginal and Torres Strait Islander health workers and allied health professionals) using Aboriginal and Torres Strait Islander specific and/or mainstream health program funding for: • Specific site service development at existing sites; • Planning, development and implementation of new sites; • Targeted service enhancement to fill gaps at new sites; • Capital components including new remote staff housing units, new clinics, clinic/housing upgrades and medical equipment upgrades;	12 DHA	12 $10 million in additional funding was allocated in 2004-05 for service expansion and enhancement activities. The funding was used by services to engage additional clinical or administrative staff to provide extra services such as: primary health care services including outreach services; training for existing staff to enhance their clinical or management skills; integration of new IT equipment to improve service delivery (eg patient information and recall systems); service planning/improvement activities; or renovation of existing premises. As well as the need for clinical facilities, an essential component of service delivery in remote areas is the provision of accommodation for health professionals to assist with staff retention. Under OATSIH's Capital Works Program, $24.527 million was provided in 2004-05 for 60 new works in those areas most in need of new or upgraded clinics and housing. In 2004-05, General Practice Education and Training (GPET) Ltd, which

• Enhanced workforce in line with service expansion as required; • Coordinated delivery of services and programs across the range of mainstream and community controlled service providers; and • Population health approaches to health issues particularly preventable chronic disease, child and maternal health and communicable disease – see *below – page 17 to 21.*		manages GP training, implemented A Framework for General Practice Training in Aboriginal and Torres Strait Islander Health. Among other things, the Framework provides funding for Indigenous Health Training (IHT) advisor positions in each Regional Training Provider (RTP), to support the provision of training for GP registrars identifying as Aboriginal or Torres Strait Islander or those expressing an interest in IHT. Preliminary data for 2004-05 indicates there were a total of 121 placements in IHT posts (some registrars undertake more than one placement in an IHT post). In addition, all registrars on the Australian General Practice Training Program (AGPTP), regardless of whether they undertake an IHT post, are required to complete training in Aboriginal health. The Aboriginal and Torres Strait Islander Women's Forum has extended its terms of reference to consider issues in relation to recruitment of Aboriginal and Torres Strait Islander women to BreastScreen Australia services. The Forum identified two key priorities for 2005-06: • further work on education of Aboriginal Health Workers in women's cancer screening • implementation of the NHMRC guidelines for the management of asymptomatic women with screen detected cervical abnormalities through the development of a video on colposcopy for Aboriginal and Torres Strait Islander women. *The National Public Health Strategic Framework for Children 2005-2008* was endorsed by Health Ministers in July 2005. The *Framework* provides a clear set of strategic directions to guide national and local promotion and prevention efforts for children aged 0-12 years, including the antenatal period. Amongst other issues, it focuses on tackling the health needs of Aboriginal and Torres Strait Islander children. 15 overseas trained doctors have been placed in an Aboriginal Controlled Medical Service under the Strengthening Medicare international medical recruitment initiative since the initiative commenced in May 2004. A further 7 overseas trained doctors have signed employment contracts and will soon commence work in an Aboriginal Controlled Medical Service. Aboriginal health services are eligible for placements of Overseas Trained

		Doctors (OTD) subject to the Medicare Provider Number restrictions. As at 30 June 2005, 126 OTD general practitioners and 14 OTD specialists had current approvals to work in Aboriginal Medical Services.
Funding Models		
13 Continue to develop and test integrated models of Aboriginal and Torres Strait Islander specific and/or mainstream health program funding through the Round Two Coordinated Care Trials and OATSIH primary health care services.	13 DHA	13 Round Two of the Indigenous Coordinated Care Trials tested models of health service delivery among three Aboriginal and Torres Strait Islander populations in the Northern Territory, Western Australia and New South Wales. Two of the trial sites concluded on 30 June 2005, with the third to finish on 30 September 2005. The Indigenous Coordinated Care Trials are being independently evaluated with the final report expected by mid 2006. Strategies have been established to transition the three trial sites to normal OATSIH primary care services to ensure high quality appropriate health services will continue to be available to the Aboriginal and Torres Strait Islander populations they service. PIP The Coordinated Care Trials were time-limited research projects designed to test innovative approaches to providing care for people who are chronically ill or disadvantaged, and who experience difficulties obtaining the right combination of services at the right time. The Trial outcomes focussed on improved population health and prevention programs, management of chronic and complex conditions and capacity building and sustainability
More effective and responsive mainstream health services		
Cultural Safety 14 Contribute to the development and implementation of a Cultural Safety Strategy to ensure that cultural protocols and bi-cultural competencies are developed and implemented for mainstream health professionals.	14 DHA through SCATSIH and AHMAC	14 Cultural competencies are part of the National Aboriginal and Torres Strait Islander Health Worker competencies which are currently being developed by the Community Services and Health Industry Skills Council for completion in 2006. The Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Project is a partnership between the CDAMS and the Department. The Project developed a national curriculum framework for the inclusion of Aboriginal and Torres Strait Islander health in core medical curricula which was launched in September 2004. Phase II of the Project commenced in September 2004 and is supporting medical schools in the implementation, monitoring and sustainability of the

		curriculum framework including vertical integration with postgraduate training providers such as the Divisions of General Practice. The Department provides funding to the Royal Australian College of General Practitioners (RACGP) to improve support and training for GPs working in Indigenous health. The objective of the Cultural Safety Training Pilot Program was to develop training modules that ensure best practice and complement existing frameworks to support the professional and personal needs of GPs working with Aboriginal and Torres Strait Islander patients, both in community controlled and mainstream health services. These projects will be finalised by 30 December 2005.

Medicine		
15 Develop the capacity of Divisions of General Practice to support general practitioners in addressing the health needs of Indigenous Australians.	15 DHA (DEST)	15 Through implementation of the National Quality and Performance System, Divisions can support general practice to improve access for Indigenous Australians. New performance measures relating to access to mainstream GP services by Aboriginal and Torres Strait Islander people have been built into new planning and reporting requirements and incorporated in the 2005-08 funding agreements with the Divisions of General Practice network. At the service level, accurate information is necessary to plan and deliver appropriate health services, to assess the impact of services on client groups and to monitor changes in health and well-being over time. Performance indicators measure Divisions' progress in taking a systemic approach to supporting general practices to capture and record Aboriginal and Torres Strait Islander origin for patients with diabetes, mental health and asthma on practice register/recall systems. To support this, an information sheet for Divisions and general practice on the collection of information on Aboriginal and Torres Strait Islander origin has been developed.
16 Implement the Indigenous Medical Education Strategic Plan including the Committee of Deans of Medical Schools' effort on Aboriginal and Torres Strait Islander health content in undergraduate medical courses – *see KRA3.*	16 DHA (DEST)	16 The Indigenous Medical Education Strategic Plan was launched in September 2004. Implementation of Phase 2 of the project is underway.
17 Work with medical colleges including the Australian College of Rural and Remote Medicine (ACRRM) on continuing education requirements for and recognition of medical service delivery for Aboriginal and Torres Strait Islander primary health care.	17 DHA (DEST)	17 The Australian College of Rural and Remote Medicine (ACRRM) Professional Development Program includes topics in the 2005 – 2007 syllabus on Aboriginal and Torres Strait Islander Health.
18 Develop and implement incentives to encourage Divisions of General Practice to facilitate better arrangements for service access at the local level.	18 DHA (DEST)	18 See Outcome 15.
	19 DHA (DEST)	19 Where an exemption under S19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Service or

19 Ensure that funding and incentives do not discourage general practitioners from employment in salaried positions within services and provide support mechanisms for health professionals working in rural and remote locations similar to those provided to general practitioners.		State/Territory clinic, items under the allied health and dental care initiative can be claimed for services provided by eligible allied health providers, dentists and dental specialists employed by or contracted to the service as long as all requirements are met. See also Outcomes 25 and 31.
20 Develop models for accrediting and rewarding general practitioners working in Aboriginal and Torres Strait Islander communities.	20 DHA (DEST)	20 In the Department's contract with the Royal Australian College of General Practitioners (RACGP) for the development of a quality practice for Australian general practice, the RACGP is: • considering the issues faced by Aboriginal Medical Services (AMSs) in attaining practice accreditation • supporting the accreditation of AMSs during their field testing phase of the development of the RACGP Standards for General Practices. The Practice Incentives Program (PIP) provides a number of incentives that aim to support general practices and Aboriginal Medical Services (AMSs) improve the quality of care provided to patients. Practices must be accredited or working towards accreditation against the RACGP Standards for General Practices to participate in the Program. In May 2005, there were at least 61 AMSs participating in PIP, up from around 25 in 2002-03.
21 Modify the funding formula for Divisions of General Practice to increase funding to those Divisions with large Aboriginal and Torres Strait Islander populations and provide additional funding to high performing divisions so that they may support other divisions to address the needs of Indigenous Australians.	21 DHA (DEST)	21 The funding formula for Divisions is currently being reviewed to consider how best to allocate core funding, based on the role of Divisions in supporting general practice to improve primary health care outcomes for the community in which they operate. Incorporation of health status indicators and population characteristics within the funding formula is being considered.

Nursing		
22 Implement the 2002 Indigenous Nursing Education Working Group report *gettin em n keepin em* with a focus on Aboriginal and Torres Strait Islander recruitment and retention in nursing – *see KRA3.*	22 Medicare Australia	22 The Department funded the Australian Catholic University to manage a project which was overseen by the Indigenous Education Working Group. The project produced a status report of the implementation of the *getting em and keepin em Report* recommendations. The Project involved the exploration of an extensive body of literature and two years of longitudinal research work, that included considerable networking and information sharing with key stakeholders such as universities. The status report links the findings from surveys of universities with the literature and make new recommendations for government (DHA and DEST), universities and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). The Report provided useful information on the progress of some recommendations such as curriculum development and highlights significant deficits in other areas such as recruitment of Indigenous academics. There are a number of measurable outcomes of the Project, including: • there are now over 300 Indigenous students of nursing enrolled in Australian universities • all universities now have alternative category entry for Indigenous students in nursing, and a number of mentorship programs have begun to assist Indigenous students with their learning. Six of the eight nurse registering authorities around Australia have created expectations to universities that Indigenous content be included in undergraduate curricula and over two-thirds of schools of nursing have now completed this task. Boards of nursing have also created the expectation that Indigenous Australians are involved with the development and teaching of curricula content and universities are responding to this.
23 Implement the Australian Nursing Council's 2003 endorsement of Aboriginal and Torres Strait Islander health core content in nursing curricula for all undergraduate nursing courses – *see KRA3.*	23 Medicare Australia	23 The release of a position statement on Indigenous content in nursing programs, a watershed document by the Australian Nursing Council in 2003, that is paving the way for nurse registering authorities to accredit only university curriculum that contain such content. Implementation is ongoing.

24 Support practice nurses (including development of nurse practitioners) with appropriate recognition, training and accreditation to enable them to perform a complex clinical role including medication and immunisation programs – *see KRA3*	24 DHA (Medicare Australia)	24 Through the 2001-02 and 2005-06 Federal Budgets the Australian Government has provided $28.1 million over eight years for training and professional support of practice nurses under the Additional Practice Nurses for Rural Australia and Other Areas of Need measure. Key projects under this program have included: • promotion of practice nursing through information kits and business cases • building supportive infrastructure through Divisions of General Practice and the Australian Practice Nurses Association • development of competency standards for nurses in general practice • funding the Divisions of General Practice network to facilitate practice nurse training, particularly in Australian Government priority areas such as immunisation, wound management, cervical screening and chronic disease management • research exploring current and future practice nurse roles and training needs. While this project is not Indigenous specific, it supports the practice nurse Practice Incentive Program incentive (PIP) which includes the provision to employ Aboriginal Health Workers using the incentive. In the 2005-06 Budget, the Government announced it would continue to provide grants through PIP to support general practices to employ practice nurses. General practices in rural locations and Aboriginal Medical Services in any location can choose to employ an Aboriginal Health Worker, as well as, or in place of a practice nurse. Eligible urban practices can chose to engage a range of allied health workers. Scholarships are available for practice nurses under the Practice Nurse Continuing Professional Development Program, to improve their skills in the areas of immunisation, wound management and pap smears. Aboriginal health workers are eligible for these scholarships.
Allied health 25 Implement the new Medicare measures for allied health workers and Aboriginal and Torres Strait Islander health workers.	25 DHA	25 A new allied health and dental care initiative under Medicare was implemented on 1 July 2004. It provides rebates for up to five allied health services per year from a range of allied health providers, including

		Aboriginal Health Workers.
26 Include Aboriginal and Torres Strait Islander health content in curricula for undergraduate allied health (eg occupational therapy, physiotherapy) courses – *see KRA3.*	26 DHA	26 An Interdisciplinary Workshop on Indigenous Curricula Development for Health Courses was held in Melbourne on 22-23 June 2004. A Workshop Report titled *Pathways to the Inclusion of Indigenous Curricula in Health Courses* has set out some key recommendations to incorporate Indigenous health curricula into health sciences. The Department is in the process of developing a scoping project to outline the necessary steps to move forward on Indigenous health curriculum in the health sciences.
Improved Access to Health Services		
Pharmaceutical Benefits Scheme		
27 Establish pathways to have medications required for specific Aboriginal and Torres Strait Islander health needs, including those not yet subsidised and/or yet registered in Australia, considered for approval by TGA and considered for listing on the PBS.	27 DHA	27 After extensive consultations with internal and external stakeholders, the decision was made to form an Expert Advisory Panel (AP) to advise the Pharmaceutical Benefits Advisory Council (PBAC) and medicines sponsors about medicines of particular importance to Indigenous health. A paper was presented to PBAC about the Budget Measure and the decision to form the AP.
28 Government response to the recommendations of the *Evaluation of PBS Medicine Supply Arrangements for Remote Area Aboriginal Health Services Under S100 of the National Health Act*[1].	28 DHA	28 The Government response is currently being considered, however some of the lower risk recommendations from the evaluation which do not require policy approval are being implemented, for example, 82 Aboriginal health services out of a total of 175 are receiving support from community pharmacies for quality use of medicines activities. This is an increase of seven compared with the 75 receiving services as at 1 July 2004. In 2005 a one off grant was provided to community pharmacies to provide at least four days of support to enhance the quality use of medicines in 98 Aboriginal health services.
Medicare Benefits Schedule		
29 Introduce, support, monitor and promote the Indigenous Adult Health Check item for people aged between 15 and 54 year to facilitate the early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality.	29 DHA	29 A new Medicare item for Aboriginal and Torres Strait Islander Adult Health Checks was introduced on 1 May 2004. During 2004-05 a total of 7,801 health checks were claimed on Medicare with $1.362 million benefits paid. Uptake of the Adult Health Check has been broadly consistent with expectations for a new Medicare service for Aboriginal and Torres Strait Islander people, with potential for greater uptake.

