

Outcome 8

Indigenous Health

Improved access by Aboriginal and Torres Strait Islander peoples to effective primary health care and substance use services and population health programs

OUTCOME SUMMARY

The Australian Government is committed to closing the 17-year gap in life expectancy between Indigenous and non-Indigenous Australians within a generation, and to halving the gap in mortality rates between Indigenous and non-Indigenous children within a decade. Through Outcome 8, the Government aims to ensure that Aboriginal and Torres Strait Islander people have access to health care services essential to improving health and life expectancy. The Government aims to achieve this outcome by working in partnership with Aboriginal and Torres Strait Islander people and organisations, and through collaboration with State and Territory governments. Including initiatives announced since being elected, the Australian Government will invest around \$3.1 billion in Indigenous health over the next four years, compared with around \$2.2 billion provided over the last four years.

Outcome 8 is primarily the responsibility of the Office for Aboriginal and Torres Strait Islander Health. However, all programs within the Department have a responsibility to ensure access to effective health care for Aboriginal and Torres Strait Islander people and to achieve the Government's commitment.

Key Strategic Directions

- Improve access to effective primary health care, substance use, and social and emotional well-being services for Aboriginal and Torres Strait Islander people.
- Improve child and maternal health.
- Work with other governments and the broader health sector to improve health outcomes for Aboriginal and Torres Strait Islander people.

Major Activities

Improved Access to Services for Aboriginal and Torres Strait Islander People

Access to primary health care is critical for preventing ill health, better management of chronic disease, and improving health outcomes to close the gap in life expectancy between Indigenous and non-Indigenous Australians. To address the poorer health outcomes of Aboriginal and Torres Strait Islander people, the Australian Government will improve and expand Indigenous-specific comprehensive primary health care services, substance use treatment, preventative health programs and social and emotional well-being services, particularly in regional and remote areas.

In 2008-09, the Government will further improve access to Indigenous-specific health care through an additional \$20 million commitment to health services in the Northern Territory as part of the Better Outcomes for Hospitals and Community Health Initiative. Aboriginal

people in remote communities in the Northern Territory will also benefit from increased access to renal dialysis, acknowledging the high rates of end-stage kidney disease in the Northern Territory, and from additional funding to build and improve health clinics. Through this initiative, the Australian Government, in partnership with the Northern Territory Government, will also expand sexual assault counselling for Aboriginal children, families and communities to ensure access to high quality, responsive services to assist with recovery from child-abuse related trauma.

The Australian Government, through the Council of Australian Governments (COAG), has increased its commitment to build and expand drug and alcohol treatment and rehabilitation services for Aboriginal and Torres Strait Islander people. In 2008-09, the Government will provide additional infrastructure and staff for new and existing services, including residential rehabilitation, to enable more people in regional and remote communities to access these services. Alcohol and substance abuse are major risk factors for chronic disease and can have a significant impact on the safety, health and well-being of individuals, families and communities.

The Government will also continue the rollout of *Opal* low aromatic fuel in designated regions, including the Central Desert and the East Kimberley, as part of a whole-of-government strategy to reduce the rates of petrol sniffing in these regions. To address one of the major risk factors for chronic disease, the Government will tackle high smoking rates in the Aboriginal and Torres Strait Islander population through the Indigenous Tobacco Control Initiative. This initiative will have a particular emphasis on young smokers. Further discussion is within the Outcome 1 chapter.

The Australian Government's increased commitment to Link Up and Bringing Them Home will expand social and emotional well-being services, particularly for Aboriginal and Torres Strait Islander people affected by the practices of past governments around the forced removal of children from their families. This will increase the number of counsellors nationally and enable more reunions for Stolen Generation members to reconnect with their families and communities.

To improve access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander people, the Australian Government will address the barriers Indigenous Australians face when accessing Medicare benefits and the Pharmaceutical Benefits Scheme, two of the major sources of funding for health care in Australia.

