

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 2005 until 30 June 2006

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

Foreword *To be completed following incorporation of State and Territory Government contributions*

Overview *To be completed following incorporation of State and Territory Government contributions*

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 second report to Ministers under the new arrangements in accordance with the NSFATSIH. Information contained in this report reflects performance against the Australian Government 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.

Abbreviations

A

AACAP - Army Aboriginal Community Assistance Program
ABS – Australian Bureau of Statistics
ACAR - Aged Care Approvals Rounds
ACCHOs - Aboriginal Community Controlled Health Organisations
ACCHS – Aboriginal Community Controlled Health Services
ACRRM - Australian College of Rural and Remote Medicine
ADGP - Australian Divisions of General Practice
AGs – Attorney-General's Department
AGATSIS - Advisory Group on Aboriginal & Torres Strait Islander Statistics
AHMAC – Australian Health Ministers' Advisory Council
AHMC - Australian Health Ministers' Conference
AICCA - Aboriginal and Islander Child Care Agency
AIDA - Australian Indigenous Doctors' Association
AIHW – Australian Institute of Health and Welfare
AMS - Aboriginal Medical Service
ANCD - Australian National Council on Drugs
AOD - Alcohol and Other Drug
APY Lands – Anangu Pitjantjatjara Yankunytjatjara Lands
ARMtour - Athletes as Role Models tour
ASTPRA - Advanced Specialists Training Posts in Rural Areas
ATSIC - Aboriginal and Torres Strait Islander Commission
ATSIHWU – Aboriginal and Torres Strait Islander Health and Welfare Unit
ATSIS - Aboriginal and Torres Strait Islander Services

B

B4H - Broadband for Health
BIA - Backing Indigenous Ability
BTH - Bringing Them Home

C

CAAPS - Council for Aboriginal Alcohol Program Services
CACPs - Community Aged Care Packages

CAP - Complementary Action Plan
CATSIN – Congress of Aboriginal and Torres Strait Islander Nurses
CCTs - Coordinated Care Trials
CDAMS - Committee of Deans of Australian Medical Schools
CDEP - Community Development Employment Program
CDNA - Communicable Diseases Network of Australia
CHINS - Community Housing & Infrastructure Needs Survey
CHIP - Child and Youth Health Intergovernmental Partnership
CIPs - Continuous Improvement Projects
COAG – Council of Australian Governments'
CRC - Carer Respite Centres
CRCAH - Cooperative Research Centre for Aboriginal Health
CSO - Community Service Obligations
CSTDA – Commonwealth State and Territory Disability Agreement
CYSs - Communities of Youth Services

D

DASR - Drug and Alcohol Service Reports
DCITA – Department of Communication, Information Technology and the Arts
DEH – Department of Environment and Heritage
DEST – Department of Education, Science and Training
DEWR – Department of Employment and Workplace Relations
DHA – Department of Health and Ageing
DPPD - Diabetes Prevention Pilot Initiatives

E

EACH - Extended Aged Care at Home
EHIG- E-Health Implementation Group
ESAs - Employment Service Areas

F

FaCSIA – Department of Families, Community Services and Indigenous Affairs
FHBH - Fixing Houses for Better Health Program
FIM - Family Income Management
FVPLS - Family Violence Prevention Legal Services

G

GP – General Practitioner

H

HACC – Home and Community Care packages

HFL - Healthy for Life

I

IBA – Indigenous Business Australia

ICC – Indigenous Coordination Centre

ICIHRP - International Collaborative Indigenous Health Research Partnership

ICP - Indigenous Children Program

IEP - Indigenous Employment Policy

IGCD – Intergovernmental Committee on Drugs

INIHKD - International Network of Indigenous Health Knowledge and Development

IPFW - Indigenous Parenting and Family Wellbeing programs

ISBF – Indigenous Small Business Fund

IYLP - Indigenous Youth Leadership Program

IYMP - Indigenous Youth Mobility Program

L

LSIC - Longitudinal Study of Indigenous Children

M

MAHS - More Allied Health Services Program

MBS – Medicare Benefits Schedule

MCATSIA - Ministerial Council of Aboriginal and Torres Strait Islander Affairs

MCDS – Ministerial Council on Drug Strategy

MCEETYA - Ministerial Council on Education, Employment, Training and Youth Affairs

MSOAP - Medical Specialist Outreach Assistance Program

N

NACCHO - National Aboriginal Community Controlled Health Organisation

NACIS - National Arts and Crafts Industry Support Program,

NAGATSIHID - National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

NAHS – National Aboriginal Health Strategy
NATSINSAP - National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NATSIHC - National Aboriginal and Torres Strait Islander Health Council
NATSIS - National Aboriginal and Torres Strait Islander Survey
NATSISS - National Aboriginal and Torres Strait Islander Social Survey NATSISH
NCDS - National Chronic Disease Strategy
NCI - National Comorbidity Initiative
NDS - National Drug Strategy 2004-2009
NHMRC – National Health and Medical Research Council
NHPAC – National Health Priority Action Council
NMHP - National Mental Health Plan
NQPS - National Quality and Performance System
NSIFs - National Service Improvement Frameworks
NSPS - National Suicide Prevention Strategy

O

OATSIH – Office for Aboriginal and Torres Strait Islander Health
OIPC – Office of Indigenous Policy Coordination
OSW – Office for Women

P

PBAC - Pharmaceutical Benefits Advisory Council
PBS - Pharmaceutical Benefits Scheme
PEACH study - Patient Engagement and Coaching for Health:
PHERP - Public Health Education and Research Program
PIRS – Patient Information Recall System
PIP - Practice Incentives Program
PROSPECT - Providing Remote Onsite Skills, Procedural Education, and Clinical Training

Q

QAIHC - Queensland Aboriginal and Islander Health Council

R

RACGP - Royal Australian College of General Practitioners
RACS - Residential Aged Care Service
RANZCOG Royal Australian and New Zealand College of Obstetricians and Gynaecologists

RAP - Risk Assessment Procedure
RASTS - Rural Advanced Specialist Trainee Support Program
REACH - Responding Early Assisting Children Program
RIST - Remote Indigenous Stores and Takeaways project
RPA – Regional Partnership Agreement
RTOs - Registered Training Organisations

S

SAR - Service Activity Reporting questionnaire
SCATSIH – Steering Committee on Aboriginal and Torres Strait Islander Health
SDRF - Service Development Reporting Framework
SEARCH - Study of Environment on Aboriginal Resilience and Child Health
SEHR - Shared Electronic Health Record
SEWB - National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004-09
SFCS - Stronger Family and Community Strategy
SIGPAH - Strategic Intergovernmental Physical Activity Alliance
SRA – Shared Responsibility Agreement
STEP – Structured Training and Employment Projects
STI – Sexually Transmitted Infection

T

TGA – Therapeutics Goods Administration
TKP - Tjungungku Kuranyukutu Payyantjaku Regional Forum
TSRA - Torres Strait Islander Authority

U

UDRH - University Departments of Rural Health

W

WAACHS – Western Australian Aboriginal Child Health Survey
WDNWPT - Western Desert Nganampa Walytja Palyantjaku Tjutaku

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 (as provided in 2004-05)
<i>Strong and effective community controlled health services</i>		
<i>Enhancing service provision</i>		
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: <ul style="list-style-type: none"> • 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 2005-06, new primary health care funding was directed to areas of high need and resulted in over 40 additional health service delivery staff and over 100 new service and support positions. Funding was also provided for capital works, IT infrastructure and screening and diagnostic equipment. This funding is channelled, in the majority of cases, through community controlled health organisations.
2. Within available funds improve capital 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.	2. DHA	2. Thirteen new clinics or refurbishments and ten new health staff houses/duplexes located in remote areas were completed during 2005-06.

<p><i>Improving the quality of services</i></p> <p>3. Develop and implement the Quality Improvement Initiative for Aboriginal and Torres Strait Islander primary health and health related services.</p> <p>4. Examine the technical efficiency of funded Aboriginal Community Controlled Health Services (ACCHS) and develop risk assessment methodology for the stability of funded services.</p>	<p>3. DHA</p> <p>4. DHA</p>	<p>3. Forty eight OATSIH-funded organisations participated in the Quality Improvement Initiative. The initiatives addressed data improvement, staff development and service re-organisation projects that were designed and implemented by the organisations involved.</p> <p>4. During 2004-05, the OATSIH Risk Assessment Procedure (RAP) was introduced to improve the identification, categorisation and management of funded services. In 2005-06 the RAP was further reviewed and developed to risk rate all OATSIH-funded services as Services of No Immediate Concern, Services of Concern, or Services of Serious Concern. This RAP now provides a systematic approach for the Australian Government to provide assistance if necessary and develop strategies for early intervention.</p>
<p>5. Continue to support patient information and recall systems in ACCHS.</p> <p>6. Develop a plan for installation and optimal resourcing of ACCHS patient information systems, including maintenance, training and effective use of systems.</p>	<p>5. DHA</p> <p>6. DHA</p>	<p>5. Aboriginal Community Controlled Health Services and Substance Use Services were funded to implement, expand or enhance existing Patient Information and Recall Systems. Funding was also provided for training and support. A total of 116 out of a possible 162 OATSIH funded organisations now have a system either in place or in the process of being implemented.</p> <p>6. The Final Report compiled by DH4 Pty Ltd, was accepted by the Department in May 2006. It identified gaps in access to recurrent funding and the current data capture limitations of existing systems. The report will be published in hard copy and on the Department's Internet site. The recommendations are being considered by the Department and relevant stakeholders.</p>
<p>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 <i>KRA3</i>).</p>	<p>7. DHA</p>	<p>7. There were a number of training programs funded including training for boards in financial management, human resource management and health planning. A number of policy and procedures manuals were also developed.</p>

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 encourage stronger links and more streamlined planning processes at the state/territory and regional levels.	8. DHA and OIPC	8. Agencies have engaged Solution Brokers either co-located in ICCs or in the agencies state office. These Solution Brokers represent the Agencies interests in ICCs and in the development of Shared Responsibility Agreements and Regional Partnership Agreements. This includes identifying and developing opportunities for collaboration and coordination of cross program/cross agency initiatives and planning processes. As at 30 June 2006 there are 147 solution brokers in the network, from DEWR, FaCSIA, DEST, AGs, DHA and DEH.
9. Support Framework Agreement partnership forums to enable them to undertake planning and priority setting at the State/Territory and regional levels.	9. DHA	<p>9. OATSIH provides funding to the State/Territory Health Partnership Forums established under the Framework Agreements to support secretariat functions. This funding provides a significant boost to the capacity of Health Forums to be more proactive particularly as involvement in primary health care planning increases and as part of the implementation of the National Strategic Framework.</p> <p>As part of the 2005-06 Primary Health Care Service Expansion and Enhancement funding, representatives of the Department of Health and Ageing engaged with Forum partners to discuss and seek their advice on possible key funding priorities to identify opportunities to better meet the health needs of Aboriginal and Torres Strait Islander people. Forums have an ongoing role in priority setting which informs the Department's funding decisions every year.</p>
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	<p>10. The Urban Brokerage component of the Improving Indigenous Access to Health Services initiative, announced in the 2006-07 Budget, is designed to provide Aboriginal and Torres Strait Islander people with an identifiable and accessible entry point to the mainstream health system. The rollout of five new brokerage services in four States will also provide a focal point for mainstream health professionals to build their capacity to provide health services to Indigenous Australians.</p> <p>The Department of Human Services initiated a number of activities including:</p> <ul style="list-style-type: none"> • Opened 2 new Medicare Regional Offices in Broome WA and Cairns Qld to provide additional services to remote areas;

		<ul style="list-style-type: none"> • Basic Medicare services offered in 51 Centrelink sites across Northern Australia; • Reprinted and updated Medicare Reference Guide; • Participation at and promotion of Medicare Australia programs at Croc Festival events and other scheduled expos; and • Increased calls to the dedicated 1800 Aboriginal & Torres Strait Islander access line.
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 Services of Concern Taskforce was established in May 2006 to develop, in collaboration with State and Territory Offices, a strategic approach to ensure OATSIH funded services remain viable and capable of delivering effective quality health care and substance use services. A major focus of the Taskforce is the ongoing monitoring and continued support and education strategies for 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
<i>Comprehensive Primary Health Care</i>		
<p>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:</p> <ul style="list-style-type: none"> • 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 	<p>12. DHA</p>	<p>12. In 2005-06, new primary health care funding was directed to areas of high need and resulted in over 40 additional health service delivery staff, including 7 GPs, 18 nurses and 16 Aboriginal and Torres Strait Islander Health Workers being approved for funding. In addition, funding was also provided for over 100 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.</p> <p>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, \$43 million was provided in 2005-06 for 61 new works in those areas most in need of new or upgraded clinics and</p>

housing units, new clinics, clinic/housing upgrades and medical equipment upgrades;

- 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.

housing. A total of \$30.2 million was allocated through the Improved Primary Health Care 2005-06 budget initiative for the significant expansion of Indigenous primary health care services in four specific locations (determined on the basis of need and gap in current service delivery). These sites are Toomelah (NSW), Cape York (Qld), Wadeye (NT), and the Wheatbelt Region (WA). Funding was provided in 2005-06 to suitable auspicing organisations in all four sites to undertake expansion work including community consultations, engagement of a range of health professionals and administrative staff, and planning for additional infrastructure to support the additional services enabled through this funding. The funded organisations include community-controlled health organisations where possible.

Healthy for Life provides \$102.4 million over four years, to enhance the capacity for Aboriginal and Torres Strait Islander primary health care services to improve the quality of their approach to the delivery of child and maternal health services and chronic disease care and to improve the capacity of the Indigenous health workforce. At the end 2005-06, 53 Healthy for Life sites were established and approved for funding.

A new Aboriginal and Torres Strait Islander child health check MBS item was introduced on 1 May 2006. The new item supports GPs to take a more comprehensive and preventive approach to the health care needs of Aboriginal and Torres Strait Islander children. It also complements the existing adult health check item (for Aboriginal and Torres Strait Islander people 15 years to 54 years) and the health assessment items (for Aboriginal and Torres Strait Islander people aged 55 years and over).

Sixty six Divisions of General Practice continued to fund allied health services in rural and remote communities through the More Allied Health Services (MAHS) Program. Eligible services also included those provided by Aboriginal Mental Health workers and Aboriginal Health workers.

Program activities funded by the Better Arthritis and Osteoporosis Care Initiative are required to engage Indigenous stakeholders and target Indigenous need.

		<p>An Asthma Spacer Ordering System to provide discounted spacers and support from the Asthma Foundations of Australia to Aboriginal Community Controlled Health Organisations (ACCHOs) was established. Other program activities funded by the Asthma Management Program are required to engage Indigenous stakeholders and target Indigenous need.</p> <p>In May 2006, Minister Abbott announced that new Medicare items will be introduced for certain group intervention services provided by eligible dietitians, diabetes educators and exercise physiologists, on referral from a GP. Medicare rebates will be available for these services for patients with type 2 diabetes who are being managed under an Enhanced Primary Care plan. The group intervention items will be developed in consultation with relevant professional groups.</p>
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	<p>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, and the third on 30 September 2005. All three organisations have undertaken a range of restructuring activities in 2005-06, to ensure their ability to provide comprehensive primary health care for Indigenous people in their communities. OATSIH State and Territory Office staff liaise regularly with each organisation (in conjunction with business management consultants where necessary) to clarify expectations and to assist with change management. The Coordinated Care Trials are being independently evaluated with the final report expected by August 2006. The report will inform decision-making about recurrent funding levels and service profiles for all three organisations.</p> <p>See also 126.</p>
More effective and responsive mainstream health services		
<i>Cultural Safety</i>		
14. Contribute to the development and implementation of a Cultural Safety Strategy to ensure that cultural	14. DHA through	14. The Rural Workforce Programs Section provided funding to the Royal Australian College of General Practitioners to improve support and

<p>protocols and bi-cultural competencies are developed and implemented for mainstream health professionals.</p>	<p>SCATSIH and AHMAC</p>	<p>training for GPs working in Aboriginal and Torres Strait Islander Health.</p> <p>The project, which was completed in December 2005, developed and piloted four cultural safety training modules. The modules were aimed at GPs and GP registrars working in Aboriginal and Torres Strait Islander health in both community controlled and mainstream health settings.</p> <p>The Australian Indigenous Doctors Association has been funded to provide input into effective interventions to increase awareness of cultural safety in various medical settings, including community controlled and mainstream.</p> <p>See also 41 and 113.</p>
<p><i>Medicine</i></p> <p>15. Develop the capacity of Divisions of General Practice to support general practitioners in addressing the health needs of Indigenous Australians.</p>	<p>15. DHA (DEST)</p>	<p>15. Through the National Quality and Performance System, Divisions can support general practice to improve access for Indigenous Australians. Performance measures relating to access to mainstream GP services by Aboriginal and Torres Strait Islander people have been built into Divisions' planning and reporting requirements and incorporated in the 2005–08 funding agreements with the Divisions of General Practice network.</p> <p>National 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.</p> <p>DEST is separately undertaking a study of undergraduate medical education in Australia. The Australian Indigenous Doctors' Association has a nominee on the study's steering committee. It is anticipated that the study will consider relevant issues in relation to the education of Indigenous medical students. The study will take into account the work</p>

<p>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 <i>KRA3</i>.</p> <p>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.</p> <p>18. Develop and implement incentives to encourage Divisions of General Practice to facilitate better arrangements for service access at the local level.</p>	<p>16. DHA (DEST)</p> <p>17. DHA (DEST)</p> <p>18. DHA (DEST)</p>	<p>of the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Project.</p> <p>16. The Committee of Deans of Australian Medical Schools' Indigenous Health Curriculum Project has moved into phase 2 with the completion of capacity building and resource assessments of medical schools, school-wide curriculum co-ordination workshops, a Leaders in Medical Education Network discussion paper and conference and the engagement of the broader medical education community.</p> <p>17. In December 2005, the Minister approved funding of \$1 million to assist in the accreditation of ACRRM's curriculum and assessment processes through the Australian Medical Council's Specialist Education Accreditation Committee. This will provide ACRRM's curriculum with formal recognition in the context of general practice training. Aboriginal and Torres Strait Islander Health is one of seven domains within ACRRM's primary curriculum for vocational training. It is also an elective topic within ACRRM's Professional Development Program.</p> <p>18. As part of the Australian Government's National Quality and Performance System (NQPS) for Divisions, Divisions are required to report against several national performance indicators which also relate to Aboriginal and Torres Strait Islander people. These national performance indicators include:</p> <ul style="list-style-type: none"> • Division programs informed by relevant community input and key stakeholders e.g. Aboriginal Community Controlled Health Services • Divisions support of general practice and collaborate with other organisations and service providers to facilitate access to optimal care in areas such as diabetes, mental health and asthma • Divisions support of quality initiatives in general practice <p>Divisions may also nominate a number of local performance indicators to report against which may include working with relevant Aboriginal and other Torres Strait Islander Organisations and other organisations to facilitate access to optimal chronic disease risk factor management for Aboriginal and Torres Strait Islander people.</p>
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<p>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.</p> <p>20. Develop models for accrediting and rewarding general practitioners working in Aboriginal and Torres Strait Islander communities.</p> <p>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.</p>	<p>19. DHA (DEST)</p> <p>20. DHA (DEST)</p> <p>21. DHA (DEST)</p>	<p>Australian Divisions of General Practice (ADGP) and the National Aboriginal Community Controlled Health Organisation (NACCHO) have a memorandum of understanding in place by which linkages are being promoted between Divisions and Aboriginal Medical Services.</p> <p>19. Where an exemption under Section 19(2) of the <i>Health Insurance Act 1973</i> has been granted to an Aboriginal Community Controlled Health Service or State/Territory clinic, items under the Medicare 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.</p> <p>See also Outcomes 25.</p> <p>20. The Practice Incentives Program (PIP) provides a number of incentives that aim to encourage general practices and Aboriginal Medical Services (AMSs)* to improve the quality of care provided to patients. Practices must be accredited or registered for accreditation against the RACGP Standards for general practices to participate in the Program. In May 2006, there were at least 72 AMSs participating in PIP, up from around 25 in 2002-03.</p> <p>21. The current Outcomes Based Funding formula for Division core funding includes a per capita component for Aboriginal and Torres Strait Islander health. This funding formula is currently under review, with any proposed new formula envisaged to include a weighting for Aboriginal and Torres Strait Islander population.</p>
<p><i>Nursing</i></p> <p>22. Implement the 2002 Indigenous Nursing Education Working Group report <i>gettin em n keepin em</i> with a focus on Aboriginal and Torres Strait Islander recruitment and retention in nursing – see <i>KRA3</i>.</p>	<p>22. DHA, Medicare Australia</p>	<p>22. The main focus for CATSIN is the implementation of these recommendations. CATSIN have collaborated with the employment and education sectors to develop and implement culturally appropriate strategies for the recruitment, retention and support of Indigenous</p>

* Services self-identify as Aboriginal Medical Services.