[1] Cooperative Research Centre for Aboriginal and Tropical Health, Menzies School of Health Research and Program Evaluation Unit, University of Melbourne, *Evaluation of PBS Medicine Supply Arrangements for Remote Area Aboriginal Health Services Under S100 of the National Health Act*, Melbourne 2004.

		To promote and support the health check, the Department distributed information sheets to all GPs and posted educational material on its website in May 2004. More than 3,000 adult health check information kits were distributed to key stakeholders in February, March and April 2005. Advertisements were placed in the mainstream medical press in February 2005 and in the Indigenous print and electronic media in March 2005. Information from Medicare Australia indicates the monthly uptake of the new item increased from 249 services in May 2004 (commencement) to 753 services in March 2005.
30 Review charging practices by doctors working in Aboriginal and Torres Strait Islander health to better understand the barriers that prevent the full cost of services being claimed through MBS.	30 DHA	30 The Department and Medicare Australia are currently conducting research into Aboriginal and Torres Strait Islander peoples' access to major health programs. The study began in June 2005 and is expected to report in 2006.
31 Through the Enhanced Primary Care Program introduce a new MBS item that can be claimed by a GP for certain allied health (including health worker) services delivered to patients with a chronic condition and complex care needs who are being managed under a multidisciplinary care plan.	31 DHA	31 In September 2004 the s19(2) Direction, which allows medical practitioners employed by Aboriginal Medical Services and some state and territory health clinics to bill Medicare, was amended to include payment of Medicare benefits for allied health services provided as part of an EPC care plan.
32 Renew efforts to improve MBS enrolment rates and increase the numbers of Medicare Australia Indigenous Liaison Officers across Australia.	32 Medicare Australia	32 Non-health portfolio action area. 2004-05 Report Health portfolio only.
33 Through the *Strengthening Medicare* package, increase practice capacity and ability to operate multi-disciplinary teams in ACCHSs and private GP practices.	33 DHA	33 Aboriginal community controlled health services and state and territory government clinics that have access to Medicare via s19(2) arrangements can access the new allied health Medicare items. As at 30 June 2005, 113 Aboriginal community controlled health services can access these items. Early indications are that uptake of these items is slow.
34 Extend the practice nurse items for immunisation and wound management to	34 DHA	34 The Department of Health and Ageing is working with the Northern Territory Department of Health and Community Services to extend the

Aboriginal and Torres Strait Islander Health Workers.		immunisation and wound management items to registered Aboriginal Health Workers in the Northern Territory.
Telecommunications 35 Explore telehealth in an Aboriginal and Torres Strait Islander health service environment. 36 Improve the rollout of broad band telecommunications and infrastructure services to rural and remote Aboriginal and Torres Strait Islander primary health care and health-related services. 37 Move the Northern Territory Health*Connect* trial in the Katherine region to full implementation allowing health care providers, with consumer consent, to access summary records collected from a range of different health services.	35 DHA and DCITA 36 DHA and DCITA 37 DHA (EHIG) and DCITA	35 As with other health funding arrangements, the State and Territory governments generally have responsibility for delivery of health services in their jurisdictions and telehealth is no exception. Most telehealth services operate largely within the State public sector and the services appear to be growing steadily both geographically and in terms of volume of service delivery. At a national level, funding for the delivery of psychiatric services via videolink (telepsychiatry) is available under Medicare Benefits Schedule (MBS) for patients located in rural and remote areas. Teleradiology services are currently funded through the existing item structure for diagnostic imaging services under the MBS. 36 For the 2004-05 financial year 72 out of a possible 162 Aboriginal community controlled health services (44 per cent) were provided access to high quality secure broadband services. 37 The Northern Territory Health*Connect* trial in the Katherine region was successfully completed on 1 July 2005. Full implementation commenced in the wider Katherine region on 1 July 2005 with the introduction of shared electronic health records being used by Katherine public hospital, Health Centres and General Practitioners. 4000 consumers have registered since 1 July 2005.
Rural Health 38 Under the Rural Health Strategy 2004: (a) Continue to support existing services funded under the former Regional Health Strategy with a new focus on preventive health and services to remote areas.	38 DHA	38 (a) The Rural Primary Health Program forms part of the *Rural Health Strategy* 2004-05 to 2007-08. It combines three formerly independent programs as sub-programs: • the Regional Health Services (RHS) sub-program • the More Allied Health Services (MAHS) sub-program • the Rural Chronic Disease Initiative (RCDI), now known as the

		Primary Health Projects (PHP) sub-program. The objectives for the Rural Primary Health Program are: • to help improve the health and wellbeing of people in rural Australia by enhancing access to primary health services and professional allied health services in rural and remote communities (RHS/MAHS) • to target and reduce the specific risk factors related to poorer health outcomes for people living in rural and remote Australia.
(b) Undertake development work on the establishment of Regional Health Services in remote areas of Queensland, Northern Territory, Western Australia and South Australia.		(b) Regional Health Services providing services to Aboriginal and Torres Strait Islander communities have been develop in: • Queensland: Paroo and Bulloo Shire RHS, Birdsville Bedourie RHS • Northern Territory: Sunrise RHS • Western Australia: Kimberly Podiatry RHS • South Australia: Coober Pedy PHS.
(c) Support the Rural Primary Health Program, incorporating the Regional Health Services, the More Allied Health Services (both of which seek to extend allied and primary health care services to remote areas) and the Primary Health Projects sub-programs (which aims to reduce the high rates of injury, obesity, tobacco and alcohol use and improve rates of physical activity in rural and remote areas).		(c) Primary Health Projects through the Building Healthy Communities sub-program developed the projects of: • Shire of Gascoyne: nutrition and healthy weight • Royal Flying Doctor Service Queensland: nutrition and healthy weight and physical activity • Menzies School of Health Research Northern Territory: nutrition, healthy weight, and physical activity, and tobacco and alcohol • Anyinginyi Health Aboriginal Corporation: healthy lifestyles covering all risk factors • Condobolin Aboriginal Health Service: nutrition, healthy weight, and physical activity and tobacco and alcohol.
(d) Fund specialist medical services in rural and remote communities under the Rural Specialist Support Program giving consideration to Indigenous health need in determining which services to fund.		(d) The Medical Specialist Outreach Program (MSOAP) supports over 1,000 specialist outreach services in rural and remote locations.
(e) Develop models of specialist access provision for sustainable effort in this area.		(e) See Outcome 38(d).
(f) Provide programs that support the		(f) In 2004-05 the 50 GP registrar places funded under the *New General*

recruitment and retention of general practitioners in rural areas such as the New General Practitioner Registrars and the Workforce for Rural General Practitioner programs. 39 Through the Health Ministers' Reform Agenda contribute to the development of strategies to improve access to medical specialists in rural and remote areas.	 39 DHA	*Practitioner Registrars* initiative continued to be filled and to provide services to rural and remote regions. 39 The Australian Health Ministers' Advisory Council's (AHMAC) Rural Health Subcommittee has been exploring the issues of medical specialist services in rural and remote services. A report covering the major issues, models of care and recommendations to improve access to specialists is before AHMAC for consideration.
Initiatives to address specific conditions		
40 Continue to support the Aboriginal and Torres Strait Islander Burden of Disease project being undertaken by the University of Queensland.	40 DHA	40 The Department continues to support and monitor the Burden of Disease project. A first progress report was received at the end of 2004, and a second is due in November 2005. The final report of the project is due for delivery in early March 2006.
41 Through the Palliative Care Intergovernmental Forum and the National Palliative Care Program ensure the palliative care needs of Indigenous Australians are addressed.	41 DHA	41 The National Palliative Care Program addresses the palliative care needs of Aboriginal and Torres Strait Islander peoples through a range of projects, as follows: • A resource kit entitled *Providing culturally appropriate palliative care to Indigenous Australians* has been developed to support mainstream health services to deliver culturally appropriate palliative care to Indigenous Australian patients, their families and communities • The national *Program of Experience in the Palliative Approach* (PEPA) provides primary health care practitioners – including Aboriginal Health Workers – with an opportunity to develop skills in the palliative approach by undertaking a workforce placement with a palliative care specialist service. A post graduate topic has been developed that seeks to address the particular palliative care, cultural considerations, factors and needs of Aboriginal and Torres Strait Islander peoples. This topic is part of a range of topics offered by Flinders University (SA) and Charles Darwin University (NT).
42 Implement preventive health programs that focus on the high rates of injury, tobacco and alcohol use and obesity in remote areas of	42 DHA	42 Support to a three year nationally collaborative project to improve food supply in remote Aboriginal communities was implemented.

Queensland, Northern Territory, Western Australia and South Australia.		Of the community based projects implemented: • one project was established • five projects received funding to develop plans with a further four awaiting funding agreements to be signed by auspice organisations See also Outcome 38(c).
Preventable Chronic Disease: Australian Government Initiatives 42 Expand the Continuous Improvements Projects in the Early Detection and Management of Chronic Disease in Aboriginal Community Controlled Health Services to address chronic disease.	43 DHA	43 In 2004-05 an additional four services were funded under this initiative bringing the total to thirteen Aboriginal Community Controlled Health Services funded under the Continuous Improvement Projects for the Early Detection and Management of Chronic Disease. The Australian Council for Safety and Quality in Health Care (soon to be replaced by the Commission for Safety and Quality in Health Care) have in conjunction with the Office for Aboriginal and Torres Strait Islander Health formalised a funding agreement to provide up to $440,000 until 2009 for the development of a safety and quality component in the Audit and Best Practice Chronic Disease Extension Project – a joint project of Cooperative Research Centre for Aboriginal Health, NT Department of Health and Community Services and Menzies School of Health Research.
43 Address the recommendations from the review of the National Indigenous Pneumococcal and Influenza Immunisation Program.	44 DHA	44 In 2004-05, the Department addressed the recommendations. of the review of the National Indigenous Pneumococcal and Influenza Immunisation Program by, for example, transferring responsibility for program promotional activities from the Department to state/territory public health units.
44 Continue implementation of strategies to maximise the participation of Indigenous Australians in cancer screening programs and to provide culturally sensitive screening services.	45 DHA	45 Since May 2004 an Aboriginal and Torres Strait Islander Adult Health Check Medicare Item (Item 710) has been available. This allows for a two yearly health check for all Aboriginal and Torres Strait Islander adults aged 15-54. Components of the health check include, when appropriate: PAP smears, referral for mammography and lifestyle advice such as risks associated with smoking. In 2004 the Department provided $20,000 in sponsorship to the Cancer Council Australia to contribute to a forum "*Reducing the impact of cancer*

		on Aboriginal and Torres Strait Islander Communities: Ways Forward", which was held in Darwin on 25-26 August 2004. The forum provided recommendations on improving cancer care for Aboriginal and Torres Strait Islander people. The Department has maintained its contribution to the development of National Service Improvement Frameworks.
45 Implement the Australian Government response to the National Aboriginal and Torres Strait Islander Eye Health Program review.	46 DHA	46 The Australian Government Response to the Review of the National Aboriginal and Torres Strait Islander Eye Health Program has involved all relevant areas of the Department to ensure that eye programs include effective and appropriate services to Aboriginal and Torres Strait Islander people. A Tender process for the conduct of a national stock-take of specialist eye health equipment funded by OATSIH has commenced. A preliminary statement of the safety, effectiveness, cost-effectiveness and ethical considerations associated with retinal photography in rural and remote areas has been developed by the Health Policy Advisory Committee on Technology (HealthPACT). The report, *Retinal Photography and the Detection of Diabetic Retinopathy* is the first step in the process for obtaining approval of the test as a Medicare item, and it is expected that inclusion of the test as a Medicare item, will greatly improve access by Indigenous people to ophthalmological screening. A review of the Visiting Optometrists Scheme has commenced.
46 Develop and provide information to health services, primary health care workers and Aboriginal and Torres Strait Islander health workers, about the provision of cardiovascular rehabilitation and prevention strategies for Indigenous Australians.	47 NHMRC	47 NHMRC progressed the development of guidelines – *Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples* – during the reporting period. The guidelines were completed in September 2005.
47 Fund the Diabetes and Related Disorders Research Program with a focus on health education, health promotion and illness prevention and diabetes self-management.	48 NHMRC	48 The Diabetes and Related Disorders program was undertaken by the NHMRC in collaboration with the OATSIH and focused on research into Type II diabetes and related disorders in Indigenous Australians. Six projects received a total of $460,000 funding in 2002. Five of these

		projects were completed by July 2005 and the remaining project is due to be completed in March 2006.
48 To (a) Implement the National Diabetes Improvements Projects with ongoing evaluation of their effectiveness against specific performance indicators. (b) NHMRC will support/monitor grants currently supported by the NHMRC under the 2001 Diabetes and related disorders initiative. Research proposals relating to Diabetes will be accepted though existing grants schemes such as Project and Program grants.	49 (a) DHA (b) NHMRC	49 (a) All 18 National Diabetes Improvement Projects were completed in June 2005 (only half of these are related to Indigenous health). The national evaluation of the initiative was completed in August 2005 and a final report accepted by the Department. (b) In addition to supporting and monitoring grants under the Diabetes and Related Disorders program (see 49), two research proposals relating to diabetes were funded through existing competitive grant schemes: 'A Type II Diabetes and obesity prevention program for primary school aged rural Indigenous children', and 'Community and individual resilience for positive health in Indigenous populations at risk for diabetes and cardiovascular disease: Challenging environmental and macrosocial adversity'.
Preventable Chronic Disease: Commonwealth/State Initiatives 50 Through the Health Ministers' Reform Agenda: (a) Contribute to the development of a generic national chronic disease strategy to provide an overarching approach to the prevention, diagnosis and management of chronic disease – *see Appendix Four.* (b) Develop National Service Improvement Frameworks in the areas of cancer, cardiovascular disease, diabetes, asthma, arthritis and musculoskeletal conditions, across the continuum of care which will: (a) identify critical intervention points; (b) identify national actions for service improvement for each disease and (c) focus on Aboriginal and Torres Strait Islander peoples as a priority population	50 DHA (through NHPAC, SCATSIH and HMRAWG	50 (a) The final draft of the generic national chronic disease strategy has been completed for endorsement by AHMAC in November 2005. (b) Draft National Service Improvement Framework documents in the area of diabetes and cardiovascular disease have been externally consulted and endorsed by the National Health Priority Action Council. The documents will be considered by the Australian Health Ministers Advisory Council on 20 October 2005.

