

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 2006 until 30 June 2007

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

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 third 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.

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	Lead Agency	2006-07 Outcome
KRA 1: Community controlled primary health care			
1	<p>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:</p> <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 	DoHA	<p>During 2006-07, the Department worked to improve access to comprehensive primary health care for Aboriginal and Torres Strait Islander people, particularly in rural and remote areas. This included funding for recruitment of additional health professionals and administrative staff to four remote and less accessible primary health care sites in Cape York (Queensland), Toomelah (New South Wales), Wadeye (Northern Territory) and the Wheatbelt (Western Australia) through the Improved Primary Health Care Initiative. In addition, the Department has provided new funding for the expansion of 10 multi-disciplinary teams of health professionals and provision of capital infrastructure to support expanded services in rural and remote areas under the Improving Indigenous Access to Health Care Services 2006-07 Budget measure.</p> <p>Funding was provided for over 66 additional health workers, including 16 general practitioners, 24 nurses, 26 Aboriginal and Torres Strait Islander health workers and 235 additional other service and support positions (including other health professionals, patient transport drivers, child/youth health workers).</p>

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA	18 new clinic redevelopments/improvements in remote areas were completed. 14 houses/duplexes for health professional staff in remote areas were completed.
3	Develop and implement the Quality Improvement Initiative for Aboriginal and Torres Strait Islander primary health and health related services	DoHA	The Quality Improvement Initiative was evaluated during 2006 resulting in a new program, the Continuous Quality Improvement Initiative (CQII). CQII allows health services to develop a three-year strategic quality improvement plan, with the assistance of an expert CQI facilitator. Projects are incorporated into health service SDRF Action Plans to embed a culture of continuous quality improvement. The first intake (19 organisations) has occurred, with a further three annual intakes planned.
4	Examine the technical efficiency of funded Aboriginal Community Controlled Health Services (ACCHS) and develop risk assessment methodology for the stability of funded services	DoHA	A major review of the OATSIH Risk Assessment Procedures as undertaken to bring them into line with the AS/NZ 4350 standards. The revised procedures will be implemented for the 2008/09 financial year following consultation with the sector. A major review to align OATSIH Risk Assessment procedures with ASNZ 4360 Risk Management Standards was undertaken. These revised procedures are in the final consultation and roll out phase.
5	Continue to support patient information and recall systems in ACCHS	DoHA	By 2006-07, OATSIH provided significant funding for Patient Information and Recall System (PIRS) hardware and systems across the Aboriginal and Torres Strait Islander community controlled health sector: 119 services received funding and now have a PIRS in place. Under new funding processes developed and implemented in 2006-07, PIRS installations will continue to be supported by OATSIH.

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	Action Area	Lead Agency	2006-07 Outcome
6	Develop a plan for installation and optimal resourcing of ACCHS patient information systems, including maintenance, training and effective use of systems	DoHA	In 2006-07, the Patient Information & Recall Systems funding program was expanded to include health service information and communications technology and information management more broadly. In addition, funding shifted from submission-based to recurrent, allowing for greater flexibility on the part of funded organisations to make strategic ICT/IM investments. Part of the new funding approach included allocations to the National Aboriginal Community Controlled Health Organisation (NACCHO) and its state/territory-based affiliates, to provide advice and coordination of ICT/IM efforts across the sector. Enhancements to the PIRS platforms have been developed to allow health services to capture and report on the MBS Item 703, Child Health Check. Similar development work is underway for reporting on Healthy for Life.
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>)	DoHA	Approximately \$3.6 million in Capacity & Development program funding was provided to projects nationally to support a range of activities aimed at improving management and governance skills within the Aboriginal and Torres Strait Islander health sector. Support has been provided either to individual services for specific capacity building activities eg: governance training, mentoring etc. and also in a strategic manner through the funding of specific training forums for the whole sector in each State and Territory eg: financial management.
8	Australian Government representatives will work within the Framework Agreement partnership forums and Indigenous Coordination Centres (see <i>KRA6</i>) to encourage stronger links and more streamlined planning processes at the state/territory and regional levels	DoHA & OIPC	Partnership forums have continued to meet regularly in most jurisdictions and are consulted on forward planning processes. FACSIA managers attend some meetings. DOHA actively engaged with ICCs through its network of solution brokers based in S/T offices. A number of solution brokers are now employed by the Department and are actively engaged with ICCs across the country.
9	Support Framework Agreement partnership forums to enable them to undertake planning and priority setting at the State/Territory and regional levels	DoHA	The Department funded secretariat services for forums to support planning, consultation and reporting.
10	Develop strategies that build the capacity of communities to utilise mainstream health	DoHA (Medicare	There have been improved rates of Medicare-compliant billing for remote pathology

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	Action Area	Lead Agency	2006-07 Outcome
	services by raising awareness and understanding of the mainstream health system	Australia)	<p>services in NT, WA and SA through the provision of dedicated Departmental support.</p> <p>In March/April 2007 OATSIH held a series of 9 workshops around Australia for OATSIH funded health services accessing Medicare through a 19(2) exemption. These workshops included speakers from AGPAL on Accreditation, a senior Medical officer and program Managers from DoHA speaking about the EPC, Mental health and practice nurse/ Aboriginal Health worker items, Practice Incentives Program and the General Practice Immunisation Incentives Scheme.</p> <p>Local Aboriginal Community controlled health services and Divisions of General Practice also presented on the work of their organisation. The workshops were well received. The evaluation report on the workshops is available on the Department's website.</p> <p>As part of the East/West Dubbo Capacity Building Strategy Shared Responsibility Agreement (NSW) the Department funded an Aboriginal Health Coordinator to facilitate Aboriginal people's access to existing health services, including mainstream services.</p> <p>The Department also funded an Aboriginal health worker to undertake liaison between community members and mainstream services, in the Nunga Mi: Minar Shared Responsibility Agreement (SA).</p>

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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	DoHA	<p>The OATSIH Services of Concern Taskforce provided assistance to OATSIH State & Territory Offices to ensure a consistent strategic approach, underpinned by a risk management framework, in assessing capacity and ensuring services remain viable and capable of delivering effective quality health care and substance use services.</p> <p>The validation of the Kimberly Indigenous Cognitive Assessment (KICA) Tool is a project with Alzheimer's Australia NT, the University of Western Australia and National Ageing Research Institute to validate the KICA Tool in a group of older people from an Aboriginal and Torres Strait Islander background in the Northern Territory. The project will also determine its appropriateness as an assessment tool for older people with cognitive impairment and dementia in this population group. The learning Resource for Aboriginal and Torres Strait Island Communities is a project with Alzheimer's Australia South Australia to develop a kit of resources and materials designed to be used for preparation and delivery of dementia awareness raising and information sessions, as well as educational and training programs.</p> <p>Under the National Dementia Support Program (NDSP), funding is provided for the provision of appropriate resources and support for people with special needs, including Aboriginal and Torres Strait Islanders. To support the program and activities under the NDSP, Alzheimer's Australia (AA) has appointed a National Indigenous Liaison Officer whose role includes the establishment of a National Indigenous Dementia Advisory Network to provide ongoing advice to AA, build links with communities and advise on mechanisms for information dissemination.</p> <p>Draft guidelines have been developed to assist both OATSIH staff and organisations assess: organisational capacity, financial viability, incorporation and other statutory compliance etc. to manage local primary health care services. These guidelines will assist local community groups who wish to: apply for funding, participate in a funding round or tender for service provision.</p>

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Key Result Area Two: Health system delivery framework

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	Lead Agency	2006-07 Outcome
KRA 2: Health system delivery framework			
12	<p>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 housing units, new clinics, clinic/housing upgrades and medical equipment upgrades; • Enhanced workforce in line with service 	DoHA	<p>The H.O.P.E Shared Responsibility Agreement (VIC) addresses the complex interface between education and anti-social behaviour and DoHA has committed funding for a psychologist to work with Aboriginal youth as part of this Agreement.</p> <p>As part of the Urapuntja Shared Responsibility Agreement (NT), DoHA funded an upgrade and refit of existing buildings to facilitate the establishment of a Women's Community and Well Being Centre and to provide staff housing for an Aged Care Coordinator.</p> <p>An Aboriginal and Torres Strait Islander Child Health Check MBS item was introduced on 1 May 2006. This item supports GPs to take a more comprehensive and preventative approach to the health care needs of Aboriginal and Torres Strait Islander children. As of 30 June 2007, 6,738 services had been claimed. This complements the existing Adult Health Check item (for Aboriginal and Torres Strait Islander people 15 years to 54 years inclusive) and the health assessment items (for Aboriginal and Torres Strait Islander people aged 55 and over). 66 Divisions of General Practice continued to fund allied health services in rural and remote communities (RRMAs 4-7z) through the More Allied</p>

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	Action Area	Lead Agency	2006-07 Outcome
	<p>expansion as required;</p> <ul style="list-style-type: none"> • Coordinated delivery of services and programs across the range of mainstream and community controlled service providers; and • Population health approaches to health issues particularly preventable chronic disease, child and maternal health and communicable disease – see below – page 17 to 21. 		<p>Health Services Program (MAHS). Eligible services also included those provided by Aboriginal Mental Health workers and Aboriginal Health workers.</p> <p>The Healthy For Life Program will enhance the capacity of over 80 primary health care services to improve the quality of Aboriginal and Torres Strait Islander child and maternal health services and chronic disease care, and to improve the capacity of the Indigenous health workforce. Eighty services inclusive of General Practices and State/Territory health services have undertaken planning processes to identify gaps in service delivery and are currently implementing new child and maternal and chronic disease services under the Healthy for Life Program.</p> <p>Renal Case Management Nurses: OATSIH is providing funding over 2006-07 – 2008-09 for four new Nurse Case Managers (Renal) in Aboriginal Community Controlled Health Services in the NT. These positions will play an important role in ensuring more effective management of kidney disease and other chronic diseases, earlier intervention to reduce complications and closer monitoring of client outcomes.</p> <p>In May 2007, a second Shared Responsibility Agreement (SRA) was signed between Australian Government agencies and Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (WDNWPT) to consolidate the renal and related support services it currently provides in Kintore and Alice Springs. The Department is a significant partner in this SRA. Other SRA partners include: FaCSIA, DEST and DEWR.</p> <p>Asthma Spacers: All OATSIH-funded primary health care services have been invited to participate in the Asthma Spacers Ordering System (ASOS) providing access to asthma spacers at discounted rates. As of May 2007, 53 of the 152 primary health care services (34%) have placed orders through ASOS and 1008 spacers had been distributed across Australia.</p> <p>See also #1.</p>
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	DoHA	<p>The second round of Indigenous Coordinated Care Trials (ICCTs) ended in 2005 and their transition period ended in December 2006. The former ICCT organisations, namely, Sunrise Health Service Aboriginal Corporation (NT), South-West Aboriginal Medical Service Aboriginal Corporation (WA) and Partnership for Aboriginal Care (NSW) transitioned to on-going service provision through standard OATSIH service delivery funding agreements.</p>

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14	Contribute to the development and implementation of a Cultural Safety Strategy to ensure that cultural protocols and bi-cultural competencies are developed and implemented for mainstream health professionals	DoHA (DEST)	The Aboriginal Health Council of Western Australia (AHCWA) project is funded to undertake a systematic revision and expansion of the Cultural Safety Training (CST) training materials that they developed in May 2005, for the training of GPs and other health professionals working or considering working in the Aboriginal and Torres Strait Islander Communities. The project will also adapt the existing material for: an expanded audience such as nurses working in primary care, overseas trained doctors and visiting specialists to Indigenous communities; increasing the capacity to customise training material through the inclusion of more local materials; and developing further modules to deal with new Aboriginal and Torres Strait Islander adult and child medical checks and innovations in chronic disease care. The AHCWA project commenced in 2006-07, is planned for completion by early 2008 and is being done in conjunction with the Royal Australian College of GPs.
15	Develop the capacity of Divisions of General Practice to support general practitioners in addressing the health needs of Indigenous Australians	DoHA (DEST)	Through the Australian Government's National Quality and Performance System for General Practice, Divisions can support general practice to improve health outcomes for Indigenous Australians. Relevant performance measures have been built into Divisions' planning and reporting requirements and incorporated in the 2005-08 funding agreements with the Divisions of General Practice network. National Performance Indicators measure Divisions' progress in taking a systematic 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. See action #10
16	Implement the Indigenous Medical Education Strategic Plan including the Committee of Deans of Medical Schools' effort on Aboriginal and Torres Strait Islander health content in undergraduate medical courses – see KRA3	DoHA (DEST)	The Medical Deans of Australian and New Zealand (formerly Committee of Deans of Australian Medical Schools) is working with medical schools to assist in the integration of Indigenous curricula into the medical and clinical mainstream curricula. The current work is expected to be completed by December 2007, however further work will be continued through the Leaders in Medical Education (LIME) Network established in and supported by the department.