In 2008-09, the Australian Government will deliver follow-up care for child health checks under the Northern Territory Emergency Response and strengthen its long-term commitment to improve primary health care services in the Northern Territory. The Department, on behalf of the Government, will work with Aboriginal medical services and the Northern Territory Government to address the barriers for Aboriginal people accessing health care services, particularly in remote areas, through implementation of the Northern Territory Emergency Response – Expanding Health Service Delivery Initiative. Under this measure, the Australian Government will also establish a remote area health workforce agency in 2008-09 to encourage and support health professionals to work in the Northern Territory.

The Australian Government will continue to fund and manage capital works projects nationally to construct, upgrade and maintain vital health clinics, substance use facilities and staff housing. Projects are predominantly in rural and remote areas where accessibility, climatic conditions and workforce issues present an ongoing challenge. Health

infrastructure is essential for the delivery of high quality health care services for Aboriginal and Torres Strait Islander people and these projects provide new and expanded facilities to meet the needs of local Indigenous communities.

In 2008-09, the Australian Government will work to improve the quality of health services for Aboriginal and Torres Strait Islander people, strengthening management and governance capacity through better risk assessment procedures and funding training for managers of Indigenous health services. The Government will implement the Establishing Quality Health Standards measure to provide expertise and resources to Indigenous health services, addressing barriers to national, clinical and organisational accreditation. This will assure patients, medical professionals and the broader community that health services for Aboriginal and Torres Strait Islander people meet current Australian health care standards.

Workforce shortages are an ongoing constraint on the delivery of health services nationally. In 2008-09, the Department will work with State and Territory governments and the Aboriginal community controlled health sector to develop and implement new national qualifications for Aboriginal Health Workers, including training for nationally accredited assessors. This will recognise and enhance the vital role these workers play in providing health care for Indigenous Australians, and the establishment of a National Aboriginal Health Workers Association.

In addition, the Australian Government will fund new scholarships under the Puggy Hunter Memorial Scholarship Scheme to support Indigenous Australians studying health disciplines. The Australian Government will work with Medical Deans of Australia and New Zealand and the Leaders in Indigenous Medical Education Network to incorporate Indigenous curriculum content in all medical courses, to assist the health workforce in responding to the health needs of Aboriginal and Torres Strait Islander people. The Government will also fund the Australian Indigenous Doctors' Association and the Congress of Aboriginal and Torres Strait Islander Nurses to support Indigenous students, and graduate doctors and nurses (refer to Outcome 12 for further discussion on the Government's workforce initiatives).

Child and Maternal Health

In its commitment to closing the gap between Indigenous and non-Indigenous life expectancy, the Australian Government will focus on addressing the health needs of Aboriginal and Torres Strait Islander children and mothers. *New Directions: An Equal Start in Life for Indigenous Children* articulates a comprehensive early childhood strategy involving health, education, and parenting support initiatives as part of a whole-of-government effort to halve the gap in infant mortality rates between Indigenous and non-Indigenous children within a decade. Child and maternal health measures will also improve the prevention, early detection and treatment of illness and chronic disease for Aboriginal and Torres Strait Islander children to ensure they are afforded the same opportunities available to all Australians.

Under *New Directions* the Australian Government will support Aboriginal and Torres Strait Islander children, their mothers and families, through additional child and maternal health services, including home visiting. This initiative will include: access to antenatal care; standard information about baby care; practical advice and assistance with parenting; monitoring of developmental milestones; and health checks for Indigenous children before starting school. The Government will also work in partnership with State and Territory governments to increase access to child and maternal health services.

The Australian Government will set up a National Coordination Unit, establish control programs and disease registers for Acute Rheumatic Fever and Rheumatic Heart Disease in Western Australia and Queensland, and continue the existing Northern Territory Rheumatic Fever and Rheumatic Heart Disease Program. Rates of rheumatic fever for Indigenous children in remote communities are among the highest in the world. The Rheumatic Fever Strategy will provide a coordinated program of prevention and treatment as a first step towards eradicating this disease.

New child and maternal health services will complement Health@Home Plus, which provides nurse-led home visiting for children from birth through to two years of age, with child and family support through to age eight. These services will also build upon the Healthy for Life Program to support child and family health, and improve the prevention, early detection and management of chronic disease for Aboriginal and Torres Strait Islander people. Other initiatives include the Medicare Benefits Schedule item (funded through Outcome 3) for comprehensive health assessments of Aboriginal and Torres Strait Islander children up to 14 years of age.