group. (c) Contribute to a review of remote area renal services for Indigenous Australians, including barriers to access and the development of strategies to improve access for Indigenous Australians in remote areas. (d) Develop initiatives to raise the rate of organ and tissue donation and transplantation within the Indigenous Australian population in order to reduce the long-term dependence of Indigenous Australians on dialysis. 51 Contribute to the development and implementation of a National Vision Plan to respond to the World Health Assembly Resolution on Elimination of Avoidable Blindness.	 51 DHA (AACD, OATSIH)	 (c) A set of principles and strategies as priority actions for Remote Area Renal Services for Indigenous Australians was endorsed by Health Ministers on 28 July 2005, and phase three of the project will commence in 2005-06. (d) In relation to organ and tissue donation generally, targets were identified for collection of Indigenous Australian cord blood units in the funding agreement with the Cord Blood Collection Network. The feasibility of these targets is being reviewed in 2005-06. Cord blood is an alternative treatment to bone marrow transplants and genetic diversity in donation is vital to increase matching for transplantation. Also in July 2005, the Australian Health Ministers' Conference (AHMC) endorsed the recommendation that*: the work of Australians Donate to maximise the kidney donation rate should be supported, particularly initiatives which will increase the availability of donor kidneys for Aboriginal and Torres Strait Islander clients.* 51 The Department, with the Victoria Department of Health, led the development of a National Vision Plan to respond to the World Health Assembly Resolution on Elimination of Avoidable Blindness in 2004-05.
Child and Maternal Health – Policy Development 52 Contribute to the development and implementation of an Australian Government Aboriginal and Torres Strait Islander maternal and child health policy (incorporating nutrition and hearing health) that addresses the physical, emotional and social well-being of women, children (aged 0-5 years) and families.	 52 *National initiative* DHA with FaCS	 52 A range of policy research activities were undertaken to inform a policy and program design position that underpins the *Healthy for Life* program, announced in May 2005. *Healthy for Life* provides 102.4 million over four years to improve the health of Aboriginal and Torres Strait Islander mothers babies and children, enhance the quality of life for people with a chronic condition, and over time, reduce the incidence of chronic disease. Over 80 *Healthy for Life* sites will be established over the course of the initiative. Implementation of the program will commence in 2005-06.

53 Through the Child Public Health Intergovernmental Partnership contribute to the development of a Child Public Health Strategy and Action Plan with a focus on Aboriginal and Torres Strait Islander children.	53 *National initiative* DHA	53 The Department contributed to the development of the National Strategic Framework for Child Public Health, which includes a component that addresses the specific needs of Aboriginal and Torres Strait Islander children. The Strategic Framework was endorsed by Health Ministers on 28 July 2005.
Child and Maternal Health – Programs and Services		
54 Continue to support ACCHSs selected as best practice sites in the regional delivery of child and maternal health services in a primary health care setting by expanding the Child and Maternal exemplar site initiative.	54 DHA	54 Outcomes of the National Aboriginal and Torres Strait Islander Child and Maternal Health Exemplar Site Initiative were used to inform the development of the *Healthy for Life* program. See Outcome 52.
55 Develop child and maternal health worker competencies – *see KRA3.*	55 DHA	55 Child and maternal health worker competencies are part of the National Aboriginal and Torres Strait Islander Health Worker competencies which are currently being developed by the Community Services and Health Industry Skills Council for completion in 2006.
56 Expand services focussing on child and maternal health, including healthy birth weight, improved childhood immunisation rates and hearing services.	56 DHA	56 See Outcomes 52 and 54.
57 Implement specific child and maternal health pilot projects to identify and evaluate sustainable models of service delivery which increase community capacity and address gaps in service delivery.	57 DHA	57 See Outcomes 52 and 54.
58 Improve uptake of child immunisation through culturally appropriate communication strategies and training of immunisation providers.	58 DHA	58 No activity this financial year.
59 Introduce ‘hearing aid banks’ in Aboriginal and Torres Strait Islander communities.	59 DHA	59 From July 2003 the Office of Hearing Services has supplied Behind-the-Ear hearing aids to the Central Australia Aboriginal Congress.

60 Investigate opportunities to deliver accredited provider hearing services through ACCHSs in remote areas.	60 DHA	60 The Office of Hearing Services has invited the National Aboriginal Community Controlled Health Organisation (NACCHO) and Central Australian Aboriginal Congress to consider accreditation as service providers under the Australian Government Hearing Services Program.
61 Through the Workplan for Future Actions in Ear and Hearing Health address the recommendations of the *Report on Commonwealth Funded Hearing Services to Aboriginal and Torres Strait Islander Peoples: Strategies for Future Action.*	61 DHA	61 Workplan actions include: (a) appointment of an Indigenous representative to the Hearing Services Advisory Committee in June 2003, and was remade in December 2004 for appointment to the new Hearing Services Consultative Committee (Policy Principle 4) (b) access for Indigenous adults to Australian Hearing's Community Service Obligations funded services was streamlined through the removal of the requirement for a referral by a medical practitioner (Policy Principle 4) (c) eligibility for the Australian Government Hearing Services Program was extended in the 2005-06 Budget through the provision of $10.1 million over 4 years for services to Aboriginal & Torres Strait Islander people aged 50 years and over; and those taking part in the Community Development Employment Program (Policy Principle 4) (d) discussions have been held in Western Australia regarding the use of video otoscopy in remote locations (Policy Principle 6) (e) Australian Hearing provides an advisory service in the use of soundfield amplification systems in schools. (Policy Principle 6) Note: the provision of soundfield systems is a responsibility of state and territory governments.
62 Evaluate the Aboriginal and Torres Strait Islander Hearing Training Modules.	62 DHA	62 No activity for this financial year. This item will be actioned in future reporting years.
63 Reorient the hearing program into a child and maternal health approach.	63 DHA	63 The implementation of the *Healthy for Life* program (See Outcome 52) will provide for improvements in comprehensive approaches to child and maternal health which will incorporate a focus on the prevention, early detection and effective treatment of otitis media in Aboriginal and Torres Strait Islander children.
Child and Maternal Health – Research and Data		
64 Fund research grants with a focus on cross-sectoral approaches to improving maternal, infant and childhood health of Indigenous	64 NHMRC	64 NHMRC's *A Healthy Start to Life* program was developed to target broad, multi-sectoral, multi-disciplinary research that has the potential to affect long-term health gains for Aboriginal and Torres Strait Islander

Australians. 65 Continue to support the Longitudinal Study of Indigenous Children, which focuses on the links between early childhood and later life outcomes for Aboriginal and Torres Strait Islander children living in all locations.	65 FaCS	people and acknowledge the complex interplay between health and non-health issues. The following four proposals were funded under this initiative: • *SEARCH - Study of Environment on Aboriginal Resilience and Child Health*, University of Sydney, with an award of $2,043,110 • *Restor(y)ing Aboriginal Parenting: development and evaluation of a culturally relevant program to support Aboriginal parents promoting their children's behavioural and social competence and readiness for school learning*, Curtin University of Technology, with an award of $1,612,793 • *Keeping Kids on Track: an initiative developing the resilience of Aboriginal students during a critical transition phase*, Edith Cowan University, with an award of $1,430,435 • *A Type II Diabetes and obesity prevention program for primary school aged rural Indigenous children*, University of Newcastle, with an award of $1,497,370. 65 Non-health portfolio action area. 2004-05 Report Health portfolio only.
Nutrition and Physical Activity 66 Establish a cross-agency forum at the Australian Government level to examine and resolve the difficulties obtaining healthy foods in rural and remote communities at prices comparable to the rest of the Australian community. (a) Communities who own or operate community stores can apply for finance under Indigenous Business Australia's Business Development and Assistance Programme to assist funding new stores,	66 DHA and other relevant agencies (OIPC) (a) IBA	66 The Department is supporting a 3 year project to improve access to healthy foods in remote Indigenous communities through a focus on best practice, appropriate guidelines, policies and training for community stores and take-away outlet managers. The project will be implemented in partnership with Queensland, Northern Territory, New South Wales, South Australia, Western Australia and Indigenous Business Australia. See also Outcome 42. (a) Non-health portfolio action area. 2004-05 Report Health portfolio only.

renovation, replacement, repairs and essential upgrades to existing stores.		
67 Through the Strategic Inter-Governmental Nutrition Alliance, contribute to the implementation of the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan*.	67 *National initiative* DHA	67 National implementation of NATSINSAP action in 2004-05 included: • addition of nutrition as a core unit in national Aboriginal and Torres Strait Islander health worker training competencies • development of cross-cultural training packages for Flinders University students • planning for nutrition streams in accredited courses at several Universities • consideration of NATSINSAP in environmental health worker strategies • gaining funding for a project improving food access in remote communities (see 67).
68 Continue to support Aboriginal and Torres Strait Islander-specific projects currently funded under the National Child Nutrition Program.	68 DHA	68 The majority of projects funded under the National Child Nutrition Program were concluded during 2004-05 with only two projects remaining. Summaries of project outcomes will be made available on the website at: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-strateg-childnutrition-index.htm
69 Implement a regional stores policy addressing the availability and cost of healthy food supplies and employment and training opportunities for Anangu in the stores through the APY lands COAG trial site.	69 DHA (with all relevant agencies)	69 Mai Wiru Stores Policy was endorsed by the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands) COAG Steering Committee on 12 September 2003 (and continues to be supported by Tjungungku Kuranyukutu Palyantjaku (TKP), the regional forum that replaced the COAG Steering Committee). This project focuses on improving the nutrition of Anangu by improving the availability and affordability of healthy food supplies and improving access to a wide range of social and community services on the AP Lands. It also aims to improve training and employment opportunities. The Regional Stores Policy Stage 3 is being funded ($1.337 million) by the Department through the Regional Health Services Program from 2004-05 to 2007-08. The Mai Wiru Strategic Plan is now developed and implementation has commenced. A number of activities are underway, including:

		• establishing standardised management systems and operational practices to achieve economies of scale • bulk/group purchasing systems for freight and stock in order to achieve economies of scale • price reduction on core identified Healthy food items and personal health hardware – the main aim of the stores policy is to reduce prices of items in the “healthy food box” • store worker training in order to consider nutrition aspects of store practises.
70 Consider applying Indigenous specific and/or mainstream health funding to support local nutrition initiatives identified through planning processes.	70 DHA	70 Four nutrition positions were funded in the Northern Territory in 2004-05.
71 Continue to support the *Active Australia* Strategy and in particular the Indigenous Sports Program including scholarships, mentoring programs and Indigenous development officers and identify potential for partnerships on projects funded under the Indigenous Sport and Recreation Program.	71 DCITA (and Australian Sports Commission)	71 Non-health portfolio action area. 2004-05 Report Health portfolio only.
72 Through the Strategic Intergovernmental Physical Activity Alliance contribute to the implementation of the National Physical Activity Action Plan.	72 *National initiative* DHA	72 Health Ministers endorsed the *Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005-2010* on 28 July 2005.
73 Fund the National Aboriginal Sports Corporation Australia to develop, pilot and implement in up to 40 remote Aboriginal and Torres Strait Islander communities a model for improving awareness of key health issues and available services using prominent sports people in partnership with health care professionals and local communities.	73 FaCS/DCITA	73 Non-health portfolio action area. 2004-05 Report Health portfolio only.
74 Implement the Diabetes Prevention Pilot Initiative projects to increase physical activity,	74 DHA	74 Three Diabetes Prevention Pilot Initiative projects commenced in July

improve diet and achieve healthy weight for people at risk of developing Type 2 diabetes.		2004. One of these is related to Indigenous health. All projects are due to be completed by the end of 2006. An evaluation of the Initiative is expected to commence by early November 2005.
Injury 75 Finalise the National Aboriginal and Torres Strait Islander Safety Promotion Strategy including: (a) Build collaborative relationships across all organisations and communities (b) Stimulate national discussion on improving Aboriginal and Torres Strait Islander peoples' safety (c) Increase knowledge and skills in and commitment to safety promotion and injury prevention in the workforce (d) Provide enough resources to build and enhance workforce capacity (e) Support safety promotion and injury prevention policies and strategies that address a mixture of social, environmental and behavioural factors, and provide good examples of dealing with the underlying alienation and disadvantage of Aboriginal and Torres Strait Islander peoples (f) Improve surveillance systems and other sources of quantitative and qualitative data, to provide adequate information for Aboriginal and Torres Strait Islander safety promotion and injury prevention. Develop mechanisms to coordinate injury prevention research and evaluation activities	75 DHA	75 The National Aboriginal and Torres Strait Islander Safety Promotion Strategy (NATSISPS) was developed as a complementary document to the National Injury Prevention and Safety Promotion Plan: 2004 – 2014. Aboriginal and Torres Strait Islander communities are identified as a key priority area of action. Projects will be developed through Shared Responsibility Agreements.