<p>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 <i>KRA3</i>.</p> <p>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 <i>KRA3</i></p>	<p>23. DHA, Medicare Australia</p> <p>24. DHA Medicare Australia</p>	<p>nurses and students. All schools of nursing have revised their curriculum or are in the process of doing so. Ongoing advice has been provided to several schools of nursing.</p> <p>23. A discussion paper is currently being prepared which will form the basis for further work in 2006-07 to incorporate Indigenous health into all nursing curricula.</p> <p>24. 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. The list of skill areas available for scholarships will be extended in 2006-07 to include diabetes management, chronic disease management, mental health, asthma, cardiovascular care, obesity and nutrition and clinical assessment. Aboriginal health workers are eligible for these scholarships.</p> <p>In 2005-06 under the Australian Government's Nursing in General Practice Training and Support Initiative:</p> <ul style="list-style-type: none"> • the Divisions of General Practice Network were funded (over \$13 million for the three years to June 2008) to broker and facilitate training for practice nurses and build Divisions' capacity to support nursing in general practice; • the Australian Nursing Federation published competency standards for nursing in general practice; • the Australian Practice Nurses Association continued to receive seed funding; and • <i>Nursing in General Practice: a guide for the general practice team</i> was published by the Royal College of Nursing, Australia <p>Over the two years to December 2005, the proportion of general practices employing practice nurses was estimated to have increased by 17% to a total of 57%, with almost 5,000 practice nurses estimated to be employed (ADGP 2006). Practices in rural areas were highly represented.</p>
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<i>Allied health</i>		
25. Implement the new Medicare measures for allied health workers and Aboriginal and Torres Strait Islander health workers.	25. DHA	25. The Medicare Allied Health and Dental Care initiative 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. As of 30 June 2006, 778,841 services had been claimed.
26. Include Aboriginal and Torres Strait Islander health content in curricula for undergraduate allied health (eg occupational therapy, physiotherapy) courses – see <i>KRA3</i> .	26. DHA	26. A select tender was held to address this issue but no responses were received. OATSIH will review the criteria in consultation with the Departments Allied Health area to determine the appropriateness of proceeding.
<i>Improved Access to Health Services</i>		
<i>Pharmaceutical Benefits Scheme</i>		
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. Expert Advisory Panel (AP) established. The AP considered candidate medicines, made recommendations to Pharmaceutical Benefits Advisory Council (PBAC), and facilitated submissions to PBAC by medicines sponsors. Several medicines will be available as Indigenous specific Pharmaceutical Benefits Scheme listings from 1 August 2006.
28. Government response to the recommendations of the <i>Evaluation of PBS Medicine Supply Arrangements for Remote Area Aboriginal Health Services Under S100 of the National Health Act</i> [†] .	28. DHA	28. Government response was provided to the Minister for review and approval. Work has commenced on recommendations that do not require policy approval - eg development of guidelines for pharmacies providing services to Aboriginal Health Services.
<i>Medicare Benefits Schedule</i>		
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	29. DHA	29. The Adult Health Check item was introduced on 1 May 2004. As of 30 June 2006, 17,206 services had been claimed. Further promotion of this item will be undertaken in 2006-07 in conjunction with the new Aboriginal and Torres Strait Islander child health check item, which was introduced on 1 May 2006.

[†] 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.

<p>and early mortality.</p> <p>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.</p> <p>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.</p> <p>32. Renew efforts to improve MBS enrolment rates and increase the numbers of Medicare Australia Indigenous Liaison Officers across Australia.</p> <p>33. Through the <i>Strengthening Medicare</i> package, increase practice capacity and ability to operate multi-disciplinary teams in ACCHSs and private GP practices.</p>	<p>30. DHA</p> <p>31. DHA</p> <p>32. Medicare Australia</p> <p>33. DHA</p>	<p>30. In 2005-06, the Department of Health and Ageing funded the Queensland Aboriginal and Islander Health Council (QAIHC) to undertake a review of Medicare billing activity within Queensland Aboriginal and Torres Strait Islander community controlled health services. The Project recommended strategies to maximise participation in Medicare.</p> <p>31. The Medicare Allied Health and Dental Care initiative was implemented on 1 July 2004. Patients can claim rebates for services provided by eligible allied health professionals and dentists on referral from a GP under an Enhanced Primary Care Plan. Appropriately qualified Aboriginal health workers are considered to be allied health professionals for the purposes of this program.</p> <p>32. Throughout the 2005-06 year Medicare Australia undertook a range of activities including:</p> <ul style="list-style-type: none"> • Scheduled community visits nationally; • Introduction of joint Medicare Australia/Centrelink FA004 form to increase registration and enrolment of newborn babies • Scheduled enrolment drives nationally; • Attendance at scheduled community events; • Recruitment of additional MLOs to increase the enrolment rates of Aboriginal and Torres Strait Islander people and awareness of Medicare Australia programs and services; and • Rollout of the Voluntary Indigenous Identifier communication and education strategy, enabling Indigenous-specific data to be collected. <p>33. The <i>Strengthening Medicare</i> initiative took effect from 1 January 2005. The initiative included a new Medicare item for Pap smears provided by practice nurses on behalf of medical practitioners in rural areas – Item 10998.</p> <p>The item adds to the range of services that can be provided by a nurse on behalf of a doctor in ACCHSs in designated rural areas.</p>
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<p>34. Extend the practice nurse items for immunisation and wound management to Aboriginal and Torres Strait Islander Health Workers.</p>	<p>34. DHA</p>	<p>34. In May 2006 two new MBS items were introduced for immunisation and wound management services provided by registered Aboriginal Health Workers in the Northern Territory on behalf of a medical practitioner. These items are restricted to the Northern Territory as it is the only jurisdiction that has a register for Aboriginal health workers.</p>
<p><i>Telecommunications</i></p>		
<p>35. Explore telehealth in an Aboriginal and Torres Strait Islander health service environment.</p>	<p>35. DHA and DCITA</p>	<p>35. Telehealth is seen by the Australian Government as a way to improve the delivery of health services via technology (eg. videoconferencing, imaging), to metropolitan, rural and remote areas, encompassing Indigenous communities; in appropriate locations and clinical situations. Telehealth is a method of bridging costs, providing outreach and quality health care services to those who usually cannot and do not have access to such services due to their geographical location or physical inability.</p> <p>DHA is currently examining its telehealth policy with a view to supporting the delivery of health services to Indigenous communities. In developing this strategy, the Department involved Indigenous stakeholders. Improving the ability of local communities, nurses and doctors to undertake such activities is key, as is ensuring that urban based health professionals have appropriate skills and training required to communicate with Indigenous Australians in this manner.</p> <p>The Medical Specialist Outreach Assistance Program supports tele-derm and tele-radiology. National access to these tele-services is available.</p> <p>In Queensland, Indigenous Australians are benefiting from the provision of new or upgraded broadband communications and telehealth services at community health centres in Cherbourg and Woorabinda. These services were deployed as part of the \$8 million Outbacknet project, funded under DCITA's National Communications Fund, which delivered both health and education benefits.</p>
<p>36. Improve the rollout of broad band telecommunications and infrastructure services to rural and remote Aboriginal and Torres Strait Islander primary health</p>	<p>36. DHA and DCITA</p>	<p>36. Broadband telecommunications is a key enabler for e-Health participation. Broadband for Health (B4H) funding commenced in the 2003-04 Federal Budget. The connectivity of Aboriginal Community</p>

<p>care and health-related services.</p> <p>37. Move the Northern Territory HealthConnect 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.</p>	<p>37. DHA and DCITA <i>EHIG</i></p>	<p>Controlled Health Services (ACCHS) has formed part of the program and as at 31 May 2006 88% of ACCHSs have applied for the incentive. Managed Health Network Grants of \$10 million were announced on 1 December 2005 to build on activity to date in the Broadband for Health Program by supporting eligible health care organisations (including ACCHS) to establish advanced broadband services with the capacity to support secure electronic messaging for e-Health activities.</p> <p>Backing Indigenous Ability (BIA) is one of four programs announced in August 2005 under the new \$1.1 billion Connect Australia package. Through BIA the Australian Government is seeking to address deficiencies in telecommunications and broadcasting services in regional, rural and remote Indigenous communities with funding of \$89.9 million over four years. A National Strategic Approach to Communications Services in Indigenous Communities is also being developed within the Ministerial Online and Communications Council. Any improvement in communications services should assist in the dissemination of health service information to Indigenous communities.</p> <p>37. The Northern Territory HealthConnect trial in the Katherine region moved to full implementation on 1 July 2005. As of 30 June 2006, 8,500 consumers are registered with the NT shared electronic health record (SEHR) in the Katherine region. There is an average 90% participation rate from Aboriginal communities. There are 18 sites with 152 registered health care providers connected to the NT SEHR.</p> <p>During the month of March 2006, 3,244 medical event summaries (medical summaries from health services, accident & emergency and inpatient discharge summaries from hospital, initial health profiles and pathology results) were sent electronically to the SEHR from participating clinicians.</p> <p>DCITA has no ongoing role in the implementation of this initiative.</p>
<p><i>Rural Health</i></p> <p>38. Under the Rural Health Strategy 2004:</p> <p>(a) Continue to support existing services funded under</p>	<p>38. DHA</p>	<p>38.</p> <p>(a) The Regional Health Services Program supports community</p>

<p>the former Regional Health Strategy with a new focus on preventive health and services to remote areas.</p> <p>(b) Undertake development work on the establishment of Regional Health Services in remote areas of Queensland, Northern Territory, Western Australia and South Australia.</p> <p>(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</p>		<p>identified primary health care priorities relating to the prevention and treatment of illness in small rural or remote towns with populations of less than 5,000. The goal of each Regional Health Service is to: support its community to sustain healthy lifestyles; coordinate and facilitate the introduction and delivery of programs; increase awareness about health issues; develop appropriate skills and knowledge with respect to health service delivery; and improve the management of chronic disease in the community.</p> <p>The Department provides funding for the More Allied Health Services Program (MAHS) to improve access to allied health professionals for residents of rural and remote communities. Allied health professionals funded under MAHS includes psychologists, podiatrists, Aboriginal Health Workers, Aboriginal Mental Health Workers, dieticians, occupational therapists and nurses in specialist roles such as asthma and diabetes educators.</p> <p>(b) There are currently 120 Regional Health Services in operation around Australia providing services to over 1,000 communities in both rural and remote areas. In 2005-06, the Department provided funding to three Aboriginal Medical Services and one Division of General Practice for the establishment of four new remote Regional Health Services Projects in the West Pilbara region of Western Australia as follows:</p> <ul style="list-style-type: none"> • West Pilbara Diabetes Regional Health Service; • West Pilbara Chronic Disease Regional Health Service (Mawarnkarra); • West Pilbara Chronic Disease Regional Health Service (Puntukurnu); and • West Pilbara Chronic Disease Regional Health Service (Wirraka Maya). <p>(c) Primary Health Projects through the Building Health Communities in remote Australia and Rural Primary Health Programs established 28 projects in 2005-06 to help targeted remote communities address the risk factors to chronic disease through locally developed activities. Nineteen of these projects are set in Aboriginal and Torres Strait Islander communities.</p>
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improve rates of physical activity in rural and remote areas).

- (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) In 2005-06 the Medical Specialist Outreach Assistance Program supported more than 1070 outreach services to rural and remote locations.

While the MSOAP does not target services for Indigenous Australians, it is acknowledged that when services are operational in a community setting, better doctor-patient relationships develop, support from family is available for patients and health outcomes are improved which significantly impacts on the health of residents.

RACS Providing Remote Onsite Skills, Procedural Education, and Clinical Training (PROSPECT). Funding to increase the procedural skills and knowledge of doctors working in Katherine and Gove hospitals in the Northern Territory by providing procedural upskilling educations and training in local hospitals.

Eight support, education and training sessions in surgical procedures and other relevant upskilling, of 2 weeks duration each, for remote doctors working in the Katherine and/or Gove hospitals in the Northern Territory to be provided.

RACS Providing support through a web-based facility for interaction of specialists, including overseas trained specialists who care for Australia's Aboriginal and Torres Strait Islander population regardless of geographical location

Funding to develop and deliver a web-based facility that will feature a series of discussion and education sessions, aimed at increasing interaction of all specialists, including overseas trained specialists, who care for Indigenous patients. The program focuses on educating specialists on Indigenous-specific health issues and developing a support network to assist in resolving current and future specialist medical issues.

<p>(e) Develop models of specialist access provision for sustainable effort in this area.</p> <p>(f) Provide programs that support the recruitment and retention of general practitioners in rural areas such as the New General Practitioner Registrars and the Workforce for Rural General Practitioner programs.</p> <p>39. Through the Health Ministers' Reform Agenda contribute to the development of strategies to improve access to medical specialists in rural and remote areas.</p>	<p>39. DHA</p>	<p>RANZCOG Medical Response to Adults who have experienced Sexual Assault and/or Domestic Violence Project. Funding has been provided to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to conduct a Project called the "Medical Response to Adults who have experienced Sexual Assault and/or Domestic Violence"</p> <p>The objectives of the Project include conducting nationwide rural workshops, inclusive of Indigenous populations, on the medical response to adults who have experienced sexual assault and/or domestic violence.</p> <p>(e) The Medical Specialist Outreach Assistance Program continues to offer flexible options for the provision of outreach to rural and remote Australia.</p> <p>(f) The 50 rural GP registrar places funded under the Rural Health Strategy continue to be fully utilised. The General Practice Registrars Rural Incentive Payments Scheme provides financial incentives for general practice registrars who undertake the majority of their general practice training in Rural and Remote Metropolitan Area 4-7. Registrars working in Aboriginal Medical Services and Indigenous Health Services within these areas are eligible to apply for incentives of up to \$60,000 over three years of general practice training.</p> <p>39. The Advanced Specialists Training Posts in Rural Areas (ASTPRA) Program is a cost-shared arrangement with State and Territory governments to support the establishment of accredited advanced specialist training posts in rural and regional locations. The posts will provide trainees with exposure to rural specialist practice and prepare them for possible ongoing employment in a rural health service setting. The locations and specialties of ASTPRA posts are determined by jurisdictional health departments, with approval from the Australian Government.</p> <p>Approximately 30-35 advanced specialist training posts in rural and</p>
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		<p>regional areas are funded through the ASTPRA Program at any one time.</p> <p>The Rural Advanced Specialist Trainee Support Program (RASTS) Program directly complements the ASTPRA Program through funding to specialist colleges for projects that support, educate or train rural advanced specialist trainees in rural and remote areas. The RASTS Program supports the recruitment and retention of the rural specialist workforce.</p>
Initiatives to address specific conditions		
<p>40. Continue to support the Aboriginal and Torres Strait Islander Burden of Disease project being undertaken by the University of Queensland.</p> <p>41. Through the Palliative Care Intergovernmental Forum and the National Palliative Care Program ensure the palliative care needs of Indigenous Australians are addressed.</p>	<p>40. DHA</p> <p>41. DHA</p>	<p>40. OATSIH continues to support and monitor the Burden Of Disease project. A first progress report was received at the end of 2004, and a second in January 2006. The final report of the project is due for delivery at the end of October 2006.</p> <p>41. 130 Aboriginal health workers took part in the Program of Experience in the Palliative Approach which helps health professionals develop skills in the palliative approach to care.</p> <p>Staff of 28 Indigenous specific facilities have taken part in workshops to raise their awareness of the Guidelines for a Palliative Approach in Residential Aged Care.</p> <p>Over 3300 copies of the <i>Providing culturally appropriate palliative care to Indigenous Australians Resource Kit</i> have been distributed.</p> <p>Over 2000 copies of the magazine <i>Palliative Care for Aboriginal and Torres Strait Islander People</i> have been distributed.</p> <p>7 Caring Communities projects, 2 research projects and 2 Rural Palliative Program projects had an Indigenous specific focus.</p> <p>The Local Palliative Care Grants Program provides funds for fit-out, equipment and transition-to-home support; pastoral care, counselling and support; and care planning projects. 18 organisations are receiving funding totalling \$2,449,041 (GST exclusive) under this Program over the 4 years 2005-06 to 2009-09 for Indigenous specific projects.</p>