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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	DoHA (DEST)	DoHA funded the development of ACRRM qualifications in preparation for Australian Medical Council accreditation and work with Colleges (through General Practice Education and Training Ltd) to ensure education in Aboriginal and Torres Strait Islander primary health care is given priority.
18	Develop and implement incentives to encourage Divisions of General Practice to facilitate better arrangements for service access at the local level	DoHA (DEST)	<p>As part of the Australian Government's National Quality and Performance System for Divisions, Divisions are able to report against several national performance indicators that 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 collaborate with other organisations and service providers to facilitate access to optimal care in areas such as diabetes, mental health and asthma; and • Divisions support of quality initiatives in general practice. <p>Divisions may also nominate a number of local performance indicators to report against. These may include working with relevant Aboriginal and 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>
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	DoHA (DEST)	DoHA funds salaries of Registrars working in Aboriginal Medical Services. Funding is paid through the twenty-one (21) Regional Training Providers throughout Australia. See RRIPS incentives at Item 38(f) below.
20	Develop models for accrediting and rewarding general practitioners working in Aboriginal and Torres Strait Islander communities	DoHA (DEST)	DoHA has begun discussions with the Aboriginal and Torres Strait community controlled health sector to identify a consistent and acceptable accreditation framework for services to Indigenous peoples.

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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	DoHA (DEST)	The funding formula for Divisions of General Practice was reviewed in 2006. The impact of changes to the funding formula on Divisions of General Practice is currently being examined.
22	Implement the 2002 Indigenous Nursing Education Working Group report <i>getting em n keeping em</i> with a focus on Aboriginal and Torres Strait Islander recruitment and retention in nursing – see <i>KRA3</i>	DoHA, Medicare Australia	The development work of the Indigenous Education Working Group in the progression of the <i>getting em n keepin em</i> report, is now being implemented by Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), a peak body supported by the department.
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>	DoHA, Medicare Australia	CATSIN is working with nursing schools to include Indigenous content in curricular for undergraduate nursing courses. Discussions have begun between the Department and the Nursing Deans on the possible development of an Indigenous specific curricular in Nursing.
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>	DoHA, Medicare Australia	In 2005-06 under the Australian Government's Nursing in General Practice Training and Support Initiative: 1. The Divisions of General Practice Network were funded through State Based Organisations and Australian General Practice Network (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. 2. Nursing in General Practice – a guide for the general practice team was published by the Royal College of Nursing, Australia; and Nursing in Nursing in General Practice Network. In 2005-06 the number of practice nurses working in divisions' catchment areas increased considerably: 114 Divisions reported a total of 6,151 practice nurses working in general practice. This compares to 106 divisions reported 4,987 practice nurses in 2004-05 (PHCRIS – 2007).
25	Implement the new Medicare measures for allied health workers and Aboriginal and Torres Strait Islander health workers	DoHA	The Workshops held in March 2007 primarily for OATSIH funded Aboriginal and Torres Strait Islander health services included presentations from the Department on the new items, who could claim them and how to claim them. See also #10.

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26	Include Aboriginal and Torres Strait Islander health content in curricula for undergraduate allied health (eg occupational therapy, physiotherapy) courses – see <i>KRA3</i>	DoHA	<p>The Department is currently in the early stages of discussions with the Allied Health Deans to develop a possible Indigenous curricular in Allied Health.</p> <p>As part of the Dementia Initiative, funding has been made available for the establishment of Dementia Training Study Centres. These Centres will provide a career path which includes options, including post-graduate study and scholarships, for health care professionals. The South Australia/Northern Territory Study Centre has included Dementia Study Units within the Batchelor of Primary Health Care Aged and Disability program, a new award being offered through Batchelor Institute of Indigenous Studies.</p>
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	DoHA	An Expert Advisory Panel has been established. From 1 August 2006, the PBS has included new medicines specific to Aboriginal and Torres Strait Islander people. The new listings approved to date include iron and folic acid supplements, thiamine, a variety of topical antifungals, hookworm treatment and a new treatment for chronic otitis media. Amendments have also been made to the PBS which enable all Aboriginal and Torres Strait Islander people in very high risk categories to access lipid-lowering therapy at any cholesterol level. The new items can only be prescribed to people that self-identify as Aboriginal and/or Torres Strait Islander. Other items are under consideration for listing by the Pharmaceutical Benefits Advisory Committee.
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>	DoHA (Medicare Australia)	Work has commenced on recommendations such as the listing of new medicines on the PBS as noted above in #27.
29	Introduce, support, monitor and promote the Indigenous Adult Health Check item for people aged between 15 and 54 year to facilitate the early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality	DoHA	<p>The Adult Health Check item was introduced on 1 May 2004. As of 30 June 2007, 29,982 services had been claimed. Further promotion of this item will be undertaken in 2007-08 in conjunction with the Aboriginal and Torres Strait Islander Child Health Check item, which was introduced on 1 May 2006.</p> <p>There is now a complete range of Health checks for Aboriginal and Torres Strait Islander people of all ages. New information kits for medical staff covering all health checks were made available in May 2007.</p>
30	Review charging practices by doctors working in Aboriginal and Torres Strait Islander health to better understand the barriers that prevent the	DoHA (Medicare Australia)	This project commenced in June 2007.

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	Action Area	Lead Agency	2006-07 Outcome
	full cost of services being claimed through MBS		
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	DoHA	The new item (number 10997) was introduced on 1 July 2007 for practice nurses and Aboriginal health workers on behalf of a GP monitoring patients on a care plan.
32	Renew efforts to improve MBS enrolment rates and increase the numbers of Medicare Australia Indigenous Liaison Officers across Australia	DoHA (Medicare Australia)	Additional funding was provided to recruit four (4) more Medicare Liaison Officers for Indigenous Access.
33	Through the <i>Strengthening Medicare</i> package, increase practice capacity and ability to operate multi-disciplinary teams in ACCHSs and private GP practices	DoHA	The Workshops held in March 2007 primarily for OATSIH funded Aboriginal and Torres Strait Islander Health services included presentations from the Department on these items to promote their use.
34	Extend the practice nurse items for immunisation and wound management to Aboriginal and Torres Strait Islander Health Workers	DoHA	Aboriginal health worker specific items were introduced on 1 May 2006. These items are currently only available in NT because it is the only jurisdiction with a register for Aboriginal health workers.
35	Explore telehealth in an Aboriginal and Torres Strait Islander health service environment	DoHA/DCITA	The Managed Health Networks Program in close consultation and alignment with DCITA's Clever Networks Program supports and facilitates the development of a secure flow of key electronic health information accessible from the point of care in order to improve safety and quality and the delivery of health care service. The Managed Health Networks Program has provided 5 grant funding allocations to 3 Indigenous organisations in the Northern Territory.
36	Improve the rollout of broad band telecommunications and infrastructure services to rural and remote Aboriginal and Torres Strait Islander primary health care and health-related services	DoHA/DCITA	Through the Broadband for Health program 98% (over 120) Aboriginal Community Controlled Health Services (ACCHS) have benefited from connecting to business-grade broadband services. The Managed Health Network Grants program was 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

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			broadband networks with the capacity to support secure electronic messaging for e-Health activities.
37	Move the Northern Territory Health <i>Connect</i> 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	DoHA/DCITA	There are approximately 11,600 people in the Northern Territory with an active Shared Electronic Health Record (SEHR), with 90% uptake in Indigenous communities. SEHR integrated services have been progressively implemented into 8 remote health centres and 1 urban NGO Aboriginal Health Service in 2006.
38(a)	Under the Rural Health Strategy 2004 (a) Continue to support existing services funded under the former Regional Health Strategy with a new focus on preventive health and services to remote areas	DoHA	<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>The Regional Health Services Program continues to support community 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 RHS remains to support its community to sustain healthy lifestyles; coordinate and facilitate the delivery of primary health programs; improve awareness about health issues and develop appropriate skills and knowledge with respect to health service delivery; improve the management of chronic disease in the community.</p>
38(b)	Under the Rural Health Strategy 2004 (b) Undertake development work on the establishment of Regional Health Services in remote areas of Queensland, Northern Territory, Western Australia and South Australia	DoHA	There are currently 121 Regional Health Services in operation around Australia providing services to over 1,000 communities in rural and remote areas. As the program matures, some services have integrated to improve efficiency and maximise service delivery. In 2006-07, the Department established a new Regional Health Service – Yapakurlunga RHS under the auspice of Anyinginyi Health Aboriginal Corporation – in the Barkly region of the Northern Territory. In addition, Services in Borroloola and Urupuntja have been revived under new auspices.

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38(c)	Under the Rural Health Strategy 2004 (c) Support the Rural Primary Health Program, incorporating the Regional Health Services, the More Allied Health Services (both of which seek to extend allied and primary health care services to remote areas) and the Primary Health Projects sub-programs (which aims to reduce the high rates of injury, obesity, tobacco and alcohol use and improve rates of physical activity in rural and remote areas)	DoHA	<p>Through the Building Healthy Communities in Remote Australia Initiative, 31 local projects were established to help targeted communities address the risk factors of chronic disease. Of these 31 projects, 26 are in predominantly Indigenous communities.</p> <p>One of these was the Building Healthy Communities Aquatic Recreation Project managed by the Royal Life Saving Society Australia. This was funded by the Department as part of the Nuiyu Nambiyu Aquatic Recreation Healthy Communities Project Shared Responsibility Agreement (NT).</p>
38(d)	Under the Rural Health Strategy 2004 (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	DoHA	<p>The Medical Specialist Outreach Assistance Program (MSOAP) complements specialist outreach services provided by State and Northern Territory governments to improve the access of people living in rural, remote and regional Australia to medical specialist services.</p> <p>The Program commenced in 2000 and was renewed in the 2004 Budget for a further four years. The Program has an annual budget of around \$15 million.</p> <p>In 2006-07 more than 1,375 services, of varying frequency, in a range of disciplines were provided to communities across Australia.</p> <p>Specialists are supported with assistance for travel costs, accommodation, venue hire and some administration associated with outreach visits. In addition payment to cover loss of income while travelling removes some of the disincentives of providing outreach in rural and remote locations.</p> <p>Although MSOAP does not specially target Indigenous communities, the nature of outreach service delivery provides opportunities for Indigenous people to access specialist services.</p>
38(e)	Under the Rural Health Strategy 2004 (e) Develop models of specialist access provision for sustainable effort in this area	DoHA	In February 2007, funding of \$24,878 (GST Excl.) was provided to the Alice Springs Hospital (Northern Territory Department of Health and Community Services) to assist with the cost of travel for eye team outreach visits to remote Indigenous communities in central Australia for the remainder of the financial year 2006-07. Further funding of \$58,921 (GST Excl.) was provided to Alice Springs Hospital to support the travel for eye team outreach visits for the current financial year 2007-08. The eye team consists of a staff ophthalmologist and/or registrar as well as nursing staff and co-ordination staff as

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	Action Area	Lead Agency	2006-07 Outcome
			required.
38(f)	Under the Rural Health Strategy 2004 (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	DoHA	<p><u>New GP Registrars Program</u></p> <p>The General Practice Registrars Rural Incentive Payments Scheme (RRIPS) forms part of the New General Practitioner Registrars Initiative funded under the 2000-01 Federal Budget's Regional Health Strategy: More Doctors, Better Services, with additional funding to continue the initiative provided in the 2004-2005 Budget under the Rural Health Strategy. RRIPS provides financial incentives of up to \$60,000 (inclusive of tax) over three years for general practice registrars who undertake the majority of their general practice training in RRMA 4-7 locations. RRIPS is also available for Advanced Rural Skills posts and approved special skills.</p> <p>As at 30 April 2007, a total of 1162 registrars have participated in the Scheme since its commencement.</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	DoHA	See #38(d)
40	Continue to support the Aboriginal and Torres Strait Islander Burden of Disease project being undertaken by the University of Queensland	DoHA	The purpose of the Burden of Disease study is to provide a detailed assessment of the health status of Australia's Indigenous population, including information on the causes of loss of health in the population and how Indigenous data issues affect the estimation of burden of disease. The study quantifies the underlying causes for health differentials between Australian Indigenous and non-Indigenous populations and thus identifies opportunities for health service interventions with the greatest potential to improve Indigenous health status. The study commenced in 2003 and was completed in July 2007. The Burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003 report is due to be publicly launched in the second half of 2007.
41	Through the Palliative Care Intergovernmental Forum and the National Palliative Care Program ensure the palliative care needs of	DoHA	The needs of Aboriginal and Torres Strait Islander people with a life-limiting illness is considered and addressed in the work progressed under the National Palliative Care Program. The Palliative Care Intergovernmental Forum (PCIF), as an advisory body, assists in addressing Aboriginal and Torres Strait Islander peoples needs through a