(g) Create and sustain local focus on promoting safety and preventing injury (h) Develop and maintain a whole of government focus that supports a range of sustainable programs and projects which promote safety and prevent injury. 76 Finalise the National Injury Prevention and Safety Promotion Plan giving priority to addressing injury in Aboriginal and Torres Strait Islander communities. 77 Establish a Collaborative Research Centre for data collection on injury within Aboriginal and Torres Strait Islander people.	 76 DHA 77 DHA	 76 The National Injury Prevention Plans, including the NATSISPS, were endorsed by the Australian Health Minister's Conference in July 2005. 77 The Collaborative Research Centre will not be established, as application to undertake this has been withdrawn.
Oral Health 78 Integrate oral health messages into health promotion initiatives (such as nutrition and smoking) targeting Indigenous Australians. 79 Contribute to the implementation of the National Oral Health Action Plan 2004 -13. 80 Introduce a new MBS item for treatment under a dental care plan for patients who have a dental problem that significantly exacerbates a chronic medical condition. 81 Fund research into identifying, preventing and treating oral health problems experienced by Indigenous Australians. The NHMRC will continue to support/monitor grants currently supported by the NHMRC under its 2001 Oral	 78 DHA 79 DHA through AHMAC 80 DHA 81 NHMRC	 78 An Indigenous Smoking Cessation workshop was held in June 2005 and a report of recommendations will be provided to the September 2005 Intergovernmental Committee on Drugs (IGCD) meeting. A key recommendation concerns the development and implementation of appropriate smoking education measures including the development of a media campaign. 79 See Outcome 78. 80 Three MBS items for dental care services were introduced on 1 July 2004. 81 In addition to continuing to support and monitor grants awarded under its 2001 Oral Health initiative, in 2004 NHMRC awarded a fellowship grant for investigation in 2005 of oral health among Aboriginal people involved in a longitudinal study.

Health initiative. Research proposals addressing oral health issues will be accepted through existing grant schemes such as Project and Program grants.		
Sexual Health 82 Continue the implementation, monitoring and evaluation of the *National Indigenous Australians' Sexual Health Strategy 1996-04* and consider the evaluation outcomes to determine future approaches. 83 Commence the development of a second National Aboriginal and Torres Strait Islander Sexual Health Strategy in parallel with the mainstream HIV/AIDS, Sexually Transmissible Infections and Hepatitis C national strategy development processes. 84 Facilitate increased access to screening for sexually transmissible infection and HIV prevention by ACCHSs and State/Territory governments and early detection programs through health promotion activities targeting in particular people aged 15-30 years. 85 Address the recommendations from the evaluation of the National Donovanosis (Elimination) Eradication Program.	82 DHA 83 DHA 84 DHA 85 DHA	82 Implementation and monitoring of the *National Indigenous Australians' Sexual Health Strategy 1996-04* continued. A new *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005* – 2008 was developed (launched in October 2005). 83 The Aboriginal and Torres Strait Islander Sexual Health Strategy has been developed alongside the mainstream National HIV/AIDS, Sexually Transmissible Infections (STIs) and Hepatitis C strategies. 84 With the launch of the first National Sexually Transmissible Infections Strategy, the Australian Government announced funding of $12.5 million over 4 years for increased awareness, improved surveillance and a pilot national testing program for Chlamydia. It is anticipated that Aboriginal and Torres Strait Islander people will be one of the priority groups for the pilot. 85 The evaluation of the National Donovanosis (Elimination) Eradication Program is due to be finalised in the second half of 2005.

Key Result Area Three: A competent health workforce

This part of the report also covers reporting against the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework

Objectives:

A competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples supported by appropriate training, supply, recruitment and retention strategies

ACTION AREA (Specific Strategies)	**LEAD AGENCY (Contributing Agency)**	**OUTCOMES**
86 Implement the following specific initiatives under the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002:*	86 DHA with DEWR and DEST	86
(a) Support Aboriginal and Torres Strait Islander specific health services to improve management and governance capacity – *see KRA1*.		(a) The Management, Support and Development Program targeted services in difficulty as well as the proactive development needs of services.
(b) Support Aboriginal and Torres Strait Islander Health Workers with the introduction of national qualifications (including competencies, training and assessment processes).		(b) The Second draft of the competencies was released in September 2004. The official validation period ended in February 2005. A drafting meeting was convened to help refine the qualifications for Aboriginal and Torres Strait Islander Health work roles with a lesser clinical focus. The final validation draft will be released in late 2005.
(c) Expand existing workforce scholarship programs to enable more Indigenous Australians to study health and health related courses.		(c) The Puggy Hunter Memorial Scholarship Scheme, established in 2001, offers scholarships for Aboriginal and Torres Strait Islander students in undergraduate medicine, nursing and allied health (excluding pharmacy) courses, and Aboriginal Health Worker Certificate Level III, IV, diploma and advanced diploma course. In 2005 the Scheme was expanded to include undergraduate courses in health service management courses in the tertiary and VET sector. Scholarships are worth $15,000 per annum. In 2004 academic year 26 scholarships were awarded. In 2005 35 scholarships were awarded. The Rural and Remote Nursing Scholarship Program provides

		scholarships to assist rural nurses to overcome the barriers to undertaking undergraduate studies, continuing professional development, and re-entry/upskilling courses. A minimum of ten undergraduate scholarships are dedicated to indigenous nurses. 13 Indigenous Australians were offered a scholarship in 2004-05 and eight accepted. The Rural and Remote Pharmacy Workforce Program provides scholarships to support the recruitment and retention of pharmacists in rural and remote areas. Three scholarships are dedicated each year to Indigenous Australian students but none were awarded in 2004-05 due to lack of uptake.
(d) Innovations in curricula to improve capacity and skills of public health workforce to respond effectively and appropriately to Aboriginal and Torres Strait Islander health issues.		(d) The Department also provided support funding for the Australian Rotary Health Research Fund Scholarships provided to Indigenous students in each state and territory. The 'Innovations in the Design and Delivery of Curricula on Indigenous Australian Public Health for existing Public Health Education and Research Programs (PHERP) and Indigenous Australian Student Cohorts' project report was completed and included recommendations to: • improve the capacity of the public health workforce in relation to Indigenous health • increase participation of Indigenous Australians in Master of Public Health programs based on an Indigenous pedagogy • establish networks and partnerships to maximise Indigenous Australian health training opportunities for the wider public health workforce.
(e) Increase the participation of Indigenous Australians in the Masters of Public Health programs.		(e) Funds are provided by the Department to develop, deliver and support students through a Masters of Applied Epidemiology, Indigenous Health, at the Australian National University (ANU), through the National Centre in Epidemiology and Population Health (NCEPH). The current funding agreement is for a minimum of nine students, two of whom must identify as Aboriginal and/or Torres Strait Islander. Funding through PHERP continues to support a number of public health workforce development initiatives designed to increase recruitment and retention of Aboriginal and Torres Strait Islander students, including

		masters and doctoral students, within PHERP funded public health institutions.
87 Build on the Committee of Deans of Australian Medical Schools and Indigenous Nursing Education Working Group Aboriginal and Torres Strait Islander health curriculum development by focussing on: • implementation of the Aboriginal and Torres Strait Islander medical curricula frameworks; • the recruitment and retention of Aboriginal and Torres Strait Islander medical students; and • the development of Aboriginal and Torres Strait Islander content and recruitment and retention strategies in nursing and other health sciences courses.	87 DHA	87 The Committee of Deans of Australian Medical Schools Indigenous Health Project is a partnership between the Committee of Deans of Australian Medical Schools and the Department. The Project developed, and launched in September 2004, a national curriculum framework for the inclusion of Aboriginal and Torres Strait Islander health in core medical curricula. Phase II of the Project commenced in September 2004 and is supporting medical schools in the implementation, monitoring and sustainability of the curriculum framework. The Australian Indigenous Doctor's Association (AIDA) is currently undertaking a project to identify best practice in recruitment of, and support for. Aboriginal and Torres Strait Islander medical students. AIDA has conducted a literature review; an audit of Australian Medical Schools; a survey of Indigenous graduates, undergraduates and medical schools; and interviews with medical schools. The final report has not been received however the report will identify: • factors that encourage Indigenous students to pursue a career in medicine • existing recruitment, retention and graduation strategies at medical faculties throughout Australia • potential resources required • other important information relating to the development of a best practice recruitment and retention model for Indigenous medical students and schools. The Report identifies the following headline targets: • Australian medical schools will have established specific pathways in to medicine for Indigenous Australians. • Committee of Deans of Medical Schools Indigenous Health Curriculum Framework will be fully implemented by Australian medical schools. • There will be 350 extra Indigenous students enrolled in medicine.

		The Department funded a project managed by the Australian Catholic University which was overseen by the Indigenous Education Working Group. The project produced a status report of the implementation of the *getting em and keepin em Report* recommendations. The Project involved the exploration of an extensive body of literature and two years of longitudinal research work, that included considerable networking and information sharing with key stakeholders such as universities. The status report links the findings from surveys of universities with the literature and make new recommendations for government (DHA and DEST), universities and CATSIN.
88 Through the University Departments of Rural Health support Aboriginal and Torres Strait Islander student placements for undergraduate allied health courses.	88 DHA	88 The University Departments of Rural Health (UDRH) program provides ongoing support to Aboriginal and Torres Strait Islander students undertaking clinical placements and educational activities in rural and remote areas. 25 Aboriginal and Torres Strait Islander students undertook UDRH placements across the NT, WA, QLD, NSW, SA and VIC in 2004-05.
89 Continue to fund the Australian Indigenous Doctors' Association (AIDA) and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) to provide a high level of support and representation for their members.	89 DHA	89 The Department continued to fund AIDA and CATSIN in 2004-05.
90 Work with AIDA and CATSIN to support effective mentoring programs for Aboriginal and Torres Strait Islander students of medicine and nursing.	90 DHA	90 The Department provided funding to CATSIN and AIDA for mentoring programs in 2004-05.
Environmental health workers 91 Improve the capacity of the Aboriginal and Torres Strait Islander environmental health workforce by increasing the numbers of Aboriginal and Torres Strait Islander environmental health workers, improving their skills base and providing employment pathways and support – *see also KRA5.*	 91 DHA with DEWR	 91 The Department finalised the Indigenous Environmental Health Workers review and action plan. The implementation of the action plan will be audited by enHealth Council. The Department also supported the Batchelor Institute of Indigenous Tertiary Education to attract more Indigenous people to the environmental health workforce and enhance the capacity of the current workforce. The Department published and distributed, on behalf of enHealth Council, the report of the fourth National Indigenous Environmental Health

		Conference.
Research and Data 92 Improve the quality, collection and management of health workforce data in mainstream services and Aboriginal community controlled health services.	92 DHA, ABS (AIHW advisory)	92 The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), a sub-committee of AHMAC, has a lead role in relation to health data. Improving Aboriginal and Torres Strait Islander health workforce data is an ongoing priority in the NAGATSIHID work plan. During 2004-05, the Department reviewed the Service Activity Reporting (SAR) data collection for Aboriginal and Torres Strait Islander primary health care services. Among its considerations was the quality and useability of health workforce data.
93 Encourage data collection, analysis and research organisations to actively recruit, train and retain Aboriginal and Torres Strait Islander staff.	93 ABS, AIHW and NHMRC	93 NAGATSIHID have identified a key priority in developing the statistical Aboriginal and Torres Strait Islander workforce. NHMRC highlights this in the guidance to researchers it provides through: • the NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research • Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research • criteria for Health and Medical Research of Indigenous Australians.

Key Result Area Four: Emotional and social well-being

Objectives:

Promotion and prevention approaches that enhance social and cultural well-being for a range of community groups including children, young people, women, males and elders.

Mainstream services that are more responsive to the emotional and social well-being needs of Aboriginal and Torres Strait Islander peoples, particularly those living with serious mental illness and chronic substance misuse.

A health workforce that is appropriately skilled to manage emotional and social well-being and substance misuse issues.

Reduced impact of grief, loss and trauma resulting from the impacts of past policies and practices, social disadvantage, racism and stigma.

Reduced uptake, incidence and impact of alcohol, drug and substance misuse on Aboriginal and Torres Strait Islander individuals and communities.

Partnerships between agencies and programs that support individuals combating alcohol, drug and substance misuse and which allow for full consideration of substance misuse issues in planning and program development.

Improved health outcomes across the life span for Aboriginal and Torres Strait Islander males and improved access to health and health related services by Aboriginal and Torres Strait Islander males

ACTION AREA (Specific Strategies)	**LEAD AGENCY (Contributing Agency)**	**OUTCOMES**
***National Frameworks*[2]**		
94 Implement this Key Result Area by contributing to the implementation of the following key nationally agreed frameworks: • *The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09;* • *The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2006;*	94 *National initiatives* DHA (through AHMAC)	94 *The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09* has been finalised. The Department is funding the following priorities in relation to *the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2006:* • implementation of a national smoking cessation program for Indigenous communities • development of an Indigenous alcohol management program;

[2] This Key Result Area will be implemented primarily through the three national strategies listed under *National Frameworks*. Whilst it is not intended to reiterate all activities under these strategies, some key initiatives (including some outside the scope of these strategies) are identified.