<p>42. Implement preventive health programs that focus on the high rates of injury, tobacco and alcohol use and obesity in remote areas of Queensland, Northern Territory, Western Australia and South Australia.</p>	<p>42. DHA</p>	<p>42. Primary Health Projects through the Building Health Communities in remote Australia and Rural Primary Health Programs established 28 projects in 2005-06 to help targeted remote communities address the risk factors to chronic disease through locally developed activities. Nineteen of these projects are set in Aboriginal and Torres Strait Islander communities.</p>
<p><i>Preventable Chronic Disease: Australian Government Initiatives</i></p>		
<p>43. Expand the Continuous Improvements Projects in the Early Detection and Management of Chronic Disease in Aboriginal Community Controlled Health Services to address chronic disease.</p>	<p>43. DHA</p>	<p>43. The experience and program evaluation of Continuous Improvement Projects (CIPs) pilot projects informed the design of the Healthy for Life (HFL) initiative. Nine of the thirteen CIP sites will be transitioning across to HFL. No further expansion of CIP will occur. A copy of the CIP evaluation report is available at www.health.gov.au/healthyforlife</p> <p>An Indigenous asthma awareness communication initiative is being funded under the Asthma Management Program. Developmental research for this was conducted in 2005-06.</p>
<p>44. Address the recommendations from the review of the National Indigenous Pneumococcal and Influenza Immunisation Program.</p>	<p>44. DHA</p>	<p>44. The review of the National Indigenous Pneumococcal and Influenza Immunisation Program highlighted the need for better integration between mainstream and Indigenous health services. From 2006-07, the Program will be delivered through the Australian Immunisation Agreements. This will streamline the program infrastructure, enable better coordinated publicity of the benefits of vaccination, and further improve access for Aboriginal and Torres Strait Islander people. The review also recommended the expansion of the eligibility criteria used for the Program which is currently being considered by the Australian Technical Advisory Group on Immunisation.</p>
<p>45. Continue implementation of strategies to maximise the participation of Indigenous Australians in cancer screening programs and to provide culturally sensitive screening services.</p>	<p>45. DHA</p>	<p>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</p>

<p>46. Implement the Australian Government response to the National Aboriginal and Torres Strait Islander Eye Health Program review.</p>	<p>46. DHA</p>	<p>such as risks associated with smoking. A total of 8,747 services were provided in 2005-06.</p> <p>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.</p> <p>National Guidelines for the Public Health Management of Trachoma in Australia were endorsed by the Communicable Diseases Network of Australia (CDNA) and released in April 2006. The Guidelines will address trachoma control measures, screening and data.</p> <p>A tender process for the establishment of a National Trachoma Surveillance and Reporting Unit is underway. This Unit aims to improve the quality of data collection and reporting of trachoma prevalence in Australia.</p> <p>Negotiations have commenced with relevant States and the Northern Territory to provide training workshops for health care workers on the new Guidelines.</p> <p>The national stock-take of eye health equipment in Aboriginal and Torres Strait Islander primary health care services was undertaken and the final report is being used to develop a depreciation and maintenance schedule for eye health equipment. This report will also inform the development of future equipment policies for the OATSIH.</p> <p>A review of the Visiting Optometrists Scheme was completed in early 2006, and is currently under consideration.</p> <p>The development of core competencies for Aboriginal and Torres Strait Islander Health Worker training, which will include eye health, is continuing.</p> <p>The National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss was endorsed by Australian Health</p>
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<p>47. 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.</p>	<p>47. NHMRC</p>	<p>Ministers in November 2005. This important new mainstream initiative will promote eye health and reduce avoidable blindness and loss of vision, and will be targeted at people who are at risk of eye disease and injury, including Aboriginal and Torres Strait Islander people. This important new mainstream initiative aims to coordinate national eye health activity under five key areas for action. Aboriginal and Torres Strait Islander people are highlighted in the Framework as a group at particular risk of eye disease and injury.</p> <p>47. <i>Strengthening cardiac rehabilitation for Aboriginal and Torres Strait Islander Peoples: a guide for health professionals</i> was launched by the Minister for Health in Darwin, September 2005. The Guide has information and tools for health professionals and patients including information around cultural competency, and was distributed to Aboriginal Community Controlled Health Services, State and Territory health departments and relevant professional Colleges.</p> <p>DHA funded and NHMRC managed General Practice Clinical Research Program aims to produce new knowledge in clinical general practice that is high quality, policy and practice relevant, targeting priorities identified through stakeholder consultations, and building research capacity in clinical general practice. Under this Program, \$341,975 in funding over three years has been provided for the project: "The Aboriginal and Torres Strait Islander Adult Health Check: A strategy for health equity in remote areas".</p> <p>The NHMRC's Health Services Research Program Round 2 aims to provide important new evidence to inform policy and practice. Under this Program the NHMRC provided \$2,800,000 in funding over 5 years for the project: "Improving health outcomes for Aboriginal Australians with chronic disease through strategies to reduce systems barriers to necessary care."</p>
<p>48. Fund the Diabetes and Related Disorders Research Program with a focus on health education, health promotion and illness prevention and diabetes self-management.</p>	<p>48. NHMRC</p>	<p>48. The Diabetes and Related Disorders program was undertaken by the NHMRC in collaboration with the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and focused on research into Type II diabetes and related disorders in Indigenous Australians. Six projects were awarded a total of \$460,000 funding in 2002. Five of these projects</p>

<p>49. To</p> <p>(a) Implement the National Diabetes Improvements Projects with ongoing evaluation of their effectiveness against specific performance indicators.</p> <p>(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 through existing grants schemes such as Project and Program grants.</p>	<p>49.</p> <p>(a) DHA</p> <p>(b) NHMRC</p>	<p>were completed by July 2005 and the remaining project was completed in March 2006.</p> <p>49.</p> <p>(a) Eighteen pilot projects were implemented and evaluated. Results of the evaluation report highlight outcomes that will feed into future strategies for diabetes prevention and management.</p> <p>(b) Under the DHA funded and NHMRC managed General Practice Clinical Research Program \$499,263 in funding has been provided for the three year project: "PEACH study-Patient Engagement and Coaching for Health: an intensive treatment intervention for patients with type 2 diabetes in disadvantaged communities".</p>
<p><i>Preventable Chronic Disease: Commonwealth/State Initiatives</i></p> <p>50. Through the Health Ministers' Reform Agenda:</p> <p>(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 <i>Appendix Four</i>.</p> <p>(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 group.</p>	<p>50. DHA (through NHPAC, SCATSIH and HMRAWG</p>	<p>50.</p> <p>(a) On 18 November 2005, Australian Health Ministers endorsed a National Chronic Disease Strategy Package which comprises the National Chronic Disease Strategy (NCDS) along with the following five supporting National Service Improvement Frameworks (NSIFs):</p> <p>(b)</p> <ul style="list-style-type: none"> - asthma; - cancer; - diabetes; - heart, stroke and vascular disease; - osteoarthritis, rheumatoid arthritis and osteoporosis, and - the Blueprint for nation-wide surveillance of chronic diseases and associated determinants (the Blueprint). <p>The NCDS Package will guide policy to prevent chronic disease where possible and improve care across Australia.</p>

<p>(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.</p> <p>(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.</p> <p>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.</p>	<p>51. DHA</p>	<p>The NCDS and NSIFs include a focus on the needs of Aboriginal and Torres Strait Islander peoples as a priority population group.</p> <p>(c) As part of the Remote Area Renal Services for Indigenous Australians Project, jurisdictions including the Australian Government have developed new <i>National Service Guidelines for the Management of Dialysis and Kidney Transplantation in Remote Australia</i>. Health Ministers endorsed the new guidelines in July 2006.</p> <p>(d) 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: <i>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</i>.</p> <p>51. The Department, with the Victoria Department of Health, led the development of a National Eye Health Framework to respond to the World Health Assembly Resolution on Elimination of Avoidable Blindness in 2005-06.</p>
<p><i>Child and Maternal Health – Policy Development</i></p> <p>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.</p>	<p>52. <i>National initiative</i> DHA with FaCSIA</p>	<p>52. The Healthy for Life program was informed by a range of policy and research initiatives including early stakeholder consultations and research on a policy framework for Child and Maternal health. The Healthy for Life program framework now serves as the implementation vehicle of the Australian Government's policy approach to improving Aboriginal and Torres Strait Islander Child and Maternal health. It provides \$102.4 million over four years to Aboriginal and Torres Strait Islander primary health care services to improve the quality of child and maternal health services and chronic disease care. This program is also supported by a new MBS item, an annual Child Health Check for all Aboriginal and Torres Strait Islander children from birth to 14 years, released in May 2006, and an adult health check which complements</p>

<p>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.</p>	<p>53. <i>National initiative</i> DHA</p>	<p>existing health assessment items funded under the MBS for adult Aboriginal and Torres Strait Islander people.</p> <p>53. The Child and Youth Health Intergovernmental Partnership (CHIP) developed "Healthy Children - Strengthening Promotion and Prevention Across Australia: National Population Health Strategic Framework for Children 2005-2008" which has a focus on Aboriginal and Torres Strait Islander children. CHIP was formally disbanded on 10 March 2006 and will be replaced by the Child Health and Wellbeing committee; a subcommittee of the Australian Population Health Development Principal Committee.</p> <p>During 2005-06 the Australian Government worked with jurisdictions on four Child Health and Wellbeing Reform Initiative projects. These projects are the: Identification of National Child Health and Wellbeing Core Competencies Final Reports, National Evidence Based Guidelines for Antenatal Care, Supporting Vulnerable Families in the Antenatal Period and Early Years, Headline Indicators for Child Health, Development and Wellbeing.</p>
<p><i>Child and Maternal Health – Programs and Services</i></p>		
<p>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.</p>	<p>54. DHA</p>	<p>54. The National Aboriginal and Torres Strait Islander Child and Maternal Health Exemplar Site initiative pilot projects informed the Healthy for Life initiative. No further expansion of exemplar sites will occur. A summary report of the Exemplar Site initiatives is available in the Healthy for Life Resource Package at www.health.gov.au/healthyforlife</p>
<p>55. Develop child and maternal health worker competencies – see KRA3.</p>	<p>55. DHA</p>	<p>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.</p>
<p>56. Expand services focussing on child and maternal health, including healthy birth weight, improved childhood immunisation rates and hearing services.</p>	<p>56. DHA</p>	<p>56. A new hepatitis A vaccination program was implemented to provide free hepatitis A vaccination for all Indigenous children under five years of age living in Qld, NT, WA & SA. The program commenced on 1 November 2005 and is being implemented in all States and Territories under the Australian Immunisation Agreements.</p>

		<p>The Healthy for Life program expected outcomes include: an increase in first attendance for antenatal care in the first trimester; an increase in mean birth-weight to within 200g of the non-Indigenous population; and a decrease in the incidence of low birthweight by 10%. Immunisation rates for Indigenous children (relative to non-Indigenous Children) were lower in the first twelve months of life, however by the age of two coverage is comparable with non-Indigenous children.</p> <p>Australian Hearing has increased "outreach" sites from 119 in 2004-05 to 130 in 2005-06 providing greater access to services. Australian Hearing has raised awareness of hearing services through expanded marketing including running "good hearing" participation activities with school children aged 5-17 years at 8 Croc Festival locations in 2005.</p>
<p>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.</p>	<p>57. DHA</p>	<p>57. The Healthy for Life Evaluation and Outcomes Framework will also seek to identify and evaluate different models of service for their appropriateness, effectiveness and efficiency. A summary report from the Child and Maternal Health Exemplar site initiative, which also outlines the service approaches adopted by these sites, is available in the Resource Package at www.health.gov.au/healthyforlife</p>
<p>58. Improve uptake of child immunisation through culturally appropriate communication strategies and training of immunisation providers.</p>	<p>58. DHA</p>	<p>58. During 2005-06 an A3 poster specifically aimed at promoting immunisation of Indigenous children was produced and distributed.</p>
<p>59. Introduce 'hearing aid banks' in Aboriginal and Torres Strait Islander communities.</p>	<p>59. DHA</p>	<p>59. The Office of Hearing Services currently supports two hearing aid banks, based in the Northern Territory and Western Australia, which cater specifically for Aboriginal and Torres Strait Islander people. While the hearing aid banks mainly target rural and remote clients, they will also provide hearing aids to metropolitan clients if necessary.</p>
<p>60. Investigate opportunities to deliver accredited provider hearing services through ACCHSs in remote areas.</p>	<p>60. DHA</p>	<p>The Office of Hearing Services supports another four hearing aid banks which provide the general community (including Indigenous people) with access to hearing aids.</p> <p>60. The Office of Hearing Services has provided information to the Central Australian Aboriginal Congress on the parameters for becoming an</p>

<p>61. Through the Workplan for Future Actions in Ear and Hearing Health address the recommendations of the <i>Report on Commonwealth Funded Hearing Services to Aboriginal and Torres Strait Islander Peoples: Strategies for Future Action</i>.</p>	<p>61. DHA</p>	<p>accredited hearing service provider.</p> <p>61. The Australian Government has taken action on each of the six policy principles identified in the Workplan and Report on Commonwealth Funded Hearing Services to Aboriginal and Torres Strait Islander Peoples: Strategies for Future Action. In 2005-06 these included:</p> <ul style="list-style-type: none"> • A new Medicare-funded health check for Aboriginal and Torres Strait Islander children was listed on the Medicare Benefits Schedule on 1 May 2006. This provides a framework for health assessments and health promotion interventions, including ear and hearing health for Aboriginal and Torres Strait Islander children from birth to 14 years. • An Indigenous representative was appointed to the Hearing Services Advisory Committee. This representative is also a member of the Hearing Services Consultative Committee. • The South Australian Otitis Media Clinical Support Systems Project was launched on 10 November 2005. This project aims to improve the uptake of the Clinical Care Guidelines for the Management of Otitis Media. • From 1 December 2005 eligibility under the Australian Government Hearing Services Program for Aboriginal and Torres Strait Islander people was expanded. The Community Service Obligations (CSO) component of the Program is now accessible to Aboriginal and Torres Strait Islander people aged 50 years and over, as well as to Aboriginal and Torres Strait Islander people participating in the Community Development Employment Program (CDEP). • Administrative requirements for Aboriginal and Torres Strait Islander people to access Community Service Obligations funded hearing services have been simplified. • A project commenced to identify and assess existing resources on ear and hearing health and to disseminate these on an Indigenous ear health and hearing web resource. • Australian Hearing provided hearing training for Aboriginal and Torres Strait Islander Health Workers in each state and territory (except the Northern Territory). • The Northern Territory Government and the Central Australian Aboriginal Congress delivered Aboriginal Health Worker hearing training across the Northern Territory.
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<p>62. Evaluate the Aboriginal and Torres Strait Islander Hearing Training Modules.</p>	<p>62. DHA Hearing Australia</p>	<ul style="list-style-type: none"> • Australian Hearing managed the provision, upgrade and maintenance of equipment across all jurisdictions. • The development of core competencies for Aboriginal and Torres Strait Islander Health Worker training, which will include a specialist stream on ear and hearing health, is continuing. • The National Acoustic Laboratories, a research division of Australian Hearing, commenced research into: the development of a bone conduction hearing aid that offers improved comfort and improved sound quality technology and fitting protocols; development of improved methods for fitting bone conductor hearing aids; and auditory processing disorders. <p>62. The Australian Hearing Health Skills manual is regularly reviewed and updated to ensure the latest recommendations for management/treatment of otitis media are incorporated and any technological advancements are introduced into the teaching. In 2005 Australian Hearing introduced video otoscopy into the training of Aboriginal Health Workers under the OATSIH funded program and have recommended to OATSIH that those hearing health workers in designated hearing health positions be provided with video otoscopes for their clinics.</p>
<p>63. Reorient the hearing program into a child and maternal health approach.</p>	<p>63. DHA</p>	<p>63. The Aboriginal Health Worker hearing training provided by Australian Hearing, the Northern Territory Government (Top End, NT) and Central Australian Aboriginal Congress (Central Australia, NT) has a focus on developing skills and knowledge to manage screening and follow-up for 0-5 years age group.</p> <p>Australian Hearing ran 6 hearing health skills training courses for Aboriginal Health Workers in 2005-06 and used video otoscopy as a screening tool to assist early diagnosis in 0-5 year old age group.</p> <p>In 2005-06 Australian Hearing audiologists worked alongside trained Aboriginal Health Workers to support their programs, assist in setting up new programs and to develop effective referral protocols that ensured early intervention.</p>

<i>Child and Maternal Health – Research and Data</i>		
<p>64. Fund research grants with a focus on cross-sectoral approaches to improving maternal, infant and childhood health of Indigenous Australians.</p>	<p>64. NHMRC</p>	<p>64. NHMRC's <i>A Healthy Start to Life</i> 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 people and acknowledge the complex interplay between health and non-health issues. The following four grants were active during 2005-06:</p> <ul style="list-style-type: none"> • "SEARCH - Study of Environment on Aboriginal Resilience and Child Health", University of Sydney, with an award of \$2,043,110; • "Restoring 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; and • "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
<p>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.</p>	<p>65. FaCSIA</p>	<p>65. In 2003-04 the Australian Government committed \$8.6 million over 4 years to the development the Longitudinal Study of Indigenous Children (LSIC). LSIC would be the first longitudinal study proposed for Aboriginal and Torres Strait Islander children across Australia. The study aims to collect a broad range of information in the domains of health, education, childcare, wellbeing and family functioning of Indigenous people across Australia. By following children over time, LSIC would be able to determine the individual, family, and broader community and cultural factors that are associated with consistency and change in children's developmental trajectories. OATSIH have actively participated in the scoping and design of the studies health related data items. The studies development is nearing completion and FaCSIA is due to provide Government a report in November 2006 in relation to the studies</p>

		implementation.
<p><i>Nutrition and Physical Activity</i></p> <p>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.</p> <p>(a) Communities who own or operate community stores can apply for finance under Indigenous Business Australia's Business Development and Assistance Program to assist funding new stores, renovation, replacement, repairs and essential</p>	<p>66. DHA and other relevant agencies</p> <p>(a) IBA</p>	<p>66. The Department of Health and Ageing 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 Remote Indigenous Stores and Takeaways (RIST) project is funded by a number of jurisdictions (Queensland, Northern Territory, New South Wales, South Australia, Western Australia, as well as the Australian Government). A national forum was funded by DHA and held in Adelaide in June 2006 to bring together stakeholders to discuss regional transport issues and further inform the RIST project.</p> <p>The Australian Government has several initiatives in place to address the issue of the affordability of, and access to, healthy foods in remote Indigenous communities. The Australian Government has committed \$48 million over four years to the Outback Stores initiative being implemented by Indigenous Business Australia, as part of its 2006-07 package of Indigenous-specific Budget measures. The Outback Stores company will address ongoing concerns involving the running of remote community stores, including financial mismanagement, poor infrastructure and the limited range of foods and services. Through the provision of oversight and diligent management, the Outback Stores company can play a key role in improving the health standards of remote area Indigenous communities by providing quality food at affordable prices.</p> <p>A comprehensive national survey of Indigenous community stores was funded by FaCSIA and developed in partnership with Indigenous Business Australia. The information gathered through the survey will be harnessed in developing Outback Stores.</p> <p>(a) IBA Enterprises provided financial assistance worth \$1.12 million to community stores including: \$1 million in Minjilang, \$35,500 in Yalata and \$84,812 for a Community Store Training program in Katherine.</p>