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	Action Area	Lead Agency	2006-07 Outcome
	Indigenous Australians are addressed		<p>variety of projects both specific and generic through the implementation of the National Palliative Care Strategy.</p> <p>Activities that have been progressed to date include:</p> <ul style="list-style-type: none"> • The development of an Aboriginal and Torres Strait Islander Palliative Care Resource Kit that supports mainstream palliative care services deliver culturally appropriate palliative care to Aboriginal and Torres Strait Islander people. • A six-unit postgraduate distance education topic that addresses the particular factors and considerations in providing palliative care which meets the needs of Indigenous Australians. The topic is offered by Flinders University, Adelaide and Charles Darwin University, Darwin. • Opportunities for Aboriginal Health Workers and other primary health care practitioners to develop skills in the palliative approach through the <i>Program of Experience in the Palliative Approach (PEPA)</i>. This initiative supports opportunities for placements between mainstream and Indigenous providers, and through this increase the quality of palliative care services to Indigenous Australians. <p>Support to revise the National Standards for the Provision of Palliative Care includes a specific standard on the provision of culturally appropriate palliative care to Indigenous Australians.</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	DoHA	<p>The Department funded the Pormpuraaw Wet Season Project through the Rowoarr Community Justice Rehabilitation Shared Responsibility Agreement (QLD). The funding was for the implementation of community organised activities to provide alternatives to alcohol use and other behaviours impacting adversely on the community.</p> <p>The Department also provided funding for drug and alcohol programs as part of the Regional Partnership Agreement on Indigenous Employment in Port Hedland (WA).</p> <p>The National Aboriginal and Torres Strait Islander Safety Promotion Strategy has been finalised and distributed to relevant stakeholders.</p> <p>The Department has funded the Mt Isa Centre for Rural and Remote Health, James Cook University to adapt the Lifescripts Resources for use with Indigenous patients. The Indigenous resources are expected to be available for dissemination in early 2008.</p>

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	Action Area	Lead Agency	2006-07 Outcome
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.	DoHA	The Continuous Improvement Projects ceased in June 2006. Organisations receiving one-off funding for Continuous Improvement Projects have incorporated these services within the funding provided under the Healthy for Life Program.
44	Address the recommendations from the review of the National Indigenous Pneumococcal and Influenza Immunisation Program	DoHA	<p>In 2006-07 funding arrangements for the National Indigenous Pneumococcal and Influenza Immunisation (NIPIL) Program were transferred to the Australian Immunisation Agreements (AIAs) held between the Australian Government and each State and Territory Government. 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.</p> <p>The Australian Technical Advisory Group on Immunisation (ATAGI) undertook a review of the eligibility criteria for the NIPIL Program. A recommendation has been made that all Aboriginal and Torres Strait Islander peoples 15 years and over should receive annual influenza vaccination. An ATAGI Working Party is currently considering the eligibility criteria for the pneumococcal vaccine.</p>
45	Continue implementation of strategies to maximise the participation of Indigenous Australians in cancer screening programs and to provide culturally sensitive screening services	DoHA	<p>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. The current Evaluation of the BreastScreen Australia Program will look at the participation trends of Indigenous Australians in the Program and also explore their views and understanding of issues affecting their choice to participate.</p> <p>In April 2005 the former Aboriginal and Torres Strait Women's Forum identified the need for a national colposcopy video for use when consulting with Aboriginal and Torres Strait Islander women, with a second video for use as a training tool for Aboriginal health workers. The former Australian Screening Advisory Committee (ASAC) approved this project as a priority for the Women's Forum. This project now forms part of the Screening Subcommittee of the Australian Population Health Development Principal Committee workplan.</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>The video objectives are to:</p> <ul style="list-style-type: none"> - increase Aboriginal and Torres Strait Islander women's knowledge and understanding of what a colposcopy is, its relationship to the Pap smear and prevention of mortality and morbidity from cervical cancer; - dispel any possible misconceptions and fear of the colposcopy procedure; and - increase Aboriginal and Torres Strait Islander women's intent to follow up on recommendations for colposcopy. <p>Work commenced toward establishing an Aboriginal and Torres Strait Islander Working Group and an alternate service delivery model for the National Bowel Cancer Screening Program in remote communities. A pilot of the alternate service delivery model is expected to occur in 2007-08.</p>
46	Implement the Australian Government response to the National Aboriginal and Torres Strait Islander Eye Health Program review	DoHA	<p>In the May 2006 Budget the Australian Government announced funding of \$13.8 million over 4 years for a National Eye Health Initiative (NEHI) to promote eye health and strengthen eye health care delivery. This funding was made available in direct response to the release by Health Ministers of the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss in November 2006. During 2006-07 the NEHI has focussed on formative projects to set the platform for future work in a number of areas, including eye health promotion, workforce development, eye health and vision care service delivery and research and data development. All elements of the NEHI will consider the needs of Aboriginal and Torres Strait Islander people as a priority group at particular risk of eye disease and injury, and take account of the findings of the review of the National Aboriginal and Torres Strait Islander Eye Health Program. The NEHI also includes an Eye Health Demonstration Grants Program.</p> <p>Recent activities to implement the Review include:</p> <ul style="list-style-type: none"> • The Central Australian Integrated Eye Health Program that aims to improve access to eye health services for people living in Central Australia and cut waiting lists for eye surgery. • Two Aboriginal and Torres Strait Islander eye health workshops to promote effective models of eye health service delivery and inform the sector of developments in OATSIH eye health policy. <p>The Government has also contributed funding of \$8.6m over four years to the Visiting</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>Optometrist Scheme.</p> <p>National Guidelines for the Public Health Management of Trachoma in Australia were endorsed by the Communicable Diseases Network Australia (CDNA) and released in April 2006. The Guidelines will address trachoma control measures, screening and data.</p> <p>The National Surveillance and Reporting Unit has been established and is working with the relevant States and the Northern Territory to improve the quality of data collection and will report on trachoma prevalence in Australia.</p> <p>Agreements are in place with the Northern Territory and Western Australia to provide training workshops for health care workers on the new guidelines. A similar arrangement will be put in place with South Australia.</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	NHMRC	Not Applicable
48	Fund the Diabetes and Related Disorders Research Program with a focus on health education, health promotion and illness prevention and diabetes self-management	NHMRC	Not Applicable
49(a)	Implement the National Diabetes Improvements Projects with ongoing evaluation of their effectiveness against specific performance indicators	DoHA	All projects have now been completed. All projects had outcomes that could potentially be replicated in other locations. The projects which specifically targeted Aboriginal and Torres Strait Islander populations were successful in developing a suite of information resources suitable for these populations.
49(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	NHMRC	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
	as Project and Program grants		
50(a) – (d)	<p>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;</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; (c) Contribute to a review of remote area renal services for Indigenous Australians, including barriers to access and the development of strategies to improve access for Indigenous Australians in remote areas; (d) Develop initiatives to raise the rate of organ and tissue donation and transplantation within the Indigenous Australian population in order to reduce the long-term dependence of Indigenous Australians on dialysis</p>	DoHA	<p>a) & b) 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): 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). The NCDS Package will guide policy to prevent chronic disease where possible and improve care across Australia. The Asthma Management Program is implementing the following programs: The Asthma Community Grants (ACG) Program is a specific program to trial targeted interventions for priority groups. The ACG will provide Asthma Targeted Intervention Grants (ATIGs) to undertake innovative and practical projects to improve the diagnosis and management of asthma in targeted populations. Funding is provided to test and document evidence-based interventions in a range of settings. ATIGs are specifically aimed at priority groups which include Aboriginal and Torres Strait Islander peoples. Four of these projects specifically target Aboriginal and Torres Strait Islander peoples. The Asthma Awareness Campaign is a national radio and print awareness raising campaign over three years targeting the general population and identified priority target groups, including people with poorly controlled asthma, people with undiagnosed asthma, Aboriginal and Torres Strait Islander peoples, people from non-English speaking backgrounds and older Australians. In 2006-07, editorials and radio advertisements targeted Indigenous Australians. The National Breast Cancer Centre (NBCC) received Australian Government funding of \$3.679 million in 2006-07 and undertook several activities to address the specific needs of Aboriginal and Torres Strait Islander communities. An example was the development and delivery of the first national one-day training workshop about breast cancer for 60 Aboriginal and Torres Strait Islander workers from across Australia. The NBCC also engage in ongoing activities that focus on Aboriginal and Torres Strait Islander people, such as developing an information resource to promote early detection messages for Indigenous women. Funding of \$4 million was provided over four years to 2006-07 for the Supporting Women in Rural Areas Diagnosed with Breast Cancer Initiative. State and Territory projects were funded under the initiative and project activities included increasing the number of Aboriginal</p>

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			<p>Health Workers with an understanding of breast cancer issues in NSW and the provision of a Specialist Breast Cancer Nurse outreach service throughout the NT via visits and supports to remote communities.</p> <p>c) The Australian Government recently announced a number of initiatives that aim to improve support for Aboriginal and Torres Strait Islander people with kidney disease in the Northern Territory, in particular in the Central Australian region. These include initiatives to enhance primary health care support and improve accommodation options.</p> <p>d) In 2006-07, the Commonwealth and all State and Territory governments endorsed a National Reform Agenda on Organ and Tissue Donation to increase donation rates for transplantation for all Australians. In the 2006 Budget, the Commonwealth Government committed new funding of \$28.4 million over four years to implement projects under the National Reform Agenda. Key projects relevant to organ and tissue donation for transplantation within the Indigenous Australian community are:</p> <ul style="list-style-type: none"> • development and implementation of a national communications strategy to increase the numbers of registered organ donors; • work with the National Clinical Taskforce on the equity and transparency of transplant waiting lists and organ allocation protocols for transplantation; and • an NT project under the Cord Blood Collection Network to increase the collection of cord blood units from Indigenous Australians to increase the genetic diversity of stem cells donated for transplantation as an alternative to bone marrow transplants.
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	DoHA	<p>Australia has been, and continues to be, a strong supporter of the Global Initiative for the Elimination of Avoidable Blindness. In response to the World Health Assembly Resolution, Australia has developed the <i>National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss</i> (The Framework), which was endorsed by Health Ministers in November 2005. The Framework sets out strategies for national coordinated action by all levels of government, health professionals, industry, non-government organisations and individuals to work in partnership to promote eye health and prevent avoidable blindness and vision loss.</p> <p>In 2006-07, funding of approximately \$350,000 per annum has been allocated through the Community Sector Support Scheme to strengthen the role of Vision 2020 Australia as the peak eye health and vision care organisation. Vision 2020 Australia has 50</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>member organisations. It is a joint initiative of the World Health Organisation and the International Agency for the Prevention of Blindness which leads advocacy and raises community awareness about eye health and vision care including in Indigenous communities.</p> <p>In the May 2006 Budget the Australian Government announced funding of \$13.8 million over 4 years for a (NEHI) to promote eye health and strengthen eye health care delivery. All elements of the NEHI will consider the needs of Aboriginal and Torres Strait Islander people as a priority group at particular risk of eye disease and injury.</p> <p>The Australian Government funds Eye Health Coordinator positions within ACCHS and recently held two eye health workshops to promote effective models of eye health service delivery and to inform the sector of recent developments in eye health policy. The Australian Government provided funding to The Fred Hollows Foundation to investigate an improved model to deliver eye health services in Central Australia and reduce waiting lists, as well as three additional sessions of eye surgery in 2007. The first session commenced the week of 28 May 2007 and provided eye surgery to 41 people from remote communities in Central Australia. Around 70% of the surgeries were for cataracts. The remaining two sessions are expected to treat another 80 people. Funding was provided to establish a National Trachoma Surveillance and Reporting Unit and a training and implementation program for trachoma in the Northern Territory.</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	DoHA	<p>This program is also supported by MBS item 708, an annual Child Health Check for all Aboriginal and Torres Strait Islander children from birth to 14 years inclusive, released in May 2006, and an Adult Health Check which complements existing health assessment items funded under the MBS for adult Aboriginal and Torres Strait Islander people.</p> <p>The National Agenda for Early Childhood, endorsed by the Australian Government in 2005, recognises the need for coordinated and concerted action to reduce the gaps in outcomes for Aboriginal and Torres Strait Islander children. The National Agenda provides a comprehensive, whole-of-child view, and a whole-of-nation approach to a broad range of issues for young children and their families.</p> <p>The Nunga Mi: Minar Shared Responsibility Agreement (SA) in which DoHA participated, was funded to provide maternal, child and women's health programs in conjunction with healthy eating programs.</p>