• *The National Mental Health Plan 2003-08.*		• improvement of Indigenous data collection • improvement of outcomes for Indigenous communities as a result of the policing response to illicit drugs and other substances The Department will fund a project to minimise the harm associated with petrol sniffing, decrease crime related to petrol sniffing and improve the social emotional well being of Indigenous communities in the Top End region of the Northern Territory. The proposed expenditure for this project is up to the value of $1 million over three years from 2005-06 to 2007-08 (GST inclusive). The Department has revised the *Grog Book – Strengthening Indigenous action on alcohol* (revised edition launched July 2005); the development of Clinical Practice Guidelines for management of alcohol problems in Aboriginal and Torres Strait Islander Peoples (due to be completed December 2005); and the development of a multi-media AUDIT screening tool for 4 Indigenous communities on Cape York (due to be completed November 2005).
Policy and Planning 95 Ensure that substance misuse and emotional and social well-being issues are considered in the planning and policy development activities of the health partnership forums established under the Framework Agreements.	 95 DHA	 95 Each State and Territory is required to develop implementation policies or plans to complement *The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09.* Each jurisdiction is required to list substance misuse and emotional and social well-being issues as a standing agenda item through the existing State and Territory and Regional Aboriginal Health Partnership Forums.
Aboriginal and Torres Strait Islander specific responses		
Social Health 96 Continue to support the following services for Indigenous Australians: (a) Emotional and Social Wellbeing Regional Centres and Social Health Teams. (b) Counsellor positions funded through the *Bringing Them Home* program.	 96 (a) DHA (b) DHA	 96 (a) - (c) Funding is continuing for 16 Social and Emotional Wellbeing Regional Centres to provide training and professional support to the Aboriginal and Torres Strait Islander health and emotional and social wellbeing workforce. Social Health Teams are operating within some Aboriginal Community Controlled Health Services that operate through

(c) The Link Up Program, which traces and reunites families.	(c) DHA	this team model. Currently there are 106 Bringing Them Home Counsellor positions funded nationally. The Link-Up program continues to operate across each State and Territory (except Tasmania and the ACT). Plans are underway to provide adequate services to these jurisdictions.
(d) The Indigenous Parenting and Family Well-Being initiative which promotes parenting skills and well-being amongst Aboriginal and Torres Strait Islander families.	(d) FaCS	(d) Non-health portfolio action area. 2004-05 Report Health portfolio only.
(e) Aboriginal and Torres Strait Islander Child Care Agencies are involved with the placement/fostering of Aboriginal and Torres Strait Islander children and related family support matters.	(e) FaCS	(e) Non-health portfolio action area. 2004-05 Report Health portfolio only.
Family Violence		
97 Expand the Family Violence Prevention Legal Services which assist victims of family violence to obtain essential crisis counselling, legal assistance and support within their communities.	97 AGD	97 Non-health portfolio action area. 2004-05 Report Health portfolio only.
98 (a) The Indigenous Family Violence Partnership Programme funds state, territory and local projects that address Aboriginal and Torres Strait Islander family violence particularly in remote areas. (b) The Family Violence Regional Activities Programme (FVRAP) supports local level projects that address family violence issues within Indigenous communities	98 FaCS	98 Non-health portfolio action area. 2004-05 Report Health portfolio only.
Substance Use: Tough on Drugs Initiative		
99 Under the Prime Minister's Tough on Drugs	99	99

Initiative undertake the following activities targeting Indigenous Australians:		
(a) Develop and deliver an implementation strategy for the 'Tough on Drugs' Indigenous Community Initiative	(a) DHA	(a) The Department is funding a number of projects to build community capacity: • an Indigenous Smoking Cessation Workshop was held on 15 June 2005 • Australian Alcohol Guidelines for Indigenous communities and related materials have been finalised • the revised edition of 'The Grog Book' was launched in July 2005; • The National Drug Research Institute will conduct an update of the Australian National Council on Drugs (ANCD) mapping project to provide an overview of State and Territory activity to advance Aboriginal and Torres Strait Islander peoples' alcohol and other drug issues • The Australian Institute of Health and Welfare will perform a data collection scoping exercise to identify existing data on Indigenous drug and alcohol prevalence • The Aboriginal Drug and Alcohol Council of South Australia Inc developed Indigenous health promotion playing cards which have drug and alcohol prevention messages (including petrol sniffing) printed on them. Consultations on additional projects are progressing with the ANCD and the Office of Indigenous Policy Coordination, in light of the development of Shared Responsibility Agreements.
(b) Fund programs targeting drug and alcohol abuse in Aboriginal and Torres Strait Islander communities through the Non-Governmental Organisation Treatment Grants Program;	(b) DHA	(b) Under the Non Government Organisation Treatment Grants Programme funding is provided for a range of treatment types including outreach support, counselling, inpatient and outpatient detoxification and medium to long term rehabilitation. Currently Indigenous services receive a total of $7.5 million.
(c) Provide funding to respond to local action plans for communities in major crisis;	(c) DIMIA	(c) Non-health portfolio action area. 2004-05 Report Health portfolio only.
(d) Fund community initiatives that aim to combat sexual assault and to encourage discussion about sexual violence	(d) FaCS	(d) Non-health portfolio action area. 2004-05 Report Health portfolio only.

amongst young Indigenous Australians; (e) Through the COAG Illicit Drug Diversion Initiative improve access for Indigenous groups to greater assessment, counselling and treatment options.	(e) DHA	(e) Under the COAG Illicit Drug Diversion Initiative, all Indigenous offenders have the option of attending an appropriate Indigenous service provider for drug education or assessment and treatment.
In addition, undertake the following activities: 100 Continue to support the MCDS/IGCD Train the Trainer and Resource Development Project to develop an accredited drug and alcohol education and training program for Aboriginal and Torres Strait Islander Health Workers under the Complementary Action Plan.	100 DHA	100 The Train the Trainer Program is continuing to be funded under the MCDS Cost Shared Funding Model. Stage one is due to be completed in Oct/Nov 2005 and includes resources, workforce development and capacity building in Indigenous communities. Stage two of the project has been developed including the Train the Trainer concept in five jurisdictions and the establishment of two training pilot programs within the participating jurisdictions. This training will develop participants to Certificate 3 level in alcohol and other drugs under the community welfare stream. The Department has written to the ANCD seeking its views on stage two and advising that sufficient funding for the project is currently available through the 'Tough on Drugs' Indigenous Community Initiative.
101 Develop an accredited drug and alcohol education and training program for Aboriginal and Torres Strait Islander Health Workers under the Complementary Action Plan.	101 DHA	101 A training resource 'Training for Aboriginal and Torres Strait Islander Workers in the illicit drug field' has been developed by the Aboriginal Drug and Alcohol Council (SA) Inc, with funding from the Department. The information and skills program in the package will support workers in acquiring an accredited qualification.
102 Continue to fund the Aboriginal and Torres Strait Islander Tobacco Control Capacity Building Project being undertaken by the University of Melbourne.	102 DHA	102 Initial work has commenced on the health worker project component. Key stakeholders have been invited to participate in the development phase of two training packages relating to 'implementing an effective smokefree workplace policy'. An audit to review activity of non government and government organisations in the area of tobacco control was published in June 2005.
103 Through the Public Health Education and Research Program (PHERP) undertake core and innovation projects that align with the	103 DHA	103 Several PHERP projects support the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework. A project concerned with 'Public Health Workforce Development in Chronic Disease Prevention, Early

Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (see KRA3) and chronic disease prevention strategies (see KRA2).		Detection and Management in Rural, Remote and Indigenous Communities' aims to develop a health workforce to implement Queensland Health and the Northern Territory's Chronic Disease Strategies.
Substance Use: OATSIH Substance Use Program 104 Implement the policy framework for the Office for Aboriginal and Torres Strait Islander Substance Use Program with an emphasis on alcohol, petrol sniffing and tobacco. (a) Implement the findings of the 2003 Evaluation of the Comgas Scheme; (b) Respond to the findings of the feasibility study for effective community service models to address volatile substance use in the Cross Border Region of Central Australia; (c) Evaluate the Quality Assurance pilot for South Australian substance use services; and (d) Strengthen the focus on prevention, early intervention and health promotion activities including through major community carnivals and events funded under the Indigenous Sport and Recreation Program.	104 (a) DHA (b) DHA (c) DHA (d) (DCITA)	104 (a) – (c) Implementation is ongoing. The 2005 budget measure “Combating Petrol Sniffing” will address some findings of the 2004 Evaluation of the Comgas Scheme. A feasibility study has commenced. The contract is managed by SA government and the department is represented on the governing Steering Committee. An evaluation will commence in the 2005-06 financial year. (d) Non-health portfolio action area. 2004-05 Report Health portfolio only.
Male Health and Well-being 105 Support the principles of the *National Framework for Improving the Health and Well-being of Aboriginal and Torres Strait Islander Males* and consider funding local male health initiatives identified through existing planing processes.	105 DHA through SCATSIH	105 Men’s Health issues are addressed through the Department’s collaborative policy and program planning processes.

106 Through the Emotional and Social Well-being framework implement programs to reinforce male cultural identity.	106 DHA through SCATSIH	106 Men's Health issues are addressed through the Department's collaborative policy and program planning processes.
Mainstream responses		
107 Ensure that specific initiatives to address the Aboriginal and Torres Strait Islander component of the *National Mental Health Plan 2003-08* are included in the implementation strategy for that plan (under development)	107 DHA	107 The Implementation Plan for the National Mental Health Plan 2003-2008 agreed by Australian Health Ministers in July 2005 commits all jurisdictions to enhancing access for Aboriginal people and Torres Strait Islanders. Policy development on Indigenous mental health is to be completed by mid-2006. Monitoring of progress against the Implementation Plan is to be reported annually to Ministers via the Australian Health Ministers' Advisory Council.
108 Through the National School Drug Education Strategy, to continue to foster the capacity of whole school communities to provide safe and supportive school environments for all Australian school students, enhancing school drug education programs and the management of drug related issues and incidents in schools.	108 DEST	108 Non-health portfolio action area. 2004-05 Report Health portfolio only.
109 Refocus the Stronger Family and Community Strategy for 2004-08 with more attention to the early childhood years and on funding initiatives that predominantly intervene early to help families, children and communities at risk.	109 FaCS	109 Non-health portfolio action area. 2004-05 Report Health portfolio only.
Collaborative approaches		
110 Establish a cross program mechanism to develop approaches that assist families and communities to address emotional and social well being, substance misuse, violence, child and sexual abuse.	110 DIMIA (with DHA, FaCS, AGs, OSW)	110 The Government's Indigenous affairs arrangements provide a mechanism for cross program action. The Ministerial Taskforce on Indigenous Affairs has identified three areas for priority attention: • early childhood intervention and improving primary health and early education outcomes, to head off longer term problems • safer communities • reducing dependence on passive welfare and boosting employment and economic development in Indigenous communities. The first two priorities will involve a cross-program mechanism to address issues concerning early childhood and safer communities
111 Focus on the impact of mental health and	111 DHA	111 The National Comorbidity Taskforce was established in May 2002 by the

substance misuse co-morbidity in the Indigenous Australian population through the National Comorbidity Taskforce.		Inter-Governmental Committee on Drugs (IGCD) and the AHMAC National Mental Health Working Group (NMHWG). At their meeting in July 2005, members of the NMHWG decided that there was currently no identified active role for the National Mental Health Comorbidity Taskforce. However, implementation of the Australian Government's National Comorbidity Initiative is progressing. The revised Implementation Plan for the Initiative concentrates on the following areas of activity: • raising awareness of comorbidity among clinicians/health workers and promoting examples of good practice resources/models • providing support to general practitioners and other health workers to improve treatment outcomes • facilitating resources and information for consumers • improving data systems and collection methods within the mental health and alcohol and other drugs sectors to manage comorbidity more effectively. In addition, the Australian Government has announced the establishment of a new National Youth Mental Health Foundation. The Foundation will address issues of mental health and substance misuse comorbidity in young Australians, including young Indigenous Australians
Research and Data		
112 Maintain and refine the Drug and Alcohol Service Reports.	112 DHA	112 The 2004-05 Drug and Alcohol Service Report (DASR) is in the field. The 2003-04 DASR data has been finalised and a Key Results Report was released in July 2005.
113 Develop and utilise culturally appropriate data collection methods, training and support to encourage Aboriginal and Torres Strait Islander led research and evaluation initiatives. Publish and disseminate emotional and social wellbeing and substance misuse research and data outcomes in ways that support health service and community decision-making and respect privacy and cultural protocols. – *see KRA7*	113 *National initiative* DHA with ABS, AIHW & NHMRC through NAGATSIHID	113 During 2004-05, the Department convened a working group of NAGATSIHID to develop a set of principles to guide the collection and use of Aboriginal and Torres Strait Islander health information. Data issues have been identified within the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09*. Work is underway to develop and utilise culturally appropriate data collection. The Department provides funds to support the operation of the Kulunga Network, a lead Australian Aboriginal research network. The Kulunga

		team have operated from the Telethon Institute for Child Health Research since 2003, consolidating Indigenous research within the Institute, and managing a research dissemination strategy that has both influenced research transfer within Government, and generated awareness in the sector, of the health and wellbeing status of Aboriginal and Torres Strait Islander people.

Key Result Area Five: Environmental health

Objectives:

Levels and standards of environmental health in Aboriginal and Torres Strait Islander communities commensurate with the standards of the wider Australian community including equitable access to an environmental health workforce; and

Reduced rates of environmental health related conditions (such as respiratory diseases).