<p>upgrades to existing stores.</p> <p>67. Through the Strategic Inter-Governmental Nutrition Alliance, contribute to the implementation of the <i>National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan</i>.</p> <p>68. Continue to support Aboriginal and Torres Strait Islander-specific projects currently funded under the National Child Nutrition Program.</p> <p>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.</p>	<p>67. <i>National initiative</i> DHA</p> <p>68. DHA</p> <p>69. DHA (with all relevant agencies)</p>	<p>67. National implementation of the <i>National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan</i> (NATSINSAP) action in 2005-06 included: nutrition added as core and elective units in national Aboriginal and Torres Strait Islander health worker training competencies; advocated for nutrition Dietetics competencies to incorporate Aboriginal and Torres Strait Islander nutrition issues; inclusion of NATSINSAP in National Heart Foundation's Action Plan on Australia's Weight Problem 2005-07; and audits of resources and activities on eating well on a low income and banking/budgeting were undertaken for urban nutrition program.</p> <p>68. The remaining projects funded under the National Child Nutrition Program were concluded during 2005-06. Summaries of project outcomes will be made available on the website at: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-publth-strateg-childnutrition-index.htm</p> <p>69. The Mai Wiru Stores Policy aims to improve the health and wellbeing of Anangu by ensuring continuous access to safe, nutritious and affordable food as well as essential health items through community stores.</p> <p>MOUs have been signed by eight of the 10 stores and community committees have been formed and meetings held.</p> <p>Preferred Supplier Agreements for both freight and store merchandise were signed at a ceremony on Thursday 6th April 2006 at Umuwa. These Agreements will provide new trading proposals for bulk purchasing and optimising opportunities for rebates and discounts enabling increased healthy food subsidies for consumers.</p> <p>A Retail Manager was appointed by Nganampa Health on 10 October 2005. Operational budgets for all stores are being prepared.</p> <p>A Public Health Nutritionist position commenced in May 2006 and an action plan has been developed.</p>
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<p>70. Consider applying Indigenous specific and/or mainstream health funding to support local nutrition initiatives identified through planning processes.</p>	<p>70. DHA</p>	<p>Four store managers have been recruited and a further two are in train. Six graduates have successfully completed the Retail Certificate II and TAFE are looking to deliver further training.</p> <p>The Mai Wiru Operations and Procedures Manual is completed and will be available shortly with funding from COAG. Nganampa Health is liaising with Indigenous Business Australia's Outback Stores initiative to help coordinate healthy stores activity in the region.</p> <p>70. The Baryulgil and Malabugilmah communities of New South Wales are the focus of a Shared Responsibility Agreement that will establish a market garden at the school, provide a weekly fruit and vegetable delivery to the Baryulgil public school, and teach community members about basic nutrition and cooking skills. The total value of the SRA is \$75,000, to which DHA is contributing \$25,000. Other contributing partners include the OIPC, DEWR, and the Bulgarr Ngaru Aboriginal Medical Service.</p> <p>An SRA has been developed with the Wanarn community of West Australia to rebuild the community store and begin a comprehensive health program for the community, including a youth program. The total value of this SRA is \$1,380,000 and DHA is contributing \$150,000. Other contributing partners include: the Shire of Ngaanyatjarraku, the OIPC, IBA, Office for Aboriginal Economic Development, and Lotterywest.</p> <p>An SRA with the Milyakburra community in the Northern Territory is improving community nutrition and staff working conditions in the community store. Air-conditioning units and improved insulation will be installed in the store and a fresh food policy adopted. (As part of this SRA, a BMX track and basketball court will also be built.) The total value of this SRA is \$230,000 and DHA is contributing \$70,000. Other contributing partners include: the Milyakburra Community Council Incorporated; DEWR, AGD, DCITA, and OIPC.</p>
<p>71. Continue to support the <i>Active Australia</i> Strategy and in particular the Indigenous Sports Program including scholarships, mentoring programs and Indigenous development officers and identify potential for</p>	<p>71. DCITA and Australian Sports Commission</p>	<p>71. DCITA supports the Indigenous Sport Program, managed by the Australian Sports Commission, under the Government's Building Australian Communities through Sport policy which commenced in 2004. Initiatives under this policy aim to enhance the development and</p>

<p>partnerships on projects funded under the Indigenous Sport and Recreation Program.</p>		<p>provision of sporting opportunities within the Indigenous community. The Indigenous Sport Program consists of two elements: a national network of 50 Indigenous sport development officers working within the various state and territory departments of sport and recreation; and a development pathway that includes workshops, scholarships and a grant program. In addition, the Program has targeted 16 national sporting organisations to play a more active role in increasing participation, infrastructure and skill development in Indigenous communities.</p>
<p>72. Through the Strategic Intergovernmental Physical Activity Alliance contribute to the implementation of the National Physical Activity Action Plan.</p>	<p>72. National initiative DHA</p>	<p>72. Health Ministers endorsed the Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005-2010 on 28 July 2005. Note SIGPAH (now disbanded) was formerly a subcommittee of NPHP which has been replaced by Australian Population Health Development Principal Committee.</p>
<p>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.</p>	<p>73. FaCSIA / DCITA</p>	<p>73. DCITA provided \$55,000 in 2005-06 to the National Aboriginal Sports Corporation Australia to run ARMtour (Athletes as Role Models tour). ARMtour is a role-modelling program that encourages children in remote Indigenous communities to live healthier lives. Forty-five schools were involved in 2005-06 involving more than 5,000 kids. More than 60 athletes travelled to remote communities passing on important messages about health, education, fitness and maintaining a healthy lifestyle. These messages were delivered through demonstrating and participation in skills and initiative exercises, encouragement and positive affirmation alongside open discussion regarding issues relevant to young people. The ARMtour website and its 'DreamStream function – which enables each student to maintain contact with ARMtour role models through email, video and audio messages – has improved access, especially as several community schools have embraced the facility.</p>
<p>74. Implement the Diabetes Prevention Pilot Initiative projects to increase physical activity, improve diet and achieve healthy weight for people at risk of developing Type 2 diabetes.</p>	<p>74. DHA</p>	<p>74. Good progress was made with the Diabetes Prevention Pilot Initiatives (DPPI). Early findings of the Greater Green Triangle Diabetes Prevention Project shows success in decreasing the risk factors for diabetes through lifestyle interventions.</p>
<p><i>Injury</i></p>		
<p>75. Finalise the National Aboriginal and Torres Strait</p>	<p>75. DHA</p>	<p>75. The National Aboriginal and Torres Strait Islander Safety Promotion</p>

<p>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, (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.</p> <p>76. Finalise the National Injury Prevention and Safety Promotion Plan giving priority to addressing injury in Aboriginal and Torres Strait Islander communities.</p> <p>77. Establish a Collaborative Research Centre for data collection on injury within Aboriginal and Torres Strait Islander people.</p>	<p>76. DHA</p> <p>77. DHA</p>	<p>Strategy has been finalised and distributed to relevant stakeholders. An SRA has been agreed with Riverland Indigenous Care Inc. to implement a cycling safety project in the community.</p> <p>76. The National Injury Prevention Plans including the National Aboriginal and Torres Strait Islander Safety Promotion Strategy, were endorsed by the AHMC in July 2005.</p> <p>77. Not progressed at this stage.</p>
<p><i>Oral Health</i></p> <p>78. Integrate oral health messages into health promotion initiatives (such as nutrition and smoking) targeting Indigenous Australians.</p>	<p>78. DHA</p>	<p>78. See 81.</p>

<p>79. Contribute to the implementation of the National Oral Health Action Plan 2004 -13.</p> <p>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.</p> <p>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 Health initiative. Research proposals addressing oral health issues will be accepted through existing grant schemes such as Project and Program grants.</p>	<p>79. DHA through AHMAC</p> <p>80. DHA</p> <p>81. NHMRC</p>	<p>79. Participate in National Oral Health Plan Monitoring Group and take the plan into account when developing policy in areas of Australian Government responsibility.</p> <p>80. Three MBS items for dental care services were introduced on 1 July 2004 under the Medicare Allied Health and Dental Care initiatives.</p> <p>81. The NHMRC's Oral Health initiative provided funding for the following two grants which concluded during 2005-06:</p> <ul style="list-style-type: none"> • "Remote Indigenous oral health testing a community based model of oral health promotion", with funding of \$77,152 over three years. • "Fluoridation of water supplies in remote Indigenous communities in the NT: requirements, feasibility & cost effectiveness", with funding of \$72,559 over three years.
<p><i>Sexual Health</i></p> <p>82. Continue the implementation, monitoring and evaluation of the <i>National Indigenous Australians' Sexual Health Strategy 1996-04</i> and consider the evaluation outcomes to determine future approaches.</p> <p>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</p>	<p>82. DHA</p> <p>83. DHA</p>	<p>82. This has been superseded by the finalisation and launch of the <i>National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008</i>.</p> <p>Under the International Collaborative Indigenous Health Research Partnership, a team led by Prof John Kaldor (UNSW) was awarded \$1.7 million by the NHMRC for their project <i>The role of resiliency in responding to bloodborne viral & sexually transmitted infections in Indigenous communities</i> which is investigating ways to prevent and treat HIV/AIDS in local Indigenous communities. The Canadian Institutes of Health Research and the New Zealand Health Research Council will contribute \$1.6 million and \$1.7 million respectively towards the project.</p> <p>83. The <i>National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008</i> was launched by the Minister in October 2005. The Strategy continues to guide Australia's response to sexual health and blood borne viruses within Aboriginal and Torres Strait</p>

<p>national strategy development processes.</p> <p>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.</p> <p>85. Address the recommendations from the evaluation of the National Donovanosis (Elimination) Eradication Program.</p>	<p>84. DHA</p> <p>85. DHA</p>	<p>Islander communities and is complementary to the other mainstream strategies including the National HIV/AIDS Strategy 2005-2008; the National Hepatitis C Strategy 2005-2008; and the National STI Strategy 2005-2008.</p> <p>84. Prevention is one of the key action areas identified in the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008. Aboriginal and Torres Strait Islander young people have been identified as a key target group for the Strategy. The Office for Aboriginal and Torres Strait Islander Health continues to fund comprehensive and opportunistic screening for sexually transmissible infections in a number of States and Territories, with a particular focus on Central and Northern Australia where the burden of disease is higher.</p> <p>The Chlamydia Pilot Testing Program targets Aboriginal & Torres Strait Islander people as a priority group. Stage 1 and 2 of the pilot program are being rolled out in Indigenous communities and in Aboriginal community controlled health services, as well as the general community and the impact of these activities will be assessed throughout the pilot program.</p> <p>85. A working group of the Indigenous Australians' Sexual Health Committee has been established to provide advice to the Office for Aboriginal and Torres Strait Islander health on options for responding to the recommendations contained in the evaluation. The advisory group will report by the end of 2006.</p>
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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
<p>86. Implement the following specific initiatives under the <i>Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002</i>:</p> <p>(a) Support Aboriginal and Torres Strait Islander specific health services to improve management and governance capacity – see <i>KRA1</i>.</p> <p>(b) Support Aboriginal and Torres Strait Islander Health Workers with the introduction of national qualifications (including competencies, training and assessment processes).</p> <p>(c) Expand existing workforce scholarship programs to enable more Indigenous Australians to study health and health related courses.</p>	<p>86. DHA with DEWR and DEST</p>	<p>86.</p> <p>(a) The Office of the Registrar of Aboriginal Corporations offers training in Certificate IV in Business (Governance) through Registered Training Organisations (RTOs) Tropical North Queensland Institute of TAFE and Maningrida Jobs Education and Training Centre. Funding to RTO's for Vocational and Technical Education is provided through the States and Territories.</p> <p>The NHMRC funded Training Scholarships in Aboriginal and Torres Strait Islander Health Research (\$248,561) and Training Fellowships for Aboriginal and Torres Strait Islander Health Research (\$558,000)</p> <p>(b) The Aboriginal and Torres Strait Islander Health Worker competencies final stakeholder validation process is underway and it is expected that the competencies in the Health Training Package will be signed off by all jurisdictions by the end of August 2006 and endorsed by the Australian and State and Territory Ministers for vocational Education and Training by the end of December 2006 February/March 2007.</p> <p>(c) Seventy Five Puggy Hunter Memorial Scholarships will be offered in 2007 including 26 for the Healthy for Life Program and five for mental health.</p> <p>The Nurse Scholarship Program provides scholarships to assist rural</p>

<p>(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.</p>		<p>nurses to overcome the barriers to undertaking undergraduate studies, continuing professional development, and re-entry courses. A minimum of ten undergraduate scholarships are dedicated to Indigenous nurses. Nine Indigenous Australians applied for, and were offered, a scholarship in 2005-06 for study in the 2006 academic year. 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 and one scholarship was awarded for the 2006 academic year.</p> <p>The Rural Allied Health Undergraduate Scholarships Scheme was introduced in November 2005 and provides scholarships to assist eligible rural allied health students overcome the barriers to undertake university studies. Indigenous students are encouraged to apply. In 2005-06, 2 Indigenous applicants were awarded a scholarship for study in the 2006 academic year.</p> <p>(d) The review of the Public Health Education and Research Program (PHERP) concluded that several curriculum development projects have specifically addressed public health needs of Indigenous Australians through implementing innovative approaches to:</p> <ul style="list-style-type: none"> - curriculum development addressing Indigenous public health policy or disease prevention; - models of support for Indigenous Australian students; and - Indigenous public health workforce development. <p>The PHERP review also reported that the universities implemented a number of successful initiatives that resulted in improvements to the retention and graduation of Australian Indigenous students in Masters of Public Health courses. For example during 2005 seven Indigenous Australian students graduated with a Masters of Public Health from one course alone.</p> <p>The Aboriginal and Torres Strait Islander Health Worker competencies final stakeholder validation process is underway and it is expected that the competencies in the Health Training Package will be signed off by all jurisdictions by the end of August 2006 and endorsed by the Australian and State and Territory Ministers for vocational Education and Training by February/March 2007.</p>
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<p>(e) Increase the participation of Indigenous Australians in the Masters of Public Health programs.</p>		<p>(e) To sustain this effort the current PHERP Agreements with Universities have placed a strong emphasis on strengthening Indigenous public health capacity.</p> <p>Further funding has been provided to improve the capacity and quality of Indigenous public health education, through collaborative arrangements between Deakin and Melbourne Universities.</p> <p>OATSIH contributed \$100,000 to PHD to increase participation.</p> <p>DEST funds the Community Services and Health Industry Skills Council which has a role in supporting the development, implementation and continuous improvement of quality nationally recognised training products and services, including Training Packages.</p>
<p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>87. DHA</p>	<p>87. The Committee of Deans of Australian Medical Schools Project is currently working with medical schools to assist the integration of Indigenous curricula into the mainstream curricula. OATSIH has funded Deakin, James Cook and Sydney Universities to provide Indigenous specific articulation pathways, recruitment and retention strategies, student support and promotion of courses to potential students.</p>
<p>88. Through the University Departments of Rural Health support Aboriginal and Torres Strait Islander student placements for undergraduate allied health courses.</p>	<p>88. DHA</p>	<p>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. 24 Aboriginal and Torres Strait Islander students undertook UDRH placements across the TAS, WA, QLD, NSW, SA and VIC in 2005-06.</p>

<p>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.</p>	<p>89. DHA</p>	<p>89. Funding to AIDA and CATSIN continued.</p>
<p>90. Work with AIDA and CATSIN to support effective mentoring programs for Aboriginal and Torres Strait Islander students of medicine and nursing.</p>	<p>90. DHA</p>	<p>90. AIDA has been funded to design a framework for a mentoring program and identify potential mentors. As part of recruitment and retention all CATSIN registered nurses are expected to act as mentors and role models to new graduates and students.</p>
<p><i>Environmental health workers</i></p> <p>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 – <i>see also KRA5.</i></p>	<p>91. DHA with DEWR</p>	<p>91. The policy principles on which to base improvements for Aboriginal and Torres Strait Islander Environmental Health form an important part of the <i>National Environmental Health Action Plan</i> (developed by the Ministerial Council of Aboriginal and Torres Strait Islander Affairs - MCATSIA - in 2004-05).</p> <p>Monitoring and auditing of the action plan and progression of the policy principles through to AHMAC will be undertaken by enHealth Council, subject to endorsement by the new Australian Health Protection Committee.</p> <p>The Department published and distributed, on behalf of the Environmental Health Council, the report of the 5th National Indigenous Environmental Health Conference.</p>
<p><i>Research and Data</i></p> <p>92. Improve the quality, collection and management of health workforce data in mainstream services and Aboriginal community controlled health services.</p>	<p>92. DHA, ABS (AIHW advisory)</p>	<p>92. The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) 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 2005-06, the Department undertook a project to review OATSIH's service level data needs. This project made a number of recommendations regarding changes to the Service Activity Reporting (SAR) questionnaire and the Drug and Alcohol Service Reports (DASR).</p>

<p>93. Encourage data collection, analysis and research organisations to actively recruit, train and retain Aboriginal and Torres Strait Islander staff.</p>	<p>93. ABS, AIHW and NHMRC</p>	<p>The short term recommendations have been implemented and the longer term recommendations will be considered in any further development of these collections.</p> <p>93. NHMRC highlights this in the guidance to researchers it provides through: <i>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; and Criteria for Health and Medical Research of Indigenous Australians.</i></p> <p>The AIHW commitment to statistical training of Indigenous people was the reason for the placement of Aboriginal and Torres Strait Islander student through the MAE program. The placement in ATSIHWU provided training in data collection, analyses and reporting</p> <p>The AIHW is currently in the process of establishing a national central data repository that will allow for capacity building of Indigenous researchers and students in statistical areas. This will also allow for potential employment opportunities within the AIHW.</p> <p>The AIHW under the auspice of National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) is preparing a paper that will explore ways of how to:</p> <ul style="list-style-type: none"> • actively recruit and train Aboriginal and Torres Strait Islander students/ researchers in data collection, analysis and interpretation • how to retain these trained individuals in the statistical work force <p>The ABS fosters this internally regarding provision of Indigenous statistical cadetships and its Indigenous Community Engagement Strategy which employs up to 8 Indigenous Engagement managers. The ABS also participates in external forums like the Menzies School of Health Research's CIPHER program which aims to foster Indigenous researchers.</p>
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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 Frameworks³		
94. Implement this Key Result Area by contributing to the implementation of the following key nationally agreed frameworks: <ul style="list-style-type: none"> • <i>The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09;</i> • <i>The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2006;</i> 	94. <i>National initiatives</i> DHA (through AHMAC)	94. Implementation of the outcome and key directions articulated in the National Mental Health Plan 2003-2008 is continuing. The Australian Government's overall commitment to the COAG mental health reform package as announced by the Prime Minister on 5 April 2006, amounts to \$1.9 billion over five years. The areas for which the Australian Government is responsible are comprehensively addressed by increasing access to primary health care, increasing the mental health workforce, including

³ 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.*

funding for mental health nurses, new structured social participation programs for people with severe mental illness, providing more respite places, and treatment for people with both mental health and drug or alcohol problems. Broader support such as the expansion of telephone counselling, self help and web-based support programs all have the potential to offer support at a local level and to benefit Aboriginal and Torres Strait Islander people nationally. The measure '*Improving the Capacity of Workers in Indigenous Communities*' will benefit Indigenous Australians and Indigenous specific primary health care services nationally. \$20.8 million has been allocated over five financial years, with \$1.516 million allocated in 2006/07. Aboriginal Health workers, counsellors and clinical staff in Indigenous specific health services will be trained to identify and address mental illness and associated substance use issues in Indigenous communities, to recognise the early signs of mental illness and make referrals for treatment where appropriate. Non-clinical staff, like transport and administration staff, will be trained in mental health first aid.