Collaboration Across Governments and the Health Sector

The Australian Government will work with State and Territory governments, other government agencies and across the health sector to improve Indigenous health outcomes. This work will address the three COAG national targets for overcoming Indigenous disadvantage endorsed in December 2007: 1) closing the 17-year life expectancy gap within a generation; 2) halving within a decade the gap in mortality rates for children under the age of 5 years; and 3) halving the gap in literacy and numeracy rates within a decade. In particular, the Department will contribute to the work of the COAG Health and Ageing Working Group and the COAG Working Group on Indigenous Reform, to ensure health outcomes of Indigenous people are a priority, not only for Indigenous-specific programs, but for mainstream programs as well.

During 2008-09, measuring progress towards the achievement of the national targets on life expectancy and child mortality will also be a priority of the Government. To this end, the Department will, through its participation in the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data, contribute to efforts to improve the quality and availability of important statistics relating to the health of Indigenous people. The Department is funding new work on estimating Indigenous mortality rates, developing guidelines for improving Indigenous identification in key health datasets and the development of social and emotional well-being data. The Department will also manage the production of the 2008 Aboriginal and Torres Strait Islander Health Performance Framework Report. The report will contribute to monitoring of improved health outcomes, health system performance and other determinants of health for Aboriginal and Torres Strait Islander people. A particular challenge will be to ensure that findings are taken into account by all jurisdictions in the further implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

Furthermore, the Department will continue to engage with Indigenous Coordination Centres at a regional level to allow flexible, tailored, local approaches to addressing health issues through participation in shared responsibility agreements, regional partnership agreements and priority interventions, including those focused on the development and improvement of services in the Anangu Pitjantjatjara Yankunytjatjara Lands. The Department is actively working with other agencies to deliver improved and coordinated

service delivery and health outcomes for Aboriginal and Torres Strait Islander people in the region.

In 2008-09, the Australian Government will also deliver programs for child and maternal health and substance use treatment and rehabilitation to support welfare reform in remote communities in Cape York.

Funding for these major activities is sourced from Program 8.1 – Aboriginal and Torres Strait Islander Health.

Outcome 8 Resourcing

Table 8.1 shows how the 2008-09 Budget appropriations translate to total resourcing for Outcome 8, including administered expenses, revenue from government (appropriations), revenue from other sources, and the total price of outputs.

Table 8.1: Total Resources for Outcome 8

| | 2008-09 Total estimate of available resources \$'000 | 2007-08 Estimated actual \$'000 |
|--|---|--|
| Outcome 8 Administered and Departmental Output Resources | | |
| Program 8.1: Aboriginal and Torres Strait Islander Health | | |
| <i>Administered Items</i> | | |
| Annual Appropriation Bill 1 (Ordinary Annual Services) | 531,776 | 491,824 |
| <i>Departmental Outputs</i> | | |
| Annual Appropriation Bill 1 (Ordinary Annual Services) | 58,900 | 65,058 |
| Revenues from other sources (s.31) for goods and services | 1,275 | 1,268 |
| <i>Special Accounts</i> | | |
| Services for Other Governments and Non Departmental Bodies | | |
| Opening balance | 2,734 | 1,085 |
| Appropriation receipts | - | - |
| Non-Appropriation receipts to Special Accounts | 1,999 | 1,949 |
| Subtotal for Program 8.1 | 596,684 | 561,184 |
| Total Resources for Outcome 8 | 596,684 | 561,184 |
| Outcome 8 Resources by Departmental Output Group | | |
| Department of Health and Ageing | | |
| Output Group 1: Policy Advice | 21,663 | 23,878 |
| Output Group 2: Program Management | 38,512 | 42,448 |
| Total Departmental Resources | 60,175 | 66,326 |
| | 2008-09 | 2007-08 |
| Average Staffing Level (Number) | 413.5 | 485.8 |

Measures Affecting Outcome 8

A summary of measures affecting this outcome is provided at Table 1.3.1, Section 1. Measure descriptions are published in full in *Budget Paper No. 2, Budget Measures 2008-09*, available on the Australian Government website at <<http://www.budget.gov.au>>.