ACTION AREA (Specific Strategies)	**LEAD AGENCY (Contributing Agency)**	**OUTCOMES**
Policy and Planning		
114 Improve the Building Code of Australia's capacity to meet the needs of Aboriginal and Torres Strait Islander people (through the departments of local government and the Australian Institute of Building Surveyors).	114 FaCS	114 Non-health portfolio action area. 2004-05 Report Health portfolio only.
115 Enhance provision of environmental health services and assist communities to manage their own environmental health priorities.	115 All (DIMIA, FaCS, and DHA)	115 The Department supported the Council of Australian Governments' Indigenous WA East Kimberley Indigenous trial site with funding in 2004-05 to address Indigenous environmental health issues.
Collaborative approaches		
116 Establish a cross-agency forum at the Australian Government level to: (a) review roles and responsibilities of each agency in relation to environmental health (b) Contribute to the development of the National Environmental Health Action Plan (by MCATSIA in 2004-05) (c) Review and revise the National Environmental Health Strategy (d) Implement the recommendations of the National Indigenous Environmental	116 DHA (FaCS, Defence, DEH, DIMIA)	116 (a) – (b) The Department liaised with relevant areas in the transition period of Indigenous affairs from ATSIC to mainstream departments ie FACS, DoTARS, DIMIA, including OIPC, which was steering the National Environmental Health Action Plan for MCATSIA. (c) The Department continued to work on the implementation of the Review recommendations in consultation with EnHealth Council. (d) The Department had preliminary discussions with the NT Department of Health and Community Services on how to manage the implementation

Health Forum (e) Identify levels of need for additional environmental health resources with a view to providing resources commensurate with need.		of the recommendations. (e) In accordance with COAG objectives, the Department liaised with relevant lead agencies of COAG trial sites to identify possibilities for support.
117 Continue projects funded under the ATSIC/Army Community Assistance[3] Program.	117 Defence/FaCS	117 Non-health portfolio action area. 2004-05 Report Health portfolio only.
118 Develop mechanisms for strengthening and extending links between environmental health initiatives and primary health care initiatives at the national level.[4]	118 DHA, FaCS, DIMIA	118 The Department provided $4.363 million in 2004-05 towards projects addressing environmental health issues in remote Indigenous communities under the Army-ATSIC Community Assistance Program (AACAP), managed by the Department of Family and Community Services
Housing and Infrastructure		
119 Continue to support the Aboriginal Rental Housing Program through which funds are primarily directed at remote areas where need is highest to provide new housing stock, maintenance and upgrade of existing stock and training and skills development for the local community.	119 FaCS	119 Non-health portfolio action area. 2004-05 Report Health portfolio only.
120 Continue to support the Community Housing and Infrastructure Program, expanding services provided in the Fixing Houses for Better Health Program, which surveys and repairs critical health hardware such as taps and toilets in remote Aboriginal and Torres Strait Islander communities. It also provides training opportunities for the local Aboriginal and Torres Strait Islander people.	120 FaCS	120 Non-health portfolio action area. 2004-05 Report Health portfolio only.
121 Expand the Indigenous Home Ownership Program to provide an additional 400 home loans from 1 July 2004 to Aboriginal and Torres Strait Islander families.	121 FaCS, IBA	121 Non-health portfolio action area. 2004-05 Report Health portfolio only.

[3] Check with DIMIA – will this program retain this title?

[4] Check with PHD – need to identify specific strategies to achieve this.

122 Extend the Torres Strait Major Infrastructure Program to further improve water supply, sewerage and waste disposal.[5] (a) Develop decision tools to assist small communities develop preventive management plans for drinking water supplies	122 DIMIA, DEH, NHMRC	122 The NHMRC is developing an Electronic Decision Support Tool (EDST) to assist managers of drinking water supplies in small rural, remote or Indigenous communities to generate management plans individually tailored to their community's water supply. The management plans that are produced by the EDST will include information encompassing all steps in drinking water production from catchment to consumer (eg hazards and risks, preventative measures, operational monitoring, corrective actions, catchments, water treatments, water storage). The EDST will be completed by the end of 2005.
Research and Data		
123 Develop consistent environmental health audit tools and environmental health indicators for Aboriginal and Torres Strait Islander communities.	123 DHA	123 See Outcome 122.

[5] Subject to matching funds being made available by the Queensland Government.

Key Result Area Six: Wider strategies that impact on health

Objectives:

Effective strategies for improving health in Aboriginal and Torres Strait Islander communities in partnership with other sectors.

Policy and program initiatives in primary and secondary education that contribute to improved outcomes for both educational and health goals.

Partnerships that address key issues that impact on health, such as nutrition, recreation and transport.

ACTION AREA (Specific Strategies)	LEAD AGENCY (Contributing Agency)	OUTCOMES
Policy and Planning		
124 Establish Indigenous Coordination Centres involving a collaboration of Australian Government agencies in key locations across Australia.	124 DIMIA (and other relevant agencies)	124 The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) through the Office of Indigenous Policy Coordination (OIPC) is leading this work. A network of 30 Indigenous Coordination Centres (ICCs) has been established across the country, which includes 23 rural and remote ICCs and 7 metropolitan ICCs. The Department is implementing a strategy for engaging with ICCs. At 30 June 2005, there was 4 Departmental staff located in ICCs (2 in Broome, 1 in Port Hedland and 1 in Darwin). Over time the Department will fully implement its model of engagement with ICCs in order to effectively influence and contribute to a whole of government approach. A range of models (eg hub and spoke) will allow coverage of the range of rural and remote ICCs. The Department's ICC staff will operate as solutions brokers based in set locations with out-reach capacity to a number of ICCs.
125 Through the Ministerial Taskforce on Indigenous Affairs and Secretaries' Group on Indigenous Affairs, use existing cross-government processes to collectively enhance the health and well-being of Indigenous Australians and improve planning and service delivery through the Indigenous Coordination Centres.	125 DIMIA with DHA and other relevant agencies	125 Three meetings of the Ministerial Taskforce on Indigenous Affairs and ten meetings of the Secretaries' Group on Indigenous Affairs were held in 2004-05. Specific areas of focus for enhancing the health and well-being of Indigenous Australians included early childhood interventions and the development of a comprehensive strategy to address petrol sniffing in remote communities and address its underlying causes, focusing on the Central Australia desert region. As at 30 June 2005 the Department had contributed to funding towards

		four Shared Responsibility Agreements (SRAs) and is involved in the negotiation of a further four SRAs that are likely to include funding from this Department. The Department has also provided non-financial support in the development of SRAs that cover health issues. The Department commenced work on aligning its cross-government planning processes more closely with the broader Indigenous affairs planning processes.
126 Continue to fund Round Two of the Aboriginal and Torres Strait Islander Coordinated Care Trials.	126 DHA	126 See Outcome 13.
127 Through the Indigenous Coordination Centres, contribute to COAG trials of whole of government cooperative approaches to improving the way all governments work with Aboriginal and Torres Strait Islander communities.	127 *National initiative* DIMIA with DHA and other relevant agencies	127 This Department has continued its lead agency role in the COAG trial site for South Australia, the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands). In 2004-05 the COAG Steering Committee was replaced by the Tjungungku Kuranyukutu Palyantjaku (TKP) regional forum and is being supported by the Department. Partners commenced work towards developing a Regional Partnership Agreement. The Mai Wiru Strategic Plan is now developed and implementation has commenced. (See Section 70 for further detail on Mai Wiru.) The regional Rural Transaction Centres initiative (called the PY Ku Network) involves a networked group of seven offices in the main communities/homelands across the APY Lands: Iwantja (Indulkana), Mimili, Kaltjiti (Fregon), Pukatja (Ernabella), Amata, Pipalyatjara/Kalka and Watarru. The PY Ku Network will deliver improved and increased services to the APY Lands and link service delivery with training and employment opportunities. The Network will also provide office and administrative support facilities for visiting professionals, public and professional access to video-conferencing and internet facilities. The PY Ku Planning Committee is now established. There are now over 20 partners at Anangu, Australian and South Australian Government level, tapping into existing and new programs and resources, valued at approximately $5.5 million over the first two years. Service delivery by

		newly trained Anangu has commenced. The Department of Transport and Regional Services is providing $2.23 million for the establishment of buildings in seven locations and a range of Australian and South Australian Government Departments and Anangu organisations are providing resources, funding infrastructure and services to the Network. The Australian and South Australian Government announced Service Coordinators for the APY Lands on the 29 June 2005. This initiative will ensure that communities are given better access to services and a better say in how they are delivered. The Australian Government is providing $1.4 million for the initiative, which will include appointment of two service coordinators and a Regional Services Coordinator. The Department is continuing its work with the State and Territory departments and the Office of Indigenous Policy Coordination on COAG's Indigenous whole of government initiatives. The Department's State and Territory Offices are engaged in the cross-agency groups established for each COAG site. The Department has been particularly active in the Cape York site (sponsored by the Department of Employment and Workplace Relations), funding the development of a regional health plan and the establishment of a regional health forum. In the Cape York Trial site, the Department has also allocated $109,830 toward a Shared Responsibility Agreement (SRA) for the employment of a number of part-time community education and diversion coordinators in Lockhart River (QLD). The Department committed $50,000 toward the establishment of the Thamarrurr School of Transition, Employment and Training Board. Negotiations continued in 2004-05 for the inclusion of these funds in the Agreement in the Wadeye COAG Trial site, managed by the Department of Family and Community Services.
Income Security		
128 Building on the success of the Cape York Family Income Management Project, provide	128 FaCS, DEWR	128 Non-health portfolio action area. 2004-05 Report Health portfolio only.

funding for additional financial literacy and money management projects to be established projects to be established in other Aboriginal and Torres Strait Islander communities.		
Health and Education		
129 Continue to support the Croc Festivals in seven rural and remote locations to encourage young Aboriginal and Torres Strait Islander students to attend school and to lead healthy and positive lifestyles without misusing alcohol, tobacco and other drugs.	129 DHA	129 In 2004, Croc Festivals were held at Weipa (Qld), Katherine (NT), Derby and Geraldton (WA), Port Augusta (SA), Swan Hill (Vic), Moree (NSW) and Alice Springs (NT). The 2004 events attracted 17,317 students from 422 schools. In 2005, Croc Festivals are being held at Thursday Island (Qld), Halls Creek and Geraldton (WA), Swan Hill (Vic), Moree and Kempsey (NSW) and Alice Springs (NT). It is anticipated that the 2005 events will attract around 20,000 students from nearly 500 schools.
130 Develop the National Early Childhood Agenda with a focus on children at educational risk in areas such as hearing, childhood development and family dynamics.	130 FaCS (with DEST, AGs and DHA)	130 The National Early Childhood Agenda is currently being finalised in consultation with states and territories.
131 Implement the National Indigenous English Literacy and Numeracy Strategy.	131 DEST	131 Non-health portfolio action area. 2004-05 Report Health portfolio only.
132 Through the National School Drug Education Strategy, to continue to foster the capacity of whole school communities to provide safe and supportive school environments for all Australian school students, enhancing school drug education programs and the management of drug related issues and incidents in schools.	132 DEST	132 Non-health portfolio action area. 2004-05 Report Health portfolio only.
133 Continue to target Aboriginal and Torres Strait Islander Education as a priority.	133 DEST	133 Non-health portfolio action area. 2004-05 Report Health portfolio only.
134 Child Care Initiatives (a) Develop Indigenous Child Care Plan to guide future development and funding of existing and future Indigenous Child Care Services	134 FaCS	134 Non-health portfolio area. 2004-05 Report Health portfolio only.

(b) Continue funding Indigenous Child Care Services in rural and remote areas		
Employment		
135 Implement the Australian Government's *Indigenous Employment Policy* including: (a) Employment and Training opportunities supported through the Job Network or through elements of the Indigenous Employment Policy such as: Structured Training and Employment Projects; National Indigenous Cadetship Program; Wage Assistance; Community Development Employment Projects Placement Incentive; Indigenous Employment Centres; Indigenous Youth Employment Consultants; Indigenous Small Business Fund; Indigenous Self Employment Program; and Indigenous Capital Assistance Fund. (b) The Indigenous Small Business Fund which provides funding for the development and expansion of Aboriginal and Torres Strait Islander businesses (c) Indigenous Employment Centres (d) Maintenance and Promotion of Indigenous Visual Arts under the Government's *Indigenous Art Centres Strategy Action Plan*, providing Indigenous communities with opportunities to become economically active through the productions and sale of arts and crafts and employment in the administrations and governance of art centres.	135 (a) DEWR (b) DEWR/IBA (c) DEWR (d) DCITA	135 Non-health portfolio. 2004-05 Report Health portfolio only.