New initiatives under the COAG mental health package will enhance the existing programs funded through OATSIH, including the Bringing Them Home Counsellors, Mental Health Services, Social and Emotional Well Being Regional Centres and the Link Up Program.

The Department is funding the following priorities in relation to the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009:

- implementation of a national smoking cessation program for Indigenous communities;
- development of an Indigenous alcohol management program;
- improvement of Indigenous data collection; and
- improvement of outcomes for Indigenous communities as a result of the policing response to illicit drugs and other harmful substance usage.

		<p>The Ministerial Council on Drug Strategy recently endorsed an extension of the Complementary Action Plan (CAP) until 2009, which has brought it into line with National Drug Strategy 2004-2009 (NDS). The CAP was extended to facilitate ongoing monitoring of implementation and enable a final evaluation to take part in the context of a broader evaluation of priorities under the NDS.</p> <p>The Department has contracted:</p> <ul style="list-style-type: none"> • AIHW to research illicit drug use among Aboriginal & Torres Strait Islander peoples: An assessment of Data Sources; • Council for Aboriginal Alcohol Program Services (CAAPS) to deliver the Youth Wellbeing Project in the Top End Region of the NT. This project aims to minimise the harm associated with petrol sniffing, decrease crime related to petrol sniffing and improve the social and emotional wellbeing of Indigenous Communities in the Top End Region of the NT; • Flinders University, Flinders Consulting Pty Ltd to develop clinical practice guidelines for the management of alcohol problems in Aboriginal and Torres Strait Islander peoples; and • Menzies School of Research (NT) to implement sustainable and continuing intervention programs to support Aboriginal and Torres Strait Islander people in the NT's Top End to quit smoking tobacco and/or cannabis. Trials to be held in Groote Eylandt, Arnhem Land NT. <p>OATSIH through the Aboriginal and Torres Strait Islander Substance Use Program provides funding to support 64 Aboriginal and Torres Strait Islander substance use services nationally. The Drug Strategy Branch has carriage of implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2009.</p>
<p><i>Policy and Planning</i></p> <p>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</p>	<p>95. DHA</p>	<p>95. Under the Social and Emotional Wellbeing Framework, jurisdictions are required to include mental health and substance use as a standing agenda item through the existing State and Territory and Regional Aboriginal Health Partnership Forums.</p>

Agreements.		
Aboriginal and Torres Strait Islander specific responses		
<p><i>Social Health</i></p> <p>96. Continue to support the following services for Indigenous Australians:</p> <p>(a) Emotional and Social Wellbeing Regional Centres and Social Health Teams.</p> <p>(b) Counsellor positions funded through the <i>Bringing Them Home</i> program.</p> <p>(c) The Link Up Program, which traces and reunites families.</p> <p>(d) The Indigenous Parenting and Family Well-Being initiative which promotes parenting skills and well-being amongst Aboriginal and Torres Strait Islander families.</p> <p>(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.</p>	<p>96.</p> <p>(a) DHA</p> <p>(b) DHA</p> <p>(c) DHA</p> <p>(d) FaCSIA</p> <p>(e) FaCSIA</p>	<p>96. These services are all included within The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09.</p> <ul style="list-style-type: none"> • Funding is continuing for 15 SEWB 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 Indigenous specific primary health care services to provide a range of services to Indigenous people (\$4.3 million in 2005-06). • There are 19 culturally appropriate mental health service delivery projects (\$2.5 million in 2005-06). • There are 106 Bringing Them Home Counsellor positions funded nationally (\$8.7 million in 2005-06). • There are 12 Link Up sites across the country funded through 10 Indigenous community organisations (\$3.3 million in 2005-06). <p>An evaluation of the Bringing Them Home and Indigenous Mental Health programs is being conducted during 2006. It is expected that the findings of the evaluation will be published in 2007.</p> <p>The Indigenous Children Program (ICP) is intended to deliver better outcomes for Indigenous children and families through culturally sensitive early intervention and prevention programs and services. The ICP commenced in January 2006 as a merger between two previous programs, the Aboriginal and Islander Child Care Agency (AICCA) and Indigenous Parenting and Family Wellbeing (IPFW) programs. ICP is currently in a transition year where services previously funded under AICCA or IPFW are repositioning their activities to meet the Review recommendations, and now the ICP Guidelines, of an early intervention and prevention focus. ICP currently has 36 ICP services located all over Australia.</p>

<i>Family Violence</i>		
<p>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.</p>	<p>97. AGD</p>	<p>97. The Family Violence Prevention Legal Services (FVPLS) program provides specialist legal, counselling and community promotion services to assist Indigenous adults and children who are victims of family violence and/or sexual assault or who are at immediate risk of such violence. Thirteen new FVPLS units announced in the 2004–05 Budget became fully operational during 2005–06. This ensures a fully operational FVPLS program operating within 26 FVPLS units. These FVPLS units service rural and remote high need areas and assisted approximately 6,200 Indigenous Australians during 2005–06 by providing 10,700 legal, counselling and community promotion service activities. This figure will increase throughout 2006–07 as the 13 new FVPLS units that commenced service delivery during 2005–06 become more established within their communities. Funding for an additional five FVPLS units was announced in the 2006–07 Budget.</p> <p>The Attorney-General's Department also administers the Prevention, Diversion, Rehabilitation and Restorative Justice program which funded over 152 activities across Australia in 2005–06. The program aims to reduce Indigenous people's adverse contact with the justice system. The funding was distributed between community night patrol services, youth initiatives, prisoner support, and rehabilitation and restorative justice programs. While none of these activities are specifically directed towards health outcomes, they help to divert the Indigenous population away from substance abuse and related sexual and family violence.</p>
<p>98.</p> <p>(a) The Indigenous Family Violence Partnership Program funds state, territory and local projects that address Aboriginal and Torres Strait Islander family violence particularly in remote areas.</p> <p>(b) The Family Violence Regional Activities Program (FVRAP) supports local level projects that address family violence issues within Indigenous communities</p>	<p>98. FaCSIA</p>	<p>98. There were 35 FVPP projects and 52 FVRAP projects funded in 2005-06. There were also contributions made to two SRA's.</p>

<p><i>Substance Use: Tough on Drugs Initiative</i></p> <p>99. Under the Prime Minister's Tough on Drugs Initiative undertake the following activities targeting Indigenous Australians:</p> <p>(a) Develop and deliver an implementation strategy for the 'Tough on Drugs' Indigenous Community Initiative</p>	<p>99.</p> <p>(a) DHA</p>	<p>99.</p> <p>(a) DHA is funding a number of projects to build community capacity:</p> <ul style="list-style-type: none"> • 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; and • 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. <p>Through a Shared Responsibility Agreement, the Maningrida community of the Northern Territory will gain facilities to expand youth development activities. The facilities will be complemented with initiatives to reduce substance misuse, self-harm, crime and family violence, and create positive pathways for young people. The total value of this SRA is \$2,056,675 and DHA is contributing \$593,175. Other contributing partners include: DCITA, AGD, OIPC, DEWR, FaCSIA, and the NT Police Juvenile Diversions</p>
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<p>sexual violence amongst young Indigenous Australians;</p> <p>(e) Through the COAG Illicit Drug Diversion Initiative improve access for Indigenous groups to greater assessment, counselling and treatment options.</p>	<p>(e) DHA</p>	<p>Program to support caregivers and families to focus on children's needs and obtain access to support and resources in the community to assist them in their parenting or caring role. These services support children and parents in vulnerable families and those experiencing significant transition(s) and/or at risk of child abuse and neglect or other crisis. REACH encourages early intervention approaches to prevent child abuse, neglect and other poor outcomes for children. The program is about child-centred, family focused and community connected responses to raising children.</p> <p>(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.</p>
<p>In addition, undertake the following activities:</p> <p>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.</p>	<p>100. DHA</p>	<p>100. The WA Drug and Alcohol Office has undertaken the roll out of the Train the Trainer concept across five jurisdictions. They have also undertaken to produce 2 video resources. One is for dealing with amphetamines and other illicit stimulant drug usage and the other for dealing with risky alcohol consumption. The project has two parts –</p> <ul style="list-style-type: none"> i. Indigenous Alcohol and Other Drug (AOD) Workforce development program is a culturally secure, comprehensive and strategic approach to enhance the capacity of the Indigenous alcohol and other drug sector workers in Australia through the provision of a national train-the-trainer program that allows participants to attain a Certificate III in Community Services Work AOD. ii. Involves the development of two video resources under the "Strong Spirit Strong Mind" series that will be used as a training resource for the Indigenous AOD Workforce Development Program. The videos focus on culturally secure ways to reduce harm in the community associated with amphetamine and other illicit stimulant type drug usage and/or

<p>101. Develop an accredited drug and alcohol education and training program for Aboriginal and Torres Strait Islander Health Workers under the Complementary Action Plan.</p> <p>102. Continue to fund the Aboriginal and Torres Strait Islander Tobacco Control Capacity Building Project being undertaken by the University of Melbourne.</p> <p>103. Through the Public Health Education and Research Program (PHERP) undertake core and innovation projects that align with the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (see KRA3) and chronic disease prevention strategies (see KRA2).</p>	<p>101. DHA</p> <p>102. DHA</p> <p>103. DHA</p>	<p>risky alcohol consumption.</p> <p>Secured Budget funding to reduce CDEP-subsidisation in community-based Aboriginal and Torres Strait Islander health care and substance use services. To be implemented in 2006-07.</p> <p>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.</p> <p>102. As part of this project, the Centre for Excellence in Indigenous Tobacco Control has been established and a contract for a further three years' funding is being negotiated with the University of Melbourne.</p> <p>103. Several PHERP projects support the Aboriginal & Torres Strait Islander Health Workforce Strategic Framework. One recently completed project produced a curriculum package, including evaluation framework, which will be used in educating the primary health care workforce in remote and rural northern Australia in implementing Queensland Health and Northern Territory's Chronic Disease strategies.</p>
<p><i>Substance Use: OATSIH Substance Use Program</i></p> <p>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.</p> <p>(a) Implement the findings of the 2003 Evaluation of the Comgas Scheme;</p>	<p>104.</p> <p>(a) DHA</p>	<p>104.</p> <p>(a) Findings of the 2003 Evaluation of the Comgas Scheme are being implemented as part of the 2005-06 Budget Measure 'Combating Petrol Sniffing'. The Australian Government has also provided \$6 million in the Central Desert Region and \$20.1 million in the 2006-07 Budget Measure 'Substance Abuse' to support the extended rollout of Opal fuel. In addition</p>

<p>(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;</p> <p>(c) Evaluate the Quality Assurance pilot for South Australian substance use services; and</p> <p>(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.</p>	<p>(b) DHA</p> <p>(c) DHA</p> <p>(d) (DCITA)</p>	<p>on 5 July 2006, an additional \$12 million over 3 years for the rollout of Opal fuel in Alice Springs was announced.</p> <p>(b) The Feasibility study for effective community service models to address volatile substance use in the Cross Border Region of Central Australia is yet to be finalised. The Department will work with other stakeholders on how to improve access to appropriate treatment and respite services in remote Australia. The Department has been working with the Northern Territory, Western Australian and South Australian governments on improvements to treatment and respite services as part of the implementation of the 8 point plan to reduce petrol sniffing in a designated region of central Australia.</p> <p>(c) Evaluation of the Quality Assurance pilot for South Australian substance use services has been completed.</p> <p>(d) See 71.</p>
<p><i>Male Health and Well-being</i></p> <p>105. Support the principles of the <i>National Framework for Improving the Health and Well-being of Aboriginal and Torres Strait Islander Males</i> and consider funding local male health initiatives identified through existing planing processes.</p> <p>106. Through the Emotional and Social Well-being framework implement programs to reinforce male cultural identity.</p>	<p>105. DHA through SCATSIH</p> <p>106. DHA through SCATSIH</p>	<p>105. The West Inala Panthers Shared Responsibility Agreement (developed through the Brisbane Indigenous Coordination Centre) aims to assist Indigenous men build the skills necessary to create and maintain balanced and healthy lifestyles. The community aims to use rugby league as the platform to shape positive and responsible behaviours, become healthy and fit, active in the community, and better able to challenge community violence. The total value of this SRA is \$86,780, and DHA is contributing \$50,000. Other contributing partners include: DCITA, FaCSIA and OIPC.</p> <p>106. Men's health issues are included in policy and program planning processes. The Substance Use Section within DHA has portfolio responsibility and provides secretariat to the development of the Community Men's Health Framework.</p>

Mainstream responses		
<p>107. Ensure that specific initiatives to address the Aboriginal and Torres Strait Islander component of the <i>National Mental Health Plan 2003-08</i> are included in the implementation strategy for that plan (under development)</p>	<p>107. DHA</p>	<p>107. The National Mental Health Plan 2003-08 has agreed strategies for Aboriginal and Torres Strait Islander people including the support for the SEWB Framework. The implementation strategy for the plan has been developed and strategies should be developed to address the needs of both the NMHP and SEWB Framework as identified. The implementation plan for the National Mental Health Plan 2003-08 was endorsed by AHMAC in June 2005. Indigenous people are mentioned under KRA 2.3 - access for 'special population groups'. The Plan notes the development of nationally agreed strategies. Jurisdictions are to develop implementation plans by mid 2006. Implementation is being led by the National Mental Health Working Group.</p>
<p>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.</p>	<p>108. DEST</p>	<p>108. The National School Drug Education Strategy Indigenous, Rural and Remote Initiative provided funding of around \$1 million over 2004-05 to 2005-06 for a range of activities that addressed local needs and highlighted effective prevention, intervention and drug education strategies for their students and families. In excess of 100 schools or clusters of schools were supported to develop and implement projects in these areas.</p>
<p>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.</p>	<p>109. FaCSIA</p>	<p>109. The SFCS is a large and diverse range of programs designed to help individuals and families to be a part of, and contribute to, strong and resilient communities. The Strategy focuses on early intervention and prevention in early childhood as well as working with local communities to develop local solutions. The Strategy comprises four key initiatives: Communities for Children (\$142 million for 2004-09); Early Childhood – Invest to Grow (\$70 million for 2004-08); Local Answers (\$151 million for 2004-09) and Choice and Flexibility in Child Care (\$125 million 2004-08). A suite of core priorities and desired outcomes have been derived from the National Agenda for Early Childhood. These include Healthy Young Families, Supporting Families and Parents, Early Learning & Care and Child Friendly Communities.</p>

Collaborative approaches		
<p>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.</p>	<p>110. OIPC (with DHA, FaCSIA, AGs, OSW)</p>	<p>110. The National Suicide Prevention Strategy (NSPS) promotes suicide prevention activities throughout the lifespan, as well as for specific groups at risk of suicide and self-harm. The Australian Government increased funding for the NSPS, under the COAG Mental Health Reform Measures, by allocating an additional \$62.4 million over five years to June 2011. The expanded initiative gives particular focus to Aboriginal and Torres Strait Islander peoples, who are identified as being at greater risk of suicide.</p> <p>In June 2006 the Minister for Families, Community Services and Indigenous Affairs convened the Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities. Subsequently, COAG has agreed to adopt a collaborative approach to addressing particularly the issues of policing, justice, support for victims and witnesses, and community governance.</p> <p>See also 99(c).</p>
<p>111. Focus on the impact of mental health and substance misuse co-morbidity in the Indigenous Australian population through the National Comorbidity Taskforce.</p>	<p>111. DHA</p>	<p>111. In February 2002 a <i>National Comorbidity Taskforce</i> was established to facilitate linkages between the reform agendas of the Second National Mental Health Plan (1998-2003) and the National Drug Strategy (1998/99-2002/03); the Taskforce was co-chaired by the Intergovernmental Committee on Drugs and the National Mental Health Working Group, however it has not met since October 2003. The <i>National Comorbidity Initiative</i> was established in the 2003-04 Budget and following approval of its Implementation Plan by the Parliamentary Secretary to the Minister for Health and Ageing, the Hon Christopher Pyne MP, in July 2005, the Taskforce was formally disbanded.</p> <p>From 2003-04, \$17.7m has been allocated to a <i>National Comorbidity Initiative</i> (NCI), including \$8 million over four years announced in April 2006 as part of the 2006 <i>COAG Mental Health: Improved Services for people with drug and alcohol problems and mental illness</i>. The NCI aims to improve coordination across psychiatric/mental health services and drug treatment services, develop best practice guidelines for service delivery, and increase</p>