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA	In 2006-07, the Child and Youth Health Intergovernmental Partnership (CHIP) was replaced by the Child Health and Wellbeing Subcommittee, a subcommittee of the Australian Population Health Development Principal Committee. One of the Subcommittee's priorities over the next 3 years will be measures to improve maternal and infant health outcomes for Aboriginal and Torres Strait Islander women and children.
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	DoHA	The Child and Maternal exemplar site initiative was a fore-runner to the Healthy For Life Program, which is providing funding to over 80 primary health care services, including ACCHSs, to improve the quality of Aboriginal and Torres Strait Islander child and maternal health services and chronic disease care.
55	Develop child and maternal health worker competencies – see <i>KRA3</i>	DoHA	Eight new Aboriginal and Torres Strait Islander Health Worker qualifications contained in the Health Training Package (HLT07) were endorsed by Education Ministers and have been available since March 2007. These qualifications include units of competency relating to child and maternal health. The Department is working with the Department of Education, Science and Training to develop the training and assessment resources to implement the new qualifications.
56	Expand services focussing on child and maternal health, including healthy birth weight, improved childhood immunisation rates and hearing services	DoHA	<p>Under the Australian Hearing Special Program for Indigenous Australians (AHSPiA) Australian Hearing has increased its 'outreach hearing sites' from 130 in 2005-06 to 171 in 2006-07. This has provided greater access to services in urban, rural and remote localities to eligible Indigenous adults and young Indigenous Australians under 21 years of age.</p> <p>In 2006 Australian Hearing raised awareness of the importance of good hearing and the availability of hearing services through expanded marketing including activity-based workshops for Indigenous children aged 5-17 years at 8 Croc Festival locations across Australia.</p> <p>Australian Hearing has established networks and visiting service delivery sites with a range of Indigenous communities. These networks provide the basis for delivering services to Indigenous clients, including children.</p> <p>New services provided by Healthy for Life sites include improving birth weights and immunisation rates. The MBS Item 708 (Child Health Checks) is currently being</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>implemented. In addition, the collection of 11 Healthy for Life Essential Indicators will provide data on immunisation rates and increase in birth weights.</p> <p>No specific activity under the National Immunisation Program. The National Indigenous Hepatitis A Vaccination Program continues to be delivered in Queensland, Northern Territory, Western Australia and South Australia.</p> <p>Under the 2005-06 Smoking and Pregnancy Measure, funding was allocated towards a national program aimed at helping women, particularly Indigenous women, to stop smoking during and after pregnancy. A number of projects, including a randomised controlled trial of a high intensity intervention to reduce smoking among pregnant Indigenous women, have been completed or are underway.</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	DoHA	The Healthy For Life Program is providing funding for over 80 primary health care services to improve the quality of Aboriginal and Torres Strait Islander child and maternal health services and chronic disease care. All funded services are implementing approved action plans which are reviewed annually.
58	Improve uptake of child immunisation through culturally appropriate communication strategies and training of immunisation providers	DoHA, DHS	Australian Government communication resources such as a poster specifically targeting Indigenous Australians that provides information about routine immunisation under the National Immunisation Program (NIP) were distributed to States and Territories, immunisation providers and Divisions of General Practice to support access by Indigenous people to immunisation services.
59	Introduce 'hearing aid banks' in Aboriginal and Torres Strait Islander communities	DoHA	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. The Office of Hearing Services supports another five hearing aid banks which provide the general community (including Indigenous people) with access to hearing aids.

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	Action Area	Lead Agency	2006-07 Outcome
60	Investigate opportunities to deliver accredited provider hearing services through ACCHSs in remote areas	DoHA	<p>The Office of Hearing services has provided information on the requirements for becoming an accredited provider of hearing services to the Central Australian Aboriginal Congress. It has yet to receive an expression of interest from Aboriginal Community Controlled Health Services (ACCHS) to deliver accredited provider hearing services in remote areas.</p> <p>With the introduction of the National Competency Standards and Qualifications for Aboriginal and Torres Strait Islander Health Workers it is anticipated that Indigenous Registered Training Organisations (RTO) will be able to provide hearing training through ACCHSs.</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>	DoHA	<p>The Australian Government has taken action on 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 2006-07 the following initiatives were progressed:</p> <ul style="list-style-type: none"> • The 2005-06 budget measure to expand eligibility and access to free hearing services for Indigenous Australians aged 50 years and over and those participating in the Community Development Employment Program (CDEP) was widely promoted. In 2006-07 there was a threefold increase in uptake of hearing services with a total of 2,048 Indigenous clients accessing services. • As part of its outreach service, Australian Hearing increased the level of activities such as liaison/consultation, community education, training of health workers (outside of OATSIH funding) and soundfield amplification support. In 2006-07 50 health workers were trained compared with 39 in 2005-06, and soundfield amplification support was provided to 22 sites compared with 21 sites in 2005-06. <p>A 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 inclusive.</p> <p>The Australian Government has implemented all measures in the <i>Work Plan for Future Actions in Ear and Hearing Health</i>, developed by OATSIH and the Office of Hearing Services in 2003. An internal review of the implementation of the Work Plan will be</p>

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	Action Area	Lead Agency	2006-07 Outcome
			undertaken in 2007-08.
62	Evaluate the Aboriginal and Torres Strait Islander Hearing Training Modules	DoHA	The new Aboriginal and Torres Strait Islander Health Worker National Competencies and Qualifications include a specialist stream on ear and hearing health.
63	Reorient the hearing program into a child and maternal health approach	DoHA	The child hearing health sites support an Aboriginal Health Worker to deliver an ear and hearing health program that targets Aboriginal and Torres Strait Islander children up to five years old through screening and intervention. A Medicare-funded health check for Aboriginal and Torres Strait Islander children has been available since 1 May 2006. This provides a framework for health assessments and health promotion interventions, including ear and hearing health.
64	Fund research grants with a focus on cross-sectoral approaches to improving maternal, infant and childhood health of Indigenous Australians	NHMRC	Not Applicable
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	FaCSIA	Not Applicable
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	DoHA (OIPC)	The Department is supporting a three 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 takeaway outlet managers. The Remote Indigenous Stores and Takeaways (RIST) project is funded by QLD, NT, NSW, SA, WA as well as the Australian Government. A number of resources have been developed and during 2006-07 the resources were piloted in Oenpelli and Areyonga (NT), Old Mapoon and Hopevale (QLD), Wilcannia (NSW), Billiluna (WA), and

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	Action Area	Lead Agency	2006-07 Outcome
			Oodnadatta (SA). The trial of resources began in February 2007 and is expected to cease in December 2007. While the resources are being trialled, nutritionists will be evaluating their effectiveness and monitoring the change in sales of healthy foods and drinks.
66(a)	Communities who own or operate community stores can apply for finance under Indigenous Business Australia's Business Development and Assistance Programme to assist funding new stores, renovation, replacement, repairs and essential upgrades to existing stores	IBA	Not Applicable
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>	DoHA	The Department is funding two projects which contribute to the implementation of National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan: the Nutrition Networks Conference (this conference will provide a forum for Aboriginal and Torres Strait Islander people working in food and nutrition to discuss issues of relevance to their work); and the nutrition section of the Australian Indigenous Health <i>InfoNet</i> which will provide a valuable range of up-to-date information, knowledge, relevant policies and resources needed by the Aboriginal and Torres Strait Islander nutrition workforce.
68	Continue to support Aboriginal and Torres Strait Islander-specific projects currently funded under the National Child Nutrition Program	DoHA	Funding is no longer provided under the National Child Nutrition Program (NCNP). Funding for the program ceased in 2005-06. Summaries of project outcomes funded under the NCNP will be made available on the Department's website at: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-strateg-childnutrition-index.htm
69	Implement a regional stores policy addressing the availability and cost of healthy food supplies and employment and training opportunities for Anangu in the stores through the APY lands COAG trial site	DoHA	The Mai Wiru regional stores policy stage three continued to be implemented in 2006-07 (\$374,332). The Mai Wiru Regional Support Unit continued to promote compliance to the Mai Wiru MoU through which the communities have agreed to the Support Units: negotiating preferred supplier agreements; standardising store management systems and practices; coordinating public health nutrition activities; coordinating training activities through TAFE; and standardising recruitment processes and contracts for

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	Action Area	Lead Agency	2006-07 Outcome
			Store Managers.
70	Consider applying Indigenous specific and/or mainstream health funding to support local nutrition initiatives identified through planning processes	DoHA	<p>The Department of Health and Ageing, through OATSIH, and Indigenous Business Australia are jointly funding Outback Stores to employ a nutritionist to work as part of the Outback Stores team. The aim is to improve the supply, quality and range of healthy food in remote communities. To date, the nutritionist has: developed a strategic nutrition framework for Outback Stores; trained Outback Stores staff in nutrition and health issues relevant to Indigenous communities; worked with local staff in the Imanpa store to improve healthy food choices; and promote the work of Outback Stores to key nutrition/health stakeholders.</p> <p>As part of the Bathurst Aboriginal Community Shared Responsibility Agreement (NSW), DoHA funded nutrition education as one element of a range of actions aimed at providing 12 to 18 year old community members with a healthier and safer environment.</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 partnerships on projects funded under the Indigenous Sport and Recreation Program	DCITA	Not Applicable
72	Through the Strategic Intergovernmental Physical Activity Alliance contribute to the implementation of the National Physical Activity Action Plan	DoHA	<p>In May 2007, under the Australian Better Health Initiative, the Australian Government announced the Healthy Active Community and Schools grants program. The program will benefit the whole community as well as assist at-risk target groups to increase physical activity and healthy eating, and promote healthy living at the 'grassroots' level. The grants closed in June 2007 and were promoted nationally through press and radio advertisements as well as Indigenous networks.</p> <p>The Australian Government also announced in the 2007/08 Federal Budget a Physical</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>Activity in the Community grants program. This grants program will provide more opportunities for adults and older Australians to participate in physical activity in their local community.</p> <p>The Australian Active After Schools program, which aims to increase physical activity in primary school children, also received continued funding in the 2007/08 Federal Budget.</p> <p>The Department contributed to three Youth Recreation Activities Shared Responsibility Agreements in South Australia, in the communities of Indulkana (Iwantja), Watarru and Fregon (Kaltjiti).</p> <p>It also provided funding for a swimming pool as part of the Weilmoringle Shared Responsibility Agreement (NSW) which focussed on increasing physical activity among community members.</p> <p>In addition, the Department contributed funding to the Maningrida Swimming Pool Shared Responsibility Agreement (NT) around planning for greater use of the swimming pool and increasing opportunities for physical activity.</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	FaCSIA/ DCITA	Not Applicable
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	DoHA	<p>All projects have now been completed. Results indicate that success can be made in decreasing the risk factors for diabetes through lifestyle interventions.</p> <p>In addition to these pilot projects, DoHA is providing \$300,000 in 2006-08 (including \$150,000 in 2006-07) for the Unity of First People of Australia's (UFPA) Diabetes Management and Care Program. The program is implementing a sustainable 'Aboriginal driven' intervention model for the prevention, early detection and self management of diabetes within the remote Aboriginal communities of Lombadina/Djarindjin and Mowanjum in Western Australia.</p>

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	Action Area	Lead Agency	2006-07 Outcome
75(a) – (h)	Finalise the National Aboriginal and Torres Strait Islander Safety Promotion Strategy including: (a) Build collaborative relationships across all organisations and communities; (b) Stimulate national discussion on improving Aboriginal and Torres Strait Islander peoples' safety; (c) Increase knowledge and skills in and commitment to safety promotion and injury prevention in the workforce; (d) Provide enough resources to build and enhance workforce capacity; (e) Support safety promotion and injury prevention policies and strategies that address a mixture of social, environmental and behavioural factors, and provide good examples of dealing with the underlying alienation and disadvantage of Aboriginal and Torres Strait Islander peoples; (f) Improve surveillance systems and other sources of quantitative and qualitative data, to provide adequate information for Aboriginal and Torres Strait Islander safety promotion and injury prevention. Develop mechanisms to coordinate injury prevention research and evaluation activities; (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	DoHA	The National Aboriginal and Torres Strait Islander Safety Promotion Strategy has been finalised and distributed to relevant stakeholders. Implementation of an SRA with Riverland Indigenous Care Inc. to implement a cycling safety project in the community continued. Also through a community grants process D&R Consulting are providing training and education to reduce falls incidences in the over 55 age group. This is targeting both carers and health care workers in 12 communities across the Northern Territory.
76	Finalise the National Injury Prevention and Safety Promotion Plan giving priority to addressing injury in Aboriginal and Torres Strait Islander communities	DoHA	See #75.
77	Establish a Collaborative Research Centre for data collection on injury within Aboriginal and	DoHA	Not progressed at this stage.