Contribution of Administered Programs

Program 8.1 – Aboriginal and Torres Strait Islander Health

The Aboriginal and Torres Strait Islander Health Program provides funding for high quality, coordinated primary health care, substance misuse, and social and emotional well-being services. The contribution to this outcome is measured through the delivery of health services and infrastructure, and the number of scholarships and accreditations provided annually.

Contribution of Departmental Outputs to Outcome 8

The Department describes its core activities in terms of two output groups: policy advice and program management. Outcome 8 reports on both output groups. Refer to Section 2.1 for more information on output groups.

Performance Information for Outcome 8

Performance information for administered programs, individual outputs and output groups relating to Outcome 8 are summarised in Table 8.2.

Table 8.2: Key Performance Information for Outcome 8

Performance Information for Administered Programs

| Indicator | 2008-09 Reference Point or Target |
|--|--|
| Program 8.1 – Aboriginal and Torres Strait Islander Health | |
| <ul style="list-style-type: none"> Administered Items | |
| Increased episodes of primary health care for Aboriginal and Torres Strait Islander people. | At least 1.7 million episodes of primary health care provided. |
| Demonstrated access to culturally appropriate social and emotional well-being and mental health services. | At least 100,000 client contacts with social and emotional well-being staff. |
| Improved health and well-being outcomes for Aboriginal and Torres Strait Islander children and their families by providing health, parenting and social support, coordinating health care and assisting parents and children to access other support services. | 2 home-visiting sites will be established by the end of 2008-09. |

| Indicator | 2008-09 Reference Point or Target |
|---|---|
| Program 8.1 – Aboriginal and Torres Strait Islander Health <ul style="list-style-type: none"> Administered Items | |
| Purchase/construction/refurbishment of clinics (through the Capital Works Program) for the provision of primary health care services to Indigenous communities, including remote areas. | At least 10 clinics purchased/constructed/refurbished. |
| Accommodation for health professionals providing primary health care services to Indigenous communities, including remote areas, through the Capital Works Program. | At least 18 houses purchased/constructed/refurbished. |
| Support for Aboriginal and Torres Strait Islander people to study health-related disciplines. | At least 200 scholarships awarded through the Puggy Hunter Memorial Scholarship Scheme. |
| Increased number of communities being supplied with <i>Opal</i> fuel. | At least 85 communities using <i>Opal</i> fuel by the end of 2008-09. |
| Establish a remote health area workforce agency capable of delivering increased numbers of health professionals to remote areas of the Northern Territory. | Remote area health workforce agency established in the Northern Territory in 2008-09. |
| Strengthen the capacity of Registered Training Organisations to implement new Aboriginal Health Worker qualifications. | At least 15 Aboriginal Health Worker assessors nationally accredited. |
| <ul style="list-style-type: none"> Departmental Outputs¹ | |
| Resourcing: \$596.684m | |

¹ The Department has four standard performance indicators for departmental output groups. See 'Performance Information for Departmental Outputs' for further information.

Performance Information for Departmental Outputs

In relation to the following program:

- 8.1: Aboriginal and Torres Strait Islander Health.

| Indicator | 2008-09 Reference Point or Target |
|---|--|
| Output Group 1 – Policy Advice | |
| Quality, relevant and timely advice for Australian Government decision-making measured by Ministerial satisfaction. | Ministerial satisfaction. |
| Production of relevant and timely evidence-based policy research. | Relevant evidence-based policy research produced in a timely manner. |
| Output Group 1 Resourcing: \$21.663m | |

| Indicator | 2008-09 Reference Point or Target |
|--|--|
| Output Group 2 – Program Management | |
| Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses measured by comparison of actual expenses against budget. | 0.5% variance from budgeted expenses. |
| Stakeholders participate in program development through consultative bodies and processes including meetings, conferences and all jurisdictional Health Forums. | Stakeholders participate in program development. |
| Output Group 2 Resourcing: \$38.512m | |