136 Fund up to 30 Indigenous Youth Employment Consultants to work with Aboriginal and Torres Strait Islander youth to encourage better transitions from school to work by providing links with work opportunities and further education/training.	136 DEWR	136 Non-health portfolio action area. 2004-05 Report Health portfolio only.
Transport and access to health services[6]		
137 Fund the Royal Flying Doctor Service. 138 Consider funding patient transport initiatives aimed at improving access by Indigenous Australians to health services identified through planning processes.	137 DHA 138 DHA	137 Funding of $25,034,000 was provided to the RFDS in 2004-05 for the delivery of primary and community care and aero medical evacuations in rural and remote areas. Funding of $2 million was provided to the RFDS for the Rural Women's GP Service (RWGPS) during 2004-05. Total funding of $8 million was provided for the Program from 2003 to 2007. The RWGPS aims to improve access to primary health care services for women in rural and remote Australia who currently have no access to a female GP. 138 Funding for patient transport has been provided to a number of primary health care services in 2004-05
Aged and Disability Services		
139 Increase the availability of Community Aged Care Packages (CACPs) and Extended Aged Care at Home (EACH) packages to Aboriginal and Torres Strait Islander peoples.	139 DHA	139 Aged Care Planning Advisory Committees in each state and territory take into account the aged care needs of all special needs groups (as defined under the Act) including Aboriginal and Torres Strait Islander people, when identifying needs in each aged care planning region. The Department is currently developing a 'places tracker' which will, once operational, be able to accurately track the allocation of places from ACAR rounds (ie. provide information on places allocated to Aboriginal and Torres Strait Islander communities and indicate how many are actually occupied by the identified needs group). In addition, CACP equivalent positions are provided under the National Aboriginal and Torres Strait Islander Aged Care Strategy (66 packages as at 30 June 2005).
140 Involve the Framework Agreement	140 All (DHA with FaCS)	140 This requirement is being included in the new Home and Community

[6] The AHMAC Standing Committee on Aboriginal and Torres Strait Islander Health, which is responsible for monitoring the reporting against this National Strategic Framework on behalf of Health Ministers, agreed that responsibility for improving patient transport schemes lies with the State and Territory governments.

partnership forums in planning of Community Aged Care Packages and Home and Community Care Services.		Care (HACC) Agreement currently being negotiated with States and Territories.
141 Revise and redistribute the Aboriginal and Torres Strait Islander Carer's Kit (1999) to provide information for caring for frail older Aboriginal and Torres Strait Islander peoples and/or those with a disability.	141 DHA	141 The Aboriginal and Torres Strait Islander Carers kit was fully revised last year and was widely distributed and has been well received.
142 Extend Viability Supplement payment to Aboriginal and Torres Strait Islander flexible services for the first time.	142 *National Initiative* DHA (through AHMAC)	142 Viability Supplement payments have been issued to eligible residential aged care services who have returned their signed funding agreements, with effect from 1 January 2005.
143 Contribute to the development of an implementation plan under the *Commonwealth, State and Territory Strategy on Healthy Ageing* (2000) that focuses on Aboriginal and Torres Strait Islander peoples. (a) Develop an evidence base from which to plan for current and future needs. (b) Emphasise a focus on older Indigenous Australians in specific initiatives being developed under the action areas of the Public Health Action Plan for an Ageing Australia relating to mental health, nutrition and oral health, physical activity and medication management.	143 *National initiative* DHA	143 (a) Aboriginal and Torres Strait Islander people aged 50 years or older and who need aged care, are eligible for services. This reflects the average of around 20 year shorter lifespan of Aboriginal and Torres Strait Islander people. Aged Care Planning Advisory Committees in each state and territory take into account all aged care service needs when they make recommendations to the Secretary of the Department of Health and Ageing on aged care planning key issues for each aged care planning region. (b) At the 20 January 2005 meeting of the National Public Health Partnership (NPHP), members considered implementation of the Public Health Action Plan for an Ageing Australia. It was agreed that a number of actions be pursued through existing arrangements (see 67 and 72).
144 Disability Employment Assistance and Other Services (a) Continue funding of service providers (Open Employment Services and	144 (a) – (e) DEWR	144 Non-health portfolio action area. 2004-05 Report Health portfolio only.

Business Services) to assist people with disabilities to gain and maintain employment (b) Advocacy Service (c) Respite Services for Carers of Young People with Disabilities (d) Print Disability Services (e) Disability Information and Captioning Services (f) National Indigenous Disability Network (g) Postal Concessions for the Blind (h) Wage Subsidy for People with Disabilities (i) Supported Wage System (j) Disability Recruitment Coordination Service (k) Workplace Modifications Scheme (l) Buddy pilots program for Indigenous Communities and research on respite care (m) Continue funding to the States and Territories under the *Commonwealth State Territory Disability Agreement* – provision of day activity services and accommodation support services.	(f) – (m) FaCS	

Key Result Area Seven: Data, research and evidence

Objectives:

Improved quality of information and information management processes about the health of Aboriginal and Torres Strait Islander peoples.

Improved information collection and utilisation of information on successful models of health care provision for Aboriginal and Torres Strait Islander peoples.

Greater range and quality of research about the health of Aboriginal and Torres Strait Islander peoples with a focus on interventions to improve health outcomes.

ACTION AREA (Specific Strategies)	**LEAD AGENCY (Contributing Agency)**	**OUTCOMES**
Data availability and quality		
145 Contribute to the implementation of the *1997 National Aboriginal and Torres Strait Islander Health Information Plan* and in particular undertake the following initiatives: (a) Use the ABS standard definition for Aboriginal and Torres Strait Islander identification in all data collections.	145 (a) *National initiative* DHA with ABS and AIHW through NAGATSIHID	145 (a) The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), together with its member organisations including the ABS and AIHW, took a lead role in implementing the *1997 National Aboriginal and Torres Strait Islander Health Information Plan.* The following activities were undertaken in 2004-05: • a paper was developed on Indigenous mortality data. This paper outlined recommendations on appropriate trend analysis for Indigenous mortality data given the existing levels of under coverage in some jurisdictions • a paper was developed on Indigenous hospital data called *Improving the quality of Indigenous identification in hospital separations data.* This paper made recommendations for improving the identification of Indigenous Australians in hospital data. These recommendations included the use of the ABS standard definition, improved staff training and standard mechanisms to report on levels of Aboriginal and Torres Strait Islander status coverage.

(b) Increase training and support of health care staff to understand the importance of and how to collect data about Aboriginal and Torres Strait Islander status at all possible collection points for administrative data sets.	(b) AIHW and ABS with States and Territories	See 114 for details of work undertaken to develop a set of principles to guide the collection and use of Aboriginal and Torres Strait Islander health information. (b) Non-health portfolio action area. 2004-05 Report Health portfolio only.
(c) Develop and use standard mechanisms to report on levels of Aboriginal and Torres Strait Islander status coverage.	(c) ABS	(c) Non-health portfolio action area. 2004-05 Report Health portfolio only.
(d) Ensure that all relevant data collections are developed in consultation with, and are appropriate to the needs of, Aboriginal and Torres Strait Islander peoples.	(d) ABS	(d) Non-health portfolio action area. 2004-05 Report Health portfolio only.
Medicare data		
146 Encourage voluntary Aboriginal and Torres Strait Islander identification under Medicare and use it to analyse preliminary aggregated Medicare data.	146 *National initiative* DHA with ABS	146 The Department is working with Medicare Australia to implement Stage 2 of the Voluntary Indigenous Identifier Communications Strategy. As at 1 July 2005, 84,867 people had identified as Aboriginal, Torres Strait Islander or both in the Medicare database.
147 Renew efforts to improve MBS enrolment rates and increase the numbers of Medicare Australia Indigenous Liaison Officers across Australia.	147 *National initiative* DHA with ABS	147 See Action Area 10.
148 Improve Medicare data on Aboriginal community controlled health services and State/Territory government funded Aboriginal Health Services through improved quality, collection, analysis and dissemination of those data.	148 Medicare Australia	148 Non-health portfolio action area. 2004-05 Report Health portfolio only.

Hospital data 149 Develop and maintain an information system, using the hospital morbidity data, to enable access by stakeholders to acute care data on Indigenous Australians to assist in planning and monitoring of health care interventions.	149 DHA and AIHW	149 The National Hospital Morbidity Database (NHMD) is a national collection held by the Department and AIHW of de-identified admitted patient records. It holds demographic data (including Indigenous Australian status), diagnosis, procedure and other data. It is available to stakeholders as a public dataset. It is used for planning and monitoring health care for Indigenous Australians in several ways: • in analysis of morbidity patterns of Indigenous Australians by governments and stakeholders (eg the AIHW Biennial Report and the annual Report on Government Services) • in needs analysis by governments for service planning for Indigenous-specific primary health care services (eg as part of the regional planning process) • to analyse differences in access to acute care services (such as medical and surgical procedures) by Indigenous Australians compared to other patients.
150 Incorporate the identification and recording of Indigenous Australians as part of the proposed new non-admitted patient data collections under the Australian Health Care Agreements.	150 DHA and AIHW	150 The 2003-08 Australian Health Care Agreements (AHCAs) provide for new performance indicators for non-admitted patient services (Emergency Departments and outpatient care) in public hospitals and development of national minimum datasets (NMDS) to underpin these indicators. The current Emergency Department NMDS includes Indigenous Australian status. 2004-05 data is reported in December 2005. 2004-05 and 2005-06 saw development work on possible data items for ‘presenting problem’ and ‘diagnosis’ in the ED NMDS. This would allow analysis of why Indigenous Australians, as a subset of all patients, present to EDs and for what conditions. In 2004-05 development work on the outpatient care NMDS was also undertaken, particularly testing models for patient level collection, including Indigenous Australian status.
151 Contribute to a national process to improve the availability of information through better use of hospital morbidity data, casemix costing data and improved identification and recording of Indigenous Australians in hospital data.	151 DHA and AIHW	151 In 2004-05 and 2005-06 work started on a possible information system for regional planning for Indigenous-specific primary health care which brings together: ABS population data, hospital casemix data and OATSIH service location and allows mapping by OATSIH regions, ICC regions and LGA. Also in 2004-05, recommendations for improving the accuracy of the Indigenous identifier in the NHMD were developed and reported in

		the NAGATSIHID paper *Improving the quality of Indigenous identification in hospital separations data*. See 146 for details.
Administrative data 152 Where possible, ensure mainstream administrative data collections relevant to measuring Aboriginal and Torres Strait Islander health can generate informative datasets on Indigenous people. This encompasses datasets relating to health services and health status per se, and data sets relating to other relevant characteristics such as employment, income and housing.	 152 *National Initiative* NAGATSIHID with input from DHA, ABS and AIHW	 152 During 2004-05 NAGATSIHID progressed work on improving Indigenous data in administrative collections through its liaison with the Statistical Information Management Committee, National Health Information Group and development of papers on mortality and hospital data. This work will form the blue print for addressing issues of Indigenous identification in other data sets. A Voluntary Indigenous Identifier was introduced to the Medicare database from November 2002. As at 1 July 2005, 84,867 people had identified as Aboriginal, Torres Strait Islander or both in the Medicare database.
Survey data 153 Continue and refine the ABS Aboriginal and Torres Strait Islander surveys and the Census collection program. 154 Include emotional and social wellbeing information in the National Aboriginal and Torres Strait Islander Health Survey.	 153 ABS and AIHW 154 ABS and AIHW	 153 The Department works through the NAGATSIHID to advise the ABS on the requirements to these collections. 154 A module on emotional and social wellbeing has been included within the survey.
Data development, information management and utilisation at the primary health care level		
155 Develop an Aboriginal and Torres Strait Islander Health Performance Framework as an evaluation tool for this National Strategic Framework and include information on primary health care service delivery to inform program planning and review of health system effectiveness - *see KRA9.*	155 *National Initiative* DHA with AIHW and ABS through SCATSIH	155 During 2004-05 work progressed on the development of the Aboriginal and Torres Strait Islander Health Performance Framework. A Technical Advisory Group worked on the selection of performance measures for the Framework and these were endorsed in principle by the Australian Health Ministers Conference in January 2006. Work has now commenced on the technical specifications for these measures with the first report against the Framework due out in October 2006.
156 Enhance data systems in Aboriginal and Torres Strait Islander specific primary health care services by investing in computers, software and staff skills development computerise patient records and support their use as a care-planning tool; and increase	156 DHA	156 See Otucomes 5 and 6.

resources for evaluation and analysis of health system data.		
Research		
157 Allocate at least 5% of the NHMRC's total annual research funding budget to Aboriginal and Torres Strait Islander health research. 158 Include Aboriginal and Torres Strait Islander representation on NHMRC Council.	157 NHMRC 158 NHMRC	157 Consistent with the decision of the Council at its 144th session, expenditure on Indigenous health research this calendar year is anticipated to increase to $14.7 million, which is 3.5% of the total NHMRC research expenditure in 2005. By way of comparison, the figures from previous years are: • 2001 - $4.6 million • 2002 - $5.2 million • 2003 - $7.6 million • 2004 – 10.4 million 158 NRMRC Council Aboriginal and Torres Strait Islander representation consists of two members, however one position is currently vacant. The Council oversees Aboriginal and Torres Strait Islander issues across all NHMRC operations through its Aboriginal and Torres Strait Islander Health Forum.
159 Implement the *NHMRC Road Map: A Strategic Framework for Indigenous Health Research.* (a) Allocate Aboriginal and Torres Strait Islander health research funding in line with the research priorities and processes identified by the NHMRC *Road Map.* (b) Establish an Aboriginal and Torres Strait Islander Health sub-committee of the NHMRC with responsibility for implementing the Road Map and the NHMRC's Indigenous Health Strategy. (c) Establish an expert Aboriginal and Torres Strait Islander Research sub-committee under the NHMRC Research Committee to develop a program for Aboriginal and	159 NHMRC	159 Indigenous health research is an identified priority in NHMRC's strategic plan and investment in this has been focused around the roadmap themes. The rate of development of the themes has depended to some extent on how much work has been required to develop the necessary partnerships for progress. For example, funding that provides the interdisciplinary and cross sectoral support that theme 4 calls will become increasingly available through NHMRC forging more funding collaborations with the ARC. The Aboriginal and Torres Strait Islander Health Forum reports to NHMRC on the implementation of the Road Map, and the Aboriginal and Torres Strait Islander Health Research Working Committee reports to Research Committee on programs for Aboriginal and Torres Strait Islander Health Research.