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	Action Area	Lead Agency	2006-07 Outcome
	Torres Strait Islander people		
78	Integrate oral health messages into health promotion initiatives (such as nutrition and smoking) targeting Indigenous Australians	DoHA	The Australian Government continues to promote good nutrition and healthy eating, through the promotion and dissemination of national evidence-based nutrition resources, such the Australian Guide to Healthy Eating and the Australian dietary guidelines, which could have a positive impact on oral health and contribute to a decline in dental caries.
79	Contribute to the implementation of the National Oral Health Action Plan 2004 -13	DoHA	The Australian Government participates in the National Oral Health Plan Monitoring Group. The Australian Government takes into account the National Oral Health Plan when developing policy on oral health matters within its areas of responsibility. The recent Budget initiatives of expanding the Enhanced Primary Care dental items (see item 80) and the new Charles Sturt Dental School are all new programs that contribute to the goals of the National Oral Health Plan. At a cost of \$64.5 million over four years, the school will expand dental training and public dental service provision in regional Australia. The Australian Government will also provide \$12.5 million over four years to support up to 30 annual clinical placements for dentistry students in established rural training settings. Finally, the Australian Government will offer three scholarships for Indigenous dental students under the Puggy Hunter Memorial Scholarship Scheme.
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	DoHA	In 2006-07, a total of 7,754 dental services were provided under the MBS Enhanced Primary Care dental items, representing benefits of \$1.8 million. (Nb there is no separate data on uptake by Indigenous people). The existing Chronic Disease management plans allow a GP to refer a patient for up to 3 dental services per year rebated by Medicare.
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	NHMRC	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA	This has been superseded by the <i>National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008</i> . See item #83.
83	Commence the development of a second National Aboriginal and Torres Strait Islander Sexual Health Strategy in parallel with the mainstream HIV/AIDS, Sexually Transmissible Infections and Hepatitis C national strategy development processes	DoHA	<p>The National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy was launched by the Minister for Health and Ageing in October 2005. This Strategy complements the National HIV/AIDS Strategy 2005-2008, the National Hepatitis C Strategy 2005-2008 and the National Sexually Transmissible Infections Strategy 2005-2008.</p> <p>Evaluation of the 4 National Strategies which include the <i>National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008</i>, the <i>National HIV/AIDS Strategy 2005-2008</i>, the <i>National Sexually Transmissible Infections Strategy 2005-2008</i> and the <i>National Hepatitis C Strategy 2005-2008</i> will commence in 2007.</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	DoHA	<p>The Nucleic Acid Amplification Program aims to make testing for gonorrhoea and Chlamydia more accessible for Aboriginal and Torres Strait Islander people. This program ensures that there are no direct costs to clients and that early detection and treatment for sexually transmissible infections is available, using non-invasive testing technology.</p> <p>The Tri-State Project is a collaborative effort, jointly funded by the governments of NT, WA, SA and the Australian Government to develop a coordinated approach to reducing HIV and sexually transmissible infections in the cross border region of Central Australia.</p> <p>In the May 2007 Federal budget funding was announced for a national campaign over four years to encourage safe sexual practices to prevent the spread of HIV/AIDS and other STIs. The national campaign will increase awareness of the risk of STIs and HIV and provide advice on behavioural change. It will particularly target at-risk communities including homosexual men, young people and Aboriginal and Torres Strait Islander people.</p> <p>The Office for Aboriginal and Torres Strait Islander Health of the Department of Health and Ageing funds the AFAO National Indigenous Project. Implementation of this project is overseen by the Population Health Division. The objective of the AFAO National Indigenous Project is to facilitate a community based health promotion response for Aboriginal and Torres Strait Islander peoples affected by, or at risk of HIV and STI</p>

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	Action Area	Lead Agency	2006-07 Outcome
			infection. AFAO undertake activities which support this objective in collaboration with state and territory AIDS Councils and organisations that provide sexual health services to Aboriginal and Torres Strait Islander peoples.
85	Address the recommendations from the evaluation of the National Donovanosis (Elimination) Eradication Program	DoHA	The Department of Health and Ageing is working with the Indigenous Australians' Sexual Health Committee to consider the recommendations and the work that needs to be progressed in the context of the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008.

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Key Result Area Three: A competent health workforce

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	Lead Agency	2006-07 Outcome
KRA 3: A competent health workforce			
86 (a) – (e)	<p>Implement the following specific initiatives under the <i>Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002</i>: (a) Support Aboriginal and Torres Strait Islander specific health services to improve management and governance capacity – see KRA1.; (b) Support Aboriginal and Torres Strait Islander Health Workers with the introduction of national qualifications (including competencies, training and assessment processes); (c) Expand existing workforce scholarship programs to enable more Indigenous Australians to study health and health related courses; (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; (e) Increase the participation of Indigenous Australians in the Masters of Public Health programs</p>	DoHA	<p>The eight new Aboriginal and Torres Strait Islander Health Worker qualifications contained in the Health Training Package (HLT07) have been endorsed by Education Ministers and available since 1 March 2007. The first part of the implementation strategy (funded by DEST) commenced with development of training resources and assessment materials to enable the delivery of the qualifications and will become available as they are developed with project completion planned prior to the start of the 2008 teaching year.</p> <p>Seventy five scholarships were offered in the 2007 academic year, which included 26 under the <i>Healthy for Life</i> initiative and five under the <i>Mental Health</i> initiative.</p> <p>The Department continued to provide a contribution to the Australian National University through the Masters of Applied Epidemiology to fund two Indigenous places.</p> <p>From February 2007, the Department has funded a project to develop and implement resources by January 2008 to support Australian Registered Training Organisations (RTOs) and other population health educators to incorporate the competencies and qualifications of the Population Health section of the Health Training Package (HLT07) into their education and training programs. This includes the competencies and qualifications for Indigenous Environmental Health Workers.</p> <p>As part of the Asthma Management Program, a project is being funded to identify evidence-based asthma care models for priority groups, including Aboriginal and Torres Strait Islander people, particularly in the primary care context. This project will help to ensure that the Program targets all Australians, including those groups that are most in</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>need.</p> <p>Public Health Education and Research Program (PHERP) IV funding was provided to Universities to develop strategies for increasing:</p> <ol style="list-style-type: none"> 1. Aboriginal and Torres Strait Islander content of public health courses; 2. Recruitment and retention of Aboriginal and Torres Strait Islander public health students and academics 3. Ongoing funding has also been provided for an Indigenous MPH degree at the Institute of Koorie Education, Deakin. <p>Total enrolments at March 2007-15 students.</p> <p>As of 2006-2007, at least 33 students have graduated with public health education qualifications.</p>
87	<p>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. 	DoHA	<p>The Medical Deans of Australia and New Zealand (formerly Committee of Deans of Australian Medical Schools) are currently working with medical schools to assist in the integration of Indigenous curricula into the medical and clinical mainstream curricula. It is expected that this work will be completed by December 2007.</p>
88	Through the University Departments of Rural Health support Aboriginal and Torres Strait Islander student placements for undergraduate allied health courses	DoHA	<p>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. 33 Aboriginal and Torres Strait Islander medical, nursing and allied health students undertook UDRH placements across TAS, WA, QLD, NSW, SA and the NT in 2006.</p>

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA	Funding to CATSIN and AIDA has continued. These groups support members in improving recruitment and retention outcomes through high level advice and input to committees, including the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and Puggy Hunter Memorial Scholarship Scheme Working Group.
90	Work with AIDA and CATSIN to support effective mentoring programs for Aboriginal and Torres Strait Islander students of medicine and nursing	DoHA	CATSIN and AIDA continue to mentor new students.
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>	DoHA/DEWR	See #116 and #103. As part of the Dementia Initiative, funding has been made available for the establishment of Dementia Training Study Centres. These centres will provide a career path which includes options, including post-graduate study and scholarships, for health care professionals. The South Australia/Northern Territory Dementia Training Study Centre is undertaking projects with a focus on Aboriginal and Torres Strait Islander Peoples. These projects include curriculum and resource development to improve the knowledge skills and attributes of health professionals working with Aboriginal and Torres Strait Islander communities.
92	Improve the quality, collection and management of health workforce data in mainstream services and Aboriginal community controlled health services	DoHA/ABS	The Secure Aboriginal Medical Service Information Service (SAMSIS) is a national project funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and managed by the Aboriginal Health and Medical Research Council (AH&MRC) in New South Wales. SAMSIS provides a workforce directory and a Job Board capability; it also provides a Health Services directory and two profiles – Population and Community; it does not provide patient information capability. In 2006-07, OATSIH worked with the AH&MRC to develop SAMSIS to the point of proof of concept.
93	Encourage data collection, analysis and research organisations to actively recruit, train and retain Aboriginal and Torres Strait Islander staff	ABS/AIHW/ NHMRC	Not Applicable

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	Lead Agency	2006-07 Outcome
KRA 4: Emotional and social wellbeing			
94	Implement this Key Result Area by contributing to the implementation of the following key nationally agreed frameworks: <ul style="list-style-type: none"> • The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Well Being 2004-09; • The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2006; 	DoHA	The <i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009</i> (SEWB Framework) sits within the <i>National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013</i> (NSFATSIH); and the <i>National Mental Health Plan 2003-2008</i> (NMHP). The implementation of the <i>SEWB Framework</i> has been strengthened under Key Result Area 4 – Social and Emotional Well Being of the Australian Government's revised implementation plan for the <i>NSFATSIH</i> . In March 2006, Urbis Keys Young, an independent social research firm, was commissioned by the Department of Health and Ageing to evaluate the Bringing Them Home Counsellors program, the Link Up family tracing and reunion program, the Social and Emotional Well-Being Regional Centres

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	Action Area	Lead Agency	2006-07 Outcome
	<ul style="list-style-type: none"> • The National Mental Health Plan 2003-08 		<p>program, and the Mental Health Service Delivery projects. The <i>Evaluation of the Bringing Them Home and Indigenous Mental Health Programs</i> Final Report was published in May 2007. As an initial response the Australian Government has funded an extra 22 Link Up Counsellor positions.</p> <p>The COAG mental health reform package (\$1.9 billion over five years) includes the measure 'Improving the Capacity of Workers in Indigenous Communities'. This will benefit Indigenous Australians and Indigenous specific primary health care services nationally. \$20.8 million has been allocated over five financial years. Aboriginal Health workers, counsellors and clinic 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. Support staff, such as transport and administration staff, will be trained in mental health first aid. The measure also provides an additional 10 mental health worker positions.</p> <p>New initiatives under the COAG mental health package will complement and support 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.</p> <p>As part of the Tiwi Social Wellbeing and Youth Development Shared Responsibility Agreement (NT), the Department funded a community run organisation to deliver intervention, mediation and support programs to encourage positive engagement by youth in personal and community development activities.</p> <p>The Department also contributed funds through the Napranum Police-Citizens Youth Club Shared Responsibility Agreement (QLD) for addressing anti-social behaviour in youth, minimising contact with the juvenile justice system, encouraging regular school attendance and promoting healthy lifestyles, through activities run by the Napranum Police-Citizens Youth Club.</p> <p>In addition the Department provided funding through the Better Pathways –Orange Shared Responsibility Agreement (NSW) for psychology support and mentoring support services to at-risk youth, as part of a diversionary strategy.</p> <p>One of the priorities in relation to the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009 was the implementation of a national smoking cessation program for Indigenous communities. However, after</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>consultation with key Aboriginal and Torres Strait Islander stakeholders, and with States and Territories, the Intergovernmental Committee on Drugs agreed that the development and implementation of Indigenous smoking programs should be based on local Indigenous community needs and priorities. States and Territories are currently implementing a range of Indigenous smoking initiatives to address local Indigenous community needs, therefore it was felt that a National Smoking Cessation Program was not warranted. The Department has contracted the Menzies School of Health Research, in partnership with the Northern Territory Department of Health and Community Services, 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 of the interventions were held in Groote Eylandt, Arnhem Land NT and will inform other Top End smoking cessation measures. The Department is funding a randomised controlled trial of a high intensity intervention to reduce smoking among pregnant Indigenous women in Western Australia. The trial is expected to finish in 2008. Additionally, the Department is funding a project in the Northern Territory to reduce the prevalence of smoking among Aboriginal women during and after pregnancy in the remote Indigenous communities of the Katherine West region. The Department continues to fund services that deliver programs/projects that address the KRA of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2009 (the CAP).</p> <p>As part of the Maamba Youth Shared Responsibility Agreement (WA), The Department funded a drug counselling program as part of a suite of responses aimed at socially isolated youth.</p> <p>The Department also funded Beswick (Wugularr) Youth At Risk Strategy Shared Responsibility Agreement (NT) to address substance use issues, including petrol sniffing.</p> <p>As part of a commitment made by all Australian Government agencies, the Department developed a Reconciliation Action Plan to coincide with the fortieth anniversary of Indigenous-specific changes to the constitution, May 2007. The plan will be reported against annually and includes key actions for the Department in its roles as an employer, as a leader in health and ageing policy and program development and as a leader in partnering across government. (see the Department's website)</p>