		<p>professional education and training. There were no specific Indigenous health initiatives within the NCI for the first two budget allocations, however consultation is underway with key stakeholders to include an Indigenous specific focus in the development of activities for the recent funding allocation.</p> <p>To date nine projects have been completed under the Initiative, with others underway, including:</p> <ul style="list-style-type: none">• <i>PsyCheck</i>, a mental health screening tool to assist drug and alcohol workers in assessing clients for mental health problems, which was trialled and is currently being disseminated nationally;• <i>In my life</i>, a book of case studies which portrays the experiences of families with family members seeking or undergoing treatment for their illicit drug use was launched in June 2006; and• <i>Teams of Two</i>, a resource that provides education and training for GP's and community health teams, eg: "two teams", with a focus on managing mental health and substance abuse issues in general practice (national roll-out and training currently underway). <p>The 2006-07 '<i>Improved Services for people with drug and alcohol problems and mental illness</i>' measure provides \$65.9 million over 5 years. It builds on the NCI and specifically focuses on building the capacity of non government organisations, including Indigenous specific services, to provide best-practice services that effectively address and treat coinciding mental illness and substance abuse.</p> <p>Headspace: National Youth Mental Health Foundation was launched in Sydney in July 2006. A significant part of the Foundation's activities will be to establish and manage a grants program that will encourage partnerships of local community organisations to apply for funds to restructure existing service coordination, leading to improved integration, accessibility and quality of mental health services for young people aged 12-25. The funds are to be directed towards services that focus on early intervention and target young people at risk of developing mental health problems or for those already showing early signs of mental</p>
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		<p>health problems and associated substance use.</p> <p>A call for funding submissions and small grant applications was advertised in the national press on Saturday 30 September 2006. Applicants can also apply for small grants to assist in the development of full submissions for the subsequent funding round scheduled for early 2007. It is expected that a minimum of 30 Communities of Youth Services (CYSs) will be established in metropolitan, rural and remote areas, including Aboriginal and Torres Strait Islander communities.</p>
Research and Data		
112. Maintain and refine the Drug and Alcohol Service Reports.	112. DHA	112. The Drug and Alcohol Services Report (DASR) collection is a national profile of activities that are provided under the Australian Government funded Substance Use Specific Services. Services in the DASR collection operate in ways that reflect the needs of the community and the availability of resources, some providing a full range of comprehensive substance use and treatment activities, while others focus on specific elements of substance use and treatment. The 2005-06 DASR questionnaire is currently in the field. The 2004-05 DASR data has been finalised and a Key Results Report will be released in August 2006.
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 <i>KRA7</i>	113. <i>National initiative</i> DHA with ABS, AIHW & NHMRC through NAGATS IHID	<p>113. NHMRC convened Indigenous Health Research Panels to assess grant applications relating to Aboriginal and Torres Strait Islander health against the Criteria for Health and Medical Research of Indigenous Australians. These Panels provided advice regarding these applications to Grant Review Panels, and specified conditions for offers of funding for research relating to Aboriginal and Torres Strait Islander people.</p> <p>During 2005-06, a working group of NAGATSIHID agreed upon a set of principles to guide the collection and use of Aboriginal and Torres Strait Islander health information. These were endorsed by AHMAC in October 2006 and will be distributed to all jurisdictions for implementation.</p> <p>The Bringing Them Home (BTH) collection is a national profile of services provided under the Australian Government funded Bringing</p>

		<p>Them Home program. BTH counsellors provide support services for all Aboriginal and Torres Strait Islander people who have been affected, either directly or indirectly, by past government policies and practices regarding the removal and separation of children from their families, and those going through the reunion process.</p> <p>The 2005-06 Service Activity Reporting (SAR) and the 2005-06 Drug and Alcohol Report (DASR) questionnaires collect information on emotional and social wellbeing and substance misuse services provided to Aboriginal and Torres Strait Islander Australians.</p> <p>Data issues have been identified within the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004-09 (SEWB). The National Aboriginal and Torres Strait Islander Health Performance Framework now provides the primary mechanism for data development.</p> <p>ABS with AIHW and Indigenous stakeholders (including NACCHO) developed the first purpose built module for measuring Social and Emotional Well being, for use in the 2004-5 National Aboriginal and Torres Strait Islander Health Survey. Initial selected results were included in the survey publication (ABS cat no 4715.0) released in April 2006. Further evaluation of the data and the performance of the SEWB module and related components will be undertaken in 2006-07 in collaboration with AIHW and Indigenous stakeholders.</p> <p>An initial step in this evaluation will be a workshop in late 2006, hosted jointly by ABS and AIHW to:</p> <ul style="list-style-type: none">• validate the output from the social and emotional well-being module of the 2004-05 NATSIHS;• assess whether other aspects of social and emotional wellbeing can be captured from the survey; and• assess how other existing administrative data sources and surveys can provide an indication of the extent of mental health and social and emotional wellbeing among Aboriginal and Torres Strait Islander people.
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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
<i>Policy and Planning</i>		
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. FaCSIA	114. FaCSIA publishes the National Indigenous Housing Guide, which complements the Building Code of Australia in specifying particular issues that should be considered when designing, constructing or maintaining Indigenous Housing.
115. Enhance provision of environmental health services and assist communities to manage their own environmental health priorities.	115. OIPC, FaCSIA, and DHA)	<p>115. Fixing Houses for Better Health projects recruit and train local Indigenous people to survey and fix houses with an emphasis on improving the functionality of health hardware to enable residents to perform healthy living practices.</p> <p>DHA supported the Northern Territory in 2005-06 to address the environmental health impact of the 2006 flooding of Katherine, including mosquito control and Indigenous environmental health issues was also provided. Two-year funding, ending in October 2006, for the development and implementation of the Indigenous Handwashing campaign, which seeks to improve the frequency of handwashing in selected communities in order to decrease the occurrence of infectious disease transmitted by faecal-oral route of transmission and thereby decreasing occurrence of gastro-intestinal infections.</p> <p>The 2006 Community Housing & Infrastructure Needs Survey (CHINS) has been conducted by the ABS on behalf of FaCSIA. Enumeration has</p>

		<p>been completed and results will be available in March 2007. Outputs will include information on a range of environmental health related infrastructure/services.</p> <p>Funding of \$334,805 to Anangu Pitjantjatjara to improve environmental protection and reduce health, safety and fire hazards in the APY Lands by establishing facilities for the collection of used oil and other waste streams in eight individual communities on the APY Lands. It will provide mini-compactors for crushing paper and cardboard at three strategic locations within the APY Lands.</p> <p>Funding of \$233,511 to Anangu Pitjantjatjara Services to establish a regional Recycling Centre at Umuwa. It will improve environmental health for communities by providing bulk storage for used oil and other recyclable materials from across the APY Lands so sufficient volumes can be collected for recycling.</p> <p>A Shared Responsibility Agreement with the Yungngora community of Western Australia addresses a shortage of toilets and laundry facilities that have been compromising the health of people in this community. The total value of this SRA is \$146,757, and DHA is contributing \$101,302. The OIPC is also contributing financially to this SRA. NAHS is a national program delivering critical housing and essential environmental health infrastructure, such as water, sewerage and power etc, to communities and organisations primarily in rural and remote areas. The program specifically focuses on improvements to environmental health, based on rigorous targeting of need, and the use of externally contracted program and project managers with engineering, contract management and funds management expertise.</p> <p>The Army Aboriginal Community Assistance Program (AACAP) is a co-operative effort between the Army and the Department of Families, Community Services with the Department of Health a collaborative member of the AACAP Steering Committee. AACAP aims to utilise Defence resources in order to improve primary and environmental health and living conditions in remote Aboriginal and Torres Strait Islander communities. The Army conducted two AACAP activities during the reporting period.</p>
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		<ul style="list-style-type: none"> ● AACAP 2005 – Fitzroy Valley Health and Infrastructure Project (10 May 2005 – 29 September 2006) .Army delivered health clinics and accommodation, fitouts, and upgrade of access roads and improved water supply. ● AACAP 2006 – Borroloola (14 May 2006 – October 2006 – Army delivered 10 new houses, 4 built by Army and 6 projects managed by Army. Demolitions and lot servicing and infrastructure. <p>An SRA with the Borroloola community of the Northern Territory will help improve environmental health and equip local Indigenous people with work skills. Through this SRA, local Indigenous people will work with Army personnel to improve the community’s housing and small engines. These participants will also take part in and actively promote healthy lifestyle programs. The total value of this SRA is \$552,940, and DHA is contributing \$60,000. Other partners include DEWR, FaCSIA, the NT Government, a mining company and two local Aboriginal corporations.</p>
Collaborative approaches		
<p>116. Establish a cross-agency forum at the Australian Government level to:</p> <p>(a) review roles and responsibilities of each agency in relation to environmental health</p> <p>(b) Contribute to the development of the National Environmental Health Action Plan (by MCATSIA in 2004-05)</p> <p>(c) Review and revise the National Environmental Health Strategy</p> <p>(d) Implement the recommendations of the National Indigenous Environmental Health Forum</p> <p>(e) Identify levels of need for additional environmental health resources with a view to providing resources commensurate with need.</p>	<p>116. DHA (FaCSIA Defence, DEH, OIPC)</p>	<p>116. FaCSIA will participate in a cross-agency forum.</p> <p>Implementation of the recommendations will form part of enHealth Council's workplan, subject to endorsement of the Australian Health Protection Committee.</p>

<p>117. Continue projects funded under the ATSIC/Army Community Assistance Program.</p>	<p>117. Defence / FaCSIA</p>	<p>118. Healthy Indigenous Housing measure for 2005-09 has provided funding of \$102.8 million over four years for a number of initiatives including \$5 million per year to continue Army Aboriginal Community Assistance Program (AACAP) projects in at least one community per year as a positive demonstration of practical reconciliation.</p> <p>The Army / Aboriginal Community Assistance Program (AACAP) has been funded by government out to 2009.</p> <p>See also outcome 115.</p>
<p>118. Develop mechanisms for strengthening and extending links between environmental health initiatives and primary health care initiatives at the national level.</p>	<p>118. DHA, FaCSIA, OIPC</p>	<p>118. Fixing Houses for Better Health projects link with environmental health initiatives in selected locations to integrate outcomes from housing and health perspectives.</p>
<p><i>Housing and Infrastructure</i></p>		
<p>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.</p>	<p>119. FaCSIA</p>	<p>119. Fixing Houses for Better Health projects link with environmental health initiatives in selected locations. The projects use a housing for health methodology to improve the function of health hardware in the houses of Indigenous people. Health hardware includes those features of a house that support the health of it's residents such as safe electrical/structural elements, access to clean hot and cold water, functioning toilets, showers, washing areas, food preparation and storage areas. Functioning health hardware supports the healthy living practices were identified in the mid 1980s as being likely to reduce the incidence of death, injury and infectious diseases among Indigenous people.</p>
<p>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.</p>	<p>120. FaCSIA</p>	<p>120. The management of Fixing Houses for Better Health Program (FHBH) projects was tendered in 2005. The successful National Supplier, Healthabitat Pty Ltd, has been contracted until 30 June 2009 to survey and fix 2,050 houses and to manage seven research and development projects that will improve Indigenous housing design, construction and maintenance. In early 2006, FHBH projects commenced in two jurisdictions with a total of 280 houses. Ministerial approval was given to proceed with funding agreements for FHBH projects in three jurisdictions covering 1200 houses over the next three years and negotiations are continuing with two jurisdictions to manage projects</p>

		covering a total of 570 houses.
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. FaCSIA, IBA	121. In 2005-06 the Home Ownership Program recorded a 30% increase in new home loan lending.
122. Extend the Torres Strait Major Infrastructure Program to further improve water supply, sewerage and waste disposal. ⁴ (a) Develop decision tools to assist small communities develop preventive management plans for drinking water supplies	122. OIPC, DEH, NHMRC	122. Funding of \$220,000 to Queensland Environmental Protection Agency to maximise sustainable waste management and resource recovery, including used oil, on Warrabar Island in the Torres Strait. It will provide a waste oil facility, an upgrade to the existing fuel/oil storage area, a new garbage compactor and a compound to store, crush and bail recyclable packaging materials. This activity is consistent with priorities identified under the Major Infrastructure Program for Torres Strait, the Torres Strait Outer Islands Regional Waste Management Strategy and the delivery of the natural resources management program in the Torres Strait region under the Australian Government's Natural Heritage Trust initiative. FaCSIA will work with the Torres Strait Islander Authority (TSRA) and the Queensland Government to develop an Indigenous Housing and Infrastructure Agreement. Officers in OIPC may be able to give advice relating to the specific program.
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.

⁴ 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
<i>Policy and Planning</i>		
124. Establish Indigenous Coordination Centres involving a collaboration of Australian Government agencies in key locations across Australia.	124. OIPC (and other relevant agencies)	124. The Department of Families, Community Services and Indigenous Affairs (FaCSIA) through the Office of Indigenous Policy Coordination (OIPC) is leading this work. A network of 30 Indigenous Coordination Centres (ICCs) is established across the country, which includes 23 rural and remote ICCs and 7 metropolitan 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. OIPC with DHA and other relevant agencies	125. The Government's "whole of Government" approach to Indigenous affairs is providing a mechanism for facilitating cross-agency and cross-program collaboration in addressing a wide range of issues, both at the national and the local levels. The network of Indigenous Coordination Centres (ICCs) is responsible for engaging directly with Indigenous communities to gain an understanding of their needs and priorities and to help in developing solutions to local issues.
126. Continue to fund Round Two of the Aboriginal and Torres Strait Islander Coordinated Care Trials.	126. DHA	126. The three Indigenous Coordinated Care Trials (CCTs) closed in 2005; with the two located in NSW and NT closing on 30 June 2005 and the third in WA closing on 30 September 2005. All three trials transitioned into ongoing service provision through OATSIH funded programs. All three organisations have undertaken a range of restructuring

		<p>activities in 2005-06, to ensure their ability to provide comprehensive primary health care for Indigenous people in their communities. OATSIH State and Territory Office staff liaise regularly with each organisation (in conjunction with business management consultants where necessary) to clarify expectations and to assist with change management. The Coordinated Care Trials are being independently evaluated with the final report expected by August 2006. The report will inform decision-making about recurrent funding levels and service profiles for all three organisations.</p> <p>See also 13.</p>
<p>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.</p>	<p>127. National initiative OIPC with DHA and other relevant agencies</p>	<p>127. The ICCs that have responsibilities within COAG Trial sites to work in close partnership with the relevant Lead Agencies to achieve a collaborative, coordinated outcome. Examples of whole-of-government cooperation in COAG sites include:</p> <p>In Ivanhoe (Murdi Paaki COAG trial site) a SRA was signed to improve the living conditions of the community and helping families to raise healthy children. The installation of air cooling units will also see improvements in the educational outcomes of students in the community through increases in school attendance and attainment. Additional benefits will be created through incorporated training for local Indigenous people in installation and maintenance relevant to the project. The NSW Department of Health will complete Well Persons Health Checks, and DEWR will commit STEP funding and CDEP positions for the Health Housing Workers project.</p> <p>In the APY Lands, a SRA was signed aimed at improving early childhood outcomes for the community of Kalka. The Department of Family and Community Services, OIPC, the South Australian State Government, local Councils and the Kalka community committed to a building upgrade and outfitting, training for family support workers, health care and first aid training for community members.</p> <p>The two specific projects endorsed by the APY Lands COAG</p>

		<p>Steering Committee (and continue to be supported by TKP) reflect the priorities identified in the original APY Lands SRA: Mai Wiru Regional Stores Policy and PY Ku Network. These projects respectively focus on improving the availability and affordability of healthy food supplies and improving access to a wide range of social and community services on the APY Lands. Both projects also aim to improve training and employment opportunities.</p> <p>See also 124.</p>
<i>Income Security</i>		
<p>128. Building on the success of the Cape York Family Income Management Project, provide funding for additional financial literacy and money management projects to be established projects to be established in other Aboriginal and Torres Strait Islander communities.</p>	<p>128. FaCSIA, DEWR</p>	<p>128. A 2005 evaluation of Family Income Management (FIM) reported improvements in physical health and emotional wellbeing and reductions in substance abuse in the three communities evaluated. In the 2006-07 Budget funding was provided to extend the number of FIM sites from five to seven, introduce Extended Family Care in FIM sites and make enhancements to Centrepay. The 2006-07 Budget also provided funding for money management information and support and a matched savings scheme to promote Indigenous home ownership on community title land. The six Indigenous Financial Management (MoneyBusiness) sites completed training workers and five sites received their first clients during 2005-06 (Kununurra saw its first clients during July 2006).</p> <p>In 2005-06, DEWR and IBA funded Innovation and Business Skills Australia (IBSA) to develop appropriate training materials for Indigenous people to be in small business or to work in rural or remote community stores. The training package develops financial literacy for business. Extensive consultations were held with stakeholders and a skills map of existing and required competencies, qualifications and skill clusters was developed. Both new and improved units of competence and qualification were developed to fill identified shortfalls and these are currently being submitted for endorsement to the National Quality Council.</p>
<i>Health and Education</i>		
<p>129. Continue to support the Croc Festivals in seven rural and remote locations to encourage young Aboriginal</p>	<p>129. DHA</p>	<p>129. In 2005, seven Croc Festivals were held at Thursday Island (QLD), Halls Creek and Geraldton (WA), Swan Hill (VIC), Moree and</p>

<p>and Torres Strait Islander students to attend school and to lead healthy and positive lifestyles without misusing alcohol, tobacco and other drugs.</p>		<p>Kempsey (NSW) and Alice Springs (NT). The Festivals were attended by 18,845 students and 1,565 teachers from 416 schools.</p> <p>In early 2006, the Department provided support to Indigenous Festivals of Australia to undertake community consultation to establish venues for the 2006 Croc Festival events.</p>
<p>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.</p>	<p>130. FaCSIA (with DEST, AGs and DHA)</p>	<p>130. The Australian Government endorsed the National Agenda in December 2005. The ACT and Tasmanian governments have formally endorsed the National Agenda, with other states and territories to consider following the COAG National Reform Agenda outcomes in February 2007.</p> <p>The goals of the National Agenda include meeting the basic physical needs of all children and promoting all aspects of child development. The principles include a whole-of-child view that incorporates the family and additional help for those children most in need, in particular Aboriginal and Torres Strait Islander children.</p>
<p>131. Implement the National Indigenous English Literacy and Numeracy Strategy.</p>	<p>131. DEST</p>	<p>131. The Australian Government is providing \$102 million over four years (2005-2008) for strategic interventions under Whole of School Intervention program (WOSI). The interventions involve Indigenous communities and parents working with schools and other organisations to improve the educational outcomes of Indigenous school students.</p> <p>WOSI funding is supplementary and is not intended to substitute for mainstream funds. At least half of the available funding has been targeted at remote schools. WOSI projects are funded by calendar year. In 2005, funding was provided for 1,637 projects targeting 166,032 students (this is an estimate based on number of students that funding applicants believe will be assisted by each project. There may be some overlap if students are assisted by more than one project).</p> <p>A further 549 projects received funding through Round 1 of 2006, these projects will target 46,474 students. Health and nutrition may be included in any of these projects.</p>