Torres Strait Islander health research.		
160 Develop key performance indicators in the areas of advice and ethics relevant to Aboriginal and Torres Strait Islander health. (a) Implement the NHMRC's *Values and Ethics: Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* for application in the ethical reviews of all health research protocols involving Indigenous Australians.	160 (a) NHMRC	160 (a) The Australian Health Ethics Committee (AHEC) is implementing the NHMRC's *Values and Ethics: Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (Values and Ethics).* Implementation has involved inclusion of *Values and* Ethics in AHEC's 2004 National Training Program for Human Research Ethics Committees. Also, the document 'Keeping Research on Track', to be finalised by the end of 2005, is being developed for Aboriginal and Torres Strait Islander communities to use when they are considering conducting, or being involved in, health research. The draft 'Community Guide to Ethics of Health Research' is being piloted in sites across all states and territories by members of the AHEC Working Party, and should be finalised by the end of 2005.
161 Build research and evaluation capacity in the primary health care sector, particularly ACCHSs and increase Aboriginal and Torres Strait Islander participation in and control of research and research funding processes including in NHMRC funding decisions and as members of research teams.	161 NHMRC and DHA and AIHW	161 Ongoing implementation of the NHMRC Road Map aims to continue to build capacity in these areas. In addition the Department's support for the Cooperative Research Centre for Aboriginal Health, the Telethon Institute of Child Health Research and Kulunga Research Network Support and the University of Melbourne Koori Heath Research Network Support underpins activity in this Action Area.
Knowledge translation		
162 Increase, collate and publish an evidence base on successful programs/interventions in Aboriginal and Torres Strait Islander health	162 DHA	162 Currently under development, however the Department continues to support the Australian Indigenous Health Infonet which maintains a clearing house of Indigenous health related research, programs, services and other information.
162 Support the Tripartite Agreement between Australia, New Zealand and Canada. The agreement fosters collaboration between governments, institutions, researchers and indigenous peoples to improve understanding of the factors that determine and ultimately improve health status in order to bridge the disparity between the health of indigenous peoples and the general populations in these	163 DHA, NHMRC, ABS, AIHW	163 The NHMRC has supported international collaborations for research on resilience, and a study exchange program under the Tripartite Agreement.

countries.		
164 Participate in the Cooperative Research Centre for Aboriginal Health.	164 DHA, DEST, FaCS	164 The Department is a core partner in the Co-operative Research Centre for Aboriginal Health (CRCAH), and played an active role in developing a framework for the programs of research for the Healthy Skin Program, Primary Health Care Program, Chronic Diseases Program, Social Determinants Program, and the Social and Emotional Well-being Program. The Department also participated in the CRCAH Convocation, and provided industry representation on the Research and Development Group for the CRCAH, providing advice, comments and expertise in the assessment of research proposals, participating in a network of interest to identify opportunities for research transfer, participating in the CRCAH Board, and Link network, and promoting the goals and outcomes of CRCAH led research within the sector. The Department provided funds to support the publication of the second volume of Western Australian Aboriginal Child Health Survey (WAACHS) research, the *Social and Emotional Wellbeing of Aboriginal Children and Young People*, and key data sets from this research are being used to identify and prioritise a framework for early childhood interventions in the sector, including using WAACHS data sets to evidence factors that contribute to resilience, and to recommend culturally appropriate frameworks to support interventions that address developmental risk factors. Departmental staff have participated in specialist seminars and forums, such as the Charles Darwin 20:20 Health Symposium, to network and consolidate links within the sector, to promote and identify best practice in primary health care research and program delivery, and to promote the programs of research being led by Aboriginal and Torres Strait Islander research networks.
165 Support the communication, dissemination and research translation of the Western Australian Aboriginal Child Health Survey.	165 FaCS, DHA and DEST	165 The Department has participated in stakeholder workshop to identify opportunities for utilising WAACHS date in the development of early childhood health interventions, and preventative health strategies. The Department has co-ordinated workshops for Australian Government representatives to discuss research outcomes, and supported the Kulunga Network to develop a strategic research dissemination strategy to promote research outcomes in relevant portfolios.

		The Department has participated in planning forums to identify and formalise processes for enabling stakeholders to identify their regional data needs so that the WAACHS research can be used to support and influence service delivery planning, and be applied to determine both the level of need, and progress made in responding to need, in remote, regional and urban contexts. The Department has consulted with representatives from the Telethon Institute on issues related to Aboriginal child and maternal health, and promoted the work of the Institute in the sector, to consolidate, and plan whole-of-government responses to identified need.
166 Identify and implement mechanisms for increasing awareness and understanding of data and research agendas, including that contained in this *National Strategic Framework*, amongst Aboriginal and Torres Strait Islander peoples.	166 DHA with NHMRC, ABS & AIHW through SCATSIH	166 The NHMRC has an Indigenous portal on the home page of its web site that links the Road Map and to other useful information. The Aboriginal and Torres Strait Islander Health Research Working Committee gave a workshop in Perth to increase awareness of research opportunities and the NHMRC Road Map. The Department has provided input to peer review, and research assessment processes, and through these activities, advocated the framework for action iterated in the *National Strategic Framework*, the NHMRC Road Map, and Guidelines for Conducting Ethical Research in Aboriginal and Torres Strait Islander communities, in commenting on the focus and objectives of research proposals.

Key Result Area Eight: Resources and finance

Objectives:

Allocation of financial resources to Aboriginal and Torres Strait Islander health commensurate with need, real costs of services and capacity to deliver improved outcomes.

ACTION AREA (Specific Strategies)	LEAD AGENCY (Contributing Agency)	OUTCOMES
Identification of resources, needs and costs		
167 Identify all sources of current funding and the potential availability of additional sustainable sources of funding. (a) Commission and publish regular reviews of expenditure on health services for Indigenous Australians. (b) Undertake modelling work on state/territory resource contributions across the whole system to enable benchmarks to be set. (c) Support continued research program on Health Benefit Groups/Healthcare Resource Groups (HBG/HRG) modelling.	167 DHA	(a) The third report on *Expenditures on Health for Aboriginal and Torres Strait Islander People 2001-02* was published in July 2005. (b) No activity in this financial year. (c) No activity in this financial year.
168 Agree on a methodology for determining real levels of need for services and real costs of providing services across the whole health system, including mainstream programs. (a) Develop improved estimates of the cost of delivering health care for Indigenous Australians in remote locations including the effect of smaller population sizes, dispersed populations and remoteness of populations.	168 DHA	168 Research was conducted in 2004 as part of the Aboriginal and Torres Strait Islander Primary Health Care Review to develop costing models for Indigenous health services, particularly focussing on the impact of remoteness of location. This work confirmed the need for significantly higher ratio of funding of health services for Aboriginal and Torres Strait Islander people compared to non-Indigenous people was appropriate. Following this, a resource allocation model was developed to identify priority regions for funding primary health care services, based on relative need.

(b) Consult with Framework Agreement planning forums to identify priority needs, gaps in service provision and service capacity to inform funding allocations. (c) Develop information on the cost of delivering a range of primary health care services (outputs) to Indigenous Australians and the drivers that influence those costs. (d) Develop a resource allocation framework for funding new and expanded services to inform where growth funding should be allocated.		The Department worked closely with Framework Agreement planning forums to prioritise health needs and gaps in service delivery, and utilised this advice as well as research work, to inform funding decisions
Resource provision		
169 Provide optimal resources and sustain provision of overall specific and mainstream resources for Aboriginal and Torres Strait Islander health commensurate with the higher levels of identified health needs. (a) Base funding allocations on assessments of relative need, capacity of organisations to deliver the service, and the costs of service delivery. (b) Within available funds, continue to provide new services and/or expand existing services. (c) Continue to fund Aboriginal and Torres Strait Islander community controlled	169 DHA and other agencies as appropriate	169 (a) In 2004-05 the Department introduced its Risk Assessment Process which is designed to help with earlier identification of problems so that remedial action can be instigated before the problems become serious. (b) Since 1996 funding to the Indigenous-specific health program has increased by 146% in real terms, with $350.3m being allocated for 2005-06. Funds have been used to enhance existing services and increase the number of services with a particular emphasis on adding new services in rural and remote areas. In 2004-05 the number of organisations funded by the Department to provide primary health care, substance use and mental health services had grown to 223, up from 164 in 1997-98. (c) The Department continues to promote and fund Aboriginal and Torres Strait Islander community controlled health services. In 2004-05 85% of

primary health and health related services through the Aboriginal and Torres Strait islander Health Program - *see also KRA1.*		services funded by the Department to provide primary health care, substance use and mental health services were Aboriginal and Torres Strait Islander community controlled health services.
170 Develop and implement integrated models of funding between all funding agencies that allow for comprehensive programs and long term sustainability of funding – *see also KRA9*. (a) Step One – develop a single funding agreement for all OATSIH funding to Aboriginal and Torres Strait Islander primary health and health related services including service delivery (output) accountability as well as financial accountability. (b) Step Two – Develop and implement a Service Development and Reporting Framework (SDRF) to improve non-financial reporting and accountability. (c) Step Three – Consider the scope for application of SDRF non-financial reporting across Australian Government and State/Territory government funders. (d) Step Four[7] –Consider the feasibility of single funding agreements across all Australian Government and State/Territory government funders for Aboriginal and Torres Strait Islander specific services - *see KR 6).*	170 (a) DHA in consultation with DIMIA (b) DHA (c) DHA through SCATSIH and AHMAC in consultation with DIMIA (d) All agencies, led by DIMIA	170 (a) A Standard Funding Agreement for Department-funded Indigenous-specific services was introduced successfully for 2004-05 funding agreements. (b) In 2004-05, 34 OATSIH-funded services participated in the Service Development and Reporting Framework (SDRF) and implemented a quality improvement initiative. An independent evaluation was conducted of the SDRF and it was found to be successful. (c) Negotiations are currently progressing with a number of state and territory government agencies to implement the SDRF as the basis for non-financial reporting. The Department is currently working with OIPC to facilitate the uptake of SDRF by other Australian Government funders. (d) To be developed.
171 Implement new initiatives in line with the	171 All agencies as	171 The expansion and enhancement of primary health care services for

[7] Alternatively, Step Four could be considered through a cross government mechanism such as the Cross Departmental Working Group on Indigenous Health in the life of the second National Strategic Framework Implementation Plan 2008-2013.

following principles: • "Pilot programs" are to be avoided unless administration is integrated with existing program reporting and funding arrangements, and sources of ongoing guaranteed funding have been identified dependent on program performance • Resources are to be made available sequentially in a progressive and deliberate way in line with building service capacity and instituting employment and training programs • Provide for flexibility and cohesiveness of resource allocation locally by delivering maximum control of consolidated and sustained funding at the community "ground" level • Fund services based on outputs, identifying the services required, where they are being delivered and assessing effectiveness.	appropriate	Aboriginal and Torres Strait Islander peoples is implemented through the Primary Health Care Access Program (PHCAP). Resources are allocated to states and territories using a formula that takes into account the distribution of Aboriginal and Torres Strait Islander people and current Departmental administered funding with adjustments for cost differences as a result of geographical remoteness. Resources are allocated within state and territories in consultation with joint planning forums and partnerships under the Framework Agreements. Funding is directed to activities that will increase access to primary health care services, in areas with relative need and where organisations with the capacity to utilise resources effectively. To assist in delivering maximum control of consolidated and sustained funding at the community "ground" level, in 2004-05 the Department devolved responsibility for primary health care services expansion and enhancement funding to the Department's states and territory offices. State and territory offices develop purchasing plans which identify their strategic priorities and foci based on available evidence and in consultation with joint planning forums and partnerships established under the Aboriginal and Torres Strait Islander Health Frameworks Agreements. Service capacity is being addressing in a progressive and deliberate way through the development of evidence based strategic plans to address identified capacity development needs. Services participating in the SDRF are now being allocated funds on a global basis. In conjunction with the Single Funding Agreement, this has resulted in more flexibility for services to direct resources within the service to address the community health needs. The SDRF has assisted services with identifying their outputs and needs through planning and reporting. The service establishes the outputs and measures, based on the purpose for which the funds have been provided, and report their achievement against these measures.

Key Result Area Nine: Accountability

Objectives:

Increased communication and transparency in resource and other decision making.

More streamlined, effective and consistent reporting framework.

Increased reciprocity of information between governments, providers and consumers of Aboriginal and Torres Strait Islander health services.

ACTION AREA (Specific Strategies)	**LEAD AGENCY (Contributing Agency)**	**OUTCOMES**
172 Maximise consistency of and simplify accountability requirements for Australian Government funds (a) Introduce a Standard Funding Agreement for OATSIH funded services that will integrate and replace existing multiple funding streams where possible (b) Implement a Service Development and Reporting Framework that involves OATSIH funded services developing and reporting against an annual action plan for all OATSIH-funded activities rather than responding to a range of separate non-financial reporting requirements.	172 DHA	172 (a) See Outcome 170(a) (b) In 2004-05, 34 OATSIH-funded services trialled the Service Development and Reporting Framework (SDRF) through which they developed, and reported against action plans. An independent evaluation was conducted and found the trial to be successful.
173 Include in funding agreements for mainstream services (where applicable) and in performance monitoring for senior Australian Government public service managers an accountability requirement for improving outcomes for Indigenous Australians through mainstream and specific programs.	173 DHA and other agencies as appropriate	173 Funding agreements under the National Aboriginal and Torres Strait Islander Aged Care Strategy include the following objectives (which must be reported on at least twice a year): • services address the range of aged care needs of the older Aboriginal and Torres Strait Islander population • services are provided to older Aboriginal and Torres Strait Islander people commensurate with mutually agreed standards of care; and Services are provided to older Aboriginal and Torres Strait Islander people commensurate with the changing aged care needs of the individual.
174 Focus on accountability for health service	174 DHA and other	174 The combination of global allocation and the SDRF has moved the focus

outputs, rather than only accounting for expenditure of funds.	agencies as appropriate	of accountability from purely financial to outputs. Services are now better able to utilise funds to address the areas of highest need within their community, and have the ability to report on the outputs for the funds they receive
Reporting Requirements 175 Report annually on health portfolio performance and biennially on whole of government performance against this National Strategic Framework implementation plan through the Aboriginal and Torres Strait Islander Health Performance Framework. 176 Contribute to annual reporting against the COAG Indigenous Disadvantage Indicators.	 175 DHA 176 DHA	 175 This Report includes health portfolio performance for 2004-05. The Health Performance Framework will be finalised by the end of 2005, and the first report published in October 2006. 176 The Department has contributed to annual reporting against the COAG Indigenous Disadvantage Indicators in developing the 2005 *Overcoming Indigenous Disadvantage* report.