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	Action Area	Lead Agency	2006-07 Outcome
95	Ensure that substance misuse and emotional and social well-being issues are considered in the planning and policy development activities of the health partnership forums established under the Framework Agreements	DoHA	Arrangements vary across jurisdictions eg in Queensland the Department funds a statewide Bringing Them Home (BTH) Coordinator (SEWB Program) at Queensland Aboriginal and Islander Health Forum. The coordinator has a lead role in bringing State/Commonwealth and community organizations together on a regular basis to discuss social and emotional well being needs of Aboriginal and Torres Strait Islanders. The Department-funded substance use services have formed the Queensland Indigenous Substance Misuse Council (QISMC) and Queensland Aboriginal and Islander Health Council (QAIHC) provides the secretariat for the group. The Chair of QISMC also sits at the partnership table with voting rights. Regular meetings are held between DOHA, QAIHC, QISMC and ATODS (Qld Health).
96(a)-(c)	Continue to support the following services for Indigenous Australians: (a) Emotional and Social Wellbeing Regional Centres and Social Health Teams; (b) Counsellor positions funded through the Bringing Them Home program; (c) The Link Up Program, which traces and reunites families	DoHA	<p>(a) These services are all included within the <i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-09</i>.</p> <p>Funding was provided for 14 SEWB Regional Centres to provide training and professional support to the Aboriginal and Torres Strait Islander health and social and emotional wellbeing workforce (\$5.581 million in 2006-07). Social Health Teams are operating within some Indigenous specific primary health care services to provide a range of services to Indigenous people.</p> <p>There are 19 culturally appropriate mental health service delivery projects (\$2.286 million in 2006-07).</p> <p>b) There are over 106 Bringing Them Home Counsellor positions funded nationally (\$10.222 million in 2006-07).</p> <p>c) There are 11 Link Up sites across the country funded through 10 Indigenous community organisations (\$3.916 million in 2006-07).</p>
96(d)	Continue to support the following services for Indigenous Australians (d) The Indigenous Parenting and Family Well-Being initiative which promotes parenting skills and well-being amongst Aboriginal and Torres Strait Islander families	FaCSIA	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
96(e)	Continue to support the following services for Indigenous Australians (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	FaCSIA	Not Applicable
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	AGD	Not Applicable
98	(a) The Indigenous Family Violence Partnership Programme funds state, territory and local projects that address Aboriginal and Torres Strait Islander family violence particularly in remote areas (b) The Family Violence Regional Activities Programme (FVRAP) supports local level projects that address family violence issues within Indigenous communities	FaCSIA	Not Applicable
99(a) – (b)	Under the Prime Minister's Tough on Drugs Initiative undertake the following activities targeting Indigenous Australians: (a) Develop and deliver an implementation strategy for the 'Tough on Drugs' Indigenous Community Initiative; (b) Fund programs targeting drug and alcohol abuse in Aboriginal and Torres Strait Islander communities through the Non-Governmental Organisation Treatment Grants Program	DoHA	<p>The Department is funding a number of projects to build Indigenous community capacity:</p> <p>Edith Cowan University has developed new web pages on the existing Indigenous HealthInfoNet including sub-sections for inhalant misuse, alcohol misuse, illicit drug use, and the misuse of kava, pharmaceutical and other drugs.</p> <p>The Western Australia Drug and Alcohol Office has implemented the Indigenous National Alcohol and Other Drug Workforce Development Program through a supported and nationally coordinated Train the Trainer approach. See item #100.</p> <p>The Alcohol Treatment Guidelines for Indigenous Australians (the Guidelines) have been finalised and are being widely distributed. The Guidelines will be widely promoted, through a series of workshops at national conferences and at various locations around Australia.</p>

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	Action Area	Lead Agency	2006-07 Outcome
99(c)	Provide funding to respond to local action plans for communities in major crisis	OIPC	Not Applicable
99(d)	Fund community initiatives that aim to combat sexual assault and to encourage discussion about sexual violence amongst young Indigenous Australians	FaCSIA	Not Applicable
99(e)	Through the COAG Illicit Drug Diversion Initiative improve access for Indigenous groups to greater assessment, counselling and treatment options	DoHA	A number of specific strategies and programs have been developed under this initiative to overcome access barriers to Indigenous participation in diversion programs.
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	DoHA	The Department continues to fund and support the Western Australia Drug and Alcohol Office (WADAO). The WADAO has implemented the Indigenous National Alcohol and Other Drug Workforce Development Program through a supported and nationally coordinated Train the Trainer approach. The Program operates in WA, NT, SA, QLD, ACT, TAS and NSW. The concept aims to support and increase the capacity of the seven jurisdictions to deliver nationally recognised, culturally secure evidence based alcohol and other drug training to the Indigenous alcohol and other drug workforce. Two training pilot programs across the seven jurisdictions have been established and each jurisdiction will enable key Indigenous professionals (trainers) to deliver the program within their own communities.
101	Develop an accredited drug and alcohol education and training program for Aboriginal and Torres Strait Islander Health Workers under the Complementary Action Plan	DoHA	See #100.

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	Action Area	Lead Agency	2006-07 Outcome
102	Continue to fund the Aboriginal and Torres Strait Islander Tobacco Control Capacity Building Project being undertaken by the University of Melbourne	DoHA	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 has been negotiated with the University of Melbourne.
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)	DoHA	The PHERP program continues to increase workforce capacity in the area of Indigenous health by providing funding to universities to increase the Aboriginal and Torres Strait Islander content of public health courses, developing recruitment and retention strategies to increase the number of Aboriginal and Torres Strait Islander students undertaking public health courses and increasing the number of Aboriginal and Torres Strait Islander academics. PHERP also funds the development of mentorship programs for Aboriginal and Torres Strait Islander students and academics who are studying, teaching and/or researching in public health.
104	Implement the policy framework for the Office for Aboriginal and Torres Strait Islander Substance Use Program with an emphasis on alcohol, petrol sniffing and tobacco: (a) Implement the findings of the 2003 Evaluation of the Comgas Scheme; (b) Respond to the findings of the feasibility study for effective community service models to address volatile substance use in the Cross Border Region of Central Australia; (c) Evaluate the Quality Assurance pilot for South Australian substance use services; and (d) Strengthen the focus on prevention, early intervention and health promotion activities including through major community carnivals and events funded under the Indigenous Sport and Recreation Program	DoHA	<p>Findings of the 2003 Evaluation of the Comgas Scheme are being implemented as part of the 2005-06 Budget Measure 'Combating Petrol Sniffing' and a number of subsequent Budget announcements. In September 2005, the Australian Government provided \$6 million over 2 years to support the ongoing roll out of <i>Opal</i> fuel in the Central Desert Region. A further \$20.1 million was provided in the 2006-07 'Reducing Substance Abuse in Indigenous Communities' Budget Measure for the extended roll out of <i>Opal</i> fuel into two new regions in Australia. On 5 July 2006, an additional \$12 million over 3 years was announced for the rollout of <i>Opal</i> fuel in Alice Springs. Baseline data on the prevalence and effects of petrol sniffing has been collected from 74 Indigenous communities across the country receiving or scheduled to receive <i>Opal</i> fuel.</p> <p>The feasibility study for effective community service models to address volatile substance use in the Cross Border Region of Central Australia was finalised in September 2006. The Department has been working with Northern Territory, Western Australian and South Australian governments on improvements to treatment and respite services as part of the implementation of the Eight Point Plan to reduce petrol sniffing in designated regions. Through the Council of Australian Government (COAG) initiative, the Australian Government committed to provide up to \$49.3 million over four years for additional drug and alcohol treatment and rehabilitation services in regional and remote Indigenous communities to address issues of violence and abuse.</p> <p>Evaluation of the Quality Assurance Pilot for South Australian substance use services</p>

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	Action Area	Lead Agency	2006-07 Outcome
			has been completed.
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 planning processes	DoHA	Men's health issues are included in policy and program planning processes. In 2006-07, the Department provided funding for 10 travel awards to support delegates attending the 6 th National Men's Health Conference.
106	Through the Emotional and Social Well-being framework implement programs to reinforce male cultural identity.	DoHA	Refer to #105
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)	DoHA	The Aboriginal and Torres Strait Islander components of the National Mental Health Plan 2003-2008 were included in the implementation strategy agreed to by AHMAC in 2005. Key area 2.3 Access for Special Population Groups refers. The National Mental Health Plan 2003-2008 is currently being evaluated.
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	DEST	Not Applicable
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.	FaCSIA	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
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	OIPC	Not Applicable
111	Focus on the impact of mental health and substance misuse co-morbidity in the Indigenous Australian population through the National Comorbidity Taskforce	DoHA	<p>The Australian Government has allocated \$17.9 million over seven years from 2003-04 to 2009-10 for a National Comorbidity Initiative. The Initiative aims to improve coordination across psychiatric/mental health services and drug treatment services, develop best practice guidelines for service delivery, and increase professional education and training.</p> <p>Implementation of the National Comorbidity Initiative concentrates on the following areas of activity:</p> <ul style="list-style-type: none"> • raising awareness of comorbidity and promoting examples of good practice resources/models; • providing support to clinicians and other health workers to improve treatment outcomes; • facilitating resources and information for consumers; and • improving data systems and collection methods within the mental health and alcohol and other drugs sectors to manage comorbidity more effectively. <p>Indigenous comorbidity is likely to get increased focus under the National Comorbidity Initiative in 2007-08 and 2008-09.</p> <p>To date, the National Comorbidity Initiative has been successful in implementing a number of projects including:</p> <ul style="list-style-type: none"> • Comorbidity Professional Development Scholarships Program – to enhance the clinical expertise of alcohol and other drugs (AOD) workers and mental health workers; • Guidelines for consumer and carer involvement in comorbidity treatment to ensure

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	Action Area	Lead Agency	2006-07 Outcome
			<p>that treatment plans are designed to effectively address the needs of consumers and the role of carers;</p> <ul style="list-style-type: none"> • <i>Can Do'</i> – Managing Mental Health and Substance Use in General Practice to raise clinical knowledge and skills on drug use and mental health comorbidity in general practice; • <i>PsyCheck</i> – a tool for screening and psychosocial intervention for mental disorders for use by the alcohol and drug workforce; • <i>Feeling good?</i> – <i>answering your questions about alcohol, drugs and mental health</i> – an information brochure which aims to increase the understanding of comorbidity among young people; and • <i>in my life</i> – book of family stories, which aims to break down the barriers and stigma associated with drug and alcohol use and mental health disorders.
112	Maintain and refine the Drug and Alcohol Service Reports	DoHA	<p>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 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 2006-07 DASR questionnaire is currently in the field. Forms are due in the second half of 2007. The 2005-06 DASR data has been finalised and a Key Results Report will be released in late 2007.</p>
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>	DoHA, ABS, AIHW, NHMRC	<p>The Bringing Them Home (BTH) collection is a national profile of services provided under the Australian Government funded Bringing Them Home counsellor 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. The 2006-07 BTH questionnaire is currently in the field with forms due in the second half of 2007. The 2005-06 BTH dataset is finalised and the key results report is due to be released in early 2008.</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>The 2006-07 Service Activity Reporting (SAR) and the 2006-07 Drug and Alcohol Report (DASR) questionnaires collect information on social and emotional wellbeing and substance misuse services provided to Aboriginal and Torres Strait Islander Australians. These questionnaires are currently in the field with forms due in the second half of 2007.</p>

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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	Lead Agency	2006-07 Outcome
KRA 5: Environmental Health			
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)	FaCSIA	Not Applicable
115	Enhance provision of environmental health services and assist communities to manage their own environmental health priorities	All	<p>In 2006-07, the Department provided funding assistance to communities for specific projects which have environmental health benefits. One such project was the Indigenous Handwashing Campaign, which commenced in January 2006 and will be completed in September 2007, with the aim of improving the frequency of handwashing in selected Northern Territory Aboriginal communities to decrease the occurrence of infectious disease. The Department provided funding between June 2006 to March 2007 to assist the Northern Territory government to respond to the environmental health impacts of the Katherine floods, including mosquito control and to address Indigenous environmental health issues.</p> <p>The Department contributed funding for a joint project with the Department of Families, Community Services and Indigenous Affairs (FaCSIA) and the Department of Education Science and Training (DEST) through the Katherine Indigenous Coordinating Centre which would have environmental health benefits to the Lajamanu community in the NT.</p> <p>The Department provided funding between January and June 2007 to support activities</p>

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	Action Area	Lead Agency	2006-07 Outcome
			to address environmental health issues in the Anangu Pitjantjatjara Yankunytjatjara Lands in South Australia. The activities focussed on dust control measures and improvements to existing septic systems.
116(a)-(e)	Establish a cross-agency forum at the Australian Government level to: (a) review roles and responsibilities of each agency in relation to environmental health; (b) Contribute to the development of the National Environmental Health Action Plan (by MCATSIA in 2004-05); (c) Review and revise the National Environmental Health Strategy; (d) Implement the recommendations of the National Indigenous Environmental Health Forum; (e) Identify levels of need for additional environmental health resources with a view to providing resources commensurate with need	DoHA (FaCSIA, Defence, DEH, OIPC)	From January to June 2007, The Department of Health and Ageing has been working with the Environmental Health Committee (enHealth) to refresh the National Environmental Health Strategy and related workplans for the period 2007-2012 including: <ul style="list-style-type: none"> • strategies to support improvements in environmental health for Aboriginal and Torres Strait Islander peoples in Australia; • implementation of recommendations of the enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health (which replaces the National Indigenous Environmental Health Forum); and • supporting improvements in the capacity of the Aboriginal and Torres Strait Islander environmental health workforce.
117	Continue projects funded under the ATSI/Army Community Assistance Program	Defence/ FaCSIA	Not Applicable
118	Develop mechanisms for strengthening and extending links between environmental health initiatives and primary health care initiatives at the national level	DoHA, FaCSIA, OIPC	The Community Services and Health Industry Skills Council has been funded to develop and promote a resource kit to support the implementation of the Indigenous Environmental Health Worker competencies and training package.
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	FaCSIA	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
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	FaCSIA	Not Applicable
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	FaCSIA, IBA	It is a requirement under Part 4 of the Allocations Principles to have Aged Care Planning Advisory Committees (ACPACs) in each State and Territory. ACPACs advise the Secretary of the Department of Health and Ageing on the distribution of places in relation to types and proportions of care. It is a requirement under the legislation that the Committees include representatives with knowledge of or experience in the delivery of aged care services to people from Aboriginal and Torres Strait Islander communities.
122	Extend the Torres Strait Major Infrastructure Program to further improve water supply, sewerage and waste disposal (a) Develop decision tools to assist small communities develop preventive management plans for drinking water supplies	FaCSIA, DEH, NHMRC	Not Applicable
123	Develop consistent environmental health audit tools and environmental health indicators for Aboriginal and Torres Strait Islander communities	DoHA	The Department worked with the Environmental Health Committee (enHealth) to refresh the <i>National Environmental Health Strategy</i> and related work plans for the period 2007-2012. The Strategy includes an objective to 'Improve Aboriginal and Torres Strait Islander Environmental Health', under which is an activity to 'Develop the capacity to utilise routine environmental health surveillance to prioritise environmental health interventions by developing and implementing rural and remote Aboriginal and Torres Strait Islander Children's Environmental Health Indicators'. This will be addressed in future years of the Strategy.