<p>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.</p>	<p>132. DEST</p>	<p>132. The National School Drug Education Strategy Indigenous, Rural and Remote Initiative provided funding of around \$1 million over 2004-05 to 2005-06 for a range of activities that addressed local needs and highlighted effective prevention, intervention and drug education strategies for their students and families. In excess of 100 schools or clusters of schools were supported to develop and implement projects in these areas.</p>
<p>133. Continue to target Aboriginal and Torres Strait Islander Education as a priority.</p>	<p>133. DEST</p>	<p>133. In May 2005, the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) made a decision to make improving outcomes for Indigenous students the top priority for the 2005-2008 quadrennium.</p> <p>The Australian Government's priority areas for Indigenous education for 2005–2008 focus on:</p> <ul style="list-style-type: none"> • directing resources to programs that have demonstrably worked; • providing greater weighting to Indigenous students of greatest disadvantage (those in remote areas); and • leveraging the mainstream to work better for Indigenous students. <p>The Australian Government has committed funding of \$2.1 billion for Indigenous education to preschools, schools, tertiary education providers and Indigenous students over the 2005-2008 quadrennium. This Indigenous education funding is supplementary to mainstream funding, and is intended for strategic interventions that will accelerate improvements in Indigenous student learning outcomes.</p> <p>Various Shared Responsibility Agreements combine a focus on health and education. For example, the SRA with the Watarru community of South Australia focuses on addressing the twin priorities identified by the community: a healthier and safer community; and increasing and maintaining school attendance and outcomes. The total value of this SRA is \$1,583,333, and DHA is contributing \$1,333,333. Other contributing partners are: Watarru Community Incorporated, FaCSIA and DEST.</p>

<p>134. Child Care Initiatives</p> <p>(a) Develop Indigenous Child Care Plan to guide future development and funding of existing and future Indigenous Child Care Services</p> <p>(b) Continue funding Indigenous Child Care Services in rural and remote areas</p>	<p>134. FaCSIA</p>	<p>134.</p> <p>(a) The former Minister for Children and Youth announced the development of an Indigenous Child Care Strategy during the launch of the redeveloped Child Care Support Program in June 2004, following a review of the Child Care Support Broadband. In 2005, consultants were engaged to conduct consultancy services related to the development of an Indigenous child care plan. Consultations took place in urban, regional and remote locations, involving Indigenous child care services, Indigenous community members and representatives from all levels of government. The information from the consultations will be used to assist in the development of Indigenous child care policy.</p> <p>(b) Through budget-based funding, FaCSIA funds 284 Indigenous child care services in rural and remote areas in 2005-06. These services consist of: 33 Multifunctional Aboriginal Children's Services (MACS), 43 Flexible/Multipurpose Services, 20 Mobile Child Care Services, 55 Indigenous Playgroups, 102 Indigenous Outside School Hours Care (including Vacation Care) and Enrichment programs, 32 JET Crèches. Total expenditure for these services between 2005-06 was approximately \$28 million.</p> <p>See also 96.</p>
<p>Employment</p>		
<p>135. Implement the Australian Government's <i>Indigenous Employment Policy</i> including:</p> <p>(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</p>	<p>135.</p> <p>(a) DEWR</p>	<p>135.</p> <p>(a) The Indigenous Employment Policy (IEP) has been implemented progressively since 1999. New program elements have been periodically implemented.</p> <ul style="list-style-type: none"> • Commencements in IEP programs for 2005-06 totalled over 10,000, representing a 17 per cent increase from 2004-05. This includes over 3 700 CDEP participants being placed into open employment.

<p>Employment Centres; Indigenous Youth Employment Consultants; Indigenous Small Business Fund; Indigenous Self Employment Program; and Indigenous Capital Assistance Fund.</p> <p>(b) The Indigenous Small Business Fund which provides funding for the development and expansion of Aboriginal and Torres Strait Islander businesses</p> <p>(c) Indigenous Employment Centres</p> <p>(d) Maintenance and Promotion of Indigenous Visual Arts under the Government's <i>Indigenous Art Centres Strategy Action Plan</i>, providing Indigenous communities with opportunities to become economically active through the productions and sale of arts and crafts and employment in the administration and governance of art centres.</p> <p>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.</p>	<p>(b) DEWR/IBA</p> <p>(c) DEWR</p> <p>(d) DCITA</p> <p>136. DEWR</p>	<ul style="list-style-type: none"> • In addition, over 44,500 job placements were recorded by Job Network members and other Job Placement Organisations for Indigenous job seekers an increase of 14 per cent on 2004-05 outcomes. <p>(b) See 135 (a)</p> <p>(c) See 135 (a)</p> <p>(d) DCITA has maintained its commitment to delivering the National Arts and Crafts Industry Support (NACIS) Program, which provides vital funding to Indigenous art centres and support organisations. 52 organisations were funded in 2005-06. Indigenous art centres can bring significant benefits to Indigenous communities, including building skills and capacity, maintaining culture and generating income and employment opportunities.</p> <p>136. See 135 (a)</p>
<p><i>Transport and access to health services⁵</i></p>		
<p>137. Fund the Royal Flying Doctor Service.</p>	<p>137. DHA</p>	<p>137. OATSIH provided funding for a number of specific services provided by the Royal Flying Doctor Service in Queensland during 2005-06. These services included a major project to establish and implement a fly in/fly out model of comprehensive primary health care for</p>

⁵ 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.

<p>138. Consider funding patient transport initiatives aimed at improving access by Indigenous Australians to health services identified through planning processes.</p>	<p>138. DHA</p>	<p>Aboriginal and Torres Strait Islander residents across Cape York communities using GPs, nurses and allied health care professionals, under the Improved Primary Health Care 2005-06 budget initiative.</p> <p>138. Funding for patient transport has been included in a number of health services funding agreements in 2005-06, as an important means of enabling access in difficult-to-reach areas.</p> <p>The Shared Responsibility Agreement with the community of the <i>Western Desert Nganampa Walytja Palyantjaku Tjutaku</i> (WDNWPT) will assist those suffering from renal issues, and help reduce the incidence of renal disease. The SRA will: develop a health education and support facility in Alice Springs; provide training programs for patients and families in the management of renal disease; and, purchase and operate a vehicle for patients and their families to enable them to access services and maintain social networks while in Alice Springs. The total value of this SRA is \$579,000, and DHA is contributing \$80,000. Other contributing partners are the OIPC and NT Government.</p>
<p><i>Aged and Disability Services</i></p>		
<p>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.</p>	<p>139. DHA</p>	<p>139. In both the 2005 and 2006 Aged Care Approvals Rounds (ACAR) one of the Key Issues identified is 'improving access to aged care services for people with special needs', which includes people from Aboriginal and Torres Strait Islander communities.</p> <p>In the 2005 ACAR, 2.3% of new aged care places (10 residential and 242 community care) were allocated with a particular focus on the provision of care to people from Aboriginal and Torres Strait Islander communities.</p> <p>150 additional flexible aged care places were announced in the May 2006 Budget and will be rolled out over the next 3 years.</p> <p>In addition to aged care places funded under the Aged Care Act, the Australian Government provides services for older Aboriginal and Torres Strait Islander people under the National Aboriginal and</p>

		Torres Strait Islander Aged Care Strategy. The National Strategy funds around 30 services which provide some 600 flexible places delivered in culturally appropriate ways, mainly in rural and remote Australia. These services offer a mix of residential and community care and are mainly located in rural and remote areas.
140. Involve the Framework Agreement partnership forums in planning of Community Aged Care Packages and Home and Community Care Services.	140. All (DHA with FaCSIA)	140. The requirement to take the needs of Aboriginal and Torres Strait Islander people into account is being included in the new draft HACC Agreement. The mechanisms for consultation, including the potential for the Framework Agreement partnership forums to be involved in planning for HACC services, will be considered by HACC officials.
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 - and is being widely distributed. The Kit is being well received.
142. Extend Viability Supplement payment to Aboriginal and Torres Strait Islander flexible services for the first time.	142. <i>National Initiative</i> DHA (through AHMAC)	142. Residential care viability supplement for eligible services in rural and remote locations was provided to Aboriginal and Torres Strait Islander flexible services for the first time from 1 January 2005. Community care viability supplement will also be available following the May Budget for community services in rural and remote locations from 1 January 2007.
143. Contribute to the development of an implementation plan under the <i>Commonwealth, State and Territory Strategy on Healthy Ageing</i> (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	143. <i>National initiative</i> DHA	143. (a) The Department of Health and Ageing has committed to spend up to \$40,000 for a consultancy to do a scoping study of the health and aged care needs for the Tabulam community of New South Wales. (b) Specific actions are being followed up in other areas, such as nutrition (67), physical activity (72), oral health (78 – 81) and

accommodation support services.

Respite service for carers of young people with disabilities is delivered through the network of Commonwealth Carer Respite Centres and CRC data on respite access by particular population cohorts is not disaggregated by sub-program. The objective of this small program is to enable access to respite for carers of young people who cannot access respite services through State or Territory programs.

Print Disability Services are funded to render printed material into other formats (such as audio or braille) to help people with vision impairment or who cannot physically handle printed material to access information. Similarly, Captioning services provide written captions on video and film products so that deaf people can access the information on the screen. Data on access to the outputs of these programs by particular population cohorts is not captured.

On 16 February 2005, the former Minister for Family and Community Services agreed to engage the National Aboriginal Community Controlled Health Organisation (NACCHO) to appoint a project officer to establish the National Indigenous Disability Network and create links with existing state-based Indigenous disability networks.

The purpose of the National Indigenous Disability Network will be to raise awareness within Indigenous communities about disability issues and to facilitate the exchange of information about services that support Indigenous people with disabilities, their families, carers, and service providers.

The Department of Families, Community Services and Indigenous Affairs is working with NACCHO to progress this work.

The Postal Concession for the Blind program enables people who are blind, or organisations that are sending items to blind people, to send audio, braille or Moon articles through the postal system at a reduced parcel rate. Data is available only on the number of parcels sent, not on the population characteristics of either the

		<p>sender or receiver.</p> <p>In 2004-05 a total of \$565.2 million was provided to states and territories to assist them in meeting their responsibilities under the CSTDA. Actual expenditure for the 2005-06 financial year was not available at the time of publication of this Report.</p>
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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
<i>Data availability and quality</i>		
<p>145. Contribute to the implementation of the <i>1997 National Aboriginal and Torres Strait Islander Health Information Plan</i> and in particular undertake the following initiatives:</p> <p>(a) Use the ABS standard definition for Aboriginal and Torres Strait Islander identification in all data collections.</p>	<p>145.</p> <p>(a) <i>National initiative</i> DHA with ABS and AIHW through NAGATSIHID</p>	<p>145.</p> <p>(a) The ABS continues to promote the implementation of the standard definition of Indigenous status for use in relevant data collections. It provides support to agencies and organisations through its network of Regional Offices; via its network of Indigenous Engagement managers; & its participation on inter agency and peak body forums on Indigenous data issues.</p> <p>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, continues to take a lead role in implementing the <i>1997 National Aboriginal and Torres Strait Islander Health Information Plan</i>. Some of NAGATSIHID's roles are to advise on and support improvements to Indigenous identification in administrative processes and the data sets derived from those processes; facilitate a shared understanding of, and effort to align, Indigenous identification</p>

<p>(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.</p>	<p>(b) AIHW and ABS with States and Territories</p>	<p>across data collections, jurisdictions, regions and time; and monitor compliance with the standard question on Indigenous status. The NAGATSIHID is currently overseeing and providing advice on a project being undertaken by the AIHW to develop a best practice guide for health care providers and data custodians for including Indigenous status in health data collections. The project is expected to be completed in June 2007 and is being funded jointly by NHMRC and OATSIH, DHA.</p> <p>The standard definition for Aboriginal and Torres Strait Islander identification were adopted by AIHW for use in strategic research calls from July 2006.</p> <p>The Aboriginal and Torres Strait Islander health and Welfare Unit at the AIHW has adopted the <i>1997 National Aboriginal and Torres Strait Islander Health Information Plan</i> as an integral part of the Unit work plan. The ATSIHWU in collaboration with other units within the AIHW is undertaking systematic analyses of the compliance with the standard definition for Aboriginal and Torres Strait Islanders in all its data collections.</p> <p>(b) Within the AIHW, staff in the various areas are encouraged to actively promote an understanding of the importance of and how to collect data about Aboriginal and Torres Strait Islander status through the various working groups that the AIHW is involved with.</p> <p>A number of projects are currently underway assessing the quality of Indigenous identifications and compliance with the ABS standard question. These include</p> <ul style="list-style-type: none"> • A project focusing on 7 community services data collections • A project focussing on mainstream public and community housing data collections • A project focusing on 6 health data collections • An improvement to and redevelopment of the identification section of the Indigenous portal on the AIHW web site. • The development of best practice guidelines on how to collect Indigenous status information.
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<p>(c) Develop and use standard mechanisms to report on levels of Aboriginal and Torres Strait Islander status coverage.</p> <p>(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.</p>	<p>(c) ABS</p> <p>(d) ABS</p>	<p>(c) ABS has developed and published 'implied coverage rates' for Indigenous deaths and births data (ABS cat nos. 3301.0 & 3302.0).</p> <p>(d) ABS continues to consult with Indigenous stakeholders on a range of data collection development and analytical issues, most recent examples being the development leading to the successful conduct of the 2004-05 NATSIHS; the 2006 Census Indigenous Enumeration Strategy; and development of the 2006 CHINS. ABS also established and convened in May 2006, the Advisory Group on Aboriginal & Torres Strait Islander Statistics (AGATSIS) to help inform ABS on its Directions in Indigenous Statistics.</p>
<p><i>Medicare data</i></p> <p>146. Encourage voluntary Aboriginal and Torres Strait Islander identification under Medicare and use it to analyse preliminary aggregated Medicare data.</p> <p>147. Renew efforts to improve MBS enrolment rates and increase the numbers of Medicare Australia Indigenous Liaison Officers across Australia.</p> <p>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.</p>	<p>146. <i>National initiative</i> DHA with ABS</p> <p>147. <i>National initiative</i> DHA with ABS</p> <p>148. Medicare Australia</p>	<p>146. ABS is in discussion with DHA re examining aggregate tables of Indigenous Medicare data to validate against forthcoming 2006 Census aggregates.</p> <p>147. The ABS has no role in MBS enrolment rates, however the ABS is able to provide training support to Medicare staff on Indigenous identification issues and advise on promotional materials.</p> <p>148. These data are being improved through getting a 100% response rate to surveys on employed doctors, analysis of outliers trends and dissemination of the data back to services annually.</p>
<p><i>Hospital data</i></p> <p>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.</p>	<p>149. DHA and AIHW</p>	<p>149. An Indigenous hospital morbidity database was developed in the Department of Health and Ageing in 2005. It originally contained data from several information systems for reporting on Acute Care data. The system systems enabled:</p> <ul style="list-style-type: none"> • time series statistics to be generated;

<p>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.</p>	<p>150. DHA and AIHW</p>	<ul style="list-style-type: none"> • statistics to be displayed on maps; and • the travel distance to be displayed on maps. <p>In 2006 it was further enhanced to meet new requirements and rolled the systems out to regional reporting officers and the following new data added:</p> <ul style="list-style-type: none"> • reporting of Emergency Department data; • displaying Emergency Department data in maps; and • allowing Age cohorts to be displayed on maps. <p>150. Identification of Indigenous Australians is reported in the Emergency Department Data. Patient level data has not been developed for outpatients at this stage. The 2006-07 AHMAC cost-shared budget has provided funding to pilot an audit for identification and recording of Indigenous Australians who are admitted to hospital.</p> <p>There are two non admitted patients data sets currently held by the AIHW</p> <p>The emergency department data set which is a unit record data collection and has the standard ABS question. The quality of the identification in this data set has not been assessed yet</p> <p>The outpatient data collection—this is currently an aggregate data collection and it is planned that the standard ABS Indigenous status question will be used when the data is collected in a unit record format over the next two years.</p>
<p>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.</p>	<p>151. DHA and AIHW</p>	<p>151. In addition to upgrading the original data sets and reporting systems, a new system has been developed to enable profiles of hospital morbidity data at the regional level to be reported</p> <p>The Australian Institute of Health and Welfare has been funded to develop best practice guidelines to collect Indigenous status information in six key health data sets. This project involves an assessment of the quality and ways in which Indigenous identification data is currently collected and then the development of guidelines to improve the way this information is collected for each of the datasets.</p>

		The NH&MRC and OATSIH of DHA are jointly funding the Australian Institute of Health and Welfare work on a major project titled "Improving identification of Indigenous People in health data collections".
<p><i>Administrative data</i></p> <p>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.</p>	<p>152. <i>National Initiative</i> NAGATSIHID with input from DHA, ABS and AIHW</p>	<p>152. AIHW is committed to this process across all its data sets health, housing and welfare</p> <p>In 2005-06 the AIHW started work on a project on improving Indigenous identification in key datasets. This project has been endorsed by NAGATSIHID. One of the project's key aims is the development of best practice guidelines for improving the collection and recording of Indigenous status that are tailored to suit different organisations and personnel collecting the data. The project is due to be completed in 2007.</p> <p>Also see comments under 145 (a & b); ABS continues to foster developments in administrative datasets via its participation in relevant interagency and peak body forums eg NAGATSIHID; NIHIIC.</p>
<p><i>Survey data</i></p> <p>153. Continue and refine the ABS Aboriginal and Torres Strait Islander surveys and the Census collection program.</p>	<p>153. ABS and AIHW</p>	<p>153. AIHW is an active member of the ABS relevant reference groups.</p> <p>Also AIHW works through NAGATSIHID where issues relevant to census and health survey are frequently discussed</p> <p>See comments under 145 (d) ABS has extended its provision of Indigenous labour market data by releasing 2 editions of annualised Indigenous labour force estimates during 2006. This will become an annual release. (ABS cat no 6287.0). ABS has commenced an evaluation of its 2 most recent Indigenous household surveys (2002 NATSISS & 2004/05 NATSIHS) in preparation for development of the next (2008) NATSISS.</p>
<p>154. Include emotional and social wellbeing information in</p>	<p>154. ABS and</p>	<p>154. The AIHW together with the ABS hosted a work-shop that allowed for a</p>