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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	Lead Agency	2006-07 Outcome
KRA 6: Wider Strategies That Impact on Health			
124	Establish Indigenous Coordination Centres involving a collaboration of Australian Government agencies in key locations across Australia	OIPC	Not Applicable
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	OIPC, DoHA	The portfolio actively engaged in these whole of government processes. A major initiative was a key policy paper that was developed and presented to the Secretaries Group – Addressing life expectancy disparities between Indigenous and non-Indigenous populations in Australia. The department's network of solution brokers allowed engagement across all ICCs.
126	Continue to fund Round Two of the Aboriginal and Torres Strait Islander Coordinated Care Trials	DoHA	The second round of Indigenous Coordinated Care Trials (ICCTs) ended in 2005 and their transition period ended in December 2006. The former ICCT organisations, namely, Sunrise Health Service Aboriginal Corporation (NT), South-West Aboriginal Medical Service Aboriginal Corporation (WA) and Partnership for Aboriginal Care (NSW) transitioned to on-going service provision through standard OATSIH service delivery funding agreements.

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	Action Area	Lead Agency	2006-07 Outcome
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	OIPC, DoHA	During the year, the COAG sites ceased to be called "trials". However the department continued to engage with other agencies in relation to the sites and continued to play a lead role in the APY Lands.
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 in other Aboriginal and Torres Strait Islander communities	FaCSIA, DEWR	Not Applicable
129	Continue to support the Croc Festivals in seven rural and remote locations to encourage young Aboriginal and Torres Strait Islander students to attend school and to lead healthy and positive lifestyles without misusing alcohol, tobacco and other drugs	DoHA	From August to October 2006, eight Croc Festival events were held in Halls Creek (WA), Kempsey (NSW), Moree (NSW), Meekatharra (WA), Weipa (QLD), Port Augusta (SA), Alice Springs (NT), and Swan Hill (Vic). From 2007, sponsorship of the Croc Festivals falls under the Government's four year funding initiative 'Community festivals for Educations Engagement and Drug Prevention' which is administered by the Indigenous Education Policy Branch in the Department of Education, Science and Training.
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	FaCSIA (DEST, AGD, DoHA)	An annual 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, including ear and hearing health, development (achievement of age-appropriate milestones) and family relationships, for Aboriginal and Torres Strait Islander children from birth to 14 years inclusive.
131	Implement the National Indigenous English Literacy and Numeracy Strategy	DEST	Not Applicable
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	DEST	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
	of drug related issues and incidents in schools		
133	Continue to target Aboriginal and Torres Strait Islander Education as a priority	DEST	Not Applicable
134	Child Care Initiatives (a) Develop Indigenous Child Care Plan to guide future development and funding of existing and future Indigenous Child Care Services; (b) Continue funding Indigenous Child Care Services in rural and remote areas	FaCSIA	Not Applicable
135(a)	Implement the Australian Government's <i>Indigenous Employment Policy</i> including: (a) Employment and Training opportunities supported through the Job Network or through elements of the Indigenous Employment Policy such as: Structured Training and Employment Projects; National Indigenous Cadetship Program; Wage Assistance; Community Development Employment Projects Placement Incentive; Indigenous Employment Centres; Indigenous Youth Employment Consultants; Indigenous Small Business Fund; Indigenous Self Employment Program; and Indigenous Capital Assistance Fund.	DEWR	Not Applicable
135(b)	Implement the Australian Government's <i>Indigenous Employment Policy</i> including: (b) The Indigenous Small Business Fund which provides funding for the development and expansion of Aboriginal and Torres Strait Islander businesses	DEWR/IBA	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
135(c)	Implement the Australian Government's <i>Indigenous Employment Policy</i> including: (c) Indigenous Employment Centres	DEWR	Not Applicable
135(d)	Implement the Australian Government's <i>Indigenous Employment Policy</i> including: (d) Maintenance and Promotion of Indigenous Visual Arts under the Government's Indigenous Art Centres Strategy Action Plan, providing Indigenous communities with opportunities to become economically active through the productions and sale of arts and crafts and employment in the administrations and governance of art centres.	DCITA	Not Applicable
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	DEWR	Not Applicable
137	Fund the Royal Flying Doctor Service	DoHA	In 2006-07, the Australian Government provided baseline operational funding of about \$33.5 million (GST inclusive) to support the delivery of traditional services to rural and remote communities, including Indigenous communities, by the Royal Flying Doctor Service (RFDS). These traditional services include emergency aero-medical evacuations and primary health care services. In April 2007, the Prime Minister announced significant additional funding over the four years from 2007-08 to 2010-11 for the RFDS to deliver traditional services.
138	Consider funding patient transport initiatives aimed at improving access by Indigenous Australians to health services identified through planning processes	DoHA	The second Shared Responsibility Agreement with <i>Western Desert Nganampa Walytja Palyantjaku Tjutaku</i> (WDNWPT) will: <ul style="list-style-type: none"> • consolidate renal service delivery and renal patient support in Kintore and Alice Springs; • assist with the 'Return to Country' and 'Going Home' initiatives that support renal patients to return to their communities; and

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	Action Area	Lead Agency	2006-07 Outcome
			<ul style="list-style-type: none"> develop early interventions programs to reduce renal disease through health education, training and support. <p>The Department is a significant partner in this SRA. Other SRA partners include: FaCSIA, DEST and DEWR.</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	DoHA	<p>People from Aboriginal and Torres Strait Islander communities are a special needs group under the Aged Care Act 1997. The provision of care to special needs group is one of the legislatively based criteria for assessing applicants for aged care places in the annual Aged Care Approvals Round. As part of the Australian Government's "Securing the Future of Aged Care reforms", announced in February 2007, an additional 5,600 Community Aged Care Packages and 1,600 Extended Aged Care at Home (EACH) and EACH Dementia Packages will be made available over the next 4 years. The first of these new packages will be available for allocation in the 2007 Aged Care Approvals Round. Providers wishing to provide care to Aboriginal and Torres Strait Islander people will be able to apply for some of the new packages.</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 Torres Strait Islander Flexible Aged Care program. This program funds around 30 services which provide some 600 flexible places delivered in culturally appropriate ways. These services offer a mix of residential and community care and are mainly located in rural and remote areas. 150 additional Flexible aged care places announced in the May 2006 Budget are also being rolled out.</p>
140	Involve the Framework Agreement partnership forums in planning of Community Aged Care Packages and Home and Community Care Services	DoHA	<p>The Home and Community Care (HACC) Review Agreement (effective from 1 July 2007) requires all states and territories to deliver HACC services to Indigenous Australians in accordance with the <i>National Framework Principles for Delivering Services to Indigenous Australians</i>. Consultations regarding the development of an Indigenous Community Care workforce strategy for HACC will be undertaken in partnership with HACC Officials and the National Aboriginal and Torres Strait Islanders HACC Reference Group.</p>

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA	The Kit is being distributed widely with around 14,700 being sent in 2006-07.
142	Extend Viability Supplement payment to Aboriginal and Torres Strait Islander flexible services for the first time.	DoHA	The Australian Government committed \$19.4 million over four years in the 2006 Federal Budget to provide a new viability supplement to providers of CACP, EACH and EACHD programs, the MPS and Aboriginal and Torres Strait Islander Flexible Care programs in rural and remote areas of Australia. Payments were calculated from 1 January 2007. Residential care viability supplement for eligible services in rural and remote locations was provided to Aboriginal and Torres Strait Islander Flexible services from 1 January 2005. Community care viability supplement became available 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 under the action areas of the Public Health Action Plan for an Ageing Australia relating to mental health, nutrition and oral health, physical activity and medication management	DoHA	This action item is no longer current. Outcomes related to ageing and aged care are reported against items 139-142.

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	Action Area	Lead Agency	2006-07 Outcome
144(a)-(e)	Disability Employment Assistance and Other Services: (a) Continue funding of service providers (Open Employment Services and Business Services) to assist people with disabilities to gain and maintain employment; (b) Advocacy Service; (c) Respite Services for Carers of Young People with Disabilities; (d) Print Disability Services; (e) Disability Information and Captioning Services;	DEWR	Not Applicable
144(f)-(m)	Disability Employment Assistance and Other Services: (f) National Indigenous Disability Network; (g) Postal Concessions for the Blind; (h) Wage Subsidy for People with Disabilities; (i) Supported Wage System; (j) Disability Recruitment Coordination Service; (k) Workplace Modifications Scheme; (l) Buddy pilots program for Indigenous Communities and research on respite care; (m) Continue funding to the States and Territories under the Commonwealth State Territory Disability Agreement – provision of day activity services and accommodation support services	FaCSIA	Not Applicable

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	Lead Agency	2006-07 Outcome
KRA 7: Data, research and evidence			
145(a)	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: (a) Use the ABS standard definition for Aboriginal and Torres Strait Islander identification in all data collections	DoHA, ABS, AIHW, NHMRC	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, takes a lead role in implementing the 1997 National Aboriginal and Torres Strait Islander Health Information Plan through the new NAGATSIHID Strategic Plan 2006-08 published in November 2006. The following activities were undertaken in 2006-07: An audit of the quality of the Indigenous identification within hospital data was commenced. This audit will provide statistics on the current level of accuracy of Indigenous identification and also allow adjustment factors and estimates of hospital separations to be produced. A project was commenced in 2006-07 looking at 5 key health datasets exploring current practice in collecting Indigenous identification and the development of a set of guidelines for each data collection including the use of the ABS standard definition, improved staff training etc. The ABS has commenced a project to assess the accuracy of the Indigenous identification in the mortality data through a Census data enhancement project. This project will also provide the basis for adjustment factors and national estimates. During 2006-07 two workshops were held, one on improving Indigenous mortality data and one on social and emotional wellbeing. In addition, Australia hosted a meeting of the International Health Measurement Group to discuss Indigenous data issues in US, Canada, NZ and Australia. A project was also established

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	Action Area	Lead Agency	2006-07 Outcome
			to explore the feasibility of including an Indigenous identifier in Pathology collections.
145(b)	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: (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	AIHW, ABS	Refer to # 145 (a)
145(c)-(d)	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: © Develop and use standard mechanisms to report on levels of Aboriginal and Torres Strait Islander status coverage; (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	ABS	Refer to #145 (a)
146	Encourage voluntary Aboriginal and Torres Strait Islander identification under Medicare and use it to analyse preliminary aggregated Medicare data	DoHA, ABS	<p>Medicare Australia and the Department worked together to develop the Voluntary Indigenous Identifier communication campaign. On 15 January 2007 kits were sent to:</p> <ul style="list-style-type: none"> - all Aboriginal and Torres Strait Islander health services, - all GP practices in the 100 postcodes with the highest Aboriginal and Torres Strait Islander populations - all Aboriginal hostels; and - all Medicare offices. <p>The kit contained large and small posters, patient information/ registration brochures in stand alone holders and desk mats.</p> <p>The message was to 'Mark your identity' by identifying to Medicare.</p>

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	Action Area	Lead Agency	2006-07 Outcome
			In the <i>Expenditures on Health for Aboriginal and Torres Strait Islander People 2004-05</i> report, VII data was used in conjunction with other data to estimate the major items of acute hospital spending, spending on medical services and outlays on prescribed medicines for Indigenous people. However, the voluntary identification data is not yet sufficiently representative to allow robust analysis. As at 1 June 2007, 36% of the total Indigenous population were on the dataset.
147	Renew efforts to improve MBS enrolment rates and increase the numbers of Medicare Australia Indigenous Liaison Officers across Australia	DoHA, ABS	Refer to #32
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	Medicare Australia	Not Applicable
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	DoHA	<p>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. This system enabled:</p> <ul style="list-style-type: none"> • time series statistics to be generated; • 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>A casemix hospital database has been established to support OATSIH regional planning work.</p>

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA, AIHW	<p>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. This project is auspiced by the AIHW and is expected to report in 2008.</p> <p>There are two non admitted patients data sets currently held by the AIHW.</p> <p>The emergency department data set 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.</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 specification for this collection is agreed through the AHMAC National Health Information Agreement (2004-2009).</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	DoHA, AIHW	<p>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 by OATSIH and under the AHMAC cost-shared budget for SIMC projects 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. This project is in progress. It is auspiced by the AIHW and a report is expected in 2008.</p> <p>The NH&MRC and DoHA 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>