<p>the National Aboriginal and Torres Strait Islander Health Survey.</p>	<p>AIHW</p>	<p>module on social and emotional wellbeing to be included in the 2004-05 NATSIHS</p> <p>A workshop was held in 2006 to assess the data collected in 2004-05 and to see if additional information are needed for 2010-11 NATSISH</p> <p>ATSIHWU is working with NACCHO on the isolation concept to explore suitability of including this into the Social and Emotional Wellbeing module of future health surveys</p> <p>SEWB information was included in the 2004/05 NATSIHS & initial selected results published in April 2006, pending further evaluation with stakeholders in 2006-07.</p>
<p>Data development, information management and utilisation at the primary health care level</p>		
<p>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 <i>KRA9</i>.</p>	<p>155. <i>National Initiative</i> DHA with AIHW and ABS through SCATSIH</p>	<p>155. ATSIHW Unit was a member on the original Technical Group that produced the recommended indicators. AIHW continues to provide comments on the technical specifications as required. ATSIHWU has been commissioned to undertake all the analyses for the Health Performance Framework for Aboriginal and Torres Strait Islander Health</p> <p>In 2005-06 work progressed on the development of the Aboriginal and Torres Strait Islander Health Performance Framework. Work is progressing on developing the technical specifications for the performance measures and the first report against the Framework is due to be published in late 2006.</p> <p>ABS provides substantial support to agencies and has contributed throughout 2005/06 (and continues to contribute) to this development by providing advice on specifications, customised tables; & comment on analysis.</p>
<p>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 resources for evaluation and analysis of health system data.</p>	<p>156. DHA</p>	<p>156. OATSIH and key stakeholders have shifted focus to data collection, storage, retrieval and analysis through the use of clinical information systems. A Consultant is engaged for 3 months to re-design the PIRS technical specifications and to look at optimising the use of collated data through national minimum data-sets for both OATSIH and the Indigenous health sector. Consultation with NACCHO, QAIHC, AHMAC and other national affiliates will progress this work.</p>

Research		
157. Allocate at least 5% of the NHMRC's total annual research funding budget to Aboriginal and Torres Strait Islander health research.	157. NHMRC	157. Consistent with the decision of the Council at its 144th session to adopt the target of 5%, expenditure on Indigenous health research during 2005-06 increased to \$17.6 million, which at 3.9% of the total NHMRC research expenditure in 2005-06, is almost double the 2% allocated in 2003-03.
158. Include Aboriginal and Torres Strait Islander representation on NHMRC Council.	158. NHMRC	158. There continued to be Aboriginal and Torres Strait Islander representation in the triennium ending 30 June 2006.
159. Implement the <i>NHMRC Road Map: A Strategic Framework for Indigenous Health Research</i> . (a) Allocate Aboriginal and Torres Strait Islander health research funding in line with the research priorities and processes identified by the NHMRC <i>Road Map</i> . (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 Torres Strait Islander health research.	159. NHMRC	159. Indigenous health research is an identified priority in NHMRC's strategic plan and investment in this has been focussed around the <i>Road Map</i> 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 for 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 <i>Road Map</i> , 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.
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 <i>Values and Ethics: Ethical Conduct in Aboriginal and Torres Strait Islander Health Research</i> for application in the ethical reviews of all health research protocols involving Indigenous Australians.	160. (a) NHMRC	160. A document "Keeping Research on Track" was developed with extensive input from Aboriginal and Torres Strait Islander communities. This is a companion to "Values and Ethics: Ethical conduct in Aboriginal and Torres Strait Islander health research". It is a guide for Aboriginal and Torres Strait Islander peoples about health research ethics. Its main aim is to assist in the development of ethical partnerships between community members and researchers. The Department is an industry partner in the Cooperative Research Centre for Aboriginal Health (CRCAH). OATSIH is also represented in

		the NHMRC's Aboriginal and Torres Strait Islander Forum and promotes the key result areas of the Road Map in discussion and decision-making concerning Indigenous health research priorities.
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 <i>Road Map</i> aims to continue to build capacity in these areas. The establishment of a central data repository at the AIHW is currently being investigated with relevant stakeholders. It is anticipated that the data repository will be a training centre to build the statistical and research capacity of Aboriginal and Torres Strait Islander peoples.
Knowledge translation		
162. Increase, collate and publish an evidence base on successful programs/interventions in Aboriginal and Torres Strait Islander health	162. DHA	162. OATSIH supports the production and dissemination of the Kulunga Research Network's quarterly newsletter, CommUnity, and the CRCAH's quarterly newsletter, Gwalwa-Gai. These newsletters showcase successful programs and interventions and promote best practice in health research in the sector. OATSIH is also a substantial funder of the Indigenous Health InfoNet project. This project includes the production and management of a website that provides access to a comprehensive repository of Indigenous health research projects, including conference proceedings and recommendations, and other issues of significance in Indigenous health research. The Department of Health and Ageing is developing a research publication on best practice examples in improving the social and environmental determinants of health for Aboriginal and Torres Strait Islander communities. The genesis of this project was in Health Solution Brokers identifying they would value more evidence-based information on effective strategies to inform their work. This information, expected to be published later in 2006, will assist in the negotiation of strategies for addressing health issues with communities and other agencies involved in developing Shared Responsibility Agreements.
163. Support the Tripartite Agreement between Australia, New Zealand and Canada. The agreement fosters collaboration between governments, institutions, researchers and Indigenous peoples to improve	163. DHA, NHMRC, ABS, AIHW	163. NHMRC has supported international collaborations for research on resilience under the International Collaborative Indigenous Health Research Partnership (ICIHRP). In addition, under the Tripartite agreement, the fourth round of applications for the Short Term

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 countries.

Exchange / Study Funding Scheme was advertised in June 2005. This Scheme aims to enhance the research skills and profiles of Aboriginal and Torres Strait Islander and other researchers in the field of Aboriginal and Torres Strait Islander health, to increase research capacity in this sector and to facilitate collaborative exchanges between researchers in Aboriginal and Torres Strait Islander health and health researchers in New Zealand and Canada.

The AIHW has been part of an International *Health Measurement Group* that will support work on Indigenous data issues across the four countries—Australia, New Zealand, Canada. And the USA. The Group has met in 2005 in Vancouver, Canada and will meet in November 2006 in Canberra, Australia. The aim for the group is to foster collaboration between governments, institutions, researchers and Indigenous peoples to improve understanding of the factors that determine health status and ultimately improve health status in order to bridge the disparity between the health of Indigenous peoples and the general populations in these four countries.

Release of the 2004-05 NATSIHS results in April 06 supports analysis of current prevalence of certain health conditions and changes in the health status of Indigenous Australians.

OATSIH is represented on the International Network of Indigenous Health Knowledge and Development (INIHKD). An OATSIH representative attended the second gathering of the Network held in Vancouver from 1 - 4 October 2005. OATSIH has progressed collaboration between researchers located in the United States of America, Canada, New Zealand and Australia, by working in consultation with the Co-operative Research Centre for Aboriginal Health and the Onemda VicHealth Koori Health Unit, to discuss data collection techniques and outcomes. OATSIH has participated in meetings between researchers, Government agencies, statistical centres and representatives from the community-controlled health sector, to enable data development issues to be raised and discussed by the INIHKD and reported to local, regional, State and national stakeholders.

The ABS provides indirect support to the lead agencies.

<p>164. Participate in the Cooperative Research Centre for Aboriginal Health.</p>	<p>164. DHA, DEST, FaCSIA</p>	<p>164. The Department is a core partner in the Centre. The OATSIH First Assistant Secretary is a member of the CRCAH Board and OATSIH and Population Health Division (PHD) staff participate in the CRCAH Links Network, CRCAH Convocation, and the CRCAH Network of Interest. In 2005-2006, OATSIH has participated in the development of research projects under the Chronic Conditions Program and the Comprehensive Primary Health Care Health Systems and Workforce Program and commenced a scoping of research issues relevant to the Social and Emotional Well-being Program.</p>
<p>165. Support the communication, dissemination and research translation of the Western Australian Aboriginal Child Health Survey.</p>	<p>165. FaCSIA, DHA and DEST</p>	<p>165. OATSIH co-ordinates the production of WAACHS research volumes and has utilised ongoing, cross-agency initiatives to promote WAACHS research findings. OATSIH has also funded the Kulunga Research Network to promote WAACHS research findings to the Survey respondents, and to ensure that Aboriginal people are consulted about possible policy responses to the Survey findings.</p> <p>DEST has provided funding to DHA for this. The findings of the WA Aboriginal Child Health Survey are being published in five volumes between 2004 and 2006.</p> <p>Volumes One to Three have been released. Volume One describes the physical health of Aboriginal Children and Young People; Volume Two focuses on mental health and social and emotional wellbeing issues; Volume Three deals with the important link between Education and Health.</p> <p>Volumes Four and Five are yet to be released. Volume Four then examines the role of families and communities in supporting the healthy development of children and young people; and finally, Volume Five will consider how Justice outcomes are influenced by health, education, family, community and other broader social issues.</p>
<p>166. Identify and implement mechanisms for increasing awareness and understanding of data and research agendas, including that contained in this <i>National Strategic Framework</i>, amongst Aboriginal and Torres Strait Islander peoples.</p>	<p>166. DHA with NHMRC, ABS & AIHW through</p>	<p>166. During 2005-06, the NHMRC maintained an Indigenous issues portal on the home page of its web site that links to the <i>Road Map</i> and to other useful information.</p> <p>Work commenced on a "Ten of the Best" publication which would showcase examples of NHMRC-funded research Aboriginal and Torres</p>

	SCATSIH	<p>Strait Islander health.</p> <p>See also 160. Keeping Research on Track was developed to support Aboriginal and Torres Strait Islander communities to engage in ethical research and develop long term ethical relationships with researchers. Pilot testing with Indigenous communities has been positive and the document has received strong support and endorsement.</p> <p>The AIHW is committed to increasing awareness and understanding of data and relating to Aboriginal and Torres Strait Islander people through a number of mechanisms</p> <ul style="list-style-type: none"> • Working with relevant stake holders in various committees • Commitment with the ABS to the production of the biennial report every two year “ <i>The health and Welfare of Australia’s Aboriginal and Torres Strait Islander peoples</i> ” • Support the NSFATSIH • Public seminars • Media releases highlighting issues when reports are released • Short bulletins and summary booklets • Web pages specifically dedicated to Indigenous issues <p>ABS, as part of its national and ongoing statistical role participates in relevant forums like the COAG processes on Indigenous disadvantage; NAGATSIHID; & NIHIIC; ABS’ own advisory group, AGATSIH, provides a further opportunity to raise awareness and seek advice on relevant issues.</p>
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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
<i>Identification of resources, needs and costs</i>		
<p>167. Identify all sources of current funding and the potential availability of additional sustainable sources of funding.</p> <p>(a) Commission and publish regular reviews of expenditure on health services for Indigenous Australians.</p> <p>(b) Undertake modelling work on state/territory resource contributions across the whole system to enable benchmarks to be set.</p> <p>(c) Support continued research program on Health Benefit Groups/Healthcare Resource Groups (HBG/HRG) modelling.</p>	167. DHA	167. The 2004-05 Expenditure on health for Aboriginal and Torres Strait Islander people is currently being compiled and will be published in 2007. It identifies cross-government funding sources. Improved methodologies to allocate expenditure for public and community health are being developed to improve this report.
<p>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.</p> <p>(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.</p>	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.

<p>(b) Consult with Framework Agreement planning forums to identify priority needs, gaps in service provision and service capacity to inform funding allocations.</p> <p>(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.</p> <p>(d) Develop a resource allocation framework for funding new and expanded services to inform where growth funding should be allocated.</p>		<p>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.</p>
<p>Resource provision</p>		
<p>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.</p> <p>(a) Base funding allocations on assessments of relative need, capacity of organisations to deliver the service, and the costs of service delivery.</p> <p>(b) Within available funds, continue to provide new services and/or expand existing services.</p> <p>(c) Continue to fund Aboriginal and Torres Strait Islander community controlled primary health and health related services through the Aboriginal and Torres Strait Islander Health Program - see <i>also KRA1</i>.</p>	<p>169. DHA and other agencies as appropriate</p>	<p>169. In 2005-06, the OATSIH resource allocation methodology was used to distribute new resources for the expansion and enhancement of primary health care services. Funding via this process is allocated to priority regions, based on relative need and where organisations exist with the capacity to utilise the resources most effectively.</p> <p>See also KRA 1.</p>
<p>170. Develop and implement integrated models of funding between all funding agencies that allow for</p>	<p>170.</p>	<p>170.</p>

⁶ 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.

<p>comprehensive programs and long term sustainability of funding – see also <i>KRA9</i>.</p> <p>(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.</p> <p>(b) Step Two – Develop and implement a Service Development and Reporting Framework (SDRF) to improve non-financial reporting and accountability.</p> <p>(c) Step Three – Consider the scope for application of SDRF non-financial reporting across Australian Government and State/Territory government funders.</p> <p>(d) Step Four⁶ –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 <i>KR 6</i>).</p>	<p>(a) DHA in consultation with OIPC</p> <p>(b) DHA</p> <p>(c) DHA through SCATSIH and AHMAC in consultation with OIPC</p> <p>(d) All agencies, led by OIPC</p>	<p><i>Step One.</i> OATSIH used a single funding agreement for all 95 organisations that were funded under the SDRF planning and reporting regime.</p> <p>OIPC developed a common Program Funding Agreement and has been utilised by all agencies delivering former Aboriginal and Torres Strait islander Commission (ATSIC) and Aboriginal and Torres Strait Islander Services (ATSIS) programs with effect from 2004-05.</p> <p><i>Step Two.</i> An additional fifty nine services joined the SDRF, bringing the total number of OATSIH funded services participating to ninety three. These services develop Action Plans, and report against them twice yearly. All ninety three services attended workshops presented by OATSIH staff on what was required from their Action Plan. A second evaluation of the Action Planning element of the SDRF was undertaken to track changes in OATSIH funded organisation's perception on the usefulness of the Framework. The evaluation found "definite benefits of the process and the framework".</p> <p><i>Step Three.</i> One organisation has a single contract for all DHA funds, with non-financial reporting through the SDRF. In Western Australia and New South Wales, State Health counterparts are accepting reports against their funds through the SDRF framework. In Western Australia the reports also have to include reporting against indicators specified by the Western Australian Department of Health.</p> <p><i>Step Four.</i> Meetings are planned with Australian and State/Territory government funders regarding expanding the acceptance of SDRF during discussions surrounding single funding arrangement for 2007-08.</p>
<p>171. Implement new initiatives in line with the following principles:</p> <ul style="list-style-type: none"> • "Pilot programs" are to be avoided unless 	<p>171. All agencies as</p>	<p>171. The 2005 Indigenous Hearing Services Budget measure, which came into effect on 1 December 2005, has extended access to Government funded hearing services amongst Indigenous Australians. Calculation of</p>

<p>administration is integrated with existing program reporting and funding arrangements, and sources of ongoing guaranteed funding have been identified dependent on program performance</p> <ul style="list-style-type: none"> • 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. 	<p>appropriate</p>	<p>the funding required to support the measure over a four year period was based on identified hearing needs amongst the target groups, estimated take-up of hearing services and the costs of service delivery. Funding has been allocated for a four year period, with discrete funds being provided on a regular basis for actual service delivery.</p> <p>In 2005-06, the OATSIH resource allocation methodology was used to distribute new resources for the expansion and enhancement of primary health care services. Funding via this process is allocated to priority regions, based on relative need and where organisations exist with the capacity to utilise the resources most effectively.</p> <p>The Indigenous Employment Policy has been implemented progressively since 1999. New program elements have been periodically implemented, namely - Indigenous Employment Centres (2001-02); Indigenous Youth Employment Consultants (2004-05); Indigenous Capital Assistance Scheme (2003-04); Aboriginal Employment Strategy (2005-06) and Emerging Indigenous Entrepreneurs Initiative (2005-06). Resources are allocated annually to maximise outcomes for the program. Funds for the STEP and ISBF are managed by DEWR State Offices. Other elements are managed by DEWR National Office to address economy of scale issues. Services are funded based on outputs, identifying the services required, where they are being delivered and assessing effectiveness. Flexibility is maintained by individual contracts being negotiated with service providers to address specific employment/business initiative issues.</p> <p>New DEST Programs established in 2005-06 included the Indigenous Youth Mobility Program (IYMP) and the Indigenous Youth Leadership Program (IYLP) which are both funded until June 2009 with an agreed funding allocation with providers that clearly sets out a link between funding and delivery of milestones.</p> <p>The IYMP and IYLP were introduced through the Australian Government’s Indigenous Australians – Opportunity and Responsibility commitment. These programs provide mobility options to enable young people in remote areas to access the same education and training as young people in larger population centres. The first young people commenced each of these programs in 2006.</p>
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		<p>The IYMP supports Indigenous young people (aged 16 – 24) from remote areas to access the training and employment opportunities available in major centres. This approach will help over 600 young people engage in local community capacity building by providing them with the skills they need for employment in occupations in areas of community need such as trades, nursing, accountancy, business management and teaching.</p> <p>The IYLP will contribute to the pool of future Indigenous leaders through the provision of 250 scholarships for Indigenous students, mostly from remote areas, to attend high performing schools and universities. Mentor support and leadership development opportunities are core aspects of each participants' engagement.</p> <p>Army / Aboriginal Community Assistance Program (AACAP) uses a proven approach which mixes the following key elements:</p> <ul style="list-style-type: none">• State or Territory engagement to agree strategic objectives• Community engagement to identify specific needs• Focused service delivery to meet needs• Education and training of local population• Short and medium term evaluation of the success of the program
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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
<p>172. Maximise consistency of and simplify accountability requirements for Australian Government funds</p> <p>(a) Introduce a Standard Funding Agreement for OATSIH funded services that will integrate and replace existing multiple funding streams where possible</p> <p>(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.</p>	<p>172. DHA</p>	<p>172.</p> <p>(a) One large community health organisation signed an OIPC based funding agreement with OATSIH for the 2005-06 financial year. Negotiations have commenced with stakeholders and OIPC to enable an optimal proportion of OATSIH services to be funded under the standard OIPC agreement for the 2007-08 year.</p> <p>(b) In addition to the existing 95 OATSIH funded Aboriginal and Torres Strait Islander health organisations, an extra 94 will be reporting against their annual SDRF action plan for the 2006-07 year.</p>
<p>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.</p>	<p>173. DHA and other agencies as appropriate</p>	<p>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):</p> <ul style="list-style-type: none"> • 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

		<p>people commensurate with the changing aged care needs of the individual.</p> <p>These requirements are being introduced as part of the 2006-07 contract renewal process.</p>
174. Focus on accountability for health service outputs, rather than only accounting for expenditure of funds.	174. DHA and other agencies as appropriate	174. Through the SDRF services develop and report against measure for each of the strategies they implement in delivering services to their clients. The reports are analysed by OATSIH Project Officers, and organisations are provided with feedback. Training was provided to fifty nine organisations and useful information was collected to effectively track organisation outputs.
<i>Reporting Requirements</i>		
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.	175. DHA	175. The first report against the Health Performance Framework is due to be published before the end of 2006.
176. Contribute to annual reporting against the COAG Indigenous Disadvantage Indicators.	176. DHA	176. Departments have contributed to annual reporting against the COAG Indigenous Disadvantage Indicators in developing the 2005 Overcoming Indigenous Disadvantage report.