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA, ABS, AIHW	In November 2006, the first report against the Aboriginal and Torres Strait Islander Health Performance Framework was published. This report made extensive use of the existing national data collections in relation to health outcomes, determinants of health including employment, income and housing, and health system performance.
153	Continue and refine the ABS Aboriginal and Torres Strait Islander surveys and the Census collection program	ABS, AIHW	Not Applicable
154	Include emotional and social wellbeing information in the National Aboriginal and Torres Strait Islander Health Survey	ABS, AIHW	Not Applicable
155	Develop an Aboriginal and Torres Strait Islander Health Performance Framework as an evaluation tool for this National Strategic Framework and include information on primary health care service delivery to inform program planning and review of health system effectiveness – see KRA9.	DoHA, AIHW, ABS	The Aboriginal and Torres Strait Islander Health Performance Framework has been developed and a document describing the development of the framework and the framework itself was published in November 2006. The first report against the framework was also published in November 2006.
156	Enhance data systems in Aboriginal and Torres Strait Islander specific primary health care services by investing in computers, software and staff skills development computerise patient records and support their use as a care-planning tool; and increase resources for evaluation and analysis of health system data	DoHA	See actions 5, 6 and 7

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	Action Area	Lead Agency	2006-07 Outcome
157	Allocate at least 5% of the NHMRC's total annual research funding budget to Aboriginal and Torres Strait Islander health research	NHMRC	Not Applicable
158	Include Aboriginal and Torres Strait Islander representation on NHMRC Council	NHMRC	Not Applicable
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 <i>NHMRC Road Map</i> ; (b) Establish an Aboriginal and Torres Strait Islander Health sub-committee of the NHMRC with responsibility for implementing the <i>Road Map</i> and the NHMRC's <i>Indigenous Health Strategy</i> ; (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	NHMRC	Not Applicable
160	Develop key performance indicators in the areas of advice and ethics relevant to Aboriginal and Torres Strait Islander health: (a) Implement the NHMRC's Values and Ethics: Ethical Conduct in Aboriginal and Torres Strait Islander Health Research for application in the ethical reviews of all health research protocols involving Indigenous Australians	NHMRC	Not Applicable

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	Action Area	Lead Agency	2006-07 Outcome
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	NHMRC, DoHA, AIHW	Not applicable. The NHMRC takes the lead role.
162	Increase, collate and publish an evidence base on successful programs/interventions in Aboriginal and Torres Strait Islander health	DoHA	During 2006-07 a report was published summarising the relevant literature on effective interventions. The report was titled ' <i>Evidence of Effective Interventions to Improve the Social and Environmental Factors Impacting on Health</i> '.
163	Support the Tripartite Agreement between Australia, New Zealand and Canada. The agreement fosters collaboration between governments, institutions, researchers and indigenous peoples to improve understanding of the factors that determine and ultimately improve health status in order to bridge the disparity between the health of indigenous peoples and the general populations in these countries	DoHA, NHMRC, ABS, AIHW	Not applicable. The NHMRC takes the lead role.
164	Participate in the Cooperative Research Centre for Aboriginal Health	DoHA, DEST. FaCSIA	Departmental officers have been closely involved, including a Deputy Secretary being appointed to the board, a Program Manager for the Chronic Diseases Program and appointment to the Social Determinants of Health Program.
165	Support the communication, dissemination and research translation of the Western Australian Aboriginal Child Health Survey	DoHA, DEST. FaCSIA	The implementation of the communication and dissemination plan for Volumes 3 and 4 has been successfully completed within the timeframe and in accordance with the processes endorsed by the WAACHS Working Group. Volume 5 will not be produced due to the inability to obtain ethics approval. This project is currently being finalised.

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	Action Area	Lead Agency	2006-07 Outcome
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.	DoHA, NHMRC, ABS, AIHW	The publication of the first report against the Aboriginal and Torres Strait Islander Health Performance Framework has provided an excellent opportunity to improve the understanding of the key findings of the national datasets and research literature on Indigenous health outcomes, determinants of health and health system performance. The report has been distributed widely to stakeholders and presentations have been provided to key AHMAC committees, state and territory stakeholders and Australian Government stakeholders.

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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	Lead Agency	2006-07 Outcome
KRA 8: Resources and finance			
167	Identify all sources of current funding and the potential availability of additional sustainable sources of funding: (a) Commission and publish regular reviews of expenditure on health services for Indigenous Australians; (b) Undertake modelling work on state/territory resource contributions across the whole system to enable benchmarks to be set; (c) Support continued research program on Health Benefit Groups/Healthcare Resource Groups (HBG/HRG) modelling	DoHA	Work continued on compiling the <i>Health Expenditures for Aboriginal and Torres Strait Islander People 2004-05</i> report. It is due to be published in early 2008. See also 146 and 168.

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	Action Area	Lead Agency	2006-07 Outcome
168	<p>Agree on a methodology for determining real levels of need for services and real costs of providing services across the whole health system, including mainstream programs: (a) Develop improved estimates of the cost of delivering health care for Indigenous Australians in remote locations including the effect of smaller population sizes, dispersed populations and remoteness of populations; (b) Consult with Framework Agreement planning forums to identify priority needs, gaps in service provision and service capacity to inform funding allocations; (c) Develop information on the cost of delivering a range of primary health care services (outputs) to Indigenous Australians and the drivers that influence those costs; (d) Develop a resource allocation framework for funding new and expanded services to inform where growth funding should be allocated</p>	DoHA	<p>OATSIH has developed a National Planning Framework to ensure a nationally consistent evidence-based approach to allocating new funding to Aboriginal and Torres Strait primary health care services across Australia.</p> <p>OATSIH has engaged a consultant to undertake a Profiling and Benchmarking Project to develop an improved understanding of the models of service delivery and cost structures of Indigenous health organizations and the factors impacting on these costs.</p>
169	<p>Provide optimal resources and sustain provision of overall specific and mainstream resources for Aboriginal and Torres Strait Islander health commensurate with the higher levels of identified health needs: (a) Base funding allocations on assessments of relative need, capacity of organisations to deliver the service, and the costs of service delivery; (b) Within available funds, continue to provide new services and/or expand existing services; (c) Continue to fund Aboriginal and Torres Strait Islander community controlled primary health and health related services through the Aboriginal and Torres Strait Islander Health Program – see also KRA1</p>	DoHA	<p>The base funding for health service providers is based on relative need, capacity of organisations to deliver the service and the costs of service delivery.</p> <p>Since 1997 funding to the Indigenous-specific health program has increased by over 170% in real terms, with \$384.9m being allocated for 2006-07. Funds have been used to enhance existing services and increase the number of services with a particular emphasis on adding new services in rural and remote areas. In 2006-07 the number of organisations funded by OATSIH to provide primary health care, substance use and mental health services had grown to 248, up from 164 in 1997-98.</p> <p>OATSIH continues to promote and fund Aboriginal and Torres Strait Islander Community Controlled health services. In 2006-07 80% of services funded by OATSIH to provide primary health care, substance use and mental health services were Aboriginal and Torres Strait Islander Community Controlled health services.</p> <p>During 2006-07, the number of health services supported by the Quality Assurance in</p>

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	Action Area	Lead Agency	2006-07 Outcome
			<p>Aboriginal Medical Services (QAAMS) project has increased from 60 to 90, in a range of locations throughout Australia. This project supports the provision of point-of-care pathology testing for diabetes monitoring and detection of early stage renal failure, including training and technical support for health care workers in ensuring the quality of the pathology test results. (MBD)</p> <p>Asthma and Arthritis Section – Population Health Division worked with NACCHO, OATSIH and Asthma Foundations of Australia (AFA) to develop the Aboriginal Spacer Ordering System (ASOS). It was developed to address an identified need within Indigenous Australian communities for improved patient access to asthma spacer devices and culturally appropriate asthma educational material. Through the ASOS, Aboriginal Community Controlled Health Organisations are able to purchase three types of asthma spacer and face masks from the AFA at a heavily discounted price. Educational material is provided free of charge with each spacer ordered.</p>
170	<p>Develop and implement integrated models of funding between all funding agencies that allow for comprehensive programs and long term sustainability of funding – see also KRA9: (a) <i>Step One – develop a single funding agreement for all OATSIH funding to Aboriginal and Torres Strait Islander primary health and health related services including service delivery (output) accountability as well as financial accountability; (b) Step Two – Develop and implement a Service Development and Reporting Framework (SDRF) to improve non-financial reporting and accountability; (c) Step Three – Consider the scope for application of SDRF non-financial reporting across Australian Government and State/Territory government funders; (d) Step Four – 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 KRA 6).</i></p>	DoHA, OIPC	<p>Step 1: All OATSIH-funded Aboriginal and Torres Strait Islander Community Controlled Medical services organisations now work under the same Standard Funding Agreement, which allows them to report all health program activities twice yearly in a consolidated format. Step 2: Initial work was undertaken to strengthen the non-financial reporting capability within SDRF: this involved investigation of suitable performance indicators against which funded organisations might report their activities. This work is progressing in concert with the Healthy for Life Essential Indicators and the Northern Territory Key Performance Indicators. Step 3: SDRF has been adopted by the NSW Department of Health as a non-financial reporting method in Aboriginal and Torres Strait Islander health. Step 4: OATSIH considers that common formal reporting requirements for all Commonwealth funding is appropriate and is addressing this issue in conjunction with the Office of Indigenous Policy Coordination (OIPC). Work will continue in 2007-08 on investigating the possibility of OATSIH adopting the Commonwealth’s whole-of-government funding agreement for Indigenous programs.</p>

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	Action Area	Lead Agency	2006-07 Outcome
171	Implement new initiatives in line with the following principles: <ul style="list-style-type: none"> • “Pilot programs” are to be avoided unless administration is integrated with existing program reporting and funding arrangements, and sources of ongoing guaranteed funding have been identified dependent on program performance • Resources are to be made available sequentially in a progressive and deliberate way in line with building service capacity and instituting employment and training programs • Provide for flexibility and cohesiveness of resource allocation locally by delivering maximum control of consolidated and sustained funding at the community “ground” level • Fund services based on outputs, identifying the services required, where they are being delivered and assessing effectiveness 	All	The QAAMS project (see Item 169) offers Aboriginal and Torres Strait Islander health services the opportunity to provide two point-of-care pathology tests for diabetes monitoring and detection of early stage renal failure in a way that develops the skills of health care workers and ensures appropriate quality of testing. Technical support and education programs are now provided to 90 health care services by a project team based at the Flinders University, with the support of the Royal Australasian College of Pathologists’ Quality Assurance 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	Lead Agency	2006-07 Outcome
KRA 9: Accountability			
172	Maximise consistency of and simplify accountability requirements for Australian Government funds: (a) Introduce a Standard Funding Agreement for OATSIH funded services that will integrate and replace existing multiple funding streams where possible; (b) Implement a Service Development and Reporting Framework that involves OATSIH funded services developing and reporting against an annual action plan for all OATSIH-funded activities rather than responding to a range of separate non-financial reporting requirements	DoHA	(a) A Standard Funding Agreement has been in use for all OATSIH funded services since 2004-05. In 2007-08 the OATSIH Standard Funding Agreement has been amended to allow for both single year and multi-year funding. Multi-year agreements will be offered to a small number of organisations which meet certain criteria in relation to governance and operational and financial capacity. (b) All OATSIH-funded Aboriginal and Torres Strait Islander Community Controlled Medical services organisations now work under the same Standard Funding Agreement, which allows them to report all health program activities twice yearly in a consolidated format. This agreement is part of the Service Development & Reporting Framework (SDRF) which has been introduced to funded organisations over a four year period, commencing in 2004-05. The final group of 42 organisations attended workshops in March 2007 and submitted SDRF Action Plans in May 2007 to enable them to operate under SDRF in 2007-08. The organisations that started working under the SDRF arrangements in previous years continued to submit Action Plans and report half yearly against those plans as required under the SDRF Standard Funding agreement.

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	Action Area	Lead Agency	2006-07 Outcome
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	DoHA	<p>Mainstream areas have been actively encouraged to identify opportunities in their programs for improving outcomes for Indigenous Australians.</p> <p>Indigenous specific performance indicators were included under the funding agreement between the Department and the Rural Workforce Agencies operating in all States and Territories.</p>
174	Focus on accountability for health service outputs, rather than only accounting for expenditure of funds	DoHA	<p>Under the Service Development and Reporting Framework (SDRF), services develop a 12 month Action Plan which describes their outputs and outcomes. Information from Action Plan reports is creating a clear and detailed picture of the achievements of OATSIH funded services and the gaps in service delivery and competencies within the sector. Uptake of SDRF has enabled health services to have better more consistent planning and accountability to their boards against Action Plans. There are currently 190 services participating in SDRF.</p> <p>See also #172 b)</p>
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	DoHA	<p>Qualitative reports for 2004-05 and 2005-06 and the quantitative report – Aboriginal and Torres Strait Islander Health Performance Framework Report 2006 - can be found on the Department's website.</p>
176	Contribute to annual reporting against the COAG Indigenous Disadvantage Indicators.	DoHA	<p>During 2006-07 the Overcoming Indigenous Disadvantage framework was reviewed and the Department of Health and Ageing provided comments on improving the analysis of health outcomes and health system performance in the framework. The report against the revised framework was published in May 2007.</p>